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What Resilience (Strength) Means for Australian Aboriginal and Torres Strait Islander Health Professionals and Practitioners: An Exploratory Study

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What Resilience (Strength) Means for Australian Aboriginal and Torres Strait Islander Health Professionals and Practitioners: An Exploratory Study

Abstract

This article explores the concept of resilience from the perspective of Australian Aboriginal and Torres Strait Islander health professionals and practitioners, with the aim of describing what it is and how it is practiced in the workplace. Interviews in the form of Yarns were conducted with ten Aboriginal and Torres Strait Islander health professionals in regional North Queensland. We found that for Aboriginal and Torres Strait Islander health professionals and practitioners, resilience encompasses cultural identity and an ability to manage both Indigenous and western cultures and structures. Resilience, understood as 'Strength', draws on strong relationships to family and Country, often nurtured through strong women, who have overcome intergenerational trauma. For Aboriginal and Torres Strait Islander health professionals and practitioners, resilience is practiced through challenging the existing structural barriers experienced by Aboriginal and Torres Strait Islander clients who must deal with racism and a system not organised to meet their needs. Further research on the relationship between culture and resilience/strength is required.

Acknowledgements

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This project was specifically requested by the Aboriginal and Torres Strait Islander Health workforce in North Queensland in response to a question on resilience in the parent research project entitled, "The evaluation of the nurse navigator/health navigator model". Although we acknowledge the Queensland Office of the Chief Nursing and Midwifery Officer (OCNMO) for their funding of the parent project, no data pertaining to this research was used. This resilience project therefore attracted its own ethics and used no funding or resource from the parent research allocations.

Keywords

Resilience, Aboriginal and Torres Strait Islander, Indigenous, healthcare professionals, narrative, cultural safety, workforce, Yarning/narrative

Resilience tends to be viewed through a biopsychosocial lens, whereby “emotional health results from the convergence of the individual’s biology such as a genetic predisposition to anxiety or depression”, which then interacts with the individual’s particular social and environmental circumstances (Rees et al., 2015, p. 3). The stance often taken by a highly resilient individual is one of mindfulness and a strategic quality or orientation that leads them to careful and thoughtful responses to situations of stress or trauma. This enables them to resist becoming overly emotionally caught up in the dilemma (Cusack et al., 2016). Conversely, the psychological trait of neuroticism may act for or against self-efficacy, mindfulness and coping. Highly neurotic individuals experience frequent and high levels of anxiety, guilt, anger and depression that works against how they manage workplace stressors (Rees et al., 2015).

Resilience in Indigenous Cultural Contexts

While the participants in the majority of research on resilience have been from Western cultural groups, there have been a number of studies that seek to understand how it might be interpreted as either an individual or community concept (Hartmann et al., 2019; Usher et al., 2021). Many researchers exploring resilience among specific cultural groups tend to make comment on the health or wellbeing of the community (Redman-MacLaren et al., 2017; Usher et al., 2021). In these examples, individual psychological characteristics are identified such as self-esteem, a personal sense of empowerment and coping skills. Invariably, these are underpinned by culture, family, and Country (Wolfgramm, Houkamau & Love, 2021). Research by Lalonde with Canadian Indigenous people takes a whole of society approach, demonstrating that resilience is seen in communities where there is a strong sense of cultural history and continuity, which produces individuals with a sense of self-continuity, conscious of their own history and future (Lalonde, 2015). Lalonde based his findings on longitudinal studies of youth suicide in Indigenous communities, arguing that while the overall rate of suicide for Native Americans is high, it is variable, with some groups having very high rates, while for others it is low. Hunter found similar patterns in Australia in his 1990s studies in the Kimberley (Hunter, 1993). Similar research in Australia has

established links between cultural continuity and resilience, whether it be Australian Aboriginal and Torres Strait Islander students in boarding schools away from home (Redman-MacLaren et al., 2017), or those recovering from trauma or mental health conditions (Usher et al., 2021). Hence, resilience is often defined with reference to enculturation; the degree to which the individual is incorporated into the culture of his or her group or the health of the culture as a whole (Wexler, 2014; Wolfgramm, Houkamau & Love, 2021).

Wexler (2014), Lalonde (2015) and Hunter's (1993) findings suggest that culture is positioned variably among Indigenous peoples, with its protective impact (contribution to resilience) also differing between Elders, adults and adolescents. For example, Wexler suggests that Elders and adults use culture as a foil against the ravages of very concrete current and past forms of oppression and subsequent intergenerational trauma. For both Elders and adults, culture is reflected in their relationship to family, place and time, and to the values these relationships engender. A strong value for Elders is to achieve success in the European/Westernised world in order to demonstrate the strength of their own ethnic identity (Wexler, 2014). For example, the adults in Wexler's study had a strong sense of dual consciousness, of being able to traverse both the Indigenous and non-Indigenous worlds (Itzigsohn & Brown, 2015).

