

Cultural Safety Nursing Education in Canada: A Comprehensive Literature Review

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Preface

I write this project after much consideration of the concept of culture. Having grown up in an urban setting and progressively, over my career as a nurse, moved to a rural setting, the relevance of culture in health has become increasingly apparent to me.

Alongside this interest is the quest to better understand my own culture; that of a blended Canadian culture consisting of French, European, and Métis traditions.

Reflecting professionally, my motivation was initially driven by trying to understand how nurses could improve their interactions with individuals of “other” cultures. However, I did not want to risk creating a collection of descriptors that would narrow this complex topic and fail to recognize the culture of the nurse and the nursing discipline. I conceptualize culture to be complex, and driven by many factors such as personal growth, changing attitudes, and environmental occurrences. I wanted to produce a body of writing that revealed this complexity of how culture influences and shapes our interactions with one another in the context of healthcare and how nurses are learning about this.

Having embarked on this research process and through reflection I have come to know and to understand so much more about culture, myself, nursing education, and the discipline of nursing.

My journey is one of discovery, both professional and personal. I will carry this knowledge forward to the nursing discipline through the medium of education to promote critical inquiry of the status quo. I hope that this paper encourages self reflection and thought about your culture, as an individual and as a nurse, so that caring relationships will become more harmonious.

Abstract

This comprehensive literature review provides a current review of the ways cultural safety is being drawn on in nursing education in Canada. Beginning with a grounding in the conceptualization of culture and its relation to health, this review then explores the history of cultural safety education in New Zealand drawing to light their experiences with implementing a cultural safety framework into their nursing curricula. Theoretical and educational approaches that address power relations, promote social justice, and are congruent with cultural safety will be discussed to establish a link to what has been and is being considered in nursing education to address health inequities and difficult issues such as racism. This paper provides a summary of current literature about educating nurses to provide culturally safe care. The writer reveals what progress has been made but also discusses the implications of the cultural safety framework for educating Aboriginal nursing students, for rural nurses, for the care of First Nations People, and for nursing care in today's Canadian multicultural context. Questions for further inquiry and research are also identified.

Cultural Safety Nursing Education in Canada: A Comprehensive Literature Review

Introduction

Canada is becoming increasingly ethnically diverse. Visible minorities, including Aboriginal Canadians, are showing consistent growth and there are projections for continued growth (2006 Census). With the increasing diversity of the nation we are witnessing cultural blending as new immigrants and existing ethnic minorities adopt and merge Canadian culture with their own, creating remarkable expressions of unique identity. These new cultural expressions are blurring the understanding of perceived norms and characteristics for all groups in society and no one group can be said to lead a particular lifeway. Included among these unique practices are health and lifestyle customs.

Wilson (2004) has pointed out that nursing is struggling with how best to care for the needs of such a diverse nation. The nursing discipline values patient-centered holistic care but we are challenged by how best to provide care that is culturally safe and responsive. It is unclear how culture education is being incorporated into nursing curricula in Canada. Some researchers are putting forth the cultural safety framework as a methodology to draw attention to the negative outcomes of not acknowledging culture in the context of health. This project will explore the cultural safety framework and how it is being considered in nursing education to understand the unique health needs of each individual. Richardson and Williams (2007) emphasize that failing to educate healthcare practitioners to be aware of and to accept cultural differences could have ethical implications that place the care receiver at risk.

Once a clear statement of the problem and the significance of the issue have been established, this comprehensive literature review will provide a foundational understanding of culture, how it relates to health, and how nurses conceptualize culture. The section following will

then discuss the literature review and what is currently known about cultural safety. At the outset of the discussion, a historical foundation of cultural safety will be established. Maori nurses from New Zealand pioneered the way with the cultural safety framework. The experiences of New Zealand educators provide valuable insight so I will include their reflections throughout this section. I will then present what is currently being done in terms of cultural safety education in Canada and what motivates the usage of cultural safety in curricula. I will then draw upon what I have learned from this project about cultural safety education and discuss how it would be relevant for rural nursing and for improving the care of First Nations People. In closing, I will identify the implications for nursing education and make suggestions for future research.

Rural nursing is the current setting in which I work as a Clinical Nurse Educator (CNE). My motivation for wanting to explore cultural safety began a short while after I moved to a rural area to work. At the time, I was unaware of cultural safety and the concept of culture in nursing was not getting the attention it does today. Although I had cared for many people of various cultures throughout my career, never before had I observed the clash of cultures as I did in this rural hospital setting. Over time I became more curious about the root cause of the conflicts but was never able to really identify the issues. It was not until I began learning about cultural care, cultural awareness, and cultural sensitivity that I began to understand that the issues that were being revealed were associated with complex historical relations. It was then that I wanted to explore further how I, as a nurse, could work to make care better for individuals who had experienced unjust treatment in various forms.

Statement of the Problem

Cultural safety is a relatively new term and it is unclear to what extent nursing educators are making use of this framework. Although there is increasing support for the inclusion of culturally safe practices, there is a shortage of research to support the framework in a Canadian context and it would appear not all nursing agencies are ready to adopt it (Smye, Josewski & Kendall, 2010). This raises some questions, one of which is the focus of this project. How is cultural safety being implemented in nursing curricula? Since Canadian nursing programs are not synchronized in their curricula and there is great variability in what is being taught to nursing students. It is safe to say that there is likely inconsistency in the inclusion of culturally safe learning content. Previously nurses were taught about beliefs and values of various others but there was little emphasis on the systems of power that shaped nurses' attitudes (Vandenberg, 2010). However, as Anthony and Landeen (2009) suggest maybe the time for an emancipatory curriculum has arrived. This curriculum would situate the nursing student as an ally to the patient rather than a director in care, within a social context recognizing all forms of knowing. For the nurse, Carper (as cited in Zander, 2007) identified that knowing could result from empirical (quantifiable and measurable), ethical (morals), esthetic (the art of being), and personal (awareness of self and others) knowledge. For the patient, as with Aboriginal people, ways of knowing may include traditional practices and the handing down of knowledge by oral methods (Stout & Downey, 2006; Wootton & Stonebanks, 2010).

There is much work being done in terms of exploring education that is culturally safe. However, there is still much to be done by nurse researchers and nurse educators. Not addressing cultural safety in nursing curricula may result in a gap in patient centered care as nurses may think culture only needs to be considered some of the time and with some individuals.

Significance of the Topic

Cultural safety is a framework that may have great significance for nursing to help identify and meet the health needs of those who experience poor health outcomes as a result of racializing behaviour on the part of the healthcare practitioner. For the purposes of this project I will use the definition of cultural safety put forth by Wepa (2005):

The effective nursing of a person/family from another culture by a nurse who has undertaken a process of reflection on [her] own cultural identity and recognizes the impact of the nurse's culture on [her] own nursing practice. Unsafe cultural practice is any practice which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. (p.V)

The cultural safety framework shifts the power in the nurse-patient relationship toward a partnership with the care receiver. Reflection on one's own attitudes and culture has implications for how nurses interact with and listen to their patients (De & Richardson, 2008).

Cultural safety is an approach that can aid health practitioners to recognize and reduce marginalization. From a Canadian context, cultural safety can draw attention to the negative effects of colonization of First Nations People by exposing the challenges they face in accessing and acquiring the basics of what we all need to remain healthy, in particular the social determinants of health (Smye et al. 2010). The increasingly diverse demographic of Canada has presented a challenge for nurses to be able to communicate, promote health literacy, and deliver holistic care to the patient. Cultural safety education may be a means to facilitate collaborative partnerships and ultimately improve health outcomes.

Woods (2010) posits that cultural safety also has implications for ethical nursing practice such as the promotion of social justice and empowerment, and for maintaining individual / collective cultural identity. Trust and respect are also foundational for the nurse-patient relationship. To disregard any of these elements would risk the individual's or group's basic right to health. The opposite of culturally safe care is cultural risk. Woods adds that nurses will always have an obligation to act ethically in patient relations. Culturally safe ethical nursing practice would resemble nurses establishing trust by taking into consideration their patients' personal identity and their social situation that reflects shared ways of being.

Not all researchers would agree with Woods. Some would argue that cultural safety could incite a form of cultural relativism if the individual was permitted to determine what safe care is thereby creating an ethical dilemma for the nurse (Vandenberg, 2010). To elaborate further it is like saying that one should not dispute another person's care decisions, which may have ethical implications, because it is related to their cultural beliefs. This "anything goes" attitude may have negative implications for patients if the healthcare practitioner uses this as a rationale for inaction.

I believe that cultural safety has many benefits and that the framework has the potential to improve health by emphasizing the role of the nurse, as an advocate, through raising awareness about the deleterious effects of marginalization. Cultural safety has implications for practice as it incites personal and professional growth. In addition, the framework draws nurses' attention to the culture of healthcare, a context in which the Western medical model prevails, to consider how our culture intersects with other cultures, and to consider ways the care environment can be transformed so that it is a place where holism, acceptance and diverse lifeways are recognized and respected (Richardson & Williams, 2007).

Aim and Objectives of the Project

The aim of this project is to report on the current literature to establish how educators are incorporating cultural safety education into nursing in Canada. This synopsis of the current view of the framework and its utilization will provide educators with an in-depth perspective of its potential value for the education of nurses in all environments, but particularly those nurses working in rural areas.

The objectives of this project are:

1. To review the history of cultural safety, to examine its evolution, and its significance for nursing.
2. To explore and learn from the experiences of New Zealand educators in the implementation of cultural safety nursing education.
3. To explore theories that compliment, and are congruent with cultural safety, including Leininger's Culture Care Theory, critical social theory and postcolonial feminist theory, for their contributions/relevance to nursing practice and education.
4. To gain a better understanding of how nursing educators are drawing on the cultural safety framework to inform nursing education in Canada.
5. To reflect on how I can incorporate cultural safety education, as a CNE, into rural settings to promote ongoing professional development and holistic care.
6. To highlight the implications for nursing education and research.

Prior to examining how nursing educators are relating with the cultural safety framework, I think it is worthwhile to explore the current understandings of the term culture, the relationship

between culture and health, and how nurses conceptualize culture. All of these components are socially mediated processes with the potential to impact each other.

Overview of Culture

Culture

Several nurse scholars claim that culture is a concept that is not clearly understood in nursing and is often oversimplified when it is defined (Browne & Varcoe, 2006; De & Richardson, 2008; Reimer-Kirkham et al., 2002). Lancellotti (2008) states that culture is an integral part of humanity and that understanding what it encompasses is essential for competent nursing care. Wepa's (2005) definition of culture conveys its complexity and consideration of all aspects of the person as well as how it is socially situated.

