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**What is it like to teach cultural  
safety in a New Zealand nursing  
education programme?**

**A thesis presented in partial fulfillment of the  
requirements for the degree of Master of Arts in  
nursing at Massey University**

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## ABSTRACT

This thesis explores the experience of teaching cultural safety in a New Zealand nursing education programme. A qualitative approach was used to interview fourteen teachers about their experience of teaching in this area. The teachers were all women and most had taught in cultural safety education programmes for a number of years. Five were Maori and nine were Pakeha. The experience of teaching was different for both groups.

The study asked the question “What is it like to teach cultural safety in a nursing education programme?” The participants revealed thoughts, feeling and experiences which together provided a picture of what the experience of teaching is like.

Using thematic analysis three themes were generated from the data and analysed against a theoretical framework of power and knowledge derived from critical social theory and feminist influence.

The findings of the study demonstrated that the experience of teaching is shaped by a number of factors. These include personal, political and professional factors. These form an integral part of the teaching experience and shapes what happens in the classroom situation. The findings also demonstrate that teachers have developed a high level of teaching skill in teaching a controversial subject. Although the teachers experience times of stress in teaching, this stress is balanced by moments of satisfaction and a sense that they are contributing to change in nursing and health care delivery in a way which reflects the realities of people using the health care system

## PREFACE

I have been involved in cultural safety teaching for eleven years. During this time I have experienced frustration and satisfaction in the teaching the subject. Like some other cultural safety teachers I came to the subject through a personal commitment to socio-political change. I was involved in the lesbian, feminist and women's health politics of the 70s and 80s. It was during this time that I became aware that the world I inhabited was not the same world that I had been brought up to believe it was. Through what were at times, painful experiences, I came to realise I could act on my own behalf to help change social practices which discriminated against my full participation in society and join with others who were also seeking recognition and full participation in society.

I come from a background in which I was privileged to grow up in an environment, that prepared me for my later political involvement. Both my parents were psychiatric nurses; consequently I grew up in a community where I came to understand difference from a very early age. I mingled with and was befriended by people whose behaviour did not conform to the social mores of the society at the time. In later years this gave me an insight into the impact of society's 'rules', on a person's ability to be self-determining in terms of who and how they are in the world.

My professional development involved registering as a general nurse followed later by registration as a psychiatric nurse. I firmly believe in the comprehensive nature of nursing and believe that to make distinctions between the mind and body is an anathema to the overall well being and health of individuals, groups and communities. Developing my nursing practice mainly in the area of mental health has equipped me with important personal and professional insights and understandings about the socio-political nature of health care in New Zealand.

It is out of this personal, political and professional background that my research topic was born and for the purposes of this study I am researcher-participant.

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# Chapter 1: Introduction

## 1.1 Introduction

New Zealanders are living through a time of considerable social and political change. This change is in part driven by global, national and community challenges to traditional Western constructions of knowledge and truth. Nursing in New Zealand is participating and contributing to this change at a national and community level through the development of the concept of cultural safety<sup>1</sup> in nursing education.

This chapter provides the background, central aim and justification of the research. The chapter continues with definitions of cultural safety and positions cultural safety in a context of power and relationship. My position as researcher-participant is then made clear. The chapter concludes with an outline of the organisation of the subsequent thesis chapters.

## 1.2 Background to the study

In 1988 a Government report on education, commonly known as the Picot report, identified the need for education policy to be more culturally sensitive and responsive to the needs of minority groups (Picot, 1988). This report gave recognition to the “special” status of Maori under the obligations of the Government to the Treaty of Waitangi.<sup>2</sup> The aim of this “special status” was to reduce the dominance of the “predominant, white, male middle class professional representation in education structures” (Picot, p.4). The 1989 Education Amendment Act made provision for the Treaty of Waitangi to become more visible through the development and implementation of bicultural policies in educational decision-making structures (Kelsey, 1990; Kelsey, 1996; Rosier, 1990).

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<sup>1</sup> Cultural safety is an outcome of nursing and midwifery education that enables safe service to be defined by those who receive the service (Nursing Council of New Zealand, 1996). For further definitions see pp 6-8 in this chapter.

<sup>2</sup> The Treaty of Waitangi/ Te Tiriti o Waitangi signed in 1840 between the Government and Maori people of Aotearoa./New Zealand. The original signing gave the potential for a fair and even arrangement between Maori and Pakeha. It establishes the fundamental basis of the relationship between Maori and the Crown. Implicit in the Treaty are the concepts of equity and partnership. There are two versions of the Treaty, one in English the other in Maori, they differ in translation and meaning. Under International Law, and ‘contra preferentum’ the indigenous text takes precedence (Ministry of Health, 1995).

Since the official recognition of the Treaty of Waitangi by the Labour Government in 1988, the New Zealand community in general has been faced with the need to address the realities of moving from a monocultural to a bicultural<sup>3</sup> society. This began with a negotiation process between Maori and the Crown focusing on settlement of long standing grievances over land confiscation and illegal land purchases. Later, Government departments were required to develop policy and plans to address bicultural issues and racial inequality. Over the past ten years there has been a growing recognition and acceptance of the place of the Treaty of Waitangi in a bicultural New Zealand. During this time commentators however, suggest that changes have been only superficial with the delivery of services remaining generally monocultural (Jackson, 1992; Kelsey, 1996).

As part of the commitment to establishing bicultural structures within nursing education a Maori Education Advisory officer was employed by the Education Department to co-ordinate the planned introduction of bicultural education into the nursing education curriculum nationwide (Ramsden, 1993). It was out of this process that cultural safety eventually emerged.

Cultural safety is nursing's response to developing meaningful practical application and understanding of the Treaty of Waitangi in a nursing education and nursing practice context. Its aim is to ensure that nurses go beyond a superficial understanding of the Treaty of Waitangi and incorporate its lessons into their daily nursing practice. It is a relatively new concept in nursing nationally and it has no exact counterpart internationally.

For nurses to be able to deliver health care safely they require skills and knowledge to nurse people from diverse cultural and social backgrounds. This means nursing people whose culture, background and beliefs will differ from their own. To do this requires more than an understanding and adherence to the norms and values of Western or Judeo-Christian representations of knowledge and truths. Nurses are being challenged to stand in different places simultaneously, be comfortable with

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<sup>3</sup> Bicultural in this sense relates to the development of structures and policies which enable full and equal participation in decision making structures by the Maori partner of the Treaty of Waitangi. The wider meaning of bicultural means two cultures. In this context the two cultures are Maori and Pakeha signatories to the Treaty of Waitangi in 1840.

themselves in multiple positions and be open to change and possibility in relationships with people who use nursing and health services.

Carryer (1995b) describes the aims of undergraduate nursing as: "...Producing a skilled knowledgeable practitioner who is able to provide compassionate and critically evaluated care to all persons in the changing contexts of health care delivery" (*Listener, Aug 12*). To do this students need to understand self in the context of socio-political relationships and the structures in which health care takes place.

There is no available research about teaching cultural safety and little about cultural safety in nursing practice. To date cultural safety research has been undertaken about recent graduate experience of cultural safety education (Pere, 1997) and the practitioner's experience of culturally safe practice (Fitzpatrick, 1997). There is further research emerging about cultural safety from the client's experience. This study adds to the very small body of nursing knowledge by contributing the educator's experience of teaching the subject.

### **1.3 Aim**

The aim of this research is to explore what it is like to teach cultural safety in a nursing education programme.

### **1.4 Justification**

Teaching cultural safety in nursing has been controversial almost since its inception. The subject has been in the nursing curriculum informally since 1989 and formally since 1991, but because of the educational reforms in the 1990s, the co-ordinated introduction into nursing education programmes did not proceed as planned. The Maori education advisory officer role in the Education Department was disestablished with the advent of the Ministry of Education (Ramsden, 1993). Instead, there was rapid and at times ad hoc development of the concept nationwide. The concept had been in programmes for long enough for some nurse educators to see its implications for nursing education and its relevance in nursing practice for the delivery of health care.

The vision with which cultural safety teachers set out to influence change in nursing education quickly came under scrutiny from the public, the media and politicians. Cultural safety touched something within the mainly non-Maori<sup>4</sup> New Zealand psyche. People felt that they had the knowledge to make informed comment on the appropriateness of cultural safety for a nursing education programme. Much of this comment was directed at the people who taught cultural safety. Nurse educators and nurse practitioners, despite many attempts, were unable to explain the need and relevance of cultural safety to nursing. Energy was taken up with explaining the concept and defending it to a dissatisfied and again mainly non-Maori public. The growing resistance and uneven support for teachers and students led to public rejection and variable support of the concept in education, nursing practice and the wider New Zealand community.

A sustained negative media campaign fuelled by different agendas eventually resulted in a Parliamentary Select Committee inquiry into the teaching of cultural safety in 1995. Parallel to this inquiry, a review of teaching cultural safety by the Nursing Council of New Zealand was undertaken. This review affirmed the place of cultural safety in nursing education. The report did however recommend that attention be paid to curriculum development and teacher preparation (Murchie & Spoonley, 1995). Following this review the Parliamentary Select Committee did not proceed.

Throughout the media campaign, different voices were heard challenging and resisting the appropriateness of the subject and the appropriateness of the people teaching it. Cultural safety teachers took this background of resistance and challenge into the classroom when they taught cultural safety. In addition the teaching of cultural safety was complex. The teaching environment was dynamic and required the teacher to manage diverse student-teacher and student-student classroom interactions and relationships. This involved working to create environments where personal, social and professional values could be expressed safely.

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<sup>4</sup> Non-Maori - a term used to refer to people who are not Maori. Maori - a term identifying the indigenous people of New Zealand and a label used to define a colonial relationship between Maori and Pakeha. Pakeha, a term used to describe the non - indigenous settler population (Smith, L, T. 1999) . Other terms used to identify Pakeha are, a person of predominantly European descent or Tauwiwi, meaning foreigner (Ryan, 1988, 1995).

It is this background coupled with my own experience of teaching the subject during the last eleven years which led me to investigate the experience of teaching cultural safety. I was curious as to why people, including myself, taught in an area which attracted considerable controversy and resistance and was complex to teach.

Through my own long term involvement and networking in cultural safety teaching I am aware that a number of the educators involved in teaching cultural safety have been teaching the subject since it was first introduced into the nursing curriculum eleven years ago. The majority of these nurse educators are women. Some of them have since moved into other areas of teaching and integrate cultural safety with their other teaching. Others are considering that it is time to move on. Whether involved directly or indirectly, cultural safety teachers continue to work to ensure that cultural safety stays relevant to New Zealand nursing practice. They are committed to advocating for its place in the nursing curriculum; a curriculum within which there are growing tensions between what is included or excluded (Kenway & Watkins, 1994).

The energy and commitment to change in nursing education from these teachers needs to be acknowledged. Making their experience visible will provide future cultural safety teachers with an historical and developmental context for further curriculum development. The findings of this study add to the small but growing body of nursing knowledge nationally and have the potential to contribute to the development of nursing knowledge internationally.

Asking the question, "What is it like teaching cultural safety in a nursing education programme?" provided an opportunity for teachers to share their perceptions, thoughts and feelings about teaching such a complex subject. It also provided a platform from which the experience of teaching could be shared in a way which makes visible a number of discourses influencing cultural safety teaching practice.

## 1.5 Defining cultural safety

Between 1988 and 1990 three hui<sup>5</sup> were organised where the Council of Maori Nurses, the Department of Education, Department of Health and Maori nurse educators met to discuss the health needs of Maori and the nursing education needs for Maori nursing students. These were the Hui Waimanawa, Otautahi, 1988, Hui Piri Ki Nga Tangaroa, Manawatu, 1989, and Hui Raranga patai, Te Whanganui a Tara, 1990 (Ramsden, 1990). During one of these hui, the term cultural safety was first heard. A Maori nursing student voiced her concern about not feeling “culturally safe” in the educational institution she was attending. It was argued that if this was how she felt as a student, then how might Maori using the health services feel.

The concept of cultural safety was developed and accepted by the Nursing Council of New Zealand in 1991 and integrated into the nursing education curriculum.

A 1992 Nursing Council of New Zealand definition defined cultural safety as:

*The effective nursing of a person/family from another culture by a nurse who has undertaken a process of self reflection on their own cultural identity and recognises the impact of the nurse's culture on their own nursing practice. Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and well being of an individual (Nursing Council of New Zealand Standards for Registration of Comprehensive Nurses from Polytechnic Courses, 1992).*

The definition was extended in 1996 to more clearly articulate a wider concept of difference and the involvement of the consumer in determining culturally safe or effective nursing care. The earlier definition was considered by some nurses, nurse educators and some members of the public to be too narrowly defined in favour of the Maori treaty partner. This later definition emphasised more clearly, the need to incorporate a broader understanding of difference related specifically to the need for nurses to understand the concept of difference in *all* relationships they entered into with people using health services. Priority was given to developing knowledge about difference related to the origin and impact of inequality, prejudice, and discrimination on the health of people.

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<sup>5</sup>Maori word for gathering or meeting. (Ryan, 1995).

Knowledge of Maori language and traditional cultural practices were not considered to be the focus of cultural safety education as this did not take account of the diversity of Maori realities. It was acknowledged that Maori were represented in the identified groups vulnerable to the effects of inequality, discrimination and prejudice. This emphasised the need to move the focus from “studying culture” to one of focusing on socio-political factors impacting on health care (Nursing Council of New Zealand, 1996). This is further discussed in chapter five. sums up this wider focus as:

*...the need for nurses to be culturally safe when caring for all people who use nursing and health services and accepting that when people are sick or making decisions about their health behaviour, then their social class, gender, sexuality and other personal factors will significantly impact on their experience. (Carryer, August 12, 1995a, pp.12-13).*

The term cultural safety came to be used to describe an approach to teaching which took into account the need for the nurse to reflect on and examine how power is enacted in health relationships. The approach focused on attitude change through reflection on self in the context of the Treaty of Waitangi. Students going through this process of self-reflection would gain self-knowledge and an understanding of power in the context of interpersonal and institutional relationships. They would also learn skills which would enhance interpersonal skills when working with people who are different from themselves. This cultural safety nursing knowledge would be applied in practice to maintain, protect and promote a client’s sense of cultural safety when coming in contact with nursing and health services.

The New Zealand Nurses Organisation identifies cultural safety in nursing as happening when:

*...people feel fully able to use a service provided by people from another culture without risk to their own (New Zealand Nurses Organisation (NZNO) Code of Ethics 1995).*

From these three definitions it could be considered that there are three cornerstones in cultural safety education, which are:

- the examination of institutional and personal power in nursing relationships in the context of the Treaty of Waitangi;

- the need for nurses to understand the concept of difference in health care relationships in socio-political contexts; and
- the way power and difference are expressed and shape institutional and professional nurse-client relationships during the process of health care delivery.

The *Nursing Council of New Zealand guidelines for cultural safety education in nursing & midwifery (1996)* guide the present day teaching of cultural safety. Inherent in the concept of cultural safety lies the notion of power. With a focus on the experience of the recipient of care, cultural safety education goes beyond simply an understanding about cultural awareness and cultural sensitivity. It gives people power to comment on their care which leads to reinforcement of positive experiences. It also enables them to be involved in changes in any service experienced as negative (p.10).

## **1.6 The position of the researcher in the study**

My own long term involvement in cultural safety and Treaty of Waitangi education, my personal values and my own awareness of power in relationships position me as an insider in this study (see preface). Hough (1996) drawing on the work of Oakley, (1981) and Stanley & Wise, (1990); suggests that the “committed, self conscious involvement of the researcher is a pre-requisite for rigorous research”(p.47). My insider positioning influenced my choice of methodology and meant that the interpretation of the findings is influenced by my own perceptions and experience of teaching cultural safety, and my own awareness of my position as a researcher.

## **1.7 Organisation of the thesis**

Chapter one has introduced the background, the aim and provides justification for the study. The chapter defines cultural safety and briefly describes its introduction to New Zealand nursing education. My position as researcher is clarified and the chapter concludes with an outline of the thesis organisation.

Chapter two examines in more depth the background to the development of cultural safety in the nursing education curriculum by examining debates which have occurred in the popular literature and the media. Nursing literature is used to position cultural safety in the overall curriculum and draws out key issues related to curriculum change. The literature illustrates how cultural safety in New Zealand differs from

international approaches to addressing issues of culture in nursing education curricula. Educational theory related to cultural safety teaching is identified. The chapter concludes with a review of New Zealand nursing education literature related to the experience of teaching cultural safety.

Chapter three describes the way in which the research was planned, designed and implemented. It addresses the approach taken to the research, the theoretical framework guiding the study, the positioning of the researcher, participant selection, data collection and analysis. The chapter concludes with discussion of the trustworthiness of the study.

Chapters four, five and six present themes identified from the participants' transcripts. The participant data provides for synthesis and interpretation against a background of the literature and the theoretical framework.

Chapter seven provides a comprehensive evaluation of the findings and places the subsequent analysis of collected data into the context of praxis. By praxis I mean, that through a process of reflection on the participants' experience and my own, connections between the theory of cultural safety teaching and the practice of cultural safety teaching are made, leading to the potential for changed cultural safety teaching practice (Fook, 1996a). Following this, implications of the research findings are fully discussed. The chapter then reflects on the research process and identifies limitations of the study before coming to a general conclusion.

## **1.8 Summary**

Chapter one introduced the topic of cultural safety and provided a background to this study. The concept has been in the nursing education curriculum for ten years. To date there is no known research about the experience of teaching cultural safety. The aim and justification for doing this research has been discussed in the context of nursing education. The subject of cultural safety has drawn considerable criticism over the years. It is a complex area in which to teach and this study will make the experience of teaching visible and contribute knowledge to the ongoing development of cultural safety teaching. My position as researcher has been clarified as being a participant in the study because of my own involvement in teaching cultural safety.

The chapter touches on the use of a theoretical framework and concludes with a definition of cultural safety and an outline of the thesis organisation.

In the next chapter I develop the background to the development of cultural safety education and I draw out and discuss key events leading to the development of cultural safety in the nursing education curriculum. A discussion of the media and New Zealand public response to cultural safety is also explored. Nursing literature is discussed which positions cultural safety within the wider nursing education curriculum. New Zealand literature is discussed and positions the subject in a local context against an international dialogue.



## **Chapter 2: Literature review**

### **2.1 Introduction**

A formal literature review of cultural safety teaching is not possible. This is because cultural safety has been in the nursing education curriculum for only a short time, and no known formal research has been undertaken about teaching the subject. Moreover cultural safety as a strand of teaching and learning occurs only in nursing education and is therefore unlikely to attract a large body of literature specifically related to it.

Using academic and popular literature including media comment, this chapter explores the historical and social context leading to the development of biculturalism and cultural safety. Media comment is used to draw out key social influences affecting the early teaching of cultural safety. Identification of key reports shaping the introduction and development of bicultural structures and cultural safety into the nursing curriculum follows this. Two of these reports are discussed in depth.

Following this academic literature is referred to, to show how cultural safety is positioned in the wider nursing education curriculum. This is illustrated through literature which focuses on the concept of the 'curriculum revolution', a term used by Bevis (1978) to describe a radical shift in approaches to nursing education curricula which emerged in the North American context in the 1970s. The chapter continues with a pedagogical discourse examining the New Zealand literature against the established North American transcultural model of care as developed by Leininger (1970; 1978). The chapter concludes with literature which identifies how the discourse of power and knowledge impact on the development of cultural safety education.

### **2.2 Social and nursing influences shaping cultural safety education changing times, changing practice**

Cultural safety education is in part a nursing response to the challenge put down by Maori nurses in New Zealand in the late 1980s that educational and health institutions should address issues of inequity in nursing education programmes and health care. This challenge was a local expression of change which reflected a growing global demand for change to traditional power structures in society. This demand came from

indigenous people, Western white women, women of colour as well as from socially and politically disadvantaged groups, such as gays and lesbians, physically and mentally disabled people. The demand was from and included people who experienced exclusion or marginalisation within the major decision making structures of the wider society.

In nursing circles a particular group of nurses and nurse educators (who had links with Maori activism, feminism, and who expressed high levels of social concern) took up this challenge. Their challenge was for change to the traditional nursing curriculum which had not fundamentally changed for many years. These nurses and nurse educators saw cultural safety as expanding the scope of nursing education and practice to more effectively meet the health care needs of Maori people and all people who were marginalised by the health care policies of the day.

### **2.3 Historical context for changing nursing practice**

*The line is drawn, the curse it is cast. The slow one now will later be fast as the present now will later be past. The order is rapidly fading and the first one now will later be last because the times they are a changin. (Dylan, Sony/Columbia, 1989)*

The present Dylan refers to is now today's past. Within this past lie important markers indicating shifts in knowledge development. These shifts have guided and continue to guide the development of cultural safety in the New Zealand education system.

Cultural safety as a nursing concept arose out of particular events and processes and a particular time in history, the 1960s and 1970s. McHoul & Grace (1997) identify this period as being a time of crisis in the development of knowledge. McHoul & Grace define this crisis as a gradual and uneven splitting of the complex network of ideas formed by the critical disciplines of thought. These disciplines were based on Marxist ideas of power, the traditional history of the development of ideas and the structure of language. This crisis was presented as a challenge to existing social and institutional structures to change. A point was reached in New Zealand in the mid 1980s where the call for change could no longer be ignored by dominant state institutions.

## 2.4 From bicultural to cultural safety education

Early beginnings of cultural safety lie in the development of bicultural policy in New Zealand. The need for bicultural policy was a response by Government to calls by Maori to address inequities in health care delivery to Maori (Ramsden, 1993) (see chapter one). The Council of Maori Nurses and Irihapeti Ramsden, as the Ministry of Education Maori Education Advisor, were key protagonists in bringing the concept of cultural safety to the attention of New Zealand nursing and the New Zealand public. The publication of *Kawa whakaruruhau*<sup>6</sup>: *cultural safety in nursing education in Aotearoa*<sup>7</sup> (Ramsden, 1990) was the defining document for the development of cultural safety. This document highlighted the urgent need for nursing and health services to respond to Maori health. The absence of an adequate response was reflected in negative Maori health statistics. These statistics were in turn a reflection of an historical process where there had been active suppression of the Treaty of Waitangi and the negation of Maori rights.

In 1988 biculturalism became official public policy. The 1989 Education Amendment Act made way for the Treaty of Waitangi and biculturalism to become more visible in educational decision making structures (Kelsey, 1990; 1996). The origins of cultural safety lie within Maori experience of health care and education and can be interpreted in the context of the Treaty of Waitangi. It began with concern for Maori health needs and was later expanded to address the concept of difference more broadly.

Whilst educational institutions in general began addressing issues of biculturalism, nursing education took a dramatic step and diverged from focusing on working solely towards developing bicultural structures in health care delivery. This departure interrupted the focus from the study of “other cultures” and “other races” to one of considering difference in a context of power in relationships between the nurse and the person using health services. This meant that the focus of learning moved to an

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<sup>6</sup> Kawahakaruruhau in the nursing and midwifery context the nurse or midwife recognises, respects and nurtures the unique cultural identity of tanagata whenua, and safely meets their needs, expectations and rights (Nursing Council Guidelines, 1996).

<sup>7</sup> Aotearoa, A Maori term for North Island of New Zealand. Commonly used to refer to the whole of New Zealand (Ryan, 1995). Aotearoa/New Zealand is being incorporated into everyday language and reflects the bicultural foundations of New Zealand. For ease of reading New Zealand on its own is used in this research, however I believe the term Aotearoa/New Zealand is more reflective of bicultural partnerships and cultural safety.

examination of nursing practices and how the culture of the nurse impacts on the care delivered. This was a radical departure from orthodox approaches to nursing knowledge development.

Bickley (1988) outlines initiatives taken by the New Zealand Nurses Association to address health inequalities between Maori and Pakeha in the health system. These initiatives were aimed at addressing racism in health institutions by providing antiracism education for Pakeha. This was seen as a precursor to addressing issues of biculturalism.

Orthodox nursing knowledge considered culture and race from the perspective of the nurse as observer of 'other' (Leininger, 1970; 1978). This is more fully discussed later in this chapter. Cultural safety education shifted the learning emphasis away from a focus on the traditionally observed, that is people or groups perceived as less powerful, to people and groups traditionally seen as the observer or groups perceived as having more power. This shift changed how the traditional nurse-client relationship was viewed. It put power actively at the centre of nursing and health relationships in a way that challenged nursing discourses of equality, advocacy, caring and culture. It did this by motivating nurse educators and nurse practitioners to re-examine the meaning of traditional nursing discourses. What was significant about this challenge was that it came from another's experience of health care delivery. Originally this 'other' experience was from Maori and later the experience of people and groups whose values and beliefs did not conform to the values and experience of the dominant group. Cultural safety took nursing beyond the orthodox and opened up new possibilities for transforming nursing practice.

