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REVIEW

Aboriginal and Torres Strait Islander nurses and midwives culturally safe mentoring programmes in Australia: A scoping review

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Objective/Aim: To examine the experiences of culturally safe mentoring programmes described by Aboriginal and Torres Strait Islander nurses and midwives in Australia.

Design: A systematic scoping review.

Data Sources: The following databases were accessed: CINAHL Plus with Full Text (EBSCO), EMCARE (Ovid), MEDLINE (Ovid), INFORMIT (Health Collection/Indigenous Collection) and SCOPUS. Support relating to key words and appropriate databases was provided by a university librarian.

Review Methods: Search terms across databases were sourced from 1997–2021, identifying a total of 161 papers. Title/abstract searches were screened against the inclusion/exclusion criteria, resulting in 18 papers reaching full-text review. Of the 18 full-text papers reviewed, six were eligible for inclusion in the final review.

Results/Findings: Culturally safe mentorship was a positive experience for Aboriginal and Torres Strait Islander nurses and midwives. Thematic discussion identified three key themes: *Mentorship as a way forward*, *Culture in mentorship*, and *Cultural safety's role in mentorship*.

Discussion: Culturally safe mentoring has been a key recommendation in the nursing literature for over 20 years. There is limited knowledge on what constitutes an effective programme as mentoring programmes have not been empirically evaluated or reviewed.

Conclusion: This review provides evidence that Cultural Safety and the exploration of culture impact culturally safe mentoring and can impact workforce cultural capability.

Impact Statement: This review indicates that culturally safe mentoring has been a key recommendation in nursing literature for over 20 years. This review provides evidence that Cultural Safety and the exploration of culture impact culturally safe mentoring and can impact workforce cultural capability. However, there is limited knowledge of what constitutes an effective programme, as mentoring programmes have not been empirically evaluated or reviewed providing an opportunity for further research.

Plain Language Summary: Little is known about Aboriginal and Torres Strait Islander nurses' and midwives' perspectives of culturally safe mentoring programmes in Australia. However, mentoring programme are seen as a key workforce retention strategy. This scoping review aims to explore and interpret Aboriginal and Torres Strait Islander nurses' and midwives' perspectives of culturally safe mentoring programmes in Australia. This review concludes that mentoring programmes require content in Cultural Safety and that programmes need to be empirically evaluated.

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Keywords: Mentor; Aboriginal and Torres Strait Islander peoples; nurses; midwives; Cultural Safety

Background

Mentoring is an internationally accepted strategy to support individuals in building resilience, empowering them to enable change, and strengthening approaches that reduce health and educational inequalities (Bainbridge et al., 2014; Tsey et al., 2009). Interestingly, from the perspective of Aboriginal and Torres Strait Islander peoples, although often recommended (Biles et al., 2021; Indigenous Nursing Education Working Group, 2002; West et al., 2016) as a key strategy in reducing health and educational inequalities, mentoring programmes haven't cited the same international success (Herceg, 2005). Importantly, the recognition of culture is significant and imperative when implementing mentoring programmes with Aboriginal and Torres Strait Islander peoples and communities. In nursing, culturally specific mentoring programmes support workforce retention for Aboriginal and Torres Strait Islander nurses and midwives and facilitate workforce growth. Mentoring is recognised as a key strategy to support the retention and career development of individuals from underrepresented groups in the workplace, and as a catalyst for organisational cultural change (De Vries et al., 2006).

