



# 'Mob aren't staying when there's no support': Enablers and barriers of recruitment and retention of First Nations midwifery students – A qualitative study

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## ABSTRACT

**Background:** Aboriginal and Torres Strait Islander (hereafter referred to as First Nations) childbearing women report negative experiences from a lack of culturally safe maternity care. Evidence supports improved health outcomes for First Nations women and infants when cared for by First Nations midwives. There are barriers to First Nations students accessing university, particularly nursing and midwifery students, with a lack of evidence exploring the experiences of First Nations midwifery students.

**Aim:** This study aims to understand the impact of the current strategies to improve recruitment and retention of First Nations midwifery students and identify further innovations.

**Methods:** A semi-structured yarning circle was held with six Bachelor of Midwifery students at a university in Queensland, Australia.

**Findings:** Three key categories emerged: student recruitment, student retention and student success. Enablers included culturally appropriate recruitment, partnerships with other First Nations peoples, incorporating First Nations ways of Knowing, Being, and Doing, culturally safe support, placements and mentorship, and identification and representation. Barriers included financial impacts, experiences of racism and lack of Cultural Safety and humility.

**Discussion:** Overall, students felt the university provided a culturally safe environment and implemented strategies that supported students' recruitment, retention and success in the degree. They suggested improvements to current strategies and new ideas for implementation.

**Conclusion:** Strategies to improve recruitment and retention of First Nations midwifery students are imperative to close the gap in educational attainment and improve health outcomes for First Nations peoples. These strategies need to be multi-layered, culturally appropriate and implement a whole of university approach.

### Statement of Significance

#### Problem

Lack of evidence of successful recruitment and retention strategies for First Nations midwifery students.

#### What is already known

Current evidence identifies a gap in education attainment for First Nations students attending university and a low proportion of First Nations midwives to care for First Nations families. Culturally specific strategies are required to support students to complete their university degrees.

#### What this paper adds

This study adds evidence to the limited literature exploring the

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barriers and enablers to recruitment and retention for First Nations midwifery students. Additional student-centred strategies to improve recruitment, retention and success are proposed.

## Background

Aboriginal and Torres Strait Islander peoples (hereafter referred to as First Nations) in Australia have rich and diverse cultures, practiced for over 65,000 years [35]. During colonisation, First Nations peoples were subjected to the forced removal of their children (Stolen Generations), forced removal from traditional lands, disconnection from cultural identity and cultural practices, the introduction of policies to exert ‘control’ over First Nations peoples [19], and widespread massacres [31]. Colonisation and racism have ongoing implications and contribute directly to the health of First Nations people today, including gaps in life expectancy, burden of disease, chronic conditions, and social, emotional and mental wellbeing [6]. First Nations women and infants experience the burden of these inequities during pregnancy, birth, and the postnatal period [5].

The first 1000 days of a child’s life are critical to their development, impacting future health and wellbeing [1]. Midwives have a pivotal role as experts in caring for childbearing women and their babies. However, First Nations women report negative experiences within maternity care settings due to lack of culturally safe care and a culturally capable workforce [13,23]. The concept of Cultural Safety was originally developed by a Māori nurse, Irihapeti Ramsden, in the late 1980s. This concept of Cultural Safety has evolved significantly since then and was adapted to the Australian context to involve continual critical reflection of healthcare providers knowledge, skills, attitudes, and behaviours, including the power disparities in the provision of safe, responsive healthcare [20]. Within a specific midwifery context, the Midwife Standards for Practice requires midwives to provide care that is holistic, free of bias and exposes racism [27]. Providing care for First Nations women within culturally specific midwifery Continuity of Care (CoC) models (including care from First Nations midwives) improves outcomes [21] and leads to better experiences [24]. There is clear evidence that increasing the First Nations health workforce improves health outcomes and closes the gap in health disparities [3]. In Australia, First Nations people represent 3.8 % of the population, and 1.5 % of the Nursing and Midwifery workforce [28], with little improvement in numbers over time [4]. Strategies are urgently required to reach parity with the non-Indigenous workforce [36].

