



## Research article

## Indigenous students' experiences of being taught indigenous health

Tamara Power<sup>a,\*</sup>, Christine Catling<sup>b</sup>, Chris Rossiter<sup>b</sup>, Danielle Manton<sup>b</sup><sup>a</sup> Faculty of Medicine and Health, University of Sydney, D18 Western Ave, Camperdown, NSW 2006, Australia<sup>b</sup> Faculty of Health, University of Technology Sydney, 235 Jones St, Broadway, NSW 2007, Australia

## ARTICLE INFO

## Keywords:

Cultural Safety

Indigenous students

Indigenous content

## ABSTRACT

**Background:** Increasing the numbers of Indigenous health professionals is an international priority to enhance health outcomes for Indigenous communities. It is also incumbent on academics to ensure all graduates are culturally safe to work with Indigenous Peoples, and that accredited health degrees contain appropriate Indigenous content, improving the cultural competence of the registered health workforce. However, little current research investigates Indigenous tertiary students' experiences of learning about Indigenous health.

**Aim:** To explore Indigenous students' experiences of being taught Indigenous health.

**Design:** This study employed an online survey (16 % response rate) developed to evaluate student's beliefs, attitudes and learning experiences following operationalisation of a university Indigenous Graduate Attribute. An Aboriginal researcher also conducted Yarning Circles with Indigenous students as a culturally appropriate means to deepen insight into their experiences of studying Indigenous health topics alongside non-Indigenous peers.

**Setting:** A large urban Australian university.

**Participants:** Twelve Indigenous students from four health disciplines completed the anonymous survey. Five Indigenous midwifery students participated in a Yarning Circle.

**Methods:** Survey data were analysed descriptively using SPSS version 27. Qualitative data from Yarning Circle transcripts were analysed thematically from an inductive Indigenous standpoint.

**Results:** Results from the survey demonstrated unanimous agreement that all health students should learn about Indigenous Peoples' health and cultures. However, most participants agreed that there needed to be more content on Indigenous knowledges, derived from Indigenous authors, researchers, and community presenters.

The Yarning Circle yielded rich discussion of students' experiences, explored across three key themes and associated sub-themes. Themes were: When your culture is content; Being an Indigenous student; and Sources of strength and support as Indigenous students.

**Conclusions:** Findings indicate the importance of framing Indigenous content, incorporating Indigenous knowledge into curricula, ensuring Cultural Safety in classrooms with both Indigenous and non-Indigenous students, and supporting Indigenous students to excel.

## 1. Introduction

We acknowledge the sovereignty of Aboriginal and Torres Strait Islander Peoples as the Traditional Custodians of the continent now known as Australia. We honour Elders and the timeless and embodied connection to lands, waters, communities, and cultures. This paper is dedicated to First Nation women who have been delivering babies since time immemorial.

It is widely recognised that when care is provided by Indigenous health professionals, there are improved healthcare outcomes for

Indigenous Peoples (AHPRA and National Boards, 2020; Australian Health Ministers Advisory Council, 2016; Australian Institute Health and Welfare [AIHW], 2020). Indigenous health professionals deliver holistic, culturally informed, culturally safe care, resulting in enhanced treatment outcomes through increasing use of health services and acceptance of treatment (Bailey et al., 2020). Indigenous health professionals are more trusted by and build better rapport and connection with Indigenous patients (AIHW, 2020; Bailey et al., 2020). Innate to Indigenous health professionals' clinical practice are cultural ways of knowing, being and doing, spiritual knowledge, community connection,

\* Corresponding author.

E-mail addresses: [Tamara.Power@sydney.edu.au](mailto:Tamara.Power@sydney.edu.au) (T. Power), [Christine.Catling@uts.edu.au](mailto:Christine.Catling@uts.edu.au) (C. Catling), [Christine.Rossiter@uts.edu.au](mailto:Christine.Rossiter@uts.edu.au) (C. Rossiter), [Danielle.Manton@uts.edu.au](mailto:Danielle.Manton@uts.edu.au) (D. Manton).

<https://doi.org/10.1016/j.nedt.2024.106364>

Received 2 June 2024; Received in revised form 1 August 2024; Accepted 16 August 2024

Available online 20 August 2024

0260-6917/© 2024 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

and enhanced communication skills (Bailey et al., 2020).

Despite the known value of Indigenous health professionals in providing care, and growth in the Indigenous health workforce, numbers are still well below population parity of 3.2 % (Australian Bureau of Statistics, 2021; Bailey et al., 2020). In 2019, Indigenous people constituted just 1.4 % of the total Australian nursing and midwifery workforce (CATSINaM., 2022). It is imperative that more Indigenous people are enrolled in and graduate health science degrees (Taylor et al., 2019).

In response to entrenched health and social inequities stemming from ongoing colonisation and institutional racism, tertiary institutions are required to embed content on Indigenous Peoples' cultures, histories and health in all accredited health courses (AHPRA and National Boards, 2020). This content should be based on the Aboriginal and Torres Strait Islander Health Curriculum Framework (AHPRA and National Boards, 2020; Department of Health, 2014).

Despite subject content being guided by the Framework, Indigenous students enrolled in subjects that explore Indigenous content may be exposed to culturally unsafe curricula (Geia et al., 2020). For example, a national analysis of learning objectives in Australian Bachelor of Nursing Indigenous health subjects revealed that many objectives still 'racially marginalise[d], paternalize[d], and dehumanise[d] Aboriginal and Torres Strait Islander peoples' (Laccos-Barrett et al., 2022, p. 12).

There is also evidence that generally, non-Indigenous lecturers are poorly prepared and lack the knowledge, pedagogical practices, confidence and cultural authority to teach Indigenous health content, which can result in harm to Indigenous students and future patients (Cox and Best, 2022; Francis-Cracknell et al., 2022; Gorman, 2017; Hayes, 2021; Power et al., 2022; Power et al., 2021a, 2021b, 2021c).

While it would be ideal, if all Indigenous content could be taught by Indigenous academics, as noted by Ramsden (2000, p. 9), the architect of Cultural Safety, there are not enough Indigenous people to 'provide a critical mass in the health workforce'. Irihapeti Ramsden (2000) therefore advocated for Indigenous health content to be created and taught in collaboration with Indigenous health and education experts. Ideally, both Indigenous and non-Indigenous educators should be involved in teaching the material, or at the very least, non-Indigenous educators should have a deep understanding of the content and the ability to present it in a sensitive and supportive manner (Ramsden, 2000).