Prior to cultural safety the framework for developing nursing knowledge about caring for people from different cultures was based on a positivist/scientific model with anthropological underpinnings. Leininger, a North American nurse theorist, led groundbreaking work in the field of transcultural theory development (Leininger, 1970, 1978, 1995, 1996). She was one of the first nurse theorists to advocate the need for nursing to address the nursing of people from cultures that were different from the nurse. However her view of culture was situated within a positivist/scientific paradigm and the focus of knowledge development was on learning about the cultural

'other'. This approach was considered by Maori nurses and nurse educators to be out of keeping with the socio-political changes that were happening in New Zealand society at the time, the 1970s and 1980s, (Ramsden, 1993). Leininger's theoretical language of "cross-cultural, transcultural, and multicultural" had been easier to digest than the new cultural safety language of "biculturalism, power, racism, and difference".

McHoul and Grace,(1997) drawing on the work of Foucault (1972, 1980) talk about shifting social terrains (see chapter three).

*Foucault's work shifts the terrain of social and critical critique.. Rather than repair the breaks and tears opened up by the crisis through providing continuity to the flows of Marxism, history of ideas and structuralism, Foucault sought new ways for thinking outside them. (McHoul & Grace 1997, p.3).*

It can be argued that the advent of cultural safety demonstrated a shifting cultural terrain in New Zealand. The change of focus from 'other' to self led to tension, unease and change within the wider New Zealand community. The tension and unease was centered on the perceived disruption of what was considered 'truth' in relation to cultural expressions of identity. The Maori Treaty of Waitangi partner was no longer willing to accept or tolerate European approaches to how the Crown Treaty of Waitangi partner defined who and how they should be. Nurse educators and nursing leaders saw cultural safety as one way of redressing the balance of inequity in health care for Maori. Cultural safety although based within the historical experience of Maori accessing health and nursing services also had wider implications for nursing. It highlighted the need for nursing to address power in the context of the nurse-client communication in all health care relationships.

It was within this context of change and disruption that cultural safety was introduced into the nursing curriculum. As mentioned in chapter one, one of the side effects of Government reforms was the way it was introduced. The restructuring of the Department of Education into a Ministry saw the disestablishment of the national co-ordinating role of the Maori Education Advisory Officer (Ramsden, 1993) and the planned introduction did not proceed. However the significance of the distinction

between transcultural care as proposed by Leininger (1970, 1978) and cultural safety became apparent and had been made by the publication of the report *Kawa Whakaruruhau: cultural safety in nursing education in Aotearoa-New Zealand* (Ramdsen, 1990). Cultural safety began to be introduced by separate institutions in a piecemeal way.

## **2.5 Media comment and public response to the introduction of cultural safety into nursing education programmes**

The positioning of cultural safety in the nursing education curriculum became problematic because of its challenge to established “truths”. Tension and conflict associated with its introduction found expression through popular weekly magazines, political commentary and daily newspapers. Different agendas fuelled a sustained negative media campaign over a period from 1990 to 1995.

Du Chateau, Metro (1992) claimed that cultural safety was a tool of social engineering. This claim was made in response to the inclusion of cultural safety questions in the State Final Nursing examination. The challenge was about the introduction of topics such as cultural difference, anti racism and the Treaty of Waitangi into the nursing curriculum. Her concern was how this related to more effective health care for people. This was followed in 1993 by the publication of a letter by a nursing student, Anna Penn, in the *Christchurch Press*, critical of the teaching of cultural safety (Ansley, 1993). Du Chateau’s article and Penn’s letter provided a fulcrum for ongoing media criticism of cultural safety. The underlying premise was that cultural safety contributed towards a politically driven nursing education curriculum (Brett, 1993).

The initial complaint by Penn centered on her failing a cultural safety component of a nursing course. This failure was presented as failing because she challenged a Kaumatua or Maori elder who was facilitating the course. Whilst represented as one of disrespect in the context of race, closer examination suggests other factors were overlooked. Penn’s challenge was also a personal challenge to what she perceived as a problem with the teaching of the programme. In particular the challenge was to the requirement for a student to be fit and proper to practice as a registered nurse. Her behaviour towards the kaumatua was however interpreted in the context of race and

culture and served to fuel a growing 'racist' agenda against an emerging Maori assertiveness for self-determination.

Brett, (1993), suggests that behavioural factors played a part in the original situation with the student's behaviour transgressing the requirement for fit and proper behaviour. Brett notes that Penn's complaint resulted in charges about the politicisation of nursing education. The politicisation was evident in ensuing debates in which critics claimed there was undue emphasis on the Treaty of Waitangi. Brett argued that these issues were only tangentially associated with the student's behaviour and with what was perceived as unfair procedural and assessment issues. She refers to a communication lecturer who commented about the behaviour of the student who made the complaint and described her and others like her as "... knowing what they want and not playing by the rules" (p71).

Penn herself stated her challenge was more to do with the Nursing Council requirements for students to be deemed fit and proper to register as a nurse. Her challenge was to the existing power structures (Brett, 1993). However this challenge took place in the context of an interpersonal relationship which became "racialised". The interpersonal relationship was conflicted not only by culture but also other characteristics. Penn's working class background, her sex, her age, her non-conforming behaviour all contributed to the interpersonal conflict (Brett, 1993). However her challenge became a catalyst for deeper expressions of racism and prejudice by the mainly Pakeha population of New Zealand. Frewin (1993) in *The National Business Review*, commented that "Anna Penn is an urban myth promoted by the media to satisfy a widely held prejudice"(p.6).

A pervasive theme in other popular literature was an expressed concern that nursing had lost sight of its real role and purpose. In addition there was an expressed inability to understand or acknowledge nursing's difference and separation from medicine. Du Chateau (1992) used cultural safety to decry nursing's move away from sickness to health, "Teaching moved away from rigorous theoretical and task based training towards what critics see as airy-fairy quasi psychological subjects" (p.98).

Carryer (1995a) suggests that cultural safety challenged the notion that there should be adherence to traditional authoritarian practices' or "truths', best described as 'nurses knowing what is best for the client regardless of personal circumstances'. Underlying much of the media debate about cultural safety was the fact that cultural safety represented a move by New Zealand nursing to step outside the boundaries of tradition and norms of how nursing 'should be'. In so doing cultural safety uncovered prejudices which were embedded in the historical relationship between the Crown and iwi<sup>8</sup>, and expressed in the everyday relationships and social practices between Maori and Pakeha.

The course of the 'cultural safety debate' in the media suggested that a large section of the New Zealand community was not listening to explanations from nursing and nursing education. Some politicians exploited the debate and fuelled public anxiety. Whilst nurses and nurse educators did help inform the public to some extent, in the end it was not enough to diminish the intense criticism. Nursing and nursing education policy makers were unable to take the wider public with them when the concept was introduced into nursing programmes. Members of the nursing profession and nursing education were unable to justify the need for cultural safety.

The 'cultural safety debate' left teachers, students and clients vulnerable to the negative effects of the challenge and criticism. Teachers were constantly under the gaze of uninformed students, faculty and the New Zealand public. Non-Maori nurse educators and nurses in practice at times felt uncertain or unconfident in their relationships with Maori students and clients for fear of offending or seeming to be racist. Non-Maori students were brought into conflict with their own family and social values when faced with changing attitudes during the process of cultural safety education. Clients, especially if they were Maori, were vulnerable by being made visible by their ethnicity.

## **2.6 Responses from students and teachers**

Whilst the challenges and counter challenge to cultural safety were being played out in the public arena, nursing students and nurse educators were endeavouring to respond to this challenging new approach to nursing knowledge development in a

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<sup>8</sup>iwi - a Maori word for tribe, bone, race, people, nation, strength (Ryan, 1995).

New Zealand context. Saxon (1995) speaking from a student perspective reflects this response:

*While the student unit has had concerns over the teaching of cultural safety over the past few years, mostly in respect to consistency of curricula across the polytechs, we nevertheless continue to affirm our support of its value and importance to the education of nurses. (Saxon, Kai Tiaki Nursing New Zealand July, 1995, p.24)*

The Cultural Safety Educators Network, an informal nurse and nurse educators network had been meeting regularly since 1991 to develop national guidelines and consistency in delivery. They expressed concerns about the implementation of cultural safety. They strongly recommended that:

*There be consistent training for facilitators for teaching cultural safety so that a standard is achieved nationally. This is to be an ongoing process with programmes developed for each polytechnic or region but to adhere to the national standards guidelines. Standards to be set up by a core group representing each region. (Pirongia Network, personal communication Jan, 1993, p. 5)*

As already noted in chapter one, it was not until 1995, following the review of cultural safety education (Murchie & Spoonley, 1995), and the threat of Government intervention that national guidelines promulgated by the Nursing Council of New Zealand came into being. The review affirmed the place of cultural safety in nursing education, but did recommend attention be paid to the curriculum and teaching of the concept (Murchie & Spoonley, 1995). However as the debate gained in intensity the Nursing Council of New Zealand although supportive of the initial concept began distancing itself from the teaching of cultural safety (Horton & Fitzsimmons, 1996). Anecdotal evidence suggests that polytechnic and technical institutes approached concerns about the lack of consistency or uniformity by either supporting their teaching staff and providing for national staff development workshops or by dismissing the concerns as an issue for Nursing or Nursing Council to address. For some institutions, cultural safety meant that their bicultural commitments were being met in word if not practice.

## **2.7 The community response**

The concept and teaching of the concept became a vehicle for some sections of the public to express dissatisfaction with the Government's call for recognition of the

Treaty of Waitangi. Cultural safety also became a conduit for expressing dissatisfaction about other changes occurring in the health system at the same time. Criticism of cultural safety challenged the nursing profession's right to define, set and control its own programmes. Critics challenged the degree to which nurses should determine their own knowledge development (Horton & Fitzsimmons, 1996).

## **2.8 Reports, regulations and policy papers shaping the development of cultural safety education**

There are a number of reports and policy papers which have shaped the development of cultural safety and continue to influence this development. *Nursing Education in New Zealand: A Review and a Statement of Policy*, (NZNA, 1984), *Review of the Preparation and the Initial Employment of Nurses* (National Action Committee, 1986; 1991), *Picot Report* (1988), *Kawa Whakaruruhau: Cultural safety in Nursing Education in Aotearoa* (Ramsden, 1990), *Nursing Council of New Zealand Guidelines for Nursing and Midwifery Education* (Nursing Council of New Zealand, 1992; 1996), *Report to the Nursing Council of New Zealand on Cultural Safety and Nursing Education in New Zealand* (Murchie & Spoonley, 1995), *Code of Rights for Consumers of Health and Disability Services* (Health and Disability Commissioner, 1995), and *The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health* (National Health Committee, 1998).

Cultural safety developed in the context of the goals of Government and State institutions to ensure that bicultural structures were established. *Kawa whakaruruhau: cultural safety in nursing education in Aotearoa*, (1990) is the defining document for cultural safety education, but before the publishing of the *Kawa whakaruruhau* report, events had been happening within nursing in response to Government calls for the need to respond to bicultural issues in health.

An early report addressing the need for change in nursing education was the *Review of the preparation and initial employment of nurses* (1986; 1991). This review was instrumental in setting the future direction for the preparation of nurses for employment in the health services and nursing education. It could be argued that this marked nursing's break from its traditional links with medicine and began its focus on health models. That is, it saw a move away from the bio-medical illness approach to

health care and toward a wellness approach to care delivery.

In describing the scope of nursing, the *Review of the Preparation and Initial Employment of Nurses* (1991) emphasised nursing relationships with individuals, groups, families and communities. The centrality of the nurse-client relationship was recognised as being a key ingredient in developing partnerships between the nurse and the client (p.4). The concept of partnership and relationship was consistent with notions of partnership in the context of biculturalism.

Commitment to bicultural development in nursing was articulated in the 1986 review and laid the foundations for later developments which led to cultural safety education. Recommendation 38 which states that nursing education and nursing services should be committed to biculturalism, brought the concept of power into the nurse-client relationship in a visible way.

*“Biculturalism in Aotearoa has its roots in Te Tiriti o Waitangi and has the potential to be a driving force behind the aspirations of national solidarity. However biculturalism requires systems of relationships which promote power-sharing, understanding. Mutual respect for language, lifestyle and beliefs which could lead to beneficial interaction between the two major and interdependent cultures (Review of the preparation and initial employment of nurses: Bicultural development in nursing, National Action Group 1991 appendix 1).*

The 1986 *Review of the preparation and initial employment of nurses* set the scene for the subsequent development of the concept of cultural safety. The Review recognised the need for a quality nursing service to recognise and accept that culture plays a part in the health care relationship.

The trend in health care delivery at this time was moving from a system of general management to one of service management (National Action Group, 1991). Looking at care from a service perspective brought the focus of care more sharply onto the receiver and provider of care. The person receiving the care was the primary aim of the service. This meant that there needed to be consistency between the idea of nursing being based on the nurse-client relationship in the context of biculturalism and how this was expressed in the health service delivery to the New Zealand

community. These three elements formed the basis of a planned bicultural nursing service. They were based on the following:

- identifying gaps and inadequacies in the delivery of nursing services to Maori and non-Maori.
- planning and developing with iwi and Maori groups to address gaps and meet Maori needs and aspirations in a culturally safe and financially effective way; and
- knowledge, attitudes and skills required for nurses to create a culturally safe environment are identified and developed. (National Action Group, 1991 p.3)

A bicultural nursing service was to be achieved through the following structures: political activity; strategic management; recruitment of Maori students; co-operative partnerships; and evaluation systems. The National Action Group framework along with the strategies identified in the *Kawa whakaruruhau* report set the stage for subsequent development of the cultural safety concept and it is this agenda that continues to shape the development of cultural safety in nursing education programmes today.

## **2.9 Theoretical underpinnings of cultural safety education**

*Kawa Whakaruruhau: Cultural safety in nursing and midwifery education in Aotearoa* written by Ramsden, in her department role as the Education Officer for Nursing Education collates processes and outcomes of three key hui called between 1988 and 1990 (see chapter one). These hui were critical in the laying down of the theoretical foundations of cultural safety education.

Ramsden positions cultural safety in the area of transfer of power from provider to consumer (Ramsden, 1990; 1993; 1995; Ramsden & Spoonley, 1993). Early writings from Ramsden challenged nurses to listen to ideas about how nurse behaviours impacted on others and how nursing services needed to be adjusted accordingly so that they would be able to “move through the landscape of others” (Ramsden, 1993, p.5). She emphasised that cultural safety involves a change process whereby awareness is raised, knowledge is increased and attitudes shift with a resultant behaviour change. She saw a Treaty based curriculum as an appropriate structure whereby power issues might be addressed through a process of a negotiated partnership between nurses and nurse educators working with Maori and iwi.

Cultural safety practice is a complex set of activities which shape the nurse-client relationship and the delivery of health care. These complexities are reflected in the teaching-learning relationship and influence the teaching-learning relationship in particular ways. Ramsden (1993) notes that cultural safety is “about understanding personal and institutional power and giving people choices” (p.7). The need for students to understand personal and institutional power requires different teaching strategies than those required for other nursing subjects, because of the focus on power.

The protagonists in the teaching-learning relationship model the expression of personal and institutional power. Each brings with them to the learning-teaching environment their own personal, social and cultural experiences of power. This adds a personal dimension to the learning environment which is not always so apparent in other curriculum subjects. Outside the classroom similar expressions of power are played out within faculty relationships, and wider institutional structures. Teaching in general requires a personal and professional engagement by teachers to maintain an effective teaching-learning process. Cultural safety teaching has an added dimension because the focus of this engagement is on power in relationship.

## **2.10 Positioning cultural safety in the nursing education curriculum**

### ***2.10.1 The curriculum revolution***

This section examines literature affecting the development of the wider nursing education curriculum. In general, teachers of cultural safety teach or have taught within this wider curriculum. Cultural safety, whilst a unique event in terms of its appearance in nursing education in New Zealand, was at the same time connected to changing ideas about nursing education that had been in progress for a number of years both here and elsewhere. These changes overall influence the experience of teaching the subject in that teachers have had to manage teaching in the context of different paradigms of knowledge development. These paradigms sometimes conflict with one another.

In the 1970s a North American nurse educator, Em Bevis, brought to the attention of nurse educators what she saw as inadequacies in the traditional nursing curriculum (Bevis, 1978; Bevis & Watson, 1989). Prior to this, nursing curricula had been based on premises derived from the empirico-rational thinking of the 1920s and 1930s. These ideas emphasised educational outcome and paid little attention to the process of learning. Evaluation of the outcome assesses whether the curriculum did what it set out to do (Beyer & Apple, 1988; Doll, 1993). Early nursing curricula were framed in this empirico-rational positivist model of learning.

Bevis proposed a new pedagogy of nursing, or approach to curriculum development, which she believed to be consistent with the development of nursing as a human science rather than a technical science. The new pedagogy intended to address the changes taking place in the way nurses undertook their education. Changes in the approach to knowledge development and the way nurses were prepared, coupled with a need to address the health care needs of the whole person, marked a shift away from a reliance on and an alignment with the positivist/technical based medical model (Bevis & Watson, 1989). Salmon (1982), a New Zealand nurse academic, expressed similar views in a New Zealand context. She urged nurses to understand that nursing “is not and never has been medicine” (p.91). She envisioned that in coming decades nurses’ powers should be devoted to changing attitudes which see nursing as a means of “producing that which doctors dispense in the name of health care” (p.91). She called for nurses to recognise individually and collectively the power they have to contribute to further the well being of others through accountability, compassion and competence. The transfer of New Zealand nursing education from hospital based programmes to education based courses in technical institutes gave the opportunity for this development to begin (Carpenter, 1971).

Bevis argued that nursing education needed to address the whole person. Her belief was that a new approach would provide congruency between nursing philosophy, theory, research, practice and education. The curriculum she proposed was considered revolutionary at the time and her thinking represented a major paradigm shift. Her ideas were influenced by and consistent with the concept of holism, a concept dealing with the interrelatedness of living things based on general systems theory. Her view was that a holistic approach to nursing meant that people “must be conceived and

related to as a total system whose parts function interdependently and whose whole is inclusive of their environment” (Bevis, 1978 p. 12). This shift set the scene for nursing curriculum development for the next twenty years and influences nursing curricula today.

However Bevis is not without her critics. Nelms (1991), whilst partially supportive of Bevis’s work notes that her definition of curriculum might be more traditional than revolutionary. Nelms (1991) suggests that the ideas of Bevis may now be viewed as essentially modernist and sit within the positivist objective based curriculum she sought to move nursing away from. Nelms challenges nursing faculties to seriously consider how curricula can change to more ably meet the learning needs of students. She positions herself in a field of curricula called reconceptualism and draws on the work of Pinar (1975). A reconceptualist curriculum is based on the need to maintain congruence between a person’s life and work within the context of the socio-political–economic institution (Nelms, 1991).

There are two elements to Nelms’s ideas about the nursing education curriculum that have relevance for cultural safety teaching. These are firstly the need for nurse educators to understand how oppression works in the context of their own lives as women and to know how they have participated in their own oppression and the oppression of others. Nelms takes as a given that nearly all nurse educators are women, which is certainly true in New Zealand. Secondly, she says that knowledge is not synonymous with context or subject matter but rather knowledge is personal and contextual. “This knowledge is created by each individual and shaped by personal experiences. Yet nursing knowledge is generally presented as permanent enduring and separated from context” (Nelms, 1991, p.7).

Pinar (1995) describes a reconceptualist curriculum as indicating a fundamental paradigm shift involving diverse theorists whose common bond was opposition to traditional approaches to curriculum development. Pinar observes that the reconceptualists emerged in the context of the 1970s challenges to the curriculum and that by the 1980s opposition to these approaches was no longer enough of a force for opposition. He says however that reconceptualists succeeded in ‘delegitimating’ traditional approaches to curriculum development.

Southwick (1994a) argues that reflecting on the limitations of positivist science as a single world view provides an opportunity to articulate the relationship of science within the curriculum and power relationships in the teaching-learning relationship. It could be said that cultural safety education in New Zealand reflected the reconceptualist trend of challenging the traditional curriculum. Pinar's view about the need for opposition not seeming to be a major challenging force at the present time is reflected in cultural safety education. The force for change in cultural safety is not perceived as acute as in earlier years however, Southwick (1994a) demonstrates that the challenge to traditional curricula can result in a radical rethinking of a nursing curriculum. This is discussed later in this chapter.

With the shift in approaches to knowledge development, nursing education was exposed to new ideas and philosophies of learning and teaching. Other educationalists also challenged the dominant value free empirico-rational approach to knowledge (Blacker, 1998; Carr & Kemmis, 1986; Friere, 1972; Giroux, 1983; Habermas, 1994; Popkewitz & Brennan, 1998). These authors provide a critical emancipatory approach to curriculum development. Lather (1991) cited in Pinar (1995), sees curriculum as a political text and stresses the interconnectedness between research and practice. This she says 'democratises' the process of enquiry. A democratic process is characterised by negotiation, reciprocity and empowerment. Lather suggests that by reflecting on this process connections are made between research and practice thus creating change in practice through praxis (Lather, 1986; 1991). Although Lather expresses similar but different views from the identified authors above, she also rejects the idea that curriculum is value free.

Giroux (1983) states that the structure of positivist thought emphasises objectivity. In doing so positivism relies on thought that excludes consideration of complex interactions of power knowledge and values. Beyer & Apple (1988) suggest that the end product of learning is not a learning outcome but a critical reflection and action upon reality.

Ellsworth (1992) makes a distinction between critical pedagogy and feminist pedagogy. Feminist pedagogy, she says, constitutes a body of knowledge separate from critical theory and has its own body of literature with its goals and assumptions.

She challenges the idea that the goals of critical pedagogy can be met in the curriculum. She argues that critical pedagogy has led to repressive myths that perpetuate relations of domination. Critical pedagogy, she says fails to challenge any identifiable, social or political position, institution or group. Ellsworth argues that membership or alliance with an oppressed group does not necessarily remove the need to confront the 'grey areas which we all have in us' (p114). She cautions that by addressing multiple perspectives does not diminish distinctive realities of oppression of one particular group. Given that cultural safety grew out of an critical emancipatory paradigm of thought and the focus of teaching has evolved over time in the context of difference, Ellsworth's comment raises issues about the positioning of cultural safety in the present nursing education curriculum.

Gaines & Baldwin (1996) assert that "Teachers and students should abandon previous ways of being in their educational journey, eliminating practices that do not support human connectedness and re-examine assumptions and ideologies about the teacher student relationship"(p.124). Bruni, (1995; 1997), Gaines & Baldwin (1996), Nehls (1995)) and Weiler (1995) argue from various perspectives that the dominant knowledge structures in the curriculum are inadequate for addressing the needs of students in a modern society.

Kikuchi (1996) cautions educators about the use of critical approaches to knowledge development. She is critical of nurse educators who she says use moral injunctions to seek to engender enlightened practice in students. They do this by teaching subjects which promote respect for a person's right to self-determination and to preserve the dignity of all people. They claim that they seek to avoid ethnocentrism and paternalism. She frames her critique as a critique of a discourse of culture, which has parallels with cultural safety education. Cultural safety education aims to avoid perpetuating harmful colonial practices.

Kikuchi claims that the discourse of culture addresses the need not to impose your own values and beliefs. This she says leads to moral injunctions which can have a disempowering effect on nursing practice, and creates dilemmas for the nurse. Students say they feel silenced because they feel they cannot comment on a particular practice or decisions of a client or patient. As a result of this, as a nurse they feel

unable to undertake a professional obligation to prevent disease and promote health. Kikuchi observes that when nurses are faced with what they consider morally questionable cultural health practices they feel influenced by the teaching of multicultural ethics which proclaim that they must be culturally sensitive and respect cultural difference. This situation she says, puts nurses on the horns of a dilemma.

*To stay true to their philosophical position and the injunctions they have embraced they must not do anything that goes against the beliefs, mores and values of the culture in which they are nursing. Most nurses find that they can maintain this stance without conflict until they encounter cultural practices that they consider harmful in light of what they know to be true about health disease and illness...it is then they find themselves on the horns of a dilemma. (Kikuchi, 1996 p.161)*

Kikuchi's stance and ideas seem to support an 'outsider' view of culture as promulgated by Leininger (1970, 1978). Her views however are not uncommon within the New Zealand nursing education system and nursing practice and have implications for cultural safety development. Kikuchi is reasonable in suggesting that sensitivity should not take precedence over nursing judgement, but seems to make something of an illogical leap, when she takes the position that, if they learn sensitivity to culture, nursing students will lose their commonsense. The views of Kikuchi illustrate the pervasiveness of Western constructions of knowledge and their embeddedness within the discipline of nursing. Teachers of cultural safety prepare students for practice in an environment where this dominant value system is the most powerful. The cultural safety teacher is therefore required to manage this discourse within and outside the classroom.

