



Te Kaunihera Tapuhi o Aotearoa  
Nursing Council of New Zealand

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# **Bibliographic Timeline of the Introduction of Cultural Safety into Nursing Education in New Zealand**

1988 – 2012



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## Foreword

The year 2012 marked twenty one years since the Nursing Council of New Zealand (the Council) resolved that Cultural Safety would become part of the nursing curricula in New Zealand. After considering several pathways to mark this significant milestone, the Council decided that gifting back to nurses a bibliographic resource was the most appropriate.

Dr Elaine Papps, a member of Council from 1990 to 1997 and the Chairperson from 1990 to 1996 was invited to provide a foreword to introduce this unique resource to nurses.



**Carolyn Reed**

Chief Executive, Nursing Council of New Zealand

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The chronological arrangement of this bibliography provides a unique overview of the journey of cultural safety. The document commences with written material from the latter part of the 1980s which essentially represents the formation of cultural safety and its subsequent introduction into nursing education in New Zealand. In 1991, the Nursing Council of New Zealand resolved that cultural safety would become part of nursing curricula. Guidelines were developed and published in 1992, and education providers were required to utilise these guidelines to include cultural safety into nursing (and midwifery) courses leading to registration.

The bibliography identifies that several events impacted on cultural safety between 1992 and 1996. Media reaction to the introduction of cultural safety commenced in 1992 with an article in Metro, written following the release of the Guidelines for cultural safety in nursing and midwifery education. In 1993, events in relation to a nursing student resulted in extensive media coverage. Letters to daily newspapers, radio talkback programmes and radio interviews included in this document were, in the main, disparaging. This media attention continued into 1995 with two further public condemnations of the place of cultural safety in nursing education. A Parliamentary Inquiry was instigated by the Education and Science Select Committee in July 1995 to address public issues of concern about the cultural safety component of nursing education curricula. The Nursing Council had, however, established an independent committee to review the teaching of cultural safety in nursing courses. The Education and Science Select Committee commenced its own enquiry and called for public submissions. This was suspended in October 1995 when the Nursing Council reported back to this Committee about the eight recommendations in the report of the Cultural Safety Review Committee. New guidelines for cultural safety in nursing and midwifery education were developed and published by the Nursing Council in 1996.

Throughout this turbulent time the Nursing Council did not resile from its commitment to cultural safety. The Nursing Council has revised its guidelines for cultural safety on several occasions; in 1996, following the recommendations of the Cultural Safety Review Committee; in 2002 revised guidelines separated cultural safety from the Treaty of Waitangi and Maori health in order to minimise confusion and teaching variations. The guidelines were further revised and amended in 2005, 2006, 2009, and, most recently in 2011. The definition of cultural safety has been refined over time, but remains true to its original intent.

*Foreword continued on next page >*

Initial literature about cultural safety sought to explain what cultural safety was as well as what it was not. The dominance of the American transcultural nursing theory became part of the struggle to retain cultural safety as something different and unique to New Zealand. In the mid 1990s, despite the efforts of various writers to differentiate between cultural safety and transcultural nursing, there was an apparent political agenda to have cultural safety renamed as something it clearly was not. Alternative concepts offered included cultural sensitivity, cultural awareness and cultural competence. However, by the early 2000s health professions such as occupational therapy and physiotherapy were interested in adopting cultural safety. Over the last twelve years, both nationally and internationally, research has been undertaken and master's theses as well as doctoral theses have been completed in relation to cultural safety in nursing education and practice. The first book about cultural safety in New Zealand was published in 2005. Cultural safety has extended into international literature and research particularly in Canada and Australia.

The late Dr Irihapeti Ramsden had a vision for cultural safety, and the Nursing Council of New Zealand helped to fulfil that vision. Researchers in Canada (Browne et al, 2009) have commented that cultural safety will continue to hold value for nursing practice, research, and education when used to emphasise critical self-reflection, critique of structures, discourses, power relations and assumptions, and because of its attachment to a social justice agenda. While there remains work to be done on determining the efficacy of cultural safety in terms of the recipients of health services, for now, cultural safety seems to be in a safe space.

#### **Dr Elaine Papps**

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### **Notes on Structure**

This bibliography provides a timeline of the development of cultural safety as it relates to nursing in New Zealand from the late 1980s.

References are to published items. They include reports, media coverage, opinion pieces, letters to the editor, interview transcripts, theses, journal articles and monographs.

Material has been selected from a range of databases and other sources. Databases have not been restricted to nursing and those searched include: Index New Zealand (INNZ), Te Puna, New Zealand Nursing Research Database, Proquest and Ovid databases, Ebsco databases including CINAHL, and Pubmed.

Where possible the database or author abstract has been used. In some cases these have been abbreviated or clarified if needed. In other cases the compiler of this bibliography has written a brief outline of the item however this has not always been possible and some of the smaller, older items remain without an abstract.

Because this is a timeline of information it has been presented chronologically rather than in the more accepted style of alphabetically.

Material has been selected due to its publication in New Zealand sources or by New Zealand nursing academics in international publications. However as the concept took hold others in the health professions, first in New Zealand and then internationally, began acknowledging cultural safety and incorporating it into or adapting or critiquing it to fit their own guidelines and practices. Therefore as the timeline progresses one off references to cultural safety in midwifery, physiotherapy and mental health, etc will be found along with references to works from Canada, Australia and the United States.

It is acknowledged that this work while as comprehensive as it has been possible to make it will invariably have missed some items due to the nature of the indexes available.

### **Acknowledgements**

The Nursing Council of New Zealand would like to thank Linda Stopforth, of Snippets Ltd, for the preparation of this timeline. stop4th@xtra.co.nz, 021-107-24556.

- 1989** Ramsden, I.M. (1989 Apr). Equalising the partnership. *New Zealand nursing journal*, 82(3): 2.
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- 1990** Ramsden, I.M. (ed.) [1990]. *Kawa whakaruruhau = Cultural safety in nursing education in Aotearoa*, [Wellington? : Komiti Kawa Whakaruruhau?]
- Bickley, J. (1990 Sep). 'Cultural safety' a new factor for nursing. *New Zealand nursing journal*, 83(8): 22.
- Reviews *Kawa whakaruruhau : cultural safety in nursing education* by Irihapeti Ramsden.
- Ramsden, I. (1990/1991 Dec/Jan). Cultural safety. *The New Zealand nursing journal*, 83(11): 18-19.
- Discusses the historical background that led to Maori discontent with the health system, the Hui Waimanawa held at Otautahi in 1988 where those discontents were articulated and suggestions made regarding cultural awareness and the retention and recruitment of Maori students, and the resulting report, Kawa whakaruruhau, which outlines suggestions for the development of nursing practice and education in culturally appropriate ways.*
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- 1991** Hill, P. (ed). *Cultural safety hui of Whanau Kawa Whakaruruhau, Apumoana Marae, Rotorua, June 30-July 4 1991*. [Palmerston North, N.Z. : PSI Solutions, c1991]
- Ramsden, I. (ed). [1991] *Kawa whakaruruhau : cultural safety in nursing education in Aotearoa / the Hui Waimanawa, Otautahi, 1988, Hui Piri Ki Nga Tangaroa, Manawatu, 1989, Hui Raranga Patai, Te Whanganui a Tara, 1990* ; [prepared by] the Education Officer, Maori Health and Nursing, Ministry of Education, 1988-1990 ; cover design, Craig Lambert. [Wellington, N.Z. : I.M. Ramsden, 1990] (1991 printing)
- Sherrard, I. (1991 Oct). How can you teach cultural safety? *The New Zealand nursing journal*, 84(9): 25-26.
- Considers the concept of cultural safety as it applies to the nursing of Maori and others under the Treaty of Waitangi.*
- National Action Group. (1991). *Bicultural development in nursing : guidelines*. [Wellington, N.Z.] : Review of the Preparation and Initial Employment of Nurses, National Action Group.
- 
- 1992** Du Chateau, C. (1992 Jun). Culture shock. *Metro* (Auckland), 132: 96-106.
- Analyses reactions to the policy of 'Cultural Safety' in nursing training at polytechnics. Asks if such social engineering is justified and considers the views of students, The Nursing Council, and health and education professionals. Details changes to the nursing curriculum.*
- Ramsden, I. (1992 Jun). Teaching cultural safety. *The New Zealand nursing journal*, 85(5): 21-23.
- Sets out Nursing Council guidelines based on a 1990 report 'Kawa Whakaruruhau', written while the author was an officer for nursing and Maori health at the Dept of Education. Explains how the guidelines will help polytechnic schools of nursing implement cultural safety in the education of nursing and midwifery students.*
- (1992 Jul). Cultural safety guidelines worry tutor group. *New Zealand nursing journal*. 85(6): 5.
- Reveals the level of concern among nursing tutors and students over the process for the introduction of cultural safety guidelines.*
- Nursing Council of New Zealand (1992). *Guidelines for cultural safety in nursing and midwifery education and practice. Whanau whakaruruhau*. Wellington, NZ : Nursing Council of New Zealand.
- 
- 1993** Ramsden, I and Page, J. (1993 Mar). Changing the state examination. *New Zealand nursing journal*, 86(2): 30.
- Expresses concern over proposed changes to the state examination in nursing which would replace written answers with multiple choice questions that would preclude testing students on questions of cultural safety.*



Wood, P.J. and Schwass, M. (1993 Mar). Cultural safety: A framework for changing attitudes. *Nursing praxis in New Zealand*, 8(1): 4-15.

*Backgrounds the introduction and acceptance of the concept of cultural safety in the nursing profession. Aims to define cultural safety and the educational process required to achieve it. Examines the psychology of attitude and discusses how nursing educators can develop a teaching framework for attitude change. Outlines the 3 stages through which people pass in the development of ideas and attitudes towards cultural safety. Discusses teaching strategies and evaluation of learning through the state examination.*

Ritchie, S. (1993 Jul). A bicultural journey. *Kai tiaki : Nursing New Zealand*: 1(4): 22-23. *Outlines an educational approach aimed at helping nursing students become safe practitioners. Applies the partnership model derived from the Treaty of Waitangi to a bicultural programme designed to ensure cultural safety among nurses.*

Munro, R. Nurse forced from study. *The Press*, 10 Jul 1993: [no pagination]

Munro, R. Inquiry into 'failed' hui examination. *The Press*, 13 Jul 1993: [no pagination]

Munro, R. Ngai tahu steers clear of nursing row. *The Press*, 14 Jul 1993: 1

Munro, R. More nursing clashes outlined. *The Press*, 14 Jul 1993: 4

An instrument of tyranny. *The Press*, 14 Jul 1993: [no pagination]

Novitz, D. Why the polytechnic student's case is so important. *The Press*. 14 Jul 1993: [no pagination]

*The row over the student nurse excluded from Christchurch Polytechnic raises matters that go to the heart of what a free society means, argues David Novitz.*

*Polytechnic course. The Press. 14 Jul 1993: [no pagination]*

*A series of letters to the Editor.*

*Nursing – Christchurch Polytechnic. Radio New Zealand interview by Neil Billington, 15 July 1993. Duration 00:10:30*

*Neil Billington reports on the Christchurch Polytechnic's nursing courses and the issue of cultural safety raised by the dismissal of nursing student Anna Penn. Includes interviews with Dr Ranganui Walker, Professor of Maori Studies, Irihapeti Ramsden, architect of the Maori component of the nursing programme, Elaine Papps, NZ Nursing Council, Dr David Novitz, Canterbury University, and Anna Penn.*

Munro, R. Nursing claims fuel hot reaction : Student forced to rub noses. *The Press*. 15 Jul 1993: 1

Munro, R. Discrimination claim. *The Press*. 15 Jul 1993: 1

Forrester, K. Culture not at fault – tribe. *The Press*. 15 Jul 1993: [no pagination]

*Culture – Cultural safety. Radio New Zealand interview by Kerry Lamont, 16 July 1993. Duration: 00:07:48*

*Kerry Lamont interviews Anna Penn, former Christchurch Polytechnic nursing student. Anna Penn says she was not allowed to proceed with her course of study after she failed a hui (part of the cultural safety section of the nursing course), and she says the Polytechnic's inquiry into her case will be a "whitewash". Live material from Irihapeti Ramsden, the person who put together the cultural safety section for nursing courses. Linda Rose talks to Graham Oldershaw, principal of the Wellington College of Education, about cultural awareness in educational institutions and about student grievance procedures.*

Munro, R. Cultural safety defended. *The Press*. 16 Jul 1993: 1,7

Forrester, K. Past work 'degraded by row'. *The Press*. 16 Jul 1993: 7

*Polytechnic course. The Press. 16 Jul 1993: [no pagination]*

*A series of letters to the Editor.*

Munro, R. Polytechnic report due on Wednesday. *The Press*. 17 Jul 1993: [no pagination].

Forrester, K. Twenty two Maoris doing nursing studies. *The Press*. 17 Jul 1993: 3

*Polytechnic course. The Press. 17 Jul 1993: [no pagination]*

*A series of letters to the Editor.*

*Polytechnic course. The Press. 20 Jul 1993: [no pagination]*

*A series of letters to the Editor.*

Polytechnic course. *The Press*. 21 Jul 1993: [no pagination]  
*A series of letters to the Editor.*

Novitz, D. The value of free and open debate. *The Press*, 21 Jul 1993: [no pagination]

Christchurch Polytechnic. (1993). *Report of the Christchurch Polytechnic Council on the events and procedures which gave rise to media reports of a letter from a former nursing student*. Christchurch, NZ : Christchurch Polytechnic.

Forrester, K. Polytechnic report blames student. *The Press*. 22 Jul 1993: [no pagination]

Forrester, K. Polytechnic report satisfies chairman. *The Press*. 22 Jul 1993: [no pagination]

Polytechnic course/Cultural awareness *The Press*. 22 Jul 1993: [no pagination]  
*A series of letters to the Editor.*

Forrester, K. Hopes for quick course change. *The Press*. 23 Jul 1993: [no pagination]

Forrester, K. Culture at the expense of skills feared. *The Press*. 23 Jul 1993: [no pagination]

Samson, A. A nasty rash of cultural sensitivity. *Dominion*, 24 Jul 1993, 11.  
*Examines the clash between nursing student Anna Penn and Christchurch Polytechnic over 'cultural safety'.*

Polytechnic course. *The Press*, 24 Jul 1993: [no pagination]  
*A series of letters to the Editor.*

Cultural safety. *The Press*, 24 Jul 1993: [no pagination]  
*Editorial*

Hercus, J. In defence of the Christchurch Polytechnic : the director writes. *The Press*, 26 Jul 1993: [no pagination]  
*John Hercus, director of the Christchurch Polytechnic, answers criticism raised by the Anna Penn case.*

Polytechnic course. *The Press*, 28 Jul 1993: [no pagination]  
*A series of letters to the Editor.*

Polytechnic course/cultural safety. *The Press*, 29 Jul 1993: [no pagination]  
*A series of letters to the Editor.*

*Health – Nursing*. Radio New Zealand interview by Geoff Robinson, 5 Aug 1993.  
 Duration 00:04:30  
*Chairperson of the Nursing Council Elaine Papps talks to Geoff Robinson about the "cultural safety" component of the state nursing exam. (Criticisms of "cultural safety" were publicised following the case of Christchurch Polytechnic nursing student Anna Penn.)*

Maori issues all-important. *Dominion*, 6 Aug 1993, 8.  
*Outlines the guidelines on 'cultural safety' written by Irihapeti Ramsden for the Nursing Council.*

*Health – Nursing*. Radio New Zealand interview by Kerry Lamont, 6 Aug 1993. Duration 00:02:34  
*David Wills of the Nurses Society has criticised the "cultural safety" section of state nursing exams, following the case of Christchurch Polytechnic nursing student Anna Penn. Kerry Lamont i/vs. Irihapeti Ramsden, architect of the "cultural safety" section of state nursing exams.*

Catherall, S. The treaty at the bedside. *Dominion*, 14 Aug 1993: 10.  
*Talks to Irihapeti Ramsden, the creator of 'cultural safety' in the nursing syllabus.*

Ansley, B. (1993 Aug). Anna and the rednecks. *The Listener*. 140(2784): 22-23.  
*Examines the controversy over the Christchurch Polytechnic nursing student's accusations that she was not allowed to continue her course because of an argument with the kaumatua on a marae visit.*

*Te Puna Wai Kōrero*. Radio New Zealand interview by Henare te Ua, 14 Aug 1993.  
 Duration: 27'32"  
*Irihapeti Ramsden (Ngai Tahu/Rangitane) is a Nursing Educationist. She is the Architect of the Cultural safety dimension within the NZ Nursing Training Curriculum. She speaks with Hēnare Te Ua about what the term cultural safety means, its role within nursing training and its implementation.*

- Chapman, A. (1993 Aug). The cultural question. *Nursing New Zealand*, 1(5): 31.  
*Responds to the recent controversy at Christchurch Polytechnic over the issue of cultural safety. Looks at what it is, its origins, its principles, and the question of social justice*
- Brooke, A-M. Nursing grievances instead of patients. *Dominion*, 20 Aug 1993: 8.  
*Criticises the 'cultural safety' guidelines used in nursing training.*
- Praise for New Zealand nursing. The Press.* 20 Aug 1993: [no pagination]
- Letter of support for cultural safety education by the President of the American Nurses' Association. *The Evening Post.* 20 Aug 1993: [no pagination]
- Nursing – Cultural safety.* Radio New Zealand interview with Kerry Lamont. 20 Aug 1993. Duration 00:02:13  
*Gay Williams, national director of the Nurses' Organisation, talks to Kerry Lamont about the cultural safety component in the NZ nursing education programme and international standards.*
- Crompton, A. Nurses who care about culture: focus on 'whole' person.  
*Otago daily times*, 21 Aug 1993: 17.  
*Looks at 'cultural safety' elements in the nursing programme of Otago Polytechnic.*
- Logan, B. Cultural safety' the recipe for injustice. *New Zealand herald*, 9 Sep 1993: s.1: 8.  
*Criticises positive discrimination for women and ethnic groups.*
- Duff, A. Cultural safety not in best Maori interest. *Dominion*, 2 Sep 1993: 9.  
*Condemns the incorporation of 'cultural safety' in the nursing syllabus.*
- (1993 Sep). Some students have doubts about teaching of cultural safety.  
*Nursing New Zealand*, 1(6): 5.  
*Talks to NZNO student unit chairperson Jac Tuffnell about the concern among nursing students over the content and purpose of the cultural safety aspect of the curriculum as expressed in a survey of students.*
- Fittes, P. How not to do cultural safety. *Dominion*, 14 Sep 1993: 6  
*Expresses concerns over the 'cultural safety' component of her nursing training.*
- Docherty, B. Cultural safety simply means fairness to all. *New Zealand doctor*, 16 Sep 1993: 31.  
*Addresses the issue of cultural safety. Reflects on the author's training in cultural sensitivity while a nursing student and offers a checklist of prejudicial attitudes for nurses to avoid.*
- Walker, R. (1993 Sep). Te Karanga : not up with the play. *Metro* (Auckland), 147: 148-149  
*Comments on the broadening of educational curricula to include Maori issues and beliefs. Discusses this in relation to the controversy over the failure of Christchurch Polytechnic nursing student Anna Penn to pass the 'Cultural Safety' component of her course.*
- Walker, R. (1993 Oct). Polemic without homework. *Metro* (Auckland), 148: 150-151.  
*Talks about 'Cultural Safety' in nursing education. Mentions the Anna Penn/Christchurch Polytechnic controversy.*
- Brett, C. Putting Penn to paper : the whole story about Christchurch Polytech and cultural safety. *North and South*. Oct 1993: 66-77  
*Discusses cultural safety and the politicisation of nursing education in NZ, focusing on the controversy surrounding Anna Penn and the Christchurch Polytechnic. Questions the procedural and assessment methods used and mentions concerns felt by other students. Talks to Irihapeti Ramsden about the cultural content of the nursing curriculum.*
- Ramsden, I. and Spoonley, P. (1993). The cultural safety debate in nursing education in Aotearoa. *New Zealand annual review of education*. 3: 161-174  
*Explains the role of cultural safety in meeting the requirements of nursing education and defends cultural safety as critical to the curriculum for nurses and other health professionals. Criticises the way in which the media has cast cultural safety as a threat to a set of traditional values.*
- Ramsden, I. (1993 Nov). Kawa whakaruruhau : cultural safety in nursing education in Aotearoa (New Zealand). *Nursing praxis in New Zealand*. 8(3): 4-10.  
*Conference: Transcultural Nursing Conference, Sydney, Jul 1993*  
*Considers a re-definition of nursing education in the context of Maori identity. Discusses cultural safety in terms of biculturalism and the teaching of cultural safety in nursing education. Examines historical antecedents of monocultural nursing attitudes. Maintains that recruitment programmes for Maori nursing students and Maori nurses need to provide ongoing support.*

Christchurch Polytechnic. (1993). *Report of the Christchurch Polytechnic Council on the events the procedures which gave rise to media reports of a letter from a former nursing student*. Christchurch : Author.

Ramsden, I. (1993). Cultural safety. In: Manchester, J. and O'Rourke, A (ed). *Liberating learning. Women as facilitators of learning*. Wellington : [J Manchester and A. O'Rourke?]

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## 1994

Cooney, C. (1994 Mar). A comparative analysis of transcultural nursing and cultural safety. *Nursing praxis in New Zealand*, 9(1): 6-12.

*Conference: Transcultural Nursing Conference, Sydney, Jul 1993.*

*Considers the similarities and differences between transcultural nursing and cultural safety and shows why NZ nursing has adopted cultural safety. Provides background to the 2 approaches through the work of their respective proponents, Madeleine Leininger and Irihapeti Ramsden. Discusses cultural values, perspective versus reality, unicultural orientation versus institutional racism, and theory versus conceptual framework.*

Ramsden I.M. (1994, Apr). Accepting others for what they are. *Quality Health*, Apr 1994: 10-11.

*Nursing – Cultural safety*. Radio New Zealand interview by Peter Johnson. 21 Apr 1994: Duration: 00:05:50

*Interview with former tutor at Waikato Polytechnic Raj Sangarran regarding the issue of cultural safety in nursing training*

Gleeson, S. Cultural safety proves contentious issue still. *New Zealand herald*, 7 May 1994: s.1, 9.

