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MAI I MURI KA HAERE WHAKAHAERE:

MAORI WOMAN IN MENTAL HEALTH NURSING

A thesis presented in partial fulfilment of the
requirements for the degree of
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by Erina Morrison-Ngatai

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Abstract

For many years Maori women in mental health nursing have been subsumed within the dominant nursing and healthcare organisational cultures that are politically driven. This study aimed to examine the socio-political and cultural influences on the multiple realities (identities, role, relationship and status) of Maori women in mental health nursing in their homeplace, schoolplace and workplace. Maori women are distinguishable by their membership in three distinct groups derived from 1) whanau, hapu, iwi, 2) western patriarchal experiences, and 3) cultural and colonising experiences growing up in te ao Maori and te ao Pakeha.

Six participants were selected to meet the aim and study objectives which are to explore the challenges they encounter and the strategies they use to meet these challenges; and to identify the contribution they make to mental healthcare. Maori women in mental health nursing are in a strong position by virtue of their whakapapa, 'mana wahine' and clinical expertise to make a substantial contribution towards positive health outcomes for tangata whaiora and whanau.

He Mana Wahine Tuku Iho framework was developed upon which to analyse the participants' korero. This framework is based in Maori cosmology and customary society and affirms the importance of whakapapa, te reo, tikanga and wairuatanga to Maori. There are three components to the framework 1) He Whakapapa o nga Atua, 2) He Whakapapa o Mana Wahine, and 3) He Tikanga o nga Wahine Rangatira. A qualitative methodology was used based in kaupapa rangahau which affirms Maori epistemology and ontology – matauranga, tikanga and mauri. From the initial contact and interview the participant's whakapapa was acknowledged. The participant's were afforded opportunities to authenticate the transcripts, ensure anonymity for themselves and whanau, review chapters during the early writing-up phase, and contacted for clarification concerning points as needed during the later stages of the writing-up process.

Findings confirmed that growing up Maori in te ao Pakeha was challenging. Tension is evident at the interface of te ao Maori and te ao Pakeha with te ao Pakeha perniciously

imposing its values and beliefs in a way that actively undermined mana Maori and 'mana wahine'. Experiences beginning in childhood and continuing into adulthood served to strengthen the participants' identities as Maori women. These experiences also affirmed the importance of whakapapa, te reo, and tikanga in attainment of wairuatanga as a manifestation of well-being. Knowledge of and confidence in their multiple identities as Maori women enable the participants to contest and create space that allows them to successfully live in both worlds, meet the challenges of te ao hurihuri and fulfil both whanau obligations and professional responsibilities.

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Tena koutou,

This thesis is a glimpse into the lives of six Maori women in mental health nursing. Their korero is very precious, and regretfully due to the constraints of preparing a Master's thesis a fuller reflection of their korero was not possible. A special thank you is extended to them for sharing their experiences with us. E iti noa ana na te aroha.

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CHAPTER ONE

Kupu Whakataki: Introduction

Haere e whai i te wawae o Uenuku, kia ora ai te tangata: Go search for the footprints of Uenuku so that humankind may be nurtured.

(Mead & Grove, 2001, p. 52).

1 Introduction

It is my contention that the contribution Maori women make in mental health nursing generally goes unrecognised and is subsumed within the dominant nursing and organisational structures that are politically driven. Further, it is suggested by Tomlins-Jahnke (1996) that Maori woman are distinguishable by their membership to three distinct groups that are derived from 1) whanau, hapu, iwi, 2) western patriarchal experiences, and 3) cultural and colonising experiences. The experiences of Maori women while having commonalities with Maori men are also different. Therefore, it is my assertion that the work of Maori women in mental health nursing is carried out within the simultaneously inter-related and contradictory demands of formal 'western' nursing structures, specialised mental health nursing knowledge and practice, gender and ethnic colonisation, and kinship. To achieve this Maori women actively contest and create space for themselves in te ao Maori and te ao Pakeha.

This study is about Maori women in mental health nursing, and examines their multiple realities within the homeplace, schoolplace and workplace. These realities begin in the early years and culminate in the adult years as they go about their practice as mental health nurses. The overall aim of the study is to explore the socio-political and cultural influences that contribute towards their sense of identities, role, relationships and status in Aotearoa New Zealand.

The objectives are:

- To explore the challenges that Maori women mental health nurses encounter and the strategies they use to meet these challenges

- To identify the contribution Maori women make in mental health nursing within the provision of mental healthcare.

