

PĀKEHĀ “PARALYSIS”: CULTURAL SAFETY FOR THOSE RESEARCHING THE GENERAL POPULATION OF AOTEAROA

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Abstract

The emergence and dominance of the Māori-centred research paradigm is leaving Pākehā researchers out in the cold. “Pākehā paralysis” draws on my experiences as author, teacher and university ethics committee member to account for the reasons why so many Pākehā postgraduate students are caught in a state of paralysis, deliberately excluding Māori from their general population research samples. While supposedly addressing cultural concerns, through avoiding cultures not their own, these Pākehā researchers fail to fulfil Treaty of Waitangi responsibilities. This paper offers explanations of why this paralysis developed, and how it has been codified into health and tertiary ethics guidelines and in university teaching. The paper ends by offering solutions to work through this cultural web by honouring the Treaty of Waitangi while promoting cultural safety for Pākehā researching New Zealand society.

TALES FROM THE FIELD²

The ethnographer Van Maanen (1988) suggests retelling tales from the field as a means of stating a research problem while making for a dramatic beginning. All three tales at the start of this paper focus on postgraduate student research in New Zealand universities. Starting in this way allows for later generalisation to include all research involving Pākehā researchers in New Zealand. For the moment the research problem is centred on postgraduate students attempting to research the New Zealand general population. The subject matter stems from my role as a deputy chair of a university ethics committee. This role has me field many telephone calls from students and researchers seeking advice on how to best navigate an ethics committee application.

¹ **Acknowledgements**

The term “Pākehā paralysis” arose in a conversation with Ephra Garrett. In subsequent conversations she remarked how the “paralysis” had been good for Pākehā but added that now it was time to move on. This paper is written in this spirit. An earlier draft of this paper was presented to the Sociological Association of Aotearoa New Zealand Annual Conference at Palmerston North, November, 2001.

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² All references and examples (i.e. Kiwibank) are suitably changed to protect the identity of these researchers.

Recently a Pākehā postgraduate student called me to query the cultural concerns section of an ethics application for a university’s ethics committee. I asked the student to outline her research and she proudly said her doctorate examined both clients’ and workers’ experiences of *work culture* in three banks: the ASB, the BNZ and the new Kiwibank. She went on to say that she believed that there were no cultural issues given that she did not plan to specifically target Māori.

What struck me most about this query was how she seemingly remained oblivious to the fact that her focus compared the cultures of clients and workers across three banks. The student said she planned to write “not applicable” in the cultural concerns section of the ethics committee application. She asked me if I thought an ethics committee would have a problem with that. It would seem that given that she planned not to include Māori in the study, she thought her study crossed no cultural boundaries. The irony, of course, was that the doctorate substantively focused on cultural boundaries. In her thinking, “culture” meant “Māori”. This paper explores the source of this assumption and how it has been codified in ethical practice in New Zealand by teachers, authors and institutional ethics committees.

A second tale stems from my chairing a “mock ethics” committee for postgraduate students at a distant university. During the day, 12 postgraduate students orally presented their written research proposals, outlining their projects’ ethical considerations. As I listened to these applications I was struck by the reluctance of these Pākehā students to research Māori: all researchers sought only Pākehā informants, “snowballed” among their friends and workmates. To be more explicit, the Pākehā postgraduate students had actively excluded Māori. When asked for a personal explanation for this exclusion, the students collectively reported they had been taught by their teachers to exclude Māori. As Pākehā they had learned that they had no place researching Māori. At no time had they been taught how to consider cross-cultural research.

What are the ethical considerations of this exclusion of Māori by these 12 students? Firstly, their proposals were ethical in all other respects: they did not contradict core ethical principles of informed consent, voluntary participation, deceit or conflict of interest. On the contrary the proposals on these measures were exemplary. The ethical principle that they violated was harm.³

Harm as an ethical principle has many guises. Harm can occur to the subject, the researcher or the institution. In Herbert Green’s “Unfortunate Experiment”, eight women died (Coney 1989). Harm may also occur to the unsuspecting researcher. Interviewing a prisoner alone

³ The fact that most, if not all, of the research outcomes produced by these 12 students are unlikely to be published is irrelevant to the wider debate about harm. Little postgraduate research ends in publication in the public domain.

can bring harm. Equally what an informant says about a topic (for example, grief), may harm the researcher. A third type of harm can arise for an institution. Again, to cite the “unfortunate experiment”, Auckland University and National Women’s Hospital were harmed in that they were no longer trusted to guarantee good practice (Coney 1989). In the wake of the Cartwright Commission, institutional ethics committees in New Zealand operate as risk managers, both for themselves and for the researchers who investigate under their masthead (Casey 2001:131). Thus, ethics committees have come to manage the risk involved in cultural sensitivity to such an extent that universities and health ethics committees may unwittingly harm the subjects they seek to protect. The irony of these tales from the field is that they document how protecting Māori from harm may in fact be harmful in terms of Treaty responsibilities.

