

How can you teach cultural safety?

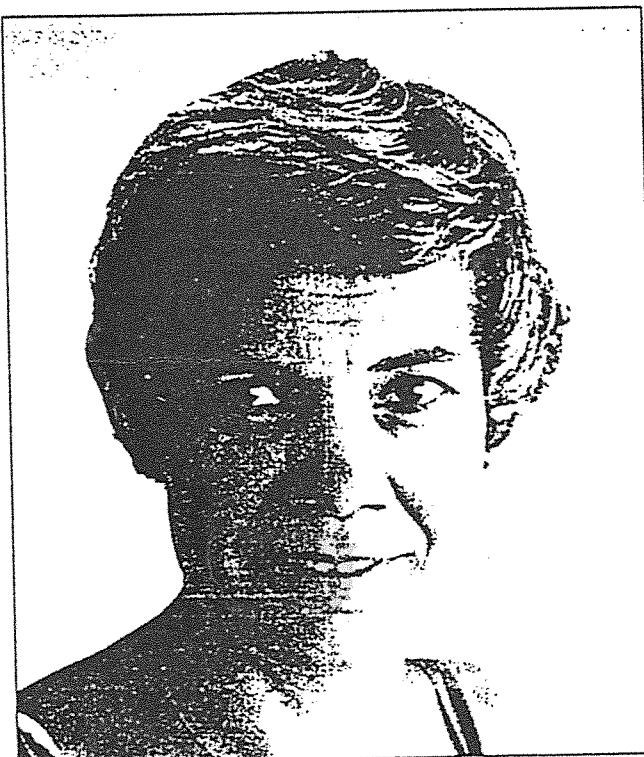
Isabelle Sherrard, Head of Nursing at Carrington Polytechnic, believes in cultural safety in nursing, but says it is not the same as honouring the Treaty of Waitangi.

MEETING THE CULTURAL needs of people who require nursing has become a matter of importance during recent years. In fact these needs have become important enough for the Nursing Council to alter the blueprint of the state examination so that candidates can be assessed on their cultural safety. It is my view that we as a profession have been confusing two different concepts — namely, honouring the Treaty of Waitangi and the current notion of cultural safety.

The Treaty of Waitangi was in essence a partnership between Maori inhabitants and the British Government, according to the Royal Commission on Social Policy. Dr Paparangi Reid, in *Health Implications of the Treaty of Waitangi*, writes: "A treaty is an agreement entered into by sovereign nations for mutual benefit, hence the continued well-being of both parties is implied as a prerequisite consideration. Moreover it delineates the parameters of the future relationship between the two states. While health is not specifically mentioned in the Treaty of Waitangi, the concept is inherent in the philosophy, principles and spirit. The critical issues of governance, authority, culture and equity are central to both the treaty and well-being." This statement, I believe, is an example of biculturalism and is clearly

related to our honouring of the Treaty of Waitangi. The provision of health care for the people of New Zealand must be based on biculturalism if we believe we are honouring the treaty. There can be no other foundation.

This foundation is also essential for nursing education. There has been a lot of work done to help schools of nursing to establish a partnership and to function in a bicultural manner. A major contribution has been the report *Kawa Whakaruruhau*, which contains many recommendations. There are two related issues described towards the end of this report. Firstly, Maori people who are training and practising as nurses must have a sense of self worth as Maori, both individually and as members of whanau, hapu and iwi. Secondly, Maori people must receive nursing care and treatment as *Maori*. This requires that Maori values be recognised especially as they relate to



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their perceptions of health, their tapu and the holistic nature of their being.

The writer states, "Both require an acknowledgement of the status of Maori as tangata whenua, and of that status in Te Tiriti O Waitangi." I fully support this statement. Students' nursing education must include the Treaty of Waitangi from the view of both parties and the devastat-

ing effects of colonisation on Maori people since the signing of the treaty. The aim is to create an understanding of our history, and for students to appreciate the reasons why present Maori health statistics are so poor compared to those of Pakeha.

However, I believe it is unwise to leave students feeling guilty for what has happened during the last 150 years.

I suggest that the educational process begin where the students are now, and that attitudes and values which are in conflict with the goal are accepted without strong challenge.

It is well known that new attitudes are difficult to learn. If students graduate from nursing education feeling burdened by a perception that it is impossible for them to be culturally safe when nursing Maori, it is a sad reflection on the educational process.

Teaching on the Treaty of Waitangi must be planned and delivered as a partnership between Maori and Pakeha in the spirit of respect and aroha.

It is not so long ago that cultural sensitivity was the important concept in nursing education.

Now we believe that cultural safety is the more important concept and that it should be assessed in the state examinations and by schools of nursing. It is the term "cultural safety" which I suggest has caused us some confusion — since what is actually meant is "safety for Maori people" or "the necessity that Maori people receive care and treatment as Maori," as outlined above.

I have noted with interest that in *Kawa Whakaruruhau*, cultural safety cannot be defined. The report says that "after much consideration, work and thought among Maori nurses and a Maori legal consultant, we have arrived at the conclusion that there is no rigid definition of cultural safety.

Because cultural safety is based in the less measurable dimension of attitude, it cannot be defined against physical or legal safety. Like ethical safety, cultural safety must be interpreted according to each event.

The degree of cultural risk or danger must be assessed by those who are able to perceive it. It follows that those people are to be found within the culture at risk. In Aotearoa the people culturally at risk are

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the tangata whenua, te iwi Maori."

It is my view that all people in need of nursing should be nursed in a manner which is culturally safe and culturally appropriate to them. After all, to a large extent it is our cultural background which makes us who we are.

Our culture includes our lifestyle, history, values and our health beliefs and practices. Potter and Perry (p415) write: "Because culture is devised by people to solve human problems, it is universal; all people share in some culture.

Culture is a collective pattern of a group, in which the individual participates to some extent. No two people with the same cultural background will share in the cultural pattern in exactly the same way because behaviours, attitudes, and values are learned individually as well as culturally."

In my experience this is an accurate description of cultural needs. Among people of the one group there are individual differences. I once nursed two Japanese sailors who had been hurt in the same accident and they were very different from each other.

Similarly, two gypsies I nursed some years ago who lived together seemed to have little in common. The similarity between members of any cultural group in New Zealand would I think be consistent with the examples I have given. I think there is a limited pattern of uniform behaviours and beliefs amongst Maori people.

Therefore, to nurse Maori in a culturally safe manner demands that nurses know how to assess, to plan and to implement care which is tailor-made for that individual Maori client.

As we are doing our best to honour the Treaty of Waitangi, we are adopting the term cultural safety when we actually mean safe care for Maori people. It is right

that in this country, with our honouring of the treaty, we emphasise the safety of Maori — both those who are being educated and those who are being nursed. Institutions must continue to establish policy and procedures which promote biculturalism.

It is also important that all people requiring nursing receive culturally appropriate care. This, as in all holistic assessments in nursing and in nursing education, is most accurately measured in the context where it takes place. It is my view that culturally safe nursing care for Maori will be very difficult to measure in a written examination. ☞

References

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