



Aboriginal, Torres Strait Islander and Māori nursing and midwifery academic workforce across Australia and Aotearoa New Zealand



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ABSTRACT

Background: Promoting a representative and supportive industry for Aboriginal, Torres Strait Islander and Māori nursing and midwifery academic staff is a key tenet of Australian and Aotearoa New Zealand universities, and fundamental to strengthening the health workforce. Surprisingly, information about this workforce is unknown.

Aim: The aim of the study was to gain an understanding of the Aboriginal, Torres Strait Islander and Māori nursing and midwifery academic workforce.

Methods: A cross-sectional study was conducted using an online survey of organisations that provide accredited nursing and midwifery education within Australia and Aotearoa New Zealand. Demographic, academic and employment information relating to Aboriginal, Torres Strait Islander and Māori nursing and midwifery staff was collected.

Findings: Thirty-three organisations responded, reporting a total of 55 staff. Aotearoa New Zealand universities (n = 6) had between one and four Māori or Aboriginal staff members. Australian universities (n = 27) reported between one and nine Aboriginal and Torres Strait Islander staff, with 10 universities reporting that they had none. Most staff held a PhD or Master's degree and were employed at lecturer level in a full-time continuing position. There were 10 appointed into a professoriate level position. Workload was predominantly allocated to teaching and research.

Discussion: Neither country has reached parity with the Aboriginal, Torres Strait Islander and Māori overall population. Substantial efforts are required to grow this workforce. In addition, as most staff hold lower-level academic positions, greater succession planning through increased mentorship and professional development is urgently needed.

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Summary of relevance**Problem or Issue**

Little is known about the Aboriginal, Torres Strait Islander and Māori nursing and midwifery academic workforce.

What is already known

There is under-representation of Aboriginal, Torres Strait Islander and Māori people in the nursing and midwifery professions across both Australia and Aotearoa New Zealand.

What this paper adds

A growth in the Aboriginal, Torres Strait Islander and Māori nursing and midwifery academic workforce is urgently required. Flexible pathways into academic positions and greater support for career progression are necessary.

1. Introduction

Aboriginal, Torres Strait Islander and Māori peoples of Australia and Aotearoa New Zealand make a significant contribution to knowledge, learning and teaching in universities across both countries. Promoting a representative and supportive academic environment for Aboriginal, Torres Strait Islander and Māori students is fundamental to strengthening and growing the health workforce in both countries. Recommendations from national reviews undertaken in Australia strongly suggest that increasing the representation of Aboriginal and/or Torres Strait Islander peoples in academia is pivotal to supporting and improving cultural safety, learning, teaching and research in the delivery of education ([Australian Government, 2024](#); [Congress of Aboriginal and Torres Strait Islander Nurses and Midwives \[CATSINaM\], 2022](#)). To achieve this, there must be an Aboriginal, Torres Strait Islander and Māori nursing and midwifery academic workforce. Embedding Aboriginal, Torres Strait Islander and Māori peoples' knowledge and culture within our existing education system is critical for supporting, improving and informing student education and improving health outcomes for Aboriginal, Torres Strait Islander and Māori peoples in both countries. Understanding the characteristics of this workforce is a crucial first step to determining appropriate strategies to support a representative workforce.

1.1. Background

Recent national data from both Australia and Aotearoa New Zealand show that health inequality is still dramatic and persistent despite numerous promising targets and initiatives since the inception of 'closing the gap' campaigns ([Australian Government Productivity Commission, 2024](#); [Brown & Bryder, 2023](#)). One strategy recognised as essential by the Australian government to address health inequalities is to increase the Aboriginal and Torres Strait Islander health workforce ([Department of Health, 2022](#)). This will require a significant increase in the enrolment and graduation of Aboriginal and Torres Strait Islander students into educational facilities. Currently, Aboriginal, Torres Strait Islander and Māori peoples are underrepresented in the healthcare workforce in both countries ([Medical Council of New Zealand, 2023](#); [National Indigenous Australians Agency, 2024](#)). In Australia, Aboriginal and Torres Strait Islander people represent 3.8% of the population ([Australian Bureau of Statistics, 2021](#)), yet make up only 1.2% of the health workforce ([National Indigenous Australians Agency, 2024](#)). In Aotearoa New Zealand, Māori people make up approximately 19.6% of the population ([New Zealand Government, 2023](#)), but only 7.5% of the nursing workforce ([Komene et al., 2023](#)) and 7.04% of the midwifery workforce ([Midwifery Council, 2021](#)). Aboriginal, Torres Strait Islander and Māori peoples' representation in academic positions in

universities and colleges is vital for increasing Aboriginal, Torres Strait Islander and Māori student participation and academic achievement.

