

Research Article

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Embodied Indigenous knowledges protecting and privileging Indigenous peoples' ways of knowing, being and doing in undergraduate nursing education

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Abstract

In the era of Indigenousising the academy, health disciplines like nursing are required to teach Indigenous peoples' health, history and culture in their undergraduate programmes in order to meet national accreditation standards. This inclusion of Indigenous peoples' perspectives within nursing education towards registration thus qualifies respective Indigenous perspectives as legitimate parts of the Australian nursing profession's scope of practice, which may sound like a reason to celebrate. However, caution should be exercised. Indigenous and Western knowledge systems are incommensurable. The practice of defining Indigenous perspectives for placements within curricula could be likened to extractive colonialism. Thus, the commodifying of Indigenous perspectives in creating competitive education products is problematic. As a Meriam and Wuthathi man who grew up in the Zenadth Kes (Torres Straits) now living and working on Turrbul and Yuggera country, and as a nurse academic, being immersed in this space of contentions is my reality. In order to enhance the education preparation of nursing students I teach, while simultaneously protect my embodied Indigenous knowledges and the Indigenous perspectives included in the curricula I teach, I privilege Indigenous ways of knowing, being and doing in my teaching practice. This yarn is about my experience in this cultural interface.

Introduction

I wish to commence by announcing myself as I approach you through this text; this protocol feels essential for this particular yarn. Lynore Geia speaks of this practice of announcing oneself, so that we are not hindered in lifting our voices and sharing our story (Geia *et al.*, 2013, p. 15). Like her father, my father reminds me of this when I walk on another person's country as well.

My name is Ali Jimmy Drummond. I am named after my paternal grandfather Mohamed Ali Drummond, who belongs to the Wuthathi people of Cape York, and my maternal great-great grandfather Jimmy Wailu, who belongs to the Dauareb people of the Murray Islands. I am sovereign Meriam and Dauareb (Murray Islands) traditional owner and a member of the Wuthathi Aboriginal Corporation. My family lines expand beyond this of course.

In this piece I reflect upon my experiences of engaging Indigenous peoples' ways of knowing, being and doing as a nurse academic developing, delivering and evaluating Indigenous health curricula in a Bachelor of Nursing programme. This is also informed by my PhD research in which I investigate the experiences of Australian nursing academics working in this specific context. In this paper, I map my current understanding of the space of contentions in which I work in hope that it confirms and supports the experiences of other Indigenous nurse academics.

I do not claim to be an authority of Indigenous knowledges, including knowledges of my peoples. Part of the challenge of writing this is understanding the expectations and regulations associated with speaking on Indigenous knowledges in the academic context. I respectfully acknowledge all my old people who have and continue to teach me. There is more than a lifetime of learning left.

There is limited space here to fully explore and define the parameters of key concepts I use in this article, so I set out below brief definitions for the context of this yarn.

Indigenous peoples' knowledges are grounded in Indigenous peoples' ontological belonging to their country, are dynamic in nature being responsive to the complex interplay of language, land and belonging, and refer not just to what is known, but also how knowledge is known (Christie and Asmar, 2012; Moreton-Robinson, 2015). 'Knowledges' is intentionally pluralised to highlight the many Indigenous nations with different knowledges; the differences that exist between Indigenous nations are accepted by them (Kennedy *et al.*, 2019, p. 150). This suggests a lack of value in knowing these differences hierarchically. Indigenous knowledges are

relational and regulation regarding their accessibility and use is embedded within the ways of knowing (Christie and Asmar, 2012; Moreton-Robinson, 2016).

Indigenous peoples ways of knowing, being and doing are relational in nature and refers to: what is known and how it is known (ways of knowing); the nature of our reality, encapsulating what exists and what is possible (ways of being) and, 'a synthesis and an articulation' of the former two, 'seen in our languages, art, imagery, technology, traditions and ceremonies, land management practices, social organisations and social control' (ways of doing) (Martin, 2003, pp. 209–210).

Indigenous perspectives refers exclusively to the perspectives and stories of Indigenous individuals (Nakata, 2002). The dynamism and sensitivity of Indigenous knowledges means that Indigenous perspectives may lose their relevance, particularly with being disconnected relationally; extractive colonialism exercised by some disciplines in the past demonstrate this (Nakata, 2002, 2007). Indigenous perspectives is a more accurate description of the content that Indigenous peoples introduce into nursing curricula.

My engagement with Indigenous ways of knowing, being and doing has changed significantly as I have progressed through the 'formal' education system. I now recognise the explicit departure from Indigenous peoples' ways of knowing, being and doing in my own learning and development.

