

Teaching for Truth: A Descriptive Qualitative Study of a Classroom Strategy for Teaching Health Students to Recognise the Weight of Colonisation in First Nations Health

Creative Nursing

1–14

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DOI: 10.1177/10784535261439991

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Abstract

Background: This study investigated an innovative pedagogical strategy aimed at embedding cultural safety and First Nations perspectives within tertiary nursing education.

Method: Grounded in cultural co-teaching, this approach uses the principle of Two-Eyed Seeing to address the historical exclusion of Aboriginal and Torres Strait Islander peoples from the Australian tertiary education and health sector. A descriptive qualitative approach combined with thematic analysis identified that students developed an enhanced understanding of colonisation on First Nations health.

Results: Four themes were identified: History Beyond the Coloniser's Story; Power, Empowering, and Possibilities; Connecting Art Interpretations to Clinical Practice; and The Past is in the Present – Culture in Care. The findings highlight the effectiveness of the community-led, arts-based, and reflective teaching strategies in nurse education.

Conclusion: The co-teaching model enabled students to reconcile Western and First Nations worldviews, fostering respectful and inclusive learning. This research contributes to the growing evidence base for First Nations-led curriculum design in health education.

Keywords

First Nations health, health education, cultural safety, Aboriginal and Torres Strait Islander health, colonisation, object-based learning, arts in health

Received: September 29, 2025; accepted: March 24, 2026

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Implications for Knowledge Translation

- Arts-based, First Nations-led teaching approaches enable effective translation of complex knowledge about colonisation, power, and cultural safety into practical understanding for health students.
- Co-teaching with First Nations Cultural Navigators embeds Two-Eyed Seeing in practice, translating Indigenous knowledges into mainstream health education in ways that are culturally safe, relational, and readily transferable across tertiary settings.
- Reflective visual learning supports translation to clinical care, strengthening culturally safe practice, shared decision making, and advocacy.
- The model is scalable and low-cost, enabling uptake across institutions while maintaining Indigenous authority and cultural integrity.

Aboriginal and Torres Strait Islander peoples have been profoundly impacted by the enduring legacy of colonisation, which has led to their systemic exclusion from the Australian tertiary education sector (Kong et al., 2020; Sivertsen et al., 2022). This historical marginalisation has resulted in a significant underrepresentation of Aboriginal academics, with very few employed as lecturers or tutors. Consequently, generations of nurses and other health-care professionals have graduated without adequate preparation to deliver culturally safe care to Aboriginal communities (Delbridge et al., 2022). This issue is particularly pronounced amongst health-care professionals, where Aboriginal practitioners comprise less than 0.8% of the total workforce (Australian Government, 2025), highlighting an urgent need for reform in health education and workforce development. In this study, the term Aboriginal respectfully encompasses the diversity of Aboriginal and Torres Strait Islander cultures and identities in Australia (Reconciliation Australia, 2021). Additionally, the terms First Nations, Indigenous and First Peoples are used where this has been used in existing literature (Roberts et al., 2021).

Health-care professionals must be committed to delivering culturally safe, ethical, and effective care (Australian Health Practitioner Regulation Agency [AHPRA], 2018). This includes the ability to engage respectfully with Aboriginal and Torres Strait Islander peoples and to understand the cultural contexts that shape health and wellbeing. To meet these standards and address the health needs of First Nations communities, health education must provide students with robust preparation to become culturally safe clinicians. Equally, it is essential that education and research uphold the highest standards of quality and cultural responsiveness (AHPRA, 2024).

This research explores an arts-based pedagogical approach designed to build capacity in culturally responsive care by meaningfully engaging first-year nursing students in learning about the impacts of colonisation and the principles of culturally safe health care. Central to this approach is the *Kumangka Tirkanthi* philosophy, meaning *learning together*, which emphasises co-creation and co-teaching between educators

and First Nations Cultural Navigators. Cultural Navigators in this context are respected Aboriginal community members with deep cultural and health knowledge, recognised by their communities as trusted knowledge holders who bring cultural authority, lived experience, and expertise in Aboriginal health and wellbeing. This student-centred, pedagogically sound model fosters collaborative learning environments where cultural knowledge, safety, and recognition of Aboriginal peoples are embedded throughout the educational experience (Sivertsen et al., 2025).

The involvement of Cultural Navigators is an evidence-based strategy for enhancing cultural competency in health education (Blackstock, 2016). By positioning First Nations peoples as knowledge holders and experts, this co-teaching model challenges traditional hierarchies and affirms Indigenous authority in shaping nursing curricula (Delbridge et al., 2022; Halman et al., 2017). Scott Paul et al. (2025) similarly argue that centring First Voice – through Indigenous Elders’ and community members’ lived experience, relational authority, and leadership in curriculum design, teaching, and validation – actively disrupts colonial power structures and repositions Indigenous peoples as the primary authorities in nursing education.

Grounded in the theory of *Two-Eyed Seeing* (Bartlett et al., 2012), the co-teaching model encourages students to view the world through both Indigenous and Western lenses. This dual perspective fosters respectful engagement and helps reconcile differing worldviews in health education (McKivett et al., 2020; Sivertsen et al., 2020). The collaborative teaching dynamic between Cultural Navigators and educators exemplifies this principle in practice, modelling respectful partnerships and shared authority in the classroom.

