

Exploring first-year occupational therapy students' perspectives of an On-Country experience: A study from an Australian undergraduate program

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Abstract

Introduction: In Australia, poor health outcomes for Aboriginal and Torres Strait Islander peoples have been well-documented. This often results from colonising practices embedded in systemic, environmental, economic, and social factors leading to marginalisation. To address these injustices, directives to enshrine cultural safety in health-care education/training have been proposed to ensure the development of a culturally safe workforce. Several frameworks have been developed to support tertiary education providers to decolonise curricula. However, with little published about occupational therapy curricula, how and whether occupational therapy students and/or graduates are culturally safe is not known. The purpose of this study is to capture the experiences of students that attended an inaugural On-Country experience embedded within a first-year, undergraduate occupational therapy unit (subject).

Methods: This qualitative study used a reflexive thematic analysis method to recruit undergraduate students enrolled in a first-year occupational therapy unit, which incorporated an immersive On-Country learning experience. Data were collected from students via online blog posts, which prompted participants to describe their observations and reflections pre and post the On-Country experience. Data were analysed using Braun and Clarke's six stage thematic analysis process to generate themes.

Consumer and Community Involvement: This study was conducted and authored with input from two diverse Aboriginal and Torres Strait Islander people—the facilitator and a colleague of mixed heritage. The tailored On-Country experience was facilitated by the Wadawurrung Traditional Owners Corporation.

Findings: Analysis of the responses revealed three overarching themes: (1) Creation of a learning experience; (2) an awareness of embarking on a journey to being culturally safe practitioners and recognition of an emerging occupational therapy lens; and (3) engagement and connection to clinical practice.

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Conclusion: Students expressed enhanced awareness and reflexivity in that they examined themselves, their history and recognised the influential value this had on health and wellbeing. This awareness can be used as a tool/opportunity to inform curriculum design and promote development of professional identity.

PLAIN LANGUAGE SUMMARY

Aboriginal and Torres Strait Islander peoples often have worse health because the health-care system has treated them unfairly. To change this, we need a fair system and health workers who give safe and respectful care.

Culturally safe care means health workers must think about what they know and how they act. Universities try to teach this, but there are problems. Some teachers and students feel unsure. There are not enough resources. Health courses mostly follow Western ideas. Strong leaders are needed to help change this.

One way to improve learning is by, including Aboriginal and Torres Strait Islander knowledges. This study looked at what first-year occupational therapy students learned from an On-Country experience. Students shared their thoughts online. They said the experience helped them think in new ways and understand the struggles of Aboriginal and Torres Strait Islander peoples. They are not yet working as health professionals, but they know their role in making health-care fair and safe. Many said, they now see the world differently. But more learning and changes in universities are needed.

KEYWORDS

Aboriginal and Torres Strait Islander peoples, cultural safety, curriculum design, occupational therapy, professional identity

1 | INTRODUCTION

The National Registration and Accreditation Scheme (NRAS) administered by Australian Health Practitioner Regulation Agency (AHPRA) regulates 16 health professions and accredits their approved education programs (Department of Health and Aged Care, 2023). Changes to the 2009 Health Practitioner Regulation National Law were approved in October 2022 (Office of the Queensland Parliamentary Counsel, 2022) with AHPRA and the National Boards (2022) outlining the new objective of the National Law to promote cultural safety for Aboriginal and Torres Strait Islander peoples. The new objective is 'to build the capacity of the Australian workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples' (Australian Health Practitioner Agency (AHPRA), 2022, para. 3). This aims to cultivate a health-care workforce that is culturally safe and respectful and equipped to address health disparities with the intention to eliminate racism in health-care provision (Australian Health Practitioner Agency (AHPRA), 2023).

Key Points for Occupational Therapy

- The On-Country experience helped students learn and understand Aboriginal and Torres Strait Islander knowledge.
- Learning about safe and respectful care should continue in health training.
- Health courses need to include Aboriginal and Torres Strait Islander knowledge.

From an educational perspective, to support fostering safe practice, occupational therapy competency standards were developed requiring students and educators to respond to the needs of Aboriginal and Torres Strait Islander peoples (Occupational Therapy Board of Australia, 2018). Additionally, the Aboriginal and Torres Strait Islander Health Curriculum Framework (Australian Government Department of Health, 2021)

provides guidelines for integrating relevant content, yet its implementation shows varying consistency (Rissel et al., 2022), and engagement in co-construction processes with local Aboriginal and Torres Strait Islander groups continues to emerge (Bennett, Redfern, et al., 2018; Rissel et al., 2022; Satour & Goldingay, 2021). Laccos-Barrett et al. (2022) suggest that the way forward is through Aboriginal and Torres Strait Islander led curriculum development and greater accountability for educational institutions.

1.1 | Cultural safety

Cultural safety is defined by AHPRA (2023) as: ‘determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive health-care free of racism’ (Australian Health Practitioner Agency (AHPRA), 2023, para. 3; Phillips, 2015). As such, a culturally safe practitioner requires: knowledge of and respect for self, own stance, privilege and cultural identity; knowledge of and respect of Aboriginal and Torres Strait Islander peoples; and commitment to decolonising the health-care system (Cox & Best, 2022; Mackean et al., 2020; Phillips, 2015; Universities of Australia, 2011). This will facilitate an awareness of systemic injustice and inequity, fostering a collective commitment to social justice and addressing power imbalances (Cox & Best, 2022; Gray et al., 2021; Gray & McPherson, 2005; Mackean et al., 2020).

