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DISCURSIVE PAPER

A Bi-Cultural Multidisciplinary Approach to Achieving Excellence in Care for Indigenous Māori: Report From the Wānanga, Auckland, 2023

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ABSTRACT

Aims: To explore the alignment of nursing and healthcare practice illustrated in the Fundamentals of Care framework with Māori (Indigenous person of Aotearoa, New Zealand) worldviews using Indigenous methods.

Design: Discursive report.

Methods: In October 2023, around 50 healthcare professionals and Māori leaders from across Aotearoa, New Zealand, attended a wānanga, an Indigenous Māori approach for sharing knowledge and engaging in in-depth discussion and deliberation.

Results: Attendees understood the origins of the Fundamentals of Care framework and how it translates to practice. The depth and breadth of meaning when referring to Māori values and practices adds a layer of complexity when attempting to align Māori worldviews with the Fundamentals of Care framework. A key outcome of the day was a call for tāngata Tiriti (people of the Treaty—non-Māori) to continue to work in partnership with tāngata whenua (people of the land—Māori) to explore how the Fundamentals of Care framework could be used with a mode of practice that emphasises Māori values and practices such as whakawhanaungatanga (establishing relationships) and manaakitanga (showing respect, generosity and care for others).

Conclusion: Applying Indigenous methods to explore problems and co-create solutions offers the potential to advance health equity agendas. Wānanga, as a forum for engaging in the process of sharing, reflecting, discussing and learning, provides a mana-enhancing (strengths-based) space for tāngata whenua (people of the land—Māori) and tāngata Tiriti (people of the Treaty—non-Māori), to relate and collaborate. Additional wānanga are required to co-create a mode of practice that can be applied by all health professionals and that meets the needs of Māori.

Impact: This report addresses how the Fundamentals of Care framework can be scrutinised for its usefulness or adaptability to encompass Indigenous populations' culture and care needs. Critical points of difference between the Fundamentals of Care framework and Indigenous Māori worldviews exist and need further exploration. This report impacts the delivery of healthcare for Indigenous Māori and the provision of healthcare by all nurses.

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Summary

- Demonstrates an innovative and culturally appropriate approach to co-creating knowledge.
- Emphasises the contribution Indigenous knowledge can have to enrich theoretical models of care to achieve excellence in care.
- This report adds to the growing body of knowledge to support wānanga as a methodological tool for decolonising and Indigenising research methodology.

1 | Introduction

Internationally, there are numerous examples of failures in fundamental care delivery in acute hospitals, leading to poor patient, family and carer experiences and outcomes (Francis 2013; Kalisch et al. 2011; Komene, Pene, et al. 2023; Royal Commission into Aged Care Quality and Safety 2021). Historically, blame has been laid firmly at the feet of the nursing profession for its failure to provide fundamental care to patients (Francis 2013). In 2017, a modified Delphi study was performed to co-create a standardised definition of fundamental care and identify the individual elements that constitute care (Feo et al. 2018). This activity was deemed essential because, as Mudd et al. (2020) later explained, a 'coherent shared understanding of fundamental care as a concept and as a daily practice is needed' (p. 3653) to understand why care failures occur.

The Fundamentals of Care (FOC) point-of-care theory is presented as a framework (Figure 1) which emphasises the importance of health professionals building trusting relationships with patients and their families (Kitson 2018). The framework illustrates how a patient's physical and psychosocial care needs are considered by way of the relational actions of the health professional (e.g., active listening, supporting families) within the context of care. In 2020, the FOC framework was examined and compared with 29 seminal nursing theories from 1859 to 2006 (Mudd et al. 2020). Findings demonstrated that while previous theories focused on discreet elements of fundamental care, none encompassed integration of the multidimensional aspects of care, as the FOC framework did. Fundamental care is 'the key intersection between caring and nursing' (Mudd et al. 2020, 3653).

The FOC framework is disseminated as an iterative framework that can be refined by future group consultation and research (Mudd et al. 2020). Indeed, the framework has been translated or adapted into English, French, Dutch, Danish, Norwegian, Portuguese, Spanish and Swedish. It is currently being translated into Chinese, thus demonstrating its adaptability and global appeal for health professionals. It has not been considered for its application, cultural compatibility or usefulness when caring for Indigenous populations such as Māori.

