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EDITORIAL

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**The significant cultural value of our Māori nursing workforce**

**Te uara ahurea nui tonu o tō tātou tira kaimahi tapuhi Māori**

**Kiri Hunter RN, MN, DipTLT, Senior Academic, Health Curriculum Area, Nelson Marlborough  
Institute of Technology, Nelson, NZ**

**Ngāti Kahungunu, Rangitāne, Ngāti Maniapoto**

Dr Tedros Adhanom Ghebreyesus, Director General of the World Health Organization (WHO), announced that the WHO was “proud” to nominate 2020 as the year of the nurse and midwife: “...2020 will be dedicated to highlighting the enormous sacrifices and contributions of nurses and midwives, and to ensuring that we address the shortage of these vital professions” (International Council of Nurses, 2019). This accolade is a well-earned tribute to our profession. In this editorial, I draw particular attention to the sacrifices and contributions of Māori nurses who are so often unable to live their cultural values at work. These nurses aspire for tauwi (non-Māori) nurses to work as their culturally responsive allies, committed to recognising and voicing concerns about racial discrimination experienced by Māori within health care settings.

Here in Aotearoa, ngā mihi nui (I give acknowledgement) to Māori nurses in practice whose cultural wisdom is both unique and invaluable, and who innately provide holistic care to Māori clients and whānau, often in mainstream health care settings where they feel like foreigners themselves. Ngā mihi nui to those same Māori nurses who work tirelessly to watch-over and advocate for the appropriate care of *all Māori who* access their organisations. For many Māori, healing comes from being immersed in culturally appropriate environments where there is recognition of Te Ao Māori (the Māori world)

and utilisation of Māori health models. However, more than double the number of Māori nurses are needed now to match the proportion of Māori in the population.

Extant research continues to be saturated with statistics demonstrating that Māori health remains in crisis with persisting poorer health outcomes compared to non-Māori. Māori today are living with the consequences of years of discrimination and ongoing consequences of colonisation. Health systems, designed within a Western biomedical model of governance and delivery, serve non-Māori better than Māori (Came, 2014). Māori who do engage with health services are more likely to receive poorer quality health care, including, and of considerable concern, the care delivered by some nurses (Wilson, 2018). Across the health sector, a gulf commonly exists between a health care organisation’s espoused commitment to culturally safe practice and what happens in reality. This narrative is not new. The unequal treatment of Māori nurses and clients in primary health care settings has finally been recognised as a breach of Te Tiriti o Waitangi (Waitangi Tribunal, 2019). Throughout the Waitangi Tribunal report multiple claims are examined highlighting that racism endures across the health care system resulting in ongoing inequalities in health. Tireless work from New Zealand Nurses Organisation’s Te Runanga Māori presented inequities in salary and working conditions experienced by Māori nurses working in Māori provider organisations. It remains necessary for health care leaders to be vigilant about critiquing practices that reinforce dominant, monocultural

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perspectives and to ensure that the philosophical standing around culturally safe practice is not just rhetoric but is championed in actual work practices.

Leaders in health care organisations need to be alert to complacency that they have already ‘arrived’ at a place of culturally safe patient care and teamwork practices, and instead recognise the impact of our cultural differences on the way nursing care is delivered. I invite you to reflect on the question: “Are nurses across all health care settings who identify as Māori able to utilise their Māori values and tikanga practices within the parameters of their job descriptions?” Currently, I am leading a Māori-centred research study exploring the dual cultural and clinical practice realities of Māori nurses. Initial data analysis highlights that we are making progress in some practice areas. Nurses working within mental health and kaupapa Māori health provider settings (working within the principles and ideas of a Māori worldview), as well as some regional mainstream acute clinical areas, are flourishing due to culturally competent leadership and established numbers of proactive Māori nurses. At times, and in stark contrast, Māori nurses who work in isolation in mostly mainstream organisations are more vulnerable to racist challenges, and less confident to instil a tikanga Māori nursing approach. One Māori nurse participant in the study insightfully offered, “Being a nurse is an amazing career pathway and professionalism is paramount. However, being Māori is who you are and being able to articulate what that looks like and what that means, ensures you stay safe. You shouldn’t have to be one or the other.”

