He Waka Eke Noa: We are all in this together

Joy Bickley Asher, PhD RN RM, Professional Supervisor; Independent Contractor,
Wellington, Aotearoa New Zealand

Nothing in nursing occurs in isolation from what's happening in the world at large. Look at the way the current COVID-19 pandemic has turned the spotlight on nurses' work. By comparison, the inside story of Aotearoa New Zealand nursing leaders jostling for control seems lame. Yet, to fully understand the challenges facing the 1998 Ministerial Taskforce, it is necessary to understand the political system in which they were operating.

It was a time when political ideologies romanticised autonomy and freedom and side-lined relational caring, collective action, and Iwi participation. In such a climate, those who are dependent and needy are valued less and therefore, are seen as less deserving of respect and support (Tronto, 2010). This explains the underfunding, for example, of care institutions and any nursing service that is set up specifically to support people in need.

So, what really makes the world tick? Political systems need to accept the reality that caring is a universal resource and need (Tronto, 2010). Caring is everything we do to sustain our world. All human beings are vulnerable, fragile, and are both givers and receivers of care. These ideas resonate with nurses in Aotearoa and with tangata whenua (the Indigenous people of the land) understandings of whakapapa (genealogy), manaakitanga (hospitality), kaitiakitanga (guardianship), and whanaungatanga (connections) (Brannelly, Boulton & te Hiini, 2013) (see [te reo Māori glossary](#)).

Caring relationships rather than the economy should be the central concern of democratic societies. The purpose of economic life is to support care, not the other way round. In a caring democracy citizens care for others and themselves and for democracy itself (Tronto, 2013). There is evidence of some support of care in both past and present government policies. Nevertheless, now is the time for

a radical change in the political system in Aotearoa to promote caring as the fundamental driver of policy change. Who better than nurses to lead the change?

Imagine if relational caring were to lead health policy making. People might be able to measure and define themselves and their need for care. Workplaces (and taskforces) might access caring and democratic systems for dealing with conflict. And nurse practitioners might be able to fulfil their overall purpose of reducing health inequities.

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