

THE EMERGENCE OF TE HIHIMĀ: A BICULTURAL PHILOSOPHICAL FRAMEWORK FOR NURSING EDUCATION IN AOTEAROA NEW ZEALAND

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ABSTRACT

The crafting of Te Hihimā (woven flax cloak) o Te Tohu Paetahi Tapuhi (Bachelor of Nursing) at Toi Ohomai Institute of Technology was developed from the connectivity of the collaborative learning relationships and experiences that student nurses encounter during their educational journey. The weaving of a student's individual Hihimā is a metaphorical representation of the development of knowledge, skills and attitudes, and protection as the student-nurse weaver integrates theory with practice, and fuses the art and science implicit within the nursing profession.

The concept of Te Hihimā emerged during the journey to develop a bicultural Bachelor of Nursing curriculum within a mainstream educational institution in the Waiariki rohe, Aotearoa New Zealand. Te Tohu Paetahi Tapuhi was accredited by the New Zealand Qualifications Authority (NZQA) and the Nursing Council of New Zealand (NCNZ) for teaching delivery commencing in 2015.

This article will deliberate the development of the philosophy, and analyse the weaving analogy, in the development of nursing graduates who carry the professionally protective mantle of Te Hihimā to sustain them during the journey into professional practice, and beyond.

KEYWORDS

Bicultural nursing education, Indigenous philosophy, professional practice

CONTEXT OF NURSING EDUCATION

In the 1980s, the nursing profession experienced a time of revolution; the transference in the 1970s of nursing education from hospital-based training into the tertiary educational sector (Carpenter, 1971; Workforce Development Group, 1988) required that health environments respond to a totally qualified nursing workforce. Concomitantly, Māori were asking non-Māori to honour Te Tiriti o Waitangi, The Treaty of Waitangi, and when the Waitangi Tribunal was established in 1975 (Waitangi Tribunal, 2014), a forum was afforded for Māori to voice historical grievances. The emergence of kawa whakaruruhau, or cultural safety, as a tangible phenomenon (Ramsden, 1992; Nursing Council of New Zealand, 2011) challenged health professions, and nursing in particular, to reflect upon the impact for Māori of entrenched values and traditional worldviews on Māori health and wellbeing (Ramsden & Spoonley, 1994; Ramsden, 2000, 2002).

The primary motivator, 36 years ago at Waiariki Polytechnic (now Toi Ohomai Institute of Technology), was the development of an innovative qualification that transformed and extended nursing practice, and connected nursing students to the authentic experience of individuals requiring support and care. Embedding an Indigenous framework to underpin the inaugural Diploma of Nursing curriculum at Waiariki was a first for Aotearoa New Zealand. The nursing faculty (Te Puna Whaiora) of this era sought the permission of Dr Rangimarie (Rose) Pere to adapt and integrate her holistic model of whānau (family) wellbeing and health, 'Te Wheke' (the octopus) (Pere, 1991; Potaka & Ngata, 1984) into the nursing curriculum. The application of an ancient thought process that has transpired through Māori epistemology was, for its time, a future-forward approach to undergraduate nursing education.

In this original curriculum, Te Wheke was positioned alongside the established nursing metaparadigm, the four key concepts espoused by Fawcett (1984) to be the embodiment of the profession of nursing (Fawcett & de Santo-Madeya, 2013). The nursing metaparadigm maintained that the study of nursing is understanding that the continuum of human beings' health and/or wellbeing is influenced by the environments within which they exist (Donaldson & Crowley, 1978). The first concept is therefore environment; this signifies any environment in which the practice of professional nursing care is provided, inclusive of acute healthcare environments, community settings and mental-health services. The second is people; representing individuals, families/whānau/communities who receive nursing care in any professional form and/or any arena of healthcare. Health follows – encompassing wellbeing in all manifestations of the concept – and, finally, nursing; defined in this context as the profession providing care (Fawcett, 1984).

