

## A global scoping review to inform the recruitment and retention of Aboriginal and Torres Strait Islander nursing and midwifery academics<sup>☆</sup>

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### ABSTRACT

**Aim:** To synthesise global evidence on strategies that support the recruitment and retention of First Nations nursing and midwifery academics.

**Background:** The representation of First Nations people in nursing and midwifery academia is essential for culturally safe healthcare education and addressing systemic inequities. Despite various initiatives, challenges persist in attracting and retaining First Nations academics in these fields.

**Design:** A scoping review was conducted using the Arksey and O'Malley framework and reported in line with PRISMA-ScR guidelines.

**Methods:** A comprehensive search was conducted across six databases (Australian Indigenous Health InfoNet, Scopus, Web of Science, CINAHL, Emcare and PubMed) using terms related to Indigenous identity, academic workforce and nursing/midwifery. Studies were included if they addressed recruitment or retention of First Nations nursing and midwifery academics. The research team collaboratively extracted data to identify patterns and map key themes across the studies.

**Results:** Four studies met the inclusion criteria, representing Australia, Canada, New Zealand and the U.S.A. Seven key themes emerged: (1) publicly stated commitments to change, (2) curriculum-community-university partnerships, (3) defined academic pathways, (4) inclusive and culturally safe work environments, (5) mentorship and allyship, (6) supportive leadership and (7) institutional policy reform. Australian-specific research was limited despite the global relevance of the issue.

**Conclusions:** Creating culturally safe, inclusive academic environments is critical to strengthening the First Nations academic workforce. Key strategies include leadership development, mentorship, institutional accountability and systemic reform. Addressing these areas is vital for improving recruitment and retention and advancing health equity outcomes.

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## 1. Introduction

In this scoping review, we use the term 'First Nations' to refer to Indigenous Peoples as the earliest known inhabitants of an area. As this review includes studies from several countries we use 'Aboriginal and Torres Strait Islander' to refer to people in studies conducted in Australia and 'Indigenous People' for people in studies in Canada and combined studies of Canada, U.S.A, Australia and New Zealand. This terminology is used throughout the review to respect the cultural identities and preferences of the respective populations.

This scoping review was undertaken to identify evidence-based strategies for the recruitment and retention of Aboriginal and Torres Strait Islander nursing and midwifery academics in Australia.

### 1.1. Introduction

Inclusion of First Nations nurses and midwives within the health workforce is essential to enhance service delivery and improve health outcomes. Despite this, workforce data indicate that Indigenous representation remains low. In Australia, 1.5 % of registered nurses identify as Aboriginal and/or Torres Strait Islander and 1.6 % of registered midwives identify as Aboriginal and/or Torres Strait Islander ([Australian Health Practitioner Regulation, 2025](#)). Within academia, it is reasonable to assume that the proportion of First Nations nurses and midwives is even smaller; however, their presence is critical for supporting Indigenous workforce participation and fostering culturally safe education. The global call to action outlined in the *State of the World's Nursing* report is equally relevant to the academic workforce: nations must "attract, recruit and retain nurses where they are most needed" (p.15) by implementing evidence-based, locally tailored recruitment and retention strategies that address the root causes of workforce inequities ([World Health Organization, 2025](#)).

Representation of First Nations peoples in the academic workforce, particularly within nursing and midwifery, is crucial for fostering diversity, equity and culturally safe practices in healthcare education. Aboriginal and Torres Strait Islander scholars have identified for many years that despite ongoing efforts, challenges related to recruitment and retention persist ([Deravin, 2019](#); [Stuart, 2017](#) and [West, 2012](#)) necessitating a comprehensive synthesis of existing strategies and their effectiveness. Key factors that have contributed to this challenge of recruitment and retention in the academic workforce include the lack of role models, culturally unsafe workplaces and lack of recognition of cultural knowledge and value that Aboriginal and Torres Strait Islander academics bring ([Deravin, 2019](#); [Stuart, 2017](#) and [West, 2012](#)). A recent scoping review on nursing and midwifery academics' intention to stay or leave academia noted a lack of research related to the First Nations academic workforce ([Tower et al., 2024](#)). This may reflect ongoing issues of workforce development in nursing and midwifery academic pathways, where First Nations academics are compelled to manage their academic workload along with an additional cultural load of accountability to their community ([Tower et al., 2024](#)).

