PHYSIOTHERAPY NZ GUIDELINES

For cultural competence in physiotherapy education and practice in Aotearoa/New Zealand

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Acknowledgement
The authors gratefully acknowledge the permission we have been given to utilise the Nursing Council’s Guidelines for Cultural Safety, the Treaty of Waitangi, and Maori Health in Nursing and Midwifery Education and Practice (2002) in the formulation of guidelines of cultural competence for physiotherapists.

Introduction

Under the Health Practitioners Competence Assurance (HPCA) Bill, the Physiotherapy Board will govern the practice of physiotherapy in Aotearoa/New Zealand. The functions of the Board will include:

- reviewing and maintaining the competence of physiotherapists;
- setting standards of cultural competence as well as clinical competence and ethical conduct;
- setting programmes to ensure the ongoing competence of physiotherapists.

This requirement for standards of cultural competence in the HPCA Bill demands an expansion of current competencies. Cultural competence, encompassing the Treaty of Waitangi, cultural safety, and Maori health, is an aspect of physiotherapy practice that will need to be reflected in the competencies published by the registration authority. In the current Registration Requirements Competencies and Learning Objectives (1999), explicit reference to cultural safety and the Treaty of Waitangi is limited to:

- a requirement to practise cultural safety, under General Learning Objective 1.4.3.
- a requirement to understand the principles of the Treaty of Waitangi, under General Learning Objective 1.3.3.

Therefore, Tae Ora Tinana has prepared draft guidelines for cultural competence, for consideration by the physiotherapy profession and its registration authority.

Background

In 1996, the New Zealand Society of Physiotherapists Inc. (NZSP) made a firm commitment to the concept of biculturalism by initiating a working party with the mandate to produce a policy on cultural safety, which was ratified in 1998. At the first national hui for Maori physiotherapists and physiotherapy students in May 2001, Tae Ora Tinana was formed as a standing committee of NZSP. The terms of reference for Tae Ora Tinana include the promotion of strategies that enable the NZSP to establish the Treaty of Waitangi as an integral part of its activities.

In 1990 the Nursing Council amended its standards to incorporate cultural safety. Guidelines first publicised in 1992 have undergone a series of reviews and Guidelines for Cultural Safety, the Treaty of Waitangi, and Maori Health in Nursing and Midwifery Education and Practice (2002) is the most recent edition. Taeora Tinana has adopted the Nursing Council framework as a basis for a model of cultural competence for the physiotherapy profession.

Cultural Competence

Cultural competence in physiotherapy practice requires the successful integration of the Treaty of Waitangi, cultural safety, and Maori health. Physiotherapists who are culturally competent use knowledge of all three parts of the model as a basis of their practice in order to establish functional
partnerships with Maori consumers (Fig. 1). Cultural competence will contribute to the achievement of positive health outcomes.

- The Treaty of Waitangi will provide physiotherapists and physiotherapy students with an understanding of the Treaty within the context of Aotearoa/New Zealand and its practical application within physiotherapy.

- Cultural safety education is focused on the understanding of self as a cultural bearer; the historical, social and political influences on health; and the development of relationships that engender trust and respect.

- Analysis and understanding of the status of Maori health in Aotearoa/New Zealand is essential for the delivery of physiotherapy services to Maori.

I The Treaty of Waitangi

Since 1997 the (NZSP) has worked toward developing strategies to work with Maori in recognition that:

The Government affirms that Maori as tangata whenua hold a unique place in our country, and that the Treaty of Waitangi is the nation’s founding document. To secure the Treaty’s place within the health sector is fundamental to the improvement of Maori health.

* = Culturally competent physiotherapist

Figure 1 Model for Cultural Competence
This has been more recently affirmed with the introduction of the New Zealand Public Health and Disability Act 2000, which is the basis of the current health system in Aotearoa/New Zealand.

The Treaty is an integral part of the Bill [now Act]. In the health sector, key Treaty principles for involving Maori include partnership, participation and protection. This Government is committed to ensuring these principles are acknowledged and actioned.

The 1975 Court of Appeal decided that both versions of the Treaty of Waitangi are legal. Thus, the Maori version must also be considered by the Physiotherapy Board, NZSP and physiotherapy education providers in the evolution of education and practice and in the contemporary application of the Treaty of Waitangi. The articles of the Treaty of Waitangi outline the duties and obligations of the Crown, the Physiotherapy Board, and physiotherapy education providers, as its agents, and the NZSP, to:

- form partnerships with Maori
- recognise and provide for Maori interests
- be responsive to the needs of Maori
- ensure there are equal opportunities for Maori
- measure and evaluate Physiotherapy Board, NZSP and education providers’ response to the Treaty of Waitangi.