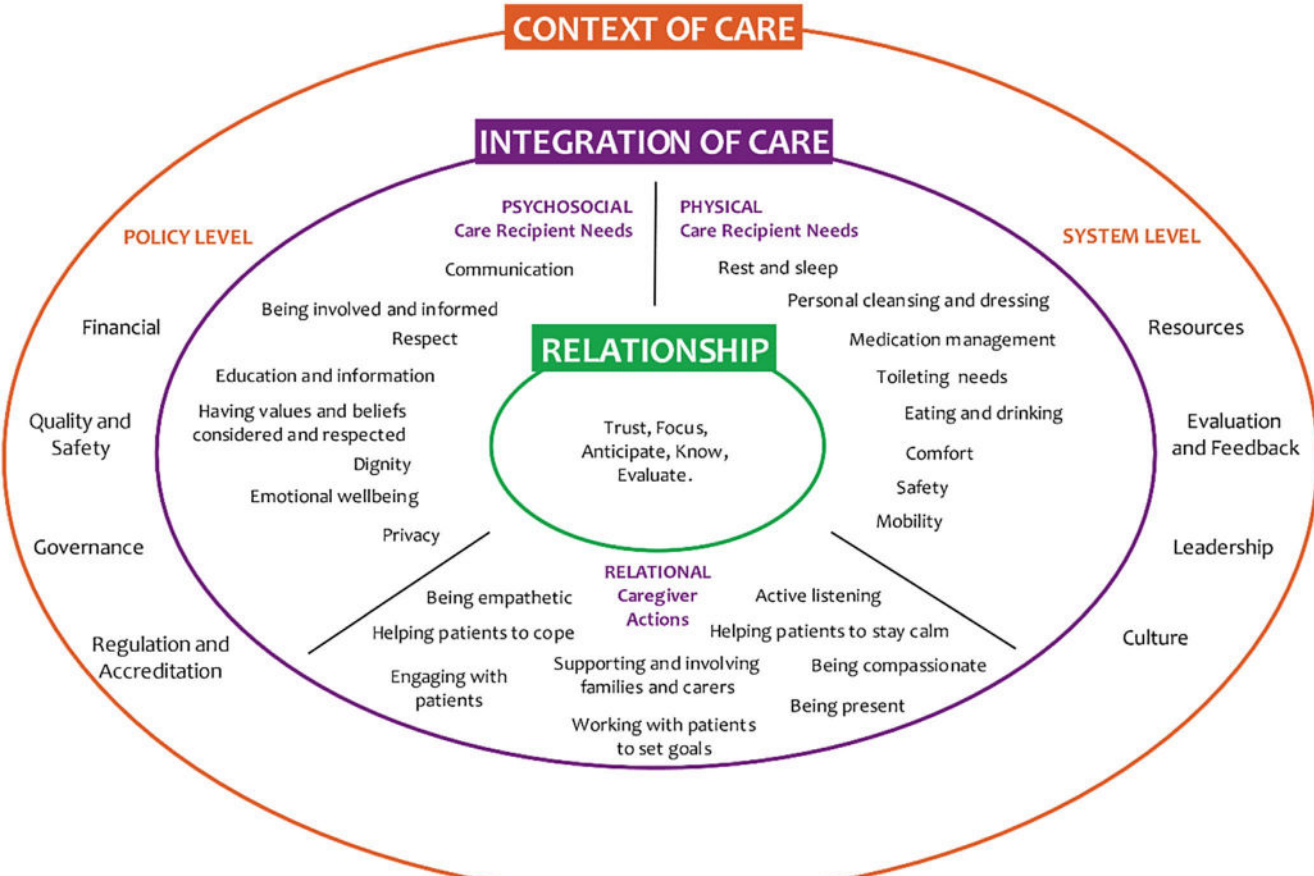

FIGURE 1 | The fundamentals of care framework. *Note*: Used with permission. From *International Learning Collaborative*, by International Learning Collaborative (ILC), n.d., (https://ilccare.org/the-fundamentals-of-care-framework/). In the public domain.

In 2019, at an International Learning Collaborative (ILC) conference, it was identified that culture and spirituality were missing elements from the framework (Aspinall et al. 2020). These elements are essential for the host country, Aotearoa, New Zealand, which has an Indigenous Māori population. It was emphasised at the ILC conference that future versions of the framework should incorporate Indigenous worldviews, thus providing the mandate to propose any changes or adaptations to the currently Western-developed framework. In Aotearoa, New Zealand, it was anticipated these changes would incorporate te ao Māori (Māori worldview) and hauora Māori (health and wellbeing), potentially leading to a more culturally appropriate version of the FOC framework (Aspinall et al. 2020). However, local discussions and evidence advised against attempting to embed Indigenous worldviews into existing Western-developed frameworks. They suggested a mode of practice rather than a model of care was required (Komene, Pene, et al. 2023).

In October 2023, around 50 Māori community leaders, healthcare leaders, nurses, midwives, allied health and other representatives across Aotearoa, New Zealand, attended a wānanga (meeting to discuss, deliberate, debate and consider ideas in-depth). This discursive report outlines the process and outcomes of exploring the alignment of nursing and healthcare practice illustrated in the FOC framework with Māori worldviews using a wānanga approach. Māori words and phrases are used throughout this report, with a basic translation in parenthesis and a more comprehensive definition in the Glossary (Table 1).

The evidence of co-creation and translation of knowledge into practice by Indigenous and non-Indigenous groups is increasing. Datta (2018) claims that applying Indigenous and Western methods to explore questions relevant to an Indigenous community is decolonising and can be an effective way to critically examine underlying assumptions and cultivate cross-cultural learning. For example, intercultural dialogue is a dynamic practice that recognises the contributions that can be made to knowledge creation through different cultural perspectives (Sarmiento et al. 2020). Two-eyed seeing is an approach adopted in Canada to give equal consideration to First Nations and non-Indigenous worldviews (Jeffery, Kurtz, and Jones 2021). Wānanga is an Indigenous Māori method that provides a culturally informed setting for in-depth discussion and deliberation about differing thoughts, opinions, and experiences (Smith et al. 2019). It fosters collective decision-making and the creation of new knowledge in a culturally responsive and relational space (Pohatu and Warmenhoven 2007).

