

NURSING COUNCIL OF NEW ZEALAND

KAWA WHAKARURUHAU  
GUIDELINES FOR NURSING AND MIDWIFERY EDUCATION

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# NURSING COUNCIL OF NEW ZEALAND

## KAWA WHAKARURUHAU

### GUIDELINES TO ASSIST NURSE AND MIDWIFE TEACHERS TO IMPLEMENT CULTURAL SAFETY INTO THE EDUCATION OF NURSES AND MIDWIVES.

#### RATIONALE FOR KAWA WHAKARURUHAU

Culture can be defined as

- a philosophical base
- a way of living in the world
- attitudes
- behaviours
- the individual's role in society
- links and relationships with others

Being a member of any culture surrounds each person with a set of activities, values and experiences which are considered to be real and normal. People evaluate and define members of other cultural groups according to their own norms. When one group far outnumbers another or has the power to impose its own norms and values upon another, a state of serious imbalance occurs which threatens the identity, security and the ease of other cultural groups, thus creating a state of disease.

Negative attitudes held by people in power have a major impact upon the identity of others. One of the more destructive elements of such attitudes is the redefinition of the culture of other peoples and the imposition of that definition upon them. If those of us who have some control of power, resources and policies can accept that each cultural grouping has different needs and ways of doing things, and the right to express those differences, then from there we can find a common starting point.

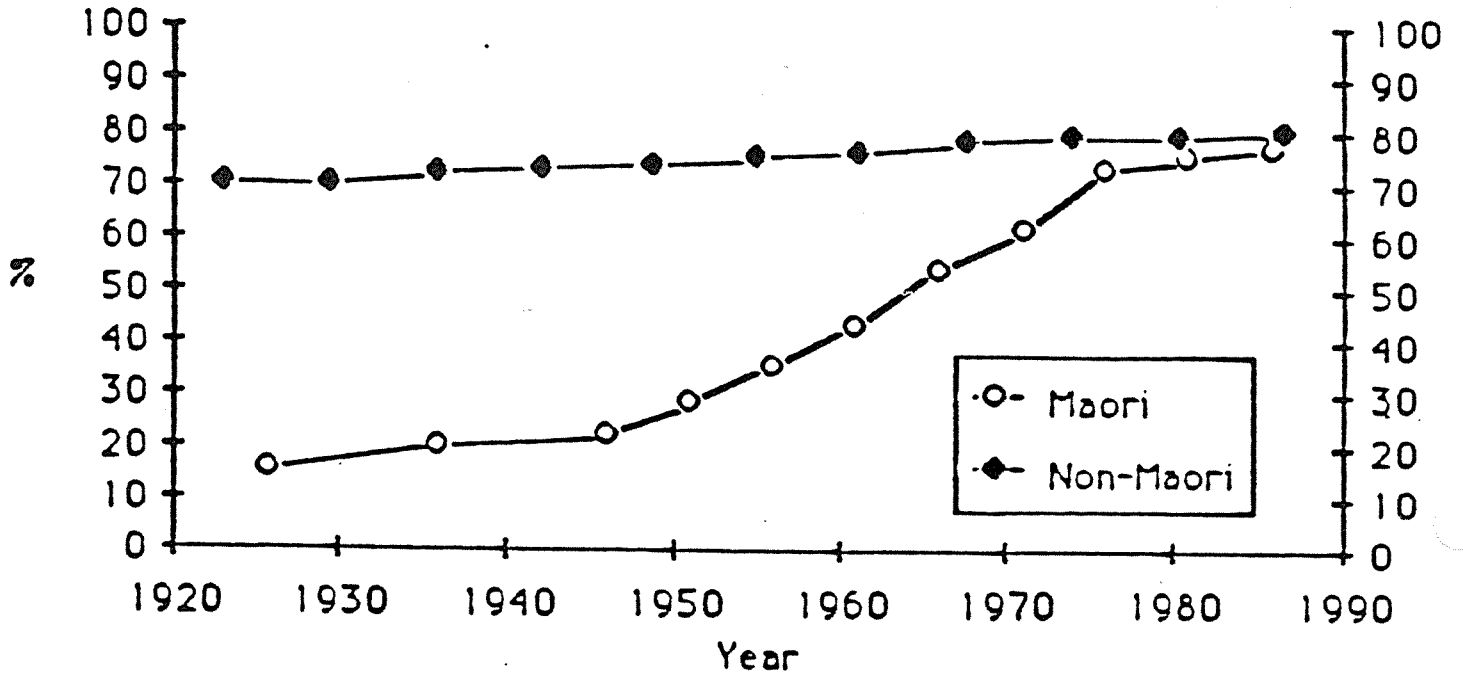
The health of people can be placed at risk by an unaware nursing and midwifery workforce operating from assumptions and stereotypical attitudes. This results in serious impairment to service delivery.