*Considers the 'cultural safety' component of nursing training, focusing on Waikato Polytechnic.*

Dekker, D. A course for caring. *Evening post*, 13 Jul 1994: 25-26.

*Talks to Irihapeti Ramsden about cultural safety, a feature of nursing training for almost five years. Gives some illustrations of its practical application.*

Cultural safety 'inherent quality'. *The Gisborne herald*. 19 Oct 1994: [no pagination]

Nurses may have to prove cultural safety to practice. *The Dominion*. 25 Nov 1994: [no pagination]

'Cultural safety' plan. *The Press*, 25 Nov 1994: [no pagination]

Ramsden, I. Cultural safety. *Mental health news*, Sum 1994: 23.

*Presents a paper from the Health Research Council 1994 conference, explaining cultural safety in health service in relation to Maori patients.*

*Cultural safety specifications for provider competencies and qualifications in maternity services : report to the Maori Women's Working Group of the Joint Regional Health Authorities' Review of Maternity Benefits*. [N.Z. : s.n.], 1994.

Aschebrock, E. (1994). *Cultural safety: Who cares?: A qualitative research study into awareness, feelings, and attitudes towards cultural safety amongst practising nurses*. [Dunedin]: [Otago Polytechnic].

Way, K. (1994). *Cultural safety – the outcome not the intentions*. Tamaki-makaurau: Project Waitangi.

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## 1995

Nursing body at it again. *Dominion*, 13 Feb 1995: 6.

Bain, H. Nursing course questions 'arrogant'. *Dominion*, 13 Feb 1995: 3.

Cultural safety. *Dominion*, 1 Mar 1995: 10.

Cultural safety. *Dominion*, 17 Mar 1995: 8.

Schouten, H. Rotorua health staff surveyed on Maori issues. *Dominion*, 29 Mar 1995: 22.

Nursing now "farce". *Dominion*, 30 March 1995: 27.

Ramsden, I. (1995 May). *Cultural safety : Implementing the concepts; the social force of nursing and midwifery*. Paper presented at the Social Force of Nursing Conference, James Cook Central Hotel, 23 May 1995, Wellington.



Nonsense no use to nurses. *The Dominion*, 8 May 1995: [no pagination]

Schouten, H. 'Culturally unsafe' polytech nursing tutor faces sack. *Dominion*, 26 May 1995: 3.

Stabb, B. 'How I became culturally unsafe'. *Evening Post*, 29 May 1995: 5.  
*Focuses on the debate on the cultural safety of the nursing tutor, and his ongoing dispute with his employer, Waikato Polytechnic. Outlines his grievances.*

Cultural safety. *Dominion*, 30 May 1995: 6.

Schouten, H. Nurses concerned at polytech tutor's dismissal. *Dominion*, 31 May 1995: 3.

Dispelling the myths of cultural safety. *Kia Hiwa Ra : National Maori newspaper*, May 1995: 305.  
*Explains the concept of cultural safety in health as equipping professionals with effective communication skills for health delivery to diverse cultural groups. Dispels media generated myths in an interview with the writer of programmes for nurse education, Irihapeti Ramsden.*

Schouten, H. Sacked tutor 'never declared unsafe'. *Dominion*. 3 June 1995: 3.

Mannion, R. (1995, June 3). Cultural Coventry. *Dominion*. 3 Jun 1995: 18.

Nonsense no use to nurses. *Dominion*. 8 Jun 1995: 8.

Cultural safety. *Dominion*. 9 Jun 1995: 8.

PC's long shadow. *Dominion*. 10 Jun 1995: 18.

Cultural shock treatment. *Dominion*. 12 Jun 1995: 10.

Cultural safety warning by Smith. *Otago daily times*. 13 Jun 1995 : [no pagination]

Cultural safety inquiry plan. *Dominion*. 14 Jun 1995: 8.

Beliefs of the Stone Age. *Dominion*. 15 Jun 1995: 12.

Cultural safety not a problem. *Otago daily times*: 15 Jun 1995: [no pagination]

Trainees back cultural safety. *New Zealand Herald*. 15 Jun 1995: [no pagination]

Kominik, A. Nurses to rethink cultural safety. *Dominion*. 16 Jun 1995: 1.

Courtney, B. Nurse welcomes reappraisal of cultural safety. *Dominion*. 19 Jun 1995: 13.

Maling, N. Cultural safety under scrutiny. *Dominion*, 19 Jun 1995: 12.

Wrong place to seek help. *Dominion*. 21 Jun 1995: 6.

Carryer, J. The role of 'cultural safety' in nursing practice. *Dominion*, 22 Jun 1995: 11.  
*The president of the College of Nurses explains their view of 'cultural safety'.*

Cultural safety. *Dominion*. 23 Jun 1995: 4.

Scherer, K. Govt moves to tackle 'cultural safety' issue. *Dominion*. 25 Jun 1995: 3.

Laugesen, R. Cultural safety inquiry possible. *Dominion*. 26 Jun 1995: 1.

'Cultural safety'. *Dominion*. 27 Jun 1995: 10.

Zealots must be stopped. *Dominion*. 27 Jun 1995: 6.

Light at last on nurse 'safety'. *Dominion*. 27 Jun 1995: 10.

Speden, G. Nursing head denies claim on cultural safety course. *Dominion*, 27 Jun 1995: 2.

*Cultural safety in nursing courses*. Radio NZ interview [with Mike Hoskings]. 27 Jun 1995. Duration: 00:06:47  
*The issue of cultural safety in nursing courses has arisen again. Is it crowding out clinical training and what effect will that have on standards of health care? Live interview with Health Minister Jenny Shipley followed by interview with Colleen Singleton, Chief Executive of the Nursing Council.*  
 [Transcript]

Cultural safety misinformation blame. *The Dominion*, 28 Jun 1998: [no pagination]

Demand for cultural safety action. *The Press*, 28 Jun 1995: [no pagination]

Polytechnic seeks experts to audit cultural safety practices. *Waikato times*, 28 Jun 1995: [no pagination]

Scherer, K. Cultural safety review 'welcome'. *Dominion*, 29 Jun 1995: 21.

*Cultural safety – Manukau Polytechnic*. Radio New Zealand ["Good morning New Zealand" interview with presenter Linda Rose]. 29 Jun 1995. Duration: 00:04:30  
*The Chief Executive of Manukau Polytech, Bob Wilyams, enters the debate and says he is concerned about cultural safety at his polytechnic. He is interviewed live. [Transcript]*

None the wiser. *Dominion*, 30 Jun 1995: 6.

Cultural safety?. *Dominion*, 30 Jun 1995: 6.

Academic nurses. *Dominion*, 30 Jun 1995: 6.

Questions unanswered. *Dominion*, 30 Jun 1995: 6.

Headline issue. *Dominion*, 30 Jun 1995: 6.

Polytechnics call for cultural safety calm. *Dominion*, 30 Jun 1995: 10.

Bridging the culture gaps. *New Zealand herald*, 30 Jun 1995: [no pagination]

Gleeson, S. Bridging the culture gaps. *New Zealand herald*, 30 Jun 1995: s.1:7  
*Sets out the Nursing Council guidelines for the cultural safety programme and course which is taught at Waikato Polytechnic.*

Mannion, R. Student nurse jabbed by 'cultural safety' pin. *Dominion*, 1 Jul 1995:21  
*Talks to nursing student Melanie Davis about 'cultural safety' in nursing education.*

Minister says cultural safety good within reason. *Dominion*, 3 Jul 1995: 2.

Cultural safety. *Dominion*, 3 Jul 1995: 4.

Jensen, J. H. Teaching the secrets of cultural safety. *New Zealand herald*, 4 Jul 1995: s.1:6.

*Criticises the content and delivery of 'cultural safety' courses for nursing students. Argues that tertiary study should be about enhanced understanding of the underlying principles and resources in a discipline so that students can do their own learning efficiently, critically and independently. Contends that no one culture should have a dominant place.*

Nursing Council to look at cultural safety. *The Evening Post*. 6 Jul 1995: 2.  
[no pagination]

Safety team named. *Dominion*. 8 Jul 1995: 3.

Caring for people. *Dominion*. 10 Jul 1995: 8.

'Safety' not issue. *Dominion*, 11 Jul 1995: 8.

Awareness not safety. *Dominion*, 11 Jul 1995: 8.

Bain, H. Cultural safety in question. *Dominion*, 19 Jul 1995: 2.

*Reports on presentations and submissions made to Parliament's Education and Science Select committee the previous day.*

*Cultural safety*. Radio New Zealand Insight. 23 Jul 1995. [no duration]

*Transcript of a radio interview on cultural safety with commentary from Elaine Papps, Irihapeti Ramsden, Ranginui Walker, Ian Revell, Lockwood Smith, David Wills, and David Novitz.[Transcript]*

Laugesen, R. MPs inquire into cultural safety course. *Dominion*, 26 Jul 1995: 1.

*Kim Hill interview with Jenny Carryer*. 26 Jul 1995. [no duration]

*Radio New Zealand interview with Jenny Carryer, President of the College of Nurses Aotearoa. [Transcript]*

Bain, H. Fear of inquiry witch-hunting. *Dominion*, 27 Jul 1995: 2.

Relevance of cultural safety. *Dominion*, 27 Jul 1995: 6.

Calls persuade Henare to reconsider boycott. *Dominion*, 28 Jul 1995: 2.

Inquiry part of 'wearisome attack'. *Dominion*, 28 Jul 1995: 17.

Saxon, K. (1995 Jul). Students support cultural safety. *Kai Tiaki : Nursing New Zealand*, 1(6): 24.

*Discusses the origins of cultural safety in nursing training, and suggests improvements in its implementation.*

Wright, T. (1995 Jul). Understanding cultural safety. *Kai Tiaki : Nursing New Zealand*, 1(6): 22-23.

*Examines culturally-safe nursing practice from personal, educational, professional, national and international perspectives.*

Lock, M. Students' cultural safety views sought. *Dominion*, 2 August 1995: 2.

*Radio Pacific talkback programme with Jenny Anderson. 4 Aug 1995. Duration: 02:00. If there is one topic that has been consistently in the news headlines it is that of cultural safety. Pressure has been mounting to have an inquiry into the cultural safety component of the nursing education curriculum. Provides commentary from Ian Revell, Margaret Austin, Irihapeti Ramsden, and various talkback callers.*

'Safety' concept defended. *The Manawatu Evening Standard*, 8 Aug 1995: [no pagination]

Cultural safety row 'fuelled by orthodoxy'. *Dominion*, 14 Sept 1995: 7.

Ferguson, L. Nursing paper 'satisfies'. *Dominion*, 27 Sep 1995: 2.

Scherer, K. 'Cultural safety' queried. *Dominion*, 27 Sep 1995: 2.

No satisfaction in result – MP. *Dominion*, 28 Sep 1995: 12.

Samson, A. Hospitals may harm one in 20. *Dominion*, 14 Sep 1995: 1.

Matheson, D. Nurses get grilling at inquiry. *Dominion*, 4 Oct 1995: 2.

*Radio New Zealand interview. 4 October 1995. [no duration].*

*Kim Hill interviews Elaine Papps, Nursing Council Chairperson*

'Cultural safety'. *Dominion*, 9 Oct 1995: 10.

Cultural safety inquiry dropped. *Dominion*, 10 Oct 1995: 1.

Nursing standards. *Dominion*, 12 Oct: 6.

Cultural difference. *Dominion*, 13 Oct 1995: 8.

Ferguson, L. Cultural-safety move 'copout'. *Dominion*, 18 Oct 1995: 8.

*Brian Edwards interview with Irihapeti Ramsden. 21 Oct 1995. [No duration]*

*...there can be few subjects that got people so fired up in the last few years as the subject of cultural safety.... Interviews Irihapeti Ramsden. [Radio New Zealand?]*

Flaws in the guidelines. *Dominion*. 25 Oct 1995: 12.

Walker, R. (1995 Oct). Dumping baggage. *Metro* (Auckland), 172:130-131.

*Defends whakaruruhau, or cultural safety in nurse training.*

'Cultural safety' stance. *Dominion*, 31 Oct 1995: 6.

Rehu Murchie, E. and Spoonley, P. (1995). *Report to the Nursing Council of New Zealand on cultural safety and nursing education in New Zealand, July-September 1995*. [Wellington, N.Z.] : Cultural Safety Review Committee.

Ramsden, I. (1995 Oct). Cultural safety : implementing the concept. *Journal (New Zealand College of Midwives)*, 13:6-9.

*Conference: Social Force of Nursing and Midwifery Conference, May 1995*

*Examines the public reaction to the cultural safety issue. Backgrounds the development of the concept and describes its implementation in nursing programmes. Defines 6 categories of difference in the practice of cultural safety, and the objectives of cultural safety in nursing and midwifery education.*

Ramsden, I.M. (1995, Nov). What have we learned? *Kai Tiaki Nursing New Zealand*, 1(10): 2.

Not only Maoris. *Dominion*, 15 Nov 1995: 17.

Morgan, J. Nurse seeks polytechnic abuse stories. *Dominion*, 20 Dec 1995: 1.

Cultural safety points clarified. *Dominion*, 21 Dec 1995: 3.

Furner, B. (1995-1996 Dec/Jan). The stories must be told. *Kai Tiaki : Nursing New Zealand*, 1(11): 25-26

*Reports the concerns of nursing students over the cultural safety component of their studies. Criticises the review of cultural safety by the Nursing Council. Expresses concern over the intimidation felt by students in the cultural safety course.*

Barton, W. At last, it's Nurse Anna Penn. *Dominion*, 30 Dec 1995: 15.

*Talks about her criticisms of nursing education in NZ with the woman at the centre of the Christchurch Polytechnic cultural safety controversy.*

Teekman, B. (1995). *Cultural safety : an explorative study of the concept of cultural safety in nursing*. Palmerston North : Faculty of Nursing and Health, Manawatu Polytechnic.

*The Cultural safety component in the nursing programme / prepared for Association of Polytechnics in New Zealand [by] AGB McNair. [Auckland, N.Z. : AGB McNair, 1995]*

Millar, R. (1995). *An investigation into students' perception of the successful aspects of Waitangi Workshops*. Christchurch : College of Education.

Dyck, I. and Kearns, R. (1995) Transforming the relations of research: towards culturally safe geographies of health and illness. *Health and practice*; 1(3): 137-147.

## 1996

Authority declines complaint. *Dominion*, 2 Jan 1996: 12.

*On behalf of the coalition, Margaret Stuart complained that the item was inaccurate and partial and omitted the views of the tangata whenua. She said it breached broadcasting standards because it focused sympathetically on Mr [Brian Stabb] while omitting, or glossing over, statistics on Maori health and the professional relationship of the patient-helper.*

Cultural safety. *Dominion*, 9 Jan 1996: 6.

Cultural safety. *Dominion*, 9 Jan 1996: 6.

*Betty Furner is incorrect when she asserts that the Nursing Council review of cultural safety did not include the comments from a survey that she conducted (The Dominion, December 20). [Letters]*

Wishful thinking. *Dominion*, 10 Jan 1996: 6.

Well done, Anna Penn. *Evening Post*, 20 Jan 1996: 8.

Horton, E. and Fitzsimmons, P. (1996). The cultural safety debate and the conservative restoration in Aotearoa/New Zealand. *New Zealand journal of educational studies*, 31(2): 171-187.

*Examines the issue of cultural safety in relation to wider social issues, including the Treaty of Waitangi, in the face of what Ira Shor calls the conservative restoration. Critiques the notion of professionalism in nursing and the confused role of the Nursing Council in relation to the Government's Industry Training Strategy. Argues that as a result of neoliberal reforms to the economy, the Nursing Council has severely limited functions and is vulnerable to criticism. Contends that any programme – such as cultural safety – that has as its patron the Nursing Council, will be similarly vulnerable. A review commissioned by the Nursing Council has recently been released which indicate serious pedagogical problems and recommends a series of solutions. Attitudinal and behavioural change is a necessary condition for the success of cultural safety, but the implementation of the principles of the Treaty of Waitangi is equivocal under the neoliberal Industry Training Strategy.*

Coup, A. (1996 Mar). Cultural safety and culturally congruent care: A comparative analysis of Irihapeti Ramsden's and Madeleine Leininger's educational projects for practice. *Nursing praxis in New Zealand*, 11(1): 4-11

*Compares and analyses the 2 systems for preparing nurses to give culturally congruent and safe care. Describes Leininger's educational project for competence in transcultural nursing practice and compares it with the cultural safety project in nursing and midwifery education in NZ. Rejects transcultural nursing as inappropriate for Maori.*

The dark side of cultural safety. *The Dominion*, 25 Mar 1996: 8.

*Parliament's Maori affairs committee learned last week that while the devotees of PC theory in the Health Ministry sort out the cultural issues, thousands of Maoris and Pacific Islanders are left suffering from hepatitis B. Hepatitis Foundation director Sandor Milne blasted concerns over whether screening apparently healthy people was "culturally unsafe", saying this was fundamentally immoral if it blocked the screening and monitoring of people at risk. The council hopes that clearer*

guidelines will blunt the criticism that "cultural safety" is really Maori radicalism in drag, that a disproportionate amount of time is devoted to it, and that cultural sensitivity must apply to all cultures, not just the Maori culture.

Hepatitis B screening. *The Dominion*, 27 Mar 1996: 8.

*The appropriateness of interventions are particularly important when viewed in the light of current Maori health status. The Ministry of Health is committed to improving the status of Maori health and encouraging health gains. Maori under-utilisation of primary health care services is a significant contributing factor to many health problems that Maori people suffer, including the identification of hepatitis B carriers. The ministry has reconvened a working party to consider how a national programme for hepatitis B screening might be undertaken. The working party includes Mr Sandor Milne and Dr Chris Moyes of the Hepatitis Foundation, and increased Maori representation.*

Radical Maori dogma. *The Dominion*, 27 Mar 1996: 8.

Way, K. (1996 Autumn). A Pakeha perspective on cultural safety. *Broadsheet*, 209: 11-12. Note: Cover printed as Spring.

*Writes from her experience of providing cultural safety training for staff at Auckland Hospital.*

Cultural power. *The Dominion*, 17 Apr 1996: 8.

*Sir, -- The word "power" and its variants occur 40 times in 36 pages of the draft guidelines for the cultural component in nursing and midwifery education. [Letters]*

Anna Penn gains nursing degree. *The Dominion*, 25 Apr 1996: 7.

Cultural power. *The Dominion*, 26 Apr 1996: 8.

Kominik, A. (1996, May 2). Cultural safety for nurses hot topic at meeting on. *The Dominion*, 2 May 1996: 2.

*The draft guidelines were developed after a review of cultural safety in nursing studies by human rights commissioner Erihapeti Murchie and Massey University's associate dean at its Albany campus, Paul Spoonley. She said it was important cultural safety was not perceived to have been taken over by Maoris, and that cultural safety recognised to some extent all cultural differences, including age, sexuality and ethnicity. Outlining several recommendations, which are to be considered by the Nursing Council at its meeting next week, nurses said the draft had positive amendments including broadening the definition of cultural safety and recognition that cultural safety was not just about Maori studies.*

Big personal cost for mental health tutor. *Waikato times*, 20 May 1996: 7.

*Last year Brian Stabb was fired by Waikato Polytechnic from his job as mental health nursing tutor in the polytechnic's nursing and health studies department at the end of a long-running dispute over cultural safety and the nursing department's direction.*

Hall, T. Polytechnic nursing head says cultural safety is. *Waikato times*, 20 May 1996: 7.

*A year after the cultural safety row at Waikato Polytechnic, nursing head Rose McEldowney speaks out to TANIA HALL. Mental health nursing tutor Brian Stabb went public in 1994 alleging he was offered money to keep quiet about his concerns over cultural safety and the polytechnic committee overseeing it. Then all hell broke loose. In a country dealing with Treaty of Waitangi grievances, Moutoa Gardens and the fiscal envelope, a course designed to turn out "culturally sensitive" nurses hit a raw nerve. Waikato Polytechnic's nursing department was being described as a hotbed of man-hating, politically correct women inflicting their brainwashing doctrine on innocent, unassuming nursing students. Or was it all just a storm in a teacup?*

Leininger, M. (1996 Jul). Response to Cooney article, "A comparative analysis of transcultural nursing and cultural safety". *Nursing praxis in New Zealand*, 11(2): 13-15.

*Responds to assertions made about the concept of transcultural nursing in a comparison of it with cultural safety in a previous issue of this journal.*

Bailey, A. (1996 Jul). Cultural safety's champion. *Magneto*. 5: 15.

*A profile of Irihapeti Ramsden. Box includes 'Cultural safety: what is it?'*

Huntington, A.; Gilmour, J. and O'Connell, A. (1996 Aug). Reforming the practice of nurses: decolonization or getting out from under. *Journal of advanced nursing*. 24(2): 364-367.

*The practice of nurses has been formed and informed by many disciplinary discourses. We argue that this leads to the subjugation and colonization of nurses' practices and the discipline. By debating and challenging current development in knowledge the opportunity is created for nurses to reform representations of our practices in a way that can privilege diversity, complexity and ambiguity. In particular, modernism and postmodernism are critiqued to highlight the impact of particular philosophical traditions on the practices of nurses.*



Scherer, K. Cultural safety term to stay. *Evening post*, 1 Aug 1996:2.

*The education and science committee suspended its inquiry into the cultural safety component of the nursing curriculum last year to enable the Nursing Council to conduct its own review. The issue prompted heated discussion among MPs. At one stage, committee chairman Ian Revell threatened to throw Northern Maori MP Tau Henare out of the meeting if he did not stop interrupting. Mr Henare accused other MPs of being "way out of line" for questioning whether the curriculum had too much emphasis on Maori culture.*

Kominik, A. Cultural safety row hits parliament. *The Dominion*, 2 Aug 1996:1.

*At one point committee chairman Ian Revell (Nat, Birkenhead) threatened Tau Henare (NZ First, Northern Maori) to stop interrupting or he would be thrown out. Mr [Henare] said he would be writing to Speaker Peter Tapsell (Lab, Eastern Maori) to express his concerns over the way Mr Revell had acted. "We clearly say that Maori studies have no place in the nursing curriculum, you go to the Maori studies department for that. Nursing has a clear interest in Maori health issues -- that is a clear difference."*

Vasil, A. Council says it erred on cultural safety. *The Dominion*, 5 Aug 1996: 13.

