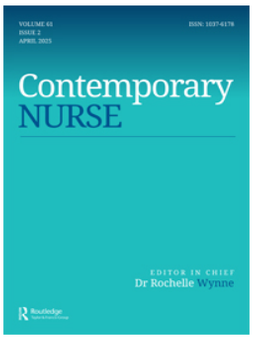

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Bridging historical understanding with culturally safe nursing and midwifery care for indigenous people: a scoping review's telling gap in literature

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Review Article

Bridging historical understanding with culturally safe nursing and midwifery care for indigenous people: a scoping review's telling gap in literature

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Aim: The purpose of this paper is to explore the need for historically informed, culturally safe nursing and midwifery literature about Australian Indigenous people.
Background: The cultural safety framework, developed by Irihapeti Ramsden, has long identified the importance of historical literacy in delivering culturally safe nursing and midwifery care. However, little evidence is available exploring the links between these domains. In the Australian setting, this is particularly relevant due to the health gap and, therefore, life differentials between Indigenous and non-Indigenous Australians and the potential of culturally safe nursing and midwifery care to contribute to rectifying this.
Methods: A scoping literature review was conducted by searching four databases for both articles and grey literature that explored historically informed, culturally safe nursing and midwifery practice for Indigenous people internationally. This search spanned from 2003 onwards and required discussion of clinical practice by registered nurses or midwives. A discursive method was utilised to analyse the discourse surrounding these domains.
Results: The review found only two texts that explored the connection between Indigenous peoples, history, cultural safety, nursing and midwifery in depth. This highlights a large literature gap internationally. Following this review, a discursive argument was created that highlights how a lack of culturally safe, historically informed care in Australia has resulted in unsafe and racist health experiences for Indigenous people.
Conclusions: Australian nurses, midwives, healthcare organisations and health academics are provided with recommendations on how they can create the mandated cultural safety through historically informed environments and care practices. These include but are not limited to, ongoing Indigenous-led professional development, appropriate remuneration for Indigenous knowledge holders, and professional development for all nursing and midwifery academics.

Keywords: nurses; midwives; cultural safety; historical literacy; Indigenous; truth telling

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Impact statement

The large gap identified highlights the need for historically informed, culturally safe healthcare, to improve the experiences of Indigenous people.

Plain language summary

This review incorporated both scholarly and grey literature in an attempt to find sources that explored history, Indigenous peoples, cultural safety, nursing and midwifery. The authors found only two texts that met and explored the categories in depth, *Yatdjuligin* (Best & Fredericks, 2021) and *The Importance of Local History for Nurses: An Aboriginal Australian Microhistory* (Raeburn et al., 2020). This paper discusses the absence of literature identified in this review and gives recommendations for healthcare organisations, health academics, nurses and midwives to combat this gap. This paper also speaks to why there is such a large knowledge gap, and the continued racism in nursing and midwifery in Australia today. Finally, this paper advocates for truth-telling through historical, culturally safe, and Indigenous-led professional development that is supported by healthcare organisations for nurses and midwives in healthcare and academic settings.

Introduction

This paper is a discursive analysis of a scoping review that focuses on the connection of four domains: Indigenous peoples, history, nursing and midwifery and cultural safety. Cultural safety in the Australian setting is based on the work of Ramsden (2002) and defined by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) as the process of reflection and self-awareness by a practitioner to begin with cultural awareness, moving to becoming culturally sensitive and then being a culturally safe practitioner (Best, 2021; CATSINaM, 2016). Importantly, cultural safety is defined by the person receiving the care rather than the health practitioner giving the care and therefore can be different for every person (Best, 2021; CATSINaM, 2016). The scoping review undertaken revealed a large literature gap in this area of research and publication. The findings of the scoping review will be analysed through a discursive method. Finally, tangible solutions are presented to the problems identified for academics, organisations, and nurses and midwives.