In Indigenous health subjects, Indigenous students are exposed to non-Indigenous students who often have little experience of Indigenous people and can be resistant or even hostile when asked to reflect on their own values and beliefs, privilege, power dynamics and racism in healthcare (Francis-Cracknell et al., 2022). This hostility can be linked to many non-Indigenous students feeling 'victimised and blamed' when required to study Indigenous health content (Mills et al., 2018, p. 155). This can expose Indigenous students to ignorant and racist comments from other students (Coleman et al., 2021; Gorman, 2017). The impact of racism and ignorance is compounded when not addressed appropriately by the educator (Coleman et al., 2021; Gorman, 2017). Indigenous students are also often assumed to hold significant cultural knowledge and can be called on in class to contribute to educating their non-Indigenous peers which places an unfair and culturally unsafe burden on them (Francis-Cracknell et al., 2022; Gorman, 2017).

Despite the issues facing Indigenous students studying Indigenous health, there is a lack of evidence documenting their experiences. A recent review of the literature, exploring Indigenous midwifery students' experiences only revealed three papers, forcing the authors to widen their search to include Indigenous students in all undergraduate health disciplines (Coleman et al., 2021). None of the papers included in the review explicitly explored Indigenous students' experiences of studying Indigenous health. Given the national focus on structuring health professions curricula using the Framework to improve the cultural capability and Cultural Safety of the health workforce as a whole (Department of Health, 2014), it is imperative that Indigenous students'

voices are privileged to guide the development of Indigenous health curricula and tertiary classroom spaces that are culturally safe.

To our knowledge, there is no evidence on the experience of Indigenous students studying course content specifically addressing Indigenous health topics. The current study therefore aimed to fill this gap.

## 2. Terminology

For brevity, we use the term Indigenous throughout this paper while respecting people's individual preferences regarding terminology used in reference to Australia's First Peoples.

## 3. Methods

### 3.1. Procedures

We used two methods, consisting of an online survey and Yarning Circle. The study was promoted to all Indigenous identifying, Faculty of Health students from several health professional disciplines at a metropolitan university in Australia via email and through Indigenous student liaison staff. This included students enrolled in nursing and midwifery, sports and exercise science degrees, and postgraduate students studying Pharmacy, Clinical Psychology, Genetic Counselling, Speech Pathology, Physiotherapy and Orthoptics. At the time the survey was released, there were 75 eligible students. Students were also invited to contact the researchers if they were interested in participating in a Yarning Circle. Only midwifery students responded.

Survey respondents received a link to the online survey, hosted on the REDCap platform (Harris et al., 2019; Harris et al., 2009). The Yarning circle was conducted by a doctorally prepared, female Aboriginal researcher (##), previously unknown to the participants, not associated with their institution.

Yarning in research allows for a more culturally appropriate, relational style of meeting where knowledge is exchanged, rather than elicited (Bessarab and Ng'andu, 2010). Three of Bessarab and Ng'andu (2010) research Yarning Types were employed: Social, Family and Research Topic Yarning. The researcher and students started with Social Yarning which is essentially small-talk to develop comfort and trust (Bessarab and Ng'andu, 2010). Social Yarning was followed by Family Yarning which allowed researchers and participants to locate each other relationally in regard to Country and kinship (Bessarab and Ng'andu, 2010). We then moved onto Research Yarning which involved sharing stories about the research topic.

The Yarning Circle was audio-recorded and transcribed by a transcription program which was then edited for accuracy by the first author. All identifying information was removed from the transcript to protect the participants' anonymity, and pseudonyms were employed. Due to the small numbers of Indigenous midwifery students, demographic information was not provided to reduce the chance of them being identified. All students participating in yarning were given a \$50 (AUD) food-store gift card in appreciation of their time and expertise.

### 3.2. Ethics

This study was approved by the University Human Research Ethics Committee (reference: ETH18–2140). The University has a dedicated Aboriginal and Torres Strait Islander committee that also reviews Indigenous focused projects to ensure participant safety. Survey students received information about the study and consented by submitting their online survey. Surveys were completed anonymously, although participants provided some demographic information. Yarning Circle participants provided written informed consent and were aware that they could withdraw from the study at any time.

### 3.3. Study instruments

We used a survey developed and tested by Bodkin-Andrews et al. (2019). The instrument consisted of 24 statements that participants rated on a 6-point Likert scale ranging from 1 ('completely true') to 6 ('completely false'). Developed to evaluate a university Indigenous Graduate Attribute, the survey contained items to measure the beliefs, attitudes, and learning experiences of students who were undertaking health-related courses that had Indigenous learning content. The survey was administered using the REDCap (Research Electronic Data Capture) software platform (Harris et al., 2019; Harris et al., 2009), between September 2021 and August 2022.

The Yarning protocol was developed for the proposed focus group by the research team which consisted of both Aboriginal and non-Indigenous academics. Questions addressed students' experiences of being taught Indigenous health, including assignments and class activities containing Indigenous content and suggestions for delivering additional content. They also focused on facilitating Cultural Safety and students' experiences (if any) of lecturers' approaches to negative or racist comments from non-Indigenous students.

### 3.4. Data analysis

Survey data were downloaded from REDCap, cleaned, then analysed using SPSS® version 27 (IBM, 2024). Given the small number of participants, data are presented descriptively only, using frequencies and percentages.

Qualitative data were analysed thematically from an inductive, Indigenous woman's standpoint by the first author. Researching from an Indigenous standpoint involves recognising the role of colonialism and systemic oppression in shaping Indigenous perspectives and seeks to challenge dominant narratives (Kovach, 2009). An Indigenous woman's standpoint was appropriate in eliciting, Indigenous midwifery student's stories given the researcher' and participants' similar intersecting oppressions and shared understandings of ways of knowing, being and doing (Moreton-Robinson, 2013).

Braun and Clarke's (2006) six step approach to thematic analysis was employed. Thematic analysis has been used extensively as an analytical method in Yarning research due to its 'theoretical flexibility' making it compatible with Aboriginal epistemology (Clarke and Braun, 2017; Murrup-Stewart et al., 2020). Once preliminary analysis was complete, data and findings were discussed with the broader research team until consensus was reached.

## 4. Results

### 4.1. Quantitative data

A total of 12 Indigenous university students studying a health degree completed the survey. This represents a response rate of 16 % of the total number of students in the faculty who had indicated Indigenous identity. Participant characteristics are shown in Table 1. To retain anonymity, the breakdown of Indigeneity (Aboriginal/Torres Strait Islander) and

**Table 1**  
Demographic details of survey participants.

Participant age	Number	Percent
17–24	4	33.3
25–35	6	50.0
36 years or older	2	16.7
<b>Year of study</b>		
Postgraduate	2	16.7
Undergraduate – first year	6	50.0
Undergraduate – second year	4	33.3

health discipline is not reported. However, four disciplines were represented: midwifery, genetic counselling, sport and exercise science and clinical psychology. All were female.

All participants responded to all 24 statements with ratings shown in Table 2.

Students' responses varied from 100 % agreement ('completely true' or 'mostly true') to 16.7 % agreement, shown in order to agreement in Table 3.