*The council is now recommending that the way the policy is taught is monitored from 1998 and that it does not have to be taught by Maoris, unless the subject is Maori health. The council also recommends that cultural safety should no longer be taught by Maori studies departments but by nursing schools. The new guidelines were still based on Treaty of Waitangi principles, in line with Health Minister Jenny Shipley's policy guidelines about Maori health. They were broader because they focused on health rather than Maori issues such as the culture's rituals and customs.*

Balancing cultural awareness. *Timaru herald*, 9 Aug 1996: 4.

*Debate was sparked by Christchurch Polytechnic student Anna Penn, who was suspended after failing a hui on a marae aimed at cultural safety. It was revealed then that 20 per cent of one of the final examination papers was dedicated to that issue, which prompted politicians to complain of cultural overkill.*

Ramsden, I. (1996 Sep). Cultural safety experience 'inevitable'. *Kia Hiwa Ra : National Maori newspaper*. Sep 1996: 45: 9.

*Comments on the 'cultural safety in nursing' issue.*

Jackson, M. (1996 Sep). Helping shape the wellbeing of a people. *Kia Hiwa Ra : National Maori newspaper*. Sep 1996: 45: 10

*Examines the cultural safety issue.*

Papps, E., and Ramsden, I. (1996 Oct). Cultural safety in nursing: The New Zealand experience. *International journal for quality health care*, 8(5): 491-497.

*The concept of cultural safety arose from the colonial context of New Zealand society. In response to the poor health status of Maori, the indigenous people of New Zealand, and their insistence that service delivery change profoundly, nursing has begun a process of self examination and change in nursing education, prompted by Maori nurses. Nursing and midwifery organizations moved to support this initiative as something which spoke truly of nursing and New Zealand society. Cultural safety became a requirement for nursing and midwifery courses in 1992. But its introduction into nursing education has been controversial. It became highly publicized in the national media, and the role and function of the Nursing Council of New Zealand was questioned. This paper discusses the New Zealand experience of introducing cultural safety into nursing education.*

Ovretveit, J. (1996). The kiwi way: Lessons from New Zealand. *British medical journal*, 312(7031), 645-645.

*New Zealand was the first country to create a universal social security system and free health care in the late 1930s, a fact that reflects the strong socialist tradition of the country. Features of New Zealand society from which the UK can learn are discussed.*

Ahuarangi, K. (1996 Nov). Creating a safe cultural space. *Kai Tiaki : Nursing New Zealand*, 2(10): 13-15

*Enunciates the author's central value within his nursing philosophy which derives from wairuatanga and secular materialism. Explains his concept of the space of symbiosis in the nurse-patient relationship which comprises the 3 phases of affirmation, nurturance, and transformation. Presents 2 scenarios illustrating these dynamics. Links cultural safety and biculturalism.*

Kearns, R., and Dyck, I. (1996). Cultural safety, biculturalism and nursing education in Aotearoa/New Zealand. *Health and social care in the community*, 6(4): 371-380.

Nursing Council of New Zealand. (1996). *Draft guidelines for the cultural safety component in nursing and midwifery education*. Wellington : Nursing Council of New Zealand.

Nursing Council of New Zealand. (1996). *Guidelines for cultural safety in nursing and midwifery education*. Wellington: Nursing Council of New Zealand.

Ramsden, I. (1996). 'The Treaty of Waitangi and cultural safety: The role of the Treaty in nursing and midwifery education in Aotearoa'. In: *Nursing Council of New Zealand, Guidelines for cultural safety in nursing and midwifery education*. Wellington, NZ: Nursing Council of New Zealand.

## 1997

Nurse wants job back. *Waikato times*, 14 Feb 1997: 3.

"My sacking was unwarranted and unjustified." His concerns had been backed up by the Mason Report and a parliamentary select committee on cultural safety, Mr [Brian Stabb] said. Since his dismissal from the polytechnic, he has worked at Health Waikato as a part-time psychiatric nurse for 18 months.

Kearns, R. (1997 Feb). A place for cultural safety beyond nursing education? *New Zealand medical journal*, 110(1037): 23-24.

Defines cultural safety and its emphasis on Maori health. Suggests that the philosophy of cultural safety should be extended to other health and medical sectors other than nursing.

Stabb reinstated. .then resigns. *Waikato times*, 8 Mar 1997: 3.

Mr [Brian Stabb] was sacked from his tutor's job in May 1995 after a lengthy clash over the teaching of cultural safety and the nursing department's teaching standards. The crunch came when he wrote an article for a nursing journal that highlighted his concerns. He was dismissed soon afterwards.

Smith, M. (1997 Mar). False assumptions, ethnocentrism and cultural imposition... Madeline Leininger's theory of culture care and its place in Aotearoa. *Nursing praxis in New Zealand*. 12(1): 13-16.

Argues with the response made by Madeleine Leininger to an article by C Cooney in 'Nursing Praxis'. Rejects Transcultural Nursing as appropriate for NZ and contrasts it with Cultural Safety.

Leininger, M. (1997 Mar). Leininger's critique response to Coup's article on cultural safety and culturally congruent care for practice. *Nursing praxis in New Zealand*, 12(1): 17-22.

Kenney, S.G. (1997 May). *All aflutter (or) A tale of two worlds: the cultural safety component in New Zealand nursing and midwifery education*. Unpublished Master of Arts thesis. University of Hawaii, 1997.

URL: [http://scholarspace.manoa.hawaii.edu/bitstream/handle/10125/21107/Kenney\\_1997\\_r.pdf?sequence=1](http://scholarspace.manoa.hawaii.edu/bitstream/handle/10125/21107/Kenney_1997_r.pdf?sequence=1)

Cultural fright. *The Dominion*, 23 Jun 1997: 8.

Honoured health advocate dies. *The Dominion*, 7 Jul 1997: 3.

Reports on the passing of Erihapeti Rehu-Murchie.

Jeffries, P. Dedicated to human rights: Erihapeti Rehu-Murchie. *Sunday star- times*, 20 Jul 1997: A11

FORMER human rights commissioner Dr Erihapeti Rehu-[Murchie] will be missed by an extraordinary range of people. She worked in many areas of New Zealand society and made a difference in each. Erihapeti was invested as a Companion of the New Zealand Order of Merit just before she died, in recognition of her years of community service as a health commentator and advocate of Maori health needs. Governor-General Sir Michael Hardie Boys handed the award to family members at Wanganui's Putiki Marae the day after she died at a ceremony for delegates to a Maori Women's Welfare League conference. Erihapeti had been in the league most of her life and was national president from 1977-80.

Former student nurse denies being racist. *The Dominion*, 23 Jul 1997: [no pagination]  
Anna Franziska Penn, 29, vehemently disputes, but does not seek libel damages over reports in the August 14, 1993, edition of the *New Zealand Listener* that she was seen by some to give a "white power" clenched-fist salute to a Maori kaumatua and say "White is supreme" during a hui for nursing students at a Christchurch marae in 1991. She is seeking unspecified damages over the assertion in the article that she had been an in-patient at Sunnyside hospital in 1984, which she should have mentioned when applying for a place at the Christchurch Polytechnic's nursing course but did not. Ms Penn said the report was untrue and wrecked her chances of working as a nurse in New Zealand. The magazine's publisher, *The New Zealand Listener* 1990 Ltd, and the author of the article Anna and the rednecks, Bruce Ansley, of Port Levy, near Lyttelton, deny they libelled Ms Penn.

Former student nurse rejects 'racist' tag. *The Press*, 23 Jul 1997: [no pagination]

Morgan, J. Course good, not racist – review. *The Dominion*, 25 Jul 1997: [no pagination]  
*Ms [Hanne Jakobsen] said her experiences at the course last year had given her a mission. "I will work hard to get rid of this cultural safety nonsense in our schools. It is so harmful to our race relations." Mrs [Barbara Osborne] said the review showed that the tutors did not have the expertise needed to teach the course. "Some are there for only one reason -- to advocate Maori radicalism." Ms Jakobsen and Mrs Osborne, along with other present and former students, had complained of intimidation and threats by tutors and students if they tried to question what they called the course's promotion of radical Maori views. Their complaints included: Separate classes for Maori and tauivi (foreigners), a demand that a karakia (prayer) be said over a photocopier before Maori articles and photographs could be copied, Maori students who failed last year being accepted into the second year, Maori students allowed to start the course one week ahead of Pakeha students, and being made to wear labels saying "Pakaitore (Moutoa Gardens) is Maori land" during the course's selection process.*

Penn targeted lawyer. *The Press*, 29 Jul 1997: [no pagination]

*Senior Christchurch Polytechnic nursing staff were "out to get" Anna Penn to ensure she would never work as a nurse in New Zealand, her barrister said in her Christchurch District Court libel hearing yesterday. Mr Atkinson put to Polytechnic director John Hercus that Ms Penn was told in effect that although she might overturn the ban on re-enrolment and complete her course, senior staff in the nursing department would use their separate power to block her eventual registration as a nurse on the grounds that she was unsuitable.*

Bain, H. Nurses 'being intimidated'. *The Dominion*, 6 Aug 1997: 8.

*TRAINEE nurses were still being intimidated under "cultural safety" training, despite assurances from the Nursing Council that they were not, according to Palmerston North nurse Betty Furner. Last week, Nursing Council chairwoman Judy Kilpatrick and cultural safety consultant Irihapeti Ramsden told Parliament's education and science select committee -- which is conducting an inquiry into cultural safety training -- they accepted that in the past aspects of cultural safety had "run away too far".*

Cultural safety still rampant. *The Dominion*, 11 Aug 1997: 12.

*The select committee should also widen its work to look at the role political correctness is assuming in our tertiary institutions. There is little comfort to be had from the review of the Wanganui Polytechnic's social work course, a whitewash which found the course was not racist but needed management changes. Making students wear labels saying Moutoa Gardens was Maori land was a fairly common exercise that most students had no problems with, the review found. Complaints from students about separate classes for Maoris and non-Maoris -- who were labelled tauivi (foreigners) -- about demands that prayers be said over photocopiers before Maori articles and photographs could be copied, of Maori students being allowed to progress despite failing, and of Maori students being allowed to start a week early, were "generally not valid", the review said. [Editorial]*

Penn 'hostile' co-students. *The Press*, 12 Aug 1997: [no pagination].

*Former Christchurch Polytechnic nursing students told a Christchurch District Court libel hearing yesterday of their shame and embarrassment at fellow student Anna Penn making what looked like a 'white power or black power salute' to a kaumatua during a hui at Rehua marae. Annette Joy Aroha Finlay, a fellow student with Ms Penn who now teaches cultural safety at the polytechnic, said Ms Penn had complained to her and another student of Maori descent that Maori students received preferential treatment when applying for the course. "She insinuated that we were not as intelligent as pakeha students," she said.*

Penn 'not suitable' as nurse: Former student. *Waikato times*, 13 Aug 1997: 8

*Former Christchurch Polytechnic nursing student Anna Penn was "not suitable to be a nurse" at the time of her controversial remarks at a cultural safety hui, a fellow student has told a Christchurch District Court libel hearing.*

Cultural intimidation. *The Dominion*, 15 Aug 1997: 8.

*Mr [Barrie Atkinson] said the article defamed Ms Penn by inferring that she was mentally ill at the time of her remand at Sunnyside, and at the time of the article, and that she was dishonest for not mentioning her remand when applying for her course. He said the article said simply that Ms Penn had been a "psychiatric inpatient" at Sunnyside when a Youth Court judge had remanded her there for assessment. "Whichever way you read it, if (a reader) is simply told somebody is in Sunnyside, he absolutely, inevitably, infers that he is suffering from mental illness, and is either being treated for it or being detained in there because it's incurable." Failing to mention that she was there on remand for up to 14 days denied readers a clue that Ms Penn was in the hospital for assessment rather than treatment, Mr Atkinson added.*

Cultural intimidation. *The Dominion*, 15 Aug 1997: [no pagination]

*From the rest of the committee, a combination of little sympathy for, and some animosity toward the questioning, and then smiling and nodding approval as the Nursing Council gave their intellectually insulting responses, left me in no doubt that the "cultural safety" parliamentary inquiry had failed the public once again. [Letters]*

Story 'Made Penn seem dishonest'. *The Press*, 15 Aug 1997: [no pagination]

Cultural 'safety'. *The Dominion*, 23 Aug 1997: 18.

*Sir, -- Helen Bain's August 6 article on the Nursing Council's "cultural safety" programme made one realise just how objectionable the term "cultural safety" has become. [Letters]*

Cultural safety inquiry dropped. *The Dominion*, 10 Sep 1997: [no pagination]

*Mr [Tony Steel] said the council had told the committee the proposed inquiry had acted as an incentive for it to carefully audit how polytechnics were delivering the cultural safety component.*

Cultural safety inquiry dropped. *The Dominion*, 10 Sep 1997: 2.

Day in the house. *The Dominion*, 10 Sep 1997: [no pagination]

*A report of the education and science select committee briefing on the cultural safety component of the nursing education curriculum was presented.*

Norgate, J. Students 'frightened' into silence. *The Dominion*, 11 Sep 1997: 7.

*Parliament had decided on an inquiry before the last election in response to many complaints about cultural safety. Mr [Tony Steel] said the Nursing Council had told the committee the proposed inquiry had acted as an incentive for it to audit how polytechnics were delivering the cultural safety component. "This is simply rubber-stamping biculturalism in New Zealand, which is already in legislation." Ms [Betty Furner] said that throughout the nursing curriculum students were frightened to speak out for fear of being labelled. She said she had repeatedly argued that in her 10 years of nursing she had found nurses treated patients and their families sensitively whatever their race, but not as a result of cultural safety training. Hanne Jakobsen, who last year clashed with Wanganui Polytechnic over alleged racist aspects of her social worker diploma course, said yesterday that students were increasingly too frightened to speak out.*

Course probe rejected. *Evening post*, 11 Sep 1997: 11.

*Christchurch Polytechnic nursing student Anna Penn sparked a national controversy when she was branded "culturally unsafe" by the polytechnic's kaumatua, the late Hohua Tutengaehe, for questioning aspects of Maori protocol on a marae. Polytechnic tutors also said she was unfit to pass the culture and society component of the nursing diploma.*

*Ms Penn later graduated from a nursing course in Australia. There was renewed controversy over the issue when nursing tutor Brian Stabb was sacked for speaking out about the cultural safety component of nursing studies at Waikato polytech.*

Cultural safety. *The Dominion*, 16 Sep 1997: 8.

*The Guidelines for Cultural Safety in Nursing and Midwifery Education published by the Nursing Council outlines the cultural safety principles, the learning process, the learning outcomes, the content of the curriculum, the assessment of student learning, the learning environment,...*

NZ more than bicultural. *The Dominion*, 18 Sep 1997: 8.

Penn wins \$20,000 damages. *Evening post*, 17 Oct 1997: 3.

*The judge said Ms [Anna Penn] had been defamed by the magazine and a paragraph in the article, "Anna and the Rednecks", by Bruce Ansley.*

Anna Penn wins \$20,000 damages. *The Dominion*, 18 Oct 1997: [no pagination]

*The offending paragraph said Ms [Anna Penn] had been a psychiatric in-patient at Sunnyside Hospital in 1984, and had not disclosed this in her application to enter the polytechnic's diploma of nursing course.*

Penn told not to comment. *The Press*, 18 Oct 1997. [no pagination]

*District Court judge Colin Doherty found that the magazine and the article's writer, Bruce Ansley, had defamed Ms [Anna Penn] in a paragraph in the 1993 article, headed "Anna and the Rednecks", which covered issues relating to her conduct during her first year of the polytech's Diploma of Nursing course.*

*Ms Penn alleged the paragraph defamed her by implying that she was mentally ill at the time of her remand to Sunnyside and at the time of the article, and that she was dishonest for not mentioning her remand when applying for the course.*

PC ideas out for teachers. *The Dominion*, 3 Dec 1997: 8.

Hoffman, H. M. (1997 Apr-Jun). Cultural safety and renal care. *EDTNA/ERCA Journal* 23(2): 44-46.

*The Maori are the indigenous people of New Zealand. They and other Polynesian peoples who have migrated here in more recent times are over represented in our health statistics in ways that are of concern to New Zealand health care providers. Maori and Polynesian have higher rates of infant mortality, lung cancer, mental illness and, pertinent to this discussion, higher rates of diabetes and End Stage Renal Failure. Some of the issues raised by these statistics are the subject of my presentation today.*

Fitzpatrick, A. (1997). *Nurse meeting another : cultural safety in nursing practice : a study to explore cultural safety from a pakeha/tauiwi perspective*. Unpublished Masters thesis. Victoria University of Wellington, Wellington, New Zealand.

*Te aro kawa whakaruruhau : cultural safety in health*. Auckland, N.Z. : Mental Health Foundation of New Zealand, [1997?]

Ramsden, I. (1997). Cultural safety: Implementing the concept. The social force of nursing and midwifery. In: *Mai i Rangiatea* / edited by Pania Te Whāiti, Marie McCarthy and Arohia Durie. Cover subtitle: Maori wellbeing and development. Auckland [N.Z.] : Auckland University Press : Bridget Williams Books, 113-125.

Pere, L. (1997). *A study of kawa whakaruruhau/cultural safety education and its effect on the nursing practice of recently graduated registered comprehensive nurses*. Unpublished Master of Nursing thesis. Victoria University of Wellington, Wellington : New Zealand.

*This study examined the cultural safety education taught in the Diploma of Nursing (now Bachelor of Nursing) course, investigating the effects of this education on the nursing practice of both Māori and non-Māori recently graduated Registered Comprehensive Nurses. The stated learning outcomes of the education were compared with the perceived learning outcomes of the research participants, who were drawn from nurses who completed their nursing education at Whitireia Community Polytechnic in 1994.*

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## 1998

Treaty issues. *The Nelson Mail*. 17 February 1998: 11.

Changing role of nurses. *The Press*. 10 Mar 1998: 4.

*What the Minister of Health calls a major review of nursing -- a ministerial taskforce to report to Bill English by the end of May -- is to try to identify barriers to nurses contributing more fully in the health sector. But although it may be the first real review of the nursing role since the Carpenter Report of 1971 looked at nurses' training, it is unlikely to have the same cataclysmic effect.*

*Given the short timeframe, the latest review could not anyway be as radical as that done by Helen Carpenter. Her report eventually led to an alteration in the old system of preparing nurses, a method that had its roots in the Florence Nightingale tradition. The difference, however, was that the schools in New Zealand came under the direct control of hospitals. Nurses learned their craft mostly on the wards, acting essentially as apprentices. Certain blocks of time were set aside for formal tuition. For all its deficiencies -- control of student nurses in major hospitals like Christchurch was noted for its rigidity -- it was training that produced mostly competent and caring people.*

Polaschek, N. (1998 Mar). Cultural safety: A new concept in nursing people of different ethnicities. *Journal of advanced nursing*. 27(3): 452-457.

*Cultural safety is a concept which has been developed by Maori nurses in New Zealand in order to reflect on nursing practice from their point of view as the indigenous minority in our country. The paper contrasts this new concept critically with Leininger's well-known model of transcultural nursing in order to suggest its potential significance. To date work on cultural safety in New Zealand has focused on the attitudes which individual nurses bring to their practice, attempting to change the effects of their social conditioning on their approach to nursing. The paper supports the view that all nursing care is provided in a social context which influences its efficacy, and specifies that the structural elements, such as the institutional context within which nursing care is provided and policies which influence how care is provided, need to be explicitly recognized. The paper concludes that until the effects on the health care system of inequalities in power between groups in society are addressed we cannot ensure that the needs of persons from minority cultures will be met. Because it illuminates this dimension of nursing care, cultural safety is a concept of general significance for all nurses.*

Dixon, A. (1998 Mar). Partnership and managed care : a way forward. *Nursing praxis in New Zealand*. 13(1): 4-11.

*Discusses critical issues surrounding managed care, evidence-based practice, critical pathways and cultural safety, from professional and consumer viewpoints, with reference both to the literature and media sources. Aims to clarify terms in order to assist nurses to engage in debate about health reforms.*



Morgan, J. (1998 Apr). White students push on with racism claims. *Dominion*, 11 Apr 1998: 27.

*Negotiations to settle a dispute between Maori and non-Maori students over claims of racism at Wanganui Polytechnic's social work course have broken down. Jon Morgan backgrounds the issue Barbara Osborne and Hanne Jakobsen, former students on the Maori- dominated course, say they were abused because their skins are white.*

*Ms Jakobsen said: "If you questioned anything it ended up as a ding dong, screaming match. Everyone was arguing with us. The Maori students were very bitter toward us, very aggressive."*

College racism has to stop. *The Dominion*, 20 Apr 1998: 10. [Editorial]

*It was offensive enough two years ago to run a course in which blatantly discriminatory practices against some non-Maori students were the norm. It is totally over the top for the authorities to offer a reportedly "substantial" amount of taxpayers' money to squelch the subsequent disquiet. The only way forward is to face the issue honestly and ensure that discrimination of any kind is eliminated, not buy off the people who bring it to light.*

*The polytechnic is a state institution. It is open to students from all walks of life. The courses it offers must be such as all students can benefit from. Yet former students Hanne Jakobsen and Barbara Osborne cite a series of incidents in which they were subjected to hostility from Maori tutors and taunts from Maori students because they refused to be intimidated into toeing a politically correct line.*

Controversial nurse registers in NZ. *The Dominion*, 30 Apr 1998: 10.

*CONTROVERSIAL former Christchurch Polytechnic nursing student Anna Penn has been registered to nurse in New Zealand.*

*Nursing Council chairwoman Judy Kilpatrick said Ms Penn, who caused a national controversy over cultural safety while training at the polytechnic, was registered this month.*

Nursing Council OKs Penn. *Evening post*. 30 Apr 1998: 13.

*Former nursing student Anna Penn is "delighted" she can now nurse in New Zealand, her lawyer says.*

*She has been registered as a nurse in New Zealand after the New Zealand Nursing Council accepted her application.*

Wellwood, E. Penn 'delighted' by NZ nursing council decision. *The Press*. 30 Apr 1998: 3.

Hand, D. (1998 May). Indigenous health in New Zealand: 'By Maori, for Maori'. *Australian nursing journal*, 5(10): 18-20.