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives ([CATSINaM, 2024](#)) advocates for a framework of cultural safety to inform the attitudes and behaviours of health professionals in providing care to Aboriginal and Torres Strait Islander individuals and communities. This framework can also be applied to the recruitment of Aboriginal and Torres Strait Islander academics, ensuring that the process is culturally safe and respectful ([CATSINaM, 2024](#)). Strengthening advocacy on behalf of Aboriginal and Torres Strait Islander nurses and midwives is a key strategy, including promoting the recruitment of Aboriginal and Torres Strait Islander peoples into nursing and midwifery through targeted initiatives.

## 2. Methods

Scoping reviews are a valuable method for exploring the breadth of

evidence on a specific topic, particularly when it has not been systematically examined before ([Peters et al., 2020](#)). The insights gained from scoping reviews help pinpoint research priorities and highlight gaps in the current literature ([Pollock et al., 2021](#)). By including studies with different methods, scoping reviews provide a thorough overview of the existing knowledge base and guide best practices ([Munn et al., 2018](#)). Given the limited exploration of recruitment and retention strategies for First Nations' nursing and midwifery academics, a scoping review was chosen as the most appropriate approach. This review follows the framework established by [Arksey and O'Malley \(2005\)](#), which comprises six stages: identifying the research question, identifying relevant studies, selecting studies, charting the data, collating, summarising and reporting the results and consultation (optional). This review is reported in line with the Preferred Reporting Items for Systematic Review and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines ([Tricco et al., 2018](#)).

### Step 1: Identifying the research question

[Pollock et al. \(2021\)](#) recommend using the PCC framework (Population, Concept and Context) to construct clear and meaningful objectives and eligibility criteria for a scoping review. For this scoping review, the PCC framework identifies the Population as nursing and midwifery academics, the Concept as recruitment and retention strategies and the Context as First Nations people. The specific research question was: What are the recruitment and retention strategies to support First Nations nursing and midwifery academic workforce across the globe?

### Step 2: Identifying relevant studies

The search strategy was designed to identify workforce-related factors impacting First Nations nurses and midwives internationally and in tertiary education settings. A structured search was devised with the assistance of an expert health librarian and conducted across multiple databases including Australian Indigenous Health InfoNet, Scopus, Web of Science, CINAHL, Emcare and PubMed to identify literature on the recruitment, retention and support of First Nations nursing and midwifery academics in higher education. The database search was conducted between January 2025 and March 2025. The search included variations of the terms Indigenous, Aboriginal, Torres Strait Islanders, First Nations, First Peoples and Māori combined with attrition, recruitment, retention, or support and terms related to higher education, university, college, academia or faculty. Nursing and midwifery were specifically targeted using the truncated terms 'nurs' OR 'midwif' to capture all relevant variations. As nursing and midwifery academics are the focus of the review, the term 'student' was excluded. A full electronic search strategy for one database is provided in [Fig. 1](#).

### Step 3: Study selection

All identified articles were imported into EndNote software (Version 20). After removing duplicate articles, one reviewer (JL) conducted an initial screening of the remaining 179 articles based on title and abstract. Subsequently, the entire set was divided equally and was independently reviewed by one of three reviewers (FB, FC, PC) against inclusion and exclusion criteria. Articles were included if they were peer reviewed, in English language and reported on First Nations nursing or midwifery academics, recruitment or retention. Reasons for exclusion were not nursing/midwifery, not academic, or not recruitment and retention. Full-text articles that met the inclusion criteria were further reviewed independently by all four reviewers, who again recorded reasons for inclusion or exclusion (JL, FB, FC, PC). The fifth reviewer (LD) confirmed inclusion and exclusion and discrepancies were discussed until consensus was reached. Frequent team meetings were conducted with all team members participating in the decisions to finalise included articles.

