

Te Arawhata o Aorua – Bridging the tension of two worlds

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Ngapuhi me Te Rarawa

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Abstract

A significant amount of Māori nurses prefer to work in the mental health sector. Have you considered why?

I will share the findings from a conceptual theory developed from my master's study with Māori mental health nurses called: Te Arawhata o Aorua. The Māori centred grounded theory provides an explanation of why Māori choose to enter and stay in the mental health sector. The theory provides some of the insights into the particular roles and tensions that effect Māori mental health nurses when working in two worlds that are from the Māori world and in a mainstream health service for the benefit of whanau.

Out of 3000 Māori Registered Nurses, the majority of Māori nurses choose to work in mental health services. **Have you considered why?**

From my study with Māori mental health nurses, I offer you a conceptual theory of why Māori choose to enter and stay in mental health. The theory Te Arawhata o Aorua (Bridging two worlds) will provide insights into the tensions that effect Māori mental health nurses, but will identify the instincts amongst Māori who choose the mental health nursing profession and in doing so practice differently.

Te Arawhata o Aorua emerged from the perspectives of Māori mental health nurses who participated in a study to explore what was occurring amongst them. This is a theoretical explanation of Māori mental health nurses which describes

- two worlds as Māori and Pakeha worlds as the main issue for Māori mental health nurses,
- the tension provoked by these two worlds,
- the reasons that appeal to the Māori mental health nurse to go beyond the call of duty to make a difference and
- what Māori mental health nurses do in practice to bridge the tension.

Two Worlds

During this study, the korero about two worlds was often raised by Māori mental health nurses {in their own words}. The term 'two worlds' acknowledges what the main issue is that Māori mental health nurses are grappling with.

When one considers 'worldview' it is about a person's fundamental belief(s) about a variety of situations and subjects including views about relationships between people and the world. People and groups will use their beliefs to make sense and to guide their actions which are mediated by the person's culture. For Māori mental health nurses 'two worlds' is the place they intermingle and practice in, it is about the Māori world and a Pakeha world, each promoting divergent 'whakaaro' and viewpoints to each other.

It is in this dynamic of the two worlds where 'tension' was constantly identified. Māori mental health nurses shared often about the need to 'reframe' their korero to others; to 'justify'; to 'translate' ; to 'decipher'; to 'clarify' and to refine to others so they could make sense. Although, there is an awareness of this constant tension Māori mental health nurses will deliberately position themselves in these 'places' to improve the situation for Māori.

It was therefore important to highlight this 'tension' so as to provide a perspective of the issues and to name some of the occurrences. The words that come to mind when the term tension arose during this study proposed features such as *stress, pressure, pulling, stretching and conflict*. Subjectively, tension was noted as verbal and emotional reactions amongst Māori mental health nurses prompted by verbal criticism by non Māori ; in some health settings and by the actions of others contesting aspects of practice that were informed by the Māori world.

There were multiple examples shared by Māori mental health nurses of the tension experienced when made to place tikanga aside to clinical aspects and also of being challenged for responding in a Māori way to tangata whaiora / Māori. For some this meant having to 'defend tikanga and Māori'.

Māori World

The Māori world is the world that Māori belong to; it provides a cultural context to Māori and regards Māori identity and whakapapa as integral to it. As an insider to the Māori world, the Māori world promotes much bearing on what is important to Māori mental health nurses and their practice.

Pakeha World

The Pakeha world represented the focus on illness, disease, systems and western health contexts/ practices. Māori mental health nurses felt by understanding the knowledge and skills of this Pakeha world were vital to nursing practice. Māori mental health nurses believed this knowledge base/ skill set however must sit alongside of the Māori world, not dominate it.

These two worlds consist of separate entities, each distinctive area with a knowledge base, philosophy and culture. Together they provide the platform for Māori mental health nurses, but they are not mutually congruent. They provoke tension which prompts reactions and forces of pulling and stretching with the Māori world away from the Pakeha world.

Te Arawhata o Aorua

Te Arawhata o Aorua is a conceptual theory which brings together the conditions, challenges and actions of Māori mental nurses. It identifies how Māori mental health nurses *‘bridge the tension of the two worlds’* as a process to manage the issues associated with the two worlds and explains how they *go beyond the call of duty and practice differently* in their roles as Māori mental health nurses.