Through the co-creation of knowledge with First Nations communities, this approach generates a collective narrative that illustrates how culturally grounded teaching tools can facilitate meaningful learning. It not only enhances students’ understanding of colonisation’s impact on health but also

Table 1. Demographic Characteristics of Student Cohort (n = 266).

Characteristic	Percentage	Number
Age		
Younger than 20 years	28	74
20–25 years	56	149
26–39 years	10	27
40 years and over	6	16
Gender		
Female	81	215
Male	19	51
Enrolment status		
Full-time	89	237
Part-time	11	29
Student status		
International students	36	96
Aboriginal students	1	3
Total students		266

supports the development of culturally safe, reflective, and socially accountable practitioners.

This learning activity was embedded within a subject designed to critically examine the intersections of history, culture, and power in the context of health and Australian society.

Central to the co-teaching model is the exploration of how colonisation has shaped the health and wellbeing of First Nations peoples. Through reflective practice, students are encouraged to interrogate their personal and professional understandings of health and to consider the broader socio-political forces that influence health-care delivery (Kong et al., 2020).

The aim of this study was to evaluate students' reflections on learning experiences and perspectives following the integration of a Two-Eyed Seeing, arts-based activity into the classroom. This activity was designed to deepen students' cultural understanding and competencies in providing culturally safe care (Chooniedass et al., 2025).

Method

Study Design

This study employed a qualitative descriptive approach, drawing on pre-existing, fully de-identified datasets consisting of student reflections submitted after participating in an arts-based learning activity. The activity was part of a core First Nations health subject within the undergraduate nursing curriculum.

Participants

Of the 503 students enrolled in a first-year Bachelor of Nursing course, 266 participated in the arts-based classroom activity and submitted written reflections as part of a core First Nations health subject. While the reflections themselves did not include demographic identifiers, institutional analytics

provided insight into the cohort's composition during the study period. Students ranged in age from 17 to 56 years, with 51 (19%) male students, 29 (11%) part-time enrolments, 3 (1%) identifying as Aboriginal, and 96 (36%) international students. This diversity highlights the broad reach of the intervention and the importance of culturally responsive education across varied student backgrounds (see Table 1).

Data Acquisition and Ethical Considerations

This study utilised pre-existing datasets, including student reflections and standard Student Evaluation of Teaching (SET) responses, collected after the delivery of a core undergraduate nursing subject focused on First Nations health. Demographic data were accessed at cohort level only, using de-identified institutional analytics linked to SET responses, with age reported in categories to ensure anonymity. Ethical clearance was granted to access and analyse these materials in accordance with institutional protocols (Flinders University HREC Project No. 4529), ensuring participant confidentiality and responsible data handling.

The research was guided by the principles outlined in the CONSolidated critERia for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER) statement (Huria et al., 2019) and aligned with the ethical standards set by the Australian Institute of Aboriginal and Torres Strait Islander Studies (Australian Institute of Aboriginal and Torres Strait Islander Studies [AIATSIS], 2020). These include commitments to First Nations self-determination, leadership, and accountability, as well as ensuring that the research delivers meaningful outcomes and avoids harm. In addition to complying with conventional ethical and legal standards, the study prioritised cultural safety and sensitivity throughout the research process.

Cultural Safety

This sound and rigorous pedagogical strategy can also be considered to be a culturally safe strategy (Best et al., 2022; Ramsden, 1990). It provides an environment where individuals feel their identity is respected and not challenged. This approach requires individuals in positions of power to reflect on their own biases, to build trust and to create a shared understanding with people from diverse cultural backgrounds (Best et al., 2022; Best & Fredericks, 2021). This was achieved through the practice of co-teaching with Cultural Navigators, a practice which enhanced learning and supported the creation of a culturally safe learning environment.

Two-Eyed Seeing Classroom Activity

Arts-based learning is grounded in the understanding that creative works, such as visual art, film, performance, and storytelling, are rich, layered, and open to multiple interpretations. These artistic expressions can transcend disciplinary