The Torres Strait Islander ways of knowing, being and doing we learnt at primary school in the Torres Straits were isolated to singing and dancing practice. This often took place in our classrooms in the younger years, and as we got older, we used a dedicated undercover outdoor space. These ways of knowing, being and doing were gifted to us by singers and knowledge-holders of our community; some were teachers at the school and others were invited in from our community. Most of the learning about Torres Strait Islander ways of knowing, being and doing took place outside of the school with my families.

I went to boarding school on Yugambah country for my secondary school education, however it was never obvious that the country we were being educated on once solely belonged to the Mununjali of the Yugambah nation. Yugambah and other Indigenous peoples' ways of knowing, being and doing were absent within my schooling. The Aboriginal and Torres Strait Islander flags were the only representations of Indigenous peoples (with exception of the small number of Indigenous pupils), and as usual, the flags flew silently (sometimes up-side-down), flanking the Australian flag.

Through my undergraduate nursing and postgraduate public health education, I have learnt that Indigenous peoples have health problems that require my disciplines' expertise. Indigenous ways of knowing, being and doing regarding health, or wellness were not included in the content nor in the pedagogical approaches, thus deeming it not helpful to the Indigenous health agenda, and not conducive to Indigenous peoples' health improvements.

This scaffolded departure of my education pathway from Indigenous peoples' ways of knowing, being and doing suggests that my education required dissociation from Indigenous thought and practice. The colonial imagination often likens Indigenous ways of knowing, being and doing to nursery rhymes and fairy tales for children (commonly referred to as our myths and legends). The logical flow of this imagination asserts that as children grow into young adults, they must come to learn the truth about the world, a 'truth' that presumably lies beyond the knowing, being and doing of Indigenous peoples.

This devaluing of Indigenous peoples' ways of knowing, being and doing is reminiscent of the prevailing racialised logic of the invasion and colonisation of Australia and the segregation, protection and assimilation policy eras imposed upon Indigenous peoples. It was evident through these policies that the value of Indigenous peoples' ways of knowing, being and doing, correlated with the perceived value of Indigenous peoples as humans and as knowers (Nakata, 2007). The persistence of this logic is apparent in my own education pathway.

In the nursing education context, improvements in the educational preparation of nurses regarding Indigenous peoples' health have been a common recommendation from Indigenous peoples as evident in numerous national reviews and reports. This includes the 1979 Standing Committee on Aboriginal Affairs report titled *Aboriginal Health* (1979, p. 71), the 1987 *National Aboriginal Health Strategy* (Department of Health, 1994, p. 15), the 1991 *Royal Commission into Aboriginal Deaths in Custody* reports (Office of the Aboriginal and Torres Strait Islander Social Justice Commission, 1996, p. 74), the 1997 *Bringing them home report* (Commonwealth of Australia, 1997, p. 346) and the report from the 1998 *National Aboriginal and Torres Strait Islander Nursing Forum* (1998, p. 28).

In 2009 the Australian Nursing and Midwifery Accreditation Council (ANMAC), the national nursing and midwifery education regulator, officially included the accreditation requirement for 'Aboriginal and Torres Strait Islander peoples' history, health and culture and... the principles of cultural safety' into Australian undergraduate nursing accreditation standards (ANMAC, 2009, p. 12). The current standards continue to require this inclusion, with the addition of the requirement to teach this content in a discrete subject and to engage with Indigenous peoples in the 'design and ongoing management of...' undergraduate nursing programmes (ANMAC, 2019, pp. 15–16).

The practice of incorporating partial Indigenous perspectives is common among academic disciplines such as anthropology and global development (Nakata, 2007). However, the utility of Indigenous perspectives for these and other disciplines is primarily self-serving, and perpetuates the disempowerment of Indigenous peoples (Nakata, 2007, p. 189).

Furthermore, this practice of extractive colonialism disregards the differences and tensions that exists between Indigenous and Western knowledges. Nakata (2007, pp. 188–189) explains that Indigenous knowledges and Western knowledge diverge at the level of ontology and epistemology, because these are different knowledge systems. For example, Indigenous knowledges are relational, holistic and embodied (Watson, 2014; Moreton-Robinson, 2016), whereas Western knowledge is 'atomistic, reductionist, abstract and absolute' (Brigg, 2016, p. 152). Thus, insensibly co-locating Indigenous perspectives within nursing discipline curricula without teaching about this incommensurability is problematic, and does not prioritise service to Indigenous peoples, but to the disciplinary curricula.

