

TE KAPUNGA PUTOHE (THE RESTLESS HANDS): A MAORI CENTRED NURSING PRACTICE MODEL

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Abstract

Maori are often confronted with nursing practices and services that are at odds with their traditionally wholistic and spiritually based worldview. Keeping Maori clients the central focus of nursing practice can be challenging for nurses but is one way they can increase their efficacy when working with Maori. However, in the nursing literature there is an absence of models to guide Maori centred nursing practice, that is, models constructed within a Maori cultural context. Te Kapunga Putohe (the restless hands) is a Maori centred nursing practice model that uses the hands to illustrate how Maori knowledge and the knowledge of nurses can be incorporated into the health experiences of Maori clients. This paper explains how nurses who possess knowledge of Te Ao Maori can use Te Kapunga Putohe (the restless hands) to work with Maori in a culturally appropriate and acceptable way to improve health outcomes.

Key Words: Maori centred practice, nursing model, Maori health, indigenous, kaupapa Maori, Maori nursing.

Introduction

Nurses committed to improving health outcomes for Maori clients continue to face challenges in the delivery of culturally appropriate and acceptable health services. Too often Maori are confronted with nursing practices and services at odds with their wholistic and spiritually based worldview. Wilson (2003) claims nurses can build on existing strengths of indigenous people in order to improve their health outcomes. As most current nursing models originate from within the dominant nursing culture, Maori centred nursing practice models are

not well articulated in the literature. A model for Maori centred nursing practice constructed within the cultural context of Te Ao Maori (a Maori world) can fill the gap, thereby providing guidance for working with Maori clients.

Te Kapunga Putohe (the restless hands) uses the hands to depict a partnership between nursing practice and Maori practices – it brings together the culture of nursing with that of Maori, and provides a Maori centred

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focus to guide nurses' practice. In this paper, having briefly discussed major influences on nursing practice – contrasting these with a Maori centred perspective and current Maori health concepts – a new model, Te Kapunga Putohe, will be presented and its application to nursing practice discussed.

Background

Disparities in health between Maori and non-Maori continue to exist in most disease and illness categories, evident in higher hospital admission rates for Maori, along with premature mortality (Ajwani, Blakely, Robson, Tobias, & Bonne, 2003; Ministry of Health, 2006; Reid & Robson, 2006). Mental health services also reflect similar statistics, with Maori admissions to mental health facilities over the last 30 years increasing dramatically, despite non-Maori admission rates remaining relatively unchanged (Ajwani et al.; Durie, 2001; National Health Committee, 1998; Reid, Robson & Jones, 2000; Te Puni Kakiri, 1996). Maori are also 40 percent more likely to be readmitted to mental health services than are non-Maori, with a disproportionately higher number of Maori admitted to forensic services (Ministry of Health, 2001). Durie (1998) claims the greatest threat to good health for Maori is poor mental health.

Maori health status is unlikely to be determined by one or two environmental or sociocultural issues. It is affected by a range of factors considered to increase the risk of developing physical and mental disorders. While socio-economic

factors contribute to the overall poor state of Maori health, they are considered insufficient to fully explain poor Maori health outcomes (Crengle & Pelkowitz, 2004; Durie, 2001; Dyall, 1997; Howden-Chapman & Cram, 1998; Maori Health Branch, 1999). Other contributors to disparities in Maori health include discriminatory behaviours in the provision of services, culturally inappropriate service design, and cultural differences in values and aspirations (Blakely, Robson, & Woodward, 2002; Durie, 2005; Harris et al., 2006; Reid & Robson, 2006).

In a discursive exploration of how general practitioners (GPs) talked about Maori health, McCreanor and Nairn (2002) identified that GP explanations did not relate in any way to widely available theories and conceptualisations. They found beliefs held by GPs about Maori and Maori health were a matter for concern, particularly with respect to the delivery of health services to Maori. Maori experiences of non-Maori doctors were not positive and these negative experiences contributed to the suspicion and fear held by individuals and whanau about health services. Providing wholistic healthcare to Maori in a respectful and collaborative manner facilitates opportunities for nurses and other health professionals to positively impact on the health of Maori (Cram, Smith, & Johnstone, 2003; Wilson, 2003).

Influences on Nursing Practice

Contemporary nursing approaches are often illness, rather than health, focused and tend to be centred on individual Maori. Contemporary

nursing practice in New Zealand has its roots and philosophical foundations in Christian values and beliefs, initially in religious orders and later influenced by Nightingale's work. The development of nursing in New Zealand, while based on Nightingale's doctrines, has also been strongly influenced by the North American and United Kingdom nursing literature. While wholism is evident within the nursing rhetoric, the New Zealand health care system, including nursing, is strongly influenced by a biomedical focus on illness or disease.

