Teaching Cultural Safety in a New Zealand Nursing Education Program

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ABSTRACT

Cultural safety education is a concept unique to nursing in New Zealand. It involves teaching nursing students to recognize and understand the dynamics of cultural, personal, and professional power and how these shape nursing and health care relationships.

This article describes the findings of a research study on the experience of teaching cultural safety. As a teacher of cultural safety, the first author was interested in exploring the experience of teaching the topic with other cultural safety teachers. A qualitative approach situated in a critical theory paradigm was used for the study. The study was informed by the ideas of Foucault and feminist theory.

Fourteen women between ages 20 and 60 were interviewed about their experience of teaching cultural safety. Five women were *Maori* (the indigenous people of New Zealand), and 9 were *Pakeha* (the Maori name for New Zealanders of European descent).

Following data analysis, three major themes were identified: that the Treaty of Waitangi provides for an examination of power in cultural safety education; that the broad concept of difference influences the experience of teaching cultural safety; and that the experience of teaching cultural safety has personal, professional, and political dimensions. These dimensions are experienced differently by Maori and Pakeha teachers.

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Cultural safety education, an approach that prepares nursing students to develop culturally safe nursing practice in the New Zealand health care environment, is unique to New Zealand. 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. This definition expands on a previous one (Nursing Council of New Zealand, 1992) and more clearly articulates the involvement of the consumer in determining effective or culturally safe care. The 1996 *Guidelines for Cultural Safety in Nursing and Midwifery Education* incorporate a set of principles that make cultural safety more inclusive of other groups at risk of being marginalized in the health care system (Nursing Council of New Zealand, 1996).

This article defines and describes cultural safety and provides a background situating the research study historically and geographically. The research process is described, followed by discussion of the research findings, and concludes with the identification of factors influencing ongoing curriculum development.

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. Therefore, 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. The change was driven by international and local influences and focused on the social and political needs of groups who had historically been marginalized by state and social institutions. These included women, *Maori* (the indigenous people of New Zealand), people with physical disabilities or mental illnesses, gay men, lesbians, and older adults. Collec-

tively and individually, these groups challenged racist and discriminatory practices that prevented them from participating fully in decision-making processes that affected their lives at all levels of society.

During this time of change, accepted constructions of nursing knowledge and practices were also challenged. As with the wider social changes, nursing was attempting to focus more on knowing the individual in the context of society. Nurses were part of this change and raised issues of racism in New Zealand and its effect on nursing (Bickley, 1988). A working party had made progress toward establishing guidelines for a bicultural nursing service (National Action Group, New Zealand Nurses Association, 1991). Attention was turning more to examining what happened at the point of interaction between the person using nursing and health care services and the nurse. This shifted the focus of nursing from looking at people in the context of institutional care and illness (as in hospital settings) to working with people in the context of their lives and health care needs. (Miers, 1999). Cultural safety education arose from this shift, and exposes nursing students to a process of attitude change, centering on an examination of how power affects and shapes what happens in the nurse-patient relationship during health care delivery.

For this study, Foucault's ideas of power were helpful for analyzing the experience of teaching cultural safety. According to Foucault, knowledge is the product of power, with power being expressed at the point of interaction between individuals (Foucault, 1980; Wilkinson, 1999). The point of interaction reveals beliefs and assumptions about practices and situations, which then give rise to discourses. Discourses explain reality and provide the basis of knowledge formation (Foucault, 1980; Wilkinson, 1999). Discourses form a collective of values and beliefs that come to represent a body of knowledge (Foucault, 1980; McHoul & Grace, 1997; Miers, 1999), which then becomes the received knowledge of a discipline. The values and beliefs underpinning this knowledge guide the theory and practice of the profession.

For example, in New Zealand, the nursing discipline includes humanist and positivist paradigms, which reflect particular values and beliefs about what it means to be human, how health and illness are expressed, and how care is provided. On the other hand, cultural safety education sits within a more critical paradigm and challenges these humanist and positivist concepts of health and illness.

A central tenet of cultural safety education is that power and knowledge are produced at an interpersonal level between the nurse and the consumer; how this power and knowledge are expressed in the relationship affects the care received. An examination of power in nursing relationships is essential in ensuring that individuals receiving care do so in such a way that they maintain self-determination and that the reality of their health needs in their daily lives are met. The outcome for nursing in cultural safety is the delivery of nursing and health care that maintains a person's identity and ability to be self-determining in the context of health care and power relationships. Culturally safe care is that which is identified as safe by the person who receives care (Nursing Council of New Zealand, 1996).