This requires physiotherapy to have a commitment to be responsive to Maori interests, and to ensure that these are protected. This is particularly important in the health sector as Maori comprise a significant proportion of users of the health services and the health status of Maori is recognised as a health priority area. The participation of Maori in the services they receive from physiotherapists is fundamental to increasing the effectiveness of interventions.

**Principles of the Treaty of Waitangi**

The articles of the Treaty of Waitangi contain the principles of kawanatanga (the governance principle that recognises the right of the Crown to govern and make laws for the common good) and tino rangatiratanga (which allows Maori self-determination). In 1998 the Royal Commission on Social Policy described the principles of partnership, protection and participation inherent within the Treaty of Waitangi. The principles of the Treaty of Waitangi form the basis of interactions between physiotherapists and Maori consumers of the services they provide – as amplified below.

**PRINCIPLE ONE**

Tino rangatiratanga enables Maori self-determination over health, recognises the right to manage Maori interests, and affirms the right to development, by:

1.1 enabling Maori autonomy and authority over health

1.2 accepting Maori ownership and control over knowledge, language and customs, and recognising these as taonga

1.3 facilitating Maori to define knowledge and worldviews and transmit these in their own ways

1.4 facilitating Maori independence over thoughts and action, policy and delivery, and content and outcome as essential activities for self-management and self-control.
PRINCIPLE TWO
Partnership involves physiotherapists working together with Maori with the mutual aim of improving health outcomes for Maori by:

2.1 acting in good faith as Treaty of Waitangi partners

2.2 working together with an agreed common purpose, interest and co-operation to achieve positive health outcomes

2.3 not acting in isolation or unilaterally in the assessment, decision making and planning of services and service delivery

2.4 ensuring that the integrity and wellbeing of both partners is preserved.

PRINCIPLE THREE
The physiotherapy workforce recognises that health is a taonga and acts to protect it by:

3.1 recognising that Maori health is worthy of protection in order to achieve positive health outcomes and improvement in health status

3.2 ensuring that health services and delivery are appropriate and acceptable to individuals and their families and are underpinned by the recognition that Maori are a diverse population

3.3 facilitating wellbeing by acknowledging beliefs and practices held by Maori

3.4 promoting a responsive and supportive environment

PRINCIPLE FOUR
The physiotherapy workforce recognises the citizen rights of Maori and the rights to equitable access and participation in health services and delivery at all levels through:

4.1 facilitating the same access and opportunities for Maori as there are for non-Maori

4.2 pursuing equality in health outcomes.

Treaty of Waitangi Learning Outcomes
The expected outcome for physiotherapy education will be that registered physiotherapists will be active Treaty of Waitangi partners. Therefore, the learning outcomes for the Treaty of Waitangi education are that physiotherapists and physiotherapy students will:

(a) critically analyse the Treaty of Waitangi and its relevance to the health of Maori in Aotearoa/New Zealand

(b) demonstrate the application of the principles of the Treaty of Waitangi to physiotherapy practice.

The Physiotherapy Board, as a Crown agent, will audit cultural competence and will be accountable to Maori. NZSP recognises a commitment to the Treaty of Waitangi through its Strategic Plan.
Content and Learning of the Treaty of Waitangi
The content and the delivery of education about the Treaty of Waitangi should be contextualised to its application within physiotherapy practice (as appropriate). This will require it to be delivered in workshops facilitated by specialists in Treaty of Waitangi education or by physiotherapy staff who have a sound analysis of the Treaty and its application within the health sector, particularly to physiotherapy practice.

II Cultural Safety
Cultural safety relates to the experience of the recipient of physiotherapy service and extends beyond cultural awareness and cultural sensitivity. It provides consumers of physiotherapy services with the power to comment on practices and contribute to the achievement of positive health outcomes and experiences. It also enables them to participate in changing any negatively perceived or experienced service.

The definition of cultural safety used in these guidelines is:

_The effective delivery of physiotherapy services to a person or family from another culture, as determined by that person or family. Culture includes, but is not restricted to: age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability._

_The physiotherapist delivering the physiotherapy service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Cultural safety is about absence of discrimination and about behaviour that ensures that staff and patients are valued and respected and being included in decision making. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual._

Cultural Safety Education
The purpose of cultural safety in physiotherapy education extends beyond the description of practices, beliefs and values of ethnic groups.

Confining learning to rituals, customs and practices of a group assumes that by 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 service providers which negates diversity and individual consideration.

Cultural safety education is focused on the knowledge and understanding of the individual physiotherapist, rather than on attempts to learn accessible aspects of different groups. A physiotherapist who can understand his or her own culture and the theory of power relations can be culturally safe in any context. The progress towards achieving cultural safety in physiotherapy education and practice is illustrated in Figure 2.