Broadly speaking, culture includes our activities, ideas, our belongings, and relationships, what we do, say, think, are. Culture is central to the manner in which all people develop and grow and how they view themselves and others. It is the outcome of the influences and principles of people's ancestors, ideology, philosophies of life and geographical situation. Culture is never completely static and all cultures are affected and modified by the proximity and influences of other cultures. (p.31)

This definition has a broadened focus from previous understandings that limit culture to "mean values, beliefs, knowledge and customs that exist in a timeless and unchangeable vacuum" (Browne & Varcoe, 2006). Scholars are placing much weight on the understanding of the concept of culture as the principal factor to enacting cultural safety. Exploring how the meaning of the term culture has changed provides understanding of the historical, political, and social elements that shape it. From a healthcare standpoint, culture has a significant impact on health

choices, health practices, and it influences our interpretation of what it means to be healthy (Gray & Thomas, 2006).

Culture and Health

Since culture and health are both socially constructed processes, some recognize it is essential to include culture when considering what health is and how health is maintained. Despite the variability within and among cultures, each culture has the common goal of “maintaining the human condition in a state of health” (Cook, 2005, p.95). Perceptions of health are multifaceted and strongly connected to culture. Our culture influences our interpretation of health and illness, whether or not we seek traditional or nontraditional methods of healing, the types of treatments we accept when we seek a physician versus an alternative health practitioner and so on. In one study by MacKinnon (2000), immigrant women described that for them health was closely related to their cultural practices. They considered themselves healthy if they were able to have access to familiar foods and surroundings, and to have the opportunity to live in ways they were accustomed to. They also valued the occasion to speak their native language. Being able to express their culture had deep meaning which they associated with being healthy. Because culture is socially constructed, it influences and is shaped by social interactions. For example, the Public Health Agency of Canada (PHAC, 2011) has outlined the determinants of health, or the factors that influence health through complex interactions between social and economic factors, the physical environment, and individual behavior. Culture is listed as one of the social determinants. Culture is linked to all of the other determinants of health, including poverty, and may be impacted if the others are compromised.

Culture consists of material (objects, cars, clothes) and non-material (language, ideas, and customs) components. Wepa (2005) reported that it is the non-material culture that gives the

material culture meaning. Wepa (2005) went on to say that “culture is not an issue of right or wrong...it is about valid difference” (p.32). In healthcare, researchers are stressing that these differences need to be recognized and accepted in order to help individuals achieve and maintain health (Gregory, Harrowing, Lee, Doolittle & O’Sullivan, 2010).

How Nurses Conceptualize Culture

Many agree that the key to understanding culture is to recognize it as a socially mediated process that is affected by historical and political factors (Browne & Varcoe, 2006; Gray & Thomas, 2006; Vandenberg, 2010). The current literature is replete with views on culture that are described as essentialist, culturalist, and assimilationist. Gregory et al. (2010), Gray and Thomas (2006), and Vandenberg (2010) posit that essentialism is a common view that many nurses take on culture. Essentialism means that culture can be reduced to beliefs, values and lifeways that are understood by the neutral observer and transferable to all people of that culture. From this philosophical perspective culture is viewed as static (determinism), other people’s culture is seen as outside the norm (othering), and people and their behaviours are determined by their culture (reductionism). This perspective assumes culture gets “passed down” unchanged. In their study of how nursing students understood culture, Gregory et al. (2010) reported that 92.9% viewed culture from an essentialist perspective. Essentialist views prevent nurses from seeing the complexity of culture (Gray & Thomas, 2006). In the same study only one student was reported as viewing culture from a constructivist perspective which situates culture as being socially constructed and as a result of an individual’s interaction with the environment.

Additional standpoints about culture sometimes presented in the nursing literature include: the culturalist, assimilationist, and universalism/multiculturalism perspectives.

A culturalist perspective is one that uses the current popular representations of culture from which to view differences among groups (Browne & Varcoe, 2006); similar to an “us and them” scenario. Like the essentialist perspective, culture is viewed quite narrowly, as something exotic that the other individual has, and the individual’s differences are based on stereotypes assumed to be the norm for the group.

Smye, Rameka and Willis (2006) contend that there is a general assimilationist attitude in Canada. Their view is that expressions of equality and fairness, which seem reasonable, are dominant in areas like healthcare, however, these ideas serve to suppress difference and support the status quo. This view differs from the essentialist view that serves to point out differences as if they were abnormal. The authors believe this assimilationist attitude has negative healthcare implications for the group not belonging to the dominant culture in terms of availability of access and options.

Another viewpoint is the universalism/multiculturalism dichotomy. Multiculturalism is officially part of Canada’s current policy. However some report that both universalism and multiculturalism are still in existence and act to contradict each other (Brascoupe & Waters, 2009). On one hand, Canadians express blindness toward difference acknowledging everyone as equals; while in contrast culturally unique individuals and groups are viewed as different from the dominant society. People and their cultural practices and lifeways are measured against the dominant culture’s way of doing things. Allen (2006) asserted that viewing other cultures as differently colored marbles existing in a white context leaves nurses hard pressed to see uniqueness on a variety of levels within Canada’s multicultural image. In this respect, multiculturalism reflects a reductionist stance by “othering” the different culture.

These positions are relevant to the discussion of cultural safety and nursing education as their discussion draws to light the need to create a more sophisticated understanding that aligns with nursing's intent and practice. Nurses are increasingly drawing upon social justice and health equity lenses as the foundation for nursing care (Gray & Thomas, 2006; Pauly, Mackinnon, & Varcoe, 2009). Nurses are expanding their understandings of culture away from the essentialist view and toward an understanding that peoples' cultural practices are socially constructed and influenced by what is occurring in the world around them (Browne & Varcoe, 2006; Vandenberg, 2010). Many educators are also supporting the move away from the multicultural viewpoint as they state that it reinforces the dominant culture's way of life and erases other cultural groups' identity by lumping them together (Brascoupe & Waters, 2009). It is no longer acceptable to equate culture with ethnicity or race; thereby attributing health disparities that emerge from socially mediated practices to specific cultural groups (Lynam, Loock, Scott & Basu Khan, 2008; Vandenberg, 2010). Nurses are now being challenged to consider the dynamics that influence culture, their own and others', and how these factors shape the nurse-patient relationship. Smye, Rameka and Willis (2006) declare that in order for nurses to critically examine culture and how it has been structured by power, sociopolitical, and historical events, nurses need to have access to education that exposes them to critical, postcolonial pedagogies and frameworks, such as the cultural safety framework, that engage them in a reflective process where they consider these elements.

The exchange of ideas about culture, its meaning and value in the context of health, is becoming more prominent in the nursing literature. As nurses our way of thinking about culture is evolving from an essentialist, ethnocentric perspective to a more open, and inclusive way of understanding the people we care for (Vandenberg, 2010). Many researchers are engaging in

active inquiry into how culture is being understood. For example, Browne and Varcoe (2006) explored how nurses' assumptions about culture influenced how they thought about Aboriginal patients. Their findings indicated that nursing has historically viewed culture too narrowly which has only served to perpetuate racial biases through assumptions based on the linking of behaviours to visible characteristics. In the end nurses' understandings of culture have been oversimplified.

When nurses have a more complex understanding of culture, they are believed to bring about positive outcomes in nursing care. Alternate approaches to the conceptualization of culture are being put forth by some researchers. One such approach is a critical constructivist lens that allows nurses to come to know culture as a complex concept that helps them provide better care for particular groups (Browne & Varcoe, 2006; Gray & Thomas, 2006; Vandenberg, 2010). As nurses progress in their conceptualization of culture as a dynamic, complex social process they will be placing themselves in new territory- one that will leave them open to consider how historical and social factors can and have fashioned the lives of various patient populations, and how power continues to influence the nurse-patient relationship (Vandenberg, 2010).

A more complex understanding of culture as a concept and a construct needs to be developed if nurses are to make progress toward responding to the needs of their patients in a more holistic manner (Smye, Rameka & Willis, 2006). Cultural safety is one framework that nurse scholars and educators believe may help nurses to critically engage with culture in its societal context and with patients from various cultural backgrounds (Koptie, 2009; Arnold, Appleby & Heaton, 2008; Smye, Rameka & Willis, 2006). The following literature review and discussion will highlight current understandings about cultural safety and how nurse educators are drawing upon its principles and applying the framework.

Literature Review

Approach

The literature search was conducted using the University of Victoria's library database. The aim of this project is to report on the current literature to establish how educators are incorporating cultural safety into nursing education in Canada. Therefore search terms such as "cultural safety," "nursing," "education," "curriculum," "pedagogy," and "Canada" were initially chosen. The literature search included the following databases: Academic Search Complete, Alt-HealthWatch, Bibliography of Native North Americans, CINAHL, ERIC, HealthSource (nursing/academic edition), Medline, Psych Info, Race Relations Abstracts and Socialwork Abstracts. This initial search revealed limited availability of literature on cultural safety in a Canadian nursing context. Since my intent was also to consider the cultural safety framework in a rural context as a means to support professional development of nurses working in these areas, I added to my search the terms Aboriginal, and rural/remote. I also included some findings from other countries such as the United Kingdom, Australia, and New Zealand to enrich the perspective on what is happening globally and to provide a comparison to what is happening in Canada.

Documents in the English language, published within the last ten years (2000 to present) that reflected how educators may be taking up cultural safety in nursing education were chosen. I initially accepted all forms of literature including qualitative research and mixed methods research (research N=10), government reports and proposals (grey literature N=4), opinion pieces, book chapters, and journal articles (conceptual papers N=9). I accepted two articles written in the late 1990s as they provided some historical information about cultural safety and

education to compare to the present writing. I chose documents that reflected how cultural safety was being used in education to raise awareness of racialization and cultural difference. I also included how nurse educators are applying the framework within the classroom to create suitable learning environments for students of various cultural backgrounds. Educators are recognizing the framework not only for its usefulness in improving direct patient care but for supporting learners who may later be care providers in their own communities.

I excluded literature that did not have nursing education or teaching as its central focus. For example, articles concerned with culture and safety practices, how allied health professionals take up cultural safety, frontline nurses’ perceptions of cultural safety and how they are using the approach in practice, or how researchers are structuring their studies to ensure culturally safe approaches, were not included in the final review. Thirteen articles from Canadian sources and another 10 from international sources that met my inclusion criteria were chosen for this comprehensive literature review (See Appendix A).