HISTORICAL BACKGROUND

In 1841, Maori people and the New Zealand government agreed to the Treaty of Waitangi. The original signing allowed for a fair and even arrangement between the government and Maori people, and is the foundation for New Zealand's building a fair and just society, which provides the possibility of bicultural development that redresses the inequalities between Maori and non-Maori people in New Zealand (National Action Group, New Zealand Nurses Association, 1991). With the official recognition of the Treaty of Waitangi by the 1988 New Zealand Labour Government, the New Zealand community was faced with the need to address the social and political realities of moving from a monocultural to a bicultural society.

The New Zealand government focused on ensuring policies and practices emerging from state institutions would more realistically meet the social and political aspirations of Maori. State institutions developed policies aimed at reducing cultural inequality in New Zealand society as a result of the Treaty of Waitangi (Picot, 1988). To do this, historical breaches of the Treaty of Waitangi had to be addressed. The illegal appropriation of Maori land for colonization purposes since the signing of the Treaty of Waitangi had given rise to a well-placed sense of grievance felt by Maori people, and their land had to be returned. The appropriation of land was not only illegal but also violated the intent of the Treaty of Waitangi by not recognizing the value of a fair and even partnership between Maori people and the New Zealand government.

The establishment of the Waitangi Tribunal in 1975 provided a governmental structure in which land grievances could be redressed, sometimes referred to as the Treaty settlements. Lashley (2000) noted that Treaty settlements are a means whereby Maori people can participate fully in mainstream New Zealand society by improving their economic and social well-being. The financial resources gained from the return of land meant Maori could regain control of their own resources and provide health, education, and social services in ways that were culturally appropriate for them.

In 1988, as part of its policy commitment to bicultural development, the New Zealand Education Department hired a Maori Education Officer to coordinate and plan the introduction of bicultural education into the nursing education curriculum nationwide (Ramsden, 1993). Bicultural education in nursing was the forerunner to cultural safety education.

Cultural safety education was considered an appropriate way to prepare nursing students to practice in a culturally safe way as RNs. The publication of *Kawa Whakaruruhau: Cultural Safety in Nursing Education in Aotearoa* (Ramsden, 1990) allowed for the development of cultural safety education in New Zealand nursing education pro-

grams. *Kawa whakaruruhau* is a Maori term sometimes used separately or interchangeably to mean cultural safety, conveying an idea of safety, protection, and shelter from harmful elements (Ryan, 1995). Between 1988 and 1990, *hui* (a Maori term for meetings) were organized, in which the New Zealand Council of Maori Nurses, the Department of Education, Department of Health, and Maori and *Pakeha* (the Maori name for New Zealanders of European descent) nurse educators met to discuss the health needs of Maori and the nursing education needs of Maori nursing students. During one of these hui, a connection was made between culture and safety in the context of nursing education. One Maori nursing student voiced her concern about not feeling safe in the educational institution she was attending, wondering how Maori may feel using health services if she felt that way as a student. The idea of the need for safety in a cultural context was further developed and, in 1991, the Nursing Council of New Zealand (the statutory regulatory body for nursing and midwifery) accepted the term cultural safety (Nursing Council of New Zealand, 1992).

The positioning of cultural safety in the nursing curriculum quickly became problematic for nurse educators and practitioners in New Zealand. Tension and conflict associated with its introduction were expressed in the popular press (Ansley, 1993; Brett, 1993; du Chateau, 1992; Frewin, 1993). Nurse educators countered this criticism by responding with information about what the concept meant for health care delivery and its importance for nursing in New Zealand (Carryer, 1995a, 1995b). However, in the end, cultural safety and the teaching of it became a way to express values that reflect a dominant discourse in New Zealand society. People, mainly Pakeha, felt free to express deeply held racist beliefs and attitudes that left little room for reflection and dialogue. The cultural safety debate, as it was called, provided a way for people to express deep dissatisfaction with the social and political changes of the time.