Recruitment and retention of First Nations students is imperative in the delivery of culturally safe healthcare. Evidence suggests that there are significant barriers for First Nations students accessing university, especially those who study nursing and midwifery. Recent literature found the key factors associated with retention and success of First Nations health students were support, valuing culture and identity, competing obligations, academic preparation, caring for First Nations families and access to First Nations support centres [12,34,7]. Barriers include financial concerns, academic literacy, isolation, cultural ignorance, racism and discrimination, lack of support on placement, and lack of First Nations placement experiences [12,34]. Although universities are implementing strategies to improve retention of First Nations students, there is limited evaluation of their success [34]. An integrative literature review exploring the experiences of First Nations Bachelor of Midwifery (BMid) students only identified three relevant studies, including an evaluation of a specific program, exploring students’ perceptions of providing culturally specific CoC and a personal student reflection [12]. No further relevant publications were found, highlighting a dearth of literature.

## Context

The BMid program at Griffith University, Queensland is a three-to-four-year blended learning program. Within the program students undertake approximately 1600 hours of clinical placement. For First Nations students the majority of this placement occurs within a maternity service that provides care specifically to First Nations women and their families. All students complete 20 continuity of care experiences (CoCE) where they attend and are involved in care provision for at least five antenatal visits, labour and birth, and at least three postnatal visits. For First Nations students, many of these CoCEs are in a partnership relationship with First Nations women and families. The program has implemented targeted strategies to improve the recruitment and retention of First Nations students. These include appointment of a First Nations Midwifery Lecturer and student representatives, embedding students within First Nations Health Services for professional practice placement, cultural immersion activities, an Identified uniform and a discipline specific First Nations Mothers and Babies course, addressing Birthing on Country principles and the inequities in maternal and infant outcomes. The First Nations Midwifery Lecturer is an Identified position, providing clinical, academic and cultural support to First Nations students and convening the First Nations Mothers and Babies course. Students are also provided cultural and tutorial support by the First Nations success unit (FNSU), Gumurrii. Whilst these strategies have achieved excellent outcomes with recruitment and retention figures above university targets, little is known about the students’ perception of these initiatives. This study aims to understand the impact of current strategies to improve recruitment and retention of First Nations midwifery students and identify further innovations.

## Methods

### Study design

This qualitative study was informed by Indigenous research methodologies, honouring First Nations voices [33], with data collected using a semi-structured yarning circle. Yarning is a culturally appropriate method of data collection that privileges First Nations ways of Knowing, Being, and Doing [8]. Guiding questions were developed in collaboration with First Nations and non-Indigenous research team members (see Appendix). The research team consisted of two First Nations academics and researchers, and one non-Indigenous academic and researcher who is a committed ally and has also researched and published work on Cultural Safety for First Nations People in education. The lead author, a Gamilaroi woman, midwife, and early career researcher, was mentored by both the First Nations and non-Indigenous research members during this study and has experience in research regarding culturally specific Midwifery Group Practices (MGP). The second co-author is a Kuku Thaypan and Lama Lama woman, Aboriginal Health Practitioner, Endorsed Enrolled Nurse, and experienced researcher and academic with expertise and leadership in Cultural Safety, curriculum innovation and community engagement to enrich student learning experiences. All researchers were involved in the conceptualisation of the study, confirmation and input into data analysis (initial data analysis conducted by a non-Indigenous researcher – see below), and preparation of manuscript. One of the First Nations researchers facilitated the yarning circle, bringing authentic cultural perspectives and knowledge that are crucial for accurately and respectfully representing First Nations experiences, histories, and worldviews. Students from First Nations backgrounds may feel more comfortable and heard by someone who shares similar cultural experiences and perspectives [2]. Two First Nations researchers and academics led this study, ensuring that an appropriate cultural lens was applied to the collection and analysis of the data, and reporting of the findings.