2 Maori Mental Health Nursing

The motivation for this study has derived from my experience as a Maori woman 'born and bred' in Rotorua,[1] and from becoming a registered mental health nurse, nurse educator and nurse researcher. I became a member of the Australian and New Zealand College of Mental Health Nurses Inc. (ANZCMHN), NZ Branch (College-NZ), Maori Caucus of the College-NZ.[2] Through this experience I realised I was a member of a small and unique group of Maori mental health nurses, and that Maori women form the majority of Maori mental health nurses. My focus on Maori women stems from this fact and from my interest in the effects of colonisation and dominant Pakeha discourse upon Maori women. Crowe (1997) asserts that nursing is a political activity that is influenced by the wider and socio-political and cultural context of healthcare and healthcare provision. It is not good enough that mental health nursing takes for granted the assumptions that underpin practice, relationships with tangata whaiora, knowledge about mental health or the systems of healthcare provision (Crowe, 1997; 1998).

According to the Nursing Council New Zealand (NCNZ) annual practicing certificates (APC) survey in 2000 there were 2889 active mental health nurses, of which 12 percent identified as Maori (New Zealand Health Workforce Advisory Committee [HWAC], 2001). Recently released NCNZ workforce data (state of nursing between 1994 and 2002) indicate that Maori Registered Nurses (RN) comprise 2.7% of the total nursing workforce, of which amount nearly one third works in mental health (National Council of Maori Nurses [NCMN], 2004). The HWAC (2001) noted there continues to be a substantial under-representation of clinically trained Maori in the mental health workforce. This is of concern because of the percentage of Maori users of mental health services and the recognition by government that this is a high priority health area.

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[1] Born on Pukeroa Hill, one of the original pa sites of Ngati Whakaue, and where Rotorua Hospital has been located since the late 19th century.

[2] On 30th July 2004 the College-NZ was dissolved and on 1st August 2004 Te Ao Maramatanga (New Zealand College of Mental Health Nurses Inc.) was established. Maori Caucus has a prominent place in the new organisation.

The DALY (disability adjusted life years) burden of disease statistics for psychiatric disorders have Maori at 18 per 1000: 20.9 per 1000 for Maori women and 15 per 1000 for Maori men. Suicide, self harm, substance abuse and mood disorders are the major concerns. Of note are that the findings of the Decades of Disparity Report (Ministry of Health [MOH], 2003), which highlighted an under-reporting of Maori ethnicity data related to how Maori have been defined and the collection of ethnicity data. O'Brien et al. (2002) discovered in their national audit of mental health nursing files that identification of Maori ethnicity was carried out subjectively by Pakeha nurses based on acuity of presentation and skin colour.

Te Rau Matatini [TRM], is a MOH workforce development initiative doing an analysis of existing Maori mental health services, and developing and implementing strategies to enhance these services. A number of educational developments are in progress, such as Te Rau Puawai Workforce 100, a MOH/Massey University initiative aimed at increasing the Maori mental health workforce; and a Clinical Training Agency (CTA) postgraduate diploma in Maori mental health nursing offered at Waikato Institute of Technology (WINTEC), which counts towards a Masters in nursing.

During my time in clinical practice I observed that there was little recognition of or value placed upon the cultural aspects and knowledge of Maori mental health nurses. As a group we were often marginalised by the medical and nursing professions, Maori cultural workers and clinical management's perception of what comprised Maori mental health issues, and who were the 'cultural experts' to be consulted. This prompted a personal and professional journey of reflection as I wondered what it would take to effect cultural and clinical professional development and advancement for Maori mental health nurses. It seemed to me that Maori mental health nurses were an important part of healthcare provision, and that within the context of a rapidly changing healthcare environment their future contribution to Maori mental healthcare was significant. I theorised that Maori mental health nurses are in a unique position by virtue of their whakapapa and clinical expertise to offer cultural and clinical insights that would make a difference for tangata whaiora, whanau, hapu, iwi (Morrison-Ngatai, 1999a; 1999b; 1999c).

3 Thesis Overview

The thesis draws on the korero of six Maori women who are mental health nurses living and working in Aotearoa New Zealand between the years 1970 and 2000. The thesis examines how they stand and endure to make a positive contribution within a system that forces them to contest and create space. The study progresses from consideration of the existing literature (Chapter Two) related to the history and development of Maori women in nursing and in mental health nursing throughout the 19th and 20th centuries. The study concludes in Chapter Eight, which completes the weaving of the strands of the whariki by acknowledging the participants' experiences, and the meaning they make of them, and their qualities deriving from 'mana wahine' that empowers them to contest and create space as Maori women growing up in Aotearoa New Zealand.

