



Q1) Name: Juanita Sherwood

Q2) Current role: Professor and Associate Dean at the faculty of Medicine and Health University of Sydney

Q3) How long have you been a nurse/midwife? 40 years

Q4) Why did you want to you want to become a nurse/midwife?

Why I chose to become a nurse. It came about as a result of my experience of being a patient. I was 16 years old and I had gallstones. It took a while to diagnose because I was so young, it used to be a disease for the fair, fat and forty-year old's, I changed this story. I was the youngest patient at St. Vincents Hospital to have my gallstones removed. This was a big surgical operation back in 1976, I have a scar about 10 inches vertically across my tummy.

In those days they pried open your ribs with retractors to take out your gallbladder and so you were very sore for a few days. I had to leave my home in the South Coast of NSW to spend the Christmas holidays in hospital. I was not a happy girl. The operation was successful, and the post op stay was 10 days. I was terribly lonely and sad doing Christmas on my own away from family. Fortunately for me I met two very special people in hospital during this time. A nurse who spent special times with me. The nurse comforted me when I was in pain which was for a number of days, assisted me to do private things like using a bed pan and washing my body which I had never let anyone see. She assured me that I was progressing well and was there to wipe up my tears when I was embarrassed, in pain or just sad.

She made me feel safe and valued. This was a feeling I wanted to be able to share with others. It was during this time, that I decided that I wanted to be a nurse. I wanted to make others feel safe and protected like I had been.

Safety is such an essential part of patient care and during my 30 years plus years of nursing I have noted that many health professionals don't actually appreciate that fact. As a patient in later years I have sadly felt unsafe in the care of many health professionals. I have had my identity questioned, and I have also been abused because I had acknowledged that I was Aboriginal. I have been told that we are not good people, that we can't be trusted.

Q5) What were the enablers and barriers for you to complete your degree?

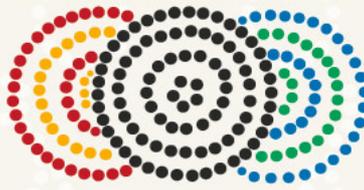
Pathway into nursing/midwifery – how did you get to where you are today?

I trained within the hospital setting and I chose this over the college because I would be paid a salary throughout my training. This was important as I was not able to access any scholarships, etc.

CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES

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My move to community health as a Child Health Nurse after completing a degree in primary school teaching opened me up to working for our community in a meaningful way. I went to Redfern and undertook a research project demonstrating the extremely high rates of Otitis Media (OM) amongst our kids. This was the first ever urban study, and it caused quite a stir, as it was thought that only our people in remote areas had OM. This study and working with the NSW AECG (Aboriginal Education Consultative Group) resulted in National strategies and resources for our Aboriginal Community Controlled Health Organisations (ACCHOs) to provide hearing assessments and run Ear Nose and Throat (ENT) clinics.

I was persuaded to leave this role and join NSW Health to further develop Indigenous health strategies. From there I was persuaded to join the University of Sydney to lecture at Yoorang Goreng. I have continued to work in health research and have contributed to making a difference to our people.

Q6) Do you believe our nurses and midwives are role models for our communities?

Yes, I do believe this. I know many First Nation Nurses who have made a significant difference to their communities and the field of health. I have been a key promoter of cultural safety a strategy developed by Maori Nurse Irihapeti Ramsden. As a founding member of CATSIN and now CATSINaM we took this strategy up from Ramsden and have eventually been successful in getting Nurses in Australia to have now be culturally safe.

We are and have been the leaders of change.

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