The third tale from the field underlines this irony. The tale involves a postgraduate student’s thesis. It was this tale that prompted me to place my head above the parapet and to expose these ethical ironies. The student’s supervisor relayed the following to me. He said his student wanted to generate a research sample, blind, via both an advertisement in a local newspaper and pinned on supermarket community notice boards. I told the supervisor I saw no issue with this practice. However, in addition, the supervisor said the student held a firm belief that because he was Pākehā, the university’s ethics committee would require him to exclude all Māori from his research sample. The supervisor had not questioned the student’s reasoning and simply sought my advice on how to achieve this end.

There are some obvious differences between this research design and the small-scale snowballed research projects presented in the mock orals scenario outlined above. In any newspaper/supermarket advertisement the researcher does not know who will read the advertisement and who will respond. The sample size depends on how interesting the potential informants think the research sounds. This response could easily be 100 potential informants or more, none of whom the researcher knows in advance. This student’s thesis thus places ethics beyond the comfort zone of friends and workmates, potentially placing the institution at risk.

How should the student frame the advertisement? “Informants wanted for master’s thesis research project”? This could attract possible subjects, but is this ethical in this case? If this research matches the conditions of the mock oral group above where Māori are excluded, then “Informants wanted for master’s thesis research project” is misleading. A more honest statement would be “Pākehā informants wanted for master’s thesis research project”. An even more candid announcement would be “Māori need not apply”. The latter places the institution at risk.

The fact that this explicit advertisement excluding Māori has not developed in the public arena should not be reason for complacency. These explicit advertisements can and are

easily subverted by a sleight of hand on any researcher’s part. The advertisement may read “Informants wanted for master’s thesis research project” which prospective informants may read and respond to. The sleight-of-hand exclusion occurs within a preliminary interview, where routine demographic details are collected. When Māori self-identify themselves, some postgraduate students feel compelled to follow what they have been taught and politely exclude Māori from their sample. This procedure is simple and, according to this student’s supervisor, what the ethics committee supposedly wants.

What is the harm within this advertisement or sleight of hand? And who is harmed? Is it the subject, the researcher or the institution? This paper suggests this problem is an institutional dilemma. For some perverse reason university lecturers and institutional ethics committees (such as the Health Research Council, see below) are promoting culturally sensitive research that violates the spirit of the Treaty of Waitangi. On the one hand these institutions seem to be mandating that Pākehā researchers do not have the cultural sensitivity to conduct cross-cultural research. On the other hand, this exclusion of Māori does not promote Treaty of Waitangi responsibilities, neither promoting partnership in research nor giving Māori the right to benefit from a fair share in what is ultimately state-funded (tertiary) research.

These three tales from the field are sufficiently altered to disguise everything but the truth. Although most examples are subterranean, in classrooms and in personal telephone conversations from where I sat as a deputy chair of an ethics committee, a member of an informal “mock ethics” committee, as a writer in the research ethics field, as a teacher of research methods, as a thesis supervisor and as an active researcher, these problems are just over the horizon. This paper may represent the dawn of new ways of thinking through the Pākehā paralysis.

This three-part paper explores how we as researchers, teachers and ethics committee members arrived at this situation and what steps can be taken to turn it around. How can we best answer students’ queries when they ask us how “best” to get around this cultural concerns question? Many Pākehā colleagues in New Zealand universities are either oblivious to the complexity of these issues or they are paralysed, recognising it as a political minefield.

A logical first step in the third example would be to focus on the student and to bring him or her before the ethics committee for a “good chat” about cultural concerns. While possibly useful, the problem is wider than one person. Students can only have reached this exclusionary position if those teaching them parrot, without questioning, how the dominance of the Māori-centred research paradigm governs research practice in New Zealand. Parts One and Two of this paper explore the emergence of this Māori-centred research paradigm. This paper does not attempt to critique the Māori-centred research paradigm, but it will explore its soporific effects on Pākehā researchers.