Participants clearly appreciated the importance of all students studying a health profession learning about Indigenous people and culture with 100 % agreement on statement 24. Most students agreed that the subject facilitated respectful discussions about Indigenous Australian issues. They also perceived the importance of this knowledge to their studies and future employment. However, few participants agreed that their courses incorporated input from Indigenous authors, researchers or community representatives, or that they learnt about Indigenous Knowledge.

### 4.2. Qualitative data

Five midwifery students drawn from the three years of the Bachelor of Midwifery program, attended a Yarning Circle on campus during April 2023. The gathering was conducted in a relaxed atmosphere around a table with lunch provided and eaten during the meeting. The yarn occurred on campus on a day when students were already attending classes to reduce inconvenience. Originally scheduled for one hour, the Yarning Circle ran for one hour and fifty minutes.

Although the yarning research topic was focused on participant's experiences of learning about Indigenous health, the scope of the yarn extended more broadly and included students' experiences of studying in a tertiary institution, reflection on their entry pathways, facilitators and barriers to study and clinical experiences. Due to the richness of the data, experiences in the clinical arena will be published separately. Analysis of data related to studying in the university resulted in three key themes and eleven sub-themes which are detailed in Table 4 and described in-depth below.

### 4.3. When your culture is content

#### 4.3.1. Being a statistic

Indigenous health data presented in class held intimate meaning for Indigenous students. These were not abstract statistics about people generally. They were personal and confronting:

*There were things that I certainly didn't know about the state of the health of Indigenous women and their babies. And so, it was really difficult to listen to ...* – Charlie.

The way that academics framed Indigenous content was important: *Hearing academic staff talk about First Nations, the health disparities ... it doesn't come from a matter-of-fact way as in this and that happened. But comes from a place of wanting change. And I feel that from them, and it feels respectful and good for me* – Lucy.

However, as urban Indigenous women, the group questioned the validity of some of the statistics, highlighting a lack of nuance that might only be apparent if the content related to you:

*A lot of those statistics are based on rural and regional numbers ... But we still talk about the statistics as a whole. As an [urban] Aboriginal person, what would my specific risk factors be? ... They don't break it down* – Norah.

#### 4.3.2. Our approach to health care

In contrast to deficit-based statistics, participants expressed pleasure that Indigenous approaches were being increasingly valued and normalised in classes:

*Our approach to health care, it's positively talked about in regard to being holistic, person-centred and drawing inspiration from how Indigenous people care for their community, and how we can reflect that in westernised care using that as a benchmark* – Norah.

**Table 2**Response to statements ( $n = 12$ ).

No	Statement	Com- pletely true	Mostly true	More true than false	More false than true	Mostly false	Com- pletely false
1	It felt like a safe place to learn of Indigenous Australian peoples	8	3	1	0	0	0
2	We were able to discuss Indigenous Australian issues respectfully	7	4	1	0	0	0
3	All students were encouraged to share what they have learned about Indigenous Australians	7	3	1	1	0	0
4	Indigenous Australian issues were discussed in an atmosphere of mutual respect	9	1	2	0	0	0
5	We were required to identify the works of Indigenous Australian academics	2	2	1	3	2	2
6	We were required to engage with Indigenous Australian authors	1	2	4	2	1	2
7	We had to include the perspectives of Indigenous Australian researchers	1	3	1	4	1	2
8	We were set key readings by Indigenous Australian academics	3	1	3	2	3	0
9	We were given the opportunity to listen to a number of Indigenous Australian representatives	3	2	1	5	1	0
10	We have had numerous opportunities to talk with Indigenous Australian community representatives	2	0	1	4	4	1
11	We have had the opportunity to learn from a number of Indigenous Australian representatives	2	1	1	5	3	0
12	A number of different Indigenous Australian representatives took part in the teaching about Indigenous Australians	1	1	1	5	3	1
13	We learned of the many complex (e.g. scientific) knowledges that Indigenous Australians are sharing today	1	5	2	1	3	0
14	We were taught how important it is to understand the perspectives of many Indigenous Australians who have resisted the ongoing impact of colonisation	5	4	2	0	0	1
15	We were taught about important ethical considerations (e.g. reciprocity, intellectual property rights) that are needed for working with Indigenous Australians	4	4	3	0	0	1
16	We learned of many unique Indigenous Australian knowledges that have survived colonisation	2	1	2	5	1	1
17	We were required to focus on an issue involving Indigenous Australians	7	3	1	1	0	0
18	We had to engage with Indigenous Australian research	5	1	3	0	3	0
19	We had to critically evaluate multiple perspectives on an issue affecting Indigenous Australians	7	1	1	1	1	1
20	We had to consider Indigenous Australian standpoints	8	1	2	1	0	0
21	This subject revealed how important it is to learn about Indigenous Australian peoples and their communities	6	3	1	0	2	0
22	This subject showed me how important learning about Indigenous Australians may be for my future employment	7	3	1	0	1	0
23	I think this subject showed how important Indigenous Australian perspectives are as part of my degree	6	5	1	0	0	0
24	I think every student must learn more about Indigenous Australian peoples and their communities, regardless of their discipline	11	1	0	0	0	0

Participants also spoke about appreciating an Acknowledgement of Country at the start of each class, non-Indigenous classmates including Acknowledgements in group presentations and Indigenous perspectives being embedded into most topics.

*One of the groups before us did an Acknowledgement of Country ... All five of the classes' Indigenous students are in one group and we all forgot < laughs> and so I was like, I'm just gonna sneak one in because I was doing the introduction. And then every presentation after that also had an Acknowledgement and I thought, amazing. That's so good - Lucy.*

It was suggested that Indigenous approaches could be increasingly incorporated to enhance engagement with material:

*Sometimes we have a lecture, and it is literally having someone talk at you for three hours. And I'm not taking anything in. Things like this, Yarning Circles, using storytelling ... if we had a more Yarning Circle kind of portion of a lecture, I feel like we would take in so much more - Charlie.*

#### 4.3.3. Mindful of us in the class

Being Indigenous inferred that participants held innate knowledge, however, the fact that they were also learners was overlooked by non-Indigenous peers.

*You're there with them in the same classroom reading the same content. You're learning as well. We don't know all of this already - Ivy.*

Where class content included Indigenous topics, participants noted that both academics and non-Indigenous peers deferred to them.

