

## MOVING ON: A Graduation Address

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### MIHI

Thank you for your invitation to have me speak at this very, very significant time in your nursing experience. I am deeply honoured by your thought.

This is the end of three very important, strenuous, exciting years for you all. At times they will have seemed interminable, as though they would *never* end, and suddenly finals were looming up and now, unbelievably this part of your preparation for practice is over.

I well remember the feeling and relief of having finished the basic nursing programme only to come to the realisation that this ending was a great beginning. That far from knowing everything the consolidation of knowledge and experience lay in the years ahead. A combination of feelings, relief at the achievement of an ending and humility and excitement at the realisation of the task ahead.

My wish for you is that you find those years as fulfilling and rewarding as I have, after 26 years.

As you are well aware, nursing has undergone many radical changes in the 130 year history as we know it. It would seem appropriate to take a little time to remember the woman who set up the British model of nursing which still underpins nursing in this country to some extent. We owe respect to Florence Nightingale. Political tactician, statistician, hospital architect, manager, diplomat, anthropologist and visionary, this young woman of British upper class background, included among many

of her achievements the setting up of the British nursing service, which as a former British colony, we have inherited.

Florence was very much a woman of her time. Part of her motivation to create a nursing service was the idea of *noblesse oblige* - the obligation of privileged people to contribute to the well-being of those people in poorer circumstances than themselves. Something of that continues today in voluntary services.

Consider England in the time of Florence Nightingale, wracked by the Napoleonic and the Crimean Wars. The British government was unable to support the new poor and unemployed created by the industrial revolution, and the change from an agriculturally-based economy. The government was very glad to see people who were convicted of crimes, and later, emigrants and colonists, shipped off to the lands which came to form the British Empire. Other people ended up in the poor-houses and infirmaries in Britain where minimal attention was paid to their health with consequently appalling mortality and morbidity.

Opium and gin were the agents for changing reality, just as drugs and alcohol are frequently used today to alter uncomfortable realities. Gin, being cheap, was used by poor people. Florence's letters describe the drunkenness of the patients and the equally miserable people who were nursing them. Infirmity nurses were usually as drunk as their patients.

In order to persuade women of her own social class to work in this extremely disagreeable environment, Florence Nightingale drew on *noblesse oblige* and the thinking of her time to create a philosophy which would uphold the new spirit of nursing. The reality was otherwise very difficult to confront.



This ideology has been maintained ever since those Victorian days. "Nurses provide care, irrespective of nationality, culture, creed, colour, age, sex, political or religious belief or social status" (National Action Group, 1988), a philosophy eminently suitable for the 1850's and the time when Florence was setting up her nursing service.

As nursing enters the last decade of the 20th century in this country, the time has arrived to review the philosophy which underlies nursing service here. With respect to Florence and her thinking, it is now time to move forward 130 years and consider whether it is still appropriate to give people the personal service in partnership, which nursing has now become, irrespective of nationality, culture, creed, colour, age, sex, political or religious belief or social status.

Clearly in a population in which people are rapidly becoming more educated to take responsibility for their own health, the idea of the nurse ignoring the way in which people measure and define their humanity is unrealistic and inappropriate.

Within this century alone many human beings in many countries have engaged in war in order to maintain those very aspects of their lives which have been discussed. People are still prepared to die in order to maintain their cultural, religious and territorial integrity.

Only one word needs to be altered in order to suitably change the old nursing philosophy to become appropriate for the end of the 20th century and onward to the 21st. That word is *irrespective*. By adjusting it to become *respective*, the objective of nurses to give appropriate service delivery can be achieved. Nurses provide care, *respective* of the nationality of human beings, the culture of human beings, the age, the sex, the political and the religious beliefs of other members of the human race.

In Aotearoa, confirmed now in its status as a post-colonial country, freed of the administrative ties of Britain, we live with a legacy of those Victorian times. In common with many other

nations, our country has a base document which establishes the relationships of those people who live within it. For Britain it is the Magna Carta; the Old Testament has had a profound effect on the customs and behaviours of the Western world; in medicine the Hippocratic Oath, and for nursing, until quite recently, the Florence Nightingale Oath.

For New Zealanders, our founding document has been the Treaty of Waitangi. This document of agreement between the people of the land, the Tangata Whenua and the new settlers, Tauwiwi, was designed to establish the place of both cultures in this land.

For nursing the implications are many. The reintegration of body, soul and the environment as envisaged in the Ottawa Charter are part of the Maori reality. The maintenance of appropriate health service delivery by the appropriate people and the process of consensual decision-making and nursing service by agreement are all norms within the Maori world. These can all be shared by the Tangata Whenua in a negotiated and equal way. The wish of all New Zealanders is for a fair and equitable life for our grandchildren and our mokopuna, all our descendants.

The guarantees of the Treaty made at Waitangi can ensure that this happens. Article 2 which guarantees Maori people full chieftainship over everything which is held precious by Maori includes health, the most precious taonga of all.

The separate reality of Maori people needs to be established and recognised as does the reality of the new settlers represented by the Crown. When these real worlds (not perspectives or dimensions but whole realities) are acknowledged a dialectic can be established between them. A nursing service *respective* of human difference can begin and the health service delivery problem to Maori can end.

When Florence Nightingale wrote to her trainees who set up the Western nursing service in New Zealand, she advised them to listen to the health definitions and needs of the



Maori. She further advised her nurses to work in a partnership with Maori. We know that that did not happen then, but in 1989 Florence's words are more cogent than ever. It is not too late for us to begin the negotiations to work together. Just as you as new nursing graduates from an old and respected tradition are beginning your practice, so may you as educated and committed New Zealanders begin your work toward the Alma Ata goal, health for all by the year 2000.

The ancient tradition of nursing and the ancient and proud traditions of the indigenous Polynesians of this country have begun to work with the Treaty of Waitangi and can combine

to ensure equal access for all of our mokopuna to the good things our country has to offer.

I wish you all well for the years ahead, for the service you will give and the experiences you will have, and I leave you with this shortened proverb from our old people.

Naku rourou, nau rourou, ka ora ai te iwi  
With your food basket and my food basket, the people will be well.

### REFERENCE

National Action Group (1988) *The Aims and Scope of Nursing*, Department of Health, Wellington.