The above section highlights the complexities of positioning cultural safety in any one paradigm. This can make teaching the subject complex and difficult. Cultural safety can be vulnerable to competing curriculum demands and at the same time it can also provide a curriculum structure which reflects the changes in society and is able to respond to this change. A closer examination of this complexity follows.

## **2.11 The pedagogical discourse of cultural safety**

The challenge in the 1970s and 1980s to traditional approaches to nursing knowledge development through the curriculum revolution supported the development of cultural safety education. At the same time cultural safety education also marked a departure

from this earlier curriculum revolution thinking and moved ideas about nursing knowledge development from an international context to a New Zealand context.

The introduction of cultural safety into the nursing curriculum brought nursing relationships with the public of New Zealand into focus in a way that few previous nursing issues have. In this sense cultural safety provides a forum for nursing to engage in dialogue with the New Zealand community and reflects nursing's response to the health needs of the New Zealand community in a particular way.

Cultural safety also brought with it, the need for nursing in New Zealand to take account of the historical relationship between the Crown and Iwi and the impact of this on the health of Maori in terms of access to service. It provided for the Treaty of Waitangi to be a reference point for supporting previously subjugated knowledge, bringing this knowledge alongside a Western bio-medical and by implication nursing discourse (Kearns & Dyck, 1996; Kearns, 1997). Traditional nursing discourses do not address the relationship between the dominant discourse and the indigenous discourse as being central to nursing practice. By centralising these discourses in nursing education, cultural safety brings a political dimension to the nursing curriculum and places it more within a critical pedagogy. Cultural safety changes the focus of the teacher-student relationship and the way knowledge is constructed and produced.

Aronowitz & Giroux (1993) identify changes in educational theory that have taken place over the last decade. They state that this has given rise to questions of identity and culture. The representation of being white meaning all that is 'good' and civilized has been called into question by the legacy of colonisation. With 'the rise of new social movements and the explosion of theoretical discourses aimed at displacing the values and practices of Eurocentrism the teaching-learning environment is changing' (p.195).

## **2.12 New Zealand nursing context: the literature**

In the New Zealand nursing context nurse educators are being challenged to rethink Eurocentric practices through the development of biculturalism. This rethinking is part of a broader attempt to understand how issues regarding national identity, culture

and ethnicity can be rewritten (Aronowitz & Giroux, 1993).

Southwick (1994a, 1994b) explores a process of curriculum change involving a move from a behaviourist learning approach to a learning approach more clearly reflecting the realities of New Zealand society. Southwick describes a context for supporting students changing as they move through a nursing education programme. She stresses the centrality of the Treaty of Waitangi as a founding document which forms a basis for the development of shared partnership in New Zealand society. The Treaty is situated at the centre of nursing knowledge development. In terms of how knowledge is acquired and what is learned, Southwick suggests that

*Critically reflecting on the historical relationship between Crown and Maori gives us important insights into how health and well being may better be addressed in the future ... deep understanding of the relational, that is, recognition, of the dialectic between one and the other is the fundamental of nursing practice (Southwick, 1994a, p.8).*

Whilst Southwick addresses issues of curriculum development, Wood & Schwass (1993) articulate a view which focuses on the nurse in relationship with clients. Southwick's concern is with structural change whilst Wood & Schwass address the significance of personal and attitudinal change. Ramsden (1993), points out that attitude change in students begins with attitude change in teachers and the process starts with teachers. Wood and Schwass propose a model of attitude change based on educational models of behaviour change. They were among the first local writers to interpret overseas models of change and create models which reflected the bicultural basis of New Zealand society and incorporated the Treaty of Waitangi as a framework for change. This model shaped early cultural safety teaching.

The Wood & Schwass (1993) model addresses the relationship between attitude change and values. They maintain that the more closely related an attitude is to a deeply held value the more complex it becomes and thus the more resistance to change there is. This is so not only for teachers and students but also for the wider community. They argue that by adding to this an historical relationship which has deeply embedded in it perception of 'race' informed by colonising histories then the task of attitude change becomes even more complex.

The premise underlying the Wood & Schwass model is that attitude change takes place developmentally over a period of time and passes through several phases from sensitivity to awareness to safety. They emphasise the need to maintain the spirit and vision of cultural safety while recognising the reality of people's reactions to change demanded by cultural safety.

Cultural safety education challenges nursing education curriculum developers to move beyond what is accepted as the usual, to look at relationships and educational environments which have the potential to transform nursing practice. Cultural safety is an educational process. It is about teaching nurses to recognise themselves as bearers of their own culture, and to understand how their culture impacts on other people (Ramsden, 1993).

### **2.13 Knowledge and power in the New Zealand nursing education discourse**

Dominant discourses of New Zealand society are filtered through the education system and are reflected in nursing curriculum structures. Nursing education brings together a number of discourses: positivist/scientific, holistic, humanitarian and critical discourses. The previous discussion of the curriculum revolution and the pedagogical discourse of cultural safety examine some of these. Dominant discourses and subjugated or less dominant discourses form dialectic, that is in relationships discourses are uncovered or revealed through a process of action, agreement or opposition (Yon, 1999). This makes power visible and it is how this power circulates and knowledge is constructed within this dialectic which shapes the outcomes in the relationship. This dialectical relationship takes place in the context of history and within social institutions and disciplines and influences the practice, beliefs and attitudes of those involved.

Between 1994 and 1997 one such dialectic unfolded within New Zealand nursing literature. New Zealand nurses and nurse educators teased out and put forward their views about cultural safety as contrasted to the North American theoretical framework of transculturalism (Cooney, 1994; Coup, 1996; Smith, 1996, Leininger, 1996).

Cooney (1994) considers similarities and differences between transcultural nursing and cultural safety and reflects on why New Zealand nursing developed cultural safety. She recognises Leininger's contribution as one of the first nurse theorists to draw attention to the need for nurses to address how to work with people in a transcultural context. She positions transcultural care in a scientific knowledge paradigm. In this paradigm, the nurse needs to know about the health practices of people from different cultures. The assumption is that if the nurse knows about these health practices she/he can then respond therapeutically to client needs. In contrast, Cooney identifies the goal of cultural safety as nursing actions which recognise, respect and nurture the unique cultural identity of tangata whenua and safely meet their needs, expectations and rights.

Cooney examines differences between Leininger's theory of transcultural care and Ramsden's model of cultural safety. Whilst both require understanding of culture, Leininger's work is underpinned by humanistic and scientific knowledge. She uses this to develop knowledge from a white Eurocentric perspective in order to study people from other cultures.

Leininger's theory of transcultural care means that the nurse has to have an understanding of difference and be able to identify specific cultural patterns that occur for people. Cooney contrasts this with cultural safety education which sees a person as surrounded by a set of activities, values and experiences which are normal for that individual. People evaluate others according to their own values and experiences, that is their own norms. If one group imposes their norms on the other a state of imbalance exist which threatens the identity of the dominated group (p.12). Cooney states that nurses need to understand their own cultural values and beliefs and acknowledge that their ways are not necessarily the best ways. Imposing one's views on another is termed cultural imposition. Cultural imposition may become apparent through the nurse labelling behaviour as uncooperative or non-compliant.

Cultural safety requires the nurse to know the impact of his or her own culture on people (Cooney, 1994). Nurses who do not reflect values of the dominant culture want to retain own values and identity and use relevant concepts and principles which fit with their background.

Transcultural theory exists within a North American multicultural context. This differs from the bicultural orientation of cultural safety nursing, which gives Maori recognition as the indigenous people. The Treaty of Waitangi which acknowledges the primary political relationship between Maori and the Crown underpins the bicultural relationship. Whether culturally safe care has been experienced is determined by the perception of the person receiving the care (Ramsden, 1995) whereas evaluation of transcultural care, it could be argued, comes primarily from the perspective of the nurse (Leininger, 1970; 1978).

Cooney (1994) positions transcultural care in a unicultural framework and cultural safety in a framework of institutional racism. A unicultural dimension ignores issues such as race, racism, and politics and poverty cycles and does not give the nurse the strategies for challenging these factors at a policy, institutional or political level. Cultural safety addresses issues of power imbalance, transcultural care theory does not address how class and gender impact on relationships.

Coup (1996) covers similar ground to that of Cooney (1994). Coup adds that cultural safety refutes the Nightingale ethos of nursing people *regardless* of difference but demands that nurses nurse people *regardful* of difference. This is a key distinction and marks a shift in thinking away from traditional constructions of nursing knowledge.

Coup puts transcultural care in a local context and asserts that adopting Leininger's model in this country would constitute an extension of the colonial relationship experience. In responding to Cooney (1994) and Coup (1996), Leininger (1996) defends her positioning of transcultural care theory. She emphasises the distinct contribution transcultural nursing theory has made to nursing. She argues that the critique by Coup and Cooney fails to recognise scientific research methods. This, she claims, limited Coup, Cooney and Ramsden from conducting a scholarly comprehensive analysis of her work. She maintains, explains and defends in some detail the development and application of transcultural nursing theory and suggests that the New Zealand authors misinterpret the ideas of others through lack of knowledge of the eurocentric scientific method.

Smith (1996), another New Zealand author, acknowledges Leininger's contribution to the development of cultural care as do Cooney and Coup. Smith also acknowledges that Leininger addresses power issues in her theory, but challenges Leininger on this, by suggesting that the treatment of domination and ethnocentrism directed toward indigenous people is perfunctory. Smith supports Cooney and Coup in restating the centrality of the Treaty of Waitangi in cultural safety nursing and that any transcultural course must take account of the Treaty. She goes on to say that any programme purporting to reduce unsafe practice can only be driven by those who define the element of risk from their own perspective. Smith, drawing on the work of Bruni (1995; 1997), articulates a view that transcultural nursing theory may in fact reinforce the very problem of paternalistic and ethnocentric care it seeks to address.

The dialogue between the New Zealand authors Cooney (1994), Coup (1996) Smith (1996) and their North American counterpart, Leininger (1996), brings into sharp focus, pivotal issues about culture, class and gender that are central to the experience of teaching cultural safety. The dialogue makes visible a challenge to the traditional positivist discourse of health and illness. It illustrates Foucault's conceptualisation of power in relationship by revealing what can be done or said by whom and in what circumstances in the nursing education dialogue (Yon, 1999; Cheater, 1999).

## **2.14 Summary**

This chapter examines popular, media and academic literary sources relevant to the study. The chapter began by identifying social and nursing influences shaping the development of cultural safety education. These influences were then situated in a particular historical time. The movement from a focus on bicultural relationships to cultural safety was examined. The media response to cultural safety was discussed followed by student teacher and community response to cultural safety and its teaching. Key reports guiding the introduction and development of the concept were cited and two key reports commented on in some detail. Following this, literature examining the theoretical underpinnings of cultural safety was presented. This was followed by an exploration of the positioning of cultural safety in the nursing education curriculum. The chapter concluded with an examination of North American and New Zealand nursing literature. This literature was drawn on to illustrate pedagogical discourse in cultural safety.

The next chapter identifies the methodological approach used in the study. This includes, the approach taken to working with the participants and justification of the theoretical framework. This is followed by describing the methods used for participant selection, data collection processes, and data analysis and includes an in-depth discussion on the ethical considerations.



## **Chapter 3: The research design and process**

### **3.1 Introduction**

The previous chapter outlined the development of cultural safety education and drew out key discourses influencing teaching of the subject. It is the interaction between these discourses that shapes the experience of teaching cultural safety. The aim of this study is to describe the experience of teaching cultural safety in a nursing education programme. A better understanding of the experience is a first step towards ensuring that teaching makes a positive difference to the health care relationship between nurses and people using health services.

The research aim of describing the experience of teaching cultural safety translates into a specific research question. The question identifies the most important knowledge to be gained from the study and sets boundaries around the data to be collected (Woods & Catanzaro, 1988). A qualitative study using thematic content data analysis was selected as best being able to answer the research question, “What is it like to teach cultural safety in a nursing education programme?”

In this chapter the methodological approach and the reason for choosing this approach is discussed. Firstly the methodology is identified with influences shaping the research approach. Next, a theoretical framework of power and knowledge which provides a background to data analysis is discussed. Following this the research design is described including: participant selection, role of the researcher, data gathering, data analysis and ethical considerations. The trustworthiness and reliability of this research concludes the chapter.

### **3.2 Methodology**

The purpose of this research is to describe, explore and develop knowledge about the experience of teaching cultural safety. I have selected a qualitative methodology to guide this research study. My reason for selecting a qualitative methodology was determined by the question. There is an absence of research about the experience of teaching cultural safety, and I wanted the data to emerge from the experiences of the participants. I was curious about why teachers taught a controversial subject and whether teaching this subject was different from teaching other nursing subjects. I

wanted to find out how teaching cultural safety had the potential to make a positive difference to the health care relationship of people using nursing and health care services. I wanted to learn more about the experience of teachers, nationwide, and to consider the similarities and points of difference in my own experience.

### **3.3 Feminist and critical influences shaping the research approach**

The last three decades have seen a shift in methodological approaches to research in the social sciences. Newer methodologies fall within the interpretive paradigm of scientific inquiry and focus on interpretation and the creation of meaning by human beings and their subjective reality (Holloway & Wheeler, 1996). The interpretive approach provides a suitable framework through which nursing can be studied because of its focus on the human experience.

With the emergence of feminist enquiry and knowledge generated by indigenous and marginalised groups, a critical approach to research has gained currency amongst social science researchers. Roberts & Taylor (1998), speaking of nursing, describe critical approaches as those that address power imbalances in nursing conditions, relationships and organisations. They draw a distinction between interpretive and critical approaches by suggesting that an interpretive approach *may* bring about change because of raising awareness of social and political awareness, whereas critical methodologies *begin* with the stated objective of questioning the status quo in order to improve things. Carryer (1995c) states that in post positivist science the search is for multiple truths, with each truth being textually and historically specific rather than the discovery of one static observable truth. She notes that in this context, the generation of value free and interest free knowledge is neither possible nor desirable.

Roberts & Taylor (1998) describe qualitative research methodologies as being based on an assumption that “real and trustworthy knowledge is found by paying attention to what people say and do in specific circumstances” (p.172). Burns & Grove (1995) suggest that the main data gathering approach in qualitative research is structured and unstructured observation and communication. This data includes shared interpretations of the researcher and participants. The data are in the form of words

and analysed in terms of individual responses, descriptive summaries or both (p.29).  
The role of the researcher is to

*organise the data in a meaningful, individualised interpretation or framework that describes the phenomena studied. The findings from a qualitative study are unique to that study, and it is not the intent of the researcher to generalise findings to a larger population (Burns & Grove, 1995, p.29).*

The epistemological or philosophical position of the researcher will determine a positivist, interpretive or critical qualitative approach (Holloway & Wheeler, 1996). A positivist approach involves measuring phenomena with the view to using measurement to provide a basis for testing old theories or developing new ones (Kellehear, 1993). Kellehear (1993) suggests that social science researchers are reluctant to impose a pre-structured theory onto the world. He believes social science researchers are more concerned for how people make sense of their world. The interpretive paradigm focuses on the meaning of lived experiences and has relevance for developing knowledge about people's health and illness experience (Burns & Grove, 1995; Polit & Hungler, 1997).

Cultural safety teaching is concerned with a teaching-learning process which critically analyses and reflects on discourses impacting on the client's health and illness experience. With an interpretive approach, the outcomes of research illuminate the lived experience of the participant, thus clarifying and broadening understanding of phenomena. A critical approach also focuses on the experience of the participant. What makes it different from the interpretive paradigm is that a critical approach considers the experience of the participant in the context of social and political structures impacting on that experience.

### **3.4 Theoretical framework**

A theoretical framework consistent with a feminist and critical theory approach was selected against which to analyse the participants' data. The framework needed to be consistent with the underpinnings of cultural safety teaching and content. The central organising principle of cultural safety is the examination of power in health relationships, as noted in chapter one, power analysis is closely linked to knowledge development in cultural safety education.

Michel Foucault, (1972, 1980) and cited extensively in McHoul & Grace, 1997), was a prominent French writer, philosopher and academic who offered a critical rethinking of power in the development of knowledge and ideas. His work is concerned with the deconstruction of bodies of knowledge he calls discourses. When these discourses or bodies of knowledge are put together in a particular way, they are presented as scholarly disciplines, for example nursing, medicine or, education. These disciplines are then expressed through disciplinary institutions of social control such as schools, prisons and hospitals (McHoul & Grace,1997). Foucault's analysis of power challenges the accepted order of how knowledge is constructed. Cultural safety can be seen as one expression of this challenge. Foucault's analysis therefore is a suitable framework against which to explore the experience of teaching cultural safety. The work of Foucault is explored further below, in particular his ideas on discourse, power and knowledge with reference to how they might be used to consider cultural safety education.

### **3.5 Discourse, knowledge and power**

Discourses can be described as commonly accepted assumptions that explain reality and in explaining this reality form the basis of knowledge development (Wilkinson, 1999). More than one discourse can exist simultaneously around any given phenomena with some discourses being more dominant than others. These discourses may be complementary or be in conflict (Wilkinson, 1999). Cultural safety education can therefore include both complementary and conflicting discourses.

Frankenberg (1993) defines discourses as

*Bodies of ideas situated historically providing conceptual frameworks for individuals. These conceptual frameworks are given expression and made material in the design and creations of institutions and shaping daily practices, interpersonal interactions and social relationships. (Frankenburg, 1993, p.265)*

This kind of definition of discourse originates from Foucault's works (1972, 1980). Other writers drawing on these works give clarity to the complexities of definition of discourse and make Foucault's analysis more accessible to understanding (Cheater,

1999; Frankenburg, 1993; Fraser, 1996, Jones,1990; Mc Houl & Grace, 1997; Ropers-Hillman, 1997; Wilkinson, 1999; Sawicki, 1996; Yon, 1999).

The other feature of Foucault's work which makes his work relevant to the analysis of research data, is power and knowledge. Cultural safety is a field where a number of discourses come into play and make the relationship between power and knowledge visible. Wilkinson (1999) makes explicit, the relationship between power relations and knowledge: 'all knowledge is the product of power relations and there needs to be an understanding how power produces that knowledge (p.21).The cultural safety agenda is just that, understanding how and whose power produces knowledge and how that knowledge is permitted, constrained, hindered, valued or manipulated, and by whom in the nurse-client relationship. An underlying assumption of cultural safety education is that nurses gain an understanding of how power works in a critical reflective framework.

Knowledge is deliberately constructed to control or to influence the behaviour of others (Yon, 1999). The demonstration of power lies in unequal outcomes for people involved. Because power is constantly present and widespread and is reproduced in all relationships, any inequality or outcome is not necessarily long-lived since the exercise of power always produces resistance. Power and resistance are different sides of the same coin (Wilkinson, 1999). A Foucauldian analysis helps with understanding this process. Foucault's conceptualisation of power can be used in a study of health practice to make visible the realities of everyday relationships and the manner in which power operates in these relationships to enhance or inhibit health practices in socio-cultural contexts.

Cultural safety is concerned with teaching nursing students about power relationships in the context of nursing practice. Teachers and students give expression to their own power relationships through the uncovering of various discourses in the learning environment. Critical elements needed for power to occur within discourses are acts of resistance. There are no relations of power without resistance and resistances are formed wherever power is exercised and power is exercised everywhere (Wilkinson, 1999). Managing and working with resistance is an important component of teaching cultural safety. Each discourse brings with it its own set of resistances. For example

the discourse of difference maybe resisted by a discourse of negation of the need to be different. This is embedded in traditional nursing knowledge and practice and expressed in the phrase 'the nurse treats the person as an individual *regardless* of individual difference' (Ramsden, 1995).

Finally it should be noted that Foucault's analysis of power relations is particularly suited to this study as he looks at power as not only based in structures and institutions but also at the point of interaction between individuals and groups (Foucault, 1972; Wilkinson, 1999). Cultural safety addresses power in the context of relationship and difference especially with people who are marginalised in that system because of race, gender, class or ability (Hall, Stevens & Meleis, 1994). Cultural safety also addresses the impact of structural and institutional power on the health outcomes of all people using health care services (Polaschek, 1998).

### **3.6 Research study design**

As explained above, I chose a qualitative approach within a mainly critical theory paradigm. Because the construction of my research question involves my positioning as a cultural safety educator, I discuss this issue before describing the methods used for participant selection, data collection and analysis and how ethical issues were addressed.

### **3.7 The positioning of the researcher**

Qualitative research, like cultural safety teaching, is subjective. A feature of both is the personal involvement of the researcher and the teacher. My own experience of teaching cultural safety therefore impacts on my role as researcher. This positions me as an 'insider' and raises two issues: the potential for bias and the need for reciprocity. Feminist approaches to research, embrace subjectivity and provide processes whereby this can be monitored. This happens through a process of reflexivity, and requires that the researcher engages in a process of self-reflection on the research process to maintain a continuing awareness of her personal influences on the interview.

### **3.7.1 *Potential for bias***

The researcher in qualitative research is the primary research tool, therefore personal aspects of the researcher impinge on the interview relationship (Holloway & Wheeler, 1996; Roberts & Ogden Burke, 1989). Holloway and Wheeler argue that the researcher's own subjectivity becomes an analytic tool and consequently becomes part of the research. Bias is possible in an insider position and cannot be eliminated. It is therefore important for the researcher to recognise and acknowledge her subjectivity. Bias cannot be eliminated in an insider position but can be monitored and accounted for.

### **3.7.2 *Reciprocity***

Reciprocity involves the researcher contributing something of herself to the research process. This usually takes the form of self-disclosure and acts as a means of reducing the potential for power imbalances between the researcher and the participant. Acker, Barry & Esseveld (1991) note that the research process becomes a dialogue between the researcher and the researched. Both, they say, are assumed to be individuals who reflect on their experience and share those reflections.

In this research reciprocity was reflected not only in my sharing my perceptions of teaching cultural safety during the interviews, but also in my being invited into the homes of some participants as a guest. This meant I was able to share the experience of being part of the family as a visitor as well as a researcher. Another way of demonstrating reciprocity was by returning the final selected excerpts from the transcripts. These excerpts were situated in surrounding text. This gave the participant an opportunity to see their contribution in its near complete form and to make comment or changes if they chose to (see data analysis section in this chapter). This also gave them an opportunity to see how I had interpreted their contribution and for them to comment on this interpretation.

One criticism of reciprocity is that sharing of similar experience is desirable but cannot eliminate power differences (Carryer, 1995c; Fonow & Cook, 1991; Ribbens & Edwards, 1998; Stanley & Wise, 1990; Webb, 1993). However, these authors generally acknowledge that this reciprocal relationship, although paradoxical, is a key element in feminist research.

Inherent in a feminist approach to research is the requirement to frame the data collection within a dialogue which makes reciprocity and reflexivity visible in the research. Fook (1996b), emphasising the need for reflexivity, said that researchers need to reflect continually on the way in which the researcher's own individual awareness affects the interview situation, especially in areas relating to interpretations of meaning and constructions of meaning in different situations.

I needed to be constantly aware of my insider position in order to monitor my potential for bias and to promote reciprocity in the research relationship. Horsefall (1997) and Lipson (1991) argue for and against insider research. There is a delicate balance that is required when researching a familiar area between subjective judgement due to over-involvement in the group being studied and the need to maintain one's objectivity. Field (1991) considers it can give rise to problems if the researcher enters the study believing that the culture is already familiar, as important pieces of data will be overlooked. On reflecting on my early interviews, I was aware that I had not really asked important questions about addressing specific categories of difference. The concept of difference is central to the understanding of cultural safety. Sometimes, for people who teach cultural safety as part of a broader programme, the concept of difference is dealt with quite prescriptively as set out in the *Nursing Council Guidelines for cultural safety in nursing and midwifery education 1996*. In my interviews, difference was brought up in a general way rather than a specific way. I thought that had I not been involved in teaching the subject myself, I may have asked more specific questions about difference. I realised that the concept of difference is so embedded within the teaching of cultural safety that this was a given in any discussion between people who teach cultural safety. In later interviews I did address the concept of difference in a more overt way.

### **3.8 Participant selection**

#### ***3.8.1 Participant profile***

The fourteen participants were all women who teach or have taught cultural safety. The time span of teaching ranged from twelve years to one year. The ages of the participant ranged from late 20s to late 50s. Most had been in nursing education for a number of years. Nine were Pakeha and five were Maori. Most have been or are involved in working for social change. This included working in or supporting

community agencies providing support for women or other community initiatives aimed at improving people's lives.

### ***3.8.2 Process of Selection***

A letter outlining the study and seeking participants (Appendix 1) was sent to heads of schools in 13 departments of nursing and health studies of polytechnics and technical institutes. The Heads of Schools were asked to display a flyer in a place where nurse educators who taught cultural safety might see it (Appendix 2). Cultural safety is a controversial subject and it was important that any interested person could respond with a degree of anonymity. A flyer put in a prominent area of work meant that they could respond without being identified by heads of schools or colleagues.

