Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

# Cultural Safety in Nursing Education and Practice in Aotearoa New Zealand

Frances I. Richardson

A thesis submitted to Massey University in partial fulfilment of the requirements for Doctor of Philosophy

Massey University 2010

## Dedication

To the memory of Kathleen Vera Grace Richardson, 1913-2003

and

Irihapeti Merenia Ramsden, Te Awe Awe o Rangitane and Tikao o Ngaitahu, 1946-2003.

#### **Abstract**

The Nursing Council of New Zealand introduced cultural safety into the nursing education curriculum in 1990. Since that time it has impacted on nursing education and the delivery of nursing and health care in a profound way. There is very little research exploring application of the concept in nursing practice and that is what this thesis explores.

Cultural safety has as its central focus, the nurse and the person for whom she or he cares within complex fields of health care relationships. This thesis argues that culturally safe care is open to multiple interpretations depending on the lens through which safety is perceived and care is interpreted, and applied in everyday practice. The narratives of 16 registered nurses suggest that both safety and care relate to an idea of protection carried out in everyday care. During times of illness or threatened change in health, a person's sense of self and safety, can be vulnerable to professional and institutional practices which may put their sense of identity and well being at risk. The self-conscious provision of culturally safe nursing takes account of the need to protect identity and requires that the nurse have a practical understanding of professional and structural factors influencing health care.

This thesis draws on the theoretical work of Pierre Bourdieu (1972, 1984, 1990, 1998, 2000) and Margaret Somers (1994) and focuses on identity, fields of practice, power and reflexivity. These concepts resonate with key organising themes within cultural safety discourses and guided the research process. An abductive research strategy (Blaikie, 2002, 2010) was used to shape and guide the analysis process.

The research identifies that culturally safe nursing is not the sole responsibility of the individual nurse and this thesis moves the concept away from a focus on individual nurses and individualised relationships between the nurse and the patient. It extends understanding of cultural safety education and practice by drawing on Bourdieu's concepts of fields, *doxa*, and relational networks of power and how these factors shape practice. It examines ways nurses within different health care fields use resources that are available to open up or close down possibilities for them to create the conditions to provide culturally safe care. The thesis identifies how the participants negotiated these contradictions and illustrates how culturally safe care has the potential to aid the demonstration of safe and effective nursing care in all fields of health care.

Key words: Cultural safety, nursing, identity, narrative, field, *habitus*, power, *doxa*.

#### With gratitude

This thesis is the end point of a process that probably began when I first entered nursing some years ago. On completing the work I have discovered some answers to questions I was asking which usually began with "what is going on here"? On completing the thesis I find there are different questions to be answered. This thesis has taken me down many paths and many adventures, none of which I could have embarked on without the company of very good supervisors, friends, family, colleagues, protagonists and the odd antagonist.

I have been extraordinarily privileged to have had the support of so many people and access to resources which enabled me to produce this work. So many people have contributed to the project. This may have been through a passing conversation, sharing of ideas, intellectual brilliance, wisdom, being there, editing, reading, driving, feeding and everything in between.

Without the generosity and willingness of the 16 woman who took part in the study this research would not have been possible. My heartfelt thank you and appreciation must first go to them for taking part and for sharing their stories of cultural safety.

I am so very indebted to my thesis supervisors Professor Jenny Carryer and Dr Suzanne Phibbs, what a great team. They made my experience of research a positive one with each bringing their own particular qualities and style to the process. Professor Carryer provided her nursing wisdom and timely and well timed feedback to make sure I stayed on track and provided me with quality intellectual input and support. She knew the right moments to apply appropriate pressure and when to walk encouragingly beside me.

Dr Suzanne Phibbs worked and walked with me above and beyond the call of duty. She went willingly into the process with me, offering timely feedback, suggestions and her intellectual acumen helped me take my thinking forward. She has taken me into intellectual spaces I did not know I was capable of going into.

Thank you to the staff of the College of Health and Social Services at Massey University for their support and encouragement. A special vote of thanks to the Massey University distance library service staff and the New Zealand Courier Post driver, all of whom kept me supplied with books and articles. Thank you to the librarians at Whitireia Community

Polytechnic and for gently telling me sometimes that the books I had just returned to them were Massey books.