Background

Throughout this paper, Aboriginal and/ or Torres Strait Islander people are referred to as either 'Aboriginal and/ or Torres Strait Islander' or 'Indigenous', context will be given to differentiate between Australian and international Indigenous peoples within the text. Cultural safety was conceptualised in the late twentieth century by Ramsden and her colleagues in relation to healthcare in Aotearoa, colonially known as New Zealand (Ramsden, 2002). Ramsden conceptualised cultural safety and outlined the journey of becoming a culturally safe nurse. The process of understanding one's own culture(s) and the effect that has on caregiving and self, encompasses the reflective process required for a nurse or midwife to achieve cultural safety (Taylor & Guerin, 2019). To begin the cultural safety journey is to understand that caregivers are not values-neutral and that they bring their own values into caregiving (Ramsden, 2002; Taylor & Guerin, 2019). Cultural safety was defined in the 1980s with publication of the framework emerging in the 1990s (Papps & Ramsden, 1996), which culminated into Ramsden's (2002) seminal PhD thesis. This thesis provides the theory and basis of cultural safety. It should be noted that a number of other terms that describe aspects of cultural safety were present before this time.

Multiculturalism, self-reflective practice, cultural competency, sensitivity, perspective, awareness and transcultural nursing are all terms used to describe phenomena surrounding caring for people from a culturally and linguistically diverse background (Browne & Varcoe, 2006; Ramsden, 2002). We have chosen to focus on cultural safety, as Indigenous Australian organisations have increasingly advocated for its use in relation to healthcare equity (CATSINaM, 2016; Curtis et al., 2019; The Lowitja Institute, 2023). Browne and Varcoe (2006), Danso (2018) and Bourque Bearskin (2011) provide a comprehensive background on culture in the healthcare setting and how a critical lens is required to analyse culture as a construct and the healthcare workers' assumptions around culture.

As of 2019, undergraduate nurses and midwives in Australia are required to undertake accredited education in Indigenous Australian history, health and cultural safety to obtain registration (Australian Nursing and Midwifery Accreditation Council, 2019; Best, 2021). Furthermore, nurses and midwives are also required to respect Indigenous Australian cultures under the standards of practice (NMBA, 2016; Nursing and Midwifery Board of Australia, 2018). Most significantly, the current Code of Conduct for nurses and midwives now states that cultural safety is required and that social, economic, cultural, historic and behavioural factors influencing health are acknowledged (NMBA, 2018; Nursing and Midwifery Board of Australia, 2018). The obligation of Australian professionals is clearly set out within this document. Ramsden supported this mandate by explaining aspects of cultural safety, articulating cultural awareness as a reflection on self and one's impact on others (Ramsden, 2002). Notably, although these requirements are in place, the Nursing and Midwifery Board of Australia currently has no explicit requirement for cultural safety professional development for nurses who trained before it became a compulsory part of nursing education in 2019 (NMBA, 2018). Moreover, a process of Indigenous truth-telling would require more than just an acknowledgement of historical traumas to achieve better outcomes for Indigenous Australian people (Davis & Williams, 2021; Reconciliation Australia, 2016). As Paradies (2016) states, this colonial mentality of acknowledgment leads to acceptance and tolerance of historical traumas rather than true culturally safe environments and caregiving (Joo-Castro & Emerson, 2020; McGregor, 2021).

Healthcare settings in Australia have been identified as racist places for Indigenous people, with this racism influencing inequitable experiences and outcomes for Indigenous people (Gatwiri et al., 2021; Laccos-Barrett et al., 2022; McGough et al., 2022; NSW Parliament Legislative Council). The current traumas created in these settings for Indigenous people has been linked directly to historical events in the NSW Parliament Legislative Council Select Committee on Birth Trauma (2024). Trauma is defined as a crisis or event that challenges or overwhelms a group's or individual's capacity to cope (Atkinson, 2000). In Australia, intergenerational trauma has been defined as trauma that is passed down from one generation to another; this can also be used in conjunction with transgenerational trauma, which is trauma passed down through multiple generations (Atkinson, 2000). Literature from Canada, New Zealand and the United States of America reveal that similar inequities are experienced by Indigenous peoples internationally (Begay Jr, 2012; Smallwood et al., 2021). Paradies (2016) explores how colonial mentalities and historical trauma have strong influences on Indigenous people's health and well-being. Colonial mentalities amongst non-Indigenous people, being the acceptance or tolerance of oppression, are seen broadly throughout the Australian setting (Paradies, 2016). Indigenous Australians have advocated for truth-telling practices to counteract this acceptance of historical trauma from events such as the Stolen Generations (Barolsky, 2023; Davis & Williams, 2021; Paradies, 2016).