Conversely, the young people interviewed did not link intergenerational trauma or past colonial oppression to their own struggles for identity but saw problems as individual issues requiring personal responses. Added to this, they viewed culture narrowly, as a set of recreational practices such as hunting or dancing, at times failing to see those relationships to family, Elders, place and language, along with the values and norms they generate as *culture* (Wexler, 2014). What was not clear from this study is whether or not these young people went on to internalise the values of Elders as they matured. This raises some question around how Australian Aboriginal and Torres Strait Islander peoples embody the term resilience, and how they use and interact with resilience principles and coping strategies.

A significant finding in a number of studies exploring Indigenous resilience amongst Australian Aboriginal and Torres Strait Islander people is the capacity of the individual and group to maintain values and beliefs based on customary understandings of the world. As Kirmayer and colleagues note, “ideas of resilience are grounded in traditional values” (Kirmayer et al., 2011, p. 88). Resilience is not simply a trait attributable to an individual, but rather a quality that describes a cultural group or a community’s capacity to adapt to changing societal circumstances, but to also define itself in a stable manner in terms of its history and its future (Kirmayer et al., 2011; Lalonde, 2015). Given this, Andersson notes that it is sometimes defined as a form of social capital (Andersson, 2008). Or as Haar et al. (2016) discerned, there is a strong sense of collectivism that contributes to resilience for Indigenous individuals. In their study, they found that Māori employees who rated low on Western resilience scales, had high levels of career satisfaction. They attributed this directly to the Māori employee’s sense of collectivism within the workplace; a value core to their culture (Haar & Staniland, 2016).

Indigenous Workplace Resilience

Although there is extensive literature on their emotional and social wellbeing, understanding how Indigenous professional and occupational groups conceptualise resilience in the workplace is more difficult to grasp, (Altman, 2006; Conway et al., 2018; Cox et al., 2023; Deroy & Schutze, 2019; Duraisingam et al., 2010; Gleadle et al., 2010; Roche et al., 2010) along with their general conceptualisation of resilience in the Aboriginal and Torres Strait Islander population (Carlin, Atkinson & Marley, 2019; Carlin et al., 2021). One comprehensive study conducted with Australian Aboriginal and Torres Strait Islander drug and alcohol professionals identified a range of qualities linked to resilience. In this study, Australian Aboriginal and Torres Strait Islander drug and alcohol professionals were mindful of the high level of satisfaction they experienced in their job, indicating that their main motivation for working in the area was to improve the health and wellbeing of their community with whom they felt unified in “heart and spirit” (Roche et al., 2010, p. 15). They also reported sources of stress that set them apart from their non-Aboriginal and Torres

Strait Islander colleagues, such as the impact of their own family complexities on their productivity, and workplace racism, and while they experienced difficulties working to assist members of their own community, they were less likely to report client pressure, or verbal or physical abuse than their colleagues (Duraisingam et al., 2010; Gleadle et al., 2010). These included factors such as working in the community where they lived, having relatives and friends as clients, being on call 24/7, dealing with community Sorry Business and enduring cultural insensitivity in the workplace such as stigma and racism. This allowed them to identify environmental factors about the organisation that would reduce stress, such as flexible working conditions, and skills training. As the authors of the National Centre on Education and Training on Addiction (NCETA) study note, many Australian Aboriginal and Torres Strait Islander professionals have complex personal lives, including sharing in the intergenerational trauma and grief experienced by their clients (Gleadle et al., 2010; Roche et al., 2010, pp. 15-16). This makes their resilience all the more remarkable and is an important point of intersection where the person (as employee) has insights into the client challenges and barriers, and uses this personal knowledge to frame their care. This is despite having to operate in an arena of workplace insecurity and racism (Roche et al., 2010).

More recent work on Indigenous collective approaches to resilience have come to light as a result of the COVID-19 pandemic (Davis et al., 2021; Wolfgramm, Houkamau & Love, 2021). For example, Wolfgramm and colleagues have drawn on a definition by Penehira et al. that describes resilience as “the means by which Indigenous people make use of individual and community strengths to protect themselves against adverse outcomes” (Penehira et al., 2014, p. 98). Following this, Wolfgramm et al. (2021) have incorporated this notion of resistance, survival and a stance of self-determination into their definition of resilience, whereby it is embedded in culture, place and spirituality and tied up with concepts of well-being. These authors suggest that it also includes a collective social memory of history, a set of values of reciprocity and care for Country, along with a strong sense of identity, and a proactive search for autonomy.

