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Research paper

Aboriginal and Torres Strait Islander nurses' experiences of racism at work

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ABSTRACT

Glossary of term: It needs to be noted that First Nations Australians are also identified as Aboriginal and Torres Strait Islanders but also First Nations and Indigenous peoples of Australia. Further, many First Nations Australians self-identify as 'blackfullas'. The word blackfullas has been reclaimed and reframed to the descriptor of the invading English identifying Indigenous peoples as Black fellows.

Background: Very few studies explore the perspectives of First Nations Australian nurses and their experiences of racism in the workplace. To date, racism in the Australian nursing and midwifery workforce is rarely researched, interrogated, or challenged. Despite this, experiences of racism are common, widespread, persistent, and present a harmful and significant challenge to recruiting, retaining, and supporting the health and well-being of the Aboriginal and Torres Strait Islander nursing workforce as demonstrated by the individual accounts of racism collected and analysed in this study. This workforce is integral to the provision of culturally safe, effective, and inclusive care for First Nations Australians, and racism in workplaces must be identified, examined, and understood to both address and end it.

Objective: To provide insights into workplace racism experiences in a way that is genuine to the First Nations' nurse's perspective.

Methods: This research is Indigenist Research and utilised the First Nations method of yarning. The Primary Investigator (PI) undertook all yarns via Zoom (30–90 min) and is an Aboriginal registered nurse. The space created for the yarns to occur was a culturally safe space as all research participants were known to the PI, and safe boundaries and spaces were established. All yarns undertaken were recorded via Zoom. Thematic data analysis was undertaken deductively, and participants were provided with transcripts for comment.

Results: Ten participants were recruited via the Queensland Nurses and Midwives Union (QNMU) First Nations Branch. Three salient and interrelated themes emerged from the analysis of the data, highlighting racism experiences and effects on First Nations nurses. The three themes were (in)direct racism, interjecting and calling out racism, and impacts of racism.

Discussion: This study investigated the detrimental effects of racism on Aboriginal and Torres Strait Islander nurses' professional trajectories, sense of self within the healthcare environment, and overall well-being. The findings not only suggest a correlation between nurses' experience and their willingness to confront racist incidents but also highlight the negative and harmful impacts this can have on participants. The willingness to confront and respond to racism might be attributed to accumulated frustration or a growing sense of agency in addressing these issues and could be a valuable phenomenon to investigate in future research. The study's significance lies in its novelty in an emerging field, and its potential to inform larger-scale research endeavours and influence policy development in areas of workplace safety, Indigenous healthcare workforce strategies, cultural safety initiatives, and the fostering of more inclusive healthcare institutions.

Conclusions: Racism harms Aboriginal and Torres Strait Islander nurses' careers, identity, safety, and social and emotional well-being. The more they experience it, the more likely they are to challenge it, perhaps out of frustration or empowerment; however, this takes its toll. Experiencing repeated overt and covert racism

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in the workplace is exhausting, and racism fatigue is proposed as a new concept that refers to how Aboriginal and Torres Strait Islander nurses might experience this ongoing and tiring demand, which could lead to many leaving their jobs or the nursing profession altogether. This study suggests a need for larger studies that utilise Indigenist methodologies, further examination and exploration of the phenomena of racism fatigue, and urgent policy changes to create a more supportive workplace free of racism.

Summary of relevance

Problem or Issue

While recent studies have examined racism and nursing, few provide discourse on the experiences of racism experienced by nurses themselves. Even fewer seek to understand the experiences of First Nations nurses in Australia.

What is already known

Racism has been characterised as a social determinant of health that negatively impacts the health and wellbeing of those who experience it, leading to worse health and well-being outcomes. First Nations People and other racial and ethnic minority groups are more likely to personally experience and witness racism in healthcare contexts and the wider community than White people and racial/ethnic majority groups. Experiences of racism in the workplace negatively influence job satisfaction, increase emotional distress, and impact significantly the intention to leave.