In the past, codes of ethics have stated that people should receive care without regard to their sex, race, or culture or their economic, educational or religious backgrounds. Cultural safety requires that all human beings receive physiotherapy services that take into account all that makes them unique.
Cultural Safety

Is an outcome of physiotherapy education that enables safe service to be defined by those who receive the service.

Cultural Sensitivity

Alerts physiotherapists and physiotherapy students to the legitimacy of difference and begins a process of self-exploration as the powerful bearers of their own life experience and realities and the impact this may have on others.

Cultural Awareness

Is a beginning step toward understanding that there is difference. Courses will be designed to facilitate an awareness of the emotional, social, economic and political context in which people exist.

Figure 2: The process toward achieving cultural safety in physiotherapy practice


Cultural Safety Principles

Cultural safety is underpinned by communication, recognition of the diversity in worldviews (both within and between cultural groups), and the impact of colonisation processes on minority groups. Cultural safety is an outcome of physiotherapy education that enables a safe, appropriate and acceptable service that has been defined by those who receive it. The following principles underpin cultural safety education.

PRINCIPLE ONE

Cultural safety aims to improve the health status of New Zealanders and applies to all relationships through:

1.1 an emphasis on health gains and positive health outcomes

1.2 physiotherapists acknowledging the beliefs and practices of those who differ from them. For example, this may be by:

- age or generation
- gender
- sexual orientation
- occupation and socioeconomic status
• ethnic origin or migrant experience
• religious or spiritual belief
• disability.

PRINCIPLE TWO
Cultural safety aims to enhance the delivery of health, rehabilitation and disability services through a culturally safe physiotherapy workforce by:

2.1 identifying the power relationship between the service provider and the people who use the service. The physiotherapist accepts and works alongside others after undergoing a careful process of institutional and personal analysis of power relationships.

2.2 empowering the users of the service. People should be able to express degrees of perceived risk or safety. For example, someone who feels unsafe may not be able to take full advantage of a primary health care service offered.

2.3 preparing physiotherapists to understand the diversity within their own cultural reality and the impact of that on any person who differs in any way from themselves.

2.4 relating and responding effectively to people with diverse needs in a way that the people who use the service can define as safe.

PRINCIPLE THREE
Cultural safety is broad in its application:

3.1 recognising inequalities within health care interactions that represent the microcosm of inequalities in health which have prevailed throughout history and within our nation more generally.

3.2 addressing the cause and effect relationship of history, political, social, and employment status, housing, education, gender and personal experience upon people who use physiotherapy services.

3.3 accepting the legitimacy of difference and diversity in human behaviour and social structure

3.4 accepting that the attitudes and beliefs, policies and practices of health, rehabilitation and disability service providers can act as barriers to service access

3.5 concerning quality improvement in service delivery and consumer rights

PRINCIPLE FOUR
Cultural safety has a close focus on:

4.1 understanding the impact of the physiotherapist as a bearer of his/her own culture, history, attitudes and life experiences and the response other people make to these factors.

4.2 challenging physiotherapists to examine their practice carefully, recognising the power relationship in physiotherapy is biased toward the provider of the health, rehabilitation and disability service.
4.3 preparing physiotherapists to resolve any tension between the cultures of physiotherapy and the people using the services.

4.4 understanding that such power imbalances can be examined, negotiated and changed to provide equitable, effective, efficient and acceptable service delivery, which minimises risk to people who might otherwise be alienated from the service.

An understanding of self, the rights of others and legitimacy of difference should provide the physiotherapist with the skills to work with all people who are different from them.

**Cultural Safety Learning Outcomes**

The expected outcome of physiotherapy education will be registered physiotherapists who will practise in a culturally safe manner, as defined by the recipients of their care. Therefore, the learning outcomes for cultural safety education are that student and practising physiotherapists will:

(a) examine their own realities and the attitudes they bring to each new person they encounter in their practice;

(b) evaluate the impact that historical, political and social processes have on the health of all people; and

(c) demonstrate flexibility in their relationships with people who are different from themselves.

**Content and Learning of Cultural Safety**

The content of cultural safety education should directly contribute to the meeting of these learning outcomes and be contextualised to physiotherapy practice (as appropriate). It is expected that cultural safety will be integrated across the undergraduate, postgraduate and continuing education programmes by all teaching staff. Therefore, physiotherapy and teaching staff will require cultural safety education and updates to ensure they are supported in the delivery of appropriate teaching and learning experiences.

**III Maori Health**

The health status of Maori is a documented concern of Maori people, health professionals and the government. Historically, deficit explanations for the status of Maori health have put the onus of addressing health issues onto Maori. Health status, however, is the result of the negative experiences by Maori of colonisation processes, which resulted in a loss of cultural beliefs and practices and the Maori language. (Durie, 1994)

Irihapeti Ramsden stated:

Maori have until recently been passive consumers of a health service that they have had little input into. As yet Maori have little control over funding, policy and delivery of health service in the State sector.