Summary Table

Literature Category	Canadian Literature	International Literature
Undergraduate Education for Nursing Students	Anderson, Browne, Basu Khan & Lynam, 2003	
	Browne et al., 2009	
		Chevannes, 2002
		Cultural Safety Education Research Group, 2006
		Gibbs, 2005
	Koptie, 2009	
	Arnold, Appleby & Heaton, 2008	

		Ramsden & Spoonley, 1994
	Smye, Josewski & Kendall, 2010	
Education for Aboriginal Nursing Students	Hart-Wasekeesikaw, 2009	
	Martin & Kipling, 2006	
	McGrath, 2002	
		Rigby, Duffy, Manner & Latham, 2010
		Turale & Miller, 2006
Experiences of Cultural Safety Educators		Nairn, Hardy, Harling, Parumal & Narayanasamy, 2011
		Richardson & Carryer, 2005
		Wepa, 2003
Other	Brascoupe & Waters, 2009	
	MacLeod, Browne & Leipert, 1998	
	MacLeod et al., 2004	
		Papps & Ramsden, 1996
	Stout & Downey, 2006	
	Wootton & Stonebanks, 2010	

Findings

I will begin the review of the literature by providing a history of cultural safety. I will then talk about the experiences of New Zealand educators as they integrated the framework into nursing curricula. Since the literature reveals that term confusion is a leading issue with the cultural safety framework I will explore this issue in more depth. Following this section will be an exploration of the theories that are congruent with cultural safety, such as Leininger's Culture Care Theory, critical social theory, and postcolonial feminist theory. Finally, I will explore how

Canadian nurse educators are drawing upon these theories to enrich their teaching about culture and health.

History of Cultural Safety

Cultural safety is a relatively young concept in the discourse of health. Originating in Aotearoa, New Zealand in the 1980s, the concept of cultural safety emerged in the context of the long-term impacts from colonization and its negative health outcomes on the Maori People.

The Treaty of Waitangi, negotiated and signed in 1840 by British colonists and Maori people, was a bicultural agreement that was alleged to protect Maori interests in terms of resources and lands. Consisting of two similar documents, one in English and one in Maori, the Treaty was misinterpreted leading to the neglect of the rights that the Maori negotiated for (McKinney & Smith, 2005; Richardson & Carryer, 2005). Similar to the effects of colonialism that First Nations People have experienced in Canada, the Maoris' beliefs and lifeways became destabilized and the people suffered great losses (Smye, Josewski & Kendall, 2010). The Maori were afflicted by unforeseen illness that ravaged their populations (Ramsden, 2005; McKinney & Smith, 2005). It was not until the 1970s that the Maori began a political campaign to draw attention to these health inequities that had been ignored for over a hundred years.

Ramsden (as cited in Wepa, 2005) reported that in the 1980s open acknowledgment of the devastation that colonization had on Maori culture and life was commencing. A Tribunal was established to revisit the terms of the Treaty, partnership, participation, and protection, and rectify Maori concerns about land ownership, education and health. Health was of particular concern as the health status of Maori People was much worse than the health of non-Maori individuals (McKinney & Smith, 2005). (Much of what is discussed so far in terms of disease

and oppression is echoed here in Canada among the First Nations populations.) New attention and energy was now being directed toward improving the health of Maori People.

At a subsequent Tribunal meeting a Maori nursing student declared that legal, clinical and ethical safety are emphasized in nursing, and she demanded to know what was being done about cultural safety (Ramsden, 2005). Sometime later, Ramsden was appointed by the Department of Education to develop the first nursing curriculum for cultural safety. Ramsden's mission in the development of a curriculum was to integrate the issues of Maori health and the significance of nursing's role in generating positive health outcomes (Ramsden, 2005). This change refocused the role of the nurse as primarily a patient advocate. O'Mahey Paquin (2011) identified patient advocacy as a longstanding concern of nursing. In addition to acting in the patient's best interest and protecting their right to informed choice, she described the nurse's role as an advocate and included championing social justice to improve health outcomes. However, O'Mahey Paquin (2011) qualified this by saying that this social justice perspective must include an expanded view of the root causes of many health problems, namely social, economic, and political systems. This reemphasis on patient advocacy challenged the more traditional views of the nurse as a care provider, highlighting the nurse's role as an ally and partner in care. Wepa (2005) described cultural safety and nursing as:

Cultural safety refers to a way of being with another person, which encourages and celebrates difference. It is not about seeing others as different from you; rather as you are different from others. It is also about you accepting others' difference and acknowledging your own background and culture. (p.91)

Nurses practicing culturally safe care situate themselves in the experience of the care recipient. To better understand the person receiving the care, the care provider must reflect on their biases, attitudes beliefs, about the other. Cultural safety raises awareness of issues that are difficult to discuss such as racism and oppression. Nurses are challenged to consider how preconceived ideas about other people and power differentials shape the nurse-patient relationship and affect the health care providers' practices. This approach requires a more reflective practice that promotes the discovery that people experience and view the world differently, which in turn influences their health (Papps & Ramsden, 1996). The traditional role of nurses as nonjudgmental providers of "the same care for all" has been challenged by this new perspective (De & Richardson, 2008; Hughes & Farrow, 2006; Richardson & MacGibbon, 2010; Woods, 2010). Ramsden declared that culturally safe care is care that is **regardful of culture** (as cited in Papps & Ramsden, 1996) and is negotiated with and determined by the person receiving the care.

In this next segment of this comprehensive literature review I discuss the framework and reflect on the experiences of some international nurse educators in their attempts to educate nurses to deliver care that is more culturally safe.

Cultural Safety Education Experiences: New Zealand, Australia, and the UK

The relative importance of the need for culturally safe practices and to redress the health issues of Maori People saw a rapid evolution of cultural safety in New Zealand. Within only a few years curriculum was set and educational strategies were devised. The following discusses the approach of cultural safety education.

Cultural safety curriculum.

The New Zealand nursing curriculum was designed to be threaded throughout the standard three year program to achieve cultural safety in a three step process. The three steps are 1) cultural awareness (understanding that there are cultural differences), 2) cultural sensitivity (recognizing the legitimacy of difference, beginning with self-reflection on how their power as nurses impacts care), and finally 3) cultural safety (enables safe care be defined by the recipient) (Wepa, 2003). Within this three year time frame the learning objectives include an examination and identification of personal beliefs and assumptions, developing an understanding of how those beliefs may impact the caring relationship, analyzing and deconstructing attitudes that would propagate culturally unsafe nursing care, and skillfully applying this new understanding in relationship building practices that would ensure culturally safe care.

The cultural safety framework is threaded into the educational process to explore ideas about nursing, but also to construct new understandings of nursing in relation to caring for culturally diverse people. This process teaches nurses to acknowledge themselves as cultural beings. Some educators believe that it is not enough to look at one's own culture; there must also be education about the economic, social, and historical structures and processes that impact health (Ramsden & Spoonley, 1994). However, in New Zealand the media gave the cultural safety framework negative reviews citing a bias toward Maori, challenging its relevance in nursing, and reporting that quality nursing programming was at risk due to the time spent on teaching cultural safety.

Cultural safety controversy.

In the early years, cultural safety was described in the literature as being met with much resistance and seen as very controversial (Papps & Ramsden, 1996; Ramsden & Spoonley, 1994). The concept garnered negative media attention and became extremely politicized. Schools of Nursing and Nursing Councils' credibility were questioned. In New Zealand, criticism by the media was expressed over the amount of time being spent on cultural safety content in comparison to conventional nursing concepts. The opposing individuals claimed cultural safety privileged one group over another. Accusations were made by the media that schools of nursing were supporting social engineering and turning out lesser prepared nurses due to the time spent on cultural safety education (Papps & Ramsden, 1996; Ramsden & Spoonley, 1994). These claims were viewed by educators as manipulation of the facts that used cultural safety as a scapegoat for the lack of jobs available to new grads and down played the present day restructuring of the healthcare system in New Zealand.

From the educators' perspectives, cultural safety was seen as an opportunity to take a political stance to address the health inequities of marginalized individuals, particularly the Maori in New Zealand. Many educators saw the framework as an educational process, and not a means to an end. However, some also reported that the approaches to teaching cultural safety needed to be revisited as there were many opinions about how it should be taught but no consensus (Ramsden & Spoonley, 1994).

Challenges with cultural safety education: comparing New Zealand and Canada

Researchers and educators in New Zealand identified some key issues in regards to successfully raising awareness of cultural safety in nursing education. Issues such as terminology

confusion and how culture relates to cultural safety (for both the learner and the educator), and the ongoing lack of support for educators to develop their knowledge base, teaching skills, and pedagogical approaches are some of the issues identified by researchers and educators in the literature.

Papps and Ramsden (1994) reported that the term culture has been unclear to educators and learners. Many nurses have been considering culture to mean ethnicity or race. Nurses often do not recognize their own culture and associate culture as something belonging only to the other cultural group. Broadening our understanding of culture to include social class, and gender, for example, invites nurses to consider the complexity of culture and how they may best meet the needs of the patient through the creation of a respectful caring relationship (Gray & Thomas, 2006; Vandenberg, 2010). Papps and Ramsden (1994) also indicated that cultural safety was also being confused with transcultural nursing which they understood as the development of ethnic specific knowledge that allows a nurse, still in the position of power, to apply knowledge of cultural customs while providing nursing care.

Consistent reports in the literature indicate that educators are unsupported in a variety of ways. As early as 1994, Ramsden and Spoonley were recognizing that cultural safety education was being designed and delivered according to each educator's interpretation of the framework, their knowledge of pedagogical approaches, and their experience with teaching. They called for a clear pedagogy to support cultural safety education. Wepa (2003) confirmed these claims of lack of support and added that nurses lacked education for cultural knowledge development and about the historical and social issues surrounding cultural inequalities. Several studies explored the experiences of educators who teach cultural safety revealing that many educators in New Zealand, Australia, and the United Kingdom felt unprepared to teach cultural safety as their

previous nursing courses did not explore the concepts of culture and health or cultural safety (Chevannes, 2002; Wepa, 2003). Nurse educators reported that they were also unprepared to deal with the consequences of teaching sensitive topics like marginalization and racism. Studies by Nairn et al. (2011) and Wepa (2003) reveal that educators experienced anxiety as they did not fully grasp the complexity of the issues and needed to develop teaching skills in addition to knowledge about cultural safety.