The limited literature on the Indigenous Australian truth-telling process and outcomes highlights that truth-telling is not simply exploring and recounting history. Rather, it is the process of listening to those histories that are overshadowed by accepted colonist narratives and giving them a voice (Barolsky, 2023; Wilmott et al., 2024). It involves meeting on equal terms in the

hope of reconciliation, sharing or healing (Barolsky, 2023; Wilmott et al., 2024). Linking back to historical theory, truth-telling involves identifying and exposing colonial mentality (Barolsky, 2023; Paradies, 2016; Wilmott et al., 2024). In the Indigenous Australian context, truth-telling has been utilised as a healing process, with the sharing of and hearing truth resulting in healing for Indigenous individuals in South Australia (Wilmott et al., 2024). To contextualise this further, if history is a study, truth-telling is an action. The process of truth-telling and historical acceptance is vital for culturally safe nursing and midwifery practice for Indigenous Australian people. Meaning that for nurses and midwives to create a culturally safe environment, achieve the best outcomes for the people they care for and provide quality nursing care, they need to understand the process of sharing truth and historical acceptance (Best & Fredericks, 2021; Reconciliation Australia, 2016; Referendum Council, 2017; Taylor & Guerin, 2019). This helps in the professional development of the health care provider to becoming culturally sensitive, as it is accepting that there is a legitimacy of difference between Indigenous and non-Indigenous peoples and the experiences of health care and outcomes.

Methods

This paper presents a discursive argument surrounding an identified literature gap that was discovered in a scoping literature review. This review was conducted using the Joanna Briggs Institute (JBI) methodology (2020) for a scoping review to explore the question of how history can inform culturally safe nursing/midwifery care, specifically pertaining to Indigenous people. These areas (Indigenous people, history, nursing/ midwifery and cultural safety) individually have a body of knowledge and literature available; however, once combined, there is little evidence of their detailed and intersectional relationship. Although the review was conducted through a global search for literature, the rationale for conducting a review was the health and well-being of Indigenous Australian people, specifically focused on improving health experiences, practices, services and outcomes (Lowitja Institute, 2024). A scoping review was chosen for this topic as many sources relating to the historical abuses of Indigenous cultures and it's effect on healthcare lay outside the academic arena of nursing and midwifery. A scoping review allowed for grey literature to be used to bridge the gaps that academics did not cover (Adams et al., 2017). Preliminary searches of Medline, the Cochrane Database of Systematic Reviews and JBI Evidence Synthesis were conducted and no reviews connecting these domains are currently available. The goal of the scoping review was to collect any evidence available that explores the four identified domains in depth. This is due to history being mentioned or associated with cultural safety within literature; however, rarely explored in depth.

Search strategy

The search strategy was a three-step process that included a title and abstract search, full-text review, and forward and back searching from included texts. Medline, Scopus, ProQuest, Library Search and CINAHL were searched to achieve our results; see search terms in Appendix 1. The identified texts were then title and abstract screened. Within this search, texts needed to be in English and from 2003 onwards. This date was chosen to allow for additional sources as we suspected there may be few that meet the criteria.

Study selection

After the searches were run, references were uploaded to Covidence, where two authors of this paper reviewed each text. Any disagreements between the reviews were resolved by discussion

and the option of a third reviewer contributing to the screen. Within this screen the abstract needed to link the four domains. For example, if an abstract referenced cultural safety, Indigenous people and nursing practice but failed to mention history, it was excluded. The full-text review required a strong link between the four domains of our search; if a domain was only mentioned in one sentence throughout the text, this did not service our terms, an exploration of the domain needed to be conducted for a text to be included. The inclusion/ exclusion table " Figure. 1" has been used in the full-text review.

