



- Ramsden is one of many health professionals who views these terms on a continuum of care. According to Ramsden, cultural awareness is the beginning step in the learning process, which involves understanding difference, while cultural sensitivity is an intermediate step where self-exploration of the student begins. Cultural safety is the final outcome of this learning process. A nurse who can practise safe care interacts with patients in such a way that those who receive care **define it**.
- Biculturalism is a key element of cultural safety theory and asserts the primary position of the original people of the land in relation to all subsequent arrivals (Polachek, 1998). This is in contrast to multicultural approaches that do not recognize power differences among various ethnic groups.
- Cultural safety has been referred to as “Critical Social Theory,” because it is argued that “it is no different from teaching people to be aware of the socio-political, economic issues in society and to recognize the impact that these issues have on people” (Ramsden, 133).
- Cultural safety requires that nurses become **respectful** of nationality, culture, age, sex, political and religious beliefs. This notion is in contrast to transcultural/multi-cultural nursing care, which encourages nurses to deliver service **irrespective** of these aspects of a patient.
- A key element of culturally safe practice is establishing trust with the patient. Culturally safe care empowers people because it reinforces the idea that each person’s knowledge and reality is valid and valuable. It facilitates open communication and allows the patient to voice concerns about nursing care that he or she may deem unsafe.
- Care may be deemed unsafe if the patient is humiliated, alienated, or directly or indirectly dissuaded from accessing necessary care.
- Cultural safety involves recognizing the nurse as the bearer of his or her own culture and attitudes, and that nurses consciously or unconsciously exercise power over patients. Cultural safety is a political idea because it attempts to change health professionals’ attitudes about their power relationships with their patients.
- Many academics maintain that cultural safety in the mainstream health care system cannot be achieved by individual interactions. Rather, it depends on meaningful participation of Aboriginal people in decision-making processes that allow transfer of power to Aboriginal governments (Browne, Fiske, Thomas, 2001).

### ***Cultural Safety Education***

- Focuses on
  - teaching students about colonial history and its impact on Indigenous peoples, rather than on increasing knowledge about Indigenous customs and health beliefs.
  - self-discovery: “Students need to learn to evaluate what they are bringing to the table in terms of their own invisible baggage; that is, attitudes, metaphors, beliefs and values” (Ramsden 1992: 23).
- Aims to
  - identify attitudes that may consciously or unconsciously exist towards cultural/ social differences in health care.
  - transform attitudes by tracing them to their origins and seeing their effects on practice through reflection and action.

Cultural safety education enables students to respect client diversity, e.g., asking permission of their patients before acting.

## **Cultural Safety Learning Objectives**

Irihapeti Ramsden outlined the following learning objectives in her 2002 doctoral thesis, "Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu":

- Educate student nurses and midwives not to blame victims of historical processes for current plights.
- Educate students to examine their own realities and attitudes that are brought to each new person they encounter in practice.
- Educate student nurses to be open minded and flexible in their attitudes toward people who are different from themselves, to whom they deliver service.
- To produce a workforce of well-educated, self-aware registered nurses who are culturally safe to practice, as defined by the people they serve.

### ***Example of culturally safe care***

A self-aware nurse recognizes homophobia in her own personality and chooses not to work in the H.I.V. ward of a hospital where there is a higher chance of encountering homosexuals. This reduces the likelihood of the nurse providing demeaning, humiliating or unsafe care to a patient (Ramsden, 2000).