

CHALLENGING AND CHANGING THE CULTURE OF NURSING



Irihapeti Ramsden has continued to ask whether nursing has really made a difference to the health status of the most vulnerable in our community.

By Anne Manchester

IF PIONEERING nursing educator Irihapeti Ramsden could start her life over again, she might well choose not to go nursing. Her decision to train as a nurse was largely influenced by the early deaths of both her parents (her mother died when she was seven, her father when she was 16). The Wellington Hospital nursing school offered a place to live, some independence and one of the few professions open to women at that time.

"I really wanted to be an archaeological anthropologist," she told *Kai Tiaki Nursing New Zealand* in an interview last month. "My father Eric Ramsden was a journalist, anthropologist and historian so this would have been a logical direction for me. I am quite sure that if my parents had not died, I would have gone straight to university. Wherever I would have gone, however, I would have tried to make changes. Being a change agent has been a driving force in my life."

Ramsden did eventually get to university. After qualifying as a registered, general and obstetric nurse, she completed her BA in anthropology, with a focus on Maori studies, history and te reo rangatira.

Through her mother Henrietta Merenia Meteherangi Manawatu, Ramsden is a mokopuna of Ngai Tahupotiki and Rangitane. Through her grandfather she is

descended from Ngati Raukawa. A picture of her great grandfather Hone Taare Tikao, standing beside two other family members, is the image on her computer screensaver in her office at Massey University's Centre for Public Health Research near Wellington Hospital. The grace and mana of these people are obvious inspirations to her as she finishes work on her doctoral thesis *Kawa Whakaruruhau: Cultural Safety in Aotearoa and Te Wai Pounamu*. This has been in progress over a number of years, as she has struggled with ill health and her many other commitments as a teacher, trainer, Treaty of Waitangi and anti-racism workshop facilitator, mediator, book reviewer, essayist, a member of many national boards and committees, and sought-after national and international conference speaker. Despite ongoing issues with cancer and debilitating asthma, she is a tireless traveller and campaigner on Maori health and equity issues, and on increasing people's understanding of tino rangatiratanga and the Treaty of Waitangi. Her gentle manner and softly modulated voice belie her great strength and determination, but as she observes sharply: "More bees are drawn to honey than to vinegar."

In October last year, Ramsden found herself in hospital once again, as the cancer had reasserted itself in her sternum. Only a few weeks before, she had been a guest at NZNO's conference dinner where

she had been presented with the inaugural Te Taonga a Akenihi Hei Memorial Award for her outstanding commitment to cultural safety in nursing. Back in hospital, she was treated with radiation, given massive amounts of morphine and had a serious reaction to the heavy dose of steroids she received. This weakened the muscles in her legs and arms, and it took her nearly three months to regain her mobility.

"The treatment was almost worse than the condition," she explained. "This event was quite devastating to me and my family, violent and shocking to my body and spirit. The morphine affected my memory, so that when I was well enough to get on with my life again, I found I had to relearn simple things like my eftpos numbers and how to use the computer.

"What I do remember were the oceans of flowers and the overwhelming kindness and love of my many visitors. People from quite unexpected sources wrote me wonderful poems and prose. The messages were often so profound I was brought to tears. Most nights two people would sleep beside me. This is something that could never have happened in our hospital system a few years ago."

Ramsden admits that finding the positives in such devastating life events can be very difficult. "At times staying mentally healthy is hard and I have to make a real effort not to go under. I now have a better understanding of those who do succumb to depression in these sorts of circumstances. I'm also more aware of everyone else's fragility, as well as my own. The experience made me think about euthanasia and the ethics involved in these decisions. We put our pets down to protect them from further suffering but what about we humans? Don't we deserve the same consideration? I am sure euthanasia will one day be accepted in our society but it may take another 50 years of debate."

After her four weeks in hospital, Ramsden spent a week in Mary Potter Hospice, a time to think and get help with symptom control. The days she spent there were a real eye-opener to her. "Palliative care nurses and doctors are such skilled listeners and counsellors. Even though they are as busy as any other health professional, they spend enormous amounts of time with their patients, often becoming very adept at understanding what is said between the lines. For them, the mental and physical health of their patients is totally intertwined. This was the first time I had seen this so clearly demonstrated."

Ramsden remembers some wonderful

nursing and some very stressed nurses during her time in hospital. She was aware how stretched people were, a lack of communication between each specialist area and the potential for things to be missed, especially for patients with multiple health problems. "Being referred from one specialist area to another can be very confusing. The margins and boundaries may seem clear to those who work within them, but for those who are being shuffled around, rapport between the different groups can seem very poor. Communication seemed more evident in the hospice, where health professionals met daily for team meetings.