*In any subject that we have a discussion around Indigenous health, everyone turns and waits for us to give our opinion. Even the lecturer is very conscious of what we have to say in response to it. I don't know how to feel about that - Norah.*

However, some academic staff were very skilful in the way they managed a classroom that included Indigenous students:

*And [academic] would say, 'would anyone like to comment? Would anyone like to speak to', whatever the topic was ... And it was an option to speak, rather than an expectation. And she was very mindful of us in the class, that it wasn't up to us to teach other people - Taylor.*

This mindfulness also involved warning students when content might be emotive or difficult to engage with:

*They talk about, First Nations people and the impact that they might feel about a topic, or they approach sensitive conversations with the appropriate disclosure. And I appreciate that - Norah.*

In contrast to the often-reported racist incidents Indigenous students experience, participants discussed increasing reticence from non-Indigenous classmates to discuss sensitive topics which they related to their own presence:

*It was so awkward ... they completely avoided what we were supposed to talk about, which was 'what are the racial stereotypes that you've heard?' I sat quietly, gave them a chance. Nobody said anything. So, I put a few little things out. But even then, the conversation got steered away because they felt so uncomfortable with me being there - Taylor.*

The reluctance of their classmates to discuss Indigenous stereotypes in front of them was problematised by Charlie:

*They were so concerned about speaking about that [Indigenous stereotypes], that they'd rather not have the conversation in an academic space, which is well supported and very gracious and giving ... which speaks to why things like that perpetuate.*

**Table 3**  
**Proportion giving positive response** ('completely true' or 'mostly true') (n = 12).

No	Statement	Number positive responses	% of all respondents
24	I think every student must learn more about Indigenous Australian peoples and their communities, regardless of their discipline	12	100
23	I think this subject showed how important Indigenous Australian perspectives are as part of my degree	11	91.7
1	It felt like a safe place to learn of Indigenous Australian peoples	11	91.7
2	We were able to discuss Indigenous Australian issues respectfully	11	91.7
3	All students were encouraged to share what they have learned about Indigenous Australians	10	83.3
4	Indigenous Australian issues were discussed in an atmosphere of mutual respect	10	83.3
22	This subject showed me how important learning about Indigenous Australians may be for my future employment	10	83.3
17	We were required to focus on an issue involving Indigenous Australians	10	83.3
20	We had to consider Indigenous Australian standpoints	9	75.0
21	This subject revealed how important it is to learn about Indigenous Australian peoples and their communities	9	75.0
14	We were taught how important it is to understand the perspectives of many Indigenous Australians who have resisted the ongoing impact of colonisation	9	75.0
15	We were taught about important ethical considerations (eg. reciprocity, intellectual property rights) that are needed for working with Indigenous Australians	8	66.7
19	We had to critically evaluate multiple perspectives on an issue affecting Indigenous Australians	8	66.7
18	We had to engage with Indigenous Australian research	6	50.0
13	We learned of the many complex (eg. scientific) knowledges that Indigenous Australians are sharing today	6	50.0
9	We were given the opportunity to listen to a number of Indigenous Australian representatives	5	41.7
5	We were required to identify the works of Indigenous Australian academics	4	33.3
7	We had to include the perspectives of Indigenous Australian researchers	4	33.3
8	We were set key readings by Indigenous Australian academics	4	33.3
16	We learned of many unique Indigenous Australian Knowledges that have survived colonisation	3	25.0
6	We were required to engage with Indigenous Australian authors	3	25.0
11	We have had the opportunity to learn from a number of Indigenous Australian representatives	3	25.0
10	We have had numerous opportunities to talk with Indigenous Australian community representatives	2	16.7
12	A number of different Indigenous Australian representatives took part in the teaching about Indigenous Australians	2	16.7

**Table 4**  
**Themes and sub-themes.**

Themes	Subthemes
When Your Culture is Content	Being a Statistic Our Approach to Health Care Mindful Of Us in The Class I Just Felt So Sad. I Felt So Judged Sense of Obligation
Being an Indigenous Student	Too Many Opportunities All This Other Stuff Going On We Snuck In
Sources of Strength and Support	Connection to Culture on Campus We Hang Out Responsive and Respectful and Kind

#### 4.3.4. *I just felt so sad. I felt so judged*

There was only one racist situation reported where Indigenous Peoples were included as a topic in class discussions about marginalised groups. We did note that this situation occurred in a cohort who had not yet been enrolled in the Indigenous Health subject:

*The girls in my group said, 'well Aboriginal and Torres Strait Islander people smoke when they're pregnant, they drink when they're pregnant'. And I was so upset, because I'm a mum, and I'm First Nations ... And I just felt so sad. I felt so judged, and I hated it. I hated being a part of that class – Ivy.*

The situation was compounded by the tutors' response to the situation:

*She didn't fix it ... She didn't correct them. She just wrote it on the board. And it's not okay... She didn't provide any structure. And when you leave a conversation open ended like that, it leaves room for racism – Ivy.*

However, when word of the incident reached senior staff, it was promptly addressed:

*Everyone was supportive. They reassured me that I wasn't crazy, and I wasn't being dramatic. And that it wasn't a good situation for me to be in. And [Senior Academic] came into our cohort and spoke to everyone about what it means to have white privilege and I couldn't have been more grateful. She delivered it so well. And when she left room, you could see they were all thinking about it - Ivy.*

#### 4.4. *Being an indigenous student in the academy*

##### 4.4.1. *Sense of obligation*

All the participants discussed their plans for further study in terms of it being a natural progression from their bachelor's degree: *And so, I've got to do my new grad. And then I want to do my honours. And then I want to have a life, I've got to do a PhD and all this kind of stuff – Ivy.*

The expectation that they would continue to study and eventually become researchers and potentially educators was credited to academic staff and obligation to Community: *This is an incredible university for instilling the importance of research ... and of course, especially as a First Nations person to help change - Lucy.*

Continuing to study and be engaged with the university was also to prepare the way for those who would follow them:

*I feel a huge sense of obligation to continue to study, because we're barely represented in the university. How many Indigenous midwifery students are going to come through here and not have anyone that looks like them or is where they're from? So, it can be a bit overwhelming thinking about the pressure of being everything to everybody. It's a lot. It's too much - Charlie.*

#### 4.5. *Too many opportunities*

Students discussed being provided with multiple opportunities for professional development. However, these opportunities were on top of already significant study and outside obligations, and they felt the pressure of submitting missed work:

*We've had so many opportunities, going to conferences and being invited to speak at professional gatherings ... We're not pressured to do these extra*

things. But we're very much supported by the university to participate – Norah.

*We're firmly encouraged < laughter> They're holding the door open. It's up to us if we want to walk through* - Charlie.

#### 4.5.1. All this other stuff going on

As participants were mostly mature age students, with significant familial and Community commitments, studying midwifery full-time was difficult. They discussed the small cohort size of midwifery degrees contributing to a lack of flexibility in terms of timetables or part-time options. This lack of flexibility was compounded by clinical placements and employment.

*So, there's beautiful works of art up around the room [assessment item]. I'm happy with what I did. But I just did it last night. I'd spent the morning helping organise palliative care for family members. I have all this other stuff going on. So, I'm cramming my uni work into time that I don't have because of my outside commitments. And I'm being compared to this 23-year-old, that lives with Mum and Dad, they don't have to work* – Taylor.