Central to the tension and conflict about the teaching of cultural safety was criticism about the appropriateness for nursing students to be taught about power, culture, and racism in a health and nursing context. In response to the inclusion of cultural safety questions in the state final examination, du Chateau (1992) claimed that cultural safety was a tool of social engineering, stating that, nursing was moving away from treating sickness to maintaining health, "teaching moved away from rigorous theoretical and task-based training towards what critics see as airy-fairy quasi-psychological subjects" (p. 98). This criticism grew between 1988 and 1995 to such an extent that, in 1995, the New Zealand government initiated a Select Committee of Inquiry to investigate the appropriateness of teaching cultural safety in nursing education (New Zealand Government, 1996). Although the committee supported cultural safety as an important concept in nursing education, it was highly critical of the way it was taught (Murchie & Spoonley, 1995). There were claims of social engineering and the favoring of Maori over Pakeha.

The approach to teaching cultural safety in the nursing education curriculum varied from curriculum revision with the Treaty of Waitangi as the guiding principle (Southwick, 1994) to Maori people's being employed to teach Maori language and culture. The latter approach conformed to a stereotype of Maori consistent with a monocultural view of Maori and was based on racial stereotyping (Richardson, 2000). This practice led to further misunderstandings about the nature and purpose of cultural safety education and made teaching increasingly problematic and contentious.

This research into the experience of teaching cultural safety came about because of the first author's involvement in and experience of teaching cultural safety during a time of turbulent political and social change. She was curious about why other nurse educators continued to teach content on a controversial topic.

METHOD

Although cultural safety grew out of a critical emancipatory paradigm, it was insufficient to identify what it is like to teach cultural safety. Critical theory, informed by Foucault's ideas of power and discourse and guided by feminist approaches to research, shaped this study. Because cultural safety education is concerned with deconstructing accepted realities, which often dominate or marginalize other realities, Foucault's ideas of power and discourse framed an appropriate theoretical background against which to explore the experience of teaching. Foucault's analysis of power challenges the accepted order of how knowledge is constructed (McHoul & Grace, 1997). When knowledge is constructed in particular ways, apparent truths are produced. These provide a way for explaining particular realities, such as nursing and culture. It is through the examination of discourses of power that nursing students are able to develop insight into the nature of power in health care interactions.

Participant Selection

Fourteen women (9 Pakeha and 5 Maori) who taught or had taught cultural safety were each interviewed for 1 hour. Each interview began with the question, "What is it like to teach cultural safety?" This question provided a platform for ongoing discussion in which answers to this first question were developed and expanded to provide a fuller description of the experience. Each interview was transcribed and returned to the participant for review. The changes made did not alter the original context of meaning and included some rewording or extended recollection.

Data Analysis

Thematic analysis, based on the work of Burnard (1991), was appropriate for this research, as the first author wanted to offer an integrated thematic description of what it is like to teach cultural safety. Burnard's thematic analysis aims to produce a detailed and systematic

recording of themes and issues from interviews. However, he cautions that the researcher needs to be aware of how reasonable and accurate it is to compare the words of one person with another, and questions the degree to which "common" themes are actually common (Burnard, 1995).

On completion of the analysis and being mindful of Burnard's caution, the quotations the first author thought best reflected particular themes were identified. These were returned to the participants for a final check for accuracy. The participants' quotations were embedded in the section of text related to them. This provided a context for the participants to see what type of text the authors were constructing with their information. At the completion of this process, the quotations were integrated into a full text, which highlighted particular themes. These integrated themes described and explored the experience of what it was like to teach cultural safety.

Ethical Issues

The first author's experience of teaching cultural safety positioned her as an active participant in the research and raised two important ethical issues: confidentiality and safety of participants through the maintenance of anonymity, monitoring of bias, and reciprocity. In qualitative research, the researcher is the primary tool, so personal aspects of the researcher will impinge on the interview relationship (Carryer, 1995c; Fonow & Cook, 1991; Holloway & Wheeler, 1996; Roberts & Ogden Bourke, 1989). To counter these aspects, a feminist approach was used to address reciprocity and the potential for bias during data collection. This was achieved by setting up processes to ensure participants were able to give feedback about their experience of being interviewed or reflect on the content of their interviews. Another process was put in place to monitor the potential for bias. The first author used journaling to reflect on the interviewing processes and her own thoughts about what was happening. She was able to contribute this knowledge during the interview process.

