An Exploration of the Experiences of Cultural Safety Educators in New Zealand: An Action Research Approach

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J Transcult Nurs 2003 14: 339
DOI: 10.1177/1043659603257341

An Exploration of the Experiences of Cultural Safety Educators in New Zealand: An Action Research Approach

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This research is a study of the experiences of four cultural safety educators in nursing education in Aotearoa, New Zealand. Action research methods assisted the participants to implement change in their practice and gain positive personal involvement in the study. Reflective diaries provided the major tool in this process as participants were able to achieve at least one action research cycle by identifying issues, planning action, observing the action, and reflecting. The findings of the research revealed that the participants not only coped with everyday stressors of teaching but were also required to formulate knowledge for cultural safety. For the Maori participants, their stress was confounded with recruiting and retaining Maori students and macro issues such as commitment to their iwi *(tribe). Lack of support to teach cultural safety was identified to be a key theme for all participants. An analysis of this theme revealed that many issues were organizational in nature and out of their control. Action research provided a change strategy for participants to have a sense of control of issues within their practice. Recommendations include the following: support for cultural safety educators to have a dialogue on a regular basis, the introduction of nurse educator programmes, paid leave provisions for educators to conduct and publish research so that a body of knowledge can be developed, and that Maori cultural safety educators be recognised for their professional and cultural strengths so that they do not fall victim to burnout.*

Keywords: *New Zealand; Maori; cultural safety; action research; nursing education*

Editor's Note: The author's use of New Zealand English is preserved.

Journal of Transcultural Nursing, Vol. 14 No. 4, October 2003 339-348
DOI: 10.1177/1043659603257341

This research presents an examination of experiences of four cultural safety educators in nursing education. Ten years after the introduction of cultural safety into the schools of nursing and midwifery, I believed that the time was right to critically analyze this ever-changing field. As a researcher, my progression through this study confirmed the anecdotal evidence surrounding the stresses experienced by my colleagues within New Zealand. Similarly, with a minimal body of knowledge in cultural safety, as compared to medical or surgical nursing knowledge, I felt compelled to substantiate the participants' personal experiences. To this end, their contribution has provided the groundwork for a cultural safety textbook as a strategy for change.

The aim of this study was to describe and analyze the experiences of cultural safety educators in nursing education in New Zealand. The objectives of this study were: to identify areas in cultural safety education that needed improvement, implement change in the participants' teaching methods, and make recommendations for the improvement of cultural safety education.

BACKDROP TO CULTURAL SAFETY

Cultural safety is a New Zealand term unique to nursing education. It was born from the pain of the Maori experience of poor health care and evolved over 10 years against a backdrop of bicultural development. The emphasis on bicultural development in New Zealand stems from the Treaty of Waitangi, signed in 1840, between representatives of the British Crown and Maori chiefs. This important treaty guaranteed the continuation of the chiefs' sovereignty or *rangatiratanga* over their people, lands, villages, and all their treasures in exchange for trade opportunities. The Treaty also allowed the British (and future migrants) to immigrate safely to New Zealand and establish a settler government. The chiefs did not

know, however, that nation building in the new world during the era of European imperialism was predicated on the destruction of first nations. By their acquiescence in the Treaty, the chiefs opened the way to replicate among their own people the colonial experience of African tribes and the Indians of the American continent (Walker, 1990, p. 96).

Despite the colonising efforts of the British Crown over the ensuing 160 years, the Maori population resisted relegation to the status as an endangered species. Their efforts and protests consistently made reference to the Treaty of Waitangi as the founding document and legitimate source of constitutional government in New Zealand. In the 1980s, the Labour Government could no longer ignore the terms of the Treaty that guaranteed Maori self-determination over their own affairs, such as health and education. At this time, nurse education was at the forefront of change as Maori health professionals challenged the government's lack of a cultural dimension in health programmes. In 1985, a national conference was held in which the Board of Health's Standing Committee on Maori Health recommended three levels of health training in New Zealand:

- Level 1 training, recommended for all New Zealand health professionals, was to provide educational opportunities to develop an understanding of the significance of culture on health practices and health services.
- Level 2 training focused on an introduction to Maori language and culture. It was for all health students but without any expectation of high levels of proficiency.
- Level 3 training was directed at students likely to work in Maori communities and who would therefore require a greater knowledge of Maori society, language, and culture (Durie, 1994, p. 116).