The authors wish to highlight that the term *cultural safety* is increasingly employed as a foundational concept within higher education programs, including occupational therapy, as part of broader efforts to drive systemic change (Bin-Sallik, 2003). This concept, used in the above-mentioned guidelines, acknowledges the historical positioning of higher education within frameworks of whiteness and racism, which, while recognised, remain deeply entrenched, resulting in slow and ongoing progress towards equity (Hall, 2021).

1.2 | Building cultural safety—Structural and systemic barriers

A paradigm shift in public health is essential—one that integrates cultural determinants alongside social and economic factors—to advance health equity and achieve improved outcomes (Chaturvedi et al., 2011). George (2024) suggests that government policies addressing

Aboriginal and Torres Strait Islander health and education often perpetuate colonial power structures—even well intended policies—like the above-mentioned. The issue being that public health frameworks often emphasise social determinants, such as income or education, but frequently overlook underlying cultural determinants (Chaturvedi et al., 2011). Factors such as limited access to or differential funding, poor communication, and disparities in health-care provision contribute to poorer health outcomes for Aboriginal and Torres Strait Islander peoples (Awofeso, 2011; Durey et al., 2012; Dwyer et al., 2016; Paradies, 2016; Paradies et al., 2015; Phillips, 2004). As such, colonising practices and neglecting the influence of cultural determinants have entrenched marginalisation of Aboriginal and Torres Strait Islander peoples (individuals and communities), perpetuating inequalities, and inequities (Mackean et al., 2020; Smith, 2004), maintaining a deficit-based narrative (George, 2024) and reinforces deprivation, perpetuation of stereotypes and contributes to sustained racism and whiteness—leading to poorer health outcomes (Chaturvedi et al., 2011). The pervasive nature of both overt individual and systemic racism within health-care systems has been extensively documented on a global scale (Durey, 2010).

Despite acknowledgement of these inequities, progress towards meaningful change remains slow, as dismantling deeply rooted ideologies and behaviours require sustained effort, critical engagement, and committed advocacy, which predominantly falls on non-Aboriginal and Torres Strait Islander peoples (Gatwiri et al., 2021). Historical mistrust of authority rooted in colonised systems among Aboriginal and Torres Strait Islander peoples (Turale & Miller, 2006; Wright et al., 2016; Wright et al., 2019), and insufficient culturally appropriate health-care practices (Smith, 2004; Taylor & Guerin, 2019; Wright et al., 2016) that fail to recognise and incorporate Aboriginal and Torres Strait Islander worldviews, kinship-based relationships and cultural practices (Wright et al., 2016) contributing to the under-utilisation of health services (Gruen et al., 2001) and the underrepresentation of Aboriginal and Torres Strait Islander students in Australian health-care courses (Coleman et al., 2021). Furthermore, these factors may also contribute to the avoidance or minimisation of acknowledging the role that non-Aboriginal and Torres Strait Islander health-care providers can play in addressing and mitigating the perpetuation of colonial power dynamics (Gatwiri et al., 2021).

1.3 | Literature review

The literature underscores the importance of cultural safety, trust, and ongoing reflexivity in improving service



access and health-care outcomes for Aboriginal and Torres Strait Islander peoples (George, 2024; Wright et al., 2016). Decolonisation requires continuous learning and unlearning (George, 2024), while effective engagement relies on trust, reciprocity, and long-term relationship building through humility, openness, and shared decision-making (Wright et al., 2016). However, many health-care practitioners feel unprepared to engage effectively with cultural minority groups (Johnstone & Kanitsaki, 2007), limiting their efficacy (Brown et al., 2016). Limited engagement or feeling ill-equipped may be due to the emotional challenges non-Aboriginal and Torres Strait Islander allied health professionals face when confronted with racism, White privilege, and colonisation (Prince, 2024). These challenges, including denial, anger, guilt, shame, fear, anxiety, perfectionism, loss of belonging and even exhaustion—all of which can lead to disengagement from antiracist efforts, burnout, workplace tensions such as feeling restricted by Western health-care models and/or their roles, high staff turnover or a lack of awareness of the systemic or institutional racism embedded in health service structures (Prince, 2024). Furthermore, these emotional barriers hinder meaningful engagement with Aboriginal and Torres Strait Islander communities.

Findings from Stedman and Thomas (2011) Australian study emphasise culturally responsive practice as key to reducing health inequities. This involves avoiding assumptions, understanding individual client needs within their cultural context, and tailoring interventions to align with clients' social, family, and environmental realities. This approach requires active collaboration, respect for cultural identity, and adaptability—while acknowledging that treating all clients uniformly does not necessarily result in equitable outcomes highlighting the need for ongoing self-reflection, culturally tailored resources and training to address disparities. Job et al. (2024) echoed similar challenges in their scoping review where implicit biases, particularly those linked to socio-economic status, persist in clinical decision-making and contribute to health disparities, particularly under stress or cognitive load—common features of contemporary health-care systems (Alarcon, 2011; Laschinger & Leiter, 2006; Long et al., 2021). Addressing these biases requires both individual self-awareness, mindset shifts, and systemic changes to support culturally safe care (Chaturvedi et al., 2011; Stedman & Thomas, 2011). Additionally, Prince (2024) calls for workplace support, including antiracism mentoring, emotional management strategies, and structural reforms in health service delivery. However, Wright et al. (2016) cautions that mandatory cultural awareness training alone is insufficient without deeper engagement and ongoing self-reflection.