2 | Background

The dimensions of the FOC framework are reflected in a hospital-wide peer review programme, 'The Fundamentals of Care (FOC) Peer Review Programme' (originally named the Patient and Whaanau-Centred Care Standards) (Parr, Bell, and Koziol-McLain 2018). The programme was implemented at Waitematā District Hospital in Auckland, New Zealand, in 2014 and later in the same region at Counties Manukau District Hospital (Aspinall, Johnstone, and Parr 2023). The programme aims to provide evidence of the quality of care at the bedside using a peer review approach. The reviews emphasise the significance of assessing care components at a unit level to measure the quality of patient experience and enhance care delivery (Parr, Bell, and Koziol-McLain 2018). The programme demonstrates a commitment to highlighting the quality of fundamental care delivery by nurses at several organisational levels, including individual wards and services.

In 2022, meetings were conducted with four district health organisations: Auckland (Te Toka Tumai), Waitematā, Northland (Te Tai Tokerau) and Counties Manukau. At these meetings, it was discussed and agreed that a regional governing body for decision-making about using the FOC Peer Review Programme should be established. It was also proposed that there should be a unified version of the programme, which would build on the progress made at Counties Manukau and could include a multidisciplinary approach where appropriate. The aim was to ensure consistency of use across the region. At the same time, several discussions took place at Counties Manukau about how the FOC framework could be adapted to incorporate te ao Māori (Māori worldview). Some determined that incorporating Māori values into the framework was 'retrofitting' Indigenous values into a Western-developed framework. It was viewed as culturally inappropriate, with the FOC framework originating from the work of past generations of nursing theorists (Mudd et al. 2020) because they were Eurocentric. While it was debated whether embedding a Māori worldview was indeed retrofitting, importantly, mana whenua (local iwi [tribe]) representatives identified the FOC framework as a starting point to improving Māori health and one that was much needed.

Previous work with Māori patients and whānau (family group) has identified that nurses need modes of practice rather than more models of care (Komene, Pene, et al. 2023). A mode of practice pertains to how healthcare professionals approach their interactions with patients and whānau to deliver care in a therapeutic manner (O'Connor 2000). A model of care represents all the parts that embody the healthcare professional's role, as illustrated in the Fundamentals of Care framework (Kitson 2018). Critical to delivering care from a Māori perspective is whakawhanaungatanga, a cultural imperative that focuses on establishing connections and a trusting relationship. Establishing a trusting relationship with patients and their families is also a central focus of the FOC framework and the foundation underpinning integrated care delivery. From its inception, relationships have been at the heart of the FOC framework, as outlined in the following quote,

> Caring is more than doing things to people. It is a series of interactions mediated through relationships. Focusing on who is in front of you is integral, not optional. The ability [sic] to engage, focus on the other person, and see their self-care need from their biographical perspective are essential skills (Kitson et al. 2013, p. 9).

As such, a lack of clarity, shared understanding and different views of the FOC framework and ensuing peer review programme was evident across the region. Set within this context, a Māori Health leader representing mana whenua (local

TABLE 1 | Glossary of Māori terms.

Hauora	Holistic, multidimensional health and wellbeing
Kai	Food
Karakia	To recite ritual chants, say grace, and pray
Kawa whakaruruhau	Kawa Whakaruruhau translates as a safe place made from principles
Kōrero	Speech, narrative, story, news, account, discussion, conversation, discourse, statement, information
Kotahitanga	Unity, togetherness, solidarity, collective action
Mahi ā-rōpū	Group work
Mana	Status and authority
Manaakitanga	Hospitality, kindness, generosity, support—the process of showing respect and care for others
Mana whenua	Local *iwi* (tribe) residents who have customary authority over land or territory
Manuhiri	Visitor or guest
Māori	Indigenous person of Aotearoa, New Zealand
Marae	Often used to describe the complex of buildings around the *marae, which is the open area in front of the wharenui (meeting house) and a place where formal greetings and discussions occur*
Mātauranga	Knowledge, wisdom, understanding, skill
Pōwhiri	To welcome or invite—a welcome ceremony on a marae
Raranga	To weave or plait. Weaving
Tangata Tiriti	People who do not *whakapapa* to a Māori ancestor but reside in Aotearoa, New Zealand. Usually used to refer to non-Māori who take proactive steps and intentional acts to restore *mana* to those who have had it taken
Tangata whenua	Indigenous people, hosts—often refers to Māori across Aotearoa NZ
Te ao Māori	The most straightforward translations denote the Māori world. Its holistic worldview prioritises interconnections and is grounded in *tikanga* customary values and lore and *mātauranga* knowledge
Te reo Māori	The Māori language
Tikanga	Customary system of values and practices developed over time and is embedded in the social context that varies from region to region
Waharoa	Main entranceway
Waiata	Song or to sing
Wānanga	A wānanga is to meet, discuss, deliberate, debate, and consider ideas in-depth
Whaikōrero	Formal speech
Whakaaro	Thoughts, opinions, ideas
Whakamana	To empower, give ratification, endorsement, confirmation, authorisation, warrant
Whakapapa	Genealogy, lineage, descent. A central concept of Māori society
Whakawhanaungatanga	The process of establishing relationships and relating well to others
Whakawhitiwhiti Kōrero	To discuss, deliberate, negotiate, communicate
Whānau	Extended family network that in the modern context included whakapapa or genealogical connected members or kaupapa whānau who comprise of members with a common interest but without kinship ties
Whanaungatanga	Connectedness through a relationship or kinship, through shared experiences and working together, providing people with a sense of belonging