The first level outlined in these recommendations was clearly pertinent to my study, as it provided one of the first statements on a national level that recognised culture as an important influence on people's health. Unfortunately, the recommendations did not provide specific strategies on how health professionals would develop an understanding of the significance of culture on health. Nurse educators lacked training in this new dimension in health and failed to provide a clear definition of culture to students. Culture was equated with ethnicity, which in turn translated into "things Maori" (Papps & Ramsden, 1996, p. 495). Nursing students were subsequently taught Maori words and songs instead of learning about their own cultural identity (Du Chateau, 1992, p. 101).

Consequently, the second level of the training, which stressed the introduction of Maori language and culture, became confusing, as culture had not been clearly defined, and there was no justification for its inclusion in relation to nursing practice. Subsequently, a National Action Group that was formed in 1986 set the scene for further development of cultural safety education. Over the next 3 years they held several meetings or *hui* and focused on extending the Board of Health's views on cultural training, advocating for the inclusion of politics and the Treaty of Waitangi (Durie, 1994, p. 116).

With the incidence of mortality and morbidity appreciably higher for Maori than for non-Maori, the emphasis at these *hui* shifted toward involving Maori caring for Maori (Pomare & deBoer, 1995, p. 17). One the first and most significant *hui* hosted by the National Council of Maori Nurses at Ratana Pa declared the following objectives pertaining to Maori in the nursing profession: to encourage the recruitment of Maori people into the nursing profession, to encourage Maori people to complete nursing training, to encourage qualified Maori nurses to return to the profession, and to ensure Maori nurses maintain optimum nursing standards (Hill, 1991, p. 11).

Discussions continued within the Maori nursing profession, but there was little evidence that their recommendations were implemented. Then, in 1988, at Hui Waimanawa, Otautahi (Christchurch), the failure rate of Maori students sitting the State examination was discussed. During the *hui*, a challenge was issued by a 1st-year nursing student, Hinerangi Mohi, from Christchurch Polytechnic. She stood weeping and asked, "You talk about legal safety and you talk about ethical safety. But what about cultural safety?" (Pere, 1997, p. 45). Hence the new term *cultural safety* was added to the nursing lexicon (Ramsden & Spoonley, 1993, p. 163).

This simple statement seemed to provide the catalyst for newfound energies and developments in New Zealand's nursing education. The emphasis on safety was viewed as an essential part of nursing discourse (Joyce, 1996, p. 8). The State final examination incorporated 11 criteria focusing on safety that an applicant seeking registration as a Comprehensive Nurse needed to demonstrate competence. The inclusion of cultural safety within such criteria signalled the Nursing Council's commitment to furthering New Zealand's nursing education (Wood & Schwass, 1993, p. 5).

The Process Toward Achieving Cultural Safety

The emphasis on cultural safety demonstrates a shift in power in the health care arena from the nurses delivering care to those persons receiving health care. Once this transfer of power occurs, the recipients of care are empowered to define what is culturally safe practice. In other words, the lived experience of patients determines whether a nurse is safe to attend to their cultural needs.

Cultural safety is defined as the effective nursing of a person/family from another culture by a nurse who has undertaken a process of reflection on own cultural identity and recognises the impact of the nurse's culture on his or her own nursing practice. Unsafe cultural practice is any action that diminishes, demeans, or disempowers the cultural identity and well-being of an individual (Te Kaunihera Tapuhi o Aotearoa/The Nursing Council of New Zealand, 1992b, p. 1).

In 1992, the Nursing Council, together with Irihapeti Ramsden, a nursing educationalist, published *Kawa Whakaruruhau: Guidelines for Nursing and Midwifery Education* (Te Kaunihera Tapuhi o Aotearoa/The Nursing Council of New Zealand, 1992a). The Council was the first to provide the world with a blueprint for achieving cultural safety in nursing and midwifery practice. Figure 1 describes the progression in this process and the difference in meaning between commonly used cultural considerations.

The curriculum staircase or *poutama* assumes that students begin their cultural safety education at the bottom of the staircase where they bring with them their personal experiences, knowledge, and biases (Wood & Schwass, 1993). Over the next 3 years of their training, the students are assessed on their ability to move to each step. This training focuses on racism awareness, the Treaty of Waitangi, *nga mea* Maori (concepts important to Maori), and strategies for institutional change. Hence, the educational process involves movement from awareness to sensitivity, and ultimately to safety.