### Participants and recruitment

A purposive sampling method was used. All First Nations students who had Identified on application to the university or self-identified to the First Nations Midwifery Lecturer and were currently enrolled in the BMid program at Griffith University were invited to participate via email and provided with a participant information sheet and consent form. As all students were over 18 years of age and were literate in English, there were no exclusion criteria. Ethical approval was approved by Griffith University (reference no: 2022/779). A total of six students attended the yarning circle of the eight invited. Consent was confirmed prior to the commencement of the yarning circle.

### Data collection and analysis

Participants attended the yarning circle in November 2022. The yarning circle was facilitated by a First Nations academic, an author of this paper and part of the research team, not previously known to the students and external to the BMid program. The First Nations academic built rapport through cultural respect, acknowledging and incorporating cultural practices and knowledge systems and demonstrating respect. She shared her own experiences and stories and made personal connections by showing genuine interest. Food was shared during the yarning circle as an important cultural protocol [11]. The yarning circle was digitally recorded and externally transcribed verbatim. Primary data analysis was undertaken by an independent research assistant using thematic analysis. Attempts were made to source a First Nations researcher to undertake the analysis of the data with no success. Therefore, a non-Indigenous highly experienced nurse researcher and committed ally performed the initial analysis. Thematic analysis was guided by the methods of Braun and Clarke [10]. Line-by-line coding and analysis, using paper and post-it notes, was undertaken. The first step, ‘immersion’, involved developing familiarity with the data by repeatedly reading the transcription. Generation of initial codes included identification of raw data which could be categorised in a meaningful way. Moving from creating codes to synthesising broader themes involved searching for and collating broader themes that captured the essence of participants’ responses and patterns of responses. The process was iterative, with outcomes from different stages of analysis presented to the whole research team for discussion and revision over several rounds. The two First Nations authors, one an experienced academic and qualitative researcher, explored the coding and draft themes in depth and ensured First Nations experiences were upheld.

De-identified categories and themes for analysis were returned to participants via email to confirm these. Reciprocity is an important aspect of research with First Nations people and providing opportunities for capacity-building [26]. Participants were invited to be involved in preparation of the manuscript as a co-author, with support from the research team. No students accepted this invitation, however, given the demands of the program and time pressures students articulated during the study, this is not surprising.

### Validity and reliability/rigour

We drew on the work of Braun and Clarke [10] to ensure trustworthiness and rigour in our data collection and analysis. Data were professionally transcribed to ensure accuracy and enable review by the full team, all of whom have experience in qualitative work. Coding and theme development was conducted and checked by all members of the research team. Disagreements were resolved through discussion and re-examination of the data. Regular team meetings were held to discuss and review analytic progress, and all team members were involved in decisions to finalise the categories and themes. Final decisions were made in collaboration, privileging First Nations voices and valuing their identity and cultural knowledge.

While researchers drew on their experience and background to inform their interpretation of the data, they deliberately and consciously avoided making assumptions and challenged each other during the data analysis stage to ensure a shared understanding of the data and themes.

### Findings

Findings from the yarning circle are presented under three overarching categories that align with the study aim (see Table 1). The first described experiences of recruitment into the program. The second category described the enablers and barriers of engagement and progression. The last described requirements for success in the clinical environment.

#### Student recruitment

Two themes were identified within this category, First Nations entry pathways and Promise of Identified placements.

##### First Nations entry pathways

Students were asked about their experiences of applying for the BMid program. They spoke positively about and described this process as ‘straightforward’.

*“...it seemed straight forward and quite easy. I thought it was a lot easier than what I was expecting”.*

The specific First Nations entry pathway encouraged connection to culture and provided culturally safe pathways into university. Students appreciated this pathway, including the interview process with First Nations staff who recognised the contributions students would bring to the program.

*“The entry process was good with the interview to come in. With the Gumurrii team there as well”.*

*“...my experience was, why I want to come in, what are my goals to contribute to midwifery in the future? What mob am I from? Like the whole integration was important”.*

##### Promise of Identified placements

The ability to undertake placement within a First Nations MGP was seen as a positive influence on students’ decision to enrol in the program.