What this paper adds

This paper explores Aboriginal and Torres Strait Islander nurses' experiences of racism at work using a culturally safe, Aboriginal yarning method and an Indigenist Methodology. While First Nations nurses spoke about calling out racism when it occurred, they also spoke of the negative impacts of racism on their social and emotional well-being. First Nations nurses discussed how racism at work demonstrably affected career progression and feelings of safety in the workplace. Racism fatigue is a new concept proposed by the authors. We define racism fatigue as a state of physical, emotional, psychological, and spiritual exhaustion that occurs in response to chronic and cumulative exposure to both overt and covert forms of racism and systemic discrimination in healthcare settings. For Indigenous nurses, this manifests through their direct experiences of racism and through witnessing racism experienced by Indigenous colleagues and patients/clients. This cumulative exposure can lead to decreased motivation, emotional depletion, and burnout. The ongoing impact of racism becomes embodied, resulting in deteriorating physical, social, and emotional well-being, with a potentially diminished connection to Country/Land and potential trauma responses.

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1. Introduction

Racism is included among the World Health Organization's (World Health Organization, 2008) list of social determinants of health as a contributing and destructive factor to health disparity. Recent papers highlight how the social determinants of health approach could overlook significant structural, political, and cultural contexts that offer opportunities to enhance First Nations People's health and well-being in contrast to an approach that focusses on cultural determinants of health in a way that is more genuinely strengths-based and holistic (Canty, Nyirati, Taylor, & Chinn, 2022; Iheduru-Anderson, Shingles, & Akanegbu, 2021; Lovett, 2016; Verbunt et al., 2021). Racism is undeniably damaging to individuals and to society. There are numerous examples of where and how racism has clearly influenced the poorer healthcare experiences and outcomes faced by People of Colour (Odom-Forren, 2023). Despite ample evidence of the prevalence and impact of racism on people's health and well-being, there remains a notable absence of knowledge regarding the methods and approaches that can be put in place to reduce and prevent racist biases in healthcare (Hall et al., 2015). While this might suggest that the extent and nature of the problem are well known but ways of mitigating it are not yet understood or well implemented, it is more realistic to suggest that the problem (racism) is both longstanding and embedded in healthcare and wider systems but largely unnoticed by the majority and therefore poorly acknowledged and seldom addressed (Dudgeon, Bray, & Walker, 2023). That racism is disturbingly alive and well in our healthcare systems might bring even greater shame and, with it, the tendency to avoid investigating it further. In recent years, there has been an increased interest in investigating discrimination and racism in nursing as faced by nurses (Jefferies et al., 2022); however, little research focusses on the experiences of First Nations nurses (Vukic, Jesty, Mathews, & Etowa, 2012), and even less into First Nations Australian nurses — an internally diverse but one of the world's only Black First Nations populations. Despite the historical avoidance of research into racism as experienced by First Nation nurses, it is thankfully becoming a more widely and carefully examined topic as without delving deeply into how, why, and what it is and the nature of its impacts and influences, there would be little hope in effectively addressing and preventing it.

Much of the literature that focuses on racism in healthcare does so with a particular, and perhaps expected, focus on impacts and experiences faced by patients, care recipients (Ricks, Abbyad, & Polinard, 2021), and healthcare students (Jefferies et al., 2022; Ramamurthy, Bhanbhro, Bruce, & Collier-Sewell, 2023; Rame et al., 2023). What is less commonly researched are the experiences and perspectives of qualified healthcare staff who have experienced racism in the workplace and the notable scarcity of racism research as experienced by First Nations Australian Nurses (see Bourke et al., 2018; Nielsen et al., 2014; Vukic et al., 2012). As highlighted by Odom-Forren (2023), People of Colour are more likely to experience or witness racism in the workplace than White people (Wicks, Hampshire, Campbell, Maple-Brown, & Kirkham, 2023). Nurses make up the largest health professional group globally, and this group is also under-studied in terms of the experience and impact of racism. The United States [Accessed 11 November 2024]. reported that 92% of Black nurses had personally experienced racism in the workplace. While research in this important space is gradually increasing, there is a notable focus on the experiences of particular populations such as Black nurses (Cooper Brathwaite, Varsailles, &

Haynes, 2023; Hamzavi & Brown, 2023; Jefferies et al., 2022), with much less attention paid to those of First Nations/Indigenous People and even less to Black First Nations People (Best & Gorman, 2016; Best & Nielsen, 2005; Best 2011; Indigenous Nursing Education Working Group 2002). This paper aims to contribute to the literature that seeks to uncover and explore the experiences of First Nations Australian nurses in relation to racism in their workplaces. Racism can be defined as a type of social formation where people are categorised and hierarchy classified through a historical process of racialisation that is embedded across a range of social, economic, and political entities. Racism is dynamic and evolving in terms of its expression and, in contemporary times, is often more normalised or covert than in the past. Institutional racism, also known as systemic racism, can include policies and practices that deliberately or indirectly discriminate against groups of people in a way that limits their rights and perpetuates or worsens disadvantage. Institutional racism is often challenging to recognise, particularly when institutions such as governments or organisations do not acknowledge or identify themselves as racist or supporting, even unintentionally, racist practices (Hamed, Bradby, Ahlberg, & Thapar-Björkert, 2022).