The disregard of culture in health and health care is emphasised by Napier et al. (2014) as being the single biggest barrier to the advancement of health worldwide. It is little wonder some Māori nurses today are drained by the continual emotional labour of advocating for Māori clients, the fight to improve services, and of having their cultural contributions undermined by colleagues. They might choose not to give their energy for something that feels insurmountable and instead leave their “Māori-ness” at home. As a researcher, I am privy to distressing stories

of cultural disregard and marginalisation. For example, the Māori nurse who felt compelled to shut herself in an empty client room, phone her husband and put him on loudspeaker so that he might offer karakia (prayer) to bless the room after the deceased client’s body had been removed - the alternative means of providing a blessing had lacked any real wairuatanga (spiritual basis). Or, the Māori nurse whose non-Māori client brazenly commented, “I better put my phone away” when she entered the room, with the implication she was a thief; and that same eloquent nurse repeatedly having to confirm that she was a highly-educated qualified nurse and not a cleaner. Or the Māori nurse who saw eyes glaze over whenever she started to speak about anything Māori. Or the Māori nurse who overheard tauwiwi work colleagues scoff about a Māori client who had just greeted them with “Ata marie (good morning)”. Such racist challenges and everyday micro-aggressions are real and tell me that organisations are yet to arrive in terms of being a culturally safe place for our tangata whenua (people of the land).

Māori nurses are needed everywhere, not just in Māori-provider primary health care organisations or on kaupapa Māori wards, but also in emergency departments, and throughout hospitals and health services. In health care settings where culture is valued Māori nurses can role model culturally responsive nursing care to the wider health workforce, yet despite years of government policy to increase the Māori nursing workforce to better match the proportion of Māori in the population, numbers have remained static (New Zealand Nurses Organisation, 2018; Wilson, 2018). How do we better support and foster our under-represented workforce to feel culturally safe and provide culturally relevant care? Social consciousness, self-awareness, and learning of culturally safe practices for all nurses can be enhanced by listening deeply to vivid accounts of first-hand practice experiences, such as those shared with me so generously by twelve pūkōrero (orators). These twelve Māori nurse research participants hold a depth and range of professional qualifications and experience from different clinical settings throughout Aotearoa. I



remain extremely humbled to be entrusted to share their practice wisdom through future publications. Many excerpts from their interviews illustrate an effective and respectful tikanga and clinical interface. For example, one pūkōrero described the dignity she afforded to each client's room, "I always respect everyone. I knock on the doors... That little room becomes their whare (home), so I respect that area as theirs"; and another described how she upheld the mana (status) of a kaumātua (male elder) who required assistance with feeding, "I would take the bib off him and tuck it in like a serviette". Accounts of nursing practice such as these contribute to a better understanding of culturally relevant care.

I cannot research nor write about contemporary nursing practice and health inequity of Māori in Aotearoa today without acknowledgement of the incredible work of many mana wāhine (women), including my Ngāti Maniapoto ancestor Te Kirihaehae Te Puea Herangi, the late Irihapeti Ramsden, and Denise Wilson to name a few. Notable is Hemaima Hughes, who continues to be a role model and inspiration to many nurses, including myself, during this her 50th year of nursing practice and education. Such dedication is reflected in the words

spoken by Te Kaunihera o Ngā Neehi Māori o Aotearoa, the National Council of Māori Nurses founding patron, the late Putiputi O'Brien:

*Tomo mai ki te akoranga hauora, whakahokia  
ki te ao whanui*

Enter to learn and go forth to serve.

For myself, a wahine Māori, a nurse academic of fair features and northern European descent, whose physical and spiritual identity and whakapapa affords a truly bicultural lens typical of the diversity of indigeneity in Aotearoa today, my tūmanako (Māori aspiration) is to validate and support Māori nursing practice so that tangible benefits are derived for Māori. What is needed today is strengthened bicultural allegiance and tauwiwi nurses who champion culturally relevant care.

*Mehemea ko moemoeā ahau ko āhua anake,  
mehemea ka moemoeā a tātou ka taea e tātou*

If I am to dream I dream alone, if we are to dream together we will achieve.

Te Kirihaehae Te Puea Herangi (1883-1952)

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