*“... the promise that I could go into MGP as an Identified student, which is a battle in itself”.*

*“It’s just nice and knowing through the interview that I could do a culturally safe placement where I’m out of the hospital system, just knowing that that’s there for me so I felt safe”.*

**Table 1**  
Findings.

Categories	Themes
Student recruitment	<ul style="list-style-type: none"> <li>• First Nations entry pathways</li> <li>• Promise of Identified placements</li> </ul>
Student retention	<ul style="list-style-type: none"> <li>• Kinship: students and staff</li> <li>• First Nations ways of Knowing, Being and Doing</li> <li>• Culturally safe support</li> <li>• Financial impacts</li> </ul>
Student success	<ul style="list-style-type: none"> <li>• Racism, white privilege and oppression</li> <li>• Culturally safe placements</li> <li>• Birthing with Mob</li> <li>• Mentorships with Mob</li> <li>• Identification and representation</li> <li>• Cultural Safety and humility – a life-long journey</li> </ul>

## Student retention

Five themes were identified in this category that described students experiences within the program.

### *Kinship: students and staff*

Students were asked to share the aspects of the BMid program that supported them to remain engaged in their studies. They described the importance of creating connection with other First Nations students.

*"I remember when we started, they linked us up and so we knew all the mob that started with us and connected with the other mob".*

Students also commented on the benefits of First Nations staff being available to support and advocate for them, who was like an 'Aunty' to them. They appreciated having someone reach out to them regularly to "check in" and ask "how they were going". This included Student Support Officers in Gumurrii and the First Nations Midwifery Lecturer, who the students felt supported them in differing ways.

*"So, having that person there at Gumurrii... It's like having your Aunty on campus... but having a good support officer was great as well as the midwifery lecturer... it's just having that person check in with you and be like, how are you doing?"*

Cultural support was identified as being necessary, especially in understanding cultural and "familial obligations" impacting their experiences during the degree. The role of the First Nations Midwifery Lecturer was seen as particularly important to act as a conjunct between the student and non-Indigenous academic staff, advocating for students for extensions or special consideration.

*"You need a First People's lecturer advocating for you. Like if we struggle and we say, I can't and she'll go okay, I'll go yarn to the lecturer for you. Okay, you've got two extra days for that assignment... I think you need that because shit happens. Family shit happens. Life stuff happens. Mental health stuff happens".*

*"I feel like she's been the deadliest thing".*

Students identified strategies to improve connection between First Nations students to support success. They suggested having a First Nations orientation in addition to program orientation and First Nations yarning circles. This would allow students to strengthen connections with mob and provide opportunities to share information.

*"We have orientation but then we also need Indigenous orientation".*

*"... but also the Indigenous yarning circles we had... We used to have them in Gumurrii and we'd just have a feed and have a yarn".*

### *First Nations Ways of Knowing, Being and Doing*

Students described the importance of First Nations cultural practices being incorporated into orientation with a Welcome to Country and university by an Elder.

*"I came for orientation, and I was like, oh shit this is deadly because the first thing that happened was...an Elder got up and did a welcome to country and university. Then I thought ...this is where I need to... study".*

Students wanted opportunities to demonstrate their knowledge in ways that recognised their ways of Knowing. This included adjusting assessments, ensuring they were "culturally safe". Suggestions included using "yarning", a recognised culturally safe method, to "articulate" themselves better during assessment.

*"They need to sit down in a circle with us and we can articulate and yarn. Like it doesn't need to be this structured formal white western version of that. You can be a black fella, we sit in a circle, we yarn. We're oral, we're*

*story tellers. We yarn about that stuff in a culturally safe way and a culturally safe space".*

*"...It's like if we literally just had a conversation about it and we could go over stuff and talk about this thing, like this clinical thing that happens, and I can demonstrate my knowledge".*

Students reported that they had experienced adjustments in assessments to facilitate a more culturally safe approach to sharing their knowledge.

*"We ended up talking and discussing and finding a way around it to do the assignment... she wants to be culturally safe, and she wants to make it culturally safe for mob".*

*"I had to do a supplement assessment and instead of having to write it, they said oh, look, how about you just come in and we'll do a yarning. So, they made that adjustment so I could do it".*

### *Culturally safe support*

The importance of culturally safe support and "integrating" with Gumurrii was highlighted. Students identified a lower chance of success without access to and support from the Indigenous unit.

