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MĀORI RURAL NURSES' STORIES AND THEIR CONNECTIONS TO COMMUNITIES: A THEMATIC ANALYSIS

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Figure 1. Aotea. Image credit: iTravelNZ, sourced from Flickr, used under Creative Commons licence CC BY 2.0.

INTRODUCTION

This article seeks to position the stories of four Māori rural nurses within the context of Māori nursing practice. The four stories were included in the book *Stories of Nursing in Rural Aotearoa: A Landscape of Care* which was published in 2018. Edited by Jean Ross and Josie Crawley, the book tells the stories of 16 nurses who have practised in rural locations in many different parts of Aotearoa New Zealand.[1]

Four of these 16 nurses identified themselves as Māori in their stories and/or through their mihi pepeha. The book situates all 16 stories in Aotearoa New Zealand using maps in te reo and descriptions for each location that include Māori history. The book acknowledges health inequalities for Māori people. Māori nurses have historically been recognised as "the most appropriate practitioners to provide health care and health education" for their own iwi.[2]

More recently, some Māori health service providers have been established. The stories in the book were told and published to explore rural nursing practice, not to explore Māori nursing practice, so there may be other Māori rural nurses whose stories are included who did not identify themselves as Māori. The published narratives have been edited but contributors chose how much personal information to share within their narrative and the editors "aimed to apply a very light hand, keeping the integrity of each nurse's story as their own words."[3]

The editors of the book are continuing their research, working with collaborators to elicit concepts on the themes of sustainability and spirituality from the 16 rural nurses' stories. In a related research project, the book editors and the authors of this article are evaluating the impact of the book for its readers, including the impact of the book's Māori content. Against that background, it was suggested to the authors by Scott Klenner, Rakahau Māori Director, that consideration should be given to the voice of the four Māori nurses together, providing the catalyst for this article.

A storyteller's tale is influenced by their beliefs and values, and these beliefs and values have also contributed to the actions they have taken and chosen to incorporate into the story.[4] Storytelling by Māori rural nurses is therefore a valid and valuable kaupapa to contribute to the literature on Māori nursing practice.

The stories in Ross and Crawley's (2018) text accords with other literature that suggests that Māori nurses practise differently.[5] This article seeks to position the four Māori rural nurses' stories from this text within the wider context of Māori nursing practice, to contribute a unique and valuable rural nursing perspective.

LITERATURE

Māori are under-represented in the nursing profession, comprising only eight per cent of practising nurses in New Zealand.[6] Researchers into Māori nursing practice have identified differences in how Māori nurses practise compared with nurses of other ethnicities. These differences are apparent especially when caring for Māori patients; however, they are generalisations that are not true of all Māori nurses or in all practice situations, for Māori nurses are not all the same, and Māori nursing practice may be unique to each nurse.[7] Simon's research[8] identified five high level features of Māori nursing practice; subsequent studies and stories of Māori nursing provide more examples of how these features are lived in practice by Māori nurses.

The first feature was "the promotion of cultural affirmation including cultural awareness and identity." Māori nurses' practice is grounded in their own identity as Māori.[9] Knowing who they are and where they come from is important to Māori nurses,[10] whether or not they are fully fluent in te reo Māori.[11]

Simon includes cultural awareness in this feature. While nurses of all ethnicities are expected to understand and practise cultural awareness,[12] Māori nurses, in particular, readily understand the importance of observing tikanga Māori for Māori patients and provide culturally appropriate and safe care for them.[13] Examples include knowing not to touch patients' heads,[14] the importance of face-to-face communication,[15] and respecting patients' reluctance to have their false teeth on display, to avoid whakamā.[16] Māori nurses show respect, upholding patient mana, for example by knocking before entering a patient's room.[17] Using te reo helps build connections with Māori patients.[18]

Culturally appropriate nursing practice includes making connections with patients, through whakapapa and whanaungatanga, to build a trusting relationship.[19] Exchanging whakapapa means that nurse and patient forge a relationship not just between themselves as two individuals but "two sets of peoples."[20]