Full ethical approval was gained from the University Ethics Committee where the first author was enrolled as a master's degree student, and all requirements of this Committee were met. Following contact with the women, each one received an explanation about the nature of the study. They then signed a written consent form prior to the start of each interview. Participants could choose whether to use their own names or a pseudonym, and all chose pseudonyms.

FINDINGS

Three themes were identified as capturing the experience of what it is like to teach cultural safety. The first was that the Treaty of Waitangi provided for an examination of power in nurse-patient relationships in cultural safety education. The second was that a broad interpretation of difference influenced the experience of teaching cultural safety. The interrelatedness of these two themes together made the experience of teaching cultural safety different from teaching other nursing subjects. The participants' stories suggested this was partly because the teaching touched their personal, political, and professional lives and those of nursing students. These factors created a teaching-learning environment in which discourses could be revealed, contested, and resisted. Together, these elements made teaching the topic challenging and problematic for Maori and Pakeha teachers and nursing students. The third theme was that the experience of teaching cultural safety has personal, professional, and political dimensions. Embedded within the following discussion of the themes are quotations from participants that highlight what it is like to teach cultural safety in a New Zealand nursing education program.

The Treaty of Waitangi and the Examination of Power in Cultural Safety Education

The shift of focus from biculturalism to cultural safety brought the Treaty of Waitangi into nursing education in a particular way. The 1988 Education Amendment Act (Picot, 1988) provided Maori nurses with a state structure through which they could address Maori education and health issues in the context of the Treaty of Waitangi. A common view expressed by the participants was that knowledge of the Treaty of Waitangi was central to teaching cultural safety. Cultural safety provided for a model of nursing that reflected the need for nurses to respond to the health realities and concerns of people living in New Zealand. Critical to this responsiveness was an understanding of the history and experience that shaped the health care realities of Maori, in particular, and all New Zealanders, in general. The Treaty of Waitangi provided a basis for an analysis of these realities, as well as a framework for examining the concept of partnership between Maori and Pakeha in nursing and health care.

Although participants in this study agreed that knowledge of the Treaty of Waitangi was central to understanding cultural safety, its importance was different for Maori and Pakeha teachers. Pakeha teachers believed they had political and professional obligations to teach non-Maori students about Treaty rights and responsibilities. Addressing the Treaty of Waitangi in nursing connected nursing with the wider community and showed that nursing education was attempting to use nursing knowledge that grew out of the health realities of the populations it served. One teacher summed up this view:

> The school [of nursing] was grappling with the importance of the Treaty of Waitangi and the value of biculturalism and the implications for cultural safety.... We had a number of different hui to talk about the program [cultural safety] and how the program could work.

Maori participants were concerned about the small numbers of Maori entering nursing and the disproportionate number of Maori who were enrolled nurses. From the mid-1960s until 1994, New Zealand had a two-tier system of nursing; RNs completed a 3-year education program, whereas enrolled nurses completed an 18-month program and then worked under the supervision of RNs. The State

Sector Act of 1988 (Picot, 1988) recognized the Treaty of Waitangi and with it the need to develop bicultural policies across all education sectors. This provided a platform from which recruitment and retention needs of Maori students in nursing programs could begin to be addressed in a very real way. Prior to this, decades of marginalization and educational disadvantage meant that some Maori students in nursing education programs exited before completing their courses because of the academic barriers they faced within predominantly Pakeha educational institutions.

One teacher was involved with the early setting up of cultural safety education and captured the essence of this concern of Maori RNs at the time. The failure to retain Maori students was seen as related to the historical breaches of Treaty of Waitangi by the New Zealand government and the need for Maori to deliver education culturally appropriate for Maori nursing students. She noted:

> We as [Maori] RNs were focusing on encouraging more Maori people to qualify as nurses and then, of course, the issue of cultural safety came up for these students. They didn't feel safe at all within the technical institutes and they felt they had to leave their Maoritanga [Maori identity] at the door before they walked in and then pick it up on the way out is the way they described it.

The inclusion of teaching about the Treaty of Waitangi in the nursing education curriculum meant that cultural safety became a collision point for resistance for two major discourses relating to power in a New Zealand context: a dominant historical discourse of dominance and control and a discourse of marginalization and exclusion.