Brigg (2016, p. 152) reasons that distinguishing between Indigenous and Western knowledges is important to advancing Indigenous knowledges and perspectives within the academy, and promoting its legitimacy, however he also highlights that the similarities between the two are also important. For example, the fluidity that is imagined with the relational imperative of Indigenous knowledges does not mean that certainty about what is known is unattainable; he also asserts that Western knowledges are also relational, despite assertions that it is not (Brigg, 2016, p. 153).

While similarities are evident between different knowledge systems, a pivotal point of incommensurability is what Moreton-Robinson (2015, pp. 3–4) describes as the omnipresence of Indigenous peoples' 'ontological belongings' to our countries, and the requisite violence 'British migrants' impose upon Indigenous peoples to assert their competing belonging. This violence creates vibration between the knowledge systems. Teaching about the manifestations of this disharmony is essential.

Additionally, what is known by participants of the academy, including both staff and students, is discursively filtered through Western epistemology to become known by others (Nakata, 2007). Curricula content may have been gained through Indigenous relational means, but it must become known within the Western location of the academy (Nakata, 2007, pp. 190–191). Until the ontological and epistemological vastness between Indigenous and Western knowledges is acknowledged and the tensions between them understood and taught (resolution is an impossible proposition), then Indigenous perspectives included in discipline curricula will privilege its service to the discipline, not Indigenous peoples. Furthermore, Indigenous ways of knowing, being and doing will remain abstract and deemed a hindrance to advancing the discipline's scope of practice.

As a nursing academic the tension of aspiring for legitimacy while suspended in this space of contention between Western and Indigenous knowledges (the cultural interface) is real. In the context of my yarn, the 'cultural interface' refers to the space of contention between Indigenous and Western knowledges, specifically regarding the teaching and learning practice of Indigenous health in undergraduate nursing education. While my Indigenous perspective is obvious in my teaching practice (specifically the personal stories I share to contextualise learning content), my engagement with Indigenous knowledges with which I am connected is covert. This is because my Indigenous knowledge is embodied. Enacting this embodied knowledge as a sovereign Meriam and Wuthathi man is innate, and I actively exercise this to confront the contentions of the cultural interface. Nakata (2007, p. 192) states that we draw on 'our own prior theoretical investment in knowing and knowledge practice' to maintain the connection of extracted knowledge to its knowledge system. This is the point of difference between embodied Indigenous knowledges and Indigenous perspectives.

This paper invites you into my classrooms and offers insights to my learning and teaching within undergraduate nursing education in Indigenous health. These insights reflect my developing understanding of how I exercise my embodied Indigenous knowledge as a force of protection for me and for the Indigenous perspectives I engage with in my work (other Indigenous peoples' perspectives captured in literature, videos and audio recordings). Engaging with my embodied knowledge is also a force that drives reimagination in my work context, which encourages critique, challenge and change to 'normal' practices.

Through my yarn, I privilege stories of my experiences and proverbs that I have learnt from my own old people as well as stories published by other Indigenous peoples. Specifically, this paper aims to make conspicuous the necessary tensions associated with learning and teaching Indigenous health, which is enabled through the understanding and exercise of Indigenous peoples' ways of knowing, being and doing.

This is not an invitation to exercise extractive colonialism. Regulations determined by Indigenous peoples are yet to be adequately established in this space, and this should provide

clarification about use of Indigenous ways of knowing, being and doing by all in this context.

Bamboo proverb

One of my fondest memories of growing up on Thursday Island¹ is listening to the radio. If my siblings and I slept over at my maternal grandparent's house in Tamwoy Town, we would be awoken by my Grandfather listening to the ABC news radio. At 8 am the Torres Strait Islander Media Association (TSIMA), the local Torres Strait Islander operated radio station, would commence their programming.

TSIMA's programmes included talk-back radio, news and current events, out-and-about programmes and the request show which closed the day at 5 pm. In my final years of primary school, I volunteered at TSIMA. I was tasked with finding requested songs in the gallery of CDs and different types of cassettes and I also got to read out requests. I was not the best reader, but the radio hosts were all very supportive, giving me the shorter messages to read out, and letting me practice reading the message to them while the preceding song was playing.

I have always admired how some of TSIMA's radio hosts and guest speakers were quite proficient in English and Torres Strait Islander languages and alternated between multiple languages with ease. My favourite guest speaker to listen to was the late Grandad George Mye (known affectionately in the community as Grandad Adie). Grandad Adie was an Erubam le (from Erub or Darnley Island) and was a Commissioner on the Aboriginal and Torres Strait Islander Commission (ATSIC) for some time. His role required him to regularly travel 'down south' (of the Torres Strait) for meetings, and back home to Erub.