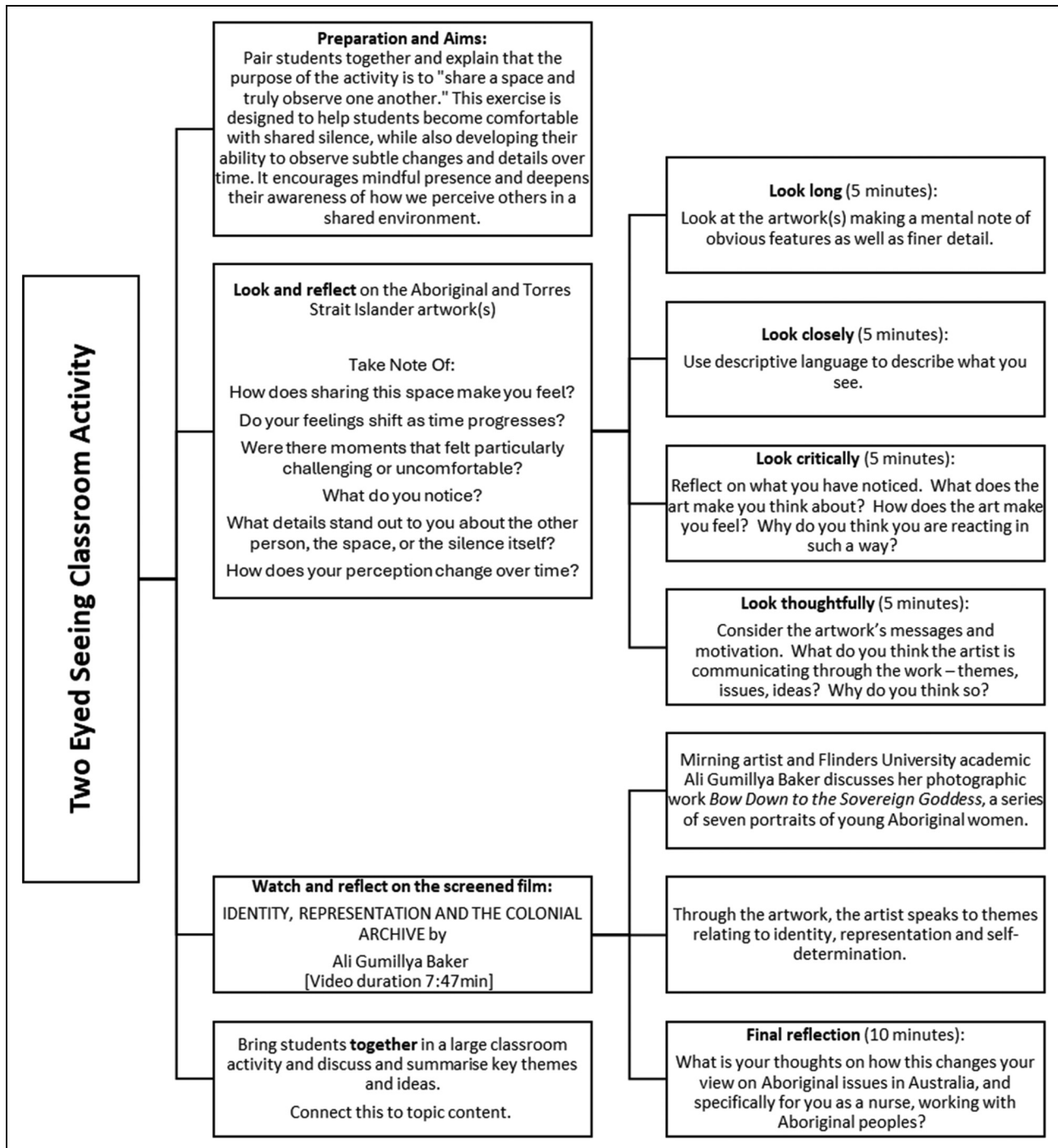


Figure 1. Two-Eyed Seeing classroom activity.

boundaries, offering diverse entry points into complex themes, social issues, and cultural contexts (Nguyen et al., 2016). In this approach, art serves as a catalyst for reflection, dialogue, and deeper inquiry. It can provoke new ideas, foster emotional engagement, and inspire self-awareness, making it a powerful tool for transformative learning and culturally responsive education (Nguyen et al., 2016; Rieger & Chernomas, 2013). Figure 1 illustrates the intervention

of the Two-Eyed Seeing activity in the first-year students' classroom.

This classroom activity was initiated, conceptualised, and developed by the Flinders University Aboriginal and Torres Strait Islander Art in Health Arts-Based Learning Working Group. The activity design was funded by the Flinders University College of Medicine and Public Health (CMPH) Capacity Building Fund (2019–2021), with endorsement



Figure 2. The artwork: example of a portrait from *Bow Down to the Sovereign Goddess* (Portrait Series 1–5). Source: Cordite Poetry Review (2019).

from the CPMH Dean of Education. Sincere thanks are extended to the contributing artist, Ali Gumillya Baker, and to filmmaker Jessica Wallace for their invaluable creative and cultural contributions. The activity was based around *Bow Down to the Sovereign Goddess*, a compelling portrait series created by Dr. Ali Gumillya Baker, a Mirning artist, scholar, and member of the Unbound Collective (Baker, 2011) (see Figure 2 for an example). This artwork was first exhibited in 2012 at the Art Gallery of South Australia as part of an exhibit titled *From the Street*, and the series is now part of the Flinders University Art Museum Collection (Cordite Poetry Review, 2019). The portraits feature prominent Aboriginal women presented in a way that challenges colonial representations and asserts Indigenous sovereignty and matriarchal strength. Through visually striking compositions, Baker elevates these women as sovereign figures, reclaiming space and visibility in both historical and contemporary narratives. The title of the series itself is a bold invitation to honour the leadership, resilience and sacred presence of Aboriginal women (Flynn, 2018). Deeply rooted in decolonial artistic practice, the series engages viewers across disciplines – art, history, politics and cultural identity – and encourages reflection on the enduring effects of colonisation and the power of Indigenous resistance and representation (Baker, 2011).

Students were supported by Aboriginal Cultural Navigators, who facilitated yarning sessions, activities designed to guide

reflection around the artwork and the broader learning activity. The aim of the yarning was to create culturally safe spaces where students could share, listen and engage with complex themes such as colonisation, cultural identity and health care (Bessarab & Ng'andu, 2010; Kennedy et al., 2022). Through this relational and respectful dialogue, students were encouraged to explore their own perspectives and deepen their understanding of First Nations experiences.

The arts-based learning activity invited students to observe and reflect on Aboriginal and Torres Strait Islander artworks, using visual storytelling as a gateway into discussions about historical and contemporary impacts of colonisation. The classroom environment fostered active participation, critical thinking and emotional engagement. Guided by the principles of Two-Eyed Seeing, students learned to integrate both Indigenous and Western ways of knowing, recognising how colonisation continues to shape health outcomes and how culturally safe care can be cultivated through empathy, awareness and respectful practice.