I acknowledge the support of my colleagues at Whitireia Community Polytechnic, in particular, Wendy Trimmer for her support throughout, Manu Anaru and Rob Brown for formatting and printing. Thank you to Joy Bickley, Lesley MacGibbon and Debra Wilson for their ongoing support, encouragement and for being good critical friends. Thank you to Jane Robertson, Jo Stevens, Janna Twydle and Wendy Cuthbert for editing, proofing, formatting work at different stages.

A world of friends, colleagues and family have made me feel loved and cared for at the best of times and the worst of times and include Jeanne Douche, Deidre Perreau, Pleasance Hansen, Cat McIsaac, Faith Roberts, Rose McEldowney, Lois Cox, Auntie Rowe, Louise Hansen, Mike Camden and Sue Cornforth to name a few.

Joy Bickley has been a great friend with whom I have shared many conversations about the 'state of the art' of nursing. Thank you for being a very good friend and companion for Dorothy the dog, for keeping her fit and healthy and helping her bring the cricket balls and the pine cones home. Darryl Walker has been an ever present support as we have travelled the world with me figuratively and literally as I have moved through the process. Thanks to Darryl for providing me with a 'room of one's own' at the boatshed on the water. My sister Catherine Jaubert -Richardson and Jean-Luis Jaubert provided me with support and a winter seaside retreat to help me write and relax.

Thank you to the fabulous car pool women, Debra Wilson, Joanna Davison and Juliana Korzon. You have been a grounding presence in my life for a long time. Thank you to Debra for her unstinting energy and support in getting me through the early phases of writing.

### **Contents**

Abstr	act	i
With	Gratitude	ii
Chap	oter one: Cultural safety: Overview and positioning	1
1.	Introduction	1
1.1	The historical positioning of cultural safety in Aotearoa New Zealand	3
1.2	Identity and a politics of difference	5
1.3	Consciousness of difference and cultural safety	7
1.4	Cultural safety: Past and present	8
1.5	Defining cultural safety	10
1.6	Cultural safety practices and settings	13
1.7	Overview of the research	15
1.8	Positioning the research in a nursing context	18
1.9	Justification for and significance of the research	19
1.10	Summary	21
1.11	Overview of the study	22
Chap	oter two: Cultural safety – The New Zealand context	27
2.	Introduction	27
2.1	Literature review search technique	27
2.2	Positioning the review of the New Zealand literature	29
2.3	The contribution of Ramsden's work to the development of cultural	
	safety	31
2.4	From protest to mainstream: Breaking the mould	32
2.5	Changing the landscape of nursing education	33
2.6	Deconstructing the term cultural safety	35
2.7	From protest to nursing	36
2.8	From protest to nursing to protest	37
2.9	Pedagogy and attitude change	39
2.10	Cultural safety research: The New Zealand context	45

2.11	Making links between educational pedagogy and nursing discourses in	
	practice	51
2.12	Summary	54
Chap	ter three: Cultural safety – In dialogue with the international literature	56
3.	Introduction	56
3.1	Competing paradigms	57
3.2	Aotearoa New Zealand authors debate transcultural care theory.	59
3.3	Reading cultural safety: International contexts	62
3.4	Cultural competency and cultural safety	67
3.5	Culture specific models of care	70
3.6	Cultural safety and the health of Tāngata Whenua	73
3.7	Theorising nursing work as a relational and political endeavour	75
3.8	Cultural safety as a social movement	78
3.9	Critical theory and postmodern concepts of culture	80
3.10	Power and difference in cultural safety	82
3.11	Evaluation of the literature	83
Chan	ter four: Theoretical underpinnings, methodology and method	86
4.	Introduction	
4.1	Situating the methodology: Nursing and narrative research	
4.2	Aims of the research	
4.3	Narrative inquiry	
4.4	Abductive research strategy	
4.5	Social constructivism	
4.6	Theoretical orientations	
4.7	Bourdieu, habitus and field	93
4.8	Somers and relational narrativity	
4.9	Research design	
4.10	Interview as method	
4.11	Ethical considerations arising from the research	
4.12	The process of ethics approval and participant selection	
4.13	Participant selection	
4.14	The participants	103