The Teaching of Cultural Safety

When the concept of cultural safety was first conceived in the late 1980s, energy was focused on its definition. It was not until the early 1990s, when students raised questions about its assessment, that the teaching of cultural safety became an issue. The Nursing Council determines who is suitably qualified to be a cultural safety educator. The Nursing Council's *Cultural Safety Guidelines 1996* provide the most recent information concerning minimum qualifications and experience required for educators in cultural safety (pp. 8-19).

With the emphasis on cultural safety as a broad-based concept, educators' minimum academic qualifications include a degree in nursing, midwifery or social sciences, and/or nursing experience, preferably within New Zealand. The guidelines also state that Maori content must be taught by Maori. This is based on Mason Durie's *Nga Matatini: Strategic Decisions for Maori Health* (1995). Durie (1994) discussed the process that resulted in the policy that Maori content must be taught by Maori. He noted, for example, that at several *hui* facilitated by Ramsden on cultural safety in the late 1980s and early 1990s, there was a particular emphasis placed on discouraging the teaching of cultural aspects of nursing by those unqualified to do so. Participants felt that educators needed a knowledge base beyond university qualifications, and which was firmly grounded in the effects of colonisation on the Maori peoples. At these *hui*, hostility was directed toward nursing tutors who, in the past, had presumed more knowledge on Maori issues than their experience and qualifications warranted.

The Nursing Council guidelines outline further characteristics required to be demonstrated by educators that emphasize knowledge of New Zealand history, the Treaty of Waitangi, and social science concepts. Murchie and Spoonley (1995) and Joyce (1996) also allude to the need for educators

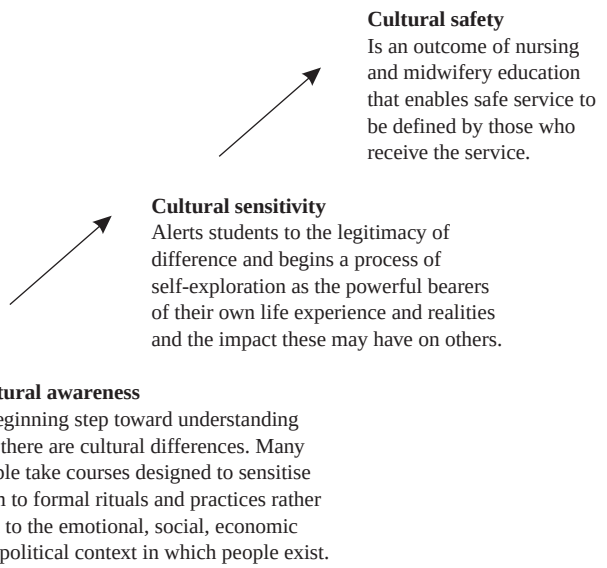

FIGURE 1. The Process Toward Achieving Cultural Safety in Nursing Practice.
SOURCE: Te Kaunihera Tapuhi o Aotearoa/The Nursing Council of New Zealand (1996, p. 9).

to have considerable experience and skills in dealing with attitudinal issues.

METHODOLOGY

Action research is a familiar research tool used in nursing and education. I selected action research as a method of inquiry because it offered a dynamic process for joint learning and problem solving. Its collaborative nature allows participants to have some control over data collection and interpretation, resulting in a breaking down of power differences between the researched and the researcher (Hendry & Farley, 1996). Its method is fluid, with an emphasis on practice, which is specific and relevant to the participants.

Action research as a form of inquiry is comparable to the participants' experience of the nursing process, which is a systematic sequence of assessment, planning, implementation, and evaluation. The two processes allow nurses to feel comfortable with this form of inquiry, as "action research relies on observation and behavioral data which is fundamental to the practice of nursing" (Hendry & Farley, 1996, p. 195). I believed that this study would encourage the participants to develop practical theories based on their experiences, which are ideally suited to a practice-based profession (Stark, 1994).

Participant Profile

Given that the topic under inquiry is cultural safety education, the sampling of the participants was purposive for those with the knowledge of the research topic. As an insider, I had

the advantage of easy access to the participants. I was an established member of the group, an imperative in action research. I did, however, need to monitor my bias during each stage of the research by keeping a research journal, which I would reflect on with my supervisors. I did not want to take the participants for granted and therefore destroy future relationships beyond the study. Consequently, I planned for the interviews to be time limited so that participants were aware when I had come to the end of the study in my role as researcher.