*"...you're already in this space that you know you're lucky to be in. You're not meant to be in. That it's not made for you. That is systemically racist and then - like with no integration and you wonder why students don't stay. Let alone you need to have that system that supports them like Gumurrii and the First Peoples Health Unit and a way of integrating".*

One student described their experience at another university and how lack of integration with the support unit was a barrier.

*"Yeah, and it happened at a uni before where I wasn't integrated to the access unit, and I didn't know what it was... We need to integrate more... If you don't do that, they're not going to stay so you can't wonder why mob aren't staying when there's no support and there's no integration".*

### *Financial impacts*

Students described financial barriers, including lack of access to scholarships and the burden of paid parking. They highlighted their disadvantage in being accepted into a degree as First Nations people, coupled with financial hardship causing significant stress. For students who worked part-time, this was often not enough to keep them out of placement poverty and had flow-on effects on their families.

*"Oh, I will also say with the barriers though... for someone who works, I find that there's not - like financially, like I find it hard to get anything because I work".*

They spoke about prioritising their family and the impact of having to reduce their working hours to be able to complete the requirements of the degree. Students reported this had negative impacts on their personal lives and mental health. While there were scholarships available, these weren't always accessible to students who worked part-time. One student applied for multiple scholarships without success.

*"I don't know how many times I applied for scholarships... Well, I haven't got one of them and I think it's probably because I'm working and stuff. I'm thinking yeah, but we still have finances and stuff and I'm still struggling".*

In addition, students described the cost of parking as a barrier to coming on campus. One student suggested parking be funded for First Nations students to facilitate access to campus to remove this barrier. Another student identified the burden of paying for parking at the placement site, particularly as they did not feel safe catching public transport.

*“Free parking, that is one thing that stops me from going to campus because I know I can’t afford parking... That’s a huge cost that mob shouldn’t be facing... they’re already disadvantaged coming to uni. They shouldn’t have to worry about that”.*

#### Racism, white privilege and oppression

Students described being a First Nations student in the university space and how racism, white privilege and oppression impacts them and their studies. They felt that they had to “adapt their thinking” to fit the institution which is “systemically racist”.

*“It’s like, you’ve got to go and find their way of explaining it to them... It’s like you’ve got to adapt your own working style to theirs - like thinking. You’ve got to adapt your thinking. In this institution, that’s systemically racist, that doesn’t want you there”.*

Students spoke positively about the recently introduced First Nations Mothers and Babies course, however, students suggested that it be moved from second to first year to limit the impact of racism from other students on their experiences.

*“We’ve already understood the need to make a First [Nations] mothers and babies subject which is amazing”.*

*“...the [First Nations Mothers and Babies] should be in first year because I think that changed a lot of perspectives.”*

One student described experiencing racism and isolation from non-Indigenous students after being placed in an MGP model in first year, where non-Indigenous students do not have this opportunity until later in the program.

*“Then even just some of the attitudes from the other students. I’ve had a very big sense of this isn’t fair. Why does she get in and we don’t?”*

#### Student success

Students described factors that led to their success in the program, with five themes emerging.

##### Culturally safe placements

Students identified that “culturally safe placement” was extremely important to their success. Students reported instances of feeling culturally ‘unsafe’, being victims of racism, biases and a lack of recognition of the disadvantage they endured. Students identified that better “liaison” was needed between the university and the placement site to maintain their Cultural Safety and that the university needs to advocate and help prepare them to enter the placement site, discussing that they may be exposed to culturally unsafe circumstances and how to seek support.

