



**Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN). (2001). Strategic Framework for the Inclusion of Indigenous Health in Nursing Curricula and the Development of Recruitment and Retention Strategies for Indigenous Australians in Nursing Education.**

**Cooney, C. (1994) A Comparative Analysis of Transcultural Nursing and Cultural Safety. *Nursing Praxis in New Zealand*. Vol. 9(1) p.6-11.**

The purpose of this paper is to consider the similarities and differences between transcultural nursing and cultural safety, and through this to show why cultural safety is a more appropriate pathway for New Zealand nursing education in working to improve overall health of the population.

**Coup, A. (1996) Cultural Safety and Culturally Congruent Care. *Nursing Praxis in New Zealand*. Vol. 11.**

This article compares the two leading theories in the delivery of culturally appropriate nursing care – Irihapeti Ramsden's concept of "Cultural Safety" with the concept of "Transcultural Nursing" developed by Madeleine Leininger. It is contended in this article that Leininger's concept contains elements which would be considered culturally inappropriate and unsafe for Maori. The author concludes that the Kawa Whakaruruhau (Cultural Safety) educational process and content is more realistic because student nurses are not expected to become cultural experts and the educational objectives for Cultural Safety appear to be achievable and appropriate for all cultures whether minority or dominant.

**Couzos, Sophia and Murray, Richard. Aboriginal Primary Health Care: An Evidenced-based Approach. South Melbourne: Oxford University Press, 1973.**

**Davidhizar, Ruth. Teaching Culture Within the Nursing Curriculum Using the Giger-Davidhizar Model of Transcultural Nursing Assessment. *Journal of Nursing Education*, 40, 6 (September 2001): 282-284.**

This article explores key elements in teaching cultural competency in nursing schools. Some of these key elements include the development of a respectful attitude toward others in encountering beliefs, rituals different from ones own, self-awareness. Options for teaching cultural competency in nursing curriculum are explored including culture as a thread integrated through all courses, or alternatively, cultural competency taught as a separate course.

**Dowd, Toni and Eckermann, Anne-Katrin. Cultural danger or cultural safety: remote area health services. *The Australian Nurses Journal*, 21, 6. (December/ January, 1992), pp. 11-12.**

This article provides a discussion of the concept of Ramsden's "Cultural Safety." The author contends that cultural safety is more than the 'aboriginalization' of existing health services. The article gives an example of a culturally unsafe health encounter in which doctors put pressure on an Aboriginal woman to give birth in the hospital, despite her decision to give birth in her local community. One of the most important things to be gained from this article is the idea that a 'culturally unsafe' circumstance is one in which people perceive the health service as alien and not meeting needs in service treatment or attitude.

**Dowling, Jennifer. Transversing the cultural gap- Cultural Awareness on Deployments. Available On-Line:**

<http://www.defence.gov.au/dpe/dhs/infocentre/adfnursingofficers/forum/2002/Cultural%20Diversity%20in%20the%20ADF.doc>.

This paper explores the needs, attitudes, perceptions and understanding of nurses to the issue of cultural safety. The article elaborates on the ideas of Irihapeti Ramsden regarding cultural safety. It describes terms such as culture shock, and cultural relativism and their importance in grasping the skills required for culturally safe care. This article is useful in describing the gap between current ethnocentric attitudes of health professionals, and those needed for the adoption of culturally safe practice.

**Downey, Bernice. Aboriginal Health Human Resources: "A Pillar for the Future." October 2003.**

This paper presents an overview of health human resource issues and initiatives for both the Aboriginal and non-Aboriginal population of Canada. A literature review and reliance on data compiled in the 1996 Royal Commission on Aboriginal Peoples informs discussion of what is known in the area of Aboriginal Health Human Resources (HHR). Focus is placed on describing HHR issues related to Traditional Healing and Midwifery, Cultural Competency, and Aboriginal Self- Determination. The report concludes with a useful overview of current initiatives occurring at the national level which will have an impact on Aboriginal HHR issues in the future.