#### 4.5.2. We snuck in

All the participants had entered university via an alternative Indigenous pathway that involved undertaking a one year diploma program prior to enrolling in the midwifery course. This alternative entry pathway was a source of general angst:

*I think it is because midwifery is such a hard course, to get into. All the students are such high achievers. Their ATAR is like 98. We know that they only take such a tiny percentage of people who apply. And we snuck in. We were given our place* – Ivy.

Feeling like they had 'snuck in' made students believe that they had to prove themselves to justify their enrolment:

*I don't like I feel like I deserve to be where I am. I did that extra year, and I did the work to be here. And I've earned my place, I guess. And so, to continue to feel comfortable among the rest of the cohort, I need to get good marks and work hard to feel like I belong* – Norah.

However, working hard and getting excellent marks was not always enough to dispel feelings of not belonging or their ability to succeed:

*And there's a lot of self-doubt that comes with that, as you feel, I don't think that I'm capable of ... I've had that feeling all week, it's just a time of the year where I'm not sure if I can do this* - Taylor.

A novel finding from this yarn, was that participants discussed receiving excellent marks in the Indigenous health subject. However, this phenomenon also evoked ambivalence:

*Did I earn that? ... I could be wrong about the things that I say, but perhaps my opinion is seen as worth more than that of white students? What marks are the white students getting? Can I read their work? Because I don't want to have an inflated mark because of who I am* – Charlie.

Lucy counselled: *But really, is somebody else gonna tell you you're wrong about Indigenous content?* Taylor added: *If you had gotten a bad mark, from someone who doesn't understand your culture and your connection, how would you have felt about that?*

Qualifying, Charlie continued:

*I mean, I know that we're really good students. We're really smart. And I know that we're doing good things, we're making them [academics] very proud ... If I was looking at any other student that wasn't myself, I'd be going you are smashing it! Yeah, what a legend.*

All of the participants agreed, with Ivy adding: *We can be proud of each other. But we can't be proud of ourselves.*

### 4.6. Sources of strength and support

#### 4.6.1. Connection to culture on campus

Entering through the Indigenous specific pathway provided students with a culturally safe place on campus where they could spend time with other First Nation students from different faculties and degrees:

*[Indigenous Student Support Unit] changed my whole perspective of what university life was going to be. I love it! Having the First Nations ties with*

*other First Nations peers in all different cohorts ... it has given me a connection to culture in the university space that I really lacked before I came into university* – Ivy.

The Indigenous Student Support Unit provided essential assistance for Indigenous students to develop the skills required to successfully study at a tertiary level:

*I was almost 14 years out of high school when I came back ... so I basically went from the studying habits of a 12-year-old to having to hand in uni assignments. Thank God for [Student Support Unit] and [academics], teaching me how to write academically ... I never would have made direct entry because I needed [Student Support Unit]. I really needed their support. It was so valuable* – Charlie.

#### 4.6.2. We hang out

Students across year cohorts in the midwifery program were united both through the Indigenous Student Support Unit and through being brought together by midwifery academics:

*I also feel incredibly supported having our little Indigenous midwifery group. ... having the support of other students who are in the same boat who understand where you're coming from ... That makes it a more culturally safe place* – Norah.

The students had formed a tight knit group, that saw them supporting each other in class, across year cohorts, and attending external events:

*Yeah, being connected to other students in our school has been invaluable. It's so helpful ... We hang out, we spend so much time together. I can't shake these b\*\*\*\*\*s < group laughter>* – Charlie.

#### 4.6.3. Responsive and respectful and kind

Students were initiated into the midwifery school by an academic that also worked as a mentor for Indigenous students in the Indigenous Student Support Unit:

We had already worked with her quite closely as a mentor in the student support unit. We had that relationship. And I don't know if it would have been the same with another lecturer or not. So, we didn't have that self-protective feeling of being with a stranger - Norah.

It was evident throughout the yarn, that students enjoyed a close relationship with school academics.

*I think that the cohort being so small, unlike the nursing cohort, you get to know them on a different level. They're aware of who we are as First Nations people. And they respect that ... our academics are very responsive and respectful. And just kind* – Charlie.

Care for Indigenous students, developing relationships and Cultural Safety across the midwifery course was a consistent theme:

*I think that midwifery is a very different approach ... Cultural safety is something that is spoken about consistently throughout the course ... my nursing First Nations friends, they don't know their academics and their academics don't know them .... So it does make a difference* - Taylor.

## 5. Discussion

Findings from this study indicated that these Indigenous midwifery students were well supported, were excelling in the degree, and had excellent future career prospects. However, content delivery required sensitivity, their academic and clinical work needed more balance with external obligations and opportunities, and they experienced imposter phenomenon. Discussion of these findings will occur under the following headings: Indigenous students in Indigenous health classes, Cultural load, and Supporting Indigenous students.

### 5.1. Indigenous students in indigenous health classes

Undertaking a subject that is essentially about them, positions Indigenous students as both content experts and subjects (Bullen and Flavell, 2021). Academics discussed in this study (with one exception)

were very conscious of the Indigenous students in the room and avoided calling on them, while simultaneously creating space if they did want to contribute. This is heartening as a previous publication, stemming from the same university reported one Indigenous student feeling the need to defend his culture in the classroom (Gorman, 2017).

The reluctance of some non-Indigenous students to discuss racial stereotypes in the presence of Indigenous peers is something that needs to be addressed. In any discussion of Indigenous content in health degrees, it must be acknowledged that Indigenous health subjects are designed for non-Indigenous students (Bullen and Flavell, 2021). As noted by Charlie, it is important that there were opportunities to discuss Indigenous stereotypes as it is through these conversations that falsities can be debunked, individual values and beliefs challenged and other strategies to address racism incorporated (Bodkin-Andrews et al., 2021). As well as creating a culturally safe learning environment for Indigenous students, the space must be safe for non-Indigenous students to feel able to respond to learning strategies. This can be achieved through controlled intergroup contact, exploring the origins of values and beliefs, managing emotions, and as a group, exploring the precedents for interpersonal, institutional and national racism (Bodkin-Andrews et al., 2021).

Setting ground rules regarding not using 'othering' terminology, providing boundaries to neutralise 'mainstream power relations', and non-Indigenous academics articulating the limits of their knowledge, modelling cultural humility, can also assist in creating a safer space for Indigenous and non-Indigenous students (Burns et al., 2022).