Aboriginal and Torres Strait Islander peoples are underrepresented in Australia's nursing and midwifery workforce, with projected workforce data suggesting the required number to meet consumer needs is 4460 (AIHW, 2015), and many States and Territories citing underrepresentation. Even though this estimation suggested that this would bring parity of the population group to meet consumer needs, growth in the overall numbers of nurses and midwives has resulted in the proportion of Aboriginal and Torres Strait Islander nurses remaining well below population parity. Nationally, Aboriginal and Torres Strait Islander nurses and midwives represent 1.4% (6160) of all nurses and midwives in Australia (Department of Health and Aged Care, 2022). For example, in New South Wales (NSW), in 2015 there were just over 700 Aboriginal nurses and midwives (Australian Institute of Health and Welfare, 2015). Not being able to retain and support Aboriginal nurses and midwives in mainstream healthcare is directly linked to poorer health outcomes for Aboriginal and Torres Strait Islander patients (Hayman et al., 2009; West et al., 2010).

High levels of workforce attrition and low levels of workplace satisfaction have been evidenced and experienced by Aboriginal and Torres Strait Islander nurses and midwives (Commonwealth of Australia, 2019; Gwynne & Lincoln, 2016). These factors have created an environment where the Aboriginal and Torres Strait Islander nursing and midwifery workforce is in crisis. The challenges facing this workforce have long been recognised; high levels of individual racism and low levels of Cultural Safety (Lai et al., 2018; Usher et al., 2005) have led to low workplace satisfaction levels.

From the onset of engagement in the profession, Aboriginal and Torres Strait Islander nurses and midwives transitioning from undergraduate study to the workplace have been experiencing lower satisfaction levels (West et al., 2013). The nursing literature over two decades attests that a holistic response is needed to address these concerns. Initiatives have included developing and delivering hospital-based culturally appropriate mentoring that generates positive outcomes in relation to workplace satisfaction and the retention of Aboriginal and Torres Strait Islander nurses and midwives (Commonwealth of Australia, 2019; Gwynne & Lincoln, 2016). Yet culturally safe mentoring frameworks have not been empirically evaluated (Fedele, 2019).

The COVID-19 pandemic has made the jobs of all healthcare workers substantially more stressful (Halcomb et al., 2020; Shigemura et al., 2020) and has also highlighted the key role that Aboriginal and Torres Strait Islander health professionals have played in keeping their

communities safe (e.g. far western New South Wales COVID outbreaks). We know that nurses and midwives are under more stress than ever, and we also know that during “normal times” systems are not necessarily a safe place for Aboriginal and Torres Strait Islander patients and staff (Lai et al., 2018; Usher et al., 2005).

We urgently need to improve longstanding policies and practices to attract and retain Aboriginal and Torres Strait Islander nurses and midwives; this has been made even more important during the global pandemic. Therefore, this scoping review aims to explore and interpret Aboriginal and Torres Strait Islander nurses’ and midwives’ perspectives of culturally safe mentoring programmes in Australia.

Methods

This review aimed to explore qualitative and quantitative literature through the following question: *What are the experiences of culturally safe mentoring programs described by Aboriginal and Torres Strait Islander nurses and midwives in Australia?*

Review methods

A total of 238 papers were identified through a keyword search. The papers that were screened included the following concepts as detailed in the keywords: Cultural Safety, mentoring, Aboriginal and Torres Strait Islander nurses and midwives, and workforce retention (refer to Figure 1). Duplicates were removed, leaving 160 papers eligible for title/abstract screening.

All researchers were involved in screening the title/abstract and full-text screening. COV-DENCE was used as a review management platform, ensuring that all papers were screened by at least two researchers at both title/abstract and full-text review stages. Search terms across databases were sourced from 1997–2021. Title/abstract searches were screened against the inclusion/exclusion criteria (refer to Table 1) resulting in 18 papers reaching full-text review. Of these, two papers did not meet the quality requirements for full-text inclusion (please refer to Quality approval), three were secondary research, five did not meet the inclusion/exclusion criteria and one did not have full text. In total, six papers were eligible for inclusion in the final review (refer to Figure 2). Two team meetings facilitated the exploration of key themes across the papers.