Note: The listed Māori words can be entered into the online dictionary to get more detail about their origins and meanings and to hear how the words are pronounced. The translations in the text and this glossary are intended as a simple guide only and do not reflect each word's depth or breadth of meaning. Adapted from *Te Aka Māori Dictionary*, by J. C. Moorfield, (https://maoridictionary.co.nz/) Copyright 2003–2024 by John C Moorfield.

iwi [tribe]) and a Chief Nursing Officer from two of the hospitals in the region extended an invitation to attend a wānanga in October 2023 at the Whātua Kaimarie Marae in Tāmaki Makaurau (Auckland), Aotearoa, New Zealand. The wānanga aimed to explore the alignment of nursing and healthcare practice illustrated in the FOC framework with Māori worldviews using Indigenous methods. The wānanga provided a culturally informed space for meaningful dialogue, critical enquiry and collective intelligence between key stakeholders to consider and address the objectives. More importantly, the wānanga presented an opportunity for Māori and tāngata Tiriti (people of the Treaty—non-Māori) to work within Article Three of te Tiriti o Waitangi (the Treaty of Waitangi) to collaborate and consider how we can achieve excellence in care for Māori. Article Three of te Tiriti o Waitangi accords the same rights and privileges to Māori as the British people and protects the rights of Māori to actively participate in shaping services and policies. A metaphor previously described by Pohatu and Warmenhoven (2007) suited the intended purpose of the day:

> Kia tupu whakaritorito te tupu o te harakeke.

> Set the overgrown bush alight and the new flax shoots will spring up, (p. 109).

Pohatu and Warmenhoven (2007) explain how setting alight the exterior of the bush is purging of Eurocentrism with its systems and ideologies that prevent Indigenous peoples from flourishing. They describe the fire as Indigenous research, the overgrowth as patriarchal post-colonial systems, and the nutrients in the ash as the resilient and enriching Indigenous peoples' knowledge, customs and practices. The new shoots represent the coalition of newly developed and practised Western models harmonious with Indigenous knowledge and practice. This eloquently describes the aims and purpose of the day, which was to unpick, explore and critically examine the use of the FOC framework to underpin and achieve excellence in nursing practice to deliver quality care appropriate for the Māori population of Aotearoa, New Zealand.

A key factor to consider when discussing nursing care delivery in Aotearoa, New Zealand, is the substantial number of internationally qualified nurses (IQNs) in the workforce, with 40% of registered nurses receiving their training elsewhere (Nursing Council of New Zealand 2023). This statistic highlights the need for a widely understood and accepted nursing theory to underpin nursing practice. Agreeing and clarifying a point-of-care theory and mode of practice can unite the profession in Aotearoa, New Zealand and provide an evidence-based, culturally informed foundation for practice that informs and guides a diverse nursing group. It is essential to consider nurses beyond the stereotype of being doers, as they are also thinkers in a profession where thinking and using nursing knowledge and theory are necessary for good quality of care (van der Cingel and Brouwer 2021).

Approximately 50 attendees represented public healthcare services across Aotearoa, New Zealand, Māori health services, the University of Auckland, Auckland University of Technology, and iwi. The participant roles included leaders and managers from Māori Health Equity, nursing, midwifery, allied health and tertiary education, and consumer representation. Tikanga (customary values and practices) underpinned all wānanga activities and included a formal welcome known as pōwhiri for manuhiri (visitors) by the tāngata whenua (local Indigenous people, hosts). Pōwhiri today are used to welcome visitors to the marae (where formal greetings and meetings occur) and unify individuals as a collective entity. The process comprised whaikōrero (formal speeches), waiata (singing), kai (the sharing of food) and whakawhanaungatanga (establishing relationships). During the initial introductions and relationship building, discussions centred around the need to develop trust and tikanga (customary values and practices) in early engagement with patients and whānau and the acceptance of the cultural aspects of care. These themes were reiterated and emphasised throughout the day. Examples, such as the utilisation of te reo Māori (Māori language), karakia (prayer), waiata (song) and other similar methods, were suggested for inclusion in practice settings to engage in a partnership and collaborative relationships with the patients and their whānau (family group).

3 | Overview of the Issues

A series of speakers provided an overview of the history and development of the FOC framework and ensuing peer review programme. They gave an overview of the issues confronting our Māori nurses and healthcare service users. First, a representative of mana whenua (local iwi [tribe]) from the Counties Manukau district shared their view on the history of the FOC framework and provided local iwi (tribe) advice and understanding that Māori still experience real and present colonisation, marginalisation and racism in Aotearoa, New Zealand. Simply adding te ao Māori (Māori worldview) into a Western-derived model is deemed inappropriate. However, the emphasis placed on improving care for Māori through our endeavours to ensure the FOC framework was fit for Māori was acknowledged and viewed as a catalyst for change.

The second speaker, a Chief Nurse, presented the history of the FOC framework and the development and implementation of the Patient and Whaanau Centred Care Standards Peer Review Programme at the Waitematā District Hospital in Auckland. The development of the programme originated from calls by the Chief Executive of Waitematā District Hospital to ensure the mistakes and neglect that took place in Mid Staffordshire (Francis 2013) would not be repeated in Aotearoa, New Zealand (Parr, Bell, and Koziol-McLain 2018). The fundamental elements of care, including nutrition, monitoring, pain management and environmental hygiene, were developed into measurable standards aligning with the FOC framework to evaluate practice, see Figure 2. This peer review measurement of fundamental care delivery was later implemented at Counties Manukau District Hospital (Aspinall, Johnstone, and Parr 2023).