*“...we’ve got some great support in terms of the degree but not on placement and I think that’s where I would see a whole lot of the breakdown sort of happens”.*

*“[The university] needs to go in and bat for that. [The university] needs to show up at the hospital and be like, this is not acceptable... All the universities should do that”.*

*“You need someone advocating and being like, you know we know that potentially no matter what we do, before you start to get into the health services and try to correct this, it’s going to happen and what can you do to manage that as well. Have a supportive strategy in place. Like have people advocate for you...”.*

#### Birth with mob

Students felt they protected the birth space for First Nations families in their care, they also described feeling comfortable, protected and safe when caring for women and families who Identified.

*“You’re like protected and you’re protecting the women, and you’re protected with your midwife and you’re all having a little circle and you’re like oh, it’s great”.*

They described an immediate connection with the families because “they understand” and placement where First Nations students care for First Nations families should remain a priority.

*“Because there’s nothing better than going to births with mob. Because... they understand. She knows your mob, where you’re coming from, and you don’t need to explain... they take the time with you. Yeah, they should be making a point of that in the program”.*

Although students expressed being highly supportive of undertaking placement caring for mob, one student described the impact of a traumatic experience where they had witnessed an unexpected child removal from a woman who she was involved in a CoCE relationship with.

*“She had no idea, Child Safety bursts through the door. Like that’s multi-layered and that’s like - that taps into not just oh shit, my poor CoC but oh shit, that’s happened to me and my family. ...like it’s so intersectional with mob as well. It’s just too much...”.*

This example highlights the ongoing impact of intergenerational trauma and moral injury experienced by First Nations peoples and how First Nations students experience an additional layer of complexity when entering placement within a hospital setting that doesn’t value First Nations culture. This reinforces the need for students to be able to seek support and debriefing that is culturally responsive.

#### Mentorships with mob

Students described the importance of culturally safe mentorships. They felt culturally safe and protected working with First Nations midwives as mentors which was different than working with non-Indigenous midwives.

*“First People students need to be paired with First Peoples midwives... we need to source who the First Peoples midwives are and that’s their mentor. It’s so different working with an Identified midwife... because you’re learning culture”.*

*“You need that one Identified mentor from each health service that you can go to that you’re going to feel culturally safe to bring up issues like that and that you know they’re going to have your back and support you and fight”.*

While students preferred being mentored by First Nations midwives, they acknowledged that this was not always possible. It was important to students that when a First Nations mentor was not available, culturally safe non-Indigenous mentors were identified.

*“... if you don’t have the Identified workforce, you need those ones that are going to support... and understand culture”.*

#### Identification and representation

Students expressed that having a visible means of identification and representation increased their feeling of Cultural Safety when on placement. They described their experiences of wearing a culturally specific uniform that “identified” them as First Nations students as a significant feature recently introduced into the program. The expression of students’ individual identities to their peers, staff, and First Nations

families was regarded as significant. The uniform served to increase visibility, strengthen cultural identity, and foster enhanced Cultural Safety for women and their families receiving care.

*"That's why we wanted to have those shirts because I'm like, you want something to identify as well. Especially your mob but also representation so you feel culturally safe advocating but also women and families".*

*"... it's culturally safe for us students to go on prac with it. It's culturally safe for women in the hospital to see it".*

Although the students overwhelmingly supported the identified uniform, they described some of the culturally unsafe comments they received from other students who did not understand the significant representation the shirts provided. These comments highlighted some students were almost envious of the specific uniform, wanting one for themselves, not recognising the importance of identification. The First Nations students positioned these comments as ignorance, but it did not minimise their impact.

*"Yeah and that's the other thing with the shirts too, is I've had a few comments like oh, why do you have one? It's like because, yeah, I'm Aboriginal".*

*"...why do you get that shirt? Or how come? It's like those are just ignorant people".*

*"I'm going to buy that shirt instead .... how do we show we're an ally? I'm like, but you don't need to have a shirt to show that you're just not racist".*

#### *Cultural Safety and humility – a life-long journey*

A lack of Cultural Safety and humility by some staff in the hospital and university settings was identified. The need to provide Cultural Safety education and training prepared by First Nations people in both the university and placement site setting was supported. Students were confronted with culturally unsafe situations on placement, where they were questioned about their identity, or stereotypical assumptions were made about First Nations peoples they were caring for.

