Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.



# The Fijian Diploma of Nursing Curriculum: An indigenous case study of a curriculum change

A thesis presented in fulfilment of the requirements for the degree of

**Doctor of Philosophy** 

in

**Nursing** 

at Massey University, Palmerston North, New Zealand

Alisi Talatoka Vudiniabola 2011



#### **Declaration Confirming Content of Digital Version of Thesis**

I confirm that the content of the digital version of this thesis

Title: THE FITIAN DIPLOMA OF NURSING CURPICULUM! AN INDIGENOUS CASE STUDY OF A CURPICULUM CHANGE.

is the final amended version following the examination process and is identical to this hard bound paper copy.

Have you published articles/material from your thesis?

Yes / (No)

If yes, have you received copyright permission from the third party to include this published material in your thesis which will be placed in the Library's electronic repository?

Yes / No

Student's Name: ALISI TALATOKA VUDINIABOLA

Student's Signature:

Date: 187 Mygust, 2011.

#### **Abstract**

This thesis explores an educational change process in Fiji and used a case study methodology to examine the introduction of the 2004 Diploma of Nursing programme in the Fiji School of Nursing. The three-year competency based curriculum was developed and funded by the Australian government through the Fiji Health Sector Improvement Project (FHSIP) with limited participation of the local teachers at the Fiji School of Nursing. Many problems beset the programme, beginning with its rushed implementation at the end of an academic year and the incompleteness of the curriculum document. Teachers questioned the quality and nature of the competency based curriculum, and the absence of many supportive networks and resources to facilitate curriculum change. The majority of the staff did not understand the competency-based nature of the curriculum and its requirements.

Using the vanua indigenous research framework and Fullan's educational change theory to guide and inform the case study, qualitative methods of data collection and analysis were employed, including documentary analysis, participant observations and interviews. Talanoa, a culturally appropriate method of data collection for Pasifika people was used in both individual and group interviews. The research found indigenous nurses continue to be colonised and made to reproduce western ideologies and nursing values, perpetuated by the use of external educational aid and expertise. The execution of the curriculum project and the decision-making flowed from the Ministry of Health down to the Fiji School of Nursing, without consultation with the school's staff, reflecting the former colonial administration where such a top-down approach was acceptable. Neo-colonialism is therefore regarded as the dominant paradigm where indigenous nursing leaders emulated the dominant behaviour of their former colonisers on their fellow indigenous subordinates. Moreover, it is argued here that foreign-influenced curricula continued to produce nurses who are not adequately prepared to care for the indigenous Fijians, and contributed to the attrition of Fijian nurses to countries whose values underpin the curriculum.

# **Dedication**

To my dear mother, Adi Ela Walesi Volavola who patiently supported me throughout my years away from my family and was called to rest shortly before my Oral Examination, this thesis is dedicated to her memory.

#### Acknowledgement

"And we know that God causes everything to work together for the good of those who love Him and are called according to His purpose for them" (Romans 8:28)

I wish to first of all acknowledge the hand of Almighty God who has made everything possible for me and this thesis is a testament to His Glory. Many people, organisations and institutions contributed to the completion of this work and they deserve to be acknowledged in this thesis.

My supervisors Professor Julie Boddy of Massey University Turitea campus and Associate Professor Denise Wilson, formerly of Massey University (Albany campus) and now of Auckland University of Technology have worked hard to keep me on track and kept the midnight oil burning during those lonely nights in the Social Science Tower. I thank God for your lives and I will be always grateful for your professionalism, kindness and your counsel rendered freely during the past three years at Massey. I am grateful to the staff of the School of Health Sciences for all the support and friendly advices. I especially wish to thank Bert Teekman for providing me a sounding board to bounce off ideas and curriculum issues in the first year of my enrolment. Dr Regina Pernice deserves special acknowledgement for having the 'time' to sit and listen and critique my English in the midst of a busy academic teaching load. My warmest appreciation also goes to the staff at Turitea campus for the support and friendship that blossomed over the years at Massey. I wish to mention especially Professor Steve La Grow, Professor Jennie Carrier, Dr Susan Phibbs, Associate Professor Cheryl Benn, Dr Gretchen Good, Ann Flintoff, Claire Minton, Stacey Wilson, Dr Martin Wood, Jeanette Wirangi, Nancy Braithwaite and Rebecca Knell. I would like to thank Dr Stephen Neville, Helen Chan, Alison Parrett and the staff at Albany campus for making my stay in the North Shore one of the best and memorable in New Zealand. My appreciation also goes to the library staff at Massey University especially Nicola McCarthy and Chris Good for being so helpful and always patient with my many problems with Endnote!

