

HOW I BECAME 'CULTURALLY UNSAFE'

A nurse tutor recounts how it has felt to be labelled 'culturally unsafe' by his colleagues after making attempts to uphold standards of nursing education.

By **Brian Stabb**

BELIEVE I have an understanding of the concepts inherent in the Treaty of Waitangi. I know that the injustices perpetrated by the Crown upon Maori-dom must be redressed if we are to become an integrated and content nation.

As a mental health nurse who has worked in New Zealand for some 22 years, I have developed a deep awareness of the effects these injustices have had upon the physical and mental health of Maori.

This awareness has not been inspired by attending treaty seminars or cultural sensitivity workshops — no such education was available when I came to this country in the early '70s. This learning for me was experiential, not academic.

I learnt to be culturally sensitive in the security block of Lake Alice Hospital, where the Maori occupancy rate often exceeded 80%. I learnt of the importance of Maori custom and protocol in the homes of, and with the whanau of, the mentally ill in Rotorua, where my client caseload was predominantly Maori.

In the many crises situations in which I found myself, I learnt also that there are facets of human behaviour and communication which transcend cultural difference. They are the qualities of respect, humility, openness, honesty and unconditional regard. These concepts are the fundamental building blocks of most nursing theory and

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they enshrine the uniqueness which makes nursing a truly altruistic profession.

I am concerned that there is now a tendency within the hierarchy of nursing to undervalue clinical expertise in favour of academic achievement, to focus more on what is "politically correct" at the expense of client-centred concerns, and to seek the further feminisation of the profession while ignoring serious male health issues. I do not make such observations lightly. My thoughts and feelings on these issues are based on my own experiences. So to those who scream dissent, I say: "Don't discount me, don't condemn me, but talk to me."

In recent years, as a tutor in the nursing and health studies department at Waikato Polytechnic, I have fought to maintain basic standards of nurse education. During that conflict I have been labelled "culturally unsafe" by the department's cultural safety committee. Those who have labelled me have done so behind closed doors. They have refused to meet me individually for almost two years, despite me constantly seeking dialogue.

Rather it seems they have tried collectively to seek my dismissal. I have never been directly informed why I am "culturally unsafe," nor have I been informed what it is I need to do to remedy this apparent deficiency. This label has had a detrimental and profound effect on my professional life and still continues.

I support many of the fundamental tenets of cultural safety and wish to learn more about others. Three years ago I sought to learn more about cultural safety testing — in the light of my personal experiences I do not now support that concept. Having been on the receiving end of that label, I have experienced it as a racial judgement which carries all the stigmas of the most rabid forms of racism.

Further, it seems this label can be handed out willy nilly with little or no account-

ability. The rationale I have been offered is that, as tangata whenua, Maori have the unassailable right to make such judgements and are accountable only to other tangata whenua.

The 1990 *Kawa Whakaruruhau* document, on which Waikato Polytechnic based the cultural safety component of its diploma course, says cultural safety cannot be rigidly defined. It says decisions about culturally safe practice should be made by a polytechnic Komiti Kawa Whakaruruhau (cultural safety committee), consisting of a non-Maori member judged culturally safe by Maori people, one local tangata whenua member, two Maori nurses and one Maori polytechnic staff member.

The document says the "at risk" group is most competent to recognise, define and act upon culturally safe issues and that decisions made by the cultural safety committee should be accepted by polytechnic staff and administrators.

I find this sinister and have experienced

What happened and when

This is a summarised chronology of events in Brian Stabb's dispute with Waikato Polytechnic.

- Mar-Oct 1992: Brian Stabb tells Waikato Polytechnic and the Nursing Council that he believes standards of student supervision are not being met at Tokanui Hospital. Incidents included:
 - Stabb sends students home as they have no supervision.
 - An unqualified tutor tells a student who witnesses an assault on a patient by a nurse not to worry about it. Action is later taken against the nurse. District Inspector of Mental Health Services makes formal inquiries into incident.
 - A tutor is appointed with inappropriate qualifications and no registered nurse experience. Adverse response from colleagues and HOD.
- July 1992: Sexual harassment charge made against him; later withdrawn.
- Sept 1992: Mediation attempt by ASTE fails.
- July 1993: Request for protection from harassment and new office outside department refused.
- August 1993: Nursing department's Komiti Kawa Whakaruruhau alleges his course is "culturally unsafe."
- Sept 1993: Lodges formal complaint against nursing HOD.
- Dec 1993: Nursing Council tells polytechnic that its standards are "currently being met."
- April 1994: Talks to media about his campaign over teaching standards.
- August 1994: Takes personal grievance case against the polytechnic for not providing him with a safe working environment. No agreement.
- November 1994: Case heard again — settlement reached (confidential).
- December 1994: Nine tutors initiate personal grievance cases against Waikato Polytechnic, demanding Stabb be dismissed.
- January 1995: Nine tutors withdraw personal grievance cases but refuse individual mediation with Brian Stabb.
- February 1995: Factional conflict within department continues.