The adaptation of Pere's (1984) articulation of Te Wheke to the nursing context provided a Māori framework that diverged from existing nursing theory. While some nursing theorists explored beyond the physical dimension (Alligood, 2017), this ancient articulation of health and wellbeing offered greater opportunity to examine individuals, families and communities' real-life health experiences within Aotearoa New Zealand. Consequently, Te Wheke broadened the one-dimensional, mono-cultural interpretation of an individual's reality that is afforded by the traditional biomedical model and, as Koch (1996) contended, is often adapted to nursing.

The nursing programme's adaptation of Te Wheke model of health and wellbeing (Pere, 1984, 1991; Waiariki Institute of Technology, 2014) for the nursing curriculum is as follows. The body and the eyes of the octopus represent individuals, whānau and community; the wekeweke (tentacles) represent dimensions of life that provide substance to the whole:

- Wairuatanga: the intangible element of humanness, spiritual growth and authenticity;
- Tuakiritanga (originally Mana Ake, modified in the latest rendition of the curriculum to Tuakiritanga): a concept in which each individual and/or collective of people creates a life philosophy that is unique, and encapsulates, honesty, integrity, truthfulness, the font of knowledge, leadership, humility, humanity and social justice;
- Te Mauri: the driving life-force as an innate inner strength that inspires the drive to reach optimal wellbeing; to motivate and be motivated, as an individual and/or collective of individuals;
- Tūrangawaewae: encompasses historical foundations, considers both tangible and intangible components that influence the present and the future (it needs to be noted that this is a deviation from Pere's original 'ha a koro ma a kui ma'; however, the breath of life is believed to transcend all wekeweke);
- Taha Tinana: internal and external physical characteristics;
- Whānau: social connectedness of being human; cultural and ethnic dynamics of community relationships; the whānau, hapū and iwi reality;
- Whatumanawa: the psychological, behavioural response and emotional reality;
- Hinengaro: the intellectual capacity and capability of individuals, whānau and community, and how thoughts are constructed and knowledge is shared and articulated.

The translation of such profound concepts has had challenges over the ensuing years of delivery in undergraduate nursing education, due mainly to the dearth of supportive literature within the health environment. The current interpretation elucidates the depth of the underpinning concepts, and endeavors to maintain the philosophical essence of Te Wheke.

BICULTURAL NURSING CURRICULUM DEVELOPMENT

The enactment of the Education Amendment Act in 1990 enabled technical institutes to confer degrees, and led to the evolution from a Diploma to a Bachelor of Nursing (BN) at Waiariki Institute of technology, supported by the Nursing Council of New Zealand (NCNZ), the regulatory authority for registration of nurses (2012; 2017). The BN was delivered at Waiariki Institute of Technology for the first time in 1995. The BN retained Te Wheke as an

assessment framework in the curriculum; however, due to consequences of changing health environments coupled with internal and external influences – such as staff turnover, lack of knowledge of the model and discomfort with teaching it – the essence of Te Wheke was subsumed by the dominant monocultural biomedical and nursing worldviews over ensuing years (Cook, 2009). Anecdotally, initial responses were a disregard of the inherent mana of te reo Māori and a one-dimensional approach to the interpretation of each of the concepts, remaining firmly within a Western ideology. This way of thinking is a consequence of colonisation and is embedded in the psyche of generations, now defined as a process of coloniality (Crampton, 2019).

The motivation to reinvigorate this philosophical framework was driven by the reconstruction of the nursing curriculum (Waiariki Institute of Technology, 2013). The primary writers of the new curriculum were nurse educators on the programme: one being Tangata Whenua with whakapapa connections to the rohe; and the other Tangata Tiriti who grew up in the rohe, with a career experience of working locally within a Kaupapa Māori health service. The vision of the 2015 Te Tohu Paetahi Tapuhi (BN) curriculum was to partner and collaborate with individuals, whānau, hapū and iwi, and to contribute to the fabric of the nursing profession in Aotearoa New Zealand. Through the application of competent professional nursing practice, graduates promote an environment that endorses and cultivates a holistic vision of wellbeing, by advocating autonomy and independence, and safeguarding individual and whānau-centric nursing practice (Waiariki Institute of Technology, 2013).