Part One looks at past and recent attempts by Pākehā to research Māori. This history documents the impact of this research on Māori, leading to the rationale for Pākehā exclusion from Māori-centred research. Rather than re-litigating these debates, this short history seeks to explain how this rejection of research “on” Māori created the dominant Māori-centred research paradigm and how it eventually came to affect the framing of how institutional ethics committees adjudicate cultural concerns.

Part Two shifts the focus away from Māori-centred research to explore the ethical issues involved when postgraduate researchers study the general population of New Zealand. What ethical issues are raised when Pākehā researchers come across both Māori and other cultures, not their own, in the general population? Part Two thus explores a commonplace scenario that any supervisor or ethics committee member is likely to confront when a postgraduate student (or applicant) wants to conduct a survey within New Zealand. Part Two suggests that the advice available for Pākehā researchers, some of which this author wrote or edited, is inadequate. This literature actively discourages Pākehā from researching Māori in the general population.

Part Three rethinks ways to address the issue of cultural concerns for researchers studying the New Zealand general population. The focus of the solution is to acknowledge that this problem is not Māori-centred research but a Pākehā problem. It is Pākehā who are paralysed here: unwilling or unable to think through this political minefield. The reluctance to address these issues is similar to those Pākehā who shied away from the front-page debates involving cultural safety in the 1990s. Yet in Part Three I use those debates to work through ways to resolve the Pākehā paralysis. No one is likely to suggest that in New Zealand only Māori nurses can nurse Māori patients. Nor should the arguments be made that Pākehā researchers cannot research Māori when they appear as subjects, respondents or informants in their samples of the general population. Rather than exclusion of Māori, this paper suggests education and a cultural safety for researchers. Cultural safety has the potential to recognise and dissolve the Pākehā paralysis.

PART ONE: ESTABLISHING THE DOMINANT PARADIGM

Pākehā social science students are warned off contemplating researching Māori in second-year research methods courses, and this message is sustained in postgraduate education. In year-two courses undergraduates are first exposed to the short history of Pākehā research “on” Māori. The story goes that in the nineteenth century Governor George Grey, Percy Smith, Elsdon Best and Augustus Hamilton abused their roles as researchers.

These early purveyors of Māori intellectual knowledge, custom and society often combined their roles as colonial administrators, officials and adjudicators with those of cultural philanthropist and researcher intent on recording for posterity the last vestiges of a dying race. (Jahnke and Taiapa 1999:40)

The authors claim the actions of Grey et al. were systematically exploitative, for example:

[Hamilton] openly sketched aspects of local pah, exploited chiefs, photographed at will, stole artefacts and disturbed and collected human remains. (Jahnke and Taiapa 1999:40)

The results of this nineteenth century research “on” Māori skewed Māori attitudes to research. Cram (2001:50) sums this up as “We just got a little side-tracked by non-Māori researchers’ notions that we were deficient when they examined us through their western gaze.”

One hundred-odd years later during the Māori renaissance of the 1970s Māori critiques of Pākehā-centred research on Māori once more came to a head. Here, well intentioned Pākehā researchers were run out of Māoridom. Notable Pākehā researchers like historian Michael King and anthropologist Joan Metge, to name two, were dislodged from entrenched positions as scholars of Māori. Each had acquired the Māori language and had attempted to grasp the culture. Of these Pākehā researchers King bore the brunt of the criticism.

In Māori research King had been the ground breaker, highly successful and public. King’s research and writing in the 1970s and 1980s took Pākehā New Zealanders into the rich, diverse, and mainly unknown world of Māori culture in a way no one else – Māori or Pākehā – had done before (Keene 1999). He achieved this, Milne (1999) reports, by winning:

the confidence of elderly Māori kuias to write *Moko – Māori Tattooing in the Twentieth Century*. He followed it up with a biography of Te Puea Herangi, published in 1977, and *Māori – a Photographic and Social History*.