this process as an abuse of my civil rights and academic freedom.

So how does one earn the label "culturally unsafe"? I cannot say with certainty for in my case I have never been informed. I can however relate it to three specific incidents.

The first occurred when I approached a tutor who was supervising students at Tokanui Hospital. Second year nursing students at present work in the acute areas of Tokanui including intensive psychiatric care, forensic and acute admission wards. Highly skilled and experienced mental health nurses work in these areas, in conditions which a visiting MP, Jim Anderton, recently described as being "not fit for animals to live in." (*Waikato Times*, March 1995). They deal with the extremes of human behaviour in situations where often the safety of both clients and staff is at risk.

The sensitive, intelligent and humanistic use of self within interpersonal relationships is the basis of the skill they employ. This perspective, while acknowledging and accommodating the importance of cultural difference, is focussed on the qualities we all share as human beings, rather than those which separate us.

The argument that this epitomises a Western psychiatric model which should not be imposed on racial minorities discounts the reality of the existing system, the thousands of people supported by it and the choices they might make if they were asked.

It is my professional opinion that nursing tutors who are responsible for students in psychiatric areas must be appropriately qualified and experienced. I believe the tutor I approached at Tokanui was neither qualified nor experienced to teach in that area and as such was in breach of Nursing Council standards. I approached the tutor and voiced my concerns, fortunately in front of a witness. Following that conversation, I was accused of sexual harassment. That tutor is Maori and a member of the Waikato Polytechnic nursing department's cultural safety team.

The stress of my situation affected my wife and family and took a heavy toll on my health. At this time I sought and was given the moral support of then NZNA executive director Gay Williams for which I will always be grateful. I chose to defend the allegations and with the help of my union ASTE (Association of Staff in Tertiary Education), three months later the allegations were withdrawn.

However I had absolutely no course for redress. I received no support from my employer, and little from my colleagues. Nursing, the caring profession!

The second incident which I surmise led to me being labelled "culturally unsafe" happened a short time after the first. Again it involved my previously disregarded concerns about serious breaches of Nursing Council standards. On this occasion my fears were realised when a student nurse witnessed a physical assault on a client by an untrained staff member. She reported this incident to her tutor who took no action. In my opinion, that tutor was neither qualified nor experienced to teach in mental health and as such was in breach of Nursing Council Standards. The student came to me with her concerns and asked me to pursue them. I hold her in the highest regard for doing so.

This eventually led to a formal inquiry into the incident by the district inspector of mental health services. The tutor involved is Maori and a member of the department's cultural safety team.

Invited Alan Duff

The third incident happened while I was teaching a group of students doing a non-nursing course on psychiatric care. One module was entitled "Mental health — a Maori perspective." As I did not feel it appropriate for me to teach this module, I consulted the students, asking them to nominate prospective guest speakers. One of those nominated was the author Alan Duff. I wrote to him, inviting him to speak. Duff has strong — and to some, unpalatable — views on problems in Maoridom and how they should be solved. (Although he was interested, he was unable to make the trip.)

So, in a nutshell, I believe I have been labelled "culturally unsafe" because:

- 1) I sought to uphold the standards of my profession.
- 2) I acted as a student and client advocate in order to prevent physical abuse.
- 3) I invited a renowned Maori author to speak of his concerns for the health of his people.

I have had a long, varied career in mental health and have trained and worked extensively as a nurse counsellor and group therapist. Being entrusted with the vagaries and intimacies of my clients' lives was often a heavy burden, and I grew to rely upon the support of nurses I worked with. I have enjoyed this comradeship from both male and female colleagues throughout my clinical career in mental health.