### Step 4: Charting the data

A data extraction table was created and four reviewers extracted data to ensure a uniform approach (JL, FB, FC, PC). The review team then considered and refined the data extraction table headings to ensure alignment with the review aims. Two reviewers confirmed the extracted data for accuracy and consistency (JL, FB).

Searching: CINAHL Ultimate

Basic search PICOT

|       |  |   |               |   |
|-------|--|---|---------------|---|
|       | indigenous OR aboriginal OR "torres strait islanders" OR "first nations" OR "first peoples" OR Maori | ⊗ | Abstract - AB | ∨ |
| AND ∨ | attrition OR recruitment OR retention OR support   | ⊗ | Abstract - AB | ∨ |
| AND ∨ | "Higher education" OR University OR College OR academ* OR faculty                                    | ⊗ | Abstract - AB | ∨ |
| AND ∨ | Nurs* or midwif*   | ⊗ | Abstract - AB | ∨ |
| NOT ∨ | student  | ⊗ | Abstract - AB | ∨ |

Fig. 1. Full electronic search strategy for example for CINAHL database – 6 records identified

Step 5: Collating, summarising and reporting the results

The extracted data were collated, summarised and reported (see Fig. 2) following the PRISMA-ScR guidelines (Tricco et al., 2018). This involved integrating the findings from the included studies to synthesise the recruitment and retention strategies for First Nations nursing and

midwifery academics. A strategy was included if it appeared in one or more study, was relevant to recruitment and retention and then the strategies were mapped into themes. Key themes were confirmed by all members of the team and gaps in the literature were identified, which informed the development of recommendations for future research and