The bottom line being that antiracism, or decolonisation, is not just an intellectual exercise but an emotional journey that enhances professional effectiveness (Prince, 2024; Thackrah & Thompson, 2013) and creates opportunities for greater engagement and collaboration with Aboriginal and Torres Strait Islander communities (George, 2024). While emotional responses to antiracism efforts are well-documented (Thackrah & Thompson, 2013), further research is needed to explore strategies for addressing them within professional and educational settings.

1.4 | Cultural safety in health education

There is broad recognition for the need for cultural safety in health education (Durey, 2010; Forwell et al., 2001; Rudman et al., 2021). Specifically, advocacy efforts have focussed on embedding cultural safety within existing curricula while ensuring an active partnership between academic, health services, and Aboriginal and Torres Strait Islander communities (Durey, 2010; Forwell et al., 2001); however, readiness and preparedness for higher education institutions to adopt this approach has been questioned (Rudman et al., 2021). Rudman et al. (2021) explored Australian occupational therapy programs readiness for intercultural learning and engagement. Challenges include funding constraints, Western curricular frameworks, difficulties in reconciling Western and Indigenous knowledge systems, institutional readiness (including attitudes towards cultural safety) (Melchert et al., 2016; Rudman et al., 2021; Te et al., 2019) and limited professional development for non-Aboriginal and Torres Strait Islander educators (Rudman et al., 2021; Te et al., 2019). Several studies in Australia and Aotearoa New Zealand explored the integration of cultural safety in health education, employing varied approaches such as workshops, placements, and/or additional cultural specific content (Forwell et al., 2001; Nash et al., 2006; Pope-Davis et al., 1993; Trentham et al., 2007); however, the effectiveness of these changes to curriculum or student outcomes remains uncertain. Additionally, emotional reactions from students or new graduates influence engagement with Aboriginal and Torres Strait Islander content, affecting broader institutional change (Thackrah & Thompson, 2013) and implementation in a health-care environment (Gair, 2016; Gray & McPherson, 2005). Gray and McPherson (2005) found that new graduate occupational therapists across New Zealand and Australia felt incompetent regarding aspects of culture in relation to a person's wellbeing. Similarly, Gair (2016) noted that social work students struggled with developing critical empathy

that incorporates their capacity to understand the links between empathy, racism, and everyday activism. This suggests students were struggling with the relational aspect.

1.5 | So where to from here?

To foster cultural safety, promote engagement and potentially retention among Aboriginal and Torres Strait Islander students, strategies such as peer support, mentorship, and culturally relevant educational opportunities are recommended (Sorby et al., 2024). The underpinning driving force being that culture is learned or acquired through social behaviours over time—suggesting that learning occurs through observation or interaction (Heyes, 2020). Therefore, the provision of safe environments, or so-called ‘third spaces’, that facilitate shared storytelling and learning, contribute to transformational change and decolonisation (Wright et al., 2016, pg. 6). These initiatives support both Aboriginal and non-Aboriginal students, helping them navigate academic and systemic challenges (Coleman et al., 2021).

Bolton and Andrews (2018) and Gray et al. (2019) both explored the impact of educational cultural safety opportunities on allied health students’ understanding of Aboriginal and Torres Strait Islander health—however, different approaches were used. Bolton and Andrews emphasised an immersive experiential learning approach, where second-year physiotherapy students engaged in deep listening, storytelling, and reflecting with an elder in a decolonised setting. This fostered personal and professional growth, critical analysis, and awareness of privilege. In contrast, Gray et al. (2019) conducted a quantitative study assessing the impact of cultural safety workshops on allied health students over multiple years. Their findings highlighted that there was improved knowledge and cultural awareness but that students in first year felt less confident in working with Aboriginal and Torres Strait Islander peoples. Both studies underscore that experiential learning approaches show promise but that sustained engagement is required for long-term attitudinal change (Beagan, 2015; Gerlach, 2012). This suggests that there is a need, from a higher education perspective, for a strategic, planned approach to integrating Aboriginal and Torres Strait Islander content—that facilitates understanding of culture and its significance (Department of Industry & Tertiary Education, 2012; Jungersen, 1992; Rudman et al., 2021). Additionally, integration alone should not be the aim. Rather, efforts to support engagement with the emotional and psychological barriers to engaging with

decolonisation need to be addressed to create new, meaningful understandings. Prince (2024) and George (2024) highlight that there needs to be efforts made to unlearn colonial biases and adopt Aboriginal and Torres Strait Islanders ways of knowing in such a way that there is an interface of knowledge, a concept where Aboriginal and Torres Strait Islander and Western knowledge systems are woven together rather than imposed on one (Durie, 2005; Forwell et al., 2001; Stedman & Thomas, 2011).

This process of unlearning and integration of Aboriginal and Torres Strait Islander ways of knowing with Western knowledge also creates an opportunity to foster cultural safety for non-Indigenous students and retain Indigenous students within higher education. It has been well-documented that there is an underrepresentation of Aboriginal and Torres Strait students in health courses (Coleman et al., 2021). Achieving cultural safety involves ongoing personal reflection on assumptions about Aboriginal and Torres Strait Islander peoples and their role in health-care relationships. Overall, several gaps in the literature have been identified—that is, the longevity of knowledge that has been gained through exposure, the influence on systemic barriers, including admission and retention of Aboriginal and Torres Strait Islander health students, or the institutional readiness for decolonisation. The authors acknowledge that all of these gaps cannot be addressed in this singular study. However, the purpose of this study is to capture the experiences of students that attended an inaugural On-Country learning opportunity embedded within a first year, undergraduate occupational therapy unit. This On-Country experience was supported and facilitated by local Wadawurrung custodians. The specific aims of this study were to capture student engagement and feedback through a reflective process; document the impact of specific teaching and learning principles and practices; and deconstruct and evaluate the effects of this experience as it relates to their development as occupational therapists.