Universities in both countries have implemented numerous strategies aimed at attracting and retaining Aboriginal, Torres Strait Islander and Māori students and staff – see the Universities Australia 'Indigenous Strategy 2022–2025' ([Universities Australia, 2022](#)) and the Universities New Zealand 'Indigenous Internationalisation Plan 2020–2025' ([Universities New Zealand, 2020](#)). Nevertheless, as of 2019, there were only 430 Aboriginal and Torres Strait Islander academics employed in Australia's 39 universities ([Thunig & Jones, 2021](#)), and Māori faculty members made up only 6% of university academics in Aotearoa New Zealand ([Love & Hall, 2020](#)). While numbers of Aboriginal and Torres Strait Islander academic staff in Australia have been very slightly trending upward since 2001 ([Aboriginal and Torres Strait Islander Higher Education Advisory Council, 2015](#)), precisely how many Aboriginal, Torres Strait Islander and Māori nursing and midwifery academics are employed in both countries is currently unknown. Demographic information about the Aboriginal, Torres Strait Islander and Māori workforce is also important to understand. For example, Aboriginal, Torres Strait Islander and Māori academics often come into their research career later in life (21.7% of academic staff in Australia were under 40, compared to 31.3% of non-Indigenous; [Locke, Trudgett, & Page, 2023](#)), impacting the career trajectory and promotional achievements available.

1.2. Study aim

This study aimed to estimate the number of Aboriginal, Torres Strait Islander and Māori people employed in the nursing and midwifery academic workforce in Australia and Aotearoa New Zealand. It will provide an understanding of the state of representation in this workforce and highlight whether there is a need to develop strategies for recruitment and/or retention to ensure a sustainable and representative workforce.

2. Methods

2.1. Study design

A cross-sectional design was employed to collect data via a brief, online survey. A link to this anonymous survey was emailed to all Deans and Heads of School at eligible academic facilities in Australia and Aotearoa New Zealand to complete on behalf of their staff. Reporting adhered to the Strengthening the Reporting of Observational studies in Epidemiology (STROBE) statement guidelines ([Elm et al., 2007](#)) (see [Supplementary Table 1](#)).

2.2. Participants, recruitment and consent

Participants included all Deans and Heads of School at the 43 organisations who are members of the Council of Deans of Nursing and Midwifery Australia and New Zealand (CDNM) and the University of New England (who at the time of this study was not a member of CDNM but do provide a professionally accredited Bachelor of Nursing degree). The CDNM is the peak organisation that represents universities that offer undergraduate and postgraduate programs in nursing and midwifery throughout Australia and Aotearoa New Zealand. As the Australian territories had one university each, and to protect the identification of potential academic staff, Australian Capital Territory was combined with New South Wales (NSW), and Northern Territory with South Australia. Participants were contacted via email, requesting their participation in the study via an emailed link that directs participants to the information and consent form, and the survey. Participants agreed to consent via a question in the online survey. Submission of the survey

was additional acknowledgement of consent to participate. Participants could not withdraw or alter their responses after submission due to the anonymous nature of the survey.

2.3. Data collection

Deans and Heads of School were asked to provide anonymous information for any of their staff members who met the inclusion criteria: 1) Aboriginal, Torres Strait Islander and Māori people; 2) currently employed (continuing, contract, sessional or casual); and 3) in nursing and/or midwifery academic positions in which they have direct responsibility for the educational preparation of nurses and midwives. The study excluded those working in other Faculties (e.g., teaching clinical skills to medical students, research assistants). The survey was developed by the researchers to obtain details such as number of staff, academic qualifications and details of current position. No personal or identifying details were collected. To comply with the Treaty of Waitangi and data sovereignty rules, all data collected from Māori participants are held in Aotearoa New Zealand at a participating university.

2.4. Ethics

Ethical approval was granted by the Griffith University Human Research Ethics Committee (HREC). All participants gave informed written consent to participate.

2.5. Data analysis

Completed surveys were collected electronically and imported into SPSS version 29 for checking and analysis. Descriptive analyses were conducted for each item, and means and standard deviations were used to describe the characteristics of the sample. Inferential statistics were not performed due to the small size of the sample.