New Zealand nursing is not alone in trying to explicate the complexity of culture and its relationship to cultural safety. Some nurse educators in Canada are experiencing similar issues. Browne et al. (2009) assert that some believe cultural safety to mean increasing one's cultural knowledge about what "the other" values, believes, and practices. Smye and Browne (2002) articulated that culturalist understandings of culture, or beliefs that culture is a specific quality, serve to divert attention away from the root causes of health inequities. Brascoupe and Waters (2009) stated that cultural safety needed to be better defined. In their study, nurses interpreted cultural safety from two perspectives, as a continuum and as a paradigm shift. On a continuum, cultural safety was understood by some as the end result of being culturally competent. If a care provider develops proficiency with cultural knowledge and the skills to relate with culturally diverse individuals they would eventually become culturally safe. However, from the perspective that cultural safety is a paradigm shift, power is transferred in the nurse-patient relationship to the care receiver. This transfer of power fosters self-determination and supports patient participation in care leading to the accrual of knowledge (Richardson & Carryer, 2005). Foucault (as cited in Richardson & Carryer, 2005) described knowledge as power. He went on to say that as the patient gains knowledge and power they are less dependent on the healthcare practitioner which results in more equality between the healthcare practitioner and the patient. As previously

discussed in the section on how nurses conceptualize culture, and through this brief recap of the issues with term confusion, it is evident that researchers and educators need to make continued efforts toward understanding the terms and their complex nature and relationships.

Not all findings were negative. In their New Zealand study McEldowney et al. (2006) also learned that nurse educators need support to develop the skill of being an effective facilitator. However, participants reported having positive experiences teaching cultural safety as the reflective process enhanced awareness of self for both the educator and the learner. The teachers expressed “wanting to get it right” and had periods that oscillated between frustration and satisfaction. One educator with 20 years nursing experience using the cultural safety framework said it has taken her that long to realize the complexity of the approach but that she has gained much strength from teaching it. Richardson and Carryer (2005) shared that teaching cultural safety had personal, professional and political elements. On a personal level there was a potential for burnout but also reward from bringing about positive change. Educators in this study felt cultural safety supported their efforts toward improving health care for all.

Some educators are also seeing the relation of cultural safety to other theories that support social justice. The following is an exploration of theories congruent with cultural safety.

Theories Congruent with Cultural Safety

Culture care theory.

Leininger’s Culture Care Theory (CCT) is a well-established nursing theory developed for nurses to inform their understanding of various ethnocultural groups and to provide a framework for providing care for diverse populations. This theory provides an approach that promotes culturally congruent nursing care through inquiry into cultural differences and

similarities that affect health, illness, and wellbeing (Leininger, 2002). Leininger (2002) posited that her theory paired with the Sunrise Model (an enabler she constructed to assess cultural situations and discriminating practices [Leininger, 1997]) advanced the practice of cultural nursing because culturally congruent care provided insight into factors, such as cultural stresses, pain, or racial biases, that could influence non-therapeutic outcomes for the patient. What is apparent in the literature is that Leininger's (1996) theory has contributed to a vast amount of knowledge and understanding of various cultures' values, beliefs, and lifeways. Transcultural nursing (TCN) stems from Leininger's work and is based on multiculturalism where all people, regardless of their culture, have equal access and opportunity and retain their right to have their distinct culture recognized (Wepa, 2005). Leininger and McFarland (2002) defined TCN as a formal area of study and practice with the focus on comparative human-care differences and similarities of the beliefs, values, and patterned lifeways of cultures to provide culturally congruent, meaningful, and beneficial health care to people (p.5).

TCN promotes cultural competence, a term often used interchangeably with cultural safety (Brascoupe & Waters, 2009). Cultural competence is achieved by developing awareness of and sensitivity to difference within cultures and by applying that knowledge in a collaborative approach with the patient to develop a plan of care that meets the individual's health goals (Maier-Lorentz, 2008). However, cultural safety is a three tiered framework that recognizes cultural awareness and sensitivity, but then goes a step further to the recognition of power in relationships needed to achieve culturally safe practices (Wepa, 2005).

Wepa (2005) articulated that both are terms that reflect concern for understanding differences and similarities in cultural practices and how they affect health. She identified the differences as follows. Cultural competency is the accumulation of knowledge, attitudes, and

skills needed to care for individuals of other cultures (Mahara, Duncan, Whyte & Brown, 2011); whereas cultural safety is care that is delivered where the care provider is mindful of the social factors and power differentials in the nurse-patient relationship. Wepa also proposed that the degree of cultural safety experienced is evaluated by the care recipient.

Some literature from Canada also critiques TCN for not recognizing and dealing with socially constructed health inequities. Brascoupe and Waters (2009) argue that TCN reflects a Western viewpoint to cultural care that situates the nurse in the position of knowing and establishes understanding of health issues from the nurse's perspective. Papps and Ramsden (1996) saw TCN as a continuing of colonial behaviour because it promoted a cataloging of qualities from the perspective of the dominant culture. Wepa's (2005) view is that TCN emphasizes cultural sensitivity (legitimizes difference) but does not regard the possible imbalances in healthcare relationships. However, the rebuttal is that culture care theory has been misunderstood and inappropriately applied and that is what has led to essentialized views of culture (Lancellotti, 2007). It would seem that nurse researchers and educators are looking for other frameworks and theories from which to understand the experiences of minorities in Canada, more specifically Aboriginal People, and address the social impacts that continue to influence negative health outcomes.

Critical social theory and postcolonial feminist perspectives.

The current Canadian literature reveals that many researchers are currently engaging with critical social, feminist, and postcolonial perspectives to expose the longstanding issues of racism, marginalization and power in nursing. These theories are arising alongside discussions about cultural safety. Some researchers are examining the application of the above mentioned

theories while they are considering the transferability of cultural safety into a Canadian context (Anderson, Browne, Basu Khan & Lynam, 2003; Brascoupe & Waters, 2009)

Critical social theory (CST), an overarching perspective at the root of many emancipatory theories, critically questions the perceived norms within societal structure and their beginnings, with the impetus for continuous transformation and growth from readily accepted practices. Weaver and Olson (2006) described CST as a method to counter oppression through the redistribution of power and resources. The authors go on to say that truth (what the individual believes it to be) becomes a taken for granted concept and that CST serves to reveal the assumptions made about truth claims by revealing their historical, political, social, and economic associations. Wilson Thomas (1995) pointed out that our society is replete with Eurocentric assumptions and essentialized views that place individuals and/or groups in dichotomous positions. We can identify many of these dichotomies in our society such as male/female, or care provider/patient or Aboriginal/non-Aboriginal. Wilson-Thomas (1995) adds that these dualist perspectives create positions of superiority or situations of power differentials. CST functions to free individuals from various forms of social restraint perceived as normal by promoting critical reflection upon the social structures that contribute to the sustainment of power.

The cultural safety methodology is congruent with many theoretical perspectives and underpinned by CST (Smye, Josewski & Kendall, 2010). It would seem that researchers and educators are drawn to the cultural safety framework as it strives to redistribute power and unmask the social factors responsible for perpetuating health inequities (Browne et al., 2009). In addition, both CST and cultural safety explore history, politics, and social structure and norms or ideology to explain the truth. A cultural safety framework promotes the idea that truth is the individual's interpretation of the world as they interact with it. Lynam, Loock, Scott and Basu

Khan (2008) asserted that critical social theories make visible the social processes that contribute to health issues. A discussion of three of these theoretical perspectives now follows.

Postcolonial Theory.

Postcolonialism examines the effects of colonial relations, past and present and colonial practices that perpetuate the placement of certain groups of people in categories that associate their difference with race or ethnicity (Anderson et al., 2003; Reimer-Kirkham & Anderson, 2002). Anderson and various colleagues report that this perspective is not overly common but it is gaining ground in educational discussions of oppression, particularly when examining issues stemming from colonial practices (Kirkham & Anderson, 2002). Postcolonial theory provides insight into the present state of racism and discrimination in Canada (Reimer-Kirkham et al., 2002). Some believe that a postcolonial standpoint could promote health and social justice by making known how health and illness are socially constructed and tied to the larger contexts of historical, social, economic, and political factors (Kirkham & Anderson, 2002).

Critical Feminist theory.

Critical feminist theory is a form of CST. It focuses on social relations and it is primarily concerned with bringing matters of gender to the forefront (Ironside, 2001). Feminist perspectives also serve to expose intersectionality or the intersecting systems of oppression and privilege that occur in society in relation to gender, class, age, ethnicity and race (Hankivsky & Christoffersen, 2008). The outcome of this exposure is a deeper understanding of the intersecting root causes of health inequities.

Postcolonial feminist perspectives.

Some of the literature refers to a combined perspective of postcolonial feminism. Reimer-Kirkham, Baumbusch, Schultz and Anderson (2007) stated that a postcolonial feminist perspective provides an in-depth understanding of the complexities of intersecting social determinants of health. This combined theoretical perspective provides insight into colonial and neocolonial practices that continue to oppress individuals considered to be on the margins of society. These authors further add that this perspective could benefit nurses by helping them understand how multifaceted health and illness are and by revealing the assumptions made about different ethnocultural groups.

The literature suggests that some researchers are still unclear whether cultural safety, based on a bicultural perspective, is the appropriate framework from which to address the health inequities of various minority groups in Canada. Anderson, Browne, Basu Khan and Lynam (2003) expressed that cultural safety has its merits in examining power inequities, discrimination and the dynamics of healthcare in a postcolonial context, but they were concerned that less evident forms of oppression might go undetected. Their study supported a postcolonial postnational feminist approach to detect intersecting sources of oppression.

How Canadian Nurse Educators are Drawing on Cultural Safety

The world nursing shortage is posing new challenges; particularly in rural/remote areas where the health issues of people are unique and often complex and the nursing scope is broader than in urban settings (MacLeod, Browne & Leipert, 1998; Macleod et al., 2004). With the acknowledgment that Aboriginal People experience health inequities and poorer health outcomes and that the nursing profession is on the cusp of a human resource shortage, several agencies

throughout Canada have begun inquiry into how best to meet the health needs of all Canadians. The literature reflects that agencies like the Aboriginal Nurses Association of Canada (ANAC), First Nations, Inuit and Métis Advisory Committee Mental Health Commission of Canada, the Canadian Association of Schools of Nursing (CASN), the Canadian Nurses Association (CNA), and the Social Planning and Research Council of British Columbia (SPARC BC) have made substantial efforts to better understand the circumstances and create a plan for the recruitment, retention and education of Aboriginal and non-Aboriginal nurses (Arnold, Appleby & Heaton, 2008, Martin & Kipling, 2006).

The literature reviewed documents that Canadian nursing educators and researchers are drawing on cultural safety to assist with learning and teaching in three areas: supporting Aboriginal nursing students, preparing nurses to work with rural communities and with Aboriginal people, and to better understand the impact of culture and health in a multicultural and changing society like ours. The literature also addressed the experiences and concerns of nurse educators.

Supporting Aboriginal nursing students.