Discursive analysis

A discursive argument or method was used throughout the discussion to explore why such a large literature gap exists. The chosen method focused on the meanings and power in the available documentation within this search (Lucy, 2002; Sitas et al., 2024). The analysis of language, symbols or actions and importantly, in our case, lack thereof, is a vital part of a discursive method (Fairclough et al., 2001; Sitas et al., 2024). A discursive method is a reflective process that involves a critical view of the results and analysing how research may have affected this gap (Lucy, 2002). Reflexivity is a vital part of this method as it improves the validity of qualitative research and can be viewed as a discursive extension to interpreting results (Lucy, 2002).

Inclusion	Exclusion
Texts that clearly link the four identified domains.	Texts that mention the four domains but do not clearly link them together or only mention them once.
Texts regarding clinical practice for registered nurses and midwives	Texts about curriculum design or other healthcare professionals.
Texts discussing cultural safety	Tests that did not discuss cultural safety or use alternative terms such as cultural awareness, etc.
Texts discussing Indigenous people from any Country.	Texts not discussing Indigenous people
Texts post-2003	Texts pre-2003
English language	Non-English language

Figure 1. Inclusion/ exclusion table.

Within this research, the argument is formed around the lack of results in this search and the power the literature that could fill this gap holds to improve the experiences of Indigenous people in healthcare settings. How this literature can do this will be unpacked further in the discussion section of this paper.

Results

Within the search, we found a total of 400 references imported for screening as 400 studies, 155 duplicates removed, 245 studies screened against title and abstract, 204 studies excluded. Of 41 remaining studies for full-text review only 1 was found to meet the criteria and from the forward and back searching of that text another 1 article was found. Making a total of 2 texts found. These texts were *Yatdjuligin* edited Best & Fredricks (2021) and The *Importance of Local History for Nurses: An Aboriginal Australian Microhistory*, by Raeburn et al. (2020). Due to the limitations of the results, a gap within the literature relating to the chosen domains was evident and overwhelmingly identified. Please see " Figure 2" for the PRISMA diagram.