Data Analysis

Thematic analysis was used to interpret the student responses (Braun & Clarke, 2006). To ensure culturally appropriate interpretation and to maintain cultural integrity, the research team engaged in yarning, a method rooted in Indigenous traditions of storytelling and relational dialogue (Bessarab & Ng'andu, 2010; Kennedy et al., 2022). Yarning is an accepted method of Indigenous data collection which has proven to be effective and respectful when applied to research with Aboriginal and Torres Strait Islander people. It is a form of storytelling which uses a conversational approach to data sharing in a respectful and culturally appropriate manner (Shay, 2021). This was central to the team's interpretive process. It supports respectful, cooperative communication and prioritises Aboriginal and Torres Strait Islander ways of knowing (Marriott et al., 2019a; Marriott et al., 2019b). This approach was further informed by the concept of Two-Eyed Seeing, which encourages the integration of Indigenous and Western perspectives to achieve a more comprehensive understanding (Bartlett et al., 2012; Sivertsen et al., 2020).

Additionally, the research team developed a novel Indigenous data analysis framework to support cultural continuity and ensure that the findings remained relevant and respectful to First Nations perspectives (Sivertsen et al., 2025). Sivertsen et al. (2025) examines how Indigenous data analysis methods are used in research and identifies key approaches that support decolonising interpretation by centring Indigenous knowledges, relationality and Indigenous authority in the analysis process. Their culturally grounded approach to data analysis was designed to foster both research capacity and cultural awareness among First Nations and non-Indigenous team members (Sivertsen et al., 2025). The analytical framework followed a four-phase process: (1) engaging in collaborative research practices, (2) identifying culturally significant patterns, (3) applying a decolonising lens, and (4)

conducting knowledge-sharing sessions through yarning. The overarching goal was to ensure cultural continuity throughout the analysis and to reach consensus on interpretations in a culturally respectful manner.

To uphold Indigenous data sovereignty, the analysis was conducted in weekly sessions where First Nations voices were foregrounded. This was facilitated by the active participation of three Aboriginal researchers and one First Nations researcher, ensuring that First Nations stewardship and custodianship of the data were respected. NVivo software supported the thematic coding and organisation of the data (Lumivero, 2023).

The research team convened virtually to review coding structures, thematic nodes and emerging sub-themes. To ensure analytical rigour and consistency, sub-themes were derived from individual coding efforts and then collectively discussed and refined during project meetings. Over the course of four online sessions, consensus was reached regarding the naming, sequencing, and definitions of themes and sub-themes. Selected excerpts were incorporated into the results section to provide contextual depth and reflect participants' authentic voices.

Findings

Four themes were identified from the analysis of students' written reflections: History Beyond the Coloniser's Story; Power, Empowering, and Possibilities; Connecting Art Interpretations to Clinical Practice; and The Past is in the Present – Culture in Care.

Theme 1: History Beyond the Coloniser's Story

This theme explores students' evolving understanding of the cultural and historical contexts surrounding First Nations Australia, particularly in relation to cross-cultural dynamics and systemic inequities. Reflections submitted after the Two-Eyed Seeing arts-based activity revealed a significant shift in students' perspectives. Many described the experience as meaningful and eye-opening, noting that the combination of yarning with Cultural Navigators, visual art and film deepened their awareness of the enduring impacts of colonisation, especially on Aboriginal and Torres Strait Islander women. One student stated, 'The Cultural Navigators really boosted my learning experience – I just wish the topic was longer!' The activity prompted students to critically engage with issues of inequality and cultural marginalisation, fostering a more nuanced appreciation of First Nations histories beyond dominant colonial narratives.

The film brought upon me much needed background information surrounding the artworks and their meaning. The deep backstory of slavery, inequity, and inequality that Indigenous Australians experienced in the past was of great importance. Her [the artist's] portrayal of looking back at those views people had/have on her community and family was very moving and makes you think

deeply about the repercussions this would have upon the later generations ...

It has opened my eyes about the issues that Aboriginal peoples, especially women, are facing in today's society. It has helped me understand that there are still gaps that needs to be filled in my own knowledge.

Students also reflected on the disparities in First Nations health and the broader societal need to close the gap. Their responses revealed a growing awareness of cross-cultural issues such as identity, representation, white privilege, beauty standards and systemic power imbalances. The Two-Eyed Seeing activity, which incorporated both artwork and film, prompted students to critically examine how First Nations peoples have historically been portrayed, or omitted, in visual and cultural narratives.

Indigenous people were not given the same representation and were not idolised and admired in the same way white people were in those Victorian era picture frames. In Aboriginal history pieces such as photographs and artwork, most of the time the Aboriginal people present are unidentified.

This reflection highlights the invisibility and erasure often experienced by First Nations peoples in dominant historical records and visual culture, reinforcing the importance of culturally safe education that centres First Nations voices and perspectives.

I see the artist's points; how white people are framed in pictures for history. It is extremely sad that for generations white people thought of themselves as superior.

Now that I have more understanding about the artwork, in that it's about taking back the power that the white people had over the Indigenous women.

... incredible beauty that comes with Aboriginal people ... wanted to show that they [Indigenous people] have no control over their appearance, but that doesn't mean they aren't any more beautiful or any less human than any other person.