Grandad Adie was cousins with my maternal grandfather. So, while he was travelling, my grandfather was responsible for looking after his house on Thursday Island. We lived on the same street as Grandad Adie, a block away, so my siblings and I would help-out by turning on the house lights in the evening and turning them off in the morning on our way to school.

When Grandad Adie was back in the Torres Straits, he would often be on TSIMA's talk-back programme, updating the community on the politics that he was contending with in his work. He always spoke so passionately about the autonomy of the Torres Straits, a notion that asserts sovereignty and independence of Torres Strait Islanders.

While yarning on the radio, Grandad Adie would often weave Torres Strait Islander proverbs into his story to illustrate his point. Such proverbs are grandparents' knowledge that has been passed down through generations. This is a small example of our ways of knowing, being and doing.

I find the learnings relevant to my contemporary professional roles. There is one proverb that I reflect on often as a nursing academic, as it relates to my role, specifically improving the education preparation of the next generation of nurses to work with and for Indigenous peoples. This proverb is not published, so I had to check the accuracy with my mother.

¹Thursday Island (TI), or Weibene, in the administrative centre for the Torres Strait Islands, or Zenadth Kes. This is home of the Kaururag people. TI was strategically 'established' in 1877 by colonial government officials. They aimed to enable fast and safe boat travel and transportation to the British colonial outposts on the east coast of the Australian continent.

Proverb: *A child is like a bamboo; you have to straighten it while it is young. Once it gets too old, the bamboo becomes too hard to straighten. (Zenadth Kes Proverb)*

When bamboo is young, it is green and more pliable, so it can be straightened into shape, to ensure that it grows straight and strong. They are then ideal for hunting and gardening implements and building resources. As bamboo gets older it hardens, so it becomes difficult to shape, and more susceptible to break. This proverb often refers to child rearing, teaching that parents, aunties and uncles have responsibilities to straighten children, through support and discipline, when children are young. It warns that as their children gets older, they become too difficult to teach and change.

As an educator, I am tasked with developing the knowledge, skills and experience of my discipline's progeny. As the unit coordinator of the learning and teaching experience, I am responsible for the design and delivery of my unit's curriculum.² My responsibility is to facilitate learning about Indigenous peoples' health, highlighting the role of the contemporary nurse in addressing these health issues. In this context, I feel like I represent the parent in the bamboo proverb. My responsibility is to straighten student nurses, so that they grow strong enough to be useful for Indigenous peoples.

However, I do not work alone. I work collaboratively with my colleagues, including tutors and a co-coordinator to support the development of students. So, my colleagues are like the aunties and uncles in the proverb. However, many of my colleagues are not as knowledgeable, skilful or experienced in Indigenous health. So, my responsibility also involves optimising their current skill level, knowledge and experience, that is, I have responsibilities to straightening them as well.

Indigenous approaches to teaching and learning, particularly straightening of orthodox practice and knowledge *about* Indigenous peoples, can be confronting for non-Indigenous academics (Kennedy *et al.*, 2019, p. 159). Kennedy *et al.* (2019, pp. 158–159) found that structured development that engages teachers in formal and informal development opportunities is important to their development.

This proverb helps articulate the labour of Indigenous nursing academics in straightening students and staff.

The broader proposition from Grandad Adie's teachings that I recall, was that in order for Torres Strait Islanders to realise autonomy, we must fulfil our duty to better prepare our children to be masters of our ways of knowing, being and doing, and that of dominant Australian cultures. This is a space of contention that needs constant attention including careful mapping and strategising.

The space of contention, where Indigenous and Western knowledge systems are held in juxtaposition, is one of tension, deprived of clarity that a simple binary would promise (Nakata, 2007, p. 191). This is a location that our children must endure as reality, one that is unfamiliar to non-Indigenous peoples. Supporting children through this space of contention is essential to straightening them as the proverbial bamboo.

Nakata (2007) suggests that without engaging with this space of contention, academics are not genuinely engaging with Indigenous knowledges, thus their teaching remains superficial. So, students learning in this context must engage this contested space. The intention of this is not to facilitate activities that

resolve complex 'Indigenous' problems, but as an immersive exercise. In order to straighten the teaching staff, they must be familiar with space. The tensions experienced in this location, and the frequency of visits to this location resonates with the practice of straighten the bamboo; strong, repetitive pressure.

Paw-paw proverb

A complementary proverb shared by Grandad Aidie relates to the care we must take of our children. We do not just throw them in these spaces of contention without support and care. Furthermore, this care continues over a lifetime.