Professor Tai Black, Dr Maureen Holdaway, Dr Hope Tupara, Julia Taiapa and the staff of the School of Maori Studies made sure I found my footing in New Zealand and 'The Hill' was always home away from home. I pray that one day God will provide me with the opportunity to reciprocate the warmth and hospitality rendered so freely during my sojourn in New Zealand.

Alma Mater Professor Nancy J. Kinross has been and always will be a part of my academic journey. I also respectfully acknowledge with fond memories the lives of two close friends and mentors who have been called to eternal rest before the completion of this thesis. The late Marion Pybus and Dr Margaret Idour will always be remembered for their contributions towards my professional and academic development. My mentors Adi Litia Setitaia and Mrs Salaseini Tora are gratefully acknowledged for the inspiration to give nursing and Fiji nurses my best and this thesis is a testimony to that commitment.

To my fellow *Pacificans* at Massey, Professor Sitaleki Finau, Associate Professor Rukmani Gounder, Dr Winifereti Nainoca, Sunlou Liuvaie, Sesimani Havea and Litea Meo-Sewabu, *vinaka vakalevu* for all the support and encouragement for the past three years.

#### Organisations and institutions

I wish to acknowledge the contribution and support of the following organisations and institutions for their contribution to my programme. The Ministry of I Taukei Affairs for the two-year scholarship and research funds which provided me the support that I needed at the right time of my study. I therefore record my most sincere gratitude to the then Permanent Secretary Ratu Meli Bainimarama and the scholarship committee; Mrs Seruwaia Hong Tiy, Ratu Semi Seruvakula, Mrs Leba Mataitini and the scholarship officers at Knolly Street for the help and support over the past three years.

I thank the former Permanent Secretary for Health Dr Lepani Waqatakirewa and Ministry of Health Research Committee for facilitating and supporting my research in Fiji and the Fiji School of Nursing Faculty who formed the principle participants to this study. I also wish to thank most sincerely the divisional nursing managers from CWM hospital, Northern Health, Lautoka hospital, Sigatoka hospital and Nadi hospital for

their parts in facilitating my data collection from their sites. I am indebted to the students and the graduates of the 2004 Diploma of Nursing programme who participated in my study. The clinical preceptors both in the hospitals as well as in the health centres are acknowledged for their assistance and for their willingness to be part of my research. The TISI Sangam School of Nursing Director Mr Kavekini Neidiri and staff also deserve special mention for their willingness to participate and contribute to this study.

#### Fijian community New Zealand

I wish to acknowledge the support of the All Nations Christian Fellowship in Fiji and New Zealand especially the General Superintendant Rev. Epeli Ratabacaca, Rev. Viliame Rokoqica, Rev.Ilaitia Tagituimua, Talatala Waisea Kadawa and Talatala Jone Tubui Ravulo. The Broadway Methodist Church, the Fijian community in Palmerston North and Mrs Asenaca Chapelle and family are also acknowledged for their fellowship and support throughout the period of my candidature.

#### **Family**

I wish to acknowledge my family at *Cuvu, Nadroga* for the never-ending support and encouragement towards my study. Financial support from *Nakuruvarua* and the *Nahina* Trust made a lot of difference and provided much needed support for me during my years at Massey. To my sisters and brothers, thank you for your support and prayers.

This thesis would not have been possible without the sacrifice and support provided by my husband Dr Sitiveni Vudiniabola and my three children Samanunu, Caginitoba and Etika. You patiently endured the many years of my absence from home, the silent tears and frustrations of an absent mother and wife, this thesis is for you.

### **Glossary of Fijian words**

В

Bula: Greeting, literally means 'life' or 'health'

Bure: House mainly for the men

I

I dola ni cakacaka: Ceremony to mark the commencement of work, project

I Sevusevu: Yaqona ceremony to present visitors or guests or relatives to

ask permission to enter village or to work in a Fijian community

or household.