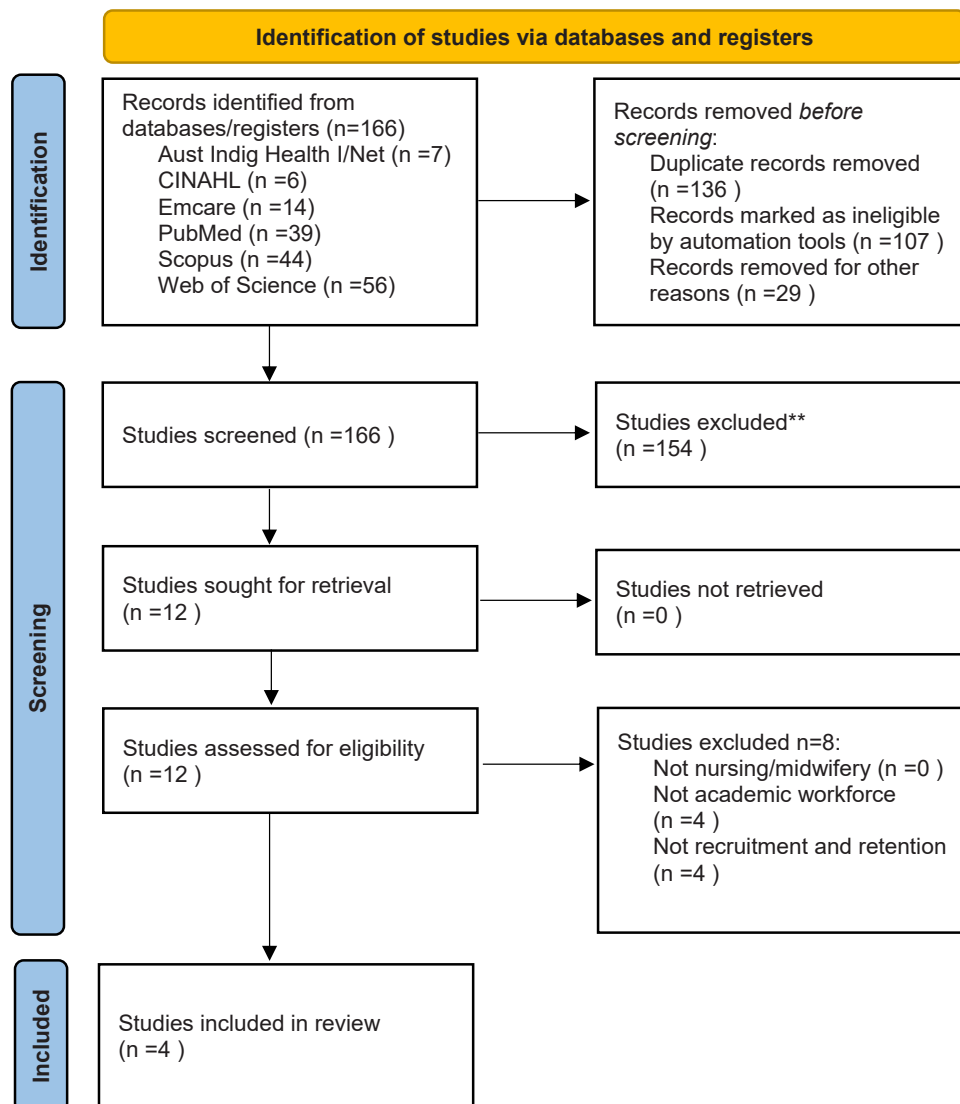


Fig. 2. PRISMA flow diagram

practice.

### 3. Results

The scoping review yielded four articles: one from Australia (Rix et al., 2023), two from Canada (Cooper Brathwaite et al., 2023 and Hickey et al., 2022) and one article which spanned Australia, New Zealand, Canada and the U.S.A (Brockie et al., 2021) (see Table 1). Two of the included articles were discussion papers (Rix et al., 2023 and Hickey et al., 2022), one a discursive paper (Brockie et al., 2021) and one a prospective survey (Cooper Brathwaite et al., 2023). The publication dates of articles ranged from 1976 to 2024. These articles addressed the recruitment and retention of First Nations nursing and midwifery academics to varying degrees.

Seven themes were identified from the articles with *Publicly setting intentions for positive change* which was central to the other themes; *Relationships between the curriculum, University and community*; *Clear Pathways from undergraduate to academic leader*; *Inclusive and culturally safe Workplace Culture*; *Mentoring programs and allyship for ongoing support*; *Institutional change and policy change*; *Positive Management practices*. The accompanying infographic visually represents the themes, positioning the central theme at the core and surrounding it with six interconnected areas (Fig. 3). The use of pink and green wavy lines illustrates the dynamic relationships between these themes, emphasising their interconnectedness.

#### 3.1. Publicly setting intentions for positive change

Setting the intentions for why an organisation would increase the number of First Nations academics was emphasised as crucial. One intention included Aboriginal and Torres Strait Islander scholars to lead and teach cultural safety and decolonising practices (Rix et al., 2023) and to challenge how Indigenous People can have a voice in addressing health inequity and the wellbeing of their people in a colonised health system (Brockie et al., 2021). Additionally, developing Aboriginal and Torres Strait Islander-led curricula ensures authentic representation of Aboriginal and Torres Strait Islander knowledge and perspectives (Rix et al., 2023). The intention to create a pipeline of Indigenous People leadership in academic settings is crucial to creating leaders in academic, clinical and policy settings along with wider health workforce development (Brockie, et al., 2021). These elements are required to help attract and retain academic cohorts that also role model and represent First Nations people, setting the basis for all other recruitment and retention strategies. Publicly setting these intentions and incorporating them into recruitment and retention strategies demonstrates how universities implement reconciliation and treaty principles. This approach helps address past colonial injustices and supports the health and wellbeing aspirations of Indigenous People (Brockie et al., 2021).

