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Cultural Safety in Education, Practice and Research

The CDNM is the peak organisation that represents the Deans, Leaders and Heads of Higher Education courses for Nursing and Midwifery throughout Australia and New Zealand. The Council is the voice of higher education for nurses and midwives, and provides leadership on health policy, education standards and research as applied to nurses and midwives.

Background

The Council of Deans of Nursing and Midwifery ANZ acknowledge Aboriginal & Torres Strait Islander people as the First Nations people of Australia. The Council supports the development and implementation of cultural safety in education programs, practice, and research activities for nurses and midwives. It also recognises that the origins and context informing the development of cultural safety arise from different historical, political, economic social and ideological positions in Australia and New Zealand and therefore this will be acknowledged separately.

Cultural safety defined:

"Cultural safety provides a critical framework for examining the inherent dimension of power between health professionals and recipients of care. The recipient's subjective assessment of care is associated with cultural empowerment and better health outcomes" (Parton in Alkema, 2016, p.4). Cultural competence is expressed through "respectful and effective engagement with people of different cultures to improve health and address inequities" (Parton in Alkema, 2016, p.4),

"Cultural safety is the final step on a continuum of nursing and or midwifery care that includes cultural awareness, cultural sensitivity, cultural knowledge, cultural respect and cultural competence. It is the recipients experience and cannot be defined by the care giver". (CATSINaM, 2016).

Summary

- Cultural safety is present at an individual and institutional level
- Cultural safety education and training is embedded within undergraduate and postgraduate nursing and midwifery curricula in Australia and New Zealand
- Initiatives are implemented to increase recruitment, retention and successful completion for Indigenous students

- A culturally safe healthcare workforce is required to provide effective care to Indigenous clients

Position

In 1992 cultural safety became embedded as a competency in undergraduate curricula (Nursing Council of New Zealand, 1994, 1996). Curriculum development and content had been proposed by Maori nurse educator Irihapeti Ramsden which resulted in the development of two key documents: *A model for negotiated and equal partnership* (1989), and *Kawa Whakaruruhau: Cultural Safety in Nursing Education in Aotearoa*.

Four key documents have provided effective positioning and summary for informing the CDNM ANZ position, statement, and strategy for cultural safety in education, practice and research in Australia. These include: *A blueprint for action: Pathways into the health workforce for Aboriginal and Torres Strait Islander people* (2008); the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-2015* (2011); *A National Summit on Cultural Safety in Nursing and Midwifery: Summary Report* (2014); and, *Creating the NACCHO Cultural Safety Standards and Assessment Process: A Background Paper* (2011). A review of these papers identified several key positions which include:

- Advocating for cultural safety in health at an individual, systemic and institutional level;
- Maximising participation for Aboriginal and Torres Islander people in the health workforce through respectful and safe recruitment and retention strategies;
- Culturally safe education and workplace environments;
- Cultural safety and Indigenous health education at undergraduate and postgraduate level (including professional development);
- Understanding the historical, cultural, social, political and economic contextual determinants impacting the health of Indigenous peoples, i.e., 'Why are things the way they are?'
- Cultural safety as a shared endeavour between all healthcare professionals; and
- Engaging a model of negotiated partnership to inform Indigenous and non-Indigenous stakeholder engagement in urban, rural and remote contexts.

To respond effectively to these identified positions and challenges, nurses and midwives require undergraduate and postgraduate education and training to provide culturally safe and effective care in all contexts. Therefore attention needs to shift to how the health workforce is prepared both before and following registration. One research project that was undertaken by Curtin University of Technology in 2013 (funded by Health Workforce Australia), explored the preparation of non-Indigenous registered health professionals to work more effectively with Aboriginal and Torres Strait Islander colleagues and clients. Findings of the study informed the development of a curriculum framework for undergraduate health professions education. CATSINaM has undertaken the lead in developing and implementing the framework for nursing and midwifery in partnership with the CDNM, and education and healthcare providers.

In considering cultural safety in education, practice and research the following position is taken:

- Cultural safety is an integral part of ANMAC, NCNZ and MCNZ competencies for registered nurses and midwives
- The CDNM welcomes the opportunity to work with CATSINaM, ANMAC, NCNZ, MCNZ and the Department of Health to develop curricula and pedagogical frameworks to ensure culturally safe and respectful learning environments
- The CDNM recommends that a strategy be developed and implemented to recruit and retain Aboriginal and Torres Strait Islander students and educators in the health and education workforce.

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