Utilising an Indigenist methodology and yarning as the method, a culturally safe and intrinsically apt approach to undertaking qualitative research with Australian First Nations People (Geia, Hayes, & Usher, 2013; Walker, Fredericks, Mills, & Anderson, 2014), we sought to collect and convey how 10 First Nations nurses in Queensland, Australia, have each endured and conveyed their lived experiences of racism at work and the impacts that this has had on them.

Gaining a deeper understanding of how First Nation Australian nurses have experienced racism at work is important for many reasons. As noted above, racism negatively influences health and well-being, so the nurses who experience it are more likely to be at greater personal risk of poor health and well-being outcomes. Likewise, at the population level, widespread and persistent experiences of racism faced by First Nations nurses is a pressing issue for Australia's broader First Nations healthcare workforce and, therefore, the wider community of First Nations Australians who make up 3.8% of the Australian population (Australian Bureau of Statistics, 2023). Here, the crux of the issue is that while the number of First Nations Australians is increasing partly driven by a younger population structure in comparison to non-Aboriginal and Torres Strait Islander people, a relatively low percentage (1.4%) of nurses are Aboriginal and/or Torres Strait Islander people (Congress of Aboriginal and Torres Strait Islander Nurses & Midwives, 2022). This figure has remained largely static with identifying data not being mandatory on the collection of registration data. To close the persistent gaps between First Nations Australian Peoples' health and well-being and that of their non-Indigenous counterparts, a suitably sized and supported workforce of Aboriginal and Torres Strait Islander nurses (and other healthcare professionals and staff) is necessary. This is a key priority for many organisations, but one that will be thwarted without close attention and action focussed on reducing and ideally preventing racism at work.

2. Methodology

This research utilised an Indigenist methodology. Drawing on critical and emancipatory approaches led by feminist scholars (Moreton-Robinson, 2021; Moreton-Robinson, 2013), Indigenist research puts Indigenous peoples and communities at the heart of the research and is underpinned by the three related principles of resistance, political integrity, and privileging Indigenous voices (Rigney, 1999). The principle of resistance supports self-determination and engages with histories of oppression as well as stories of survival and resistance. Engaging with histories of oppression is required for telling the stories of racism encountered by First Nations Australian nurses. The premise of this research is resistance. Resistance for the First Nations nurses within this research is the very nature of speaking back to the supposed innate principles of nursing, such as caring regardless of religion or creed, and it being professed as the noble profession. Our results demonstrate that racism is alive and well in Australian nursing and that calling it out despite — or even because of — its ugliness in the professions is essential to addressing and ending it. The principle of political integrity is explored as the experiences of racism that mainstream nursing has inflicted upon First Nation nurses have occurred. The highly contested spaces for First Nations nurses have been demonstrated time and again, from their enforced segregation to outright refusal to enter nursing (Best & Bunda, 2020). The principle of privileging the Indigenous voices of nurses and midwives is required for robust truth-telling. Racism as experienced by First Nations Australian nurses has not, to date, been determined a robust area of research in nursing and, therefore, has lacked funding success as an area of worthy research. As early as the 1970s, we would see the marginal inclusion of racism impacting First Nation Australian people within nursing literature (Samisoni, 1977). It is, therefore, critical for the voices of First Nations Australian nurses and midwives to be privileged within this research.

3. Methods

The Indigenous method of Yarning was chosen for this research. Bessarab and Ng'Andu (2010) describe it as a method that prioritises cultural safety by ensuring that the research processes (e.g., interviews, focus groups) are conducted in a manner that is transparent, relaxed, collaborative, and culturally responsive. As highlighted by Bessarab and Ng'andu (2010, p. 47):

> Because Yarns are not fixed and can be messy, they are constantly negotiated between the researcher and the participant in the process of making meaning and exploring the research topic. While yarning can be a useful tool for the collection of stories, the outcome of the conversation/yarn is dependent on the quality of the relationship between the researcher and the participant. Yarning as a rigorous and culturally safe method that is highly transferable into other contexts is an interpretive process that has a legitimate place alongside other western methods.