The bicultural lens, used within this curriculum, aligns to the 1840 contract between Māori and the British Crown, Te Tiriti o Waitangi and the Treaty of Waitangi. The Royal Commission on Social Policy (1988) provided guidelines on working with Māori within a Treaty of Waitangi framework using the principles of participation, partnership and protection. The interpretation of these principles, within a nursing context, has translated into a blueprint of concepts that apply to all peoples. In a previous rewrite (2009) of the BN curriculum, within a 15-credit Hauora Māori course, a Te Tiriti o Waitangi focus was introduced. BN students were transitioned from the 'principles' of the Treaty of Waitangi to terminology embedded within Te Tiriti o Waitangi. The success of this strategy was maximised in 2015, when the curriculum endeavoured to value and apply concepts: Kawanatanga, Tino Rangatiratanga, Oritetanga and Wairuatanga (oral article), derived from the wording of Te Tiriti o Waitangi (Auckland Workers Education Association, 2006; Berghan et al., 2017; Health Promotion Forum, 2002; Potaka & Ngata, 1984). These concepts strive to align to the original intent of the implicit contract, from a nursing perspective. Kingi (2007) comments that entrenching intent of the Treaty of Waitangi into health practice (either the English or te reo Māori version), must result in equity for Māori in all determinants of health. Therefore, the embedding of the articles of Te Tiriti o Waitangi into the curriculum influences nursing-practice development, and empowers graduate nurses to be authentically responsive to Māori health interests and needs, as mandated by the NCNZ (2011, 2020).

With a bicultural mantle, Te Tohu Paetahi Tapuhi is committed to meeting the needs of two distinct groupings within Aotearoa New Zealand: Māori as Tangata Whenua, and all others as Tangata Tiriti. It is the grouping of Tangata Tiriti that facilitates the positioning of all students (and graduates), domestic and international, to understand and genuinely engage in the partnership required for provision of health equity by applying Te Tiriti o Waitangi articles to nursing practice (Waiariki Institute of Technology, 2013). The distinct framework resulted from the concept of weaving the sustainable Māori taonga, Te Wheke, through the four concepts of the nursing metaparadigm: Environment, People, Health and Nursing (Fawcett, 1984; Fawcett & De Santo-Madeya, 2013). In keeping with the bicultural focus, translations of the metaparadigm concepts in Te Reo Māori – Taio (environment), He Tangata (people), Hauora (health) and Tapuhi (nursing) – were necessary. The combination of all facets resulted in the weaving of Te Hihimā, a unique model of undergraduate nursing education, purposefully establishing a culturally compatible response to the health aspirations of whānau, hapū and iwi, within the Waiariki rohe.



Figure 1. Te Hihimā. Image: Sian Cox

While alignment of Te Wheke with the accepted nursing metaparadigm was established within the inaugural nursing curriculum (Waiariki Polytechnic, 1985), the concept of Te Hihimā rose from a desire to elucidate the transformative journey of the qualification. A korowai hihimā (woven cloak) is traditionally woven from muka, the fibrous tissue of the harakeke (flax) plant, and is usually unadorned and plain but for the undyed hukahuka 'tassels' emerging from the weave of the muka. In appearance it is natural, simple and humble, but requires mastery to weave. It provides safety from the elements by providing protection, shelter, warmth and waterproofing, and when worn, the movement of the natural fibres reflects sunlight, accentuating the sophistication of the weave and the beauty of the raw organic muka fibre. This visual effect is reflected in the term 'hihimā,' which literally means 'rays of light' (Tamarapa, 2011). The design of the physical iteration of Te Hihimā was inspired by Manukaroa, a korowai hihimā created by the late raranga whakairo (master weaver) Eddie Maxwell of Ngati Rangiwewehi, Te Arawa.