When introducing Indigenous health statistics, how they are introduced and framed is important. It is essential that information is structured from a strengths-based approach that emphasises Indigenous Peoples' resilience and the success of community-controlled health interventions and organisations (Fleming et al., 2019). The gap between Indigenous and non-Indigenous Peoples' health should be presented from a social justice, rather than deficit approach. Furthermore, as the majority of Indigenous people in Australia live in urban settings (Power et al., 2021a, 2021b, 2021c), and nursing and midwifery students studying in major cities will mostly be practising in city hospitals, there needs to be more focus on urban Indigenous Peoples' health outcomes and wellbeing needs.

Although one participant had a racist experience in class, this occurred in a class that pre-dated the discrete Indigenous health subject. Given the swift response by a senior academic it can be assumed that the staff member involved received guidance on facilitating Indigenous content. This situation does however, act as a cautionary tale that all staff teaching into health degrees need to be culturally capable, able to facilitate sensitive topics and be equipped to respond appropriately to racism in the classroom (Power et al., 2021a, 2021b, 2021c).

#### 5.1.1. Cultural load

With the well-reported lack of Indigenous health professionals, academics and researchers (Coates et al., 2020), the success of Indigenous health students is critical. It is well documented that Indigenous students are motivated to succeed to improve the health and wellbeing of Indigenous communities (Hill et al., 2023; Taylor et al., 2019). However, as Indigenous women, most of the participants had significant obligations outside of the university. Competing obligations was the most frequently reported barrier for Indigenous students in a recent systematic review (Taylor et al., 2019).

A lack of flexibility in curriculum delivery was one issue reported by participants that added to their burden. Due to midwifery courses' small cohort sizes, it is difficult to offer part-time options in a bachelor's degree. However, as increasing the Indigenous midwifery workforce is currently an unrealised priority (McKellar et al., 2023), it might be worthwhile for schools of midwifery to provide more flexible curriculum opportunities to reduce burden on Indigenous students and improve enrolment and retention rates.

All participants discussed experiencing "imposter syndrome" and

concern that they had entered university by a non-traditional pathway. Imposter phenomenon is a familiar experience for Indigenous students and academics stemming from a divided sense of self, where the present reality of academic success contrasts (Burns et al., 2022) with internalised 'racial role expectations and oppression' stemming from racism and discrimination (Cokley et al., 2024, pp. 7–9). There are also inter-sectional elements potentially contributing to imposter syndrome related to gender, age, underrepresentation and shame (Cokley et al., 2024). However, there is a need for more nuanced research on imposter phenomenon in people from varying ethnic and socio-cultural backgrounds (Cokley et al., 2024).

A novel finding in this study was the juxtaposition between students feeling confident about their inherent expertise in Indigenous content, stating they would question being marked poorly on an associated assessment, yet still being concerned that they may have been awarded undeserved marks. That participants questioned the validity of their excellent marks in the Indigenous health subject, is contrary to the literature on Indigenous students studying at university. Both Hill et al. (2023) and Uink et al. (2021) cite receiving good grades as increasing self-efficacy and feelings of belonging and reducing imposter phenomenon. Initiating anonymous marking may be useful to counter this participant concern. However, indigeneity would still be evident in some forms of assessment, reflective work for example.

#### 5.1.2. Supporting first nation health students

As their pathway into tertiary study, cultural community on campus, and source of academic, financial, and cultural support, the Indigenous Student Support Unit was invaluable. As this has been well documented elsewhere (Coleman et al., 2021; Elliott, 2013; Gorman, 2017; Hill et al., 2023; Taylor et al., 2019), discussion will instead focus on the relationship between the participants and academics, and the value of uniting Indigenous students.

Cultural support for participants was evident from a whole of school perspective. Senior staff responding swiftly to a culturally unsafe situation indicated strong organisational leadership (Taylor et al., 2019). According to Taylor et al. (2019) strong organisational leadership facilitates a flow on effect where Indigenous knowledges and students are valued and nurtured. A whole school approach to Cultural Safety has been reported to be much more effective than relying on a few motivated non-Indigenous academics or relegating Indigenous matters to often isolated Indigenous academics (Taylor et al., 2019).

Participants reported a close and trusting relationship with the academics overseeing their midwifery course. While developing trusting relationships is written about extensively as one of the key strategies to increase Indigenous student retention and success, it is not often achieved (Bullen et al., 2021). According to Exell and Gower (2021), developing relationships with Indigenous students involves: getting to know them as individuals, demonstrating care and concern, employing relational pedagogies, being passionate about the content, and spending time together outside of the classroom. These scholars also recommended becoming involved with local Indigenous events and organisations.

One aspect of developing a trusting relationship with participants in this study was having a school-based academic connect with students as a mentor in the Indigenous Student Support Unit. Having supportive academics mentoring them, has been found to be intrinsic to Indigenous student success (Schulz et al., 2018; Taylor et al., 2019), as Indigenous student success is underpinned by relationality (Hill et al., 2023).

Through uniting students across cohort years, newer students were supported and provided mentorship and cultural support. This is a common finding in the literature (Hill et al., 2023; Uink et al., 2021). As noted by Ivy, for Indigenous students previously not connected to their culture or community, spending time with other Indigenous students strengthens their sense of identity (Hill et al., 2023). The value of supporting each other as Indigenous women with similar external obligations was also apparent (Uink et al., 2021). That participants were

connected across different midwifery cohorts allowed for more senior students to act as role models demonstrating academic tenacity (Uink et al., 2021).

## 6. Strengths and limitations

Given how well supported participants felt, this paper is indicative of effective strategies for supporting Indigenous students in tertiary education. Although data were obtained from students across the three years of a midwifery degree, it is limited to one discipline in one urban institution so findings are not transferable. There were limited numbers of participants in this study. The small sample size for the survey precluded further analysis of trends that could have enabled deeper understanding of participants' experiences and indicated which disciplines or courses require improvement in specific areas. Similarly, the Yarning circle was limited to the perspective of five midwifery students.

## 7. Conclusion

Survey participants stated the importance of all students studying a health profession learning about Indigenous people and culture. Most students agreed that the Indigenous Health subject facilitated respectful discussions about Indigenous Australian issues. They also perceived the importance of this knowledge to their studies and future employment.

Through working with the Indigenous Student Support Unit, engaging relationally with participants, having a nil-tolerance approach to racism, and being mindful of Indigenous students in classes focused on Indigenous health content, academics discussed in this paper demonstrated a culturally safe learning environment. These strategies could be used to inform other universities attempting to attract, support and retain Indigenous students. Although uniting Indigenous students across larger health degree cohorts could be more challenging, it would not be impossible. Importantly, findings from this study demonstrate the necessity of having a pan-university approach to Cultural Safety.

Trying to ensure more flexibility in midwifery course delivery would be one way of reducing the burden for not only Indigenous students, but other mature aged students with similar familial responsibilities. Additionally, where Indigenous students are involved in multiple extra-curricular activities, perhaps these could replace rather than be in addition to their usual study load.