*Understanding Maori culture and empowering Maori nurses has helped New Zealand's indigenous people improve their health. The nurses have acknowledged the need for more understanding about the culture.*

Penn returns to same system. *The Dominion*. 10 Jun 1998: 4.

Moore, L. (1998 Jun). Filipinos fill gaps in nursing immigration. *New Zealand herald*, 19 Jun 1998; A9.

*Looks at the influx of Filipino nurses working in rest-homes in NZ, and the concerns voiced about their standard, cultural safety and willingness to work at below the award rate.*

Walker, J. (1998 Jul) The transition to registered nurses : the experience of a group of New Zealand degree graduates. *Nursing praxis in New Zealand*. 13(2): 36-43.

*Explores the issues faced by a group of degree graduates in their first year of registered nurse practice. Investigates whether degree outcomes, eg critical thinking, problem-solving, reflective practice, research, independent learning and cultural safety knowledge, mediate the transition process. Uses purposive sampling to invite 5 female graduates to take part in 2 focus groups, one held at 4 months and the other at 9 months after starting work. Collects qualitative data using semi-structured questions and analyses the taped interviews for themes, of which 5 were identified.*

Decision reserved in Penn defamation case. *Evening post*. 11 Aug 1998: 11.

*Two High Court judges have reserved their decision on The Listener magazine's challenge to a ruling that it defamed former Christchurch nursing student Anna Penn.*

Listener fights Penn defamation ruling. *Evening post*. 11 Aug 1998: 11.

*The Listener magazine is fighting a judge's ruling that the magazine defamed former Christchurch nursing student Anna Penn.*

*The Listener was also seeking to lower the amount of money awarded to Ms Penn. The High Court case in Christchurch, which started yesterday, is scheduled for two days.*

*Ms Penn failed a section of Christchurch Polytechnic's nursing course in 1993 after she criticised a kaumatua at a course hui. She sparked a controversy over the course's cultural safety components.*

Listener challenges Penn defamation award. *The Press*. 11 Aug 1998: 17.

Former Christchurch nursing student Anna Penn is claiming more money from the Listener magazine for defaming her.

At the same time, in the High Court in Christchurch yesterday, the Listener contested a judge's ruling that the magazine had defamed her, and also tried to lower the amount of money awarded to Ms Penn.

Ms Penn failed a section of Christchurch Polytechnic's nursing course in 1993 after she criticised a kaumatua at a course hui. She sparked a controversy over the course's cultural safety components.

Duff, A. (1998 Sep). Dogma, intolerance dominate. *Waikato times*. 8 Sep 1998: 6. [Opinion piece].

WHAT a victory for the country that the race relations conciliator found Wanganui Polytechnic guilty of racial discrimination against two social work students, Barbara Osborne and Hanne Jackobsen. Although let's not give the credit to that office, as they've been guilty in the past of their own failure to redress genuine racial injustices.

Duff, A. (1998 Sep). Racism rife at tertiary level. *New Plymouth daily news*. 14 Sep 1998: 6. [Opinion piece].

WHAT a victory for the country that the race relations conciliator found Wanganui Polytechnic guilty of racial discrimination against two social work students, Barbara Osborne and Hanne Jackobsen. Although let's not give the credit to that office, because it has been guilty in the past of its own failure to redress genuine racial injustices.

Two more students, this time of Maori descent, are going to lay complaints about the same Wanganui Polytechnic course, meaning against their supposed "own" Maori tutors, who divided the class into tangata whenua and tauiwi. The latter term means strangers. These Maoris, being like most of us, of mixed-blood parentage, weren't going to be pigeon-holed. Though ask them, they'll tell you the consequences are almost unbearable where their fellow Maoris are concerned. This columnist could give them a few tips from his own experiences on how to stay sane.

Carberry, C. (1998 Oct). Contesting competency : cultural safety in advanced nursing practice. *Collegian*. 5(4): 9-13.

A central tenet of the competency approach to nursing education and regulation is that it ensures the safe care of clients and communities with whom nurses work. However, the competency approach is problematic in its conception and application to nursing. Incorporation of this framework into advanced practice requires that its limitations are acknowledged so that current interpretations and applications can be challenged and resisted. Through exploring the concept of cultural competence some of the problems associated with the application of the competency approach to professional nursing practice will be exposed. The issues revealed in this exploration prompt the question whether the competency framework is the best way to ensure competent professional practice.

Tax spent on racist drivel. *The Dominion*. 11 Nov 1998: 12. [Editorial]

CHAMPIONS of political correctness and a skewed version of multiculturalism have had a field day in Victoria University's Department of Applied Social Sciences. The result is a department which is an embarrassment to the university -- and a recommendation to wind it up and start again.

That is the least the university should do. In matters that should mean most to a university -- open inquiry, academic rigour, fair assessment, qualifications that win respect, even basic organisation -- the review panel fails the department over and over.

Until recently an over-the-top embrace of political correctness seemed to be the misfortune of a few polytechnics. Trainee nurse Anna Penn ran foul of the cultural safety commissars in Christchurch. Nursing tutor Brian Stabb was sacked by Waikato after refusing to toe the line. Wanganui distinguished itself with its pitiful handling of complaints by two social work students that Maori tutors and students had tried to heavy them into a politically correct conformity.

Sillifant, P. (1998). Cultural safety. *Beginning journeys : a collection of work*. 4: 38-43.

Discusses the meaning and purpose of culture and cultural safety, including a discussion of the authors goals in studying it. Examines 3 aspects of the author's culture and considers techniques for culturally safe practice in relation to nursing practice. Explores the tension between reductionist and holistic thinking in nursing and how this affects communication.

Egan, J. (1998). Why has nursing adopted cultural safety as part of its preparation for practice? *Beginning journeys : a collection of work*. 4: 31-32.

Reviews the concepts implicit in the term cultural safety and outlines events leading to its adoption. Considers ongoing challenges presented by this evolutionary process.

Horton, E. (1998). *Cultural safety in Aotearoa New Zealand nursing education : A critique*. Unpublished Master of Arts thesis, Waikato University, Hamilton, New Zealand.

## 1999

Penn settles out of court. *The Press*. 11 Feb 1999: 2.

*Former Christchurch Polytechnic nursing student Anna Penn has settled out of court after suing Christchurch Polytechnic and its former director, John Hercus.*

Polytechnic, Hercus apologise to Penn. *The Press*. 13 Feb 1999: 4.

Williams. R. (1999 Apr). Cultural safety--what does it mean for our work practice?

*Australian and New Zealand journal of public health* 23(2): 213-214.

*Culturally safe service delivery is critical in enhancing personal empowerment and, as a result, should promote more effective and meaningful pathways to self determination for Indigenous people. Little has been said about encouraging people from Indigenous groups into the health and education discipline(s) to help provide a safe environment which includes cultural safety. This is a phrase originally coined by Maori nurses which means that there is no assault on a person's identity. The people most able or equipped to provide a culturally safe atmosphere are people from the same culture. We need to move on from the 'short term, cost effective, quick fix' approach to Indigenous issues, driven by economic imperatives, the clamouring of industry and conservative, hegemonic practices. To genuinely address the challenges of Indigenous health and education, the issue of cultural safety cannot be avoided. Critical reflection on experiential knowledge and defining or framing a debate on cultural safety is essential. This paper briefly examines some considerations for work practice.*

Chance to upgrade skills. *The Press*. 17 Aug 1999: 18.

*The Bachelor of Nursing Transition Programmes at Christchurch Polytechnic enables enrolled nurses who want a higher qualification to study on-site or through a distance learning programme.*

*The programme contains 21 courses and is designed so the science and degree components are completed before the practice courses. The programme aims to prepare nurses for clinical practice in a variety of community and institutional healthcare agencies.*

*Through these programmes is possible for enrolled nurses to upskill to a Bachelor of Nursing degree through part-time study while they remain in their present employment.*

## 2000

Ramsden, I. (2000 Mar). Cultural safety/kawa whakaruruhau ten years on : a personal overview. *Nursing praxis in New Zealand*. 15(1): 4-12.

*Provides a personal reflection on the philosophical foundation and evolution of the theory of cultural safety in nursing over the past decade. Addresses the controversy surrounding implementation of the cultural safety unit in the nursing curriculum and suggests the establishment of a core paper in Maori health. Rejects transcultural nursing as a model for safe practice.*

Ramsden, I. (2000 Sep). Defining cultural safety and transcultural nursing.

*Nursing New Zealand*. 6(8): 4-5; author reply 5. (September 2000)

Cooper, T. (2000 Nov). Treaty model afloat at Health Waikato. *Waikato times*.

14 Nov 2000: 3.

*Health Waikato is pressing ahead with a ground-breaking Treaty of Waitangi-based model despite criticism of similar plans at a national level. The framework was developed from a workshop two months ago, attended by experts in Treaty of Waitangi implementation and Health Waikato staff and board members. Included in the proposal are "treaty-based competency levels" for all staff, graded from level one to six and including treaty knowledge, elements of cultural safety and being "treaty champions".*

(2000 Nov). Understanding cultural safety. *Kai tiaki : Nursing New Zealand*. 6(10) : 7.

*Reports the address delivered by Irihapeti Ramsden, entitled 'Cultural Safety : a Powerful Gift from Maori', at the International Transcultural Nursing Conference in Australia last month.*

Cobden-Grainge, F. (2000). *Royal College of Nursing, Australia : 26th Annual Transcultural Research Conference 4th-6 October 2000 : transcultural nursing : leading into the new millennium : intensive care : walking a cultural safety tightrope*. Manukau : Manukau Institute of Technology.

Richardson, F.I. (2000). *What is it like to teach cultural safety in a New Zealand nursing education programme?* : Unpublished Master of Arts thesis. Massey University. Palmerston North, NZ.

Richardson, F. (2000). Teaching cultural safety: Implications for Treaty education. In: *Conference Proceedings. Treaty 2000 Conference*, Network Waitangi, Glen Innes, Auckland/Tamiki-Makaurau.

## 2001

Ramsden, I. (2001). Facing our political legacy. *Kai Tiaki: Nursing New Zealand*, 7(1): 2.

Ramsden, I. (2001). Improving practice through research. *Kai Tiaki: Nursing New Zealand*: 7(1), 23-26.

*Provides a rationale for nursing research. Seeks to debunk 2 misconceptions prevalent in nursing, about the nature of the Tohunga Suppression Act 1907/1908, and that Maori mothers were forbidden to breastfeed. Identifies research issues associated with primary research into Maori health issues. Stresses that cultural safety is intrinsic to NZ nursing.*

Benham, S. (2001 Feb). Cultural safety values difference. *Kai tiaki : Nursing New Zealand*. 7(1): 28-29.

*Reflects on the author's personal experience of learning about cultural safety.*

Webby, A. Feb 2001. Developing safe nursing practice for Maori. *Kai tiaki : Nursing New Zealand*. 7(1): 16-17.

*Introduces kaupapa Maori mental health services which combine Maori practice with Western clinical treatment. Relates kaupapa Maori to Treaty principles and to the concept of cultural safety.*

Thompson, S. (2001 Feb). Developing a cultural safety curriculum. *Kai tiaki : Nursing New Zealand*. 7(1): 14-15.

*Backgrounds the incorporation of Maori content into the nursing curriculum at the school, based on recommendations by Irihapeti Ramsden in 1987.*

Bunker, W. (2001 Feb). Integrating cultural safety into practice. *Kai tiaki : Nursing New Zealand*. 7(1): 18.

*Backgrounds the establishment of the cultural safety component of the clinical career pathway at the hospital.*

Ellison-Loschmann, L. (2001 Feb). Giving a voice to health consumers. *Kai tiaki : Nursing New Zealand*. 7(1): 12-13.

*Backgrounds the teaching of cultural safety in nursing schools, and the response of nurses and the public to it as an aspect of the curriculum*

Spence D.G. (2001 Apr). Prejudice, paradox, and possibility: nursing people from cultures other than one's own. *Journal of transcultural nursing*. 12(2):100-6.

*Nurses in New Zealand are being challenged to recognise and address racism in their practice. Yet, the implementation of cultural safety in nursing education has created tension within the profession and between nursing and the wider community. This article provides a brief overview of the findings of a hermeneutic study that explored the experience of nursing people from cultures other than one's own. The notions prejudice, paradox, and possibility are argued to describe this phenomenon. As nurses negotiate the conflicts essential for ongoing development of their practice, the play of prejudice, paradox, and possibility is evident at intrapersonal and interpersonal levels as well as in relation to professional and other discourses. Nurses are challenged to continue their efforts to understand and move beyond the prejudices that otherwise preclude the exploration of new possibilities.*

Saxon, K. (2001 May). Nursing's cultural safety model is a source of pride. *Kai tiaki : Nursing New Zealand*. 7(4): 3-4.

Loffhagen, S. (2001 May). Cultural safety issue fails to include other races. *Kai Tiaki: Nursing New Zealand*. 7(4): 4. [Letter, Comment]

Spence, D.G. (2001 Aug). Hermeneutic notions illuminate cross-cultural nursing experiences. *Journal of advanced nursing*. 35(4): 624.

*Aims to articulate selected hermeneutic notions for the purpose of extending current understanding of cross-cultural nursing practice. This paper builds upon the findings of a New Zealand project that explored the experience of nursing people from cultures other than one's own (Spence 1999). The project asserted that the notions of prejudice, paradox and possibility portray a nursing view of this phenomenon.*

(2001 Aug). Impact of cultural safety education on clinical practice researched.

*Kai Tiaki : Nursing New Zealand*. 7(7): 6.

*Reports the findings of a study by Christchurch Polytechnic nursing lecturer Lynda Jeffs over the last year into the effect of cultural education on nursing.*

Tupara, H. (2001 Oct). Meeting the needs of Maori women : the challenge for midwifery education. *Journal (New Zealand College of Midwives)*. 25: 6-9.

*Identifies sources of disparity between midwifery theory and practice in relation to Maori women. Disputes generalisations made about Maori experience of pregnancy and childbirth in midwifery education. Examines factors in the construction of knowledge about Maori, highlighting the importance of cultural safety within the midwifery curriculum. Stresses the Treaty of Waitangi and biculturalism as the foundation for partnerships between Maori and midwifery education.*

Nursing course a dream come true. *Sunday star-times*. 21 Oct 2001: G7.

*[Jo Logi] began her nursing degree at Nelson Marlborough Institute of Technology as a mature student.*

*After graduating Logi was accepted into a post-graduate diploma programme for entry into psychiatric mental health nursing with Capital Coast Health. The Nelson campus has been a leader in nursing education for 20 years.*

*NMIT also offers a specialist course in care of the aged through a partnership with the Graduate School of Nursing and Midwifery at Victoria University of Wellington.*

Davis, R. (2001 Nov). Caring for Maori children in hospital. *Kai Tiaki : Nursing New Zealand*, 7(10): 24-25

*Examines the Maori concepts of manaaki and whanau, which are considered critical for nurses caring for a Maori child and his or her family in hospital. Presents nursing theory perspectives on caring and relates these to cultural safety.*

Spence, D. (2001 Nov). The evolving meaning of 'culture' in New Zealand nursing. *Nursing praxis in New Zealand*. 17(3): 51-61

*Traces the nursing definition of biculturalism as it has evolved from the colonial period to the present. Asserts that understanding has matured beyond anthropologic interpretations to a sociopolitical definition of Maori culture. Suggests that in nursing, culture has come to mean cultural safety.*

Jefferis, L. (2001 Nov). Teaching cultural safety the culturally safe way. *Nursing praxis in New Zealand*. 17(3): 41-50.

*Presents a strategy to assist nurse educators to teach cultural safety. Backgrounds cultural safety education and the social and cultural context within which it developed as part of the nursing curriculum. Proposes 4 steps in the development of culturally safe methods of teaching the subject. Suggests a scheme of teaching zones for emancipatory education.*

Cosgriff, D. Maori health focus is on togetherness. *The Southland times*. 12 Dec 2001: 18.

*Southland District Health Board Maori adviser Jaylene Barwick (left), kaiawhina Tire Ina Clarke and kaiwhakangungu Tania Edmonds-Taiea at the combined base for Maori health services at Southland Hospital. Picture: BARRY HARCOURT Maori adviser Jaylene Barwick said the words meant "all services in one place." "It's brilliant," she said. "That's the way Maori work -- together, supporting each other.*

Maori health. *The Southland times*, 15 Dec 2001: 4.

*IN your article on Maori health services at Southland Hospital you say that there are separate Maori staff to look after Maoris' health. [Letter].*

Wepa, D. (2001) *An exploration of the experiences of cultural safety educators.*

Unpublished Master's thesis. Massey University, Palmerston North.

URL: <http://www.hauora.com/downloads/files/ACF309C.PDF>

Rameka, M. (2001). Perioperative nursing practice and cultural safety. *Dissector*. 29(3): 21-23

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## 2002

Manchester, A. (2002 Feb). Challenging and changing the culture of nursing. *Kai Tiaki : Nursing New Zealand*. 8(1): 20-21.

*Speaks to Irihapeti Ramsden about her personal experience of being a patient and the changes in nursing she has witnessed. Talks about cultural safety and the failure of nursing to make an impact on the health status of Maori.*

Jungersen, K. (2002 Mar). Cultural safety : Kawa Whakaruruhau -- an occupational therapy perspective. *New Zealand journal of occupational therapy*. 49(1): 4-9.

*Outlines how the NZ approach to nursing practice with people from other cultures may be integrated into occupational therapy. Provides a socio-political and historical overview of ethnic relations in NZ, particularly in relation to the country's neo-colonial identity and the Maori struggle for self-determination. Backgrounds the development of the concept of cultural safety/ Kawa Whakaruruhau. Relates cultural safety to occupational therapy practices and to the environment in which the therapy takes place. URL: <http://www.nzaot.com/downloads/contribute/CulturalSafetyV49-No1.pdf>*



Smith, J. (2002 May). Students discuss nursing issues. *Taranaki daily news*. 29 May 2002: 2.

One of the Taranaki organisers, Ross Ekdahl, said Maori students had a large dropout rate and Maori nurses and patients were often marginalised. Some of the issues facing Maori nursing students were the lack of iwi initiatives for placement, the lack of Maori tutors, the need for long-distance learning and the impact of student loans on whanau.

Grant-Mackie, D. (2002 May). Nursing leadership -- looking beyond the lamplight. *Kai Tiaki : Nursing New Zealand*. 8(4): 20-21

Identifies the qualities of leaders and the capacities of whanau, and characterises them as nursing leader attributes. Considers areas where nurses demonstrate leadership, highlighting the contribution of cultural safety to nursing leadership in NZ.

Warren S. (2002 Jun) Cultural safety, where does it fit? A literature review. *Vision : a journal of nursing*. 8 (14): 27-30

The concept of cultural safety was first introduced into New Zealand in the late 1980s. It was adopted by the New Zealand Nursing Council for nurses and midwives in 1992 and became part of the basic curriculum for nursing and midwifery education (Polaschek, 1998). This literature review discusses the history of the inclusion of culture into nursing studies. There is a small sample of overseas literature for critique with a focus on the inclusion of cultural safety in New Zealand.

Kirkham, S.R ... et al. (2002 Jun). Rethinking cultural safety while waiting to do fieldwork: methodological implications for nursing research. *Research in nursing and health*. 25(3): 222-232.

The concept of culture has been widely applied as an explanatory concept within health care, often within a framework representing culture as a fixed, reified entity, with cultural groups existing in a binary sense vis-à-vis mainstream culture. However, if our scholarship is to generate knowledge that addresses longstanding patterns of inclusion and exclusion along lines such as race, ethnicity, class, and gender, interpretive frames are needed that account for culture as embedded in fields of power relations; as mediated by social forces such as economics, politics, and historical patterns of oppression and colonization; and as being constantly renegotiated. In this article we trace a series of theoretical explorations, centered on the concept of cultural safety, with corresponding methodological implications, engaged in during preparation for an intensive period of fieldwork to study the hospitalization and help-seeking experiences of diverse ethnocultural populations. Copyright 2002 Wiley Periodicals, Inc.

Committed to cultural safety. *Timaru herald*. 27 Aug 2002: 2.  
BEING AWARE: Cultural adviser Bruce Wikitoa leads the...

Tolich, M. (2002 Dec) Pakeha "Paralysis": Cultural Safety For Those Researching The General Population Of Aotearoa. *Social policy journal*. 19: 164-178

The emergence and dominance of the Māori-centred research paradigm is leaving Pakeha researchers out in the cold. "Pakeha paralysis" draws on my experiences as author, teacher and university ethics committee member to account for the reasons why so many Pakeha postgraduate students are caught in a state of paralysis, deliberately excluding Māori from their general population research samples. While supposedly addressing cultural concerns, through avoiding cultures not their own, these Pakeha researchers fail to fulfil Treaty of Waitangi responsibilities. This paper offers explanations of why this paralysis developed, and how it has been codified into health and tertiary ethics guidelines and in university teaching. The paper ends by offering solutions to work through this cultural web by honouring the Treaty of Waitangi while promoting cultural safety for Pakeha researching New Zealand society.

URL: <http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj19/pakeha-paralysis19-pages164-178.html>

Johnson, A.M. (2002 Dec). Training 'skewed' to Maori. *Dominion*. 23 Dec 2002: A9.  
CULTURAL safety training is too skewed toward Maori studies in many nursing courses, its architect, Irihapeti Ramsden, says. Cultural safety was about sensitivity to all cultures, not only Maori, Dr Ramsden said. "It's established now but still very skewed and still seen as Maori studies in a lot of places," Dr Ramsden said.

Cultural safety work rewarded. *Dominion*. 31 Dec 2002: A4.  
Irihapeti Ramsden receives award in New Year's honours listings.

McKee, D. (2002). Cultural safety at risk in the nursing care of a mentally-ill patient in a general surgical ward : a perspective from clinical practice. *Beginning journeys : a collection of work*, . 7: 20-25.

Examines the cultural risk associated with the nursing care of a hospitalised woman with unrecognised mental illness. Uses critical social theory and cultural safety knowledge to explore the events, the ethics, and the power relationships surrounding the patient's nursing care, which the author contends was culturally unsafe. Describes the conflict between the patient's needs and the nurses' prejudice against her.

McElroy, A. (2002). Literature review : cultural safety. *Beginning journeys : a collection of work*. 7: 15-19.

