AN EXPLORATION OF THE EXPERIENCES OF

CULTURAL SAFETY

EDUCATORS

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ABSTRACT

This thesis is a study of the experiences of four cultural safety lecturers in nursing education in Aotearoa / New Zealand. A review of literature reveals the recent and turbulent evolution of cultural safety. The media which documented this journey in a negative light in the 1990s prompted ministerial inquiries and the publication of the Nursing Council of New Zealand's Guidelines for cultural safety in nursing and midwifery education (1996). Action research methods enabled the participants to implement change in their practice and gain positive personal involvement in the study. Reflective diaries provided the major tool in this process as participants were able to achieve at least one action research cycle by identifying issues, planning action, observing the action and reflecting. The findings of the research revealed that the participants not only coped with every day stressors of teaching but they were also required to formulate knowledge of cultural safety. For the Maori participants their stress was confounded with recruiting and retaining Maori students and macro issues such as commitments to iwi. Lack of support to teach cultural safety was identified to be a key theme for all participants. An analysis of this theme revealed that it was organisational in nature and out of their immediate control. Action research provided a change strategy for participants to have a sense of control of issues within their practice. Recommendations have been made which focus on supporting cultural safety educators to dialogue on a regular basis through attendance at related hui; the introduction of nurse educator programmes; paid leave provisions for cultural safety educators to conduct and publish research so that a body of knowledge can be developed; and that Maori cultural safety educators be recognised for their professional and cultural strengths so that they do not fall victim to burn out.

HE MIHI

Te Timatanga

Tihei mauri ora
I sneeze, it is life!
Tihei uriuri, tihei nakonako
It is darkness, blackness
Ka tau ha whakatau ko te Rangi i runga nei
Lay, breath, set in this place, the sky above
Ka tau ha whakatau ko te Papa i raro nei
Lay, breath, set its place the earth below
Ka tau ha whakatau ko Te Matuku mai i Rarotonga
Trace back to Te Matuku from Rarotonga
Koia i rukuhia manawa pou roto
Who dived to the spirit within
Koia i rukuhia manawa pou waho
Who dived to the spirit without
Whakatina, kia tina Te More i Hawaiiki
Fix firmly, Te More from Hawaiiki
E pupu ana hoki, e wawau ana hoki,
Rising and falling
Tarewa tu ki te rangi
Rise and stand up to the sky
Aua kia eke, eke panuku, eke Tangaroa,
Rise, rise together, up Tangaroa
Whano, whano, haramai te toki,
Go, go bring me the adze
Haumi e, hui e ... taiki e!
Bind it join it ... It is done!

E te atua, te Matuakore, te Matua wananga tena koe.

Manaakitia tenei rourou
Manaakitia o matou whanau whanui
Tae noa ki te kaupapa o te karere nei

Arahina nga kupu korero
Arahina nga patai
Arahina nga ture nei
Kia puta ai te marama ki a tatou katoa

E nga mana, e nga reo, e nga karangarangatanga maha huri noa o te motu,
tena ra koutou, tena koutou, tena ra tatou katoa.

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CHAPTER 1

WHAKATUWHERATANGA KI TE RANGAHAU NEI: INTRODUCTION TO THIS STUDY

This thesis has taken me on a long journey, yet I have travelled only a short distance. The issues and complexities of nursing education are vast and this study has addressed issues focusing on the perspectives of educators within four New Zealand polytechnics.

This thesis presents an examination of a range of experiences of cultural safety educators in nursing education. In my current practice as a cultural safety educator the time was right to critically analyse my journey in this ever-changing field. As a researcher my progression through this study has confirmed the anecdotal evidence surrounding the stresses experienced by my colleagues around the country. I have felt compelled therefore, to substantiate their personal experiences and offer strategies for change.

Whakapapa: Genealogy

Before embarking on this expedition of discovery I will identify myself and my history as the researcher. Cairns (1996) argues that knowledge of whakapapa to establish credibility or the researchers knowing themselves first before attempting to know others is of utmost importance. As a Maori entering the field of research I must first identify myself as belonging to a particular whanau, hapu and iwi. My whakapapa therefore follows:

Ko Takitimu te waka

Ko Tamatea Arikinui te tangata

Ko Ngati Pahauwera, me Ngati Hawea, me Ngati Hinepare oku hapu

Ko Ngati Kahungunu te iwi

Ko Teresa Nathan toku whaea

Ko Moana Wepa toku kuia

Ko Matenga Taihaere Te koro Wepa toku koro

Ko Maurice Manuel-Belz toku hoa rangatira

Ko Parehuia raua ko Taihaere aku tamariki

No reira e nga mana, e nga reo, e nga karangatanga maha

Tena koutou, tena koutou, tena koutou katoa.

At the age of 54 years my kuia told my pregnant mother that if I was a boy she would whangai (adopt) me. Alas, I was born a girl and she adopted me anyway after having ten children of her own and ignoring pleading from her grown children not to adopt any more children. My birth mother had adopted out my older sister and later a younger brother, which was a customary practice among Maori before European contact. My grandmother and koro whom I called Mum and Dad reared me with the values they had instilled in their children. I learnt to value education and to cope with looking different to the rest of the family. With my blonde hair and fair skin I was known as the 'keha' (short for Pakeha) of the family and I was generally accepted as one of them although I was mostly seen as 'quite spoilt'. This really did not worry me until I went to school and noticed that everyone else's parents were a lot younger and more financial than mine.

I was raised as a Wepa and was not interested in learning about my birth parents' history. To date I have connected with my birth mother but have no interest with the non-Maori side of my whakapapa as I believe that the European side of who I am can take care of itself very well and it is the Maori side that needs more assistance. Contrite that may sound, nevertheless, the many experiences offered during my short life would be very different from the majority of New Zealand society. Lynne Pere (1997) described similar experiences and felt like the "outsider within" (p13). She recalls having an obscure sentiment of never belonging as she succeeded academically in the Pakeha world and was not seen to belong to the Maori world. For me this did not become an issue until I entered the world of academia which I elaborate on during the discussion of my teaching experience.

Matauranga: Education

After leaving secondary school at Hastings Girls' High School in 1986 I enrolled in the Bachelor of Social Work degree at Massey University, Palmerston North (1987-1990). Until then I had not ventured far from Hawkes Bay and my world was a Maori world - albeit an urbanised one. My decision to pursue a career in social work was based on a desire to help others and a less altruistic motive to live away from home.

During my studies I was exposed to a range of cultures that I had never encountered before. Overseas students were a novelty and so was the freedom! I became indoctrinated into student life and graduated as one of three Maori students in my class. During this wonderful time of self-discovery however, I had this acute sense

that all was not well for Maori. They suffered the worst health, unemployment, housing, education (Pomare and deBoer, 1995). I asked myself what could I do to change the poor prospects many Maori had in life.

He mahinga o te kaimanaaki: Social Work experience

I seemed destined to work within an area where Maori featured negatively. I worked for several years as the sole Kai manaaki (Maori mental health social worker) in Hawkes Bay. There I learnt about mental illness and the perpetual sadness endured by turoro (clients) and their whanau (families).

I worked closely with the whanau who had loved ones in Lake Alice Hospital. The five-year plan at that time was to close the hospital and move people back into the community. One of my key tasks was to prepare the families for this transition. I became involved in establishing whanau support groups for caregivers so that they would have emotional and practical relief when needed. It also became apparent that staff would require education to cope with the increasing numbers of turoro who were Maori.

I offered education programmes for hospital staff in cultural safety. The term was a new one then and few people including myself really understood its meaning. Towards the end of my employment in health I established a Maori Mental Health Service at Healthcare Hawkes Bay based on Maori models of care such as Te Whare Tapa Wha (Durie, 1994).

He mahinga o te kaiako: Teaching experience

In 1996 I gave birth to a beautiful baby girl, Parehuia, and moved on to a career in education where I have been for the past four years. The transition from 'helping' to 'teaching' involved thinking on your feet for the most part as I adjusted from hourly appointments with turoro to scheduled classes. My past experience teaching health professionals assisted with new-found challenges as I was now confronted with teaching a much younger audience of undergraduate students who had limited experience to draw from.

My previous acute sense of feeling that something was not right for Maori became chronic as I came face to face with a variety of prejudices and ignorance that required

much effort and education to bring about change. Knowing when to challenge ill-informed views on Maori values and beliefs became a daily struggle at times when teaching across the three years of the Bachelor of Nursing Degree and several other programmes. In order to meet these demands I have incorporated elements of Wood's and Schwass' (1993) framework for educators. They have built on Perry's (1984) model of ethical and cognitive development for working with students and promoting attitudinal change.

They recommend that educators provide support and encouragement for students in their first year of learning and progressively challenge their beliefs as they move through their training. This model is discussed in chapter two. It is one of the few practical models that I have found provide some answers in my quest for knowledge in this area. It has deficits as with any model as it encouraged Pakeha students to 'find themselves', to the detriment of the Maori students who were at times tolerating their 'unsafe' behaviour.

In 1998 after an unpleasant incident in class 'caucusing' was introduced. It is a practice that many social service and nursing/midwifery programmes have used to allow Maori students to discuss issues separate from their Pakeha conterparts. This practice is yet to be evaluated within my practice and that of other schools of nursing. It has assisted Maori students to declare their values without the need to justify them.

The feeling of 'outsider within' has been prevalent during this time. As a kai manaaki in my previous job I worked within a multi-disciplinary team with a range of professionals. In my current role in education I am in a nursing world and I must continually keep myself grounded as a Maori women with a background in social work. The predominant culture of nursing has been pervasive at times. This became evident when I attended my first National Maori Student Hui. At the hui Maori nurse educators challenged me for working in a position that nurses had previously filled. Prior to filling this position previous teachers were nurses but left due to the many stressors revealed by the participants in this study.

In terms of my academic journey I began my Masters' study while I worked in health where I originally conceived the notion that my research would revolve around Maori mental health. As I started to collate the literature the media published the story of a nursing student who had 'failed' cultural safety at Christchurch Polytechnic (The Dominion, 14 July, 1993). This historical event guided my pathway to where I am

today. Towards the end of my research I gave birth to another child, Taihaere. In some ways I think I have given birth to this thesis as there are many parallels that can be made between the two. The extreme views for and against cultural safety still excited me as well as the responsibilities of mother-hood. This excitement for the topic is what has given me the drive and desire to research this topic further at a doctorate level.

He tumanako: Aim

The aim of this study was to explore the experiences of four cultural safety educators in nursing education and to identify issues arising from their experiences. The target audience is cultural safety educators in undergraduate nursing education, and those that have an interest in action research as a model for making change in their teaching practice.

Nga whainga: Objectives

The objectives of this study are to

- review the evolution of cultural safety as a unique model specific to nursing education,
- identify key issues for four educators from New Zealand schools of nursing using action research,
- implement change in the participants' teaching as a result of using reflective diaries, and
- make recommendations to address issues arising from the participants' experiences.

He whakarapopotanga: Summary of chapters

Chapter One introduces the researcher and the journey I have taken prior to undertaking this project. Chapter Two is a literature review of the evolution of cultural safety in nursing education. A discussion on the relevance of transcultural nursing is debated as an alternative to cultural safety. The Nursing Council Guidelines published in 1992 and 1996 are described in relation to the curriculum development of cultural safety. The Guidelines do not recommend models for

teaching however, so three exemplars are outlined in an attempt to fill this void. The role of the media and a ministerial inquiry are discussed which culminated into the 1996 Guidelines. The teaching of cultural safety in terms of minimum qualifications and experience is related to research in this area. To conclude this chapter the trend in the United States of America and the United Kingdom towards cultural competence is critiqued as another form of transcultural nursing which is penetrating schools of nursing in New Zealand.

Chapter Three introduces the method and methodology of action research incorporating in-depth interviews and reflective diaries. Ethical issues are discussed in relation to informed consent, role conflict, minimising harm and the Mataatua & Hongoeka Declarations are presented in terms of my role as a Maori researcher. The interview schedule is outlined and the procedures I undertook during data collection and analysis. The process of inductive analysis, coding, content and thematic analysis is described. The steps to verify the data are debated in relation to the relevance of validity in action research.

Chapter Four presents the findings as three key themes. The changes that participants planned, implemented, and reflected upon as they moved through one action research cycle is discussed in relation to their classroom experience. The positive experiences reported by the participants indicated that the action research process awakened their consciousness to the reality of the classroom situation. This reawakening helped them to see where improvements could be made and more importantly how they could make them happen.

Chapter Five provides a discussion around the findings in the study and the limitations encountered such as the practical implications of action research. Four recommendations for change are made so that just as individual educators have a responsibility to reflect upon what they do, so too must the institution reflect upon developing a teaching community that has permanence.

CHAPTER 2

TE MOHIOTANGA O NGA PUKAPUKA: LITERATURE REVIEW

Whakatuwheratanga: Introduction

This literature review is presented in six sections, each of which contributes to an understanding of the context of cultural safety education in nursing. The first section provides an historic review of the unique evolution of cultural safety in New Zealand with the challenges which it presents to the meta-theory of transcultural nursing. An important aspect of this evolution and the ensuing debate over its justification has been the lack of definition, and re-definition of the concept. Hence this sometimes confusing journey is reviewed and comparisons are made between cultural safety and transcultural nursing.

The second section debates the process towards achieving cultural safety in relation to four different teaching models. The first model is adapted from overseas, and indigenous models are discussed from the time when cultural safety was in its infancy.

The third section focuses on the role of the media and emerging themes that have had an impact on public opinion. Subsequent inquiries, and the publication of guidelines and two-yearly audits by the Nursing Council of New Zealand are reviewed.

The fourth section discusses minimum qualifications and experience required to teach cultural safety. Narratives, reflections of the participants' practice and research projects are also reviewed.

The fifth section will critique the relevance to New Zealand of an international trend towards teaching 'cultural competence' as a renewed form of the 1960s theory of transcultural nursing.

The sixth section will summarise the key themes from the literature review.

Te wahanga tuatahi te whanaketanga o te kawa whakaruruhau: Section 1: Evolution of cultural safety

Cultural safety is a New Zealand term unique to nursing education. It was born from the pain of the Maori experience of poor health care and evolved over twelve years against a backdrop of bicultural development. The Treaty of Waitangi provides the framework for its progression, which emphasises shifting power in the health care arena from nurses to those receiving care. Once this transfer of power has occurred the recipients of care are empowered to define what is culturally safe practice. In other words, the 'lived experience' of patients determines whether or not a nurse is safe to attend to their cultural needs.

By contrast, transcultural nursing, cultural safety's American predecessor, emerged from a multicultural context. Here, the emphasis is on 'cultural sensitivity' when dealing with patients with no consideration of a power imbalance in the health care setting. The focus is on the "cultural" activities of the patient with no analysis of power (Ramsden, 2001b, p26). Its anthropological framework advocates the study of 'exotic' cultures where the health professional is considered acultural and normal. From these different beginnings the subsequent journeys that cultural safety and transcultural nursing have travelled remain disassociated. This literature review aims to provide an understanding of these distinct journeys and subsequent interpretations so that cultural safety educators can establish a body of knowledge that is currently lacking in this subject area.

The journey of transcultural nursing began in the United States in the 1950s, when Madeline Leininger, a nurse theorist then working in a child guidance home, recognised the need to respond to people from diverse cultures. The context at the time was turbulent as many wars and famine provided the catalyst for mass migration to the United States. This created an increase in legal suits for cultural negligence in the health care system (Leininger, 1995, p13).

The predominantly white-American nursing profession possessed limited knowledge of different cultures. A small core of nurse leaders recognised this deficit and developed transcultural courses to deal with the influx of immigrants (Leininger, 1997b, p342). Leininger began the first transcultural nursing course in 1966 and gained credibility through her research into over 45 cultures using predominantly qualitative methods. She believed that transcultural nursing was

"essentially based on nurses having a scientific knowledge base about a range of different cultures from which they can respond therapeutically to their clients' needs" (ibid).

In 1970 she published her first book, Nursing and Anthropology: Two Worlds to Blend which was instrumental in incorporating anthropology into many nursing programmes. Hence race relations began to be discussed in elementary terms in nursing. This was demonstrated by the transformation from nineteenth century ethnocentrism towards the acknowledgement of the existence of cultural difference. Over the next 20 years Leininger published many more books and papers which made her an authority on transcultural nursing care (ibid).

In 1984 Leininger theorised that there could not be curing without caring. This theme remained throughout her literature as "being human was to be caring and caring was culturally based" (Reynolds & Leininger, 1993, p124). This philosophy became interpreted as "universal care" given irrespective of colour, code or creed, which was transposed into New Zealand nursing and midwifery education (Pere, 1997, p48). Hospital Boards emphasised the theory that people should receive care "without regard to their sex, race, or culture or their economic, educational or religious backgrounds" (Nursing Council of New Zealand, 1996, p10). In a letter to the Editor of the Christchurch Press, a registered nurse endorsed this commonly-held view:

> At Westminster Hospital in London I cared for patients from wide cultural backgrounds, including English aristocracy and Arabs from the United Arab Emirates. Not once did I transgress in the care of my patients due to my lack of so-called cultural sensitivity (Cooke, 1995, p2)

The biblical premise of 'doing unto others as you would have done to you' - which aimed to give care to all people as of right in reality negated individual and cultural difference. The emphasis was firmly placed on the view of the nurse rather on the recipient of care. This form of false consciousness was not realised until Maori health professionals began challenging the lack of 'cultural dimension' in health programmes. Thus, the journey towards the inclusion of cultural safety in nursing education had begun. Durie (1994) provides a comprehensive overview of key events which include recommendations from The Board of Health Standing Committee on Maori Health made at a National Conference in 1985. The recommendations addressed three levels of health training in New Zealand:

Level 1 recommended for all New Zealand health professionals, was to provide educational opportunities to develop an understanding of the significance of culture on health practices and health services.
Level 2 was seen as an introduction to Maori language and culture for all health students but without any expectation of high levels of proficiency.
Level 3 was directed at students likely to work in Maori communities and who would therefore require a greater knowledge of Maori society, language, and culture (p116)

The first level outlined in these recommendations was clearly pertinent to my study, as it provided one of the first statements on a national level that recognised culture as an important influence on people's health. Unfortunately, the recommendations did not provide specific strategies on how health professionals would develop an understanding of the significance of culture on health. Nurse educators lacked training in this new dimension in health and failed to provide a clear definition of culture to students. Culture therefore, equated with ethnicity - which, in turn, translated into "things Maori" (Papps & Ramsden, 1996, p495, Ramsden, 2001a, p2). Nursing students were subsequently taught Maori words and songs instead of learning about their own cultural identity (Du Chateau, 1992, p101).

Therefore, the second level of the recommendations - which stressed the introduction of Maori language and culture - became confusing as culture had not been clearly defined, and there was no justification for its inclusion in relation to nursing practice. Subsequently, a National Action Group, which was formed in 1986 set the scene for further development of cultural safety education. Over the next three years they held several hui and focused on extending the Board of Health's views on cultural training, and advocated for the inclusion of politics and the Treaty of Waitangi (Durie, 1994, p116).

With the incidence of mortality and morbidity appreciably higher for Maori than for non-Maori the emphasis at these hui needed to be on involving Maori caring for Maori (Pomare & deBoer, 1995, p17). One the first and most significant hui hosted by the National Council of Maori Nurses at Ratana Pa declared the following objectives which pertain to Maori in the nursing profession:

   a. to encourage the recruitment of Maori people into the nursing profession
   b. to encourage Maori people to complete nursing training
   c. to encourage qualified Maori nurses to return to the profession
   d. to ensure Maori nurses maintain optimum nursing standards
   (Hill, 1991, p11)

Dialogue continued within the Maori nursing profession, but there was little evidence that their recommendations were implemented. This was until 1988 at Hui Waimanawa, Otautahi (Christchurch) where the failure rate of Maori students sitting the State examination were discussed. At the hui a challenge was issued by a first year nursing student, Hinerangi Mohi, from Christchurch Polytechnic. She stood weeping and asked "You talk about legal safety and you talk about ethical safety. But what about cultural safety?" (Pere, 1997, p45). Hence the new term "cultural safety" was added to the nursing lexicon (Ramsden & Spoonley, 1993, p163).