The metaphor of a traditional Māori cloak, or whatu kākahu, has been used as a representation for a variety of health and educational frameworks in recent history in Aotearoa. An example of this is "He Korowai Oranga," a guideline for working with Māori and whānau (Ministry of Health, 2002; Kara et al., 2011), which translates as 'the cloak of wellness.' This health strategy for Māori is symbolic of protection and mana o te tangata, therefore the korowai is envisaged as envelopment, support and cultivation of the partnership of whānau, hapū and iwi, health professionals, community workers, providers and hospitals, to support the achievement of best health outcomes for Māori. The weaving together of these diverse groupings creates the decorative korowai, in which the pattern varies according to the specific needs of the individual, whānau, hapū and iwi.

The framework established in *Tā Tātou Mahere Korowai: Guidelines to setting up rangatahi advisory groups for child and adolescent mental health, addiction or whanau ora services* (Te Rau Matatini, 2010) employs a kākahu analogy for the development of culturally appropriate advisory services for rangatahi mental health and wellness agencies. Concepts of warmth, protection, leadership, identity, honour, skill and beauty are represented as the essence of the culturally significant garment. *Tā Tātou Mahere Korowai* is augmented by tikanga, cultural values and practices; and a tuakana-teina educational pedagogy (Winitana, 2012) is realised by the productive collaboration of rangatahi groups on advisory panels for services. The acknowledgement that while the kākahu weaving process follows a traditional pattern, individuality of the weave of the completed garment provides scope for adaption of specific tikanga for different services.

The crafting of Te Hihimā o Te Tohu Paetahi Tapuhi developed as an exemplification of the collaborative teaching and learning relationships students encounter during their educational journey. The weaving of a student's individual Hihimā is a metaphor for the development of knowledge, skills and attitudes as the student integrates theory with practice, and melds the art and science implicit within the profession of nursing. Te tauira o te Tohu Paetahi Tapuhi (student nurses) weave their own unique body of nursing knowledge and practice, guided by an academically rigorous curriculum in which research, reflection and precision are key attributes. The tension of the muka fibres as they interweave is representational of the professional behaviours, communication styles and attitudes developed by the student-nurse weaver (Waiariki Institute of Technology, 2014) as they navigate their journey towards professional nursing practice.

The stole element of Te Hihimā is a tapa toru whatu (weave) in a triangular shape at the shoulders, and represents both Tinana me te Mahunga o te Wheke (the head and body of the octopus) and the clinical teaching model employed by the Bachelor of Nursing programme. The clinical model is fashioned from the triangulated interaction between clinical stakeholders, academic staff and student nurse. Te Poutama, or steps of progression to knowledge, is depicted within the whatu of the stole and is also representative of the Māori educational pedagogy of tuakana-teina (Winitana, 2012): within the curriculum this is the acknowledgement of the symbiotic relationship between faculty and student; clinical preceptor and student; support of other year cohorts throughout the programme; along with the intergenerational support of graduates with current students.

Whatu is a weaving style that creates balance and stability; this weave is a demonstration of the synthesis of knowledge through the tauira journey. The whenu, or warp (vertical) threads, of the body of Te Hihimā symbolise Te Wekeweke o te Wheke, the dimensions of life and wellbeing that are the pillar of the curriculum, thus embedding

the Māori philosophy within Te Tohu Paetahi Tapuhi. The aho, or weft (horizontal) threads, depict the nursing metaparadigm (taio, tangata, hauora and tapuhi), with a fifth horizontal band representing research (rangahau) and critical reflection (mahi whakapumahara rawa atu). The four partition whatu represent the four domains of competent nursing practice: professional practice, management of nursing care, interpersonal relationships, and inter-professional communication and quality improvement (Nursing Council of New Zealand, 2010). The hukahuka fibres that emerge from the weave epitomise the development of new knowledge and understanding as the concepts are integrated along the student nurse's journey.