#### 3.2. Relationships between the curriculum, university and community

Building strong, trusting relationships between academic institutions and Indigenous communities can attract Indigenous academics (Hickey et al., 2022). Another retention strategy involved engaging with Indigenous communities to ensure a supportive and inclusive academic environment. It also included creating research opportunities focused on their health and well-being (Brockie et al., 2021). Curricula should reflect the diversity of the population it serves, including the cultural knowledge and lived experiences of local communities (Cooper Brathwaite et al., 2023). This includes ensuring that teaching materials—such as textbooks and simulation tools like manikins—accurately represent diverse racial and cultural backgrounds, so students are equipped to provide culturally safe and competent care. Rix et al. (2023) reinforced this by advocating for the mandated inclusion of Aboriginal and Torres Strait Islander-led curriculum, delivered through discrete courses developed and taught from an Aboriginal and Torres Strait Islander

**Table 1**  
Data extraction table

| Author (Year) Country   | Aim  | Design/Sample/ Setting  | Key Findings  |
|---|--|---|---|
| Brockie et al., (2021).<br>Australia, Canada, New Zealand and USA | To call for nurses to support policies and resources that promote equitable First Nations health outcomes  | D: Discursive paper<br>S: 18 Native American graduates, mostly in academic positions.<br>S: Australia, Canada, New Zealand and the USA  | Cultural safety programs for academics.<br>Aboriginal and Torres Strait academic leadership programs.<br>More Aboriginal and Torres Strait leadership in academia.<br>Recording of ethnicity on AHPRA (Australian Health Practitioner Regulation Agency) for accurate records.<br>Importance of leadership development, policy support, educational pathways, cultural safety, mentorship, community engagement, and research opportunities.<br>Need for social, legal and mental health support for Black nurses.<br>Encompassing allyship with White leaders and colleagues and mentoring programs.<br>Need for accountability of leaders.<br>Solidarity with Black nurses. |
| Cooper Brathwaite et al., (2023).<br>Canada                       | To describe how Registered Nurses Association of Ontario can support Black nurses and students in addressing systemic racism in Ontario's academic and workplace settings. | D: Prospective, cross-sectional survey comprising of quantitative and qualitative questions.<br>S: 205 participants who identify as Black, age > 18 years and worked in healthcare or attended nursing school; 76.6 % RNs, 3.4 % NPs, 3.4 % RPNs, 16.6 % nursing students.<br>S: Ontario, Canada. | Need for social, legal and mental health support for Black nurses.<br>Encompassing allyship with White leaders and colleagues and mentoring programs.<br>Need for accountability of leaders.<br>Solidarity with Black nurses.   |
| Hickey et al., (2022).<br>Canada                                  | To illustrate effective academic allyship with an urban Indigenous organisation and identify the success factors supporting this collaboration.                            | D: Discussion paper<br>S: 3 organisations, 2 x non-Indigenous, 1 x Indigenous<br>S: Canada  | Focus on a whole-of-university approach, engagement with communities, culturally responsive curriculum, cultural safety, mentoring and support programs, staff education, and student recognition.  |
| Rix et al. (2023)<br>Australia                                    | To explore the approach of becoming genuine accomplices in teaching the skills required for culturally safe care.  | D: Discussion paper<br>S: Healthcare academics<br>S: Australia  | Supporting Indigenous academics through recruitment and retention strategies that focus on cultural safety, collaborative teaching, institutional   |

(continued on next page)

Table 1 (continued)

| Author (Year) Country | Aim | Design/Sample/Setting | Key Findings                             |
|-----------------------|-----|-----------------------|--|
|                       |     |                       | support, and addressing systemic racism. |

perspective. This approach not only strengthens the cultural grounding of nursing education but also deepens the relational ties between universities and First Nations communities through shared ownership of knowledge and teaching.

3.3. Clear pathways from undergraduate to academic leader

Rix et al. (2023) highlighted institutional resistance in universities to appoint Aboriginal and Torres Strait Islander nursing scholars and the lack of progress in employing them. This undermines efforts to build culturally grounded leadership and formal educational pathways. A pipeline approach to creating pathways from student to leadership roles was suggested. This approach included establishing clear educational pathways for Indigenous students to enter and succeed in nursing programs, providing scholarships, mentorship and support programs as key recruitment strategies (Brockie et al., 2021). Brockie et al. (2021) emphasised the importance of developing leadership opportunities for Aboriginal and Torres Strait Islander nurses, highlighting how such initiatives—like those seen in Australia’s Aboriginal Community Controlled Health Organisations (ACCHOs)—can empower Indigenous nurses to lead culturally safe care and inspire more Indigenous representation in academic and leadership roles. Recruitment of future

academic leaders from past alumni is a recognised approach to identifying and building talent pipelines.

