

# Cultural safety: Kawa Whakaruruhau – An occupational therapy perspective

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## Abstract

Kawa Whakaruruhau, or cultural safety, is a New Zealand experience of working with people whose life experiences and cultures differ from those of the practitioner. Occupational therapists work in many environments, where they must work in a culturally safe manner, moving beyond sensitivity and awareness to responsible action in a range of cultural contexts. Practitioners must develop an understanding of their own attitudes, values and beliefs and how those beliefs influence practice, along with an ability to critically analyse 'taken for granted' assumptions about the world. Cultural safety involves a sociopolitical overview of practice; a critical awareness of the structures and processes that systematically marginalise people within society.

## Keywords

Māori, occupation, culture

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Occupational therapy in New Zealand requires practitioners to be able to work in a wide variety of cultural contexts with people who may have lives very different from the therapist. A particular focus has been the need for therapists to work safely and competently and in partnership with Māori.

Internationally, occupational therapy has been exploring ways in which therapists can be culturally competent and work effectively with people from other ethnic groups (Dillard et al., 1992; Jones, Blair, Hartery & Jones, 1998; Jungersen, 1992; Kinebanian & Stomph, 1992; MacDonald, 1998; Yuen & Yau, 1999). Defining cultural competency can be problematic, as the notion of competence in any culture implies a degree of fluency with the cultural 'capital' of that group. Dillard et al. (1992) state that "ideally, culturally competent therapists have specific and extensive knowledge of the language, values and customs of a particular culture" (p. 722). For most, that is lifetime learning and comes with practice wisdom, and people undertake different 'journeys' to develop that understanding (Jungersen, 1994). A perspective that focuses more on 'life styles' frequently ignores the sociopolitical and power relationships that marginalise so many groups within society. In New Zealand, rather than attempting the difficult task of developing culturally competent practitioners in a society of many diverse cultures, some health professions have moved to develop a workforce that is culturally aware, sensitive and above all safe in attitude and behaviour. This approach equips practitioners with some basic understanding about themselves and the systems within which they live and work to enable them to begin their lifelong journey towards cultural competence and the art of occupational therapy practice.

This paper outlines how a particular New Zealand approach that emerged from nursing practice, towards working with people from other cultures, may be integrated into occupational therapy. Kawa Whakaruruhau or cultural safety, can be a viable framework for understanding and working safely across the many cultures that occupational therapists may experience in their working lives.

To understand the development of this framework, it is necessary to give a socio-political and historical overview of ethnic relations in New Zealand, particularly in relation to the country's neo-colonial identity and Māori struggles for self-determination.

## Historical overview

Much of the awareness of cultural difference in New Zealand has emerged out of the controversy and debate associated with what some consider to be the country's founding document, the Treaty of Waitangi (Durie, 1998). Signed in 1840, the Treaty of Waitangi was an agreement between the British Crown and a number of chiefs throughout Aotearoa (the North Island) and Te Wai Pounamu (the South Island), generally known as New Zealand. The intent of the Treaty was to provide guaran-

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tees that tangata whenua (indigenous people) would have certain rights and protections. Since that time, the Treaty of Waitangi Act 1975 and the 1985 amendment requires statutory bodies and government departments to undertake their activities in a manner consistent with the Treaty (Papps & Ramsden, 1996). Inherent in the Treaty are a number of understandings or principles, distilled from the four articles of the Treaty. While these principles of partnership, protection and participation are not universally accepted, especially by Māori, they do provide a framework to work from and an emerging understanding of what it might mean for New Zealand citizenship.

The history of the intent of the Treaty, and the subsequent processes of colonisation through legislation, assimilation, integration, introduced disease, erosion of the language and culture, have been well analysed and documented from Māori and Pākehā (European) perspectives (Durie, 1998). In a global context this story, and its consequences, have parallels in Australia, Canada and the United States, and is similar to first nations' peoples the world over.