For the review, Cultural Safety was defined according to the Australian Health Practitioner Regulation Agency (AHPRA) as being determined by Aboriginal and Torres Strait Islander

MH (“Cultural Sensitivity” OR “Cultural Safety” OR “Mentorship” OR “Organizational culture”) OR “cultural safety” OR mentor* OR “workplace culture” OR “Organisational culture” OR “Organizational culture”

AND

MH (“First Nations of Australia” OR “Aboriginal Australians” OR “Torres Strait Islanders” OR “Indigenous Peoples”) OR aborigin* OR indigenous OR “torres strait island*” OR “first nation*”

AND

MH Australia+ OR Austral* OR Victoria* OR “New South Wales” OR NSW OR Tasmania OR Queensland OR “Northern Territory”

AND

(MH “Midwives”) OR (MH “Nurse Midwives”) OR (MH Nurses+) OR (AB (nurs* OR midwi*))

Figure 1. An example of the key word search criteria.

Table 1. Paper Characteristics.

Authors	Year	Title	Method	Participant Numbers (n)	Themes
Biles, J. Deravin, L. Seaman, C. Alexander, N. Damm, A. Trudgett, N.	2021	Learnings from a mentoring project to support Aboriginal and Torres Strait Islander nurses and midwives to remain in the workforce	Qualitative	Unspecified	Themes were identified that focused on the 'value' of the mentoring programme and included: Cultural safety (free of racism), motivations (give back and satisfaction), relationships, learning and support
Fleming, T. Creedy, D. West, R.	2017	Impact of a continuing professional development intervention on midwifery academics' awareness of cultural safety	Mixed Methods	Qualitative n = 13 Quantitative n = 9	Themes identified: Awareness of cultural safety increased across the initiative; perceptions of racism varied among participants; participants agreed intervention supported their learning; mentoring was a recommendation
Fleming, T. Creedy, D. West, R.	2019	The influence of yarning circles: A cultural safety professional development programme for midwives	Qualitative	n = 8	Themes identified: Sense of belonging; sense of safety; sense of knowing; sense of support; sense of difference; sense of challenge
Hickey et al	2019	Establishing teams aiming to provide culturally safe maternity care for Indigenous families	Qualitative	n = 21	Themes identified: Impact of colonisation – white privilege; cultural safety/training/education is important; the importance of an Indigenous workforce; expectation that Indigenous staff are the experts in all things Indigenous; need for cultural mentors who are not managers; importance of 'two-way' learning
Taylor et al	2020	"We're very much part of the team here": A culture of respect for Indigenous health workforce transforms Indigenous healthcare	Qualitative	n = 29	Key themes: Leadership to enact policy change is critical to improving cultural safety; more Indigenous staff can improve patient care; Indigenous staff should be embedded within multidisciplinary teams; the value of two-way learning to enhance cultural safety for all; importance of cultural safety training education for health workers
Young et al	2013	What constitutes "support" for the role of the Aboriginal and Torres Strait Islander child health workforce?	Qualitative	n = 47	Key themes: Cultural safety/sensitivity; communication; clear delineation of responsibilities; recruitment of more Indigenous care workers; education for non-Indigenous care workers is important for the delivery of safe care

peoples with practices that involve “ongoing critical reflection of health practitioners’ knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism” (APHRA, 2020, p. 9). Mentoring was broadly accepted by the team as “informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé)” (Bozeman & Feeney, 2007, p. 4)

Quality assessment

Qualitative and quantitative papers eligible for full-text review were assessed for relevance against the inclusion/exclusion criteria and research quality by the Standard Quality Assessment Criteria for Evaluating Primary Research papers from a Variety of Fields tool (QualSyst) (Kmet et al., 2004). The QualSyst tool is validated to assess minimum quality standards for both qualitative and quantitative papers. A minimum of two reviewers undertook a quality evaluation of the full-text papers. Conflicts were resolved through two research team meetings, with the team deciding that the highest quality threshold was paramount. This meant that the cut-off point, as described by Kmet et al. (2004), was agreed as an interrater score of ≥ 0.75 . This guided paper inclusion and reduced the included studies to six.

