



Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice

*Te whakarite i ngā mahi
tapuhi kia tiakina ai te
haumarū ā-iwi*

*Regulating nursing
practice to protect public safety*

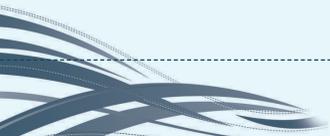




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Introduction

Under the Health Practitioners Competence Assurance Act 2003, the Nursing Council of New Zealand ('the Council') governs the practice of nurses by setting and monitoring standards and competencies for registration, which ensures safe and competent care for the public of New Zealand.

Cultural safety, the Treaty of Waitangi and Maori health are aspects of nursing practice that are reflected in the Council's standards and competencies. Standards for the registration of nurses in all scopes of practice require the content of theory and practice related experience in nursing programmes to include cultural safety, the Treaty of Waitangi and Maori health. Competencies outlined in the scopes of practice for nurses^{1_2} require the nurse to practise nursing in a manner that the health consumer determines as being culturally safe, and to demonstrate ability to apply the principles of the Treaty of Waitangi/Te Tiriti O Waitangi to nursing practice. These standards and competencies describe the requirements for cultural competence set by the Council under section 118(i) of the Act. In addition to this, the Nursing Council's Code of Conduct for Nurses³ also requires nurses to practice in a culturally safe manner, and practise in compliance with the Treaty of Waitangi.

This document presents the underlying principles for cultural safety, the Treaty of Waitangi and Maori health separately. The articulation of the requirements for the teaching of cultural safety, the Treaty of Waitangi and Maori health issues within undergraduate nursing programmes is based upon the model in Figure 1.

1 Nursing Council of New Zealand. (2011). Competencies for Registered Nurses. Wellington, NZ, Nursing Council of New Zealand.

2 Nursing Council of New Zealand. (2010). Competencies for the Enrolled Nurse Scope of Practice. Wellington, NZ, Nursing Council of New Zealand.

3 Nursing Council of New Zealand. (2009). Code of Conduct for Nurses. Wellington, NZ, Nursing Council of New Zealand.

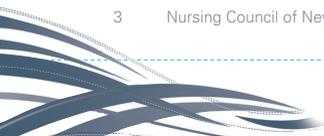
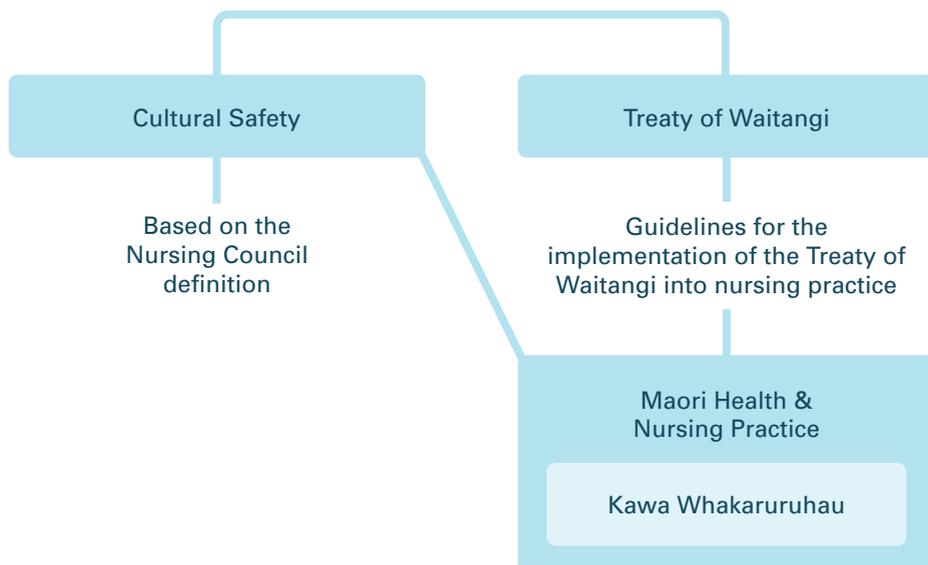


Figure 1: Model for the teaching of cultural safety, the Treaty of Waitangi and Maori health in nursing programmes



This model can be considered in three parts. Firstly, cultural safety education is delivered according to the Council's definition, which is broad in its application and extends beyond ethnic groups to include age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The content of cultural safety education is focused on the understanding of self as a cultural bearer; the historical, social and political influences on health; and the development of relationships that engender trust and respect.