This was purposely chosen due to the nature of racism being spoken about and the triggering nature and trauma that can be compounded upon again. Further, the Primary Investigator (PI) undertook all yarns with participants and is an experienced Aboriginal registered nurse. The space created for the yarns to occur was a culturally safe space, as all research participants were known to the PI, and safe boundaries and spaces were established. Human Research Ethics Committee Approval was provided by the University of Southern Queensland [approval number H22REA219] and the National Health and Medical Research Council's (NHMRC) Guidelines for Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders was adhered to.

3.1. Recruitment

This study utilised a purposive sampling approach, which resulted in a group of self-selected participants recruited via the Queensland Nurses and Midwives Union (QNMU) First Nations Branch. An introductory e-mail was sent to all First Nations nurses and midwives across Queensland's approximately 600 members. Participants were encouraged to respond to the PI if further information about the project was required. Ten members of the First Nations Branch responded from across urban, regional, rural, and remote communities across Queensland and were then asked if they would participate in a recorded yarn via Zoom. All participants were

Table 1
Participant characteristics.

Gender	First Nations Ancestry	Years as a Nurse (2023)
Male	Aboriginal	29
Female	Aboriginal	11
Male	Torres Strait	21
Female	Torres Strait	14
Female	Aboriginal	39
Male	Aboriginal	10
Female	Aboriginal	15
Female	Aboriginal	34
Female	Torres Strait	8
Female	Aboriginal /South Sea Islander	8

guaranteed confidentiality, and pseudonyms were used throughout. All 10 agreed, and an ethics consent form was then sent to each for signature and returned to the PI. Individual one-on-one yarning sessions were held with each of the 10 participants (Table 1).

3.2. Participants

See Table 1.

3.3. Data collection

Data were collected via the Indigenous method of yarning and were led by the PI. All yarns undertaken were recorded via Zoom. Each yarn varied in length from 30–90 min and was taken at a pace dictated by the participant. The PI, a First Nations nurse with 35 years of experience, facilitated the space to allow grief to be a part of sharing their experiences. Quiet spaces occurred, pausing often and repeated expressions of "if this is too difficult, we can cease immediately". It needs to be noted tears were shed by both the PI and four of the participants.

3.4. Data analysis

Data were uploaded and managed using NVivo (Version 12, International, 2018). Analysis was conducted using thematic analysis (Braun & Clarke, 2006; 2022) over four stages (i.e., interviewee transcript review, familiarisation with the data, coding, and theme generation). The PI, who was closest to the data, oversaw the analysis phase, and all authors were involved in the analysis of data. First, participants were given the opportunity to review their transcripts for accuracy and validation, as suggested by Rowlands (2021). An overview of the following stages of data analysis is presented in Table 2. This overview in Table 2 also includes quotes and excerpts from participants to showcase raw data that were building blocks for further in-depth analyses and subsequent theme development. The second stage followed previous examples, including Best et al. (2022) and Bayliss et al. (2023).

The initial coding was undertaken by one author (RA), with input and oversight from the other authors, led by the PI. All members of the research team then met to discuss the initial coding, and consensus was reached on the developed codes. Data were coded based on identified patterns in utterances and shared meanings. These codes were reviewed and collapsed, leading to two overall categories, which were discussed until agreement was achieved. Some codes overlapped between categories, suggesting that the category items reflected a coherent story in the data.

4. Results

Three salient themes that highlighted racism experiences and effects for First Nations nurses were identified from data analysis. The three themes were overt and covert racism, interjecting and calling out racism, and impacts of racism. The results below are organised by theme with supporting quotes provided. All participants' names were replaced with pseudonyms.

4.1. Theme 1: Overt and covert racism

All participants experienced racism in one way or another. For one participant [Jane], "it happens all the time". This was experienced as general statements such as, "Aboriginals are druggy" [Peter], and more specific statements directed at the individual because of them being First Nations peoples. For example:

> If you're Aboriginal, are you going to be coming to work on time? That's what it was. Yeah, and then, if you're Aboriginal - like, if I did have a sick day, ooh, is that Sorry Business [a term used for First Nations Peoples' traditional mourning processes following the loss of a family member or loved one] or are you just not wanting to come to work?

