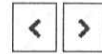




JANINE MOHAMED: CULTURAL SAFETY MATTERS – THE CONVERSATION WE NEED TO KEEP HAVING



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JANINE MOHAMED IS A NARRUNGA KAURNA WOMAN FROM POINT PEARCE IN SOUTH AUSTRALIA, AND IS CURRENTLY CEO OF CATSINAM, THE CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES. SHE HAS OVER 20 YEARS EXPERIENCE IN NURSING, MANAGEMENT, HEALTH WORKFORCE, HEALTH POLICY, AND PROJECT MANAGEMENT IN THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SECTOR.



I rang my dad over the weekend. We'd hardly begun yarning before he asked me: "What's this about white nurses having to apologise to us for being white?"

I could have just said, "Dad, you should know better than to believe what the mainstream media says about us."

But instead I took the time to explain the truth behind recent misleading media reports on new codes of conduct for nurses and midwives.

Media outlets have aired wrongful claims that the codes would force white nurses to 'apologise to Indigenous clients for being white'.

The codes do **not** say that – that idea was invented and then pushed on these media programs.

As [Luke Pearson recently wrote for IndigenousX](#), these stories were not based in facts, but seem to have been driven by the partisan politics of a fringe nursing group, and conservative politicians who have been approached to comment on the wrongful claims.

I took the time to have the conversation with my Dad because it is important people understand how significant these new codes are for efforts to improve the care of our people, hence I thought it important to reach out to the readers of IndigenousX too.


I am sure that some of our nursing and midwifery members and community will be hearing disturbing claims.

Let me be clear, nurses and midwives under the new code do not have to announce their 'white privilege' before treating Indigenous clients.

I also had the conversation because, to be honest, I am really proud of these new codes, and not only because the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) contributed to their development, which included extensive consultation across nursing and midwifery and at the time **no one** opposed the inclusion of cultural safety.

We are delighted the Nursing and Midwifery Board of Australia (NMBA) listened to CATSINaM in developing these new codes, and took on board our advice that cultural safety should be recognised as an integral part of ethical and competent professional practice. Further, they cited some of our work at CATSINaM in materials supporting the code.

CATSINaM has been at the forefront of advocating for cultural safety training for health professionals at all levels of health systems in order to improve care for both Indigenous clients and their families. Improving the cultural safety of workplaces is also a vital strategy for improving the recruitment and retention of Indigenous health professionals and staff. We need more of our people in the health system.



"Institutional resistance is a critical barrier to overcome when embedding cultural safety in an organisation."

Rather than being criticised by sensationalist, inaccurate reports, the NMBA deserves credit for showing leadership in the area of cultural safety. They have set a great example for other health professions and organisations. It wouldn't be the first time that nurses and midwives have been at the forefront of leading change.

In fact, this is also not the first time this has happened. In many ways, Australia is playing a game of 'catch up'.

In New Zealand, cultural safety is part of the nursing and midwifery code of conduct and also in the laws that nurses and midwives must follow to be registered to practice. This happened well over 10 years ago because many Maori nurses worked hard for many years to teach their non-Maori colleagues about cultural safety and gain their support so they could provide better care for their people. This is considered completely normal in New Zealand.

Under the new codes, which took effect on 1 March, nurses and midwives must take responsibility for improving the cultural safety of health services and systems for Aboriginal and Torres Strait Islander clients and colleagues.

They are required to provide care that is "holistic, free of bias and racism", and to recognise the importance of family, community, partnership and collaboration in the healthcare decision-making of Aboriginal and/or Torres Strait Islander people.



"Learning about cultural safety is a life-long transformative journey. Non-Indigenous people, particularly white Australians, have a critical and necessary role to play in creating cultural safety."

The codes advocate for culturally safe and respectful practice and require nurses to understand how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues (for more information on our position on Cultural Safety please visit our [website](#)).

As part of such reflexive practice, nurses and midwives are encouraged to consider issues, such as white privilege, and how this can affect the assumptions and practices they bring to the care of clients and how they interact with their families. It must be said that privilege has been discussed in Australia for some time – although we are more used to talk about class privilege in Australia – those who have more financial resources compared to those who don't.

Over time we have recognised there different forms of privilege – men have male privilege in contrast to women. Able-bodied people have able-bodied privilege compared to people living with different types of disabilities. Heterosexual people have heterosexual privilege compared to people who are lesbian, gay, bisexual, transgender, intersex or queer. Not to mention what we have been socialised to believe is normal!

Many people have campaigned for decades to help us learn about these different forms of privilege and do something to change inequity they cause. This has involved education, advocacy, legislation, policies and professional codes of conduct. The acknowledgement of these different forms of privilege and the non-acceptance of biased treatment has resulted in improved circumstances for women, people living with disabilities and lesbian, gay, bisexual, transgender, intersex or queer people. But there is still a long way to go in all of these areas, and especially so where they intersect.

There has been considerable work over the last 20-30 years to talk about white privilege and address the inequity that many white Australians don't see or realise is there, although Aboriginal and Torres Strait Islander Australians live this every day.

