Commentary

The Enduring Challenge
of Cultural Safety in Nursing

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Cultural differences, cultural diversity, and cultural safety have been discussed lucidly in the pages of *CJNR* on many occasions (Allen, 1999; Anderson, 2004, 2006). They have been recurring topics for good reason: the challenges around cultural issues in contemporary nursing practice and research continue. In the 21st century, the digital revolution has brought many positive changes, including increased access to nursing education for students living in remote areas and for a growing number of international students (Racine, Springer, & Udod, 2013). Similarly, globalization and technological advances have facilitated, among international colleagues, the sharing of common interests in global health (Mill, Ogilvie, Astle, & Opare, 2005). Environmental sustainability, health inequities, nurse migration, and privatization of health and social services are global issues affecting health-care delivery (Dominelli, 2010).

Given these complex contexts, the delivery of culturally safe care remains an unachieved goal. Cultural safety is defined as "nursing or midwifery action to protect from danger and/or reduce risk to patient/client/community from hazards to health and well-being" (Papps & Ramsden, 1996, p. 493). Consequently, any action or lack of action that does not respect the ethnocultural background of individuals, groups, and communities or demeans their racial background is culturally unsafe (Papps & Ramsden, 1996). The investigation of cultural safety has revealed racial, ethnic, class, and language discrimination in nursing and in other health professions.

There has been remarkable growth in research and writing on this topic in nursing. Cultural safety is now embodied in standards of practice and codes of ethics set by nursing regulatory bodies and professional associations in Canada and abroad. One might assume that culturally safe care is everyday practice for all nurses. But is it?

The expressions of racial and ethnic intolerance in our discipline that I witness in my research and in other areas of my professional life remain very distressing. Very little appears to have changed since the publication

of early Canadian research concerning racialized patients and immigrant nurses (Das Gupta; 2009; Hagey & MacKay, 2000; Ogilvie, Leung, Gushuliak, McGuire, & Burgess-Pinto, 2007; Reimer-Kirkham, 2003; Turrittin, Hagey, Guruge, Collins, & Mitchell, 2002).

Why do nursing and other health professions still struggle with cultural safety? While I acknowledge that the concept of cultural safety may be novel to some (Papps & Ramsden, 1996), the persistence of culturally unsafe practice in health care indicates a need to revisit basic ideas around culture and cultural safety. How nurses understand culture as a norm of the majority group underpins cultural stereotypes. As Allen (1999) asserts, "cultures and cultural differences are not 'discovered,' they are constructed" (p. 230). Although the construction of cultural stereotypes remains problematic, the fundamental issue is the way in which mainstream nurses use power associated with their privileges to ascribe racial, ethnic, and cultural differences. Reimer-Kirkham and Anderson (2002) persuasively argue that nurses have an obligation to look beyond conventional ways of thinking about race and ethnicity. We must come to terms with how racial categories marginalize groups and reflect outdated and dehumanizing value systems. Drawing upon Bhabha (1994), I believe that the discipline of nursing is at a critical moment of historical transformation in terms of embracing cultural diversity. But how should nurses seize this opportunity to effect change?

Anderson (2004) suggests that cultural safety can be understood through the notion of "situated vulnerabilities." She states that no one is "immune to the experience of marginalization, dehumanization, and human suffering" (p. 14) and, furthermore, that the division of human beings along racial lines has "dehumanized all of us" (p. 14). The notion of situated vulnerabilities puts everyone on a plane of vulnerability, as we have all felt excluded at least once in our lives. Cultural safety is a perspective whereby culture is seen as a changing or hybrid concept inclusive of diverse vulnerabilities. Cultural hybridity can be developed only through exposure to and acceptance of cultural diversity. Reflecting on our own vulnerabilities may help us to understand how racial discrimination affects the delivery of nursing care. Scholarly efforts in nursing should be directed at making the effects of racialization visible and suggesting measures for concretely addressing the issue through knowledge generation. But how?

The ontological and epistemological assumptions of postcolonial feminism could guide this work. One way to make race, gender, and class visible is to always start the process of scholarly inquiry from the everyday experience of research participants. Everyday experience is the point of departure for postcolonial feminist inquiry (Reimer-Kirkham & Anderson, 2002). The goals of critical and postcolonial inquiry lie in

interventions and other measures to achieve social justice and eliminate racial discrimination.

Translating postcolonial feminist research into practice will not be an easy enterprise. Thorne (2009) points out that "while it is undoubtedly laudable that nurses are embarking in increasing numbers into the world of working with large and complex ideas, the problem of translating the products of that work into the practice knowledge of a discipline is decidedly not self-evident" (p. 150). The status quo in nursing in terms of racialization cannot hold. We can achieve culturally safe care and culturally safe health-care workplaces only by thinking critically about cultural research in nursing and translating our ideas into practice realities.

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