**Durie, Mason. 2001. Cultural competence and Medical Practice in New Zealand.**

**Available On-line:** <http://aictp.com/Resources/Cultural%20Competence.html>.

In this paper, Dr. Mason Durie, head of the School of Maori studies at Massey University in New Zealand, discusses the differences between cultural competence and cultural safety. He outlines the fact that the medical community in New Zealand has adopted the cultural competence approach rather than the cultural safety approach in order to avoid the political connotations of the latter. Durie attempts to elaborate on the notion of what cultural competency means in relation to Maori health.

**Flores, G and Gee, D. and Kastner, B. The Teaching of Cultural Issues in U.S. and Canadian Medical Schools. *Academic Medicine*, 75. pp. 451-455.**

**Available on-line:**

<http://www.academicmedicine.org/cgi/content/full/75/5/451?maxtoshow=&HITS=10&hits=>

...

The purpose of this study is to determine the number of U.S. and Canadian medical schools that have courses on cultural issues and to examine the format, content and timing of those courses. The results of the study were that very few schools had separate courses specifically addressing cultural issues and that most did not teach about specific cultural issues of the largest minority groups. The overall conclusion of the study was that most U.S. and Canadian medical schools provide inadequate instruction about cultural issues, especially the specific cultural aspects of large minority groups including Aboriginal/ Native American peoples.

**Health Canada. (1999). Social inequality in the health of Canadians. In Curtis, J., Grabb, E. & Guppy, N. (Eds.), *Social inequality in Canada: Patterns, problems, policies* (3<sup>rd</sup> ed.) (pp.300-314). New Jersey: Prentice Hall.**

**Irvine, J, MacDonald S. University northern health service programmes in medical colleges in Canada. Arctic Med Res 1994; 53 (Suppl) 86-91.**

Seven Canadian university medical faculties have formal programs involving the provision of health services in northern Canada. These northern programs were established in order to meet the need for improved northern health care including the need to be involved with the provision of itinerant specialist and general practitioner services to support the work of primary care nurses. This paper presents a brief historical overview of the origins of some northern university programs, their development and changes, and discusses the evolving role of universities in providing health services in Canada's North.

**Jerome, Les and Collins, Don. Social Work Interviewing Skills with Aboriginal Clients. Alberta College of Social Work Conference.**

Social work interviewing skills with Aboriginal clients must incorporate core Western-interviewing skills yet must include added components essential for effective practice. The article outlines seven essential elements in providing culturally competent social work with Aboriginal peoples. It emphasizes the importance for interviewers to be aware of the historical and contemporary forces of oppression and the impact that they have on Aboriginal and non-Aboriginal relations. It also presents a set of values that will work to improve trust and improve the interviewer-client relationships. These values include non-interference, spirituality, cooperation, community, family orientation, sharing, and time.

**Leininger, M. (1998). Leininger's theory of nursing: Cultural care diversity and universality. Nursing and Health Care, 1, 152-160.**

**Leininger, M. (1991). Transcultural Nursing: The Study and Practice Field. Imprint (April/ May).**

This article discusses the need for change in nursing practices, as nurses educated in mainstream Western universities (term?) encounter patients of different cultures from their own, and have difficulty addressing these needs. Transcultural nursing emphasizes how people are enculturated, grow and learn certain values important to a culture. Nurses study various cultures to learn their theories on health and illness. The article is useful in giving concrete examples of culturally insensitive care. In so doing, it describes why some groups are reluctant to seek mainstream professional health services.

**Lenburg, C. (1995). Introduction and content to promoting cultural competence. Washington, DC: American Academy of Nursing.**

**McClennon-Leong, J., & Kerr, J.R. (1999). Alternative health care options in Canada. Canadian Nurse, November, 26-30.**

**Narayan, M. (2002). Six Steps Towards Cultural Competence: A Clinician's Guide. Home Health Care Management & Practice, 1 August 2002, vol. 14, no. 5, pp. 378-386(9) - SAGE Publications**

This article explores six concrete steps that homecare clinicians can take to provide care that meets the cultural needs and expectations of patients from diverse populations. The article concludes that those clinicians that approach cross-cultural patient encounters by acknowledging that the patient and family are experts about their cultural norms and viewing cultural competence as an on-going process rather than a static end-goal will achieve the most effective outcomes with their patients of diverse cultures.