Secondly, The Treaty of Waitangi will provide students with an understanding of the Treaty and its principles within the contexts of Aotearoa/New Zealand and nursing practice, and its practical application within nursing.

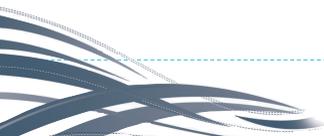
Thirdly, while links are made between the Treaty of Waitangi and cultural safety, the Treaty informs students about Maori health and nursing practice. **Kawa whakaruruhau** (cultural safety within the Maori context) is an inherent component of Maori health and nursing, especially in its contribution to the achievement of positive health outcomes.



Background

The concept of **kawa whakaruruhau** (cultural safety) arose out of a nursing education leadership **hui** held in Christchurch in 1989 in response to recruitment and retention issues of Maori nurses. In 1990, the Council amended its standards to incorporate cultural safety into its curriculum assessment processes. The cultural safety guidelines were initially written by Irihapeti Ramsden in 1991, and approved by the Council in 1992. They were further developed by a Council committee (1996), led by Irihapeti Ramsden, in response to the recommendations arising from the Cultural Safety Review Committee (1995).

Following an audit of nursing education providers in 1997/98, and in response to findings from the Council's Strategic Review of Undergraduate Nursing Education undertaken in 2000/01, the guidelines were revised in 2002. These revised guidelines separated cultural safety from the Treaty of Waitangi and Maori health in order to minimise the confusion and variation in teaching that was identified in the above audit and review. The guidelines were further revised and amended in 2005, 2006 and 2009.



1. Cultural Safety

Cultural safety relates to the experience of the recipient of nursing service and extends beyond cultural awareness and cultural sensitivity. It provides consumers of nursing services with the power to comment on practices and contribute to the achievement of positive health outcomes and experiences. It also enables them to participate in changing any negatively perceived or experienced service. The Council's definition of cultural safety is:

The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well being of an individual.

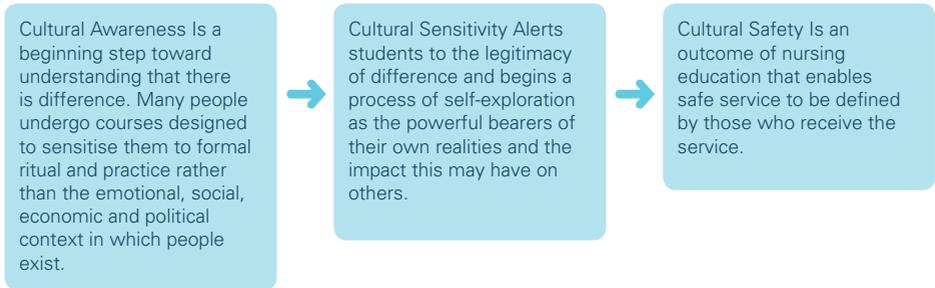
Cultural Safety Education

The purpose of cultural safety in nursing education extends beyond the description of practices, beliefs and values of ethnic groups. Confining learning to rituals, customs and practices of a group assumes that by learning about one aspect gives insight into the complexity of human behaviours and social realities. This assumption that cultures are simplistic in nature can lead to a checklist approach by service providers, which negates diversity and individual consideration. Cultural safety education is focused on the knowledge and understanding of the individual nurse, rather than on attempts to learn accessible aspects of different groups. A nurse who can understand his or her own culture and the theory of power relations can be culturally safe in any context (see figure 2).

Nurses work with the social realities of people, many of whom do not have their own 'cultural information'. Therefore, knowledge and skills are required to work with behaviours that result from a series of sophisticated social and personal events. The Code of Health and Disability Services Consumer Rights (2009) states that "every consumer has the right to be provided with services that take into account the needs, values and beliefs of different cultural, religious, social and ethnic groups including the needs, values and beliefs of Maori". Cultural safety requires that all human beings receive nursing services that take into account all that makes them unique.



