BICULTURAL DEVELOPMENT IN NURSING

(TE WHAKAPAKARI KAKANORUA I ROTO MAHI TAPUHI)

GUIDELINES
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088039

REVIEW OF THE PREPARATION AND INITIAL EMPLOYMENT OF NURSES: NATIONAL ACTION GROUP, 1991
HE KORERO WHAKATAKI

Ko te whakahaere i tetahi Ropu Wawau i te marama o Mahuru 1986, te otinga o te wahanga tuatahi o te Tatari i te Whakareri Tapuhi me te Whakawhiwhi Mahi Tuatahi ki nga Tapuhi RPIEN. I nga tapaetanga katoa i puta i taua Ropu Wawau, ka puta ko tetahi tapaetanga poto enga ara ke atu te Whanui o ona tikanga. E penei ana te ahua o ona korero, me tino u te whakaako i nga tapuhi me nga ratonga tapuhi ki te kaupapa o te kakanoruatanga.

I roto i nga whakahaere katoa a te Ropu Whakatinana A-Motu (National Action Group), tino kaha tonu ratau i nga wa katoa ki te whakanui i te wairua o taua tapaetanga ma te whakaururu kanohi Maori ki roto i ana ropu mahi. Na nga korerorero hoki i te taha o te Kaunihera Tapuhi Maori Whanui (National Council of Maori Nurses) ka whiwhi reo nga tapuhi Maori mo ratau ake i roto i te Ropu Whakatinana A-Motu. Ka nui te koa ki te rangona atu i te korero, kei te tata haere nga mahi whakaako tapuhi me te whakapakari i nga rawa, ki te kaupapa o te kakanorua.

Na, ka mahue mai ko te toenga o te tapaetanga e pa ana ki te ratonga tapuhi. Kua oti te korerorero whanuitia e te Ropu Whakatinana A-Motu me te Kaunihera Tapuhi Maori, a, na enei whiriwhiri ka puta tahi i a matau te ropu na ratau nga rangi tohutohu nei. Kua kitea i roto i nga mahi korerorero me nga mahi whiriwhiri i waenganui i te Kaunihera Tapuhi Maori Whanui, i nga mema o te Ropu Whakatinana A-Motu a RPIEN tae atu hoki ki nga tangata kua whataingaotia, he ahuatanga ano hoki enei o te whakatinana kakanorua.

E whakawhiwhia ana enei rangi tohutohu e te Ropu Whakatinana A-Motu hei rawa ka taea te whakamahi. Ka tautokoria katoatia e au nga rangi tohutohu nei ki te hunga e aro nuitia ana e ratau te hauora o te Maori, i runga ano ra i toku whakapono, na te whakanuitanga o te Tiriti o Waitangi i te tau 1990 i rongo ai te maha nga nga tangata o Atcearoa i nga ngawe e pa ana ki te Tiriti, a, i whakaae ai ratau ki te uru maro atu ki roto i nga ahuatanga o te kakanoruatanga.

Na Vivienne Boyd
Heamanu, Te Ropu Whakatinana A-Motu a RPIEN
Foreword

A Workshop in September 1986 was the culmination of the first phase of the Review of the Preparation and Initial Employment of Nurses. Of the series of recommendations from that Workshop one of the briefest, and yet most wide-ranging, is that nursing education and nursing service be committed to biculturism.

In its activities the National Action Group has always tried to honour the spirit of that recommendation by Maori participation in its working parties. Discussions with the National Council of Maori Nurses have also led to their direct representation on the National Action Group. We have been encouraged by reports of movement towards bicultural nursing education and the development of resources.

There remained the rest of the recommendation concerning nursing service, and this has been discussed at length by NAG and the National Council of Maori Nurses, leading to our together setting up the group which has produced these guidelines. The discussions and negotiation between the National Council of Maori Nurses and members and nominees of the RPIEN National Action Group have thus, in themselves, been part of the whole process of bicultural development.