This simple statement seemed to provide the catalyst for new-found energies and developments in New Zealand's nursing education. The emphasis on 'safety' was viewed as an essential part of nursing discourse (Joyce, 1996, p8, Southwick, 1995, p2). The State final examination has assessed eleven criteria focusing on safety in which an applicant seeking registration as a Comprehensive Nurse must demonstrate competence. The inclusion of cultural safety within such criteria signalled the Nursing Council's commitment to furthering New Zealand's nursing education (Wood & Schwass, 1993, p5).

Whakamaramatanga nga kupu hou: Defining Cultural Safety/Kawa Whakaruruhau

Soon after Hui Waimanawa, Irihapeti Merenia Ramsden, Ngai Tahu / Rangitane and an educationalist, heard the plea of the distraught student. She returned home to reflect on what had occurred, and to seek a Maori interpretation of the term. Her kaumatua Te Uri o te Pani Manawatu te Ra, made reference to 'Kawa Whakaruruhau', a term which came to be used concurrently with the expression 'cultural safety'. Walker (1996) describes kawa whakaruruhau as:

> an inadequate rendering of a Maori cultural metaphor. The original metaphor refers to the giant podacarps of the forest, as totara or kauri whakaruruhau, the sheltering, nurturing wind-break of the great forest of Tane. This figure of speech is heard most often in eulogies to the dead, likening their passing to the fall of the sheltering giants of the forest. The term kawa which replaces the tree in the metaphor, means protocol. Although the concept of a nurturing protocol is quite apt for the nursing profession, few people know what it means (p183)

Cultural safety, on the other hand, was not confined to a single definition during its development from 1988 to 1992. As the first Maori appointed to the Education Committee of the New Zealand Nursing Council in 1989, Ramsden knew that

more input was required to develop this new element in nursing training. Subsequently, further hui continued the debate of what constituted cultural safety (Hui Piri ki nga Tangaroa, Manawatu Polytechnic, 1989; Hui Raranga Patai, 1990; Whanau Kawa Whakaruruhau, National Council of Maori Nurses, Rotorua, 1990). In 1990, Ramsden was selected by all but one of the training schools to write a report on cultural safety in nurse education. More hui were held around the country with Maori health providers, health workers and four Regional Health Authorities (Walker, 1996, p181). The outcome of the hui was Kawa Whakaruruhau: Cultural Safety in Nursing Education in Aotearoa, a document proposing the following definition of cultural safety:

> the right to have my culture validated through teaching for health practice that does not put my culture and values and beliefs of our people at risk. These were dependent on four critical elements:
> 1. Training in understanding te Tiriti o Waitangi preparation for mutually defined partnership.
> 2. Racism awareness training
> 3. Cultural content to be negotiated with tangata whenua, and facilitated by Maori tutors.
> 4. Associated model for equal and negotiated partnership training (Ramsden, 1990b, p22)

In keeping with Hinerangi Mohi's plea, Ramsden emphasised that cultural safety needed to be paralleled with other safety requirements such as clinical, ethical, legal, and physical safety (Wood & Schwass, 1993, p13). For example, cultural safety is based on attitudes which are difficult to measure. Ethical safety requires students to provide appropriate responses in relation to individual events, and to be based on the less measurable dimension of attitude (Sherrard, 1991, p26). There was little academic debate surrounding the appropriate method to be used to gauge students' attitudes (Cooney, 1994, p11). The exception was Isabelle Sherrard, the Head of Nursing at Carrington Polytechnic, whereby she strongly criticised the traditional practice of a written examination. She did not, however, offer an alternative (Sherrard, 1991, p26).

The process of teaching was another matter of vital importance which was not highlighted when the New Zealand Nursing Council incorporated cultural safety into its Standards for Registration in 1990. Efforts seemed more focused on defining this new element in nurse education. For example, a hui in 1991 at Apumoana Marae, Rotorua, defined culturally unsafe as "Any actions which diminish, demean or disempower the cultural identity and well being of an individual" (Whanau Kawa Whakaruruhau, 1991, p7). Culturally safe practice

would therefore meet the following criteria, "Actions which recognise, respect and nurture the unique cultural identity of tangata whenua, and safely meet their needs, expectations and rights" (ibid, p8).

Key components from the hui were consequently incorporated into the Nursing Council's Standards for Registration (1992) and comprised 20% of the State final examination which was changed from essay - type questions to solely multi-choice questions. This had implications for assessing cultural safety, as Ramsden was involved in the process of changing to the American system of assessment because of its cost efficiency. She concedes however, that the long-term implications of assessing students' attitudes by a multi-choice process may not be wise but literature to this effect has remained unexplored (Ramsden & Page, 1993, p30).

It must be noted also that there is no separate cultural safety category in the examination, as the questions are interspersed across a range of categories and settings (Ramsden & Spoonley, 1993, p165). This could be perceived as a 'watering down' of cultural safety where it becomes hidden within other aspects of the examination. A further matter of concern for cultural safety educators is that, with a less established body of knowledge in cultural safety compared to medical or surgical knowledge, there has been no precise way of preparing for the examination. Indeed, the Nursing Council made it clear that questions did not directly assess Maori language or customs - but this did little to dispel the confusion between the content of curricula and state final examinations (Papps, & Ramsden, 1996, p495).

Nevertheless, the term now became more clearly articulated to encompass a shift in power to the client (Joyce, 1996, p8). Cultural safety was now defined as:

> The effective nursing of a person/family from another culture by a nurse who has undertaken a process of reflection on own cultural identity and recognises the impact of the nurse's culture on 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,1992, p1, glossary).

The objectives of cultural safety were also included:

> 1. To educate registered nurses and midwives to examine their own cultural realities and the attitudes they bring to each new person they encounter in their practice;

2. To educate registered nurses and midwives to be open minded and flexible in their attitudes toward people from differing cultures to whom they offer and deliver service;

3. To educate registered nurses and midwives not to blame the victims of historical and social processes for their current plight;

4. To produce a workforce of well-educated self-aware nurses and midwives who are culturally safe to practice, as defined by the consumers of the service (ibid)

He tu atu o nga nehi / he kawa whakaruruhau ranei?: Transcultural nursing or cultural safety?

The Nursing Council's objectives emphasised the power relationships that existed in health settings. This represented a paradigm shift from Leininger's theory of transcultural nursing which, Ramsden (1993) argues, assumes an external observer position (p162). Coup (1996) supports Ramsden's argument, and states that Leininger's culturally congruent care model is different from cultural safety in that nurses need to move from treating people regardless of colour or creed towards a model of treatment that was regardful of all those things that make them unique (p5).

Ramsden (1993) contends that all nursing interactions are bicultural, as interactions can be with only one person at a time (p6). There is one giver of the message and one receiver, regardless of the number of people and cultural frameworks. At this level, the relationship between the professional and consumer is infused with power dynamics and the meeting of two cultures (Kearns, 1997, p24). Cultural safety recognises this process, and calls for nurses to be aware of their potential to abuse power and amend their behaviour accordingly. Combined with an understanding of power and cultural differences at a collective level, nurses also become aware of historic processes (such as colonisation) that have affected people's health. The aim here is for nurses not to blame people (for their ill-health) who have been victims of these historic processes (New Zealand Nursing Council, 1996, p14).

Polaschek (1998) asserts that Ramsden's belief that all health care interactions are bicultural, exemplifies the confusion between the societal and the personal (p453). The individual feeling of 'unsafe' in a health care interaction is, at the same time, defined as 'unsafe' for Maori collectively - based on their poor health statistics. Furthermore, Polaschek (1998) believes that Ramsden advocates for attitudinal change on a personal level, but does not address societal change, "Against this one

could argue that in any monocultural institution, enlightened individual nurses will not make much difference" (p454).

Polaschek (1998) concedes, however, that although Ramsden's concept is not the product of academic theorising, it is grounded in reflections of nurses which have contributed to positive change in the health system of New Zealand. Polaschek (1998) believes that cultural safety is at the same time both unique, and limiting as a critical concept. This is because it relates to an indigenous people's being oppressed by a dominant group in New Zealand, but does not offer generalised strategies such as Leininger's meta-theory.

I believe that Polaschek's (1998) contention that Ramsden does not address societal change is ill-informed. Polaschek has ignored the key to the application of cultural safety: the Treaty of Waitangi. Ramsden has consistently advocated for societal change with the Treaty forming the principal basis for bicultural negotiations between the Crown and Maori. As agents for the Crown, institutions which educate nurses have a responsibility to ensure that nurses are trained to prevent the "dis-ease" that Maori have previously endured when receiving health care (Kearns, 1997, p23; Ramsden, 2000a, p5). Polaschek's (1998) patronising view that cultural safety is a limited concept because it has not been based on Leininger's observation of other cultures is not well explained. The notion that "a bigger theory is better" is, therefore, left unexplored.

Further comparisons between cultural safety and transcultural nursing have not been supportive of Leininger's theory in the New Zealand context. For example, Smith (1997) argues that Leininger's insistence that cultures can be observed is an out-dated ethnocentric model (p14). Similarly, Cooney's (1994) provocative comparison between Ramsden's model of cultural safety and Leininger's transcultural nursing sparked an unfavourable response from Leininger. Leininger's (1996) rebuttal stressed that "the assumed dichotomy between cultural safety and transcultural nursing is inaccurate and a false idea" (p13). Furthermore, Leininger contends that cultural safety is an integral part of transcultural nursing and more inclusive, comprehensive and holistic than Ramsden's model.

Defence of her work was reiterated by Leininger when she wrote a more detailed and critical response to Coup and Ramsden's analysis of her cultural care theory.

She stated that these authors "lacked full knowledge of the theory, method, and research outcomes...[which prevented them] from conducting a scholarly comparative analysis of [her] work" (1997a, p17). She argued again that cultural safety is one aspect of arriving at a culturally congruent care/ethno-nursing method, and that cultural safety is much more than attitude change. It involves also learning from, rather than studying, members of a cultural group in order to understand their world view as they define it. This emic perspective or insiders' view, is what Leininger argues is at the heart of her theory - as opposed to the etic view, or the outsiders', interpretations of the experiences of that culture.

She also viewed the emphasis on power and social inequalities as excessively focused. This view endorses Ramsden's previous observation that Leininger ignores sociological factors in her model. Indeed, Leininger does concede that while sociology and other social sciences help to understand people and their cultures, the major focus of transcultural nursing is on care phenomena within a nursing perspective (Leininger, 1997b, p342).

Further criticism of Leininger's model was echoed at the Transcultural Nursing: New Pathways, New Ventures Conference, 4-5 December 1997, Sydney. Smith and Jeffs (1998) reviewed the conference and stated that Leininger's presentations were didactic in style and did not invite critique (p51). Furthermore, they noted that some participants were "experiencing cultural imposition, and even cultural pain" (ibid). An example of this experience was given where the topic of institutional racism was discounted by the comment that "it did not exist in Australia".

Discussions seemed locked in a 1950s time warp where anthropology dominated the themes for discussion, and questions were raised about Leininger's notion that a nurse should move from a "stranger to trusted friend". Notwithstanding the professional and ethical implications of such a stance, there existed an uncomfortable feeling that there was only one generic solution being advocated to the issues of culture. The conference ended with one Aboriginal health worker challenging the nursing profession in Australia to take heed of cultural safety in New Zealand, rather than trying to learn about other cultures (p52).

These sentiments were reiterated at the International Transcultural Conference: Leading into the new millennium, 4-6 October 2000, Gold Coast, Australia. As a

delegate at this conference the presentations confirmed for me that in the dominant world of transcultural nursing cultural safety was an endangered species. This metaphor was alluded to when Ramsden presented her account of the effects of colonisation on Maori (and more subtly on nurses) and the development of cultural safety in New Zealand (Smith, 2000, p62). Sally Goold, Chairperson and founder of the Congress of Aboriginal and Torres Strait Islanders, received a standing ovation after her keynote address, called 'Can we meet the challenge of caring for the Australian indigenous person?' Goold supported the introduction of cultural safety to the Australian nursing curriculum as indigenous people were more prominent in this model as opposed to transcultural nursing (Kai Tiaki, 2000, p7).

In summary, cultural safety's inception into nursing education has been fraught with many difficulties as it was not defined for many years. In comparison to transcultural nursing, cultural safety has highlighted power differentials in the healthcare setting and the lack of indigenous people as transcultural nurse leaders. Aboriginal people from Australia have noted this deficit and are beginning to embrace cultural safety as a model from which they can contribute cultural knowledge.

Te wahanga tuarua he whakatutukitanga o kawa whakaruruhau: Section 2
The process towards achieving cultural safety

The Nursing Council's prescribed framework for cultural safety educators is discussed in this section. Four teaching models are evaluated as they relate to the process of teaching and learning cultural safety.

Kawa Whakaruruhau: Nursing Council Guidelines

In 1992 the Nursing Council continued its partnership with Ramsden, and published Kawa Whakaruruhau: Guidelines for Nursing and Midwifery Education. The Council was now poised to provide a world first for the achievement of cultural safety in nursing and midwifery practice. The following illustration describes the progression in this process and the difference in meaning between commonly used cultural considerations.

Cultural safety

↗ is an outcome of nursing and
midwifery education that enables
safe service to be defined by those
who receive the service.

Cultural sensitivity

↗ Alerts students to the legitimacy of difference and begins a
process of self-exploration as the powerful bearers of their
own life experience and realities and the impact these may have
on others.

Cultural awareness

is a beginning step toward understanding that there is difference. Many people undergo courses
designed to sensitise them to formal ritual and practice rather than to the emotional, social,
economic and political context in which people exist.

Figure 1. The process toward achieving cultural safety in nursing practice (The
Nursing Council of New Zealand, 1996, p9)

This curriculum staircase or poutama assumes that students begin their cultural
safety education at the bottom of the staircase where they bring with them
personal experience, knowledge and biases (Wood & Schwass, 1993, p7). Over
the next three years of their training, the students are assessed on their ability to
move to each step which focuses on racism awareness, the Treaty, nga mea Maori,
and strategies for institutional change. Hence the educational process involves
movement from sensitivity to awareness, and ultimately safety.

E wha nga kaupapa: Four models

Wood and Schwass (1993) provide a useful model for cultural safety educators
when assessing students' movements through these steps with an emphasis on a
significant change in attitude. Their framework, therefore, is closely aligned with
the curriculum staircase, and is based on a simplified version of Perry's model of
ethical and cognitive development (1984). The premise behind the model is that
an attitude involving a complex number of beliefs is difficult to change - especially
if a person holds an attitude with intense feeling. For educators responsible for

working with flexible, surface attitudes such as students' dress code, punctuality and courtesy, their task is comparatively easy. It is when educators are responsible for ensuring an understanding of the impact of deeper, complex and more intensely felt attitudes in topics such as cultural safety that the task becomes more difficult (p7).

The three stages begin at the stage of dualism where students see the world in absolutes: right or wrong. Educators are advised to give factual information at this stage to counter their uninformed views. They then move on to the second stage of relativism where students may believe that everyone has a valid viewpoint, as long as it does not affect them. Stage three, named evolving commitment, encourages students to be more aware of critical theory and the need to commit to a particular stance as a beginning practitioner.

Students can, however, deflect to three positions that can impede their progress. The first is retreat - where a student becomes entrenched in the stage of dualism and may become hostile. The second is escape - where students are aware of the issues but opt out of being involved in the discussion and avoid conflict. The third is temporising - where students delay moving forward on an issue until they are convinced otherwise. Wood and Schwass do warn against showing this model to students. They believe that students may either not grasp its complexity, or think that they are more advanced than they are able to demonstrate. Students will show readiness to progress to the next stage when they feel dissatisfied with their present one. It is recommended that educators be more supportive in the earlier stages, and challenging later. Teaching strategies, such as value classification, help students move from dualism to relativism. It also helps them to identify and own their feelings, attitudes and values. The environment, therefore, needs to be safe for students to declare their attitudes. If educators are in doubt they should emphasise a supporting rather than a challenging role, as enforcing the latter can deflect some students to retreat or escape positions.

One last recommendation concerns the educators' overuse of the popular behavioural approach where students are able to demonstrate a learning outcome. This is thought to cause a short-term attitude change for some people, but not to help students explore deeper attitudes. Ramsden and Spoonley (1993) acknowledge that this model is an important start towards addressing the teaching of cultural safety. They also recommend that a clear curriculum, coupled with

skilled and committed staff, would be required to implement such a model (p165). Wood and Schwass (1993) trialled their framework with a range of health professionals and age groups. Schools of nursing such as Whitireia Polytechnic, have incorporated the model into their programme with favourable feedback being received from students, the Nursing Council, New Zealand Qualifications Authority and Murchie and Spoonley.

It has been noted, however, that the method depicts movement by tauiwi (non-Maori) students, with no reference being made to its relevance for Maori students (Joyce, 1996, p14). The concern here is that while tauiwi students are supported to find out who they are, there are no strategies recommended for Maori students to do the same. Subsequently, when Maori knowledge is discussed in class in the first year of the programme, tauiwi students are supported to question this knowledge with Maori students present. From my experience Maori students report that in this setting they feel the need to justify their culture which results in a culturally unsafe environment for them. The *Tihei Mauri Ora* programme, provided by Waikato Polytechnic, fosters an environment for Maori students to declare their values. They caucus together to discuss Maori knowledge without tauiwi students present. There is anecdotal evidence that this strategy of caucusing results in better understandings for Maori and tauiwi students as the separation of the groups allows for open dialogue within each group which then leads to understanding between the groups.

A less publicised and indigenous model for teaching cultural safety was promulgated at the Cultural Safety Hui of Whanau Kawa whakaruruhau, Rotorua, 1991. The hui endorsed the use of the following models for teaching cultural safety. The first model developed at Hui Piri ki nga Tangaroa in 1989 was named 'Te Harakeke Model' (Hill, 1991, p6). The analogy of the continual life-giving sustenance of the flax bush is the basis of the model, along with the philosophy that cultural safety shares mutual interdependence with many elements and cannot be viewed in isolation. Structural and historic analysis of society is recommended as a starting point for students in this model.

The second model is 'Te niho mango model' developed by Mere Balzer of Waiariki Polytechnic. This model is depicted as a three-dimensional star resembling the star of David. The emphasis in this model is on a state of homeostasis where constant communication with the turoro (patient) is imperative for the therapeutic

relationship. If communication is broken, then the caregiver must reflect on what has occurred and make amends.

The third model named 'The ideology model' was designed by Ruakere Hond from Taranaki Polytechnic and presented by Takawai Murphy. This model uses a military analogy and maintains that there is a secret war in progress in New Zealand between the Zooms and the Zacs. One group is portrayed in positive terms and the other negatively. This model does not advocate for strategies for nursing care as do the other two, but does focus on sociological factors having an impact on education and practice. Interestingly, this model was received enthusiastically by the whanau "because of its huge capacity for application and analysis" (Hill, 1991, p11).

In summary, these three models possess common elements that educate students about sociological factors that impact on people's health and the content of cultural safety. Wood and Schwass's (1993) model emphasises the process of learning. A collaboration of the different models would begin to meet the needs of the curriculum and the processes of teaching and learning cultural safety. An evaluation of current programmes is the first step towards achieving this goal so that other successful models that have developed can be recognised and celebrated.

Te wahanga tuatoru ko te ahuatanga o te papaho: Section 3
The role of the media

This section reviews the media coverage of cultural safety which has resulted in an ill-informed public. The themes which emerged will also be discussed along with subsequent Commissions of inquiries and audits.