Figure 2: The process toward achieving cultural safety in nursing practice⁴



Cultural Safety Principles

Cultural safety is underpinned by communication, recognition of the diversity in worldviews (both within and between cultural groups), and the impact of colonisation processes on minority groups. Cultural safety is an outcome of nursing education that enables a safe, appropriate and acceptable service that has been defined by those who receive it. The following principles underpin cultural safety education.

PRINCIPLE ONE

Cultural safety aims to improve the health status of New Zealanders and applies to all relationships through:

- 1.1 an emphasis on health gains and positive health outcomes
- 1.2 nurses acknowledging the beliefs and practices of those who differ from them. For example, this may be by:
 - age or generation
 - gender
 - sexual orientation
 - occupation and socioeconomic status
 - ethnic origin or migrant experience
 - religious or spiritual belief
 - disability.

⁴ Ramsden, I. (1992) *Kawa Whakaruruahu: Guidelines for nursing and midwifery education*. Wellington, NZ: Nursing Council of NZ.

PRINCIPLE TWO

Cultural safety aims to enhance the delivery of health and disability services through a culturally safe nursing workforce by:

- 2.1 identifying the power relationship between the service provider and the people who use the service. The nurse accepts and works alongside others after undergoing a careful process of institutional and personal analysis of power relationships
- 2.2 empowering the users of the service. People should be able to express degrees of perceived risk or safety. For example, someone who feels unsafe may not be able to take full advantage of a primary health care service offered and may subsequently require expensive and possibly dramatic secondary or tertiary intervention
- 2.3 preparing nurses to understand the diversity within their own cultural reality and the impact of that on any person who differs in any way from themselves
- 2.4 applying social science concepts that underpin the art of nursing practice. Nursing practice is more than carrying out tasks. It is about relating and responding effectively to people with diverse needs in a way that the people who use the service can define as safe.

PRINCIPLE THREE

Cultural safety is broad in its application:

- 3.1 recognising inequalities within health care interactions that represent the microcosm of inequalities in health that have prevailed throughout history and within our nation more generally⁵
- 3.2 addressing the cause and effect relationship of history, political, social, and employment status, housing, education, gender and personal experience upon people who use nursing services
- 3.3 accepting the legitimacy of difference and diversity in human behaviour and social structure
- 3.4 accepting that the attitudes and beliefs, policies and practices of health and disability service providers can act as barriers to service access
- 3.5 concerning quality improvement in service delivery and consumer rights.

⁵ Kearns, R. (1996). Unpublished paper presented to the PHA Conference in Auckland, NZ.



PRINCIPLE FOUR

Cultural safety has a close focus on:

- 4.1 understanding the impact of the nurse as a bearer of his/her own culture, history, attitudes and life experiences and the response other people make to these factors
- 4.2 challenging nurses to examine their practice carefully, recognising the power relationship in nursing is biased toward the provider of the health and disability service
- 4.3 balancing the power relationships in the practice of nursing so that every consumer receives an effective service
- 4.4 preparing nurses to resolve any tension between the cultures of nursing and the people using the services
- 4.5 understanding that such power imbalances can be examined, negotiated and changed to provide equitable, effective, efficient and acceptable service delivery, which minimises risk to people who might otherwise be alienated from the service⁶.

An understanding of self, the rights of others and legitimacy of difference should provide the nurse with the skills to work with all people who are different from them.

Cultural Safety Learning Outcomes

The expected outcome of nursing education will be registered nurses who will practise in a culturally safe manner, as defined by the recipients of their care. Therefore, the learning outcomes for cultural safety education are that student nurses will:

- (a) examine their own realities and the attitudes they bring to each new person they encounter in their practice;
- (b) evaluate the impact that historical, political and social processes have on the health of all people; and
- (c) demonstrate flexibility in their relationships with people who are different from themselves.