Eighteen people, all women, responded to the flyer by e-mail indicating interest and requesting further information. Of these, one person did not fit the criteria of nurse educator. Further information was sent detailing what I was doing and how I wanted to go about conducting the interviews (Appendix 3). Those who maintained their interest were invited to arrange a suitable time and meeting place. One woman who indicated interest was not interviewed due to our inability to arrange a mutually suitable time to meet. This woman was sent a copy of the final themes and invited to comment on them if she wished. She chose not to. Two women said they would be willing to be interviewed if I did not have enough responses. These interviews did not proceed. They were sent a copy of the completed report. One woman expressed interest late into the study. This woman was also sent a copy of the final themes to comment on if she wished.

### ***3.8.3 Including Maori participants***

The participants in the study were nurse educators who teach or had taught cultural safety in nursing education programmes. They were or had been employed by a polytechnic or institute of technology. I originally decided to work with Pakeha teachers. On reflection and in discussion with my supervisor I realised that by limiting my interviewing to Pakeha teachers, I was excluding Maori teachers on the basis of ethnicity rather than any other criteria.

The place of the Treaty of Waitangi in cultural safety draws attention to the need for partnership in the context of the Treaty of Waitangi. To work only with the Pakeha partner excluded the Maori partner from participation. I also had to balance this with literature and experience about Pakeha researchers undertaking research with Maori participants (Bishop, 1994; Smith, L, 1999). Smith, M (1996) notes that the use of information related to Maori needs to be carried out with care and sensitivity and that Maori participants need to be part of the processes which validate and authenticate the information. "To fail to do this would be to repeat the history of colonisation characterised by dismissal, redefinition, and incorporation"(Smith,1996 p.14). Jackson (1992) says that the "history of colonisation is as much a story of imposition of a philosophical construct as it is of economic and military oppression" (p.2).

It was at this point I had to consider what my position was as a Pakeha woman interviewing teachers who were Maori. I was very aware that whilst we shared points of similarity in terms of being women and nurse educators, there were also points of difference in terms of culture and life experience within that shared culture of being women (Carryer, 1995c; hooks<sup>9</sup>1990; Smith, 1999).

#### **3.8.4 Reflection**

I became conscious of my own behaviour and how I responded to different people at different times. With the Pakeha women participants I felt I made different assumptions about my relationships with them. For instance, I assumed more commonality about meanings and ideas based on ethnicity. I was confronted with my response to difference in a very real way. At every step I was faced with ethical research considerations related to Maori and Pakeha research relationships. My reading about the ethics of interviewing did not prepare me for this reality of the research relationship in the field. Lipson (1991) notes that ethical issues evolve over time and that these change with the researcher's changing relationships with informants.

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<sup>9</sup> bell hooks spells her name with lower case 'b' and 'h'. Where the word hooks begins a sentence an upper case 'H' is used

## **3.9 Data collection**

### **3.9.1 *The interview***

I selected the one-one interview as an appropriate method to gather data from participants because it has been demonstrated to work in qualitative research (Holloway & Wheeler, 1996; Oakley, 1981; Webb, 1993). In addition the decision was made because of the wide geographical dispersal of potential participants throughout New Zealand. Other methods, like group interviews, would have been logistically difficult to organise from a distance. There was one situation which did involve an interview in a group setting. This is discussed later in the chapter.

The one-one interview is the most common form of data collection in qualitative research. The purpose of the interview is to collect valid and reliable data to answer a particular research question and to study phenomena from the perspective of the participant (Parahoo, 1997). According to Chenitz & Swanson (1986) the interview in qualitative research resembles everyday conversations for the purpose of collecting and validating data. Holloway & Wheeler (1996) suggest that conversations have rules of control by one or other of the participants, and that the rules of research interviews are stricter. This is because research interviews are set up to elicit information from one side only. Although the interviewer may attempt to achieve a relationship of equality, the researcher tends to guide the interview toward the discovery of the informant's perceptions, feelings and thoughts. The interview can take a number of forms from structured to semi structured. I selected a semi-structured to unstructured interview format as this was consistent with my positioning as researcher-participant. I also wanted there to be a free flow of interaction between myself and the participant.

### **3.9.2 *The interview process***

Prior to my interviewing participants, I conducted a pilot interview with a colleague with whom I taught. This gave me an opportunity to familiarise myself with setting up and testing the recording equipment and to experience the process of beginning an interview, developing the conversation and ending the interview.

Following discussion with each participant I met with them at a place which was convenient for them. I interviewed twelve of the participants at their place of work

and two in their homes. One home interview included the participant's family being present in the room. This added a richness to the interview in that there was a feeling that everyone was involved by their presence in the room. The proposal provided for a second series of interviews if it was felt that material from the first interview needed to be expanded. Data from the first interview with participants drew forth rich data and the second series of interviews was therefore not needed. Some participants did provide further elaboration on some points following return of the initial themes. These were taken into account in the data analysis

Following a general introduction and the signing of the consent form (Appendix 4), I started the interview with the specific research question: "What is it like to teach cultural safety?" The women gave specific information to this broad opening and answered the research question. Their response then provided a platform from which questions from the interview guide were selected as prompts or to develop the discussion (Appendix 5). This approach allowed for flexibility and made it possible for me to explore with the women their interests and thoughts about the experience of teaching.

Holloway & Wheeler (1996) state that the sequencing of questions is not the same for every participant as it depends on the process of the interview and the answers of each individual. Therefore, the use of an interview provides generic questions which can be modified to suit the context and can be asked in a non sequential order.

The interview guide was sent to all but one participant before the interview. One participant agreed to take part at short notice. Some women were familiar with it and others made little reference to it. It seemed to make little difference if the guide was used or not as similar data seemed to emerge.

The first two interviews were different from the others in terms of how they started. As I became more familiar with the process I found myself becoming more relaxed after asking the research question and was able to let the conversation flow with minimal prompts and reference to the interview guide.

### **3.9.3 *Timing of interviews***

The interviews were approximately of one hour's duration. This period seemed to meet the needs of the participant and the researcher. Field & Morse (1985) advise that interviews should not be continued beyond one hour. Participants were given information about the timing of the interviews. Although flexibility was built in to accommodate further time, all interviews were completed within the given period. Ten minutes before ending, notice was given that we were coming to an end. In some cases the person had not fully completed what they were saying but the message had been adequately conveyed and the interview finished. On reflection one hour helped provide a focus for participants to organise thoughts and feelings and express them in a logical systematic process with occasional prompts or questions from me. In most situations the stories came to a natural conclusion.

### **3.10 *Data Analysis***

Thematic content analysis (Burnard, 1991) was used as the method for analysis because it is designed to make sense of data gained from semi - structured interviews. In outlining the process of thematic data analysis, Burnard states that the aim of analysis is to produce a detailed and systematic recording of themes and issues addressed in the interviews. These themes are then linked under a reasonably exhaustive category system. He cautions that it is important for the researcher to be aware of how reasonable and accurate it is to compare the words of one person with the words of another. He questions to what degree common themes are common and warns that it cannot be assumed that one person's world view can be linked with another's. In the end analysis is a subjective interpretation (see section on trustworthiness in this section).

Fook (1996b), drawing on the work of Kellehear (1993), identifies thematic analysis as a process where ideas in the data are examined. This process is subjective and interpretive and according to Kellehear the processes of reliability and validity do not fully address the nature of meaning experience and power. This is consistent with Burnard's view, (1991; 1995).

Polit & Hungler (1997) note that in thematic analysis the researcher strives to weave the thematic pieces together into an integrated whole. To do this the themes need to

be interrelated in a way that provides an overall structure such as theory or integrated description .

### ***3.10.1 The approach to thematic analysis in this study***

Thematic analysis was particularly appropriate for this research as I wanted to offer an integrated description of what it is like to teach cultural safety. I used ten of Burnard's fourteen steps of thematic analysis. I chose not to use the remaining four steps as they were not relevant to my investigation. I elected to refer to Burnard's categories as broad themes. The process I used is set out below.

1: Notes were made after each interview noting impressions. Field notes about what stood out as significant in each interview accompanied this. This provided me with immediate feedback.

2: All the interviews were taped and on completion, transcribed. Each transcript was systematically read. Notes were made and broad themes identified. From this first reading initial impressions were made. These were compared to the initial impressions made at the completion of each interview. This I referred to as the first "chunking down".

At this stage I wrote a one page narrative of what I thought each woman was saying. This enabled me to gain a sense of the dialogue in the context of how I experienced the participant as a person rather than as research subject. The narratives were then explored for participants statements which were similar or different. Each kind of statement, similar or different, were highlighted with highlighter pen.

3: The transcripts were read again and highlighted phrases were further examined for similarity and recorded to illustrate examples of impressions. These were put under broad general themes. This was my second "chunking down" of data.

4: At this point the broad themes were narrowed down to make the data manageable. The themes were transferred to lists with accompanying statements.

5: The themes were further refined with a description of phrases which characterised the theme. Tapes were played with transcripts to get a sense of nuance and emphasis on themes. Following this I was concerned about my ability to be certain that the themes I identified were an accurate reflection of what the women presented. To provide an element of validity for myself I did not refer back to the final thematic groupings for a number of weeks. During that time I reflected on the themes in my mind and through journalling. Each time I did this, I felt a degree of 'certainty' that they were an accurate reflection of the participants' stories, I felt the same sense of 'certainty' returning to the transcripts some weeks later. I then returned the thematic groupings back to the participants to monitor for congruency and validity.

Returning transcripts is accepted as one way of addressing validity. However, Burnard (1995) and Kellehear (1993) question whether true validity is possible. Burnard suggests that returning scripts does not necessarily affirm validity. He argues that the words that are found in interview transcripts may or may not capture the real meanings of the respondent. He suggests that the written words captured in the original text are not necessarily an expression of the person's true beliefs but rather a set of words offered at a particular moment in time. In this research participants were invited to comment on the themes I had isolated and add any further information. Some participants offered alteration to their words and whilst the changes did not alter the intended meaning at the time the alterations either added to or subtracted meaning from the original text. One woman commented that reading the themes had helped her with her planning for the following year. Other women agreed with the themes and one or two added comments which gave depth to the theme.

6: Following removal of all identifying features a colleague scanned two transcripts to identify her own categories. Her findings were similar to mine and she added comments which strengthened or gave me thought for further reflection and refinement of my original themes. It is important to note that this was not necessarily a measure of validity, as her findings could have been influenced by our previous conversations related to processes of analysis.

7: The transcripts were read again and statements that were similar were collapsed into more specific themes.

8: Phrases identifying themes were then cut from the transcripts and each participant's statements were grouped under each theme so that each participant was represented in each theme. These themes were kept in separate folders.

9: The statements from each theme folder were then reviewed and further refined to ensure that the selected statement would help answer the research question. At this stage I referred back to the original transcript to provide a context for the statement.

10: Statements reflecting each theme were then selected in an attempt to analyse the experience in order to describe what it is like to teach cultural safety in a nursing education programme. Following this process three broad themes were identified which described the experience of teaching cultural safety. These are identified in the next chapter. I chose to write up the data using verbatim examples of interviews to illustrate the various themes. This verbatim data was supported with literature related to the theme.

On completion of the analysis, quotes were selected which best reflected particular themes. For reference purposes each statement selected was numbered and page referenced according to the order in which the original interviews took place.

Nearing completion of the writing process, these quotes were extracted from the major text but with some text attached which situated the quote. These were returned to the participants for final checking for accuracy and truthfulness. I sought permission from them to use the particular extracts and asked them to read and check the extracts for accuracy and reliability. This proved to be invaluable. During the process of identifying themes and analysis minor changes had resulted merely through the repetitive nature of reducing themes and ordering into themes. Returning the quotes with text extracts provided an opportunity for participants to check for accuracy of content and spelling of names. It also gave the participants an opportunity to review their comments and feel satisfied with what they said and to comment on the accuracy of my recording of what they said. Most participants responded and indicated where appropriate changes were needed. This also provided me with an opportunity for further reflection. Returning the quotes reconnected me with the participants. Their responses provided a sense of wholeness and integrity to the research study and positioned the study in the day to day reality of living. The

richness of the material they had offered during the interviews was reaffirmed by their responses. I was aware of the trust with which they had entrusted to me as a researcher, to honour their words feelings and thoughts.

### **3.11 Ethical considerations**

The key ethical considerations in undertaking this project involved confidentiality and safety of participants. Polit & Hungler (1997) note that involvement in research should not disadvantage participants or expose them to situations for which they have not been explicitly prepared (p.130). My reading about ethical research did not fully prepare me for ethical issues that arose during the process of data collection, for example accomadating unexpected opportunities for interviewing other participants during the data gathering process. Lipson (1991) states that ethics is based on the principle of informed consent and the participant understanding what it means to be involved in the study (p.344). One participant agreed to be interviewed at short notice. She had little time to reflect on the process of informed consent, but consented to being a participant, signed the consent form and agreed to be interviewed. I felt though that she had not had enough time to reflect on the information but felt pleased that she had agreed to take part.

#### **3.11.1 Confidentiality**

My aim was to ensure that confidentiality of all participants was maintained. This meant, that no one would know the identity of the participants. Each participant was informed that following the interview a person other than myself would transcribe the recorded interview. They were informed that this person was required to sign a confidentiality agreement (Appendix 6). In the transcribing the transcriber knew names of the participants but had no further information about them. Following transcribing and return of the transcripts back to participants real names were removed from the transcripts. Every attempt was made to remove identifying information from the transcript. Only the researcher and the transcribing person heard the tapes. Consent forms and tapes were kept in a locked filing cabinet.

#### **3.11.2 Anonymity**

The target population was small and anonymity of the participant had to be safeguarded. To ensure that any information used would not identify the participant,

every effort was made to protect the participants' identity. Each participant chose a pseudonym and only the researcher and the participant knew what this was. Removing all identifiable references to any institution or educational personnel did this. Participants were invited to be identified by their name in the thesis acknowledgments. Those who agreed have appeared in the acknowledgements.

There was one situation related to anonymity which deviated from the interview format set out and described in the section, the interview process, earlier in this chapter. In one geographical area five women responded to the flyer. These people were involved in a teaching structure that was different from other areas. I felt that their collective story was important and that interviewing one person would give limited data. I made a decision to see if I could interview them in group situations made up of a group of two people and a group of three people. I approached each person individually and discussed with them, the possibility of a joint interview with another colleague. I was careful to ensure anonymity of all participants. If the person agreed I sought verbal permission from them for me to use their name when speaking to the other potential participants. This situation did not conform to what had been outlined in the research proposal. I had chosen a one – one interview as a method of data gathering. Inclusion of other people would make it a focus group and I had not addressed focus groups in my proposal.

My research proposal had taken into account the need for the presence of support people to be present during the one-one interview. This had been decided to provide for the presence of family or friends if the participant wanted them present. I considered that the participants could be accommodated under this requirement. This was an unusual situation and one I had to think about carefully to maintain the principle of anonymity and informed consent. Within one of these groups there were two women who had been teaching for five or more years and one who had been teaching cultural safety for less than a year. The group interview proved to be helpful for the novice teacher. She was able to hear the experience of the other two who expressed similar thoughts and feelings as experienced teachers to those she had as a beginning teacher.

Although I had taken care to address anonymity issues in terms of ethics committees, I had not taken account of what would happen in the field. I interviewed teachers nationally. Because of the length of time I had been involved in teaching and many years of networking, I knew people in different capacities at different institutions. I found that when I arrived at some institutions people would stop and talk and ask me what I was doing there. They also knew I was involved in cultural safety teaching. I found ways to address the question without divulging my purpose for being at a particular institution.

### ***3.11.3 Consent of participants***

Informed written consent was obtained from each individual participant following an explanation of why the research was being undertaken, the proposed use of the material gained and the availability of the final document for them to read. During this process the right of any participant to withdraw from the research without prejudice was respected. If participants chose not to continue, their tapes and transcripts were to be destroyed and any identifying details removed from all research data. The participant was able to delete selected pieces if on reflection they chose to. During the interview three participants asked that some information not be included in the analysis. Following return of the transcripts some participants requested that some material not be included or that they be consulted prior to it being used.

### ***3.11.4 Conflict of interest***

There was no conflict of interest from an employment or personal positioning of myself as researcher in relation to the topic. I did not interview people from the Polytechnic where I worked. There were conflicts of interest only in the sense that I taught the subject and had to pay careful attention to the potential for bias and the need to be reflective to monitor my participation.

### ***3.11.5 Storage of data***

During the research all raw data was stored in a locked cabinet at my home or work to protect the identity of the participant. In addition I stored the signed consent forms in a separate locked place. No one saw these apart from myself. On completion of the marking of the thesis, participants will be offered their own taped interviews back. If they choose not to receive the tapes, they will be wiped. A copy of the participants'

transcripts will be returned to them and another copy sent to the Massey University archives.

### ***3.11.6 Potential harm to the researcher and university***

I was aware of the potential for deep sharing of personal information to be distressing or upsetting. I was also aware that my mental health background could influence how I approached the interview. I had to remind myself that I was involved in a research interview, not a therapeutic relationship. Lipson (1991) notes that communication techniques in a therapeutic relationship and research interview are similar but the outcomes are different.

My decision to interview Maori cultural safety teachers presented specific ethical issues in relation to the research relationship. I was aware of ethical considerations about Pakeha interviewing Maori, as discussed in the section on participant selection earlier in this chapter.

Whilst there was no harm done to myself as researcher I had to monitor my positioning constantly in relation to subjectivity and the potential for bias. I also paid particular attention to my responses and reactions when working with Maori and Pakeha teachers, some of whom were colleagues and friends.

Permission to carry out the study was obtained from the Massey University Ethics Committee. The protocols of the University in relation to research and thesis presentation were adhered to. The potential harm to the University as a consequence of this research was negligible.

### ***3.11.7 Other ethical concerns***

Participants were informed that if unforeseen ethical concerns were to arise I would refer to my academic supervisor for guidance. Their participation was as individuals rather than as staff. Ethics Committees of their institutions were not approached for ethics approval. The number of teachers involved in teaching cultural safety is small and therefore I had to pay attention to participant anonymity. In considering ethics related to the proposal I made a decision not to go through Polytechnic or Technical Institute ethics committees. This reduced any risk of identification of potential

participants. By presenting an ethics proposal there would have been automatic identification of the small number of cultural safety teachers. Massey University Human Ethics Committee had accepted the proposal and because of this, ethical requirements had been met.

### **3.12 Trustworthiness**

Trustworthy data is that which is reliable, valid and where the potential for bias has been addressed. Woods & Catanzaro (1988) identify three characteristics of trustworthy data. Reliable data is that which has a degree of consistency or dependability. Valid data is demonstrated when the question asked elicits the information that was intended. As mentioned earlier in this chapter, bias occurs when the personal attributes of the researcher and participant influence the research relationship. The first step in reducing bias is to monitor the potential for it to happen and provide structures with which to manage it when it does arise.

Trustworthiness as identified by Polit & Hungler (1997) is a term used by Lincoln & Guba (1985) to assess the criteria of transferability, dependability and confirmability of the research data. The criteria used by Lincoln & Guba provide a useful framework for assessing trustworthiness of data.

#### ***3.12.1 Transferability***

Transferability refers to the generalisability of the data or the extent to which data can be transferred to other settings or groups. The transferability of this study is limited. The results of this study cannot be transferred to other similar settings but the research does provide triggers for the development of further research in this area.

#### ***3.12.2 Dependability***

Dependability refers to the stability of data over time and over conditions. In this research dependability was demonstrated by the frequent 'chunking' down of the data. There was a consistency of themes (see earlier in this chapter).

#### ***3.12.3 Confirmability***

Confirmability refers to objectivity or neutrality of the data. (Polit & Hungler, 1997). Confirmability assumes that there would be agreement between the researcher and

another person if both parties analyzed the same data (Polit & Hungler, 1997). Burnard (1995) disagrees with this and suggests that the researcher abandons the idea of objectivity and rejects the notion that any number of researchers analysing the same text will elicit the same interpretation as each other. Given that qualitative research is by nature subjective, confirmability is neither possible nor desirable in this research.

Sandelowski (1986) in addressing the problem of demonstrating rigour in qualitative research suggests that specific steps taken to ensure overall confirmability of qualitative research are dependent on the kind of evidence used, the techniques used to collect data, the purpose of the study and the techniques used to analyse the data. This she says, is achieved through the process of auditability where there is a clear decision trail constructed from beginning to end. A careful systematic audit trail was maintained to provide transparency of the research process and provide visual evidence of trustworthiness.

### **3.13 Summary**

This chapter has identified and discussed the research methodology, feminist and critical approaches to the study, the theoretical framework guiding the analysis of the data, my position as researcher and participant selection. The data collection process and data analysis was described followed by ethical considerations. The chapter concluded with discussion on the trustworthiness and limitations of this research process.

The next chapter describes how the final three themes were arrived at and then the first theme is examined in depth.



## **Chapter 4: The Treaty of Waitangi provides for an examination of power in cultural safety education**

### **4.1 Introduction**

The last chapter described the research design used to draw out themes from the participants data which best described their experience of teaching cultural safety. This chapter and the next two discuss these themes against the background of the theoretical framework of power and knowledge.

This chapter identifies the themes and then discusses the first theme: the Treaty of Waitangi underpins the teaching of cultural safety, as it provides for an examination of power. The participants' views of how the Treaty of Waitangi provides for an examination of power are explored. Related issues, connected with this central theme are then explored. These include the variable support for teaching, cultural co-option and the steep learning curve for Pakeha teachers. This is followed by discussion on changes in teaching over time and the Treaty of Waitangi as a focus for the issue of power in nursing

### **4.2 Identification of themes**

Following analysis of the data five themes were identified:

- The Treaty of Waitangi underpins the teaching of cultural safety.
- Cultural safety is unique in the nursing curriculum.
- There is a personal dimension to the teaching of cultural safety.
- The experience of teaching is different for Maori and Pakeha teachers.
- Teaching has the potential to make a difference to health care relationships.

These themes were later reduced to three. Themes which could be addressed in the context of other themes were brought together, such as, power, the teaching of cultural safety is unique, teaching cultural safety makes difference to health care relationships, the experience of teaching is different for Maori and Pakeha teachers. The three themes finally arrived at are as follows:

- The Treaty of Waitangi provides for an examination of power in cultural safety education.
- The broad concept of difference influences the experience of teaching cultural safety.
- The experience of teaching cultural safety has a personal, professional and political dimension which is different for Maori and Pakeha teachers.

### **4.3 The Treaty of Waitangi provides for an examination of power in cultural safety education**

The years between 1984 and 1989 are significant in the development of the introduction of the Treaty of Waitangi into the nursing education curriculum. During this time the Labour Government responded to calls from Maori to address concerns related to the historical failure to address Maori rights under the Treaty of Waitangi. As mentioned in previous chapters, biculturalism, introduced through the State Sector Act 1988, became official Government policy in 1989. The State Sector Act (1988) required state institution chief executives to recognise the aims and aspirations and employment requirements of the Maori people and the need for a greater Maori involvement in the public service. The Act provided for Maori nurses to be able to use state structures to address Maori education and health issues in the context of the Treaty of Waitangi.

Before the State Sector Act, nursing had already gone some way to prepare the way for developing bicultural structures in nursing practice and nursing education structures. For example the National Action Group (1986; 1991) saw a bicultural nursing service as one which would affirm the status and rights of Maori based on the Treaty of Waitangi by incorporating a policy of biculturalism. In 1986 registered Maori nurses attending the first Maori student hui at Ratana Pa near Wanganui expressed concern about the health service's lack of responsiveness to Maori clients' health needs.

*It [the hui] came about through Maori registered nurses being concerned with the high number of Maori clients admitted to hospital and requiring medical assistance. The way by which we believed this could happen [in nursing education] was through encouraging more Maori to graduate as qualified nurses. Out of that initial group the National Council of Maori nurses evolved. (Te Rito, int. 11, p.1)*

This kind of thinking, and the legislation subsequently put in place, led to the development of cultural safety in nursing education programmes, which emphasised the importance of the Treaty of Waitangi within cultural safety. The nurse educators I interviewed all expressed the view that the Treaty of Waitangi is central to cultural safety teaching. Within nursing cultural safety education provides the vehicle for reflecting on the Treaty of Waitangi and consequently on a model of health care delivery reflecting the realities of New Zealand society.