Proverb: *'Pawpaw can only bear pawpaw, it cannot bear another fruit, not mango or coconut.'* (Zenadth Kes Proverb)

This proverb reminds parents, aunties and uncles that our children will grow up to be like them. We do not just inherit physical features from our parents but imitate their personality and mannerism. Depending on the context which this proverb is shared, it may be a compliment or a warning.

This proverb also extends to the teacher–pupil relationship. My mother reminded me that when my brother and I dance kab kar³ we dance slightly different to each other, and this reflects our different teachers.

I recall dance practice, we started with the basic positions, angles of the feet, legs, back, arms and head were carefully scrutinised by the trainer and the other experienced dancers and singers. The first 2 weeks were painful, I felt like my body was contorted into unfamiliar positions. To help with the positioning of arms, we sometimes used a piece of wood, threaded between each elbow and rested on our back. We ensured this piece was strong enough to keep our elbows held back as we stepped through the choreography.

Once basic positions were established, we started to learn those dances with the easiest actions, then moved towards more difficult dances. We danced these repetitively in practice, and after each demonstration corrections were given to each dancer. The more I practiced, the easier it got, and the more familiar the movements became. Like a bamboo, my inabilities and imperfections were straightened with strong repetitive pressure.

The paw-paw proverb highlights the qualities of teaching I am familiar with. The role model, instructor, careful observer, one that provides constant feedback and works with others to support student development.

As a nurse educator, I do not just throw students into the spaces of contention without support or care. I am conscious of the impact of the curricula developed for and delivered to students and the role modelling that they are exposed to. This proverb highlights this obligation.

Curricula is designed to step students through foundational theory and concepts. They learn about the concept of cultural safety, and challenging concepts like racisms, whiteness and white privilege. These concepts develop necessary literacy and knowledge for learning in the cultural interface. This is backed up by re/visiting Australian history, to critique the historical founding of Indigenous displacement and disadvantage, through the critical lens of cultural safety. These learnings reflect shallow dives into the cultural interface, the space of contention, an introduction.

²A Bachelor of Nursing programme consists of 24 units in a 3 year programme. I coordinate one of these units.

³Sacred dances from the Eastern Islands of the Torres Straits.

Suffice to say that the initial weeks of learning Indigenous health in my unit, is like my first couple of weeks learning kab kar. The positioning is uncomfortable, and the aches associated with this linger for days afterwards. Tutors carefully assess student development as students engage with the tutorial material. Tutors too are straightened along the way.

The initial assessment is formative and designed to test foundational knowledge of key theory and concepts. This is to check if students are equipped to dive more deeply into the cultural interface. From this point, students are facilitated through different contexts of Indigenous health, just as I was taught different dances. Tutors continue to carefully facilitate this learning.

It must be noted that the paw-paw proverb assumes a relational imperative. The relationship I have with my dance trainer differs to the nurse academic–student relationship, as my trainer is my maternal grandfather’s cousin, so he is family and we have relational obligations to each other. In contrast, the relationship between nursing academics and students is usually transactional, as the academic is delivering a service and the student pays a fee for this; this is a prerequisite for the student wanting to join the profession. Furthermore, this relationship spans a single semester, as the Indigenous health unit is only one of 24 units in a 3-year Bachelor of Nursing programme. The relational obligations are not comparable. Addressing this difference, requires further consideration of the nature of the relationship between educator and student as well as revisiting what is being taught in this context.

Give a man a fish... because that is your relational obligation

In a recent presentation about my ‘PhD journey’, I used the quote ‘give a man a fish and he eats for a day, teach a man to fish and you’ve fed him for a lifetime’. The intention was to have the audience think that the PhD was the proverbial act of learning how to fish, however this was a set up to problematise the quote and the underlying logic about learning and teaching.

This proverb has always confused me. As a boy growing up on Thursday Island, I was familiar with the practice of sharing fish and other seafood. My paternal grandfather went fishing every day except for Sunday, and my siblings and I would go with him on Saturdays and during school holidays to throw and pull the anchor, to try and out-fish him, and to help clean, count and weigh the fish when we got home. Most of the fish were sold, but we would often have fish to give to extended family members. When we caught squid or crayfish or turtle, we would bag some up for certain family members as well. We would share our catch, knowing that others will reciprocate with fish, turtle, dugong or baked or fried goods.

From what I learnt growing up in the Torres Straits, I know that if we gave a man/woman/person a fish, we were fulfilling my relational duty. When they have fish, they may reciprocate as their fulfilment of their relational duty. This wasn’t just transactional duty, but exercise of relationality.