2 | METHODS

Ethics approval was gained from Deakin University (HEAG-H_132). A descriptive, qualitative research design was used due to its focus on the personal experience and meaning of participants (Liamputtong & Rice, 2022), informed by reviewing a collection of online student posts in response to three questions based on a common On-Country experience. All posts were initially reviewed and then an inductive analytic approach was applied using thematic analysis (Braun & Clarke, 2022).



2.1 | Study context

The study was conducted in a regional university with a commitment to developing graduate capabilities in culturally safe and relevant practices for working with Aboriginal and Torres Strait Islander peoples that aligns with the university's Indigenous Strategic Plan and implementation of the Aboriginal and Torres Strait Islander Curriculum Framework.

More specifically, undergraduate students enrolled in a singular on-campus occupational therapy unit in first year (focussed on exploring population and ecological health issues using occupational perspectives) completed an in-person On-Country experience. The introduction of an On-Country experience led by local Wadawurrung people allows for building partnerships with Wadawurrung custodians and embedding Aboriginal ways of knowing and doing into the course.

The tailored On-Country experience was facilitated by and under the guidance of the Wadawurrung people on their Country. The cultural immersion involved a Smoking ceremony, Welcome to Country, an overview of the history pre-colonisation, ways of life and the impact of colonisation, knowledge about Country, community perspectives and visiting culturally relevant and significant landmarks. Occupational therapy students engaged in a 6-hour On-Country experience in small groups, with a Wadawurrung Elder, a university academic staff member accompanied the students to meet Health and Safety requirements.

Collectively, these experiences were aimed at influencing the development of students as culturally safe practitioners.

2.2 | Positionality statement

As a research team, we identify as Trinidadian female person of colour (first author), Aotearoa New Zealand born White male (second author) settlers, and a woman of Stolen Generations—descendent Aboriginal and mixed heritage (third author). We are guided by the call to develop our own and others cultural sensitivity and competence to ensure that Indigenous people are the recipients of culturally safe health care. We understand the complexity and power of narrative inquiry, and we are interested in bringing to light the stories of students, to inform future teaching practice and student learning.

2.3 | Sampling and recruitment

The On-Country experience was offered to all enrolled students. We aimed to purposefully recruit 30–50

students. While a specific justification of this sample size is difficult, given the study characteristics and the year level of the students, the authors believe that data saturation will be reached after this point (Hennink & Kaiser, 2022; Vasileiou et al., 2018).

An introduction email was sent to all students enrolled in the unit by an administrative staff member, (not associated with the research or teaching or assessment) along with the Plain Language Statement. Students were informed that if they chose to participate that their 'posts' were data, as it provided an authentic account of their reflection. If students wished not to participate, they were instructed to remove their anonymous post from the discussion board on learning management site to minimise potential coercion, students were reminded that their posts were anonymous, and that teaching staff would not be aware of who participated.

During and post the On-Country experience, students are asked to reflect on their own identity, privilege, and position in the context of their engagement with Indigenous identity, culture, and community.

2.4 | Data collection

To capture the student experience, students were asked to reflect anonymously on the On-Country experience and write 'posts' on the online discussion forums in response to three specific questions that could be answered at three time points (prior to the On-Country experience; post completion of the On-Country experience; and prior to completing the trimester). There was a limit of one post per student per question. The first question asked students to reflect on their pre-conceived ideas, expectations, and/or history prior to attending the On-Country experience; the second question asked students to consider their emotions, thoughts, and the experience of completing the On-Country experience; and the final question asked students to consider how this experience may influence their learning and development as an occupational therapist. The final question was posed at the end of the trimester. To support critical reflection, students were provided with reflection resources to review as required.

2.5 | Data analysis

A reflexive thematic approach was used to identify, analyse, and generate themes from the data (Braun & Clarke, 2021) with no a priori coding or theme identification. The first author initially read and re-read the anonymous posts and generated initial codes. A subset of the

posts was reviewed by the second author. Codes highlighting meaningful and relevant data particularly around the experience of the On-Country experience, the emotions, or thoughts that arose and their influence on occupational therapy identity were constructed by the first and the second author. The first and second author then compared codes, resolved any disagreements through discussion, and collaboratively determined initial themes. The third author reviewed these themes in relation to overall analysis of the data, research aims and provided feedback around conceptualisation and defining of each theme. The first and second author then redefined and finalised the themes and selected participants' quotes to illustrate their essential meaning. Finally, an analytic narrative was constructed to report study findings.

To ensure trustworthiness via credibility, transferability, dependability, and confirmability (Henderson & Rheault, 2004), several strategies were incorporated. The involvement of all team members in the analysis and theme identification allowed for researcher triangulation. Peer debriefing and iterative discussion during the data analysis process contributed to the quality of this study. The detailed analytical method used in this study supported dependability. Member checking was not used in this study due to the collection of anonymous posts, but participants were asked to check and remove posts if they did not wish to participate. This provided an opportunity for participants to confirm their responses and participation. Transferability refers to the extent that the study's findings can be applied to other contexts (Henderson & Rheault, 2004). The diversity of each of the On-Country groups, and variety in Aboriginal and Torres Strait Islander experiences service settings, the research team make no claim that these findings are broadly generalisable.

