

# Decolonising qualitative research: Employing a critical cultural safety lens to address inequity and social justice

[Elissa.Elvidge@newcastle.edu.au](mailto:Elissa.Elvidge@newcastle.edu.au)

Dr Elissa Elvidge Postdoctoral Research Fellow  
University of Newcastle and South Australian  
Health Medical Research Institute



I would like to acknowledge  
that I live and work on the  
unceded sovereign lands of  
the Awabakal people

---

- Over 500 different Aboriginal Nations in Australia, each with their own culture, language and territory
- I live on Awabakal country (Newcastle, New South Wales)



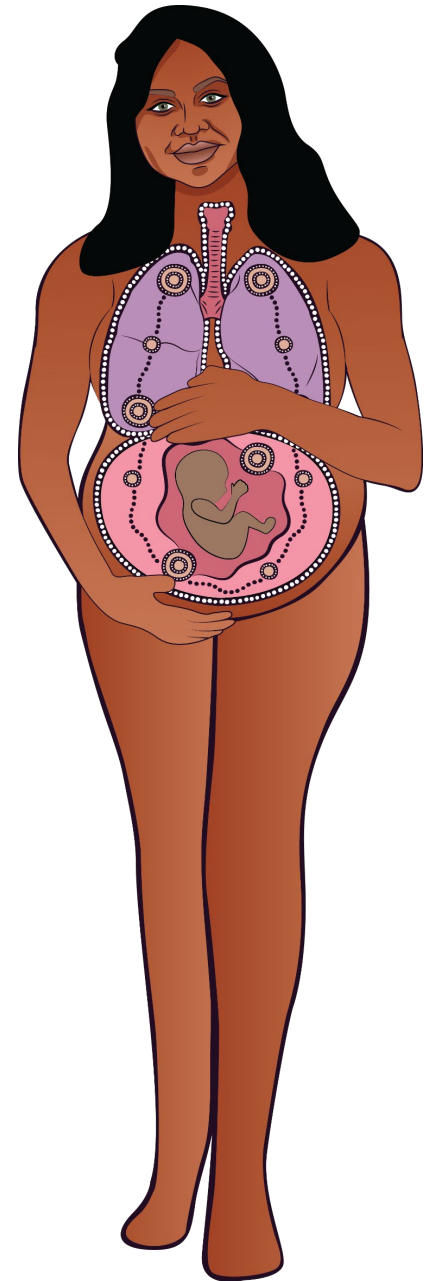
# Background

- My lived experience, cultural background and intersectional identity has shaped my interest in race, culture and inequality
- Background in social science, public health research and policy
- PhD (Medicine and Public Health)  
Cultural Safety Framework for NSW Hospitals
- Worked for Indigenous peak health body CATSINaM and teaching



# My Postdoctoral Research

- Cultural safety research with GLTBQIA+ and CALD communities
- Characterisation of Chronic Airways Disease in Australian Aboriginal adults rural and remote NSW
- Breathe for Bub: A culturally safe framework for the clinical care of Aboriginal women with asthma during pregnancy
- A treatable traits framework for chronic respiratory disease in rural and regional Aboriginal communities
- An Australian Cognitive-Behavioural Therapy informed Racism Reduction Program



# Cultural Safety

- Originated in New Zealand in the 1980s by Māori clinicians in response to feeling unsafe within the predominantly Pakeha (Anglo) health system
- Acknowledges the barriers to clinical effectiveness arising from the inherent power imbalance between providers and patients
- A lack of cultural safety can act as an access barrier, can impact clinical decision making and negatively impact the quality of care provided
- Ongoing process of critical self-reflection and lifelong learning and is ultimately determined by the patient/ community

Cultural  
Awareness

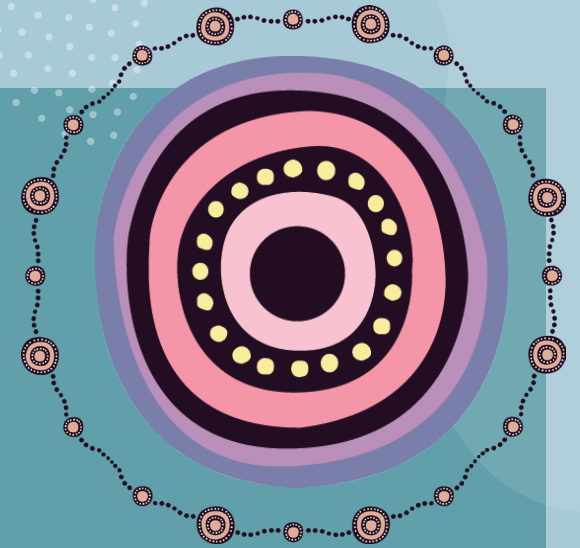
Cultural  
Sensitivity

Cultural  
Competence

Cultural  
Safety

# Culturally Safe Research

- Model of care, an approach to service delivery, is increasingly in health policy and medical research
- First Nations peoples are the most researched peoples in the world and there are many examples of research causing harm
- Wider socio-political context colonisation and ongoing harm caused by institutional racism
- A critical methodology that seeks to redresses this power imbalance and has been applied more broadly in research with marginalised communities