In 1992, at the same time that the Nursing Council developed the framework for cultural safety education, Professor Ranginui Walker chaired hearings for the New Zealand Qualifications Authority on applications for approval of Bachelor of Nursing Degrees from two polytechnics. In addition to the standard curriculum of nursing practice and clinical training, he noted that both applications had small sections on cultural safety (Walker, 1993, p150). He warned one of the applicants that there would be opposition to the inclusion of cultural safety without sufficient justification from the polytechnic.

A few weeks after this warning, cultural safety came under public scrutiny in the media following a complaint that a student had been excluded from the nursing programme for "failing a hui" two years earlier (The Dominion, 14 July 1993, p1). After an investigation by the Polytechnic Council and Nursing Council it became apparent that the student had failed the cultural safety component, and not the hui. Nevertheless, the media championed this student's complaint and, for the next two years, the search continued for incidents within cultural safety education. Headlines in support of the student's concerns included:

"Nursing graduate joins hui course row" (The Dominion, 15 July, 1993)

"Culture at expense of skills feared" (The Press, 23 July, 1993)

"Student forced to rub noses" (The Press, 15 July, 1993)

"An instrument of tyranny" (The Press, 14 July, 1993)

"MPs inquire into cultural safety course" (The Dominion, 26 July, 1995)

Few headlines canvassed the viewpoint of cultural safety educators. One included a statement from fourteen tutors from Waikato Polytechnic who also wrote to the Nursing Journal in July 1992. Their concerns were over the lack of consultation during the development of the cultural safety guidelines. Spokesman for the group, Brian Stabb, stated that they "had been prevented from speaking out because of fear of being labelled racist or culturally unsafe" (Vasil,1993, p3). Similarly, a nursing lecturer from Manawatu Polytechnic stated that "if we are in the business of developing critical-thinking graduate nurses then it will not be achieved by suppressing debate or coercing students to reflect our views" (Smith, 1993, p2).

Ramsden responded in defence of cultural safety, and stressed that it developed as a consequence of the pain of the Maori experience. Consultation was, therefore, necessary with Maori in conjunction with educators and students in the form of hui. It was not known if the Waikato tutors attended such hui or whether there needed to be another consultation process put in place (Catherall, 1993, p1).

What became apparent was the media's focus on particular incidents occurring in cultural safety education rather than on the programme's educational impact on the provision of health care services in New Zealand. The majority of claims in the media also focused on talking about cultural safety but failed to provide readers

and viewers with a definition of cultural safety. It did not come as a surprise that it took a further two years for a definition to be fully developed, given this negative media attention.

Nga kaupapa puakitanga: Emerging themes

Several commentators noted a number of themes that emerged from cultural safety's trial by media. Firstly, Ramsden and Spoonley (1993) argued that members of the dominant cultural group in New Zealand were portrayed as victims of political correctness and appeared to have been disadvantaged in some way.

Secondly, the use of racist language in the media discredited Maori protest through labels such as activist and militant. Similarly, cultural safety was depicted as politically inspired while the curriculum of clinical nursing practice was apolitical and neutral. One of the ironies, therefore, has been the suggestion that in an attempt to have cultural considerations examined it became portrayed as an attempt to undermine critical and open debate. Jackson (1996) expands on this analysis and states that:

> Indeed one of the ironies of the cultural safety debate has been that its advocates have been labelled as politically correct (one of the most ridiculing of today's labels) when for more than 150 years the correct political stance was to assert that race relations here were great and colonisation was somehow benign and humane (p10)

Thirdly, the reasons why cultural safety is considered important by health professionals has seldom been given much attention. Similarly, the poor health status of Maori and the dis-ease to which Maori were subjected when accessing services was underplayed in favour of the view that Maori were seeking more than were the rest of the population. Indeed, the term culture was taken to mean ethnicity and in New Zealand, culture is seen to be Maori (Papps & Ramsden, 1996, p495). According to Ramsden (1995) therefore "the underlying issue was the apparent power of Maori to create meaningful change in an established Pakeha institution" (p6).

Within these themes, images and vocabulary that were media-driven raised questions about Pakeha and Maori identity. New Zealand had always maintained the myth that its race relations were fundamentally good. But this was now being

challenged, as "the heart of the colonial beast had been disturbed by a little part of an educational curriculum" (Jackson, 1996, p10).

Te timatatanga o nga pakirehua: The inquiries begin

After the Christchurch Polytechnic's report reinforced the decision not to reinstate a nursing student into their programme because of her "behavioural and academic difficulties" further enquiries emerged from other institutions (Hercus, 1993, pp1-2). Waikato University, for example, restructured its clinical psychology programme in response to complaints from students about the lack of Maori content. A Maori clinical psychologist was sought to provide opportunities to practise in a bicultural environment (Sunday Times, 18 July, 1993, p1).

New Zealand Nursing Organisation student unit chairperson, Jack Tuffnell, surveyed 79 students from five polytechnics about cultural safety. The majority of students (numbers unknown) reported that cultural safety should be assessed by nursing tutors. When asked who should teach it, the most popular answers were: "a culturally sensitive nurse, a cross-section of people in the community, and a qualified Maori teacher" (Tuffnell, 1993, p5). It was also noted that overseas nursing organisations from the United States, Australia and the United Kingdom were supportive of cultural safety education in New Zealand and valued graduates for their clinical competence and cultural sensitivity.

Melanie Davis, a third year nursing student from the Auckland Institute of Technology, launched her political career as the Young National's Auckland divisional chairwoman by stating that her training made her wonder if "it [was] more important for me to know how to deliver a baby or to know why the Treaty of Waitangi is the basis of health today". After this provocative statement was made, delegates at her party's conference unanimously passed a remit that the Education Ministry conduct an immediate review of the relevance and content of cultural safety papers in tertiary institutions (Laugesen, 1995, p1).

The National Director of the Nurses' Society, David Wills, added to the debate - claiming that - "the heavy cultural safety content had been introduced at the expense of quality clinical training and was causing nurses to fail overseas tests" (Catherall, 1993, p1). Following these comments, mounting public and educational hostility threatened the demise of cultural safety education.

On a national level, the Association of Polytechnics in New Zealand (APNZ) contracted AGB-McNair to survey 452 students for their views on cultural safety at six polytechnics. Eighty percent of the respondents reported satisfaction with the content or teaching of cultural safety, but 60% reported feeling unable to express freely their views or beliefs (New Zealand Herald, 21 September, 1995).

The Nursing Council needed to be seen to lead a further inquiry. Subsequently, the Council commissioned an independent committee to review and evaluate the delivery of cultural safety in nursing education over a period of three months from 5 July 1995 – 15 September 1995. The committee consisted of the Human Rights Commissioner, the late Dr. Erihapeti Murchie, Professor Paul Spoonley, then Associate Dean of Social Sciences, Massey University, and senior Nursing Council member, Isabelle Sherrard. The committee received 166 written submissions and met with more than 1000 students, teachers, polytechnic management, komiti kawa whakaruruhau from fifteen polytechnics, and the public. Their findings considered two significant outcomes: that cultural safety was important in nursing education and should be retained, and that the term cultural safety should be continued (Ramsden, 2000a, p7).

At that time Parliament's Education and Science Select Committee met with the Nursing Council and APNZ to consider holding an inquiry of their own. The Nursing Council debated the need to have more than one inquiry. The Northern Maori Member of Parliament, Tau Henare, voted against the inquiry, as he did not want to be part of an anti-Maori witch hunt (Laugesen and Bell, 1995, p1). He later withdrew the decision to boycott. Bickley (1998) believed that the Select Committee was, in part, motivated by a patronising desire to achieve two things: for nurses to stop believing that they did not belong to a distinct professional group; and for Maori to stop trying to hold the country to ransom via the nursing education (p25).

The deciding factor that influenced the Select Committee to halt its separate Inquiry was a Parliamentary Election. The Chair, Ian Revell, then directed the Council to report its review findings to the Committee. The review convinced the committee that the nursing profession had everything under control (ibid). Eight recommendations were made from the review, which supported retaining cultural safety education as "an important part of training with the curriculum to be

developed, but its delivery improved" (The Dominion, 2 February 1996, p2). Two of the following recommendations are relevant to this study. They are:

Recommendation Four
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.

Recommendation Five
That the Nursing Council revisits the issue of qualifications required by those teaching cultural safety and that new guidelines be established (Murchie & Spoonley, 1995, p4)

The timeline for the Council to implement the recommendations was from October 1995 to July 1996. During this time Dr Murchie, Professor Spoonley and the CEO of the Nursing Council, Colleen Singleton, gave feedback on the review to the fifteen polytechnics that would be affected. Further meetings were held in January 1996 with heads of nursing schools, and Ian Revell. Following the meetings, Revell raised three issues: the need to develop consistent curricula, the need for teachers to be skilled in facilitation and conflict resolution, and the need to address the confusion between Maori studies and cultural safety in nursing education (Nursing Council of New Zealand, July 1996, p6).

A working group was formed after these meetings to draft guidelines, taking into consideration the recommendations and other relevant issues. In March 1996, a one month deadline was set for submissions. The comments were then analysed and discussed at a meeting on 1 May 1996 (Nursing Council of New Zealand, July 1996, p7).

Seventy four written and oral responses were collated, with the Council making a stand on two important principles. The first was that the name 'cultural safety' would not be changed, and the other was that the Treaty of Waitangi would remain the basis for nursing education (ibid). The culmination of these principles and four concurrent Inquiries produced the Guidelines for Cultural Safety in Nursing and Midwifery Education, July 1996.

Nga rarangi tohutohu: The 1996 Guidelines

In 1992 the Nursing Council had emphasised the shift in power from the nurse to the patient in its definition of cultural safety. The 1996 guidelines represented another shift by the Council, which now encompassed the involvement of the consumer to determine effective nursing care. Cultural safety became redefined as "the experience of the recipient of care" (Nursing Council of New Zealand, July 1996, p10).

This experience, be it positive or negative, would change the status of the patient from that of a passive receiver of care to an active participant. Underlying this change were four key principles that would provide the basis for the curriculum for teaching cultural safety. The principles focused on improving the health status of New Zealanders, providing a culturally safe workforce, addressing inequalities across a broad range, and challenging power imbalances in health care settings.

Responses to the guidelines were generally positive. For example, Polaschek (1998) viewed the guidelines as a response to negative criticisms by encompassing other forms of "category error" such as sexism, homophobia and ageism (p455). Kearns (1997) stated that the release of the guidelines provided a timely opportunity to re-examine cultural safety in a more positive light, and that it needed to be applied to other health care training programmes (p23). Joyce (1996) on the other hand, noted that the guidelines omitted tikanga and kawa Maori, contending that teaching such things tended to provide only a window view into a culture, and was, in some cases, tokenistic:

> "Formal knowledge of Maori language and traditional cultural practices is not the focus of cultural safety in nursing and midwifery because it does not encompass the wide diversity of Maori realities" (p11).

Such an omission was perceived to have the potential to lessen the impact of cultural safety in relation to Maori health issues. Ramsden (2000a) believed that the inclusion of the teaching about Treaty of Waitangi in the guidelines would address this concern, but teaching institutions were not reinforcing their commitment in practice (p9). This view was reiterated in the Report of the Ministerial Taskforce on Nursing where, despite the release of guidelines, Maori students and educators reported little- or no- improvement in the attitudes of non-Maori nurse educators (Ministry of Health, 1998, p84).

Ten years after the introduction of cultural safety, Ramsden (2000a) believes that the time has come to create a different curriculum design - one which does not

challenge the integrity of Maori health and the Treaty (p9). One strategy that she suggests to meet this objective is the introduction of a stand- alone generic core paper in Maori health.

In my view, the compulsory nature of a generic core paper would result in cultural safety reverting to students learning ritualistic behaviour without any feeling for the subject. An alternative would be the inclusion of an optional paper in Maori health, in the third year of the students' training. This would begin to address the third level of health training that Durie (1994) recommends for students likely to work in Maori communities. This option is currently offered at the Eastern Institute of Technology, Hawkes Bay for students who have a desire to acquire in-depth knowledge relating to Maori health, and who are committed to improving the status of Maori health.

Ko te otitatanga o kawa whakaruruhau: Cultural safety audit

Contained in the 1996 guidelines was a statement that a national audit of cultural safety was planned for 1998. It was intended to be a comprehensive audit of nursing education processes which included cultural safety. Given the recent development of the guidelines there did not seem to be much time to prepare. The Nursing Council acknowledged this limitation, but stated that their strategic plan for 1994-1997 needed to include the development of competencies for safe practice which were being sought from outside bodies, such as the New Zealand Qualifications Authority, in order to meet academic competencies (Nursing Council of New Zealand, 11 July 1997).

With nurse training institutions now requiring students to both obtain a degree and pass the State examination in order to become registered nurses, the Nursing Council's dual responsibilities for safe nursing practice included the ability to think critically. The details surrounding the audit were not widely disseminated - but the section of the findings which is relevant to this study states that "the requirements were met for safety to practise as a comprehensive nurse at beginning practitioner level in the New Zealand health and disability services" (ibid). Another audit was planned for 31 March 2000. The findings of the audit were not published at the time of completing this study so it worth noting whether the processes for auditing cultural safety are developed, as this is a field still in its infancy.

In February 2001 The Nursing Council published *Preparation for the nurse of the future of the future.* This report recommended a review of the Nursing Council guidelines for cultural safety after consultation hui were held with Maori nurses and students. They believed that polytechnic programmes lacked clarity and were not consistent in their delivery of cultural safety as "some students were taken on one day courses to beaches, while other students had more comprehensive teachings of the Treaty of Waitangi" (p32). The report was criticised, however, for its lack of clarity and conciseness as it was difficult to find the main points with the sixty-five page dossier (Kai Tiaki, 2001, p6). For the purposes of this study the report did not canvass the view points of cultural safety educators which I believe reflects the limited consultation that took place.

Te wahanga tuawha ko te whakaakoranga o kawa whakaruruhau: Section 4 The teaching of cultural safety

When the concept of cultural safety was first conceived - in the late 1980s - energy was focused on its definition. It was not until the early 1990s, when questions surrounding its assessment were raised by students, that the teaching of cultural safety become an issue. The Nursing Council establishes who is deemed to be suitably qualified to be a cultural safety educator - but how and what they teach is still to be established. Various reviews and students' experiences also added to the debate. A number of accounts from cultural safety educators, together with the results of research by educators in related disciplines in New Zealand, are also included. To conclude this discourse, literature from several overseas nurse educators who teach culturally diverse students is reviewed, with a focus on trends outside New Zealand.

Nga tohu me nga mahi itinga rawa: Minimum qualifications and experience

The Nursing Council's Cultural Safety Guidelines 1996 provide the most recent information concerning minimum qualifications and experience required for educators in cultural safety (pp18-19). With the emphasis on cultural safety as a broad-based concept, educators' minimum academic qualifications include a degree in nursing, midwifery or social sciences and/or nursing experience-preferably within New Zealand. The guidelines also state that Maori content must

be taught by Maori. This is based on Durie's Nga Matatini: Strategic Decisions for Maori Health, 1995.

Durie (1994) discusses the process that resulted in the policy that Maori content must be taught by Maori. He noted, for example, that at several hui Ramsden facilitated on cultural safety in the late 1980s and early 1990s, there was a particular emphasis that discouraged the teaching of cultural aspects of nursing by those who were not qualified to do so. Educators needed a knowledge base beyond university qualifications that was firmly grounded in the effects of colonisation on Maori. From the hui, hostility became directed towards nursing tutors who, in the past, had presumed more knowledge on Maori issues than their experience and qualifications warranted (p117).

The guidelines outline further characteristics required to be demonstrated by educators that emphasise knowledge of New Zealand history, the Treaty of Waitangi and social science concepts. In addition to these requirements is the pre-requisite that "all nursing and midwifery teachers shall attend a course in cultural safety approved by the Nursing Council within the first year of their employment…or do so before December 1997" (New Zealand Nursing Council, 1996, p19).

Murchie and Spoonley (1995) and Joyce (1996) also alluded to the need for educators to have considerable experience and skills in dealing with attitudinal issues. Furthermore, Joyce's (1996) qualitative study at Whitireia Polytechnic, which was based on focus-group interviews with tutors after a day's teaching, found that assessment of students' attitudes was more reliable in the clinical setting as compared to the classroom. There was a belief, therefore, that students were not so concerned with giving tutors what they thought they wanted to hear in a practical setting. Their finding assisted Whitireia to evaluate their assessment tools in the field and the classroom so that there would always be a clear link between theory and practice. Ramsden (2000a) supports this view, as she believes that students respond quickly to cultural safety which is practice-based, rather than merely simplistic and romantic cultural re-constructions (p8).

Nga rangahau o tenei ra: Current research

Two years after the reviews, the Education and Science Select Committee were satisfied that cultural safety was now taught "in a professional and educationally sound manner" (The Dominion, 10 September, 1997, p2). Nevertheless, little research has been conducted in the area of teaching cultural safety. For example, the review conducted by Murchie and Spoonley (1995) found that individual polytechnic nurse educators had views on what they believed constituted safe and successful teaching practice, but these were not well documented. This was due, in part, to the fact that meetings between nurse educators focused on curriculum development and content - rather than on the process of teaching.

To some extent, students' viewpoints have been portrayed through research (Abbott, 1987; Doms, 1989; Furner, 1995; Manukau Polytechnic, 1989; Ministry of Health, 1998; Pere 1997; Saxon, 1995; Simpson-Almond, 1998; Tufnell, 1993). The common theme that has emerged here is that, although students generally support the concept of cultural safety, they have noted the lack of consistency in the standard of delivery of the cultural safety programme.

What remains to be explored is the experiences of cultural safety educators in nursing and midwifery education. Current research and narratives published - predominantly in the media - by educationalists, sociologists, and theorists appear to describe events from the viewpoint of an outsider (Cooney, 1996; Costello, 1994; Durie, 1994; Kearns, 1997; Murchie & Spoonley, 1995; Ramsden 1992, 1993, 1995; Sherrard, 1991; Te Whaiti et al, 1997; Walker, 1996). This deficit provides interesting and challenging parallels with Ramsden's (1993) criticism of transcultural nursing in that it advocates for the "external observer position".

This etic view of cultural safety education needs to be counter-balanced with the telling of stories by teachers through research and other relevant forms of discourse. Ramsden (2001a) in an article to *Kai Tiaki,* which focused it's entire issue on cultural safety, urged nurses to undertake research in order to build a body of knowledge (p24). Nurses were not, however, urged to conduct research in the area of cultural safety. I was disappointed that this issue did not publish any research related to cultural safety. Relevant literature from cultural safety educators resulted in a few articles and one thesis. I surmised, therefore, that as

lack of support was reported by educators in this study there would be little opportunity for them to publish their experiences in nursing journals.

Nevertheless, from a Maori cultural safety educator's perspective de Carlo Ahuarangi (1996) and McKinney and Evans (1998) describe the overwhelming pressure to provide a range of services with little support. For example, their stance that Maori nurse educators must possess a wide of range of educational, political and transformative skills is echoed in Mitchell and Mitchell's (1993) research on Maori teachers who leave the classroom. Their findings stress the incredible number of "complicating cultural factors" that place a number of demands on Maori teachers - such as accountability to the Maori community, the need to compartmentalise areas of their life, and the many requests for counselling for Maori students (p119).

Oven's (1998) report on polytechnic workloads in Britain, Australia and New Zealand universities reiterated Mitchell and Mitchell's findings where Maori staff rated cultural requirements as "always stressful" more often than non-Maori staff (p3). Scott's (1996) study on The Dilemma of Working as a Person of Iwi Descent in a Tertiary Educational Institution argues that the factors outlined by Mitchell and Mitchell present a dialectic between servant and expert (p138). This is where the question of "please tell me who I am" becomes an issue for Maori teachers. Scott argues, therefore, that educators of iwi descent can have their identity preserved and nurtured only within the boundaries of a social environment that is culturally safe.

