



**Te Tiriti o Waitangi  
Māori Health  
Kawa Whakaruruhau  
Cultural Safety:**

GUIDANCE FOR NURSING  
EDUCATION AND PRACTICE

**Tūmatakahuki** – Veranoa Angelique Hetet (QSM),  
(Te Āti Awa, Ngāti Tuwharetoa, Ngāti Maniapoto).

Before the kākahu cloak was born, before its threads embraced the shoulders of its wearer, there was a single stitch. The name of the kākahu is Tūmatakahuki - the first stitch. The one that binds the beginning to all that will follow.

In the quiet of the weaving space, the weaver sits with muka laid before her. Harakeke has been harvested with karakia, softened, and prepared. Her fingers move with certainty, guided by generations of knowledge. She takes the first strand and threads it through the vertical and horizontal slats, pulling gently so they align. This is the moment of balance, the foundation upon which everything else will rest. Without this stitch, the tukutuku would falter. With it, the house stands strong.

The kākahu that bears this name carries the same intention. Each thread is drawn through with care, each pattern emerging like a story whispered into being. Down its centre runs the spine, firm and unyielding, not just as a structural element but as a keeper of kōrero. It holds the weight of history, the power of words, and the responsibility to guard the narratives that define us.

At the top, the tāniko band begins to take shape. The weaver counts each step of poutama, rising upward like a staircase to knowledge, representing the male genealogical line and the pursuit of achievement. Beside it, the pouhina pattern flows, honouring the female line, the nurturers, the holders of wisdom, the strength that binds generations together. Together, they weave whakapapa into every fibre.

Then come the sharp triangles of niho taniwha, biting into the design like teeth. Some call the taniwha a creature of myth, but the weaver knows it as kaitiaki, guardian of rivers, lands, and stories. As her hands move, she feels the taniwha presence, a reminder of the power of words and the legends that shape who we are.

Thread by thread, pattern by pattern, the kākahu becomes more than a garment. It becomes a house of stories, a wall of strength, a pathway of steps, and a guardian of truth. And it all begins, as all things do, with Tūmatakahuki - the first stitch that makes everything else possible.

The Hetet School of Māori Art - Kaiako

# Ngā kai o roto | Contents

- He kupu whakamihi | Acknowledgements ..... 2
- Whāinga | Purpose ..... 3
- Kupu Whakataki | Introduction..... 4
- Te Tiriti o Waitangi framework for nursing ..... 9
- Te Tiriti o Waitangi and Māori health ..... 11
- Māori health and Kawa Whakaruruhau ..... 14
- Cultural safety ..... 16
- Key principles of cultural safety ..... 18
- References ..... 20
- Glossary ..... 23

# He kupu whakamihi | Acknowledgements

The Council honours and acknowledges Dr Irihapeti Ramsden (Ngāi Tahu, Rangitāne), whose pioneering work in Kawa Whakaruruhau and cultural safety transformed the nursing profession in Aotearoa and internationally. As a nurse, anthropologist, educator and curriculum designer, Dr Ramsden challenged the profession to confront its own biases and uphold the mana of tāngata whenua and all peoples. Her legacy continues to guide this mahi as we strive for equity, partnership and culturally safe care.

This refreshed guidance is dedicated to her moemoeā, her enduring vision of a health system where all people are respected, heard and empowered.



*“Cultural safety is about the people who use our services feeling safe – not just being told they are safe.”*

Dr Irihapeti Ramsden,  
*“Moving On: A Graduation Address,”* Nursing Praxis in New Zealand, 5(3), p. 35.

The Council thanks and acknowledges the many Māori nurses, educators and leaders whose vision, lived experience and unwavering commitment to Māori health equity brought *Kawa Whakaruruhau* to life in its original intent.

Your leadership has shaped this *taonga* and continues to guide the future of nursing education and practice in Aotearoa New Zealand.

We recognise and appreciate the contributions of Tāngata Te Tiriti and tauwi colleagues and allies who have walked alongside Māori in this kaupapa, upholding the principles of *Te Tiriti o Waitangi* and supporting the realisation of cultural safety in nursing education and practice.

The contribution of everyone involved in this kaupapa is deeply appreciated.

*“E hara taku toa I te toa takitahi, engari he toa takitini.”*

*“Success is not the work of one, but the work of many.”*

The Council thanks the following who co-authored this taonga and contributed their expertise, leadership and insight:

- **Waikura Kamo**  
Kaiwhakahaere, Nursing Council of New Zealand (Te Āti Awa, Ngāti Mutunga)
- **Dr Kiri Hunter**  
Kaiwhakaako Senior Lecturer, School of Nursing, Auckland University of Technology (Ngāti Kahungunu, Rangitāne, Ngāti Maniapoto, Pākehā)
- **Professor Annette Huntington**  
Chief Education Advisor, Nursing Council of New Zealand
- **Catherine Byrne**  
Chief Executive, Nursing Council of New Zealand.

# Whāinga | Purpose

This guidance document has been developed to provide in-depth material for use by nurses, teachers of nursing, student nurses, employers of nurses and those whose role includes ensuring the safety and competence of nurses. It provides an introduction to four fundamental interrelated concepts - Te Tiriti o Waitangi, Māori health, Kawa Whakaruruhau and cultural safety, and includes the history and theory behind these concepts.

This guidance document should be read together with other key Council documents:

- Code of conduct for nurses.
- Standards of competence for registered and enrolled nurses, registered nurse prescribers and nurse practitioners.
- Education programme standards.

Together, these documents outline requirements in relation to particular aspects of Te Tiriti o Waitangi, Māori health, Kawa Whakaruruhau, cultural safety and nursing practice. They foreground and interweave Te Tiriti principles throughout the education and practice of nursing. The aim is to ensure that services and practices are culturally safe and appropriate for Māori, in order to optimise positive health outcomes.

The historical, philosophical and theoretical material in this document supports and enhances nursing education and practice. It provides in-depth guidance for the preparation of nurses, employers and ongoing professional development programmes. The purpose is to ensure that nurses are prepared and equipped to meet Nursing Council requirements in relation to Te Tiriti o Waitangi, Māori health, Kawa Whakaruruhau and cultural safety.

This document replaces the former guidance document released in 2011: *Guidelines for Cultural Safety, the Treaty of Waitangi, and Māori Health in Nursing Education and Practice*.

# Kupu Whakataki | Introduction

The Nursing Council of New Zealand (the Council) is required under the Health Practitioners Competence Assurance Act 2003<sup>1</sup> to protect the health and safety of the public through mechanisms that ensure nurses are competent and fit to practise. Contemporary nursing and healthcare requirements related to Te Tiriti o Waitangi that respect the rights of, and contribute to improved

health outcomes for Māori, are integral to nursing education and practice in Aotearoa New Zealand.<sup>2-6</sup> This document provides the historical, philosophical and theoretical background to cultural safety that will strengthen nurses' knowledge, understanding and practices of two separate and distinct concepts - Kawa Whakaruruhau and broader cultural safety.

