



Strengthening culturally safe workplaces for First Nations staff: key findings from a workshop for NT Health

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This report presents findings from a cultural safety workshop to identify factors that support a culturally safe workplace focusing on the social and emotional wellbeing of First Nations staff. The workshop brought together First Nations health professionals, Aboriginal Liaison Officers and interpreters (employed by NT Health and NT Aboriginal Interpreter Service) from Darwin, Nhulunbuy and Katherine.

This workshop was conceived by First Nations leaders working at NT Health and the NT Aboriginal Interpreter Service in collaboration with the [Communicate Study Partnership project](#). Leaders expressed concerns about burnout, moral distress and workforce attrition among staff. These pressures were linked to experiences of racism, linguistic exclusion, lack of cultural supervision, and the expectation that Aboriginal staff perform unpaid cultural labour within mainstream institutions.

Key Findings

The Darwin workshop data identified four interrelated areas:

1. Definitions of cultural safety

Staff described cultural safety as a lived, relational experience shaped by leadership, workplace structures and everyday interactions rather than policy compliance. It was grounded in respect, reciprocity, language and recognition of Aboriginal cultural authority and associated with being able to bring one's whole self to work without pressure to conform to dominant norms. Aboriginal languages were seen as central to both professional practice and wellbeing and genuine cultural safety required active commitment from non-Indigenous colleagues and leaders to listen, learn and share responsibility.

- *I can come to work every day and not feel on edge that someone's gonna say something racist and then I have to speak up and grow!* – NT Health staff
- *the others have to meet us half way.* - NT Aboriginal Interpreter Service interpreter

2. What harms cultural safety

Staff reported unsafe workplace practices including racism, stereotyping, linguistic discrimination, pressure to disregard cultural protocols and limited recognition of Aboriginal excellence. Many described carrying unrecognised and uncompensated colonial load¹ such as educating colleagues, mediating conflict and navigating intercultural misunderstandings often alongside communication failures that created clinical risk and moral distress. As an example, staff raised concerns about some non-Indigenous health professionals dressing in ways described as “too revealing,” reflecting broader anxieties that the incoming staff, with high turnover, frequently lack the cultural knowledge and preparedness required to practise safely in the NT

¹ Cultural load is defined as ‘the often-unrecognised, additional professional and emotional, and mental burden placed on Aboriginal and Torres Strait Islander people in the workplace’



context. Leave entitlements and rules of employment were described as rigid and insufficiently responsive to cultural and family obligations, contributing to workforce strain and attrition.

- *They tell us to be professional and keep our personal lives at home but then they tell us to use our identity when it suits them.* – NT Health staff
- *They are trying to change our ways. They want us to assimilate.* – NT Health staff
- *We have been told not to speak our language in the wards, but the nurses do it between themselves.*
– workshop group discussion

3. What protects cultural safety

Protective factors were relational² and collective, with wellbeing strengthened by working alongside other Aboriginal staff, sharing language and humour, and having space to gather and debrief. Recognition from colleagues and leaders reinforced professional identity and value. Cultural practices, including ceremonies and adherence to cultural protocols, were described as protective for both staff and patients. Staff highlighted the importance of culturally grounded approaches to mental health facilitated by Aboriginal practitioners, including narrative and collective therapeutic models, which were viewed as more effective than individualised Western counselling approaches.

- *I feel culturally safe in our unit because we're all blackfellas there in our unit, we can talk, laugh and be loud. I feel grateful working at NT health. I have saved a finger, saved an eye. It's my dream job. I love it.* – NT Health staff
- *I love helping my mob journey through the hospital. I love helping my mob for better understanding.*
– NT Aboriginal Interpreter Service staff

4. What needs to change

Staff were clear that improvement requires systemic reform rather than reliance on individual resilience. Strengthening cultural governance structures was identified as a priority, including formal advisory mechanisms and clearer pathways for Aboriginal staff to influence decision-making. Staff stressed the need for practical training on how governance processes work so they can effectively contribute to change. Staff gave examples of organisational systems such as RiskMan, which was described as poorly understood and ineffective. No attendees had actually used RiskMan to lodge a concern, despite having significant concerns. Staff said responsibility for cultural safety must be shared across the workforce, rather than resting primarily with Aboriginal staff. They noted that cultural competency development must move beyond one-off awareness training towards ongoing, place-based learning linked to professional standards and performance frameworks. Investment in Aboriginal-led social and emotional wellbeing supports was identified as essential for workforce sustainability alongside employment reforms to better align with cultural obligations and community responsibilities.

- *What we want is non-Indigenous colleagues to change their attitudes. The thing that will offend me is the people. Not the paper [written policies].* – NT Aboriginal Interpreter Service staff
- *We need to know the rules, to then change the rules.* – NT Health staff

² 'Relational' describes a focus on interpersonal connections and mutual influences between people as the primary source of meaning.

Key Recommendations for NT Health arising from the workshop

1. Embed cultural safety in executive governance and performance

Formalise cultural safety as a core organisational responsibility, with executive accountability, co-designed KPIs, public reporting on workforce and interpreter use and strengthened Aboriginal cultural governance structures with defined authority.

2. Establish clear processes to document experiences of racism

Establish confidential reporting pathways separate from general HR processes, embed cultural safety breaches within performance frameworks and publish annual de-identified reporting on complaints and outcomes.

3. Mandate locally developed cultural safety training

Move beyond awareness training to mandatory, place-based cultural safety education linked to credentialing, promotion and professional standards, delivered in partnership with Aboriginal educators and assessed for competency.

4. Recognise and strengthen language and interpreter practice

Affirm Aboriginal languages as professional assets, mandate best-practice interpreter protocols and documentation, improve plain English communication and formally recognise bilingual expertise within role classifications and remuneration.

5. Reform workforce and HR policies to recognise cultural obligations and cultural labour

Adapt HR policies to reflect kinship systems and cultural responsibilities, increase flexibility for ceremony and bereavement leave and formally recognise and remunerate cultural labour currently undertaken by Aboriginal staff.

6. Invest in Aboriginal-led social and emotional wellbeing supports

Fund Aboriginal-designed social and emotional wellbeing programs, culturally grounded supervision and protected collective debriefing spaces, recognising moral distress and cultural load as occupational health risks.

7. Improve infrastructure and visible cultural authority

Ensure hospital environments visibly and practically support cultural safety through private interpreter spaces, accessible ALO offices, cultural signage and flags, supported Cultural Advisory Groups, and protected spaces for ceremony and reflection.

Development, funding, facilitation:

This workshop arose in response to priorities articulated by First Nations staff. The Darwin workshop was co-facilitated by Communicating for Safety Officer Patricia Paterson (NT Health), independent consultant Amanda Ahmat and Narrative Therapist Daniel Fejo. Facilitators were supported by Communicate Study researchers. The Darwin workshop was held on the 26 August 2025. A further workshop was held in Alice Springs on 3 December 2025 (report pending). This project was funded by NHMRC Collaborations in Health Services Research Grant 2043995 as part of the Communicate Study partnership.

The [Communicate Study Partnership](#) brings together Menzies School of Health Research, NT Health, NT Aboriginal Interpreter Service, CDU, NAATI and First Nations leaders to drive sustainable organisational change and strengthen cultural and clinical safety in NT Health services. This includes improving the experience and retention of First Nations professionals in NT health services by developing culturally safe workplace strategies.



Image: Tree analogy developed by the research team to illustrate the interconnected factors and structures that shape the cultural safety and the wellbeing of Aboriginal staff employed by or working within NT Health.