I was acutely aware of the very public position that the participants held as educators and I considered the "antipodean angle on ethics in New Zealand" (Tolich & Davidson, 1999, p. 77). This is where New Zealand is thought of as a small town where it is relatively easy to identify any institution. The smallness of New Zealand was a limiting factor when I compiled a participant profile. I wanted to identify their characteristics in relation to each other without compromising confidentiality. To accomplish this, their polytechnic institution and city were not named, participants checked transcriptions and feedback notes, and they were free to remove any other identifiable information. Table 1 provides a description of the participant characteristics.

In-Depth Interviewing

To capture the experiences of cultural safety educators for this study, two prerequisites needed consideration. Within the planning phase of the action research cycle, the first prerequisite was that the participants needed to identify a problem they wanted to investigate. McNiff (1988) and Carr and Kemmis (1986) believe that sometimes all that is needed is a general idea that something might be improved. However, if the problems were beyond the control of the participants, then they would have tenuous links with action. The second prerequisite was that the study needed to be relevant and important to those involved. If the goals were imposed on the participants, then the process would be fundamentally changed and the emancipatory element would be lost.

In-depth, semistructured interviews were conducted to encourage conversation to emerge. With a topic that was exploratory in nature, in-depth interviews are typically used (Polit & Hungler, 1993). The interview schedule incorporated six kinds of questions that are useful for qualitative research. These included questions concerning experiences and behaviors, opinions and values, feelings, knowledge, sensations, and background/demographic questions (Patton, 1990, p. 292). To ease the participants into the interview, I began with relatively straightforward questions that required minimal recall and interpretation. These initial questions were designed to start the participants thinking about issues in general terms. Then, as they engaged in conversation, I guided them toward more specific issues by asking direct questions about the topic under discussion.

Minichiello, Aroni, Timewell, and Alexander (1995) describe this technique as funnelling, where the interview process begins in a relaxed and nonthreatening manner (p. 84). The assumption is that the participants and interviewer would find it uncomfortable to start talking directly about an issue that may be personally threatening or difficult to think about. General questions at the beginning of the interview allowed the participants to consider issues at a nonpersonal level. Patton's (1990) background/demographic questions provided a useful guide for this purpose as descriptive information was sought about the length of time the participants had been educators in cultural safety and whether their job was full- or part-time. The data collected from these questions were then used to identify each participant's characteristics in relation to each other. Only after rapport developed were they asked to interpret their own personal circumstances of cultural safety education.

With the use of Patton's (1990) knowledge questions, which centered on the participants' use of models in their teaching, I was able to elicit what the participants considered to be factual and to establish their knowledge base of cultural safety. The experience/behavior questions focused on their level of preparation to teach cultural safety. Opinion/values questions inquired about their perceptions of a particular issue such as the level of support they received. The final set of questions concerned feeling questions, which explored their experiences in more detail and were aimed at understanding their emotional responses. Here I asked, "How did you feel about that?" I also included questions that required the participants to choose an issue that they could change. A series of steps were outlined for the participants to follow that would assist them to implement change over the proceeding weeks.

Reflective Diaries

The personal experiences shared elicited a detailed view of the participants' experiences to inductively present shared themes for analysis (Denzin & Lincoln, 1998). The interviews were more than just interesting conversations, however. A systematic method was required to make sense of the production of useful insights into the problems identified by the participants (Bell, 1999). A descriptive study would have deliberated such insights. Nevertheless, this study contributes to making changes for cultural safety educators in their practice, so it was imperative that I included another tool of inquiry.

Reflective diaries provided such a mechanism and presented several advantages in this study. First, the information held in the diaries was classified as findings as the information maintained by the participants was used for intensive interviewing (Bell, 1999; Edwards & Talbot, 1994). Second, the diaries were an unobtrusive method for collecting data as it provided "an opportunity for the participants to share

TABLE 1
Characteristics of Participants

Participant	*Gender*	*Ethnicity*	*Profession*	*Familiarity With Action Research*	*Experience Teaching Cultural Safety*
1	Male	Maori	Teacher	Yes	18 months
2	Female	European	Registered nurse	No	18 months
3	Female	Maori	Registered nurse	Yes	12 years
4	Female	Maori	Registered nurse	No	4 years

directly with their reality" (Creswell, 1994, p. 151). Third, the diaries facilitated the participants' personal and professional growth processes as they provided a "therapeutic and safe avenue for releasing emotions" (Stark, 1994, p. 582). The participants documented in their diaries how they knew that there was a problem that needed changing, the process involved in making the change, and finally, how they knew when the problem had been overcome. Their findings would form the basis for discussion during the second and third interviews.