These reflections illustrate a shift in students' awareness of how power, identity and representation have been historically constructed, and denied, through visual culture. By engaging with the artwork and guided discussions, students began to critically examine the colonial gaze and its lasting impact on how First Nations peoples, particularly women, have been portrayed or erased. The activity not only deepened their understanding of historical injustice but also highlighted the importance of reclaiming space, voice and visibility through art. This process of learning through Two-Eyed Seeing allowed students to connect emotionally and intellectually,

fostering a more culturally responsive and reflective approach to their future practice.

Theme 2: Power, Empowering and Possibilities

Students highlighted the transformative potential of cultural humility and allyship in practice. By acknowledging the historical and ongoing injustices faced by First Nations peoples, they embraced the possibility of empowerment through recognition, understanding and sustained commitment to change.

Because I am not Aboriginal I have not experienced a similar loss or grief that Aboriginal peoples have, but I want to carry forward understanding and acknowledgment in my career as a nurse, and that comes with the recognition of the people who were here first.

There is a lot to learn, and it is a lifelong journey to fix the ingrained racism, barriers and systemic failures the successive governments have failed to abolish. Aboriginal people are the heart and soul of this country, and we need to do the best we can to ensure their culture lives on.

The students demonstrated the positive impact the participation in the activity had on their learning experiences. Many students clearly indicated their change of personal assumptions towards Indigenous people, culture and stories through the artwork and film.

The frame concept... is incredibly important, there isn't much attention paid to people of other nationalities (particularly Aboriginal) in the way there is to white people who 'obtain importance', I say that with quotation marks because a lot of the actions people were rewarded for were horrible and I don't believe it makes them important.

I always knew that Aboriginal people were treated unfairly, especially in the past. But I am absolutely disgusted in the ways we have allowed such ignorance to continue.

Student reflections revealed a deep engagement with the symbolic elements of the activity, particularly the use of frames and bottle caps/lids in the artworks and film. These materials served as powerful metaphors, enabling students to reconceptualise complex ideas such as ignorance, autonomy, control and representation. The following reflection illustrates how one student came to understand the empowering potential of these symbols through a personal and critical lens.

The women in the frames represent the idea that "if they aren't in the frame then they aren't important". The bottle caps/lids on the strings behind is what people put in their recycling bin which they aren't supposed to – it is to represent the idea of just 'look what is right in front of you', relating to the history of Australia. Each

woman is holding her own frame to represent that 'we all have control over our own representation'.

Some students further commented on the critical aspects of their learning experiences: knowing how to interact with Indigenous issues through the content of the artworks and film.

It was interesting that the artist recognised the style of frame as a symbol that is used to represent regal-ness in European-English culture and that she incorporates this into her work. This symbol was something I hadn't considered.

When young Indigenous people grow up, from now I hope they see more "framed" people who inspire their communities. So, they can be gone but not forgotten.

Two students also emphasised this point:

My understanding of the art has changed drastically ... They let the painting or portrait show the importance they have, and the art here shows how important each of these women are.

... everyone is different and unique and their views and opinions on all things, not just art, is valued and should be respected. In terms of my practice as a nursing student, the importance of learning and understanding the beliefs, values and culture in general of Aboriginal and Torres Strait Islander peoples is reinforced through the artwork.

Student reflections demonstrated a growing awareness and engagement with Indigenous beliefs, values and cultural perspectives, indicating a meaningful development in their understanding through the learning activity.

It has changed my view to make the 'frame' symbolise making Indigenous people remembered ... to understand and explore the natural beauty of their skin, their culture and their stories.

Theme 3: Connecting Art Interpretations to Clinical Practice

This theme explores how students connected their interpretations of visual art to their emerging identities and responsibilities as health-care professionals. Through engaging with symbolic elements in the artworks and film, students began to draw parallels between cultural representation, patient-centred care and the importance of critical reflection in clinical settings. These insights highlight the potential of creative mediums to foster empathy, cultural awareness and deeper understanding within professional practice.

My thoughts have changed after doing this activity and working with the Cultural Navigators in this subject. It is important that we as the new generation of nurses, practice, develop and grow our

respect and understanding of First Nations peoples and show respect, inclusion and understanding through the care we provide. This also extends to the involvement and shared decision making and the importance of improving First Nations health outcomes.

This reflection illustrates how the activity and engagement with Cultural Navigators fostered a deeper sense of cultural respect and responsibility. This evolving awareness not only shaped students' understanding of First Nations health and history, but also reinforced the importance of empathy, active listening and culturally safe care in their future practice.

This will make me more understanding to those I help as a nurse. To be a listener to their stories and appreciative of their work as historically other may not have listened to their ancestors. To be respectful and acknowledge them for who they are. To be respectful and acknowledge them for who they are as a person in the community and part of history.

Appreciate the true beauty of the person I care for and let them feel acknowledged and accepted.

This reflection demonstrates a student's evolving understanding of the deeper historical and cultural dimensions embedded within the learning activity. Initially perceived as a surface-level topic, the engagement revealed the profound impact of colonisation and segregation in Australia's history.

I was not sure what to expect before starting, but it has been very eye opening and emotional. My Cultural Navigator has been amazing and again eye opening to listen to. We have all been privileged to listen to her stories. I have cried at home watching Rabbit Proof Fence, Kanyini, Bringing them Home report and Meyne Wyatt. I have been showing my family some of the YouTube videos and songs and I keep shocking them with all the statistics of the health of Aboriginal and Torres Strait Islander Peoples today ... Thank you again and I have enjoyed the difference in approach to learning about Aboriginal and Torres Strait Islander Peoples. It has been engaging.