Anne puts it clearly:

*I think for me these days it is the Treaty [of Waitangi] which underpins cultural safety. It is an obligation of every citizen in the country to know about it but that's going to take a long time to sort out. (Anne, int. 2, p.24)*

This is endorsed by others who were involved in discussions which preceded the introduction of cultural safety:

*By 1986 the other issue that emerged from nursing was the taskforce planning...//...that was when there was a great increase in numbers of nursing students...//... There was the issue about the small number of nurses who identified as Maori and the fact that there was disproportionately a large number of Maori nurses who were enrolled nurses and there was also the retention rates within comprehensive programmes that Maori, when they did enter they weren't being retained and there was anecdotal records from Maori students saying that nursing education was not a nice place to be in. (Anne, int. 2, p.10)*

*We as RN's were focusing on encouraging more Maori people to qualify as nurses and then of course the issue of cultural safety came up for these students. They didn't feel at all safe within the technical institutes and they felt they had to leave their Maoritanga at the door before they walked in and then pick it up on the way out is the way they described it. (Te Rito, int. 11, p.6)*

The feelings expressed by the students to whom Te Rito refers, laid the foundation for a closer examination of power dynamics in the context of the Treaty of Waitangi and the broader context of difference in nursing relationships. Teachers were venturing down a path where previous nurse educators had not ventured. This was exciting but

also anxiety provoking because it opened up ways of transforming nursing through the process of education. The excitement came from a shared vision by Maori and Pakeha nurse educators that cultural safety had something important to offer Maori and all other New Zealanders.

The shift of focus to cultural safety also put the Treaty of Waitangi into a nursing context. For some women, attendance at a Treaty of Waitangi workshop subsequently led to their involvement in teaching cultural safety. For these women it was a turning point in their own lives as well as the lives of their students. They began integrating cultural safety and the Treaty of Waitangi into their teaching whether the support was there or not. They were energised because they believed the Treaty of Waitangi was a key ingredient in delivering health services for Maori. Ella noted that;

*...A couple who came [to the institution] presented the Treaty of Waitangi and a whole day on culture...//...[name given] and I were colleagues, we shared this day and we just said wow, this is what we need. This is what our students need...//...we had talked in class about racist attitudes and we thought well they need to know, they need to understand and not be so damning and judgmental, they need some background. (Ella, int.8, p. 14)*

The Treaty workshop provided the background Ella and her colleague were seeking. Ella affirmed her own thinking about the need to address issues of racism and attitudes in a cultural context. Frances describes a similar experience and situates the Treaty of Waitangi in a particular historical context:

*We had quite a history of teachers being committed to the Treaty...//...in 1988 we had a Treaty workshops...//...so although it wasn't my reason for coming to tech [technical institute] it was something that was my university focus...but then it was the context, what was happening at the time, it was something **I** [Frances's emphasis] had to become aware of and committed to...//... it made me aware that New Zealand had its own history and that there was this thing called the Treaty...//...being in this school made me aware **I** had to address it, that it wasn't just something out there at Government level, it was what **I** as a nurse had to deal with and look at what **I** taught and how I taught it...//.... It was very emotional. (Frances, int. 5, p.3)*

Ella and Frances both express the personal, political and professional impetus to address the Treaty of Waitangi in their teaching. Cultural safety provided a framework within which the Treaty could be acknowledged. This situated it firmly within nursing. It became integral to the development of a new kind of nursing knowledge reflecting the realities of health care and educational needs of Maori and New Zealand society at the time.

The participants' experience overall suggested that the presence of the Treaty of Waitangi in cultural safety within the nursing education curriculum, brought together different discourses related to the expression of power in the context of the health care and New Zealand society. The Treaty also created the possibility of professional and personal conflict, especially as it included discourses of colonisation, decolonisation, 'racialised' discourse and the discourse of difference (see later in this chapter and chapters five and six). This made the experience of teaching cultural safety problematic.

Conflict arose for the cultural safety teacher, student and faculty members. This was expressed in different ways. Many Pakeha students and faculty members could not see the relevance of the Treaty to their work as students, registered nurses or teachers. Some felt the Treaty of Waitangi excluded them as non-Maori, as they saw the Treaty as having relevance only for Maori. There was, and still is, a view that by addressing biculturalism rather than multiculturalism, people from other cultures would be excluded. It was not well understood that the way power operates and is expressed in a bicultural relationship has relevance for how power is expressed in all health relationships.

Another common difficulty that the participants identified lay in the perception and understanding by students and lecturers alike, of the connection between the subjects, Maori studies and cultural safety. This misunderstanding arose early in cultural safety education and represented differing views about biculturalism and power and control over educational resources.

Most of the participants had comments to make about a number of problems which arose in the early days. These are discussed next.

#### 4.4 Variable support for teaching

The early days of cultural safety teaching reflected the awakening of an awareness of the Treaty of Waitangi in nursing education and nursing practice. Rosier (1990) notes that if we are to seek a just society, an understanding of Maori hopes and visions is necessary. It can be difficult for Pakeha to hear this without setting up barriers of guilt and fear (p.20). Early teaching of cultural safety sometimes created distress, conflict, fear and tension for the participants. Some of them felt this was influenced by their own lack of knowledge and the lack of knowledge generally, by people in the health care system. This lack extended to not having an awareness of the relationship between the Treaty of Waitangi and power. Cultural safety provided the participants with an opportunity to reflect on whether the knowledge delivered through traditional nursing frameworks was adequate to deliver health care appropriate to the needs of New Zealanders in the context of New Zealand society. For Maori and Pakeha teachers, support for early Treaty of Waitangi teaching was therefore variable. Ella's comments suggest that this reflection led to action in spite of an awareness that it may not be an easy situation to be in:

*I think it would never have got off the ground if a few of us hadn't jumped in where angels fear to tread...//...we just sort of did it amongst a group of colleagues but amongst the rest of the place, they probably didn't know what we were doing (Ella, int.8, p. 14)*

Caron had a similar response to her initial contact with the Treaty of Waitangi. She was also involved in wider initiatives within her school to introduce cultural safety into the nursing curriculum in a planned way:

*The school was grappling with the importance of the Treaty of Waitangi and the value of biculturalism and the implications for cultural safety...//...we had a number of different hui to talk about the programme [cultural safety] and how the programme could work. (Caron, int. 3, p.2)*

Whilst some of the women teachers were involved in a planned well supported development of cultural safety into the curriculum, others were including cultural safety because of a personal conviction of the relevance of Treaty of Waitangi to nursing practice.

As the participants came to understand more about the Treaty of Waitangi and cultural safety, their own consciousness of racism and the effects of colonisation became apparent. Cultural safety education was a tangible visible structure where challenge to established nursing knowledge could be focused. Cultural safety was both a framework through which power in the context of the Treaty of Waitangi was becoming visible and also a focal point for the converging of several other discourses challenging the status quo of nursing knowledge. Foucault's notion of crisis was visible (McHoul & Grace, 1997). This crisis created a split between what was accepted as 'truth' about nursing and the Treaty of Waitangi and other views about the nature of nursing and the Treaty of Waitangi. Cultural safety was shifting the 'terrain of social and critical critique' (McHoul & Grace, 1997). Groups whose knowledge had previously been subjugated were challenging the existing social and institutional structures and their dominant social practices and beliefs.

One of the participants, Caron describes the public criticism and dissatisfaction with cultural safety as a vehicle for other agendas to come into play at the same time. She suggests that there was a public perception that nurses and nurse educators, Maori and Pakeha were stepping outside the traditional roles that society had assigned to them. She said:

*Cultural safety wore the can for political correctness, it wore the can within an anti-feminist frame of reference, how dare nurses decide what should be taught. It wore the can for the country's struggling understanding of their own [Pakeha] racism and colonisation. (Caron, int.3, p.3)*

Cultural safety teachers became caught in a process of trying to implement a nursing Treaty-focused programme with variable institutional support within, at times, a hostile socio-political environment. The requirement for nursing education to address biculturalism in the context of the Treaty of Waitangi became confused and distorted. Teachers grappled with their own understanding of biculturalism and the Treaty of Waitangi in nursing education and its application in nursing practice.

Jane expresses her experience of trying to come to terms with what was happening.

*There was a core of us who were all passionate about making a difference...//...we had an expectation that students would just*

*automatically change when they got information [about the Treaty of Waitangi]. (Jane, int. 10, p.13)*

Jane balances this passion against the realities of trying to implement this change in her teaching environment:

*We had students on the marae and we were dealing with contentious issues and people saying we should 'get on our bike' and go back to Europe...//...comments like this and students' comments from time to time [made it difficult]. We were prepped before we went [onto the marae] about sticking to protocols, we were trying to do our best and then [they] throw this at us...//..we didn't feel as though we could speak back. (Jane, int. 10, p.13)*

#### **4.5 Cultural co-option**

What set out to be the establishment of bicultural education in the form of Maori-Pakeha health partnerships soon became problematic and complex in its expression. What should have been an empowering process for Maori in a national context and in an educational context became one of disempowerment. Kelsey (1996) notes that when biculturalism became official public policy in 1988 there was an increase and a demand for greater Maori involvement in the public service to make the public service bicultural. However she asserts that as the “political will declined, the rhetoric of biculturalism gave way to the reality of 'mainstreaming'”(p.186). This led to “Co-option of Maori intellectual and cultural property for cosmetic purposes by 'non Maori' government departments” (Kelsey, 1996, p.186).

Co-option of cultural property of Maori was evident in early teaching and brought into focus at times an uneasy and misunderstood relationship between Maori studies and nursing. Maori were brought into teaching positions with very little preparation for teaching. Some were employed simply because they were Maori. They were set up to fail as they had little experience of teaching or if they did have teaching experience it was often not in the area of tertiary adult education.

Maori and Pakeha nurse educators challenged this and said that the Maori partner who taught cultural safety should be a nurse (Ramsden, 1990). Anne illustrates cultural co-option with the following comment:

*One of the people who taught in that programme, I think he had been employed because of his skills with te reo, [Maori language] and he said he didn't know anything about health. I mean he was a lovely man so he arrived at the Nursing department to teach Maori health with a guitar under his arm. (Anne, int. 2, p.6)*

My own experience of this was similar. There was little understanding by non-Maori staff, of what a negotiated partnership meant. For the Maori teacher there was often little support for tertiary teaching. The focus on teaching students Maori language was seen as fulfilling an institutional commitment to being bicultural. The result was that Maori teachers were set up to fail. The 'guitar under the arm' imagery conformed to a stereotype of Maori consistent with a mono-cultural view of how Maori 'should' be.

Ramsden (1996) suggests that the need to address bicultural issues in nursing and midwifery education was made visible by the need to employ more Maori, and this was often interpreted as teaching traditional Maori custom. This, she suggests was a narrow interpretation and neglected the social, political and historical frameworks of people's lives.

Maori teachers interviewed revealed that their commitment to changing monocultural structures for the betterment of Maori students was sometimes in conflict with the need to meet the demands of the broader curriculum. Their workloads were often higher than for many non-Maori. This was because they were expected to meet institutional demands to provide a 'bicultural face' to the institution and at the same time work towards increasing the recruitment and retention of Maori students in nursing programmes. As Moko noted:

*A couple of years ago I felt I was overwhelmed by a whole lot of issues that weren't to do with cultural safety, I was meant to be the [Maori] cultural safety teacher, the nursing teacher, and out in clinical. I was always busy. It meant I couldn't get on and look at policies that would change things that would be beneficial to Maori students (Moko, int.4, p.15)*

## 4.6 Steep learning curve for Pakeha teachers

The Pakeha teachers in this study saw the need for the nursing curriculum to address the Treaty of Waitangi, and welcomed the development of biculturalism and working in bicultural teaching partnerships. However they were also coming to terms with how to enact this at a classroom level. Nursing had up until now not had to address biculturalism in any formal structured way. Penny expresses how she felt about early faculty experiences of trying to give expression to biculturalism and the Treaty of Waitangi:

*I guess for me there was a sense of Pakeha nurse educators not sufficiently supporting our Maori colleagues, that is our ignorance in the early days of saying right, we really do need to have this Maori bit in the programme. We don't know what it is and suffer from so much cultural cringe we wouldn't dare say what we thought it should be so we actually dumped it on our Maori colleagues and we'd say well we want Maori in the programme you should know because you're Maori so you construct it and teach it. (Penny, int. 1,p.8)*

Anne reflects on the complexities of working in partnership and at the same time as a Pakeha being mindful not to comment on issues she felt were not hers to comment on:

*What was clear in the 1992 Guidelines [for teaching cultural safety] was that matters Maori belonged to Maori. I think one of the issues was that it belonged to Maori that was one of the confusions we got into, you couldn't really challenge it because it was for Maori to determine what was Maori. To challenge it would be duplicating the [colonial] past. (Anne,int. 2,p.14)*

Cultural safety teachers were grappling with several issues on several fronts in terms of developing and introducing a new untried nursing subject into the education curriculum. Through education they were trying to integrate the Treaty of Waitangi into a nursing and health context in the absence of any previous knowledge or experience about how to do this.

The women shared similar stories of tensions and conflict in the early days of teaching. They also acknowledged the energy put into making bicultural partnerships as they understood them, work. Caron's following comment suggests

that even though the tensions and conflicts were present the commitment to keep working to include cultural safety was considerable.

*On reflection, the student/Maori staff hui that we attended were extremely busy. We worked really hard trying to work on processes and methods that we might use to improve structures to teach and assess the cultural safety Kawa Whakaruruhau course. (Caron, int. 4, p.6)*

The kinds of problems outlined – variable support, cultural co-option and steep learning curves – were to be expected in an area like cultural safety. Teachers were stepping out into unknown territory and into an area of teaching practice that had no precedent in nursing education in New Zealand. As was discussed earlier, cultural safety became a point of collision for several discourses, particularly because of the centrality of the Treaty of Waitangi in the cultural safety curriculum, and the belief of cultural safety educators that an understanding of the Treaty of Waitangi was an essential requirement for students' nursing practice.

As cultural safety teaching has become more established, and as the expertise of those teaching about the Treaty of Waitangi has grown, some areas of difficulty have lessened. This is explored in the next section.

#### **4.7 Change in teaching over time**

Over time the women in this study have accumulated considerable personal and professional knowledge about the Treaty of Waitangi and its relevance to nursing practice. They are able to articulate this knowledge expertly and in a way that has relevance for nursing practice. They position the Treaty of Waitangi in the context of the nurse-client relationship. By doing this they put it at the centre of nursing practice in a visible way.

Frances expresses her understanding of the interrelatedness of the Treaty of Waitangi and the nurse-client relationship:

*I believe that the Treaty is an important document and I do believe that the rights of Maori are paramount because they are tangata whenua, what I also believe is that the Treaty does offer us a key for understanding minority groups and it does...//... it talks about*

*autonomy and sovereignty and for me that's with every single person that I deal with. Each person has the right to be autonomous. For me to value them and for me to negotiate with them the way we are different. (Frances, int. 5 ,p.9)*

Frances also makes a connection between the Treaty of Waitangi and relationships nurses have with people. She talks about how she makes this relevant in her teaching:

*I actually try to make them realise that it [the Treaty of Waitangi] does have relevance in your interactions with clients that it's not...//... there are the fisheries and all that, but it's also the sort of relationships that you have with people. (Frances int. 5, p.15)*

Jane continues with the theme of relevance to practice and makes connections between the Treaty of Waitangi, relationships and empowerment.

*Well I think of the Treaty in terms of protection, participation and protection, if you are protecting yourself and the person you are working with you are working in genuine partnership, and then both people are participating. Not one size fits all. (Jane, int. 10,p.12)*

Matauranga makes a link between the Treaty of Waitangi and its relationship to herself as a person. The Treaty of Waitangi is central to who she is as a person. She positions the Treaty of Waitangi and self within the context of cultural safety and thus provides an interconnectedness with identity, society and nursing.

*Well I guess I cannot stand in my own light if I don't share that and part of that sharing is cultural safety. So it's not just a matter of well this is the paper that I teach but it's actually like we refer to the Treaty as being a living document. For me cultural safety is the reality [of how I live my life in this country] and I live and breathe it and that for me to deny it would be also to deny a part of me (Matauranga, int. 9, p.28)*

It can be seen from what Frances, Jane and Matauranga say, that the positioning of the Treaty of Waitangi within cultural safety impacts on the nurse-client relationship in a way that makes power visible. This positions nursing in New Zealand in a socio-political context in a specific way and alters how the nurse-client relationship is structured in a New Zealand context. Making the Treaty visible in the context of the

nursing relationship sets the scene for a closer examination of power in the context of nurse-client relationships.

#### **4.8 The participants' experience of the Treaty of Waitangi and Power**

Ramsden (1993; 1995) asserts that cultural safety is about the transfer of power from the provider of health care to the consumer of health care. Traditionally the New Zealand Government has been the provider of nursing and midwifery service to Maori under the Kawanatanga provision of the first article of the Treaty of Waitangi. A primary challenge to the New Zealand government was that Maori have not enjoyed the same rights and privileges as British subjects under article three of the Treaty which guarantees these rights. This has been expressed in negative health statistics for Maori over the years. By situating the Treaty of Waitangi centrally within cultural safety education, nursing education has been forced, albeit reluctantly at times, to address this power imbalance in Maori and Pakeha relationships. This has, in effect, challenged the status quo in terms of how nursing has traditionally viewed itself as a profession and what groups it has traditionally aligned itself with in terms of power. There has been alignment with other health care professionals perceived as having greater power than nursing, rather than with the user or consumer of nursing and health care services.

*Each health care relationship between a professional and a consumer is unique, power laden and culturally dyadic. From this perspective, whenever two people meet in health care interactions, it inevitably involves the convergence of two cultures. This bicultural component not only involves unequal power and different statuses but also often involves two cultures with differing cultural histories, ethnicities or levels of material advantage (Kearns & Dyck, 1996, p. 371).*

Anaru describes living with the reality of the Treaty of Waitangi in her own personal life as well as how it impacts on her teaching in the classroom. It is difficult to separate the Treaty of Waitangi out as a discrete component of a particular subject, cultural safety. She feels that because public debate about the Treaty of Waitangi is at the forefront of everyday life in New Zealand this makes her visible and exposed to negative public comment.

Anaru reflects on this and how it affects her in her teaching role:

*One of the really interesting things for me on a personal level has been the fact that as Maori you can't even turn on a national talkback programme without hearing something negative about Maori and so you kind of grow up with it or you hear it everyday, you breathe it, smell it, it [negativity toward Maori] is just all around you and yet for some reason it's harder to confront it in the paper that I'm teaching. ...//...whether that has come down to my own personal ownership of the [Maori perspective bicultural] paper or not or whether it is me just saying I'm really sick and tired of hearing it so don't bring it to class I don't know but that is a real challenge. (Anaru, int.7,p.19)*

Te Rito experiences a similar feeling:

*If anything in a document reflects or relates to Maori or Maori culture immediately one needs to justify why. One is continually explaining why you believe it is of value, its just a grinding, grinding away. (Te Rito, int.11,p.17)*

The Treaty of Waitangi provides for an analysis of power in health relationships. This power analysis is overlaid for cultural safety teachers with their own personal experience of power and powerlessness, power in the student teacher relationship, often powerlessness as a sequel to teaching a marginalised subject, and for Maori, powerlessness because of being a member of a marginalised group. This can make cultural safety teachers vulnerable as teachers and as individuals.

#### **4.9 Summary**

This chapter examined the way in which biculturalism was introduced into the nursing curriculum and how the participants incorporate the Treaty of Waitangi into their teaching practice. The participants' data demonstrated how variable support and early cultural co-option influenced the teaching experience. The chapter showed that teaching expertise in teaching the subject has developed over time. The chapter concluded with the way the Treaty of Waitangi creates a framework for the analysis of power in health relationships and how teachers have developed an understanding of this. The presence of the Treaty of Waitangi in the context of cultural safety makes cultural safety distinctive and at the same time creates a complex political-professional climate for teaching.



## **Chapter 5: The broad concept of difference influences the experience of teaching**

### **5.1 Introduction**

The last chapter discussed data illustrating how nurse educators saw the Treaty of Waitangi as underpinning cultural safety teaching. The presence of the Treaty of Waitangi within cultural safety makes teaching the subject a different experience from teaching some other nursing subjects. Since the introduction of cultural safety into the nursing curriculum teachers have developed their own personal and professional knowledge about applying the Treaty of Waitangi in nursing practice. This has meant being able to adjust to and accommodate changes in the development of the concept over time. Part of this adjustment has involved incorporating a broader concept of difference into their teaching practice. This chapter explores data related to this development.

The emphasis on a broader concept of difference in cultural safety education arose from the Nursing Council Guidelines (1996). This development has been discussed in chapter one. In cultural safety, the notion of culture embraces more than culture as an ethnic category and in the context of this research, culture includes,

*all people who differ from the culture of nursing and midwifery. Being a member of any culture surrounds each person with a highly complex set of activities, values and beliefs and experiences that comprise their shared meanings and thus their reality. Many people evaluate and define members of other groups according to their own reality (Nursing Council Guidelines for cultural safety in nursing and midwifery education, 1996,. P8).*

This means social groups or anybody who differs from the culture of the nurse may be considered to be different in a cultural context.

The move to a broader concept of difference arose in the first instance from student, educator, nursing and public pressure. This desire for change was then embodied in the Nursing Council Guidelines (1996). Cultural safety teachers then had the

challenge of retaining and preserving the primacy of the Treaty of Waitangi whilst expanding the notion of difference into a wider range of relationships.

Mel describes how she manages teaching about the Treaty relationship and other relationships of difference:

*It is more multicultural but we still have a very strong bicultural focus. I say to the students that you need to understand one relationship of difference and the one we choose is the relationship between the Treaty parties because that is what we are committed to. (Mel, int. 10, p. 25)*

Jane, who taught in the early days of cultural safety relates how teaching about the broader concept of difference has changed from earlier experiences of teaching about difference:

*In the early days when we were moving away from the 'book of how to'<sup>10</sup> we had a whole book that had a whole lot of cultural things about what you did or didn't do which totally ignored any varying degrees [of difference] within cultures. (Jane, int. 10, p.25)*

Jane expands on this thought and describes how she integrated the teaching of difference into her teaching. She managed it in the context of relationship rather than the through the characteristic of difference:

*I think if you take it back to the personal and they get a handle on one relationship of difference it means there's more time to deal with the "I" and "how I am" [in a relationship]. .. //... They are learning more about[what it is like] being gay, they learn more about other ethnic cultures, but not in the old tradition of " these are the rules and this is how it is." It's more about what is in the relationship that is different. (Jane, int 10, p.25)*

Jane's experience highlights the way in which difference is addressed within the context of power in relationship. This allows for reflection on a broader concept of difference which takes into account obvious characteristics of difference such as

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<sup>10</sup> The term, the 'book of how to' is used by Jane to identify how literature and texts were used as an approach to learning about caring for people from other culture. This resulted in a prescriptive approach to teaching. That is by about specific cultural needs, this learning could be applied to all people from that culture.

sexuality or ethnicity. This means that less obvious qualities of difference can be addressed as they arise in the context of the nurse-client relationship.

Jane illustrates the experience of other participants. Her comments draw out contradictions between the theory about managing difference as set out in the Nursing Council Guidelines and the practical application of this theory. As stated in previous chapters, cultural safety sits mainly within a paradigm of critical social theory whilst at the same time preparing students to work within a mainly humanitarian/positivist work environment. Weiler (1995) notes that shifts in knowledge development have happened on two levels. One has been at a level of practice where formally marginalised groups have challenged dominant health and education practices and two, changes have happened at a theoretical level. The challenge to theory development is concerned with how claims of universal truth are used to defend the status quo as opposed to accommodating difference (p.23). Weiler agrees that values underlying critical pedagogy are those of social justice and transformation of knowledge. She suggests however that claims of universal truth also underpin critical pedagogy but in a different way. This, she says, lies in the assumption that oppression is a collective experience and can be understood in the context of collectivity.

Difference in health care can sometimes be defined by characteristics which represent degrees of disadvantage, oppression or marginalisation. Jane's comment refer to this when she talks about her early teaching about difference not taking into account, variations of behaviour or needs within groups which have been identified as being different in some way.

Weiler (1995) suggests, that the assumption that oppression or marginalisation is a collective experience, does not address the realities of the classroom when the teacher is addressing issues of social justice. She suggests that in reality the teacher continues to be faced with imbalances of power, because of sexism, racism ,and differences in sexual preferences, physical ability and age. It is these realities that divide the teacher from student and students from one another. She maintains that it is discourses associated with these characteristics of difference which come together in the context of cultural safety. This means that a wider discourse of difference and

variations of difference within relationships competes for space with the concept of difference in the context of biculturalism and the Treaty of Waitangi.

## **5.2 Integrating difference into the cultural safety curriculum.**

The teaching experience of the participants in this study has developed over time. During this period they have developed an understanding of the relationship between the Treaty of Waitangi and the broader concept of difference as identified in the Nursing Council Guidelines. This understanding has come about as a result of reflection on classroom experience and their reflecting on their teaching experience through networking.

Participants expressed similar views about the Nursing Council Guidelines related to addressing difference in a wider context. Their comments suggested that they were contradictory and potentially exclusionary. Whilst some thought the Guidelines affirmed the importance of the Treaty of Waitangi in cultural safety, they felt that emphasising difference in a broader sense could weaken the primacy of the Treaty. Others saw the guidelines as an appeasing document which allayed the criticism of the Nursing Council from the media and politicians.