The learning and teaching practice in my class must go beyond transactional or extractive relations. Students are facilitated to realise the value of relational investment. They are facilitated through yarning and listening, and spaces are prepared for them share through collective understanding and practice of cultural safety in the context of Indigenous health. Expectations of engagement are established, and students are enabled to regulate themselves in these spaces.

This innately values the student and the knowledge, skills and experience they bring to the learning and teaching space. I do not assume that they do not know how to fish. Nor do I assume that they are incapable of looking after themselves. To see them as empty and ignorant vessels is problematic. Their knowledge may be limited, but it has been developed through education and socialisation within their relational interconnections.

This speaks to the legacy of the paw-paws I wish to bear. Nursing professionals who know how to fish (developed knowledge and skills regarding a critical approach to Indigenous peoples’ health and well-being), but also know that they have a relational duty to share. This sharing refers to the sharing of learning with their professional community. The skills of building a community, and networks established during undergraduate education are skills, knowledges and experience that can endure beyond graduation, unlike knowledge content, which can be context specific. Relationships are thus important.

Relationality

Visiting my maternal grandfather’s islands of Mer, Dauar and Waier (collectively the Murray Islands) in the Torres Straits, I often have the most unbelievable experiences with the living earth. One visit included a school of fish beaching themselves around me when I was standing in the shallow, taking my baby sister for a swim. Another experience is when two baby turtles crawled out of its nest, popping out into the world from right under me, as I sat on the beach watching my cousins swim.

These experiences are not mere coincidences. They are expressions of relationality between those living things, country and me. Epistemologically, timely (time and place) engagement with the living earth and things are expressions of relationality. Meriam Elder and Aka Olai, reminded me that this was country connecting with me. While our individual memory is unreliable, and at most, is limited to our lifetime, she shared that country knows me through relationships they had with those before us.

I chose to speak initially to relationality with the living earth to emphasise the depth of belonging of Indigenous peoples and to problematise the anthropocentric assertions of Western knowledge (Moreton-Robinson, 2016). Watson (2014, p. 13) shares that for her people ‘(t)he ancestors—human, animal and plants—are our relations and connect us to law and Kaldowinyeri.⁴ A relationship that links us to the past is connection that is lived in the present and to be recreated in the future’. This relationship transverse time according to Watson (2014).

Country is a significant entity to consider from a relational perspective, and one that is often neglected in the Indigenous agenda (Kennedy *et al.*, 2019). Kennedy and colleagues developed their Jindaola approach in partnership with local knowledge holders and Elders, in an attempt to connect local knowledge to the current practice of tertiary teaching and learning about Indigenous peoples (Kennedy *et al.*, 2019). Relationships appear paramount amongst the teaching community, between them and the local Yuin people, and is an important part of the learning experience for their students (Kennedy *et al.*, 2019).

Relationality of course relates to human relationships as well. Indigenous peoples’ interconnectedness with each other is

⁴Kaldowinyeri is a concept, which is difficult to translate, but in part it means “a long time ago, the beginning of time itself”; the word originates in the language of the First Nations Peoples of the Lakes and Coorong region in the south-east of South Australia’ (Watson, 2014, p. 11).

illustrated in complex moieties, or family and community ties. Its significance is in the defining of roles and responsibilities that is informed through these interconnections. This, I learnt early on, is not reflected in non-Indigenous Australian ideas of family.

In year 10 biology, the class was asked to share the number of living grandparents we each had. The teacher started at the front and I was at the back of the class, which I thought gave me ample time to count all my grandparents. No, I am not a slow counter. I claim many people as a grandparent and many claim me as their grandson. I got to 32 (still counting my maternal grandfather's family) when I realised that everyone else in class only had four grandparents at most. I was initially sad for them, then I realised the teacher meant grandparents from the Western understanding.

My position within my broader family determines the roles and responsibilities to immediate and broader family members. Some of these roles and responsibilities are sensitive to context, that is time, place and situation. My proximity to my family, community and country changes my ability to fulfil these, and requires innovation as well as compromise.

Relationality is exercised within the academy, most notably in the context of Indigenous research. Moreton-Robinson (2016, p. 69) proposes that relationality is a central 'presupposition of an Indigenous social research paradigm', and that our belonging to country and connection to the living earth, including kin must be recognised and strategically mobilised by Indigenous peoples in developing an Indigenous research agenda (Moreton-Robinson, 2016).

Accepting that knowledge development belongs on the same continuum as knowledge exchange or translation, it seems logical to conclude that relationality also applies to the Indigenous learning and teaching agenda, one that privileges Indigenous ways of knowing, being and doing and may enable relocating learning and teaching within the cultural interface.