Content and Learning of Cultural Safety

The content of cultural safety education should directly contribute to the meeting of these learning outcomes and be contextualised to nursing practice (as appropriate). It is expected that cultural safety will be integrated across the undergraduate programme by all teaching staff. Therefore, nursing staff will require cultural safety education and updates to ensure they are supported in the delivery of appropriate teaching and learning experiences.



2. The Treaty of Waitangi

Since 1989 the Council has worked toward developing strategies to work with Maori in recognition that:

*The Government affirms that Maori as **tangata whenua** hold a unique place in our country, and that the Treaty of Waitangi is the nation's founding document. To secure the Treaty's place within the health sector is fundamental to the improvement of Maori health⁷.*

This was affirmed with the introduction of the New Zealand Public Health and Disability Act 2000, which is the basis of the current health system in Aotearoa/New Zealand.

The Treaty is an integral part of the Bill [now Act]. In the health sector, key Treaty principles for involving Maori include partnership, participation and protection. This Government is committed to ensuring these principles are acknowledged and actioned⁸.

In 1975, the Court of Appeal decided that both versions of the Treaty of Waitangi were legal. Thus, the Maori version must also be considered by the Council and by nursing education in the evolution of education and practice and in the contemporary application of the Treaty of Waitangi. The articles of the Treaty of Waitangi outline the duties and obligations of the Crown and the Council and nursing education providers, as its agents, to:

- form partnerships with Maori recognise and provide for Maori interests
- be responsive to the needs of Maori
- ensure there are equal opportunities for Maori
- measure and evaluate the Council's and education providers' response to the Treaty of Waitangi.

This requires nursing to have a commitment to be responsive to Maori interests, and to ensure that these are protected. This is particularly important in the health sector as Maori comprise a significant proportion of users of the health services and the health status of Maori is recognised as a health priority area. The participation of Maori in the services they receive from nurses is fundamental to increasing the effectiveness of interventions.

7 Rt. Hon. Jenny Shipley, (1996). Policy guidelines for Maori health 1996-1997. Wellington, NZ: Ministry of Health.

8 Hon. Annette King and Hon. Tariana Turia (14 November 2000) Media statement.

Principles of the Treaty of Waitangi

The articles of the Treaty of Waitangi contain the principles of **kawanatanga** (the governance principle that recognises the right of the Crown to govern and make laws for the common good) and **tinio rangatiratanga** (which allows Maori self-determination). In 1988, the Royal Commission on Social Policy described the principles of partnership⁹, protection and participation inherent within the Treaty of Waitangi. The principles of the Treaty of Waitangi form the basis of interactions between nurses and Maori consumers of the services they provide.

PRINCIPLE ONE

Tino rangatiratanga enables Maori self-determination over health, recognises the right to manage Maori interests, and affirms the right to development, by:

- 1.1 enabling Maori autonomy and authority over health
- 1.2 accepting Maori ownership and control over knowledge, language and customs, and recognising these as taonga
- 1.3 facilitating Maori to define knowledge and worldviews and transmit these in their own ways
- 1.4 facilitating Maori independence over thoughts and action, policy and delivery, and content and outcome as essential activities for self-management and self-control.

PRINCIPLE TWO

Partnership involves nurses working together with Maori with the mutual aim of improving health outcomes for Maori by:

- 2.1 acting in good faith as Treaty of Waitangi partners
- 2.2 working together with an agreed common purpose, interest and cooperation to achieve positive health outcomes
- 2.3 not acting in isolation or unilaterally in the assessment, decision making and planning of services and service delivery
- 2.4 ensuring that the integrity and wellbeing of both partners is preserved.

⁹ Royal Commission on Social Policy. (1988). The April Report. Wellington, NZ. Royal Commission on Social Policy.



PRINCIPLE THREE

The nursing workforce recognises that health is a taonga and acts to protect it by:

- 3.1 recognising that Maori health is worthy of protection in order to achieve positive health outcomes and improvement in health status
- 3.2 ensuring that health services and delivery are appropriate and acceptable to individuals and their families and are underpinned by the recognition that Maori are a diverse population
- 3.3 facilitating wellbeing by acknowledging beliefs and practices held by Maori
- 3.4 promoting a responsive and supportive environment.

