Nurse Education Today 44 (2016) 20–25

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

Development of the Awareness of Cultural Safety Scale: A pilot study with midwifery and nursing academics☆

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ARTICLE INFO

Article history:
Received 18 January 2016
Received in revised form 12 April 2016
Accepted 16 May 2016
Available online xxxx

Keywords:
Indigenous students
Aboriginal
Higher education
Measure
Awareness
Cultural safety
Racism

ABSTRACT

Background: Rates of academic success of Indigenous students compared to other students continues to be significantly lower in many first world countries. Professional development activities for academics can be used to promote teaching, learning and support approaches that value Indigenous worldviews. However, there are few valid and reliable tools that measure the effect of academic development strategies on awareness of cultural safety.

Objectives: To develop and validate a self-report tool that aims to measure nursing and midwifery academics' awareness of cultural safety.

Methods: This study followed a staged model for tool development. This included: generation of items, content validity testing and expert Indigenous cultural review, administration of items to a convenience sample of academics, and psychometric testing. An online survey consisting of demographic questions, Awareness of Cultural Safety Scale (ACSS), and awareness of racism items was completed by academics undertaking a professional development program on cultural safety.

Findings: Ratings by experts revealed good content validity with an index score of 0.86. The 12-item scale demonstrated good internal reliability (Cronbach's alpha of 0.87). An evaluation of construct validity through factor analysis generated three factors with sound internal reliability: Factor 1 (Cultural Application, Cronbach's alpha = .85), Factor 2 (Cultural Support, Cronbach's alpha = .70) and Factor 3 (Cultural Acknowledgement, Cronbach's alpha = .85). The mean total scale score was 46.85 (SD 7.05, range 31–59 out of a possible 60). There was a significant correlation between scores on the Awareness of Cultural Safety Scale and awareness of racism scores ($r = .461$, $p = .002$).

Conclusion: Awareness of cultural safety is underpinned by principles of respect, relationships, and responsibility. Results indicated the ACSS was valid and reliable. Completion of the scale aimed to foster purposeful consideration by nursing and midwifery academics about their perceptions and approaches to teaching in order to improve Indigenous student success.

1. Introduction

Governments in countries such as Australia, Canada, New Zealand (NZ) and the United States of America (USA) have recognised the important role of education to improve the socio-economic and health status of Indigenous peoples (Australian Institute of Health and Welfare (AIHW), 2015; New Zealand Ministry of Health, 2014; Government of British Columbia, 2013; ChiXapkaid et al., 2011). However, a recent review indicated that university participation and completion rates of Indigenous students continue to lag behind non-Indigenous students (Milne et al., 2015). Some Indigenous students report experiencing culturally unsafe teaching environments and perceive being treated differently in adverse ways (Hall et al., 2013; West et al., 2014). Many Indigenous students also report experiencing racism at an institutional level, by faculty, and by other students (Kippen et al., 2006; Rigby et al., 2011; Oliver et al., 2013; West et al., 2014).

Academics have an important role to play in fostering learning environments that acknowledge Indigenous students' cultures and enable them to feel safe (Craven and Dillon, 2013; Hall et al., 2013; Department of Health, 2015; Thackrah and Thompson, 2013). In New Zealand during the 1980s the concept of cultural safety was born out of the work of a Maori nurse academic, Irihapiti Ramsden to address issues related to health disparities and unsafe interactions between the country's Indigenous and non-Indigenous peoples. More recently cultural safety has been viewed as a way forward and framework for

☆ Acknowledgement is made to the traditional custodians of the land (of country) and respect is paid to elders past and present. Acknowledged gratitude that we share this land today and sorrow for some of the costs of that sharing and hope and belief that we can move to a place of equity, justice and partnership together.

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http://dx.doi.org/10.1016/j.nedt.2016.05.012
0260-6917/

non-Indigenous health professionals to work in partnership with Indigenous peoples to respond to the adverse impact of colonisation and help address significant health disparities (Williams et al., 2016). Cultural safety is underpinned by a social justice framework and requires individuals to undertake a process of personal reflection. Cultural awareness (defined as the beginning step in this process) acknowledges difference and contributes to cultural sensitivity (building on the awareness of difference through cultural acceptance, respect and understanding). Cultural safety is therefore a holistic and shared approach, where all individuals feel safe, can undertake learning together with dignity, and demonstrate deep listening (Rasmden, 2002; Williams et al., 2016; Wepa, 2003).

Various strategies have been used to foster awareness of cultural safety. In New Zealand/Aotearoa programs such as Turanga Kaupapa (MCNZ, 2007) aim to support cultural identity and safety of Maori clinicians and students. Similarly, in Australia the inclusion of compulsory content about Aboriginal and/or Torres Strait Islander culture and health status is becoming more common across health curricula (Department of Health, 2015; Thackrah and Thompson, 2013). Furthermore, the revised National Midwifery Education Standards (Australian Nursing and Midwifery Accreditation Council, 2010) now require accredited education providers to demonstrate:

> 'Inclusion of a discrete subject specifically addressing Indigenous peoples' history, health, wellness and culture' (ANMAC, 2010, Standard 7.4, p. 26).