There are several references in the literature that shed light on Aboriginal nursing students' need for a culturally safe environment in which to learn (Brascoupe & Waters, 2009; Hart-Wasekeesikaw, 2009; Martin & Kipling, 2006; McGrath, 2002; Smye, Josewski & Kendall, 2010). Cultural safety may improve learning environments for all learners, but particularly for Aboriginal learners. Brascoupe and Waters (2009) and Smye, Josewski and Kendall (2010) commented that most educational systems reflect a Western view of education and this

organization often excludes an Aboriginal way of learning thereby creating an environment of cultural risk.

Hart-Wasekeesikaw (2009) documented that Aboriginal learners are often marginalized from educational opportunities for many reasons such as experiencing financial challenges, having difficulty accessing programming, and the balancing of family responsibilities. She also commented that attrition rates are high due to discrimination and racism, the lack of culturally relevant curriculum, and the culture shock of postsecondary education. As a result of these concerns culturally safe teaching practices are being explored in nursing education. It would appear that more research needs to be done to evaluate these practices and to document the outcomes of cultural safety in the learning environment. However, an Australian study that examined the experiences of learners in an Aboriginal only nursing program, had promising findings that showed learners increased involvement, pride in education and ownership of their student role (Rigby, Duffy, Manner & Latham, 2010). Richardson and Carryer (2005) declare that ongoing dialogue needs to continue so that nursing students feel supported in their learning, and educators develop their capacity to incorporate their personal, political, and professional knowledge into their teaching practice. Support is essential for both educators and students.

The ANAC (2008) funded an integrated review of the literature to develop a best practice framework for how best to support the education of Aboriginal nurses. It was determined that, “culturally safe care needs to be matched with culturally safe learning to improve the outcomes for Aboriginal students” (p.3). The report indicated that all nursing students, Aboriginal and non-Aboriginal, need to understand the outcomes of colonization and its ongoing effects. In addition, the report indicated that many nursing schools were already engaged in curriculum development

regarding Aboriginal People, health, and students, and that best practice included the implementation of culturally safe learning environments and curriculum.

Preparing Nurses to Work in Rural, Remote and Aboriginal Communities

Continuing professional education.

I found very little literature that addressed how the cultural safety framework was being used in the continuing professional development of nurses. However, in 2002 the ANAC conducted a national survey of its members, predominantly Aboriginal nurses, to assess learning needs for the development of an educational framework for both Aboriginal and non-Aboriginal nurses working in Aboriginal communities (McGrath, 2002). This survey explored learning needs, what content needed to be considered, how best to incorporate technology, and what environmental considerations needed to be taken into account. The survey revealed that Aboriginal nurses had genuine interest in continuing education, but also recognized that they had a specialized body of knowledge. The survey also resulted in recommendations for the consideration of regularly scheduled, accredited programs that promoted a culturally safe environment for nursing students, as well as the creation of a specialized program in Aboriginal Nursing.

Undergraduate nursing education programs.

The Social Planning and Research Council of British Columbia (Graham, 2008) prepared a resource guide to foster learning and support intercultural work. This resource was underpinned by critical postcolonial theory that explored power differentials, sociopolitical and historical factors, as well as the need for mutual respect and sharing, much like cultural safety. More recently Smye et al. (2010) This is not on your reference list. reported that education that

reflects the principles of cultural safety is needed to redress health inequities and shift the paradigm of learning from the white, western, biomedical, patriarchal approach to one that is critical of power and inequality. Their recommendations for schools of nursing included the adoption of curricula which apply cultural safety as an inclusive framework, and challenge the current discourses by engaging learners in alternative epistemologies. Some educators feel that cultural safety education is best achieved through a collaborative approach where learners, nurses, agencies, and communities join together to develop curriculum that utilizes reflexive understanding and Aboriginal epistemology (Mahara, Duncan, Whyte & Brown, 2011; Martin & Kipling, 2006).

To identify how the cultural safety framework was being integrated into nursing education programs across Canada, I conducted a preliminary review of several nursing education web-sites looking for related terms such as culture, culture and health, and cultural safety. Although there is some evidence of courses that address culture and health and/or cultural safety, most of the courses offered appear to be elective courses. Also there was little indication in the literature reviewed for this project of the existence of core courses required for graduation (Purden, 2005; Varcoe & McCormick, 2007). For example, The University of Victoria in British Columbia had an elective course called Culture and Health that addresses the complexities of culture and focuses on how power differentials, intersectionality, and sociopolitical influences shape health outcomes. In addition, the University of Victoria had been instrumental in the promotion of continuing education and professional development about cultural safety for nurses with three online learning modules that promote learning about the experience of colonization, oppression, and the relationship between culture and health (Dick, 2006). The University of British Columbia (UBC) Okanagan hosted a cultural safety symposium in 2007, and was actively

involved in cultural safety research projects regarding maternal and child health and palliative care making ongoing contributions to nursing knowledge. In June 2010, UBC Okanagan also held a cultural safety workshop. A brief search of other university web-sites revealed that the University of Manitoba had required courses in Native Studies within their undergraduate nursing programming (U of M Faculty of Nursing, 2011), whereas Dalhousie University's undergraduate nursing program had an elective called Culture, Caring, and Health Care (School of Nursing, 2011) but did not have any discernable core courses in cultural safety. These examples show that some universities are beginning to use a cultural safety framework for nursing education. This framework could serve as the entry point for discussions about power and inequity, the promotion of nurses' understanding of the complexities of culture, and enhance nurses' knowledge about working with culturally diverse groups, particularly First Nations People (Smye et al., 2010).

I need to acknowledge the preliminary nature of these findings and that when a cultural safety framework is fully integrated into undergraduate nursing education, it may not be easily identified from a quick review of web-sites about programming. However, these examples may reflect the inconsistent approach in our programming and suggest a hesitance to incorporate a cultural safety framework in current programs (Smye et al., 2010; Varcoe & McCormick, 2007).

Preparing nurses to work in the Canadian multicultural context

In my review of the Canadian literature, it has also become apparent that the Canadian context of multiculturalism is posing some questions as to the appropriateness of cultural safety. The rationale for this challenge is that the cultural safety framework, when developed, emerged from a bicultural context of Aboriginal and non-Aboriginal interactions. Although Canada and

New Zealand share similarities in terms of the experience of colonization and the documented negative outcomes on Aboriginal populations, Canada is seen as more multicultural than New Zealand. Browne & Varcoe (2006) indicate that some educators may feel that the framework focuses on race and ethnicity and not the other elements of intersectionality thereby not addressing a more complex understanding of culture (Anderson, Browne, Basu Khan & Lynam, 2003; Brascoupe & Waters, 2009; MacLeod, Browne & Leipert, 1998; MacLeod et al., 2004; Stout & Downey, 2006). These authors propose that a postcolonial, critical-feminist perspective may be a more inclusive way to heal, move forward, and alter the existing policies that recreate these conditions for ill health (Anderson et. al, 2003).

However, proponents of the cultural safety framework, recognize that every encounter between a nurse and a patient is a bicultural experience where the nurse is required to consider everything that culture encompasses and how power may influence the individual's unique culture impacting their health decision making and overall state of health. Since cultural safety is rooted in critical, postcolonial feminist theory, it engages nurses to reflect on their attitudes and beliefs about each encounter, which would include those of intersecting determinants of health. In addition some feel that the processes of colonization and marginalization know no boundaries; therefore a framework like cultural safety would be applicable wherever the effects of those acts would occur (Browne et al., 2009). For these reasons it appears that there is growing interest to include cultural safety in Canadian nursing curricula. In particular educators are considering cultural safety as a viable option for the nursing curricula to address Indigenous health concerns (Smye et al., 2006, Browne et al., 2009) and the concerns of Indigenous learners.

The experiences and concerns of Canadian Nurse Educators.

Canadian nurse educators are reporting similar experiences to those of New Zealand educators in terms of feeling unprepared to teach about cultural safety. They report needing more education and having little support to learn how to engage in the difficult conversations of marginalization, racism, and oppression with their students (Browne et al., 2007). Teaching can be challenging if the educator does not have sufficient knowledge of the topic or experience with pedagogical approaches. Nursing educators are realizing that there needs to be active engagement in conversations about discrimination and inequality or learning environments will continue to be places where these issues go undiscussed and therefore perpetuated (Varcoe & McCormick, 2007). Varcoe and McCormick (2007) suggest that not all educators are equipped to facilitate these types of discussions. Nurse educators acknowledge that challenging attitudes of racism and oppression is like a “double edged sword” where engaging in discussions about those that are relegated to the margins of society runs the risk of reinforcing prejudice and assumptions about why they are there (Browne, et al., 2009; Varcoe & McCormick, 2007). Furthermore, some Canadian nurse educators report experiencing discomfort and not knowing how to effectively deal with the learners’ responses that could potentially include anger, defensiveness, and resistance, or the lack of positive feedback (Varcoe & McCormick, 2007).

Summary

Nurse leaders and educators in many countries are recognizing the need for cultural safety curricula: to prepare nurses to meet the unique health needs of the people living in rural, remote and Aboriginal communities, to ensure care is delivered in a culturally respectful manner, to create learning environments that are culturally safe so that nursing students, both Aboriginal

and non-Aboriginal, feel welcome, and to improve the recruitment and retention of nurses (Hart-Wasekeesikaw, 2009; Martin & Kipling, 2006; McGrath, 2002; Arnold, Appleby & Heaton, 2008; Rigby, Duffy, Manner & Latham, 2010; Smye, Josewski & Kendall, 2010; Turale & Miller, 2006). The literature reviewed also highlighted some concerns about the appropriateness of the cultural safety framework for the Canadian multicultural context and the experiences and concerns of nurse educators.

In the discussion section that follows I will begin by introducing my current understandings about cultural safety, identify the strengths and limitations of the cultural safety framework, and reflect on what I have learned. I will also explore other theories and pedagogical approaches that are congruent with the cultural safety framework. Next I will focus on the relevance that the cultural safety framework has for rural and Aboriginal nursing education in Canada, with particular attention to the setting in which I work. From the literature reviewed, I will conclude by identifying the implications for nursing education and practice in Canada and suggest areas for future inquiry.

Discussion

Cultural Safety as I Currently Understand It

The literature that I have read for this project including research, reports and reflections have greatly influenced my understanding of cultural safety and how it relates to nursing education and practice. Cultural safety is often referred to as a framework but from my perspective, it is more than that. I have learned that cultural safety is an educational approach that develops initially through the use of the framework but becomes the way a nurse draws on his/her knowledge of self and the environment and applies it to patient care. I have come to

realize that there is no easy solution to racism in nursing or to the postcolonial issues that are apparent in society today. I describe the enactment of cultural safety as a humbling experience where the nurse uses thoughtful self reflection to better understand his/her own culture and how social interaction and historical circumstances have contributed to how he/she lives their culture. I have learned that cultural safety equates to praxis. Freire (as cited in Reed & Crawford-Shearer, 2009) describes praxis as a synergistic combination of reflection and action. While enacting the cultural safety framework, nurses demonstrate praxis by considering what they know and believe, how it affects the nurse-patient relationship, applying careful action to achieve the outcome of culturally safe care, then reflecting on the overall situation. From a philosophical perspective, cultural safety invites the nurse to consider the world beyond the hospital perimeter and to consider what contributes to the construction of the concepts of culture and health. In the section that follows I will discuss the strengths and limitations of the cultural safety for the Canadian nursing context.