Limitations to this method involved consideration that the participants might not report all the information they collected for fear that it might reveal a weakness in their teaching. I was also aware of asking the participants to keep diaries in an already overcrowded teaching day as the sheer volume of data would be time consuming (McNiff, 1988).

Transcription

The participants agreed to the recording of interviews on tape. Each of the first interviews required a maximum of 45 minutes to record, and then 2 hours to transcribe verbatim by a typist experienced in confidential transcribing. The second interviews required up to 30 minutes to record and 1 hour to transcribe. I listened to the tapes along with the text, comparing the two to verify that the text had been transcribed intact. During this time I engaged in self-reflection, reexperiencing each interview and the emotions conveyed.

The participants received a summary of the transcriptions for review. This form of member-checking was important, as it ensured the truth value of the data (Creswell, 1994). It also allowed the participants to remove any identifiable statements.

Inductive Analysis

Early data analysis was performed simultaneously with data collection. This is most relevant when using action research, because the study was initiated to improve areas of practice rather than to prove specific propositions. Reflective diaries and interviews assisted in this process because the progression of the interviews allowed the topic to become more focused.

Coding

I adopted a coding procedure that was derived from the participants' stories, research questions, and theoretical frameworks (Minichiello et al., 1995). I manually coded data by writing notes in the margins of the transcripts and by cutting and pasting sections of transcripts to index cards. This process took many hours to conduct as I looked back over my research diary, notes, and transcriptions to review and renew the clarity of the topic under study. I resisted the temptation to rush into interpreting the data before doing the hard, detailed work of description.

The types of major codes described by Minichiello et al. (1995) and Patton (1990) assisted in developing codes that I could understand and relate to the interview questions. They included (a) process codes, (b) relationship and social structure codes, (c) perspectives held by subjects' codes, and (d) strategies codes.

The process codes refer to activity over time and perceived change occurring in a sequence, stages, phases, steps, and careers. In this study, this was gauged through background/demographic knowledge and experience/behavior questions that invited participants to begin reflecting on what brought them to their current position as a cultural safety educator.

The relationship and social structure codes refer to a regular pattern of behavior and relationships. A common topic for discussion was professional behaviors and relationships with colleagues and students. For the most part, positive patterns were linked to students and negative patterns with organizational structure.

The perspective held by subjects' code refers to how the participants thought about their situation. This code generated the most data as opinions expressed from the opinion/values questions sought information about the level of support they received.

The strategies code refers to the ways people accomplish things. The questions in the interviews invited participants to choose an issue they could change. This produced data from their reflective diaries and subsequent transcriptions.

Content and Thematic Analysis

The process of content analysis assisted with convergence of the codes to the interview schedule (Morse & Field, 1996). Data from the reflective diaries were not captured by content analysis, however. Thematic analysis filled this void "which revealed the theme beneath the surface of the data" (Morse & Field, 1996, pp. 115-116). I followed Munhall's (1994) guidelines and wrote my interpretation of the meaning of the participants' dialogue in a column next to the text from the transcripts and diaries. I then numbered the sentences where themes were found. An asterisk was marked next to the sentences to indicate themes. Finally, I grouped together my thematic statements which provided a satisfying method for finding meaning within the stories told to me. Although the

study had a central focus, I did not really know what particular story I would tell, so I needed to make comparisons, contrasts, and be open to possibilities and see contrary or alternate explanations for the findings (Patton, 1987).

FINDINGS

Three themes emerged from the interviews and reflective diaries: feeling unprepared to teach cultural safety; the dichotomy between enjoying teaching and the lack of energy to continue; and lack of support.

Theme 1: Feeling Unprepared to Teach Cultural Safety

The first theme focused on feeling unprepared to teach cultural safety. Participant 4 related this perception to her nurse training:

> I wasn't prepared. Totally unprepared. No idea of what cultural safety was really because when I trained in the 1980s there was virtually no Maori component in nursing at that point. I had been to a treaty workshop and I had an interest but that was basically it.

During the 1980s, students in nursing education did not learn about their cultural identity in New Zealand (Pere, 1997). The concept of culture at this time was presented as images of Maori culture or "*taha Maori*." There was no clear link between these icons to nursing practice (Du Chateau, 1992). Given this milieu, the current lack of knowledge on cultural safety was inevitable. Subsequently, the nurse educators in this study have confirmed that their training did not prepare them to teach cultural safety.