4.15	The interview	105
4.16	Anonymity	106
4.17	Data Analysis	107
4.18	From oral story to written text	107
4.19	Establishing and maintaining trustworthiness	109
4.20	Reflexivity	109
4.21	Reflexivity in narrative research	110
4.22	My researcher interest and positioning in the research	113
4.23	Credibility	115
4.24	Participants: Establishing a relationship	115
4.25	Recipients of the research: the research community	116
4.26	Rigour	116
4.27	Validity	116
4.28	External validity	117
4.29	Summary	117
Chap	ter five: Learning about cultural safety and meanings of cultural safety	119
5.	Introduction	119
5.1	Transferring knowledge from education to practice	119
	Transferring knowledge from education to practice	119
5.2	Coming to know about cultural safety in nursing and coming to nursing	121
5.2	Coming to know about cultural safety in nursing and coming to nursing knowing about cultural safety	121 127
<ul><li>5.2</li><li>5.3</li><li>5.4</li></ul>	Coming to know about cultural safety in nursing and coming to nursing knowing about cultural safety	121 127 132
<ul><li>5.2</li><li>5.3</li><li>5.4</li><li>5.5</li></ul>	Coming to know about cultural safety in nursing and coming to nursing knowing about cultural safety	121 127 132
5.2 5.3 5.4 5.5 5.6	Coming to know about cultural safety in nursing and coming to nursing knowing about cultural safety	121 127 132 134
5.2 5.3 5.4 5.5 5.6 5.7	Coming to know about cultural safety in nursing and coming to nursing knowing about cultural safety	121127132134140
5.2 5.3 5.4 5.5 5.6 5.7 5.8	Coming to know about cultural safety in nursing and coming to nursing knowing about cultural safety	121127132134140144
5.2 5.3 5.4 5.5 5.6 5.7 5.8	Coming to know about cultural safety in nursing and coming to nursing knowing about cultural safety	121137134140144148
5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9 5.10	Coming to know about cultural safety in nursing and coming to nursing knowing about cultural safety	121127132134140144149
5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9 5.10	Coming to know about cultural safety in nursing and coming to nursing knowing about cultural safety	121127132134140144149150
5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9 5.10 5.11	Coming to know about cultural safety in nursing and coming to nursing knowing about cultural safety	121127134140144149150152
5.1 5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9 5.10 5.11 5.12 5.13	Coming to know about cultural safety in nursing and coming to nursing knowing about cultural safety	121127134140144149150152153

Chap	ter six: Settings and identity- Structure and agency - Toward a se	ettings
appro	oach	159
6.	Introduction	159
6.1	Defining a settings approach	160
6.2	Defining narrativity and relational setting: Agency/structure	161
6.3	Introducing the participants and the settings	162
6.4	Christina	162
6.5	Barbara	163
6.6	Jill	163
6.7	Ruby	163
6.8	Christina's story: Cultural safety: "A bit hazy in the middle"	164
6.9	Barbara's story -Cultural safety: Keeping it simple	172
6.10	Jill's story: Cultural safety: No space, no time to care, no privacy	178
6.11	Ruby's story: Realising the intent of cultural safety- The recipient of	
	care	183
6.12	Summary	190
Chap	ter seven: Cultural safety as habitus, field and doxa	192
7.	Introduction	192
7.1	The participants	194
7.2	Rose's story: Culturally safe nursing practice is about catching and	
	carrying stories	195
7.3	Louise's story: It's about getting things done and doing what needs to be	
	done	203
7.4	Debbie's story: It's a cultural thing	214
7.5	Patricia's story: Processing widgets	221
7.6	Summary	226
Chap	ter eight: Discussion of findings	229
8.	Introduction	229
8.1	Review of the findings	229
8.1.1	Learning about cultural safety and meanings of cultural safety	229
8.1.2	Settings and identity: Structure and agency - towards a setting approach	231
8.1.3	Cultural Safety: Habitus, capital, doxa and field	232

8.2	Integration of findings with the literature	233
8.3	Towards a Bourdieusian theorisation of cultural safety	235
8.4	Contribution of the methodology to research	238
8.5	Limitations of the study	239
8.6	Issues for further investigation in the development of cultural safety	
	knowledge	240
8.7	Relevance of the findings of this thesis for Māori and nurse educators	241
8.8	Cultural safety in nursing education	241
8.9	Interdisciplinary culturally safe practice: Knowing the field	242
8.10	Cultural safety and the recipient of care	242
8.11	Reflection on the process	243
8.12	Conclusion	244
8.13	Closing comment	246
Anno	n diona	0.47
	endices	
	ndix 1	
	ndix 2	
	ndix 3	
Appe	ndix 4	250
Appe	ndix 5	251
Appe	ndix 6	252
Appe	ndix 7	253
Appe	ndix 8	254
Appe	ndix 9	255
Appe	ndix 10	256
Appe	ndix 11	257
Appe	ndix 12	258
Refer	ences	259