3 | FINDINGS

A total of 99 anonymous responses were received for question # 1; 55 responses were received for question # 2; and 15 responses were received in response to question # 3. It is likely that the students were highly motivated at the start of the teaching period to respond to the first question, and therefore, this yielded the most responses. However, as the teaching period continued and students had competing demands, responses to subsequent questioned waned. All posts were anonymous and therefore links to each student post(s) could not be established. Overall, the response to the On-Country experience was predominantly positive and constructive with students expressing empathy and respect. Thematic analysis of

student data identified three themes: Creation of a learning experience with subthemes—reflection on previous experiences; increased knowledge, including the consolidation of previous knowledge/exposure and stimulated action; awareness of embarking on a journey to becoming a culturally safe practitioner and recognition of an emerging occupational therapy lens; and engagement and connection to clinical practice.

3.1 | Theme one: Creation of a learning experience

Some students reported some knowledge about what to expect on the On-Country experience based on their past exposure—and saw this as an opportunity to consolidate previous learning:

'In the 8th grade I was fortunate enough to go on a school camp that travelled through South Australia and the Northern Territory. We stayed in both Coober Pedy and Alice Springs; this was my first raw experience of Indigenous communities. The highlight of my trip was walking the perimeter of Uluru and speaking to an Aboriginal Elder that lived there, he spoke to us about the significance of the land'.

'I grew up on Gunditjmarra country where I had experiences which exposed me to Country. Tower Hill is an inactive volcano and is home to many Australian wildlife. Multiple school trips exposed me to stories and history of Country. After completing the unit [Blinded] this gave me a huge insight into the true meaning of culture, identity and being one with Country'.

Whereas other students reported a level of uncertainty or had no expectations prior to completing the On-Country experience.

'We will have the opportunity to connect with country and experience meaningful connection with nature and interactions with an indigenous elder'; 'I was also unaware of how many historical sites there are and the meaning/stories behind them. It was interesting to listen to these and allowed me to gain a deeper appreciation for our land'.

While this theme highlights students' thinking about the past, their interest and desire to have direct exposure to Aboriginal and Torres Strait Islander people was seen as valuable.

'The experience was eye-opening. It was interesting to find out that we walk past such interesting things in nature all the time and don't understand the importance they have played in the lives of Aboriginal people such as plants and trees'.

'Having completed my education at a time when indigenous history and cultural perspectives were not a



part of the classroom curriculum, I think this will be a valuable opportunity to increase my cultural understanding’.

This exposure created an opportunity for students to increase knowledge and awareness specifically around history, social and political determinants of health to understand influences on health and wellbeing.

‘I am keen to delve deeper into the longstanding, generationally enduring lifestyle of the Aboriginal people. [...]. Moreover, adherence to and respect for cultural traditions are crucial aspects of occupational therapy. I am convinced that this experience will further intensify my steadfast commitment to these important principles’.

This increased knowledge appeared to stimulate personal action or response to appreciate the diversity in health care; ‘In order to help me start to be able to deepen my understanding and stop me from prejudging things before I have the full understanding ...’; ‘I am excited to learn about a culture other than my own and to gather an understanding of how they live and perceive the world and everything that surrounds it’.; ‘I think this could enable me to understand in more depth the Indigenous connection to land and kinship, to help me understand more my potential Indigenous clients across my career as an OT’.

It is noteworthy, that the student responses, at times, appeared to have a subtle sense of ‘othering’, which was not necessarily recognised by the student when they made their post.

3.2 | Theme two: An awareness of embarking on a journey to being culturally safe practitioners and recognition of an emerging occupational therapy lens

Students expressed a range of emotions in response to the On-Country experience. Emotions such as surprise, amazement, and intrigue about the complexity of knowledge and influences on health and wellbeing of Aboriginal and Torres Strait Islander people.

‘Learning about being displaced or removed from your place in the community and your connection to your environment prompted my learning to see how this affects someone’s health and wellbeing and the determinants as to why and how this has happened’.

‘I found the on-country experience, to be very informative. It made me realise things that I have seen before hold significance to the Indigenous people. [...]. Being able to hear from [Aboriginal and Torres Strait Islander Elder], and his stories about how he learned about his culture from when he was a young kid, seems like a special experience’.

‘I enjoyed the day. I learned throughout the day how little I knew about modern Indigenous culture today. One of my favourite parts was talking about the history of birthing trees and how Indigenous communities knew how to survive through both caring and using natural resources. I think society today needs to build stronger relationships and connections with Indigenous culture to learn from past experience of First Nations peoples to ensure that the future of Australia is a collective effort and involves sustainable practices’.

This reveals the consistent use of the term ‘with’ when speaking about their experience—this appears to relegate Indigenous people to the past rather than recognise that active collaboration—moving forward is required.

Additionally, students responded empathetically as they learnt of the tumultuous history and treatment of Aboriginal and Torres Strait Islander people.

‘It prompted a lot of emotions both good and bad, bad in regard to the treatment of the Wadawurrung people, and it made me think and consider the traditional practices of Indigenous people’.

‘It was eye-opening to hear the true horrors of Aboriginal people’s history, and how their identity and culture had been purposefully stripped away from them resulting in the lingering effects of generational trauma. But despite their struggles, it was great to see that the spirit of Aboriginal people and their culture is still alive today as evident by the stories of their efforts to continue and preserve their practices’.

‘It has highlighted the significance of cultural preservation and has deepened my appreciation for the resilience and strength of indigenous communities who have persevered despite adversity. It highlighted the need for continued efforts to rectify past and present injustices’.

Students also reported feeling a sense of privilege through learning of culturally specific rules, processes of socialisation, and social protocols.