PRINCIPLE FOUR

The nursing workforce recognises the citizen rights of Maori and the rights to equitable access and participation in health services and delivery at all levels through:

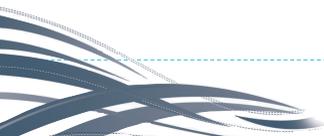
- 4.1 facilitating the same access and opportunities for Maori as there are for non-Maori
- 4.2 pursuing equality in health outcomes.

Treaty of Waitangi Learning Outcomes

The expected outcome for nursing education will be that registered nurses will be active Treaty of Waitangi partners as Crown agents. Therefore, the learning outcomes for the Treaty of Waitangi education are that nursing students will:

- (a) critically analyse the Treaty of Waitangi and its relevance to the health of Maori in Aotearoa/New Zealand
- (b) demonstrate the application of the principles of the Treaty of Waitangi to nursing practice.

The Council, as a Crown agent, will be accountable to Maori through a process of regular audit of Council activities (including nursing education) in respect of the Treaty of Waitangi.



Content and Learning of the Treaty of Waitangi

The content and the delivery of education about the Treaty of Waitangi should be contextualised to its application within nursing practice (as appropriate). This will require it to be delivered in workshops facilitated by specialists in Treaty of Waitangi education or by nursing staff who have a sound analysis of the Treaty and its application within the health sector, particularly to nursing practice.

Maori student attendance at the annual Maori Student Nurse Hui is considered an established Treaty of Waitangi right.



3. Maori Health

The health status of Maori is a documented concern of Maori people, health professionals and the government. Historically deficit explanations for the status of Maori health have put the onus of addressing health issues onto Maori. Health status, however, is the result of the negative experiences by Maori of colonisation processes, which resulted in a loss of cultural beliefs and practices and the Maori language.

Irihapeti Ramsden stated:

Maori have until recently been passive consumers of a health service that they have had little input into. As yet Maori have little control over funding, policy and delivery of health service in the State sector. Many Maori would argue that this situation is in contravention of the promise of the second article to protect the “unqualified exercise of Maori chieftainship...over lands, villages, and all their treasures”¹⁰ Tino rangatiratanga guarantee has not been realised while Maori cannot gain autonomy in health service and become accountable to Maori¹¹.

The Ministry of Health’s documents¹² highlight the seriousness of the health status of Maori and the real need to address the disparities and inequalities that exists. The Hon. Annette King, Minister of Health stated:

Improvements in Maori health status are critical, given that Maori, on average, have the poorest health status of any group in New Zealand. The Government has acknowledged the importance of prioritising Maori health gain and development by identifying a need to reduce and eventually eliminate health inequalities that negatively affect Maori¹³.

Most nurses are employed by Crown funded agencies and can, therefore, be considered agents of the Crown. As Crown agents, nurses have an obligation to honour the principles of the Treaty while undertaking nursing practice in the delivery of health services to, and with Maori consumers. To respond in an effective and efficient manner, nurses need to develop their knowledge, skills and practice to work effectively with Maori to achieve positive health outcomes and health gains. This involves the recognition, respect and acceptance that Maori are a diverse population, and have worldviews that differ from most nurses. It also requires nurses to deliver care in a culturally safe manner.

10 Kawharu, I (Ed.) (1989). Waitangi Maori and Pakeha perspectives of the Treaty of Waitangi. Auckland NZ: Oxford University Press.

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

12 Social Inequalities in Health, New Zealand (1999), the New Zealand Health Strategy (December 2000) and Priorities for Maori and Pacific Health: Evidence from epidemiology (2001).

13 King, A. (2001). New Zealand Health Strategy. Wellington, NZ, Ministry of Health.

Principles of Maori Health and Nursing Practice

Nursing has a responsibility to respond to Maori health issues by improving the delivery of nursing services to Maori to ensure that they are responsive to, and acknowledge and respect the diversity of world views that may exist between Maori consumers of health services. This will be underpinned by nurses having an analysis and understanding of the historical processes and social, economic and political power relationships that have contributed to the status of Maori health, the Treaty of Waitangi and of **kawa whakaruruhau** (cultural safety) within the context of nursing practice.