Cross-cultural training is offered in the USA and Canada to different health professional groups (Carter et al., 2006; McDougle, Ukockis, & Adamshick, 2010). However, a search of the literature found relatively little research on the effect of training on academics' awareness of cultural safety and cultural competency. In order for academics to meet the learning needs of Indigenous students, cultural safety training may be required. This paper reports on the development of a tool that can be used in conjunction with training to measure academics' awareness of cultural safety.

2. Current Evidence on Cultural Training Programs for Academics

A review of outcome measures used in professional development programs in nursing and midwifery found only 2 systematic reviews relevant to healthcare but none explicit to nursing and midwifery academics. One review by Downing et al. (2011) evaluated 9 evaluations of Indigenous cultural training for health workers in Australia. Most of the included studies evaluated workshops, ranging from a half day to 5 days, one involved student evaluations of an undergraduate health course, and five evaluated health services. One study used a pre-/post-intervention design but the researchers found no change in participants' attitudes or knowledge (Mooney et al., 2005. Participants in another study wrote a reflective journal and were interviewed. Participants' reflections indicated increased awareness about the importance of promoting and protecting Indigenous health (Kowal and Paradies, 2003). Downing et al. (2011) concluded however, that evidence for the effectiveness of training was poor.

The second review by Paradies et al. (2014) included 37 studies from the USA, United Kingdom, Brazil and Denmark, focussed on interpersonal racism amongst healthcare providers, and compared measures. Three studies used scales to assess multicultural awareness, but this differs from awareness of cultural safety. Multicultural awareness emphasises cultural sensitivity, and unlike cultural safety, there is little consideration of power imbalance or the lived experience of recipients (Papps, 2015). Paradies et al. (2014) noted inconsistency across the self-report measures included in the review, and the potential for bias especially when evaluating beliefs, behaviours and attitudes towards racism. Constructs such as power, privilege, and 'whiteness' were only assessed in two studies.

Six papers included in the review by Paradies et al. (2014) evaluated the effectiveness of training programs on topics such as cultural attitudes, cultural awareness and sensitivity, but these involved healthcare professionals and students (medical, nursing and pharmacy students) rather than academics. An analysis of intervention group data across these 6 studies showed little change in attitudes and beliefs (Paradies et al., 2014). In a mixed method study by Mooney et al. (2005) however, qualitative reports by participants indicated positive changes in perceptions about familiarity and friendship towards Aboriginal and/or Torres Strait Peoples.

Only one paper reported on research with educators. Kambutu and Nganga (2008) used narrative inquiry to explore the effectiveness of a planned international experience (three weeks in Kenya) to promote cultural awareness and challenge ethnocentrism amongst pre-service educators. Participants completed pre- and post-visit surveys, undertook pre-visit training, journaling, letter writing, course assignment work, and gave a public presentation (for college course credit). Data from all sources were analysed using a grounded theory approach, and revealed three main themes of apprehension, education, and struggles. Kambutu and Nganga (2008) found that immersion in a different culture contributed to a degree of cultural transformation for participants.

In the absence of valid and reliable tools for use by nursing and midwifery academics, the current study aimed to develop and test a self-report tool to measure awareness of cultural safety.

3. Methods

3.1. Design

A descriptive cohort design was used to test the new tool.

3.2. Setting

A university in Australia offering three-year Bachelor of Nursing and Bachelor of Midwifery programs.

3.3. Participants

Academics ($n = 74$) teaching in the undergraduate programs in the School of Nursing and Midwifery were invited to participate.

3.4. Developing a Culturally Appropriate Instrument

We followed a staged model for tool development recommended by DeVellis (2012). This included: generation of items; content validity testing through expert review; administration of items to a pilot sample; and psychometric testing. We also aimed to respect and privilege Indigenous voices in the scale development process by applying an Indigenous approach as described by Rigney (2006). The approach to psychometric testing of the tool was adapted from Gungor and Beji (2012) and is outlined in the following sections.

3.5. Literature Review and Generation of Item Pool

Stages 1 and 2 of the tool development process involved having a clear understanding of what is to be measured and generating an item pool (DeVellis, 2012). An expert Indigenous Australian cultural reference group was formed to guide item development and ensure adherence to cultural protocols. The cultural reference group members had extensive knowledge of Indigenous issues and education processes, as well as a commitment to cultural safety. Other reference group members were the CEO of the peak professional body for Indigenous Australian nurses and midwives, a manager of an Indigenous primary healthcare service, and an Indigenous graduate of the midwifery program. Furthermore, the project team consisted of an Indigenous