Further examples in support of this concept come from research by Davis and colleagues who found that Māori health professionals defined resilience in terms of embracing cultural values of reciprocity and respect, but also as ensuring the healthcare system acted with integrity and equity towards Indigenous people caught up in the pandemic (Davis et al., 2021); in other words, holding the system to account. Their conceptualisation of resilience went well beyond *dual consciousness* or the capacity to manage both worlds (Itzigsohn & Brown, 2015) to being able to manage the vicissitudes of their own cultural lives, as well as navigate non-Indigenous organisations be it in education, health or the law, and in doing so, to ensure social justice for Indigenous populations during the pandemic. This is a similar finding to the NCETA study although some 10 years on (Duraisingam et al., 2010; Gleadle et al., 2010; Roche et al., 2010).

A more searching analysis has been provided by Jordan et al. 2021 reflecting on First Nations in North America. They argue that the very concept of resilience is a neo-colonial, neo-liberal term that normalises inequality. The concept of resilience measures the individual's capacity to manage oppression, the status quo, and to get on with life despite injustice. In their conceptualisation, the alternate to resilience is resistance. Resilient individuals are able to resist, to survive and to flourish.

In summary, while not exhaustive, resilience for many Indigenous professional (as defined by the literature) includes a strong sense of cultural continuity and engagement with the norms of family, Country and customs. It also embraces a knowledge of colonial history, of the impact of intergenerational trauma and in doing so seeks a variety of forms of social justice. Resilient Indigenous professionals are able to operate in both worlds, not just manage bi-culturally, but work within Western bureaucratic systems and processes to improve social, emotional, health, education and political outcomes for their own people. For some, this is a form of resistance (Davis et al., 2021). How this understanding fits within the various Western resilience measures and models (CD-RISC-25 and STARS) requires exploration, discussion and consideration.

Aim

The aim of the study was to explore the concept of resilience from the perspectives of Australian Aboriginal and Torres Strait Islander health professionals and practitioners, with the potential of modifying the current resilience scales, to better meet the needs of Australian Aboriginal and Torres Strait Islander health professionals. It emerged from a larger study that evaluated the work of Queensland Nurse Navigator (Harvey et al., 2019). Part of the larger study sought to measure the resilience of these professionals, given the constant challenges to their work. To do this, the Connor-Davidson Resilience Scale (CD-RISC-25) and the State-Trait Assessment of Resilience scales (STARS) were used (Connor & Davidson, 2003; Rees et al., 2015). A small number of the respondents identified as Australian Aboriginal and Torres Strait Islanders. These respondents expressed dissatisfaction with these measures, indicating that it did not capture what resilience meant to them in their interactions with clients and colleagues. In response, we set out to understand at a deeper level how resilience might be understood in the Australian Aboriginal and Torres Strait Islander health professional context.

Methods

The primary research team for this study was composed of the first four authors, one of whom is a Torres Strait Islander. Additionally, further cultural review and research governance was sought from a purposefully established Aboriginal and Torres Strait Islander Advisory Group. The Advisory Group stated that the preferred term to be used was Aboriginal and Torres Strait Islander, hence we have adopted these terms from this point forward in this article, in recognition of their expertise. The members of the Advisory Group were known to each other; however, all participant information was de-identified prior to being presented to them. The major recommendations from the Advisory Group were that the narrative Yarns should not be shared beyond the primary research team, and that all interviews should be face-to-face. This was a particular challenge, given the study occurred during the COVID-19 pandemic period 2020-2021. As a result, reaching 10 Australian

Aboriginal and Torres Strait Islander health professionals with the time to do a face-to-face interview took over 18 months.

Two researchers conducted interviews with 10 Aboriginal and Torres Strait Islander health participants using the method of Yarning (Bessarab & Ng'andu, 2010). Both researchers identify as non-Indigenous but have had experience in the conduct of Yarns (Byrne et al., 2021). Yarning is different to traditional research interviewing as it is an open and reciprocal process, whereby stories are shared and embedded in the context of the people involved (Byrne et al., 2021). For these reasons, there were no guiding questions, but rather the topic of exploration was simply 'resilience.' The Yarns sought to understand the work of the Aboriginal and Torres Strait Islander health professionals, how they defined resilience, how resilience is nurtured, how it might differ from Western concepts of resilience, and how they personally identified it in their own work. The Yarns were held face-to-face, took between 60 and 90 minutes, and were recorded and transcribed. The researchers travelled to all of the participants at a time and place suitable to them. A thematic analysis was initially conducted by one author (ALB), and then discussed among the first four authors. These codes were written up in the form of a draft article, with de-identified data, and presented to the Advisory Group for discussion. A meeting was held with this group to gain feedback, note any objections, or extensions of concepts raised by them, with the intent of minimising harm and acknowledging the reciprocity of knowledge formation. Of note, one of the Advisory Group felt that the draft paper did not capture the lived experience of their work. We made some modification to the accounts, but have noted in the limitations section this problem.

