



Cultural Safety and Indigenous Authority in Nursing and Midwifery Education and Practice

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Editorial: Cultural Safety and Indigenous Authority in Nursing and Midwifery Education and Practice

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We begin by acknowledging the sovereignty of Indigenous Peoples across the Earth as the traditional custodians of Country, and their timeless and embodied relationships with cultures, communities, lands, waters, and sky. We honour children born and yet to be. We pay our respects to Elders, past and present, particularly those who led the way, allowing us to realise our own calling to be healers.

We the guest editorial team, are an international collaboration of Indigenous nurse scholars from Australia, Aotearoa (New Zealand), Canada, the United States of America, and Central America. Although we come from different countries, we share observations and experiences of disadvantage in the social and cultural determinants of health faced by our communities, clans, and Nations. Likewise, we share observations and experiences of transformations and overcoming disadvantage through the application of our Indigenous knowledges, skills, strengths, and resilience. These transformations fuel our resolve and commitment to continue the work of dismantling oppressive practices in the nursing profession.

Never has the ongoing impact of neo-colonialism been more apparent than in the higher rates of mortality and morbidity for Indigenous Peoples than during this global pandemic (Power, Wilson, et al., 2020). Zoonotic diseases such as COVID-19 (Austin, 2021), recent loss of biodiversity and wildfires stem from the capitalist driven destruction of the natural world introduced by 'imperial and colonial structures' (Lambert & Mark-Shadbolt, 2021, p. 368; Long et al., 2021). Change is occurring as a result. There is growing recognition by governments and the general public that Indigenous knowledges, and ways of being and doing, such as cultural burning practices by First Nation Australians and Native American Tribes to manage environments, provide 'solutions to prevent or mitigate future disasters' (Lambert & Mark-Shadbolt, 2021, p. 368; Long et al., 2021). Likewise, Indigenous authorities guiding the development of Cultural Safety in curricula and healthcare is necessary to end societal, institutional, and interpersonal racism in health systems; improve Indigenous Peoples access to culturally safe healthcare; and, achieve equitable outcomes for education, health, and wellbeing (Best, 2021; Geia et al., 2020; Power, Geia, et al., 2020; Sherwood et al., 2021).

Dr Irihapeti Ramsden (2002, p. 1), the architect of Cultural Safety, maintained that understanding 'historical, social, educational, physical, emotional and political influences' are critical to developing and embedding Cultural Safety constructs into nursing and midwifery. 'Cultural Safety originated from the Māori response to difficulties experienced in interaction with the western based nursing service' (Ramsden, 2002, p. 110). Our collaboration builds on Ramsdens' work and like Ramsden, we aim to address the deep inequities and difficulties in western based nursing and midwifery services and workforce in our respective countries and across the globe.

In response to the gross disparities in health outcomes between Indigenous and non-Indigenous people, and a lack of parity in nursing and midwifery workforces, Cultural Safety is increasingly being mandated through legislated standards, codes and guidelines for the nursing and midwifery professions including course accreditation standards in Australia, New Zealand, and Canada (yet absent from the United States) (Australian Nursing and Midwifery Accreditation Council, 2019; Canadian Nurses Association [CNA], 2021; Nursing and Midwifery Board of Australia, 2018; Nursing Council of New Zealand, 2011). The sanctioning of Cultural Safety's inclusion in curricula, compels nursing and midwifery academics worldwide to engage in the Cultural Safety space. However, it is well documented that the majority of non-Indigenous academics are not confident to teach Cultural Safety and Indigenous health and there is a dearth of understanding of what Cultural Safety actually is and how to enact and teach it (Doran et al., 2019; Power, Geia, et al., 2020; Wilson & Barton, 2012). There is also a degree of apathy present whereby Cultural Safety and Indigenous health content can be viewed as somebody else's problem (Virdun et al., 2013). This means that ultimately the responsibility for the transformation of Cultural Safety and Indigenous health curricula, to produce Culturally Safe nurses and midwives, continues to fall on a small number of Indigenous academics (Drummond, 2020; Geia et al., 2020; Power, Geia, et al., 2020; Sherwood et al., 2021). Further tensions occur, as Indigenous academics teaching Cultural Safety and Indigenous content are generally expected to shoulder the responsibility for indigenising curricula (Best & Stuart, 2014).

For Indigenous academics, indigenising curricula involves ensuring Cultural Safety for both students and faculty members, supporting Indigenous students, and drawing on their relationships with external Indigenous people and organisations to achieve university aspirations of connection to community (Best & Stuart, 2014; Drummond et al., 2020). Yet, Indigenous academics do this under-resourced and under-supported, while confronting historical and contemporary trauma and daily racism (Drummond et al., 2020). Despite these burdens, we Indigenous scholars, working at the 'cultural interface', (Drummond, 2020, p. 129) recognise that we have obligations and responsibilities to our ancestors, elders, and communities and the Indigenous authority required to 'call for new songlines of reform' in nursing and midwifery education (Geia et al., 2020, p. 298). In doing so, indigenisation becomes a process of resistance and persistence, whereby action is required to deconstruct the academy's narrow conceptions of Indigenous Peoples and re-construct a rights-based approach to culturally safe practice (Pete et al., 2013). Indigenous authorities overseeing the embedding of Cultural Safety will ensure the Human Rights of Indigenous Peoples, where cultural sovereignty and cultural integrity of the service provider and recipient are maintained (Canadian Nurses Association [CNA], 2021; United Nations, 2007).

Nurse educators have acknowledged the importance of culture for decades. Yet, as we enter 2022, inequities in nursing and midwifery workforce and health outcomes among Indigenous Peoples provide stark evidence that care delivered by nurses (the largest health workforce globally) and other health professionals continues to perpetuate and maintain racist practices and institutions. Indigenous Peoples frequently report experiencing ethnic discrimination in Western mainstream health services and the difficulties they have in accessing health services in which they feel culturally safe (Clark et al., 2018; Crengle et al., 2012; Houkamau et al., 2017; Mbuji et al., 2017; Wepa & Wilson, 2019; Wilson & Barton, 2012). The time has come for nursing and midwifery to properly embed Cultural Safety in curricula to improve access and care offered to Indigenous Peoples with an anticipated flow on effect into practice. Ramsden (1990, p. 3) concluded, 'as long as Māori [the Indigenous Peoples of Aotearoa] people perceive the health service as alien and not meeting our needs in service, treatment, or attitude, it is culturally unsafe. A dangerous place to be'. A truthful and well-defined understanding of Cultural Safety in nursing and midwifery education, in both developing and teaching Cultural Safety needs to be everyone's business, and not just left to the handful of Indigenous nursing and midwifery academics to ensure. To dismantle the many forms of intersectional discrimination that Indigenous Peoples face globally in the pursuit of healthcare honours Irihapeti Ramsden and her intellectual gifting of the Cultural Safety model to nursing (Cox & Best, 2019).

The focus on Cultural Safety in this special issue is therefore timely. This special issue honours Indigenous authority in that it is edited by a global group of Indigenous nurse scholars. Within this special issue, authors provide examples of Indigenous and non-Indigenous academics working together and heartedly demonstrate non-Indigenous nurse academics attempts to take responsibility in the Cultural Safety space. What is unique to this issue, is that Indigenous leaders, are working at creating culturally safe nursing and midwifery practices and are seeing the shift from tokenism to acknowledgment and recognition of the human rights of Indigenous Peoples across the globe and the need to honour Indigenous knowledges. It is an honour and with great pleasure that we present this issue of Contemporary Nurse: Cultural Safety for Indigenous Peoples in nursing and midwifery education and practice.

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