The students began to recognise the relevance of this knowledge to clinical practice, emphasising the importance of holistic care that considers patients' social and historical contexts. Racism, prejudice and discriminatory practices were found to be present in the health-care system in general, and awareness about these issues and taking the issues on board as a student was viewed as vital for their preparation.

...because I was unaware of the story behind the art, the significance of the background objects and how they make the story. My view on the person's emotions has changed as I now understand the message behind the art and the message they are trying to portray.

To be seen not only as an image but the story behind that individual. The frame showcases her past history and brings awareness to equality of Indigenous Australians and demonstrates everyone's history is important to the culture.

The artwork and film powerfully presented cross-cultural issues, prompting students to acknowledge both the struggles and strengths of Aboriginal and Torres Strait Islander peoples, particularly women. For students, this recognition is essential in preparing to provide culturally safe and respectful care to Indigenous patients.

... and how they are strong and can write their own journeys, especially women as the discrimination that Aboriginal women faced was awful. It has strengthened my belief that Aboriginal peoples especially in regard to women are strong and can keep going and be so inspiring with all the hardship they passed and future people will face and how they still fight for their rights to be able to create their own choices.

Some students extended their reflections by considering how they might support Indigenous peoples in clinical settings through culturally safe practices. They emphasised the importance of enabling autonomy, promoting shared decision making and restoring control over health-care experiences to empower Indigenous patients.

As I progress through my nursing education and into my future profession as a registered nurse, I feel as though I will have an even greater appreciation for the significance of power. When working with First Nations Australians, I feel that it is important to give the patient as much power as possible over their care, and I am going to ensure that I focus on this in the future.

As a nurse this makes me think that even today, there is still a disconnection between non-Indigenous people and Indigenous people. This can be from all the trauma that the previous generations experienced. To me this emphasises a need to ensure Aboriginal people have a say and input into their own care.

One student also commented on the importance of inclusion of artworks in their educational preparation for caring Indigenous people.

The colonial-style picture frame held by the woman in the artwork evokes imagery from the early 1900s, when such frames were reserved for those deemed important by societal standards. By reclaiming this symbol, the artwork challenges historical narratives and asserts that every individual, regardless of race, skin colour, or identity, and deserves recognition and a voice... this symbolism reinforces the importance of culturally safe care, where every patient is seen, heard, and valued. Embracing this perspective prepares me to engage meaningfully with Australia's Indigenous peoples, fostering understanding through holistic, respectful, and informed care in my practice.

This reflection underscores the importance of recognising and challenging historical narratives in order to foster inclusive and respectful care. By engaging with symbolic representations in art, students can deepen their understanding of identity, visibility and cultural significance – essential components in building trust and delivering holistic care to Indigenous patients. Such insights are foundational to developing a practice rooted in empathy, equity and cultural safety.

Theme 4: The Past is in the Present – Culture in Care

Analysis of student reflections reveals how students were beginning to thoughtfully integrate cultural considerations into their care for Indigenous peoples. This includes adopting culturally safe approaches, and becoming culturally safe practitioners as required by the Australian Nursing and Midwifery Accreditation Council (ANMAC) whilst advocating for equity in health care, and recognising the importance of respectful, inclusive, and person-centred care practices (ANMAC, 2025).

As a nurse, the history is vital to know and understand. To be able to build up this knowledge and improve cultural safety skills is so vital, in order to ensure all Aboriginal people, have a sense of belonging, inclusion and respect in health care like they should have always had.

I think as a nurse ... culture is a huge factor that needs to be taken into consideration. I was never fully taught the true history of Australia's invasion; I hadn't understood why prioritising culturally safe care for First Nations peoples is so critical within the health-care system.

Many students recognised that the artworks provided valuable insights into Indigenous health issues, deepening their understanding of cultural and historical contexts. Several reflections highlighted the importance of engaging with patients' backgrounds, identities and lived experiences, including social and historical factors, as essential components of delivering culturally safe and person-centred care to Indigenous patients.

It is important, as a nurse, to understand people's backgrounds and identities. These need to be considered to be able to provide a holistic approach to care. That we look after the person and their own physical, mental, emotional, social, spiritual, and cultural wellbeing domains.

Several students reflected on the importance of incorporating cultural considerations into their future clinical practice, recognising the importance of building respectful and positive relationships with Indigenous patients requires cultural awareness and sensitivity. Many identified culturally safe practices as essential to effective care and discussed how factors such as power imbalances and diverse cultural backgrounds can significantly influence the health-care experiences of Indigenous

peoples. These reflections highlight a growing understanding of the need to create inclusive environments that support autonomy, dignity and trust in clinical settings.

...it is important to know the cultural power imbalance that could take place. Based on their diverse culture, their needs when accessing health care differ greatly to those of the remainder of the population. Culturally safe care is therefore critical in effectively providing health care to Aboriginal and Torres Strait Islander individuals and their wider community as a whole.

Student reflections revealed a range of culturally safe practice skills, including showing respect, learning and using appropriate language, demonstrating patience, maintaining an open mind and fostering cultural connections. Many also emphasised the importance of building partnerships, engaging in collaborative care and utilising culturally appropriate assessment tools to support safe and effective practice with First Nations patients.

As a nurse, Aboriginal people should be treated with respect, dignity by using the principle of beneficence, non-maleficence, justice and autonomy. Nurses can also help in closing the gap that exist between the Aboriginal and non-Aboriginal such as by learning to understand and know Aboriginal people and language. Seek a complementary approach between Western and Aboriginal health. Seek partnerships and collaboration with traditional healers. Use culturally appropriate tools, e.g., specific cultural assessment intake forms.