3. Results

Representatives from a total of 33 organisations completed the online survey. This included 27 organisations from Australia and 6 from Aotearoa New Zealand (see Table 1). All six responding Aotearoa New Zealand universities reported between one and four Māori (n = 12) or Aboriginal (n = 2) staff. In Australia, 17 responding organisations had between one and nine Aboriginal (n = 38), Torres Strait Islander (n = 1) or Aboriginal and Torres Strait Islander (n = 2) academic staff, and 10 reported no Aboriginal and Torres Strait Islander staff members (including 80% of organisations from Victoria with no Aboriginal and Torres Strait Islander representation, 50% from Western Australia and South Australia/Northern Territory, 22% from Queensland [QLD] and 14% from NSW/Australian Capital Territory).

Table 1
Responding organisations and academic sample in Australia and Aotearoa New Zealand.

	Responding organisations N (%)	Aboriginal, Torres Strait Islander or Māori people
Location		
Queensland	9 (27.3)	13 (23.6)
New South Wales/Australian Capital Territory	7 (21.2)	20 (36.4)
Aotearoa New Zealand	6 (18.2)	14 (25.4)
Victoria	5 (15.2)	3 (5.5)
Western Australia	4 (12.1)	2 (3.6)
South Australia/Northern Territory	2 (6.1)	3 (5.5)

3.1. Sample characteristics

Organisations reported 55 academics, including Māori (n = 12), Aboriginal (n = 40), Torres Strait Islander (n = 1) and Aboriginal and Torres Strait Islander (n = 2) staff members. Academic staff were predominantly female (n = 50), with a mean age of 45.6 years (SD = 11.01). They had been working in their current positions for between six months and 20 years, with a mean time of four years (SD = 3.5). Over 40% (n = 23) had a PhD, with nearly the same amount holding a Master's degree (n = 21). The largest proportion (n = 22) held level B Lecturer positions, followed by Level C Senior Lecturer (n = 12). Workload allocation for both teaching and research varied between countries. Australian academics had a greater allocation to research (42.08%) than teaching (36.67%) compared with New Zealand, where teaching allocation was much greater than for research (47.14% and 25.43%, respectively). See Table 2 for the results of Australian and Aotearoa New Zealand organisations.

4. Discussion

The present study found that about one-third of Australian universities do not currently employ Aboriginal and/or Torres Strait Islander nursing or midwifery academic staff, while Aotearoa New Zealand universities were more likely to have Māori academics. This higher number in Aotearoa New Zealand is likely due to the higher Māori representation, where approximately 19.6% of the total population are Māori (New Zealand Government, 2023) compared with 3.8% of the Australian population being Aboriginal and/or Torres Strait Islander people (Australian Bureau of Statistics, 2024). Nevertheless, both countries have an under-representation across not only the nursing and midwifery academic workforce but also the entire academic workforce (Australian Institute of Health and Welfare, 2024; McAllister et al., 2019; Medical Council of New Zealand, 2023; Trudgett et al., 2022). This study also found that certain Australian states (NSW and QLD) had a greater number of Aboriginal and/or Torres Strait Islander peoples who were academic staff, which is reflective of the higher number of registered nursing and midwifery workforce (National Indigenous Australians Agency, 2024). These same states also enrol more Aboriginal and/or Torres Strait Islander students in health-related degrees than other jurisdictions (3.3% NSW and 3.2% QLD compared to 0.9% in Victoria; Australian Institute of Health and Welfare, 2023a). However, there were still several universities in NSW and QLD that reported employing no Aboriginal and/or Torres Strait Islander academic staff.

Higher education institutions need to consider ways to increase their Aboriginal, Torres Strait Islander and Māori nursing and midwifery academic workforce. Some suggested strategies include targeted recruitment of clinicians who may consider changing their professional careers and moving into academia (Queensland Government, 2024). Health districts within many states of Australia now offer significant financial incentives to attract staff by offering recruitment bonuses and allowances. Higher education institutions should also consider what additional financial incentives they could offer that may attract Aboriginal, Torres Strait Islander and Māori

Table 2
Demographic characteristics of academic sample in Australia and Aotearoa New Zealand.