That I should be so misjudged by a colleague was at first inconceivable to me. I cannot begin to describe how it feels as a man to be falsely accused of sexual harassment. I experienced the despair of

absolute helplessness. I felt I was the victim of a process that assumes that if a woman "feels" sexually harassed by a man, this is enough to assume the man is guilty.

While I find sexual harassment totally repugnant and wholeheartedly support protections for women in the workplace, I know that not all women are honourable and not all men are sexual harassers. Fortunately I had the support of my wife and a few close friends and took reasonably good care of myself. I survived the experience.

I know of other men who have endured similar experiences who have been so ashamed that they were unable to tell their partner or seek support. Many of us men are conditioned not to show our vulnerability and are unable to break free of this conditioning. I think such circumstances are directly related to the high suicide rate among men, compared with women, and epitomise the sort of male health issues I fear will be increasingly disregarded as nursing becomes more feminised.

I have worked and survived in what I experience as a hostile female environment for almost three years. I have learnt to control any emotional gestures I might make for fear of being accused of being "threatening."

I have learnt to never raise my voice. To show any sign of passion in a discussion has led to me being labelled "aggressive" and whatever point I am trying to make has been discounted and lost. I have learnt never to use the language of my childhood and my culture for fear of being labelled "sexist" or "racist."

Perhaps saddest of all, I have learnt to curtail a sense of humour born on the streets of Liverpool in the early years of my life, a sense of humour that allowed me to see the absurdities of life, to laugh and to feel a momentary sense of well-being when I was surrounded by austerity and violence. I wonder how many more men there are in nursing who are similarly disadvantaged because their "maleness" is neither acknowledged nor understood.

It is my hope that the events at Waikato Polytechnic have not been mirrored in other educational institutions offering nurse education. I take note of a speech by the Associate Minister of Health, Katherine O'Regan, at a nurse graduation ceremony late last year, in which she also expressed concerns about cultural safety training.

Perhaps it is time for the nursing profession to take a long look at itself. Why, for example, do we hear so many calls from the nursing press for whistleblowers to come forward and speak out, when the Nursing

Council, the body specifically established to ensure that standards of practice and education are maintained, can take up to three months to even acknowledge a letter? Small wonder that few nurses speak out!

The complaints I lodged were quite specific. They involved the most fundamental abuse — the beating of a vulnerable client. The facts of this matter could have been established within days and the issue dealt with had the council a mind to. I placed my total trust in the integrity of the council and I still feel betrayed by its protracted inaction and angry about the lack of priority it apparently gave my complaints.

I have been damaged physically and emotionally by my experiences at the nursing and health studies department of Waikato Polytechnic. Not the least cause was being declared "culturally unsafe," which causes me the despair of helplessness. I can't imagine what this label does to students.

The health statistics on American whistle-

blowers discussed in this magazine (*Nursing New Zealand*, March 1994, p2) were frightening, and prompted me to undergo remedial counselling which is a help to me. In seven years of teaching I have never been the subject of a complaint from a student about cultural insensitivity or anything else. I still enjoy teaching and as long as my students tell me that I make a reasonable job of it, I will continue to work in the department (assuming of course I have the choice). A few of my students have jokingly nicknamed me "Treaty" because I just won't "go away."

Effort and sincerity

I acknowledge the effort and sincerity of many nursing tutors who promote bicultural development both at Waikato Polytechnic and other centres of nurse education. I am sure I have a lot to learn from them. However I cannot learn in an atmosphere I find repressive. I cannot learn in an atmosphere where I believe deceit and dishonesty are

acceptable as long as they promote "the cause", I cannot learn when diversity of opinion is explained as "entrenched racism." I cannot learn in an environment where the label "culturally unsafe" is wielded like a club to bring into line those who are not "on board."

I believe that nursing standards and freedom of speech have been sacrificed at Waikato Polytechnic in order to introduce cultural safety. I believe that this should be of concern not only to the nursing profession but to New Zealand society as a whole.

I would like to see a full and objective inquiry at Waikato Polytechnic, not to apportion blame, but to identify what has been successful so it can be kept and valued, while recognising the mistakes, so we can take steps to ensure it never happens again.

The future of Waikato Polytechnic is wide and deep and there has been pain and suffering for many. I hope that in the healing that must eventually follow there will be learning for all involved.