Demographic data on health has identified that Maori people are at risk. The illness status of Maori can be assumed to be far higher among urban Maori than rural Maori since 80% of Maori are now urban dwellers. Approximately 70% of Maori people are aged 30 years or younger. (1986 census)

The following data identifies who and where the majority of Maori are, i.e. in cities and towns and in the younger age bracket. Young pregnant women, children, adolescents and young adults are seriously at health risk. Physical, psychiatric and social difficulties will continue to escalate unless the health service delivery meets the needs of these people.

FIGURE 1

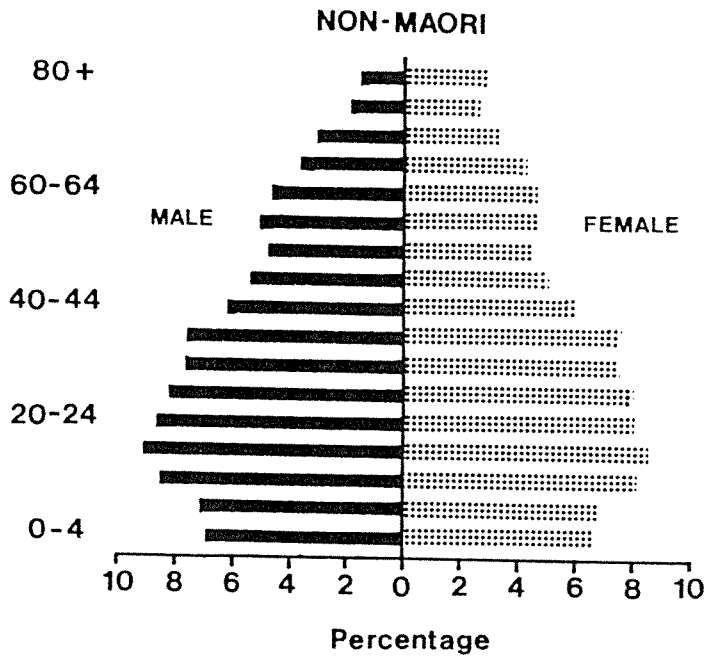
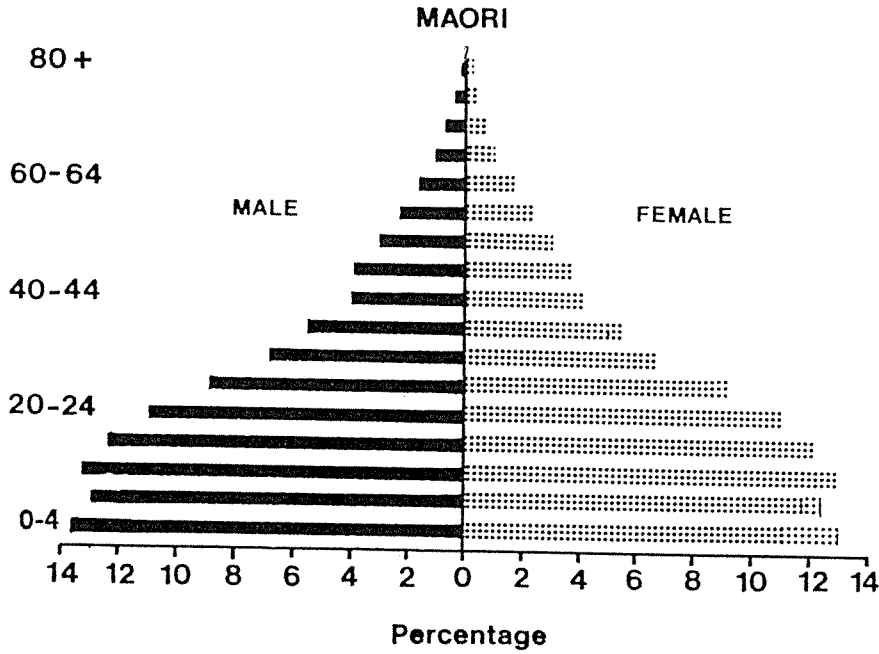
### Proportion of Population in Urban Areas, Maori and non-Maori, 1926-86



