Charles Darwin University

Making a world of difference

Richardson, Fran

Published in:
Kai Tiaki Nursing New Zealand

Published: 01/05/2012

Document Version
Publisher's PDF, also known as Version of record

Link to publication

Citation for published version (APA):
Richardson, F. (2012). Making a world of difference. *Kai Tiaki Nursing New Zealand*, *18*(4), 2-2.

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Take down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Download date: 18. Jul. 2024

Fran Richardson

MAKING A WORLD OF DIFFERENCE

By Fran Richardson

As we mark the 20-year milestone of cultural safety being introduced into nursing and midwifery education curricula in Aotearoa New Zealand, it is good to pause and reflect on how far we have come in making culturally safe care central to the delivery of nursing care. Has cultural safety made a difference to health outcomes for people using health services?

Cultural safety nursing arose out of social protest movements of the 1980s. This was the time when issues of identity, gender, and racism were brought to the fore by different groups and challenged a dominant patriarchal worldview. Years of attempts by Māori to maintain their rights and recognition of sovereignty set out in the 1840 te Tiriti o Waitangi were overshadowed by the dominance of western patriarchal views of how the world and the people in it should be. This led to inequity in health care where Māori were unable to enjoy the same level of care as Pākehā. A primary aim of cultural safety was to draw attention to the power health professionals had in determining health care outcomes for people using health services.

Interpreting power differentials

Since its introduction in 1992, in an attempt to reflect a more inclusive dimension, cultural safety has been expanded to include a broader interpretation of power differentials other than those between Māori and Pākehā. However, this has sometimes resulted in cultural safety being narrowly interpreted within a cultural/ethnic framework. It is sometimes viewed as being concerned firstly with Māori health and, secondly, with the health of migrant populations or populations from countries other than European. This positioning fails to take into account the original intent of cultural safety by deflecting understanding away from the power of the health professional to influence care positively or negatively, and toward the ethnicity or culture of the person using health services. The agenda of cultural safety is about health professionals working with vulnerable people and groups who, when faced with unfamiliar health changes or illness, need to be able to hold fast to identities that define them. In this sense, identity can be a source of sustenance for maintaining well-being in complex health care situations, and relationships are negotiated.[1]

Cultural safety pioneer Irihapeti Ramsden's substantial body of work on the development of cultural safety between 1988 and 2002 formed a blueprint for an approach to nursing embedded in the experience of the person receiving care, rather than the experience of the person providing care.[2] Other researchers, academics and clinicians have also contributed to the development of cultural safety and, collectively, research concerning the application of the concept in education and practice shows that, like nursing, cultural safety is complex and many-sided.

Recognising a trust moment

Sometimes overlooked in cultural safety is the centrality of trust in health care interactions. Ramsden was clear in her assertion that cultural safety is about the ability for a nurse to recognise a trust moment in nursing relationships and to be able to build on that to create and sustain effective and ethical health care relationships. Researcher Denise Wilson, in exploring the health and well-being of Māori women, identified trust as a factor in their accessing and trusting services to meet their health needs.[3] Two other New Zealand researchers, Rose McEldowney and Margaret Conner, broaden understanding of cultural safety by proposing an approach shaped by context, relationship, competence and collectivity, which together form an ethic of care.[4]

Cultural safety sits within a critical framework and is concerned with analysing, deconstructing and reconstructing social structures and relationships. The practice settings within which nurses practise reflect models of care based on principles of humanism and the ideals of moral care and compassion. Critical analysis and humanism are not incompatible, and both can be aligned and attuned to what health care, as defined by the recipient, might really mean. We cannot jettison the critical/political dimensions of cultural safety, just as we would not dream of absolving ourselves from a duty of care, protection and compassionate care. Yet andectodal evidence suggests there are times when a duty of care and critical analysis are not always the first consideration in health care.

Working within a cultural safety framework provides nurses with tools for monitoring and guiding everyday nursing practice. When things are in harmony and going well, cultural safety may not be conscious in the mind of the nurse. Knowing about cultural safety can act as an alert or warning system that brings attention to the fact that something might be amiss. This may be evidenced by tension, disagreement, withdrawal or some other factor indicating unease, or distress within the relationship by any of the people involved.

How far have we come in 20 years? Has the potential of cultural safety been fulfilled and how far is there still to go in making it central to the development of care? The articles and contributions in this issue attest to the fact that "yes", culturally safe nursing has made a difference to the way nursing services and care is provided but there is still some way to go to embed cultural safety in health care overall.

To conclude, cultural safety is about the culture of the person receiving care, the culture of the nurse or health professional and the culture of the setting within which nursing happens. Culturally safe care implies a person feels protected and in control of who they are in times of illness. Therefore, health care settings need to reflect values and beliefs that respect and value a person's worth and identity. •

Fran Richardson, RN, BN, CertPsychNsg, ADN, MA(Nsg), GradDip Tert Ed, PhD, has been a senior lecturer at Whitireia Community Polytechnic's Faculty of Health. She now lectures in the Bachelor of Health Science at Charles Darwin University, Darwin.

References

1) Richardson, F. (2010) *Cultural safety in nursing education and practice in Aotearoa New Zealand*. Unpublished doctoral thesis. Palmerston North: Massey University.

2) Ramsden, I. (2002) *Cultural safety and nursing education in Aotearoa and Te Waipounamu*. Unpublished doctoral thesis. Wellington: Victoria University of Wellington.

3) Wilson, D. (2004) *Ngā kairaranga oranga. The weavers of health and wellbeing: A grounded theory approach*. Unpublished doctoral thesis. Palmerston North: Massey University.

4) McEldowney, R. & Conner, M. (2011) Cultural safety as ethic of care: A praxiological process. *Journal of Transcultural Nursing*; 22: 4, pp342-9.