The 10 participants were all female with four registered senior nurses, two Aboriginal and Torres Strait Islander Health Practitioners¹ (ATSIHP) and four Indigenous Hospital Liaison Officers (ILOs). All were working in regional towns in North Queensland. The nurse participants were senior registered nurses who assist people in navigating the complex

¹ A title registered with the Australian Health Practitioner Regulatory Agency

health system, whilst also providing cultural support and care, requiring a significant amount of expertise. The Aboriginal and Torres Strait Islander Health Practitioners participants traverse the cultural and medical worlds of the health institutions, which requires significant time, expertise and commitment. All were employed by Queensland Health. One-to-one Yarns were held with the registered nurses, while a mixture of one-to-one Yarns and group Yarns were conducted with the six ILOs and ATSIHPs. Transcripts of the Yarns were provided back to the participants for checking. No changes were requested.

Ethical Approval

This project has ethical approval through CQUniversity Human Research Ethic Committee number 0000021927. All participants gave informed written consent.

Analysis

The transcripts of the Yarns were read by the first three authors, with the first level of analyses identifying broad themes in line with the processes outlined by Braun and Clarke (2006). The original intention was to provide narratives of resilience; however, the Yarns did not take that approach. What did become clear was that the themes fell into two categories; those that focused on the strength gained from family relationships particularly female family members, and those that resonated with the literature, such as the advocacy work performed by these professionals.

Findings

Based on the Yarns and the guiding aims of the research, four questions emerged and were used to present the findings (Table 1): What does resilience mean for Australian Aboriginal and Torres Strait Islander health professionals and practitioners?; What builds strength?; What challenges strength?; and How is strength actioned? We have presented the themes under these questions in recognition of the complexity of this research, and to evoke further research, discussion and debate on this topic. All names used below are pseudonyms.

Table 1*Summaries of themes*

Question	Answer	Subtheme
What does resilience mean for Aboriginal and Torres Strait Islander health professionals?	Not a term commonly used by Aboriginal and Torres Strait Islander people	Western ways of thinking and being
	Resilience is Strength	Being strong Maternal strength Health and Wellbeing
What builds strength?	Cultural strength	Family Returning to Country Practising Spirituality
What challenges strength?	Understanding Western systems	Colonisation and intergenerational trauma Western structures
How is strength actioned?	Bi-cultural	Seeking social justice Challenging the system Resistance

What Does Resilience Mean for Aboriginal and Torres Strait Islander Health Professionals?

The term 'resilience' is not one that is commonly used by Aboriginal and Torres Strait Islander people:

So where Western way thinks of resilience of that bouncing back from something hard, ... but it's not that Western ... but it's similarities in the things that would make you strong and ... that's your place of belonging and connection to land and sea and wind, they are the things that help you to be strong, to stay strong through life. (May)

Almost all participants said that they were disconnected from the term 'resilience' and it did not adequately reflect their cultural norms. While they were familiar with the term, it was something introduced to them through the health service, or through the research they were partaking in (Harvey et al., 2019). Many reflected on the term as a 'white' or a Western educated term, not used within their family or social circles:

Honestly, I never use the word 'resilience' ... I only, come familiar with the word when I come to Uni because people like resilience ... If you say something about your life

story, and then how you got to where you are, that's when they'll say, 'oh, you're very resilient'. Oh, am I? I don't know, I just do what I got to do. And so that's when I sort of oh (thought) maybe I am. (Sue)

The most common alternative to the term resilience offered was *strength*:

...The terminology resilience is probably not used that much, with strength and strong, connected ... those [are the] keywords that I think as Aboriginal people use. (May)

Strength was discussed and defined in many ways; most notably being strong, health and wellbeing and maternal strength. Given that the term 'resilience' is not consistent with the experiences of the participants, from this point forward, we refer to this as strength.

Being Strong

When discussing what strength means to them, participants described strength in themselves, their family and their community. They described building strength in others as a way of coping with illness and connecting with people:

That stronger person there ... So I guess worded as something else, not resilience like you are looking at, but how would they make that person stronger from whatever their lived experience... (Donna)

That's the term I use the sort of strong, we're strong people, we could let nothing really get us down no matter, all the things we sort of face and get back up and just keep going. (Laura)

Strength and being strong, tough, and learning from life experiences was a continual thread, and central to the Yarns, many of which used stories and personal experiences to highlight the fact the Aboriginal and Torres Strait Islander people are strong people and use their experiences to make them stronger. When talking about the resilience survey, one participant stated:

With resilience on here [survey]. What if you would put something like ... what are ... some of the experiences that have made you stronger? (Donna)

What became clear is that for these healthcare professionals, resilience is termed as strength and being strong. As healthcare professionals this strength was often viewed in the context of health and wellbeing.