Going Beyond

Going Beyond recognises the experiences of ‘Being Māori’ and the endurance of constant challenges as a Māori mental health nurse. Often Māori mental health nurses would declare “*I’m Māori*” supported by statements, and actions which reiterated a sense of Māori power and strength. *Being Māori* is based upon Māori whakapapa, informed by upbringing and was a decision by this group to be called Māori.

Enduring constant challenge recognises the issues generated from the two worlds and the need for Māori resilience. This profound finding in the study revealed that the journey of Māori endurance needed to commence early as insights were learnt as student nurses of the imminent challenges for Māori. This required Māori to learn to rise above or to cope with challenges in the early phases of their professional development as potential registered nurses. As they depended upon acquiring their ‘tohu’ Māori must participate in the Pākeha construct in order to acquire the necessary skills / knowledge sought from the Pākeha world. This raised feelings of conflict, conjured up further by observations and experiences about the impact of the health system upon Māori and the presence of cultural apathy about Māori health.

However, in regard for the conditions of Māori, Māori mental health nurses will endure and adapt to these uncomfortable situations, by deliberately presenting themselves in potentially stressful places to care for and to show presence to Māori (tangata whaiora).

Being Māori and Enduring Constant Challenge provide the philosophical basis for why Māori mental health nurses go the extra mile to meet the needs of tangata whaiora and whanau.

Nga Mahi Rereke – Practising differently

Practising differently is the holistic philosophy and approach of Māori mental health nursing practice. It describes three inherent elements:

1. Kaitiaki o Wairua

Explaining ‘wairua’ is no easy fete, its role in health is vital to the wellbeing of Māori and integral to practicing differently. To understand ‘wairua’ requires a willingness to reflect upon what it may mean interpersonally, as well as explore and develop ones perception about ‘wairua’.

There is a responsibility amongst Māori mental health nurses to ensure the ‘wairua’ of others are safe and is maintained for healing, wellbeing and strength. This responsibility employs the *kaitiaki role* of the Māori mental health nurse. Being a guardian of wairua requires the anticipation of tangata whaiora wairua needs and stepping in on their behalf to facilitate processes to enact rituals and tikanga to preserve their wairua and enhance their wellbeing. This kaitiaki role requires guidance, support and ongoing development and sustenance. Often in- depth korero and sharing with tangata whaiora and whanau in practice will reveal many facets requiring the Māori mental health nurse to have regular access to reflection, learning and sound boarding in regard to nga mea wairua.

2. It’s about whanau

The second element of practicing differently is about working with whanau and working from a whanau basis. There is a deep sense and meaning about whanau and how whanau are responded to by Māori mental health nurses is influenced by their whanau experiences and life lessons. These shape ideas about caring and manaakitanga of others and prompt decisions and actions that promote inclusiveness, whanaungatanga and an extension of support to others.

3. Connecting

Connecting is the last element of practicing differently; it is the deliberate action of linking people with people and to places. This is deliberately conducted to uphold and enhance the mana of people, places and atua. It consists of meeting and greeting, of rituals of encounter and engagement; of sharing, speaking the same language and exploring links. The Māori mental health nurse views these actions as integral to their relationship with Māori, often the Māori mental health nurse will show an implicit understanding to others which forms alliances with people, which are important to sustain.

To conclude, I have shared with you Te Arawhata o Aorua, a theory which emerged from and about Māori mental health nurses. It represents their impressions and explanations of what the main issue is they grapple with, but identifies their strategies in their decision to enter and stay in mental health. As a model, it may provide insights to why so many Māori are drawn to nursing in this sector, especially in terms of the three elements to practising differently of kaitiaki o wairua; it's about whanau and connecting. It does highlight the need to appreciate the requirements of Māori who choose mental health nursing from an education perspective *(e.g. as a nursing student), health professional, health service, professional development and policy perspectives.

Reference: Baker, M (2008). Te Arawhata o Aorua Bridging two worlds: A grounded theory study. *A thesis presented in the partial fulfillment of the requirements for the degree of Masters of Philosophy in Nursing at Massey University (Albany) New Zealand.* Massey University.