Congress Aboriginal and Torres Strait Islander Nurses

Towards a shared understanding of terms and concepts:

Strengthening nursing and midwifery care of Aboriginal and Torres Strait Islander peoples

June 2013
Preamble

As citizens and as nurses and midwives we live and work in a country that, along with its strengths and successes, has a shameful history of the treatment of Australia’s first peoples.

It is a history of great injustices committed and perpetuated as Australia evolved and developed into what it is (and we are) today.

And it is only in relatively recent times we as a nation have had the will to acknowledge the horribleness of our history, that Aboriginal and Torres Strait Islander peoples continue to be denied the same opportunities as non-Indigenous Australians, and have a health status that remains well below that of non-Indigenous Australians.

Without an historical context – without a solid understanding of Australia’s colonial past and its consequences – an appreciation of the intent of this document is highly unlikely.

This document’s intent is to demystify and provide an understanding of words and concepts such as cultural respect, cultural safety and cultural competence. Our motivation in writing it is the fact that in everyday life, and indeed in much of the literature, these terms are often used vaguely and interchangeably. Our aim is to provide definitions that have some substance and rigour. Without a solid basis, shared understandings cannot be assumed.

Understanding the terms and concepts and how they differ from each other is a first step towards integrating them into our nursing and midwifery practice, and is our responsibility as citizens and as nurses and midwives.

In this document when referring to Aboriginal and Torres Strait Islander peoples' health, we defer to the following definition:

Health is not just the physical wellbeing of the individual, but the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.¹

The Code of Ethics for Nurses in Australia states:

The nursing profession recognises the universal human rights of people and the moral responsibility to safeguard the inherent dignity and equal worth of everyone. This includes recognising, respecting and, where possible, protecting the wide range of civil, cultural, economic, political and social rights that apply to all human beings.

The nursing profession acknowledges and accepts the critical relationship between health and human rights and ‘the powerful contribution that human rights can make in improving health outcomes’. Accordingly, the profession recognises that accepting the principles and standards of human rights in health care domains involves recognising, respecting, actively promoting and safeguarding the right of all people to the highest attainable standard of health as a fundamental human right, and that ‘violations or lack of attention to human rights can have serious health consequences’.

In recognising the linkages and operational relationships that exist between health and human rights, the nursing profession respects the human rights of Australia’s Aboriginal and Torres Strait Islander peoples as the traditional owners of this land, who have ownership of and live a distinct and viable culture that shapes their world view and influences their daily decision making. Nurses recognise that the process of reconciliation between Aboriginal and Torres Strait Islander and non-indigenous Australians is rightly shared and owned across the Australian community. For Aboriginal and Torres Strait Islander people, while physical, emotional, spiritual and cultural wellbeing are distinct, they also form the expected whole of the Aboriginal and Torres Strait Islander model of care.²

² Australian Nursing and Midwifery Council, Australian Nursing Federation, Royal College of Nursing Australia, 2008 Code of Ethics for Nurses in Australia
Similarly, the Code of Ethics for Midwives states:

*The midwifery profession recognises the universal human rights of people, and in particular of each woman and her infant(s); and the moral responsibility to safeguard the inherent dignity and equal worth of everyone. This includes recognising, respecting, actively promoting and safeguarding the right of each woman and her infant(s) to the highest attainable standard of midwifery care as a fundamental human right, and that ‘violations or lack of attention to human rights can have serious health consequences’.*

*In recognising the linkages and operational relationships that exist between childbirth and human rights, the midwifery profession respects the human rights of Australia’s Aboriginal and Torres Strait Islander peoples as the traditional owners of this land, who have ownership of, and live a distinct and viable culture that shapes their world view and influences their daily decision making.*

*Midwives recognise that the process of reconciliation between Aboriginal and Torres Strait Islander and non-indigenous Australians is rightly shared and owned across the Australian community. For Aboriginal and Torres Strait Islander people, while physical, emotional, spiritual and cultural wellbeing are distinct, they also form the expected whole of the Aboriginal and Torres Strait Islander model of care.*

These Codes, along with other key documents, underpin our registration and practice as nurses and midwives. In other words we must adhere to the Codes – to do otherwise is to breach a condition of our registration.

**Purpose and scope**

This document’s scope and sole focus is the relationship between the Aboriginal and Torres Strait Islander person and the non-Indigenous nurse and midwife.

This document provides explanations of the words and concepts to help us adhere to the Codes as they relate specifically to our provision of nursing and midwifery care to Aboriginal and Torres Strait Islander people and communities.

For example, what does cultural safety *really* mean? How do we know we practise it? How is it measured?