Health and Wellbeing

Being strong and connected was important for health and wellbeing:

I think it's nice that type of consideration of health is really coming back into the forefront of people's minds and saying alright, we're managing their diabetes really well... supports coming in to see him now. But, you know, is the spirit okay and are they culturally connected? (Laura)

These participants saw themselves helping people understand their illness, the healthcare system and how to manage it. They described this as building pride and strength within their community:

It's a big thing for people to understand, you know how to take medications, what is that disease I've got? How does that impact on your body? So, you know, we certainly have the tools to be able to educate and help and be part of that journey...Which is really good, it gives us a sense of being around people and pride and stuff. (Michelle)

Health and wellbeing are important to strength, as it affects the way people live their lives, interact with family and community, and with the health service. Life and community events also have a profound impact on health and wellbeing, and their faith:

Because there's different things that happen. So that can affect you in different ways. So, it can be health, it can be a social thing, spiritual things. You know, a loss of faith was something that might happen, loss of a spouse or death of someone close to you. So, you lose faith. And then it's getting back that faith and that resilience to continue. (Sue)

In this way, participants care beyond physical health. Their work extends to family, and the social, emotional, and spiritual needs of their colleagues and patients. For them, all these factors are connected and part of being strong.

Maternal Strength

Maternal strength was a significant theme emerging from this study. All participants were female and described strength from a mother or grandmother's perspective. They discussed maternal role modelling as important to their own strength, and important to the family unit:

I think because my mum was a really strong woman, I can, bounce off her, or I can thank her for my upbringing as well, that she's made me who I am today as well, because I think about, gosh I could have been... (Laura)

I could have made bad choices as well. And as I look around and look at my family and probably the road that they've gone down. So, I'm happy that I've made right choices in my own life, thanks to my mum and my upbringing.
(May)

Female strength was described as passing down strength between generations, and teaching others how to be strong. Even when the participant did not know their grandmother, they still described the maternal Elder generation as providing strength and guidance:

I honestly believe a lot of the resilience that I have, would possibly have come from my, my grandmother, who was Aboriginal. I never knew her, but she would have, faced many hardships in her life and had to overcome a lot of obstacles. (Lorraine)

The participants described how the strength of their Elders, the women in their lives, built strength within them. They described their grandmothers and mothers being taken from their families and communities, and how they survived. They described this survival as a form of deep strength, and of that being passed down to others within the family, so that the strength of the grandmother is the strength of the family:

...they closed the mission, or they started the missions and Nanna would line up for rations. So she was that time, and they were taken away from the land. So, Nanna with land is very strong that way. So that's where Nanna taught me living in the bush, how to walk on land, how to, build your spiritual resilience. (Rachel)

What builds strength?

Strength is fostered and built through cultural strength. In caring for other Aboriginal and Torres Strait Islander people, they described building strength as a connection to culture. This included a family, Country, and spiritual connection.

Family

Building cultural strength is done through family connection and support and maternal support is essential to being strong. Family builds and maintains the strength that Aboriginal and Torres Strait Islander people have. Family and Kin are fundamental to strength:

I guess on other factors that are happening in your life as well. But it also has to do I think with family background, it's a generational thing. (Lorraine)

The idea of being strong as a family despite trauma was also raised. This demonstrates that for many, strength is always needed, it is not just 'bouncing back' after something happens. This is because the trauma of past generations is still very much alive, and racism still occurs. Therefore, they need strength on an ongoing basis:

I sometimes think to as well as generational trauma, there's got to be that generational one, or what you call it inherent, almost spirit, that the Aboriginal and Torres Strait Islander people, got them through surviving in this Country, in really harsh conditions, and survived and managed really well and survived, worked the land really well, and that's resilience, you know, and I'm sure that's come through generations, and has support assisted them in in managing, having that resilience in today's society. (Lorraine)

In addition to building strength through and within their own family, participants described building strength within their client's family network, through support and engagement:

And give back to community and your family and support others. (Sue)

Returning to Country

The participants described the connection to Country as important to building strength and important in re-energising the spirit and being strong. It is an intrinsic part of cultural strength:

You know, they've survived here for 1000s and 1000s of years, the oldest culture on Earth, got them through and, you know, some of the harshest terrain and Country that you can live on, and they managed it well. And it's put them in good stead on that resilience. (Michelle)

Indeed, Aboriginal and Torres Strait Islander people are bound to the land, a place of healing and ceremony:

...And we respect our land and sea. We know that it provides everything for us. So, we should have our deepest gratitude and respect for our land and sea. We also have our strong cultural and lore practices... it's practiced usually through our ceremonies, which is our tombstones and funerals and sharing parties. You forget how strong your cultural practices are until you enter into these ceremonies. Again, there's particular ways of doing things, only particular people can play a part in certain things...you've got your food, like our island way of cooking our food. And during that time, it's usually family members together, cooking together. So, you have that family time and family blending, always happening because there's always ceremonies happening that we have to come together and there's always food involved. And again, with our ancestors, we are constantly so grateful for, we are here today because of them. (May)

The participants described building their own strength through returning to Country and facilitating their client's strength by supporting cultural practices on Country:

I do a lot of healing on Country too, and I absorb that. I actually go home, very upset. And I used to go home and my Mum - we would go through smoking [ceremony]. I needed that to help me. (May)

The connection to Country, and ceremony is part of building strength and spirit.

Practising Spirituality

Participants told us about spirituality being a part of strength. The spirit was raised on several occasions in relation to cultural strength, and to health and wellbeing.

I guess there's a physical resilience, resilience as a mental resilience, spiritual.

(Michelle)

The spirit is a connection to culture, is part of health and wellbeing, and indeed a part of an Aboriginal and Torres Strait Islander people lives:

I think a lot of people, patients that we see, a lot of it stems back to their spirits have broken this, they're not connected spirit to their spirit. And you can see it in their eyes, like they've got a broken spirit. And I think a lot of the time that can be the deep-seated route as to a lot of their drug and alcohol abuse, coping with their trauma because it got broken spirits, but unless we can heal that trauma, then they're self-medicating with drugs and alcohol. A lot of them are just feeling helpless and hopeless. I think until we can address that, are we really going to get to the root of a lot of their problems? We can put band aids on things and give them tablets and medications. To me, it's putting a band aid on things. I think we need to look at the deep root cause of the person, the spirit, what's happening. (Laura)

Building spiritual strength is often done on Country, and with family:

Nanna taught me living in the bush, you know, how to walk on land had to, you know, build your spiritual resilience. (May)

What Challenges Strength?

The participants reported that strength was an inherent quality that they built over time. What was clear, is that many Aboriginal and Torres Strait Islander people need this strength because of constant challenges and hardships that they face. Many described the ongoing trauma of colonisation and of the bureaucratic structures designed in a way which excluded participation. In the context of health and wellbeing, this is a constant challenge for many of them and requires strength and perseverance to endure; hence, "bouncing back" is not relevant.

Colonisation and Trauma

Past traumas have had a significant impact on all generations, but this trauma has also become a source of inherent strength. The trauma of colonisation, described as intergenerational trauma, was a common topic. Participants described racial segregation, the Stolen Generations and the ongoing distrust that many within their community face. Past traumas have had a significant impact on all generations, but this trauma is a source of inherent strength:

Aboriginal Torres Strait Islander person...the traumas actually come from, cause you know a lot of our mob trauma base to depression and stuff [based on] a lot of what's happened to them. (Sue)

I look at my family as well. There's six of us, and a lot of the traumas that we've gone through in our life we've always bounced back and, held together as family. I'm thinking a lot of that resilience, maybe came from that generational background? (Lorraine)

Many participants talked of the history of colonisation and the oppression of Aboriginal and Torres Strait Islander people. They see the effects of this trauma running through families and communities, and it is a driving force in their own strength:

It's definitely been intergenerational trauma...that's what has kept our people resilient, but we're not even realising it...it's continuous in every generation. And still going on in generations...like with the stolen generations and colonisation...

(Michelle)

One participant described strength as being able to 'pull through all of this really traumatic stuff [which] makes you stronger' (May). This strength is required of many Aboriginal and Torres Strait Islander people, as the healthcare structures that they try to navigate are not designed with their cultural needs in mind.

Western Structures

Navigating the healthcare system can be difficult, particularly for marginalised populations. The participants described Western healthcare structures as impediments to

seeking and receiving care. In relation to strength, participants expressed a need to change the way they engage with health services in order to get the outcomes they wanted:

...storytelling, that was mum's strength as in her journey has made her strong. So, when we were young, mum was always a strong lady. You know, she talks like a white woman, sorry to use that thing, but then if she'd know how to play and then she was in politics, so a lot of that stuff drove her into areas that she was able to like, make changes. (May)

This suggests that Aboriginal and Torres Strait Islander people often need to adjust their behaviour in order to fit into Westernised structures. The participants explained that part of their role was helping people to navigate the health care system, and to promote their patient's health and wellbeing. Their skills enabled them to navigate both worlds:

I've had patients that are very strong. They have resilience to be able to see the system and be able to come through it... Some of them have really good family connection, so they're able to lean on family members, and that some of them are just very strong in themselves as an Aboriginal Torres Strait Islander person. (May)

In the examples above, strength is described as the ability manage their cultural and professional worlds, which were often at odds with each other, evidenced by the need to talk 'like a white woman.' This suggests that Aboriginal and Torres Strait Islander health workers take on a cultural broker role, using their skill in one culture to broker for their Kin in the other world (Willis, 1999). It also suggests that the Western healthcare system approach is not a culturally responsive one. This leads to the fourth theme: how strength is actioned for Aboriginal and Torres Strait Islander health professionals?