### New Zealand's social context

Since the early 1980s, New Zealand has been dealing with the consequences of colonisation and the particular needs of a neo-colonial society. On every social indicator, as with many other first nations peoples, Māori are frequently disproportionately and negatively represented (Durie, 1998). This deprivation cannot be resolved without a significant redistribution of power, authority and control of resources. This is beginning to happen through a number of ways. One is recognition of past injustices with concomitant financial recompense; a solution not well supported by many New Zealanders. Secondly, changes in health funding through purchaser/provider splits has enabled Iwi (tribes) to tender for health and welfare services with programmes developed *by Māori, for Māori in Māori*. Thirdly, government institutions are required to have clearly articulated Treaty policies as part of their organisational goals and strategic plans, often with an expectation that the institution become 'bicultural' (i.e., between Māori and Pākehā) in practice. Such initiatives have implications for national health and welfare services to become more responsive to the diverse needs of their consumers and for occupational therapists to understand the notion of 'culture' in all its variations. For the purpose of this paper, culture may therefore be defined as "meaningful action which connects people to each other and to their world" (Yeats, 1995, p. 12) and as such constitute the ties that bind, and separate a nation, along a range of dimensions that include, but are not limited to, ethnicity.

### New Zealand's emerging post-colonial identity

A number of factors have contributed to a preoccupation with culture and identity in New Zealand. One of the most significant factors has been a nationwide recognition of Māori pride with concomitant cultural regeneration. Tapping (1990) has commented on how "Māori and Pacific Island people have been

determined to throw off the effects of colonisation and embark on the painful process of resurrecting the values of their culture, and share its relevance and richness with the wider society" (p. 22). The early 1980s and 1990s have been a time of cultural reconstruction. The internationally acclaimed Te Māori exhibition, which toured the United States in 1984, marked a turning point for many Māori along with many non-Māori New Zealanders. What has resulted is a resurgence of interest in, and extensive debate about, the meaning of culture and identity.

The path to understanding both an individual's own culture, collective cultures and re-emerging Iwi (tribal) identities is not easy; people weave their own understandings into the constantly changing fabric of New Zealand. To be a New Zealander is to learn to understand the reciprocal rights and responsibilities of both Māori and Pākehā, as well as the many other ethnic and cultural groups making up this country. Such perspectives are not without critics. The effect of colonisation for many Māori has resulted in the stripping away of unique iwi identities, of language, of customs and mores, resulting in their status as alien in their own land. This erosion of identity has had far-reaching negative consequences for Māori health and well-being (Durie, 1997). Mead (1997) has discussed how sharing Māori culture with non-Māori is a sensitive issue for some Māori as they recall the systematic process of previous governments, through extensive anti-Māori legislation (Orange, 1987), to make New Zealand 'one nation'. One of the most crucial questions facing both Māori and non-Māori is "whether Māoritanga (Māori culture) belongs to the Māori minority of New Zealand or whether it is the legacy of all who claim to be New Zealanders" (Mead, 1997, p. 91). One dominant and pervasive theme that has emerged through the 1980s is that of becoming a bicultural nation (Wilson & Yeatman, 1995). Wilson and Yeatman (1995) in a provocative and thoughtful article explore some fundamental questions around the notion of 'Why be bicultural?' and, 'Is it good to be bicultural?' Should everyone become a bicultural 'self' or should biculturalism be an integral part of "public procedures, in those decision-making procedures with which representatives of both cultures negotiate the laws and policies that will govern their lives" (p. 120). There is a risk however that Māori ideals of health, health care and spirituality are romanticised and unquestioningly adopted. The life experiences of too many Māori are still those of a marginalised people forced into poverty (Ramsden, 1993). Understanding partnership in a post-colonial environment is essential. As many iwi slowly regain control over and regenerate their own culture, there is a real danger that 'well-intentioned professionals' (Freire, 1972) through the appropriation of the language, mores and customs, colonise Māori yet again in an attempt to become bicultural.

Such a debate has ramifications for health professionals wishing to work appropriately and knowledgeably with Māori and other cultural groups.