Source: Robinson J. Maori Futures - The Paths Ahead. 1988

FIGURE 2

### AGE DISTRIBUTION OF POPULATION BY RACE & SEX, 1986 CENSUS



Source: New Zealand Census of Population and Dwellings, National Summary, 1986.

From: Hauora: Maori Standards of Health 1970-1986. Pomare and de Boer, 1988 p30.

## THE PRINCIPLES OF CULTURAL SAFETY SHOULD APPLY TO ALL CULTURES

Nursing and midwifery courses in this country should produce excellent nurses and midwives who are able to nurse or apply midwifery care cross-culturally with safety in any cultural environment. Understanding of self, the rights of others and the legitimacy of their difference should provide the skills which enable nurses and midwives to work, for example, with South East Asian refugee families, people with profound religious differences or other people who maintain differences from New Zealand born nurses and midwives.

However, because of the serious health status of the indigenous people of Aotearoa and the real possibility of the disappearance of culture and language under the stress of the colonial history and the concept of a 'global village', cultural safety must begin with the tangata whenua. The Maori people have defined cultural safety and extend its principles as a Korowai to shelter those of other cultures who come to live in this country.

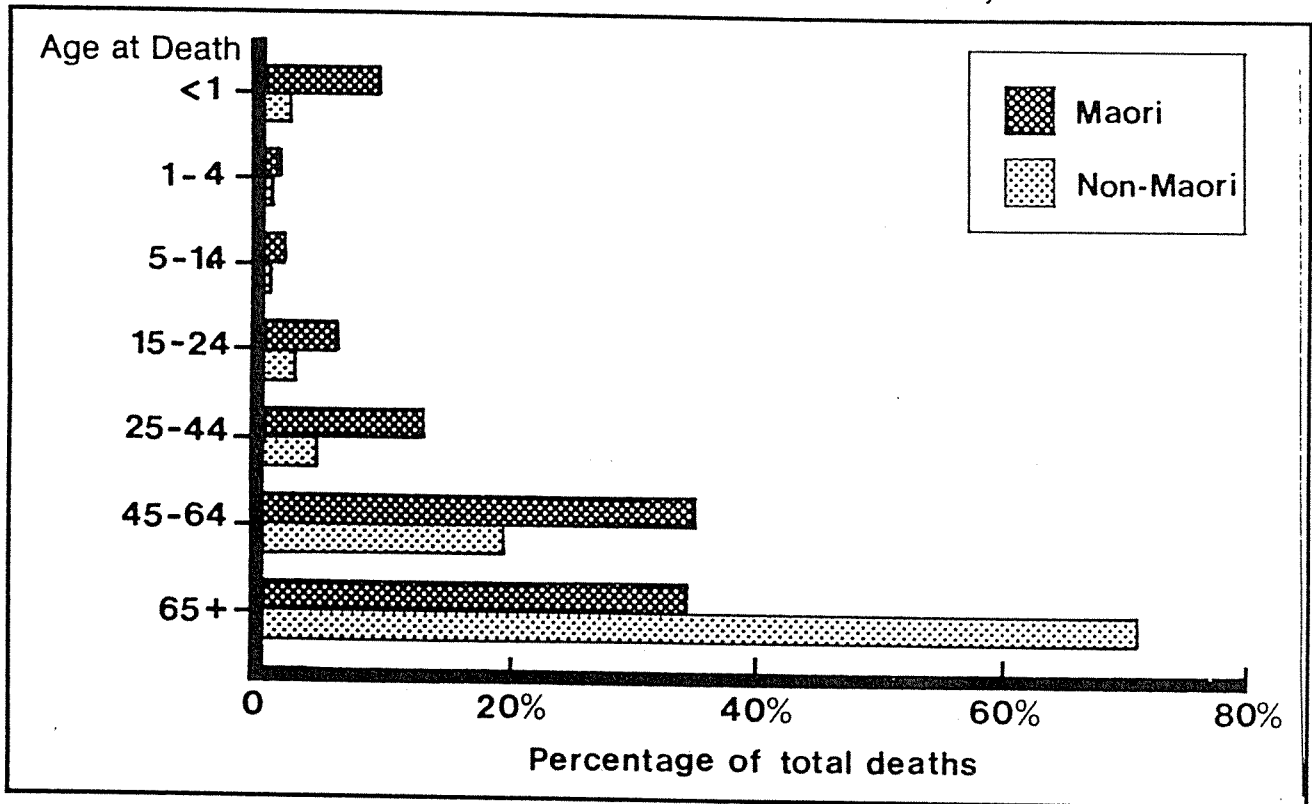
The long term consequences of monoculturalism lead to the destruction and absorption of other cultures, often called assimilation or integration. If information, including history, is taught from a monocultural base, distortion occurs. This then prevents people being educated to make informed decisions about service and prevents the development of constructive attitudes which can assist them in their work and their lives as New Zealanders.