The National Action Group offers these guidelines as a practical resource, and commends them to all those working the New Zealand health service, believing that during 1990 the focus on Te Tiriti O Waitangi made many New Zealanders more aware of the issues and willing to commit themselves to biculturalism.

Dame Vivienne
Chair, RPIEN National Action Group
Acknowledgements

1. Working group
The group comprised

Te Kaunihera O Nga Nehei Maori O Aotearoa

(Facilitator Rob Cooper)

Tui Tenari
Ngapuhi Iwi
Ngati Pou, Te Roroa

Service Manager
South Auckland District & Cultural Services
Intellectually Handicapped Service

Gwen Palmer
Te Aupouri Iwi
Ngati Kahu
Ngati Kuri

Executive Officer
Te Hoku Manawa Maori

Linda Erihe
Te Atihaunui a Paparangi
Tuwharetoa

Director
Maori Health Unit
Manawatu Wanganui Area Health Board

Rawinia Pahau
Ngati Porou Iwi
Te Whanau Apanui

Maori Health Education Liaison Officer
Tairawhiti Area Health Board

NAG representatives

(Facilitator Wendy Jury)

Sue Scobie

Professional Advisor (Nursing)
Workforce Development Department of Health
Wellington

Sally Shaw

District Manager
Eastern Health District
Bay of Plenty Area Health Board

Yvonne Shadbolt

Dean, Faculty of Health Studies
Auckland Institute of Technology

Gay Williams

Executive Director
NZ Nurses’ Association

2. Workforce Section – Department of Health, Wellington.

3. NZ Translation Centre Ltd, Wellington
Introduction

What is the aim of bicultural development in nursing

What does a bicultural nursing service look like

Guidelines - Basic principles:
   Respect for individual dignity
   Equity of Access
   Community involvement
   Effective use of resources

Appendix I  Model of structural relationships

Appendix II  Links with Maori organisations and networks for nursing services
INTRODUCTION

In 1986 a Review was undertaken in response to a perceived crisis related to the preparation and supply of nurses to meet the needs of the New Zealand health service.

The review was wide-ranging in its scope and consultation, and resulted in an equally wide range of recommendations. These endorsed the direction being taken in the initial preparation of nurses and identified essential new developments.

One of the issues addressed was the preparation of nurses who would be responsive to the needs of a bicultural New Zealand Society. This gave rise to Recommendation 38:

THAT nursing education and nursing service be committed to biculturalism.

Following the review, a National Action Group was formed to promote and monitor the actioning of the recommendations.

Work on Recommendation 38 has been conducted through numerous hui culminating in Hui Maungakiekie at Auckland in February 1991, at which these guidelines were produced.

Improving the status of Maori health is a priority for the New Zealand health service. It has proved difficult in some cases in the absence of guidelines to implement policies which have a positive impact on Maori health.

This document provides practical strategies and information for nurses, other health service providers and health agencies to provide impetus to bring about much needed change. It is based upon the key concept of cultural safety.

There is no rigid definition of cultural safety.

Because cultural safety is based in the less measurable dimensions of attitude, it cannot be defined against physical or legal safety.

Like ethical safety, cultural safety must be interpreted according to each event. The degree of cultural risk or danger must be assessed by those who are able to perceive it. It follows that those people are to be found within the culture at risk. In Aotearoa the people most culturally at risk are the Tangata Whenua, te iwi Maori.

(derived from Kawa Whakaruruahu 1990)
In New Zealand nursing takes place in a health care service that is currently based on a system of general management. Within the General Management System health care is increasingly being organised on the basis of service management.

Such services include mental health services, acute care services, services for women and children, services for the elderly etc.

Within these different service structures nursing is a major component, and these guidelines address the bicultural development in nursing wherever nursing is organised.

The Framework used in preparing the guidelines is based on the draft service statement Hauora Maori/Maori Health Services Dec. 1990. This statement was used to link biculturalism in the wider health service with biculturalism in nursing.
What is the aim of bicultural development in nursing

Nursing is a substantial component of the health service with close and personal contact with a wide range of people receiving health services. More people are likely to have contact with a nurse than with any other health professional.