Results

In line with the inclusion criteria, all papers were researched within Australia with a date range between 2013–2021. Four papers used qualitative methods only (Biles et al., 2021; Fleming et al., 2019; Taylor et al., 2020; Young et al., 2013), while one paper employed mixed methods, with the primary discussion focusing on quantitative data (Fleming et al., 2017). Of the papers included, four cited Aboriginal researchers (Biles et al., 2021; Fleming et al., 2017, 2019; Taylor et al., 2020) and two cited an Aboriginal reference group (Biles et al., 2021; Taylor et al., 2020).

Of the full-text papers, two raised discussions on non-Indigenous health professionals (inclusive of nurses) in receiving foundational training to support their cultural capability development in the workplace (Fleming et al., 2017, 2019; Young et al., 2013). While other papers cited key recommendations of embedding culturally safe mentoring programmes (Fleming et al., 2017, 2019; Hickey et al., 2019; Taylor et al., 2020; Young et al., 2013). In these papers, cultural mentorship was described as aspirational, informal, or cited as a key recommendation. One paper detailed the use of culturally safe mentoring as an evidenced strategy being employed (Biles et al., 2021) Table 2.

Discussion and findings

This scoping review was designed to explore the literature related to Aboriginal and Torres Strait Islander nurses’ and midwives’ experiences of culturally safe mentoring programmes. An analysis of the papers maintained that cultural mentorship was reported in the studies. Many papers reported it as a key recommendation in supporting workforce retention. Cultural mentorship was seen as facilitating Cultural Safety and building cultural capability across the workforce and was linked to the exploration of culture. The key themes that will form the basis of the discussion are *Mentorship as a way forward*, *Culture in mentorship*, and *Cultural safety’s role in mentorship*. What was particularly interesting in this review was the lack of any evidenced formative evaluation of mentorship.