Ramsden (1993) has described this period of time in the Pacific as neo-colonial. "A time of redefinition of identity, of argument for the redistribution of power and resources to in-

indigenous peoples and frequently conservatism and retrenchment by the descendants of colonists" (p. 5). Post-colonialism "...is the name for products of the ex-colony's need for an identity granted not in terms of the colonial power, but in terms of themselves" (Wilson & Yeatman, 1995, p. 96). New Zealand, in dealing with the effects of colonial occupation, is coming to know itself in Māori terms; those who have been dispossessed by colonisation and the descendants of those who colonised. This is the context within which Kawa Whakaruruhau or cultural safety has developed.

### **Kawa Whakaruruhau/Cultural safety: An overview**

The notion of cultural safety emerged out of the experiences of the indigenous people of New Zealand and was developed in the context of nursing education during Hui Waimanawa at Otautahi (Christchurch, New Zealand) in 1988. Nurse educators, Māori nurses and students and a number of other health professionals, including an occupational therapy educator attended. The focus for the hui (gathering) arose from the concerns of Māori nurses around the low numbers of Māori nursing students, the difficulties of recruitment and retention and the poor health profile of Māori and their frequently negative experiences with the health services and its personnel. What emerged was a particularly New Zealand framework, for working with people whose life experience is different from that of the practitioner, developed and defined by Māori nurses and the nursing profession.

Kawa Whakaruruhau is a model for negotiated and equal partnership that moves beyond awareness or sensitivity to action or behaviour in a range of cultural contexts.

"The original metaphor refers to the giant podocarps of the forests, as Totara whakaruruhau, the sheltering nurturing windbreak of the great forest of Tane Mahuta" (guardian of the forest) (Walker, 1996, p. 183). The concept has also been likened to a protective cloak or Korowai. Working with this model means rather than 'becoming' Māori, people can walk alongside as equal partners. It is about the transfer of power in health care, both in the attitudes of practitioners and in the interactions in the health care setting; in essence a transfer from provider to consumer (Nursing Council of New Zealand, 1996).

Ramsden (1991) has explained that cultural safety may be seen as actions which recognise, respect and nurture the unique cultural identity of tangata whenua (people of the land) and safely meet their needs, expectations and rights. The Nursing Council of New Zealand has further developed the concept to "The effective care of a person or family from another culture by a nurse who has undertaken a process of reflection on their own cultural identity and recognises the impact of the culture of nursing on an individual's practice. Unsafe cultural practice is any action that diminishes, demeans or disempowers the cultural identity and wellbeing of an individual" (Nursing Council of New Zealand, 1996, p. 9).

From originating out of the frequently negative health experiences of Māori in all their neo-colonial diversity, and the responsibilities inherent in the Treaty of Waitangi, the concept

has broadened to encompass other categories of difference. These categories include the intercultural differences between aged and young people, genders and sexual orientation; socio-economic and class differences (cultures of poverty) and cross-cultural differences between ethnospecific health professionals and people from different migrant groups. Religious difference and disability have recently been included (Nursing Council of New Zealand, 1996).

Unlike other models of practice, such as transcultural care developed by Leininger (1978), cultural safety is not about health professionals learning cultural specifics. It is not Māori Studies or understanding customs and mores, although such knowledge may develop with experience. As Ramsden (1996) says of transcultural nursing, "...this theory is based on the idea that the culture of nursing represents the norm and that the people who use the service are exotic. The power to define norms is retained by the nurse" (p. 9). Cultural safety is therefore about the delivery of effective health care through understanding life changes and the social circumstances of minority groups that frequently marginalise them from mainstream cultures, resulting in poor health care.