Another participant [Penny] witnessed racism in the workplace, from one nurse to another:

> There was another patient who identified as Torres Strait Islander, had come all the way down from up there [from the Torres Strait Islands], was having things and she was told - she wasn't asked, she was told by this awful, awful white nurse who had just - was just beyond her time, needed to retire, real chip on her shoulder, just pissed off with the world, you know, hard done by, old nurse. You need go in there, she says to this girl, you need to go in there and deal with that patient because you've got the same colour skin so hopefully, he'll listen to you.

These experiences highlight the challenges of being a First Nations nurse. Racism is demonstrated here through the application of negative and racist stereotypes being applied to a population of individuals (i.e., "Aboriginals are druggy"), often because of their skin colour, this is then associated in the workplace (i.e., coming on time?) about work performance. Further, the assumption that having the same skin colour represents a common language, culture, or a natural connection between nurse and patient is an example of how this is direct racism.

Participants also reported indirect racism. As one participant [Ted] stated:

> I'm very fortunate that I'm quite articulate, but when [person] said that [you're quite articulate] to me, it was derogatory in nature. Then, she doubled down on it and said, I'm a speech pathologist. I went, [person], "I'm not sure if you're aware of the White Australia policy." I said, "if you want fragility, I will give you fragility." I said, "my mother's language was stolen, so for you to say that I'm very articulate, there was no other language that my mother will ever teach me while I'm alive."

Whilst this individual might have been trying to compliment Ted, it can reasonably be expected that such a statement was based on the assumption that First Nations People are not usually competent communicators in English and would not be said to a non-First Nations individual. Therefore, this is an example of indirect racism. Another example, was with Jill, an Indigenous nurse navigator who was asked to present at a staff forum, discussing her experiences of presenting research on a successful COVID-19 vaccination program in a remote Indigenous community at an international nursing conference can be seen in the excerpt below:

> When I presented what I went through, what I experienced in Texas [via a Zoom meeting to an audience of colleagues who were a majority of non-First Nation nurses as well as one First Nation nurse], everyone was talking in the room even though they were

Table 2
An overview of theme development with first order coding excerpts.

First order coding and contributions to second order codes	Second order coding	Initial themes
Experiences of racism (contributed to racism, skin colour differences) "They'll [other students] talk about scholarships - apparently, I was on all these scholarships. I don't remember getting any. They would talk about that, especially with the cadetship. They'll talk about that, like, you know, free job and we were meant to get a job at the end of the year but Campbell Newman [Queensland politician and former State Premier] took that away. On practical placements, it would be more about, well, you go deal with that angry black fella, or can you go speak Aboriginal with that person". **Impacts of racism (contributed to disclosure, skin colour differences)** "If they picked it up [First Nations identity] in me first, otherwise I wouldn't volunteer, even to my fellow - even to those patients, I wouldn't volunteer the information because it could just open a can of worms, and it just made it another stress to your busy shift already… But I stopped telling people and I stopped - if I was asked, then I would say, but if I wasn't, I just pretended I was another white person". **Navigating racism (contributed to racism, identity)** "At the time {that I was experiencing racism}, it probably brought up the feelings of what I had when I first found out about my history and my past - or mum's past, more to the point - in that you just made a judgement about someone you have no idea on based on your own preconceived - and so it made me angry but at the same time, I've spent my time meeting anger with anger and it doesn't work [laughs]. So, it's just finding opportunities to have conversations or what I do and what I tend to do now - and I don't know whether it's right or wrong but when I hear that from over here, I then engage in conversation with the person that's being victimised more robustly"„ **Resilience (contributed to racism)** "I just took it onboard and thought well okay, like yes, they can - let them be - let them throw the racial slurs, let them throw whatever they want. At the end of the day, it's not going to get me - it's not going to get me down, but it's going to build my strength up to be resilient". **Structural racism (contributed to racism, identity)** "Well, I think we're really fortunate with the time that we have at the moment, there's a bit of a wave. So, I think it has been getting together with some other mob, like [Sarah] and some of the mob out at Inala, and just through the First Nations Union to nut things out but feel like you're not there on your own and that okay, if we can't get the help, let's go about - let's use the structure that's there and work with that white man ways and structures because it's going to be near impossible to smash and break down all of that because it's going to take them to have to have a whole look" **Suggestions to improve the system (contributed to racism, identity, disclosure)** "Obviously I wasn't taught [about racism], but I guess too, like in nursing studies, there's that one subject we do, Aboriginal and Torres Strait Islander Studies, and I was lucky enough to have an Indigenous lecturer teach that course. But just listening to other students saying, why do we need to learn about this, blah, blah, blah? We have Greeks come through; we have Italians come through all that stuff. So yeah, I know it's probably getting better the way it's presented and a little bit more issues, so I guess, to discuss those types of racist remarks". **White fragility (contributed to racism, skin colour differences)** "I read that book the brown - white - brown scars, white tears or White Tears/Brown Scars" "So by doing that research that helped inform me, or it gave me language to be able to say, this is about racism and white fragility?" "Yes and that white supremacy. So I could understand the behaviour then to then help navigate it, but at that time it was horrible. It's like, this is my place, this is my area. I can't believe I'm experiencing this"	Racism Skin colour differences Disclosure Identity	Racism Impacts of racism