As I alluded to earlier, the experience of relationality will be different for non-Indigenous academics and students compared to the experiences of Indigenous students and academics. The extent of relationality that we experience is beyond their ontological frontier. Moreton-Robinson (2016, p. 71) explains, '(r)elationality is grounded in a holistic concept of the inter-connectedness and inter-substantiation between and among all living things and the earth, which is inhabited by a world of ancestors and creator beings'. Indigenous peoples belong to the ancestor and creator beings of our respective countries; interconnectedness is evident in my earlier examples about engagement with the living earth while on my maternal grandfather's country.

Despite this limitation, the learnings from relationality as an Indigenous way of knowing, being and doing remains valuable in this context. If we briefly return to the research context, we see that relationships between Indigenous and non-Indigenous peoples, established and maintained through yarning, and has been shown to be essential to established trust and deepen the research yarn (Bessarab and Ng'andu, 2010; Geia, Hayes and Usher, 2013). Relationships result in participants knowing more about each other, and once complex issues associated with this engagement becomes mundane, creating opportunities to exploring more complex issues (Kennedy *et al.*, 2019, p. 158). Kennedy *et al.* (2019, p. 159) promote 'knowledge-based relationships between disciplinary and Aboriginal Knowledges to co-create new knowledges, privileging the significance of Country'.

This way of knowing is different to what academics may be familiar with. Knowledge and knowing is experienced differently

when engaging Indigenous knowledges. A relational approach enables academics to realise other ways of knowing, and to experience the tensions between the two (Brigg, 2016).

In my teaching practice I privilege relationships as an important principle for learning and teaching. Respectful relationships are encouraged amongst the teaching team, amongst the student body and between the two camps. Students are required to engage with each other in the tutorial learning material and in the online learning, and to develop and maintain productive working relationships. Yarning is significant enabler of developing and maintaining relationships in the learning and teaching space.

Yarning

In learning and being assessed on Indigenous health, nursing students may perform agreeably (i.e. saying and doing the 'right things' in class and in assessments) in order to be perceived as 'good citizens'. This relieves them of critical reflection about their values, beliefs and attitudes that may be negative towards Indigenous peoples (Courtney-Pratt *et al.*, 2015; Bullen *et al.*, 2017).

Simultaneously, tutors may support the superficial performance of being 'good citizens' towards Indigenous peoples. Doran *et al.* (2019) identified that the prior knowledge and experience of academics determined their self-efficacy and belief of best approach for teaching Indigenous health. Many of the participants of their study were not familiar or confident with critical approaches to teaching Indigenous health, like cultural safety (Doran *et al.*, 2019). The embedding of Indigenous health within undergraduate nursing curricula is a recent phenomenon, which means that nurse academics who were trained before the 1990s or who graduated before the year 2000 are less likely to have been taught about Indigenous health from a critical nursing perspective, thus feel less confident in the teaching of Indigenous health (Turale and Miller, 2006).

Fleming *et al.* (2020) used yarning circles as an enabler to facilitate professional development of non-Indigenous midwifery academics, specifically regarding the application of cultural safety to the Indigenous health and wellbeing context. They found that individual and collective sense of belonging was nurtured through yarning, which made their professional development easier (Fleming *et al.*, 2020). The authors identified that yarning helped their participants, 'see the richness of diversity and cultural within their academic and practice environment' (Fleming *et al.*, 2020, p. 182). This may reflect the individual's limitations in seeing the diversity, or a reflection of the deficits within our socialising norms that hid diversity and valued 'fitting in'. In this case, yarning circles created a space for their participants to be vulnerable, to expose themselves as individuals, including those characteristics that could be identified as flawed.

This speaks to the bamboo proverb; the experience of being vulnerable, specifically exposing one's uniqueness relates to the pliability of the young bamboo. This may suggest that pliability, that is ability to learn and develop, is not necessarily about age, but about a conscious choice to engage in growth and development, to remain pliable.

I have introduced yarning as a teaching and learning method to address the needs of students and staff to co-create safe spaces for their learning and development. I have adopted the use of Bessarab and Ng'andu (2010) yarning research method for the teaching and learning context. Yarning asserts the imperative of developing and maintaining relationships and suggests a

correlation between the quality of the relationship with the quality of knowledge that is shared and co-created.

Yarning engages tutors and students with each other and the learning material. These relationships are imperative to successful exploration of Indigenous health while suspended in the space of contention.

