Background: An Indigenous health workforce is urgently needed to provide culturally safe care to Indigenous people to help address poorer mortality and morbidity experienced by Indigenous Australians compared to their non-Indigenous counterparts. To provide this workforce it is necessary for universities to continue to engage Indigenous nursing academics to attract Indigenous students into nursing and midwifery programs and encourage critical mass within the Indigenous health workforce. It has, however, been challenging for universities to attract and retain Indigenous nursing academics.

Aim: The aim of this research study was to describe and analyse the stories of eight Aboriginal nursing academics (Black Swans) to explore the meaning that they derived from their experiences as nursing academics. The analysis of these unique narratives can then inform the development of recommendations for optimal support of Indigenous nursing academics in the tertiary sector.

Method: A qualitative interpretive narrative inquiry methodological approach was used for this research study. Eight Aboriginal nursing academics were interviewed. Data analysis involved a three-step process: (1) narrative analysis; (2) thematic analysis; and (3) the identification of constituent themes within the narratives to create a core story.

Results: The core story entitled ‘Maroochy Dreaming’ (Black Swan Dreaming) was crafted from the analysis. Four themes that were identified as being influential in the experience of becoming, and being, an Indigenous nursing academic included: 1) becoming a nurse and journeying into nursing and academia; 2) being situated in the Indigenous academic world; 3) racism, and the whiteness of nursing; and 4) building resilience to further develop leadership.

Implications for Practice and University Policy: Recommendations from this study highlight that university schools of nursing and midwifery need to provide effective, culturally appropriate support for Indigenous nursing academics who, in turn, actively contribute to effective support, education, and skill development of Indigenous nurses.

Conclusions: The themes collated from this research provide an in-depth description of the factors affecting the experiences of Indigenous nursing academics in the tertiary education sector, and a roadmap for a way forward. The hidden workload unallocated to Indigenous nursing academics has the potential to impact on the retention rate of this cohort. This hidden workload can also impede academic progression and potential leadership roles, and hinder the opportunity to develop a research portfolio. Ensuring the university space is culturally safe for both Indigenous nursing academics and Indigenous students is paramount to attract and grow these cohorts. This safe space can be facilitated by addressing structural racism in universities and ensuring that non-Indigenous nursing academic staff are provided with cultural awareness training as a position requirement. For future-proofing career advances for Indigenous nursing academics, the provision of resilience training is necessary to enable them to grow professionally and transition into leadership roles in Indigenous health. If these areas are not addressed, and recommendations arising from this study are not implemented by universities, the retention of Indigenous nursing academics will likely continue to be an issue for the university sector. Furthermore, the retention and graduation rate of Indigenous nursing and midwifery students may decline. Deficits in the numbers of Indigenous people in Australia’s healthcare workforce will leave Australia’s Indigenous health crises unaddressed, with the potential to widen the gap in life expectancy between Indigenous and non-Indigenous Australians.

Recommendations: The following recommendations are proposed.
1. Inclusion of time allocation for the support of Indigenous nursing and midwifery students within the workload of Indigenous nursing and midwifery academics. This should be considered in conjunction with the academic’s university teaching, research and engagement commitments, and established with agreement between the academic and the university’s senior leaders/departments for leading and managing.
2. Allocation of workload time for Indigenous nursing and midwifery academics set at 20% teaching, 40% research and 40% community and cultural engagement commitments, to support Indigenous nursing and midwifery students.
3. Implementation and monitoring of effective policies and strategies to ensure that the cultural safety of Indigenous nursing academics and students is maintained and upheld throughout the university environment.
4. Support for a minimum of two tenured Indigenous nursing academic positions (with academic positions increasing in line with Indigenous student numbers) within SONMs to provide collegiality, manage academic workloads, lead cultural support and/or lead Indigenous health content and embed this content (with the support of non-Indigenous colleagues) across nursing and midwifery curricula, and lead and inform Indigenous health research agendas. Staff also need to be supported to network with other Indigenous nursing and midwifery academics to build a stronger, coherent research community.
5. Enforcement of ‘no tolerance to institutional racism’ policy, and the requirement that incidents of racism be reported to the university’s senior leaders/departments for leading and managing for swift evaluation and management.
6. Implementation of processes for monitoring and analysing student feedback evaluation of Indigenous nursing academics’ teaching capabilities by the university’s senior leaders/departments for leading and managing to record objective feedback only, to avoid any inclusion of unjustified/uninvestigated controversial feedback that could impact on the academic promotional opportunities for Indigenous nursing academics.

Recommendations Continued: 7. Implementation of requisite cultural awareness training for non-Indigenous nursing academic staff. This must be addressed by the university’s senior leaders/departments for leading and managing to ensure that Indigenous academics are culturally safe.
8. Provision of opportunities for Indigenous nursing academics to engage in resilience development training supported by the university’s senior leaders/departments for leading and managing to mitigate the identified high risk of burn out.
9. Allocation of funding for Indigenous nursing academics by the university’s senior leaders/departments responsible for leading and managing to attend Indigenous health conferences and engage in research opportunities to gain up-to-date information to promote leadership opportunities and to network with their Indigenous academic peers from other universities, to build teams and collaborate as researchers.
10. Establishment of support pathways for Indigenous nursing academics undertaking PhDs to include senior mentors and opportunities for study leave to progress completions. This will facilitate the development of Indigenous nursing/health researchers to supervise emerging Indigenous nursing and midwifery research higher degree (RHD) students. A pipeline for Indigenous nurses coming into academia needs to be established so that the cycle of continually growing Indigenous nursing academics can be achieved and sustained.