# Culturally Safe Research

Our cultural perspectives impact what we decide to research, the type of research that we engage in, the methods that we use, how we interpret and disseminate our data



# Decolonising Research

- A process of recognising and dismantling the power structures and knowledge systems that perpetuate unequal relationships between the coloniser and the colonised
- Challenges the dominant Western narratives that have shaped research methodologies and prioritised certain voices, perspectives, and ways of knowing over others
- Acknowledge the historical and ongoing colonial influences that have shaped our research practices and silenced Indigenous, marginalised, and non-European voices

“As an Aboriginal mother in the hospital system you get looked at and pushed to the side...There’s a lot of judgement and racism. It happens so much we just expect it.”

Melissa, Community advisory group

# Decolonising Qualitative Research

Critically reflect upon our positionality, privileges and prejudices



Embrace a plurality of knowledge systems

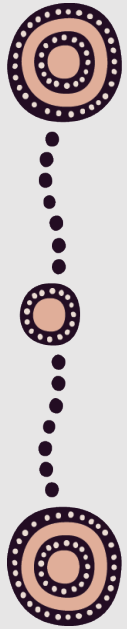


Community led collaboration



Commitment to unlearning and relearning

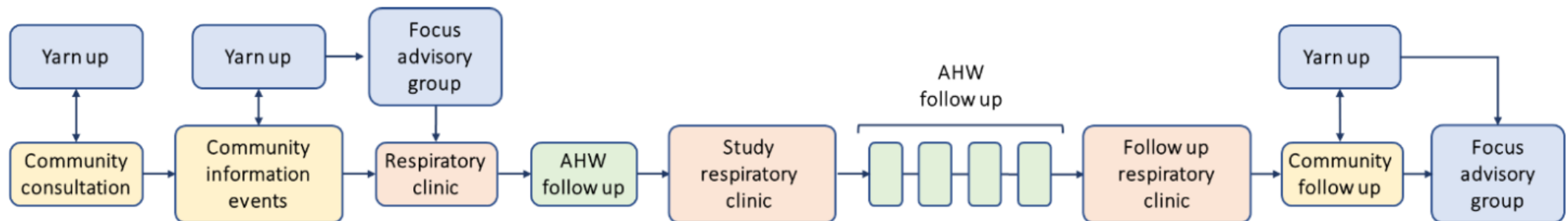
# Decolonising Qualitative Research



*....Critical qualitative research can be used to address issues that matter to the oppressed and colonised persons....move the current generation of critical interpretive thought inquiry to progressive political action, theory, and methods that connects politics, pedagogy, and ethics to meaningful action in the world.... (Norman et Al 2008)*

# Application and Examples

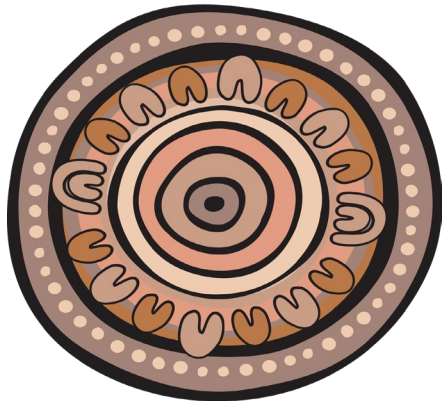
- **Who:** Was the research initiated by researchers or community?
- **Why:** Does it align with end user, consumer and or community priorities?
- **How:** Are co-design approaches possible ie: Genuine end user engagement throughout the life of the study



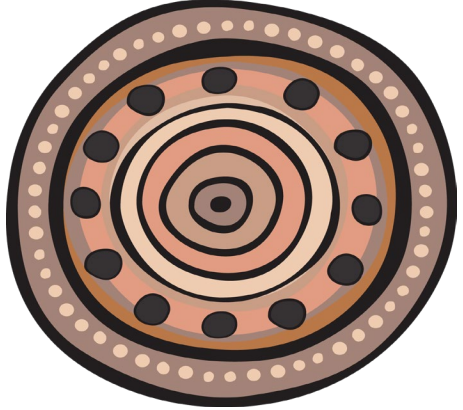
**Figure. 1.** Study module, undertaken over a 6-month period in each study site and repeated annually.