**Kawa Whakaruruhau** is cultural safety within a Māori context. This is a foundational concept in Māori health and nursing that articulates the creation and maintenance of culturally safe environments for tāngata whaiora.

- The term 'kawa' refers to protocols or guiding principles that shape culturally appropriate engagement.
- 'Whakaruruhau' means to shelter, protect or safeguard.

Kawa Whakaruruhau centres the experiences and aspirations of Māori and requires nurses to engage in sustained critical self-reflection, both professionally and personally. Effective nursing practice includes examining one's own cultural positioning, the dynamics of power within all relationships, and the structural conditions that shape Māori experiences of care.

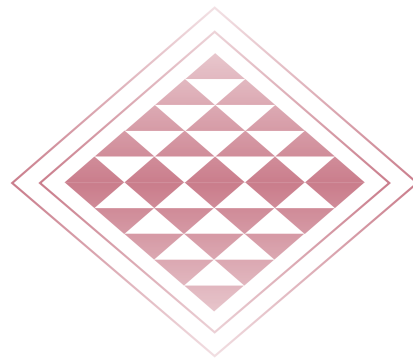
**Cultural safety** is the effective nursing practice of a person or family/whānau from another culture and is determined by that person or family/whānau. Broader cultural safety includes, but is not restricted to, age or generation, gender identity, sexual orientation, occupation and socioeconomic status, indigenous status or ethnic origin or migrant experience, religious or spiritual belief and disability. The nurse delivering the nursing service will have undertaken a process of reflection on their cultural identity and will recognise the impact their personal culture has on their professional practice. Unsafe cultural practice comprises any actions that diminish, demean or disempower the cultural identity and wellbeing of people.

Cultural safety concepts are an extension of Te Tiriti o Waitangi and are considered by Māori to be a kākahu (Māori cloak) that shelters the health of Māori, Pacific peoples and all population groups in Aotearoa New Zealand.<sup>7</sup> Cultural safety focuses on individual and whānau experiences to define and improve the quality of care. The basis of cultural safety is the nurse's identification of their unconscious biases or attitudes towards a person or group of people who may be different from the nurse; this benefits all those who are engaged with nurses. While cultural safety is applicable to all people, the application of culturally safe nursing practice to support equitable health outcomes for Māori (Kawa Whakaruruhau) is essential.

Kawa Whakaruruhau, or cultural safety within the Māori context, is developed from Māori-defined origins. It focuses on nursing education, and access to healthcare and experience of tāngata whaiora (Māori people seeking wellness). Kawa Whakaruruhau requires nurses to undertake ongoing critical self-reflection, address power imbalances and actively ensure tino rangatiratanga (Māori autonomy and authority) and honourable kāwanatanga (power sharing) so Māori cultural values, beliefs and health aspirations are protected. Broader cultural safety is relevant for all marginalised identities, including Māori, and

requires nurses to consider how multiple and intersecting cultural dimensions may differ from their own socio-cultural identity, experiences and worldviews. Extending cultural safety from the original Tiriti-based Kawa Whakaruruhau model across all population groups ensures the diverse realities of ethnicity, gender identity, sexual orientation, disability and other factors that shape healthcare experiences are respected and valued and positive health outcomes achieved.

This document does not establish new principles, or amend policy, scopes or standards. Instead, it supports nurses to think about power relationships and people's rights, and to develop culturally responsive practices across diverse settings including education and assessment, clinical and non-clinical roles and different demographics.



# Kōrero whakamārama | Background

The historical impact of colonisation, including long-term impact on Māori health status, and nursing's part in a health system where Māori health disparities were created and maintained, were critical drivers for the development of cultural safety in the late 1980s. The intent of cultural safety and its positioning within Aotearoa New Zealand nursing and society is well documented in nursing literature.<sup>8-16</sup> The whakapapa of cultural safety, including its conceptual origins, critical impetus and nursing guidance development, inform contemporary nursing education and practice.

Cultural safety stemmed from the shared experiences of Māori nursing students and nursing teachers, alongside wide-ranging discussions with Māori about improving health service delivery. Two areas of concern around culturally competent and safe practices were identified: the cultural safety of Māori nursing students as they moved through the education process, and the belief that nursing education needed to be more proactive in adequately preparing Māori nurses to provide culturally safe health care to Māori people.<sup>8</sup> Recommendations for cultural safety in nursing education were subsequently developed by Māori nurse leaders and nurse educators led by Dr Irihapeti Ramsden, with cultural safety gifted the Māori term *Kawa Whakaruruhau*.<sup>10,12,14(p. 2)</sup>

The main impetus for the inclusion of cultural safety in nursing education was to support two interrelated issues: the safety of nursing education and practice spaces for Māori, and the provision of safe and equal access to high-quality nursing care for Māori.<sup>7</sup> The inception of *Kawa Whakaruruhau* and its framing within Te Tiriti o Waitangi focused on addressing racism and biases and was concerned with wider social justice. A key area of focus was addressing the power relationship and attitudinal change of nurses when caring for Māori.

It was acknowledged that due to nursing's professional cultural identity at the time and the inherent imbalance in power between nurses and *tāngata whaiora*, health care and services could have a significant negative impact on health. A combination of the attitude of health professionals and the challenges Māori experienced within the broader social context, including poverty and other systemic injustices, meant many Māori were avoiding health services. A definition of cultural safety was not initially established—as it was considered that cultural safety is based on attitude, must be interpreted according to each event and should be the experience of all the recipients of nursing care.<sup>8</sup>

In 1990, the Council amended nursing standards to incorporate cultural safety into curriculum assessment processes. The Council also commissioned the writing of guidelines for schools of nursing to incorporate cultural safety into education programmes. The initial guidelines were written by Irihapeti Ramsden in 1991 and were formally adopted by the Council under the term *Kawa Whakaruruhau* in 1992.<sup>7</sup> These guidelines were explicit about cultural safety needing to begin with Māori and emphasised the core value of respect and respecting difference. Rather than nurses developing ethno-specific knowledge, the objectives of cultural safety were to educate student nurses and midwives:

- to examine their own cultural realities and the attitudes they bring to each new person they encounter in practice
- to be open-minded and flexible in the attitudes toward people from differing cultures to whom they offer and deliver service
- not to blame the victims of historical and social processes for their current plight
- to produce a workforce of well-educated self-aware nurses and midwives who are culturally safe to practise, as defined by the consumers of the service.<sup>7</sup>