The potential results of suppression of indigenous peoples can produce alienated, amorphous, poverty-stricken people. Unless Maori people's uniqueness is recognised and given its full place in its own country, lack of dignity and the erosion of mana will lead to a profound sense of dispossession with resulting grief and anger. This process has occurred in Aotearoa over the last 152 years and the resulting mental and physical stressors are obvious in the health statistics of Maori people. (Refer to graph overleaf.) Issues of sovereignty, tino rangatiratanga or Maori control over Maori matters have become of serious concern.

Nursing education has been at the forefront of change in attempting to redress these issues. Nursing has also been at the interface of attempting to examine ways of addressing Maori health anomalies. These ways have not always been successful but some progress has been made, particularly over the last five years.

FIGURE 3

### PERCENTAGE OF DEATHS BY AGE AND RACE, 1980-84



(From: Hauora: Maori Standards of Health 1970-1986. Pomare and de Boer 1988, p78.)

#### ETHNOGRAPHIC DATA VERSUS EDUCATION AND PRACTICE

Information or even skill in traditional Maori ethnographic detail will not enable nursing or midwifery students to give effective and safe service to many of the urbanised casualties among the tangata whenua in 1992. Psychiatric service, paediatric or antenatal service in highly urbanised areas may be completely untouched by nursing and midwifery knowledge of greetings in Maori or marae protocol.

Ethnographic information is only one facet of many Maori health issues, albeit very significant. The question must be asked, how does this educate nurses to give service to culturally dislocated adolescents with perhaps a serious self destructive urge? This age group comprises a significant percentage of the current Maori population.

Cultural safety is based in attitude change. If safe attitudes are held by nurse and midwife practitioners they will be able to work with the continuum of Maori people from traditional practitioners of the culture to those who have been denied any information about Maoritanga. Those who do not identify as Maori but are identified as such by the dominant culture comprise a further group. Maoriness encompasses a very wide range of experiences, responses and realities.