Te Rito feels that the guidelines detract from the original meaning of cultural safety

*The guidelines just detract I believe from what our meaning of cultural safety was right at the beginning, it's watered down and keeps getting watered down. (Te Rito, int. 11,p.19)*

Much of Te Rito's focus as an educator was involved in addressing the need to increase the number of Maori students in nursing education programmes. She had been involved in setting up early cultural safety programmes. Whilst she acknowledged the importance of the inclusion of the wider concept of difference, she had concerns that the 1996 Guidelines had not fully taken account of the views of nurse educators involved in establishing the guidelines. Rather than the document strengthening Maori responses related to recruitment and retention of Maori students, the Guidelines were more to prevent further political posturing at the expense of cultural safety.

Jessie draws out the complexities of trying to work with a guiding document which is inherently contradictory, but may be seen as trying to come to terms with the need to address inclusivity. Like other participants, she talks of trying to balance the need to address the Treaty of Waitangi and at the same time address wider issues related to difference. She said:

*Well it's moved a bit, when I first started I really felt that it was strongly a Maori issue and I think that caused a lot of heat in the classroom as well but the Nursing Council Guidelines while I don't want to take away from the Treaty and Maori I believe it is two pronged and that we've got to have that prong of the Treaty and Maori and look at those issues. We spend a lot of time there but the students also have got to realise they're not just nursing Maori. They're going to be nursing people with disabilities, the elderly, people with intellectual disabilities, um gender, sexuality those things and they've got to look at those as well and for some students those things are a big issue too. (Jessie, int. 6,p.28).*

Jessie's words highlight the coming together of two nursing education requirements and illustrates the teacher's need to address both in the context of her teaching. Carr & Kemmis (1986) differentiate between the alternative perspectives of education. A humanist view focuses on the human encounter with the aim of developing the unique potential of each individual. A humanist approach encompasses knowledge related to self-esteem, self-concept and self-motivation. This is the dominant discourse in nursing education and nursing practice; it underpins the student's knowledge development and structures the education curriculum. Carr & Kemmis identify the socio-political context of education as providing an historical and social dimension to learning. A socio-political position considers the social structure of society and explores the production and distribution of knowledge in society. Cultural safety teachers constantly work at the borders of these two paradigms. The Nursing Council Guidelines bring these borders into sharp focus.

According to one participant, Matauranga, the Guidelines are held up as something to be proud of in nursing but she believes that the development of them has relied on individual Maori consultation rather than broader Maori consultation. She feels that

whilst cultural safety promotes partnership, the development of the guidelines does not reflect this partnership. She commented:

*One area they don't have credibility for me because they stand tall and proud about our cultural safety and yet when you look for those dark places they are there...//...the Maori representative are as individuals but not all Maori organisations are represented and so the partnership is definitely not there. (Matauranga,int.9, p.25)*

A concern expressed by Anaru is that the inclusion of other categories of difference make the Guidelines open to individual interpretation by faculty members who are involved in curriculum development. She notes that this interpretation is based not so much on an understanding of what the Guidelines mean but more on the power people have to make them mean what they want them to mean:

*And I've challenged them in several instances about how they say the guidelines now require that they are multicultural but it's so open to interpretation that you could say the guidelines said anything and if you have the power to enforce that then that's what they will say. (Anaru, int. 7,p.27)*

Anaru believes the Guidelines are vulnerable to interpretation. This may lead to the exclusion of the Treaty of Waitangi and biculturalism, by people without knowledge about the Treaty of Waitangi or an understanding of biculturalism. Anaru distinguishes between what is laid down in the Guidelines and what has happened in practice. Her next comment elaborates further and she identifies that the dominant and powerful, those who can make change, lie within structures outside the Nursing Council:

*The guidelines...have actually abdicated any responsibility from anybody. It seems to me that they're open to interpretation and that the dominant and powerful are the ones with the power and the ones who pull the strings and it's certainly not always with the Nursing Council. (Anaru, int. 7, p.25)*

Horsefall (1997) notes that political, economic and social inequalities are part of the structures of our society and can sometimes be glossed over by the use of the term 'difference' to explain and perhaps legitimise them. In applying this to research she

says that commitment to separations in unequal societies leads to distinctions between the researcher and gendered or ethnic others. She argues that this results in the maintenance of superiority by the groups who collectively wield the power to name groups and attribute negative characteristics to that named. Anaru's comments above are in line with Horsefall's argument but in the context of teaching cultural safety.

Frances comments that the Guidelines detract from the Treaty of Waitangi, and like Anaru she expresses a view about the power of the dominant discourses in society:

*I've always felt disappointed that nursing never allies itself with its kind [nursing aligning with clients]...//...I personally believe that is where our power base is and I think we ally ourselves with the medical profession. I don't think institutions give us any choice. //...I want them [students] to listen to people's voices...//...so for me the cultural safety principles I mean I think they're great in that they have identified other minority group issues I don't deny that. But I do think they have made the issue of Maori and the Treaty [less visible]. They've put it alongside everything else they've very effectively silenced it [the Treaty of Waitangi] .So for me I see the document as a great document in terms of appeasing and I think it's silenced those [Maori] voices. There is a part of me that thinks that was very clever you know to perhaps take the heat off but I think, I do think, it has diluted Maori issues. (Frances, int. 5,p.21)*

Moko continues with the theme of the interrelationship between cultural safety, the Nursing Council and other social institutions. She reveals the impact this has on her as a teacher. She feels the Guidelines in effect have a silencing effect on her and shapes what she feels she can or cannot do in her teaching:

*You see with the Nursing Council in the middle and you've got Parliament on one side and Maori people on the other side ...//... the [Nursing] Council is pandering to the Government needs in order to keep the peace. It seems to be Maori people who get the backlash. ...//... I believe that they have gone away from the partnership they've gone away from concentrating on tangata whenua and them. When I say them I'm talking about the majority culture because they are the ones who have most positions of power and so they've watered it down to suit their needs. In the main however the Maori story regarding the Treaty and cultural safety will never change. (Moko, int.4, p.9)*

Caron describes the complexity of maintaining the primacy of the Treaty of Waitangi in the broader context of other categories of difference. She sees the Treaty of Waitangi as having relevance in all areas of difference as identified by the Nursing Council Guidelines and is aware that to address the broader areas of difference at the expense of the Treaty of Waitangi creates a problem.

*You can apply the Treaty to all those categories and if the Treaty is applied to all those categories, then there isn't a problem. It's when those categories dismiss the Treaty. (Caron, int.3, p.23)*

Moko highlights the conflict she sees as inherent in broadening the Treaty to embrace inclusiveness related to difference and the risk of impinging on the bicultural relationship.

*The eight categories<sup>11</sup> that the Nursing Council talk about. There's a lot of good things that have come out of that but the one bad thing, well one of the bad things is that Maori have lost the moral high ground, we are now competing as to who is the most disadvantaged. (Moko, int. 4, p.23)*

Most participants expressed similar views. Their comments illustrate a consistent theme related to the experience of teaching, that is, that the Guidelines are complex and impact on teaching in a way that requires the teacher to manage a number of different discourses. The broader concept of difference adds a dimension to the experience of teaching.

The Guidelines set out a prescription for teaching cultural safety, which the participants see as shifting the focus of teaching away from the Treaty of Waitangi and biculturalism. This has implications for both Maori and Pakeha teachers in their teaching practice. To put the guidelines into practice, teachers have to negotiate the tension between discourses which are at times in conflict and don't conform to a

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<sup>11</sup> As identified in chapter one, the categories refer to cultural safety principles as identified in the *Guidelines for cultural safety education in nursing and midwifery education (1996)*. Principle 6.1. 3 states: an emphasis on health gains and the relationship between nurses and midwives and those who differ from them, for example, by: age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; disability. These are commonly referred to as the seven categories or, eight categories if the Treaty of Waitangi is included as a category.

prescriptive approach to teaching about difference. Through experience the teachers in this study have developed teaching strategies which accommodate this tension.

The participants' data illustrates the way the emphasis on a broader concept of difference adds a complex element to the experience of teaching cultural safety. The Guidelines are useful in providing a structure for addressing difference but are inhibiting in other ways as the interpretation of difference is at risk of being carried out in the context of Western or Judeo-Christian frameworks. This sets up a hierarchy of difference which can then be interpreted according to the values and beliefs of the teacher or others involved in curriculum development. If the values and beliefs of these people do not incorporate an understanding of biculturalism and the Treaty of Waitangi, there is the potential for other categories of difference to be addressed and for the Treaty of Waitangi to be overlooked.

### **5.3 Summary**

In this chapter I have discussed how the experience of teaching cultural safety has been affected by an emphasis on a broad concept of difference, as set out in the Nursing Council Guidelines for cultural safety in nursing and midwifery education. I argued that the implementation of the guidelines is not straightforward and brings together a number of nursing education discourses which are not always compatible with one another and this shapes the teaching experience in a particular way.

Participants all felt that it has brought an added dimension of complexity to the teaching. They identify a tension between ensuring the primacy of the Treaty of Waitangi and at the same time dealing with other categories of difference set out in the Guidelines. A number of discourses present in nursing education and not always compatible are brought together. Participants argue that teaching about understanding difference generally could be a way of reducing time to work on issues related to difference in the context of the Treaty of Waitangi and many see the Guidelines document as political, designed to reduce public criticism.

Strategies for teaching about broad differences include dealing with them in the context of relationship or understanding them by analogy with understanding the Treaty of Waitangi.

In the next chapter, the third theme, the personal is political is professional, is explored and discussed.



## **Chapter 6: The personal is political is professional**

### **6.1 Introduction**

The last two chapters discussed themes which give shape to the experience of teaching cultural safety. This chapter builds on these two chapters to further answer the research question, “What is it like to teach cultural safety in a nursing education programme?” The participants’ data in this chapter describes the personal experience of teaching cultural safety and identifies situations which influence this experience: developing expertise over time, satisfactions and disappointments and student response to the content and teaching. Entwined with this experience are political and professional elements. The data shows teaching is contradictory, and paradoxical and how this can lend a sense of uncertainty to the experience. The chapter concludes with describing how the experience of teaching is different for Maori and Pakeha teachers. The chapter will also show how, embedded within the experience of teaching, are notions of interruption and discontinuity of established approaches to nursing knowledge development (hooks, 1994; Mc Houl & Grace, 1997; Yon, 1999). The subject of cultural safety embodies a number of discourses which challenge the way the process of teaching and the nature of the student-teacher relationship is constructed.

### **6.2 The personal experience**

The participants in this study all agreed that the experience of cultural safety teaching is a personally challenging one. Their own life positions and their educational and philosophical beliefs influence their teaching. Although teaching at times can be stressful, they believe that cultural safety education provides a structure through which monocultural structures can be changed to reflect a bicultural partnership between the Crown and Maori. There is a belief that cultural safety education can make a difference to the way health care is delivered to diverse groups of people in New Zealand.

Cultural safety teaching creates a teaching climate which produces a range of feelings, thoughts and ideas.

*Our best experiences in teaching are those where we connect with our learners and are of genuine assistance to them. Being able to encourage diverse people to actively learn is not just a matter of pragmatism or of professional survival but a means by which we personally thrive and find precious value in our work. (Woldowski & Ginsberg, 1995, p.1)*

Jane relates how she experiences the teaching of cultural safety on a personal level:

*What keeps you in there [teaching] and what keeps you doing it is that it's such a personal philosophy. I think if it wasn't you wouldn't stay around and you wouldn't attempt to make it grow or use professional development to extend your knowledge in the area. You'd move to another part of the programme where you didn't actually have to be [personally] involved (Jane, int. 10, p.27)*

Cultural safety provides an opportunity for teachers to be fully engaged personally and professionally in a subject that goes beyond didactic discourse. The women's responses to the question, "What is it like to teach cultural safety?" illustrate a personal involvement and professional commitment to the process of teaching. The Treaty of Waitangi and the broader concept of difference add a political dimension.

Teaching cultural safety uncovers tensions. These tensions arise because power differentials are brought into focus in the teacher-student relationships and are mirrored subsequently in nurse-client relationships. Power (as discussed in chapter three) is constantly present, is reproduced in all relationships and produces resistance. The challenge for the teacher of cultural safety is to bring tensions into the open and then work with the resistances inherent in the process of surfacing competing discourses. This is what shapes the experience of cultural safety teaching. It requires personal and professional skill and a socio-political awareness of self, health issues and health structures in managing the teacher-student relationship and the overall classroom experience. The experience of managing necessary consequences of resistance and opposition is balanced with moments of personally and professionally satisfying teaching-learning experiences. This means that the teacher has to be able to be in a number of positions simultaneously and feel centered in her own competence and personal sense of self and be open to change, possibility and uncertainty.

Jane and Jessie describe how their cultural safety teaching has changed over the years, and they highlight the personal skill and knowledge development that has occurred over time. Jane felt that her experience of teaching had changed from one of relative inexperience to one of maturity and confidence. This confidence helps her manage a teaching environment that is never predictable or certain. Her personal experience of cultural safety teaching is moderated by contextual factors such as what else is happening in the teaching environment on the day.

She also acknowledges that this does not reduce the ever-present potential for feeling vulnerable; Jane says:

*Well to me over the years it has changed I've been through "don't know why I'm here what am I doing, I don't have enough of a knowledge base" ...//... But it is a different sort of 'unknowing' now, from when you are new because in a way we have got a lot more knowledge but I think I have read more and more and learnt more, I've become far more aware of what I actually don't know and I sometimes get fearful that you know students have been looking to you for answers and things so it is about reminding yourself that you are facilitating learning and you can't know it all and so I guess on days when you are feeling a bit unprepared a bit rushed or whatever because everything else is going on in your teaching life you can hook into that vulnerability. (Jane, int. 10, p.10)*

Jessie has been teaching for a number of years and describes how difficult it was to teach in the beginning. Jessie felt she had not had enough preparation in group facilitation skills;

*I think in the beginning because there wasn't a body of knowledge and it was before the review with Paul Spoonley and Erihapeti Murchie came round that you were flying by the seat of your pants and I think it was seen as much more a Maori issue...//...and I think my own lack of expertise in coping with groups with such an emotional topic meant it was just really lucky we all survived it. (Jessie, int. 6, p.14)*

Jesse also comments how she felt more confident in teaching, following a workshop on facilitation skills;

*The Nursing Council Guidelines say that we have to look at conflict resolution and we have to have done these courses...//... a month ago I went on a workshop about working with small groups and it was just the most amazing week I have had. I just wish that I had done something like that in the beginning because now I feel I've just got so many tools...//...I can work the group better and cope with all that hostility that comes up. (Jessie, int. 6, p.14)*

Then there are peak moments where the teacher experiences moments of satisfaction. This makes the teaching experience positive and enduring. All the participants related at least one of these moments. Frances describes one of her moments:

*There are times when we have stood up and done a big group hug. You know those moments of humanity...//...and I feel sad sometimes when I see people wall off, it's not a tension, it's a disappointment. The tension of running a workshop is constant you never know what is going to happen. (Frances, int.5, p.16)*

Frances expresses the range of feeling and mixes this with the perception that her teaching includes highs and lows on a personal level in an uncertain teaching environment.

### **6.2.1 Paradox and contradiction**

The fourteen participants in this study described a range of feelings and thinking about their experience, which give expression to the paradox and contradiction inherent in the teaching process.

Penny captures the paradox and range of emotion she experiences as a cultural safety teacher.

*It is a difficult area to teach, emotional, stressful, rewarding, (Penny, int. 1,p.2)*

Penny finds satisfaction when she sees students open up. She identifies cultural safety teaching as happening on a continuum and including every feeling possible. Penny considers that there is a personal development element which accompanies her teaching.

*Challenging...//... it is hard...//... it produces change in yourself ...//...The most exciting thing is actually when you see a rigid person open up just a little bit, it's like a little bud that starts to open, that's a high. I think it is a whole mixture of just about every emotion you could think of. I think it is stressful and rewarding, exhausting and exhilarating and hard. (Penny, int. 2, p.3)*

One element of teaching which creates stress is that of a personal teaching philosophy. Caron finds a contradiction between basing her teaching on a particular educational approach, a transformative approach, and being constrained by a curriculum underpinned by objective behaviourist principles. She positions herself within a critical paradigm and uses critical education pedagogy in her teaching practice.

Caron's comments capture the essence of the paradox of teaching cultural safety and illustrate how competing discourses affect her teaching practice.

*It is quite difficult because you're already vulnerable as a cultural safety tutor and the rest of the degree is banking<sup>12</sup> and you're not only stepping out by teaching cultural safety, but you're stepping out by teaching it in a way that doesn't conform with other teaching. Cultural safety makes you vulnerable. //...you need to feel safe...//... it is traumatic and energy intensive. How can you teach transformative education in a safe way?...//... generally teachers are not highly valued within our culture and cultural safety teachers don't have a mandate to teach it[cultural safety] anyway. So without a social mandate the work is particularly hard to do and when your aim is emancipatory or transformative, you know, changing social structures so that people can be healthy, then you're in an impossible task, an impossible task. (Caron, int 3,pp.5, 28.)*

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<sup>12</sup> Banking is a term used by Friere, (1972) to describe an approach to teaching. It refers to a method of teaching where the teacher is seen as 'depositing' knowledge in the students head which the student can later 'withdraw' and use. It is similar to depositing and withdrawing money from a bank, hence the term, 'banking model of education'. It assumes the learner is a passive recipient of knowledge

Caron's comment gives expression to the idea of how she sees her personal teaching philosophy as being in conflict with a more didactic teaching approach. Because of this she experiences a sense of isolation and demonstrates vulnerability in a learning environment. She recognises she needs to feel safe in her teaching to be effective. Caron goes on to illustrate the contradictions and paradox which accompany her cultural safety teaching. These range from loneliness and isolation to feelings of vulnerability and anger to experiencing 'highs' from receiving student feedback.

*I guess one of the things that it has been really lonely you know you keep making excuses for people in terms of they don't want to be part of it because whatever they say or do might be offensive or maybe inappropriate or all these things...//... It has been extremely challenging at first, I felt extremely vulnerable as though I was exposing my soul to the world. At times very emotional, angry at the lack of understanding of others to how I might be feeling. Highs from students who come up and say we were expecting it to be terrible but I've just learned so much. I never realised what it was like for Maori. (Caron, int. 2, p.9)*

Caron's expression of difficulty is in line with the view of Aronwitz & Giroux about teaching from a critical paradigm.

*On the one hand, such intellectuals [critical teachers] earn a living within institutions that play a fundamental role in producing the dominant culture. On the other hand they define their political terrain by offering to students forms of alternative discourse and critical social practices whose interests are often at odds with the overall hegemonic role of the school and society it supports. (Aronwitz & Giroux, 1993,p.49)*

Cultural safety education requires the student to reflect on personal, professional and social values in the context of power relationships. This creates an environment which is personally and emotionally challenging for the student. The cultural safety teacher is not separated from this process of reflection. The teaching - learning process involves a process of self-reflection as the teacher's values, attitudes, feelings and knowledge are linked closely with what she is teaching.

## 6.2.2 Creating safe environments for learning

In 1992 the Nursing Council of New Zealand identified four principles of cultural safety. In this report it was stated “that through a process of education social and personal attitudes can be identified and changed if they have negative implications for cultural safety.” The Council clearly set out that this form of education:

*...By its very nature should not place the culture of others at risk. A priority in cultural safety is the maintenance of cultural safety of people involved in educational processes, Maori and non-Maori.... The process of education towards cultural safety should be examining, challenging enlightening and ultimately behaviour changing, It should be free from threat or guilt. (Nursing Council of New Zealand, 1992,p.6)*

Cultural safety teaching requires challenge to and a changing of attitudes (Wood & Schwass, 1993) This makes this teaching unlike other teaching. Because of this students can perceive the environment as not being safe for them. The experience of feeling unsafe for the student arises from the response to the need for change inherent in the process of teaching cultural safety.

Caron illustrates this with the following comment;

*I've been spending quite a bit of time trying to tease out the difference between psychological safety, psychological safety in a classroom and cultural safety, and it would appear to me that the incidences of cultural 'unsafeness' are not common, but the incidences of psychological 'unsafeness' are very common (Caron, int. 3, p.20)*

This sense of not feeling safe is sometimes personalised towards the teacher. As a result negativity and resistance may be projected onto the teacher or the subject.

Mel expresses this as the teacher being seen as not safe by the student.

*I think a lot of projection goes on when they're confronted with being asked to encompass things that they probably haven't even thought about and don't want to...//... and then because they don't want to and it's a bit in their face they project it back and say well you're not safe and it, it does put you in quite a vulnerable position, I don't feel as vulnerable as I used to. (Mel, int. 10, p.20)*

Anaru comments about how she manages this behaviour:

*when I go into a class I know that people are going to have, some sort of hostility that might be generated out of just not knowing or it might be the first time they've ever had to deal with another perspective outside of their own. I can understand that and the key to managing it comes down to your ability to facilitate what is happening in the group. (Anaru, int. 7, p.12)*

Students are being asked to move out of their emotional and social comfort zones. This can feel personally threatening in spite of the teacher's attention to creating safe learning environments (Wood & Schwass, 1993).

Matauranga experiences similar situations in her teaching when students are challenged with this new knowledge and how she manages it:

*...a lot of people [students] haven't had to look hard at what Maori is. This paper certainly does challenge them to so that, I see it as an opportunity to explore another way of being. For a lot of them it is really a struggle and I'm talking about Maori and non-Maori. For our Maori people there is hurt that comes from it from Maori that haven't been brought up in a Maori way. So for some it turns lights on and for others Maori and Pakeha it generates that kind of anger and what they[Maori] do, is they defend their Pakeha peers and challenge Maori, which is me. (Matauranga, int.9, p.10)*

Mel describes how she manages student responses and makes connections with the need to guide students through a change process and links this with her own personal change process. She makes connections between the personal and the professional aspects associated with teaching cultural safety.

*...You're trying to have them look at how they are, how they see their world should be and maybe just shift some of that...//... it's a giving up of how they think things should be done and if they can do that in themselves all the time.. //...I've only just come to this is how I've always taught but I can kind of articulate it now you know because of the interpersonal work I've done myself and that's absolutely what I believe it to be, me giving up on how I think that other people need to be in the world and that I'm right, that I have the right way of looking at things. (Mel, int .10,p.2)*

Ella spoke about how difficult it was to maintain openness to the student in the face of hostility and opposition. Ella had worked in partnership with a colleague at some time. This helped her manage herself in the face of this hostility and opposition. Ella endured with teaching because she felt that nursing had to address health inequities and she was committed to work toward counteracting the health aspects of racism in terms of stereotyping and prejudiced behaviour. She said:

*Well toward the end of the teaching when you know I was just getting burnout and you do take some abuse. They trample on your spirit as a person; they shoot the messenger. (Ella, int. 8, p.20)*

Ella contrasts this feeling of negativity with the sense of satisfaction and achievement she was able to appreciate when she was teaching with a partner. Ella, like Mel identifies the personal growth nature of teaching cultural safety. This feeling was shared by several of the women. In some ways they could be seen to be modeling the process of change themselves.

Ella noted:

*I really enjoyed it in the early days, I don't know what I've done for other people but I know what's happened for me, it has been terrific personal growth and satisfaction that at least I'm trying, I'm doing something.  
(Ella, int.8, p.7)*

Riro is new to the teaching of cultural safety. Her years of experience are not as extensive, therefore her comments relate to her beginning experience of teaching. Her insights from a past student perspective contrasted with some of the other participants' teaching experience. As a student she experienced the early teaching of cultural safety and brings that experience with her to her present teaching. She commented,

*It was horrific. Then [the past] it was very confrontational. I remember being out at a marae and it was very confronting (Riro, int 10, p.12)*

Riro's experience of teaching cultural safety has at times been personally challenging::

*For me as a beginning tutor I think I have found it scary because you are in it straight away. Because you haven't taught before you don't know what's going to come at you. You don't know what is going to come up in the classroom and that's a bit scary...//...threatening in a way. How do you deal with a certain situation? (Riro, int. 10, p.6)*

In answer to a question about how the subject cultural safety or her new tutor position influenced this feeling, Riro felt that it was the subject more than her new tutor status.

*I don't think they're [other subjects] quite as scary. For me it is scary. When you look back over it [the early teaching] and Anna Penn and what happened there. I used to get into this pattern of thinking oh what if something like that happens...//... I went into every session thinking 'don't anybody ask me anything controversial, I don't want to be in the newspapers'. (Riro, int. 10, pp6, 7,8)*

Riro's comments identify a distinctive characteristic which makes the experience of teaching cultural safety out of the ordinary. As mentioned in chapter one, cultural safety teachers take the past into the classroom each time they teach. Teaching the subject reminds them that that at any time they may be called to account for their teaching practice in a public way.