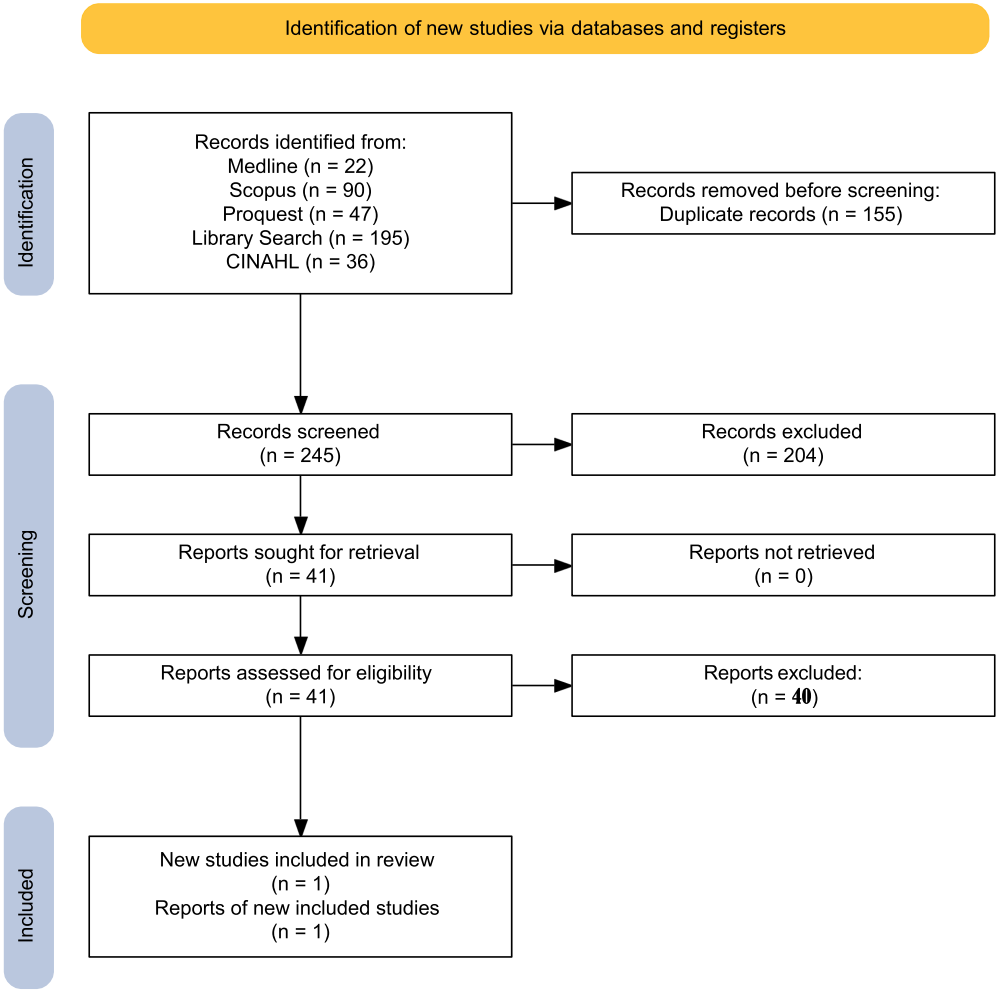

Figure 2. PRISMA.

When conducting the literature review, it was evident that many sources link Indigenous history to nursing or to cultural safety and that it is undoubtedly a vital part of culturally safe nursing (Annette Jo, 2003; Best & Fredericks, 2021; Brascoupé & Waters, 2009; Capper et al., 2023; Dell et al., 2016; Raeburn et al., 2020; Ramsden, 2002; Taylor & Guerin, 2019). For example, many texts have a sentence or two on colonisation, truth or historical events that affect the current health of Indigenous people. However, there were only two sources that explored all aspects of this area of scholarship in depth. The identified texts from the scoping review (Best & Fredericks, 2021; Raeburn et al., 2020) are summarised below:

Yatdjuligin edited by Best & Fredricks (2021) covers cultural safety for nurses and midwives in Australia as a stand-alone chapter. This text emphasises the importance of history in nursing/midwifery care through an Indigenous-led cultural safety lens, covering many different aspects and domains of nursing and midwifery. The text gives clinical examples of how historical literacy is a vital part of addressing the complexities in the relationship between Aboriginal and Torres Strait Islander cultures and the mainstream healthcare system and settings. Yatdjuligin covers the four domains in depth and links them consistently throughout, clearly showing the important and necessary historical literacy required by Australian nurses and midwives.

The Importance of Local History for Nurses: An Aboriginal Australian Microhistory, by Raeburn et al. (2020), covers local history and the importance of nurses engaging with this history. This paper is theoretical and speaks of the relationality between history informing nursing care. The paper argues that even with steps forward in education and nursing and midwifery regulatory authorities mandating cultural safety for nurses this is not enough, and microhistories (local histories) should be explored. This paper is authored by both Indigenous and non-Indigenous academics and is a place-based analysis of Indigenous history and the hospital setting.

Discussion

This review found a large literature gap relating to the domains of cultural safety, history, Indigenous peoples and nursing and midwifery care. It is important to point out that literature exists individually within these domains and that some are even linked. However, the lack of all four being connected in one source is evident. For example, there are many sources on history, nursing and midwifery; however, once you include Indigenous people, the number drops dramatically, and then cultural safety sees another large drop. This could be seen as a weakness in our search. However, the strict search strategy highlighted our hypothesis that this literature does not exist and allows possible reasons to be explored. A discursive view of these results emphasises the power held in the silence on this topic (Lucy, 2002; Sitas et al., 2024). A lack of discourse in this area, along with literature highlighting racism within healthcare, points to the ongoing and systemically racist experiences of Indigenous people seeking care from, or working as, nurses and midwives (Gatwiri et al., 2021; Laccos-Barrett et al., 2022; McGough et al., 2022; NSW Parliament Legislative Council, 2024). This analysis is also supported by the life expectancy differential between Indigenous and non-Indigenous Australians; while many factors influence this gap, it cannot be ignored that systemically and societally, Australia is failing its Indigenous people (Deravin et al., 2018; National Indigenous Australians Agency, 2022). The authors of this paper believe that a lack of participation in, or acknowledgment of truth-telling by nurses and midwives contributes to the racism and colonial mentalities within the healthcare setting (Paradies, 2016). Furthermore, if this literature gap was filled, evidence would be available to assist those who seek to improve their historical literacy and culturally safe caregiving.