The ideal for Maori is full and total Maori participation in policy and decision-making, with culturally safe nursing services in settings acceptable to Maori and with Maori language as the medium for Service delivery. This ideal really describes a situation of parallel development rather than simply making adjustments to a mono-cultural system.

It is accepted that such an ideal may take years to develop. A transitional period of bicultural development of nursing is one in which people receiving nursing services are not at cultural risk, and where the health services provide a culturally safe environment in which Maori and non-Maori can approach, negotiate and receive nursing services.

A quality nursing service must mean there is recognition and acceptance of a person’s culture, looked at from the needs of the consumer.

These guidelines focus on the transition period, and are aimed at identifying strategies that will have major impact on the development of a bicultural nursing service.

What does a bicultural nursing service look like?

A Bicultural nursing service will affirm the status and rights of the Maori as outlined in Te Tiriti O Waitangi and be based on a philosophy of biculturalism and the model of Structural Relationships for nursing as outlined in Appendix I.

If we take the concept of a culturally safe environment in which Maori and non-Maori can approach, negotiate and receive nursing services, then the following essential components will exist:

- gaps and inadequacies in the delivery of nursing services to Maori (and non-Maori) are identified
- nursing services are planned and developed with Iwi and Maori groups, to address the gaps and meet Maori needs and aspirations in a culturally safe and financially effective way
- the knowledge, attitudes and skills required for nurses to create a culturally safe environment are identified and developed.
- nursing services establish co-operative and equitable partnerships with Maori.
- skills, knowledge and resources are shared between nurses and Maori
- when appropriate, Maori cultural practices and networks are used by nurses to enhance Health agency policies and practices
- Maori participate at all levels of the organisation and contribute to policy making for nursing services, and planning the way in which nursing services will be delivered
- nursing monitors legislative changes in the health services in relation to Te Tiriti O Waitangi, and considers their implication for nursing services
- nursing, as part of the wider health service, maintains links with a range of appropriate agencies and organisations, to help promote the bicultural development of nursing (Appendix II)
- nursing services reflect, in the bicultural development of those services, the following four basic principles:

  * Respect for individual dignity
  * Equity of Access
  * Community Involvement
  * Effective use of resources.

These are outlined below, with suggested strategies that would help achieve the goal of bicultural development of nursing.

The suggested strategies are grouped in the following categories:

**POLITICAL:** Strategies aimed at the structures, processes and environment that are required for bicultural development to occur

**EDUCATIONAL:** Strategies aimed at the preparation of the nursing workforce, both basic (preparation for registration/enrolment) and continuing/on-going education

**SUPPORT:** Strategies aimed at supporting, maintaining, sustaining and monitoring the bicultural development of nursing services.
Principles And Strategies

**Respect for individual dignity:**

**DESIRED OUTCOMES:**

- Nursing services within the health service are organised and provided so to affirm, respect and allow for the cultural expressions and customs of Maori and non-Maori
- A culturally sensitive and safe nursing service is provided
- There is recognition and respect for the desire of Maori whanau for input into the provision of nursing care of an individual whanau member.

**SOME STRATEGIES:**

**Political:**
Ensure that strategic and management plans make explicit reference to the quality of a culturally safe service

Establish staff recruitment/appointment processes that reflect and value bicultural competencies

Work jointly with local Iwi and Maori nursing groups to develop and monitor standards for culturally safe nursing practice

Establish service and staff evaluation systems that incorporate culturally sensitive and safe practice into appraisal systems

**Educational:**
Identify deficits in the knowledge, attitudes and skills of current staff related to culturally sensitive and safe nursing practice, and provide programmes to remedy such deficits

Work jointly with local Iwi and Maori groups to identify potential leaders in the Maori Nursing workforce and support and promote their development

Implement staff orientation, induction and continuing education programmes that promote culturally sensitive and safe practices.

**SUPPORT**

Employ Kai-awhina to support and advise staff in cultural matters, and to provide or obtain whanau support for Maori receiving nursing services
Support the post-graduate development of Maori nursing staff

Monitor the above strategies against the desired outcomes for respect for individual dignity.