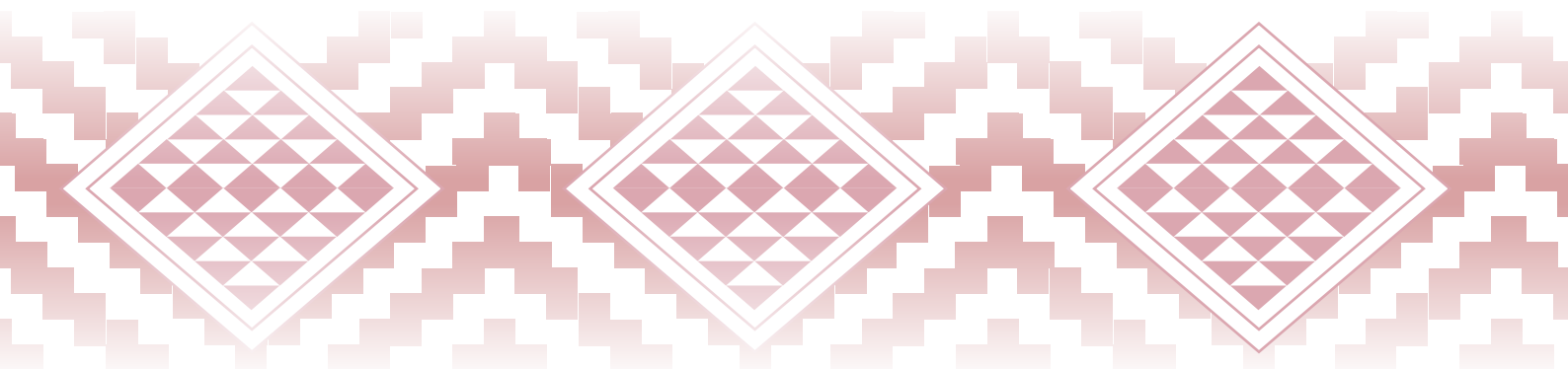
Cultural safety was developed in the interests of public safety with nurses required to understand power structures as part of a commitment to social justice. However, the suggestion that racism and colonialism might be responsible for the poor health status of Māori triggered significant controversy, antagonism and debate about the meaning and intent of cultural safety in nursing.<sup>9,10,15,16</sup> A widespread misconception was that cultural safety was politically inspired in contrast with what some considered the politically and culturally neutral curriculum required to prepare nurses for clinical practice, (9, p.168)

A potential Parliamentary Select Committee investigation into the teaching of cultural safety in nursing education in 1995 saw nurse leaders across Aotearoa New Zealand actively defend the nursing profession's right to define concepts to inform its own knowledge base, including that cultural safety is key to addressing poor Māori health status.<sup>9,10,14,15</sup> Following investigations and reviews into the teaching of cultural safety and in response to recommendations from the external Cultural Safety Review Committee, the cultural safety guidelines were updated in 1996 by a Council committee,<sup>17</sup> led by Dr Irihapeti Ramsden. The concept of cultural safety was then developed into a separate and broader philosophical perspective to change its primary focus from Māori and *Kawa Whakaruruhau* to the inclusion of all minority groups.

The guidelines were revised in 2002 following an audit of nursing education providers in 1997–98, and in response to findings from the Council's Strategic Review of Undergraduate Nursing Education in 2000–01. The guidelines were separated into three sections: cultural safety, the Treaty of Waitangi and Māori health. These were further revised and amended in 2005, 2006, 2009 and 2011.<sup>18</sup>

In 2018, Council invited Maori nurse experts to review the 2011 guidelines, which was followed by a period of immense critical reflection. Recommendations for rectifying the longstanding disparities and injustices that continue to burden Māori within the healthcare system include a challenge for nursing to truly demonstrate enactment of Te Tiriti o Waitangi and Kawa Whakaruruhau. There is an ongoing need for sustainable and intergenerational commitment to the prioritisation of Māori health inequities, including an integrated and consistent approach to how culturally safe nursing practice is developed, taught, implemented and assessed.

“Cultural safety was developed in the interest of public safety with nurses required to understand power structures as part of a commitment to social justice.”



# Te Tiriti o Waitangi framework for nursing

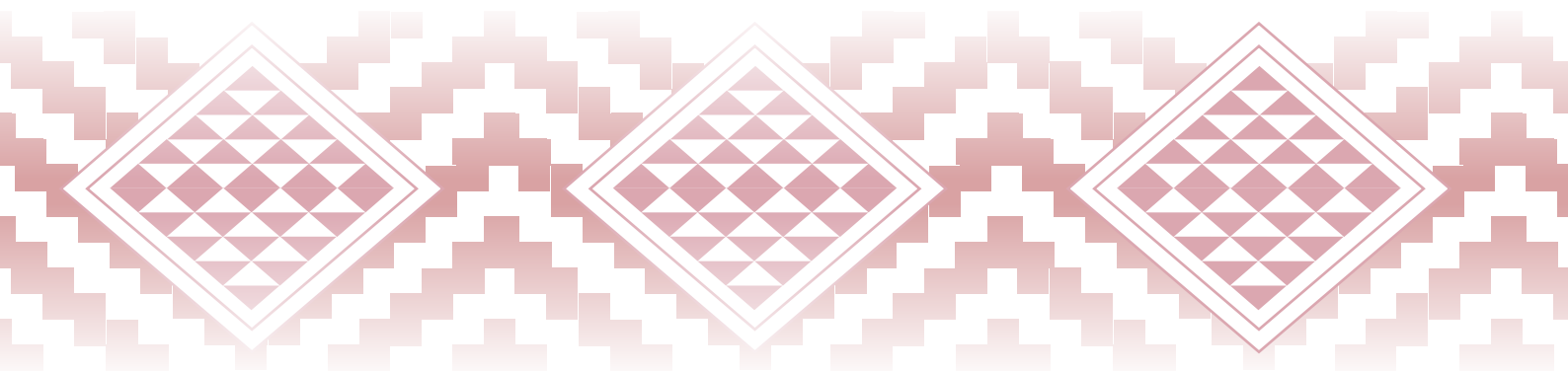
Nursing education and practices applicable to Māori health, Kawa Whakaruruhau and broader cultural safety are integral to Te Tiriti o Waitangi and are represented in the nursing model for achieving health equity (Figure 1). Te Tiriti o Waitangi provides the foundation for achieving Māori health aspirations, Kawa Whakaruruhau is

focused on cultural safety within a Māori health context and broader cultural safety is applicable to diverse population groups across multiple cultural dimensions, including Māori. These components are described in more detail in the following sections of this document.