Penny also felt that teaching cultural safety had several elements to it not found in other subject areas and illustrates the potential for cultural safety teachers to be marginalised within the wider curriculum. She said,

*But it is a really difficult area to teach and I think that the only people who really know how difficult it is to teach are those who actually teach it and that to some extent the only support network within your organisation are other colleagues who teach in that area, because other staff will have their difficulties and they will only be able to perceive things from their experience. They will know perhaps that you have got a Treaty workshop on that particular day and that you are going to be intensively teaching but that will be all they really know about. (Penny, int. 2, p.1)*

The potential for personal challenge and vulnerability was intensified for Maori teachers who had to manage the added dimension of being Maori. Some women felt they constantly had to deal with personal comment and attitudes which expressed negativity and stereotyping of Maori. This was often triggered by negative media coverage of Maori issues.

Te Rito sums up her response to the question about what it is like to teach cultural safety. Other participants who describe some of their experiences of teaching also use some of her words.

*...Highs and lows, wonderful, good, diabolical, tears, hurt, anger...//.. teaching this topic can be physically, mentally, emotionally and spiritually draining...//...the teaching is emotional...//... makes you vulnerable, it exposes you. (Te Rito, int. 11, p.9)*

Anaru's comment is made in the context of managing classroom behaviours which were culturally unsafe for the teacher in the teaching-learning environment. Anaru worked on her own with limited support from her colleagues.

*There is a personal cost...//... it is unsafe...//... you have to deal with Pakeha hostility...//.... You have to self-censure. Cultural safety is a paradox...//... As a Maori I have to deal with the negative consequences of negative media. (Anaru, int. 7, p.9)*

Anaru expresses her commitment and willingness to endure frequent hostility for the sake of her whanau<sup>13</sup> and her commitment to contributing to change in the health care system for her people.

*If I can go to work or if I know some of my whanau can go to hospital and not be confronted with some of the culturally unsafe practices that we are confronted with then it's kind of worthwhile going. (Anaru, int. 7, p.12)*

In spite of the stress and tension associated with teaching cultural safety, teachers stay committed to teaching the subject. They believe that an understanding of power in the context of cultural safety has the potential to

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<sup>13</sup> A Maori term used to identify the concept of family (Ryan, P.M. 1995)

make a difference in nurse-client relationships and subsequently have a beneficial effect on the overall health experience of the person using the health services.

When teachers work together this can help reduce some of the stress and tension of teaching and have a modifying influence on what happens in the classroom. It also provides for the opportunity for dialogue between Maori and Pakeha teachers to explore ideas and challenge each other in a supportive way. The women who taught together found there was a shared understanding and a sense that they were not alone.

Matauranga relates how she experiences working in partnership.

*I guess for me it was kind of like letting [name given] know where it is that I stand in relation to what we needed to be teaching. I was making my position as a Maori tutor teaching in this paper clear and I needed to know what her position was because given some of the content it required the people that were co-teaching to have a good understanding but also be able to work together so that if conflict should arise from with, or from the students, that we ourselves had kind of already sussed out how we were going to be working together so that we wouldn't put one another at risk. (Matauranga, int. 10,p.2)*

The teaching partnership between Maori and Pakeha teachers has been highly valued by cultural safety teachers. Whilst team teaching is a feature of nursing education in some areas, the concept of team is developed to more depth in the context of cultural safety in that the teaching relationship requires the sharing of philosophies, friendships and collegiality. Bicultural teaching, that is Maori and Pakeha in the same room sharing teaching, has several strengths and provides another quality particular to the experience of teaching cultural safety.

This partnership was often seen as modeling the Treaty partnership. It also provides a structure for Maori and Pakeha nurse educators to work in a manner they otherwise would not be able to. In some cases these teaching partnerships go beyond the classroom and are often lifelong friendships which support and sustain both parties.

Matauranga and her teaching partner have spent considerable time building up a trust with each other. A key element in this relationship is trust and a 'fit' between personal and professional philosophies of nursing practice.

*...We talk about attitudes and relationships and it would be difficult to talk about that when you're the only one standing up there...//... Modelling that ability that whilst we both stand in our own light that those lights come together in the way in which we deliver the teaching of cultural safety (Matauranga,int. 9, p.7)*

Ella expresses the depth of friendship that goes beyond work relationships and highlights the strength that both parties gain from the presence of the other.

*[name given] and I had a really good relationship. When she left she gave me a beautiful [object identified] which was symbolising the circle of women etc and she wrote a wee note and saying thanks for sharing those times with me, the most terrible of times the most great of times, so we did have the highs and the lows. We would be absolutely exhausted at the end of the day when we had done it, absolutely exhausted. (Ella,int.8,p.3)*

When these teaching partnerships are interrupted or the women have differing personal and political philosophies, conflict, stress and tension can be experienced at a professional and personal level. describes a situation where this impacted on her ability to continue with teaching a particular class.

*...the Pakeha tutor made evident her philosophy which was not really bicultural, it came down to a point where we had to stop the paper basically because the issues weren't being covered. (Anaru, int.7, p.12)*

As can be seen from the excerpts in this section, a central paradox of cultural safety teaching is that, while the subject itself is designed to make environments in the health sector culturally safe for clients, the teaching of it can engender a feeling of lack of psychological safety for both students and for teachers. To some extent this is inevitable, as to be successful, cultural safety teaching must challenge students, that is, must make competing discourses apparent, and work with ensuing resistance. Students can feel threatened, and then as noted by some participants, react negatively

to the cultural safety teacher. Because the cultural safety teacher feels passionately about their subject (and is both personally and professionally involved) this is painful and stressful for them.

Another paradox, illustrated by the quotations, is their commitment to continuing to teach the subject in spite of the stress it brings. This is because of their conviction of the importance of cultural safety in improving relationships within the health care services. This group of comments then, gives insight into the very personal

dimension in cultural safety teaching. There is uniformity of the collective voice which captures the contradictions and complexities of teaching cultural safety. Within that uniformity, however, is a difference in the experience for Maori as opposed to Pakeha teachers. This is discussed in the next section.

### **6.3 The experience of teaching is different for Maori and Pakeha teachers**

#### *6.3.1 The experience for Maori teachers*

The Maori women in this study felt that they were always under surveillance because of their culture. Te Rito relates an experience following negative media coverage of cultural safety. Somebody commented to her about an article and said, "What's this about cultural safety?" Her inward response was:

*And I thought, oh here we go again. Isn't it time people realised that it isn't a Maori issue. My response to this was, we Maori know what we mean for us, it seems to be non-Maori who are having problems coming to terms with the dreaded concept of cultural safety. (Te Rito, int. 11, p.7 )*

Being Maori adds a personal vulnerability factor to the learning-teaching environment of cultural safety. Anaru added,

*From a very personal perspective some of the stuff you have to really process when the students[mainly pakeha] make comments that they do. My tongue comes home sore some days because I'm biting so hard in that I think to myself I trained in the 1980s and these were issues we were confronting and having to deal with then and they are still*

*rampant - you know some of that [comment] about “ that’s just the typical of Maori etc”.*(Anaru ,int. 7p.10)

Moko expresses what she sees as a key difference between the experience of teaching for Maori lecturers and Pakeha lecturers.

*While there's been despair on the Maori side there's been a lot of despair on the Pakeha side too...//... it seems that whenever anything like this [media coverage of Maori issues] happens there will be a lot of battering of people and it has been the case for both Maori and non-Maori but for me at the end of the day Pakeha have a choice to stay in this thing or not Maori do not have a choice. (Moko, int. 4,p.6)*

Anaru expresses a similar view and illustrates the visibility of Maori teachers who are constantly exposed because of who they are:

*Well I think the bugbear of Maori has never gone away from society, you know like the fact that the goal posts keep changing in terms of political environments for Maori aspiration. This means that we're always in the media. We're always a thorn in everybody's side you know and that is promoted through popular media editorials and you just can't get away from that. If one side is projecting that all the time and nothing else is shown and I just think [it makes] cultural safety move one step forward and ten backwards. (Anaru, int. 7, p.10)*

Where the cultural safety programme was well integrated as a separate subject and throughout other subjects, the experience of teaching for Maori lecturers was expressed differently. Although they had to endure the same responses, support from wider institutional structures helped sustain them.

*I think in terms of modeling what it is that we teach first of all gives people a visual impact with the two partners Maori and Pakeha. It just so happens I'm a bit darker and I kind of portray the image of Maori but that's not to say that there aren't other Maori who are fair and look very Pakeha but it's to say that these are the two parties in which this has emerged and so that is the first point of call. ( Matauranga, int. 9,p.6)*

All Maori teachers had commitments to their iwi outside the institution as well as supporting Maori students within. Moko said,

*I believe cultural safety teaching for Maori is heavy because you are always looking at policy and changing policy that is of benefit for Maori coming in. I also believe that there are demands from iwi, they may not know all the ins and outs but they still expect certain things from us in terms of getting more Maori numbers into the school, and so they should. (Moko, int. 4,p.23)*

Anaru expresses how her teaching keeps her connected to her community:

*If I can present a solid perspective of bicultural development from a Maori perspective and that perspective is sanctioned by the iwi committee members who are made up of the community and non health professionals and lay health workers, then that's when I need to say the course is ok. (Anaru ,int.7p.15)*

Combined with these multiple commitments there is the added stress of having to respond to Pakeha colleagues questioning and justifying things Maori which are expressed in the media or in the area of policy development. Smith (1999) states that support for indigenous issues in many institutions is not overt. She says that where there is an indigenous academic available then that person is expected by colleagues to be the all encompassing resident indigenous expert whose role is to mediate but maintain the status quo or academic standards. This person can be in conflict with themselves and others for to say no to indigenous initiatives may be interpreted by other academics as a strength and to say yes may be seen as giving in to self interest.

### **6.3.2 The experience for Pakeha teachers**

For Pakeha teachers there are differences from the Maori participants' experience of teaching. Both groups have similar experiences in terms of learning environments and student responses to the topic. However, for the Pakeha teachers there is always an option for them to withdraw from the conflict surrounding cultural safety teaching. Most of the Pakeha women were aware of this and acknowledged their own privilege and were aware of gaps in Pakeha responsibility toward supporting Maori colleagues, teaching cultural safety and the Treaty of Waitangi. In talking with groups of women about whether they thought the feminist movement has resulted in a transformative impact on relationships between black and white women, hooks

(1994) noted various responses. The white women felt as if there had been change and that they were more aware of racism and race and were more willing to engage in anti racist work. Black women and women of colour felt that there had been little change and that despite white female focus on race, domination was still a factor in personal encounters. The Pakeha women in this study expressed their own views about coming to terms with working in bicultural partnerships. Caron describes her early understanding of working in a bicultural context:

*I remember in the early days [name given] was asking why are you taking students onto the marae, why are you cutting your teeth on Maori. But we were born again zealots who had decided that for students to understand cultural safety they had to understand the process of colonisation and the effect it had on Maori people and they had to understand the difference and the only way we could understand Maori people's difference was the culture that was presented within a tourist framework. (Caron, int.3, p2.)*

Contrasting with this is Jessie's comment about the tension and conflict she experiences when Pakeha want to challenge Maori teachers about aspects of the development of teaching approaches and partnerships

*A lot of Pakeha are really scared to do that now [challenge] because if they start challenging then they are labeled racist and they get a certain amount of flak too. (Jessie int. 7,p.21)*

Anne expresses a need for Maori and Pakeha to find ways of questioning each other more rigorously and like Jessie identifies risks associated with that:

*We need to get into a position that we can question and challenge Maori as well and I think that's lacking because people are still frightened of doing that for fear that they will be seen to be racist and its not about being racist, I think it is more racist to not challenge because Maori have to have a special place or whatever. If you don't treat Maori like ordinary people you're being racist too. (Anne, int. 1,pp.21, 22)*

Hooks (1994) claims that when black and white women work together and encounters are enriched and positive, then these relationships tend to take place with white women who are not in positions where they can assert power. Hooks notes that black

women identify honest confrontation and open dialogue about race and reciprocal action as key factors in positive relationships with white women. White women, when asked the same question, emphasised that they did not rely on black

women to force them to confront their racism. Hooks concludes that assuming responsibility for their own responses to race was a precondition to partnerships of equal footing (p.106).

In response to the question about where cultural safety sits in the curriculum, Ella believes that until the fundamental issue of racism is addressed cultural safety education will continue to sit uneasily at the margins of the wider curriculum. She said,

*It is never going to [be part of the curriculum]. At the base of cultural safety is the issue of racism and power struggles. I'd like to spend my life working to reduce levels of inequalities, I'm a realist and I know damn well that isn't going to happen and the backlash is starting to come isn't it? (Ella, int .8, p.21)*

Kay describes changes that have taken place for her over time and recognises the relationship between personal feelings and commitment to change. She also illustrates how being involved in teaching in this area privileges her by saying;

*Well I think it's part of my journey it's part of my commitment to be in partnerships and being bicultural and I'm really grateful to be able to make the journey it's quite a joyful thing to do. Initially I found it frightening but I don't find it frightening any more and I've got past being angry and I'm very aware that I fall over a lot and get it wrong but it's joyful sort of thing to do really and I know that I'm supported and supportive in what I do and think that I'm very lucky to actually be teaching it myself. (Kay, int.9, p.28)*

For Pakeha teachers issues which made their experience different from their Maori colleagues arose from having to deal with their own inner tensions and awareness of what being pakeha means in a bicultural partnerships. They were active at finding ways of developing partnerships that kept them connected with their Maori colleagues, students and Pakeha colleagues.

As Ella noted;

*What happened after the partnership [Maori/Pakeha] of teaching broke up was that it was left to a Maori tutor for a couple of years. What I could not get through to my colleagues was that it wasn't a Maori issue, it was an issue for everybody and to me you can't start getting into teaching what Maori might like in health care until you've dealt with [power relationships]. (Ella, int. 8,p.8)*

Jessie describes her entry into teaching and describes how in spite of feeling vulnerable she did reach a point where she did have to make a commitment to act on her convictions. Her felt need to address power issues in terms of cultural safety was greater than the impulse to protect her own vulnerability.

*When I arrived there was this huge fight going on at the first staff meeting I went to. I sat back and thought what have I come into. It was to do with Maori issues and Maori and Pakeha staff. I just felt really scared, I just thought why have I come here. And I guess it was just a protection thing 'sitting on the fence' and I didn't want that to happen to me. I didn't want to be attacked like that if my position was known. I felt very vulnerable and I just didn't know whether I could cope with that. (Jessie, int. 6,p.10)*

Jessie expressed how she as a Pakeha lecturer was working to deal with her Pakeha group's own issues about biculturalism and indicated that by Pakeha taking responsibility for themselves, they were able to make steps to improving their communication with Maori colleagues. Hooks (1994) suggests that black and white women need to move on and to create models for interaction that take us beyond partnerships based on colonising premises and into ways which promote respect and reconciliation. She goes on to say that we need to examine why we lose the capacity to exercise skill and care when we confront one another across class and difference.

## **6.4 Summary**

In this chapter the participants have described what it is like to teach cultural safety in a nursing education programme. The experience demonstrates that teaching confidence develops over time, however, there is always a degree of uncertainty and vulnerability in teaching. For a number of women there is a parallel learning process for them in terms of their own personal and professional development. The

experience of teaching is different for Maori and Pakeha teachers. Both address areas of commonality and both have to deal with particular issues directly related to their cultural positioning. The women's description of teaching mirrors some of the tensions and satisfactions experienced by students in coming to terms with working in a bicultural model. Maori teachers' concerns are with providing supportive environments for Maori students, fulfilling commitments to iwi and working to change policy which enhances Maori student learning. Pakeha teachers are faced with working with their Pakeha colleagues and with non-Maori students to illuminate the potentially harmful aspects of racism and inequalities. Both positions are complex and have within them ongoing tensions. The experience of teaching is influenced by the relationships between Maori and Pakeha teachers working in partnership in the teaching of cultural safety. The challenges are many and varied and require a commitment on the part of both to be fully engaged in the teaching- learning process and also in understanding the nature of power within relationships and between competing and conflicting discourses about culture, difference and attitude change.



## Chapter 7: Discussion of findings

### 7.1 Introduction

This chapter draws together material from the previous chapters and discusses the experience of what it is like to teach cultural safety in a nursing education programme against the background of the literature review and the theoretical framework. The discussion also places the analysis in the context of nursing education and nursing praxis, that is how reflection on the research data might contribute to the development of teaching and theoretical knowledge and practice knowledge. The discussion is undertaken in the context of a theoretical framework of power and knowledge. A model guiding reflection on practice is provided as a beginning framework to potentially strengthen cultural safety teaching and cultural safety nursing practice. Implications of the research are discussed followed by a reflection on the research process before coming to a general conclusion.

The aim of this research was to explore the experience of teaching cultural safety. This has been achieved by interviewing fourteen experienced teachers of cultural safety. Most essentially this experience has been explored bearing in mind the degree to which it is embedded in an evolving socio-political context which powerfully influences the experience.

The findings of this study reflect the views of Foucault and other authors who examine the way power shapes and is shaped by what happens at an interpersonal level as well as at a structural level (Foucault, 1980; McHoul & Grace 1997; Popkewitz & Brennan, 1998). Popkewitz & Brennan note that subjects can be a means of mobilising particular discourses that alter the content, focus and relations of teaching. The description of the experience of teaching by the participants in this study shows that cultural safety education mobilises discourses by challenging traditional nursing discourses based on Western/Judeo Christian concepts of care and humanism. This makes cultural safety teaching different.

The participants' early experience of teaching cultural safety reflects the ferment that was happening in New Zealand society in the 70's and 80's. This resulted in a

process of change that had been signaled in the 1960s with radical challenges to Western constructions of knowledge (McHoul & Grace, 1997). Nursing and nursing education in New Zealand was not immune from this process. Both were making contributions to the change through challenging scientific/positivist constructions of nursing knowledge. This was happening on an international level and a national level (Bevis, 1978; Salmon, 1982).

The challenge to New Zealand nursing knowledge construction is most apparent through the underpinning of the Treaty of Waitangi in cultural safety education. In 1988 the Government of New Zealand officially recognised the need to develop bicultural structures in New Zealand society. This brought with it the need for state institutions to recognise the Treaty of Waitangi and develop bicultural structures which made the Treaty of Waitangi visible in institution practices (see chapter one). Recognition of the Treaty of Waitangi was central to the development of cultural safety education. It was the presence of the Treaty of Waitangi in the nursing curriculum which disrupted traditional approaches to teaching and nursing knowledge development in the New Zealand nursing education curriculum. Later broadening of cultural safety curriculum emphasising the need to consider difference in a wider health context brought into focus nursing education discourses related to how power and knowledge work in the context of the nurse-client or teacher-student relationship. These two factors create a teaching-learning environment which contributes to a particular teaching experience which is influenced and shaped by the teacher's personal life philosophy, education and nursing knowledge and a political awareness of the socio-political context of health care in New Zealand.

## **7.2 Discourses of positivism, holism and critical social theory**

As discussed in previous chapters, cultural safety is informed mainly by a critical paradigm. A complicating factor with this is that as a subject it is positioned within a largely positivist nursing education curriculum. This style of curriculum reflects the values associated with positivism, that is a reliance on designing learning experiences which in the end assess if the curriculum did what it set out to do (Beyer & Apple, 1988; Doll, 1993). It is acknowledged though, that the nursing curriculum has developed over the years to reflect less of a reliance on positivism and more of an

holistic approach to nursing education incorporating the physical, mental, social and spiritual wellbeing of the client.

People's ability to meet their health needs is closely linked to the socio-political realities of their everyday lives. Whilst nursing values express support for working with clients in a socio-political context, there is still some reluctance to fully embrace nursing practices which reflect commitment to socio-political partnerships with the people using health care services. This could be because they are not in a position to question or challenge the inequities created by the hegemony of health care services who employ them. Cultural safety education involves teaching about deconstructing accepted 'truths'. At the same time students are being prepared to practice in health environments where to act on knowledge gained from this process can be problematic.

A critical pedagogy makes visible the nature of power in nursing relationships. In so doing it challenges the dominant social structures and the accepted disciplines which give these structures authority. Cultural safety teachers themselves benefit from being part of these dominant structures and at the same time resist these structures because of the inability of these structures to adequately address the health concerns of people who may not be part of these dominant structures (McHoul & Grace 1997; Yon, 1999).

As well as making distinctions between positivist, critical and holistic paradigms this research showed that as the teachers have developed their expertise and skill in teaching, a critical paradigm might not altogether provide a satisfactory framework for teaching cultural safety (Pinar, 1995, Giroux, 1983; 1990, Lather, 1981; Ellsworth, 1992). The participants identified that teaching has changed over the years as they have changed. The participants' descriptions of teaching cultural safety suggest that teaching requires skill in managing and mediating between a number of discourses which compete for dominance. Key discourses centre on discourses of power in the context of the Treaty of Waitangi and the relationship between Maori and the Crown.

Within this there are other sources of power which are revealed. These may include personal and national identity, issues of self and identity, discourses of marginalisation in the context of who can speak when and in what circumstances. These together with differing nursing knowledge paradigms (Bevis, 1978; Bruni, 1995; 1997; Gaines & Baldwin, 1996; Kikuchi, 1996; Leininger, 1970; 1978, Nelms, 1991) (see chapter two), make the teaching environment complex and multidimensional and require reflection and action by the teacher on multiple socio-political positions as well as competing nursing knowledge discourses that emerge from within classroom relationships. Teachers also have to develop personal and professional strategies to maintain a safe learning environment for the student and the teacher.

Whilst cultural safety sits more within a critical paradigm than a positivist paradigm, a critical positioning on its own does not provide an adequate explanation for the structure of teaching cultural safety (Ellsworth, 1992; Lather, 1986). Critical social theory challenges the teacher to analyse his or her own power positioning in the classroom context (hooks, 1994; Frankenburg, 1993; Weiler, 1995; Ropers-Huilman, 1998). There is little in the literature to address how the teacher might work with students whose behaviours and attitudes may be personally or culturally harmful to the teacher, or where the teacher is personally and professionally required to respond to racist or oppositional behaviour. When teachers are faced with challenging, oppositional or racist behaviour, they can sometimes feel disempowered as challenging the ideas of the person expressing these views, may be interpreted as silencing the student.

The personal and cultural backgrounds of the teachers involved in this study included experiences with critical, feminist teaching philosophies and Maori and feminist activism. Teaching cultural safety requires that the teacher have an understanding of the socio-cultural environment within which cultural safety teaching takes place and a high degree of self-knowledge and comfort with uncertainty.

### **7.3 Beyond prescriptive paradigms**

The terrain of teaching cultural safety involves managing a teaching process where multiple realities and experience come into dialogue with one another. Knowledge

and power compete for validation and resist negation. These dialogues shape, alter and transform the student-teacher relationship and the student-student relationship (Popkewitz & Brennan, 1998). A dominant element of cultural safety teaching lies in the teacher's commitment to social justice, based on the Treaty of Waitangi and the notion of difference. At the same time as mentioned before it sits within a conservative nursing education environment.

Carryer (1992) and Weiler (1995) for example, support a feminist pedagogy that can enrich critical and other liberatory approaches to learning. Carryer notes that feminist theory can add a dimension to the nurse understanding the socio-political environment within which they work. Weiler identifies three areas of teaching which she says can enrich critical and other liberatory learning. These are the role and authority of the teacher, the claims for knowledge and truth based in personal experience and feeling, and, responding to challenges by women of colour and post modernist feminist theorists in relation to how difference is mediated.

The experience of teaching described by the participants in this study raises issues about power and the authority of the teacher in the classroom. The teaching process involves an engagement with knowledge about power in a personal as well as professional and political context. The origins of cultural safety arise from Maori nurses' challenge to Pakeha educators. Power, personal experience and challenge are the cornerstones of teaching cultural safety. These are played out in the student-teacher relationship in ways that are different to other teaching subjects. Three themes drawn from the participants' interviews were shown to be central to how this relationship is shaped and expressed. These were the examination of power in the context of the Treaty of Waitangi, the concept of difference and the personal, professional and political engagement in the process of teaching.

#### **7.4 The Treaty of Waitangi and the broader concept of difference: power and relationship**

The participants' data in this research affirms the Treaty of Waitangi as being central to the teaching of cultural safety. The Treaty of Waitangi radicalises the nursing education curriculum. It does this by using an analysis of power in the context of the historical relationship between Maori and Pakeha and how this impacts on health care

delivery. It is the Treaty of Waitangi which is a key factor in disrupting orthodox approaches to knowledge development (Mc Houl & Grace, 1997). The Treaty of Waitangi challenges nurse educators to address structural issues in the delivery of health care. The broader concept of difference challenges nurse educators to address the relationship between the self in the context of relationships with all people whose values differ from those of the nurse (Ramsden, 1993; 1995; 1996)

The participants believed that the Treaty firmly underpins the teaching of cultural safety. At the same time there were paradoxes and contradictions. It was clear from Maori teachers that their commitment to the Treaty centered on the need to support and encourage Maori students to complete nursing programmes so that they could address the needs of Maori clients in the health care system. This was balanced with demands on their time to educate non Maori about the Treaty of Waitangi or be expected to respond to questions about negative media coverage of the Treaty of Waitangi and some Pakeha interpretations of Maori issues.