Wherever possible, original works have been quoted. Some of the terms are vague and imprecise and it is only when they are offered as conceptual frameworks that they have meaning.

We encourage the reader to consider the terms from all levels - of the individual nurse and/or midwife, of the health care organisation and of the health care system. Like issues such as bullying and sexual harassment, the individual needs the support of the broader institution and system to affect change.

We trust this work will continue to grow, and to be informed by government and other policy that aims to close the gap between the health status of Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

**Culture**

*Cultures involve complex systems of concepts, values, norms, beliefs and practices that are shared, created and contested by people who make up a cultural group and are passed on from generation to generation. Cultural systems include variable ways of seeing, interpreting and understanding the world. They are constructed and transmitted by members of the group through the processes of socialisation and*

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2 Australian Nursing and Midwifery Council, Australian Nursing Federation, Royal College of Nursing Australia, 2008 Code of Ethics for Midwives in Australia
representation.....Culture is dynamic. It changes because people’s contexts change.....

Cultural awareness and cultural sensitivity

These terms are often used interchangeably. While some scholars regard cultural sensitivity as being more than cultural awareness, for the purposes of this document, it is suffice to say they are points on the same continuum. They focus on raising the awareness and knowledge of individuals about the experiences of cultures which are different from their own, i.e. different from the dominant culture. And while they are indeed necessary aspects of knowledge, in themselves they are generally not sufficient in leading to better care for Aboriginal and Torres Strait Islander peoples.

Cultural awareness and sensitivity training focuses on:

- increasing participants’ awareness the various cultural, social and historical factors applying to Aboriginal and Torres Strait Islander peoples generally, and to specific Aboriginal and Torres Strait Islander communities and/or groups in particular: and
- encouraging self reflection about the participants’ own culture, biases and tendencies to stereotype.

However, the focus is on the individual and personal, rather than the historical and institutional nature of such individual and personal contexts.

With regard to cultural awareness training, the NACCHO Cultural Safety Training Standards document states:

*Even if racism is named, the focus is on individual acts of racial prejudice and racial discrimination. While historic overviews may be provided, the focus is again on the individual impact of colonization in this country, rather than the inherent embedding of colonizing practices in contemporary health and human service institutions.*

Cultural Knowledge

The following definition is detailed, yet remarkably succinct. It is an excerpt from *Our Culture: Our Future* report (1988), commissioned by the Australian Institute of the Aboriginal and Torres Strait Islander Studies and the Aboriginal and Torres Strait Islander Commission, and accepted by the Aboriginal and Torres Strait Islander Commission and the Indigenous Reference Group on Indigenous Cultural and Intellectual Property, and is worth quoting in its entirety:

Indigenous cultural knowledge consists of:

[The] intangible and tangible aspects of the whole body of cultural practices, resources and knowledge systems that have been developed, nurtured and refined (and continue to be developed nurtured and refined) by Indigenous people and passed on by Indigenous people as part of their cultural identity, including:

- Literary, performing and artistic works (including music, dance, song, ceremonies, symbols and designs, narratives and poetry)
- Languages
- Scientific, agricultural, technical and ecological knowledge (including cultigens, medicines and sustainable use of flora and fauna)
- Spiritual knowledge
- All items of moveable cultural property including burial artifacts

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4 Australian Curriculum Assessment and Reporting Authority, 2011: *Shape of the Australian Curriculum: Languages*, p16
6 National Aboriginal Community Controlled Health Organisation Creating the Cultural Safety Training Standards and Assessment Paper: A background paper, 2011, p. 9
7 Our Culture; Our Future; report on Australian Indigenous Cultural and Intellectual Property Rights, Canberra, 1998, as quoted in Arcioni E, 2003: Defining Native Title – Indigenous Cultural Knowledge and the Native Title Act, University of Wollongong
• Indigenous ancestral remains
• Indigenous human genetic material (including DNA and tissues)
• Cultural environment resources (including minerals and species)
• Immovable cultural property (including Indigenous sites of significance, sacred sits and burials)
• Documentation of Indigenous people’s heritage in all forms of media
  • (including scientific, ethnographic research reports, papers and books, films, sound recordings)

Cultural Safety, Cultural Respect, Cultural Security, Cultural Responsiveness, Cultural Competence

These concepts extend beyond knowledge, and recognise the inadequacies of cultural awareness and sensitivity as drivers of change. They are frameworks for policies and practices to inform attitudes and behaviours in the provision of care of Aboriginal and Torres Strait Islander peoples, whereby the Aboriginal and Torres Strait Islander person and their family may feel culturally secure, safe and respected, because the healthcare institution and the individual practitioner are culturally competent, or rather, are striving to become culturally competent.