3.4. Inclusive and culturally safe workplace culture

Workplace culture can be seen as the culmination of various elements—such as policy settings, community engagement and management practices—that collectively shape the day-to-day experience of First Nations nursing and midwifery academics. Retention strategies for Aboriginal and Torres Strait Islander nursing and midwifery academics included promoting cultural safety and competence through education (Rix et al., 2023). Positive work environments, team cohesion and relationships with colleagues are crucial for retention, as is working in a collaborative environment and developing strong relationships with colleagues and academic leaders (Hickey et al., 2022 and Cooper Brathwaite et al., 2023). Role tension is a significant factor contributing to attrition among First Nations academics (Rix et al., 2023 and Cooper Brathwaite et al., 2023) and therefore positive management approaches as well as specific mentoring and support related to improving clarity for academics is an important strategy for both recruitment and retention.

3.5. Mentoring programs and allyship for ongoing support

Mentorship and support were emphasised, with mentorship programmes providing ongoing support for Indigenous academics (Hickey et al., 2022). The impact of mentorship satisfaction on retention was examined, finding that it is a crucial factor for Indigenous academics (Cooper Brathwaite et al., 2023). Allyship with white leaders and colleagues was identified by Cooper Brathwaite et al. (2023) as integral to fighting system and structural racism. Hickey et al. (2022) described the