‘It was really interesting to hear [Aboriginal and Torres Strait Islander Elder] talk about the laws of his nation, and the rules/laws around what he is and isn’t allowed to share, for example he was provided permission to speak to us about women’s business, but he wasn’t allowed over in the area where women’s business occurs’.

However, while students felt that the experience was very positive, some reported the experience as quite confronting and gave rise to feeling angry or disheartened. These led to perceived changes in future behaviours.

‘As a future occupational therapist, this on-Country experience has emphasized the significance of cultural competence in my practice. By valuing and integrating the lessons from this experience, I can ensure that I

approach my future patients with humility, respect, and an “understanding of their cultural backgrounds”. This, in turn, will contribute to more effective and compassionate care, fostering trust and connection between myself and those I seek to help’.

‘It’s an experience that has inspired me to advocate for greater awareness and appreciation of indigenous culture’.

‘I found myself reflecting on recent OT discussions around expressing our identity through our occupations and drawing connections with the importance of being able to express and explore cultural identity’.

Within this theme, there appeared to be hints of shifts in thinking—that is not angry or challenged but awareness of the need to move towards being a culturally inclusive practitioner.

3.3 | Theme three: Connection to clinical practice and engagement

This theme refers to the greater appreciation of the influence of culture, cultural history, and cultural occupations on health and wellbeing—which was not necessarily something that they had considered prior. Some students reported increased learning but uncertainty around the application of this knowledge.

‘To be completely honest, I’m not too sure how this on-Country experience has influenced my outlook of occupational therapy and the profession...It did open my eyes to the possible opportunities that could arise in the future when working with Indigenous Australians however the considerations made towards culture and outlook of the land would be a part of being an OT when working with those who align with these values and beliefs as it would be considered when working with anyone with strong values, beliefs, cultures and lifestyles that my differ to my own’.

However, most students were able to connect this experience and learning within to their future roles as occupational therapists.

‘Being an occupational therapist in the future, the on-Country experience has ensured I think in different perspectives, treat all clients individually and take everyone’s backgrounds and past experiences into consideration. By caring for clients in this way I believe that I will be able to build more positive relationships with my clients’.

‘The on-Country experience has made me think more about how the personal and cultural narratives of a person can influence occupational performance’.

‘I think it’s super important that I increase my awareness around their culture, beliefs, land, and so forth and

believe that I will be able to use this later down the track in my profession especially if I have clients that are Indigenous, so I am able to respectfully acknowledge and respect their culture’.

‘Learning about different customs and traditions will expose us to the variety of backgrounds we will be working with as an OT and how it is important to respect and learn about different cultures. Additionally, this experience will provide us with insight on how First Nation people view the land and help us modify our practices when working with them to achieve better Health and Wellbeing outcomes’.

Overall, most students suggested that the On-Country experience was beneficial in terms of building authentic relationships, engaging in active listening and genuine consideration of the whole person.

‘It has also given a different perspective of what people value. Unlike Western culture, I learnt that Aboriginal people see connection to the land as a very important aspect of their life. This highlights how culture can shape the values of a person, and as occupational therapists, treatment would be most effective when we work in alignment with client values’.

‘The power of nature and their deep connection to land will continue to impact me and will help me adapt future practices for when I work with aboriginal and Torres Strait Islander people’.

4 | DISCUSSION

This study captured the experiences of students in an On-Country experience rooted in Aboriginal and Torres Strait Islander pedagogy at a tertiary education provider, aiming to facilitate a cultural interface where different knowledge systems converge to generate new insights for mutual understanding (Durie, 2005; Wright et al., 2019). The intention was to emphasise learning and growth through recognition of Aboriginal and Torres Strait Islander ways of knowing, and learning (Biermann & Townsend-Cross, 2008), loosely aligning with a strength-based approach (Gibson, 2020) that challenges stereotypes and promotes Aboriginal and Torres Strait Islander knowledge, fostering healing. Data analysis generated three key themes from student perspectives of participating in an On-Country experience: creation of a learning experience; an awareness of embarking on a journey to being culturally safe practitioners and recognition of an emerging occupational therapy lens; and engagement and connection to clinical practice.

The National Aboriginal and Torres Strait Islander Health Plan 2021–2031 promotes strengths-based, human rights approaches to health, informed by cultural and



social determinants of health. Developed in collaboration with Aboriginal and Torres Strait Islander stakeholders, it guides 'mainstream services to address racism and provide culturally safe and responsive care' (p. 3). Regulatory boards and occupational therapy competency standards enforce this commitment, urging tertiary education providers to prepare graduates to confidently, and competently provide culturally safe health care. However, systemic integration into health-care curricula is inconsistent (Constantinou et al., 2022).

Decolonisation entails a multifaceted process, including critical reflection of one's own cultural, social, and political positions; fostering reciprocal and respectful partnerships with Aboriginal and Torres Strait Islander communities that value and incorporate traditional knowledge systems; integrating culturally relevant Aboriginal and Torres Strait Islander perspectives into education and practice; and developing a heightened awareness of the interconnected forms of oppression (race, gender, and socio-economic status) that are culturally embedded and perpetuate inequities. Central to this process is a commitment to co-designing initiatives with Aboriginal and Torres Strait Islander communities, producing tangible outcomes that enhance their health and strengthen cultural connections (Constantinou et al., 2022). The current study highlights a singular step to transforming occupational therapy curricula while acknowledging the necessity of sustained and systemic changes. Although full decolonisation represents a long-term goal, immediate, meaningful actions can collectively contribute to equitable health-care practices and support the development of culturally safe practitioners.