As Moewaka Barnes and McCreanor (2019), and Harmsworth and Awatere (2013) affirm, health and wellbeing of people and the environment are synergetic, thus the weaving analogy complements the implicit Indigenous ideology. The following narrative will articulate the process of crafting Te Hihimā by the seamless interlacing of the nursing metaparadigm with Te Wheke, Te Ao Maori and NCNZ (2011) competencies for nursing practice. The fundamental concepts of this theory are considered in the following discussion and provide an overt connection to professional nursing practice. The concepts of the nursing metaparadigm are individually described using a contemporary Aotearoa New Zealand focus.

Taiao – Environment

The environment is the background within which health/sickness/dis-ease interactions are effected, and is inclusive of the natural environment, the contexts in which people live (social, cultural, spiritual, etc.), and/or the health-service environment. People as consumers of the environment rely first on natural capital to maintain primary health and wellbeing. The challenge, now and in the future, is to sustain a viable balance of human and environmental resilience. The human–environmental relationship is multi-dimensional and context dependent, and is reliant on the human ability to navigate the space of each unique encounter (Panelli & Tipa, 2007). The holistic connection that Māori have with the whenua is inherent in Te Ao Māori and is inseparable from past, present and future generations of human existence (Pere, 1991; Pulver et al., 2010). Health environments that aim to educate the consumer serve to support therapeutic relationships built within a framework of partnership, engender trust and encourage self-determination. A culturally safe environment ensures that the individual, whānau, iwi and/or community are the drivers of collaborative decision-making (Curtis et al., 2019). To work effectively with vulnerability, diversity and complexity of social need, student nurses must develop resilience and the capability to be comfortable in a space that may be uncomfortable for them (Nguyen & Velayutham, 2018).

Harakeke is representative of taiao and natural capital; the tikanga that underpins the process of nurturing the plant, to identification of harakeke suitable for the harvest – e.g., rito (child), awhi rito (parent), tupuna (grandparent) – ensures environmental resilience and sustainability of the future (Riley, 2004). Biculturalism provides the overarching framework for tauira (student nurses) to effectively weave the dual mantles of Te Ao Māori and Te Ao Tapuhi (the nursing profession) in the 21st century. The rituals of planting and nurturing, as well as the harvesting process and preparation for transformation of the harakeke, are representative of the tauira journey, as they develop skills and knowledge to navigate the education and healthcare environments. The muka that transpires from the processing of the raw harakeke is representative of the next stage of development, as tauira begin to co-design and formulate their templates for nursing practice, guided by tikanga and he tangata.

He tangata – People

People come from diverse cultural backgrounds and experiences; in addition, Tangata Tiriti have exploded exponentially, adding to the richness of diversity that exists in Aotearoa New Zealand today. Individual creativity and coping patterns are revealed by the ways in which each person constructs reality, sets personal goals and assigns meaning and interpretations to life's experience. In Aotearoa New Zealand, colonisation and the resultant intergenerational trauma have resulted in inequity and health disparities for tangata whenua today (Ajwani et al., 2003; Bécares et al., 2013; Pihama et al., 2014; Jackson, 2017). The social determinants of health influence the holistic resilience of individuals, whānau and communities (Clendon & Munns, 2019). Durie (1999) advocates that,

for Māori, the value of preserving and/or reconnecting with Te Ao Māori and the associated support networks (whanaungatanga) is essential.

The healthcare relationship that nurses establish and maintain with people is dependent on authentic implementation of the tenets of cultural safety, and advocates holism, autonomy and uniqueness (mana) of individuals, groups and communities (Nursing Council of New Zealand, 2011; 2020). Te Hihimā is fashioned by tauira, as they establish authentic interpersonal and interprofessional relationships, guided by a team of health professionals within education and practice environments, and is underpinned by a tuakana–teina framework (Winitana, 2012). The fabric begins to manifest as tauira respond to he tangata (person, whānau, hapū, iwi), and the voices of he tangata are positioned as the foundation of person-centric care, which weaves the art (care, compassion and communication) with the science (evidence-based practice, and precision in scientific application) of nursing knowledge (Vega & Hayes, 2019). The weaving analogy continues as the fount of hauora, or health, is defined by the people at the centre of nursing-care provision.