*Conducts a database literature review of cultural safety in nursing. Divides the review into content themes, identifying 2 prominent and recurring aspects of the concept: defining and understanding cultural safety; and the use of transcultural nursing theory in NZ. Clarifies the meaning of cultural safety in the nursing context, and demonstrates why transcultural nursing is inappropriate to NZ circumstances.*

Nursing Council of New Zealand. (2002). *Guidelines for cultural safety, the Treaty of Waitangi, and Maori health in nursing and midwifery education and practice*. Wellington : Nursing Council of New Zealand.

Ramsden, I. (2002) *Cultural Safety and Nursing Education in Aotearoa and Te Wai Pounamu*. Unpublished PhD thesis. Victoria University of Wellington. Wellington: New Zealand.

Smye, V. and Browne, A. (2002). 'Cultural safety' and the analysis of health policy affecting aboriginal people. *Nurse researcher*. 9(3): 42-56

*The authors explore the exportability of the concept of 'cultural safety' from the healthcare literature in New Zealand to inform an analysis of mental health policy discourse affecting aboriginal communities in British Columbia, Canada. The moral issues raised are, they suggest, ones that nurses in research, policy and practice must attend to when providing health care to marginalised, disenfranchised populations.*

Papps, E. (2002). Cultural safety, what is the question? In Papps, E (Ed.), *Nursing in New Zealand, critical issues, different perspectives*. (pp. 95-107). Auckland: Pearson Education New Zealand.

## 2003

Forum to discuss cultural safety in nursing. *Taranaki daily news*. 24 February 2003: 4. Ms [Andrea Corbett] said cultural safety was about raising nurses' awareness of the cultural diversity of patients. "It is getting nurses to understand and develop attitudes to enable them to care for people from all walks of life."

Richardson, F. (2003 Mar). Realising nurses' full potential. *Kai Tiaki Nursing New Zealand*. 9(2): 2. [Editorial]

URL: <http://www.thefreelibrary.com/Realising+nurses'+full+potential.-a0113053866>

Hart, A; Hall, V. and Henwood, F. (2003 Mar). Helping health and social care professionals to develop an 'inequalities imagination': a model for use in education and practice. *Journal of advanced nursing*. 41(5): 480-9.

*Describes the 'inequalities imagination model' the authors developed from their research, and led to findings and recommendations regarding clinical and education issues. Considers debate around cultural safety amongst other concepts influencing their model.*

Death after honour. *Dominion* 07 Apr 2003: A7.

*Irihapeti Merenia Ramsden died in her Wellington home on Saturday night, ending a long battle with...*

Kitchin, P. Architect of cultural safety. *Dominion*. 10 Apr 2003: B7.

*An obituary for Irihapeti Ramsden. Outlines her life and work in the area of cultural safety.*

Kitchin, P. NZ nursing innovator. *The Press*. 12 Apr 2003: D9.

*Obituary for Irihapeti Ramsden.*

Cassie, F. (2003 Apr). Paving the way for future generations. *New Zealand nursing review*. 3(12): 10-11

*Profiles Mere Balzer, the chief executive of Te Runanga O Kirikiriroa, the Waikato urban Maori authority. Backgrounds her start in nursing at Tokanui Hospital as a psychiatric nurse. Talks to her about her determination, as head of the National Council of Maori Nurses, to review the impact of 18 years of cultural safety on Maori nurses and on Maori health outcomes.*

(2003 Apr). Cultural safety forum calls for changes in programme delivery and assessment. *Kai Tiaki : Nursing New Zealand*. 9(3): 7.

*Reports the presentations made at last month's forum in New Plymouth on the delivery of cultural safety programmes in nursing schools.*

Cassie, F. (2003 May). Cultural safety forum a success. *New Zealand nursing review*. 4(1): 8-10

*Highlights presentations at the recent Cultural Safety Forum at which the new 2002 cultural safety guidelines were discussed. Backgrounds cultural safety, provides the Nursing Council definition and looks at the 'Guidelines for Cultural Safety, the Treaty of Waitangi, and Maori Health in Nursing and Midwifery Education and Practice'.*

Polaschek, N. (2003 May). Negotiated care: A model for nursing work in the renal setting. *Journal of advanced nursing*. 42(4): 355-363.

Wassner, A. (2003 Jun). Introducing sociology to nursing students. *Kai Tiaki : Nursing New Zealand*. 9(5): 24-25.

*Traces the teaching of sociology at Dunedin School of Nursing from the 1960s through the 1970s. Discusses the curriculum and its relationship to the cultural safety nursing theory taught today.*

Warren, S. (2003 Jun). How students understand cultural safety. *Kai Tiaki : Nursing New Zealand*. 9(5): 26-28.

*Uses a phenomenological approach to elicit the impressions of student nurses in cultural safety classes, in order to explore the meaning of cultural safety to them. Interviews 10 students in their third year of nursing studies. Discusses the following themes: the meaning of cultural safety, respect of patients, barriers to cultural safety, empowerment of nurses and patients, self-knowledge, and alternative therapies.*

A right to feel safe. *Dominion*. 20 June 2003: B4.

*I know I'm not being "sensitive" to say this, but this is my country, and I have a right to feel safe and culturally at ease in it. I believe that in the context of "cultural safety", my comfort, and the comfort of others on an aircraft who feel the same must come before the comfort of a masked Muslim who is enjoying the hospitality and safety afforded by our open Western culture. [Letter]*

Crampton, P.; Dowell, A.; Parkin, C. and Thompson, C. (2003 Jun). Combating effects of racism through a cultural immersion medical education program. *Academic medicine*. 78(6): 595-8.

*The purpose of this paper is to provide a perspective from New Zealand on the role of medical education in addressing racism in medicine. There is increasing recognition of racism in health care and its adverse effects on the health status of minority populations in many Western countries. New Zealand nursing curricula have introduced the concept of cultural safety as a means of conveying the idea that cultural factors critically influence the relationship between carer and patient. Cultural safety aims to minimize any assault on the patient's cultural identity. However, despite the work of various researchers and educators, there is little to suggest that undergraduate medical curricula pay much attention yet to the impact of racism on medical education and medical practice. The authors describe a cultural immersion program for third-year medical students in New Zealand and discuss some of the strengths and weaknesses of such an approach.*

Anderson, J.; Perry, J.; Blue, C.; Browne, A.; et al. (2003 Jul-Sep). "Rewriting" cultural safety within the postcolonial and postnational feminist project: Toward new epistemologies of healing. *ANS: Advanced nursing science*. 26(3):196-214.

*The concept of cultural safety, developed by indigenous nurses in the postcolonial climate of New Zealand, has not been widely examined in North America. In this article we explicate the theoretical and methodological issues that came to the forefront in our attempts to use this concept in our research with different populations in Canada. We argue that this concept prompts us to "think critically" about ourselves and our patients, and to be mindful of our own sociocultural, economic, and historical location. This critical reflection has implications for how we live, relate to one another, and practice in our various professional disciplines. On the basis of our findings, we discuss how the concept might be rewritten within a critical postcolonial and postnational feminist discourse. [PUBLICATION ABSTRACT]*

Ellison-Loschmann, L. (2003 Aug). Obituary: Irihapeti Ramsden. *British medical journal*. 327(7412): 453.

*[Irihapeti], who belonged to the people of Ngai Tahupotiki and Rangitane, New Zealand, worked in comparative intellectual and emotional isolation for many years. Her views were often as unpredictable as they were original.*

McPherson, K M; Harwood, M; McNaughton, H K. (2003 Aug). Ethnicity, equity and quality: Lessons from New Zealand (nga matawaka, nga ahua tika me nga painga: Nga akoranga no Aotearoa). *Quality and safety in health care*. 12(4): 237-238. [Editorial]

*Shorter life expectancy and poorer outcomes associated with ethnicity are important issues for many countries. Some approaches to this problem in New Zealand are described.*

URL: <http://qualitysafety.bmj.com/content/12/4/240.full.pdf>

McPherson, K. M., Harwood, M., and McNaughton, H. K. (2003 Aug). Ethnicity, equity, and quality: Lessons from New Zealand. *British medical journal*. 327(7412), 443-4.

Hughes, F.A. and Gray, N.J. (2003 Aug). Cultural safety and the health of adolescents. *British medical journal*. 327(7412): 457.

*In the late 1980s Maori nurses conceived the idea of "cultural safety" to improve nurses' delivery of health care. The study of its principles is now part of the registration requirement for nurses and midwives. Cultural safety requires healthcare providers to reflect on their own cultural background and the nature of power relations in the provision of services to a minority culture by a dominant culture, so that the providers can work in a culturally "safe" manner.*

Wepa, D. (2003 Oct). An exploration of the experiences of cultural safety educators in New Zealand: an action research approach. *Journal of transcultural nursing : official journal of the Transcultural Nursing Society*. 14(4): 339-348.  
*This research is a study of the experiences of four cultural safety educators in nursing education in Aotearoa, New Zealand.*

Downey, B. (2003 Dec). Inaugural international indigenous nurses and midwives caucus. *The Aboriginal nurse*. 18(2): 10-12.

*I recently attended an indigenous Health Forum that was held October 2-6 in Townsville, Australia. This event was the inaugural meeting of the 'International Network for Indigenous Health Knowledge and Development' (INIHKD). Participation included representatives from New Zealand, Canada, the United States and Australia representing community, academics and government. The focus was the continuing disparities between the health of indigenous people and the non-indigenous settlers of these four countries.*

Sweetwater, I. (2003 Dec). In memorial: Dr. Irihapeti Merenia Ramsden. *The Aboriginal nurse*. 18(2): 14.

*New Zealand's health community is keenly feeling the loss of Dr. Irihapeti Ramsden who passed away in April of this year. Here in Canada we shall also miss her contribution to nursing. Irihapeti's involvement in the profession, particularly as the architect of "cultural safety", means that few in the nursing world remain untouched by her passing. Her legacy will not be forgotten.*

Hughes, H. (2003-04 Dec/Jan) A cultural safety journey. *Kai tiaki : Nursing New Zealand*. 9(11): 22-23.

*Backgrounds the author's development as a cultural safety educator, with reference to the teachings of Irihapeti Ramsden. Stresses the need for marae visits to be incorporated into cultural safety programmes for student nurses.*

Treaty learning has global application (2003). *Te Karere news : national Maori community newspaper*. 134(11): p.3.

*Talks to Cass Tucker, a third-year UCOL nursing student, sharing her experiences of completing a placement at Mater Hospital in Brisbane. Focuses on the core competency of Treaty of Waitangi protocols for cultural safety and awareness which she found integral to her work in Australia.*

Laracy, K.D. (2003). *Exploration of the self : the journey of one Pakeha cultural safety nurse educator*. Unpublished Masters thesis. Victoria University of Wellington, Wellington, New Zealand.

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## 2004

Health of nation focus of institute. *The Press*. 6 March 2004: A.4.

*The Maori Indigenous Health Institute (Mihi), dedicated to internationally respected Maori health pioneer Dr Irihapeti Ramsden, was opened yesterday by MP Tariana Turia in an emotional ceremony. The initiative by the Christchurch School of Medicine aims to research Maori health issues and teach students how to incorporate a Maori perspective into their practice.*

(2004 Mar). Cultural safety training should be compulsory. *Kai Tiaki: Nursing New Zealand*. 10(2): 15.

*ALL OVERSEAS nurses should have cultural safety training before they are allowed to practise here, according to English-trained nurse and NZNO professional nursing adviser (PNA) Faith Roberts.*

URL: <http://www.thefreelibrary.com/Cultural+safety+training+should+be+compulsory.-a0114921724>

Webby, T. (2004 Mar). Dealing with ethical challenges in practice. *Kai Tiaki : Nursing New Zealand*. 10(2): 26-27

*Describes a public health nurse's encounter with an impoverished Maori family in the Bay of Plenty where she works. Details the cultural safety aspects of her encounter. Reveals her ethical conflict caused by the family's illegal activities and her concern that they continue to use the local health services.*

Richardson, S. (2004 Mar). Aotearoa/New Zealand nursing: from eugenics to cultural safety. *Nursing inquiry*. 11(1): 35-42.

*The concept of cultural safety offers a unique approach to nursing practice, based on recognition of the power differentials inherent in any interaction. It is from within the context of nursing in Aotearoa/New Zealand (A/NZ) that the concept developed and was subsequently integrated into nursing education. Cultural safety is based within a framework of biculturalism, and is congruent with the tenets of the nation's founding document, the Treaty of Waitangi. Clarification of the concept is offered, together with a review of the historical shift in nursing attitudes that has led to the emergence of "cultural safety" as a viable and valued component of nursing practice. The argument is made that cultural safety has allowed for a more reflective, critical understanding of the actions of nursing to develop. This includes recognition that nurses' attitudes and values have inevitably been influenced by social and political forces, and as such are in part reflective of those within the wider community. Comparison between the support given by nurses in the early 1900s to the theory of eugenics and the current acceptance of cultural safety is used to highlight this point. An examination of the literature identifies that ideological and conceptual changes have occurred in the approach of A/NZ nurses to issues with cultural implications for practice. A review of background factors relating to Maori health status and the Treaty of Waitangi is presented as a necessary context to the overall discussion. The discussion concludes with an acknowledgement that while the rhetoric of cultural safety is now part of nursing culture in New Zealand, there is no firm evidence to evaluate its impact in practice. Issues identified as impacting on the ability to assess/research a concept, such as cultural safety, are discussed. For cultural safety to become recognised as a credible (and indispensable) tool, it is necessary to further examine the "end-point" or "outcomes" of the process.*

(2004 Apr). Forum debates cultural competence. *Kai Tiaki : Nursing New Zealand* 10(3): 7.

*Reports from the cultural safety forum held at Tapu Te Ranga Marae in Wellington.*

Harding, T. (2004 Jun). 'You speak such good Norwegian'. *Kai Tiaki : Nursing New Zealand*. 10(5):22-23

*Gives the author's account of teaching nursing in Norway as part of an educational exchange agreement between UNITEC and Norwegian partner institutions. Describes the Norwegian Government's Study Abroad programme, which has brought Norwegian nursing students to UNITEC for the past 6 years. Highlights on-line learning, evidence-based practice, and cultural safety as areas where NZ nursing can make a contribution to international nursing education.*

Clair, S. (2004 Jun). Revisiting cultural safety. *Kai Tiaki: Nursing New Zealand*. 10(5): 24. *Introduces the Progressively Act in Unity and Aroha (Paua) project, the NZNO strategic treaty-based model for building relationships with Maori. Backgrounds the development of cultural safety objectives in nursing education. Distinguishes between cultural safety and transcultural nursing.*

Buetow, S.A. (2004 Oct). New Zealand Maori quality improvement in health care: lessons from an ideal type. *International journal for quality in health care, suppl. Perspectives on Quality*. 16(5) : 417-22.

*There is no single best approach to quality improvement. Quality improvement has been adapted from its predominantly Japanese origins to form distinct, hybrid systems embedded in national cultures. These systems have seldom been studied despite their potential internationally to inform the local management of health care organizations. This article suggests six lessons from an 'ideal type' of one such system, New Zealand Maori quality improvement in health care. Mapped against 'mainstream' concepts of quality improvement, the lessons are to: emulate the character of leaders in health care; encourage 'cultural governance'; operate the health care organization as a 'family'; move forward with eyes on the past; foster spiritual health; and respect everything for itself. These lessons support a global struggle by indigenous peoples to have their national cultures reflected in programmes to improve their health care, and have potential relevance to mainstream services. By increasing cultural competence, responsiveness to indigenous health needs, and awareness of insights from another culture, the lessons reveal opportunities to improve quality by incorporating aspects of a Maori ideal type.*

URL: <http://intqhc.oxfordjournals.org/content/16/5/417.full.pdf>

Simon, V. (2004 Nov). A snapshot of Maori nurses' health and safety issues. *Kai Tiaki : Nursing New Zealand*. 10(10):14-15.

*Reveals the findings of a study of 100 Maori nurses in which they were asked to comment about their workplace settings, health and safety concerns, and cultural safety in the workplace.*

Laracy, K. (2004). Exploration of the self: the journey of one pakeha cultural safety nurse educator. *Whitireia nursing journal*. 11: 61.



Corbett, A. (2004). Cultural safety : a New Zealand experience. *Journal of the Australasian Rehabilitation Nurses Association*. 7(1): 14-17.

Jones, L. and Richardson, F. (2004). From policy to practice : reflections on working across borders in tertiary education. *South Pacific journal of psychology*. 15(1): 54 –61  
*This paper describes the processes and challenges presented when Pakeha lecturers supervised a research project undertaken by Maori and Pacific nursing students in a New Zealand Bachelor of Nursing programme. It reflects on the reality of translating.*

URL: [http://spjp.massey.ac.nz/issues/2004-v15/v15\\_jones2.pdf](http://spjp.massey.ac.nz/issues/2004-v15/v15_jones2.pdf)

## 2005

Richardson, F. and Carryer, J. (2005 May). Teaching cultural safety in a New Zealand nursing education program. *Journal of nursing education*, 44(5): 201-208.

*According to the Nursing Council of New Zealand (1996), cultural safety refers to the effective nursing of patients from other cultures by nurses who have undertaken a process of reflection on their own cultural identity and recognize the effect of their culture on their nursing practice. Cultural safety education and culturally safe nursing practice emerged within a framework of considerable social and political change occurring in New Zealand during the 1970s and 1980s. [...]it is important to note that this particular research study reflected the experience of cultural safety teachers who were involved in nursing education and were part of, and influenced by, this dramatic social and political change. Erratum in : J Nurs Educ. 2005 Aug;44(8):346.*

Meyst, S. (2005 Jun). Learning how to be culturally safe. *Kai Tiaki : Nursing New Zealand*. 11(5): 20-22

*Explores the meaning and relevance of cultural safety, or kawa whakaruruhau in nursing. Uses examples from the work of nurse leader Irihapeti Ramsden, and draws examples from the author's experience. Distinguishes transcultural nursing from cultural safety.*

McKinney C. (2005 Jun). Linking cultural safety to practice: issues for student nurses and their teachers. *Vision*. 13(1): 3-

*Student nurses rely on their teachers, both academic and clinical, to assist them to develop their capacity to practice safely. Yet, in relation to cultural safety, relatively little has been written to assist the integration of theoretical knowledge to the world of practice. This article presents the findings of a small project undertaken by lecturers whose experiences supporting students' learning during clinical placements in Auckland stimulated interest in the students' attempts to use their classroom learning to begin their journey towards culturally safe nursing practice.*

URL [http://www.eit.ac.nz/health\\_and\\_sport\\_science/vision\\_journals.aspx](http://www.eit.ac.nz/health_and_sport_science/vision_journals.aspx)

Spence, D.G. (2005 Sep). Hermeneutic notions augment cultural safety education. *Journal of nursing education*. 44(9): 409-414.

*According to the Nursing Council of New Zealand (2002), cultural safety is: Examining curricular documentation, media discussions of cultural safety, and race relations, together with New Zealand's sociological and historical literature helped me understand the values and assumptions informing both the nurses' stories and my subsequent analysis. [...]the research findings constituted the meanings derived from being a nurse and being in New Zealand.*

URL: <http://www.nurseone.ca/docs/NurseOne/FNIH%20Documents/Spence%202005.pdf>

Cultural safety advice goes Transtasman. *Hawkes Bay today*. 13 Oct 2005: C.24.

*An invitation to lecture in Australia has followed the enthusiastic reception of EIT Hawke's Bay nursing lecturer Dianne Wepa's book on Cultural Safety in Aotearoa New Zealand.*

*"The aims of my presentations in Perth were to enhance the knowledge and understanding of cultural safety so that educators and health professionals within Western Australia would be able to implement it. And we explored options for collaborative research," [Dianne] says.*

Gibbs, K.A. (2005 Oct). Teaching student nurses to be culturally safe: can it be done? *Journal of transcultural nursing : official journal of the Transcultural Nursing Society*. 16(4): 356-360.

*From the perspective of a third-year student nurse about to graduate in New Zealand, this article discusses the complexities of teaching and learning the concept of cultural safety for educators and student nurses. The background of the implementation of cultural safety content into New Zealand nursing curriculum is briefly discussed, and the evolution of cultural safety and its diverse meanings that has led to some confusion among student nurses. How is cultural safety taught and what are the surrounding barriers? Also, where does the student nurse fit into this process? Recommendations are then made to improve the teaching of cultural safety in the New Zealand nursing curriculum.*

Nursing Council of New Zealand. (2005). *Guidelines for cultural safety, the Treaty of Waitangi, and Maori health in nursing education and practice*. Wellington: Nursing Council of New Zealand.

Wepa, D (ed). (2005). *Cultural safety in Aotearoa New Zealand*. Auckland, New Zealand : Pearson Education New Zealand.

*In Cultural Safety in Aotearoa New Zealand, editor Dianne Wepa has brought together the expertise of a range of experienced educators who are active in cultural safety education, research and practice, and has created a text that will be a valuable resource for students, tutors, managers, policy analysts and others involved in the delivery of health care. Cultural safety is a New Zealand term unique to nursing education. It was born from 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 and midwives to those receiving care. Once this transfer of power has occurred, the recipients of care are empowered to define what culturally safe practice is. To set the scene, Cultural Safety in Aotearoa New Zealand begins with an historical overview of kawa whakaruruhau/ cultural safety. This is followed by a theoretical section and an explanation of the founding principles of cultural safety. The focus of the text then moves to the application of cultural safety in practice. Each chapter in the third part of the book offers ways of working with a wide variety of people. Features Key terms and concepts are highlighted at the beginning of each chapter.*

Ramsden, I. (2005). Towards cultural safety in Wepa, D (ed). (2005). *Cultural safety in Aotearoa New Zealand*. Auckland, New Zealand : Pearson Education New Zealand.

Papps, E. (2005). Cultural safety : daring to be different in Wepa, D (ed). *Cultural safety in Aotearoa New Zealand*. Auckland, New Zealand : Pearson Education New Zealand.

Wepa, D. (2005). Culture and ethnicity: what is the question? In Wepa, D (ed). *Cultural safety in Aotearoa New Zealand*. Auckland, New Zealand : Pearson Education New Zealand.

Spence, D. (2005). Exploring prejudice, understanding paradox and working towards new possibilities in Wepa, D (ed). *Cultural safety in Aotearoa New Zealand*. Auckland, New Zealand : Pearson Education New Zealand.