Strengths of Cultural Safety

The strengths of cultural safety lie in its potential to alter the way we think, interact and behave. Cultural safety is a complex framework and nurses must apply an earnest effort to understand it, but this effort could pay off for both the nurse and the patient. The strengths of cultural safety lie in the learning that occurs through the use of this approach to patient care. Cultural safety broadens our knowledge of ourselves and others and develops our understanding of the many factors that affect health and culture. The cultural safety framework exposes nurses to theories related to social justice and develops skills in communication, patient advocacy, and empowerment. Ultimately our goal as nurses is to enable the patient to take the reins and to direct their own care. This is a powerful approach for the provision of nursing care, particularly

in settings where there are fewer physicians available and traditional practices may be more common place. Although the framework has many benefits there are some limitations that need to be considered.

Limitations of Cultural Safety

In this literature review, I have articulated the challenges educators and researchers have identified in the implementation of cultural safety in nursing. But there are still some researchers who believe there are larger issues to be addressed. Stout and Downey (2006) are concerned that nurses will consider cultural safety as a panacea to the issues that afflict those who are marginalized. These researchers encourage using caution when implementing the framework until further research can provide a deeper understanding of the implications of using a cultural safety approach to nursing education. Stout and Downey (2006) are worried that culture will be overemphasized resulting in nurses not acknowledging the significance of the other determinants of health, such as gender, social class, education, and poverty. They add that a simplified application of the cultural safety framework could promote a reductionist viewpoint that attributes health issues to cultural or ethnic groups. Stout and Downey (2006) are also mindful that this framework is one that needs to be adopted throughout nursing in order for it to truly take hold. They suggest that in order for cultural safety to make an impact it needs to be recognized as a grassroots initiative but also as a complex pedagogy that is informed by many critical social theories. For cultural safety and social justice to be achieved in Canada, the framework also needs to be included in public policy and influence government planning of social programs.

Another limitation identified is the difficulty assessing whether or not cultural safety was achieved. Since cultural safety is determined from the patient's perspective, it may pose an

ethical dilemma to ask for feedback as the care recipient may not feel safe to express their real feelings especially if the person inquiring is the person who put them at cultural risk (Wepa, 2005). It is proposed that this limitation may be best addressed through the nurse's own self assessment. Reflection is a common practice in nursing and reflexive practice allows nurses to understand some of the effects of their actions. The likelihood of placing someone at cultural risk would be diminished if the nurse remains aware of the impact their position of power has over the caring relationship, attempts to understand the person's beliefs and values, and provided patient focused, culturally safe care. One suggested method for assessing if cultural safety was attained is through patient surveys. A patient could anonymously provide feedback on their care which then can be used to develop further education for professional development opportunities. However, these surveys must be carefully constructed and use language that is easily understood.

I also recognize that cultural safety could result in a cookie cutter approach to care that nurses may attempt to apply in the same manner with all individuals and could potentially essentialize cultures. Cultural safety should not be interpreted as a plan of care that is applied to a patient. This methodological approach encompasses a way of becoming aware of culture, becoming sensitive to cultural difference, and ultimately a way of being culturally safe in practice.

It is wise to be cautious and not approach cultural safety or any theory that promotes social justice as if it were an absolute answer to the problems we see in healthcare. However, I think that it would be a mistake to wait until the perfect solution is found to make an attempt to have these discussions and begin working toward making improvements. In my opinion cultural safety is one way that nurse educators will be able to address social justice issues in nursing.

There may not be one theoretical approach or methodology that best addresses social justice since not all individuals living in Canada have been subject to colonial practices and racism. Some individuals may have experiences with marginalization due to gendered role expectations or some nurses may lack knowledge about how to interact with and develop relationships with their patients. Beginning with discussing colonial and racist practices can be a starting point for future conversations and change. I believe that educators are attempting to understand cultural safety in terms of its philosophical and epistemological roots and that it is seen as having positive transformational learning effects. Educators need to do more to transmit the key concepts of cultural safety and implement a curriculum that embodies social justice. For example, to develop cultural sensitivity a nurse educator may engage learners in conversations about respect and how that respect translates in the clinical setting such as in respect for a patient's decision making in terms of care. In a clinical setting, a clinical nurse educator may promote cultural awareness in response to a life event like death through the use of reflection. A nurse may be asked to consider how the patient's culture or gender is different from their own and how those different views could impact their relationship. Nurses can also be challenged to consider how the medical model of care guides their decision making and actions but also to identify how this model of care may result in culturally unsafe practices.

Some educational theories and pedagogies lend themselves to promoting culturally safe learning and are congruent with the cultural safety framework. It is also beneficial to consider which approaches to teaching and learning might be considered. The following section will discuss pedagogies that align with cultural safety education.

Educational Theories and Pedagogical Approaches Relevant to Cultural Safety

The literature seems clear that researchers and educators think that cultural safety is a means to raise awareness of and discuss social justice issues. However, some nurses have come to realize that translating the approach of cultural safety into practice has some challenges. Browne et al. (2009) discovered through their research that nurses misunderstand the relationships between culture, health, and cultural safety. This has left them wondering if cultural safety in practice would best be supported by providing frontline nurses with education that focused on the theoretical grounding of the framework, a more complex understanding of culture and health, and a clear explication of the principles and purposes of the cultural safety framework. Browne et al. (2009) reported that unless nurses have an understanding of the critical philosophical and theoretical perspectives that underpin cultural safety, they will approach the framework too narrowly and possibly contribute to further marginalization.

Browne et al. (2009) proposed that one method to facilitate the understanding of cultural safety is to structure it within a social justice curriculum that creates a culture of inquiry in nursing across all settings. They asserted that cultural safety could then be the entry point for these discussions as it utilizes critical inquiry and reflection to achieve transformation in attitudes.

Transformative education and critical pedagogies.

Transformative learning would seem to be an appropriate pedagogy for educating nurses about cultural safety. Mezirow (1997) claimed that this approach has the potential to bring about change to the way a person conceptualizes their world, or their frame of reference, by utilizing critical reflection on what an individual assumes to be true. He posits that adults learn through

four possible paths: by elaborating on an existing point of view by seeking out similar opinions; establishing a new point of view by seeking out different opinions; by transforming our point of view by seeking out different encounters; and by transforming our ethnocentric frame of reference (our perceived reality determined by our experiences and our social interactions) by being critically reflective and questioning our environment. It is this critical reflection that is key to transformative learning. Critical reflection creates free, independent thinking that promotes an individual's ability to formulate new understandings based on exploring many different perspectives. McAllister, Tower and Walker (2007) state that the benefits of transformative learning for nursing include the promotion of active learning through the scrutinizing of readily accepted nursing practices. This pedagogy may be helpful for nurses working in or with Aboriginal communities as it helps students gain knowledge that remembers the history, language, and cultural traditions of health and nursing and teaches them to critique dominant and ritualized practices to better choose which ones to take up or replace (McAllister, Tower & Walker, 2007).

Learning through reflection on practice

Burrows (1997) stated that critical reflection enables growth, maximizes learning, and promotes self-direction (as cited in Young & Paterson, 2007). Hooks (1994) iterated that reflection is essential particularly for educators who are involved in antiracist teaching so a continuous inventory of attitudes may be observed. In addition, as educators it is important to model such behaviour to promote this important skill among learners (as cited in Young & Paterson, 2007). Educators have identified that learners must engage with reflection in a manner that is meaningful to them as there is no prescribed process for teaching reflection and cultural safety (McEldowney et al., 2006).

Use of reflection in cultural safety.

A common theme I located in the review of the literature on cultural safety was that the process of reflection was being encouraged within nursing education, practice, and research. Wepa (2005) states culturally safe nursing is only attainable by a nurse who has undergone a process of self-reflection. Reflection is also a practice that seems essential to other processes discussed thus far such as critical inquiry. McEldowney et al. (2006) also echo that reflection is essential to growth as a practitioner and educator. Their research indicated several benefits of reflection that they posited as being responsible for facilitating culturally safe practice. Some of these benefits included a multitude of ways of being reflective which offers variety for the learner; various approaches to supporting learning to bridge the theory-practice gap; and opportunity for being creative. Their research also discussed that reflection is not always well received by others in education as there is little research to support that reflection has any impact on learning or the use of learning in practice. However, McEldowney et al. reported that reflection was beneficial to learning about cultural safety as it shifted the focus from the patient to the nurse and assisted nurses in coming to know about their own biases and beliefs. A cultural safety framework is also grounded in constructivist assumptions that are congruent with transformative approaches to education and critical pedagogies.

Constructivism.

Williams and Day (2007), proponents of constructivism, posit that learners learn through the process of contextualizing information in relation to their reality. Constructivist learners gather information to formulate new knowledge through observing their environment, sorting through and reorganizing new information and reformulating their understanding based on these

different perspectives. Hunter and Krantz (2010) add that constructivism supports multiple ways of knowing, and that there may be various truths which are socially constructed. This philosophy underpins cultural safety and may support its usage in nursing.

Several nurse scholars have noted that nurses must acknowledge forms of knowing other than empirical knowledge, particularly when working with Aboriginal People. There is research to suggest that Aboriginal ways of learning and Aboriginal knowledge is missing from most nursing curricula (Martin & Kipling, 2006; Smye & Browne, 2002; Wootton & Stonebanks, 2010). Stout and Downey (2006) remarked that Aboriginal People have successfully cared for themselves for centuries so it is imperative that we consider their knowledge when providing health care. Constructivism and cultural safety overlap in ways which reflect the philosophical, theoretical, and methodological similarities they share. In both instances reality is believed to be socially constructed, both identify that there are many ways to view the world and therefore many “realities”, and both recognize that knowledge is socially constructed and therefore reflects societal power structures (Newman, 1991).

Thus far, what is gleaned from the literature is that cultural safety is a transformative approach to nursing education. Cultural safety utilizes critical reflection to bring cultural awareness, the first step in the tier of cultural safety learning and then to cultural sensitivity where the learner evaluates the effect his/her position has on the caring relationship and the effects that greater social systems have on the formation of culture. Once the learner understands the complex issues that impact culture and health, the nurse can then proceed to providing care that takes these factors into account.

