Rising to the challenges of displacement and health needs of vulnerable population globally: A Transcultural Nursing Imperative

Refugees & Asylum Seekers in Australia; Paper for Scholar Panel Presentation during 43rd TCN Annual Conference in New Orleans, Louisiana, USA October 20/2017
Dr Akram Omeri, OAM, PhD, RN, TCNScholar, CTN-A, FACN

Objectives:
1. Discuss transcultural nursing strategies that promote population health
2. Examine the relationship between transcultural nursing and social determinants of health
3. Explore nursing theories that address health care to diverse populations
4. Apply best practices in transcultural nursing to the assessment of community needs.
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Refugees and Asylum Seekers in Australia

INTRODUCTION

Around the world today 65.6 million people have been forced to flee from their homes; people are being displaced at the rate of 30,000 every single day. These are unprecedented numbers, the highest ever recorded. Over 22.5 million are refugees, over half of whom are under the age of 18 years of age and 10 million are stateless and denied basic rights and access to services such as education, healthcare, and freedom of movement. (UNHCR, 2017).

The UNHCR’s Convention as amended in 1967 defines a refugee as: ‘... a person who is outside his or her own country of nationality, and has a well-founded fear of persecution, because of their race, religion, nationality and/or membership of a particular social group, or their political opinion, and they can’t return to their country of origin because they fear persecution if they do so’. Asylum seekers on the other hand are ‘people escaping from persecution, actual harm or threats of it, who seek a safe place to live but who may return to their country of origin when it is safe for them to do so’. (Jakubowicz, 2009).

Modern Australia has a long history of always being responsive to those seeking refuge or asylum. Apart from being a long way from the world’s conflict zones, Australia’s track record as a place of safety for people fleeing war, civil unrest and persecution began in 1930s when people came, particularly from Germany and Austria, fleeing Nazism. Displaced people came from Europe in their thousands in the aftermath of the Second World War. Since then people have come, and continue to come, from all the world’s conflict zones.

Over the past 50 years Australia has moved from a highly discriminatory White Australia policy to multiculturalism. Adopted in 1970, multiculturalism is a policy response to the increasing ethno-cultural diversity of Australian society. Currently the word is used to refer to ‘the demographic reality of cultural diversity, a set of policies and policy orientations, as well as a concept which articulates a normative ideal or ideals about society’ (Ozdowski, 2012, p.2). As Ozdowski (2012) comments: ‘Human rights are the basic norms that make a multicultural society possible. They are the secular standards that guide human interactions advancing dignity, mutual respect and equality.’

In Australia, as in New Zealand and Canada, multiculturalism may be understood as a social compact involving power and wealth building, power and wealth sharing, between different ethno-cultural groups. The values of fairness, equality, non-discrimination and justice are the all-important foundation stones of multiculturalism and as Ozdowski, argues ‘…must be seen as extensions of Australian democracy and economic inclusion’ (2012, p.7).

Across the country government settlement services for new arrivals are organized to give people a step up when they need it most. The initial services include, housing, access to health care, living allowances, schooling for children and host of other connecting services for a start-up period, with assessment for the need for ongoing services. And the results are
incredible. Australia has long been, and still is, the land of a ‘fair go’, and when we give people a ‘fair go’, they give us their best. Modern Australia is internationally acknowledged to be a successful multicultural society.

But social and political attitudes began to change towards asylum seekers and refugees when people began to arrive by boat in large numbers seeking asylum. They paid large sums of money to criminal ‘people smugglers gangs’ who then sent them to sea in unseaworthy craft often with untrained crew making an already hazardous journey more so. Deaths at sea rose to 1200 and people in Australia were concerned and the pressure ‘to do something’ grew.

After 9/11 opinion hardened with the threat of terrorism giving rise to what may be called ‘Islamophobia’ in the community; terrorism has a Muslim face for Australians. The irregular arrivals came under suspicion: Who were they? Were they terrorists? A kind of paranoia continues to prevail in the face of the threat of terrorism that helps to harden social attitudes.