With a background in primary school teaching rather than nursing, Participant 2 reported a great deal of frustration when working with fellow nurse educators:

> Not many of my colleagues here are actually teachers. They are nurses. A number of nurses haven't been through the programme so they're not familiar with the issues. They believe that partnership is getting on well together.

Participant 3 expands on the theme of feeling unprepared as she recalls the terrifying experience of formulating knowledge and teaching concurrently:

> The fact is that you are sort of thrown in at the deep end basically. Really so you are sort of learning on the spot. That's what it's been like.

This participant's account of teaching using the "sink or swim" model is unfortunate, to say the least. It is doubtful that this participant would have endured a similar experience if she were teaching a topic such as medical and surgical nursing. Compared to this field of nursing, cultural safety has a less established body of knowledge from which to draw, making it problematic.

Bailey's (1999) literature review of academics' motivation and self-efficacy for teaching and research described similar problems. He noted that when an academic moved from a discipline with great certainty such as engineering to a discipline with less certainty, such as history, then enigmas would occur. Richardson's (2000) research also supports this conclusion as she discovered that educators skilled in certain subjects (such as medical and surgical nursing) were not proficient to teach cultural safety even after several years' teaching (p. 84).

Cultural safety will remain in this uncertain state if its theoretical base is not consolidated. The theme of feeling unprepared to teach cultural safety is related to several key issues highlighted in relevant literature. The first issue stems from educators lacking generic teaching skills. Princeton's (1992) review of a teacher crisis in nursing education in the United States noted that although clinicians were expert clinically, they lacked the knowledge of higher education and the teaching skills necessary to implement the educator role successfully in nursing schools. In New Zealand, similar research by Graham and Leach (1996) revealed that few tertiary teachers received teacher training. This creates a flow-on effect whereby "the process of teaching is not understood, which in turn limits tutors' ability to examine, reflect on and adapt their approach to teaching" (p. 53). The burnout rate of such teachers increases as they react to each stress factor without an action-reflection knowledge base to inform their practice.

The second issue raised by Princeton (1992) is the importance of role socialization for new staff. This study has revealed that for cultural safety educators, role socialization is extremely difficult as it is confounded by the need to formulate knowledge on a topic about which they know very little. Trowler and Knight's (2000) research on the induction of faculty staff entering new work contexts acknowledged this difficulty. They recommend several strategies to address the issue of professional socialization, such as the appointment of a mentor to a new staff member and their inclusion in day-to-day practices such as meetings and social gatherings.

Princeton (1992) recommends a more radical approach, however, involving the introduction of nurse educator programs. She believes that it would be more cost-effective for nursing schools to implement such programs "rather than expend human, material, and financial resources with on-the-job training which is at best a hit-and-miss solution" (p. 35). This recommendation was based on several studies conducted by the author where experienced faculty staff were spending an inordinate amount of time working with inexperienced staff who had no formal education in curriculum and curriculum development, teaching methods, or the admission and progression of nursing students.

Theme 2: The Dichotomy Between the Enjoyment of Teaching and the Lack of Energy to Continue

The second theme revealed a dichotomy between enjoying the experience of teaching and the lack of energy to continue working in this field. For example, Participant 3 reported that she could no longer teach after 12 years:

> I love teaching and I love—I believe I'm meant to be doing what I'm doing but I've run out of energy. I'm tired and up and down the country I wouldn't be at all surprised if you see a very similar pattern.

This participant's account of "loving to teach but running out of energy" is reflected in research on academic workloads for experienced tutors in the New Zealand tertiary sector. Ovens (1998) noted, for example, that with the granting of degree status in nurse education, experienced tutors reported that their job was more stressful than in previous years. The many factors that contributed to their stress included "expectations to write and publish research; to complete masters study; and rising student expectations that threatened litigation under the Consumer Guarantees Act and the Fair Trading Act" (p. 3). Thirteen years earlier, nurse educators identified clinical teaching, classroom teaching, test construction, evaluation in the clinical areas, and clinical supervision as areas that were stressful for them (Hinds, 1985).

The enjoyment experienced by Participant 3 focused on teaching. For Participant 1, however, his enjoyment came from people leaving him alone.

> I enjoy my job. They leave me alone. The time is about 1 o'clock in the afternoon, and only one person spoke to me today.