Early teaching of the concept served to mask several discourses, in that, although there was a need to address bicultural issues, at the same time there was a need to address the broader issue of difference. This was sometimes seen as a point of conflict. The points of conflict came about by addressing the Treaty and the relationships of difference in the same context. Teachers managed this by extrapolating from one relationship of difference to other relationships of difference. Focusing on difference in the context of relationship avoided the potential for the concept of difference to be managed what was perceived some participants as a hierarchical prescription for teaching about difference. As shown in previous chapters, there is sometimes an uneasy alliance between teaching about the Treaty of Waitangi and mediating a process of addressing individual difference, without promoting exclusionary practices.

Criticism of early teaching highlighted the conflict between maintaining the integrity of the Treaty of Waitangi and moving nursing education away from positivist views of race and difference based on physical characteristics. It is significant that much of the learning by teachers about the Treaty of Waitangi came from a personal experience of difference and, or a commitment to social change. Teachers had to

grapple with personal internal conflicts. The wealth of knowledge and expertise this group of teachers has built up over the years is vast. It could be argued that cultural safety teaching has been a process of trial and error. However this research shows that allowing for regional variations, the teaching of cultural safety has a high degree of consistency nationally and the development of the subject has been informed by theoretical knowledge. Over time, most nurse educators have developed high levels of expertise and skill in implementing the Treaty of Waitangi in the context of cultural safety education. This skill and expertise has been largely unrecorded as there has been no formal means of passing it on.

Developing an in depth knowledge of the place of the Treaty in health care has expanded an interpretation of the Treaty of Waitangi. With familiarity and an in-depth understanding of the Treaty of Waitangi it is easy to expand the concepts of partnership<sup>14</sup>, protection and participation to other nursing relationships so that the student gets an idea that these principles can apply to all health relationships in which they may be involved. In going too far down this track, though, teachers are aware of the potential to lose sight of the centrality of the Treaty of Waitangi.

### **7.5 The personal experience of teaching cultural safety**

The experience of teaching cultural safety has changed over time. Pakeha teachers became involved as a result of a personal experience of the Treaty of Waitangi and a commitment to social change through some personal or professional experience. Maori teachers became involved as part of their commitment to increasing the number of Maori graduates in nursing programmes. There were few guidelines for teaching the subject when it was first introduced. Over the years cultural safety teachers have developed specialised skill in managing diverse discourses in a classroom setting. The experience has provided challenge, stimulation and stress, anxiety and moments of satisfaction. Generally this experience of teaching is not well understood by those not directly involved.

As mentioned before, because cultural safety sits within a positivist and generally conservative paradigm of nursing education, the cultural safety teacher is at risk of

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<sup>14</sup> These concepts were first described in the Royal Commission Report on Social Policy 1988, Volume 2, pp 49-69.

being marginalised. This can mean teachers ensure they teach in other parts of the programme to ensure they are visible and not marginalised as the 'cultural safety teacher'. The participants in this study demonstrated that the cultural safety teacher walks a fine line between a number of different educational philosophies, competing discourses and competing demands for what is included in the curriculum and what is excluded.

There has been significant social, cultural and political change over the past ten years. Cultural safety teachers have survived challenges and criticism, a Nursing Council review and the threat of a parliamentary inquiry. Cultural safety continues to hold an ambiguous, contentious position within the nursing curriculum. The concept is still developing and continues to be vulnerable to criticism and challenge through lack of understanding and in some cases by perceived overriding needs of technology and scientific based knowledge development, that is arguments that would suggest that there is no room for cultural safety in the curriculum.

Cultural safety education is one of the few areas of nursing education where Maori and Pakeha can model the bicultural relationship in a particular way. Some literature suggests that it is often the Pakeha partner who benefits from this relationship more than Maori (Smith, 1999; hooks, 1990,1994). The Pakeha partner is privileged in the relationship, and when there is conflict or criticism toward the Maori partner or cultural safety, Pakeha women can withdraw from this conflict whereas Maori women cannot, because of their commitment and responsibility to iwi and Maori students.

Despite this perceived power imbalance, the relationships that have developed between Maori and Pakeha teachers are enduring and both come to rely on each other for support. The research shows that Maori and Pakeha teachers are constantly looking at issues of teaching together or teaching separately. The teachers who worked in Maori-Pakeha partnerships felt they were better able to meet the requirements of cultural safety teaching than the women who taught by themselves. This effectiveness was further enhanced when there was support from the wider faculty.

The Maori women's experience often goes wider than teaching in the classroom. The study shows that teachers who are Maori can feel that they have to account for Maori actions as a group and their energy and time can be taken with dealing with non-Maori colleagues not involved in teaching and with answering questions about things Maori that appear in the media headlines. Maori teachers are always on notice to explain, educate and justify anything involving Maori. They are constantly under the gaze of their colleagues and because of this carry an extra load and extra stress.

The teaching of cultural safety is a subjective experience and one in which the personal qualities of the teacher are significant in terms of how the experience of teaching is managed. The experience of teaching cultural safety is shaped by a personal, professional and political commitment to improving health care delivery for Maori and all other people who use the health services.

## **7.6 Dimensions of the experience of teaching cultural safety**

This research has described the experience of what it is like to teach cultural safety in a nursing education programme. The experience is characterised by a commitment of cultural safety teachers to continue teaching the subject even though this study demonstrates it is complex, and personally, emotionally and spiritually challenging and stressful. This experience is balanced with moments of satisfaction and a sense that the teacher is contributing to a teaching-learning process which has the potential to improve nurse-client relationships in practice, and subsequently have a beneficial effect on the health of the client and ultimately the health of the community.

In summary, this section has discussed the participants' data which shows that the experience of teaching is shaped by three key elements; these are how power is expressed in relationships, the teaching about difference in a context of difference and diversity of student groups and a personal and political engagement in the process of teaching. Cultural safety is informed mainly by critical theory but sits at the borders of other theoretical positions within the nursing education curriculum. This makes the experience of teaching cultural safety complex and not easy to describe using one philosophical positioning.

Cultural safety has its beginning in a critical paradigm with a focus on transfer of power from the nurse to the recipient of care. This research suggests that over ten years of teaching cultural safety, teachers have uncovered other dimensions of knowledge which cannot be fully accommodated by a critical paradigm. These include feminist and indigenous models of knowledge development as discussed by (Bishop, 1994; Carryer, 1992; Ellsworth, 1992; Lather, 1991; Smith, 1999; Weiler, 1995) see chapter two. It could be argued, that whilst these dimensions sit broadly within a critical paradigm, they also embrace wider concepts of power taking into account, the realities of power relationships in the context of racism, sexism and difference.

## **7.7 Implications of the research for the development of nursing education**

The aim of this research has been to describe the experience of teaching cultural safety. In so doing, I have described several features of cultural safety teaching which have implications for the development of nursing education.

In the first place, cultural safety education has been shown to be a highly complex stressful subject to teach. It necessarily involves challenge and a clash of discourses in order to bring about change. In addition, the different strands of the subject requiring to be taught can be in conflict with one another, in particular ensuring that the Treaty of Waitangi teaching maintains primacy, while broad categories of difference are also covered. Moreover teaching has taken place against a backdrop of public distrust and political concern.

Cultural safety teachers have therefore had to become highly skilled; the teaching requires development of skills based on conflict management and group facilitation. Teachers need to have a high degree of personal self and political awareness, and the ability to be comfortable in a number of positions at the same time. The research has demonstrated that one constant quality of teaching cultural safety is that of being prepared to deal with uncertainty, the unexpected, conflict and challenge. This is balanced with being able to recognise and draw on moments of satisfaction and reward.

With one exception participants in this study have had a number of years teaching cultural safety or working for social change. Many have endured through difficult times of being challenged professionally, politically and personally. They are now at a stage in their teaching practice where some are moving out of nursing education or taking on other teaching challenges. This has implications for the future teaching of the subject. Systems need to be put in place to ensure that the skill and knowledge of the current group of nurse educators is passed on as new teachers are recruited.

Recommendation four of the *Nursing Council of New Zealand guidelines for cultural safety education in nursing and midwifery* (1996) recommends that the Nursing Council, in conjunction with nursing educators and other relevant communities, should develop guidelines as to what constitutes good teaching practice and strategies in the area of cultural safety (p.5). The guidelines require that all nurse educators undertake a cultural safety course which will then enable them to teach the subject. It is suggested that teachers specialising in cultural safety teaching develop courses for other staff members as part of ongoing staff development. To teach cultural safety the minimum level of qualification recommended by the guidelines, are in addition to the qualification required for teaching in nursing generally, the completion of a Treaty of Waitangi education course, a cultural safety course, and a teaching background in group facilitation skills.

This research suggests that cultural safety teachers also need to have a high degree of socio-political awareness and an active commitment to improving the well being of their communities. Formulating requirements which would encompass these qualities may be important for selecting cultural safety teachers in the future.

Other implications of this research are to do with the way the participants have dealt with the stress of the work. Those who coped best, as participants have described, were those who had personal support from other cultural safety teachers and those who felt they had understanding and support of their colleagues generally. Those who began teaching in a hostile environment found the task more daunting.

In the Nursing Council of New Zealand guidelines (1996), section 17.7. states that regular networking opportunities to maintain skill level and to exchange information

and experience is a requirement of teaching (p.20). It would be useful if systems were put in place, in order to ensure all cultural safety teachers are supported. For example, supported networking for cultural safety teachers could be instituted, where issues about teaching practice and issue related to ongoing knowledge development could be shared and worked through. This networking is partially in place with Maori teachers and students, however institutional support for this is variable. Stronger commitment to networking would give organisational support and strengthen the teaching skill of the teacher. It would be important, when developing networks, to recognise that the experience of teaching is different for Maori and Pakeha teachers. Maori and Pakeha teachers, whilst dealing with fulfilling the requirements of delivering a nursing programme are at the same time grappling with their own understanding and working through their own issues of power and challenge in bicultural relationships and partnerships. Maori teachers have an added dimension to their teaching, the personal and professional need to address Maori student recruitment and retention in nursing programmes as well as respond to questions from some Pakeha, about things Maori. Pakeha teachers feel that their Pakeha responsibility is to help educate Pakeha colleagues about the relevance of the Treaty of Waitangi in nursing and health care, this can sometimes be difficult.

In terms of dealing with a hostile environment, part of the problem has been the piecemeal way in which cultural safety was introduced. In spite of that, cultural safety teachers generally have a similar understanding of and approach to teaching this subject.

In the process of discussing the experience of cultural safety teaching participants have articulated a framework for managing what they do. This framework is:

- the examination of institutional and personal power in nursing relationships in the context of the Treaty of Waitangi;
- the need for nurses to understand the concept of difference in health care relationships in socio-political contexts, and
- the ability to act based on a knowledge and awareness of how power and difference shape institutional and professional nurse-client relationships during the process of health care delivery.

The research shows that the experience of teaching is shaped by personal, political and professional qualities of the teacher. It is important that faculty colleagues understand the subject and understand the personal, political and professional qualities needed to teach it successfully. In that way they will be able to support colleagues who do teach it.

Finally, another issue raised by this research, is the question of whether cultural safety should be a separate subject in the curriculum. Participants strongly suggest that cultural safety should be a separate topic as well as being integrated into the wider curriculum. In the first place, it requires particular skills to teach in the second place; it is hard to balance the teaching approach required for cultural safety with more didactic approaches such as lecture format or intermittent small group work. Participants have also argued that cultural safety teaching is a process requiring attention to group process in a particular way (see chapter six). Integrating cultural safety into the wider curriculum may become problematic as other approaches to teaching may not be able to accommodate specific teaching structures suitable to cultural safety teaching, for example, ongoing group process or workshop structures.

## **7.8 Reflection on the research process**

The research design chosen meant that I was included as a participant in the study. The participants' data together with my own participation were analysed against a background of a theoretical framework of power and knowledge. My interpretation of the analysis in the context of power and knowledge has shown me that my experience of the research process is an expression of the process of teaching cultural safety. I have been confronted with issues related to power in the research process whilst at the same time being part of the expression of that power. I was both inside the research process and outside the research process. I was faced with the reality of being able to respond to a range of needs of the women as participants in this research and at the same time be aware of my own positioning as a researcher and all that that entails. At the same time I had to be open to possibility and uncertainty and make my accountability transparent through accurate recording and monitoring of the research process. Through undertaking this research I have reaffirmed my belief in the value of theory as a means of guiding and developing practice.

By choosing a participant-researcher approach to the research I have gained and experienced a deeper understanding of reflexivity and how this is expressed in practice. Being mindful of the need to monitor my insider position and the potential for bias because of this, I journalled my thoughts and reflections and shared my concerns with colleagues and friends. I found talking about my process in the research clarifying and affirming. This helped me keep a perspective on the process. I also used a small tape recorder so that I could record and capture thoughts and feelings about my positioning. This was helpful when travelling from one interview to another. I was able to give myself immediate feedback about my positioning, and reflect on the interaction that had taken place. To illustrate this, two taped field notes follow:

*What is my position? A linker of a number of stories which together make a whole. I am the messenger person. I'm in the message and separate from the message at the same time. I'm hearing other people's stories. My role as messenger is to carry these stories and weave in my own journey and honour the stories. (taped thought, Nov. 1998, Fran, interviewer)*

*This interviewing feels like an inner and outer process. I'm in it, fully there, I'm not watching, I'm not an observer and I am a watcher and observer. (taped thought, Nov. 1998, Fran, interviewer).*

Following this experience I experienced an openness to accept whatever happened in subsequent interviews. I was relaxed and less inclined to anticipate what might or might not happen.

## **7.9 Limitations**

The limitations of this study became apparent during the research process, and on fuller reflection as I neared the end of the project. The findings outlined in the preceding chapters can not be directly applied to other similar settings, for example in other disciplines or similar subjects.

The research does have implications for overseas nurse educators as they come to terms with addressing the teaching of cultural issues in nursing education programmes. But this research has been carried out in the New Zealand context of

nursing education and there are limitations in trying to interpret the research in the context of a different country.

My own involvement in teaching cultural safety both enhanced and limited the research process. The process was enhanced because of my familiarity with the subject and an existing relationship with some of the participants. However I could not assume that this would make the research relationship any more straightforward. Because of my familiarity with the subject, I might have overlooked some aspects of the experience of teaching.

Time and place was a limitation in that I had to cover a large area of country in a small space of time. As I was reviewing the transcripts, questions emerged requiring further elaboration from the participants. The return of the themes to participants allowed them to provide added comment which went some way to addressing this limitation. Time and other commitments resulted in one participant who expressed interest not being interviewed; this was following several attempts by both parties to arrange a suitable meeting time.

## **7.10 Concluding statement**

This study explores the experience of teaching cultural safety. It involved fourteen women who teach or have taught the subject. The results of this study demonstrate that teaching requires a personal commitment which is often tested and challenged professionally politically and spiritually. The commitment involves a high degree of self-knowledge and an understanding of the way power operates in relationships.

The positioning of the Treaty of Waitangi makes power visible in the nursing education curriculum. This, together with the management of teaching in relation to a broad concept of difference constructs a teaching environment where various discourses of power come into play. These discourses become central to and form the shape of the teaching. It is this factor which makes teaching this subject different from teaching other subjects.

The teachers in this study have developed a considerable body of knowledge related to the teaching of cultural safety and a high degree of personal and professional

knowledge about the application of the Treaty of Waitangi in nursing practice. This expertise is at risk of being lost as cultural safety teachers move into other areas of teaching or leave teaching.

The challenge for cultural safety teachers now and in the future is to ensure that cultural safety education with the underpinning of the Treaty of Waitangi continues to be relevant to nursing and health care delivery. There is increasing competition within the nursing curriculum for what is included or excluded. The participants' stories and experiences suggest that cultural safety has tended to be on the margins of the education curriculum. This makes it vulnerable to the whims, fashion and vagaries of curriculum development. Further development of structures supporting training and development for future cultural safety teachers is needed. Supported networking structures need to be put in place to support present teachers as they continue to develop the concept in a changing socio-political context.

Cultural safety education is vital to ensure that students enter the workforce with a critical understanding of socio-political forces shaping the nurse client relationship, and that they are personally and professionally able to work with people and diverse realities in a health care context. This research shows that to do this, the teachers of cultural safety in this study work at the edges of different knowledge paradigms of nursing knowledge development and have endured high levels of criticism from within and from outside nursing education. They have remained a small group who are committed to teaching because of their personal, political and professional beliefs that cultural safety education is necessary and has the potential to make a difference to nursing practice and ultimately the health of people using health care services.

This research suggests there is still some way to go before cultural safety is recognised and accepted as being significant for the development of nursing in New Zealand. Recognising the Treaty of Waitangi and the concept of difference in nursing is closely connected to the way the New Zealand community is coming to terms with an emerging sense of self and identity in a bicultural society. Cultural safety teachers in this study have shown that their commitment to teaching the subject has the potential to lead to a better understanding of, and an ability to deliver health care which reflects the realities of people in their daily lives in New Zealand.

## **Appendices**

## APPENDIX 1

### Letter to accompany flyer re participation.

Dear

My name is Fran Richardson. As part of my Masterate studies at Massey University I am looking for Nurse Educators willing to take part in research about teaching cultural safety in nursing education programmes.

The purpose of the study is to explore the personal experience of nurse educators who do or have taught cultural safety in nursing education programmes.

With your permission, could the enclosed notice be displayed in a place where people who might be interested can see it.

Thank you

Fran Richardson

Thesis Supervisor Dr Jenny Carryer (06) 356 9099  
Massey University Nursing and Midwifery Studies.  
School of Nursing Health and Environmental Sciences  
Wellington Polytechnic  
PO Box 756  
Wellington  
Ph (04 801 5799

## Flyer for Heads of Schools of Health Sciences and or Nursing Studies

### RESEARCH- RESEARCH- RESEARCH

What is it like to teach cultural safety in a nursing education programme?

Do you, or have you taught cultural safety in a nursing education programme. As part of my Masterate studies I am looking for Nurse Educators who might be interested in participating in a research project about teaching cultural safety.

The purpose of the study is to explore the personal experience of nurse educators who teach, or have taught cultural safety in nursing education programmes.

If you think you might be interested in taking part, you are invited to contact me for further information.

Fran Richardson  
School of Nursing Health and Environmental Sciences  
Wellington Polytechnic  
PO Box 756  
Wellington  
Ph: (04) 801-5799 ex 8319  
Email: [Fran@nurseadmin.wnp.ac.nz](mailto:Fran@nurseadmin.wnp.ac.nz)

## APPENDIX 3

### Participants information sheet

**Research into what it is like to Teach Cultural Safety in Nursing Education Programmes.**

#### INFORMATION FOR INTENDING PARTICIPANTS

My name is Fran Richardson. I am a registered nurse undertaking research to complete my Masters thesis. I have been involved in teaching cultural safety for a number of years. During that time I have become aware of the complex nature of teaching in this area. This, together with the recent “cultural safety debate” which has been sustained over a period of time made me interested in exploring the personal experience of nurse educators who teach cultural safety. The Nursing Council of New Zealand audit of cultural safety in nursing curricula affirmed the need for cultural safety in nursing education. Nursing education literature shows little national or international research into the experience of teaching in this area.

The objectives for this research are to:

- Identify and explore particular experiences of nurse educators who teach cultural safety.

If you are interested in participating you will be invited to ask any questions you may have about your participation in the study. My intention is to have interviews in which you will be invited to tell me what it is like for you to teach cultural safety. Sometimes we will exchange and share our ideas and concerns. The number of interviews is negotiable. It is planned that there will be one interview of approximately one hour’s duration. If following this one hour interview there is a need for follow up of particular themes, you will be asked to undertake a second and in some cases a third interview. The second or third interview, if required, will take approximately one hour and take place in a setting which is suitable for you. With your permission the interviews will be taped and then typed up. With your approval selected excerpts may be printed in the final document as they were said. Any taped or typed recording which you want deleted will be wiped or destroyed without being used. You will be asked to read each transcript to comment further on their accuracy in reflecting your experience. You have the right to withdraw from the study at any time during the research. You also have the right to decline to answer a particular question. Should you decide at any time to withdraw from the study, tapes and transcripts will be given to you to treat as you wish. In any event your anonymity will be completely protected by the removal of any means of identification by name place or personal detail. Identifiable references to any institution or educational personnel will be omitted from the thesis.

During the course of the research all tapes, discs, transcripts and signed consent forms will be kept in a secure place. Their content will be seen by myself, the typist, who will have signed a confidentiality form and my supervisor, Dr Jenny Carryer. No person other than myself will see the signed consent forms thus protecting your identity. A copy of each transcript will be given to you to check, amend and

retain. At the conclusion of the research they will be retained securely in the Social Science Archives at Massey University for at least five years.

I plan to share the results of this research with you and with other lecturers in nursing and midwifery in order to raise awareness of the experience of and issues influencing the teaching cultural safety.

In summary you have the right to:

- decline participation
- withdraw from the activity at any time
- have privacy and confidentiality protected
- turn off a recording device at any time
- ask questions at any time
- receive information about the outcome of the activity in an appropriate form.

If you wish to be part of this study I can be contacted at the following address.

Fran Richardson:

School of Nursing Health  
and Environmental Science

Wellington Polytechnic

PO Box 756

Wellington

Phone: (04) 801 5799 ex 8319

Email: [Fran@nurseadmin.wnp.ac.nz](mailto:Fran@nurseadmin.wnp.ac.nz)

Home Phone, (04) 389 3511

If you wish to contact my supervisor regarding this research, Dr Jenny Carryer, can be contacted at Massey University (06) 356 9099.

## APPENDIX 4

### Consent form for participants

What is it like to Teach Cultural Safety in a Nursing Education Programme?

#### CONSENT FORM:

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand I have the right to withdraw from the study at any time and to decline to answer any particular questions.

If I withdraw I understand that any material I have contributed will be destroyed and not used as part of the study.

I agree to provide information to the researcher on the understanding that my name will not be used without my permission.

I have the right to agree/disagree to consent to be audiotaped.

I also understand that I have the right to ask for the audiotape to be turned off at any time during the interview.

I agree to participate in this study under the conditions set out in the information Sheet.

I would like to include the following agreed on conditions.

Participant \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX 5

### WHAT IS IT LIKE TEACHING CULTURAL SAFETY IN A NURSING EDUCATION PROGRAMME:

Approach to interview conversation: (Guide)

Ideas:

#### **1: Getting involved in nursing education?**

- Motivators/drivers/values/ideals etc.
- Passion/opportunity/always wanted to do it/change.
- Dissatisfaction.
- How long involved.

#### **2: How did you get involved in teaching cultural safety?**

- Culture/commitment/need for effecting change/frustration.
- Maori health issues/disadvantage/political/challenge/responsibility to community.
- Values/beliefs attitudes.

#### **3: Nursing Council Guidelines: how do they shape teaching practice?**

#### **4: What is it like?**

- Tiritio Waitangi/Maori health.
- Power and control issues/colonisation.
- Wider aspects of cultural safety/disadvantaged/vulnerable groups/how do these go with Maori health and Tiriti issues.
- Issues.
- Positives
- Knowledge base/whose/where from/educational philosophy/nursing philosophy.
- Process/content.
- Student response.
- Making a difference to health outcomes for people/community.
- Research based curriculum development.
- Models of teaching.
- Support
- What helps/what doesn't help?
- Organisational support.

#### **5: What are the key issues for you in your teaching?**

- Any of above/other?

#### **6: Any other issues?**

- Research/curriculum development/where to post guidelines/assessment/evaluation
- Public response.
- Resistance/challenge/change.

#### **7: Where do you think cultural safety is going in the curriculum?**

#### **8: Does what you do make a difference to how students perceive their present and future nursing practice?**

**THE EXPERIENCE OF TEACHING CULTURAL SAFETY IN  
NURSING EDUCATION PROGRAMMES.**

Confidentiality agreement for word processor person.

I understand that the tapes I am to transcribe contain confidential information.

I agree to maintain confidentiality by not discussing any aspects of the content of the tapes or typed transcripts with any other person, apart from the researcher. This will be done for the sole purpose of clarifying content.

No other person will have access to the tapes or typed transcripts while they are in my care.

Tapes transcripts and the computer discs will be returned to the researcher as soon as they are finished with.

*Signed* \_\_\_\_\_ *typist*      \_\_\_\_\_ *researcher*

*Date* \_\_\_\_\_

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