How is Strength Actioned?

Strength is Seeking Social Justice

All participants saw their identity as Aboriginal and Torres Strait Islander health professionals and practitioners as core to their work. The nurses and Aboriginal Hospital Liaison Officers were positioned in regions or services with a specific agenda to assist Aboriginal or Torres Strait Islander. Like most health professionals, they were committed to

service, but with an additional agenda; ensuring Aboriginal and Torres Strait Islander patients received optimum care with minimum disruption to their lives and without racism. This was defined as ensuring these patients received the best care available, but also keeping an eye out for injustice, or racism. All participants had a sound knowledge of the healthcare system and how it operated. They managed both worlds (Willis et al., 2015):

You're always addressing the gaps in the system. Yeah and if you keep on doing those things, you're building your strengths. But you're also there to help those people be able to have a better outcome in their own life. But you are jumping over those hurdles and fighting people just to get one thing. It's a hard thing. (Rachel)

Strength is Resistance

Participants saw their role extending to challenging the system when required in the interest of Aboriginal and Torres Strait Islander patients. Strength was the capacity to work within and challenge the system in an effective manner. All participants easily worked between the worlds of their culture, as well as working within the healthcare bureaucracy. They saw their role as going beyond that of managing both worlds to challenging Western bureaucratic structures where these were in conflict with the needs of their clients:

So for me to carry Mum's strength on is that's what I'm gonna do. I'm gonna fight the system that actually pulled my family apart. Yeah, and that's resilience stuff that we as health workers do. (Laura)

Discussion

Strength for Aboriginal and Torres Strait Islander peoples is experienced in many of the same ways as non-Indigenous people. It is about self-efficacy, the capacity to bounce back, to cope with personal or work-place troubles without becoming unduly stressed, and to cope with the vicissitudes of life. It encompasses a strong sense of satisfaction with the work, and enthusiasm for it (Cusack et al., 2016). Resilient individuals are seen to care for themselves and others, to be mindful in their response to traumatic events, and not weighed down by their own anxieties (Heritage et al., 2019).

However, strength for Aboriginal and Torres Strait Islander people has a number of additional cultural-historical factors that make it more nuanced. These are firstly, the strong bonds to family and place that ensures enduring responsibility to kin, Elders and Country. What was clear was that this tie to family and Kin spills over into the workplace. Within the Western professional paradigm there is a strong ethic of separating the private life of the family from professional practice. Professionals are advised to leave their family worries at home and if Kin require care, they are not authorised to attend to them (Golparvar, Zeraati & Atashpour, 2014). This is not possible for Aboriginal and Torres Strait Islander health professionals and practitioners. Many of the patients they care for are family.

Secondly, strength may be expressed as a form of resistance (Davis et al., 2021; Everly, Welzand & Jacobson, 2008) that can be traced from its initial embeddedness in family - often maternal - to Kin and Country, through to a capacity to understand and operate in both cultures, the Aboriginal and Torres Strait Islander domain as well as Western spaces, and arises out of the ethic of kinship responsibilities, reciprocity, marriage, and identity. It is amongst many qualities a capacity to operate bi-culturally. Given the experience of many Aboriginal and Torres Strait Islander health professionals and practitioners, strength may be more readily framed as part of their endeavours to establish an evidence-base for systems change. (Davis et al., 2021). This work is part of their advocacy role and sits under the quality and safety framework (Australian Commission on Safety and Quality in Health Care, 2017). These health professionals are strongly embedded in their culture, particularly in terms of their norms around family, reciprocity and attachment to Country and place, but also have a highly developed skill-set and professional orientation that enables them to operate in the wider Western context and to challenge its operations.