Māori nurses have a responsibility to meet the needs of whānau, not just the patient.[21] Māori nurses understand that the patient cannot be cared for independently of whānau and this can affect how they treat the family of non-Māori patients.[22] Māori nurses also recognise that whānau play a role in a patient's recovery of health.[23] Māori nurses may work in their turangawaewae and may find they are unable to say no to their own whanau, which can have implications for professional boundaries.[24]

Within the context of relationship between nurse and patient, Māori nurses recognise the importance of reciprocity in aroha and manaakitanga for interdependence and "mutual benefit", enhancing the mana of both nurse and patient.[25] Māori nurses may be comfortable with a deeper level of connection with patients than non-Māori nurses might be.[26] Examples include greeting a patient with hongi or a hug,[27] sharing more information about themselves, and feeling obliged to accept gifts from patients' whanau, to avoid seeming disrespectful to the giver.[28]

The second feature identified in Simon's research was the way in which Māori networks contribute to Māori nursing practice. These include connections with Māori within the organisation, with Māori health service providers, and more generally within hapū and iwi. Such networks support Māori nurses and help them to support their patients.[29] For example, one Māori nurse has found it helpful to have other Māori on staff.[30] Having a support network can help Māori nurses stay in practice.[31]

Māori models of health were the third feature of Simon's study, including Mason Durie's Te Whare Tapa Whā.[32] Mātauranga Māori (Māori ways of knowing) is central to Māori nursing practice.[33] Māori nurses have a holistic approach to health.[34] They understand that the health of a patient includes spiritual wellbeing.[35] This dimension includes "karakia and the upholding of the tapu and noa."[36]

Fourthly, Māori nurses are conscious they are a role model for Māori patients.[37] They are highly motivated to provide and improve health services for Māori.[38] For example, Māori nurses may champion Māori patients' needs, including cultural needs,[39] and one reports questioning fairness in the allocation of medication.[40]

Finally, Simon describes Māori nurses as effective health professionals.[41] There is a strong alignment between Māori values and nursing values,[42] and as a result, Māori nurses bring a valuable strength to their practice as Māori.[43] Hunter and Cook[44] suggest that the term "emotional labour" is an appropriate description for the additional responsibilities which Māori nurses have as Māori.

APPROACH TO THE BOOK CONTENT

The two authors separately read the four Māori rural nurses' stories, then conferred and agreed a preliminary list of codes which captured the key concepts emerging from the stories. We had not been involved in interviewing the nurses or compiling the stories published in the book. We then separately reread the stories and coded each story using the preliminary list of codes, before meeting again to finalise a list of concept codes generated from the stories.

Because the four nurses shared not only their Māori ethnicity but also their practice in rural New Zealand, it was expected that many of the codes would be concepts that relate to rural nursing practice generally, not only to Māori nursing practice. Comparison of the codes with the literature helped identify those codes which lie at the intersection between Māori nursing practice and rural nursing practice. The four Māori rural nurses practise in different parts of Aotearoa New Zealand and are from different iwi.

In addition, the authors examined the use of te reo by the other twelve rural nurses whose stories are told in the book. The way in which te reo has been used has been compared with the concept codes, to contribute to defining the intersection between rural nursing practice and Māori nursing practice.

THEMES THAT EMERGED

Our thematic analysis of the four Māori rural nurses' stories identified nine codes, which we suggest represent key features of Māori rural nursing.

1. Māori identity

Three of the four rural nurses who identified as Māori chose to begin their narratives with their mihi pepeha. It is perhaps not coincidental that these same three nurses have spent at least part of their time in nursing practice in the places where they grew up. For the two nurses who still are working where they grew up, this location is also their turangawaewae. The fourth Māori rural nurse, referring to the mana whenua where she works, has said that being Māori from a different iwi helped her to understand the community in which she worked. Being Māori is integral to the practice of all four Māori rural nurses.