**Figure 1. Nursing Model for Achieving Health Equity: Te Tiriti o Waitangi Framework for Māori Health, Kawa Whakaruruhau and Broader Cultural Safety**



The Council's recently updated nursing standards of competence<sup>2,3</sup> outline ngā pou, which have descriptors that incorporate aspects of Te Tiriti o Waitangi framework. There are learning outcomes and clear requirements for working in partnership with Māori, for effective communication and relationships, and for people, whānau and whakapapa-centred healthcare that is considered as ethical and culturally safe by all those who experience it.



# Te Tiriti o Waitangi and Māori health

Te Tiriti o Waitangi (the Treaty of Waitangi) was signed in 1840 and is effectively a relationship agreement that entails enduring rights, responsibilities and obligations for both Māori and the Crown.<sup>19</sup>

The following text of Te Tiriti summaries of the preamble and the three articles, along with the Ritenga Māori declaration, provide the framework for nursing to support quality services that are culturally safe and responsive.<sup>5</sup>

**The Preamble:** expresses a desire to preserve Māori rangatiratanga; to protect Māori lands; and to bring peace and good order for Māori and non-Māori through the appointment of a Governor and establishment of Government.

**Article I Kāwanatanga | Government:** the Crown is afforded the right to govern.

**Article II Tino Rangatiratanga | Sovereignty:** Māori are assured of the unqualified exercise of tino rangatiratanga (sovereign chieftainship according to Māori custom) over their lands, villages and taonga katoa ('all treasures', anything determined by Māori to be of value) if that was their wish. The Queen, or her agent, are afforded first option to purchase lands if Māori wish to sell.

**Article III Ōritetanga | Equity:** Māori and non-Māori are guaranteed equal protection, rights and obligations as citizens.

**The oral declaration,** Ritenga Māori Declaration, sometimes referred to as 'the fourth article', provides for the protection of religious freedom and the protection of traditional spirituality and knowledge.

The Waitangi Tribunal (the Tribunal) was established by the Treaty of Waitangi Act 1975.<sup>20</sup> The Tribunal was created as a permanent commission of inquiry to make recommendations on claims brought by Māori relating to breaches of Te Tiriti o Waitangi and the contestation of the English version, the Treaty of Waitangi.<sup>21</sup> The Tribunal's role includes the application of treaty principles to each inquiry into these breaches to find a way forward. The articles of Te Tiriti have been interpreted and expressed through a set of guiding principles that continue to develop over time.

The 'three Ps' - the principles of partnership, participation and protection—comprise the well-established Crown Treaty framework. These principles developed from the Royal Commission on Social Policy in 1986 and are now generally considered outdated.<sup>19,22</sup> Importantly, the principles considered relevant to the design and delivery of health services and nursing today are premised on the Waitangi Tribunal Claim – WAI 2575: The Health Services and Outcomes Inquiry,<sup>23</sup> which primarily focused on Māori having (on average) the poorest health status of any ethnic group in Aotearoa New Zealand. Initiated in November 2016, the Tribunal heard all claims concerning grievances relating to health services and outcomes of national significance. During this process it became clear that health services had not met the needs of Māori and in many cases had failed to meet the requirements of tāngata whenua, resulting in little change in health outcomes. In the 2019 'Stage One' report, the Tribunal reflected that the three well-known principles over-simplified the treaty, including the assumption that Maori ceded authority. The Tribunal recommended the use of the following

five principles, which provide clarity for nurses around the requirements for safe and competent practice and form the basis of interactions between nurses and Māori.

### Principle One

#### Self-Determination | **Tino Rangatiratanga**

The principle of self-determination provides for mana motuhake, the right for Māori to be Māori and to exercise self-determination over their lives and to live on Māori terms according to Māori philosophies, values and practices, including tikanga Māori. This requires nurses to provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori health including:

- accepting Māori ownership and control over knowledge, language and customs, and recognising these as taonga
- facilitating Māori to define knowledge and worldviews and transmit these in their own ways
- facilitating Māori independence over thoughts and action, policy and delivery, and content and outcome as essential activities for self-management and self-control.

### Principle Two

#### Equity | **Mana Taurite**

The principle of equity represents fairness and justice and requires a commitment to equitable health outcomes for Māori across the lifespan by:

- facilitating the same access and opportunities for participation in health services and delivery for Māori as non-Māori
- pursuing equality in health outcomes.

### Principle Three

#### Active Protection | **Whakamarumarutia**

The principle of active protection recognises that health is a taonga and acts to protect Māori health by ensuring nurses are well informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity including:

- recognising that Māori health is worthy of protection to achieve positive health outcomes and improvement in health status
- understanding the impact that the nurse as a bearer of their own culture, history, attitudes and life experience has on Māori
- undertaking promotional and preventative measures to protect and improve Māori health and wellbeing
- ensuring health services and delivery are appropriate and acceptable to individuals and their families, and are underpinned by the recognition that Māori are a diverse population
- facilitating wellbeing by acknowledging beliefs and practices held by Māori
- promoting a responsive and supportive environment.

## Principle Four

### Options | **Kōwhiringa**

The principle of options requires that services provided are properly resourced in a culturally appropriate way that recognises and supports the expression of te ao Māori models of care and nursing by:

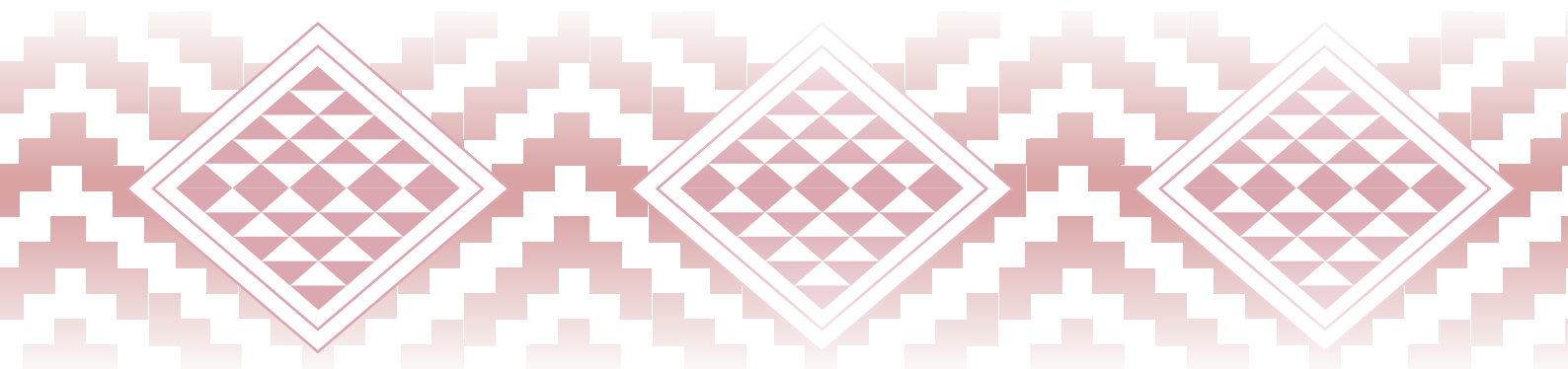
- providing nursing services that are culturally safe and culturally responsive
- supporting the development and maintenance of a health workforce that is representative of the community it serves
- harnessing clinical leadership, innovation, technology and lived experience to continuously improve services, access to services and health outcomes
- providing services that reflect mātauranga Māori and various models of health
- providing services that are tailored to a person's holistic health needs and their circumstances and preferences.