on mute. Then the other Indigenous nurse navigator support officer [Meg] that was in the room said they were all very rude. "They were talking the whole time you were talking". I couldn't see them because I was presenting. After I presented, no one said anything. No one had any questions. My non-Indigenous colleagues were disappointed that I went to Texas.

In Jill's story, she highlighted how she was treated less favourably than what would be expected if a non-First Nation individual was presenting. The audience of nurses talked among themselves rather than listening to the presentation because they were hidden from Jill on Zoom. This reflects both an experience [Jill] and witnessing of racism [Meg]. Jill experienced racism from her colleagues ignoring her presentation, whereas Meg witnessed Jill being ignored by their colleagues.

4.2. Theme 2: Interjecting and calling out racism

Participants spoke about being able to interject and call out racism as they got older and developed their confidence in doing so. For example, "I used to be a bit timid about it, but now I'm like, no, I do. I actually say something when it's happened. I don't just walk away from it", and "I feel more comfortable in telling people and standing up for it and speaking up" [Andrew]. Another instance included the attribution that an individual's First Nations ethnicity was the aetiology of a psychiatric disorder symptom, which was subsequently called out from an older nurse: "oh, he's being difficult because he's Indigenous." I said "well, no, he's being difficult because he's seeing dragons at the moment" [Peter]. However, simply interjecting was not always sufficient for communicating.

Several participants spoke about interjecting when racism occurred. These participants reported specific instances where they had interjected when they experienced racism in the workplace. In the scenarios described by participants, participants explained that they either addressed it themselves directly with the person who had been racist or operated within their workplace systems to have it addressed. When participants explained how they addressed racism themselves, they described using the opportunity to teach others about racism, as the passage below shows:

> [Lena] I was a little shocked because they always want to know, what percentage are you?
>
> [Interviewer] Oh god. How did you navigate that?
>
> [Lena] So, at first, they turned around, and I said, well, that's a really offensive question to ask. I just want to let you know that but I'm happy to have the conversation with you and explain to you why this is offensive and it's offensive to use terms like half-caste and that as well.

It was not always possible for participants to address racism. However, that did not stop them interjecting in their workplaces as the following example demonstrates:

> I said [to a Senior colleague], you need to address that, I said, that was fucking racist, the way that she [colleague] was talking about her [the client], it was her opinion of her living conditions, like

that has nothing to do with her. I spoke up and I'd had enough, and I walked around, and I said, that is your opinion, it is not our role to walk in there and tell people how to live.

4.3. Theme 3: Impacts of racism

Most participants expressed that they are fatigued from experiences of racism at work and question how much longer they can withstand the impacts of racism as a nurse. Here, we identified what we have termed 'racism fatigue' to explain how participants experienced a building sense of exhaustion, which we discuss later as a novel finding of our research. One participant [Meg] stated that they "fantasise about it [leaving the profession] a lot", and another participant noted [Peter], "It's just exhausting … I've only been a nurse for 10 years; can I do another 10? I don't know". The impacts of racism are not only experienced by frontline nurses but also by nurses involved in leadership:

> Here I was, 20-odd years, or nearly 30 years at emergency, leadership nursing, and all this sort of stuff and now I'm being crushed about my ability to do a job because of my race and that really, really affected me [Jane].