Previous research undertaken with Māori nurses, patients and whānau (family group) identified that nurses need modes of practice or 'ways of doing' care rather than more models that are poorly applied (Komene, Gerrard, et al. 2023; Komene, Pene, et al. 2023). The researchers suggested that previously developed relational

FIGURE 2 | Patient and Whaanau Centred Care Standards. *Note*: Adapted from 'Evaluating fundamentals of care: The development of a unit-level quality measurement and improvement programme', by J. M. Parr, J. Bell, and J. Koziol-McLain, 2018, *Journal of Clinical Nursing* 27: 2360–2372 (https://doi.org/10.1111/jocn.14250). Copyright 2018 by John Wiley & Sons Ltd.

models of care, such as the FOC framework, while helpful, are not Indigenous and alone cannot address the needs of Māori in Aotearoa, New Zealand. It was proposed that before the delivery of integrated relational care advocated through the FOC framework, health professionals should focus on engagement based on Indigenous Māori culture and their holistic, collective and dynamic worldviews identified as (1) Whakawhanaungatanga (establishing relationships), (2) Whakamana (uplifting the status and esteem of Māori), (3) Whakawhitiwhiti kōrero (the importance of communicating, discussing and deliberating) and, (4) Kotahitanga (working together with purpose). This study provided insights into the importance of effectively engaging and connecting with Māori patients and whānau before commencing care delivery (Komene, Pene, et al. 2023). These ways of doing and practising were identified as better meeting the needs of Māori who were engaging with health services, and only then could fundamental care proceed. The ILC conference called for nurses to collaborate with Indigenous peoples to develop or create future versions of the framework that include Indigenous worldviews in a culturally safe and appropriate manner so all nurses can contribute to health equity (Aspinall et al. 2020). Doing so might ease the cultural load experienced by Māori nurses who are frequently called upon by non-Māori nurses who declare they cannot deliver culturally safe care for Māori patients (Komene, Gerrard, et al. 2023).

The third speaker, a nurse academic, expressed the importance of achieving excellence in care for Māori through clinical practice. Findings from a literature review which explored the key concepts, principles and values embedded within Māori models of health and wellbeing were presented (Wilson et al. 2021). The review also found that a Māori-centred model of relational care (Figure 3) must consider the socio-political context that impacts Māori and their whānau (family group) and their healthcare. Investigating this further, a wānanga was held to explore the experiences of Māori patients and whānau engaging with acute hospital inpatient services and their priorities for a Māori-centred model of relational care (Komene, Pene, et al. 2023). All participants described significant delays in access to care, poor or a lack of communication, not knowing what was happening, and having to draw on their courage to endure negative experiences until discharge. Hence reinforcing the need for a relational mode of practice to meet the needs of Māori and their whānau when engaging with health services.

Finally, the findings from a retrospective exploration of Māori patient experience feedback at one district hospital in Auckland were presented by a clinical academic. Gaps in care delivery included being treated with kindness and respect, effective communication and whānau (family group) being involved in care (Pene et al. 2021). A subsequent study pending publication involved observing and measuring practice activities against the FOC framework, which found that nurses were task-focused and indicated less engagement with patients.

In summary, the four presentations delivered an overview of the issues. They presented the FOC framework as a point-of-care theory founded on nursing research evidence that has been around for many years. Applying an Indigenous worldview was

identified as an opportunity to develop further and add to the theory, contributing to health equity. Evidence from local research called for a mode of practice that applies Māori values and practices to improve engagement and connection with Māori patients and whānau (family group) before fundamental care can begin. The opportunity for this multidisciplinary group of health professionals and Māori leaders in Aotearoa, New Zealand, was clear: to start the fire and let new ways of doing and delivering fundamental care spring up in a format that delivers quality, safe and culturally informed care for Māori which could also open the door for change for other Indigenous people. Discussions about the identified issues followed the presentations; then, attendees were placed into groups to discuss three key questions:

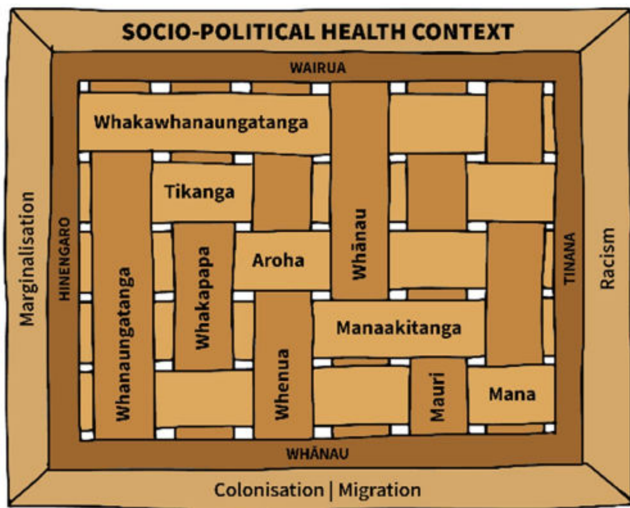

FIGURE 3 | Overview of the themes arising from the Māori model of health literature review. *Note*. Adapted from 'Creating an Indigenous Māori-centred model of relational health: A literature review of Māori models of health', by D. Wilson, E. Moloney, J. M. Parr, C. Aspinall, and J. Slark, 2021, *Journal of Clinical Nursing* 1–17 (https://doi.org/10.1111/jocn.15859). CC By The Authors.