*"Oh, you don't look Aboriginal, are you married to an Aboriginal man? I say, so what does an Aboriginal person look like?"*

Students observed prejudices in some non-Indigenous students and a lack of understanding of the privilege they held.

*"...that's the lived life experience of not being able to be protected from other students and their prejudices because they're so privileged and they don't understand".*

Students highlighted a positive staff training initiative, 'Courageous Conversations', undertaken at one hospital to transform understanding of the impacts of race on everyone's lives. Students suggested that implementing this initiative at both the placement site and university would be beneficial to improving cultural capability of non-Indigenous peoples.

*"It's like they need to do that courageous conversation that they do. That is so great... all the midwives should be doing - all staff should be doing it. That needs to be embedded everywhere, or actually that could be something that the uni does, too".*

While Cultural Safety training and education is essential to ensuring First Nations people feel culturally safe, students recognised that Cultural Safety is a life-long journey. Students reported their frustrations at non-Indigenous people believing they were an "expert in culture" after training.

*"As much as they're not going to be 100 per cent culturally safe but you know what I mean? Like you can tell, those that just say oh yeah, well I'm culturally safe or they've done a training and think oh, I'm an expert in culture".*

In contrast, one student commented on a non-Indigenous lecturer involving First Nations students in discussions, learning from them about ways of Knowing, Being and Doing. This exemplified the journey of Cultural Safety and humility is never ending.

*"She was asking us questions... I realised cultural safety isn't something you just get, it's a journey that's currently evolving".*

#### **Discussion**

This study explored First Nations midwifery students' perceptions of current recruitment and retention initiatives and identified further improvements. Cultural Safety is not purely a framework to ensure appropriate midwifery care for First Nations women and families. The same principles need to be applied to midwifery colleagues and students. Cultural Safety for midwifery students incorporates a feeling of safety, either emotionally, socially, physically or spiritually [22]. Previous literature examining First Nations midwifery student experiences identified students felt safe when their culture and identity was valued [32, 37,16]. Cultural Safety is determined solely by First Nations people themselves [20], and this study provides views of students regarding the aspects of Cultural Safety of a BMid program at one university in Queensland.

Overall, students felt the university generally provided a culturally safe environment through the provision of multi-layered cultural support. Enablers included culturally appropriate recruitment, partnerships with other First Nations peoples (students and staff), incorporating First Nations ways of Knowing, Being, and Doing, culturally safe support, placements and mentorship, and identification and representation. This is congruent with previous literature where recruitment and retention were improved with culturally appropriate recruitment strategies, strong partnerships with the FNSU and First Nations academics [32,34].

The important role of the First Nations Midwifery Lecturer also confirms the insights gained by Schulz et al. [32] who found a similar role was highly valued by midwifery students as a resource, provision of cultural and academic support, and advocacy. In this study, the students recognised that whilst the First Nations Midwifery Lecturer visits students on placement, this is time limited due to the variety of sites students are placed. Students suggested an expansion of this role to liaise with hospital staff to address experiences of racism.

Recognition of First Nations ways of Knowing, Being, and Doing as a learning and assessment strategy is needed. Students value yarning circles for connection and demonstration of assessment knowledge. The use of yarning circles in university settings is an important consideration to improve student success, Cultural Safety, and close the gap in rates of academic success [17]. Students appreciated the ability to make culturally safe adjustments to assessments. In addition, students identified the need for a First Nations specific orientation to support their success. This would provide an opportunity for students to make and build strong connections with other mob at the beginning of the degree, a strategy known to improve student retention [12,34].

This study supports the benefits of facilitating means of identification and representation for First Nations students, in this instance, a First Nations uniform. This was a student-led initiative where students not only wanted a way to identify themselves to First Nations families, but they also wanted the shirts to protect them from culturally unsafe situations they had experienced in the clinical environment. Subtle and overt racism is a common experience for First Nations health students [18]. A strategy suggested to improve Cultural Safety for First Nations students is the allocation of a First Nations mentor. Given the inequities in the number of First Nations midwives in Queensland, this may not always be possible. As an alternative, students could be placed with culturally safe non-Indigenous staff. First Nations health students assigned non-Indigenous mentees who had undertaken cultural mentor training felt supported by their mentor during incidents of racism [9]. It is clear students experienced racism whilst on placement, presenting a

barrier to student retention. Strategies such as mentorship, student liaison on placement and discussion of support strategies for students for when this occurs are urgently needed.