... they [Indigenous People] have been disregarded and not seen for so long that it is time to acknowledge them and their culture. This is important in my nursing career as it acknowledges that they are human beings like everyone else, but they have that richness of their culture that cannot be ignored, and they must be treated fairly and equally.

The analysis of the student reflections revealed that the inclusion of artworks and film in the curriculum inspired some students to adopt a more activist stance in their practice. These creative elements encouraged critical thinking and a deeper commitment to advocating for culturally safe and equitable health care for First Nations peoples.

"They all hold their own frames" really spoke to me. As a woman, I empathise with how hard it is to hold our own frame, let alone with the generational trauma of being Indigenous. I am in awe of the strength of these women and horrified at their treatment that we hold silent – even to today. "SEE ME" – that's what I will endeavour to do with all the people I come in contact with through my profession as a nurse.

It made me realise that the issues in the past are still occurring in the present and we need to work on them to have a better future

for everyone. They feel invisible and unheard, and we need to do better at making them feel seen, feel heard, and feel valued.

Aboriginal people need to be given equal opportunities in all walks of life. As a nurse I will provide equal care to them like all the others without discrimination or racism. A nurse needs to treat all the patients as human beings rather than treating them on the basis of their culture or differences. Humanity should be the basis of all the care and treatment.

Advocacy was identified as a crucial component in integrating cultural considerations into the general care of First Nations peoples, particularly given that this population is often deprioritised within mainstream health care. Students recognised the importance of advocating for culturally safe practices to address systemic inequities and promote respectful, inclusive care.

Discussion

The integration of an arts-based learning activity into the curriculum, developed in collaboration with First Nations communities, offered a powerful and culturally grounded teaching strategy. Through this approach, students engaged with visual and narrative elements that facilitated deeper understanding of First Nations health, history and lived experiences. The inclusion of Cultural Navigators played a central role in this process, fostering a co-learning environment that encouraged students to reflect critically and empathetically on issues of colonisation, cultural identity and systemic inequities. Tutors and Cultural Navigators have observed a noticeable increase in student engagement since the introduction of the Two-Eyed Seeing activity. Students consistently reported that the presence of Cultural Navigators enriched their learning experience, deepening their understanding of First Nations health and better preparing them for culturally responsive practice within the health-care system. Importantly, the involvement of Cultural Navigators sparked a genuine interest among students to further explore First Nations history and health. The activity also promoted reflective practice, an essential skill in health, which involves a deliberate and critical examination of one's experiences, emotions, and actions to foster personal growth and improve patient care (Esterhuizen & Howatson-Jones, 2019; Kong et al., 2020).

This model, which is both cost-effective and pedagogically rich, has demonstrated its potential to generate new knowledge and influence practice. It has the potential to support the development of culturally safe care by preparing students to work respectfully and effectively with Aboriginal and Torres Strait Islander peoples. As highlighted by Chooniedass et al. (2025), such translational strategies can enhance teaching practices and promote equity in health-care education. Furthermore, the activity aligns with broader reconciliation efforts by engaging students in meaningful dialogue around decolonisation, racism and cultural awareness, key areas identified by Delbridge

et al. (2022) as essential for improving health outcomes and fostering inclusive clinical environments. In terms of cost-effectiveness, the only extra cost involved in achieving this model is the small cost of hiring Cultural Navigators, many of whom were already employed within the university, to support classroom teachers.

It is well-accepted that teaching culturally safe practice to large cohorts is challenging. Additionally, the lack of academics suitably prepared to teach cultural safety compounds this (Best et al., 2022; Power et al., 2020; Smylie et al., 2024). However, adopting critical pedagogy is necessary for critical consciousness building in health-care professionals (Halman et al., 2017). Findings from this study identified a grounding of First Nations health and cultural contexts through the Two-Eyed Seeing intervention (Sivertsen et al., 2020). It revealed a meaningful knowledge transfer of cultural constructs such as identity, representation, racism and power imbalance. Educators will benefit from adopting a strength-based approach particularly in the First Nations health topics with a focus on cultural diversity, which are fore-grounded in the Standards for practice (AHPRA, 2024). Unlike the findings of previous studies in Canadian health education, the First peoples' knowledge and western pedagogy have not been fully incorporated into Australian tertiary education (McKivett et al., 2020). However, by using the Aboriginal and Torres Strait Islander artwork and film, this teaching activity addressed this knowledge gap and engaged the students with an education that legitimates the First peoples' knowledge (Iwama et al., 2009).

The 'Two-Eyed seeing' classroom intervention focused on bridging two cultures, that is, Western culture and First Nations cultures (Power et al., 2020; Smylie et al., 2024). It advocates for acceptance and mutually respectful learning of cross-cultural factors with various epistemologies and ontologies. In Australian health education, several pedagogical models exist, including experiential learning, problem-based learning, and empowering educational model, but these lack a cultural construct (Gower et al., 2019). On the other hand, a study by Power et al. (2020) found that students were keen to develop positive relationships with First Nations peoples when provided an appropriate learning opportunity. However, with relatively small number of Aboriginal-led medical services, few students will have the opportunity to learn in this way. Therefore, strategies such as the arts-based learning activities led by Cultural Navigators in the Kumangka Tirkanthi teaching and learning model that includes Aboriginal practices and meaningful interactions with Aboriginal people are valuable as effective educational strategies for facilitating the development of cultural safety in students (Gower et al., 2019).