## Principle Five

### Partnership | **Pātuitanga**

The principle of partnership requires nurses to engage with Māori to develop, deliver and monitor nursing education and practice, health services and programmes that reflect Māori needs and aspirations and are designed to improve hauora Māori outcomes including:

- acting in good faith as Tiriti o Waitangi partners
- working together with an agreed common purpose, interest and cooperation to achieve positive health outcomes
- not acting in isolation or unilaterally in the assessment, decision making and planning of services and service delivery
- practising within a framework that involves Māori in all phases of service delivery
- ensuring the integrity and wellbeing of both partners is preserved.



# Māori health and Kawa Whakaruruhau

The raising of nurses' critical awareness of the structural conditions experienced by Māori, including ongoing colonisation and systemic injustices, requires that Te Tiriti o Waitangi is a natural part of nursing practice. The expected outcomes for nursing and Māori health practice are that all nurses will be active Tiriti partners as Crown agents, and will be culturally safe, advocate for systemic change, challenge racism and contribute to the delivery of health services that advance equitable outcomes for Māori.

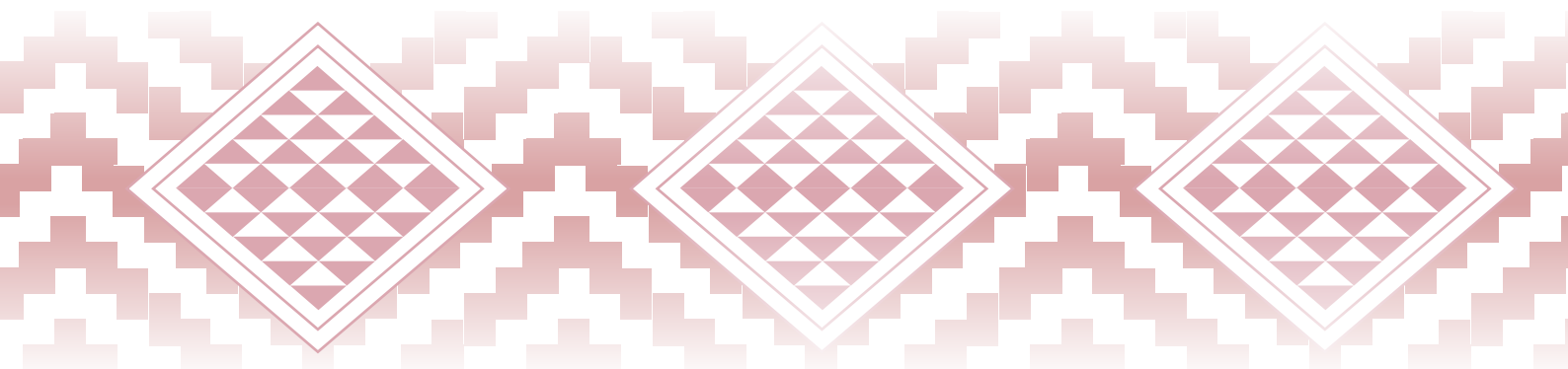
Kawa Whakaruruhau is cultural safety within a Māori context and is the practice of delivering culturally safe care that respects and upholds the cultural identity, values and rights of Māori as tāngata whenua (people of the land). The approach is collaborative and exemplifies the potential for meaningful change when power imbalances are addressed, and Māori knowledge and perspectives are integrated into healthcare. Kawa Whakaruruhau involves nurses' recognition, respect and acceptance that Māori are a diverse population and have te ao Māori perspectives underpinned by te ao Māori values. Kawa Whakaruruhau requires nurses to analyse and understand historical processes and structures including social, economic and political powers that contribute to the status of Māori health. Understanding how colonial history, systemic biases and inequities have detrimentally affected Māori and Māori health outcomes will contribute toward ensuring nursing actions do not perpetuate this impact.

Cultural safety is based in attitude and behaviour change and the premise that if nurses hold safe attitudes, they will be able to effectively work with diverse Māori, whānau, hapū and iwi. The deliberate rebalancing of power between practising nurses and Māori means the reciprocal obligation of accountability and responsibility defined within Te Tiriti o Waitangi is translated across all aspects of nursing education and healthcare service. The application of culturally safe practices is a significant determinant of Māori health that contributes to equitable health outcomes. Key to supporting the strengthening of overall health system responsiveness to Māori is the development of a Māori nursing workforce that reflects the Māori population, incorporates Māori values and utilises Māori practice models. The aim is to develop competent and skilled Māori nurses, and competent and skilled non-Māori nurses who can work together in culturally responsive health services.

Contemporary nursing scopes of practice<sup>2,3</sup> require nurses to incorporate knowledge, concepts and worldviews of both tangata whenua and tāngata tiriti (Pākehā) into practice. The use of te reo me ōna tikanga (the Māori language, customs and traditional values) in nursing education and practice demonstrates partnership and collaboration. The merging of mātauranga Māori (Māori ways of knowing) and nursing knowledge exemplifies how both views are not mutually exclusive (for example, latest standards of competence<sup>2,3</sup>). The integration of Māori principles and values in nursing links to

Te Tiriti o Waitangi and aligns with the original objectives of cultural safety.<sup>8</sup> The aim of Kawa Whakaruruhau is not to create te reo Maori or tikanga Maori experts, but rather to acknowledge that in a diverse Maori population some do not have access to that information. As part of the continual process of nursing education, the sharing of and respect for tikanga Māori perspectives and traditional healing processes will reaffirm the values and beliefs that underpin te ao Māori. For Māori nurses, exposure to te reo Māori further validates and reaffirms the relevance of Māori health concepts to ensure confidence and knowledge in the use of appropriate Māori processes, for their own safety and for the welfare of Māori people, whānau, hapū and iwi.

"The principle of partnership, participation and protection - comprise the well-established Crown Treaty framework... which, while providing an important foundation, has required further development to meet the expectations of contemporary nursing practice today."



