

# Does cultural safety training influence the practice of Nurses and Midwives with Indigenous patients?

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# Aim

To explore the influence of cultural safety training on the practice of Nurses and Midwives with Indigenous patients

# Method

- Qualitative , semi-structured interviews
- Digital recording
- Transcribed verbatim
- Transcripts reviewed for key themes
- Knowledge interface approach used to explore results

# Knowledge Interface

- Cultural safety principles
  - Reflective practice
  - Minimise power differentials
  - Engage in dialogue
  - Regardful care

# Matrix of Practice

Cultural safety principles	Stages on the Continuum of Practice			
	Stage 1 Don't Know How	Stage 2 Too Scared	Stage 3 Too Hard	Stage 4 Barrier Breaker
<b>Reflective practice</b> <ul style="list-style-type: none"> <li>•Accepts/acknowledges discomfort</li> <li>•Internal locus of change</li> <li>•Aware of internal and external barriers</li> </ul>				
<b>Minimise power differentials</b> <ul style="list-style-type: none"> <li>•Aware of power differentials</li> <li>•Appropriate use of language</li> </ul>				
<b>Engage in dialogue</b> <ul style="list-style-type: none"> <li>•Consideration of what the patient needs</li> </ul>				
<b>Regardful care</b> <ul style="list-style-type: none"> <li>•Treats patients as individuals and rejects stereotypes and assumptions</li> </ul>				

# Stage 1 (Don't Know How)

- Oblivious to difference
- Oblivious to power imbalance
- Unaware of the different considerations
- Miss-held stereotypes and assumptions

# Stage 2 (Too Scared)

- Feelings of guilt and discomfort and unsure of how to manage it
- Aware of power imbalance but unsure how to manage it
- Aware of patient considerations and the need to tailor care but fear of coming across as racist or getting things wrong

# Stage 3 (Too Hard)

- Aware of barriers that contribute to difficulty but feel powerless to change
- Aware of power imbalance but too difficult to act to reduce it
- Aware of patient needs but resistant to modifying behaviour and reverts back to colonial discourse e.g. language use (e.g. absconding, non-compliant)

# Stage 4 (Barrier Breaker)

- Aware of own cultural identity and how this impacts on patients
- Aware of external barriers, however changes practice to negotiate these
- Aware of power imbalance and acts to reduce it
- Adopts local terminology and communication styles
- Individualises patient care
- Advocates for patient cultural safety



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