K

Kabekabe: food gifting in the Nadroga dialect

Kalou: God/Supernatural deity

Kalou Vu: Ancestral spirit

Kaukauwa: Strong or powerful

M

Mamaqi: Stinginess

Mataqali: Clan

Т

Ta'ita'i: food gifting (in the dialect of Udu )

Tekiteki: Decorative flower behind the ear or the on hair

Tiko I bure: Initiation of young boys through circumcision after which they

can live in the 'bure' like adults.

Tokatoka: sub-clan

Turaga: Chief

#### ٧

Vale: Dwelling house

Vakaturaga: Chiefly demeanour or chief like manners

Vanua: Land, Government or people

Veidokai: Respectful

Veinanumi: Considerate of others

Veirokorokovi: Humility /mutually respectful towards others

Veivakaturagataki: To accord respectful gestures towards others

Viti: Fijian for Fiji

#### Υ

Yaqona: Kava or traditional drink made from the root or stem of the Piper

Methysticum

Yavu: Raised foundation of earth mound of a house

Yavusa: Tribe, largest patrilineal grouping of families related by blood;

may also be referred to as the vanua or government.

# **TABLE OF CONTENTS**

Abstrac	t	ii
Dedicat	ion	iii
Acknow	rledgement	iv
Glossar	y of Fijian words	vii
List of F	igures	. xiv
List of T	ables	xv
Chaptei	1: Introduction	1
1.1	The geographical context of nursing1	
1.2	Population4	
1.3	The socio-political and economic context8	
1.4	The health situation	
1.5	The legal structures for nursing and nursing education in Fiji19	
1.6	The 1983 Diploma of Nursing curriculum21	
1.7	The 2004 Diploma of Nursing curriculum	
1.8	The Rationale for the study29	
1.9	The Aims of the study32	
1.10	The organisation of the thesis34	
1.11	Summary35	
Chaptei	2: The colonial experience of nursing	36
2.1	Introduction36	
2.2	Fiji's colonial history	
2.3	Colonial influences on health and the development of health institutions38	
2.4	Regionalism in the Pacific39	
2.5	British colonial influence on the Development of Nursing41	
2.6	The basis of Separatism and Elitism Fiji42	
2.7	Educational ideas in Fiji and the Pacific47	
2.8	Colonisation of indigenous knowledge and spaces48	
2.9	De-colonisation and Self-determination50	
2.10	Summary52	
Chanta	: 3: Fiji Nursing and Educational Change	52

3.1	Introduction53
3.2	Educational change: Approaches and processes55
3.3	Factors associated with the change process58
3.4	External Aid in Education59
3.5	External aid in Education62
3.6	Colonisation and hegemony in education66
3.7	Nursing education: Changes and reforms68
3.8	Impact on indigeneity73
3.9	Summary
Chapte	<sup>-</sup> 4: Methodology79
4.1	Introduction79
4.2	Conceptual framework for the study79
4.3	The Vanua indigenous research framework81
4.4	The research design: Case study84
4.5	Fullan's Educational Change Theory88
4.6	The Research setting93
4.7	Research participants: Recruitment process and the insider researcher94
4.8	Data collection design97
4.9	Ethical considerations
4.10	Accessing the participants: Gaining entry and re-entry into the research site
	103
4.11	Confidentiality104
4.12	Consent process
4.13	The insider-outsider location of the researcher105
4.14	Data analysis108
4.15	The Analysis Model
4.16	The issue of rigour in Case Study research113
4.17	Summary
Chapte	5: Antecedents of change116
5.1	Introduction116
5.2	The antecedents116

	5.3	Legislative authority to support curriculum change	117	
	5.4	Resources to support curriculum change	121	
	5.5	Health status indicators	122	
	5.6	External advocacy and consultation issues	123	
	5.7	Need for the change	127	
	5.8	Lack of buy-in commitment and hostility of clinicians	133	
	5.9	Capacity building	134	
	5.10	Local counterparts in curriculum review	135	
	5.11	The need for indigenous knowledge in health and illness	137	
	5.12	Powerlessness of teachers and clinicians	140	
	5.13	Summary	141	
C	hapter	6: The implementation of the curriculum	14	13
	6.1	Introduction	143	
	6.2	A state of un-readiness	143	
	6.3	The clinical learning component of the curriculum	152	
	6.4	Failed Preceptorship programme	155	
	6.5	Discontinuity of learning: from classroom to clinical	157	
	6.6	A make-believe policy	163	
	6.7	Primary Health Care clinical learning component	164	
	6.8	Horizontal violence	166	
	6.9	Teaching and learning methods	171	
	6.10	The engagement of students	171	
	6.11	Summary	172	
C	hapter	7: Making the curriculum relevant to Fiji	17	<b>'</b> 4
	7.1	Introduction	174	
	7.2	The Analysis Model	175	
	7.3	The Curriculum component	176	
	7.4	Foundational Nursing Knowledge	177	
	7.5	Nursing Practice	182	
	7.6	Primary Health Care	183	
	77	Community Health Nursing	183	