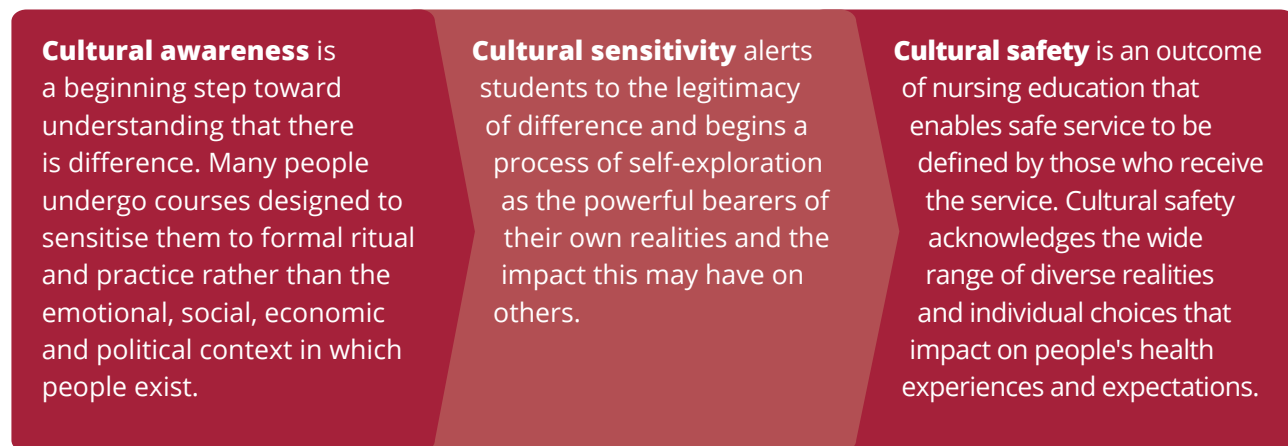
# Cultural safety

As the original model of decolonisation for nursing education,<sup>24</sup> cultural safety is relevant to contemporary nursing practice. The Code of Health and Disability Services Consumers' Rights<sup>25</sup> states that every consumer has the right to be provided with services that consider the needs, values and beliefs of different cultural, religious, social and ethnic groups, including the needs, values and

beliefs of Māori. Nursing practices must therefore reflect the needs of a diverse population, safeguard public safety and promote equitable health outcomes for all.

Cultural safety relates to the experience of the recipient of nursing service and extends beyond a nurse having cultural awareness and cultural sensitivity (Figure 2).

**Figure 2. The Process Toward Cultural Safety in Nursing Practice<sup>7</sup>**



Cultural safety nursing education is focused on the knowledge (including self-knowledge) and understanding of the individual nurse, rather than the learning characteristics of diverse groups. The purpose of cultural safety extends beyond the description of practices, beliefs and values of different intersectional, cultural, religious, social and ethnic groups. Confining learning to rituals, customs and practices of a group (for example,

tikanga Māori) assumes that learning about one aspect gives insight into the complexity of human behaviours and social realities. This assumption that cultures are simplistic in nature can lead to a checklist approach by nurses, which negates diversity and individual consideration. Cultural competence may contribute to delivering health care, but is not enough to improve health outcomes.

Broader cultural safety considers the multiple and intersecting cultural dimensions or cultural identities that may differ from the nurse's own. The practice involves nurses' acknowledgement that people are often disadvantaged by multiple sources of oppression, rather than a single area of identity. Culture is dynamic and evolves over time, and people and their family/whānau may identify with multiple groupings at any one time. A person's cultural beliefs and values, practices and experiences, including intergenerational trauma, influence their perceptions of health and wellness; this affects how they respond

to and manage their health, their treatment decisions and interactions with nurses, other healthcare professionals and the wider health system. Nurses work with the social realities of people, many of whom may not have their own cultural information. Therefore, nurses require understanding and skills to work with behaviours that result from a series of sophisticated social and personal events. Competence in broader cultural safety requires a nurse's introspection and acknowledgment of the complexity of people's lives. The following section outlines key cultural safety principles.



# Key principles of cultural safety

**Cultural safety requires nurses to examine themselves and the potential impact of their own culture on nursing interactions and healthcare service delivery.** The nurse who understands their own culture, history and attitudes and the theory of power relations can be culturally safe in any context. The nurse recognises that there is an inherent power imbalance in the nurse-patient relationship and ensures the imbalance is not exacerbated by overlaying their own cultural values and practices on patients. The nurse understands how their own negative attitudes impact on the provision and experience of care for individuals, whānau, communities and the wider healthcare team, and works to change these.

**Cultural safety requires a critical consciousness where nurses engage in ongoing self-reflection and self-awareness. There is awareness of limitations in cultural knowledge, and openness to learning from other people. The nurse recognises when actions might not be acceptable.** The nurse holds accountability for providing culturally safe care, as defined by the health recipient.

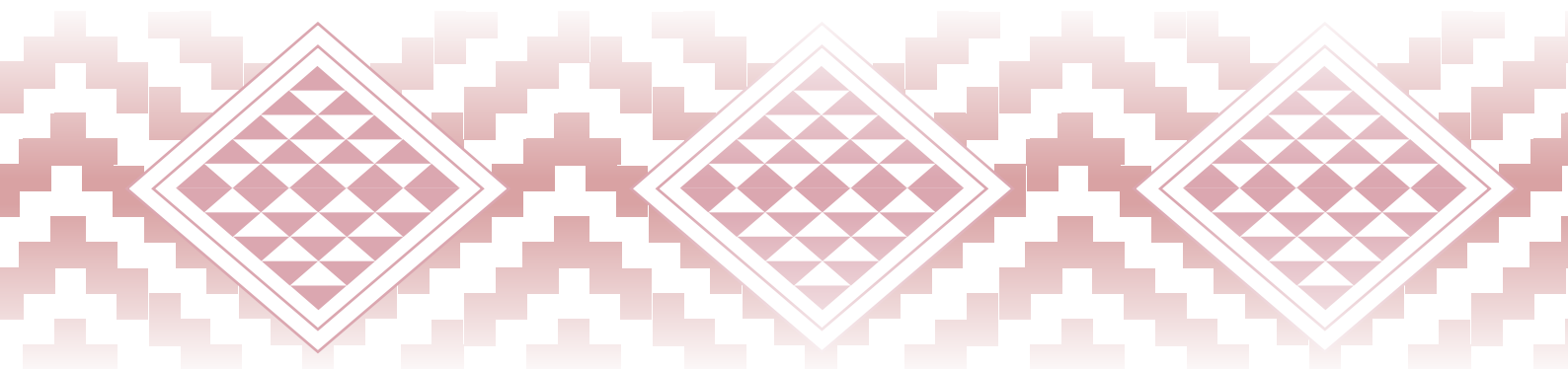
**Cultural safety is a commitment by individual nurses to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics that may affect the quality of nursing care provided. There is a significant emphasis on examining internalised racism and perceived privileges.** In rebalancing the power relationship in the practice of nursing, every healthcare recipient receives an effective service.