Ramsden (1990a) predicted a similar fate for Maori nursing tutors teaching cultural safety - and made several recommendations to keep them safe, such as management of budgets for hui and related costs, flexible hours because of the differing demands of their roles, and appropriate promotional opportunities in recognition of their professional and cultural strengths (p17). These concerns have, to some extent, been addressed with the 1996 Guidelines requiring teachers of cultural safety to have nursing qualifications and significant postgraduate practice experience as well as an undergraduate degree with strong social science content. This requirement was designed to address two things: first, it would provide a more informed pool of nursing teachers who had not previously been educated in the complexities of political and social science, colonial history, economics and nursing - or in the highly complex task of relating theory to

nursing practice and explaining it in the context of the Treaty of Waitangi - and second, it would overcome the earlier practice of employing Maori by ethnicity - with resulting disastrous effects for teachers, students and patients (Ramsden, 2000a, p8).

A positive reflection, however, from McKinney and Evans (1997) has been the adoption of the partnership model of Maori and Pakeha tutors teaching together in cultural safety. This model has been briefly referred to by Ramsden (2000a) as an option, as long as it is taught by those who understand the content and who have the skill and experience to deliver controversial material in enlightening and supportive ways. In addition to this model Ramsden believes also that, with its broad context, cultural safety becomes the responsibility of all other teachers and should be applied throughout the rest of the curriculum (2000a, p10).

From a non-Maori perspective, Fran Richardson's (2000) thesis called "What is it like to teach cultural safety in a New Zealand nursing education programme?" explores the personal, political and professional challenges of fourteen educators. Although Richardson's thesis appeared similar to this study its method and findings varied as prospective participants that did not have a nursing qualification were excluded from the study, and contact with the participants involved a one hour interview which provided a brief glimpse into their experiences without an emancipatory component such as action research. Richardson's findings do, however, confirm anecdotal evidence that non-Maori teachers have a choice to continue teaching cultural safety whereas Maori teachers do not. Reasons for this difference involved Maori teachers focusing on non-teaching issues such as providing support for Maori students, fulfilling commitments to iwi and working to change policies which enhanced Maori student learning.

Te wahanga tuarima kawa whakaruruhau ki - a- iwi: Section 5
From cultural safety to cultural competence?

It became evident after my review of literature on cultural theory in nursing education from the United States of America, Australia and the United Kingdom, that the transcultural concept is still a dominant theme. With efforts being concentrated on preparing nursing education for the 21st century, changing demographics in the world's population have provided an increase in the cultural

diversity of students. This, in turn, will impact on future development in the nursing curriculum (Gary, Sigsby & Campbell, 1998, p273).

Ko te whakamaramatanga o tenei kupu hou: Defining this new term

Providing a culturally competent workforce will be the focus in future nursing education programmes (Jones, Bond & Mancini, 1998, p280, Leininger, 1997b, p341). Deciding what constitutes cultural competence has been the starting point for several academics working in this field. One definition of cultural competence has been "a set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups" (Jones, Bond & Mancini, 1998, p280).

Similarly, Pruitt, Gillespie and Brown (1999) believe that "cultural competence requires an understanding of many cultures in addition to one's own cultural identity" (p5). Lester (1998) endorses the view that "cultural competence is relevant to all aspects of difference including gender, race, age, sexual orientation, socio-economic class, and religion. Cultural competence contributes to excellent nursing practice and excellent health care - no matter whom nurses treat" (p27).

From these examples it appears that the transcultural paradigm that nurses can treat people regardless of their background still persists. There is an absence of indigenous viewpoints on cultural competence, together with a lack of analysis of the sociological factors that influence people's health. In a letter to *Kai Tiaki nursing New Zealand journal*, Ramsden continues to clarify the difference between cultural safety and transcultural nursing. She responded to cultural safety being subsumed under transcultural nursing in this journal's subject index. Ramsden (2000b) noted that "cultural safety is concerned with the life chances of people rather than their lifestyles" and that "surely it is deserving of a category of its own" (pp4-5).

Nga mahi i roto i Aotearoa: The New Zealand experience

In New Zealand, the term cultural competence has begun to be considered as an alternative to cultural safety (Clinton, 1997, p51). In a study conducted by a nursing student on the learning experiences provided during undergraduate

nursing education in the Solomon Islands, Western Samoa, New Zealand, and Aboriginal communities in Queensland, feedback from students supported "cross-cultural placements with appropriate academic study" (p50). Clinton (1997) believes that this approach would widen the students' understanding of 'other cultures'.

The observation of other cultures proposed by Clinton, sadly, assumes that people living in various locations want their lives to be observed. Debate over approaches such as Clinton's exploration of people's difference is needed in New Zealand. Protecting people's difference from nurses - no matter how transculturally informed they think they are - is what is missing from such a model of practice (Ramsden, 2000a, p10).

The Nursing Council Guidelines (1996) have developed seven areas of difference that consumers of a health service might bring with them to the health setting. They include age/generation, gender, sexual orientation, socio-economic status, ethnic origin, religious or spiritual belief and disability (p21). The guidelines do, however, emphasise that once the student has an understanding of the bi-cultural nature of New Zealand society, then he/she is in a stronger position to appreciate the range of differences. The risk associated with emphasising cultural competence as opposed to cultural safety is that power in the health setting is shifted. Hence, instead of the receiver of care determining what is safe, a registration board may determine when a nurse is culturally competent. In reality, a nurse may not demonstrate cultural competence during every interaction in a health care setting. This leaves the suggestion of a registration board determining cultural competence as problematic because the board will not be privy to the context of a nurse's practice. Cultural safety on the other hand is firmly based in this domain with enough flexibility to determine if the nurse is safe given variable contexts. The viewpoint of the receiver of care will be marginalised if New Zealand adopts the model of cultural competence relegating cultural safety to the status of an endangered species.

Te wahanga tuaono / he whakarapopotanga: Section 6 / summary

A review of the literature has revealed several findings. Firstly, the evolution of cultural safety in New Zealand has been a turbulent one, and the concept is still very much in its infancy. These controversial beginnings have been reflected in

the experiences of cultural safety educators in this study. Given the 'David and Goliath' analogy of Leininger's theory of transcultural nursing versus Ramsden's contextualised cultural safety adaptation, this painful journey has resulted in a world-first in cultural education in nursing and midwifery.

Secondly, the caveats that exist for models of teaching cultural safety are acutely evident. The question remains whether nursing and midwifery education incorporate overseas models or develop and support indigenous models. History has revealed our nation's lack of confidence in supporting such frameworks until the international community has rejoiced in similar findings.

Thirdly, the media has a history of impacting on race relations in New Zealand and will continue to do so. Public debate, assisted by the media has aroused hostility and threatened the integrity of cultural safety.

Finally, cultural safety conjures up many images within the New Zealand psyche. Its short and confusing history has contributed to the portrayal of nursing education as being politically inspired. Nevertheless, as the concept has become understood here, in New Zealand, it is heralded internationally as a world first and will, no doubt, lead to the achievement of further ground-breaking standards in nursing and midwifery discourse.

CHAPTER 3

NGA TIKANGA RANGAHAU: METHOD & METHODOLOGY

Whakatuwheratanga: Introduction

This chapter is presented in two sections: method and methodology. The first section describes the method and the processes followed during the development and implementation of the study which took place from 1998-2000. It justifies the choice of action research. Ethical issues such as gaining informed consent, accessing the participants, sampling, anonymity, the role of the insider and minimising harm are discussed. The Mataatua and Hongoeka Declarations are included in this section as they convey my responsibilities as a Maori researcher. The development of the interview questions based on Patton's (1990) qualitative model of inquiry are discussed. The second section discusses the data collection and analysis procedures. Inductive analysis is explored together with content and thematic analysis. To conclude, the verification steps are debated in relation to the relevance of validity in action research.

Te whakahiato o nga rangahau: Developing the research method

Rangahau Whakaharuru: Action research

Action research was suitable for this study as it is a common research tool used in nursing and education. It is typically conducted using a small scale study which aims to solve specific problems; promote change within a programme, organisation or community; and closely examine the results of the change (Hendry & Farley, 1996, p194). It's method is not distinguished by a particular set of research techniques as it resembles those of interpretive research (ethnography, case study research, historical research). Rather, it seeks to provide a framework of principles around which action can be discussed.

There is a fluid movement of inquiry which is constantly redefined, modified and evaluated through a self-reflective spiral of planning, acting, observing and reflecting (Kemmis, 1993, p182). Figure 2 represents the spiral where the construction of knowledge (reflection) is closely connected to testing (action). This

process is called "reflective rationality" which emphasises the need to suspend judgement in an effort to accurately diagnose the situation and slow down the flow of activities. Taking a moment to pause allows a better chance of dealing with the problems; redefining them and reorganising our response (Altrichter et al., 1988, p205).

→→→→→→→→→→→→→Reflection on action→→→→→→→→→→→→→→→→

Action

Practical
theory

↑←←←←←←←←←←←←←←Ideas for action←←←←←←←←←←←←←←←←↓
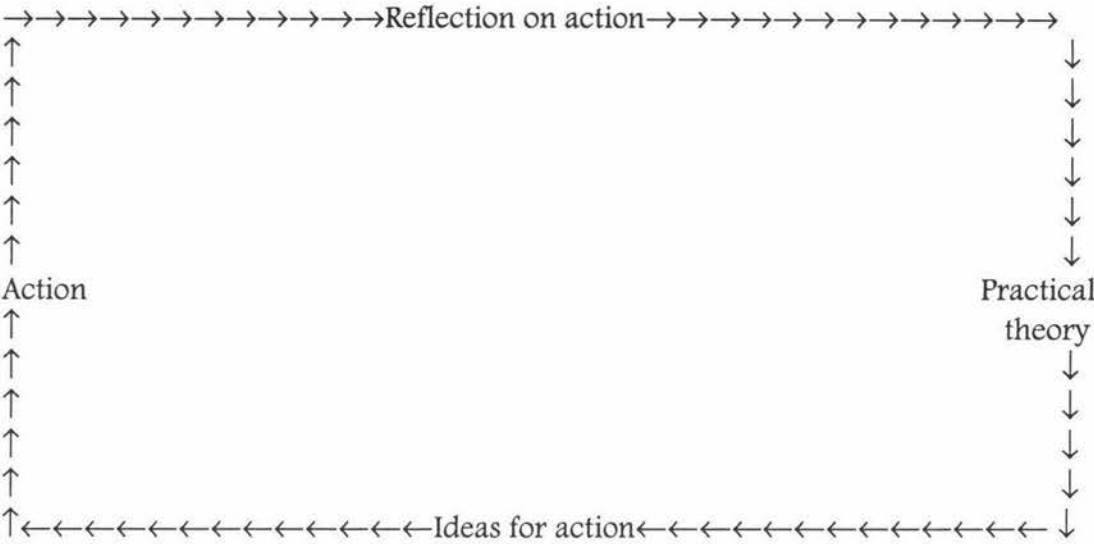
Figure 2: The circle of action and reflection (Altrichter et al., 1988, p207)

Action research as a form of inquiry is comparable to the participants' experience of the nursing process which is a systematic sequence of assessment, planning, implementation, and evaluation. The two processes allow nurses to feel comfortable with this form of inquiry, as action research relies on observation and behavioural data which is fundamental to the practice of nursing (Hendry & Farley, 1996, p195). I believed that this study would encourage the participants to develop practical theories based on their experiences, which are ideally suited to a practice-based profession (Stark, 1994, p579). The term "praxis" is commonly used to refer to this type of informed, committed action (Kemmis, 1993, p182).

Historically non-practitioners have conducted educational research (Kemmis, 1993, p182). Praxis introduces an emancipatory quality to this study that changes this imbalance. My aim was not to involve the participants in research that offered little follow-up. I wanted the participants to gain some positive involvement in the research. Griffiths and Tann (1992) believe that most people involved in action research want to develop their own cycles once they commence reflecting in and

on practice. Action research provided the tool for participants to be constantly refining their practice as each problem occurred. The credibility of the research in this study was therefore enhanced as praxis allowed the participants to become researchers in their practice (Sandelowski, 1999, p79).

In summary, the purpose of this research is to explore the experiences of cultural safety educators in nursing education. I selected action research as a method of inquiry as it offered a dynamic process for joint learning and problem solving. Its collaborative nature allows participants to have some control over data collection and interpretation so that there is a breaking down of power differences between the researched and the researcher (Hendry & Farley, 1996). Its method is fluid with an emphasis on practice which is specific and relevant to the participants. With an exploratory accent to this study therefore, action research offered a flexible method from which action could be discussed as opposed to a set of procedures.

He uiuitanga aamiki: In-depth interviewing

Interviews were included in the gathering of information for this study as they helped gain a better understanding of the experiences of the participants and the meaning that they assigned to those experiences (Siedman, 1991). The exploratory nature of the experiences of cultural safety educators in nursing education lent itself to interviews which allowed the focus to be on the person being interviewed and the telling of their story because of its inherent meaning and worth (Patton, 1987, p113). Story telling was an important aspect of using interviews as it allowed the participants to identify issues that they wanted to change.

More specifically the rationale for in-depth interviewing including a semi-structured format revolved around developing an interview schedule with enough flexibility in responses than would be evident with closed or open-ended fixed question interviewing technique (Polit & Hungler, 1993, p203). The following considerations recommended by Minchiello et al. (1995) were incorporated into the method. The distinction they make of in-depth interviews compared to other types of interviewing is that:

  1. The encounters need to be repeated. This implies that a greater amount of time allocated for inquiry will be needed.

2. The interviews need to take place between the researcher and the participant. This equalises the balance of power with direct contact allowed for exploring the topic under study.
3. The participant's view is considered the valid perspective as opposed to the researcher's view.
4. The information obtained is retrieved using the language of the participant (p68)

This method was appropriate for this study as it encouraged a conversational style which is typical of in-depth interviews. The more interrogative process that can be present in structured interviews would not engender the same responses that I was seeking within a topic that was exploratory in nature. This personal experience method also elicited a detailed view of the participants' experiences to inductively present shared themes for analysis (Denzin & Lincoln, 1998, p168). The interviews were more than just interesting conversations. A systematic method was required to make sense of the production of useful insights into the problems identified by the participants (Bell, 1999, p138). A descriptive study would have deliberated such insights. However, this study contributes to making changes for cultural safety educators in their practice, so it was imperative that I include another tool of inquiry.

Reflective diaries provided such a mechanism which presented several advantages in this study. First, the information held in the diaries was classified as findings as the information maintained by the participants was used for intensive interviewing (Bell, 1999, p149; Edwards & Talbot, 1994, p6). Second, the diaries were an unobtrusive method for collecting data as it provided an opportunity for the participants to share directly with their reality (Creswell, 1994, p151). Third, the diaries facilitated the participants' personal and professional growth processes as they provided a therapeutic and safe avenue for releasing emotions (Stark, 1994, p582).

Limitations to this method involved consideration that the participants might not report all the information they collected for fear that it might reveal a weakness in their teaching. I was aware of asking the participants to keep diaries in an already overcrowded teaching day. The sheer volume of data would be time consuming (McNiff, 1988, p73). I considered therefore the following warning:

If at some time in the future, colleagues or other research workers ask you for co-operation with a project, would you be willing to give the same amount of time and effort as you are asking for yourself? If not perhaps you are asking too much (Bell, 1999, p145)

Bell's warning helped me to reflect on the time and commitment being expected of the participants. With this in mind I did not want to compromise future relationships with the participants for the sake of completing this study. I therefore did not persist if the participants could not engage with me for extended periods of time.

Nga tikanga pai: Ethical issues

The ethical issues addressed in this study were informed consent, confidentiality, role conflict, minimising of harm, truthfulness and social sensitivity. These will be discussed in addition to the Hongoeka and Mataatua Declarations. Participant profiles are supplied so that their characteristics can be identified in relation to each other.

Whakamohiotanga mo te whakaaetanga: Informed consent

Gaining informed consent was considered in conjunction with the process of selecting the participants. The emphasis in the university's code of ethics was that participation must be voluntary. This required that the participants know what was involved before agreeing to take part in the research.

For this study the first step was to gain access to the polytechnics where the participants worked before gaining access to them as individuals. Negotiating through this form of gatekeeping is generally seen as important to facilitate entry into a restricted location (Bell, 1999, p38; Tolich & Davidson,1999, p94). This stage of the study needed to be transparent given that the context of the study was within a work-related setting. I surmised that these institutions could impede my progress if I did not seek their agreement to allow staff involvement.

A general invitation was sent to several schools of nursing and midwifery. It outlined the aims of the research, number of participants required and time commitments. It stated that if there was more than one response from each polytechnic then one participant would need to be nominated (see Appendix two). Given the focus of the topic under inquiry, that is, cultural safety education, the sampling of the participants was purposive due to their knowledge of the research topic. This consideration provides a way of illustrating rather than precisely

reflecting major issues (Morse, 1991, p129; Spicker, 1995, p197). Hence such information-rich sampling illuminates the questions under study (Patton, 1990, p169).

Once I gained access to the participants informed consent for two interviews was obtained. An information sheet and informed consent forms were signed by participants before I met with them (see Appendix two). This allowed for exchange of information between us. As I was asking the participants to make observations of their practice there would be discussion of interactions with others such as students and colleagues. Informed consent therefore could not be obtained from people who were part of the participants' observations.

I incorporated Tolich & Davidson's (1999) recommendation whereby the university's principles should always be used in concert with each other rather than as individual proscriptions (p70). This meant that if one principle was not present then I needed to decide if the other principles could support its absence. In this study the principle of informed consent was not possible to obtain in this situation. This is viewed as a common issue in fieldwork and was overcome with the use of the principles in concert which ensured ethical accountability and protected others' (in this case the participants' students) rights. This was gauged through the monitoring of anonymity of students being observed along with the participants. For example the participants' polytechnic and city were not named. Transcriptions and feedback notes were also checked by the participants and they were free to remove further identifiable information. Their gender and ethnicity were referred to in general terms with three of the interviews conducted off campus.

I was acutely aware of the very public position that the participants held as educators and I considered the antipodean angle on ethics in New Zealand (Tolich & Davidson, 1999, p77). This is where New Zealand is thought of as a small town where it is relatively easy to identify any institution. Deliberation of this smallness is vital when considering ethical issues in a New Zealand context.

Te kotaha o nga Kaiwhakauru: Participant profile

The smallness of New Zealand was a limiting factor when I compiled a participant profile. I wanted to identify their characteristics in relation to each other without

compromising confidentiality. Patton's (1990) background/demographic questions provided guidance during the interviews (see section on interview questions). I interviewed four cultural safety educators from four Nursing schools in the North and South Islands.

The first participant was a Maori male in his 50s. He taught cultural safety full-time for eighteen months. His experience and qualifications were in teaching and he was familiar with using action research. The second participant was a non-Maori female in her late 30s. She also taught cultural safety full time for eighteen months and was a registered nurse. She was not familiar with action research. The third participant was a Maori female in her late 40s. She taught cultural safety full time for the past twelve years. She was a registered nurse. She had an understanding of action research. The fourth participant was a Maori female in her early 30s. She had taught cultural safety part time for the past fours years and was a registered nurse. She was not familiar with action research. Each participant is referred to by their corresponding number in this study.

Ko te ahuatanga papaa: Role conflict

The possibility of role conflict is important to consider when the researcher is known to the participants. Richardson (2000) did not believe that role conflict was an issue during her study of fellow cultural safety educators because she did not interview people from her place of work (p54). She did, however, pay attention to the potential for bias by monitoring her participation. In this study the role of the action researcher differs to that of traditional research as he/she is often an active member of the community (Hyrkas, 1997, p802). I monitored my participation through collaboration with the participants. This occurred during each stage of the research from the identification of problems in practice, data collection, analysis, reflection through to the implementation of change.

The pre-requisite for this collaboration involved a high level of activity within the community of cultural safety educators. This meant that as an insider I had encountered several advantages such as gaining access to the participants, developing rapport, and acting as a vessel for concerns to be heard. I did not view myself, however, as a complete insider because I interviewed educators from polytechnics other than my own. This, coupled with a background in social work as opposed to nursing, moved me from the position of complete insider.