Each deserves some explanation, by way of historical and political context.

Cultural Safety (framework)

Cultural Safety had its origins in New Zealand as a nursing concept, as a strategy to equip Pakeha (white) nurses to improve the care offered to Maori. In 1990 cultural safety was mandated in the standards for registration. In other words, culturally safe nursing and midwifery practice is required of all nurses and midwives for initial and ongoing registration.

As defined by the New Zealand Nursing Council in 1992, Cultural Safety is:

*The effective nursing of a person/family from another culture by a nurse who has undertaken a process of reflection on own cultural identity and recognises the impact of the nurse’s culture on own nursing practice. Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.*

Reading the Guidelines for Cultural Safety in Nursing and Midwifery Education, one is struck by the central position of power. The Guidelines are unquestionably political, and warrant part replication here:

> Every interaction between health professional and consumers is unique and powerful, and involves a convergence of experience in what amounts to a relationship between social groups or cultures. These relationships have power or status imbalance and are influenced by the differences in the histories, social status, educational and other realities of the two people in the relationship.

> Culture, in the safety sense, includes all people who differ from the cultures of nursing and midwifery. Being a member of any culture surrounds each person with a highly complex set of activities, values, beliefs and experiences that comprise their shared meanings and thus their reality. Many people evaluate and define members of other groups according to their own realities.

> When one group far outnumbers another, or has the power to impose its own norms and values upon another, a state of serious imbalance occurs that threatens the identity, security and ease of the other cultural group, creating a state of dis-ease.

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8 Ibid
9 New Zealand Nursing Council: Guidelines for Cultural safety in Nursing and Midwifery Education, 1992, p. 9
If those who have some control of power, resources and policies can accept that each human grouping has different needs and ways of doing things, and the right to express those differences, and that individuals in these groups would also differ in a range of ways, then there can be a common starting point in achieving health gains.

Cultural safety has been the starting point for nurses and midwives. Culturally safe nursing and midwifery practice empowers the users of health and disability services.  

Essential features of Cultural Safety:

- An understanding of one’s own culture.
- An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of difference(s).
- It is informed by the theory of power relations. Any attempt to depoliticise cultural safety is to miss the point.
- It is the experience of the recipient of care.
- Cultural Safety is not defined by the caregiver.

Cultural Respect (framework)

Cultural respect acknowledges that the health and cultural wellbeing of Aboriginal and Torres Strait Islander peoples within mainstream health care settings warrant special attention.

Cultural Respect is the:

recognition, protection and continual advancement of the inherent rights, cultures and tradition of Aboriginal and Torres Strait Islander Peoples. ....  

[It] is about shared respect ....[and] is achieved when the health system is a safe environment for Aboriginal and Torres Strait Islander peoples and where cultural differences are respected. It is commitment to the principle that the construcr and provision of services offered by the Australian health care system will not compromise the legitimate cultural rights, values and expectations of Aboriginal and Torres Strait Islander peoples. The goal is to uphold the rights of Aboriginal and Torres Strait Islander peoples to maintain, protect and develop their culture and achieve equitable health outcomes.

It has been developed into a framework document and endorsed in 2004 by the Australian Health Ministers’ Advisory Council’s Standing Committee on Aboriginal and Torres Strait Islander Health.

It aims to influence the health care system at all levels - governance, management and delivery – so that policies and practices become culturally respectful and in doing so, help improve the health care outcomes of Aboriginal and Torres Strait Islander peoples.

Many of the factors contributing to Aboriginal and Torres Strait Islander peoples’ poorer health relate to a lack of confidence in accessing mainstream health services. The issue of accountability ...... is fundamental to achieving a culturally respectful system. There is also a continuing challenge for mainstream policy-makers and planners to be inclusive of the needs and expectations of Aboriginal and Torres Strait Islander peoples during the planning, development, implementation and evaluation of health services.

Within the framework, health is seen as a cultural construct, with culture and identity as central to Aboriginal and Torres Strait Islander peoples’ views of health and wellbeing.

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10 ibid, p 9
11 Australian Health Ministers’ Advisory Council’s Standing Committee on Aboriginal and Torres Strait Islander Health, 2004, Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, 2004 – 2009 p.7
12 Aboriginal Cultural Security: Background Paper, Health Department of Western Australia, p.7, as quoted by AHMAC, op.cit., p.6
It has the following dimensions:

- Knowledge and awareness, where the focus is on understandings and awareness of history, experience, cultures and rights of Aboriginal and Torres Strait Islander peoples.