Implications of Cultural Safety for Nursing Education and Practice

Implications for creating learning environments that support Aboriginal nursing students.

The cultural safety framework has many positive implications for Aboriginal learners. Hart-Wasekeesikaw (2009) identified that Aboriginal nursing students often remain in their communities to provide health services. She identified nursing education as integral to the future and health of Aboriginal People. Creating culturally safe learning spaces could promote the recruitment and retention of Aboriginal students in nursing programs. In addition, programs developed with a cultural safety approach help Aboriginal learners to overcome some of the many barriers they encounter within the education system such as a perceived discouraging institutional climate, and problems adjusting emotionally and socially to the university culture and system (Hart-Wasekeesikaw, 2009). The Aboriginal Nurses Association of Canada (A.N.A.C.), the Canadian Nurses Association (C.N.A.), and the Canadian Association of Schools of Nursing (C.A.S.N.) have come together to develop a framework that meets best practice standards for the recruitment and retention of Aboriginal students and to ensure all graduates of Schools of Nursing (SON) are prepared to provide culturally safe care (Mahara et al., 2011).

Cultural safety also has the potential to decolonize education and create spaces for the recognition of Aboriginal pedagogy. Indigenous knowledge is transmitted through Indigenous language using complex oral and symbolic practices (Battiste, 2002). Battiste (2002) stated that Indigenous knowledge is passed down through modeling, practice, and animation rather than through writing and there is particular emphasis placed on experiential learning. Battiste (2002)

and Smye, Josewski and Kendall (2010) reported that educators must incorporate a variety of ways of knowing to maximize the participation of Aboriginal learners.

Implications for educating Nurses who work with Aboriginal People, or in rural and remote communities.

Cultural safety promotes awareness among nursing students and recognizes that the nurse and the profession have their own unique culture. This awareness is essential, especially when working with Aboriginal People or in Aboriginal communities, as it helps develop understanding of the tensions that may lie beneath the surface due to colonization (Arnold, Appleby, & Heaton, 2008). Cultural safety has the potential to develop collaborative community relationships which is beneficial to both parties. Arnold, Appleby and Heaton (2008) reported that in one instance this collaborative approach to care resulted in the creation of strong community relationships, with Elders reaching out to younger members of the community and encouraging them to envision a future of possibilities. Nurses also gain experiential knowledge by working with Aboriginal people including the Elders.

Richardson and MacGibbon (2010) state that rural nurses must consider the various elements and complexities in patient care which include the “physical, the social, emotional, spiritual, and political concerns of the patient”. In my rural setting these elements need to be considered with all people, but particularly with the Coast Salish People. There is much evidence that identifies the negative health and social impacts that colonization has had on First Nations People (Vancouver Coastal Health [VCH], 2011). Diabetes, obesity, and substance abuse are some of the health issues that are widespread in First Nations communities as a result of some of these social policies (Brascoupé & Waters, 2009). In my rural location we provide care for First

Nations individuals who have chronic diseases such as heart failure, kidney and liver disease, as well as mental illness and addictions. From my perspective it is paramount that nurses learn how to develop and maintain respectful relationships that enable First Nations People to regain their traditional healing practices and engage with them in seeking healthcare that is essential to their physical, emotional, mental, and spiritual wellbeing. Richardson and MacGibbon (2010) contend that cultural safety education is a means of addressing and learning to work with the various complexities that affect an individual's ability to maintain a healthful state, and that it provides for collaborative relationships that recognize the knowledge and practices of the care recipient.

Implications for all nurses who provide care in today's Canadian multicultural context.

Cultural safety has the potential to guide nursing practice in a multicultural environment because each encounter between a nurse and a patient is seen as a bicultural encounter. Bicultural encounters can include interactions between two (or more) people who come from a different social group, gender, or class, in addition to interactions between people from different races or ethnic communities. Wepa (2005) and Varcoe and McCormick (2007) posited that multiculturalism supports cultural sensitivity and the tolerance of difference by acknowledging the difference among cultures. The cultural safety framework has the potential to draw nurses' attention to the legitimacy of difference raising their awareness that they are powerful bearers of culture that may impact the patient (Wepa, 2005). With time and reflection, nurses can learn to develop culturally safe approaches to care.

Educational Strategies to Support Culturally Safe Teaching and Learning

In my practice as a clinical nurse educator I can support nurses' learning and apply transformative pedagogies through questioning and reflective exercises. Teachable moments can happen at any time and are valuable ways to learn, particularly for busy nurses. Socratic questioning may be an ideal way at these times to relate care concerns to the cultural safety framework. Questioning encourages reflection and critical thinking. Paul and Elder (2007) state that Socratic questioning develops a systematic way of thinking through the exploration and analysis of complex ideas. In regards to patient care, questions can be posed that engage the learner to reflect on how the individual's culture may be informing their care decisions, or on how their own beliefs may impact the relationship helping to establish cultural sensitivity. Although there may not be the time to engage in lengthy conversation at that moment these are sometimes questions better left to ponder through reflection. McEldowney et al. (2006) cited several works regarding reflective practice reporting that the very act of reflection supports learning, encourages professional growth, and enhances self-esteem and self awareness. Additional strategies I may consider in teaching cultural safety include role playing, the use of literature, case scenarios, and cultural immersion. The following section will discuss these pedagogical strategies.

Role Play

The purpose behind role playing is to promote or facilitate attitudinal change (Shearer & Davidhizar, 2003). Role playing has the benefits of exposing the learner to diverse situations, communication skills, and situations requiring conflict resolution. Communication skills and conflict resolution are essential as cultural safety can promote feelings of anger and discomfort

(Nairn et al., 2011). In addition Shearer and Davidhizar (2003) stated that role play provides the educator with an opportunity to model respectful ways of being and communicating. Rutledge et al. (2008) identified role play through simulation as a way for learners to identify and address the impact their cultural biases have on patient care.

Engaging with Literature

Some educators view engaging with literature as a means for the nurse to develop an understanding of the patient's perspective and a chance for the nurse to gain insight into unfamiliar perspectives (Anderson, 2004; Halloran, 2009; Newcomb, Cagle & Walker, 2006). Newcomb, Cagle and Walker (2006) reported that they used literature to support reflection on practice concurrently with practice. They went to say that interpreting literature helped nurses to identify their beliefs and biases, and to identify with another person in a way that promoted cultural awareness.

Articles on a myriad of topics such as cultural safety, intersectionality, racialization in healthcare, or more specifically Aboriginal health can be ways to share best practices, new research, and broach difficult topics in a safe learning environment. An article can also be chosen to enhance discussion related to an interesting in hospital case thereby making the content immediately relevant to practice. As a clinical nurse educator, I can also facilitate the accessibility to library databases and nursing journals by teaching staff how to perform focused literature searches.

Case Scenarios

Hadwiger (1999) describes case scenarios with narrative responses as being useful to help nurses reflect on their beliefs and assumptions about their patients. Narrative writing provides the

nurse with the opportunity to engage in a selection of scenarios and practice responses to a variety of experiences.

Cultural Immersion

Cultural immersion promotes valuing diversity, cultural knowledge, and opportunities to learn about cultural ways of being (Wood & Atkins, 2006). Nurses who experienced a short cultural immersion conveyed that it promoted new partnerships, friendships, and cultural sensitivity (Wood & Atkins, 2006). Some educators caution that some cultural immersion approaches may not foster cultural safety but create cultural risk (Smye, Josewski & Kendall, 2010).

Some ways I intend to bring cultural safety into my practice environment to help improve the care that is being delivered to all patients will now be discussed.

Bringing Cultural Safety Education into my Rural Setting

Currently there are nursing shortages, and healthcare leaders are concentrating on reducing excess, and restricting spending. With little or no extra dollars to provide formal onsite education educators need to be innovative and creative in how they develop and provide education. Although sit down inservices still occur in my workplace, they are infrequent. Time is short and staff do not have the luxury of attending nursing education rounds in their day. Learning must meet the nurses' needs and be available when it will benefit them most. In addition, some of these nurses have been at the frontline and away from the educational environment for an extended period so their knowledge and experience with the concepts need to be taken into account and approaches to develop their cultural awareness and sensitivity need to be varied.

I plan to establish a foundation for cultural safety in our institution by embedding it in the orientation curriculum that I am currently developing. Within the curriculum there will be content that nurses need to learn about to support their practice in the acute care area. Some examples will be provided that helps RNs learn about our patient population and the most frequent chronic diseases we see in the First Nations population. Content will be combined to create rich case scenarios so as to maximize exposure to the information, and engage the learner in critical thinking. Cultural safety concepts and principles will be threaded into these scenarios to allow for discussions about how the learner currently interacts with various “others”, and to explore their thoughts and beliefs about providing culturally safe nursing care. New nurses will be engaged in reflection about culture, health, and cultural safety by asking them to reflect and dialogue about their varied understandings of respect and culture as it relates to patient care. These may also be opportunities to share understandings about the Aboriginal population, their health status, and ways of knowing. We can also discuss how to develop effectual relationships as care providers. Offering these opportunities to discuss and learn about cultural safety in the orientation phase draws attention to cultural awareness and establishes the institutional values of patient centered care at the outset.

There are many resourceful ways to introduce cultural safety into frontline nursing in a rural setting to meet the educational needs of all nurses, experienced and novice. For example, in my health authority we have Aboriginal health navigators. Many staff do not know that these positions exist and I am surprised at how little information about such services is transmitted to the frontline staff. Little is known by staff as to why these services are needed. Staff who have been practicing for some time may be disconnected from changing practices and the most current theoretical perspectives which are guiding nursing care. I believe cultural safety to be a means to

bring the conversations of marginalization and oppression to the staff and raise awareness about unfamiliar theories and new approaches to care. Understanding these factors has the potential to advance nurses and the nursing discipline to a political position capable of combating racism and providing care that is regardful of cultural differences. In my opinion it is best to offer a few approaches thereby maximizing opportunities for interacting with staff, providing richness for discussion, and building a dynamic learning environment.

Suggestions for Future Inquiry and Research

The purpose of nursing research is to provide the link between theory, education, and practice (Lobiondo-Wood & Haber, 2009). A theoretical foundation of culture and how it is socially constructed has been presented as it has been discussed in the literature. The implications for education and practice have been discussed, and included in this discussion were the issues that arose from experienced educators and practitioners in the implementation of the cultural safety process. I will sum up these findings and make suggestions for inquiry and future research.

