We carry their stories: Narratives of cultural safety practice in day-to-day nursing practice

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Narratives of how registered nurses apply cultural safety knowledge in their day to day nursing practice-cultural safety 20 years on
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Outline

- Positioning cultural safety in time and place.
- Overview of research.
- Objective
- Methodology
- Findings
- Implications for nursing education
Positioning cultural safety in time and place

- An educational strategy to educate students of nursing about power and difference in health care relationships (1988-1992). (Ramsden, 2002)
- Critical framework associated with identity politics movements of the 60s, 70s, 80s.
- Maori sovereignty, feminism, civil rights, lesbian/gay rights etc.
- Idea of fixed, essentialist notions of identity have shifted.
- Legacy - NCNZ - categories-reductionism-focus on ethnicity and deficit model of difference.
By learning about power and difference, the nursing student comes to learn and understand how both affect health care delivery and outcomes.
The student then enters practice as a registered nurse, ‘self’ aware and ‘self’ conscious about her/his nursing actions. They will them be able to deliver care which the patient identifies as ‘culturally safe’
Cultural safety is a set of ideas informed by social, physical, political and moral influences.

These ideas shape the delivery of nursing and health care and influence health outcomes either implicitly or explicitly (Ramdsen, 2002)

Nursing practice is also informed by similar influences
New Zealand research related to cultural safety

- Clear (2000)
- Fitzpatrick (1994)
- Horton (1996)
- McEldowney (2002)
- Pere (1997)
- Richardson (2000)
- Spence (1999)
- Woods & Schwass (1993)
- Southwick (2001)-Pacific-critique
The research

- A narrative study about how registered nurses apply cultural safety knowledge in their day to day nursing practice.
- Identifying stories of cultural safety in practice
- Interpreted by the researcher.
- Examined under a lens of power/knowledge (Foucault) and habitus (Bourdieu)
- Collective and individual stories of how cultural safety knowledge is applied in practice.
Literature

- Denzin (1989) narrative
- Bourdieu (1977) social/cultural capital.
- Elliot (2007)- narrative
- Frank (1995) - dialogical autobiography
- Labov (1967) analysis
- Polkinghorne (1988)

- Riccouver (1981) interpretation
- Ramsden-culture safety (2002)
Narrative methodology

- A story tells a sequence of events that are significant for the narrator and her or his audience.
- A story has a beginning, a middle and an end.
- It has a plot (Denzin, 1989)
- Story becomes narrative when analysed as text.
- Three components of analysis
  * telling the story
  * transcribing the story.
  * analysing the story for meaning - interpretation (Riesman, 1993)
Method

- 16 registered nurses
- One interview.
- Explored meanings of cultural safety.
- Stories of cultural safety in practice.
- Stories co-constructed - researcher and participant create meaning through shared conversation.
Findings

- Stories of early experience of learning about cultural safety.
- Meaning of cultural safety.
- Stories of cultural safety.
- ‘Barriers’ to cultural safety.
- Implications for teaching and nursing.
Example 1

- ...But what I find really interesting when I look at people’s work practices and how a lot of our work practices increase our work and extend and hemorrhage the time of things...that can be how we interact with people culturally, so rather than looking to support for example, a Pacific Island family who want to have ten people present, we’ll look for ways to put barriers in place and then argue with people about the barriers and so the whole interaction will become extended and take up more time than it would if we just looked for a solution whereby these peoples’ needs could be most effectively met.
Example 2

• ...the guy, I had to prepare him for theatre, he was exsanguinating and they [family] kept coming in and coming in and coming in and coming in and in the end I said ‘ok you let me do this bit, and then we’ll get you all in together and he can address you then and then we’ll go to theatre, and everyone was really happy about that. I got my bit done. I think nurses... we have to value what we do, because what we have to do has to get done, you know what I mean, and it has to be done safely and it can be done in a negotiated way...
Example 3

- ... I realise that we have all this information about our patients and when they tell us little bits and pieces as well as the other stuff that we think we probably happened but don’t necessarily know factually, then I think as nurses, not all of us, but some of us as nurses apart from the bits and pieces...our role is to carry their story...If I was a midwife-I’m not a midwife- but if I was, that’s the term I would use - like catching and carrying [their stories]
Implications for nursing education

- Narrative methodology - innovative educational strategy to mirror the relational underpinnings of nursing - cultural safety framework suitable
- Develop skill of listening and being prepared for anything.
- Taking time be
- Learning how to ‘be’ in the ‘doing’
- Equip the student with skills of defending the nursing value of person first care.
- Clinical educators-address the growing of cultural safety-nursing practice through creating spaces for sharing stories of practice of being AND doing
Benner & Wrubel (1989) The best nursing practitioners understand the differences and relationships among health, illness and disease. It is through this understanding that nurses:

‘seek the patients story in formal and informal nursing histories, because they know that every illness has a story—plans are threatened or thwarted relationships are disturbed and symptoms become laden with meaning depending on what else is happening in the person’s life. Understanding the meaning of illness can facilitate treatment and cure (Benner & Wrubel, 1989, p9)