The isolation this participant experienced was the saddest reflection that I noted in this study. His previous feelings of frustration toward his colleagues contributed to his separation from them. Although he reported enjoyment from being left alone, maintaining this state of remoteness was stressful for him. This was expressed as a strong desire to leave his job, which was located in a city away from his place of birth:

> My contract runs out soon. I had better look for another job. That shouldn't be too difficult. May have to end up home.

Theme 3: Lack of Support

The third and perhaps most underlying theme reported was lack of support. Where support was not present, the participants sought it from outside the workplace or in other departments. Participant 1's isolation was first reported to be something he enjoyed as he was left to attend to teaching without interruption. The flip side to this scenario was that he was not offered or encouraged to seek out support from his colleagues:

> Support is virtually zero. Not much communication with other lecturers. Only heard five good mornings in the past 6 months.

This participant's negative experience is significant because of his differing gender, ethnicity, and educational background as a teacher. Nicholas (1996), in her study of the political context for the bioethics educator, reveals observations relevant to this participant's experience. She noted, for example, that bioethicists responsible for ethics education in medical schools were not necessarily part of the dominant discourse themselves. Their backgrounds were in philosophy, law, theology, or other health professions. They were considered "outsiders within," admitted to the medical discourse but not strictly of it; more than a guest but not quite family. Like in-laws, bioethicists came from a different family system but belonged in a particular and peculiar way (p. 120). In this study, the differences limited Participant 1's ability to negotiate a place in the nursing faculty family.

Participant 2 felt fortunate to have a colleague in her faculty who also taught cultural safety. The polytechnic did not have a faculty support plan in the form of mentoring. This laissez-faire style of management filtered through to colleagues who in turn demonstrated minimal interest in her situation. Martsolf et al. (1999) refer to this situation as "pedagogical solitude" whereby discussions about teaching and learning issues are not evident within a faculty (p. 328). The authors argue that the community of scholars must take responsibility for supporting teaching within a group, as opposed to relying on management to take the lead. This method of implementing a "teaching circle" fosters teaching as a scholarly activity and provides a forum across disciplines and levels. Appropriate readings are distributed and presentations made by staff in areas of teaching expertise. Topics identified for the teaching circles include development of a teaching portfolio, strategies for dealing with large classes, use of classroom assessment techniques, and problem-based learning.

Participants 3 and 1 felt that their polytechnics did not support Maori teachers once they were appointed. Participant 3 was the most experienced educator in this study, and she was involved with cultural safety since its inception. Nevertheless, she saw her appointment as a form of tokenism as further Maori educators were not being designated to support her:

> There was a sort of "smash and grab" mindset in Polytechs to get it right because of the directives of the Cultural Safety Review. And in some ways I think they felt they did get it right because they managed to get a Maori nurse. But after doing so, there weren't any other Maori nurses here for me, to be supported in the way that Maori want to be supported.

Participant 1 also felt that support for him was best expressed through the appointment of another Maori lecturer:

> I try to survive in this Faculty just to be Maori. I don't try to be anything else but Maori and if somebody is uncomfortable [with that] then, well, I can see at least cultural safety is not one of their strong points. They need more Maori lecturers here for me to stay.

Both participants describe support as something that only another Maori can offer. This situation in which only a Maori can understand what another Maori is experiencing is referred to by Giddens (1989) as an ethnic difference that is "wholly learned" (p. 210). Similarities can be seen within feminism where women's experiences can only be understood by women and it is seen as "impossible for a male academic to write about feminism" (Spoonley, Pearson, & Shirley, 1994, p. 19). For Participants 3 and 1 in this study, therefore, they believed that the appointment of another Maori lecturer that shared their "lived experience" would provide emotional, cultural, and intellectual support without question.

Research confirms that Maori educators are in a state of perpetual stress. For example, Ovens's (1998) research on the factors most likely to be rated as stressful by polytechnic staff noted that for Maori staff, cultural requirements, student expectations, collegial relations, interruptions at work, quality of work, and clarity of job description were "often" or "always" more stressful for them than for non-Maori staff (p. 3). Mitchell and Mitchell's (1993) research on why Maori teachers leave the classroom highlighted the undervaluing felt by Maori professionals caused by their dual accountability to the institution and the community and high workloads that contributed to their resignations.