To date, strategies used to decolonise the curricula, challenge Westernised systems, and knowledge hierarchies (Rudman et al., 2021; Wilson & Bird, 2005) are varied. Strategies include compulsory units taught in partnership with Indigenous community members (Flavell et al., 2013); didactic lectures and seminars, guest lectures, or panel presentations (Bennett, Coghlan, et al., 2018; Rissel et al., 2022; Rudman et al., 2021); embedded immersion experiences for both academics and students (Bolton & Andrews, 2018; Durey et al., 2013); and integrated curriculum that may be incidental or deliberate such as podcasts, videos, YouTube links, case studies, scenarios for discussion, media examples, and readings/literature (Bennett, Coghlan, et al., 2018; Rissel et al., 2022; Rudman et al., 2021). Various allied health disciplines have documented the evaluation of cultural safety: physiotherapy (Lee et al., 2006; Te et al., 2019); medicine (Azad et al., 2002; Dogra et al., 2005); nursing (Pinikahana et al., 2003); and dentistry (Rowland et al., 2006), but the variations of the

integration of content in the curricula (Melchert et al., 2016) pose challenges for assessing effectiveness and outcomes (Bennett, Redfern, et al., 2018).

4.1 | Creation of a learning experience

University engagement in the On-Country experience, which included storytelling, visiting significant sites, and learning about culturally specific social rules/protocols encouraged reflection and critical thinking for transformative learning and growth (Biermann & Townsend-Cross, 2008; Bolton & Andrews, 2018). The experience appeared to challenge students to consider their privilege while engaging with Aboriginal and Torres Strait Islander ways of being, doing, and learning (Milligan et al., 2021). Gallagher and Polanin (2015) found that such approaches enhance cultural awareness, appreciation of cultural differences, and personal and professional growth, whereas others showed increased cultural awareness, sensitivity, knowledge, and self-rated competence skills. Importantly, while students began the process of considering their privilege, some responses appeared to have a tone of 'othering', which highlights that this experience was only a beginning.

Importantly, the use of storytelling and narratives outside of the classroom shifted the dynamics of the hierarchical 'teacher-student' relationship and supported active listening and embracing Aboriginal and Torres Strait Islander knowledge, history, and perspective allowing students to recognise the importance of being respectful and responsive to cultural groups outside of their own (Biermann & Townsend-Cross, 2008; Rudman et al., 2021; Satour & Goldingay, 2021). The students expressed an eagerness to engage empathetically, with compassion and a sense of connection with their peers, and the facilitator (Bat et al., 2014). Collectively, leading to a process of self-awareness of their own culture, values, and practices, as well as the broader Aboriginal and Torres Strait Islander peoples' health and social issues that impact their health (Bolton & Andrews, 2018). More specifically, they began to recognise how their cultural backgrounds influenced the client-therapist relationship treatment approaches and quality of care (American Occupational Therapy Association, 2020). Bennett (2022) suggests that this early awareness can be instrumental in promoting self-determination, equity, and improved practices such that there is a bridging of the 'gap' so to speak, between Aboriginal and Torres Strait Islander peoples and non-Aboriginal and Torres Strait Islander peoples such that the latter are positioned as allies through being exposed culturally safe ways of practicing (Coleman et al., 2021).

4.2 | Journey of being a culturally safe practitioner and development of an occupational therapy lens

Occupational therapists are expected to have expertise in understanding and addressing the functional, social, and emotional needs of individuals, populations, and communities to minimise health disparities and improve quality of life (American Occupational Therapy Association, 2020). These expectations are embedded in the Occupational Therapy Competency Standards (Occupational Therapy Board of Australia, 2018) that all new graduates must achieve to practice. However, the profession is grounded in Western philosophy and traditions and have historically overlooked the impact of cultural perspectives and privilege thereby failing to acknowledge the subsequent detrimental impact on health and wellbeing (Bat et al., 2014; Rudman et al., 2021). All of which leads to criticism (Restall & Egan, 2021; Rissel et al., 2022). The fact that culture plays a crucial role in identity, community, beliefs, values, occupations, and social participation (American Occupational Therapy Association, 2020) has been highlighted by several scholars Iwama (2004), Kleinman and Benson (2006), Ramugondo and Kronenberg (2015), Emery-Whittington (2018), and Gibson (2020).

Mackenzie et al. (2024) conducted a qualitative study examining the impact of a specialised educational module on 18 occupational therapy students' preparedness to work with Aboriginal and Torres Strait Islander communities. While students engaged in a range of activities (group work, workshops, and guest speakers) that promoted critical thinking and self-reflection, it also challenged them as they witnessed racism among peers and community members. Overall, participation increased their self-awareness, cultural competence, and understanding of occupational therapy within their context. Consistent with the current study, Mackenzie et al. (2024) highlights the importance of addressing unconscious bias and fostering safe learning environments for discussions on privilege and systemic inequities—while appreciating the emotional toll that may arise.

Culture's significance to health and wellbeing has reshaped occupational therapy, for example, Gibson (2020) emphasises the distinction between necessity driven human occupations and cultural occupations linked to family, community, and spiritual connections. Cultural occupations (caring for Country, being with family or community, sharing stories, practicing Aboriginal science, and honouring history through song/stories) define behaviours, roles, responsibilities, and obligations—which link to cultural wellbeing, survival, identity and healing (Gee et al., 2014). Early exposure to

the On-Country experience supports students to grasp these distinctions and recognising its complexity. Yet, the confronting nature of this enhanced awareness cannot be ignored. Continued efforts to promote active collaboration and engagement, rather than relegate Aboriginal and Torres Strait Islander people to the past is key for ongoing acknowledgement of culture as a social determinant of health.