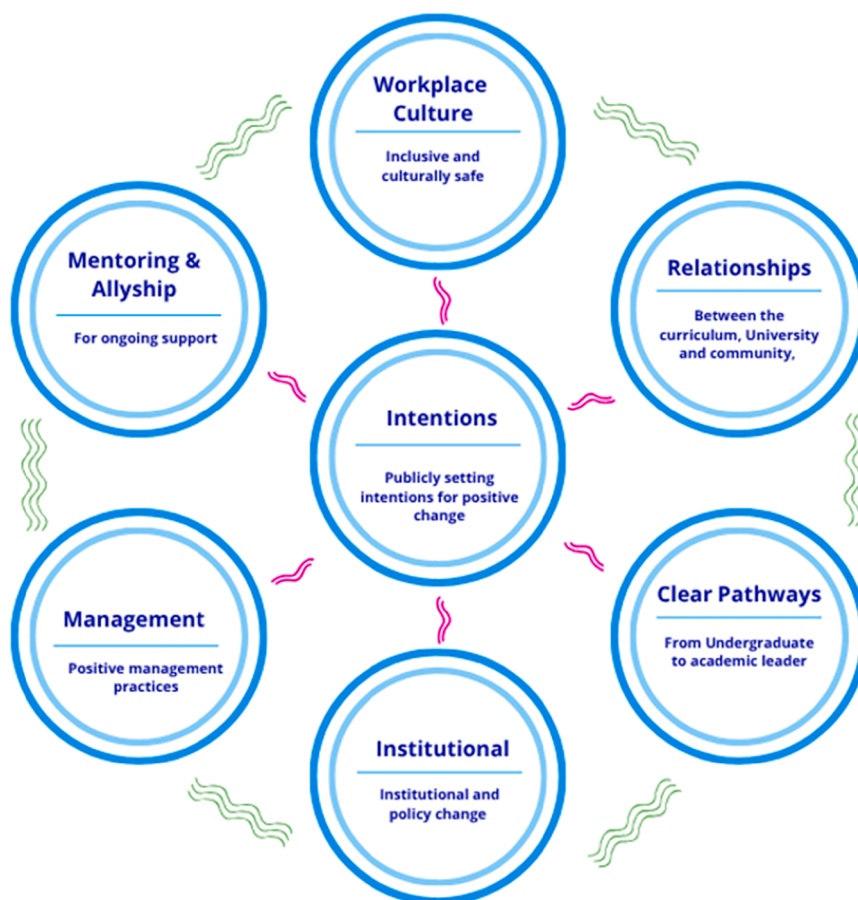


Fig. 3. Thematic overview of findings

notion of academic allyship which requires reflection on unequal share of resources, power and past harms and cautioned against self-promoting allyship in the absence of action. Success in academic allyship was in part characterised by a willingness of the ally to step off the beaten path to tenure, suggesting the need to value and recognise activities that support Indigenous colleagues (Hickey et al., 2022).

### 3.6. Positive management practices

Positive management practices were reported at relationship, workload and personal levels. One of the authors' voices in Hickey et al. (2022) began a relationship with an acknowledgement that they did not want to be a drain on the limited time and resources of an Indigenous community partner/colleague, proposing reciprocity to achieve a mutually beneficial partnership. Two articles reported that job satisfaction is a significant predictor of retention among First Nations academics (Rix et al., 2023 and Hickey et al., 2022). Whereas Rix et al. (2023) reported that the perception of manageable workloads is a predictor for remaining in academia. The autonomous nature of the academic role is crucial for retaining Indigenous academics (Hickey et al., 2022). Rix et al. (2023) reported that personal factors such as family responsibilities or personal health-related conditions were not predictive of intent to leave academia. However, it was reported that organisational factors such as workload and administrative support do influence attrition rates (Cooper Brathwaite et al., 2023).

### 3.7. Institutional and policy change

Policy support is essential to promote Aboriginal and Torres Strait Islander health outcomes and ensure equitable access to culturally safe and responsive healthcare services (Brockie et al., 2021). However, policy alone is insufficient without robust institutional commitment to implementation. Institutional support must include sustained investment in cultural safety education, Indigenous-led curriculum design and the dismantling of colonial structures that continue to marginalise Aboriginal and Torres Strait Islander voices in both healthcare and academia (Rix et al., 2023). This requires not only policy reforms but also structural changes such as embedding anti-racism into codes of ethics, diversifying leadership and ensuring accountability through performance indicators and governance frameworks (Cooper Brathwaite et al., 2023). Addressing systemic racism is vital, as it remains deeply embedded in institutional practices and policies, often manifesting through unconscious bias, exclusionary hiring practices and the under-representation of Indigenous and Black nurses in leadership roles (Cooper Brathwaite et al., 2023). Hickey et al. (2022) further argue that academic institutions must move beyond symbolic gestures and be willing to disrupt entrenched norms and power structures, advocating for a redistribution of resources and decision-making authority to Indigenous communities.

## 4. Discussion

The findings from this scoping review underscore the significant challenges and potential strategies related to the recruitment and retention of First Nations nursing and midwifery academics. Despite ongoing efforts, there remains a critical need for a more comprehensive and culturally safe approach to support First Nations academics in these fields. This review identified seven key themes essential to supporting and retaining First Nations academics: publicly setting intentions for positive change; strengthening relationships between curriculum, university and community; establishing clear pathways from undergraduate study to academic leadership; fostering an inclusive and culturally safe workplace culture; implementing mentoring and allyship programs; driving institutional and policy change; and promoting positive management practices. Intentional strategies that address these interconnected areas are critical for cultivating an inclusive academic

environment where First Nations scholars can thrive.

The review highlights the importance of addressing structural racism in educational institutions and providing ongoing professional development opportunities focused on cultural safety and competence. Engaging with First Nations communities to ensure that the academic environment reflects their needs and values is also vital for fostering a supportive and inclusive environment for First Nations academics. Although published after the completion of this scoping review, the findings of Bonner et al. (2025) align closely, emphasising the need for substantial efforts to grow the Aboriginal, Torres Strait Islander and Māori nursing and midwifery academic workforce across Australia and Aotearoa New Zealand. They found that neither country has reached parity with either the Aboriginal and Torres Strait Islander or Māori academic workforce and overall population and greater succession planning through increased mentorship and professional development is urgently needed.