In nursing education, Richardson's (2000) study reported that non-Maori teachers were encouraged to stop teaching cultural safety when the "inner tensions and awareness of what being *Pakeha* (non-Maori) was" had been addressed (p. 99). Alternatively, Maori teachers did not have a choice to stop, as they were concerned with providing a supportive environment for Maori students, fulfilling commitments to *iwi* and working to change policy. Jahnke's (1998) analysis of these issues, particularly for Maori women in the educational workplace, concluded that racism was the major obstacle to their participation and achievements (p. 120).

Changes That Were Made Using Action Research

With the accent on action, each participant identified at least one problem that they could change. With the thematic concerns highlighting institutional issues that were directly out of the participants' control, the participants identified problems that they could change. These were within the classroom and other areas that influenced their teaching such as resource collation, attending to different learning styles, and reconfiguring the classroom layout. Each participant progressed through at least one cycle of action research beginning with ideas for action, followed by action, reflection on action, practical theory, and ideas for new action.

RECOMMENDATIONS

Recommendation 1: Support to Dialogue and Network

The first recommendation is that cultural safety educators be supported by their respective polytechnics to dialogue regularly with each other through various avenues, such as attendance at national *kawa whakaruruhau* nurse educators' *hui* and the national Maori student *hui*. This would assist with role socialization, particularly for new cultural safety educators who may not be adequately prepared for a teaching role that is confounded by the requisite to formulate knowledge about a topic about which they know very little. A "teaching community" would then be the end result of regular networking where the enjoyment of teaching was valued by schools of nursing.

Recommendation 2: The Introduction of Nurse Educator Programmes

This study has revealed that although the majority of participants were experienced clinicians, they lacked formal education in curriculum and curriculum development, and teaching methods, which are necessary to implement the educator role successfully in nursing schools. I recommend the introduction of a nurse educator programme which would prepare nurses to deal with stressors such as preparation for classroom teaching, test construction, evaluation in the clinical area, and supervision of students. This programme would address the burnout rate of cultural safety educators preventing them from reacting to each stress factor without an action-reflection knowledge base to inform their practice.

Recommendation 3: Increase the Body of Knowledge on Cultural Safety

Paid leave is recommended to enable educators to conduct and publish relevant research. This is vital if the discourse on the New Zealand experience of cultural safety educators is to be recorded. The body of knowledge on cultural safety would increase with the development of meaningful models of practice, which in turn would contribute to the international debate on cultural competence. Cultural safety textbooks are another step toward increasing this body of knowledge, which I will pursue with interested colleagues, researchers, and writers.

Recommendation 4: Recognise Maori Cultural Safety Educators for Their Strengths

In keeping with Ramsden's (1990) recommendations, Maori cultural safety educators must be recognized for their professional and cultural strengths so that they do not fall victim to burnout. For the Maori participants in this

study, the location of their workplace experiences in a *Pakeha*-dominated setting highlights the need for the recruitment and appointment of more Maori lecturers to provide support for each other. The appointment of more Maori lecturers is a recommendation that needs urgent attention. Once the appointments are made, then retention strategies need to be put in place. Ramsden (1990) believes that this can be achieved through several means, such as the management of budgets for *hui* and related costs, flexible hours because of the differing demands of their roles, and appropriate promotional opportunities for their professional and cultural strengths (p. 17).

Richardson's (2000) study confirms anecdotal evidence that non-Maori teachers can choose to stop teaching cultural safety, whereas Maori teachers have the added dimension of supporting Maori students, which can dominate their personal and professional lives (p. 113). Recognition of these additional pressures is long overdue. For the Maori participants in this study, their concerns have peaked to a critical stage. If their concerns are not addressed, then the pain of the Maori experience will once again be relied on to provide the impetus for meaningful change for cultural safety education within New Zealand.

SUMMARY

This study explored the experiences of four cultural safety educators in New Zealand. The unique concept of cultural safety with its emphasis on the Treaty of Waitangi and the bicultural relationship between Maori and the Crown is still developing. The process toward achieving cultural safety in nurse education has been discussed. Action research as a model of inquiry awakened the consciousness of the participants to the reality of the classroom situation so that improvements could be made. The changes were planned, implemented, and reflected on as the participants moved through at least one action research cycle.

The study has identified three key themes, but the lack of support from the participants' schools of nursing has been identified as their most pressing issue. Four recommendations have been made that hopefully will prevent burnout, empower the participants to increase cultural safety knowledge, and more important impart these newfound skills and learning for the benefit of future educators, students—and the people they serve.

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