Ramsden (1990, 1993, 1995, 1996) asserted that cultural safety is about the transfer of power from the provider of health care to the consumer of health care. Cultural safety focuses on the self-knowledge of the nursing student in relation to power, rather than cultural knowledge and cultural norms of the person using nursing services. This can generate anxiety and concern, as this self-examination requires a focus on one's own culture, values, and attitudes, which can feel threatening for students. For some Maori students, cultural safety education was sometimes their first introduction to the Treaty of Waitangi, its meaning for them as Maori, and the marginalizing effects of past practices and policies on them as individuals and as a people.

Pakeha students could easily feel threatened when their values and beliefs, which they took for granted, were challenged or rejected by others. For Pakeha students of European ancestry and for recent non-European immigrants, cultural safety education brought them in contact with a history of which they had been largely ignorant. Managing these discourses was personally stressful to the teachers. One teacher expressed this when she talked about students' coming in contact with the Treaty of Waitangi for the first time:

> A lot of people [students] haven't had to look hard at what Maori is.... For a lot of them, it is really a struggle, and I'm talking about Maori and non-Maori. For our Maori people, there is hurt that comes from it, from Maori that haven't been brought up in a Maori way. So for some, it turns lights on, and for others, Maori and Pakeha, it generates a kind of anger, and what they [Maori] do, is they defend their Pakeha peers and challenge Maori, which is me.

In some cases, while there was a rejection of knowledge about the Treaty of Waitangi, most participants acknowledged that knowing about the Treaty of Waitangi was empowering for some Maori and non-Maori students. They believed these students were better informed about the place of the Treaty of Waitangi in their future nursing practice. This balanced the experience of personal stress with professional satisfaction and a feeling that teaching the topic did make a difference to the way health care delivery and nursing could be delivered.

A Broad Concept of Difference Influences the Experience of Teaching Cultural Safety

The guidelines published by the Nursing Council of New Zealand (1996) expanded on the definition of cultural safety (Nursing Council of New Zealand, 1992) and identified principles to guide culturally safe nursing practice. Some participants saw these principles as problematic. The categories referred to by two of the participants are from the cultural safety principles identified in the *Guidelines for Cultural Safety Education in Nursing and Midwifery Education* (Nursing Council of New Zealand, 1996). Principle 6.1.3 of the guidelines states that there needs to be an emphasis on health gains and the relationship between nurses and those who differ from them in terms of age, gender, sexual orientation, ethnicity, religious or spiritual beliefs, or socioeconomic status. Although the Treaty of Waitangi was seen as central to the teaching of cultural safety and the examination of power, there was also recognition of the need to address issues of power and inequity for other groups receiving nursing and health care. Participants felt that the principles reflected a changing sociopolitical agenda. While they were accepting of a more inclusive approach, some participants thought the identification of other groups helped appease critics of cultural safety whose concerns were that Maori were being favored over Pakeha. This was seen as weakening the bicultural focus in favor of a more socially acceptable multicultural approach.

Participants agreed that a broader approach and the inclusion of people who were marginalized in the health care system was essential. They already addressed this broader view of difference in their teaching, but some felt the principles, as worded, added another dimension to the teaching. Some participants expressed the difficulty in reconciling the primacy of biculturalism and the Treaty of Waitangi while addressing other issues and discourses of difference, using what was considered a prescribed approach. One teacher explained how she made sense of these changes in her teaching:

> I think if you take it back to the personal, and they get a handle on one relationship of difference [the bicultural relationship], it means they are dealing with the "I" and

> "how I am in a relationship."... They learn more about what it is like to be gay, and more about other ethnic cultures, but not in the old tradition of "these are the rules [mores and traditions of cultures] and this is how it is." It's more about what is in a relationship that is different.

On the other hand, another teacher thought the principles as leaving cultural safety open to interpretation, making it possible to teach cultural safety without addressing the Treaty of Waitangi issues related to improving Maori health:

> The [Nursing Council] guidelines have actually abdicated any responsibility from anyone. It seems to me that they are open to interpretation and that the dominant and powerful are the ones with the power and the ones who pull the strings [White, usually male politicians], and it's certainly not always with the Nursing Council.