While Tower et al. (2024) did not focus specifically on First Nations academics, their scoping review of nursing and midwifery academic retention identified a notable gap in research addressing First Nations academic experiences. Importantly, they highlighted a study by Salvucci and Lawless (2016) that explored the recruitment, hiring and retention of culturally diverse academics, which found that Black or African American faculty perceived they had less influence in institutional decision-making. This finding underscores the broader systemic issues of marginalisation and exclusion that may similarly affect First Nations academics in Australia. Including such perspectives in future research is essential to developing culturally safe, inclusive and empowering academic environments.

The review revealed not only a paucity of literature but also that the strength of the available literature reflects lower levels of evidence (Melnyk, 2016). Additionally, there is also a lack of Australian research on this topic, with only two included articles addressing the Australian context. This gap in the literature highlights the need for further research to explore the long-term impact of the identified strategies on the recruitment and retention of First Nations nursing and midwifery academics. Bonner et al. (2025) also noted the under-representation of Aboriginal, Torres Strait Islander and Māori people in the nursing and midwifery professions, calling for flexible pathways into academic positions and greater support for career progression.

The thematic overview of the findings identified in this review may provide a useful framework to critically examine the extent to which individuals and educational institutions are intentionally influencing the recruitment and retention of First Nations academics. By addressing the identified gaps and challenges, educational institutions can better support First Nations academics and improve the overall quality of healthcare education for Aboriginal and Torres Strait Islander communities. The insights from Bonner et al. (2025) further reinforce the need for targeted efforts to grow and support this critical workforce.

## 5. Limitations

Only studies published in English were included in this scoping review. Consequently, publications in languages other than English may have been missed. Most of the evidence was discursive with one cross-sectional study and thus there is limited evidence, if any, of longitudinal analysis of the factors that influence First Nations nursing and midwifery academics' intention to leave or stay in academia. This limitation restricts our ability to understand the long-term impact of the identified strategies on recruitment and retention. Insights from the grey literature, although not included in the review, have been addressed in the introduction. A focus on the peer reviewed literature enabled the review to demonstrate the extent of the evidence and assure the accuracy and validity of the findings.

## 6. Conclusion

This scoping review has identified the critical challenges, strategies and areas for intentional influence related to the recruitment and retention of First Nations nursing and midwifery academics. The literature highlights several key factors influencing these processes, including the importance of publicly stated commitments to change, culturally safe and inclusive workplace environments, strong mentoring and allyship programs and clearly defined pathways from undergraduate study to academic leadership.

Despite ongoing efforts, there remains a significant gap in research, globally and in the Australian context, underscoring the need for more comprehensive studies. Given the global nursing and midwifery workforce shortages, this review synthesises current knowledge and identifies gaps, providing a foundation for future research. Strategies to promote healthy work environments, career pathways and leadership development in nursing and midwifery academia are essential. Importantly, the lack of research related to the First Nations academic workforce must be addressed as a priority. This review reinforces the need for targeted efforts to grow and support First Nations nursing and midwifery academics.

### CRedit authorship contribution statement

**Joanne Lee:** Writing – review & editing, Writing – original draft, Visualization, Validation, Project administration, Methodology, Investigation, Formal analysis, Data curation. **Pauline Calleja:** Writing – review & editing, Writing – original draft, Validation, Methodology, Formal analysis, Conceptualization. **Linda Deravin:** Writing – review & editing, Writing – original draft, Validation, Methodology, Conceptualization. **Fiona Coyer:** Writing – review & editing, Writing – original draft, Validation, Methodology, Formal analysis, Conceptualization. **Fiona Bogossian:** Writing – review & editing, Writing – original draft, Validation, Supervision, Methodology, Formal analysis, Conceptualization.

### Declaration of Competing Interest

The authors have no conflicts of interests to declare.

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