Literature related to Maori women in cosmology and customary society is reviewed in Chapter Two and provides an understanding of the spiritual meaning of 'mana wahine'; the detrimental effects of colonisation and Pakeha hegemony on the traditional position of Maori women in society; and the constructs on which my theoretical framework, He Mana Wahine Tuku Iho, was developed. Theories and frameworks relevant to mental health nursing, and Maori perspectives on health are also reviewed.

He Mana Wahine Tuku Iho (MWTI) framework is defined and discussed in Chapter Three. The deeds of nga wahine tupuna as evident in the meta-narratives inform the development of the framework. The MWTI framework consists of three components that promulgate the importance of whakapapa, te reo (in the ingoa and kupu), tikanga and wairuatanga for Maori; frames the multiple realities of Maori women, and identify the qualities in nga wahine tupuna that remain relevant to Maori women today. The MWTI framework connects contemporary Maori women with the women of ancient times.

Chapter Four examines the qualitative methodology utilised in the research that is derived from within a kaupapa Maori paradigm. Kaupapa rangahau is examined and discussed in relation to the impact that western research and colonisation has had on Maori and in particular on Maori women. Design and ethical issues are also examined in this chapter. I also articulate my personal position as a Maori researcher and mental health nurse. My

insider position can be seen as both an asset because of my familiarity with the topic, and a limitation because of the potential for personal bias.

The participants' korero is analysed in Chapters Five, Six and Seven. Chapter Five provides a contextual description of the time and location of the participants' experiences in te ao Maori and te ao Pakeha during the years of maturation from tamariki to rangatahi in the homeplace and schoolplace. These experiences create meaning that impacts on their sense of being Maori women, their role and relationship within their whanau, hapu, iwi and their interaction with te ao Pakeha. These are the initial experiences that help to create meanings that remain influential in their adult lives.

Chapter Six examines the participants' korero in relation to what was occurring for them in adulthood as whaea and pakeke, within the homeplace, schoolplace and workplace. How they mature, position themselves and contest and create space within the context of whanau and societal expectations and barriers are also examined. The juxtaposition of te ao Maori and te ao is Pakeha is often a cause of conflict for the participants as they marry, have children, further their education and pursue their career in nursing. Their sense of being Maori women is strengthened by the challenges they overcome in societal norms and the status quo.

Chapter Seven concludes the analysis of the participants' korero. This chapter identifies and examines how the participants stand and endure the complexities of their workplace and the contribution they make ensuring the workplace is culturally appropriate for Maori. Their confidence in being Maori women in mental health nursing is fortified by their acceptance of 'mana wahine' and their identities, role and status as 'he wahine toa'.

Chapter Eight summarises the main findings of the study, which include (a) the fundamental importance of whakapapa, te reo, tikanga and wairuatanga in the attainment of wellbeing; (b) 'mana wahine' as being a factor that enables and empowers the participants successfully to contest and create space for themselves in both te ao Maori and te ao Pakeha; and (c) the qualities of strength, aroha and knowledge that are influential in the achievement of the participants' aspirations. The strength of this study resides in the articulation and development of MWTI framework and informing the body of knowledge about Maori women in mental health nursing. The limitations are also addressed, including

the constraints inherent in completing a Master's study part-time, and the academic scope. The major recommendations that emerges from the study is the necessity of increased support for the advancement of Maori epistemology and ontology in nursing education, research, management and the practice of Maori mental health nursing.

4 Conclusion

This study is about Maori women and the experiences that influence their sense of identities, role, relationships and status. Maori women in mental health nursing encounter challenges within the workplace that derive from the contradictory demands of living in te ao Maori and te ao Pakeha. These challenges strengthen their sense of Maori identity despite their contribution in the workplace often being unrecognised. The literature review examines Maori women in nursing, mental health nursing, effects of colonisation on Maori women, Maori and mental health nursing models of heath, and the role of Maori women in cosmology and customary society. The theoretical framework MWTI was briefly previewed locating contemporary Maori women's whakapapa, identifying their multiple realities, and the inherent qualities of 'mana wahine'.

Kaupapa rangahau derives from Maori epistemology and ontology and this is the main reason it was used for this study about Maori women in mental health nursing. However, it also aligns well with the qualitative design and methodology of the study. The three data analysis chapters are outlined, indicating the context, time and location of the participants' experiences in te ao Maori and te ao Pakeha. Through their experiences they create meanings that remain influential in the achievement of their aspirations in adulthood. Chapter Eight concludes with an overview of the findings, discussion, strengths, limitations and recommendations for future advancement of kaupapa Maori in mental health nursing.

The following chapter examines the literature providing an overview of cultural and nursing dynamics, and the historical and contemporary socio-political influences that impact on Maori women, and particularly on Maori women in mental health nursing.