McPherson's (1994) research on developing Maori language policies in mainstream schools highlighted the tensions involved in being an outsider particularly in terms of balancing power and control over, and ownership of, the research process (p88). She emphasised the need to become established as a member of the group which in my case had already occurred. This meant that the differences did not seem to present difficulties as I was able to plan to conduct interviews, keep records and provide feedback.

For the participants their involvement in the research took place within the complex picture of day-to-day responsibilities within their respective polytechnic lives. Subsequently, the participants openly discussed issues with me as someone who had an affinity with their issues but worked elsewhere. It is interesting to note that several of the participants reported this part of the research to be therapeutic.

I was aware that I could not intervene in participants' practices if they perceived me as a source of help. This dilemma is seen by Morse (1991) as a source of conflict where the researcher's need to remain detached opposes the principle of do no harm by refusing to act as a go between or advocate thereby destroying the process of inquiry (p97). I took care not to assume that participants would be willing to be involved in the study or that they would have the same enthusiasm. I did not want to take the participants for granted and therefore destroy future relationships beyond the study. Consequently, I planned for the interactions to be time limited so that participants were aware when I had come to the end of the study in my role as researcher.

E whakaheke ana nga mea kino: Minimising harm

Morse (1991) believes that to minimise harm to participants, key elements such as sensitivity and judgement need careful consideration (p71). From my experiences as a cultural safety educator, I considered cultural safety to be a sensitive topic in the sense that it involves assisting students to make attitudinal changes. I predicted therefore, that the sharing of information by participants of these experiences could cause some distress about which I had to make judgements. Consequently, I considered Kavanaugh & Ayres' (1998) strategies on sensitive subjects in nursing research to be useful to minimise harm for participants (pp91-97). They believe that it is unacceptable for the researcher to advance a research agenda at the psychological expense of the participant. Flexibility in the interview format is

therefore recommended when participants become distressed such as rest breaks, postponing all or portions of interviews. They also advocate for the researcher to be aware of all participant behaviours such as cancelling appointments and making grim jokes.

One of their strategies I thought was interesting and I noted, was the view that crying was not seen as an automatic cue to intervene, and that the absence of tears was not always reassuring that all was well. The informed consent form explained that if distress did occur then the interview would cease without compunction to continue. Kavanaugh & Ayres' (1998) do recommend follow-up contacts, however, such as a phone call to check participants' concerns with comments made in the interview and to advise referral to professional counselling if need be. In this study I did made further contact and no concerns were raised. Their final recommendation is to compare the tone of the participants' voice on a tape-recording of the interview with transcription notes. This helped with the issue of convergence during data analysis.

Mataatua and Hongoeka Declarations

Massey University's Code of Ethical Conduct (1999) refers to the social context of ethical requirements in research. Within this context is the need for researchers to "be aware of cultural sensitivities, the Treaty of Waitangi, gender and socio-economic differences" (p1). In terms of applying this requirement to this study, I believed that the participants would demand more than an awareness of the Treaty of Waitangi. Various authors have debated this issue and concluded that the implications of the Treaty need to be discussed at the beginning of any research rather than as an appendage (Bishop, 1996, p12; Irwin, 1994, p29; Lunt, 1999, p2; G Smith, 1997, p10).

Furthermore, as cultural safety was developed against a backdrop of bi-cultural development I was cognisant of the participants' need to be informed that there were national and international standards that guided my practice as a Maori researcher. To this end I sent the participants a copy of the Declaration for Rangahau Hauora Maori (Hongoeka Declaration) which reaffirms the Treaty of Waitangi as the basis for partnership during the research process.

The Mataatua Declaration on the Cultural and Intellectual Property Rights of Indigenous Peoples was signed by indigenous people from around the world in the Bay of Plenty in June 1993 (Te Whaiti et al., 1997, p138). The Declaration maintains that priority must be given to the need to create indigenous research structures and methodologies. It also stresses that the first beneficiaries of the cultural and intellectual property of indigenous peoples must be indigenous peoples themselves.

In 1996 the Hongoeka Declaration signed in Plimmerton endorsed the Mataatua Declaration. The following statement contained within the Declaration outlined to participants, my responsibilities as a Maori researcher.

> As Maori researchers in the area of Maori health we are committed to working for research which contributes towards hapu, iwi, tangata whenua development. This process means regaining Tino Rangatiratanga and overcoming the negative impacts of colonisation. We acknowledge the Treaty of Waitangi as the basis for partnership between Maori and the Crown and will work to incorporate the values underpinning the Treaty in our work (see Appendix three)

Both these declarations provided valuable guidelines and prompted me as a Maori researcher. Maori have historically been the subjects of much research, yet frequently have not experienced any benefit from their participation. My obligation and commitment was and is, to ensure that this research is of real value to the participants and to Maori as the pain of the Maori experience provided the catalyst for the formation of cultural safety education in New Zealand.

Nga patai: The interview questions

To capture the experiences of cultural safety educators for this study two pre-requisites needed consideration. Within the planning phase of the action research cycle, the first pre-requisite was that the participants needed to identify a problem they wanted to investigate. McNiff (1988) and Carr & Kemmis (1986) believe that sometimes all that is needed is a general idea that something might be improved. However, if the problems were beyond the control of the participants then they would have tenuous links with action. The study needed to be relevant and important to those involved. If the goals were imposed on the participants then the process would be fundamentally changed and the emanicipatory element would be lost (Edwards & Talbot,1994, p67).

This is where the second requirement needed some thought - the design of one of the most elementary tools of qualitative research: in-depth interviewing using open ended questions. To access the perspective of the participants, it was essential to begin with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit (Patton, 1990, p278).

Ko te patai puka: The interview schedule

The interview schedule consisted of semi-structured questions for exploration during the interviews. I incorporated six kinds of questions that Patton (1990) believes can be asked of people that include experience/behaviour questions, opinion/values questions, feeling questions, knowledge questions, sensory questions, and background/demographic questions (p292). To ease the participants into the interview, I began with relatively straightforward questions that required minimal recall and interpretation (see Appendix Four). These initial questions were designed to start the participants thinking about issues in general terms. Then, as they engaged in conversation I guided them towards more specific issues by asking direct questions about the topic under discussion.

Minichiello et al. (1995) describe this technique as 'funnelling', where the interview process begins in a relaxed and non-threatening manner (p84). The assumption is that the participants and interviewer would find it uncomfortable to start talking directly about an issue which may be personally threatening or uncomfortable to think about. General questions at the beginning of the interview allowed the participants to consider issues at a non-personal level. Patton's (1990) background/demographic questions provided a useful guide for this purpose as descriptive information was sought about the length of time the participants had been educators in cultural safety and whether their job was full or part-time. The data collected from these questions was then used to identify each participant's characteristics in relation to each other. Only as the rapport developed were they asked to interpret their own personal circumstances of cultural safety education.

With the use of Patton's (1990) knowledge questions which centred on the participants' use of models in their teaching, I was able to elicit what the participants considered to be factual and to establish their knowledge base of cultural safety. The experience/behaviour questions focused on their level of preparation to teach cultural safety. Opinion/values questions enquired about

their perceptions of a particular issue such as the level of support they received. The final set of questions were feeling questions that explored their experiences in more detail and were aimed at understanding their emotional responses. This is where I asked "how did you feel about that?" I surmised that they would identify problems that would be organisational in nature and therefore out of their immediate control. To this end I included questions that required the participants to choose an issue that they could change. A series of steps were outlined with the participants to follow which would assist them to implement change over the proceeding weeks.

They also completed a reflective diary that documented how they knew that there was a problem that needed changing, the process involved in making the change and how they knew when the problem had been overcome. Their findings would form the basis for discussion during the second and third interviews.

Ka paenga o te whakaturanga: Data collection procedures

The collection of data for action research requires the participants to have some control over data collection and interpretation (Altrichter, Posch & Somekh,1993). This leads to the breaking down of power differences between the researched and the researcher (Hendry & Farley, 1996, p195). As action research is concerned with values, its collaborative nature requires the researcher to declare his or her values and not simply "depart unscathed and unimplicated" (Winter, 1990, p153). Such power sharing allows the researcher to gain new insights into the deep social structures that shape the values of the participants, thus, enhancing the possibility of self-determination. All phases of the study's cycle reflected this process beginning with data collection.

Whakatapatoru: Triangulation

To produce as full and balanced a study as possible I used a multiple data approach to measure a single construct - the experiences of cultural safety educators. This approach is commonly referred to as triangulation - which is used in qualitative studies where an in-depth understanding of a topic is sought (Denzin & Lincoln, 1994, p2). The assumption, therefore, is that any biases inherent in any particular method or investigator are neutralised when used in conjunction with other methods or investigators (Patton, 1990, p187).

Face-to-face, semi-structured, in-depth interviews were tape-recorded. At the end of the interview I gave each person a reflective diary to document the extent to which they addressed an area of concern in their practice. A second interview schedule and tape-recorder were mailed to the participants to record a summary of their diary entries. During this time I kept an account of my thoughts and findings in a reflective diary. The diary also monitored my participation in the study. Any dilemmas that were recorded were discussed during supervision. The data collection concluded with a combination of follow-up face-to-face and phone interviews. This assortment of approaches helped me come to a more complete understanding of the topic by tapping in to its different dimensions, thereby increasing credibility and convergence (Breitmayer, Ayres, & Knafl, 1993, p238; Morse,1991, p233).

Whakawhitiwhiti korero: Interviews

Before the first interviews the four participants received an introductory letter, consent form, information sheet, and copies of the Hongoeka and Mataatua Declarations (See Appendices two & three). Each participant phoned or e-mailed to arrange for a time to meet. There was considerable distance between the participants and myself so I met with two of them during work- related meetings. Participants one and three requested a karakia as a beginning to the interviews. This was a familiar and comfortable process for us and assisted in providing a safe environment for discussions to proceed. I acknowledged the participants for taking part in the study and outlined how the interview would be conducted, how many people were involved, how the results would be used, and the time frame.

The interview schedule incorporated the interview guide approach recommended by Patton (1990) (see Appendix four). The topics were specified in an outline form which increases the completeness of the data and makes data collection systematic for each participant. A disadvantage is that some topics may have been inadvertently omitted so I added the question "Is there anything else that you would like to mention before we move on to the issue you would like to investigate?" This gave an opportunity for the participants to expand on issues that they felt were of concern in their practice.

Due to time and travel constraints the second interviews were not face- to- face. The participants received a second consent form, interview schedule and tape

recorder six to eight weeks after the first interviews (see Appendix two). Participant four could not take part in the second interview due to work commitments. This left three participants remaining in the study. An advantage to providing a tape recorder for the participants to use in the second interview, was that they could control where and when they recorded their information. Participants two and three chose to re-record their interview for clarification purposes. A limitation was that these participants may have censored their interview and their responses would not have been as spontaneous as I would have anticipated.

The second interview occurred six months later so that the participants had an opportunity to complete at least one action-research cycle. One of the interviews was face-to-face and the other two were by phone. I decided against tape-recording the last interviews as I had written notes from previous encounters to guide me and I was more familiar with the participants and the research process. I was mindful of Bell's (1999) caution when changing from tape-recording interviews to hand-written notes in that if I wanted to quote a statement I would need to check that my notes were accurate as I did not need a statement to be challenged once it had been disseminated (p140). The interview schedule continued to focus on the participants' use of their reflective diaries (See Appendix five).

Nga whakaaro pukapuka: Reflective and research diaries

It is common practice for researchers to keep a research diary as the information kept can be a legitimate source of data when discussing the evolution of a research study (Edwards & Talbot,1994, p58). In this study I kept a research diary and the participants were asked to keep a reflective diary as their information would be classified as findings. This type of data collection is sometimes referred to as the 'diary-interview method' where diaries are used as a preliminary to interviewing (Bell, 1999, p103).

Researchers have discovered that reflective diaries served many purposes in their research such as applying a particular theory to practice, implementing practical ideas, and a wall to bounce ideas against (Hart & Bond,1995, pp201-202). Reflective diaries also provide a method for monitoring the data so that the study can be considered systematic and legitimate (McNiff, 1988, p127). In this study

the participants were willing to keep a reflective diary which produced vast amounts of information involving personal thoughts and reflections. Interpreting their entries proved a daunting task so the participants were happy to keep their diaries and report their findings on tape for clarification.

The participants also observed their practice in the classroom. From the series of steps that were recommended in the first interview they needed to decide exactly what they wanted to change in their practice. Examples I provided include: whether resources used were adequate, differences in classroom/group participation and challenging behaviour. An advantage of this method is that the participant becomes a researcher and can be active in recording information and collecting data. It also prevents the Hawthorne effect where people behave differently when they are being watched (Spicker, 1995, p194). In this situation the researcher's presence can lead to differences in behaviour. As the participant became the observer this effect was minimised so that the research process would not alter the findings.

Te kape tuhituhinga: Transcription

The participants agreed to the recording of interviews on tape. The first interviews took up to 45 minutes each to record and two hours to transcribe verbatim by a typist with experience in confidential transcribing. The second interviews took up to 30 minutes to record and one hour to transcribe. I listened to the tapes along with the text comparing the two to verify that the text had been transcribed intact. During this time I engaged in self-reflection, re-experiencing each interview and the emotions conveyed.

The participants received a summary of the transcriptions for review. This form of 'member-checking' is vital in qualitative research for two reasons (Creswell, 1994). First my interpretation of the participants' reality and meaning would ensure the truth value of the data. Second it would allow the participants to remove any identifiable statements. Interestingly, participant two corrected the spelling and grammar which I surmised was an unavoidable habit as an educator.

In summary, this section has described the method I followed during the development and implementation of the study. The decision to use action research was reached because of its emphasis on practice which was ideally suited to

participants who were practice-based professionals (Stark, 1994, p579). Ethical issues such as gaining informed consent, accessing the participants, sampling, anonymity, the role of the insider and minimising harm have been highlighted. The Mataatua and Hongoeka Declarations conveyed my responsibilities as a Maori researcher. The interview questions based on Patton's (1990) qualitative model of inquiry were deliberated as an adjunct to research and reflective diaries. The time consuming process of transcription revealed the lack of planning on my part to allow for this to occur.

Whakatepe: Methodology

Whakatuwheratanga: Introduction

This section discusses the procedures followed to analyse the collection of data. It begins with an exploration of the inductive analysis model which is a common tool in qualitative research. The journey taken to process vast amounts of information to codes is described. The collaboration of content and thematic analysis which is conveyed, assisted in keeping the action research process flexible. To conclude, the verification steps debate the relevance of validity in action research.

Te tatari puakitanga: Inductive analysis

Early data analysis was achieved simultaneously with data collection so I could focus
and shape the study as it proceeded. This is most relevant when using action research as the study began with the idea of improving areas of practice and not to prove some proposition. Reflective diaries and interviews assisted in this process as I discovered that as the questions became more focused the topic had more direction and more data was collected and analysed. This type of inductive analysis commonly refers to the patterns, themes, and categories of analysis that come from the data rather then being decided before data collection and analysis (Patton, 1987, p150).

Tuhinga ngaro: Coding

I adopted a coding procedure that was derived from the participants' stories, research questions and theoretical frameworks (Minichiello et al. 1995, pp256-7). I manually coded data by writing notes in the margins of the transcripts and cut and paste sections of transcripts to index cards. This process took many hours to conduct as I looked back over my research diary, notes and transcriptions to review and renew the clarity of the topic under study. I resisted the temptation to rush into interpreting the data before doing the detailed hard work of description. This is often called thick description where the rigor of qualitative analysis depends on presenting solid descriptive data so that others reading the results can understand and draw their own interpretations (Patton, 1990, p375).

Different types of major codes from Minichiello et al, (1995) and Patton (1990) assisted in developing codes that I could understand and relate to the interview questions. They included (1) process codes (2) relationship and social structure codes (3) perspectives held by subjects' codes and (4) strategies codes. The process codes refer to activity over time and perceived change occurring in a sequence, stages, phases, steps, and careers. In this study this was gauged through background/demographic knowledge and experience/behaviour questions that invited participants to begin reflecting on what brought them to their current position as a cultural safety educator.

The relationship and social structure codes refer to a regular pattern of behaviour and relationships. A common topic for discussion was professional behaviours and relationships with colleagues and students. For the most part positive patterns were linked to students and negative patterns with organisational structure. The perspective held by subjects' code refers to how the participants thought about their situation. This code generated the most data as opinions expressed from the opinion/values questions sought information about the level of support they received.

The strategies code refers to the ways people accomplish things. The questions in the interviews that invited participants to choose an issue they could change, produced the data from their reflective diaries and subsequent transcriptions.

Tataritanga nga mea: Content and thematic analysis

Once I developed the codes that described the content in the interviews, I proceeded to analyse the data. This process of content analysis was applicable to this study as the interview data contained shared responses to similar questions that assisted with the convergence of the codes to the interview schedule (Morse & Field, 1996, p115). A weakness with this form of analysis existed in relation to the reflective diaries. For instance, there were themes that were quite abstract and difficult to identify. They could not be captured by content analysis as some of the data contained information relevant to one or two of the participants which would not make it representative. Hence, I incorporated thematic analysis to fill this void which reveals the theme beneath the surface of the data (Morse & Field, 1996, pp115-6). Thematic analysis is commonly used in phenomenology where examining the essence of experience is the focus. Richardson (2000) applied thematic analysis in her descriptive study of cultural safety educators as it provided a structure to integrate feminist theory (p49).

In this study I was guided by Patricia Munhall's (1994) recommendation to write my interpretation of the meaning of the participants' dialogue in a column next to the text in the transcripts. I then numbered the sentences where themes were found. An asterisk was marked next to the sentences to indicate themes. Finally I grouped together my thematic statements which provided a satisfying method for finding meaning within the stories told to me.

Although the study had a central focus I did not really know what particular story I would tell so I needed to make comparisons, contrasts and be open to possibilities and see contrary or alternate explanations for the findings (Patton 1987). From this I realised that at each stage of data analysis my capacity was enhanced to further analyse and shape the study.

Ko te whakatuturutanga o te hikoinga: Verification Steps

Verification entails checking for the most common or most insidious biases that can steal into the process of drawing conclusions (Denzin & Lincoln, 1998, p198). As problems in action research are varied, verification needs to be considered from the first to the last cycle, in particular, reliability, validity and credibility (Hykras, 1997, p806).

Reliability refers to the extent to which findings can be replicated or the stability of methods and findings (Denzin & Lincoln, 1994, p100). In a study on clinical teaching Hykras (1997) concluded that the longer action research was continued in a study, the less reliable it would become because of the number of mistakes that would emerge from repetition of the cycles. The reliability in this study was high as it was time limited, all the participants held the same position, taught from the same national curriculum, and followed the same guidelines recommended by the Nursing Council. The variation that was evident was their experience as an educator, gender, ethnicity, and experiences in the classroom. Greenwood suggests therefore that reliability can be checked by ensuring agreement between the interpretation of researcher and participants (cited in Hendrey & Farley, 1996). This was achieved through different sources of data collection which also addressed the issue of internal validity (the degree to which findings correctly map the phenomenon in question).

In a study conducted by Rolfe (1994) on course evaluation he found the issue of validity a complex and difficult area to address. He believed that researchers must not confuse the validity of the framework with the validity of the individual instruments generated from that framework. Similarly, Sandelowski (1986) states that what is important for internal validity is that the findings fit reality or the variables being studied as opposed to the deductive model of hypothesising or the investigative procedure itself (p29). The term "fittingness" describes this process in action research (Guba & Lincoln, 1981).

In this study I considered "face validity" where the participants' responses in the interviews may not have been a valid indication of how they taught for example, in the classroom. I asked myself if my data had face validity or in other words, were my findings making sense? Face validity would be lacking if, in the interviews, the participants talked about the virtues of interactive group work in classrooms but I knew that they used mostly didactic teaching styles.