King’s initial success brought more invitations to research and document Māori, and in 1983 he published a biography of Dame Whina Cooper, to mixed reviews (Milne 1999). This was the beginning of the backlash against King and other Pākehā researchers, evoking sentiments held about previous generations of Pākehā researchers. Atareta Poananga claimed King was “an academic raider ... who has gone out to make his reputation out of Māori things, got all the credit he wants for it, and then retreated back into his white world” (Milne 1999). Mana Motuhake president Albie Tahana described King as “a bloody Pākehā who’s too arrogant to know he’s overstepped the mark” (Milne 1999). King also engendered animosity within academic circles. Ritchie (1999) interpreted the response to King in the sense that he had

perpetrated an intensive theft of cultural property. The backlash against King was a restatement of a general understanding that Māori had not been well served by Pākehā researchers then or in the past. The outcome of these statements gave impetus to a more concerted effort to establish Māori-centred research.

Māori-centred research “deliberately places Māori people and Māori experience at the centre of the research activity” (A. Durie 1992 quoted in Jahnke and Taiapa 1999:43), taking account of Māori culture, knowledge, values, realities and needs. A feature of this research is the assumption that it should benefit Māori. Moreover, research needs to be strategic to produce positive outcomes to endorse the Treaty of Waitangi. Research also needs to be based on Māori kaupapa, which A. Durie (1992 quoted in Jahnke and Taiapa 1999:49) describes as:

An in-depth understanding of Māori values, attitudes and mores necessary for a successful outcome, as is the probability of an understanding and willingness to abide by a Māori system of ethics and accountability.

Linda Smith envisages kaupapa Māori research (Jahnke and Taiapa 2001:45) where Māori maintain conceptual design, methodological and interpretative control. In other words, “research by Māori for Māori with Māori” (Smith 1995).

In sum there is little room for independent Pākehā research in this Māori-centred research paradigm. If and when Pākehā are involved, they act under strict guidelines (Bishop and Glynn 1992) supporting a bicultural approach to researching Māori. Bishop and Glynn insist that there is a place for non-Māori researchers and their expertise, but only where the methodology is empowering. They suggest a collaborative and interactive approach whereby the power and control of the research process remain with the whānau and that the researchers (Māori or Pākehā) are accountable to them.

However, these conditions do not help any of the sole Pākehā postgraduate researchers in the three tales from the field above. Each of them was a sole researcher, as they must be to meet institutional requirements to produce independent research for their qualification. Also, their research lies outside the scope of Māori-centred research given their goal was to research in the general population.

PART TWO: TEACHING EXCLUSION

Imagine a social science thesis student wanting to use a survey methodology to study stress in the workplace. The key variables might be age, gender, ethnicity, income, education, absenteeism, self-perceived health, marital status and a composite scale measuring indices of workplace stress. In this hypothetical study the sample size is 600 and the researcher has

sought the assistance of the PPTA (Post Primary Teachers Association) to help send the anonymous survey to a random sample of its members. In fact the PPTA has promised to send out the 15-page questionnaire with the bi-annual union newsletter. What are the ethical issues here? Let us assume that the researcher fulfils requirements for informed consent, voluntary participation and anonymity. As a supervisor or ethics committee member how would you assess the research’s cultural concerns and what suggestions would you give? Suggesting further reading may not be an option: extant literature on researching Aotearoa does not address this issue. There the focus is more on the exclusion of Pākehā researchers rather than their inclusion.

A close reading of tertiary and health ethics committees guidelines and published research methods text books demonstrates that a great deal is discussed in terms of the dominant Māori-centred research paradigm, but little is mentioned about how to research Māori who appear in the general population. I begin this critical summary of extant literature with three books that I have been involved with in the past few years, before examining the Health Research Council’s guidelines on research involving Māori.

In *Starting Fieldwork: An Introduction to Qualitative Research in New Zealand*, co-authored by Tolich and Davidson, we danced about inter-ethnic research completely paralysed by the dominant Māori-centred research paradigm. We gave disclaimers that we were only two Pākehā authors and what did we know about the Māori “ways of knowing”? We managed to set an exclusive position for Pākehā researchers as:

Aside from the question of whether non-Māori can ever understand the Māori world in its own terms, there is a serious question about whether they even have the *right to attempt to*.

Unfortunately, so passionate was I to make this point that the italics were in the original. Any Pākehā researcher reading this book would deduce that only Māori can study Māori, end of story.