2. Mentor motivation to enter the profession

Two of the Māori rural nurses were motivated to enter the nursing profession because of a Māori nurse. For one of them this was her mother, who worked as a rural nurse in a voluntary capacity, and for the other it was the mother of a friend who was a charge nurse, who influenced their decision to enter the nursing profession. Māori nurses are role models who can encourage other Māori into the profession.

3. Influence of self on nursing practice

Each of the nurses brought their own self to their role. This can be seen in the management style of one nurse who frequently used "we" when speaking of meeting challenges for health care provision. She saw her team as a community or family, and her values informed all her interactions with other people.

Māoritanga was woven into the nurses' practice, encompassing a holistic concept of care. One Māori rural health nurse described delivering health care with, rather than to, her community. Another nurse's practice drew on themes such as care, compassion and connection. The fourth appreciated the value of 'number 8 wire' adaptability which she felt she had in common with her rural community.

4. Role of whānau support

Two nurses described having support from whānau. One of the nurses and her family lived with her parents for two years. Another appreciated whānau support which enabled her to travel with a baby to complete her enrolled nurse training, and then again with another baby when doing her bridging training to become a registered nurse. One nurse mentioned that those they care for also benefit from whānau support, by being looked after at home by whānau rather than in hospital, except when respite care was needed.

5. Patient cultural identity

At times, those whom the nurses provided care for included whānau. This meant the nurses were juggling different hats so it could be both a struggle, and a privilege, to care for whanau members. On the one hand it is easier to establish a therapeutic relationship within pre-existing whanau networks, but it was also harder for a Māori nurse to say no when the person asking for help is a family member.

One of these nurses describes a community in which she worked as having a high Māori population. For another of the Māori rural nurses, whakapapa and connection to place created a strong sense of responsibility to the community where she lived and worked. Yet another tells how belonging was central with Māoritanga embedded in all aspects of community life.

Other cultural identities of those cared for matter too. The fourth Māori rural nurse was conscious of barriers to healthcare experienced by people with ten different nationalities where she lives because of different expectations of care, and language difficulties.

6. Professional identity in the community

All four of the Māori rural nurses were deeply embedded in their communities, which had implications for their nursing practice. One was actively involved in her local marae and both she and her children had been involved in the community through playing sport. Another nurse spoke of getting involved and getting to know her community, including awareness of the seasonal rhythms of their lifestyles because that affected who came to see her when. Knowing the community well meant that accidental deaths hit harder though. Two nurses described how knowing communities and families contributes to a sense of belonging, provides insight, and helps to establish therapeutic relationships quickly. Three of the nurses also spoke about how highly supportive their community was.

There was necessarily reciprocity: knowing the community also meant being known. This mutual knowledge was a valuable nursing tool in the rural context, which impacted on personal/professional boundaries. As part of the same community, the nurses were well-known by those whom they were caring for. Nurses were comfortable with being known because they valued being part of the community and two nurses reported community appreciation for care from someone they know who is concerned for them. At times, it meant nurses needed to park their emotions to be able to provide nursing care.

There were also implications for the nurses' off-duty time. While one nurse found her community generally respected her off-duty time, she was not averse to having people compliment her in the supermarket on the health care she had provided. Two reported effectively being on call 24 hours a day, seven days a week. One managed this by ensuring home was a sanctuary.

Being part of the community meant knowing those whom they cared for and their whānau very well, which contributed to strong relationships between the nurses and those they cared for. This also meant that they were themselves well-known, which blurred the boundaries between the nurses' professional and personal lives.

7. Meeting community health needs

All four of the Māori rural nurses were highly motivated to meet the health needs of their community. For all of them this has included implementing innovative ways of delivery health care.

One of them worked in private practice with a family member and as a public health nurse to provide both public and private primary health care services to their community. Working collaboratively was an effective way to deliver better health care for their community.