This paper has also provided recommendations for content in Indigenous health subjects, framing content from a social justice, strengths-based rather than deficit focus, always teaching under the assumption that there are Indigenous students in the room, and trying to provide statistics that are more pertinent to the local context.

Future research should explore academics' and Indigenous students' reflections on approaches and results in Indigenous assessments and addressing imposter phenomenon resulting from entering university via alternative pathways.

## CRediT authorship contribution statement

**Tamara Power:** Writing – review & editing, Writing – original draft, Visualization, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Christine Catling:** Writing – review & editing, Supervision, Project administration. **Chris Rossiter:** Writing – review & editing, Writing – original draft, Visualization, Methodology, Formal analysis, Data curation. **Danielle Manton:** Writing – review & editing, Project administration, Investigation, Data curation.

## Declaration of competing interest

The authors have no declaration of conflict.

## Acknowledgements

The authors would like to acknowledge: Joanne Gray, Allison Cummins, Karen Watson, Gawaian Bodkin-Andrews, Susan Page, Kaleena Smith, Maree Graham and Annabel Sheehy for input early in this study.

## Funding statement

This study received no funding.

## References

- AHPRA & National Boards, 2020. In: In. (Ed.), *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025*. AHPRA & National Boards, Canberra, ACT.
- Australian Bureau of Statistics. (2021). Aboriginal and Torres Strait Islander people: Census. Retrieved 9 October 2022 from <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/aboriginal-and-torres-strait-islander-people-census/latest-release#:~:text=Media%20releases,Key%20statistics,cent%20of%20the%20total%20population>.
- Australian Health Ministers Advisory Council, 2016. Cultural respect framework 2016–2026 for aboriginal and Torres Strait islander health. [https://nacchocommunique.files.wordpress.com/2016/12/cultural\\_respect\\_framework\\_1december2016\\_1.pdf](https://nacchocommunique.files.wordpress.com/2016/12/cultural_respect_framework_1december2016_1.pdf).
- Australian Institute Health, Welfare [AIHW], 2020. 3.12 aboriginal and Torres Strait islander people in the health workforce. Australian Government. Retrieved 9 October 2022 from <https://www.indigenoushpf.gov.au/measures/3-12-atsi-people-health-workforce>.
- Bailey, J., Blignault, I., Carriage, C., Demasi, K., Joseph, T., Kelleher, K., Lew Fatt, E., Meyer, L., Naden, P., Nathan, S., Newman, J., Renata, P., Ridout, L., Stanford, D., Williams, M., 2020. 'We are working for our people': growing and strengthening the aboriginal and Torres Strait islander health workforce. Career Pathways Project Report. <https://researchdirect.westernsydney.edu.au/islandora/object/uws:57802/datastream/PDF/view>.
- Bessarab, D., Ng'andu, B., 2010. Yarning about yarning as a legitimate method in indigenous research. *International Journal of Critical Indigenous Studies* 3 (1), 37–50. <https://doi.org/10.5204/ijcis.v3i1.57>.
- Bodkin-Andrews, G., Foster, S., Bodkin, F., Foster, J., Andrews, G., Adams, K., Evans, R., 2021. Resisting the racist silence: When racism and education collide. In: Shay, M., Oliver, R. (Eds.), *Indigenous Education in Australia: Learning and Teaching for Deadly Futures*. Routledge, pp. 21–37.
- Bodkin-Andrews, G., Page, S., Trudgett, M., 2019. Working towards accountability in embedding indigenous studies: evidence from an indigenous graduate attribute evaluation instrument. *Aust. J. Educ.* 63 (2), 232–260. <https://doi.org/10.1177/0004944119863927>.
- Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. *Qual. Res. Psychol.* 3 (2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>.
- Bullen, J., Flavell, H., 2021. Decolonising the indigenised curricula: preparing Australian graduates for a workplace and world in flux. *High. Educ. Res. Dev.* 41 (5), 1402–1416. <https://doi.org/10.1080/07294360.2021.1927998>.
- Bullen, J., Roberts, L., Davis, C., Hill, B., Lipscombe, T., Cox, D., 2021. *Comfort with Discomfort: Exploring Wadjella educators' Engagement with Indigenous Students*.
- Burns, E.A., Andrews, J., James, C., 2022. Bourdieu might understand: indigenous habitus clivé in the Australian academy. *Br. J. Educ. Stud.* 71 (1), 51–69. <https://doi.org/10.1080/00071005.2022.2033691>.
- CATSINaM. (2022). 'gettin em n keepin em n growin em': strategies for aboriginal and Torres Strait islander nursing and midwifery education reform. CATSINaM file:///D:/Users/Tamara/Downloads/CATSINaM%20Education%20Plan%202022%20v18.0.FINAL.pdf.
- Clarke, V., Braun, V., 2017. Thematic analysis. *J. Posit. Psychol.* 12 (3), 297–298.
- Coates, S.K., Trudgett, M., Page, S., 2020. Indigenous higher education sector: the evolution of recognised indigenous leaders within Australian universities. *The Australian Journal of Indigenous Education* 50 (2), 215–221. <https://doi.org/10.1017/jie.2019.30>.
- Cokley, K.O., Bernard, D.L., Stone-Sabali, S., Awad, G.H., 2024. Impostor phenomenon in racially/ethnically minoritized groups: current knowledge and future directions. *Annu. Rev. Clin. Psychol.* <https://doi.org/10.1146/annurev-clinpsy-081122-015724>.
- Coleman, R., Hartz, D., Dahlen, H., 2021. The experiences of aboriginal and Torres Strait islander bachelor of midwifery students: an integrative literature review. *Women Birth* 34 (1), 69–76. <https://doi.org/10.1016/j.wombi.2020.02.008>.
- Cox, L., Best, O., 2022. Clarifying cultural safety: its focus and intent in an Australian context. *Contemp. Nurse* 58 (1), 71–81. <https://doi.org/10.1080/10376178.2022.2051572>.
- Department of Health, 2014. *Aboriginal and Torres Strait islander health curriculum framework*. In: In. Commonwealth of Australia, Canberra.
- Elliott, K., 2013. Providing culturally competent learning experiences for aboriginal students: an undergraduate midwife's perspective. *Contemp. Nurse* 46 (1), 139–142. <https://doi.org/10.5172/conu.2013.46.1.139>.
- Exell, M., Gower, G., 2021. Developing strong relationships with aboriginal students, families and communities. In: Shay, M., Oliver, R. (Eds.), *Indigenous Education in Australia: Learning and Teaching for Deadly Futures*. Routledge, pp. 86–96.