**Cultural safety enables a safe, appropriate and acceptable service that has been defined and determined by the recipient. There is engagement in partnership.** Cultural imperatives conveyed by individuals and their whānau to the nurse are incorporated into every aspect of healthcare. Recipients of care are empowered to comment on nursing practices and contribute to the achievement of their own positive health outcomes and experiences. People can participate in changing any negatively perceived or experienced nursing service they receive.

**Cultural safety is a commitment to challenging the cultural bias of individual colleagues or systemic biases within health care services that may contribute to poor health outcomes for people of marginalised cultures.** The nurse accepts that the attitudes, beliefs, policies and practices of health providers can act as barriers to service access. The nurse links to rangatiratanga, leadership and advocacy to improve the provision of care. The nurse contributes to a collaborative team culture that respects diversity and protects cultural identity.<sup>18,26</sup>

**Key cultural safety points:**

- Cultural safety focuses on the individual's and whānau experience to define and improve the quality of care.
- Cultural safety recognises the nursing profession as inadvertent bearers of power.
- Cultural safety requires that nurses reflect on how their own biases and attitudes impact on their interpersonal relationships with individuals/whānau and other healthcare professionals.
- Cultural safety extends beyond cultural awareness and cultural sensitivity.
- Cultural competence may contribute to delivering health care but is not enough to improve health outcomes.



# References

1. New Zealand. *Health Practitioners Competence Assurance Act 2003*. Public Act 2003 No 48. Wellington (NZ): New Zealand Government: 2003. Available from: <https://legislation.govt.nz/public/2003/0048/latest/DLM203312.html>
2. Te Kaunihera Tapuhi o Aotearoa - Nursing Council of New Zealand. *Standards of competence for registered nurses*. Wellington: 2025. Available from: <https://nursing council.org.nz>
3. Te Kaunihera Tapuhi o Aotearoa - Nursing Council of New Zealand. *Standards of competence for enrolled nurses*. Wellington: 2025. Available from: <https://nursing council.org.nz>
4. Te Kaunihera Tapuhi o Aotearoa - Nursing Council of New Zealand. *Code of conduct for nurses*. Wellington: 2012. Available from: <https://nursing council.org.nz>
5. Te Kaunihera Tapuhi o Aotearoa - *Nursing Council of New Zealand. Te Tiriti o Waitangi Policy Statement*. Wellington: 2023. Available from: <https://nursing council.org.nz>
6. Te Kaunihera Tapuhi o Aotearoa - *Nursing Council of New Zealand. Nursing Education Programme Standards: Nursing education standards for programmes leading to registration as an enrolled or registered nurse*. Wellington: 2024. Available from: <https://nursing council.org.nz>
7. Te Kaunihera Tapuhi o Aotearoa - Nursing Council of New Zealand. *Kawa Whakaruruhau: Guidelines for nursing and midwifery education*. Wellington: 1992.
8. Ramsden IM, New Zealand Ministry of Education, Hui Waimanawa, Hui Piri Ki Nga Tangaroa, Hui Raranga Patai. Kawa Whakaruruhau: Cultural safety in nursing education in Aotearoa. Wellington (NZ): Ministry of Education: 1990.
9. Ramsden I, Spoonley P. The cultural safety debate in nursing education in Aotearoa. *NZ Annu Rev Educ*: 1994; 3:161–174. Available from: <https://ojs.victoria.ac.nz/nzaroe/article/view/1075/881>
10. Ramsden I. Cultural Safety/Kawa Whakaruruhau ten years on: A personal overview. *Nurs Prax Aotearoa NZ*: 2000 Mar 1;15(1):4–12. doi 10.36951/NgPxNZ.2000.001
11. Papps E, Ramsden I. Cultural safety in nursing: The New Zealand experience. *Int J Qual Health C*: 1996;8(5):491–497. doi.org/10.1093/intqhc/8.5.491
12. Ramsden I. Kawa Whakaruruhau: Cultural Safety in Nursing Education in Aotearoa (NZ). *Nurs Prax Aotearoa NZ*: 1993 Nov 1;8(3):4–10. Available from: <https://www.nursingpraxis.org/article/83804-kawa-whakaruruhau-cultural-safety-in-nursing-education-aotearoa-nz> doi 10.36951/NgPxNZ.1993.009
13. Ramsden I. Towards cultural safety. In: Editor Wepa D. *Cultural safety in Aotearoa New Zealand*. 2nd ed. Cambridge (UK): Cambridge University Press: 2015. p. 5–25.

14. Ramsden IM. Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu [Unpublished doctoral thesis]. Wellington (NZ): Victoria University of Wellington: 2002.
15. Papps E. Cultural safety: what is the question? In: Papps E, editor. Nursing in New Zealand: Critical issues different perspectives. Auckland (NZ): Pearson Education New Zealand: 2002. p. 95–107.
16. Wood PJ, Papps E. Safety to practise: Reflections of Chairpersons of the Nursing Council of New Zealand 1971–2001. Wellington (NZ): The Nursing Council of New Zealand: 2001.
17. Nursing Council of New Zealand. Guidelines for cultural safety in nursing and midwifery education. Wellington (NZ): The Nursing Council of New Zealand: 1996.
18. Nursing Council of New Zealand. Guidelines for Cultural Safety, the Treaty of Waitangi, and Māori Health in Nursing Education and Practice. Nursing Council of New Zealand: 2011. Available from: <https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Nursing/Standards%20and%20Guidelines%20for%20Nurses/Guidelines-for-cultural-safety-TW.pdf>
19. Orange C. The Story of a Treaty - He Kōrero Tiriti. Wellington (NZ): Bridget Williams Books: 2022.
20. Treaty of Waitangi Act 1975. 2025 May 22. Available from: <https://www.legislation.govt.nz/act/public/1975/0114/latest/DLM435368.html>
21. The Waitangi Tribunal. Available from: <https://www.waitangitribunal.govt.nz>
22. Came H, O'Sullivan D, Kidd J, McCreanor T. The Waitangi Tribunal's WAI 2575 Report: Implications for Decolonizing Health Systems. Health and Human Rights. 2020;22(1):209–20. Available from: <https://www.jstor.org/stable/26923487>
23. The Waitangi Tribunal. WAI 2575 Waitangi Tribunal Report 2023 - Hauora, Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Available from: <https://www.waitangitribunal.govt.nz>
24. Roberts J. Kawa whakaruruhau – has its intent been lost? Kai Tiaki Nursing New Zealand. Dec 2019/Jan2020; 25(11): 14–15.
25. Health and Disability Commissioner. Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations: 1996. Available from: <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>
26. Te Kaunihera Rata o Aotearoa - Medical Council of New Zealand. Statement on cultural safety: Oct 2019. Available from: <https://www.mcnz.org.nz/about-us/news-and-updates/statement-on-cultural-safety/>