**Nursing Council of New Zealand. Guidelines for Cultural Safety, the Treaty of Waitangi, and Maori Health in Nursing and Midwifery Education and Practice, <http://www.nursingcouncil.org.nz/culturalsafety.pdf>, March 2002.**

This report articulates guidelines to minimize current confusion in the relationship between cultural safety, the Treaty of Waitangi (the founding document of New Zealand) and Maori health, to help to move toward a national approach on providing care to the Maori peoples of New Zealand. The Nursing Council of New Zealand attempts to redefine cultural safety as an outcome of nursing and midwifery education that enables safe service to be defined by those who receive the service. A culturally safe education involves the nurses becoming aware of their role as cultural bearers. Awareness of power relationships and ability to evaluate the impact that historical, political, and social processes have on health of clients are amongst learning outcomes identified in the report.

**Parboosingh, J. (2003). Medical schools' social contract: More than just education and research. Canadian Medical Association Journal, 168 (7), 852-853.**

This article asserts that medical schools will need to formally address their roles not only in education and research but also their social roles in the community. Social accountability in medical schools means that medical schools have an obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region and /or nation they have a mandate to serve.

**Paterson, B., Osborne, M. & Gregory, D. (2004). How different can you be and still survive? Homogeneity and difference in clinical nursing education." *International Journal of Nursing Education Scholarship, 1(1), 1-13.***

**Paul, David. (1998). "It's not as Easy as just Walking in the Door': Interpretations of Indigenous People's Access to Health Care." *Australian Journal of Primary Health- Interchange Vol.4, No.1.***

[From Abstract] "This paper explores how the cultural appropriateness of health care services is a determinant of whether they are accessed or not. Contemporary attitudes, and their historical roots, are key issues that need to be addressed by health care providers and services. It illustrates that access issues are not merely caused by the local availability of health centers to indigenous peoples, but also the psychological barriers preventing Aboriginal people from accessing care. This article makes the key recommendations that health care providers need to become fully aware of the social, cultural, economic and political determinants of health."

**Pence, Alan, and Ball, Jessica. "Two sides of an eagle's feather: University of Victoria partnerships with Canadian First Nations communities." *Early Childhood Services: Theory, Policy and Practice.***

**Polaschek, N.R., (1998). Cultural safety: a new concept in nursing people of different ethnicities. *Journal of Advanced Nursing, 27, 452-457.***

This paper elaborates on the meaning of cultural safety. An important point asserted in this paper is that while changes in the attitudes of individual nurses can make a difference, cultural safety's focus on the individual nurse must be complimented by attention to collective issues such as general nursing policies, the nursing settings in which care is provided, and the broader health structures of which nursing is a part.

**Raphael, Dennis. (2004). Social Determinants of Health: Canadian Perspectives. University of Toronto Press ; ISBN: 1551302373**

**Ramsden, I. (1992) *Kawa Whakaruruhau: Guidelines for nursing and midwifery education*. Wellington, NZ: Nursing Council of NZ.**

**Ramsden, I. (1996). The Treaty of Waitangi and cultural safety: The role of the Treaty in nursing and midwifery education in Aotearoa. In Nursing Council of New Zealand, *Guidelines for cultural safety in nursing and midwifery education*. Wellington, NZ: NCNZ.**

**Ramsden, Irihapeti. (2002) Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu. Available On-line: <http://culturalsafety.massey.ac.nz/RAMSDEN%20THESIS.pdf>. Victoria University, Wellington.**

This doctoral thesis documents the evolution of the concept "Cultural Safety" from its origins in the late 1980s in New Zealand to the present usage. Ramsden gives various examples from her own experience as a Maori nurse of the issues that arise in delivering culturally safe care. In addition, Ramsden attempts to differentiate the concept of Cultural Safety from other popular approaches to educating health professionals including "Transcultural Nursing."