First, culture is greatly misunderstood by nurses across the profession. Essentialism, that establishes culture as being fixed and unwavering, seems to be the dominant perspective from which culture is understood in Canadian nursing. With our ever growing, diverse population further research needs to occur to expand the understanding of how culture is conceptualized in nursing including the factors that influence nurses' understanding of culture, theirs and others', and how their culture impacts their nursing practice. Outcomes of this research could serve to inform nurses about caring within the context of diversity and to foster progression toward cultural safety by developing cultural awareness and sensitivity.

Second, Canada is a multicultural country. Nurses have encounters with people of various cultures every day. Phenomenological studies of nurses' experiences working with diversity need to continue including an exploration of the nurses' thinking process about how he/she negotiates patient centered, holistic care, and what it is like from his/her perspective to provide care to a range of people of different cultures in the same shift. This knowledge could help nurses to develop empathy, critical thinking, and communication skills so that they may be more effective advocates for their patients.

Third, institutional agendas, current healthcare climate, and staffing issues impact a nurse's work environment and ultimately the care patients receive. Another suggestion for research must include the nurse's perceived barriers to providing holistic care. Deepening our understanding of these limitations would provide opportunities for discussions about the determinants of health and how individuals or groups can be pushed to the margins of society. This type of inquiry could also be an opportunity to consider one possible solution, the cultural safety framework, for how it might overcome these perceived barriers. The framework could then be seen from several standpoints; as a process and an outcome, and as an approach to lessen the causes or eliminate the sources of exclusionary practices.

Fourth, evaluative research needs to be conducted to assess whether the cultural safety framework, when applied to learning environments, effectively creates safe, nondiscriminatory spaces where learning can occur. This approach to research could be utilized in exploring all learning environments, but particularly nursing programs with Aboriginal learners or learners that intend on practicing in rural/remote areas.

Finally, cultural safety has not yet been determined as the best approach to educate about the effects of postcolonial practices; it is a framework being considered alongside others such as social justice and critical feminist perspectives. More research needs to be done to understand whether cultural safety is as an effective approach to providing care to groups who have suffered oppression as a result of colonialism. Studies need to be conducted that focus on assessing learning outcomes, attitude changes, culturally safe care practices, and the experiences of the care recipients who received care within a culturally safe framework. The findings from research like this could contribute to the knowledge development of nurses wanting to provide more culturally safe care.

Conclusion

Cultural safety is a framework that is gaining interest in Canadian nursing as a perspective from which nursing educators can engage in the topics of racism, marginalization, and postcolonial oppression. Educators and researchers have recognized the benefits this framework has for redressing the outcomes of colonizing practices, particularly with Aboriginal People in Canada. Much has been learned through the experiences of New Zealand nurses, nurse educators, and researchers, but more needs to be explored in our Canadian context. Although it would appear that some Canadian universities have adopted cultural safety programming, or it is integrated into other courses, some universities still have not. Further research is indicated to better understand how best to educate nurses about this complex framework, its applicability and effectiveness for nursing care.

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Appendix A

Literature Search Findings

Grouping	Author	Year	Country	Summary	Details	Category
Under-graduate education for nursing students	Anderson, Browne, Basu Khan & Lynam	2003	Canada	Authors propose the “refracting” of cultural safety through the lens of postcolonial postnational feminist perspectives to draw attention to vulnerabilities that may go undetected with a cultural safety framework.	2 Ethno-Graphic Studies HCP (N=56) & patients (N=60)	Research
Under-graduate education for nursing students	Browne et al.	2009	Canada	Authors explored the usefulness of cultural safety as a means for translating knowledge in practice settings and for critically reflecting on that knowledge with the aim of promoting social justice. Cultural safety is still an ambiguous phrase but with effort to clearly situate it within critical inquiry and social justice it will provide a means to interpret the knowledge nurses develop.	approach not described	Research
Under-graduate education for nursing students	Chevannes	2002	UK	Training needs analysis undertaken to explore what healthcare providers know about what is required to care for ethnically diverse groups. Post education nurses reported (+) changes in thinking, (+) changes to practice but were more likely if the learning occurred in their practice	Qualitative HCP (N=22)	Research

				setting. Recommendations made to educational institutions to develop programs that ensure this knowledge development.		
Under-graduate education for nursing students	Cultural Safety Research Group	2006	New Zealand	Cultural safety framework was examined for its effectiveness. Researchers explored reflection as a means to change attitudes and to learn. Outcome found that cultural safety was effective in supporting cultural learning and attitude changes.	Qualitative Evaluative Students (N=13)	Research
Under-graduate education for nursing students	Gibbs	2005	New Zealand	From a nursing student's perspective, the paper (a summary of other research) explores how they navigate the vague concept of cultural safety, how nurses interpret the concept, and how they are taught this complicated idea in their nursing program. Barriers to cultural safety discussed.		Conceptual
Under-graduate education for nursing students	Koptie	2009	Canada	The author supports the use of Cultural Safety in higher education to promote awareness of power imbalances that exist in society and in our educational system. The author further supports a revisitation of colonial policies that perpetuate marginalization. Aboriginal learners remain invisible in the system. It is time for a paradigm shift and that shift includes the adoption of		Conceptual

				cultural safety in curricula so that healing can take place for Aboriginal and non-Aboriginals alike.		
Under-graduate education for nursing students	Arnold, Appleby & Heaton	2008	Canada	UVic and Tsawout First Nations joined to find a solution to increasing the numbers of Aboriginal nursing student and to develop culturally safe curriculum. A curriculum based on CRNBC's standards of practice was piloted. The result was an increased awareness by nursing students of the issues faced by First Nations People, and the establishment of a network between the Tsawout People and the healthcare system that strengthened ties within the community and for Aboriginal learners.		Conceptual
Under-graduate education for nursing students	Ramsden & Spoonley	1994	New Zealand	Older article but chosen as it reflects the past and still ongoing issues with the acceptance of cultural safety in nursing education. She identified that nursing educational programs need clear curriculum and trained educators to facilitate cultural safety learning.		Conceptual
Under-graduate education for nursing students	Smye, Josewski & Kendall	2010	Canada	Authors use cultural safety as a lens for critical inquiry of social and power inequities. Recommendations for a best practice framework is made that includes the gradual		Grey Literature

				change of attitudes, and a combination of teaching strategies to support the educator’s role in teaching and the learners’ exposure to alternate ways of knowing and being. A social justice curriculum is proposed with cultural safety as the entry point.		
Education for Aboriginal nursing students	Hart-Wasekeesika w	2009	Canada	The report addresses the challenges of learning met by Aboriginal learners within current nursing programs. The document offers perspectives from areas including education and outlines best practice initiatives to support Aboriginal learners’ success.		Grey Literature
Education for Aboriginal nursing students	Martin & Kipling	2006	Canada	Study examined the factors that are affecting Aboriginal nurse recruitment/retention. Findings suggest the need for culturally safe curricula. Collaboration is paramount.	Qualitative Critical Ethnography (N=76)	Research
Education for Aboriginal nursing students	McGrath	2002	Canada	Report reflects results of a national survey on learning needs and potential for an accredited Aboriginal Nursing specialization. Some workplace issues that need addressing: creation of culturally safe environments, and financial investment to achieve this.	N=47 (P=230)	Grey Literature

Education for Aboriginal nursing students	Rigby, Duffy, Manner & Latham	2010	Australia	Reflects a unique nursing program that supports only Indigenous learners as they transition to university and cope with university study. Results reflected increased pride and ownership of being a student.	Qualitative exploratory Students (N=31)	Research
Education for Aboriginal nursing students	Turale & Miller	2006	Australia	Australian perspective. Identifies the disadvantaged state of Indigenous students but reforms have contributed to increasing enrollment. 32 point recommendation for improvement was made including the adoption of cultural safety framework in nursing schools.		Conceptual
Experiences of cultural safety educators	Nairn, Hardy, Harling, Parumal & Narayanasamy	2011	UK	Study explored the experience of educators who teach about racism and cultural issues. Educators expressed lack of confidence with raising issues and the ensuing discussions if they did. Being unprepared to deal with possible negative outcomes. Methods are suggested to overcome these issues.	Qualitative Lecturers (N=8)	Research
Experiences of cultural safety educators	Richardson & Carryer	2005	New Zealand	Research on experiences of teaching cultural safety. Results showed that a variety of teaching methods promotes various ways of learning which incite discourses that challenge norms and encourage a reconstruction of perspectives.	Qualitative 14 educators interviewed	Research

				Teaching cultural safety has personal, professional, and political dimensions.		
Experiences of cultural safety educators	Wepa	2003	New Zealand	Explored the experiences of cultural safety educators. Main issue revealed as lack of support for educators to learn from peers and to further develop their knowledge in the subject such as through research. Recommendations are made to increase support, develop a nurse educator program to adequately prepare educators, support research, and include Indigenous educators and their unique body of knowledge. (NZ)	Qualitative Educators (N=4) 'small'	Research
Other	Brascoupe & Waters	2009	Canada	The study, using a cultural safety lens, set out to explore the implications of cultural safety for policies designed to improve the health of aboriginal populations. Findings: educational strategies are also not congruent with Aboriginal learners' way of thinking and learning. The authors suggest the need for more quantitative research to substantiate the anecdotal and qualitative data in existence. Institutions need to adopt cultural safety practices; not enough for it to come from the individual alone.	Comp. Lit review	Research
Other	MacLeod,	1998	Canada	Rural/remote focus. Cultural		Conceptu

	Browne & Leipert			safety identified as being important to the care of Aboriginal People and in assisting nurses to develop ways of caring that are respectful allowing them to become part of the community.		-al
Other	MacLeod et al.	2004	Canada	Rural/remote focus. Cultural safety could be a means to expand nurses' knowledge of the people they are caring for, help provide culturally appropriate care, and help to better understand what health means to rural people. Recruitment/retention of nurses in Aboriginal communities is needed.	Mixed method 3933 RNs Surveyed 152 RN narratives	Grey Literature
Other	Papps & Ramsden	1996	New Zealand	Older article but written by leaders in cultural safety. Depicts the challenges with the acceptance of cultural safety and the New Zealand experience. Terminology confusion: culture vs. ethnicity, cultural safety vs transcultural nursing.		Conceptual
Other	Stout & Downey	2006	Canada	Authors critically question whether cultural safety has been researched enough to ensure the safe provision of care that respectful of culture. The authors state that cultural safety does not recognize the magnitude of the health implications Indigenous People are suffering due to marginalization. Curricula		Conceptual

				<p>need to contain Indigenous content and knowledge. Cultural safety approach needs institutional support.</p>		
Other	Wootton & Stonebanks	2010	Canada	<p>This article reflects the fears that some educators may have about pushing the boundaries of certain perspectives within their classrooms. They argue that Western viewpoints prevail in our education system; Aboriginal history and culture is slanted to western views or is plainly wrong.</p>		Conceptual