Another of the Māori rural nurses played a critical role in identifying the need for new nursing roles in a rural hospital to meet local needs, then establishing those roles including their scope and pathway and their interactions with general practitioners (GPs). The new roles have been very effective and are valued and supported by the GPs. Because they are working so well, this initiative has also demonstrated what is possible in health care practice and is starting to be implemented elsewhere. This same nurse also, at one time, took on the additional workload of weekend on-call service provision to meet the needs of another community, an hour away.

The third nurse purchased the general practice which she managed, shortly after the legislation changed which allowed patients to be registered to her. This nurse practitioner-led clinic was an innovation at the time in New Zealand.

Finally, one of the Māori rural nurses describes a continual battle to retain and improve services that better meet her community's needs. This necessitated long working hours and being the voice for her community, to lobby for their health needs to be met. Her work included on the ground supervision of a major hospital redevelopment project that brought GP clinic rooms onsite, operating in close cooperation with the Emergency Department. She subsequently took on responsibility to manage the regional mental health service in addition to running the rural hospital, and she sees an opportunity to continue to develop nurse-led services. Her motivation is changing people's lives for the better.

Serving the community is such a strong motivation for these Māori rural nurses that they were willing to work long hours and to develop and implement new ways of working in order to meet community health needs. The nurses appreciated the positive feedback they received from members of their communities.

8. Giving back to the health professions

All four of the Māori rural nurses were also actively involved in the professional development of nurses. This includes supervising students' clinical placements, hiring graduate nurses to train them further, encouraging colleagues to do postgraduate study, and supporting others to become Nurse Practitioners.

Their contribution was not limited to the nursing profession either but included medical student placements. One participant is a member of the Board of the Rural General Practice Network as well as the Nursing Council and wants to establish a teaching practice for rural nursing. Two of the nurses also saw training others as an essential part of their succession planning.

9. Commitment to own continuing professional education, both formal and informal

The nurses were committed to their own continuing professional education through formal education programmes. These included midwifery training, PRIME training (Primary Response in Medical Emergency), and American Certified Emergency Nursing for example, as well as postgraduate qualifications. They also described learning on the job, by doing things that were challenging for them, working out how to meet community health needs, and accessing the expertise of others.

One of the nurses deplored the reduced opportunity currently for nurses to study postgraduate papers specifically related to rural nursing. This was a dilemma for New Zealand because rural nursing is increasingly recognised as an area of clinical expertise. She believed that the low numbers of nurses seeking to study rural nursing papers is seen as a reason not to offer such papers, but rural nurses are less likely to apply for postgraduate study if there are not relevant papers available. The solution she suggests is a rural cohort, which she valued being part of when doing her own postgraduate study.

USE OF TE REO MĀORI IN THE NARRATIVES

The Māori content in the book included maps in te reo, and the editors consistently used te reo place names with the English names. In addition to our thematic analysis of the four Māori rural nurses' stories, the authors examined the use of te reo by them and by the other 12 rural nurses whose stories are also told in the book.

There were differences in the ways in which these four Māori rural nurses used te reo Māori. Two of them gave their mihi pepeha in te reo, but then te reo was used only once each in their narrative, the words 'marae' and 'whānau'. The third nurse who provided her mihi pepeha for the book used English with the Māori words 'iwi', 'hapū and 'marae'. The fourth nurse, who did not provide her mihi pepeha, used te reo more frequently in her narrative to describe the way of life in her community and how that aligned with her own approach to nursing.

Some narratives in the book from other rural nurses also included words in te reo that were not proper names. One of the nurses used the word 'kete', explained in the footnote by the editors as "a figurative basket of knowledge and skills."[45] Another nurse, speaking about the increasing use of technology in health service delivery, recognised that the community needed face-to-face communication to be maintained because of the mana associated with the interpersonal relationship.[46]

The narrative of another of the rural nurses who did not identify as Māori included a description of working with Māori, doing hearing and vision screening tests at kōhanga. The two nurses who volunteered to do this work successfully asked management for someone to support them to ensure they observed tikanga and used te reo appropriately. They used word of mouth to find which kaiako they should address at each kōhanga. The testing was generally welcomed, because if the children couldn't hear then they would not be able to learn te reo.