- What are the similarities and differences between the FOC framework and Māori values and practices?
- What are the underlying values of best practice at the point of first contact?
- How or what must we change to enable barriers to be dismantled or mitigated?

Groups rotated and had the opportunity to contribute their whakaaro (thoughts, opinions and ideas) about each question. Two scribes were allocated to annotate kōrero (conversation) and post-it notes, were used in the group work and then collected for discussion. Following the wānanga, a small group of attendees engaged in mahi ā-rōpū (collaborative group work) (Wilson, Mikahere-Hall, and Sherwood 2022) to discuss the proceedings of the day and review the notes collectively to reach a consensus about the main ideas extracted from the wānanga. The main ideas were presented to selected wānanga attendees to validate our interpretation and refine further until a consensus was reached.

4 | Findings

Overall, three central concepts arose from the group work: manaakitanga (showing respect, generosity and care for others), whakawhanaungatanga (establishing relationships) and whanaungatanga (meaningful relationships) (Figure 4). While these Māori values and practices may appear complex, participants provided simple examples of what each may look like in practice. For instance, whakawhanaungatanga was described as a 'simple introduction of who you are and what your role in the person's care is'. Manaakitanga was described as 'ensuring the environment was welcoming and prepared for receiving visitors' and 'having someone ready to greet visitors on arrival and initiate wayfinding as necessary'. Orientation to the environment, processes and routines was also described as 'a way to help manaaki visitors'. Findings from the three questions presented for the group work are described below.

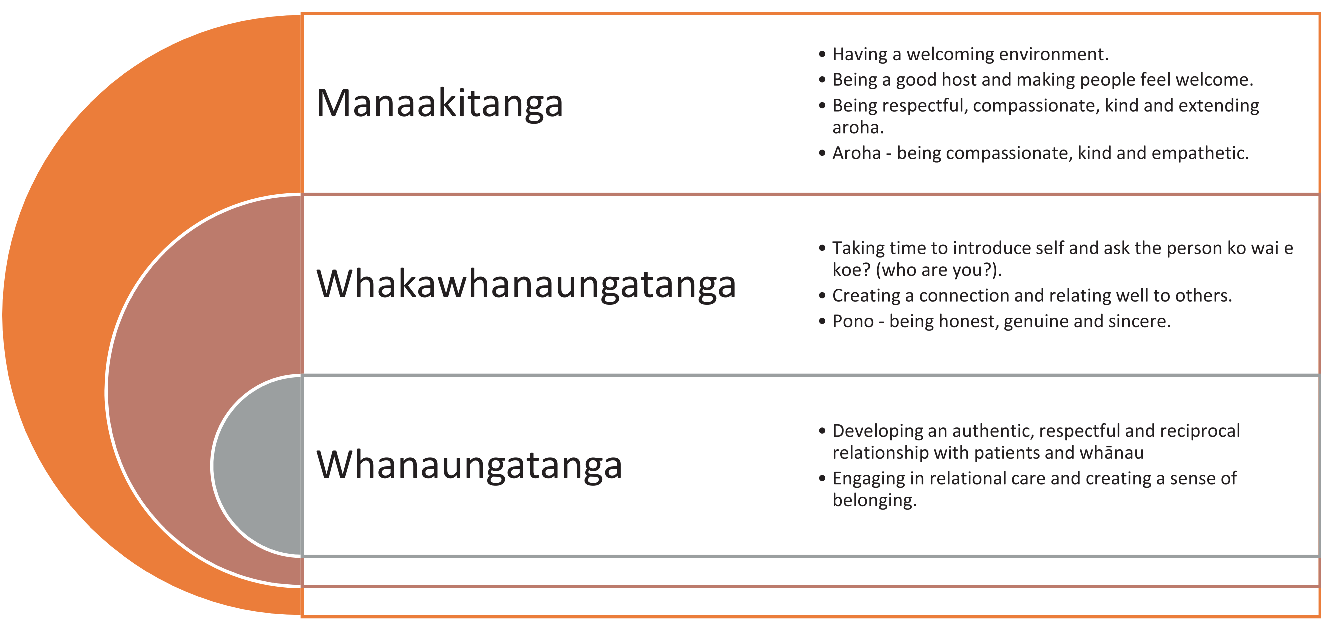

FIGURE 4 | The main themes arising from the wānanga group work.

4.1 | What Are the Similarities and Differences Between the FOC Framework and Māori Values and Practices?

The similarities identified between the FOC framework and Māori values and practices were the importance of relationships, relational care, psychosocial and physical. The points of difference were the omission of the spiritual dimensions of health, the centrality of whānau and patient as a collective, and the omission of tikanga (customary values and practices). Also noted was the simple language used to describe the elements and dimensions within the framework in contrast to the depth and breadth of meaning and interconnectedness reflected in Māori concepts of health and wellbeing. The importance of establishing the relationship was frequently noted. There was some alignment of the relational aspects of the FOC framework with the importance Māori place on whanaungatanga (relationships, kinship). For example, supporting and involving families and carers. Manaakitanga (showing respect, generosity and care for others) encompasses many aspects of the FOC framework by ensuring the physical, relational and psychosocial needs of patients and whānau are met respectfully and reciprocally.

4.2 | What Are the Underlying Values of Best Practice at the Point of First Contact?