Evans, D. (2005). Ethical considerations in health care when working cross-culturally in Wepa, D (ed). *Cultural safety in Aotearoa New Zealand*. Auckland, New Zealand : Pearson Education New Zealand.

McEldowney, R., Puckey, T.; Richardson, F. (2005). Mental health and cultural safety : a practice story in Wepa, D (ed). *Cultural safety in Aotearoa New Zealand*. Auckland, New Zealand : Pearson Education New Zealand.

McCarthy, D. (2005). Spirituality and cultural safety in Wepa, D (ed). *Cultural safety in Aotearoa New Zealand*. Auckland, New Zealand : Pearson Education New Zealand.

Papps, E. (2005). Cultural safety: what is the question? In: E. Papps, (ed). *Nursing in Aotearoa New Zealand : Critical issues, different perspectives*. Auckland : Pearson.

McEldowney, R., Laracy, K., MacDonald, S., Richardson, F., Scott, W., & Turia, D. (2005). *Cultural safety: from classroom teaching to nursing practice. An evaluation study. A monograph*. Cultural Safety Research Unit, GSNM, VUW, Wellington: NZ, 2005

Cultural safety presentation sparks international interest. (2005/06 Dec-Jan). *Kai Tiaki : Nursing New Zealand*. 11(11):7

*Reports that a presentation by NZ nurse educators at the annual conference of the Transcultural Nursing Society was received with interest by the American, European and Asian delegates.*

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## 2006

Hughes, M and Farrow, T. (2006 Feb). Preparing for cultural safety assessment. *Kai Tiaki : Nursing New Zealand*. 12(1): 12-4.

*Sets out the similarities and differences between the principles of the Treaty of Waitangi and cultural safety. Explains the concept of cultural risk and what cultural safety is not. Cites the need for nurses to understand Treaty principles in order to understand the state of Maori health. Considers how to assess whether care is culturally safe.*

URL: <http://www.thefreelibrary.com/Preparing+for+cultural+safety+assessment%3A+despite+the+fact+cultural...-a0143064288>

McEldowney, R.A.; Richardson, F.; Turia, D.; Laracy, K.; Scott, W.; MacDonald, S. (2006). *Opening our eyes, shifting our thinking: The process of teaching and learning about reflection in cultural safety education and practice: An evaluation study*. Wellington, N.Z. : Victoria University of Wellington in association with Whitireia Community Polytechnic, 2006.

*The purpose of the research was an evaluation of practice exemplars as a reflective process in teaching and learning about cultural safety. Six Maori, two Pacific and five Pakeha students, ranging in age from 30 to 40, took part in the research. The research findings revealed five sub themes: personal safety, power/ powerlessness, reflection, teaching and learning and cultural safety. The presentation, while acknowledging that cultural safety shared some commonalities with culture care theory, highlighted differences between the two. These included that cultural safety was explicit in identifying the inherent power of the nurse in health care relationships; related to the experience of the recipient of nursing care, and extended beyond cultural awareness and sensitivity; provided consumers of nursing services with the power to comment on practices; and contributed to the achievement of positive outcomes and experiences for them. It outlined the characteristics of a culturally safe nurse as a nurse who had undertaken a process of reflection on her/his own cultural identity and who recognised the impact their personal culture had on client care.*

Ellison-Loschmann, L, and Pearce, N. (2006 Apr). Improving access to health care among New Zealand's Maori population. *American journal of public health*. 96(4): 612-7. *The health status of indigenous peoples worldwide varies according to their unique historical, political, and social circumstances. Disparities in health between Maoris and non-Maoris have been evident for all of the colonial history of New Zealand. Explanations for these differences involve a complex mix of components associated with socioeconomic and lifestyle factors, availability of health care, and discrimination. Improving access to care is critical to addressing health disparities, and increasing evidence suggests that Maoris and non-Maoris differ in terms of access to primary and secondary health care services. We use 2 approaches to health service development to demonstrate how Maori-led initiatives are seeking to improve access to and quality of health care for Maoris. [PUBLICATION ABSTRACT*

URL: <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2005.070680>

Levine, M.A. and Perpetua, E.M. (2006 Spr). International immersion programs in baccalaureate nursing education: Professor and student perspectives. *Journal of cultural diversity*. 13(1) : 20-6.

*This article presents the dual perspectives of professor and student in relation to the explicit need for nurses to become acutely conscious of cultural competence through self-awareness and how this influences nursing care. Mary Anne Levine, Professor of Nursing, discusses the development, planning, implementation, and evolution of the International Immersion Program (IIP) at Humboldt State University. The student experience, integration, and evaluation of IIP and its impact on one's professional and personal life are described by Elizabeth Perpetua, currently a practicing RN, who participated in the program in Nakhodka, Russia.*

Greenwood, S.; Wright, T and Nielsen, H. (2006 May). Conversations in context: cultural safety and reflexivity in child and family health nursing. *Journal of family nursing*. 12(2): 201-224.

*Over 10 years, a number of nurse educators at the Waikato Institute of Technology (WINTEC) have worked collaboratively across primary health, cultural safety, and child and family health domains of the nursing curriculum. They share a common philosophy underpinned by notions of diversity and health equity. The philosophy informs their theoretical inquiry, practice and research interests, and pedagogical concerns. This article outlines some key aspects of their practice as nurse educators and researchers committed to the needs of their specific region in the central North Island of Aotearoa New Zealand. They begin by situating themselves within the region, its people, and influences before moving into a consideration of the wider political and policy environment. They consider the destabilizing effects of cultural safety education and the tension between biculturalism and multiculturalism in their context. Finally, they reflect on how these ideas inform their work with postgraduate child and family nurses.*

Wepa, D and te Huia, J. (2006 Win). Cultural safety and the birth culture of Maori. *Social work review*. 18(2): 26-31

*Explores some traditional cultural concepts around pregnancy and childbirth for Maori. Provides an overview of traditional Maori birthing practices and outlines the impact of colonisation. Discusses the consumer-driven movement for choices such as woman-centred practices, by Maori for Maori services and cultural safety in relation to major socio-political issues and influences.*

Gray, D. P., and Thomas, D. J. (2006 Sum). Critical reflections on culture in nursing. *Journal of cultural diversity*, 13(2), 76–82.

*The purpose of this paper is to raise awareness of a view of culture as a sociopolitical construction, and to explore implications for incorporating this view into U.S. nursing education and practice. Current definitions of culture, cultural diversity, and cultural competence are examined to highlight ways in which a traditional, essentialist view is reflected. Examples of an alternative, constructivist view are provided through discussion and in a series of questions. These questions serve as the basis for considering new approaches in U.S. nursing education and health care based on view of culture as a dynamic and ever-changing sociopolitical construction.*

Asher, J.B. (2006 Jun). Opening our eyes – shifting our thinking. *Kai Tiaki : Nursing New Zealand*. 12(5): 35.

*Examines the findings of the evaluative study, 'Opening our Eyes -- Shifting our Thinking : the Process of Teaching and Learning about Reflection in Cultural Safety Education and Practice' published by Victoria University of Wellington and Whitireia Community Polytechnic.*

Davis, P.; Lay-Yee, R.; Dyal, L. ... et al. (2006 Jun). Quality of hospital care for Maori patients in New Zealand: retrospective cross-sectional assessment. *The Lancet* 367(9526): 1920-5.

*New Zealand has a substantial indigenous minority- the Maori- that has considerably worse health status than the majority population. We aimed to assess possible disparities in quality of hospital care for Maori with data on preventable adverse events as an indicator of suboptimum treatment. We undertook a nationally representative cross-sectional survey of admissions to general public hospitals with more than 100 beds providing acute care.... Despite a predominantly publicly funded hospital system, our findings suggest that hospital care received by Maori is marginally poorer than that received by New Zealand citizens of non-Maori/non-Pacific origin. Although no cause specific to Maori was evident, various policy and system issues can be addressed.*

URL: <http://nzssds.org/system/files/Davis+et+al-Lancet-Maori-hospital+care.pdf>

Jirwe, M.; Gerrish, K.; Emami, A. (2006 Fall). The theoretical framework of cultural competence. *Journal of multicultural nursing & health*. 12(3): 6-16.

*Several published theoretical frameworks of cultural competence have been developed in North America, Europe and Oceania. The extent to which these frameworks share common characteristics is unknown. This study analyses the core components found in the descriptions of the most frequently cited theoretical frameworks of cultural competence.*

Stout, M.D. and Downey, B. (2006 Sep). Nursing, indigenous peoples and cultural safety: so what? Now what? *Contemporary nurse*. 22(2): 327-32.

*Cultural safety is a powerful nursing concept conceived by Irihapeti Ramsden, a Maori nurse. Today this concept is moving the nursing of Indigenous people in a new trajectory as the many articles in this issue demonstrate. Its explicit purpose is to consider historically determined power relations between nurses and Indigenous people and to bridge the differences that have evolved. Significantly, cultural safety finds expression in caring spaces that are equality seeking and rights oriented. The over-arching goal is the health development of Indigenous people. However, too much can be taken for granted when a perceived panacea like cultural safety emerges.*

URL: <http://www.contemporarynurse.com/archives/vol/22/issue/2/article/749/nursing-ind..>

Smye, V. (2006 Sep). Dedication : Irihapeti Merenia Ramsden. *Contemporary Nurse*. 22(2): vii.

*Editorial: I did not know Irihapeti Ramsden. I am a Canadian nurse researcher and educator influenced by the "legacy of cultural safety".*

URL: <http://www.contemporarynurse.com/archives/vol/22/issue/2/>

Turale, S. and Miller, M. (2006 Sep). Improving the health of indigenous Australians: reforms in nursing education. An opinion piece of international interest. *International nursing review*. 53(3): 171-7.

*This paper overviews Indigenous disadvantage in relatively wealthy Australia. It describes efforts to increase the recruitment and retention of Indigenous people in nursing and to reform nursing education to be more inclusive of Indigenous culture, health and history.*

Main, C., McCallin, A and Smith, N. (2006 Nov). Cultural safety and cultural competence : what does this mean for physiotherapists? *New Zealand journal of physiotherapy*. 34(3): 160-166.

*Legislation governing physiotherapy practice within Aotearoa/New Zealand requires physiotherapists to practise in a culturally safe manner, demonstrating cultural competence. Although physiotherapists are likely to be more familiar with the notion of cultural diversity and its implications for professional practice, the concepts of cultural safety and competence extend the debate from how people are described and understood, to how health professionals understand*

themselves and are deemed by the receivers of that care to be safe and culturally competent. The purpose of this paper is to highlight cultural issues for physiotherapists working in New Zealand particularly those newly arrived in Aotearoa, who are expected to demonstrate cultural safety and cultural competence in clinical practice. The authors examine how New Zealand has evolved as a bicultural society, the emergence of cultural safety, its evolution within health care practice, and influence on cultural competence. The Maori health perspective and the physiotherapy view of health are examined with particular reference to cultural safety and cultural competence. Finally, legal issues and clinical practicalities are outlined. It is hoped that the idea presented will increase awareness of the importance of physiotherapy work that integrates both the strengths of physical based medicine and a sociocultural perspective of health.

URL: [http://www.physiotherapy.org.nz/Folder?Action=View%20File&Folder\\_id=135&File=34\(3\)Nov06\\_p160-166\\_SchPpr.pdf](http://www.physiotherapy.org.nz/Folder?Action=View%20File&Folder_id=135&File=34(3)Nov06_p160-166_SchPpr.pdf)

Grant-Mackie, D. (2006). Viewpoint. Combating racism in nursing. *Kai Tiaki : Nursing New Zealand*. 12(1): 15.

## 2007

O'Brien, A. J... et al. (2007 Jan). Culturally specific process measures to improve mental health clinical practice: indigenous focus. *Australian & New Zealand journal of psychiatry*, 41(8): 667-674.

*In New Zealand and Australia, a renewed emphasis on equity and efficiency in the provision of mental health care has seen outcomes-focused, culturally appropriate clinical practice become essential within mental health services. Ascertaining the degree to which quality improvement and monitoring systems are enhancing professional practice and patient outcomes, however, is hindered by the difficulty of measuring the process of quality care delivery.*

Beckett, A.; Gilbertson, S.; Greenwood, S. (2007 Jan). Doing the right thing: nursing students, relational practice, and moral agency. *Journal of nursing education*. 46(1): 28-32.

*In the current nursing environment of increased workloads, reduced funding, and higher patient acuity, RNs and nurse educators are likely to hear how unprepared new graduates are for the needs of practice. Cain (2000) discussed how nursing shortages affect nurses' ability to provide quality care and suggested that shortages affect both the level of service provided to patients and the job satisfaction of nurses in New Zealand. In the challenging environments of current nursing practice, it is imperative that nurse educators find ways of nurturing the valuable qualities that students bring to the profession or risk losing them.*

Grant-Mackie, D. (2007 Mar). Yesterday, today and tomorrow: colonisation, the Treaty of Waitangi and cultural safety. *Diversity in health & social care*. 4(1): 7-8. [Guest editorial]

Parker, V. and McMillan, M. (2007 Apr). Challenges facing internationalisation of nursing practice, nurse education and nursing workforce in Australia. *Contemporary nurse : a journal for the Australian nursing profession*. 24(2): 128-36.

*This paper examines factors that have lead to increasing internationalisation in nursing workforce and nursing education and contends that education and support for nurse managers and nurse academics is required in order to better prepare them for the challenges they will face.*

Simmons, D.R. (2007 Jun). Child health issues in New Zealand: an overview. *The journal of school nursing*. 23(3): 151-7.

*International travel can provide the unique opportunity to experience other cultures. For nurses, it can also provide a window through which different health care structures and services can be viewed. Many similarities and differences can be found between the country visited and the United States in terms of health issues, nursing education, roles, and responsibilities. This article explores a number of ways health services are provided to school-age children in New Zealand. Nearly 20% of New Zealand's population are native Maori people. Not only is cultural sensitivity in health service delivery a priority, but the Maori people are guaranteed participation in health care decisions by law. School nurses in the United States can benefit from examining the models of care used by New Zealand nurses for managing the health care needs of school-age children.*

Johnstone, M-J. and Kanitsaki, O. (2007 Jul). An exploration of the notion and nature of the construct of cultural safety and its applicability to the Australian health care context. *Journal of transcultural nursing*. 18(3):247-256.

*Cultural safety has been promoted by its New Zealand proponents as an effective process for managing cultural risk in health care and improving the cultural responsiveness of mainstream health services when delivering care to culturally diverse populations. Its effectiveness in this regard has not, however, been comprehensively investigated. A key purpose of this study was to explore and describe what is known and understood about the notion of cultural safety and its possible*



application to and in Australian health care domains. Findings from the study indicate that the notion of cultural safety is conceptually problematic, poorly understood, and under researched and, unless substantially revised, cannot be meaningfully applied to the cultural context of Australia.

Hughes, M. and Farrow, T. (2007 Sep). How can mental health nurses prove they are culturally safe? *Kai Tiaki : Nursing New Zealand*. 13(8): 18-19

*Notes the need for registered nurses to show evidence of culturally safe practice. Discusses cultural safety, and cultural safety in the mental health context with 'power over' and 'power for' patients. Looks at empowering patients and gives principles for culturally safe practice.*

URL: <http://www.thefreelibrary.com/How+can+mental+health+nurses+prove+they+are+culturally+safe%3F+How+can...-a0169382797>

Morrall, A. Kiwi to speak in UK on cultural safety. *The Press*. 24 Sep 2007: A6.

*In a reading at the University of Oxford on Wednesday, Christchurch writer Margaret Hughes will elaborate on the concept of a "culturally safe" workplace and its potential to overcome discrimination in the mental health sector.*

*Hughes said the concept had since come to represent the idea that good health care had as much to do with humanity as it did medicine - - not just for indigenous groups but for everyone. "It's not political correctness, that word beats at my nose ... it's about respecting people and making sure their healthcare experience meets their needs."*

URL: <http://www.stuff.co.nz/national/health/43259/Kiwi-nursing-model-on-show-in-UK>

Andreoli, L. Study opens up a world of opportunities. *Taranaki daily news*. 19 Oct 2007: 11.

*Profiles nurse Dee-anna Ritai, who headed towards a nursing after seeing her brother close to death in the Auckland ICU unit. "My whanau found the attending registered nurse to be culturally insensitive, with a lack of understanding to the needs of our whanau, during a very sensitive time."*

*While studying from 1992 to 1995, Dee-Anna was selected to be the Maori student representative for the newly established Taranaki Polytechnic kawa whakaruruhau committee (cultural safety group), which included iwi, Maori health professionals, kuia and kaumatua, Maori tutors and polytechnic nursing tutors. This group guided the cultural safety component of the nursing training curriculum.*

*From wanting to be a hairdresser when she was very young, Dee- Anna is now a successful 36-year-old Maori woman who has made a difference in her life. She wants to give support to her Maori people and their whanau in Taranaki. "Those who strive to work with determination and passion in the health field, especially in midwifery, can achieve what they want."*

URL: [http://www.redorbit.com/news/health/1109713/study\\_opens\\_up\\_a\\_world\\_of\\_opportunities/](http://www.redorbit.com/news/health/1109713/study_opens_up_a_world_of_opportunities/)

Richardson, S. and Williams, T. (2007 Dec). Why is cultural safety essential in health care? *Medicine and law*. 26(4) : 699-707.

*The concept of cultural safety involves empowerment of the healthcare practitioner and the patient. The determinants of 'safe' care are defined by the recipient of care. Cultural safety is linked to the principles of New Zealand's founding document, the Treaty of Waitangi. These are participation, protection and partnership. Cultural safety was initially a response to the poor health status of indigenous New Zealanders but has since broadened to encompass a wide range of cultural determinants. Importance is placed on identifying and evaluating one's own beliefs and values and recognising the potential for these to impact on others. Dissemination of cultural safety knowledge and practice outside of New Zealand is growing. This concept provides recognition of the indices of power inherent in any interaction and the potential for disparity and inequality within any relationship. Acknowledgement by the healthcare practitioner that imposition of their own cultural beliefs may disadvantage the recipient of healthcare is fundamental to the delivery of culturally safe care.*

Johnstone, M.J. and Kanitsaki, O. (2007 Sum). Health care provider and consumer understandings of cultural safety and cultural competency in health care : an Australian study. *Journal of cultural diversity*. 14(2): 96-105.

*There is increasing recognition in Australia that racial and ethnic minority groups experience significant disparities in health and health care compared with the average population and that the Australian health care system needs to be more responsive to the health and care needs of these groups. The paper presents the findings of a year long study that explored what providers and recipients of health care know and understand about the nature and implications of providing culturally safe and competent health care to minority racial and ethnic groups in Victoria, Australia. Analysis of the data obtained from interviewing 145 participants recruited from over 17 different organizational sites revealed a paucity of knowledge and understanding of this issue and the need for a new approach to redress the status quo.*

Bennett, J. (2007 Jul). New Zealand women living with HIV/AIDS: a feminist perspective. *Nursing praxis in New Zealand*, 23(1): 4-16.

*This paper draws on current and earlier literature, together with observational and anecdotal data to reveal the situation of HIV positive women in New Zealand. The present picture is examined in relation to data from a previously unpublished qualitative study undertaken by the author in 2001 using a feminist perspective. It would seem that dominant concerns of the women today are much the same as those surfacing in the earlier study. These include stigma and the associated problem of whether to conceal or reveal. Additionally these women are concerned that health professionals do not always take their problems seriously. Their distress is aggravated by fact of them being women suffering from what is generally seen as a male disease. The feminist perspective highlights the relative powerlessness of many women in the context of sexual relations whereby much of the prophylactic advice--such as insistence on condom use--becomes irrelevant. New women oriented education programmes are needed. It is argued that nurses are well placed to make a positive contribution in this area of care, and in fact are obligated to do so if their practice is to be consistent with the profession's declared aims with respect to cultural safety. However it is noted that there is still a degree of prejudice and ignorance to be overcome before the desired results will be achieved.*

*Cultural safety : te puawaitanga, BNTP500, book of readings. Christchurch Polytechnic Institute of Technology. School of Nursing. Christchurch : Faculty of health, Humanities and Sciences, School of Nursing, Christchurch Polytechnic Institute of Technology, 2007.*

*Cultural safety : te puawaitanga, BMTP301, course readings. Christchurch Polytechnic Institute of Technology. School of Midwifery. Christchurch : Faculty of Health, Humanities and Sciences, School of Midwifery, Christchurch Polytechnic Institute of Technology, 2007.*

Srivastava R. (2007). *The healthcare professional's guide to clinical cultural competence*. Toronto, Canada: Mosby Elsevier.

*With a focus on client-centred care, this book provides an introduction to developing cultural competence in the health care setting. A unique presentation covering both theory and practice, the book begins with a strong foundational model for understanding culture. It then introduces general knowledge on culture which can be provided to a variety of settings, and ends with clinical applications illustrating how to apply knowledge and awareness to a variety of populations. With contributions from twelve leading experts, material is drawn from a wide range of health care settings and has strong practical coverage throughout.*

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## 2008

Wilson, D. and Neville, S. (2008 Feb). Nursing their way not our way: Working with vulnerable and marginalised populations. *Contemporary nurse : a journal for the Australian nursing profession* 27(2): 165-76.

*This paper uses the findings of two studies to explore the nature of nurses practice when working with vulnerable and marginalised populations, particularly with regard to the attributes of holism and individualised care. A secondary analysis of the findings of two separate studies was undertaken, one on the elderly with delirium and the other with indigenous Maori women.*

De, D. and Richardson, J. (2008 Mar). Cultural safety: an introduction. *Paediatric Nursing*. 20(2): 39-44.