This is where I relied on the participants' truthfulness when reporting their experiences and findings which Lincoln & Guba (1985) proposes is more relevant for qualitative research. In this instance, the concept of credibility allows the readers who have had similar experiences to those reported in the study to be able to vicariously experience the challenges encountered and make a meaningful connection (Beck, 1993; Sandelowski, 1986). Hence, credibility is the criterion

against which the truth value or trustworthiness of the study should be judged (Mohr, 1997, p278). To help establish the truth value of my research, triangulation and member checking methods were employed.

In terms of external validity the possibilities of replicating a study have long been considered the scientific evidence of scholarly study (Creswell, 1998, p157). In action research, however, the contextual realities of a study are not predisposed to replication in another setting. External validity therefore, is more appropriate in quantitative research (Beck, 1993, p264).

He whakarapopotonga: Summary

The development and implementation of this study has provided me with valuable learning. I was drawn to the emancipatory nature of action research where there is a breaking down of power differences between the researched and the researcher. This was evident where the participants had some control over data collection and interpretation with the use of reflective diaries. Action research was considered specific and relevant to the participants' context where they could be part of the research journey. This is in contrast to many qualitative studies where the participants are involved in a one-off, superficial interview. They are not given time to reflect and explore certain aspects of their information sharing and generally gain little from the experience.

In order to achieve the desired outcome however, it has taken twelve months longer than I anticipated. This was due, in part, to changes in circumstances for the participants such as leaving their employment, and to my re-focusing of the methodology. Such an experience is considered common in qualitative research as the best of planning cannot always avoid such delays in data collection (Creswell, 1994, p149).

Inductive analysis provided the starting point to simultaneously collect and analyse the data. Transposing vast amounts of information to codes was an onerous task that gave me an appreciation of its complexity. The collaboration of content and thematic analysis assisted in keeping the action research process flexible. To conclude, the verification steps debated the relevance of validity in action research.

As a novice making my way through this research journey, I have not yet fully understood the art and science of qualitative methods. I have found a happy dwelling space - for the time being - which is somewhere between comprehending the information-rich data that has been gathered and giving meaning to it all.

CHAPTER 4

NGA WHAKAATURANGA ME NGA WHAKATAUNGA: DATA AND FINDINGS

Whakatuwheratanga: Introduction

This study was initiated to explore the experiences of cultural safety educators, with the view to developing the body of knowledge about cultural safety. A method of study was sought that would allow me to collect personal stories with all the embellishments that these would include and to initiate change with the participants that would be of benefit to them. Action research offered a method whereby participants were interviewed about improving their practice. Reflective diaries assisted them to plan change and to evaluate the impact of the change for future improvements. Content and thematic analysis provided the framework to examine the participants' reflections from the interviews and diaries.

The findings provided different vantage points and different stories which are reflected within three shared themes. The connection between supporting literature and the participants' experiences as they moved through at least one action research cycle is conveyed. The five phases of the action research cycle that each participant moved through is discussed in relation to problems that were significant in their practice. Their positive experiences indicated that the action research process awakened their consciousness to the reality of the classroom situation. With this revelation they were assisted to see where improvements could be made and more importantly how they could make them happen.

Nga kaupapa: Themes

Three themes emerged from the interviews and reflective diaries: feeling unprepared to teach cultural safety; the dichotomy between enjoying teaching and the lack of energy to continue; and lack of support. The participants agreed that the statements were an accurate reflection of their experiences.

Theme one: Feeling unprepared to teach cultural safety

The first theme focused on feeling unprepared to teach cultural safety. Each participant reported that they did not feel satisfactorily prepared to teach this topic. Participant four related this perception to her nurse training:

> I wasn't prepared. Totally unprepared. No idea of what cultural safety was really because when I trained in the 1980s there was virtually no Maori component in nursing at that point. I had been to a treaty workshop and I had an interest but that was basically it.

During the 1980s students in nursing education did not learn about their cultural identity in New Zealand (Pere,1997). The concept of culture at this time was presented as images of Maori culture or "taha Maori". There was no clear link between these icons to nursing practice (Du Chateau, 1992, p101). Given this milieu the current lack of knowledge on cultural safety was inevitable. Subsequently, the nurse educators in this study have confirmed that their training did not prepare them to teach cultural safety.

Participant two's confirmation of this issue was portrayed from a different viewpoint. As a qualified school teacher he believed that he was prepared to teach cultural safety. He was not prepared however, for the insufficient training that his colleagues received in this field. This led to frustration for him:

> Not many of my colleagues here are actually teachers. They are nurses. A number of nurses haven't been through the programme so they're not familiar with the issues. They believe that partnership is you're going to get on well together and not between Maori and the Crown.

The comparison of nursing and non-nursing education in cultural safety has been made by this participant. The literature on cultural safety has focused on the nursing profession providing leadership in this field of education. For example, Ramsden (2001b) maintains that cultural safety has been responded to by nurses well before other professional groups in New Zealand (p26). In the field of transcultural nursing, Leininger also contends that nurses are ahead of their non-nursing colleagues (Transcultural Conference, Australia, 4-6 October, 2000). Research to confirm or challenge this assumption is absent.

When interdisciplinary education is alluded to in nursing journals, the emphasis is on improving the working relationship of nurses and medical doctors (Simoni,

2000, p188). The interface of nursing and similar helping professions, such as social work, is rarely, if ever, addressed in current nursing literature (ibid). Social work literature, however, does address the proximity of social work and nursing (Kulys and Davis, 1987; Davidson, 1990). In terms of research relevant to this study, Simoni (2000) surveyed social work students about competencies that they believed nurses should be recognised for. One of the competencies included "participation in a racially and culturally diverse society". The participants reported that "nurses should not be expected to participate with groups who differ from them, either racially or culturally" (p190). This discovery reflected the perception by social workers in general that nurses were not educated in such matters. As the presence of nursing increases in the community however role competition will increase when working with culturally diverse families. To address this anomaly Simoni (2000) recommends interdisciplinary education which would focus on the potential for teamwork and increase options for client care.

In this study, participant two's feelings of frustration towards his nursing colleagues suggests that his expectations of them were similar to participants in Simoni's (2000) study. Given this critique I believe that Ramsden's and Leininger's introspective stance that nurses are ahead of other professionals is unfounded. It is legitimate that nurses have led the way for their profession to consider key issues such as New Zealand's colonial past to students. It is ambitious to state, however, that others in the helping professions have not met similar benchmarks. To conclude, Ramsden (2001b) maintains that nursing professionals are vulnerable to counter-argument about certain negative beliefs without research (p24). A parallel can be drawn from this statement where negative beliefs about non-nursing professionals will be promoted without research to the contrary.

Participant three expands on the theme of feeling unprepared as she recalls the terrifying experience of formulating knowledge and teaching concurrently:

> ...the fact is that you are sort of thrown in at the deep end basically. Really so you are sort of learning on the spot. That's what its been like.

This participant's account of teaching using the "sink or swim" model is unfortunate to say the least. It is doubtful that this participant would have endured a similar experience if she were teaching a topic such as medical and surgical

nursing. Compared to this field of nursing, cultural safety has a less established body of knowledge to draw from which is problematic. Bailey's (1999) literature review of academics' motivation and self-efficacy for teaching and research, described similar problems. He noted that when an academic moved from a discipline with great certainty such as engineering to a discipline with less certainty, such as history, then enigmas would occur. Richardson's (2000) research also supports this conclusion as she discovered that educators skilled in certain subjects (such as medical and surgical nursing), were not proficient to teach cultural safety even after several years teaching (p84). Cultural safety will remain in this state of nirvana if its theoretical base is not consolidated and disseminated to nursing educators (Ramsden, 2001b, p26).

In this study, the opportunities for the participants to consolidate their knowledge with fellow educators have been insignificant. Participant two's initial teaching experience confirms this. Her account centres on feeling fortunate to learn to teach cultural safety alongside a more experienced colleague:

> I did not feel very prepared to teach cultural safety when I first started. I was fortunate to have co-taught with an experienced cultural safety teacher.

This participant's belief that she was "fortunate" to learn alongside someone with experience teaching cultural safety reflects the "exceptions" model that cultural safety portrays. In other words, this study has revealed that it is the exception rather than the norm for novice cultural safety educators to learn from their experienced counter-parts.

The theme of feeling unprepared to teach cultural safety is related to several key issues highlighted in relevant literature. The first issue stems from educators lacking generic teaching skills. Princeton's (1992) review of a teacher crisis in nursing education in the United States noted that although clinicians were expert clinically, they lacked the knowledge of higher education and the teaching skills necessary to implement the educator role successfully in nursing schools (p35).

In New Zealand, similar research by Graham and Leach (1996) revealed that few tertiary teachers received teacher training. This dearth creates a flow-on effect whereby the process of teaching is not understood, which in turn limits tutors' ability to examine, reflect on and adapt their approach to teaching (p53). The teacher's perception of their role then becomes more complex as they struggle to

meet increasing demands of fee-paying students. The burn-out rate of such teachers increases as they react to each stress factor without an action-reflection knowledge base to inform their practice.

The second issue raised by Princeton (1992) is the importance of role socialisation for new staff. Princeton notes that nurse scholars have discussed this issue for a number of years whereby socialisation of new staff is made more difficult if they are not adequately prepared for teaching roles. This study has revealed that for cultural safety educators role socialisation is extremely difficult as it is confounded by the need to formulate knowledge on a topic about which they know very little. Trowler and Knight's (2000) research on the induction of faculty staff entering new work contexts acknowledged this difficulty. They recommend several strategies to address the issue of professional socialisation such as the appointment of a mentor to a new staff member and their inclusion in day-to-day practices such as meetings and social gatherings (p39).

Princeton (1992) recommends a more radical approach however involving the introduction of nurse educator programmes. She believes that it would be more cost-effective for nursing schools to implement such programmes rather than expend human, material, and financial resources with on-the-job training which is at best a hit-and-miss solution (p35). This recommendation was based on several studies conducted by the author where experienced faculty staff were spending an inordinate amount of time working with inexperienced staff who had no formal education in curriculum and curriculum development, teaching methods, or the admission and progression of nursing students. The introduction of nurse educator programmes in New Zealand has not been discussed in relevant literature.

In summary, the first theme of feeling unprepared to teach cultural safety has highlighted several issues for the participants which include: the lack of training in cultural safety; a limited body of knowledge to draw from which legitimised the existence of the sink or swim model to teach cultural safety; and the overuse of the exceptions model for novice educators during role socialisation. These concerns have been supported by literature which emphasised the lack of interdisciplinary education on cultural safety and the dearth of tertiary educator programmes that would facilitate the practice of action-reflection and reduce burn-out.

Theme two: The dichotomy between the enjoyment teaching and the lack of energy to continue

The second theme revealed a dichotomy between enjoying the experience of teaching and the lack of energy to continue working in this field. For example, participant three had taught cultural safety for twelve years but now felt that she could not continue:

> I love teaching and I love - I believe I'm meant to be doing what I'm doing but I've run out of energy. I'm tired and up and down the country I wouldn't be at all surprised if you see a very similar pattern.

This participant's account of "loving to teach but running out of energy" is reflected in research on academic workloads for experienced tutors in the New Zealand tertiary sector. Ovens' (1998) noted for example, that with the granting of degree status in nurse education, experienced tutors reported that their job was more stressful than in previous years. The many factors that contributed to their stress included expectations to write and publish research; complete masters study; and rising student expectations that threatened litigation under the Consumer Guarantees Act and the Fair Trading Act (p3). Thirteen years earlier nurse educators identified clinical teaching, class room teaching, test construction, evaluation in the clinical areas and clinical supervision as areas that were stressful for them (Hinds,1985).

The enjoyment experienced by participant three focused on teaching. For participant one however his enjoyment came from people leaving him alone:

> I enjoy my job. They leave me alone. The time is about 1 o'clock in the afternoon, and only one person spoke to me today.

The isolation this participant experienced was the saddest reflection that I noted in this study. His previous feelings of frustration towards his colleagues seems to have contributed to his separation from them. Although he reported enjoyment from being left alone, maintaining this state of remoteness was stressful for him. This was expressed as a strong desire to leave his job which was located in a city away from his place of birth:

My contract runs out soon. I had better look for another job. That shouldn't be too difficult. May have to end up home.

Participant four discussed the connection between home and work life. She wanted to find a balance between work and family commitments. There were parts of her work that she enjoyed but these were outweighed by the stress her work caused at home:

> ...I've been aware of like the burn-out with other cultural safety -my predecessor, the one I took over from really - she um - that happened to her. Although she was in there right from the initial stages - the setting up. She had the worst part really and I have sort of followed on so it was a bit easier for me. But yeah, so it's just finding that balance and I've thought about leaving for family reasons. I have enjoyed it but yeah, it's been very very very stressful.

The impact of work on this participant's personal life is reflected in Oven's (1998) research where half of the tertiary teachers surveyed reported that their family lives, personal lives and/or relationships had suffered as a result of their increased workload (p3). In this study, analysis of theme two revealed that the participants made reference to their enjoyment when teaching, but their interviews and diary entries focused more on the stresses in their work and personal life.

This revelation has been contemplated in nursing research where academic culture has shifted from one in which teaching was viewed as the important role for educators to one that places higher value on activities such as research (Martsolf, Dieckman, Cartechine, Starr, Wolf and Anaya, 1999, p326). With this change in emphasis where scholarship has come to be viewed as the central mission of nurse education, scholarship has been defined narrowly as research. Martsolf et al. recommend that schools of nursing promote teaching as a scholarly endeavour through the creation of a "teaching community" (1999, p327). The authors conclude that a climate that places high value on teaching is necessary to develop a teaching community that has permanence. In other words, the turn over rate of nurse educators is reduced if the quality of teaching is valued alongside other activities such as research.

In summary, the second theme focused on the dichotomy experienced by the participants over the enjoyment of teaching and the lack of energy to continue. With the move to degree status in nurse education several "push" factors have contributed to this stressful dilemma such as requirements to conduct research,

masters study, and rising expectations of students. The personal lives of the participants had been affected by these stresses in so far as three of the participants resigned from their jobs several months after this study was completed. Their enjoyment of teaching was reported to be the single "pull" factor that helped them remain in their jobs despite the many "push" factors. Literature confirms that if the participants' institutions nurtured this "pull factor" by giving their teaching role as much status as other requirements of the job then the attrition rate would have been reduced.

Theme three: Lack of support

The third and perhaps most underlying theme reported, was lack of support. Where this was not present the participants sought it from outside the workplace or in other departments. Participant one's isolation was first reported to be something he enjoyed as he was left to attend to teaching without interruption. The flip side to this scenario was that he was not offered or encouraged to seek out support from his colleagues:

> Support is virtually zero. Not much communication with other lecturers. Only heard 5 good mornings in the past 6 months.

This participant's negative experience is significant on two levels. The first is on a cultural level where a parallel can be made with Pere's (1997) deliberation over an obscure sentiment of never belonging although she succeeded as a Maori in a Pakeha- dominated world. This participant conveyed similar feelings of "not fitting in" as he was a Maori in a Pakeha-dominated institution and a male in a female-dominated field of education.

The second level of significance for this participant was his differing educational background as a teacher. Nicholas (1996) in her study of the political context for the bioethics educator, reveals observations relevant to this participant's experience. She noted for example, that bioethicists responsible for ethics education in medical schools were not necessarily part of the dominant discourse themselves. Their backgrounds were in philosophy, law, theology or other health professions. They were considered "outsiders within", admitted to the medical discourse, but not strictly of it; more than a guest, but not quite "family". Like "in-

laws" bioethicists came from a different family system, but belonged in a particular and peculiar way (p120).

In this study, the consequence of participant one's differing gender, cultural and educational backgrounds limited his ability to negotiate a place in the nursing faculty "family". His experience of isolation and limited accounts communicating with fellow colleagues resulted in nil mentoring and support to prepare and gather teaching material. With this void in discourse his work was seriously undermined which affected his sense of well-being.

Participant two's experience of lack of support was more subtle than participant one but just as damaging. Support for her needed to be available on a range of personal and professional levels:

> Because we teach solo there isn't a lot of support. There's one full-time cultural safety teacher … and she's my personal support, but that's outside the classroom. She's a debrief person, but a lot of the Faculty are not very interested. There's no mentoring this year. Once you're up and running you're left holding the baby.

Participant one sought out support from outside the faculty. This participant was fortunate to have a colleague in her faculty who also taught cultural safety. She took the initiative to seek support from her colleague. The polytechnic on the other hand did not implement a faculty support plan in the form of mentoring. This laisser-faire style of management filtered through to colleagues who in turn demonstrated minimal interest in her situation. Martsolf et al.(1999) refers to this situation as "pedagogical solitude" whereby discussions about teaching and learning issues are not evident within a faculty (p328). The authors argue that the community of scholars must take responsibility for supporting teaching within a group, as opposed to relying on management to take the lead. This method of implementing a "teaching circle" fosters teaching as a scholarly activity and provides a forum across disciplines and levels. Appropriate readings are distributed and presentations made by staff in areas of teaching expertise. Topics identified for the teaching circles include, development of a teaching portfolio, strategies for dealing with large classes, use of classroom assessment techniques, and problem-based learning.

Participants three and one felt that their polytechnics did not support Maori teachers once they were appointed. Participant three was the most experienced

educator in this study and she was involved with cultural safety since its inception. Nevertheless, she saw her appointment as a form of tokenism as further Maori educators were not being designated to support her.

> there was a smash and grab sort of mindset in Polytechs to get it right because of the Cultural Safety Review - and I think they felt they did get it right because they managed to get a Maori nurse. But in doing that there weren't any other Maori nurses here for me to be supported in the way that Maori want to be supported.

Participant one also felt that support for him was best expressed through the appointment of another Maori lecturer:

> I try to survive in this Faculty just to be Maori. I don't try to be anything else but Maori and if somebody is uncomfortable (with that) then, well, I can see at least cultural safety is not one of their strong points. They need more Maori lecturers here for me to stay.

Both participants describe support as something that only another Maori can offer. This situation where only a Maori can understand what another Maori is experiencing is referred to by Giddens (1989) as an ethnic difference that is "wholly learned" (p210). Similarities can be seen within feminism where women's experiences can only be understood by women and it is seen as "impossible for a male academic to write about feminism" (Spoonley, Pearson, Shirley, 1994, p19). For participant three and one in this study therefore, they believed that the appointment of another Maori lecturer that shared their "lived experience" would provide emotional, cultural and intellectual support without question.

The participants' desire for support in the form of another Maori lecturer has not surfaced in relevant literature. Most research merely confirms that Maori educators are in a state of perpetual stress. For example, Oven's (1998) research on the factors most likely to be rated as stressful by polytechnic staff noted that for Maori staff cultural requirements, student expectations, collegial relations, interruptions at work, quality of work and clarity of job description were "often" or "always" stressful for them than for non-Maori staff (p3). Mitchell and Mitchell's (1993) research on why Maori teachers leave the classroom, highlighted the undervaluing felt by Maori professionals caused by their dual accountability

(to the institution and the community) and high workloads which contributed to their resignations.

In nursing education Richardson's (2000) study reported that non-Maori teachers were supported to stop teaching cultural safety when the "inner tensions and awareness of what being Pakeha was" had been addressed (p99). Alternatively, Maori teachers did not have a choice to stop as they were concerned with providing a supportive environment for Maori students, fulfilling commitments to iwi and working to change policy (p101). Jahnke's (1998) analysis of these issues particularly for Maori women in the educational workplace concluded that racism was the major obstacle to their participation and achievements (p120).

In summary, the third theme of lack of support was related to several contributing factors. The experience of isolation for participant one who did not "fit in" to the nursing faculty "family" meant that his work was seriously undermined which had an effect on his well-being. This "pedagogical solitude" was also reported by the other participants who each took the initiative to seek out support on a personal and professional level. For the Maori participants the location of their workplace experiences in a Pakeha-dominated setting has highlighted the need for the appointment of more Maori lecturers to provide support for them.