The Government’s response was the highly controversial ‘stop the boats’ policy that had bipartisan political support. Two major aspects of this approach, which were ultimately effective, were forcibly turning back boats at sea and any asylum seekers who did land without a visa, such as boat people, were detained and transferred off shore. Over 2000 people met this fate and I will introduce you to one later in this paper.

However, within Australia Indigenous peoples comprising Torres Strait Islanders and the first nation peoples the Australian Aboriginals, for a multitude of complex reasons, are behind the general population on all social determinants of health and do not share equal access to resources and services. As a result, ‘they do not have an equal opportunity to be as healthy as non-Indigenous Australians’. (Calma, 2005). Together the Indigenous peoples comprise 3.1% of the population.

Social and political activity in recent years to change this situation has been coordinated through the Closing the Gap initiative aimed at closing the gap in health between the indigenous community and the wider population. Progress is slow but the news is ‘not all bad’. Life expectancy for example, at birth for Indigenous Australians in the Northern Territory has shown a marked improvement - the gap has narrowed. Attention has turned to social determinants as the principal barriers to indigenous health equity (Marmot, 2005). One study identified education as an agent of gap reduction concluding that: “Better education may close the expectancy gap by up to 12 years.” (Hart et al 2017).

Today, Australia’s diversity is reflected in over 89 languages, 80 religions, and 200 cultures with different cultural and lifeways practices; it includes traumatised refugees and asylum seekers as well as immigrants through its humanitarian immigration policy.

For nurses dealing with the care needs for these diverse groups presents practical, social, and ethical concerns. ‘To interpret multiculturalism and incorporate policy recommendations into Australian nursing necessitates examining what nursing does and professes to do (or not to do) to link it to multicultural nursing practices’. In this endeavour Madeleine Leininger’s insights are instructive. In the 1950s Leininger stated that caring is the essence and heart of nursing. She said that “Care is essential to curing and healing, for there can be no curing without caring.” In her work she showed that “…care is culturally constituted and that all human cultures have some forms, patterns, expressions, and structures of care, influenced by cultural values and beliefs.” (Leininger, 1991, p. 35).
Her *Culture Care Theory* has much to offer in paving the way to discovering Culture Care suited to the crisis confronting refugees and asylum seekers and aims to guide provision of culturally congruent care (1991). Leininger predicted that all nurses as frontline practitioners would need to be knowledgeable and culturally competent to work with people of diverse cultures (Leininger, 1978, 1997), and that transcultural nursing knowledge would be needed to function in a rapidly changing multicultural world (1997, p. 32).

As a Leininger scholar my research studies in TCN have demonstrated that CCT and Ethnonursing research methods are effective and relevant in researching refugees and immigrants from culturally and linguistically diverse backgrounds. These studies, for example in the culture care of Iranian immigrants, Afghan refugees and asylum seekers; immigrant nurses; Indigenous Australians; and Lebanese Muslims in Sydney, confirm that this approach can open doors to caring for refugees and asylum seekers in culturally meaningful ways respecting and responding to their cultural and linguistic diversity, hence reducing their suffering throughout the journey.

Returning to the refugee/asylum seeker experience, I want to tell you a little of the story of Hani Abdile, to understand something about what it was like to be in her shoes. On her own and only 16, she fled her home country of Somalia, leaving her parents and siblings behind. Her journey for asylum took her via Indonesia to Australia, where she was placed in detention on Christmas Island. Hani was detained there for 19 months where she found relief from her anxieties and fears, anguish and loneliness by writing. Now at only 21 and on a bridging visa, she is living in the community and is a published author/poet; *I will rise* (2017) is her first collection of poetry and prose. Her work offers readers the opportunity to experience some of Hani’s spirit, wonder and strength as well as her commitment to justice and life. She speaks of sufferings and joys as few are able to. Let me share some of this with you..................................................

REFERENCES


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