The status of Māori-centred research is not disputed here. What is revisionist is the suggestion that some workable boundaries need to be established. Under what conditions can Pākehā study the general population of New Zealand when a random sample of that population is likely to generate 13% Māori? Perhaps these questions can only be asked now that I have written or edited three research methods texts and I have the confidence or nerve to test boundaries. But there are no existing boundaries for Pākehā researchers.

The other two research methods textbooks with which I was involved (Davidson and Tolich 1999, Tolich 2001b) had outstanding chapters focusing on Māori-centred research by Jahnke

and Taiapa (1999), “Māori research”, and Cram, “The validity and integrity of Māori research” (2001), respectively. I wish to be absolutely clear that I am in no way criticising these chapters in my comments here. However, as editor I need to take overall responsibility of the scope of these books, and at the time of their publication I had not yet worked through my own paralysis. I did not, at that time, raise the issue of who can study Māori as part of the general population, and the chapters promoting the Māori-centred paradigm give sound reasons for why Pākehā should desist from focusing their research on Māori.

Much of Jahnke and Taiapa’s chapter has been outlined in Part One of this paper. Beyond documenting the historical mistrust of Pākehā researching Māori their chapter substantively records two key assumptions: the existence of a distinctive Māori way of organising knowledge, *matauranga Māori*, and the significance of Māori-centred research. In answering their own question, “Who should do the research?” Jahnke and Taiapa (1999, 2001) are unequivocal in saying, “Māori themselves should be involved in the design, delivery, management and monitoring of the research process.”

Cram (2001:38) takes a similar perspective to Jahnke and Taiapa, stating that she wrote this research ethics chapter for Māori; however, she does add that non-Māori could learn from her chapter:

My intention in this chapter is to speak mainly to a Māori audience in the belief that doing so will encourage useful and respectful research by Māori, for Māori.... However, as in other areas, what is good for Māori is often good for people in general so perhaps there is something here for all.

I have no criticism with either of these chapters in what they say. If there is a criticism, it is of myself as editor of *Research Ethics for Aotearoa New Zealand* for not thinking through the ramifications of who may study Māori. However, I am not alone. The Health Research Council also gives little sound advice for Pākehā researching Māori when Māori have a one in eight chance of turning up in any random research sample generated in the New Zealand population.

The source of the Health Research Council’s problem lies first in its broad terminology used to define Māori, and second in the implications of this definition for research involving Māori. At no time does the Health Research Council consider that Māori may turn up in a research sample unannounced and unconsulted. In essence these Health Research Council guidelines embody the Māori-centred research paradigm.

The Health Research Council provides two sets of ethical guidelines on their website.⁴ The first are general guidelines for health researchers, and the second are specific guidelines for health research involving Māori. In what follows I review these two sets of guidelines, demonstrating both their many strengths and how their all-encompassing definition of Māori as “any Māori participant” prevents Pākehā researchers from fulfilling their obligations to the Treaty of Waitangi. The review of these guidelines begins with a restatement of the Treaty of Waitangi. Other issues reviewed are the prerequisite consultation with Māori research subjects and the definition of who is Māori. The goal of this review is to examine what ethical considerations the Health Research Council guidelines suggest for the student conducting the quasi-medical research, stress in the workplace. In that study, statistically speaking, there is a likelihood that one or more Māori will have the opportunity to opt into their study.

The Treaty of Waitangi obligations are well set out in section 3.2 of the Health Research Council guidelines for researchers on health involving Māori. There, a clear justification is given for why research should both include Māori and benefit Māori. The guidelines state:

Article Two articulates the retention of Māori control (tino rangatiratanga) over Māori resources, including people. Article Three provides a right to a fair share of society’s benefits. Māori health has been a consideration with the Treaty since its initial drafting in 1840 [see Durie 1994:83-84].

For health research Article Two results in the recognition that iwi and hapū have an authority over their peoples’ involvement in research. Article Three generates an expectation for both an equivalent state of health between Māori and Pākehā, and an equitable share of the benefits of any Crown expenditure.

The continuing disparities in standards of health between Māori and non-Māori produce a strong argument under Article Three for significant health research resources to be directed at resolving Māori health issues. High-quality research is a key component in Māori health development, as it is essential that initiatives to resolve Māori health issues are based on a foundation of high-quality information.

There is no problem with the Health Research Council’s explicit restatement of the Treaty of Waitangi.⁵ The problem lies in other assumptions within the Health Research Council’s guidelines that undermine their commitment to endorsing the Treaty of Waitangi. Problems arise for Pākehā researchers within the definition of Māori given in the guidelines on consultation with Māori.