Over time, the participants acquired experience in teaching about the Treaty of Waitangi and recognized the need to also address broader concepts of difference. The dual nature of cultural safety teaching always had the potential for making teaching problematic, and the inclusion of cultural safety principles meant that the participants experienced new tensions in teaching. The principles were considered prescriptive, hierarchal, and open to interpretation. Some participants thought that interpretation could depend on the degree of preparation and political awareness of the teacher involved. There were concerns that, with increasing demands for other subjects to be included in an already intensive nursing education curriculum, this requirement could mean that the Treaty of Waitangi in cultural safety education could be overlooked or excluded from the teaching. One teacher noted:

> The eight categories [principles] that the Nursing Council talk about...there are a lot of good things that have come out of that, but the one bad thing, well, one of the bad things, is that Maori have lost the moral high ground; we are now competing as to who is the most disadvantaged.

Another teacher expressed a similar view:

> If the Treaty is applied to all those categories, there isn't a problem. It's when those categories dismiss the Treaty [that it becomes a problem].

The identification of principles in cultural safety education, while accepted, made the experience of teaching more difficult because of the need to address nursing issues in relation to the Treaty of Waitangi, while at the same time managing broader concepts and discourses signaling difference.

The Experience of Teaching Cultural Safety Has Personal, Professional, and Political Dimensions

The final theme drew together the experience of teaching and incorporated personal, political, and professional dimensions of teaching cultural safety. Cultural safety teaching involves working toward behavior and attitude change (Ramsden, 1990; Wood & Schwass, 1993). The participants in this study thought that teaching cultural safety was unlike teaching about other nursing topics because of the central focus on attitude change. Attitude change in cultural safety education required that the historical relationship between Maori and the New Zealand government be considered. Examination of this relationship revealed values and beliefs that, when expressed, contributed to a classroom climate in which discourses of power and resistance emerged and were challenged. Paradoxically, some students perceived this process as unsafe, which created a climate of insecurity. This sense of not feeling safe sometimes resulted in negativity and resistance being projected onto the teacher.

Two participants summed up their experience of this. One teacher said:

> I think a lot of projection goes on when they're [students] confronted with being asked to encompass things that they probably haven't even thought about and don't want to...and then because they don't want to, and it's a bit in their face; they project it back and say, well, you're not safe, and it does put you in a vulnerable position.

Another participant stated:

> When I go into a class, I know that people are going to have some sort of hostility that might be generated out of just not knowing, or it might be the first time they have had to deal with another perspective [Maori perspective] outside of their own. I can understand that, and the key to managing it comes down to your ability to facilitate what is happening in the group.

When students are asked to move out of their emotional and social comfort zones, it can feel personally threatening, despite the teacher's attention to creating a safe and secure environment. Critical researchers argue that culture can be viewed as a site of struggle where knowledge is produced. Transmission of this knowledge creates contestability between dominant and subordinate cultures (Kincheloe & McLaren, 2000). It was the revelation of these discourses in New Zealand society at the time of this study that structured cultural safety teaching as political, personal, and professional.

One teacher believed in the importance of cultural safety on a professional and political level; yet, this was at a personal cost. She noted:

> We [her Maori partner in cultural safety teaching] shared this day [learning about the Treaty of Waitangi]. We just said "Wow, this is what our students need."… We had talked about racist attitudes in class...

Her next comment provides a contrast between the excitement of recognizing the political and professional importance of cultural safety education and its effect on her as a person within the contested cultural domain over a period of time:

> Toward the end [of teaching], I was getting burnout, and you do take some abuse. They [students] trample on your spirit as a person; they shoot the messenger.

Another teacher summed up her response and captured the personal, cultural, and professional aspects of teaching:

> Highs and lows, wonderful, good, diabolical, tears, hurt, anger. Teaching this topic can be physically, mentally, emotionally, and spiritually draining; the teaching is emotional, makes you vulnerable and exposes you.

The comments of another participant demonstrate how the nature of the teaching-learning relationship differs from the more traditional approach to teaching and is far from neutral:

> It [teaching] produces change in yourself. The most exciting thing is actually when you see a rigid person open up just a little bit, it's like a little bud that starts to open; that's a high. I think it is a whole mixture of just about every emotion you could think of. I think it is stressful and rewarding, exhausting, exhilarating, and hard.

Finally, one participant noted how cultural safety teaching is a political act and underscores the need for attitude change in a Maori health care context. She linked this with a personal and professional commitment to helping to make nursing and health services safer for her family:

> If I can go to work or if I know some of my whanau [Maori word for family] can go to hospital and not be confronted with some of the culturally unsafe practices that we [Maori teachers] are confronted with, then its kind of [*sic*] worthwhile.