- A focus on changed behaviour and practice to that which is culturally appropriate. Education and training and robust performance management processes are strategies to encourage good practice and culturally appropriate behavior.

- Strong relationships between Aboriginal and Torres Strait Islander peoples and communities, and the health agencies providing services to them. Here the focus is on the business practices of the organization to ensure they uphold and secure the cultural rights of Aboriginal and Torres Strait Islander peoples.

- Equity of outcomes for individuals and communities. Strategies include ensuring feedback on relevant key performance indicators and targets at all levels.

The Cultural Respect Framework signals that attitudes and knowledge-based strategies provide an important foundation but these must be actively linked to changed behaviour and action. Similarly, behaviour and practice must be linked to assurances of cultural safety and that traditional Aboriginal and Torres Strait Islander peoples’ healing practices are legitimized. It is also important to understand that the compromise of Aboriginal and Torres Strait Islander cultures does not always occur through easily identifiable acts of deliberate omission. It more often occurs through small acts that add up to form substantial breaches of policy.  

The following examples of culturally respectful strategies are offered:

- Policies stating that Aboriginal and Torres Strait Islander peoples using the health service must be given the opportunity to access interpreter services

- Policies, where practicable, offering and enabling Aboriginal and Torres Strait Islander patients access to traditional healers where a patient requests this

- Written protocols regarding maternal and birthing health specific to Aboriginal and Torres Strait Islander women.

The Cultural Respect Framework is striking in its thoroughness, and in its message that there is no one culturally respectful way - the individual service (and those working there) must engage with and seek advice from local Aboriginal or Torres Strait Islander communities as a first step in determining the nature and detail of culturally appropriate policies and practices.

**Cultural Security (framework)**

Cultural Security is defined as

‘commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. It is a recognition, appreciation and response to the impact of cultural diversity on the utilisation and provision of effective clinical care, public health and health system administration.’

It was first coined in Western Australia, and while its usage appears to have been limited to Western Australia and the Northern Territory, it is important because:

- it represents a shift from attitude to behavior, as it focuses on practice, skills and behaviour of the health system as well as individuals within it; and

- it has been incorporated into the concept of Cultural Respect.

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13 ibid, p 13
14 ibid, p.13
16 Thomson: op cit
Cultural Responsiveness (framework)

The term Cultural Responsiveness appears to have arisen from government policies that aim to address and accommodate matters relating to diversity in the broadest of senses and includes gender, sexual preference, disability, age, religion, race and ethnicity.

As defined by the Victorian Health Department, Cultural Responsiveness refers to healthcare services that are responsive to the health beliefs and practices, culture and linguistic needs of diverse populations and communities.

*Cultural responsiveness describes the capacity to respond to the healthcare issues of diverse communities.*

Its focus and intent are about responding to diversity - not specifically to the needs Aboriginal and Torres Strait Islander peoples which are unique and special and are a direct consequence of the history of colonialism.

Cultural Competence (framework)

Cultural Competence first came to prominence though the work of Cross et al (USA) in the late 1980s, who offered the following definition.

*Cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.*

It is a developmental process, with individuals and organizations at various points of knowledge, awareness and skills along the cultural competence continuum.  

In 2005, the Australian National Health and Medical Research Council (NHMRC) published Cultural Competency in Health: A guide for policy, partnerships and participation.

Building on Cross's definition, it makes the point that cultural competence is much more than an awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services. However, it is important to understand that the scope of this document does not extend to cultural competency as applied to Aboriginal and Torres Strait Islander health care. In fact in the document's preface, the Chair writes:

*While the model given in the guide applies generally, the Working Committee sought the advice of the Aboriginal and Torres Strait Islander members of NHMRC on whether the scope should include Aboriginal and Torres Strait Islander issues in relation to cultural competency. Given the need to focus on these issues in depth and the risks associated with not being able to do so in the time available, it was decided to ensure the exemplary work undertaken to date is included and to recommend the development of a specific resource.*

The Cultural Competence continuum was adapted by the Victorian Government Department of Human Services as the Aboriginal Cultural Competence Framework (2008), and may serve as a useful guide. See page 24 at:


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17 Victorian Government, Department of Health, Rural and Regional Health and Aged care Services, Melbourne, Victoria, 2009, Cultural Responsiveness Framework: Guidelines for Victorian Health Services, p. 4
18 National Centre for Cultural Competence, Georgetown University: www.ncccecurricula.info/culturalcompetence/html
19 ibid
20 Australian Government, National Health and Medical Research Council: Cultural Competency in Health: A guide for policy, partnerships and participation, 2005, p. 7
21 ibid, p. 1
Summary

The following table may prove useful in identifying the differences in the terms and concepts that have been discussed.