The importance of facilitation of midwifery placements where First Nations students are prioritised to care for First Nations families was confirmed in this study. Students not only felt safer, but they also attributed the care they provided women was safer and more appropriate. In a previous study, caring for First Nations women was found to create a sense of purpose for First Nations midwifery students, enhancing learning, sense of worth and resulted in a reduction in attrition [37]. This study also suggests that offering these opportunities is important in attracting students, with the promise of culturally safe placements influencing several students' enrolment decision.

The suggestion of improving Cultural Safety training is not new. However, Cultural Safety training in Australia is often misguided and focusses on First Nations culture and customs. An alternative training is needed that challenges individuals' role in interpersonal and institutional racism, highlighting decolonising approaches, equipping health professionals with a practical toolkit to confront the profoundly racist systems they work in [15,30]. Students within this study suggest an approach known as Courageous Conversations, a strategy for organisations to address racial inequities through safe, authentic and valuable discourse [14]. In addition, students welcomed the introduction of a midwifery specific First Peoples Mothers and Babies course and witnessed the shift of perspectives in non-Indigenous students undertaking this course. Changing this course to first year may further reduce the exposure to culturally unsafe situations for both students and First Nations families receiving care.

Hall et al. [20] argues that the most effectual pathway to Cultural Safety for First Nations peoples is the development of genuine allyship. Allyship involves non-Indigenous midwives actively supporting and advocating for First Nations women, families, and colleagues by recognising their own privilege, listening to and privileging First Nations voices, and taking actions to combat racism and inequity [20,29]. It is essential to equip healthcare professionals with tools and resources to identify and address racism. These resources could include frameworks for culturally safe practices, anti-racism policies, and systems for accountability [25]. To achieve meaningful change, the entire healthcare system needs to be redesigned with a focus on equity and justice.

### Strengths and limitations

This study incorporates First Nations ways of Knowing, Being and Doing and the first two authors are First Nations peoples. A limitation of this study includes the small homogenous sample of students from one university. However, due to the small number of First Nation midwifery students in Australia and the lack of literature in this area the findings remain significant. Another limitation is that students were invited to participate in other aspects of this research to build capacity, however, no students accepted this invitation. We suggest that this is due to the intensive nature of the BMid degree and undertaking additional work was not feasible. In the future, the research team would implement additional strategies to increase participation, such as formalised mentorship and remuneration.

### Conclusion

Strategies to improve recruitment and retention of First Nations midwifery students are imperative to close the gap in educational attainment and improve health outcomes for First Nations peoples. These findings reinforce current literature that strategies must be multi-layered, culturally appropriate and implement a whole of university approach. This study has provided additional insights into the experiences of First Nations students and suggestions of further improvements. Implementation of these strategies with evaluation is crucial to their success and understanding effective strategies. Further research is

required to explore and evaluate approaches to recruitment, retention and success at university for First Nations midwifery students.

### Author agreement

This article is the authors' original work and has not received prior publication and is not under consideration for publication elsewhere. All authors have seen and approved the manuscript being submitted and the authors abide by the copyright terms and conditions of Elsevier and the Australian College of Midwives.

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### Ethical statement

Ethical approval was granted by the Griffith University Human Research Ethics Committee (reference no: 2022/779) November 2022.

### CRediT authorship contribution statement

**Tanisha Springall:** study conceptualisation, methodology, analysis, writing – original draft, and review and editing. **Kerry Hall:** Methodology, data collection, writing - review and editing **Amanda Carter:** study conceptualisation, methodology, analysis, writing – original draft, and review and editing.

### Declaration of Competing Interest

The authors declare no conflict of interest.

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### Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.wombi.2024.101863.

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