DISCUSSION

The findings of this study show how Foucault's ideas of power are displayed in the process of teaching cultural safety. At the time of this study, teaching cultural safety revealed two major discourses affecting nursing and health care that shaped what happened in the classroom at an interpersonal level between student and teacher, as well as student and student. Popkewitz and Brennan (1998) noted that different teaching topics can facilitate particular discourses that alter the content, focus, and relations of teaching. The description of participants' experiences of teaching shows that cultural safety incites discourses that challenge accepted nursing discourses derived from humanist and positivist paradigms. Cultural safety education sits more within a critical paradigm, where these assumptions are deconstructed and reconstructed to be more reflective of the health needs of the population served.

This study showed that nursing knowledge construction in cultural safety teaching involved addressing a clearly political dimension with a focus on power in nurse-patient relationships. It was demonstrated that teaching about the Treaty of Waitangi disrupted traditional approaches to nursing knowledge development in New Zealand. The later broadening of cultural safety with the development of principles explicated the need to consider difference in a wider context. These two dimensions of cultural safety influenced teaching in a particular way. They brought into focus discourses related to power and knowledge in the context of the teacher-student and student-student relationship. These factors created a learning environment that was experienced differently by Maori and Pakeha teachers. Collectively, they contributed to a teaching experience influenced and shaped by the teacher's personal life history and philosophy, nursing knowledge, and political awareness of the realities of people using health care services in New Zealand

This study demonstrated how cultural safety education shifts the focus of investigation from the person receiving nursing care to the nursing student, which raises self-consciousness and self-awareness about power in nurse-patient relationships from the point of view of the student and eventually the RN. This self-examination is not always a comfortable experience and can generate resistance and rejection from students. Management of this process makes teaching stressful, as cultural safety teachers must be prepared to address not only the uncertainty of what may arise but also how to work with vulnerability and conflict.

By definition, cultural safety teaching is problematic. The challenges and resistance arising from classroom interactions require teachers to manage a process of conflict and challenge in a way that promotes change and maintains anxiety within a zone of safety for learning. It was the skillful management of this process, seeing change and growth occur in students, and experiencing the potential for the improvement in health care delivery, that kept cultural safety teachers involved in teaching.

This study demonstrated how cultural safety education shifts the focus of investigation from the person receiving nursing care to the nursing student, which raises self-consciousness and self-awareness about power in nurse-patient relationships.

CONCLUSION

After 14 years, cultural safety is considered an integral component of nursing education in New Zealand. However, its survival and continued development is vulnerable to the whims and vagaries of an increasingly contestable curriculum. There has been continual social, cultural and political change since the introduction of cultural safety in New Zealand nursing. This change has been a more evolutionary, rather than dramatic, paradigm shift that characterized the changes of the 1970s, 1980s, and 1990s.

Ongoing dialogues about whether cultural safety should be integrated into all nursing subjects or remain a stand-alone subject continue. This study showed that, while it was essential for cultural safety to be integrated into all nursing subjects, it is critical that students experience a supported, facilitated group process. The study also showed that it was the facilitated process that allowed for

the revelation of competing and conflicting discourses. By working with these discourses, students were able to examine and explore issues of power in a challenging, yet supportive, learning environment.

Another ongoing debate is the place of the Treaty of Waitangi in cultural safety education. This research affirmed the Treaty of Waitangi as an important component in the teaching of cultural safety and highlighted the need for both Maori and Pakeha teachers to take responsibility for teaching about it from Maori and Pakeha nursing perspectives.

Cultural safety education is necessary to ensure that nursing students enter the New Zealand workforce with a critical understanding of the sociopolitical forces shaping the delivery of nursing and health care and the nurse-patient relationship. Cultural safety teachers work at the margins of different paradigms, which sometimes puts them at risk for being isolated and criticized for being political, and yet it is their political, personal, professional, and cultural commitment that kept these teachers teaching such a difficult topic. The participants in this study believe cultural safety education has the potential to contribute to developing an authentic nursing and health service that meets the diverse health needs of all New Zealanders. To realize this potential requires cultural safety teachers to be able to incorporate their personal, political, and professional knowledge of themselves, the profession, and society into their teaching practice, as well as be prepared and able to work with conflict and uncertainty in the classroom.

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