*Cultural safety is one approach to integrating cultural components into nursing care. It is based on a broad definition of culture and on nurses' analysis of their cultural selves and the impact these have on therapeutic encounters. It is the service user who judges whether the professional relationship feels culturally safe.*

URL: <http://nursingchildrenandyoungpeople.rcnpublishing.co.uk/archive/article-cultural-safety-an-introduction>

DeSouza, R. (2008 Mar). Wellness for all: The possibilities of cultural safety and cultural competence in New Zealand. *Journal of research in nursing*. 13: 125-135

*Responses to cultural diversity in nursing need to consider the theory and practice developments of the profession, whilst also responding to broader social and historical process that prevent marginalised groups from utilising universal health services. A combination of approaches is suggested in this paper to meet these two imperatives. Cultural safety is one indigenous New Zealand nursing approach derived in response to inequalities for Maori, whereas cultural competence is an imported paradigm derived from a multicultural context. Furthermore, research and dialogue are required to examine points of complementarity and tension. This paper offers a beginning for this process.*

URL: [http://209.217.101.142/CNAWeb/docs/NurseOne/FNIH%20Documents/B\\_CulturalSafetyNurses.pdf](http://209.217.101.142/CNAWeb/docs/NurseOne/FNIH%20Documents/B_CulturalSafetyNurses.pdf)

Cortis, J. (2008 Mar). Wellness for all: the possibilities of cultural safety and cultural competence in New Zealand: a critique. *Journal of research in nursing*. 3(2): 136-137  
Provides a critique to the DeSouza article.

Wilson, D. (2008 Apr). The significance of a culturally appropriate health service for Indigenous Māori women. *Contemporary nurse*. 28(1/2): 173-188.  
A culturally appropriate health service is contingent on the inclusion of client's cultural beliefs and practices into intervention plans. Not establishing key cultural beliefs and practices risks providing a health service that lacks relevance and compromises its efficacy for its recipients. Anecdotally, cultural appropriateness and acceptability of health services is often lacking for Māori women (indigenous to Aotearoa New Zealand), hindering positive health experiences and outcomes. This paper explores an aspect of findings of research undertaken with Māori women to discover what was important for their health and well-being, and their interactions with mainstream health services... Cultural safety and cultural competence will be explored as vehicles to improve culturally appropriate and acceptable health care for indigenous women.

Andrews, M.M. (2008 Apr). Global leadership in transcultural practice, education and research. *Contemporary Nurse : a journal for the Australian nursing profession*. 28(1/2): 13-6.

It is amazing what some women and men dare to do with their ideas in many places in the world. Creative thinking and actions are what the world needs most. Transcultural nursing has been an example of these attributes. While taking new actions may be troublesome to some people, yet new actions and new ideas can lead to a wealth of new knowledge and new ways to serve people. Transcultural nurses have taken such actions and are transforming nursing and health care in many places in the world.

Gray, B. (2008 Apr). Managing the cross-cultural consultation: the importance of cultural safety. *New Zealand family physician*. 35(2):124-130

Argues that we should separate out the two issues of The Treaty of Waitangi and cultural safety. The Nursing Council has made this distinction, largely based on the writings of Irihapeti Ramsden on cultural safety. Describes what the author has learned about managing the cross-cultural consultation in an approach that is congruent with cultural safety (Auth).

URL: <http://www.rnzcp.org.nz/assets/documents/Publications/Archive-NZFP/April-2008-NZFP-Vol-35-No-2/GrayApr08.pdf>

Wepa, D. (2008 Jul). Cultural safety versus cultural competence. *New Zealand nursing review*. 9(3): 10

Discusses the difference between cultural safety and cultural competence in health care and its associated legislation.

Clear, G. (2008 Jul). A re-examination of cultural safety: a national imperative. *Nursing praxis in New Zealand*. 24(2): 2-4. [Editorial]

Perspectives about cultural safety are only recently appearing in textbooks, and now a small amount of related research activity is also beginning to emerge. The 13th Australian Nurse Educators' Conference, held at Te Papa Tongarewa. October 2007, included a cultural safety theme that provided a rare opportunity for nurse educators to exchange relevant information.

URL: [http://articles.nurse.org.nz/editorials/242\\_editorial.html](http://articles.nurse.org.nz/editorials/242_editorial.html)

Thomas, D. (2008). Nursing and cultural safety: a student's perspective and new-found sense of belonging. *Whitireia nursing journal*, 15: 54-58.

Reflection One would think that never having been on a marae before, a skinny 'white boy' from Porirua might feel uneasy about setting foot upon sacred Maori ground and within the boundaries of a culture that the media portrays at times as radical. [...] the damage has been done, and although the return of Maori land, and financial recompense, will go some ways to repair past ills, the loss of mana experienced by many iwi as a result of land loss and pollution will take a long time to completely forgive. Noku te whenua, o oku tupuna The land is mine, inherited from my ancestors Glossary of Maori words Aotearoa New Zealand Iwi Tribe Kawa Protocol Ka kite See you Korero Narrative/speak Mana Prestige Maori Indigenous/native New Zealander Maoritanga Maori culture Marae Central area of village and its buildings Moana Sea Nga Atua The Gods Ngati Toa Tribal group of New Zealand whose territory covers from Feilding to Kaiapoi Pakeha New Zealander of European descent Papa Earth Pari-rua Two flowings of the tide (original name for Porirua) Porirua City of the lower North Island, New Zealand Rangi Sky Takapuwahia Suburb/name of marae Tangata Whenua Indigenous people of the land Te Tiriti o Waitangi The Treaty of Waitangi, the New Zealand founding document signed between the British Crown and Maori chiefs in 1840 Turangawaewae Rights of residence/place to stand Whanau Extended family Whanaungatanga Relationship Whitireia Community Polytechnic in Porirua

Findley, T.E. (2008). *Cultural competence of nurses at the hospital bedside*. Unpublished university thesis. Spalding University, 2008. 3307275.

*The purpose of this study was to determine if a relationship or association existed between a registered nurse's years of experience and the attainment of cultural competency in the delivery of health care services. The researcher cites this self-perceived belief of competency in the nursing workforce and the nationally documented lack of cultural competence that has been linked to healthcare disparities and inequities for minorities. Nurses, as health professionals with the most continuous and direct contact with patients and their families, are perceived in the hospital setting as the experts in cultural healthcare matters. The history of race and healthcare in the United States is explored. The researcher investigated the connection in the undocumented and unpublished historical context of race and healthcare, and the possible misconception about the attainment of cultural competence. A theoretical framework of cultural competency is presented and a review is made of contemporary cultural competency models and applications. ....*

Srivastava R. (2008). *Influence of organizational factors on clinical cultural competence*. Unpublished PhD dissertation, University of Toronto, Toronto, Canada.

*This qualitative research used a case study method to study clinical cultural competence at one hospital located in a large city in Canada. The study explored the overarching central question: how does the organizational and practice environment influence the understanding and enactment of clinical cultural competence in an organization embarking on a deliberate process of organizational and practice change? ... Results indicate that despite a significant organizational commitment to diversity, cultural competence in clinical care was largely limited to awareness and lacking in application in practice. Cultural competence was described in terms of adding a layer of cultural understanding to clinical care; however, this was accompanied by a feeling of inadequacy with respect to cultural issues. This study further revealed an overlap and a need to differentiate between cultural competence and client-centered care. The overall organizational approach was one of mandated change and included the development of various initiatives such as diversity policy and mandatory training for all staff. However, these initiatives were experienced both positively and negatively; indicating a need to examine not just what resources exists in an organization, but also how they are experienced. Although leadership was evident in the form of organizational commitment, it was not translated into care. The findings suggest a reconsideration of two of the most frequently recommended strategies--diversity training and enhancing workforce diversity. In addition, the findings also suggest enhancements to practice development framework to address complex phenomenon such as clinical cultural competence. These are further discussed in the dissertation report.*

## 2009

Interview: Willie Jackson and Jenny Carryer. *Paakiwaha*. (09 Feb 2009). 10:00-12:00. Recorded at: Radio Waatea. 02:00:00

*Professor Jenny Carryer talks with Willie Jackson about the policy – "Cultural Training for new Nurses recruited from Overseas". In 2006 the College of Nurses made submissions on the deletion of Treaty of Waitangi Bill stating among other things that "deleting the principles will not be a commitment to significantly improve Māori health and that nursing has worked hard in the development of cultural safety and further the principles, guide nurses and nurse educators in the safe care of Māori." The Nursing College would like the Treaty of Waitangi Bill back in their Policy that it's fundamental part of the Bachelor of Nursing Degree. However, the Minister of Health, Tony Ryall, has criticised the cost and compliance issues for foreign nurses and states there is a lack of transparency in the registration process for foreign nurses. Jenny talks with Willie about nurse's registration and cultural safety*

Newson, D. (2009 Feb). Cultural immersion enhances nursing skills. *Kai Tiaki : Nursing New Zealand*. 15(2): 19

*Tells how her desire to strengthen her cultural safety skills lead a Canadian nursing student to NZ to participate in an international practicum.*

Tan, L. Rules for foreign nurses clarified. *The New Zealand herald*. 05 Feb 2009: A.5.

*The Nursing Council says it will post its guidelines for overseas applicants on its website, following a meeting with Health Minister Tony Ryall, who raised concerns about cost and compliance issues for foreign nurses.*

URL: [http://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=10555257](http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10555257)

Hughes, H. (2009 May). Wharangi Ruamano. *Kai Tiaki : Nursing New Zealand*. 15(4): 29.

*Introduces the networking and support group for Māori nurse and midwife educators working in tertiary cultural safety education and clinical practice. Indicates the guidelines developed for the orientation of heads of nursing schools and departments of nursing to meet their responsibilities and obligations under both the Treaty of Waitangi and the Nursing Council.*



Browne, AJ; Varcoe, C; Smye, V; Reimer-Kirkham, S; Lynam, MJ; et al. (2009 Jul). Cultural safety and the challenges of translating critically oriented knowledge in practice. *Nursing philosophy : an international journal for healthcare professionals* 10(3): 167-179.

*Cultural safety is a relatively new concept that has emerged in the New Zealand nursing context and is being taken up in various ways in Canadian health care discourses. Our research team has been exploring the relevance of cultural safety in the Canadian context, most recently in relation to a knowledge-translation study conducted with nurses practising in a large tertiary hospital. We were drawn to using cultural safety because we conceptualized it as being compatible with critical theoretical perspectives that foster a focus on power imbalances and inequitable social relationships in health care; the interrelated problems of culturalism and racialization; and a commitment to social justice as central to the social mandate of nursing. Engaging in this knowledge-translation study has provided new perspectives on the complexities, ambiguities and tensions that need to be considered when using the concept of cultural safety to draw attention to racialization, culturalism, and health and health care inequities. The philosophic analysis discussed in this paper represents an epistemological grounding for the concept of cultural safety that links directly to particular moral ends with social justice implications. Although cultural safety is a concept that we have firmly positioned within the paradigm of critical inquiry, ambiguities associated with the notions of 'culture', 'safety', and 'cultural safety' need to be anticipated and addressed if they are to be effectively used to draw attention to critical social justice issues in practice settings. Using cultural safety in practice settings to draw attention to and prompt critical reflection on politicized knowledge, therefore, brings an added layer of complexity. To address these complexities, we propose that what may be required to effectively use cultural safety in the knowledge-translation process is a 'social justice curriculum for practice' that would foster a philosophical stance of critical inquiry at both the individual and institutional levels.*

Wilson, D. and Neville, S. (2009 Aug). Culturally safe research with vulnerable populations. *Contemporary nurse : a journal for the Australian nursing profession* 33(1): 69-79.

*Culturally safe research processes, methodologies, and mutually aligned research endeavours are a fundamental right of those being researched. Vulnerable populations are at risk of experiencing inequalities in health experiences and health outcomes, and research beneficial to those being researched is crucial to address disparities. Often vulnerable populations are exposed to research that is driven by dominant epistemologies, research methodologies, and socio-cultural lenses that can exacerbate their vulnerability, negating their socio-cultural reality. In this paper it is contended that researchers should review the way in which research is constructed and developed by creating a culturally safe space for research to occur with those who are vulnerable. A framework based on partnership, participation, protection, and power is presented as a way of creating culturally safe research.*

Richardson, S.; Williams, T. ... et al (2009 Nov). Senior nurses' perceptions of cultural safety in an acute clinical practice area. *Nursing praxis in New Zealand* 25(3): 27-36.

*Cultural safety is a concept that emerged within the New Zealand nursing context. The purpose is to ensure that nursing practice is congruent with the aims and objectives of the Treaty of Waitangi (the founding document between Maori and the Crown) and so facilitates the nursing of patients regardless of all that makes them unique and individual. While cultural safety has continued to develop since its inception in the 1980s, there remains relatively little research looking at its application in practice. This is due in part to the core element that recognises that only the recipient of care can determine if cultural safety has occurred. There are inherent difficulties in questioning patients about the quality of their care from a cultural safety perspective. One of these is the uncertainty around the public perception and understanding of cultural safety together with the implications of asking a vulnerable group to comment on this aspect of care. An alternative to asking patients to comment on whether they received culturally safe care is to consider the perceptions of health care professionals regarding this concept. This paper presents the results of a small study aimed at eliciting the beliefs and attitudes of a group of senior nurses with respect to the concept of cultural safety, and their perception of its role in clinical practice. It was undertaken as a preliminary to a wider survey.*

URL: <http://www.biomedsearch.com/article/Senior-nurses-perceptions-cultural-safety/291894327.html>

Duke, J.; Connor, M.; McEldowney, R. (2009 Summer). Becoming a culturally competent health practitioner in the delivery of culturally safe care : a process orientated approach. *Journal of cultural diversity*. 16(2): 40-49.

*The ongoing evolution of cultural competence and cultural safety in the health disciplines over recent decades is apparent. This paper presents an argument, within a process-orientation, that advancing cultural competency leading to culturally safe care for vulnerable people develops in tandem with advancing generic skills and is dependent on these skills. A framework, extrapolated from Benner and her colleagues concept of skills of involvement, provides a guide for assessing the advancement of these competencies. Included are some ideas for implementing the framework in practice environments.*



Scrymgeour, G. (2009). Cultural safety in New Zealand nursing practice. In: M. B. Hally (ed.), *A guide for international nursing students in Australia and New Zealand* (pp. 90-99). Melbourne: Elsevier Australia.

Still, S. (2009). Cultural safety: a student's representation. *Whitireia nursing journal*. 16: 47-48.

*In my clinical practice, I have found that you can often see visual signs of a person's culture in the clothes they wear, the colour of their skin and their ethnic features. In Maori culture the whale's tail represents protection; the fishing hook represents provision, prosperity, support, companionship, strength and determination; and the koru represents new and ongoing growth and life.*

Pollock-Robinson, C. (2009). Family-centred care, patient-centred care and culturally competent care: common themes and background meanings. *Whitireia nursing journal*. 16: 58.

*There is a discussion of the importance of self-reflection as a technique for nurses to learn ongoing development of nursing skills that will support safe and appropriate patient care for any patient.*

Nursing Council of New Zealand. (2009). *Guidelines for cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice*. Wellington [N.Z.] : Nursing Council of New Zealand, 2009.

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## 2010

Kidd, J. (2010 Feb/Mar). Cultural boundary surfing in mental health nursing: A creative narration. *Contemporary nurse*. 34(2): 277-88.

*In the mental health context, nurses navigate multifaceted boundaries every day in an effort to develop and maintain the therapeutic relationship; an endeavour that is breath taking in its complexity. In this paper, I adopt an unconventional form of writing to explore the individual nature of cultural boundaries, and uncover hidden messages that impact on our efforts to build connections across cultures and ethnicities in mental health settings. Presented as a play, the conversation between protagonists explores cultural competence alongside the notion of 'discovery', and the potential of the Tidal Model to provide a vehicle for successful cultural boundary surfing.*

Shirin Caldwell, E., Lu, H. and Harding, T. (2010). Encompassing multiple moral paradigms: A challenge for nursing educators. *Nursing ethics*, 17(2), 189-99.  
*Providing ethically competent care requires nurses to reflect not only on nursing ethics, but also on their own ethical traditions. New challenges for nurse educators over the last decade have been the increasing globalization of the nursing workforce and the internationalization of nursing education. In New Zealand, there has been a large increase in numbers of Chinese students, both international and immigrant, already acculturated with ethical and cultural values derived from Chinese Confucian moral traditions. Recently, several incidents involving Chinese nursing students in morally conflicting situations have led to one nursing faculty reflecting upon how moral philosophy is taught to non-European students and the support given to Chinese students in integrating the taught curriculum into real-life clinical practice settings. This article uses a case study involving a Chinese student to reflect on the challenges for both faculty members and students when encountering situations that present ethical dilemmas. [PUBLICATION ABSTRACT]*  
URL: <http://nej.sagepub.com/content/17/2/189>

Lavoie, J.; Boulton, A and Dwyer, J. (2010). Analysing contractual environments: lessons from indigenous health in Canada, Australia and New Zealand. *Public administration*, 88(3): 665-679.

*Contracting in health care is a mechanism used by the governments of Canada, Australia and New Zealand to improve the participation of marginalized populations in primary health care and improve responsiveness to local needs. As a result, complex contractual environments have emerged. The literature on contracting in health has tended to focus on the pros and cons of classical versus relational contracts from the funder's perspective. This article proposes an analytical framework to explore the strengths and weaknesses of contractual environments that depend on a number of classical contracts, a single relational contract or a mix of the two. Examples from indigenous contracting environments are used to inform the elaboration of the framework. Results show that contractual environments that rely on a multiplicity of specific contracts are administratively onerous, while constraining opportunities for local responsiveness. Contractual environments dominated by a single relational contract produce a more flexible and administratively streamlined system.*

Woodbridge, M. and Bland, M. (2010 Mar). Supporting Indian nurses migrating to New Zealand: a literature review. *International nursing review*. 2010 Mar;57(1):40-8.  
*BACKGROUND:* New Zealand, like many other Western countries, is struggling to cope with increasing demands for nursing services. Registered nurses are being actively recruited internationally and New Zealand has become a popular destination for nurses who wish to emigrate, including those from India. These nurses have unique cultural, professional and educational needs yet it is unclear how to best support them as they move to their destination countries.

*AIMS:* The issues around nursing migration and its effects have been discussed in many forums, but there is evidence of a gap in understanding the issues around acculturation and socialization. This selected literature review sought to identify the significant factors that impact on migrating nurses becoming competent and confident registered nurses in the New Zealand practice environment.

URL: <http://onlinelibrary.wiley.com/doi/10.1111/j.1466-7657.2009.00783.x/full>

Williamson, M. and Harrison, L. (2010 Jun). Providing culturally appropriate care : a literature review. *International journal of nursing studies*. 47(6): 761-9.

*As part of a study that explored how midwives incorporate cultural sensitivity, into their practice, the literature was reviewed to ascertain how the concept of culture has been, defined and what recommendations have been made as to how to provide culturally appropriate care, to individuals from Indigenous and/or ethnic minority backgrounds. ... There are two main approaches to culture; the first focuses on the cognitive aspects of culture, the 'values, beliefs and traditions' of a particular group, identified by language or location such as, 'Chinese women' or 'Arabic speaking women'. This approach views culture as static and unchanging, and fails to account for diversity within groups. The second approach incorporates culture within a wider, structural framework, focusing on social position to explain health status rather than on individual behaviours and beliefs. It includes perspectives on the impact of the colonial process on the ongoing relationships of Indigenous and non-Indigenous people and how this affects health and health care.....*

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Secombe, J. and Roeters, H. (2010 Aug). Addressing cultural safety in the classroom. *Kai Tiaki: Nursing New Zealand*. 16(7): 22.

*Describes a case of international nursing students feeling that they had been treated rudely by European students, and how lecturers at UCOL approached the subject. Shows how they solicited evidence of cultural discrimination and insensitivity in the learning environment, and how his feedback led to changes in the attitudes of other Students.*

Phiri J; Dietsch E; Bonner A. (2010 Sep). Cultural safety and its importance for Australian midwifery practice. *Collegian*. 17(3):105-11.

*Cultural safety is an important concept in health care that originated in Aotearoa (New Zealand) to address Maori consumer dissatisfaction with health care. In Australia and internationally, midwives are now expected to provide culturally safe midwifery care to all women. Historically, Australia has received large numbers of immigrants from the United Kingdom, European countries and the Middle East. There have also been refugees and immigrants from South-East Asia, and most recently, from Africa. Australia continues to become more culturally diverse and yet to date no studies have explored the application of cultural safety in Australian midwifery practice. This paper explores how cultural safety has evolved from cultural awareness and cultural sensitivity. It examines the importance of cultural safety in nursing and midwifery practice. Finally, it explores the literature to determine how midwives can apply the concept of cultural safety to ensure safe and woman centred care.*

Holloway, K.; Polaschek, N.; Pool, L. (2010 Sep). DIFE: A new model in undergraduate nursing education. *Journal of nursing education*. 49(9): 512-6.

*This article presents a new model of nursing created in 2003 for use in an undergraduate nursing program. It reviews the drivers for the development of an innovative approach to nursing education in a New Zealand educational institution, Whitireia Community Polytechnic. After referring to the literature informing this development, the article briefly outlines the philosophy underpinning a revised curriculum for the program. The article then describes the nursing model created to realize the intention of the revised curriculum, the DIFE framework, consisting of four interrelated phases: Discovery, Interpretation, Facilitation, and Evaluation. It highlights the distinctive educational practices that use of the model in teaching the curriculum produces. In this approach, educational practice embodies a model for clinical practice. Finally, this article reflects on the value of this new model of nursing after 5 years of use.*

Woods, M. (2010 Nov). Cultural safety and the socioethical nurse. *Nursing ethics*. 17(6): 715-725.

*This article explores the social and ethical elements of cultural safety and combines them in a model of culturally safe practice that should be of interest and relevance for nurses, nurse educators and nurse ethicists in other cultures. To achieve this, the article briefly reviews and critiques the main underpinnings of the concept from its origins and development in New Zealand, describes its sociocultural and sociopolitical elements, and provides an in-depth exploration of the key socioethical elements. Finally, a model is presented to illustrate the strong connection between the social and ethical components of cultural safety that combine to produce culturally safe practice through the activities of a 'socioethical' nurse.*

URL: <http://nej.sagepub.com/content/17/6/715.full.pdf+html>

Mortensen, A. (2010 Nov). Cultural safety: does the theory work in practice for culturally and linguistically diverse groups? *Nursing praxis in New Zealand*. 26(3) : 6-16.