He whakarapopotonga: Summary of themes

The three themes highlighted in this study revealed issues unique to cultural safety educators in nursing education. For example, the first theme of feeling unprepared to teach cultural safety emphasised the limited body of knowledge that educators could draw from. The effect was profound as the participants struggled to simultaneously develop their role as novice educators and create cultural safety scholarship. The second theme focused on the dichotomy experienced by the participants over the enjoyment of teaching and the lack of energy to continue. The participants' enjoyment of teaching was reported to be the single pull factor that kept them in their jobs despite the many push factors associated with the move to degree status in nurse education.

For three of the participants in this study the stress experienced in their jobs resulted in their resignations several months after the completion of this study. Literature confirms that if the participants' schools of nursing had nurtured the

pull factor by giving their teaching role as much status as other requirements of the job then this situation may have not occurred. The third theme, of lack of support, involved experiences of isolation and not fitting in to the nursing faculty family. Despite these accounts of pedagogical solitude each participant took the initiative to seek out support in a variety of personal and work-place settings. For the Maori participants, their experiences of solitude could only be addressed with the appointment of another Maori lecturer.

Nga whakarereke: Changes that were made using action research

The purpose of this research was to explore the experiences of cultural safety educators in nursing education. Action research was selected as a method of inquiry as it offered a dynamic process for joint learning and problem solving. Its collaborative nature allowed participants to have some control over data collection and interpretation. The fluidity of the method with its emphasis on practice was specific and relevant to the participants. With an exploratory emphasis in this study therefore, action research offered a flexible method from which action could be discussed as opposed to a set of procedures.

With the accent on action each participant identified at least one problem that they could change. With the thematic concerns highlighting institutional issues that were directly out of the participants' control, the participants identified problems that they could change. These were within the classroom and other areas that influenced their teaching such as resource collation. Participant four was unable to continue with this stage of the study. The findings are from the three remaining participants. Each participant progressed through at least one cycle of action research beginning with ideas for action, followed by action, reflection on action, practical theory and ideas for new action (see figure 2).

Within this cycle the participants were asked to move through a series of seven smaller steps (see appendix two). In the first phase of "ideas of action" four steps involved choosing one issue to investigate (step one), investigating the issue (step two), analysing the current situation and thinking about the implications of change (step three), and planning the action (step four). When the participants were investigating the problem in their practice I asked them to consider whether or not action could be taken immediately. For example, if they became aware of practices such as only answering questions to students in the front row of the class, then

change could occur at once. This would make steps two, three and four redundant as some problems would not require investigation.

The second phase of "action" involved using the participant's plan (step five). The third phase of "reflection on action" evaluates the effects of the action using step two as a comparison (step six). The last phase of "practical theory" revises the plan in light of the evaluation or choosing another issue that needs attention (step seven).

Participant one: Were resources adequate?

The first participant reported a sense of dissatisfaction with his institution as a starting point. Having mapped out the general area of concern I asked him to then focus more specifically on what he felt he could do something about. He had a sense that resources were compiled in an ad hoc manner and wanted to ensure that the information students received was consistent with Nursing Council standards. I asked him to investigate this issue by following the steps recommended in the interview schedule (see appendix two). Step one involved making an entry in his diary after two teaching sessions which stated two things: firstly, how he knew that a problem existed; and secondly, how he would know when the problem had been overcome. McNiff (1988) believes that in this first phase of writing ideas down, sharpens the wit and focuses the attention. She also states that there is something to be seen for your efforts, which is pleasing in itself (p75).

After gathering information from two teaching sessions he stated that he knew that there was a problem because the literature on hand was not always relevant to the issues discussed in class. It was also out of date and out of context with New Zealand. He also noted that information was not easily understood by the students, particularly visual learners. He decided that he would know when the problem had been overcome when up-to-date references were used in class discussion and students' assignments. Step two involved making a stock-take of what resources were used. He noted that they were based on overseas literature which was general in nature and not specific to New Zealand or nursing practice. Step three involved describing the existing situation and thinking about the implications of the change. He believed that the implications would be detrimental if he did not implement the change rather than remaining with the status quo. With the

evolving nature of cultural safety his credibility would have been at risk if he did not make the change.

Step four involved planning the action. He needed to decide what resources were required and what would be the likely difficulties involved in the change. He planned to utilise his networking skills and approach his support people from other faculties and institutions. For step five, the plan was used and the effects monitored. The changes included the compilation of a book of readings and study guide which were cross-referenced to Nursing Council standards, and guest speakers such as Irihapeti Ramsden. In step six, he evaluated the effects using the data in step two as a comparison. The effect was positive as students were no longer struggling to relate to the concepts in the resources. The increasing number of journal articles on cultural safety and New Zealand nursing practice meant that researching the topic became more accessible and relevant for the participant and students. In step seven the plan was revised and another plan was devised to regularly review resources.

Participant two: Going off track and covering all the different learning styles

Participant two reported that she often used narratives or story telling during her classes but this sometimes meant that discussions would go off track. During step one she stated that she knew that there was a problem because not all students appeared to be enjoying group discussion and narratives. She decided that she would know when the problem had been overcome when different learning styles had been addressed.

During step two she made observations of her teaching, notes in her diary and spent time reflecting. She noted her preference for group discussions appeared to be frustrating for some of the students as they would "kind of sit there with their arms crossed". She also noted that the amount of time used with narratives and group discussion was in excess of other methods of delivery. For step three, she considered the implications of changing from narratives and group discussion. She believed that the change would be positive for students as it would be more inclusive of those who preferred other methods of learning.

She planned the action which, according to step four, involved researching two areas: the curriculum, so that the learning outcomes were highlighted during each

class and differing learning styles. For step five she used her plan and monitored the effects. She noted that having the learning outcomes put up on the board at the beginning of class helped students to feel that they were "on track" and kept discussions focused. She also found that she used more visual aids in class to assist the visual learners. This also assisted with keeping discussions focused on key points. For step six, she evaluated the effects of the change using data in step two as a comparison. The outcome of the change for her were two fold: First, she was able to keep focused on what was required in terms of curriculum requirements so that she wouldn't "go off track"; second, she was able to cater to visual learners, readers and writers in an individual level while still maintaining her enjoyment for narratives and group discussion. For step seven, she revised her plan in light of the evaluation and chose the issue of challenging students' perceptions on certain issues for the next cycle of action research.

Participant three: Classroom structure and the attitudes and mindsets of the students when they first came in

Participant three reported that the she was generally not happy with the attitudes and mindsets of the students when they first came in to class. I asked her to focus more specifically on what she felt she could change. For step one, she stated that she knew that there was a problem because students did not perform well when assessed about their knowledge of cultural safety, Maori health and the Treaty. The assessment was marked as a group presentation. She decided that she would know when the problem had been overcome when students' assessments and involvement in class improved.

For step two, she made an entry into her diary after two teaching sessions. She noted that although the assessment involved a group presentation there was little opportunity in class to work in groups. There was also a wide cross-section of students in ages, class and cultures. For step three, she considered what the implications would be to re-arrange the classroom structure for group discussion given that the variation in learning needs may not be conducive to this style of learning. She believed that the change would be positive as the current situation could not be sustained. In planning the action in step three, she considered the time available to set up the classroom into groups as a previous class may have the room structured differently. For step five, she implemented the plan which

involved clustering tables and chairs into groups before class. She also amended her lesson plans to allow for flexibility of delivery in group work.

In step six, she evaluated the effects of the change using data in step two as a comparison. The change reinforced group theory and group dynamics which were previously not prevalent. The students gained experience working in groups so that they were prepared for their assessment. She noted that it took time to set up the classroom before each lesson so she decided to involve the students in this activity as opposed to doing it on her own. After several years teaching cultural safety she noted that her lesson plans had become less flexible. The use of group work created a positive effect by bringing flexibility back into her lesson plans. The issue of meeting the various learning needs of the students was also beginning to be addressed as her previous style was predominantly didactic. In step seven she revised her plan in light of the evaluation and believed that she had fallen into the habit of teaching to one type of learning style. This had caused her to lose enthusiasm which was reflected in the students' performance during assessment. She planned to continue using action research to refine her classroom teaching.

He whaipainga nga rataka? Were the diaries useful?

The participants were given a reflective diary at the end of the first interview. I asked each person to write their reflections soon after two teaching sessions so that their accounts were still fresh in their minds. The diaries were an unobtrusive method for collecting data which formed the basis for the second interview.

The issues identified in the reflective diaries were focused on the classroom in terms of resources, learning styles, room structure, and group dynamics. Using the process of self-reflection the diaries acted as a spring-board from which the participants could evaluate aspects of their teaching style, understand the dynamics in the classroom and improve their teaching skills. The diaries also provided a therapeutic and safe avenue for releasing emotions.

Participant one was the most familiar with action research. His participation in this study confirmed for him its value for teaching and research:

I will continue to do that. Anyway, use of the diary in research is a good practice. It's a practice that I'll use all the time. I should say it's a good guide for teachers and researchers.

When I first interviewed this participant his experiences of isolation were of most concern to him. In action research, teachers require continuous feedback in order to keep abreast of the continual change in subject matter, curriculum design, methods of delivery and assessment (Hendry and Farley, 1996, p194). For this participant, the reflective diary provided a method to seek continuous feedback from his students despite the lack of contact with his colleagues. Through this process of self evaluation of his performance he could ensure that he continued to meet the needs of the course and of the students.

Participant two believed that the diary helped her plan strategies for each class where she encountered a problem:

It definitely had a positive effect on my teaching. I felt the diary was particularly useful in being able to reflect on my practice and to problem solve and when there wasn't someone else to relate to, just put down ideas, trial it and come away with some immediate feedback after the session. I'll continue using my diary.

The strategies that she planned to change in class took into account "carefully marshalled evidence" which were deliberated at length in her diary (McPherson, 1994, p22). This deliberation is considered important in action research as plans for change must consider the possible implications from change, so that the reforms can proceed at a rate which is practically achievable.

Participant three was the most experienced teacher in this study. At first she did not think that she needed to keep a diary because of her experience and the many demands she was under in terms of time and energy. Her view changed once the diary became part of her practice:

Initially it [keeping the diary] seemed to be just another burden or another task I had to do alongside other admin stuff. I found after I started to use it then it was a positive buddy.

These positive experiences indicated that through the action research process the participants' consciousness was awakened to the reality of the classroom situation. This reawakening helped them to see where improvements could be made and more importantly how they could make them happen. The participants became

more aware of students' difficulties, needs and learning styles which assisted in self-reflection and change towards a more student-oriented approach. The participants were personally involved in identifying, analysing and solving the problems hidden in their practice rather than having this research done for them.

Given that a key theme was that the participants did not feel supported in their practice, the reflective diaries appeared to serve as a confidant for thoughts, feelings and actions to be safely kept. Collectively, the participants' energies were then directed towards positive action rather than fighting macro issues which they had no control over. For example, participant three's personal desire to improve her situation through an understanding of personal practice resulted in a personal attachment to the diary:

> the diary was an arm to the lesson plan and made me revisit what I was teaching in the classroom. I think the diary is going to be a friend, something to go back to. Lesson plans are fine but they must be flexible for different classes. I feel the diary can help me look, plan and be more flexible for teaching. It certainly has had a positive effect.

Participant one reported that the diary helped monitor his teaching. This is where action research provides a means of systematically examining lessons, introducing modifications, and evaluating their effectiveness (Hendrey and Farley, 1996, p197).

> I do use the diary after each teaching session that I have. This is so that I can look back at what has been taught. I think it's making sure that I include only the content that is right by the degree curriculum. I know it's quite easy to go off track and actually research something which has very little to do with the actual degree. So I'll continue to use the diary as a means of guiding my teaching methodology. The diary's helped me make sure that I cover all the different learning styles. And that's good.

Participant two expressed gratitude that the study involved another person to help examine her practice:

> It kept me moving forward. The fact that there was someone to listen at the end of the day (you the researcher) makes it equally beneficial, because it motivated me to keep using it rather than just put it aside.

In action research, the researcher is often an active member in the community. As an insider I had an understanding of the day-to-day reality of life at the chalkface which I believe added to my credibility with the participants. The collaborative

nature of action research also helped develop rapport and keep me grounded so that the participants controlled the different phases of the action research cycle.

CHAPTER 5

NGA KORERO: DISCUSSION

Whakatuwheratanga: Introduction

Cultural safety education is at a critical stage. Eleven years after its introduction into nurse education in New Zealand cultural safety has evolved to keep pace with the ever-changing realities in which health care is delivered. It has been stimulated by community, political, media, student and indigenous pressures for change in nursing practice, particularly in the nurse-patient relationship.

Alongside moves in nursing education to more patient-centred approaches and changes in methods of teaching and assessment techniques, the nursing profession is looking to nurse educators to assist them to deal with some of these changes. This provides an opportunity for cultural safety educators to contribute cultural safety knowledge, and to introduce skills and learning that have not been included in earlier training. It would be tempting to welcome this opportunity and to give meaning to new knowledge which would be valued alongside established wisdom such as medical and surgical nursing.

This final chapter discusses the many opportunities and challenges that face cultural safety educators now and in the future. The summary of chapters provides the backdrop to this discussion. The limitations encountered in this study such as the practical implications of action research are discussed. Four recommendations for change are made so that just as individual educators have responsibility to reflect upon what they do, so too must the institution reflect upon developing an academic culture where teaching has an important role.

He whakarapopotonga: Summary of chapters

Chapter One introduced my whakapapa and my journey as the researcher and a Maori woman who happened to also be a cultural safety educator. From this journey I provided the reasons why I chose to explore the experiences of cultural safety educators. Chapter Two reviewed the evolution of cultural safety in nursing education. The relevance of transcultural nursing to cultural safety has been debated. The Nursing Council Guidelines recommend strategies around the

curriculum of cultural safety but fall short on providing models for teaching. Four exemplars have been discussed to fill this void from which future models can be built upon. This chapter concludes with the lack of accounts from cultural safety educators in research and literature.

Chapter Three introduced the action research model used in this study. Ethical issues such as informed consent, role conflict, minimising harm and the Mataatua & Hongoeka Declarations were discussed. The interview schedule was presented and the procedures I undertook during data collection and analysis. The process of inductive analysis, coding, content and thematic analysis was described. The steps to verify the data were debated in relation to the relevance of validity in action research.

Chapter Four presented the findings as three key themes. The changes that participants planned, implemented, and reflected upon as they moved through one action research cycle was discussed in relation to their classroom experience. The positive experiences reported by the participant indicated that the action research process awakened their consciousness to the reality of the classroom situation. This reawakening helped them to see where improvements could be made and more importantly how they could make them happen.

Nga whaititanga: Limitations

There were some difficulties that I encountered in this study. I did not consider the practical implications of the methodology that were first proposed which created several delays.   To pursue further research in this area at a doctorate level a clearer focus of the method will allow the participants more time to provide input.

Given that the participants reported that they would continue with the reflective diaries I would also encourage them to involve an observer or 'critical friend' in the collection   of their data. I do not know how realistic this would be given that the thematic concern reported was lack of support. A variation on this recommendation would be for the participants to dialogue as a group to facilitate this process or have access to a mentor. The sample size was small for this study and I was limited to schools of nursing. Future research in this area would need to access a wider sample and include schools of midwifery.

<u>Nga tutohutanga: Recommendations</u>

This study has identified a number of issues that can be explored in further research. The following recommendations are based on the thematic concerns that the participants shared and relevant literature in the field of nursing education, tertiary education and action research.

Recommendation one: Support to dialogue and network

The first recommendation is that cultural safety educators be supported by their respective polytechnics to dialogue regularly with each other through various avenues such as attendance at national kawa whakaruruhau nurse educators' hui and the national Maori student hui. The New Zealand Nursing Council require regular networking opportunities to maintain skill level and to exchange information and experience for teaching (1996, p20). Richardson's (2000) study of the experiences of cultural safety educators recommends that institutions support regular networking (p113). I believe, however, that as this is a nursing council requirement then the schools of nursing must provide special funding for networking to occur. This would assist with role socialisation particularly for new cultural safety educators who may not be adequately prepared for a teaching role which is confounded by the requisite to formulate knowledge about a topic about which they know very little. A "teaching community" would then be the end result of regular networking where the enjoyment of teaching was valued by schools of nursing.

Recommendation two: The introduction of nurse educator programmes

This study has revealed that although the majority of participants were experienced clinicians, they lacked formal education in curriculum and curriculum development, and teaching methods which are necessary to implement the educator role successfully in nursing schools. I believe that it is more cost effective for nursing schools to educate teachers of nursing than to expend human, material, and financial resources with on-the-job teacher training that is at best a hit-and-miss solution to the problem of supporting cultural safety educators. I recommend the introduction of a nurse educator programme which would prepare nurses to deal with stressors such as preparation for classroom teaching, test construction, evaluation in the clinical area, and supervision of students. This

programme would address the burn-out rate of cultural safety educators preventing them from reacting to each stress factor without an action-reflection knowledge base to inform their practice.

Recommendation three: Increase the body of knowledge on cultural safety

Paid leave is recommended to enable educators to conduct and publish relevant research. This is vital if the discourse on the New Zealand experience of cultural safety educators is to be recorded. The body of knowledge on cultural safety would increase with the development of meaningful models of practice which in turn would contribute to the international debate on cultural competence. Cultural safety textbooks are another step towards increasing this body of knowledge. I will pursue with interested colleagues, researchers and writers.

Recommendation four: Recognise Maori cultural safety educators for their strengths

In keeping with Ramsden's (1990a) recommendations, Maori cultural safety educators must be recognised for their professional and cultural strengths so that they do not fall victim to burn-out. For the Maori participants in this study, the location of their workplace experiences in a Pakeha-dominated setting highlights the need for the recruitment and appointment of more Maori lecturers to provide support for each other. The appointment of more Maori lecturers is a recommendation that needs urgent attention. Once the appointments are made, then retention strategies need to be put in place. Ramsden believes that this can be achieved through several means such as, the management of budgets for hui and related costs, flexible hours because of the differing demands of their roles, and appropriate promotional opportunities for their professional and cultural strengths (p17). Richardson's (2000) study confirms anecdotal evidence that non-Maori teachers can choose to stop teaching cultural safety, whereas Maori teachers have the added dimension of supporting Maori students which can dominate their personal and professional lives (p113). Recognition of these additional pressures is long overdue. For the Maori participants in this study, their concerns have peaked to a critical stage. If their concerns are not addressed, then the pain of the Maori experience will once again be relied on to provide the impetus for meaningful change for cultural safety education within New Zealand.

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1. Description

1.1 JUSTIFICATION

This is a proposal for a masterate research thesis. The focus will be on the experiences of cultural safety educators in nursing and midwifery education and will identify issues arising from their experiences.

There is currently little research on the experiences of cultural safety educators in nursing and midwifery education. The topic of cultural safety is relatively new in New Zealand's educational history and therefore warrants exploration so that fellow educators can learn from such experiences in order to inform their teaching.

1.2 OBJECTIVES

The aims of this research are as follows:-

1) To provide information of the evolution of cultural safety.

2) To look at variations and interpretations of the way cultural safety is taught.

3) To use qualitative methods so that participants are able to gain some positive personal involvement in the study.

4) To identify issues arising from the educators' experiences.

1.3 PROCEDURES FOR RECRUITING PARTICIPANTS AND OBTAINING INFORMED CONSENT

It is proposed to conduct the research through general invitation to cultural safety educators in selected cities. Participants will be invited to meet with me at a venue of their choice to discuss their possible participation. An information sheet will be sent along with informed consent forms for two in-depth interviews.

There will be a limit to six participants taking part in the study. If more than six wish to participate then priority will be given to those that are able to commit their time to two interviews. Also, if there is more than one response to be involved from each polytechnic then they will be required to nominate one participant.