**Equity of access:**

**DESIRED OUTCOMES:**

- Nursing services are provided which are acceptable, accessible and culturally safe, to contribute to the improvement of the health status of Maori.

- Nursing in the health services is provided or disseminated at appropriate venues for Maori.

- Nursing services are affordable to the consumer.

**SUGGESTED STRATEGIES:**

**Political**

Provide systems for consultation with Maori to develop appropriate services

Support Maori initiatives such as:
Maori nursing bureau, marae/community based services

Share resources with Iwi and other groups to develop nursing services through contracts with Health Agencies

Ensure that provision of accessible services for Maori is made explicit in health agency strategic and management plans

**Educational**

Provide opportunity for Maori and other nurses to receive education related to securing and managing contracts

Engage Maori to provide continuing education programmes for nurses

Encourage all nurses to attend anti-racism courses.

**Support**

Provide on-going support to Iwi and other Maori groups providing accessible services for Maori.

Match the provision of continuing education programmes for the current nursing workforce to the skills, knowledge and attitudes required in a changing service.

Monitor the above strategies against the desired outcomes for equity of access.
Community Involvement:

DESIRED OUTCOMES

- The requirement to develop a partnership between Maori and health agencies is accepted.
- Input of local Iwi and Maori groups in nursing policy and decision-making within the health service is negotiated.

SUGGESTED STRATEGIES

Political

Ensure acceptance of community involvement in the strategic and management plans of health agencies.

Establish contact with local and other Maori groups through local Kaumatua.

Work with local Iwi and Maori groups to seek input at policy and decision making level.

Educational

Provide educational opportunities for staff to ensure they:
- have knowledge of Maori community organisations networks
- are aware of protocols for working with local Maori
- have negotiation and other relevant skills

SUPPORT

Provide resources to ensure the Maori community is able to be involved.

Provide support structures for staff who are engaged in contacts and negotiation with local Maori.

Monitor the above strategies against the desired outcomes for community involvement

Effective Use of Resources:

DESIRED OUTCOMES

- Maori are involved in the development and establishment of the nursing component of prevention and health promotion programmes.
- Maori health initiatives involving nursing services are resourced (as appropriate) by Health Agencies.
- Accountability for contracted services is reflected through performance indicators related to the quality and cost effectiveness of the service.
SUGGESTED STRATEGIES

Political

Establish links with local Iwi and other Maori groups.

Ensure Maori input into planning and decision-making on nursing services.

Assist Maori to determine what component of nursing services might appropriately be delivered by Maori (e.g. by contracting with and funding Maori to provide the service).

Establish and evaluate nursing services that are provided in different ways (e.g. by Iwi).

Educational

Provide education for nurses involved in planning and resource allocation, to ensure they are able to relate and negotiate effectively with Iwi and other Maori groups.

Provide educational opportunities for Maori nurses and health workers who are involved in nursing care delivery in programmes run by or contracted to Iwi (or other Maori groups).

Support

Provide nursing and Maori input into policy, and planning on an ongoing basis, to maintain awareness of issues and opportunities related to the effective use of resources.

Provide support as required for nurses (and other workers) working in initiatives contracted to Iwi or other Maori groups.

Monitor the above strategies against the desired outcomes for the effective use of resources.
APPENDIX I

MODEL OF STRUCTURAL RELATIONSHIPS

Ideally, a bicultural nursing service will in its attitudes and practices, affirm the unique status and natural human rights of Maori, as Tangata Whenua of Aotearoa / New Zealand and will fulfill the promises of Te Tiriti O Waitangi.

Nursing, as a respected profession, has a reputation for ethical and caring conduct. These standards should be reflected in a Bi-cultural nursing service, especially in terms of the common duties and rights expressed in Te Tiriti O Waitangi.

The following model, presents a practical means of working bi-culturally within a system of relationships which fully reflects the intention of Te Tiriti O Waitangi.