*Culturally diverse refugee and migrant groups under-utilise health services in New Zealand and cultural barriers are cited as reasons for not using health services. According to the Nursing Council nurses are required to demonstrate competency in culturally safe practice, yet cultural safety is determined by the person receiving the care. This article critically examines the theoretical base of the cultural safety guidelines for nursing practice with respect to culturally and linguistically diverse (CALD) groups. Two key questions were posed: have the guidelines led to culturally safe nursing practice in health care for CALD groups, and have the guidelines contributed to provision of culturally acceptable health care for CALD groups? It is concluded that further theoretical consideration should be given to the conceptual basis for including CALD groups in the cultural safety model. The cultural competencies required for culturally safe nursing practice need to apply to the care of all culturally diverse groups present in New Zealand. Recommendations are made for strengthening the cultural safety model, and the registered nurse competencies for culturally safe practise.*

URL: <http://www.biomedsearch.com/article/Cultural-safety-does-theory-work/291701801.html>

Richardson, F. (2010 Dec). Cultural safety: nurses' accounts of negotiating the order of things. *Women's studies journal*, 24(2): 54-65.

*Examines how power relations are played out in practice settings by registered nurses who at times struggle to implement cultural safety knowledge in their work practices where discourses of traditional nursing care and medicine compete.*

URL: <http://wsanz.org.nz/journal/docs/WSJNZ242RichardsonMacGibbon54-65.pdf>

Walker, R.; St Pierre-Hansen, N.; Cromarty, H.; Kelly, L.; Minty, B. (2010). Measuring cross-cultural patient safety : identifying barriers and developing performance indicators. *Healthcare quarterly*. 13(1): 64-71.

*Medical errors and cultural errors threaten patient safety. We know that access to care, quality of care and clinical safety are all impacted by cultural issues. Numerous approaches to describing cultural barriers to patient safety have been developed, but these taxonomies do not provide a useful set of tools for defining the nature of the problem and consequently do not establish a sound base for problem solving. The Sioux Lookout Meno Ya Win Health Centre has implemented a cross-cultural patient safety (CCPS) model (Walker 2009). We developed an analytical CCPS framework within the organization, and in this article, we detail the validation process for our framework by way of a literature review and surveys of local and international healthcare professionals. We reinforce the position that while cultural competency may be defined by the service provider, cultural safety is defined by the client. In addition, we document the difficulties surrounding the measurement of cultural competence in terms of patient outcomes, which is an underdeveloped dimension of the field of patient safety. We continue to explore the correlation between organizational performance and measurable patient outcomes.*

Richardson, F. (2010). *Cultural safety in nursing education and practice in Aotearoa New Zealand*. Unpublished Doctor of Philosophy thesis. Massey University, New Zealand.

URL: [http://mro.massey.ac.nz/bitstream/handle/10179/2411/02\\_whole.pdf?sequence=1](http://mro.massey.ac.nz/bitstream/handle/10179/2411/02_whole.pdf?sequence=1)

Davies, S.H. (2010). *Nga Whaiora Tikanga Roanga: Māori views of health in Utah*. Unpublished thesis. Utah State University, 2010. Paper 688.

*This study looked at the health beliefs of Maori who live in Utah, U.S. and examined what ways those beliefs have evolved from traditional Maori health beliefs. It also looked at the conditions and indicators of those conditions that maintain those health beliefs. A New Zealand study found that Maori older than age 45 years were more likely to have traditional health beliefs, whereas Maori younger than age 45 were more likely to have western-based health beliefs. Using grounded theory, the narratives--from two groups, younger or older than 45 years, where each group was composed of eight randomly selected participants--were collected and analyzed. It was found that all participants held traditional Maori health beliefs. Those beliefs were compatible with the*

construct of the Maori health model as presented in Te Whare Tapa Wha. This Maori model, along with participants, presented health as holistic, comprising components of physical, mental, spiritual, and family. Participants perceived health as having all four elements interconnected, with spirituality being the key element that binds all the others. Conditions that maintained this belief were time in country; acculturation, with racism possibly providing resistance to that condition; enculturation; and spirituality. Participants' spirituality was the key condition of maintaining their Maori health belief that is presented in this study. Enculturation, as a necessary but insufficient condition of Maori health beliefs, was based on indicators of opportunity, location, family, and social support and how these indicators play out over the life course of individuals. The most important indicator for enculturation was family or other social support for individuals to engage in Maori cultural activities.

URL: <http://digitalcommons.usu.edu/etd/688/>

Seaton, L.P. (2010). *Cultural care in nursing : a critical analysis*. Unpublished Doctor of Philosophy thesis. University of Technology, Sydney, 2010.

URL: <http://epress.lib.uts.edu.au/scholarly-works/bitstream/handle/2100/1130/02whole.pdf?sequence=4>

Harrowing, J.N. ... et al (2010). Critical Ethnography, Cultural Safety, and International Nursing Research. *International Journal of Qualitative Methods*. 9(3): 241-251

Critical qualitative methodology provides a strategy to examine the human experience and its relationship to power and truth. Cultural safety is a concept that has been applied to nursing education and practice and refers to interactions that acknowledge and respect the unique cultural background of patients. It recognizes power inequities between caregivers who belong to dominant cultures and patients who may belong to oppressed groups. Culture is interpreted from a critical constructivist perspective as a fluid relational process that is enacted contextually. The purpose of this paper is to examine the congruence between and among critical methodology, cultural safety, and the conduct of nursing research in low- and middle-income countries by nurses from high-income countries. It is argued that if cultural safety is important and relevant to education and practice, then it might be appropriate to address it in research endeavors.

URL: [ejournals.library.ualberta.ca/index.php/IJQM/article/view/6507](http://ejournals.library.ualberta.ca/index.php/IJQM/article/view/6507)

## 2011

Muskens, J. (2011 Jan). 'Cultural safety' works against multicultural society aims. *Kelowna Capital News* [Kelowna, B.C]. 20 Jan 2011: A.25.

Some time ago, I came across the term "cultural safety." This term was developed in New Zealand in the early 1980s in response to Maori discontent with the nursing system. (Opinion piece)

URL: <http://www.kelownacapnews.com/opinion/114323959.html>

Hamlin, L; and Anderson, L. (2011). Cultural competence and perioperative nursing practice in New Zealand. *AORN Journal*. 93(2): 291-5.

We live in an increasingly diverse world, and the need to deliver culturally appropriate care grows ever more important. Culture has a powerful influence on our understanding of health, and on our int...

Mackay, B; Harding, T; Jurlina, L; Scobie, N; Khan, R; et al. (2011 Apr). Utilising the Hand Model to promote a culturally safe environment for international nursing students. *Nursing praxis in New Zealand*. 27(1): 13-24.

The rising number of international students studying outside their own country poses challenges for nursing education. Numbers are predicted to grow and economic factors are placing increasing pressure on tertiary institutions to accept these students. In adapting to a foreign learning environment international students must not only adapt to the academic culture but also to the socio-cultural context. The most significant acculturation issues for students are English as a second language, differences in education pedagogy and social integration and connectedness. Students studying in New Zealand need to work with Maori, the indigenous people, and assimilate and practice the unique aspects of cultural safety, which has evolved in nursing as part of the response to the principles underpinning the Treaty of Waitangi. The Hand Model offers the potential to support international students in a culturally safe manner across all aspects of acculturation including those aspects of cultural safety unique to New Zealand. The model was originally developed by Lou Jurlina, a nursing teacher, to assist her to teach cultural safety and support her students in practising cultural safety in nursing. The thumb, represents 'awareness', with the other four digits signifying 'connection', 'communication', 'negotiation' and 'advocacy' respectively. Each digit is connected to the palm where the ultimate evaluation of the Hand Model in promoting cultural safety culminates in the clasping and shaking of hands: the moment of shared meaning. It promotes a sense of self worth and identity in students and a safe environment in which they can learn.

Wilson, D. McKinney, C.; Rapata-Hanning, M. (2011 Apr-Jun). Retention of indigenous nursing students in New Zealand: A cross-sectional survey. *Contemporary nurse*. 38(1/2): 59-75.

*Internationally the recruitment and retention of Indigenous and minority peoples into nursing is a persistent challenge, despite their participation being essential in reducing health disparities and improving health service quality for Indigenous and minority users. We aimed to identify Maori (Indigenous to New Zealand) nursing students' experiences of undertaking a nursing degree program. A non-experimental cross-sectional survey was undertaken with undergraduate nursing students identifying as Maori. The surveys were analyzed using descriptive and inferential statistics. One hundred and eight students responded, with a career, stable income, and desire to make a difference in Maori health outcomes motivating most to embark on a nursing program. They reported numerous obstacles that compromised their academic advancement. However, affirming students' identities; providing academic support; accessing Indigenous role models, mentors and relevant clinical experiences; and, having supportive teaching and learning environments and the inclusion of Indigenous content in curricula; were identified as strategies that promoted retention in nursing programs.*

Tupara, H. (2011 Jul). Ethics, kawa, and the constitution: Transformation of the system of ethical review in Aotearoa New Zealand. *Cambridge quarterly of healthcare ethics*, 20(3): 367-79.

*New Zealand is a South Pacific nation with a history of British colonization since the 19th century. It has a population of over four million people and, like other indigenous societies such as in Australia and Canada, Maori are now a minority in their land, and their experience of colonization is that of being dominated by settlers to the detriment of their own systems of society*

Gunther, S. (2011). Disparity in mental health provision for Maori and Pacific: A nursing response. *Whitireia nursing journal*, 18: 39-43.

*Mental illness is acknowledged by the New Zealand government as a major public health issue. In New Zealand, there has been increasing concern about the inequalities in the mental and overall health outcomes of Māori (who comprise about 15 per cent of the population) and Pacific people living in New Zealand (who comprise about 6.5 per cent of the population). In terms of prevalence, Te Rau Hinengaro (the New Zealand Mental Health Survey) has indicated, 'While the burden of mental disorder was found to be high among Pacific people, they were less likely to access any professional health service for mental health problems' (Ministry of Health [MOH], 2006, p. 6).*

Richardson, F. (2011). Cultural safety in nursing education and practice in Aotearoa/New Zealand. *Whitireia nursing journal*, 18: 44-47.

*Caring is shaped by the social structures of healthcare and cannot be viewed independently from the fields in which these structures are embedded. [...] any examination of cultural safety in nursing practice must also provide an examination of the power relationships inherent in the discourses and*

Richardson, F. (2011 Aug). What is cultural safety and why does it matter in 2011?

*Nursing review*. (online article)

*The author shares her research into cultural safety including how nurses use cultural safety in their everyday practice.*

URL: <http://www.nursingreview.co.nz/pages/section/article.php?s=Opinion&idArticle=21849>

Theunissen, K. E. (2011 Oct). The nurse's role in improving health disparities experienced by the indigenous Māori of New Zealand. *Contemporary nurse*. 39(2): 281-286.

*Many countries across the globe experience disparities in health between their indigenous and non-indigenous people. The indigenous Maori of New Zealand are the most marginalized and deprived ethnic group with the poorest health status overall. Factors including the historical British colonization, institutional discrimination, healthcare workforce bias and the personal attitudes and beliefs of Maori significantly contribute to disparities, differential access and receipt of quality health services. Maori experience more barriers towards accessing health services and as a result achieve poorer health outcomes. Contradicting translations of Te Tiriti o Waitangi have created much debate regarding social rights as interpreted by Oritetanga (equal British citizenship rights) and whether or not Maori are entitled to equal opportunities or equal outcomes. Inconsistent consideration of Maori culture in the New Zealand health system and social policy greatly contributes to the current health disparities. Nurses and healthcare professionals alike have the gifted opportunity to truly change attitudes toward Maori health and move forward in adopting culturally appropriate care practices. More specifically the nursing workforce provides 80% of direct patient care, thus are in a unique position to be the forefront of change in reducing health disparities experienced by Maori. Incorporating cultural safety, patient advocacy, and Maori-centred models of care will support nurses in adopting a new approach toward improving Maori health outcomes overall.*



McEldowney, R., and Connor, M.J. (2011 Oct). Cultural safety as an ethic of care: A praxiological process. *Journal of transcultural nursing*, 22(4): 342.

*New writings broadening the construct of cultural safety, a construct initiated in Aotearoa New Zealand, are beginning to appear in the literature. Therefore, it is considered timely to integrate these writings and advance the construct into a new theoretical model. The new model reconfigures the constructs of cultural safety and cultural competence as an ethic of care informed by a postmodern perspective. Central to the new model are three interwoven, co-occurring components: an ethic of care, which unfolds within a praxiological process shaped by the context. Context is expanded through identifying the three concepts of relationality, generic competence, and collectivity, which are integral to each client-nurse encounter. The competence associated with cultural safety as an ethic of care is always in the process of development. Clients and nurses engage in a dialogue to establish the level of cultural safety achieved at given points in a care trajectory. [PUBLICATION ABSTRACT]*

McClelland, A. (2011 Oct). Culturally safe nursing research: exploring the use of an indigenous research methodology from an indigenous researcher's perspective. *Journal of transcultural nursing*. 22(4): 362.

*Cultural safety is a familiar concept used in nursing education, research, and practice. It is also an important concept in nursing research and is one way of providing safety for indigenous participants and researchers, but it raises several questions, for one, who is the most appropriate person or persons to work in partnership with indigenous participants in research? Furthermore, who is the most appropriate person to critique the academic research of an indigenous researcher? These questions are usually not considered when ethic committees review a researcher's application for research approval or funding. This article defines cultural safety and the concern that indigenous students put aside their culture when they commit to study within an education steeped in Westernized thinking. It discusses the decolonization of research and the part that nonindigenous researchers play within an indigenous research project. This article also outlines the application of an indigenous methodology and method in a project that enabled participants and the researcher to develop a culturally safe process in the form of a metaphorical whanau (family). This was also reflected in the findings of the project when Maori students within a bachelor of nursing program formed whanau groups, which enabled them to succeed in their study. [PUBLICATION ABSTRACT]*

Bourque Bearskin, R.L. (2011 Jul). A critical lens on culture in nursing practice. *Nursing ethics*. 18(4): 548-59.

*Increasing evidence demonstrates that the Aboriginal population experience greater health disparities and receive a lower quality of health care services. The Canadian Nurses Association (CNA) code of ethics states that nurses are required to incorporate culture into all domains of their nursing practice and ethical care. The aim of this article is to examine the concepts of cultural competency and cultural safety by way of relational ethics. To address these disparities in health care, cultural competency training programs are being widely advised. Recent research into cultural safety has not only recognized the importance of culture in nursing practice and organizational structures, but also extended the concepts to the culture of the client. In recognizing this diversity, nurses must pay close attention to their relationships with their clients. It is argued that the answers lie in relational ethics, which honors indigenous people's connection to self, others, the environment, and the universe.*

*Guidelines for cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice / Te Kaunihera Tapuhi o Aotearoa = Nursing Council of New Zealand. Rev. ed. Wellington [N.Z.] : Nursing Council of New Zealand, 2011.*

*Under the Health Practitioners Competence Assurance Act 2003, the Nursing Council of New Zealand governs the practice of nurses by setting and monitoring standards and competencies for registration and enrolment, which ensures safe and competent care for the public. Cultural safety, the Treaty of Waitangi and Maori health are aspects of nursing practice that are reflected in the Council's standards.*

Mackay, B; Harding, T; Jurlina, L; Scobie, N; Khan, R; et al. (2012 Mar). Utilising the Hand Model to promote a culturally safe environment for international nursing students. *Nurse education in practice*. 12(2) : 120-126. Republished from *Nursing praxis New Zealand*. 27(1):13-24.

*The rising number of international students studying outside their own country poses challenges for nursing education. Numbers are predicted to grow and economic factors are placing increasing pressure on tertiary institutions to accept these students. In adapting to a foreign learning environment international students must not only adapt to the academic culture but also to the social cultural context. The most significant acculturation issues for students are English as a second language, differences in education pedagogy and social integration and connectedness. Students studying in New Zealand need to work with Māori, the indigenous people, and assimilate and practice the unique aspects of cultural safety, which has evolved in nursing as part of the response to the principles underpinning the Treaty of Waitangi. The Hand Model offers the potential to support international nursing students in a culturally safe manner across all aspects of acculturation including those aspects of cultural safety unique to New Zealand ...*

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Doutrich, D; Arcus, K; Dekker, L; Spuck, J; Pollock-Robinson, C. (2012 Apr). Cultural safety in New Zealand and the United States: looking at a way forward together. *Journal of transcultural nursing*. 23(2) : 143.

*Cultural safety emerged in Aotearoa, New Zealand as a nursing response to bicultural interactions between indigenous Maori and other New Zealanders. The purpose of this research is to describe the meaning and experience of cultural safety as depicted by nurses in New Zealand and to illustrate the potential for this to inform U.S. nursing education and practice.... [PUBLICATION ABSTRACT]*

Raukawa-Tait, M. (2012 May). Cultural safety an issue for all NZ's elderly. *The Daily post [Rotorua]*. 01 May 2012: A6.

*In the 1990s Irihapeti Ramsden was vilified when, as a nurse educator, she suggested cultural safety for Maori should be taught to health professionals in the New Zealand Health Services.*

URL: <http://www.rotoruaadailypost.co.nz/news/cultural-safety-an-issue-for-all-nzs-elderly/1364131/>

Richardson, F. (2012 May). Making a world of difference. *Kai Tiaki : Nursing New Zealand*. 18(4): 2.

*As we mark the 20-year milestone of cultural safety being introduced into nursing and midwifery education curricula in Aotearoa New Zealand, it is good to pause and reflect on how far we have come in making culturally safe care central to the delivery of nursing care. Has cultural safety made a difference to health outcomes for people using health services?*

URL: <http://www.biomedsearch.com/article/Making-world-difference/290856191.html>

Nursing Council to rethink how it assesses cultural safety. *Kai Tiaki : Nursing New Zealand*. 18(4) (May 2012): 7. (Brief article)

URL: <http://www.biomedsearch.com/article/Nursing-Council-to-rethink-how/290856202.html>

Day, L. (2012 May). Journeying to a new understanding of cultural safety. *Kai Tiaki : Nursing New Zealand* 18(4): 14-15.

*Discusses cultural safety within the nursing profession. Looks at the changes over the last 20 years and applauds the work in partnership with communities to develop models of service delivery that are culturally appropriate and responsive to local needs. Refers to the author's Masters degree, which took her to a deeper understanding of Maori and non-Maori health matters.*

URL: <http://www.biomedsearch.com/article/Journeying-to-new-understanding-cultural/290856218.html>

O'Connor, T. (2012 May). 'A powerful and disruptive position' – a cultural safety pioneer reflects. *Kai Tiaki : Nursing New Zealand* 18(4) (May 2012): 16-17.

*Reflects on the last twenty years since cultural safety was included in nursing curricula throughout NZ.*

URL: <http://www.biomedsearch.com/article/powerful-disruptive-position-cultural-safety/290856219.html>

Wilson, D. (2012 May). 20 years of cultural safety – how far have we come? *Kai Tiaki : Nursing New Zealand*. 18(4): 18.

*Reflects on the last twenty years since cultural safety was included in nursing curricula throughout NZ and asks how far have we come? And how should cultural safety evolve?*

URL: <http://www.biomedsearch.com/article/20-years-cultural-safety-how/290856220.html>

Hughes, M. and McKay, L. (2012 May). Making the links between cultural safety and let's get real. *Kai Tiaki : Nursing New Zealand*. 18(4):26-28.

*Looks at the Let's Get Real skills and the cultural safety skills and knowledge needed to work, not just in mental health, but in all areas of health care.*

URL: <http://www.biomedsearch.com/article/Making-links-between-cultural-safety/290856224.html>

Hughes, H. (2012 May). Paying tribute to kawa whakaruruhau's rangatira wahine toa. *Kai Tiaki : Nursing New Zealand* 18(4): 38.

*Nga mihi mahana kia koutou katoa o nga neehi ma o Aotearoa. This brief article is designed to celebrate the evolution of kawa whakaruruhau from its inception to the present. It provides just a glimpse of the journey through the lens of a Maori nurse and pays tribute to the influence Maori have had and still have on the movement of kawa whakaruruhau/ cultural safety in Aotearoa me te Waipounamu.*

URL: <http://www.biomedsearch.com/article/Paying-tribute-to-kawa-whakaruruhaus/290856240.html>

Oda, K. and Rameka, M. (2012 Jun). Using Te Tiriti O Waitangi to identify and address racism, and achieve cultural safety in nursing. *Contemporary nurse*. 43(1): [no pagination].

*Racism is an idea and belief that some races are superior to others (Harris et al., 2006a). This belief justifies institutional and individual practices that create and reinforce oppressive systems, inequality among racial or ethnic groups, and this creates racial hierarchy in society (Harris et al., 2006a). Recent studies have emphasised the impact of racism on ethnic health inequality (Harris et al., 2006a). In this article I will analyse and discuss how nurses can challenge and reduce racism at interpersonal and institutional levels, and improve Māori health outcomes by understanding and using cultural safety in nursing practice and understanding Te Tiriti O Waitangi.*

Arieli, D.; Friedman, V.J.; Hirschfeld, M.J. (2012 Jun). Challenges on the path to cultural safety in nursing education. *International nursing review*. 59(2): 187-93.

*The purpose of this study is to identify central challenges to be addressed in cultural safety education. In recent years, the idea of cultural safety has received increased attention as a way of dealing with diversity in the nursing profession, especially in divided societies. The idea of cultural safety goes beyond recognizing and appreciating difference, to an attempt to grappling with deeper issues like inequality, conflict and histories of oppression.*

*The paper is based on formative evaluation, using action research, of an academic nursing programme in Israel, involving Jewish and Arab students. Part of this research dealt with the integration of cultural safety education into the curriculum....*

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Gerlach, A.J. (2012 Jun). A critical reflection on the concept of cultural safety. *The Canadian journal of occupational therapy*. 79(3): 151-158.

*Cultural safety broadens and transforms the discourse on culture and health inequities as experienced by diverse populations. Purpose. To critically analyze cultural safety in terms of its clarity, simplicity, generality, accessibility, and importance. Key Issues. Whilst the clarity and generality of cultural safety remain contentious, there is emerging evidence of its capacity to promote a more critical discourse on culture, health, and health care inequities and how they are shaped by historical, political, and socioeconomic circumstances. Implications. Cultural safety promotes a more critical and inclusive perspective of culture. As an analytical lens in occupational therapy practice and research, it has the potential to reveal and generate broader understandings of occupation and health from individuals or groups in society who are traditionally silenced or marginalized. In relation to Aboriginal peoples, it clearly situates health and health inequities within the context of their colonial, socioeconomic, and political past and present.*

URL: <http://www.readperiodicals.com/201206/2724719591.html#ixzz27RvDbKQC>