27. Came H, Pillay M, Aspin C, McCreanor T. Honourable kāwanatanga: A prerequisite for constitutional transformation. *Ethnicities*. 2024; 1–18. Available from: <https://doi.org/10.1177/14687968241290840> [[3](https://journals.sagepub.com/doi/pdf/10.1177/14687968241290840)] (<https://journals.sagepub.com/doi/pdf/10.1177/14687968241290840>)
28. Wepa D, editor. Cultural safety in Aotearoa New Zealand. 2nd ed. Melbourne: Cambridge University Press: 2015.
29. Durie M. Whaiora: Māori health development. 2nd ed. Auckland (NZ): Oxford University Press: 1998.
30. Ministry of Health. He Korowai Oranga: Māori Health Strategy. Wellington (NZ): Ministry of Health: 2014. Available from: <https://www.health.govt.nz/publications/the-guide-to-he-korowai-oranga-maori-health-strategy>
31. Moorfield JC. Te Aka Māori Dictionary: 2003–2024. Available from: <https://maoridictionary.co.nz/word/3425>
32. Poutama Pounamu. Mātauranga Māori: Connecting to Māori knowledge: 2023. Available from: <https://poutamapounamu.org.nz/assets/resources/site/Matauranga-Maori-2023.pdf>
33. Mental Health Foundation of New Zealand. Tāngata whaiora and whānau perspectives on tino rangatiratanga and decision-making under the Mental Health Act. Auckland, NZ: Mental Health Foundation: 2023. Available from: <https://mentalhealth.org.nz/resources/download/2236/j66neqyx87fhrcan>
34. Campbell J. Tangata whenua. EBSCO Research Starters: Ethnic and Cultural Studies: 2025. Available from: <https://www.ebsco.com/research-starters/ethnic-and-cultural-studies/tangata-whenua>
35. Te Aka Māori Dictionary. Hamilton (NZ): Māori Language Commission: 2024. Available from: <https://maoridictionary.co.nz>
36. Victoria University of Wellington Te Herenga Waka. Tikanga customary practices guide; n.d. Available from: <https://www.wgtn.ac.nz/maori-hub/rauemi/tikanga-tips>
37. Durie M. Te Mana, Te Kāwanatanga: The Politics of Māori Self-Determination. Auckland (NZ): Oxford University Press: 1998.
38. Te One A, Clifford C. Tino rangatiratanga and well-being: Māori self-determination in the face of COVID-19. *Frontiers in Sociology*. 2021;6: Article 613340. <https://doi.org/10.3389/fsoc.2021.613340>
39. Victoria University of Wellington. Principle of rangatiratanga. Māori at Te Herenga Waka; n.d. Available from: <https://www.wgtn.ac.nz/maori-at-victoria/rauemi/te-tiriti-o-waitangi/principle-of-rangatiratanga>

# Glossary

---

Kāwanatanga (power-sharing)

In contemporary contexts, kāwanatanga is often understood in relation to **rangatiratanga** (self-determination), highlighting the balance of power and the need for partnership and power-sharing between the Crown and Māori.<sup>27</sup>

---

Kawa Whakaruruhau

Kawa Whakaruruhau (cultural safety within the Māori context) in nursing is the practice of delivering care that respects and upholds the cultural identity, values and rights of Māori, ensuring their mana and cultural beliefs are protected. It emphasises equitable patient-centred care that empowers Māori and their whānau to make health decisions that align with their cultural practices, addressing power imbalances in health care. Grounded in Te Tiriti o Waitangi, kawa whakaruruhau protects the rights of Māori to self-determination and equitable healthcare outcomes, ensuring they are not marginalised or discriminated against in the system.<sup>14 18 28 29 30</sup>

---

Kākahu

Ornamented cloak. The korowai is a woven cloak symbolising protection, identity and ancestral strength, with each thread embodying stories of resilience and connection.<sup>31</sup>

---

Mahi

To work, do perform, make, accomplish, practise.<sup>31</sup>

---

Mātauranga Māori (Māori ways of knowing)

Māori knowledge — the body of knowledge originating from Māori ancestors, including the Māori world view and perspectives, Māori creativity and cultural practices.<sup>32</sup>

---

Moemoeā

(Verb) have a vision.<sup>31</sup>  
(Noun) vision.<sup>31</sup>

---

Tangata tauiwi

Foreigner, european, person coming from afar<sup>35</sup>

---

---

Tangata tiriti	<p>Those who belong to this land by right of Te Tiriti o Waitangi for example non Māori.</p> <p>Network Waitangi Ōtautahi; 2023. Available from: <a href="https://nwo.org.nz/resources/who-are-tangata-tiriti/">https://nwo.org.nz/resources/who-are-tangata-tiriti/</a></p>
Tangata whaiora (Māori people seeking wellness or wellbeing)	<p>A term often used in mental health and addiction contexts to refer to Māori who are accessing health services. It emphasises the active pursuit of wellbeing, rather than defining people by illness or deficit. The term reflects mana-enhancing, strengths-based and recovery-oriented approaches.<sup>33</sup></p>
Tangata whenua (people of the land)	<p>Refers to Māori as the Indigenous people of Aotearoa New Zealand, holding ancestral, cultural, spiritual and historical connections to the land, waterways and resources. The term also recognises the role of Māori as <b>mana whenua</b> (those with authority over land within their rohe) and as <b>kaitiaki</b> (guardians) of their taonga.<sup>34</sup></p> <p><b>Hapu</b> (Verb) to be pregnant, conceived in the womb, (noun) kinship, clan, subtribe.</p> <p><b>Iwi</b> Extended kinship group, tribe, nation, strength bone connecting to whakapapa and ancestral remains.</p>
Tikanga Māori	<p>Māori customary practices or behaviours. The concept is derived from the Māori word 'tika', which means 'right' or 'correct'. In Māori terms, to act in accordance with tikanga is to behave in a way that is culturally proper or appropriate.<sup>35</sup></p>
Tino rangatiratanga (Māori autonomy and authority)	<p>Self-determination, sovereignty, autonomy, self-government.<sup>36 37 38</sup></p>
Whenua	<p>Land and placena, reflecting Māori belief that people are born from and belong to Papatūanuku (Earth Mother).</p>

---