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*An understanding of the individual, the environment and the occupation are essential ingredients of cultural safety for occupational therapists.*

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The Nursing Council of New Zealand (1996) has developed a number of key principles for cultural safety. These include a commitment to improve the health status of New Zealanders with a primary focus on improving Māori health along with a critique of the Treaty relationship. To enhance health service delivery, nursing must be able to identify and analyse power relationships, empower users of the service and prepare nurses to understand diversity. Additionally, nurses need to recognise that there are contemporary and historical inequalities within health care interactions and that attitudes and beliefs, policies and practices of health care providers can act as barriers. Finally, cultural safety expects an understanding of the impact of the nurse as bearer of their own history, culture, attitudes and

life experiences and a recognition that power relationships are biased towards the service provider. These principles, while developed for nursing, are applicable to a wide range of other health professionals, especially occupational therapists.

So, for practitioners, cultural safety is about understanding themselves, their identity and how that defines and legitimates their place in the world. It is also an awareness of individual prejudices, values, beliefs and how those beliefs influence practice, both explicitly and more subtly through non-verbal communication and use of language. Cultural safety is also about analysing the origins of beliefs and values. What informs beliefs? How are they constructed? Who benefits from them and how are values developed around beliefs? (Ramsden, 1993). Finally, cultural safety requires practitioners to develop a socio-political overview of practice; an awareness of the structures and processes that systematically marginalise people within society along with an understanding of power and the way in which power is wielded in systems. Practitioners also need to be aware of homophobia, racism, sexism, ageism, issues of social class and so on (Ramsden, 1994). In terms of Māori Pākehā relations, this means accepting the right of Māori to determine what is important – Tino Rangatiratanga, self-determination and sovereignty.

### Cultural safety and occupational therapy

Occupational therapy operates from different paradigms than nursing, so cultural safety needs to be conceptualised somewhat differently in practice, while still maintaining the notion of safety and wellbeing at the heart of our work.

As occupational therapists, much of our practice is about working with both material, particularly through arts and crafts, and non-material culture, which makes the need to be culturally safe even more pressing (Jungersen, 1994). Occupations need to reflect the realities of people's lives and experiences; their "...values, commitments and meanings, and the social context of their particular family, community and country" (Jackson, 1995, p. 671). Occupational therapists understand how occupation creates or reaffirms an identity, a self-concept, and an image of who we are. Understanding oneself, social contexts, organisational structures, such as the environment, needs to be an integral part of occupational therapy. This has been well documented in the literature (Dunn, Brown & McGuigan, 1994; Law, 1991; Rowles, 1991). Occupational therapists are comfortable with the notion of physical safety (contra-indications, and the individual in their physical environment) and with psychological safety (intrapersonally and interpersonally). There is another aspect, cultural safety. Here, occupational therapists need to understand themselves, their own cultural identities, their attitudes, values and beliefs and how those influence their working relationship with others in the context of family, social and work groups. This perspective also involves broader sociopolitical understandings, such as the impact of a culture of poverty on occupation, and an ability to critically analyse taken for granted assumptions about the nature of the social world people live and work in. An understanding of the individual, the environment and the oc-

cupation are essential ingredients of cultural safety for occupational therapists. If occupation has been well chosen, physical, psychological and cultural safety will have been accounted for. In essence, these factors will have been taken into account to allow for "occupation safety" (Thomson, personal communication, 14 July 1999).

A culturally safe occupational therapist will therefore work with clients' realities and experiences from a critically aware perspective, understanding how their own experiences and the culture of occupational therapy will shape their view of the world. Yerxa contributes to this picture of a culturally safe occupational therapist by stating "Authentic occupational therapy is based upon a commitment to the client's realisation of his own particular meaning... The therapeutic experience is primarily an opportunity for self-actualisation. Therefore the occupational therapist does not force [his] value system upon the client. But rather... exposes the client to a range of possibilities which constitute his external reality. The client is the one who makes the choice. The authentic occupational therapist is open to the client's ideas and feelings and is real in responding to them" (1967, p. 8). As Yerxa suggests, we need to understand client's views of themselves and their sources of satisfaction. To provide authentic occupational therapy, we need to be able to first "...begin to enter the worlds of meaning in which our patients exist and second, understand how meaning is lived out in each person's life through engagement in particular occupational patterns" (Jackson, 1995, p. 673).