The responsibility to seek professional development opportunities appears to be on nurses and midwives themselves as they are required to be culturally safe under the Code of Conduct, however, they are not required nationally to receive any ongoing professional

development on this topic, although individual organisations may have requirements (Hardy et al., 2023; NMBA, 2018). The education given in many universities is a national history, however, Raeburn et al. (2020) highlights the importance of local Indigenous historical knowledge for nurses and midwives working in their specific locations. Furthermore, culturally safe and reflexive practice education is vital as it has been shown to improve healthcare delivery and experiences for Indigenous people (Dawson et al., 2022; Hunter et al., 2022). This demonstrates the need for Indigenous history to be a continuing professional development priority within the clinical and academic setting due to the individuality of each location and its Indigenous people's history and needs. Structural change is required within the academic settings to ensure nurse and midwife academics feel comfortable and confident teaching cultural safety to students (Doran et al., 2019a). Ramsden (2002) highlights the importance of cultural safety and historical education for nurses, midwives, and society, including schooling at all levels. However, in the clinical setting, this professional development is dependent on the service a nurse or midwife works in, and their education and cultural exposure may vary greatly. Therefore, we present suggestions for nurses and midwives, organisations and academics to achieve historically informed, culturally safe nursing and midwifery care in the Australian setting.

Recommendations

Nurses and midwives working in a clinical setting can make changes to benefit Indigenous patients and co-workers. We suggest that although the Australian Code of Conduct (2018) states nurses and midwives acknowledge history, they should go further than acknowledging to become culturally safe practitioners. We must work with Indigenous people to achieve historical acceptance through truth-telling practices to destroy colonial mentalities and create culturally safe environments (Barolsky, 2023; NMBA, 2018; Paradies, 2016; Wilmott et al., 2024). Put simply, the culturally safe nurse or midwife must go through the process of reflexivity that comes from cultural awareness (of self), sensitivity (knowing that differences in care are legitimate) and safety (determined by the client) (Ramsden, 2002). They need to engage in deep personal reflection of self to achieve this, addressing bias and racism and how these have been learnt. If nurses and midwives are a part of the truth-telling process and strive to be culturally safe practitioners, they may achieve better patient outcomes and create safe environments for Indigenous clients, patients and co-workers (Best & Fredericks, 2021; Raeburn et al., 2020). This can be achieved by participating in cultural safety professional development on an ongoing basis and learning the local truth of their work settings (CATSINaM, 2017; Raeburn et al., 2020). Firstly, cultural safety professional development needs to be an ongoing reflective process that allows nurses and midwives to grow and change throughout their practice (Best & Fredericks, 2021; Taylor & Guerin, 2019). A one-off training will not achieve a long-lasting, culturally safe practitioner as they are often focussed on learning about 'the other', which results in an uninformed practitioner who has not been given adequate time to reflect on their beliefs, self, knowledge, values, attitudes, stereotypes and practices and how they affect Indigenous people. Furthermore, learning the truth about the practitioner's work environments and Country they work on is a vital part of understanding and accepting history to achieve cultural safety (CATSINaM, 2017; Raeburn et al., 2020). To do this, a practitioner and health services and universities should seek input from local Indigenous people and build connection to the Country they are working on and the people they are caring for. An example of how a nurse or midwife may achieve this is by participating in an intensive on-going professional development process that is then followed by yearly sessions run by local Indigenous peoples.

Healthcare organisations (such as public and private hospitals, clinics and community healthcare providers) also play a vital role in fostering culturally safe work and healthcare

environments for Indigenous nurses, midwives and patients. Indigenous nurses and midwives also require culturally safe work environments free from racism and discrimination to support their cultural health and professional practice. Organisations are responsible for the safety and well-being of their staff and patients and, as such, are required to address cultural safety within this framework (NSW Government, 2017). While we encourage nurses and midwives to participate in on Country (where appropriate for the Indigenous Community), ongoing Indigenous led, historically informed cultural safety professional development, organisations must facilitate this for nurses, midwives and executive staff. With healthcare organisations providing participant-focused cultural safety professional development, reflexivity should be incorporated into this professional development to create culturally safe nurses and midwives (Hunter et al., 2022). Furthermore, healthcare organisations need to heal and/ or form connections with local Indigenous people to ensure culturally safe teaching spaces and knowledge-sharing. Indigenous people need to be heavily involved in the formation and teaching of this education to ensure local, historically informed education is being provided (Hunter et al., 2022; Raeburn et al., 2020). Finally, organisations need to practice reciprocity for the local Indigenous knowledge holders they engage in creating and teaching these programs and budget for mandatory staff training hours to truly emphasise the importance of this training.