This research set out to explore the perceptions and experiences of Aboriginal and Torres Strait Islander healthcare professionals and practitioners understanding of the term resilience, with the potential goal of adapting tools such as CD-RISC-25 and STARS to consider culturally appropriate ways of measuring coping and resilience. What has been uncovered are larger questions about how resilience is conceptualised as strength and used

within health services for Aboriginal and Torres Strait Islander people, and how this knowledge captures (or not) the richness of patient histories, trauma, coping and strength. It is clear from the discussion that Aboriginal and Torres Strait Islander healthcare professionals and practitioners report a sense of *strength* within them and their lives. Their sense of personal strength is used to support their patients and communities to navigate the health system. However, while Aboriginal and Torres Strait Islanders are strong people, there are ongoing adversities which require a degree of bi-cultural navigation for them and their patients to conform to the system. This ignores the fact that the Australian healthcare system is a Western one, with deep colonial ties. In asking our Aboriginal and Torres Strait Islander health professionals and practitioners to be 'resilient' are we asking them to adhere to a certain social doctrine that require them to cope within a system that does not recognise their strength from a cultural perspective?

The system is challenging for Aboriginal and Torres Strait Islander professionals and patients alike as it designed in a way that gaps exist, so the possibility for structural vulnerability exists. Structural vulnerability identifies how the medical system can unintentionally exclude certain population groups, contributing to poor health outcomes and risks (Bourgois et al., 2017). Using a bi-cultural approach, the Aboriginal and Torres Strait health professionals and practitioners operated within the limitations and barriers of the system, with varying degrees of success. Helping Aboriginal and Torres Strait Islander people to navigate a system, in the context of stigma, racism and structural barriers presents an important challenge for these health professionals, whereby applying this bi-cultural approach opens them up to potential conflicts, and ongoing re-traumatisation. In analysing the data and themes, the research team agree that this is an important element of consideration in exploring the context in which these healthcare professionals are asked to be resilient.

For many Aboriginal and Torres Strait Islander people, adverse events are constant, enduring and cyclic. One of the most difficult adverse events is being sick within a society where the healthcare system is poorly equipped to meet the cultural needs of clients. As

demonstrated, the participants saw their role as challenging the system they worked within, in an effort to improve the outcomes for their patients. Ensuring that patients get appropriate care within the Western system requires a particular form of strength; it requires an alertness on the part of the individual professional and practitioner to navigate the system and culture of those they care for and to educate their colleagues when the care is inappropriate. It is not surprising that all participants described this capacity as *strength*.

Limitations

There are a number of limitations to this study. While the number and spread of Aboriginal and Torres Strait Islander health professionals and practitioners interviewed was adequate to understand how Aboriginal and Torres Strait Islander health professionals experience the construct we referred to as “resilience”, the size did not allow for the necessary groundwork for alternate measures of strength. Further to this, the participants were generous with their time and candid in their insights, however, they all came from one region within Queensland and all were women. It is probable that much of what they said is generalisable to other Indigenous groups, but this cannot be assumed, particularly for men. This study suggests that cultural norms may have a stronger mediating effect on strength than for other employees (Haar & Staniland, 2016); hence, more research is required to understand the relationship between cultural identity and strength. Indeed, Aboriginal and Torres Strait Islander people have their own ways of knowing, being and doing, and thus outcomes will undoubtedly be different when information is viewed under this lens. While qualitative methods attempt to create the experience, and good writers can convey some of the immediacy of an event or situation, the conventions of academic writing curtail much of this. This article does not capture the day-to-day acts of strength required of Aboriginal and Torres Strait Islander health professionals and practitioners either at the level of their care and acts of resistance, or in their bodily struggles with stress and anxiety. Further to this, strength within the Western paradigm, appears to be a trait reflected upon after the fact, with little understanding of how to ensure it is developed through early childhood and family interactions or good workplace management.

Conclusion

This article has explored the notion of resilience for Aboriginal and Torres Strait Islander healthcare professionals. While this article does not have firm answers in relation to the notion of resilience for Aboriginal and Torres Strait Islander healthcare professionals and practitioners, it has found that the term is considered foreign to them; strength is the preferred term. Resilience/Strength is defined in terms of cultural identity that encompasses an ability to manage both the Aboriginal and Torres Strait Islander world and Western cultures and structures. Strength draws on strong relationships to family and Country, often nurtured through strong women, who have overcome generational trauma. For these professionals and practitioners, strength is practiced through challenging the existing structural barriers experienced by their clients who must deal with racism and a system not organised to meet their needs. Service level improvements to overcome these systemic barriers form part of worker strength; defined as strength and resistance. Future research in this field, particularly those looking to adapt resilience scales or tools, should consider.

Contribution to paper

Conceptualisation of the paper	EW, AB, CH, JB
Data collection	ABr, AB
Analysis	EW, AB, SM, ABr
Drafted the paper	EW, AB, CH
Writing of paper	EW, AB, CH, JB, VC, SM
Editing of draft	AB, CH, JB, VC
Editing of draft for cultural safety	VC,
Approval of final version	EW, AB, SM, CH, JB, VC, ABr

Affiliations

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