PRINCIPLE ONE

Maori health, and the inequalities and disparities in health status that exist, can be understood by:

- 1.1 analysing the historical, social, economic and political processes to which Maori have been subjected
- 1.2 critiquing the relationship between Maori and the Crown based on the Treaty of Waitangi
- 1.3 analysing the power that nurses use when working with consumers who are Maori.

PRINCIPLE TWO

The effectiveness of nursing education and practice in responding to Maori health issues can be optimised when partnerships are developed with local Maori by:

- 2.1 establishing partnerships based on the Treaty of Waitangi between nursing education and service providers and local Maori
- 2.2 identifying various models of Maori health and realities to assist in the development of appropriate nursing services.

PRINCIPLE THREE

Maori health occurs within a socio-political context and is a complex interaction with multiple dimensions, extending beyond the physical being and medical diagnoses, which:

- 3.1 recognises the significance of Maori identity, beliefs, values and practices and how these can be responded to within nursing practice
- 3.2 results in the enhancement of health and wellbeing when incorporated into the assessment, planning and intervention phases of nursing practice.



PRINCIPLE FOUR

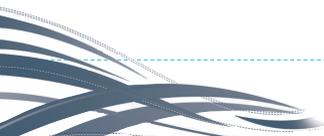
Nursing has a social mandate to enhance the delivery of health and disability services to Maori and achieve positive health outcomes and health gains through:

- 4.1 recognising the diversity that exists amongst the population of Maori
- 4.2 acknowledging and respecting the difference in worldviews, beliefs and practices that impacts on health status
- 4.3 improving access to services
- 4.4 practising within a framework that involves Maori in the assessment, planning and treatment phases of service delivery
- 4.5 understanding the impact that the nurse as a bearer of his/her own culture, history, attitudes and life experiences has on Maori consumers.

Maori Health Learning Outcomes

The expected outcome for nursing education will be that registered nurses will be responsive to improving service delivery to Maori consumers and working in partnership with Maori to improve health outcomes for individuals, families and communities. The learning outcomes for Maori health education are that nursing students will:

- (a) critically analyse the underlying historical, social, economic and political processes that have contributed to the inequalities and disparities in the Maori health status
- (b) understand the diversity that exists amongst Maori and how this will influence the delivery of effective nursing services
- (c) use knowledge of kawa whakaruruhau and the Treaty of Waitangi as a basis of their practice in order to establish functional partnerships with Maori consumers.



Content and Learning of Maori Health

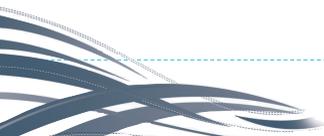
The content and delivery of education about Maori health should be contextualised to its application within nursing practice¹⁴ (as appropriate). Maori health requires specialised teaching, which should be delivered by nursing staff who have a sound analysis of the Treaty their application within the health sector, particularly nursing practice.

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



Glossary of terms

Accountability	Being answerable for your decisions and actions.
Appropriate	Matching the circumstances of a situation or meeting the needs of the individual or group.
Collaborate	Work together, co-operate with each other.
Competence	The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.
Competent	The person has competence across all domains of competencies applicable to the nurse at a standard that is judged to be appropriate for the level of nurse being assessed.
Competency	A defined area of skilled performance.
Culture	Refers to the beliefs and practices common to any particular group of people.
Effective	Having the intended outcome.
Health consumer	Individual, group or community who works in partnership with nurses to plan and receive nursing care. The term includes patients, residents and/or their families/whanau/representatives or significant others.
Nurse	A registered nurse, nurse practitioner or enrolled nurse.