A fourth nurse spoke about the similarity between Māori culture and rural community: both place importance on connection with whānau and place to build relationships and understanding of each other within a community.

The use of te reo in the book suggests that it is a valuable part of the New Zealand vernacular when referring to Māori concepts, even when not in relation to Māori people.

DISCUSSION

Nursing is in and of itself a holistic profession and nurses learn very early on in their education that the person and their care must be viewed as a whole. This ensures that there is continuity of care for an individual's physical, cognitive, social, cultural, and spiritual needs. The themes identified from the analysis of these stories captures this view of holism, and we would argue that holism goes deeper in the stories of these Māori rural nurses.

Being Māori is central to the nurses' practice; it is woven into who they are and what they do for their patients and communities. Identifying and acknowledging whakapapa is the beginning of developing relationships, and whakawhanaungatanga which is evident throughout the stories of these Māori nurses forms the basis for all the care they provide. Connection to the whenua, whānau, iwi and community and the service networks this brings together[47] builds a strong community of practice which can improve health outcomes. The ability to develop therapeutic relationships with patients whilst having an insight into the whānau and the individual enhances the healthcare experience with engagement and reciprocity in the practice of these nurses.

Cultural identity and professional identity were identified in these stories with indications that these were difficult to separate from each other. Hunter and Cook[48] describe kawenga taumaha (bearing the burden) but that a dual identity can be strengthened by mātauranga Māori. This provides a strong link to healthcare in a community with the nurses being aware that they are always the carer of their people even when off-duty. The juggling of many hats is described across the rural healthcare sector, and for Māori nurses this juggling can be increased with the feelings that because whānau are involved it can be harder to say no and that they do not want to let whānau down. This was not seen as a negative by these nurses, more of an observation of their obligations as a Māori nurse.

Professional boundaries can be difficult in rural settings, but this is overshadowed by the level of trust and confidence that the community have in the nurse. The impact on the nurses' own time was mitigated by the community understanding that, though available, the nurse needed to have their own space and privacy. The mutual benefit of caring for those known to the nurse and the connectedness with the community that this creates, brings fulfilment in nursing practice.

The rhythms of rural life encompass more than just healthcare for the Māori nurses with Māoritanga incorporated into all aspects of care provision across the lifespan. Distinctly Māori activity such as karakia, hongi, tangi, attending births, use of te reo all enhance the practice of the nurse and were described as an important connector to the community.

Previous researchers have identified that there are not enough Māori nurses in practice. Mentoring new Māori nurses into the profession is more likely to be successful if there are strong Māori role models and opportunities in practice that are run by Māori for Māori, prioritising health needs for Māori.[49] Serving a community, sometimes as the sole provider of healthcare, can be extremely rewarding, a way of giving back and providing purpose. The affirmation from the community of the impact the nurse has on their well-being has huge impacts on the mana of the nurse in the community.

Holism for Māori is literally the whole. Nursing shapes identity and identity shapes nursing practice. Being culturally responsive is a way of life for the Māori nurses in these stories, it defines their practice and themselves as health professionals.

CONCLUSION

The stories crafted by these four Māori rural nurses provide an authentic perspective of the importance of Māori culture in their nursing practice and how this characterises their ability to provide care not just for patients but for their whānau and community. The themes identified confirm that whakawhanaungatanga is the foundation for their professional and cultural identity. These Māori rural nurses' stories make a valuable contribution to the literature on Māori nursing practice.

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45 Ross and Crawley, *Stories of Nursing in Rural Aotearoa*, 77.

46 Ross and Crawley, *Stories of Nursing in Rural Aotearoa*, 57.

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48 Hunter and Cook, "Cultural and Clinical Practice Realities of Māori Nurses in Aotearoa New Zealand."

49 Wilson and Baker, "Bridging Two Worlds."