Kawa Maori, although of profound significance in the traditional culture and enjoying an important resurgence in many urban areas, may not yet help with initial intervention, for example, with street kids. History and analysis of power relationships will.

It can not be stressed strongly enough that it is a combination of the attitudes of health professionals, poverty, and poor information in delivery (e.g. health education and promotion) which cause many Maori to avoid the formal health service.

#### AIM OF KAWA WHAKARURUHAU

Through a process of education, it is intended that social and personal attitudes can be identified and changed if they have negative implications for cultural safety.

#### OBJECTIVES

1. To enable student nurses and midwives to examine their own reality and the attitudes they bring to each new person they encounter in their practice.
2. To educate student nurses and midwives to be open minded and flexible in their attitudes toward people from differing cultures, to whom they offer and deliver service.
3. To educate student nurses and midwives not to blame the victims of historical and social processes for their current plight.
4. To produce a workforce of well educated, self-aware registered nurses and midwives who are culturally safe to practice.

The Cultural Safety Process = SENSITIVITY -> AWARENESS -> SAFETY, involves behaviour change for which evaluation tools must be developed.\*

Cultural safety education by its very nature should not place the culture of others at risk.

A priority in cultural safety is the maintenance of the cultural safety of people involved in the educational processes, Maori and non Maori.

The information given to students and the process of education to become culturally safe must relate to service delivery. Nurses must be taught how to nurse and midwives must be taught how to give midwifery care in different social, economic and cultural contexts.

The process of education towards cultural safety should be examining, challenging, enlightening and ultimately, behaviour changing. It should be free of threat or guilt.

\* See Ramsden: Kawa Whakaruruhau  
Cultural Safety in Nursing Education 1990

People placed at cultural risk within nursing and midwifery courses:

1. Maori nursing and midwifery teachers.
2. Maori nursing and midwifery students.
3. People who are teachers or students who do not belong to the dominant New Zealand culture.
4. By extension, the people for whom nursing and midwifery students are being educated to deliver service.

CULTURAL SAFETY IS ABOUT LIFE CHANCES, i.e. access to health services, education and decent housing within an environment in which it is safe to be born brown, RATHER THAN LIFESTYLES, i.e. ethnography. Approximately 40% of the course should relate to historical and social issues and how these relate to nursing and midwifery. A further 30% should include tikanga and Kawa Maori, Marae visits and whatever traditional knowledge is considered appropriate by Maori. Pakehatanga should comprise 30% of the course. (see p8)

#### BASIC REQUIREMENTS FOR INCLUSION IN CULTURAL SAFETY EDUCATION

1. Racism awareness training - structured course.
2. Treaty of Waitangi training - structured course.
3. Decolonisation courses for tangata whenua, as an option.
4. Education in:
  1. Understanding the pervasiveness of attitudes unconsciously held and unanalysed, and the values which underpin them
  2. Discovering self and examination of own cultural norms
  3. Pakehatanga
  4. Understanding how behaviour is shaped by attitude
  5. Revisionist New Zealand History
  6. The colonial process
  7. Political processes and their value bases
  8. Social control
  9. The causes of violence
  10. Urbanisation
  11. Demography
  12. Unemployment and the poverty cycle
  13. Institutional racism and its effect on the development of policy
  14. Tikanga Maori, as defined by tangata whenua, Maori nurse teacher and Maori Studies Departments
  15. Maori health initiatives
  16. Response of iwi Maori, e.g. Tu Tangata and Kohanga Reo and many other Maori social initiatives
  17. The international view

Education must be broad based and start with self discovery. It must be thoroughly grounded in the students being able to evaluate what they are bringing to the consumer in terms of their own invisible baggage, i.e. attitudes and metaphors, beliefs and values.



## POINTS TO NOTE

1. Although Tikanga and Kawa Maori are significant in the education of health professionals, there are fundamental matters about which nursing and midwifery students must be informed and become extremely skilled in analysing.