Additionally, the arts-based learning intervention resulted in discovering personal meaning and finding relevance of Indigenous health concepts in education. Arts-based learning has the potential to be an optimal learning activity for undergraduate students. The artwork and film have the capacity to facilitate integration of knowledge, understanding, critical

thinking, confidence, communication, and collaboration into a professional portfolio of cultural safety. This knowledge can be easily translated into the health environment. These activities have the capacity to enhance student preparation, as well as health professionals' acceptance of these students as culturally competent practitioners which will enhance First Nations patients' satisfaction, and improved patient safety. A major advantage of this activity is its acceptance among health-care students. Additionally, its ability to be rolled out in any tertiary institution, even those without First Nations tutors or lecturers, is a significant advantage (Mills et al., 2022).

Strengths and Limitations

This study offers a distinctive contribution to health education through its use of creative, arts-based methods to explore cultural safety and First Nations health. By incorporating visual art and film into the curriculum, students were encouraged to engage with complex historical and social themes in a reflective and personally meaningful way. The analysis of student responses provided rich qualitative insights into how these experiences shaped their understanding of culturally responsive care. Importantly, the activity supported the development of empathy, advocacy and a deeper awareness of the role health-care professionals play in promoting equity and respect in health-care settings.

While the findings offer valuable perspectives, the study is limited by its scope and context. Data was collected from a single group of students within one institution, which may restrict the broader applicability of the results. The reflections were self-reported and voluntary, which could introduce bias or variability in depth and honesty. Additionally, the study did not assess long-term behavioural changes or clinical application of the insights gained. Future research could benefit from expanding the participant pool, incorporating mixed methods, and evaluating the sustained impact of arts-based learning on professional practice and outcomes for First Nations communities.

Conclusion


This arts-based learning activity represents a distinctive and meaningful approach within nurse education, offering valuable insights into the perspectives and experiences of students as future health-care professionals. The integration of visual and narrative elements has the potential to shape future teaching and learning strategies, particularly in the context of cultural safety and First Nations health. This research contributes to the ongoing development of health curricula by highlighting the importance of embedding First Peoples' health content in ways that are both engaging and transformative. This example of engaging students in meaningful learning around First Nations health, and analysis of student reflections has generated new knowledge that may inform improvements in educational practice, clinical care, and long-


term health outcomes for Aboriginal and Torres Strait Islander communities.

Acknowledgments

We would like to acknowledge the input of all the Cultural Navigators; their patience in teaching and generousness in sharing their knowledge with all of us. And a very special thank you to Nancy Bates, Barkindji woman and accomplished singer-songwriter; Nancy uses her music to share her Country, her culture and her personal experience with the world in the hopes of making it better. Her contributions in shaping this work have been invaluable. The classroom activity was a project initiated, conceptualised and developed by the Flinders University Aboriginal and Torres Strait Islander Art in Health Arts-Based Learning Working Group. We are grateful to Flinders University Museum of Art (FUMA) for allowing us to use this activity and artwork. A special thank you to Fiona Salmon, Director of FUMA, for sharing her passion for object-based learning and enabling the use of the artwork in Nursing classrooms.

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Ethical Consideration

The data used in this study comprised already existing and fully de-identified datasets, including student reflections and standard Student Evaluation of Teaching (SET) responses collected following the delivery of a core First Nations health subject within the undergraduate nursing programme. Ethical approval was obtained to access and analyse these materials for research purposes, ensuring confidentiality and adherence to institutional guidelines (Flinders University HREC *Project No. 4529*). This research reported against the CONSIDER statement (Huria et al., 2019). Additionally, the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS, 2020) guidelines for ethical research with Indigenous Peoples were considered, such as Indigenous self-determination, Indigenous leadership, impact and value, and sustainability and accountability, alongside standard ethical codes, and legal regulations to ensure the absence or minimisation of harm, trauma, anxiety or discomfort of human participants/already existing datasets of information were followed.

Authors' Contributions

Nina Sivertsen, Tahlia Johnson, Larissa Taylor, Sharon Watts and Kristal Matthews: Study conception and design.

Nina Sivertsen, Ali Baker and Tirritpa Ritchie: Funding acquisition.

Nina Sivertsen, Tahlia Johnson, Larissa Taylor, Sharon Watts and Kristal Matthews: Acquisition of data (material preparation, data collection).

Nina Sivertsen, Tahlia Johnson, Khoka Hamiduzzaman and Larissa Taylor: Analysis and interpretation of data.

Nina Sivertsen, Khoka Hamiduzzaman, Susan Smith and Larissa Taylor: The first draft of the manuscript.

Susan Smith and Nina Sivertsen: The final draft of the manuscript.

Nina Sivertsen, Tahlia Johnson, Susan Smith, Khoka Hamiduzzaman, Larissa Taylor, Tirritpa Ritchie, Ali Baker, Grete Mehus and Janne Engnes: Research team knowledge translation and analysis, writing, review, and editing.

All authors read and approved the final manuscript.

Funding

The authors declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: This work was supported by a Flinders University and Arts in Health Alliance Collaborative Research Grant Scheme (2021–2022). The funding provider was not involved in the study design; collection, analysis and interpretation of data; the writing of the report; or the decision to submit the article for publication. The views expressed are those of the authors and not necessarily those of the funder.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Availability of Data and Material

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

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