Cultural safety training does include examining how Indigenous people have been locked out of the opportunities that most white people take for granted by past policies and this has resulted in intergenerational exclusion and Indigenous disadvantage. This means that white privilege is one of the areas that people must explore and understand. This is what the codes are asking nurses and midwives to do – to think this through so they do not make incorrect and unhelpful assumptions based on their idea of what is normal for non-Indigenous Australians, particularly white Australians.

A glossary accompanying the new codes cites CATSINaM materials. It identifies that the concept of cultural safety was developed more than 20 years ago in a First Nations' context (in New Zealand) and holds that the recipient of care – rather than the caregiver – determines whether care is culturally safe. That means **you** determine if the care you receive is culturally safe.

Instead of providing care regardless of difference, such as when people say 'I treat everyone the same', to providing care that takes account of peoples' unique needs. This includes their cultural needs.

While this is important for Indigenous clients, it also has the potential to improve **all** clients' care by encouraging health practitioners to be more reflexive and responsive to the needs of different clients.

Despite what recent headlines might have us believe, there is widespread support for cultural safety's implementation across the health system.

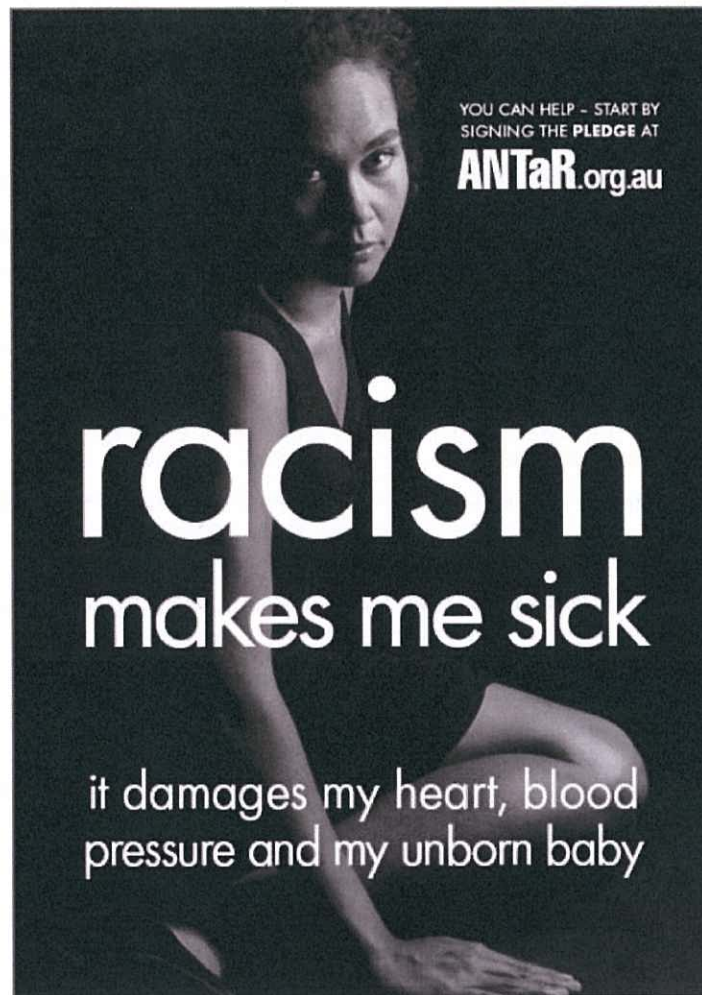
The National Aboriginal and Torres Strait Islander Health Plan: 2013-2023 (2015) and its associated Implementation Plan (**both available here**) identify the importance of cultural safety in addressing racism in the health system, and many health services already provide cultural safety training for their staff.

The Australian Nursing and Midwifery Federation, the Australian College of Nursing, the Australian College of Midwives are united with CATSINaM in **strongly supporting** the guidance around cultural safety in the new codes of conduct.

The Council of Deans of Nursing and Midwifery also **considers cultural safety an integral part of competencies** for registered nurses and midwives. Providing culturally safe care that is free from racism should be a **normal** expectation. All health professionals learning about cultural safety and building it into their codes of conduct is a very important step to this becoming a reality. Hence nurses and midwives are currently required to study Aboriginal and Torres Strait Islander health, culture, history, and cultural safety as part of their study programs.

Cultural safety is talked about and implemented in other fields, including education, and family and community services, although people in these fields are still learning about it so it is not always standard practice yet. In fact, CATSINaM recommended cultural safety training for journalists in our submission to the recent Senate Inquiry into the future of public interest journalism, and the latest media fracas indicates just how sorely this is needed.

It is important that we continue these conversations about the importance of cultural safety for healthcare and other systems - they are potentially life-saving.



For IndigenousX readers who wish to contribute to the discussion, I suggest you read the [joint statement from nursing and midwifery organisations](#) and the codes of conduct, which can be [downloaded here](#).