



Moving on: From debate to deeper conversations

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During the 1980s and 1990s Dr Irihapeti Ramsden, a nurse educationalist, challenged those with power in health institutions to examine the impact of their power on health outcomes. Her work on Kawa Whakaruruhau (cultural safety) broke new ground (Ramsden, 1990b). This radical concept became a framework for critically analysing coloniser/colonised (binary) power structures in nursing education and practice. The seemingly small reorienting of words from “*irrespective of difference*” to “*respective of difference*” in healthcare (Ramsden, 1990a, p. 35), shifted the focus of care from the provider to the recipient of care.

A critical analysis of power helped identify persistent inequities in healthcare outcomes for Māori. The ideas that inequality of outcomes existed or mattered, that inequality should be addressed or, that nurses could and should address it in their practice, ignited a sustained and heated debate in the popular media. As a Pākehā nursing lecturer I was at the forefront of supporting Irihapeti’s challenge and debate to bring about change in nursing education. With Pākehā colleagues I worked with Pākehā nursing students analysing, identifying, and deconstructing institutional racism (Richardson, 2010). Ramsden and Spoonley (1994) noted, “There was a meeting of the cultural myopia (short-sightedness) of colonialism with the cultural awareness of postcolonial approaches with little common ground between the two” (p. 168). Over the last thirty years has the common ground increased? Yes and no.

Ramsden (1990a) said that for change to happen the “separate reality of Māori needs to be acknowledged and recognised as does the reality of Pākehā” (p. 35). When both realities are acknowledged the relationship moves to a shared understanding through more dialogue and less debate and argument. Two decades into the 21st century, the visibility of Māori working with their reality is increasing. Alas, there is not the same level of tauwi (non-Māori New Zealanders) working with their reality of power and how this might perpetuate inequity. Having returned recently from



eight years teaching in Darwin Australia, I have observed rising levels of tauwi tension in relation to Māori visibility working with Māori reality. Perhaps this fear might be driven by anxiety about losing power. Blaming and debating right/wrong or doing nothing are not options, transcending the binary is. For tauwi 'moving on' in 2021 is about turning away from the ongoing and ceaseless chatter of racism and 'moving to' a place where Tiriti partnerships are negotiated with different language. Language demonstrating relationships of co-operation, understanding, negotiation, respect, and recognition of realities. If equity and transcending the coloniser/colonised relationship is an outcome of cultural safety we have some way to go.

In 2021 health inequities continue, racism continues, there has been little enduring change. To achieve cultural safety in health services tauwi need to be present, active, and engaged in bringing about equitable healthcare delivery. This means making a commitment to understanding what cultural safety means for them and how it works in practice. Kawa Whakaruruhau began with an analysis of power in healthcare. The need for ongoing analysis is as compelling now as it was thirty years ago. Using language mirroring respect, acknowledgement of power, shared meaning, and equitable negotiation with Te Tiriti partners, will go some way to understanding and creating culturally safe healthcare environments.

References

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