**Redwood-Campbell, L., MacDonald, W.A., Moore, K. (1999) "Resident's exposure to aboriginal health issues, Survey of family medicine programs in Canada. *Canadian Family Physician*." Vol.45, p.325-330.**

The aim of this study was to determine whether Canadian family medicine residency programs currently have objectives, staff and clinical experiences for adequately exposing residents to Aboriginal health issues. The survey found that no programs had formal, written curriculum objectives for residency training in aboriginal health issues, although some were considering them. No programs had a strategy for encouraging enrollment of residents of Aboriginal origin. Also, the study found that elective experiences in Aboriginal health were available in 16 programs, and 11 programs were active on reserves. The conclusions of the study were that many Canadian family medicine programs give residents some exposure to Aboriginal health issues, but most need more expertise and direction on these issues. Also, the introduction of formalized objectives, created in collaboration with other family medicine programs and Aboriginal groups would improve the quality of education in Aboriginal healthcare in Canada.

**Shah, C.P. and Svoboda, T. The Visiting Lectureship on Aboriginal Health: An Educational Initiative at the University of Toronto. *Canadian Journal of Public Health*, 87, 4. (July-August 1996): 272- 274.**

One of the major deficits in Canadian universities is a lack of Aboriginal curriculum content. This paper describes the annual program of the Visiting Lectureship on Native Health at the University of Toronto as one of the ways to increase Aboriginal curricular content. Each year, the lectureship revolves around one Aboriginal health theme. These themes are explored through a series of lectures, seminars, workshops and workshops led by Aboriginal experts. The lectureship aims to influence its audience to deliver culturally appropriate services, formulate culturally relevant policies, and become advocates for Aboriginal causes. The hope is that the Lectureship, in setting a precedent for promoting Aboriginal health issues, will encourage institutional level change through the adoption of Aboriginal studies curriculum into current programming.

**Smye, V. & Brown, A.J. (2002). Cultural safety and the analysis of health policy affecting aboriginal people. *Nurse Researcher*, 9(3), 42-56.**

This paper explores the exportability of the concept of 'cultural safety' from the healthcare discourse in New Zealand to inform mental health policy discourse in British Columbia, Canada. The paper highlights the limitation in current illness service models for addressing the mental health needs of Aboriginal people in Canada. It advocates the need to address root factors behind mental health problems for Aboriginal people, including unemployment, poverty, poor education.

**Smylie, Janet. A guide for Health Professionals Working with Aboriginal Peoples: Health Issues Affecting Aboriginal Peoples. SOGC Journal, No.100, January 2001: 1-15.**

**Wachtler C. and Troein M. "A hidden curriculum: mapping cultural competency in a medical programme" *Medical Education*, October 2003, vol. 37, no. 10, pp. 861-868(8), Blackwell Publishing**

This study was performed in order to evaluate the current status of cultural competency training at one medical school in southern Sweden. In assessing the curriculum at this medical school, the authors used the perspectives of both written learning objectives, the intentions of the instructors teaching the course, and the perspective of students receiving the lectures. The results of the study were that cultural competency was not clearly defined in the planned curriculum and is not thematically presented in the taught curriculum. For these reasons, cultural competency training is considered "hidden." The authors recommend that cultural competence education could be improved by the establishment of clearly articulated definitions of cultural competence. As well, some form of assessment of these skills should be established.

**Wepa, Dianne. (2001). An exploration of the experiences of cultural safety educators. Available On-line: <http://www.hauora.com/downloads/files/ACF309C.PDF>. Massey University, New Zealand.**

The aim of this study is to review the evolution of cultural safety as a unique model specific to nursing education, identify key issues for four educators from New Zealand schools of nursing using action research, implement change in the participant's teaching as a result of using reflective diaries, and make recommendations to address issues arising from the participant's experiences.

**Raphael, Dennis. (2004). Social determinants of health: Canadian Perspectives.**