Despite the best intentions to prepare nurses to consider individuals, families, and communities wholistically, implementation of this ideal is often compromised. Consequently there is a continued call by Maori for culturally appropriate and acceptable health services that take account of their wholistic, spiritual, and collective orientation (Reid & Robson, 2006). The latter approach contrasts with the dominant worldview within 'mainstream' health services in New Zealand.

A Maori Worldview

Maori epistemology is embedded in matauranga Maori (Maori ways of knowing) and Te Ao Marama (a Maori worldview) (Royal, 1998). Winiata (cited in Royal) explains that matauranga Maori is steeped in traditional conceptions of the world, and communicated through intergenerational transmission. Royal (p. 7) suggests that matauranga is "Te kaimanga a nga Tapuna" (the masticated food of the ancestors). 'Te kaimanga' is a term used for the food

chewed by the mother to make it soft and digestible before she feeds it to her child. Royal continues with the argument that matauranga should nourish, be 'handed down' to the next generation where the teacher should dissect and analyse it, much like a mother masticates the food for the child.

Cunningham (1998) takes the position that traditional Maori worldviews and knowledge are founded on wholism, an Iwi (tribal) based social system, and an oral tradition. Kaupapa Maori (Maori practices, strategies) gives central place to the experience of Maori, and accepts Maori processes as reality (Reid, 1998, cited in Cunningham). Marsden (2003, p. 20) reinforces this stance, contrasting Te Ao Maori with the prevailing dominant worldview:

... Maori does not and never has accepted the mechanistic view of the universe, which regards it as a closed system into which nothing can impinge from without. The Maori conceives of it as at least a two world system in which the material proceeds from the spiritual, and the spiritual (which is the higher order) interpenetrates the material physical world of Te Ao Marama.

Maori Health Models

Maori health is grounded in Maori ways of knowing and seeing the world. Since the 1970s a number of Maori health perspectives have emerged in the literature, all emphasising the value of traditional belief systems. One such perspective familiar to the health setting is Te Whare Tapa Wha (Durie, 1998). Durie first presented

Table 1
Te Whare Tapa Wha

	Taha Wairua	Taha Tinana	Taha Hinengaro	Taha Whanau
Focus	Spiritual	Physical	Mental	Extended Family
Key Capacities	Faith and the human-environment connection	Physical growth and development	Communication, thinking and feeling	Belonging, caring and sharing
Relevance to Health	Health is related to unseen and unspoken energies	Good physical health is necessary for optimal development	Mind and body are inseparable	Individuals are part of a wider social system

Note: Sourced and adapted from Durie (1998)

this model in 1982, and although often described as a traditional approach to health, it aligns with contemporary Maori thinking. Te Whare Tapa Wha refers to the four walls of a whare (house), where each wall represents a dimension of Maori health: taha wairua (spiritual), taha tinana (physical), taha hinengaro (mental, intellect), and taha whanau (extended family). Table 1 outlines the capacities, themes and relevance to health in each dimension. If one or more of the walls of the whare are weakened in any way, the integrity of the whare as a whole is compromised.

Te Whare Tapa Wha is referred to extensively throughout New Zealand health policies and services. It provides a wholistic view congruent with nursing values and actions in all areas of health, relating to the spiritual, physical, and mental

and extended family (Mitchelson & Latham, 2000). While Te Whare Tapa Wha and other models, such as Te Wheke and Nga Pou Mana provide models to conceptualise Maori health, Te Kapunga Putohe – the restless hands, provides an approach to guide nursing practice to focus on developing meaningful relationships with Maori.

Maori Centred Nursing Practice

Maori-centred nursing practice comprises a number of dimensions (see Figure 1). Central to nursing practice is the Maori person and the whanau, who are surrounded by Te Ao Marama (Maori worldview). Nurses bring to the practice environment their personal experience, influenced by their worldviews, and further informed by both the theoretical knowledge of nursing and Maori health concepts.