⁴ www.hrc.govt.nz

⁵ There is a problem given that not all Māori identify along hapū or iwi lines.

Consultation is a key component in the development of research on a Māori health issue and/or *involving Māori as participants*. In the past there have been many instances of misunderstanding resulting from differences in opinions as to what constitutes consultation [my emphasis].

Defining “Māori as participants” is confusing for Pākehā and needs clarification if Pākehā are to move beyond this paralysis. Any Pākehā researcher reading this definition of “Māori as participants” would first assume that every single Māori in the New Zealand population is considered by the Health Research Council to be a Māori who needs to be consulted prior to research taking place. This is not the case.

The more general Health Research Council ethics guidelines do not clarify this definition of who is Māori for research purposes. In section 6.3.3, “Health Research Council ? B Cultural Sensitivity”, the notion of Māori tangata whenua status collides with the Treaty of Waitangi responsibilities for Pākehā researchers both to include Māori and to consult with them prior to research taking place. Pākehā researchers using these Health Research Council guidelines are caught in a Catch-22. Any researcher encountering tangata whenua should consult the Health Research Council guidelines about research involving Māori. Yet when consulted these guidelines do not actively encourage Pākehā researching Māori.

Like the three books mentioned above, at no time does the Health Research Council discuss how a researcher studying the New Zealand general population should deal with a Māori person, or if they have the right to. “Māori as participant” seems to mean that any Māori needs to be treated as if iwi were being studied. This omission in the three texts and these guidelines both represents and contributes to Pākehā paralysis and explains why so many postgraduate social science students are scared off from even considering including Māori in their samples.

Focusing on the tangata whenua status of all Māori without a contextual clarification is problematic. It follows that any research that potentially involves a Māori participant, such as the hypothetical workplace stress study above, in effect, is treated as Māori-centred research. This is both unreasonable and runs counter to the principles of the Treaty of Waitangi. The distinction being made here is between Māori-centred research on the one hand, and the more generic research on the other. In generic research, any participant from the general population may read an advertisement about research and want to opt into the study. Without such a distinction being made in ethics guidelines, Pākehā paralysis will continue, and Pākehā students will continue to exclude Māori from research samples and the benefits of their research. This distinction, if instigated, allows Pākehā researchers (like the student studying banking cultures in the first of my “tales from the field” at the beginning of this paper) to make an ethics committee application for a generic study of the New Zealand population by

addressing a wider definition of culture than Māori culture. To those ends education via cultural safety provides a potential solution to Pākehā paralysis.

PART THREE: NURSING PARALYSIS

The Nursing Council of New Zealand (1996) *Guidelines for Cultural Safety in Nursing and Midwifery Education* provides a ready solution to the problem posed in this paper regarding the conditions under which Pākehā researchers can include Māori in their research sample.

Since its inception in the early 1990s, nursing programmes’ cultural safety issues have not been far from the news headlines. In a sense the nursing classrooms in New Zealand polytechnics became an arena for the discussion of contemporary race relations in Aotearoa. Issues of boundaries between things Māori and non-Māori were negotiated in a spirited way. Māori nursing staff, Māori students and Māori studies departments held that cultural safety was in their realm of expertise. Non-Māori teachers were careful not to intrude on Māori intellectual property and the cultural integrity of Māori teachers (Nursing Council of New Zealand 1996:26). In a sense, Pākehā nursing staff had to contend with their own paralysis.

These issues of ownership of cultural safety courses and their content have since been worked through in two separate ways, both of which are at the heart of this paper. First, the emphasis of cultural safety has been on the Treaty of Waitangi, as is the goal of this paper. Second, cultural safety sets up an opportunity for enlightenment through education, championing a route to inclusion (and away from exclusion) of Māori by Pākehā researchers.

Rather than reinvent the wheel and write a new cultural safety protocol for Pākehā researchers it seems more sensible to work from the Nursing Council of New Zealand *Guidelines for Cultural Safety*. (This can be achieved by replacing the term “nurse” with “researcher” and “nursing” with “research”.) Both nursing and research cultural safety can be conceived as a two-way relationship:

[Cultural safety is] the effective nursing [research] of a person/family from another culture by a nurse [researcher] who has undertaken a process of reflection on own cultural identity and recognises the impact of the nurse’s [researcher’s] culture on own nursing practice [research methods].