- Fleming, T., Creedy, D.K., West, R., 2019. Cultural safety continuing professional development for midwifery academics: an integrative literature review. *Women Birth* 32 (4), 318–326. <https://doi.org/10.1016/j.wombi.2018.10.001>.
- Francis-Cracknell, A., Truong, M., Thackrah, R., Adams, K., 2022. “We still have a lot to learn”: non-indigenous educator perspectives on teaching indigenous health. *High. Educ. Res. Dev.* 1–15 <https://doi.org/10.1080/07294360.2022.2128072>.
- Geia, L., Baird, K., Bail, K., Barclay, L., Bennett, J., Best, O., Birks, M., Blackley, L., Blackman, R., Bonner, A., Bryant, A., Buzzacott, C., Campbell, S., Catling, C., Chamberlain, C., Cox, L., Cross, W., Cruickshank, M., Cummins, A., Wynne, R., 2020. A unified call to action from Australian nursing and midwifery leaders: ensuring that black lives matter. *Contemp. Nurse* 56 (4), 297–308. <https://doi.org/10.1080/10376178.2020.1809107>.
- Gorman, E., 2017. Blackfullas in ivory towers: referenced reflections of a Bundjalung graduate nurse. *Contemp. Nurse* 53 (6), 691–697. <https://doi.org/10.1080/10376178.2017.1409645>.
- Harris, P.A., Taylor, R., Minor, B.L., Elliott, V., Fernandez, M., O’Neal, L., McLeod, L., Delacqua, G., Delacqua, F., Kirby, J., Duda, S.N., Consortium, R.E., 2019. The REDCap consortium: building an international community of software platform partners. *J. Biomed. Inform.* 95, 103208 <https://doi.org/10.1016/j.jbi.2019.103208>.
- Harris, P.A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., Conde, J.G., 2009. Research electronic data capture (REDCap): a metadata-driven methodology and workflow process for providing translational research informatics support. *J. Biomed. Inform.* 42 (2), 377–381. <https://doi.org/10.1016/j.jbi.2008.08.010>.
- Hayes, C., 2021. Treading carefully on sovereign ground: reflections of a settler teaching an indigenous health and wellbeing subject in Australia. *Contemp. Nurse* 57 (5), 312–316. <https://doi.org/10.1080/10376178.2022.2027255>.
- Hill, B., Nilson, C., Uink, B., Fetherston, C.M., 2023. Transformation at the cultural interface: exploring the experiences of aboriginal and Torres Strait islander university students. *The Australian journal of indigenous. Education* 52 (2). <https://doi.org/10.55146/ajie.v52i2.656>.
- IBM, 2024. IBM SPSS Statistics 27. IBM. Retrieved 28 May 2024 from. [https://www.ibm.com/spss/mhsrc=ibmsearch\\_a&mhq=SPSS%20version%2027%20](https://www.ibm.com/spss/mhsrc=ibmsearch_a&mhq=SPSS%20version%2027%20).
- Kovach, M., 2009. *Indigenous Methodologies: Characteristics, Conversations, and Contexts*. University of Toronto Press.
- Laccos-Barrett, K., Brown, A.E., Saunders, V., Baldock, K.L., West, R., 2022. Are we teaching nurses to be racist towards aboriginal and Torres Strait islander peoples? A critical race document analysis of discrete aboriginal and Torres Strait islander health courses. *Int. J. Environ. Res. Public Health* 19 (18). <https://doi.org/10.3390/ijerph19181455>.
- McKellar, L., Graham, K., Sheehan, A., Fleet, J.A., Sidebotham, M., Sweet, L., 2023. Examining the transformation of midwifery education in Australia to inform future directions: an integrative review. *Women Birth* 36 (2), 155–166. <https://doi.org/10.1016/j.wombi.2022.11.010>.
- Mills, K., Creedy, D.K., West, R., 2018. Experiences and outcomes of health professional students undertaking education on indigenous health: a systematic integrative literature review. *Nurse Educ. Today* 69, 149–158. <https://doi.org/10.1016/j.nedt.2018.07.014>.
- Moreton-Robinson, A., 2013. Towards an Australian indigenous women’s standpoint theory. *Aust. Fem. Stud.* 28 (78), 331–347. <https://doi.org/10.1080/08164649.2013.876664>.
- Murrup-Stewart, C., Whyman, T., Jobson, L., Adams, K., 2020. Understanding culture: the voices of urban aboriginal young people. *J. Youth Stud.* 24 (10), 1308–1325. <https://doi.org/10.1080/13676261.2020.1828844>.
- Power, T., East, L., Gao, Y., Usher, K., Jackson, D., 2021a. A mixed-methods evaluation of an urban aboriginal diabetes lifestyle program. *Australian New Zealand Journal of Public Health* 45 (2), 143–149.
- Power, T., Geia, L., Adams, K., Drummond, A., Saunders, V., Stuart, L., Deravin, L., Tuala, M., Roe, Y., Sherwood, J., Rowe Minniss, F., West, R., 2021b. Beyond 2020: addressing racism through transformative indigenous health and cultural safety education. *J. Clin. Nurs.* 30 (7–8), e32–e35. <https://doi.org/10.1111/jocn.15623>.
- Power, T., Geia, L., Wilson, D., Clark, T.C., West, R., Best, O., 2022. Cultural safety: beyond the rhetoric. *Contemp. Nurse* 58 (1), 1–7. <https://doi.org/10.1080/10376178.2022.2087704>.
- Power, T., Wilson, D., Geia, L., West, R., Brockie, T., Clark, T.C., Bourque-Bearskin, L., Lowe, J., Millender, E., Smallwood, R., Best, O., 2021c. Cultural safety and indigenous authority in nursing and midwifery education and practice. *Contemp. Nurse* 57 (5), 303–307. <https://doi.org/10.1080/10376178.2022.2039076>.
- Ramsden, I., 2000. *Cultural safety/Kawa Whakaruruhau ten years on: a personal overview*. *Nurs. Pract. N. Z.* 15 (1), 4–12.
- Schulz, P.M., Dunne, C.L., Burdett-Jones, D., Gamble, N.S., Kosiak, M.M., Neal, J.M., Baker, G.E., 2018. Evaluation of strategies designed to enhance student engagement and success of indigenous midwifery students in an away-From-Base bachelor of midwifery program in Australia: a qualitative research study. *Nurse Educ. Today* 63, 59–63. <https://doi.org/10.1016/j.nedt.2018.01.026>.
- Taylor, E.V., Lalovic, A., Thompson, S.C., 2019. Beyond enrolments: a systematic review exploring the factors affecting the retention of aboriginal and Torres Strait islander health students in the tertiary education system. *Int. J. Equity Health* 18 (1), 136. <https://doi.org/10.1186/s12939-019-1038-7>.
- Uink, B., Bennett, R., van den Berg, C., 2021. Factors that enable Australian aboriginal women’s persistence at university: a strengths-based approach. *High. Educ. Res. Dev.* 40 (1), 178–193. <https://doi.org/10.1080/07294360.2020.1852185>.