Hearing the Native in the Narrative

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"The truth about stories is that that's all we are" (2)

(King, 2003)

Background

- Current health legislation and policy in New Zealand is situated in a framework of a one hundred and seventy-seven year old relationship between Māori and Pākehā since the signing of Te Tiriti o Waitangi in 1840.

- Since the 1980's the Ministry of Health has committed to honouring te Tiriti as the founding document of this country.

- The Health Practitioners Assurance [HPA] Act 2003.
- The Nursing Council of New Zealand (NCNZ, 2011).
- NCNZ's Code of Conduct (NCNZ, 2009).

Setting

- Since 1989 NCNZ has worked toward developing strategies to work with Maori in recognition that:
- The Government affirms that Maori as tangata whenua hold a unique place in our country, and that te Tiriti is the nation's founding document.
- To secure te Tiriti's place within the health sector is fundamental to the improvement of health.
- NCNZ's Code of Conduct for Nurses, requires nurses to practice in compliance with te Tiriti (NCNZ, 2009).
- All nurses practicing in New Zealand therefore have a statutory commitment to te Tiriti and Maori health.

Plot sequence

- Domain one of the Competencies for registered nurses (RN's)

  Professional Responsibility:

- 'competency 1.2, requires that the nurse '[d]emonstrate the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice'

- The indicator is that the nurse: '[u]nderstands the Treaty of Waitangi/Te Tiriti o Waitangi and its relevance to the health of Maori in Aotearoa/New Zealand.'

Characters

- CAP Nurse – 59 year old wahine, tangata whenua
- Clinical Nurse Specialist (CNS) – a Pakeha man
- RN preceptor – a young Asian man
- 2nd preceptor – a young Asian man
- 3rd preceptor – young Pakeha woman
- Tutor – European origin
- Clients – 85% Maori

Conflict

- Identity through pepeha vs demonstrating protection.
- Sharing through whanaungatanga vs encouraging participation.
- Tino rangatiratanga vs negotiating partnership.

Conflict

- In order to meet the criteria of this competency, nurses must demonstrate knowledge of differing health and socio-economic status of Maori and non-Maori in their practice (NCNZ, 2011).
- Perpetuating deficit based notions about Maori

versus

strengths based notions and focussing on what Maori can achieve – given optimum opportunity

Conflict and the thickening plot

- I was told that I had asked too many questions of the RN's that they could not answer.
- Feedback from the RN's was that they perceived I was criticising their clinical practice when working with them.
- The RN's claimed that they frequently needed to debrief with CNS after working with me as they found me too critical and felt that I needed constant supervision.
- My summative assessment was due at 1400hrs. At 1150hrs I was summonsed to meet with the tutors at tech to discuss my failed competencies.

Conspiracy, complicity and collusion

- The CNS and the preceptor[s] therefore believed that I was not currently competent to work as a registered nurse independently within the scope of my practice.
- I was told by the tutors to write a report that reflected on my practice in order to learn what was remiss with my practice.
- I was told that no one had actually read the report and that it was only for me to reflect upon and to learn what was remiss in my practice.

Critique and review

- Mills sociological imagination (1959)
- Kelly and Richardson (2015) a tool for critical analysis and a way to help us make sense of our experiences.
- Stanley's (2008) interpretation of the SI is for us to use our personal dilemmas and understand these in the context of 'historical transformations and the social structures of their times'.
- Jackson (2000) states that it: '...is an unwise person who attempts to discount the continuity between past and present and in the Maori context it would be culturally impossible and intellectually incomprehensible to do so' (Jackson, 2000, pp. 6-7)

The role of the shape-shifter

- Audre Lorde has said, ‘the master’s tools will never dismantle the master’s house.’
- So we need to develop a framework of our own that will enable non-Maori to read and hear our stories properly.
- Kathy Irwin urges, ‘We don’t need anyone else developing the tools which will help us come to terms with who we are. We can and will do this work. Real power lies with those who design the tools – it always has. This power is ours’ (5)

Call for change: NCNZ

If NCNZ recognise that:

- Maori hold a unique place in this country, te Tititi is the nation's founding document and securing te Tiriti's place within the health sector is fundamental to the improvement of Maori health. Then competency 1.2 should at the very least take priority over all other competencies and be moved to 1.1 or at most a domain of its own. 1.0 Perhaps.
- Competency 1.2 needs to be assessed by an iwi nurse practising at expert level of competency. Assessment of this competency if it has any meaning at all requires input at the highest level of nursing practice. Health legislation and policy and NCNZ committal to Maori and Maori health as taonga demands it.

Call for change: Maori

- White agenda is conscripting ‘others’ to achieve white ends.
- A framework must be developed that enables our treaty partners and other non-natives to hear the nuanced meanings in our native voices and to see us in the narratives that we write and the stories that we tell about ourselves from our past, in our current lives and for our futures.
- Otherwise interpretation of our stories will remain within the domain of those who only listen through white ears and only see through white eyes.