Many Maori would argue that this situation is in contravention of the promise of the second article to protect the “unqualified exercise of Maori chieftainship…over lands, villages, and all their treasures”. Tino rangatiratanga guarantee has not been realised while Maori cannot gain autonomy in health service and become accountable to Maori.
The Ministry of Health’s documents highlight the seriousness of the health status of Maori and the real need to address the disparities and inequalities that exist. The Hon. Annette King, Minister of Health stated:

Improvements in Maori health status are critical, given that Maori, on average, have the poorest health status of any group in New Zealand.

The Government has acknowledged the importance of prioritising Maori health gain and development by identifying a need to reduce and eventually eliminate health inequalities that negatively affect Maori. Improving the Maori health workforce will in turn bring about health gains and therefore address issues around the health disparities between Maori and non-Maori.

Physiotherapists have an obligation to honour the principles of the Treaty while undertaking physiotherapy practice in the delivery of health services to and with Maori consumers. To respond in an effective and efficient manner, physiotherapists need to develop their knowledge, skills and practice to work effectively with Maori to achieve positive health outcomes and health gains. This involves the recognition, respect and acceptance that Maori are a diverse population, and have worldviews that differ from most physiotherapists. It also requires physiotherapists to deliver care in a culturally safe manner.

**Principles of Maori Health and Physiotherapy Practice**

Physiotherapy has a responsibility to respond to Maori health issues by improving the delivery of physiotherapy services to Maori to ensure that they are responsive to, and acknowledge and respect the diversity of worldviews that may exist between Maori consumers of health services. This will be underpinned by physiotherapists having an analysis and understanding of the historical processes and social, economic and political power relationships that have contributed to the status of Maori health within the context of physiotherapy practice.

**PRINCIPLE ONE**

Maori health and the inequalities and disparities in health status that exist, can be understood by:

1.1 analysing the historical, social, economic and political processes that have impacted on Maori.

1.2 critiquing the relationship between Maori and the Crown based on the Treaty of Waitangi.

1.3 analysing the power that physiotherapists use when working with consumers who are Maori.

**PRINCIPLE TWO**

The effectiveness of physiotherapy education and practice in responding to Maori health issues can be optimised when partnerships are developed with local Maori by:

2.1 establishing partnerships based on the Treaty of Waitangi between physiotherapy education and service providers and local Maori.

2.2 identifying various models of Maori health and realities to assist in the development of appropriate physiotherapy services.

**PRINCIPLE THREE**
Maori health occurs within a socio-political context and is a complex interaction with multiple dimensions, extending beyond the physical being and medical diagnoses, which:

3.1 recognises the significance of Maori identity, beliefs, values and practices and how these can be responded to within physiotherapy practice.

3.2 results in the enhancement of health and wellbeing when incorporated into the assessment, planning and intervention phases of physiotherapy practice.

PRINCIPLE FOUR
Physiotherapy has a social mandate to enhance the delivery of health and disability services to Maori and achieve positive health outcomes and health gains through:

4.1 recognising the diversity that exists amongst the population of Maori.

4.2 acknowledging and respecting the difference in worldviews, beliefs and practices that impact on health status.

4.3 improving access to services.

4.4 practising within a framework that involves Maori in the assessment, planning and treatment phases of service delivery.

4.5 understanding the impact that the physiotherapist as a bearer of his/her own culture, history, attitudes and life experiences has on Maori consumers.

Maori Health Learning Outcomes
The expected outcome for physiotherapy education will be that registered physiotherapists will be responsive to improving service delivery to Maori consumers and working in partnership with Maori to improve health outcomes for individuals, families and communities. The learning outcomes for Maori health education are that physiotherapists and physiotherapy students will:

(a) critically analyse the underlying historical, social, economic and political processes that have contributed to the inequalities and disparities in the Maori health status.

(b) understand the diversity that exists amongst Maori and how this will influence the delivery of effective physiotherapy services.

Content and Learning of Maori Health
The content and delivery of education about Maori health should be contextualised to its application within physiotherapy practice (as appropriate). Maori health requires specialised teaching, which should be delivered by physiotherapy staff who have a sound analysis of the Treaty and Maori health issues (including the socio-political aspects) and their application within the health sector, particularly physiotherapy practice.
References


King, A. & Turia, T. (14 November 2000) Media statement


Glossary of terms

Taeora Tinana
“Revitalising the body”
tangata whenua
people of the land
kawanatanga
governance
tinorangatiratanga
self determination
taonga
treasure / treasures
hui
meeting