	Australia	Aotearoa New Zealand
	N (%)	
Ethnicity		
Aboriginal	38 (92.7)	2 (14.3)
Māori	0 (0.0)	12 (85.7)
Aboriginal and Torres Strait Islander	2 (4.9)	0 (0.0)
Torres Strait Islander	1 (2.4)	0 (0.0)
Sex		
Female	38 (92.7)	12 (85.7)
Male	3 (7.3)	2 (14.3)
Highest qualification held		
PhD	16 (40.0)	7 (50.0)
Master's Degree	17 (42.5)	4 (28.6)
Postgraduate Certificate	3 (7.5)	2 (14.3)
Bachelor's Degree	1 (2.5)	1 (7.1)
Postgraduate Diploma	3 (7.5)	0 (0.0)
Currently enrolled	1 (2.5)	0 (0.0)
Level of position held		
Associate Lecturer (Level A)	5 (12.2)	1 (7.1)
Lecturer (Level B)	17 (41.5)	5 (35.7)
Senior Lecturer (Level C)	7 (17.1)	5 (35.7)
Associate Professor (Level B)	2 (4.9)	0 (0.0)
Professor (Level E)	6 (14.6)	2 (14.3)
Other	4 (9.8)	1 (7.1)
Employment type		
Continuing Full Time	29 (70.7)	9 (64.3)
Continuing Part Time	3 (7.3)	4 (28.6)
Fixed Term contract – Full Time	5 (12.2)	1 (7.1)
Fixed Term contract – Part Time	1 (2.4)	0 (0.0)
Casual/Sessional	3 (7.3)	0 (0.0)
Location of employment		
Capital city	28 (68.3)	2 (14.3)
Other metro/regional > 100,000 population	8 (19.5)	9 (64.3)
Large rural centre 25 - 100,000 population	5 (12.2)	3 (21.4)
	Mean (SD)	
Age (years)	43.95 (10.89)	51.08 (9.98)
Range	22–60	35–64
Length of Time (in years) working in Faculty / School / Department	4.10 (3.88)	3.96 (2.44)
Range	1–20	0.5–10
Percentage of Work Allocated to:		
Research	42.08 (36.35)	26.43 (25.60)
Teaching	36.67 (30.54)	47.14 (31.48)
Service Engagement	16.63 (18.48)	18.57 (21.79)
Scholarship	4.63 (7.96)	7.86 (9.75)

people into academia, as currently there are numerous incentives to attract students yet very few incentives (if any) for Aboriginal, Torres Strait Islander and Māori peoples to enter academia (Department of Education, 2024).

Attracting and retaining Aboriginal, Torres Strait Islander and Māori academics is a common struggle across universities in both countries. Reasons for this are wide-ranging and complex. Barriers to completion that have been identified in previous research include a deficiency in academic and research skills, insufficient academic and social supports, relationships with supervisors, health, and duties to their community (Baeza Pena et al., 2025). Systemic prejudice and cultural safety have also been identified as significant concerns (Drummond, Cox, & Brough, 2021). Mandating that staff employed within higher education organisations undertake cultural safety education is one strategy to address the discrimination that may contribute to Aboriginal, Torres Strait Islander and Māori academic staff attrition (Burnett et al., 2020; Power et al., 2021). Racial discrimination, in terms of the inflexible expectations and requirements regarding student research activities, may also have a role in prohibiting and/or delaying a career in academia (Baeza Pena et al., 2025). Exploring alternative pathways and methods of participation

that incorporate Aboriginal, Torres Strait Islander and Māori cultural considerations and community consultation could increase engagement and research quality. Aboriginal, Torres Strait Islander and Māori supervisory training for supervisors has also been suggested to improve mentorship and supervision of Aboriginal, Torres Strait Islander and Māori research candidates (McGagh et al., 2016).

The employment of Aboriginal, Torres Strait Islander and Māori people into academic positions is not just to strengthen the cultural representation within the workforce, but to encourage, inspire and role-model success for Aboriginal, Torres Strait Islander and Māori students within these organisations. For this reason, it is not enough to ensure their representation in academic positions, but true professional equity means the appointment of Aboriginal, Torres Strait Islander and Māori staff in senior leadership positions. For instance, Charles Darwin University established an Aboriginal senior leadership position as recently as 2009 (Coates, Trudgett, & Page, 2022). While representation in senior roles is growing, Aboriginal, Torres Strait Islander and Māori academics are still greatly under-represented in senior leadership positions at universities in both countries. Strategies to encourage Aboriginal, Torres Strait Islander and Māori entry into nursing and midwifery academic positions, and to support these staff members to achieve similar achievements as their non-Indigenous peers, should be a top priority for universities as well as the CDN. Aboriginal, Torres Strait Islander and Māori academic success not only serves to improve the vocational and financial condition of the individual but also sets employment precedents, shifts discriminatory attitudes and inspires others to follow their lead.