	7.8	Personal and Professional Development	185	
	7.9	Creating an indigenous-centred nursing practice for Fiji	189	
	7.10	The art of nursing in the indigenous Fijian society	189	
	7.11	The sick role	190	
	7.12	Food gifting	192	
	7.13	Social support networks, values and mores	193	
	7.14	Traditional birth attendants and midwives	194	
	7.15	Traditional healers and traditional medicine	195	
	7.16	Traditional /Spiritual healers	198	
	7.17	Critical analysis of illness	198	
	7.18	Cross Cultural Communication	199	
	7.19	Silence as a form of communication	200	
	7.20	Communicating through ceremonies: Formal communication	202	
	7.21	Mental wellbeing	204	
	7.22	Spirituality and Wellness	205	
	7.23	Postpartum psychosis	207	
	7.24	Psychosocial Development of the person	208	
	7.25	Key milestones for the indigenous Fijians	208	
	7.26	Birth and delivery	209	
	7.27	Tiko-i- bure: The Ritual of Male Circumcision	210	
	7.28	Marriage	211	
	7.29	Pregnancy	211	
	7.30	Abnormal Obstetrics	214	
	7.31	Other important indigenous knowledge relevant for nursing in Fiji	214	
	7.32	Summary	221	
C	hapter	8: Discussion	•••••	. 224
	8.1	Introduction	224	
	8.2	Institutionalisation and ownership of the curriculum change	224	
	8.3	Leadership in educational change	226	
	8.4	Institutional autonomy	229	
	8.5	Disrupted relationships	230	

		ICES	
R	eferen	ces	269
	9.8	Concluding remarks2	268
	9.7	Limitations of the study2	266
	9.6	Recommendations2	263
	9.5	The implications of the study2	256
	9.4	Dependency on external aid2	255
	9.3	Impact of colonialism	254
	9.2	Powerlessness	254
	9.1	Introduction2	252
CI	napter	9: Conclusion	252
	8.17	Summary2	250
	Midwi	ives and Nurse Practitioners' Board2	248
	8.16	Embedding indigenous Fijian epistemology at leadership level: Nur	ses
	8.15	Embedding indigenous Fijian ideology of health and illness2	245
	8.14	Decolonising nursing in Fiji2	243
	8.13	Clinical practice level of implementation2	242
	8.12	Indigenous pedagogy2	239
	8.11	Cultural safety component of the curriculum2	237
	8.10	Teaching indigenous students: A re-colonisation process2	236
	8.9	Moral obligation of the teachers2	235
	8.8	The teachers' role2	234
	8.7	A culture of silence: Nurses as indigenous people2	232
	8.6	Veikalawaci: The spirit of arrogance2	231

# **List of Figures**

Figure 1. Map of the Fiji Islands	2
Figure 2. Ministry of Health administrative structure	12
Figure 3. Model of the impacts of colonisation on indigenous people	75
Figure 4. The components of the research model	80
Figure 5. The Fijian indigenous worldview of a person	82
Figure 6. The Fijian worldview and epistemology	82
Figure 7. The intrinsic type 2 embedded single case study design	87
Figure 8. The data analysis model	.110
Figure 9. Complexity of factors and demands made on teachers at implementation of	
the curriculum	.132
Figure 10. The indigenous framework for curriculum analysis	.175
Figure 11. The indigenous nurturing-caring model	.191
Figure 12. Indigenous system of communication	.201
Figure 13. The basic structure of an indigenous Fijian community	.219
Figure 14. The decolonisation model for nursing in Fiji	.245
Figure 15. Na vale ni bula health and wellness model	.246

# **List of Tables**

Table 1. Coverage by Health Facilities	16
Table 2. Overview of Clinical Placements	27