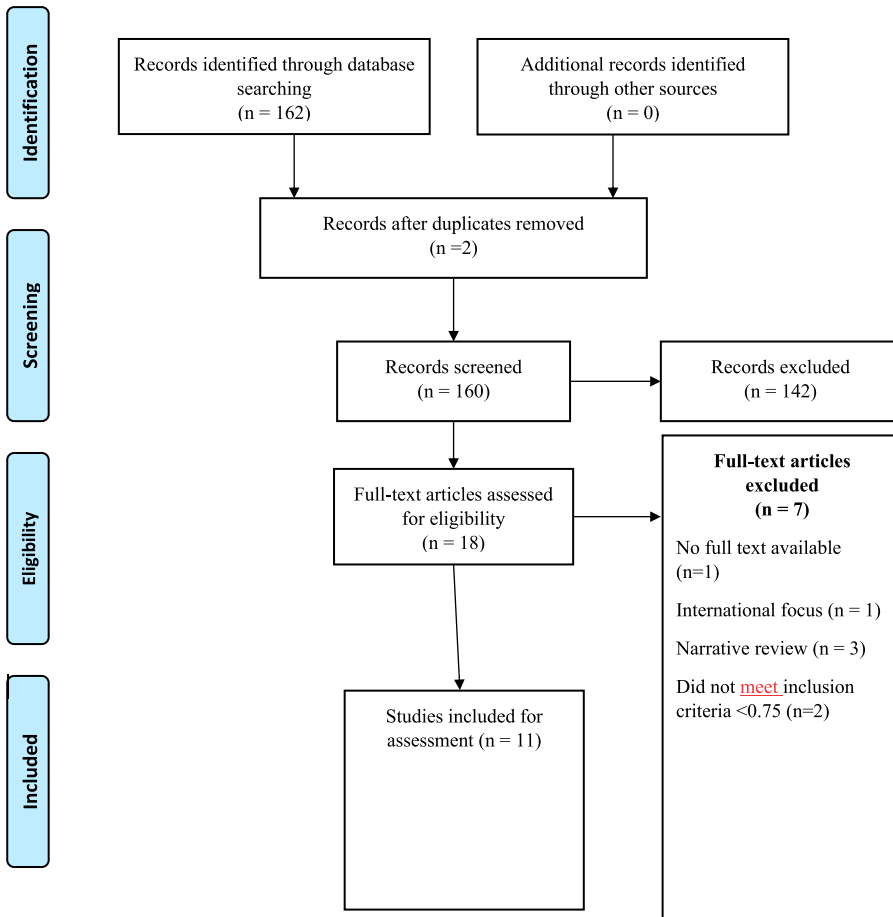


Figure 2. PRISMA Flow Diagram.

Mentorship as a way forward

Mentorship in many of the papers (Fleming et al., 2017; Taylor et al., 2020; Young et al., 2013) was a key recommendation. It was seen to support workforce retention and identified as a key strategy for building cultural capability. Twenty years ago, the “Gettin em n Keepin em” report (Commonwealth Department of Health and Ageing, 2002) identified and recognised the importance of culturally safe mentoring in both undergraduate and postgraduate supported activities for Aboriginal and Torres Strait Islander nursing and midwifery students. It also demonstrated the importance that culture played in the foundations of ways of being as nurses or midwives. It was expressed that the potential impact of such support would build the profession’s cultural capability, resulting in a much stronger workforce. Gettin em n keeping em n growin em (GENKE II), the 20 years later report, also agrees that clinical mentors to support nursing and midwifery students are key to student success. But it also states under supplementary recommendation 6.10 that the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) mentoring programme should be evaluated. There is no recommendation about other forms of culturally safe programmes for the existing workforce. Fleming et al. (2017) and Young et al. (2013) saw value in formalised mentorship for both

Aboriginal and Torres Strait Islander and non-Indigenous clinicians. With many participants located in rural areas, the need for mentoring was seen as a way of informing culturally safe practices for Aboriginal and Torres Strait Islander families and a strategy for workforce retention for Aboriginal and Torres Strait Islander health clinicians.

More recently, through the lens of midwifery participants, it was identified that mentorship increased value and support for Aboriginal and Torres Strait Islander nurses and midwives that extended to both midwifery academic tutors and students (Fleming et al., 2017). The pilot programme identified yarning sessions with mentors/mentees as most beneficial, with participants agreeing that extending mentorship across all aspects of their work would support, extend, and facilitate Cultural Safety development (Fleming et al., 2017), a known element that supports the retention of Aboriginal and Torres Strait Islander nurses and midwives (Commonwealth Department of Health and Ageing, 2002; Lai et al., 2018; Milligan et al., 2021).

Taylor et al. (2020), through their exploration of two health services, identified the informal mentoring that facilitated partnership and collaboration between Aboriginal liaison officers and non-Indigenous staff. The study found that informal approaches to mentoring supported not only workforce retention and satisfaction but also facilitated support for non-Indigenous clinicians through a two-way learning model. Recommendations from Taylor et al. (2020) have suggested that formalised mentoring would support capacity building for both Aboriginal and Torres Strait Islander and non-Indigenous employees, aligning with the recommendations and roadmap for building a culturally safe workforce proposed by Milligan et al. (2021).

Culture in mentorship

All the papers that cited recommendations related to ongoing mentorship (Fleming et al., 2017; Taylor et al., 2020; Young et al., 2013) suggested that the exploration of culture was imperative in building relationships and partnerships. Essentially relationships and partnerships support and nurture mentorship; therefore, culture is a necessary component in mentorship. Culture facilitates establishing an environment where relationships and partnerships can grow (Bainbridge et al., 2014; Biles et al., 2021; Fedele, 2019; Mills et al., 2014).