"I feel really sad about the level of stress staff are under in our hospitals and concerned about the safety issues involved. Our health system is as safe as the most tired nurse and doctor. There are constant opportunities for things to go wrong: it's just amazing more incidents of medical misadventure do not occur.

"I was lucky I had many strong-minded people around me who could ask questions on my behalf. Not only did they support me, they supported the staff who cared for me. In the hospital and the hospice I observed many different sorts of people getting the care they needed — members of the gay community were represented, a Christian group came in to care for one of their own and even the smokers were given their own space. The nurses made no judgements about anyone. There is now much more tolerance of difference than there was even ten years ago.

"It is satisfying to see these sorts of things happening, for they are the essence of cultural safety. On the other hand, it is frustrating to see my work being constantly redefined by others. Cultural safety is not about patients; it's about nurses, their behaviour and attitudes towards patients, and their ability or otherwise to create trust. Some nurses want to make it about ethnicity, about Maori. They are always looking for the simple stereotype or a cultural checklist. This is transcultural nursing, not cultural safety. For example, in the Samoan community, those born in Samoa and those born here can be profoundly different and making generalisations about them would be quite dangerous. Nurses don't enjoy being stereotyped themselves yet they often seem quite happy to do it to others.

"It's frustrating that cultural safety is better understood outside New Zealand than within it. It should be taught as a power analysis, for to earn a patient's trust you have to shift the power base. Nurses as-

sume people trust us, but in fact people don't always, particularly indigenous people, those who have been colonised."

Ramsden believes when our general education system improves and people address the issues of colonisation, then cultural safety will be understood. Until then, it will only be taught and understood well in patches. "Our education system is still designed to support and reproduce the status quo. People are still not being taught to think critically about their own attitudes and resulting practice. They are often happy to retreat back into their comfort zones. This has to change if the health status of Maori is to improve."

"Success

*To laugh often and much,
to win the respect of intelligent
people and affection of children,
to earn the appreciation of honest
critics and endure the betrayal of
false friends;
to appreciate beauty, to find the best
in others,
to leave the world a bit better,
whether by a healthy child, a garden
patch, or a redeemed social condition;
to know even one life has breathed
easier, because you have lived,
this is to have succeeded."*

A question Ramsden repeatedly asks is whether nurses have made the difference they should have or could have to the health status of all New Zealanders. Looking at the social indices that show Maori at the bottom of most health, economic and social statistics, she has to conclude nurses have failed to help Maori access the health services they need. They have also failed to change the social and political conditions that perpetuate ill health among Maori.

"Take youth suicide rates as just one example. The rate of Maori youth suicide is almost three times higher than for non-Maori. This is a real challenge for mental health nurses. We nurses should accept the challenge presented by the horrifying rates of cancer, diabetes and heart disease among some sectors of our population. First, we must acknowledge the entrenched disparity between the health of Maori and non-Maori and then agree to do something about it. We have been immunised against the shockingness of these health statistics. If we hadn't, nurses would have taken up the challenge long ago, recognising their power and potential to create positive change in our country. We have the numbers of health workers, but do we have the

political will?

"We need a health research workforce that continues to measure these gaps and to highlight the health disparities in this country. We also need a clinically skilled health workforce. At the moment, the graduate Maori health workforce is only four percent of the total. However, the solution to the issues of Maori disease is not simply to increase the Maori nursing workforce and load the entire problem on to Maori workers. Many people who identify as Maori do not wish to work in Maori health. The major challenge is to educate the other 96 percent of the workforce so they understand these issues and are prepared to do something about them. All nurses must take responsibility for improving the negative health and social indices."

Despite her many years' involvement in nursing education and curriculum development, Ramsden is reluctant to encourage Maori to go into nursing or to set their sights on working in Maori health without careful thought. "There are just so many funding battles to be fought and then there are the needs of patients, which are unremitting. Many Maori nurses never realise their dreams. The crucial thing is to think carefully about why you want to go into nursing. It's no good relying on idealistic views about helping other people; you have to understand the reality of what you're getting into. If you want to make a difference to Maori health at a political level, then you need to realise it's not an easy task, as the nursing culture is so set. Trying to meet your own ideals within the culture of nursing is a real challenge, but with foreknowledge, clear thinking and planning, a real difference can be made."

Looking back on her own career at this point in time, Ramsden pays tribute to the many good people who have mentored her over the years. "People have gone out of their way to be helpful to me because they have believed in what I have tried to do. Without their help I could never have developed the cultural safety theory or continued to lobby so vigorously for the things I believe in. I would like to be remembered for being true to these things, whether they were popular or unpopular. Changes and progress have been made, though so much more remains to be done."

On Ramsden's desk stands a framed poem entitled *Success*, written by American poet Ralph Waldo Emerson in the late 19th century. Along with the image on her computer screen, these words encourage and inspire her. They are also achievable, she explains simply. □