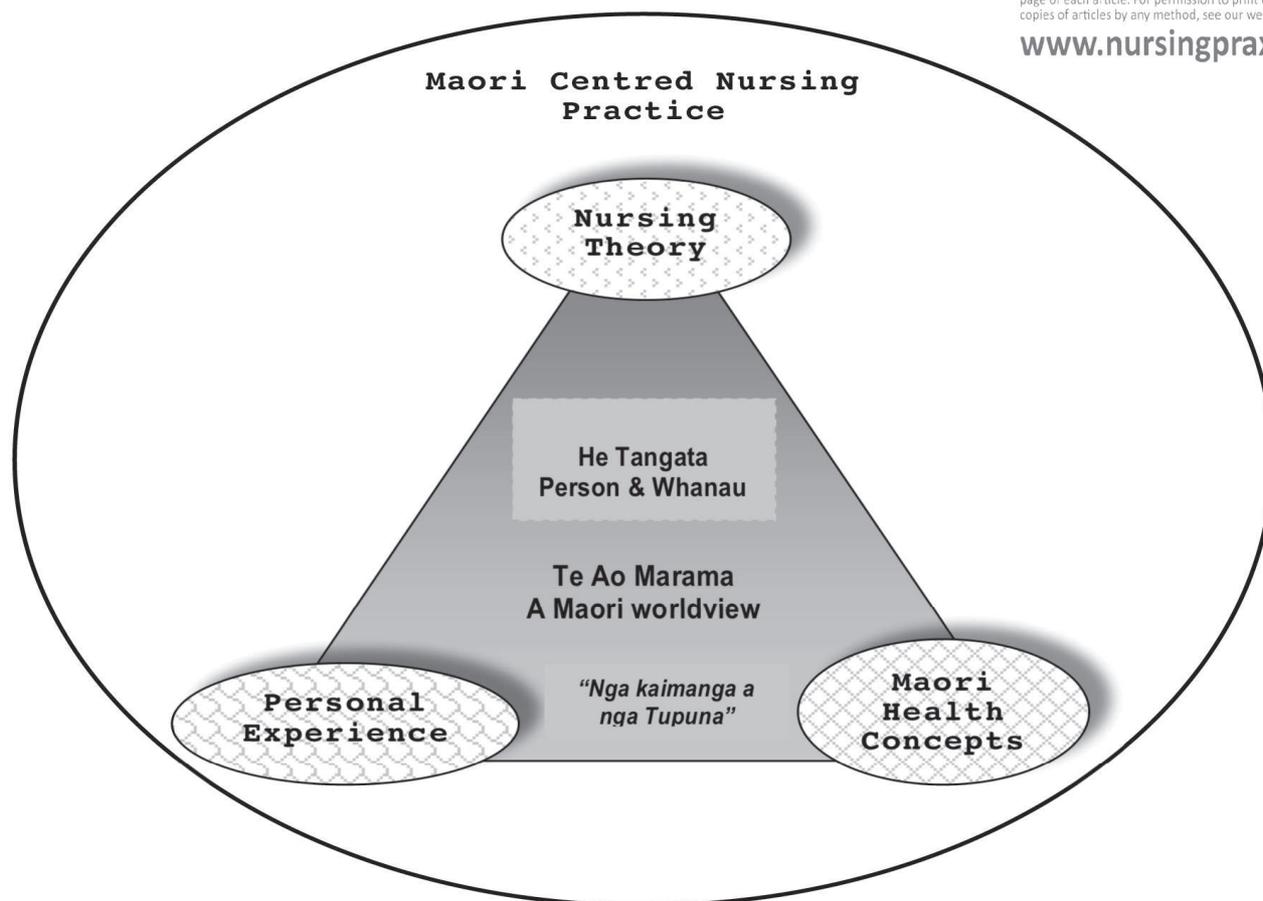


Figure 1. Dimensions of Maori Centred Nursing Practice

Established models, such as Te Whare Tapa Wha, offer a Maori conceptualisation of health. While these models are useful in informing nursing practice, they are limited in explaining the nurse-Maori interface. The lack of available nursing models informed by a Maori worldview is something Maori nurses comment on (Health, Education & Community Services, 2001; Ministerial Taskforce on Nursing, 1998). Employing effective and appropriate interventions with Maori requires preparation for practice informed by Maori models of practice. Te Kapunga Putohe was developed from the practice knowledge and wisdom of a Maori nurse. The authors see the model as a contribution to nursing's body of knowledge about

Maori and indigenous peoples' health, and as a resource primarily for Maori nurses, and other nurses working with Maori people and whanau. Gurung & Menta (2001) suggest that affirming a positive Maori identity in a context where Maori values, beliefs and practices are respected, will facilitate better outcomes

Te Kapunga Putohe (see Figure 2) arises from matauranga Maori (Maori ways of knowing) and conceptualises the palm of the hand (kapunga) in the form of a cup that provides sustenance and life. Putohe denotes the eager and persistent nature of a nurse to provide for, care for, and nurture others. Te Kapunga Putohe represents a Maori perspective of the values and practices

necessary for competent nursing practice when working with Maori. Although the focus is on the palm of the hand, nothing is achieved without employing the matimati (fingers) to make the palm effective. Each finger symbolises a component of knowledge and understanding required for a nurse to be fully effective in the delivery of Maori centred nursing practice.