Nursing Council of New Zealand	<p>The responsible authority for nurses in New Zealand with legislated functions under the Health Practitioners Competence Assurance Act (2003). The Nursing Council of New Zealand governs the practice of nurses by setting and monitoring standards of registration, which ensures safe and competent care for the public of New Zealand.</p> <p>As the statutory authority, the Council is committed to enhancing professional excellence in nursing.</p>
Performance criteria	<p>Descriptive statements that can be assessed and that reflect the intent of a competency in terms of performance, behaviour and circumstance.</p>
Treaty of Waitangi/ Te Tiriti o Waitangi	<p>The founding document for Aotearoa/ New Zealand signed in 1840 by the Maori people and the British Crown.</p>



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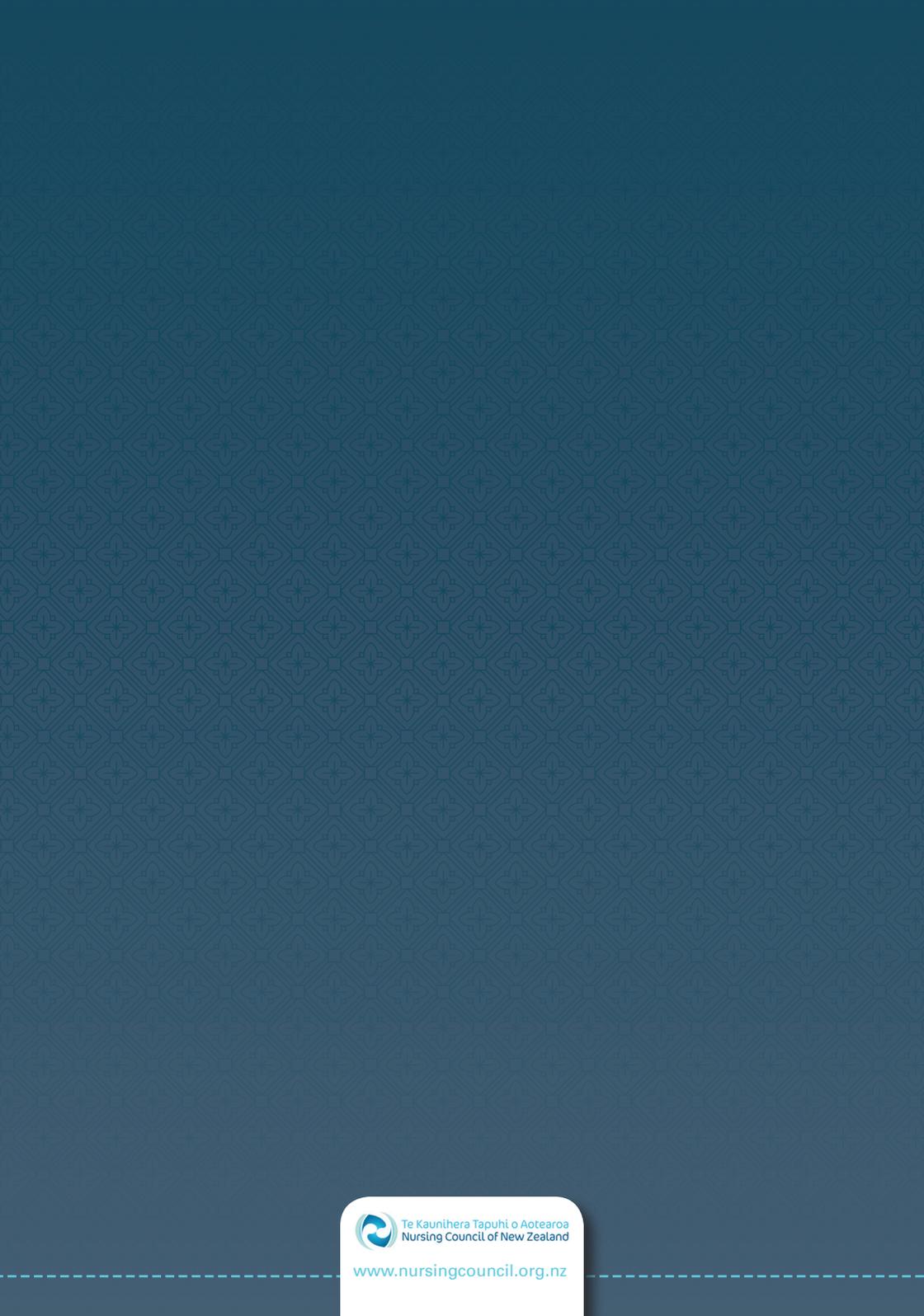
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