Nurses and midwives should have a profound understanding of poverty and its impact on people, particularly tangata whenua in relation to the treaty breaches. As well as the poverty cycle, history, demography, social, political, spiritual, economic and cultural bars to acceptable health service must be understood by health professionals in New Zealand. In the holistic sense the cluster of difficulties experienced by Maori in relation to health service access must also include housing, education, social welfare and land issues. The Maori response should be identified and examined in a nursing and midwifery context. The key to producing culturally safe registered nurses and midwives lies in relating this information to nursing and midwifery. For example, the role of nurses and midwives as advocates and the cultural boundaries which surround this traditional nursing and midwifery role.

2. It is essential that as well as Maori information, students are educated about their own social and historical environment. Both sides of the nursing and midwifery and Maori partnership must be explored and understood. This should comprise a large part of courses in cultural safety, up to 30%.

3. TE REO MAORI

Many students object to the requirement to learn elements of Maori language. This is a reasonable objection if there is no relationship between language and a specifically health related vocabulary.

4. MARAE VISITS: THE MARAE IS A PRIVILEGE WHICH SHOULD BE EARNED

Visits to marae should take place late in second year or early in third year as experience has shown that visits too early can create negative responses which persist in students who feel alienated and uncomfortable when compulsorily required to stay on marae.

5. EDUCATING THE EDUCATORS

Ongoing racism awareness workshops must be available for tutors as well as information about Treaty of Waitangi issues. These should be mandatory as part of staff development. (See A Model for Negotiated and Equal Partnership 1989, Irihapeti Ramsden.)

## 6. THE TEACHING ENVIRONMENT

Links with the tangata whenua need to be established and maintained by nursing and midwifery courses, as well as with Maori Studies Departments.

## 7. MAORI STUDENTS

- (a) There should be an area available, such as a whanau room, where Maori teaching and learning styles can be employed or where whanau could be involved in education (see Joan Metge: Learning and Teaching: He Tikanga Maori: Dept. Ed. Wgth. 1983).

Liaison with the Maori community locally can ensure Maori students are placed appropriately, e.g. Kohanga Reo, Kaumatua flats and other Maori defined areas where Maori students can gain experience.

- (b) Maori students should be offered a course on decolonisation at a point during the three years where they feel able to take up the option.
- (c) The annual hui for Maori students should continue with departmental sponsorship and hours allocation built in to their experience.

## 8. EVALUATION OF CULTURAL SAFETY

Maori monitoring and evaluation systems should be in place which ensure that Maori opinion is valid and binding. This includes significant Maori representation on evaluation committees and external advisory groups.

As well as Kaumatua, Maori professional people with recent and relevant experience should be members of such groups, appointed by the Maori community as well as professional peers.

If nurses and midwives practise in a culturally safe manner they should be able to practise safely in any community which is different from their own. **WHILE NURSING AND MIDWIFERY PRACTICE REMAINS WITHIN A MONOCULTURAL CONTEXT, IT CANNOT TRULY BE CALLED COMPREHENSIVE.**

If students have been educated to relate information to nursing and midwifery practice, the state examination questions on cultural safety will not create any difficulties. The questions will not be on kawa, tikanga of marae nor language. They will be about nursing and midwifery practice with a wide range of Maori people. This is why the nursing and midwifery components must be taught by nurses and midwives who are themselves culturally safe. The Kawa Whakaruruhau content must be overseen by Maori nurses and midwives while many of the other aspects of cultural safety can be taught by non-Maori. There must however be close collaboration between all teachers as to course content and teaching.

The curriculum should be designed to produce excellent, culturally safe registered nurses and midwives rather than amateur ethnographers. This is an exciting initiative in which this country is leading internationally. It is new. By working together to design and implement curricula which are culturally safe we may finally be able to offer a comprehensive nursing and midwifery service to all consumers.

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