Principles of Te Kapunga Putohe

This model guides nursing practice from a Maori worldview, and is underpinned by the following principles:

- 1. Te Kapunga Putohe is informed by Maori ways of knowing.

- 2. The tangata (person) is acknowledged as part of a collective.
- 3. Taha Maori is able to coexist alongside nursing practice.
- 4. Maori concepts interface with nursing concepts to the benefit of Maori people and whanau.
- 5. The focus of Maori centred nursing practice is the tangata (person) and the whanau.
- 6. Nurses work in partnership with the tangata (person) to promote their self-determination and personal integrity.

Components of Te Kapunga Putohe

The following components of Te Kapunga Putohe describe briefly how they inform nursing practice:

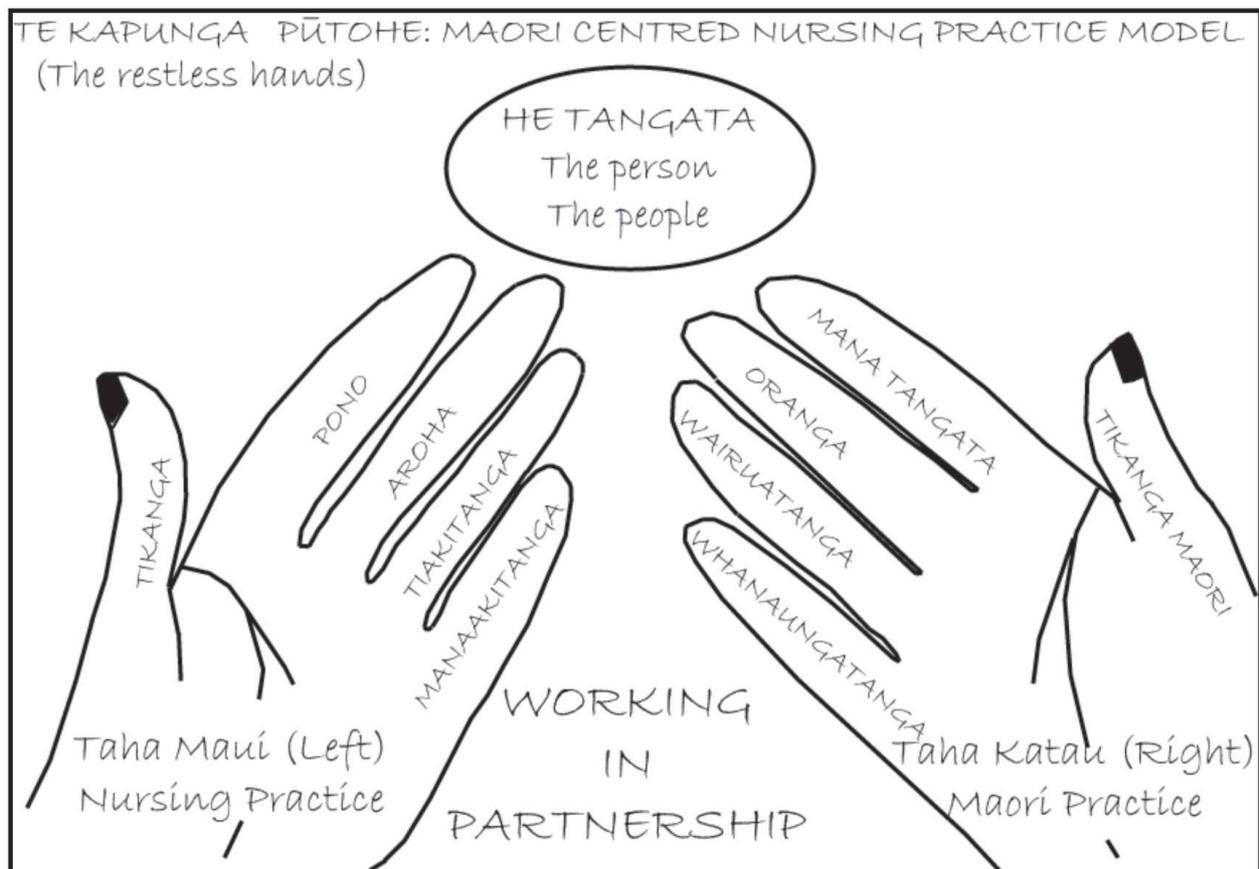


Figure 2. Dimensions of Maori Centred Nursing Practice

Taha Maui (left hand) - Nursing practice

Tikanga - (rule, plan)

Tikanga reminds the nurse of professional obligations and responsibilities evident in various professional standards and regulations (such as legislation, the Code of Conduct (Nursing Council of New Zealand, 2008), and the Code of Patient Rights (Health & Disability Commissioner, 2004)). These standards and regulations provide Maori people and whanau with assurances about the quality and standard of nursing practice that can be expected.