The focus of this definition is not so much on learning another culture but on nurses’ self-reflection on their own culture and examining the experience of the recipient of the care. This is a two-part process involving delivery and outcomes that parallels the way research is conducted. The assumption of the two-part set of expectations is that a nurse who understands his or her culture and the theory of power relations can be culturally safe in any human context.

How the Nursing Council seeks to achieve this two-way process is set out within three overlapping goals for cultural safety education (the text in brackets highlights how this applies to research ethics). Nursing students:

- examine their own realities and attitudes they bring to each new person they encounter in their practice [research encounter]
- evaluate the impact that historical, political and social processes have on the health of all people [in terms of the research topic]
- demonstrate flexibility in their relationships with people who are different from themselves.

The utility of the cultural safety guidelines is also in the breadth of definition the Nursing Council gives to culture. Their guidelines go beyond ethnic difference to encompass cultural diversity, and differing sexual orientation and age. This diversity fits well with the hypothetical multi-variable “work stress” scenario outlined in this paper.

DISCUSSION: THE POLITICS OF ETHICS

The research question put forward in this paper is quite specific. Are there ethical conditions under which Pākehā social science postgraduate students can include Māori in their sample when the research sample is randomly generated and statistically likely to include 13% Māori? Do these students have the right to include these Māori within the sample when no consultation has been entered into? Due to Pākehā paralysis the current answer to both questions is “No”: Pākehā researchers are advised to exclude Māori on the basis of not having the cultural sensitivity to research Māori.

Evidence presented in this paper concludes that there is genuine confusion among students, their supervisors, those that teach research methods and write research methods textbooks. The confusion also permeates to those who sit on institutional ethics committees, including the Health Research Council’s ethics guidelines. The confusion stems from, on the one hand, a phenomenon I refer to as Pākehā paralysis: Pākehā inability to distinguish between their role in Māori-centred research and their role in research in a New Zealand society, which involves Māori among other ethnic groups. On the other hand is the ascendancy of Māori-centred research as a dominant research paradigm, most notably in health research. The outcome of this ascendancy is the same: Pākehā seem unable to fully participate in researching the New Zealand population and to have their research fulfil their obligations under the Treaty of Waitangi.

How can this exclusion of Māori and the active non-endorsement of the Treaty of Waitangi by these student researchers be turned around? Cultural safety provides a home-grown remedy to this problem, facilitating Pākehā to study Māori and to endorse the Treaty of Waitangi. For this to occur the dominant Māori-centred research paradigm needs to recognise

this Pākehā problem so that Pākehā can establish their boundaries and *be given space to rest their feet*.

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PDF | Cambridge Core - Nursing - Cultural Safety in Aotearoa New Zealand - edited by Dianne Wepa | Find, read and cite all the research you need on ResearchGate.Â in Aotearoa New Zealand. Despite one in three Māori having some form of disability, Māori have less access to support and health and disability services.Â Health Research Council Māori Research Postdoctoral Fellow, Taupua Waiora Centre for Māori Health Research, Auckland University of Technology, Auckland, New Zealand. Email: hickey@aut.ac.nz. â€ Tainui/Ngāti Tahinga. Professor of Māori Health, Taupua Waiora Centre for Māori Health Research, Auckland University of Technology, Auckland, New Zealand. DOI: 10.20507/MAIJournal.2017.6.1.7. Cultural safety is a nursing concept that focuses on power in health-care relationships. People involved in the project experienced degrees of vulnerability in different cultural contexts, in terms of cultural identity, personal, professional and cultural values and beliefs, nursing and psychology knowledge and academic and institutional policies and practices. Culture is used in a broad sense and not confined to ethnicity. Various issues encountered during the project are identified, and examples of difficult experiences discussed.Â (2002). Pākehā paralysis: Cultural safety for those researching the general population of Aotearoa. Social Policy Journal of New Zealand (12), 164â€178. Recommend this journal. Cultural safety is the effective nursing practice of a person or family from another culture that is determined by that person or family. It was developed in New Zealand, and its origins are in nursing education. An unsafe cultural practice is defined as an action which demeans the cultural identity of a particular person or family. Cultural safety has four different principles. The first is to improve health status and well-being, the second improves the delivery of health services, the third focuses