4.3 | Engagement and connections to clinical practice

Outcomes from this study suggests that the On-Country immersive experience provided first hand insights into the local Wadawurrung community, including cultural beliefs, historical experiences, resistance, strengths, and resilience—fostering reflection on their learning, knowledge, and their own cultural identity. This is consistent with Yashadhana et al. (2023) who explored the experiences of older Aboriginal and Torres Strait Islander peoples displaced through the Stolen Generations, using a cultural camp at a Yuwaalaraay sacred site to facilitate reconnection. Attendees expressed a renewed sense of cultural pride, wellbeing, and belonging, while also sharing memories of trauma from institutionalisation—underscoring the importance of cultural reconnection as a source of strength, healing, and community resilience. The immersion experience then shifts the cultural interface such that it privileges the Aboriginal and Torres Strait Islander interface rather than subjugating it to meeting under the umbrella of Western knowledge (Nakata, 2007) minimising the expectation that Western and Aboriginal and Torres Strait Islander knowledge systems should meet and coexist (Thomas et al., 2011).

However, this experience needs to be coupled with systemic changes within the tertiary system. McIver et al. (2022) studied the implementation of an Aboriginal and Torres Strait Islander module in a health promotion unit, involving 16 staff members who suggested the need for additional support and professional development. The authors also surveyed 91 students who expressed the desire for integrated content/experiences that addressed health through the lenses of justice and equity while also providing space to explore their own biases influencing their non-clinical roles in a health-care setting.

The On-Country experience also facilitated students' consideration of the impact on their future roles as occupational therapists. Similarly, Bolton and Andrews (2018) investigated physiotherapy students engaged in a cultural immersion experience and found that students reported new perspectives and insights previously overlooked.



This experience was seen to enhance their understanding of issues pertinent to their future roles as physiotherapists. Interestingly, while the experience built on varying levels of previous knowledge about Aboriginal and Torres Strait Islander people and prompted consideration of their future roles, the mechanism or utilisation of the learning/knowledge was not clear, which is consistent with previous research (Bennett, Redfern, et al., 2018). This may be because the students were new to university, had not yet participated in a practice education opportunity; therefore, that application of their new learning may not have been envisioned.

Cultural safety in occupational therapy necessitates genuine and sustainable relationships with peers, and Aboriginal and Torres Strait Islander communities (Satour & Goldingay, 2021); and services based on trust, sharing power, knowledge, and partnership (Cox & Best, 2022). Adopting a decolonising lens encourages occupational therapists to critically engage with their own identity, profession, and societal norms—in an effort to address power imbalances that lead to marginalisation (Gibson, 2020; Rudman et al., 2021) and continued poor health outcomes. The On-Country experience aimed to trigger personal growth, introspection, or professional deliberation and critical analysis—to equip students to engage in culturally safe practice, hone their occupational therapy lens, begin to develop their professional identity, and recognise their future role as change agents.

4.4 | Limitations

The study design was a strength, grounded in a critical reflexive approach that acknowledged the first author's (non-Aboriginal and Torres Strait Islander) positionality while being meaningfully informed by the guidance of an Aboriginal and Torres Strait Islander contributor. This approach not only facilitated honest and open reflections from students but also ensured culturally sensitive data collection. Future research could build on this by incorporating additional open-ended questions or diverse qualitative methods, such as focus groups, to enrich the depth of data. Further input from On-Country facilitators (Wadawurrung Elders) and participating students would also enhance the comprehensiveness and cultural integrity of the findings. The study's focus was on perspectives from a specific cohort and as such, the authors acknowledge that this single experience was embedded within the larger higher education context. The authors recognise that this single experience was insufficient to unpack or attempt to unpack internalised racism, which is relevant as individual change is unlikely when the context of learning, that is, the higher education institution, or the

health-care environment has larger systemic issues that are ongoing. Without addressing the larger contextual issue, efforts made may appear tokenistic rather than appearing as a step in the right direction. Therefore, study highlights that the curricula and changes over the course of the whole program need to be systematically reviewed and assessed to ensure that outcomes emerge post-implementation (Gibson, 2020; Rudman et al., 2021).

4.5 | Conclusion

There is little research specifically relating to the inclusion of Aboriginal and Torres Strait Islander ways of knowing, being, and doing in undergraduate occupational therapy curricula and in relation to Aboriginal and Torres Strait Islander populations and occupational therapy practice generally (Melchert et al., 2016). There was consistent consensus that content needed to be included across the curriculum and scaffolded to allow students to show a progression of knowledge over time as they mature; it also minimised students feeling overwhelmed and support their development of self-reflection and awareness of their own beliefs and assumptions. This study analysed student reflections on an On-Country experience. Students had enhanced awareness and reflexivity and began to reflect on themselves and their professional identity as an occupational therapist. As such, they were able to identify seeing the world differently. This awareness can be used as a tool/opportunity to inform curriculum design.

AUTHOR CONTRIBUTIONS

The authors declare that authors Kieva Richards, Kirk Reed, and Ange Parrish contributed to the design and development of the study. Kieva Richards completed collection, initial analysis, and interpretation of results. Kirk Reed participated in data analysis and interpretation of results. Kirk Reed and Ange Parrish reviewed synthesised themes, and Kieva Richards completed all drafts of the manuscript with editing inputs from Kirk Reed and Ange Parrish.

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CONFLICT OF INTEREST STATEMENT

The authors confirm that there are no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

This study received ethical approval from Deakin University (HEAG-H_132).

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