Diving deep—support in the cultural interface

Working in the space of Indigenous health education can be burdensome and isolating (Jackson *et al.*, 2013). Being suspended in the cultural interface is like a pearl diver descending and ascending between the pearl lugger and the ocean floor. My paternal grandfather would tell stories about pearl diving, including times when he was lowered into the darkness of the Darnley Deep⁵ and the long staging time for when he was lifted back to the surface. A slow ascent was essential to avoid the lethal condition of decompression sickness, commonly referred to as the bends. My grandfather would describe his experience as slowly drifting like bait, hoping not to run into a shark or octopus or snake. Sometimes divers would never find the ocean bottom, so would spend the entire time just suspended in darkness (Faulkner, 2007).

Jackson *et al.* (2013) found that a team approach essential to addressing the issue of isolation. They were also generous towards their students in sharing their personal stories as part of the learning experience, and co-teaching with fellow Indigenous academics ensured that they supported each other through this (Jackson *et al.*, 2013). This co-teaching model also enabled regulation of each other's teaching through relationality, whereby knowledges and perspectives are negotiated amongst them. However, not all learning and teaching spaces within Schools of Nursing are privileged with a team of Indigenous nurse academics, so this supports the need to increase the number of Indigenous nurse academics within Australian Schools of Nursing.

Increasing Indigenous nurse academics may also further develop regulation for the practices for engaging with Indigenous ways of knowing, being and doing in the teaching of Indigenous health to nursing students; one that privileges relationality. As Indigenous academics, we must regulate ourselves, commit to a relational engagement to support and straighten each other. The context in which we teach, and research may not value or understand our ways of being, knowing, and doing. Without this, we remain vulnerable to breaching protocols associated with our own ways of knowing, being and doing while in the process of appealing to our disciplines and the academy. In supporting each other, we may better prepare the next generation of Indigenous academic to more readily and appropriately exercise their embodied knowledge in their learning, teaching and research practices.

As the only Indigenous nurse academic at my school, I address this isolation through maintaining a solid partnership with my colleague Dr Leonie Cox. This partnership has been pivotal to my development and work. I also seek guidance from my own family and community, as well as from other Indigenous academics and non-Indigenous academics experienced with the complexities of this work. This is an ongoing process that was not prescribed for me in a step-by-step guide. It is also evidence

⁵An infamously deep part of the Torres Straits waters near Erub (Darnley Island), known for its pearl shell, but also for the lives of the many pearl-divers that it took.

of the ongoing need for straightening my understanding and my practice in the context of teaching Indigenous health.

Before you leave my classroom

This yarn does not and cannot adequately describe and resolve all the tensions held by Indigenous nurse academics within this cultural interface. It does, however, offer insight into how I have come to know some of these tensions and aim to address them through Indigenous ways of knowing, being and doing.

As nurse academics with a mandate to include Indigenous peoples' history, health, and culture within our respective Bachelor of Nursing programmes, and engage with Indigenous peoples to enable this, we must honour the value of Indigenous peoples and our ways of knowing, being and doing in our work. The racialised logic that deems Indigenous peoples' ways of knowing, being and doing as unhelpful and even counter-productive to our purpose of educating nursing students, must be challenged.

The bamboo and paw-paw proverb reminds us of our responsibility in straightening the next generation of nurses. In the context of Indigenous peoples' history, health and culture, they also assert the need for us to further sophisticate the respective curriculum and teaching and learning practices with Indigenous peoples' way of knowing, being and doing.

Essential enablers for this work include fulfilling our principle relational obligation to the sovereign Indigenous peoples whose land we do this work. Additionally, we must engage with the Indigenous studies field, an intellectual space that transverses all disciplines areas (Anderson, 2016). Scholarship from this location makes conspicuous genuine engagement with embodied Indigenous knowledge that goes beyond Indigenous perspective and makes tangible the tensions that Indigenous academics experience in this cultural interface. These are yarns for another time.

Conclusion

Indigenous ways of knowing, being and doing can optimise the learning and teaching experiences regarding Indigenous health for all nursing students. They enable my practice that takes students and tutors into the cultural interface between Western and Indigenous knowledges, an imperative to understanding Indigenous peoples' disadvantage, and non-Indigenous peoples' advantage, including health.

In my use of Indigenous ways of knowing, being and doing in my learning and teaching, I aspire to integrate pedagogical principles and practice that will develop more informed and culturally safe nurses who will be able to work confidently with and for Indigenous peoples. In doing this, demonstrating that Indigenous peoples' ways of knowing, being and doing can enhance learning, teaching and caring. These approaches are enabled as embodied knowledge carried by Indigenous academics and must be valued and protected.

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