Pono - (true, genuine)

The trustworthiness and honesty of nurses is the basis for establishing trust with the Maori people and whanau. As the client builds trust in the nurse, a therapeutic relationship is developed.

Aroha - (compassion)

Compassion for the sick, frail and mamae (in pain, stress or hardship) underpins nursing practice. The nurse's compassionate attitude and sympathetic conduct nurture the development of mutual respect and trust.

Manaakitanga - (show respect and kindness to, hospitality)

Manaakitanga encompasses many things in Te Ao Maori and involves showing empathy and respect. Fundamentally, manaakitanga plays a vital role in Maori society. It is imperative that the nurse provides manaakitanga to the Maori person and whanau as a sign of quality care and services to Iwi Maori.

Tiakitanga - (to watch for)

To tiaki (to look after) requires the nurse to be (a) a kaitiaki (overseer, guardian) for the Maori person and whanau in an often unfamiliar or foreign environment of a health service, and (b) an advocate for the Maori person and whanau. Thus, in difficult and stressful situations the nurse upholds their rights.

Taha katau (right hand) – Maori practice

Whanaungatanga - all things relating to family, connections

Making connections is paramount for many Maori, and affirms their identity by acknowledging their whakapapa (genealogy), whanau (family, extended family), hapu (wider extended family), Iwi (tribe) or marae (meeting area). Whanaungatanga is the process of making connections and lays the foundations for building a trusting relationship and assists in removing barriers. The Maori person is part of a collective, therefore decisions around care planning and rehabilitation may need to be discussed with the whanau. Kaumatua (elder) and Kuia (elder woman) are often keen to guide both the Maori person and the nurse. It is wise to respect and heed any advice given by the elders.

Wairuatanga - (spirituality)

Wairuatanga is the basis of all things. All living things have mauri (a life force) and a spirit. When a person's mauri is unbalanced, disruptions to health and illness are experienced. The spirit is acknowledged through karakia (prayer) and incantations. The nurse needs to consider traditional belief systems that may influence the way a client accesses, receives

and continues treatment, and the importance of restoring the wairua of the person and whanau.

Oranga – (wellbeing)

Oranga is a wholistic view of health, concerned with the balance of all dimensions of wellbeing. If one dimension is out of balance, a person becomes vulnerable to ill health.

Mana Tangata – (personal authority, power)

Mana tangata refers to the person's power from within. It is about the person determining what is best for him/herself, and it is also about acknowledging the individual as part of the whanau collective. .

Tikanga Maori – (Maori customs and practices)

Traditional Maori practices and customs and the Maori language have survived the impacts of colonisation and urbanisation, and are testament to the tenacity of the Maori people. Health professionals need to understand the historical and contemporary socio-political context of Maori, and enable Maori customs and practices within the delivery of health services to be accommodated appropriately, including support and advocacy for whanau.

Applying Te Kapunga Putohe to Nursing Practice

Ellison-Loschmann (2006) claims Maori and non Maori differ in terms of access to both primary and secondary health care services, highlighting the need for culturally appropriate health services as a contribution to reducing the health disparities

Maori experience. The diversity evident among Maori reflects their varied origins and historical and contemporary experiences. Thus, offering a 'one size fits all' service to all Maori clients is inappropriate, as it is with any client group. Te Kapunga Putohe can be used by both Maori and non-Maori nurses, although its utility as a model for nursing practice does require understanding of matauranga Maori and tikanga Maori. Implementation of the model would go a long way to ensure that nurses uphold the mana (prestige, power) of the person and whanau at all times.

Conclusion

Te Kapunga Putohe – the restless hands offers a model for nursing practice that respects and incorporates Maori knowledge and processes into the health experiences of Maori clients. It offers one approach in response to calls by Maori for culturally appropriate and acceptable health services. Designing services that are culturally appropriate and responsive to the values and aspirations of Maori clients will reduce one of the barriers to accessing health services (Durie, 2005; Reid & Robson, 2006). Te Kapunga Putohe can aid nurses to keep Maori central to their practice through being guided by Maori values, beliefs and practices, promoting positive relationships between the nurse and Maori clients and whanau. To improve Maori health outcomes it is necessary for nurses to connect appropriately with Maori people and their whanau.

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