Participants who have fair skin and who might therefore not be immediately identifiable as First Nations Australians People according to stereotypical assumptions spoke of other unique experiences of racism. Having to justify their Aboriginality was impactful on participants and their decisions whether to 'out' themselves as Aboriginal or not, that is, whether to disclose their Aboriginal identity within their workplaces. This could also demonstrate another example of racism fatigue where participants expressed the relentless burden of continual experiences of overt and covert racism in the line of work. As one participant [Lena] explains:

> Do I mention that I've got Aboriginal heritage? Because all the nurses knew, and you'd go for a job and you'd be knocked back [because of your First Nations heritage] and it's like well really? So, you got sick of applying. What do you - like you're just kicked in the teeth every time and you know that it's not because you're an EN [enrolled nurse], or a white person, it's just about racism and they just won't say that.

Further, [Lena] explains her identity crisis as an impact of racism:

> It's just the clarification of who I am, because I didn't grow up with my cultural knowledge or like I've just got grown up as a white person who's found out late in life that I am Aboriginal and I'm tired of having to tell people that I am all the time and trying to justify it to people. It's made me question for a long time, until I meet someone like myself who's written about my grandmother and then it just - I just have a lot of identity crises.

5. Discussion

Racism in healthcare is harmful for patients and for staff (Iheduru-Anderson et al., 2021). This article is one of the first that has explored the perspectives of First Nations Australian nurses and their experiences of racism in the workplace using the culturally safe, Indigenist methodology and approach of yarning in a way that is genuine to the First Nations' nurse's perspective. While interest in the topic is increasing internationally (Abrahim & Holman, 2023; Iheduru-Anderson et al., 2021; Jefferies et al., 2022; Louie-Poon, Chiu, & Kung, 2023), racism in the Australian nursing and midwifery workforce — particularly that which is experienced by First Nations nurses — is rarely examined or challenged (Best & Bunda, 2021). Our participants' experiences demonstrate how racism is a common, widespread, persistent, harmful, and exhausting challenge to the health and well-being of Aboriginal and Torres Strait Islander staff and a real threat to efforts towards recruiting and retaining this vital workforce. As previous studies have asserted based on investigation of racism in the nursing profession more broadly, nursing must openly acknowledge and address the issue of racism in nursing and provide safe spaces for genuine interrogation into this harmful phenomenon in both workplaces and academic forums (Iheduru-Anderson et al., 2021; Thurman, Johnson, & Sumpter, 2019).

First Nations nurses are integral to the provision of culturally safe, effective, and inclusive care for First Nations Australians and must be a priority for healthcare systems, employers, and governments (Congress of Aboriginal and Torres Strait Islander Nurses & Midwives, 2022). For this to occur, racism in healthcare must be identified, called out, examined, and understood in order to both address and end it (Canty et al., 2022). The Indigenist methodology and First Nations method of yarning used in this study bring a level of genuineness and authenticity to this work that non-Indigenist approaches to qualitative enquiry often lack when investigating issues of importance and meaning to First Nations Australians. First Nations relationality is required to undertake this research; the PI is an Aboriginal registered nurse with a 35-year nursing career. By meeting participants with both a research lens and approach that seeks to foster and create a culturally safe space for yarning and by ensuring that the PI themselves has a lived experience of the phenomena under scrutiny, this research provides a rare and widely unseen account of racism experienced by First Nations nurses described in their own words in a manner more suited to genuine and meaningful reflection. While this research drew on the accounts of only 10 participants, all from Queensland, Australia, the themes emerging from the analysis are likely to be familiar to many First Nations Australian nurses, as while under-researched, the ubiquity of anecdotal experiences of racism in this population is undeniable. Our findings also have similarities to previous research conducted with Canadian Aboriginal nurses and Māori nurses within New Zealand (Wilson, Barton, & Tipa, 2022) with similar findings in relation to experiencing otherness, responding to discrimination, identifying as Aboriginal, and challenges regarding retention and recruitment (Vukic, Jesty, Mathews, & Etowa, 2012; Wilson, Barton, & Tipa, 2022).

The detrimental effects of racism on Aboriginal and Torres Strait Islander nurses' professional trajectories, sense of self within the healthcare environment, and overall well-being are clear. Our findings show how nurses experience racism, both overtly and covertly, in the workplace that despite their willingness to confront racist incidents, negative and harmful impacts remain as participants describe the fatigue they experience being confronted by racism so often.