### Cultural safety and the environment

Knowledge of the power of the environment, and manipulating the environment is not new for occupational therapists (Dunn et al., 1994; Law, 1991; Rowles, 1991). Cultural safety requires us to reflect on and critically evaluate both the environment and how we are, our way of 'being', in that environment.

So what does a culturally 'safe' environment mean? A colleague who works in a therapeutic community setting crystallised the notion recently by saying "I think it's about creating an environment where exploration can happen, where there's a mutual respect between people working together. It's where it's OK to experiment, it's OK to ask questions and challenge systems, procedures and most importantly, it's OK to be who you are. It doesn't happen automatically or by chance, you have to cultivate a safe environment, drawing on visual cues, boundaries and ground rules" (Thomson, personal communication, 14 July 1999).

Preparing the environment is about creating a safe place. The way in which a room is arranged and the materials laid out will be defined by who will be participating and the context it occurs in, the client's home, a closed group for women, a unit in a hospital or working with Māori in a Māori environment. All those contexts will require different ways of being. The culturally safe occupational therapist will be open to reading the subtle verbal and non-verbal cues that help us to navigate these complex issues. For instance, how people are introduced and sessions begun will be culturally defined, a welcome with in-

roductions, silence or a prayer, an overview of the session with instructions. A formal meeting in an institution has a defined protocol; so do processes of hui (gathering, meeting) on marae (traditional meeting place). Leadership roles may also vary according to factors such as age, gender, experience, qualifications or expertise and family status or affiliation. For example, many Māori may be in low status employment, or unemployed in a European world, yet are highly skilled and competent leaders in traditional Māori contexts. This would need to be acknowledged. Culturally safe practitioners would take these factors into account.

There may be different understandings about professional boundaries. Where does 'therapy' begin and end? For many Māori, and others, boundaries are variable and may cause conflicts with some western expectations that parts of people's lives can be clearly compartmentalised. Involvement in Māori worlds may require total immersion and commitment where there may be a number of conflicting loyalties. Firstly, loyalty to your family and iwi, and then colleagues and employer. Culturally safe practice is about being open to different ways of doing things and understanding the world as well as being flexible enough to negotiate those differences and to come to the therapeutic encounter with humility and openness.

Culturally safe practice is about not making assumptions. If someone has a Māori name or looks Māori, it does not mean that they will be fluent in the language or familiar with protocols. Rarely are people of Irish descent placed in the invidious position of being asked to translate or explain Gaelic. Frequently people expect Māori to be familiar and comfortable with their culture. The consequences of colonisation means that many Māori have not had access to language or cultural capital in the ways that English speakers can take for granted. Culturally safe behaviour is being able to affirm and support those who know nothing of their culture.

In New Zealand, working with arts and crafts that may belong with a particular ethnic group also needs to be done with thought. Making a kete (traditional flax basket) is not just about basket making. Who teaches traditional techniques? How and where is it taught? What materials are used and what happens to the end product are all culturally defined. In Māori contexts and as part of the legacy of colonisation, this area is ever more sensitive as the debate around cultural and intellectual property rights, along with the commercialisation or misappropriation of indigenous flora, fauna and cultural capital intensifies.

In addition, when using art or craft activities that are part of a group's heritage, it is important to consider whether the materials and techniques are traditional or contemporary. For Māori arts, many materials are precious or scarce, such as weaving fibres like pingao or kiekie (traditional weaving materials). It may be better to use plastic, raffia or cane. Traditional patterns and the materials used are frequently imbued with meaning. It may be more appropriate to work in conjunction with experts who have the mandate and the skills to transmit traditional knowledge and techniques or encourage people to design their own or modify patterns. Culturally safe occupational therapists will think through the issues and consult with

key people, such as kaumatua (elders) or tohunga (experts, artists) as well as using the extensive literature that already exists. They will be aware of the debate around cultural and intellectual property rights and have developed appropriate iwi and regional networks. Respect for materials, in relation to how they are gathered, the process of preparation and careful disposal of the waste all need to be considered. At a recent harakeke (flax) weaving hui, the teacher emphasised the importance of respect for yourself, the materials and the environment. If the environment is messy, your work will reflect that. In many settings, there may be a separate space for different tasks; eating and drinking around craft work may be frowned upon in much the same way that different bodily functions, such as washing and toileting, are kept separate from food preparation and eating.