Aboriginal, Torres Strait Islander and Māori nursing and midwifery students have a reduced degree completion rate, and strategies to increase the number of applications and to retain these students should include mentorship and encouragement by Aboriginal, Torres Strait Islander and Māori academics (Biles et al., 2021; Drummond et al., 2021). Universities must lead by example. Strategies to build Aboriginal, Torres Strait Islander and Māori academic workforce and student body have a trickle-down effect into the broader community, helping to reduce the existing gap in financial and health inequality in vulnerable populations (Australian Institute of Health and Welfare, 2023b). Universities are uniquely placed to challenge inequality and provide opportunities to Aboriginal, Torres Strait Islander and Māori people, promoting the valuable contributions of Aboriginal, Torres Strait Islander and Māori academics and strengthening the Aboriginal, Torres Strait Islander and Māori nursing and midwifery workforce.

It is worth noting that three peak organisations (CDNM, CATSINaM, and Kawa Whakaruruhau Wharangi Ruamano [Māori nurse educators and academics, Aotearoa New Zealand]) have signed a partnership investment agreement to bring about strategic workforce preparation of nurses and midwives in areas of future practitioners, educators and researchers. The agreement also has a focus on workforce sustainability and career progression. It is an ambitious undertaking by these organisations that will have a role in improving the health and wellbeing of Aboriginal, Torres Strait Islander and Māori peoples in both countries.

5. Limitations

While every effort was made to engage with all universities through the dissemination of information relating to the study before the project initiation and through a series of reminder emails, not all of them participated in the study. Because of the confidential nature of the study, it is unknown which universities participated in the survey and which did not. For these reasons, this study could be under-reporting the number of Aboriginal, Torres Strait Islander and Māori nursing and midwifery academic staff, and it would be worth repeating this study in a few years' time. Similarly, due to

confidentiality, it was not possible to determine whether academic staff were nurses or midwives or both. As the number of staff increases in both countries, it will be important to know this information.

6. Conclusion

This study has found that there is a lack of Aboriginal, Torres Strait Islander and Māori people employed as nursing and/or midwifery academics across Australia and Aotearoa New Zealand. To improve the health and wellbeing of Aboriginal, Torres Strait Islander and Māori people in both countries, we need to grow the Aboriginal, Torres Strait Islander and Māori nursing and midwifery workforce. To aid with the retention of Aboriginal, Torres Strait Islander and Māori students in nursing and midwifery, there needs to be support and role modelling by Aboriginal, Torres Strait Islander and Māori academics. Universities need to look at strategies to assist with the recruitment and retention of Aboriginal, Torres Strait Islander and Māori academics and students, through increased flexible pathways for both groups, ensuring culturally sensitive approaches at universities (especially in relation to teaching and research), and by being inclusive of Aboriginal, Torres Strait Islander and Māori knowledges and research methodologies and participation. Furthermore, enhanced academic and social supports, and mandating that all staff complete and regularly undertake cultural safety education, are paramount to establishing and sustaining a culturally safe workplace. Offering financial incentives to attract Aboriginal, Torres Strait Islander and Māori nurses and midwives into the academic workforce, and increasing scholarships (and other student funding mechanisms) to alleviate the financial burden on Aboriginal, Torres Strait Islander and Māori students, should also be considered.

Authorship contribution statement

AB: Conceptualization, Formal analysis, Funding acquisition, Investigation, Methodology, Writing – original draft, Writing – review & editing. **LD:** Conceptualization, Formal analysis, Writing – original draft, Writing – review & editing. **JD:** Conceptualization, Formal analysis, Writing – original draft, Writing – review & editing. **MW:** Conceptualization, Writing – original draft, Writing – review & editing. **KG:** Conceptualization, Data curation, Formal analysis, Project administration, Writing – original draft, Writing – review & editing. **CA:** Investigation, Writing – review & editing. **KN:** Investigation, Writing – review & editing. **CW:** Investigation, Writing – review & editing. **KS:** Conceptualization, Writing – original draft, Writing – review & editing.

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Ethical statement

Participation in the study was voluntary, and confidentiality was assured. Ethical approval was obtained from Griffith University Human Ethics Committee. Approval number (GU Ref No: 2023/468. Dated: 23 June 2023.

Conflict of interest

No conflicts of interest to declare.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.colegn.2025.03.004](https://doi.org/10.1016/j.colegn.2025.03.004).

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