Relationship and support were paramount in the Biles et al.'s (2021) study, where the researchers elaborated on the positive impacts of a pre-pilot mentoring programme. In this programme, mentors did not have to be Aboriginal or Torres Strait Islander, but all were required to engage in a culturally safe mentor training workshop facilitated by the CATSINaM before undertaking mentorship. This programme provided initial insights into how culturally specific mentoring relationships could build mutual trust and work towards establishing culturally safe workspaces aligning with AHPRA's Health Practitioner Regulation Agency Strategy 2020–2025 (2022).

Table 2. Inclusion/Exclusion Criteria.

Inclusion	Exclusion
Australian	International
Related to nursing and midwifery	Not related to nursing and midwifery
Peer reviewed articles	Articles related to students
Articles related to graduates	Conference papers
Original research	Literature reviews
1997–current (CATSINaM)	Opinion pieces
English language	Editorials
Related to culturally safe mentoring	Articles that don't have full text available

Fleming et al. (2019) identified yarning as an appropriate way to explore culture. For, non-Indigenous midwifery academics, this prompted reflection, facilitated new understandings, and consideration of different learning and teaching practices. Yarning in a safe environment enabled participants to challenge their cultural misconceptions, biases, assumptions, and values. This is particularly important given the reported racism expressed in the Biles et al. (2021) study. Preparedness and safety to explore race-based discrimination are important in exploring culture in the nursing workforce (Geia et al., 2020).

Cultural safety's role in mentorship

From the studies explored, it was clear that Cultural Safety played a role in culturally safe mentoring. Cultural Safety was important from the perspective of participants (Biles et al., 2021; Fleming et al., 2019; Hickey et al., 2019) and the wider workforce (Fleming et al., 2017). This was particularly evident in Fleming et al. (2017), where cultural mentors could draw some foundational links regarding Cultural Safety training and mentorship. Using transformative learning, the non-Indigenous mentees could challenge their personal discourse through workshops and yarning sessions. Although the specifics of the impact of the mentorship were not discussed, the links in facilitating an optimal environment for learning through mentorship were clear. Hickey et al. (2019) concurred that environments for Cultural Safety were important, and that for optimal success, cultural mentors should not be managers.

Fleming et al. (2017) identified that Cultural Safety is more likely to impact change at individual, professional, organisational, and systemic levels with processes that include critical thinking and reflective practice. What is clear is that organisations need to see Cultural Safety as a long-term commitment. Therefore, any targeted cultural mentorship programme should not be ad hoc but a key component of a long-term strategy. In addition, programmes should be evaluated, measured, and reviewed (Bainbridge et al., 2014).

Culturally safe mentoring is seen as an appropriate tool to not only build workforce retention but to build the cultural capability of the wider workforce. Yet, research on mentoring frameworks involving Aboriginal and Torres Strait Islander nurses and midwives within the health workforce is in its infancy. Future research should be focused on the evaluation, scope, and impact of culturally safe mentoring programmes, building on foundational understanding that culturally safe mentoring is desirable, involves the exploration of culture and Cultural Safety, and can impact cultural capability beyond the target group.

Conclusion

The primary outcome of this review indicates that culturally safe mentoring has been a key recommendation in the nursing literature for over 20 years. There is limited knowledge of what constitutes an effective programme, as mentoring programmes have not been empirically evaluated or reviewed. This review provides evidence that Cultural Safety and the exploration of culture impact culturally safe mentoring and can impact workforce cultural capability.

Author agreement

We agree that the article is the author(s) original work

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2. That all authors have seen and approved the manuscript being submitted

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CREDIT statement

Biles, Jessica: Conceptualisation, Methodology, Original draft preparation, Writing- Reviewing and Editing
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 McMillan, Faye: Methodology, reviewing: Anderson, Judith: Methodology, Writing – Review and Editing.:
 Sara, Grant: Methodology, Reviewing, Biles, Brett.: Methodology, Original draft preparation, writing – Review and Editing

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No potential conflict of interest was reported by the author(s).

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