PHILOSOPHY BI-CULTURALISM

"Bi-culturalism in Aotearoa has its roots in Te Tiriti O Waitangi and has the potential to be the driving force behind the aspirations of national solidarity. However, bi-culturalism requires systems of relationships which promote power sharing, understanding, mutual respect for language, lifestyles and beliefs which could lead to beneficial interaction between the two major and inter-dependent cultures."

Rob Cooper
General Secretary
Te Runanga Whakawhanaunga I Nga Hahi (Maori Council of Churches)
MODEL

STRUCTURAL RELATIONSHIPS FOR NURSING
(ADMINISTRATION / DECISION-MAKING / COMMUNICATION)

TE TIRITI O WAITANGI

SELECTION
RANGATIRATANGA
MAORI NURSES
NGA KAUPAPA
NGA TAKE

ELECTION
KANANATANGA
NURSING
POLICIES
ISSUES

KORERO
A
DIALOGUE

JOINT DECISION
on resource sharing and allocation

TE TAU O TE WA
INTERIM DECISIONS

NURSING ACTION

MAORI / SOCIAL / PAKEHA
clientele / accountability / clientele

KEY TO DIAGRAM

A: The point of power sharing and dialogue
B: Accountability
C: Maori Skills, Technical, Cultural, Professional. Involves Maori Community, Tribal - Hapu - Iwi - whanau and also Maori Organisations which influence policies, issues and practices
D: As for "C" within Pakeha community

Acknowledgement: Adapted by G. Palmer
From "DEVOLUTION AS IT SHOULD BE"
submission to government by Te Runanga Whakawhangaunga I nga Hahi (Maori Council of Churches) May 1988 p.18
LINKS WITH MAORI ORGANISATIONS AND NETWORKS FOR NURSING SERVICES

1. GENERAL/NATIONAL
   - Iwi Authorities
   - Maori Women’s Welfare League, their local and regional branches
   - National Te Kohanga Reo Trust and district Tino Rangatiratanga Units
   - Relevant Hauora Maori/Maori Health organisations such as Te Roopu Tautoko Trust (Maori Aids organisation) Maori Community Health Workers
   - Te Wahanga Hauora Maori - Department of Health Maori Unit
   - Social and Cultural Units - Manatu Maori (Ministry of Maori Affairs)
   - Te Tari Ahu Iwi (Iwi Transition Agency)
   - Te Ohu Whakatupu (Maori Secretariat - Ministry of Women’s Affairs)
   - Te Kaunihera O Nga Neehi Maori O Aotearoa - National Council of Maori Nurses and Regional branches
   - Women’s Health League

2. LOCAL
   - Kaumatua Kaunihera
   - Maori Health groups
   - Maori Cultural Advisers in various Government Departments
   - Maori Church groups
   - Maori Liaison Officers, Co-ordinators, Bicultural Officers and Maori Health Units of Health Agencies such as Area Health Boards.

This is not an exhaustive list of the Maori organisations nationally and locally. It merely points the nursing services in the direction of some essential contacts into Maori networks for the purpose of delivering an appropriate service to that community.

The following approach may be helpful.

At all times, be guided by the advice, friendship or working relationship that you may already have with either an individual/or particular group(s) of Maori people, especially the Tangata Whenua.

   - Personal contact is most appreciated.
   - When making a visit it is important to allow for plenty of time, especially if the person is elderly (Kaumatua).
   - Take someone or others who know the person, with you.
- If you are expecting to meet with a group of Maori people, again, take people with you who either know the group or individuals in it and who are either Tangata Whenua or know the kawa, protocols for meeting with Maori people formally.

When using Maori people, either individuals or groups, in a consultative capacity, no matter how small the job or how important, remember to check discreetly, such things as:

- whether or not they actually should be employed, or contracted to do the work

- other forms of payment that can be made, eg by koha and/or assistance with travel.
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Maori Council of Churches
(Te Rununga Whakawhanaunga I nga Hahi)

Devolution as it should be
Submission to Government (p18)
May 1988

Irihapeti M. Ramsden

Kawa Whakaruruhau
Cultural Safety in Nursing
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1990