Participants will be informed of their rights to decline to take part or to withdraw from the research at any time. As the participants will be affiliated with a Polytechnic the city that they live in and their Polytechnic will not be named. Participants will be given access to transcriptions and feedback notes during the research so that amendments can be made where necessary to protect confidentiality.

1.4 PROCEDURES IN WHICH RESEARCH PARTICIPANTS WILL BE INVOLVED

The procedure for this research will involve the participants in two interviews with the researcher.

The interviews will be audio-taped and the participants have the right at all times to request that all or any part of the interview not be taped and notes will be taken instead. The participants will be offered the opportunity to review and verify transcripts of interview material which contains their contributions.

1.5 PROCEDURES FOR HANDLING INFORMATION AND MATERIAL PRODUCED IN THE COURSE OF THE RESEARCH INCLUDING RAW DATA AND FINAL REPORT

The interviews will be tape-recorded and written, and subsequently transcribed by an administrative assistant subject to the terms of a confidentiality agreement, before the information is used in the thesis, and such publications as may arise from the project.

Steps taken to secure data will include:
- all tapes, discs, transcripts and signed consent forms will be kept in a secure place in the researcher's office
- separate storage of paper and disk copies of interview transcripts
- at the conclusion of the research participants have the option of retaining taped or typed recordings, agreeing that the recordings be destroyed or consent to their storage in the Social Science Archives at Massey University for at least five years.

2. ETHICAL CONCERNS

2.1 ACCESS TO PARTICIPANTS

Participants will be drawn on a voluntary basis from different polytechnics.

In order to protect the integrity of this research which involves participants from an identified profession, informed voluntary participation will be invited by two methods of approach

First, cultural safety educators will be invited to register their interest through a mail-out to all Polytechnics offering Nursing and Midwifery education. Those selected will then be invited to complete a written consent form as research participants which they will bring to the first interview.

2.2 INFORMED CONSENT

I will be seeking the explicit and informed consent of each of the potential interviewees. A full information sheet will be provided to all participants, and this will advise them of the purpose of the research, the protection they will be given regarding anonymity and confidentiality, their right to decline participation and withdraw at

any stage, to refuse to answer any questions without prejudice, and to ask any questions at any time.

2.3   ANONYMITY AND CONFIDENTIALITY

The participants will be in a public role as cultural safety educators so anonymity of information will need to be respected and maintained throughout the research process and after the thesis has been published.

Identifying factors such as the name of the participants, the Polytechnic and the cities they work in will not be included in any material for publication.

Pseudonyms or non-identifiable references will be used to protect the privacy and confidentiality of a participant who agrees to his or her expressed words appearing in the final report.

2.4   POTENTIAL HARM TO PARTICIPANTS

To ensure that no harm arises participants will be given the opportunity to be interviewed during a time and at a place that suits them when they are not teaching. This would ensure that participants will be able to focus on the interviews without disturbance and being observed by other staff and students.

2.5   POTENTIAL HARM TO RESEARCHER

No perceived potential risk.

2.6   POTENTIAL HARM TO THE UNIVERSITY

I cannot envisage potential harm to the University.

2.7   PARTICIPANTS RIGHT TO DECLINE TO TAKE PART

Participants will be invited to contribute to the research on the basis of informed consent. The right of the participant to decline to take part will be clearly identified on the Information Sheet, and respected at all times. They have the right to request that specific parts of the data is not attributed to them.

2.8   USES OF THE INFORMATION

The information gained from this research will be used for the masterate thesis. Publication of material or related workshops will be used to promote awareness of the issues faced by cultural safety educators.

2.9   CONFLICT OF ROLES

I am currently employed as a cultural safety educator and I anticipate that through the application of procedures regarding informed consent and confidentiality potential conflicts of roles will be controlled.

I would envisage that participants would see my role as a supportive one as I will be able to empathise with their experiences which will contribute and enrich my role as a researcher.

2.10 OTHER ETHICAL CONCERNS

I do not envisage other ethical concerns.

3. LEGAL CONCERNS

3.1 LEGISLATION

3.1.1 Privacy Act 1993
The requirements of the Privacy Act 1993 are met by the procedures specified regarding anonymity and confidentiality.

3.1.2 I do not envisage any implications for the research.

3.2 OTHER LEGAL ISSUES

None

4. CULTURAL CONCERNS

I intend to interview Maori and non-Maori participants. I will not reveal their ethnicity when making direct quotes as this may lead to their identification. I will allude to their ethnicity in summary statements.

I will attach the *Declaration for Rangahau Hauora Maori* which endorses the rights of indigenous people over their cultural and intellectual property. As a Maori researcher I am compelled and committed to working for research which contributes towards hapu, iwi, and tangata whenua development.

5. OTHER BODIES RELEVANT TO THIS RESEARCH

5.1 ETHICS COMMITTEES

This research is not subject to approval of any other ethics committees.

5.2 PROFESSIONAL CODES

This research is not subject to other New Zealand professional code.

6. OTHER RELEVANT ISSUES

There are no other issues that I wish to raise with the Committee

An exploration of the experiences of cultural safety educators in nursing and midwifery education.

Information Sheet

The Researcher

Kia ora. My name is Dianne Wepa. My hapu is Ngati Pahauwera and my iwi is Ngati Kahungunu. I am completing this research for my Masters in Social Work Degree. Currently I am employed in the Faculty of Health Studies at the Eastern Institute of Technology as a lecturer in Cultural Safety. Prior to working in this job I worked for several years as a Kaimanaaki and later as the team leader for Maori Mental Health Services in Hastings and as a Family Court Counsellor.

I have continued working as a counsellor as well as a work place assessor and Regional Moderator for Te Kaiawhina Ahumahi Social Services Industry Training Organisation.

This research is directly relevant to my work as a lecturer. I am very interested in improving the quality of my teaching and I hope to share what I will learn with other educators involved in teaching cultural safety.

Please do not hesitate to contact me at any time about any aspects of the research. I can be contacted at:-

Faculty of Health Studies
Eastern Institute of Technology
P.O. Box 1201
Taradale

Phone: (06)   844-8710 ex 5412
Fax: (06)   844-1910

My supervisors are Rachael Selby and Maureen Holdaway.

Phone: (06)   350-4105   Rachael
               (06)   356-9099   Maureen
                        ex 7718

What is the study about?

The study is concerned with the experiences of cultural safety educators in nursing and midwifery education and to identify issues arising from their experiences. I will consult with participants about the focus of the research, so that their issues and concerns in relation to cultural safety education, are explored in the study. It is also intended that the study will look at variations and interpretations of the way cultural safety is taught.

What will participants have to do?

If you decide to take part in this study, you will be asked to participate in two in-depth interviews about your experiences as a cultural safety educator . You will be asked to sign a consent form before each interview. If you cannot take part in the second interview you may withdraw from the study if you wish. Both interviews will be held in a convenient location in your region. Actions research methods will also be used so you will be asked to keep a diary of at least two teaching sessions before attending each interview so that you can have specific instances to discuss and reflect on. Each interview will last no more than two hours.

It is the intention of the researcher to carry out no more than six individual interviews, which will be taped and transcribed. If you do not wish to have the interviews taped then I will make notes instead. The person who transcribes the tapes will sign a confidentiality form as a condition of employment.

If you volunteer to be interviewed for this intensive study you will receive a further information sheet and sign a consent form for each interview.

All participants will also receive a copy of the Declaration for Rangahau Hauora Maori. The Declaration endorses the Mataatua Declaration on the Rights of Indigenous People over their Cultural and Intellectual Property and outlines the values that Maori researchers need to abide by when researching any area involved in Maori health and wellbeing.

Transcriptions, feedback notes and reports will be made available to the participants during the research. Any taped or typed recording which participants want deleted will be wiped or destroyed without being used. During the course of the research all tapes, discs, transcripts and signed consent forms will be kept in a secure place at my place of work. No other person other than myself will see the signed consent forms thus protecting the participants' identity. At the conclusion of the research participants have the option of retaining taped or typed recordings, agreeing that the recordings be destroyed or consent to their storage in the Social Science Archives at Massey University for at least five years. A

preliminary analysis of the findings will be given to participants for a critical discussion in August 1999.

How much time will be involved?

The time commitment will be approximately ten hours (two interviews, time to fill in a diary, time to check through the edited transcription).

What can participants expect from the researcher?

All participants will be treated with respect, have the right to contact me at any time for clarification about any aspects of the research. The information collected will only be used for the purposes of the research, the research report and for publication of academic work.

Participants are assured that their information will be anonymous and they will not be named. All participants will receive a summary of the final research report.

Rights

If you decide to take part in the study, you will have the right to:-

- refuse to answer any particular question and to withdraw from the study at any time
- ask any further questions about the study that occur to you during your participation
- provide information on the understanding that it is confidential to the researcher. You will not be named in any of the reports that are prepared from the study.
- be given access to a summary of the findings from the study when it is concluded

Additional Information Sheet for Individual Interviews

Your Participation

If you take part in the in-depth individual interviews, I will meet with you for two private interviews. The interviews will be arranged in May and June of 1999. I will travel to your region to carry out the interviews. The interviews will last <u>no more than two hours,</u> and with your permission, will be <u>tape-recorded.</u>

As soon as possible after the interview, I will send you a full transcription of the interview which I will ask you to check and to correct or change anything you have said which needs further clarification.

Rights

If you decide to take part in the study, you will have the right to:-

- refuse to answer any particular question and to withdraw from the study at any time
- turn off the tape recorder at any time during the interview
- have notes written instead of taped
- ask any further questions about the study that occur to you during your participation
- provide information on the understanding that it is confidential to the researcher. You will not be named in any of the reports that are prepared from the study.
- be given access to a summary of the finding from the study when it is concluded

An exploration of the experiences of cultural safety educators in nursing and midwifery education.

Consent Form For First Individual Interview

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

I also understand that I have the right to withdraw from the study at any time, and to decline to answer any particular questions in the study. I agree to provide information to the researcher on the understanding that it is anonymous and that my name will not be identified in any publications arising out of the research. I understand that the interviews may be tape recorded. I understand that I have the option of tape recorder being stopped and the interview written instead.

I wish to participate in this study under the conditions set out in the Information Sheet.

I agree / do not agree to the interview being taped

Signed: _____

Name: _____

Date: _____

An exploration of the experiences of cultural safety educators in nursing and midwifery education.

Consent Form For Second Individual Interview

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

I also understand that I have the right to withdraw from the study at any time, and to decline to answer any particular questions in the study. I agree to provide information to the researcher on the understanding that it is anonymous and that my name will not be identified in any publications arising out of the research. I understand that the interviews may be tape recorded. I understand that I have the option of tape recorder being stopped and the interview written instead.

I wish to participate in this study under the conditions set out in the Information Sheet.

I agree / do not agree to the interview being taped

Signed: _____

Name: _____

Date: _____

4th May 1999

Tena koe

I am undertaking a research project looking at the experiences of cultural safety educators in Nursing and Midwifery education. You may have already had contact with me to discuss the possibility of being involved in this study which has assisted me in developing some of the themes to be explored in the individual interviews.

I will be conducting two in-depth interviews with up to six participants from various polytechnics. If more than six people respond to my request I will need to begin a selection process. That process will involve two criteria. First, if more than one person from each polytechnic responds then I will ask people to nominate one person from that polytechnic for the study. Second, priority will also be given to people that can commit to two in-depth interviews.

This selection process will not apply if I am able to attract up to six participants.

I have enclosed an Information Sheet about the project and a consent form, which you will need to bring to the first interview to sign if you are willing to be involved in the study. A second consent form will need to be signed at the second interview.

If you are interested in being involved in this study please contact me on (06) 844-8710 ex 5412 before May 14th. If you have any questions about any aspect of the research, please do not hesitate to phone me.

I look forward to meeting with you soon.

Noho ora mai

Dianne Wepa
Researcher

Hui Whakapiripiri

Hongoeka Marae, Plimmerton (February 1996)

As Maori researchers in the area of Maori health we are committed to working for research which contributes towards hapu, iwi, tangata whenua development. This process means regaining Tino Rangatiratanga and overcoming the negative impacts of colonisation. We acknowledge the Treaty of Waitangi as the basis for partnership between Maori and the Crown and will work to incorporate the values underpinning the Treaty in our work.

- We endorse the Mataatua declaration on the Rights of Indigenous People over their Cultural and Intellectual Property;
- We believe Maori health research should be determined and coordinated by Maori , working with Maori, for Maori;
- We support Maori determination of Maori standards of Maori health and well-being;
- We will work towards Maori control over policies, priorities and funding decisions relevant to Maori research;
- As partners to the Treaty, Maori reserve the right to use any approach to health research which will benefit our people;
- We will promote and develop Kaupapa Maori methodology and methods;
- We are committed to promoting Te Reo Maori and Tikanga Maori as appropriate for Maori health research;
- We believe that research encompasses the past, the present and the future;
- We recognise that there are diverse Maori realities;
- We are accountable to whanau, hapu and iwi;
- We will monitor, critique and discuss, including in hui and public forum, all research impacting on Maori health; and,
- We are committed to strengthening the community of Maori health researchers and urge all relevant supporting organisations to urgently develop this workforce.

The Mataatua Declaration on Cultural and Intellectual Property Rights of Indigenous Peoples

First International Conference on the Cultural and Intellectual Property Rights of Indigenous Peoples, Whakatane 12-18 June 1993 Aotearoa New Zealand

In recognition that 1993 is the United Nations International Year for the World's Indigenous Peoples:

The Nine Tribes of Mataatua in the Bay of Plenty region of Aotearoa New Zealand convened the First International Conference on the Cultural and Intellectual Property Rights of Indigenous Peoples, (12-18 June 1993, Whakatane).

Over 150 delegates from fourteen countries attended, including indigenous representatives from Ainu (Japan), Australia, Cook Islands, Fiji, India, Panama, Peru, Philippines, Surinam, USA and Aotearoa.

The Conference met over six days to consider a range of significant issues, including; the value of indigenous knowledge, biodiversity and biotechnology, customary environmental management, arts, music, language and other physical and spiritual cultural forms. On the final day, the following Declaration was passed by the Plenary.

PREAMBLE

Recognising that 1993 is the United Nations International Year for the World's Indigenous Peoples:

Reaffirming the undertaking of United Nations Member States to:

'Adopt or strengthen appropriate policies and/or legal instruments that will protect indigenous intellectual and cultural property and the right to preserve customary and administrative systems and practices." - United Nations Conference on Environmental Development: UNCED Agenda 21 (26.4b)

Noting the Working Principles that emerged from the United Nations Technical Conference on Indigenous Peoples and the Environment in Santiago, Chile from 18-22 May 1992 (E/CN.4/Sub. 2/1992/31)

1.4 Prioritise the establishment of indigenous education, research and training centres to promote their knowledge of customary environmental and cultural practices.

1.5 Reacquire traditional indigenous lands for the purpose of promoting customary agricultural production.

1.6 Develop and maintain their traditional practices and sanctions for the protection, preservation and revitalisation of their traditional intellectual and cultural properties.

1.7 Assess existing legislation with respect to the protection of antiquities.

1.8 Establish an appropriate body with appropriate mechanisms to:

a.preserve and monitor the commercialism or otherwise of indigenous cultural properties in the public domain

b.generally advise and encourage indigenous peoples to take steps to protect their cultural heritage

c.allow a mandatory consultative process with respect to any new legislation affecting Indigenous Peoples Cultural and Intellectual Property Rights.

1.9 Establish international indigenous information centres and networks.

1.10 Convene a Second International Conference (Hui) on the Cultural and Intellectual Property Rights of Indigenous Peoples to be hosted by the Co-ordinating Body for the Indigenous Peoples Organisations of the Amazon Basin (COICA).

2. RECOMMENDATIONS TO STATES, NATIONAL AND INTERNATIONAL AGENCIES

In the development of policies and practices, States, National and International Agencies must:

2.1 Recognise that indigenous peoples are the guardians of their customary knowledge and have the right to protect and control

resources without the consent of the appropriate indigenous peoples.

2.10 Prioritise settlement of any outstanding land and natural resources claims of indigenous peoples for the purpose of promoting customary, agricultural and marine production.

2.11 Ensure current scientific environmental research is strengthened by increasing the involvement of indigenous communities and of customary environmental knowledge.

Cultural Objects

2.12 All human remains and burial objects of Indigenous Peoples held by museums and other institutions must be returned to their traditional areas in a culturally appropriate manner.

2.13 Museums and other institutions must provide, to the country and Indigenous Peoples concerned, an inventory of any indigenous cultural objects still held in their possession.

2.14 Indigenous cultural objects held in museums and other institutions must be offered back to their traditional owners.

3. RECOMMENDATIONS TO THE UNITED NATIONS

In respect for the rights of Indigenous Peoples, the United Nations should:

3.1 Ensure the process of participation of Indigenous Peoples in United Nations fora is strengthened so their views are fairly represented.

3.2 Incorporate the Mataatua Declaration in its entirety in the United Nations Study on Cultural and Intellectual Property of Indigenous Peoples.

3.3 Monitor and take action against any States whose persistent policies and activities damage the cultural and intellectual property rights of Indigenous Peoples.

3.4 Ensure that indigenous peoples actively contribute to the way in which indigenous cultures are incorporated into the 1995 United Nations International Year of Culture.

INTERVIEW SCHEDULE FOR INTERVIEW ONE

At the end of the interview participants will be asked to keep a diary of key events for discussion in the second interview.

1. How long have you been a Cultural Safety educator?

2. Do you work full time or part time?

3. How prepared do you think you were to teach this topic when you started compared to know?

4. What models do you use in your teaching?

5. How much support do you think you receive? (i.e, teaching material, time to prepare, mentoring)

6. How familiar are you with action research?

7. Please complete a diary for discussion at the second interview. You will need to complete your diary entries under the following headings:

> ### STEP ONE
>
> Choose one issue to investigate. Some useful issues are:
>
> > ◆ whether resources used are adequate;
> >
> > ◆ differences in classroom/group participation;
> >
> > ◆ challenging behaviour
>
> a) Gather the information from at least two teaching sessions.
>
> b) State how you know that there is a problem.
>
> c) Decide how you will know that the problem has been overcome. *(Note: Consider whether or not action could be taken immediately. For example, if you have become aware of practices like only answering questions to students in the front row, then you could*

change your practice at once. It is important however that you
know why you want to make a change).

STEP TWO

Investigate the issues by collecting information about it in your
diary. You may find you make your entry after the class or at the
end of the day. Try not to leave it any longer as you will forget the
detail. You may wish to have a colleague observe you and give you
feedback after the class. Areas of investigation could be:

- who gets the most attention?
- what kind of resources are available/used?
- who achieves, feels valued, gets praise?
- what is included in the curriculum?

STEP THREE

Before taking action try to describe the existing situation as
thoroughly and as accurately as you can. Analyse the situation by
studying the data and thinking about the implications:

- how did the situation arise?
- how is it being perpetuated/strengthened?
- what part did you play?
- what part did others play?

STEP FOUR

Plan the action you want to take to change the situation. Start with
something achievable and under your control

- who can help you?
- who else is involved?
- what resources do you need?
- what can you achieve in the time you have?
- how can your students help?
- what are the likely difficulties?

STEP FIVE

Act by using your plan and monitoring the effects. Be positive but
expect some resistance. You will need to think about how you can
handle resistance in a constructive way:

     ◆ are you using your plan?
     ◆ are you monitoring the effects?

STEP SIX

Evaluate the effects, using the data in Step Two as a comparison:

     ◆ have any changes been made?
     ◆ are there any difficulties/problems that need attention?
     ◆ has any other problem been identified?
     ◆ how can change be sustained?

STEP SEVEN

Revise your plan in light of the evaluation, or choose another issue that needs attention.

INTERVIEW SCHEDULE FOR INTERVIEW TWO

1. How did you find using the diary and action research methods?

2. What kind of effect has the diary had on your teaching?

3. Would you continue using the diary and action research in your practice?

4. If so, in what situation?

5. Would you recommend this method of research to your colleagues?

6. Any other comments?