Even with the best of intentions, the unexpected happens. Recently I was involved in working with activities with a small group of Māori women. I had decided to do a creative activity using shells and feathers, all gathered from three local beaches. For some reason, I had decided to keep them in separate boxes, related to the beach they came from and because each had characteristic ochre and pink colours associated with local soils and sand. On hearing that some of the materials had come from a beach where a number of deaths had occurred, one woman refused to use the materials from the box, in spite of being reassured that the area had been blessed subsequent to the tragedy. Knowing the history of a region is also a part of being culturally safe.

These factors need to be taken into consideration with every encounter we have. All occupational therapy interactions are cross-cultural. When two people meet, each relationship is unique and infused with power dynamics. There is inevitably a convergence of cultures, unequal power, different status, different collective histories, ethnicity, level of material wellbeing (Ramsden, 1996). An essential feature of cultural safety is that consumers define whether or not the practitioner, the practice and the context are culturally safe. And practitioners need to honestly ask what makes their practice culturally safe? Then you can begin to work together. Cultural safety is about beginning to "enter the worlds of meaning in which our patients exist and second, understand how meaning is lived out in each person's life through engagement in particular occupational patterns" (Jackson, 1995, p. 673). To do this, therapists need to move beyond their own experiences and traditional assumptions when working with people.

## Conclusion

Cultural safety is therefore a New Zealand expression of an established trend towards consumerism. It is essentially about the transfer of power in health care, in the attitudes of practitioners and in the interactions in the health care setting. The parameters of cultural safety are best defined by those who experience cultural risk. This fact speaks of the need to set up processes which enable people at risk to define their own needs and have them met in ways that make them feel safe (Ramsden, 1994).

Every individual has experienced contexts where they felt

unsafe. The lone occupational therapist in the health team, where values and frames of reference are at odds with the rest of the team; women in male corporate contexts or male occupational therapists in traditional female settings. If occupational therapists wish to understand another cultural group, there are no recipes, no clear answers and each individual has to undertake their own journey. In New Zealand we have been privileged to be part of an ongoing transformative process prompted by Māori. We need to acknowledge that what Māori and Treaty responsibilities have done for Pākehā New Zealand is to push the boundaries and raise crucial questions about the nature of established practice and life in New Zealand. Working partnerships and recognising and accepting the integrity of Māori worldviews is essential. It requires us to work in a different way and not to become Māori, or like Māori, but to walk alongside as partners.

As reflective practitioners, we need to be able to critically reflect on what is happening in our practice contexts and to constantly question. We need to determine who has been most influential in determining current beliefs? Who is most served by current beliefs and current social definitions of problems and relationships and what is the socio-historical evolution of those beliefs? Who defines reality and in relation to what?

Occupational therapists need to develop a broad sociopolitical overview of their practice. In New Zealand, they need to be aware of the legacy of colonisation and New Zealand's colonial history, power relations and our emerging post-colonial identity. We can then challenge the taken for granted assumptions about the nature of knowledge and unquestioned acceptance of class, gender, and ethnic relations that perpetuate inequality (Ramsden, 1996) and begin to move towards culturally safe practice.

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## Key points

- Cultural safety is about understanding yourselves, your identity and being aware of your own prejudices, values, and beliefs.
- Culturally safe practice is about being open to different ways of doing things and being flexible enough to negotiate those differences.

- A culturally safe occupational therapist works with clients' realities and experiences from a critically aware perspective.

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