There was consensus that patient and whānau experience started at the point of first contact, wherever and with whoever that might be. The point of first contact may begin before arriving at the hospital. In many instances, it starts with a referral letter or phone call or with ambulance staff. On arrival at the hospital, the point of first contact begins with the physical entrances to our buildings. The environment needs to be ready to support manaakitanga (showing respect, generosity and care for others) and whakawhanaungatanga (establishing relationships). In their current state, many hospital entrances are not welcoming, and attendees highlighted the need to change the environment so it is welcoming for all and ready to receive visitors. Having staff available to greet or assist with wayfinding begins the process of whakawhanaungatanga (establishing connections and relationships) and manaakitanga (showing respect, generosity and care to others). Whakawhanaungatanga and manaakitanga were identified as essential to improving Māori healthcare experiences. Practical examples of whakawhanaungatanga and manaakitanga included using body language such as smiling, being authentic, actively listening and giving patients and whānau an orientation to the area's environment, processes and routines.

4.3 | How or What Do We Need to Change to Disassemble or Mitigate Barriers to Achieving Excellence in Care for Māori?

Several ideas were drawn from the group discussion about what is required to disassemble and mitigate barriers to achieving excellence in care for Māori. The main ideas were related to inequity and systemic and structural racism. When discussing the system, pleas to call out racism and racist structures by changing the narrative were heard and recorded. Propositions are that each person should ask what they can do to make a difference. Whether tāngata whenua (people of the land—Māori) or tāngata Tiriti (people of the Treaty—non-Māori), individuals must consider the sphere of influence they work within and their power. Leaders at all levels should be at the forefront of challenging the status quo. Attendees clarified that Māori cannot decolonise but can and do indigenise services and systems when enabled and empowered.

Suggestions for change also included the hospital building design and an urgent need for safe, friendly, green spaces that look as least clinical as possible. Māori should be included in the design of any new facilities and that changing even just the front door mattered and would make a difference because 'the first impression matters'. This was reiterated by an attendee who said that our spaces need to be made safe for Māori and whānau to step across the waharoa (entrance) and reinforced comments made in response to question two about the underlying values of best practice.

Once beyond the entrance, attendees spoke of issues with the system at all levels of care delivery. Thoughts on mitigating this included culturally appropriate policies and ways of monitoring the system. Patient flow, a commonly used phrase to describe patients' journey through their healthcare experience, was criticised for its tendency to overrule or override the time needed to make quality connections with patients. Algorithms and templates for care were considered potential barriers because they promoted or measured the wrong things. Calls for them to be redesigned and used as tools that promoted and measured engagement were evident. Attendees also suggested ways of doing and being or modes of practice. Practical, seemingly simple suggestions, such as requesting that health professionals listen and be present with patients, prioritise patient and whānau needs over the system's needs, and acknowledge mātauranga (Māori knowledge) and traditional treatment modalities. All ideas that could create change to structures that influence the culture of care.

5 | Discussion

The purpose of this report was to outline the process and outcomes of a wānanga held in October 2023 to explore the alignment of nursing and healthcare practice illustrated in the Fundamentals of Care framework with Māori (Indigenous person of Aotearoa, New Zealand) worldviews using Indigenous methods. The wānanga offered a respectful, reciprocal and relational method for critically exploring the FOC framework and Indigenous Māori values and practices and divested typical Eurocentric and Indigenous asymmetries. The wānanga process described in this report drew on Māori protocols, structures and processes that provided a culturally determined space for active and collective thinking and problem-solving (Smith et al. 2019). Wānanga is increasingly used as a research methodology and is described by Mahuika and Mahuika (2020) as a method that encourages critical inquiry to co-create knowledge.

Several tensions and opportunities were highlighted as the day progressed. At first, there was a lack of shared understanding of the FOC framework and how it relates to nursing practice. While representatives of mana whenua (local iwi [tribe]) who

had worked with Counties Manukau identified the FOC framework as a starting point for improving Māori health, there was concern from some wānanga attendees about its origin and applicability to practice in the Aotearoa, New Zealand context. Some misunderstood the framework, perceiving it as an audit tool, and others as Western-informed academia disconnected from practice. As understanding of the FOC framework developed over the day, opportunities to expand the framework beyond the scope of nursing became evident. Allied Health and Midwifery representatives recognised the potential for the FOC framework to be embedded across healthcare disciplines. The potential for the FOC framework to be used in pre-registration nursing education was also highlighted.

Secondly, there was a significant focus on the context of care from an environment and systems perspective. For example, attendees talked about the hospital buildings and entranceways and about enduring systemic racism. However, dismantling systemic racism goes beyond the scope of reviewing a point-of-care nursing theory. The call for Māori to be involved in designing future healthcare spaces and policy development was apparent. Safe, friendly, green spaces that look as least clinical as possible are fundamental to the first impressions and ongoing engagement with healthcare services. Aspinall et al. (2020) agree that organisations should work with Indigenous groups to review the FOC framework and evaluate its impact on health equity and cultural safety.