# Co-design framework for chronic respiratory disease in rural and regional Aboriginal communities

Community Consultation



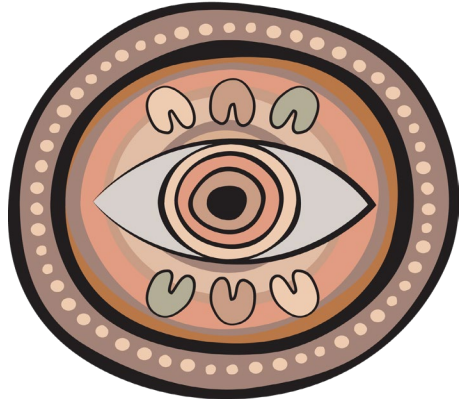
Yarn Up



AHW Follow Up



Review Period



# Considerations and Examples

**How:** Are the methods and study materials accessible and culturally appropriate e.g. Participatory Action Research, photo voice or Indigenous methods e.g. “Yarning”

“Yarning is the best way to do it. If you go in there with too many set questions you're not going to get the stories that are really important to us.”

Amy, Consumer Advisory Group

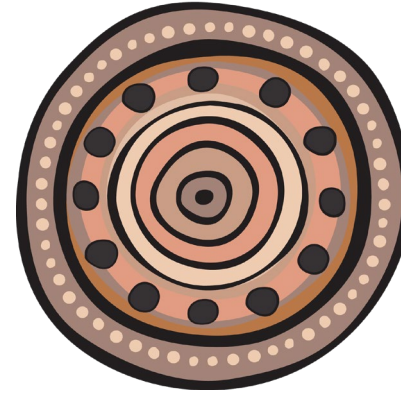
“I think there's a way to do it, where you can draw on that resilience of the community and also give them a chance to really say what they want to say by just listening.”

Kerri, Consumer Advisory Group

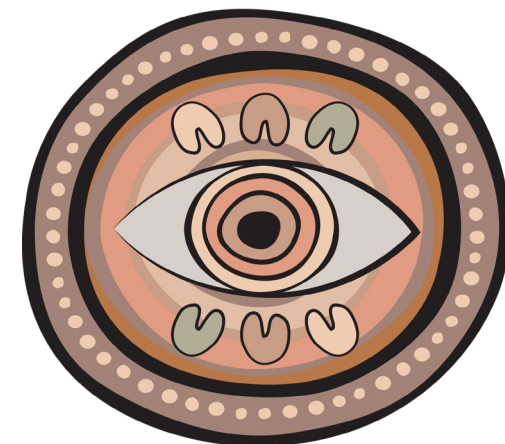
# Example: Yarning

- Knowledge is shared through reciprocal conversation and storytelling which creates a space of shared learning
- Starts with a social yarn where researchers and participants share a bit about their culture and identity which is followed by the topic yarn
- Characterised by the co-creation of ideas and narratives, involves knowledge sharing through group discussion, deep listening and reflection
- Yarning offers subjective insights into both the individual and community experience, promote self-determination and ownership in the yarning process

Yarn Up



Review  
Period



# Considerations and examples

**Analysis:** Who's lens?

**Results:** Disseminate findings back to community in a way that is accessible

**Data sovereignty:** Who owns the data, how will it be accessed and shared?

**Reciprocity and impact:** What is the positive impact/ legacy of the study? E.g. Skills, increase Indigenous workforce, greater equity of access to service, advocacy, leverage and policy





# Example: Cultural Safety Framework for NSW Hospitals

‘Well, you know what they are like’,  
‘They’ve got half a dozen family members  
—what do you expect?’ or ‘He’s out the  
front having a fag—of course!’  
Maryanne, Allied Health\*

# Questions for Reflection



- Do you engage in reflexive and reflective practice?
- Do you understand/ articulate anti-racist, decolonising and strengths-based approaches?
- Do you work in genuine partnership with end users/ consumers, patients, clinicians and communities?

Do we collaboratively engage in opportunities to address equity by leveraging existing resources to support the voice, actions and leadership of others in this space?



# Acknowledgement



Artwork by Wonnarua artist Carissa Paglino



# Questions and Reflections

[Elissa.Elvidge@newcastle.edu.au](mailto:Elissa.Elvidge@newcastle.edu.au)

Please reach out if you would like to find out more about our research or if you would like to collaborate with our team Twitter @ElissaElvidge