Suggestions for incorporating Indigenous history into cultural safety for academic nurses and midwives include addressing whiteness within academic settings and creating literature to fill this identified gap. This gap has many potential causes within the nursing and midwifery academic fields. We hypothesise that it relates to the blindness of academics to the need for Indigenous historical and cultural safety education. Whiteness's presence within the nursing and midwifery academic setting is an acknowledged fact within Australia and internationally (Gatwiri et al., 2021; Hantke et al., 2022; Nielsen et al., 2014; Povey et al., 2023). Whiteness is the dominance and blindness of those who fit the 'white' norm to the needs of those who do not, amplifying the idea that academics are researching and writing on the norm or dominant rather than those who do not fit it, and Indigenous people are being forgotten, hence our literature gap (Nielsen et al., 2014). This affects not only academic nurses and midwives but also clinical nurses and midwives and their Indigenous patients and co-workers. It is vital that this gap is filled with Indigenous-led research-based literature to ensure culturally safe practices are being achieved for Indigenous patients rather than moulding the care designed of the dominant to fit their needs. Simultaneously filling this gap requires the increase of Indigenous Australian employment, supporting the professional development of academic staff and fostering cultural safety for Indigenous academics and students (Doran et al., 2019b). Moreover, Indigenous history and cultural safety professional development is needed for nursing and midwifery academics themselves, as they are also required to meet the code of conduct in Australia and like other nurses and midwives require ongoing professional development in this area (Best et al., 2022; NMBA, 2018). It is vital that those who are teaching nurses and midwives understand the importance and relevance of these domains to Indigenous health outcomes and experiences (Best et al., 2022; CATSINaM, 2017). Finally, this professional development needs to be given by, or heavily informed by, Indigenous Australian people, asking them specifically what nurses and midwives need to know to achieve this, and that Indigenous knowledge needs to be appropriately remunerated for within academic organisations budgets.

Impact paragraph

By implementing these recommendations, healthcare experiences, outcomes and work environment for all Indigenous Australians would be positively impacted. Cultural safety needs to be implemented in all aspects of nursing and midwifery, with organisation, academics and individuals

being focused on in this discussion. This would result in new graduate nurses and midwives being taught by culturally safe nurse/midwife academics and entering a workforce of culturally safe practitioners who are supported by their organisations to be so. This is opposed to the current framework of participant-focused education and professional development that doesn't foster or support culturally safe staff in academic or healthcare settings, in turn creating unsafe environments for Indigenous people. These recommendations will improve the experiences of both Indigenous Australian staff and patients within healthcare settings and, assist in closing employment, education and health gaps (Best, 2021; Best et al., 2022; Rigby et al., 2011). Historically informed, culturally safe nurses and midwives will also work towards truth-telling and healing for Indigenous Australians (Schultz et al., 2021; Wilmott et al., 2024).

Conclusion

These recommendations for organisations, academics, nurses and midwives are only the beginning of the conversations that need to take place in Australia regarding historically informed cultural safety professional development and practice for nurses and midwives. The authors acknowledge that there will be many challenges within this process but that it is a vital process to undertake to ensure safe spaces for Indigenous nurses, midwives and patients. The scoping literature review conducted found a large gap in this area. Our suggestion to nurses, midwives, academics, and organisations must be conducted with Indigenous Australian people's input and be flexible to a place-based solution to the current problems of healthcare, education systems, and ongoing professional development. By taking up these recommendations, nursing and midwifery care in Australia can become historically informed and culturally safe for Indigenous patients and workplace environments safe for Indigenous colleagues.

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Supplemental data

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