Many similarities and differences between the FOC framework and Māori values and practices were identified and discussed. One difference between the two approaches was the rudimentary presentation of the FOC framework and the depth and multilayered nature of Māori values and practices. The other critical point of difference is the difference in worldviews. The FOC framework focuses on individuals, whereas a Māori worldview has a collective orientation based on whakapapa and whānau. The emphasis on establishing the relationship before entering into any caregiving partnership or activities was overwhelmingly similar. The FOC framework identifies five essential elements for establishing a positive relationship: developing trust, giving undivided attention, anticipating needs, knowing enough about the patient to act appropriately and evaluating the quality of the relationship (Kitson 2018). For Māori, three core values and practices are necessary for any engagement: whakawhanaungatanga (establishing relationships), manaakitanga (showing respect, generosity and care to others) and tikanga (customary values and practices). Whakawhanaungatanga and manaakitanga were emphasised throughout the wānanga discussions and are integral to the Māori concept tikanga. Tikanga is about doing things right and getting the process right, as evidenced by the day's wānanga protocols. It is not easy to separate these values and practices for discussion because they are all interconnected and required for effective engagement with Māori.

Tikanga is best described as the customary system of values and practices embedded in Māori culture and governs proper or appropriate behaviour in social settings (Moorfield 2011). Tikanga is flexible and context-dependent; however, fundamental principles remain unchanged in social situations. For example, the proceedings of the wānanga followed a typical traditional Māori format adapted for the participants and the situation. The primary tikanga principles for establishing relationships are whakawhanaungatanga, whanaungatanga and manaakitanga. Whakawhanaungatanga is the relational process of connecting with and getting to know people. It is the tikanga for initiating affable engagement and building rapport and trust, and it is a cultural imperative for fundamental care. 'First encounter' was used frequently throughout the day to emphasise the importance of first impressions in fostering trust and confidence in healthcare professionals and the healthcare system. Practical examples of whakawhanaungatanga given in the discussions included introductions, active listening, being authentic and taking time to engage.

Whanaungatanga develops from whakawhanaungatanga and manaakitanga and cements the rules for engagement and obligations to each other. Whanaungatanga also strengthens each kin group member by enhancing mana and providing a sense of belonging. The wānanga attendees identified authenticity, relational care, communication and body language as practical examples for building whanaungatanga. Encompassed in whanaungatanga is kotahitanga, which attendees described as embracing each other and having a sense of unity and collective action.

Manaakitanga was the overarching theme of the wānanga. Manaakitanga is the relational process of caring, showing respect, and generosity towards others. It is the tikanga (customary values and practices) to ensure that people entering the healthcare environment feel welcome, safe, and supported throughout their time with the healthcare service. Attendees suggested that manaakitanga needs to replace cultural safety because it is the essence of cultural safety, neutralises power imbalances and mitigates the risk of diminishing and disempowering Māori and whānau. At its inception, the concept of cultural safety, better known as kawa whakaruruhau, involved Māori training and practising as nurses and the safety of Māori receiving healthcare (Ramsden 2002). Today, cultural safety recognises the potential for power imbalances in all healthcare relationships. Still, it also takes into account the unique needs of all people and the impact of racism, discrimination and inequity on health outcomes (McGough et al. 2022). Manaakitanga certainly aligns with culturally safe practice because it demonstrates a commitment to meeting the needs of others in a way that is reciprocal, authentic and respectful.

Rich narratives unfolded, extending beyond the day's scope but highlighting many systemic issues within healthcare delivery and reinforcing the need for a starting point to improving Māori health. Applying Māori values and principles to practice is not restricted to nurses and nursing but must be a common expectation and mode of practice for all staff in healthcare. There was a sense of setting the metaphorical overgrown bush alight, and there was a robust intent to improve models and promote 'ways of doing' that can underpin health professionals' ability to provide healthcare appropriate for Māori.

Subsequent wānanga should focus on the new shoots, the coalition of a newly developed co-created mode of practice that can be applied by all health professionals and that meets the needs of Māori. There was no evidence to suggest the FOC framework would not work for Māori. Therefore, the authors propose the

development of a tikanga Māori framework that prioritises the Māori values and practices for engagement in a mainstream service which provides care for Māori but is predominantly supplied by non-Māori staff. A tikanga framework would complement and situate the FOC framework within the Aotearoa, New Zealand context, highlighting a health professional's obligations to te Tiriti o Waitangi. It would also illustrate a mode of practice that ensures culturally safe and responsive care for Māori, as advocated by Komene, Pene, et al. (2023), and ensures cultural imperatives are met.

6 | Conclusion

Nurses in Aotearoa, NZ, are privileged to have their underpinning theoretical models and frameworks thoroughly scrutinised, explored and examined for how or if they can work for Māori by a diverse and experienced group of health professionals, Māori leaders and healthcare consumers. Indeed, nursing must take on board this new knowledge and work with the new flax shoots. The wānanga process has demonstrated the influence of applying the concepts of te Tiriti o Waitangi in fostering engagement and collaboration to find equitable, decolonising, and Indigenising solutions. It is an opportunity to co-create new knowledge to achieve excellence in care for Māori. The description of our wānanga process can inform others how the FOC framework can be scrutinised for its usefulness or adaptability to encompass Indigenous populations' culture and care needs. Finally, this report demonstrates the possibilities that applying Indigenous methods to explore problems and co-create solutions offers and the potential to advance health equity agendas.

Author Contributions

B.-J.P., C.A., S.S.D. and J.M.P. made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data. B.-J.P., C.A., D.W. and J.M.P. involved in drafting the manuscript or revising it critically for important intellectual content. B.-J.P., C.A., D.W. and J.M.P. gave final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. B.-J.P., C.A., D.W., J.M.P. agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The authors have nothing to report.

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