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EDITORIAL

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TE REO MĀORI IS IMPERATIVE FOR RESEARCH AND PRACTICE IN AOTEAROA. HE TAONGA  
TE REO. KŌREROTIA! TUHIA!

Nursing has a proud heritage in Aotearoa. The country continues to benefit from Irihapeti Ramsden’s conceptualisation of cultural safety, and its incorporation into nursing requirements by the Council; the establishment of Te Kaunihera o Ngā Neehi Māori o Aotearoa, the National Council of Māori Nurses; the development of Māori nurse training programmes addressing the under-representation of Māori in the nursing workforce; the commitment of nurses to working with Māori communities in whānau ora services. These are all examples of praxis – putting the principles of Te Tiriti into practice. Te reo Māori (Māori language) is central to the governance, provision and development of health care and health research from a Māori worldview.

Māori language and tikanga have a critical role in health care in Aotearoa New Zealand. Māori patients and whānau feel more respected when their names are pronounced correctly and they are greeted appropriately. Patient-directed use of the language supports positive relationships with Māori patients and whānau, and enhances perceptions of the quality of care (Pitama et al., 2011). Developing skills in te reo Māori can also boost the confidence of health professionals working with Māori patients, whānau and communities.

Language revitalisation requires increased exposure and access to the language throughout all spheres of life, including research and scholarship. For those of us learning te reo, and those of us involved in health research,

the abstracts in this journal provide kupu Māori (vocabulary) that can support us to speak or write about our research in te reo.

Confidence in pronouncing and teaching key Māori resources, models of health, strategies, and policies is also vital for tertiary educators. Teachers who are worried about pronunciation may avoid focusing on important Māori models of health such as Te Whare Tapa Whā or Te Wheke, or even key policies and strategies such as He Korowai Oranga, the Māori Health Strategy. Such an absence disadvantages students and ultimately weakens our health system’s ability to achieve health equity. Free or low cost courses in Māori language are available online and in many communities or institutions.

The Waitangi Tribunal has alluded to the potential for developing new Treaty principles from their conclusive findings that sovereignty was not ceded by the rangatira who signed Te Tiriti o Waitangi (Waitangi Tribunal, 2014). The world view, the language, the tikanga of Māori values and philosophy can be recentered in our mahi in health, in research, and in education.

Equity and the Treaty are accepted as fundamental to nursing praxis in Aotearoa, with cultural safety demanding reflexive power relationships. Yet our research journals still

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largely reify western world views – excluding the language and culture of the land. The culture and tikanga manifested in te reo Māori have much to contribute to a healthier society. For example, while the Crown is building more prisons, as Moana Jackson explains, Māori justice is concerned with restoring relationships (whakaora whakapapa) through processes that enable people to ‘whakamahue i te mamae’ (leave behind the hurt) rather than punishment and incarceration (Jackson, 2016).

It is time. We have confident generations of reo speakers entering the health professions; we have increasing expectations of Treaty-responsiveness in health research and education.

Those of us conducting and publishing research can rise to the challenge of ensuring our research is not just for English speakers but embraces and moves towards fulfilling the Treaty promise. Congratulations to Nursing Praxis for leading the way in health journals by ensuring nursing research literature is available in the mother tongue of this land. Ka mau te wehi!

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