Here, while participants did not explicitly use the term 'racism fatigue' in the yarning sessions, it was evident that their accumulated exhaustion and resignation that had built up following experiences of ongoing overt and covert racism in the workplace and had clearly taken a toll. The authors propose this as a new term and concept experienced by First Nation nurses that refers to a state of physical, emotional, and spiritual exhaustion that occurs in response to chronic and cumulative exposure to both overt and covert forms of racism and systemic discrimination in healthcare settings. For Indigenous nurses, this manifests through their direct experiences of racism and through witnessing racism experienced by Indigenous colleagues and patients/clients. This cumulative exposure can lead to decreased motivation, emotional depletion, and burnout. The ongoing impact of racism becomes embodied, resulting in deteriorating physical, social and emotional well-being, and potentially a weakened connection to Country/Land and potential trauma responses.

Our concept of racism fatigue is distinct from similarly named terms such as 'racism battle fatigue' and 'Black fatigue'. Briefly, racism battle fatigue was proposed two decades ago to describe the cumulative impacts of racial hostility and systematised

discrimination faced by Black academic staff and students in largely white higher education in the United States. The term stems from critical race theory and highlights the detrimental impacts that racial microaggressions and systemic racism have on the mental health and well-being of People of Colour in academic settings in a similar manner to how people who have experienced combat scenarios are impacted by exposure to hostile and threatening environments over extended periods (Smith, 2004). Black fatigue is a similar but distinct concept, which also focusses on the physical and psychological impacts that persistent, everyday racism has on Black people. Black fatigue has been explained as occurring due to repeated exposures to racism, inducing stress that results in exhaustion, physical and spiritual poor health, and can be passed down through generations (Winters, 2020). What we identified in the stories and conversations shared by our participants that we have termed 'racism fatigue' was, at this stage, more amorphous and deserving of further inquiry to better define its nature and details. However, it needs to be noted that both racism battle fatigue and Black fatigue have not been articulated by Indigenous scholars or researchers and that the inherent and relational link to land that Indigenous people have is not considered as a potential detrimental impact of experiencing racism.

The data collected from the participants identify the need for a broader study and a future-focussed piece of work focussed on examining and exploring the concept and experience of racism fatigue in Australian Aboriginal and Torres Strait Islander nurses, which is already underway. The research methodology applied to this study, whilst being the most culturally safe method of data collection, provided limited opportunity for quantitative evaluation of the scope of the issue of racism as faced by Aboriginal and Torres Strait Islander Nurses in Queensland. It did, however, highlight that all 10 participants have experienced racism in their workplace in direct, indirect, and institutional forms.

6. Conclusion

This study explored the impact of racism in ways that have demonstrably affected career progression, self-identity, and sense of safety in the workplace, as well as identified impacts on mental health of the participants because of racism. As identified in the results, there is an apparent correlation between the nurses' experience and confidence and addressing racism in their workplace. Perhaps this is due to nurses simply becoming fed up with experiencing racism within their workplace, becoming more comfortable in doing so, or a combination of both. Outcomes from this study justify the need for a larger-scale study on the impacts of racism as experienced by Aboriginal and Torres Strait Islander nurses. Participants' statements from this study also signal implications in policy-making regarding workplace health and safety, Aboriginal and Torres Strait Islander workforce strategic planning, cultural safety initiatives in healthcare, and institutional design within healthcare. Here, the novel finding of 'racism fatigue' might offer a way to explore this phenomenon in greater depth, both to help explain the extensive impacts that everyday racism at work has on First Nations Australian nurses and to hopefully address and combat it in the future. Diverse and repeated experiences of racism in the workplace clearly contributed to and compounded First Nations nurses' feelings of exhaustion or racism fatigue. Tired and worn out by both ongoing overt and less obvious racism, participants questioned their future careers as nurses.

Authorship contribution statement

Odette Best: Conceptualization, Methodology, Validation, Formal analysis, Investigation, Resources, Data curation, Writing – original draft, Writing – review & editing, Project administration, Funding acquisition. **Luke Baylis:** Validation, Formal analysis, Data curation, Writing – review & editing. **Sye Hodgman:** Conceptualization, Methodology, Validation, Formal analysis, Writing – original draft, Writing – review & editing, Funding acquisition. **Micah Peters:** Conceptualization, Validation, Formal analysis, Writing – original draft, Writing – review & editing, Funding acquisition.

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Ethical statement

The submitted manuscript is based on a research study which was subjected to a full review by an institutional ethics committee.

This research was approved by the University of Southern Queensland Human Research Ethics Committee on the 25th of October 2022. The approval number is H22REA219.

Conflict of interest

This publication has no conflict of interest.

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