<table>
<thead>
<tr>
<th>Term</th>
<th>Key point</th>
<th>Utility</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural awareness</td>
<td>Underpinning knowledge and attitudes</td>
<td>Not sufficient. Alone does not lead to change in behaviour or practice. Foundation for further development</td>
<td>A necessary initial step</td>
</tr>
<tr>
<td>Cultural sensitivity</td>
<td>Underpinning knowledge and attitudes</td>
<td>Not sufficient. Alone does not lead to change in behaviour or practice. Foundation for further development</td>
<td>A necessary early step</td>
</tr>
<tr>
<td>Cultural knowledge</td>
<td>Fundamental to the health and well being of Aboriginal and Torres Strait Islander peoples Underpinning knowledge</td>
<td>Enabled through engagement with Aboriginal and Torres Strait Islander individuals and communities</td>
<td>Remains the property of Aboriginal and Torres Strait Islander groups and communities</td>
</tr>
<tr>
<td>Cultural security</td>
<td>Government framework document</td>
<td>Has been superseded</td>
<td>Represents a shift from attitude to behaviour</td>
</tr>
<tr>
<td>Cultural responsiveness</td>
<td>Government framework document</td>
<td>Not Aboriginal and Torres Strait Islander specific Useful for issues relating to diversity (generic)</td>
<td>Provides understanding of an all of systems approach for dealing effectively with notion of diversity</td>
</tr>
<tr>
<td>Cultural safety</td>
<td>A political concept: personal, institutional and system</td>
<td>Identifies shortcomings of cultural awareness and sensitivity, and identifies power and its consequences</td>
<td>Determined by care recipient</td>
</tr>
<tr>
<td>Cultural respect</td>
<td>Government framework document</td>
<td>Aboriginal and Torres Strait Islander specific Acknowledgement of the key role of Aboriginal and Torres Strait Islander communities in determining culturally appropriate care</td>
<td>Advancement of inherent rights of Aboriginal and Torres Strait Islander peoples</td>
</tr>
<tr>
<td>Cultural competence</td>
<td>Framework document</td>
<td>Not Aboriginal and Torres Strait Islander specific Useful for issues relating to diversity (generic)</td>
<td>An on-going process, whereby individual, organisations and societies may plot their progress. A worthy aspiration</td>
</tr>
</tbody>
</table>
Conclusion

There are numerous other terms that relate to, or may be associated with culture, for example, cultural violence, cultural desire, cultural humility and cultural brokerage. However nurses and midwives must acquire cultural awareness and sensitivity as first steps towards the recognition of the need for, and the provision of, culturally respectful care – care which is deemed by the patient/client to be culturally safe.

The frameworks discussed can be used in ways other than this document states – for example, cultural competence may indeed relate to an individual’s, an organisation’s or a system’s ability to provide care to Aboriginal and Torres Strait Islander peoples. However while cultural competence does not apply specifically to the provision of care for Aboriginal and Torres Strait Islander persons or communities, there is much to be learned from reading documents such as the NHMRC’s document: Cultural Competency in Health: A guide for policy, partnerships and participation. Learnings from this relate generally to the notion of cultural diversity - not to considerations of engagement with Aboriginal and Torres Strait Islander peoples. Inevitably, Aboriginal and Torres Strait Islander peoples determine if the care received is culturally safe and respectful.

Nurses and midwives need to understand the inherent power imbalance in the nurse-patient relationship and how power specifically applies to their own relationship with Aboriginal and Torres Strait Islander patients.

Further, nurses and midwives need to recognise racism in all its various guises in their own practice - and react appropriately and professionally. This commitment is required of all nurses and midwives in the Codes of Ethics.

Most importantly nurses and midwives must acknowledge the rights of Aboriginal and Torres Strait Islander peoples to define and determine what constitutes culturally safe and respectful care.
Selected Bibliography

The key documents that informed this work are listed below:

*Australian Curriculum Assessment and Reporting Authority, 2011: Shape of the Australian Curriculum: Languages* [www.acara.edu.au/verve/_resources/Languages_-_Shape_of_the_Australian_Curriculum.pdf](www.acara.edu.au/verve/_resources/Languages_-_Shape_of_the_Australian_Curriculum.pdf)


*Thomson N: 2005, Cultural respect and related concepts: a brief summary of the literature. Australian Indigenous Health* *Bulletin* *Vol 5 No 4 Oct-Dec 2005*