Hauora – Health

Health beliefs are informed by the past, present and future, and are reflective of the beliefs of each society. Therefore, the implications and experiences of health and wellbeing are different for individuals, whānau and communities (Wilson et al., 2021). Mark and Lyons (2010) comment that Māori spiritual healers acknowledge that ‘mind, body, spirit, family and land’ are synonymous for the maintenance of wellbeing. With this worldview of health as central, the negative impact of colonisation on Māori society in Aotearoa New Zealand has seen Māori driving the response to reshape the direction of health and wellbeing for whānau, hapū and iwi (Ministry of Health, 2002).

Health from a Māori perspective is symbolised through Pere’s framework of Te Wheke (1991), which highlights, and is central to, the curriculum. Metaphorically, te wheke, the octopus, is a serene creature that moves with rhythm and synergy through the sea, maintaining equilibrium, composure and position with its seemingly cumbersome tentacles. Pere (1991) considers dis-ease and dis-harmony to be reflective of disturbance to one or more of the dimensions of life, thereby creating imbalance in health and wellbeing. Durie (1998) surmises that wellbeing is related to temporal surety, tenacity and identity. For Māori to advance health and wellbeing, appropriate acknowledgement of an Indigenous worldview and suitable resources are required to provide the tools for modelling a future health direction.

Effective professional nursing care must align with individual, whānau/family, and community interpretations of health. Te Wheke wekeweke are represented within Te Hihimā as a vertical stylised pattern of whatu that are strategically positioned to create stability and strength in the garment. The tauira are guided to embrace each wekeweke as they learn to weave links to Te Ao Māori with Te Ao Tapuhi, whilst ensuring that the unique holistic health experience of people is illuminated. Te Wheke guides tauira to seek a holistic interpretation of hauora from an individual and/or whānau perspective. The application of Te Wheke framework enhances the nursing assessment methodology, as it provides the platform to extend beyond the physical, emotional, social and spiritual experiences of hauora.

Tapuhi – Nursing

Christensen’s (1990) theory of nursing purports that nurses work in partnership with individuals, whānau and communities, and utilise and evaluate professional judgment, research and skills to maximise health and minimise dis-ease. The nursing profession is therefore the culmination of professional, scientific and practice knowledge that encompasses reflective critical inquiry underpinned by evidence-based practice research (Nicoll, 2004; Fineout-Overholt et al., 2005; Fleiszer et al., 2016). In addition, nursing-care professionals are accountable for their response to the continuum of health needs across the lifespan of the people of our communities. While caring is a human trait, the professional nursing-care ethic traverses both intrinsic and extrinsic human factors. These have been debated by theorists as being either in conflict with nursing practice or a key attribute of professional nursing practice (McSherry et al., 2012).

Gadow (1988) writes that caring is an obligation to ease vulnerability for another, and involves person-to-person communication and interaction. Gadow comments further that underpinning the committed interpersonal relationship are the values and belief systems of the 'other.' This notion of 'othering' has been superseded within the Aotearoa New Zealand context by the application of cultural safety. This enhances the therapeutic relationship by developing partnerships with vulnerable individuals to whom the professional 'care' is given, by considering and acknowledging the power inherently embodied in the nurse (Christensen, 1990; Ramsden, 2002). The value of caring is akin to the value (uara) of manaakitanga (showing respect, generosity and care). Manaakitanga provides the basis for establishing, maintaining and concluding relationships within the context of a professional nursing relationship (Nursing Council of New Zealand, 2010; New Zealand Nurses Organisation, 2019).

Embedding Te Tiriti o Waitangi articles, rather than the principles of 'the Treaty of Waitangi' within the curriculum provides clearer guidance for nursing-practice development when working with, and for, Tangata Whenua. The recent Manatu Hauora (2020) expression of Te Tiriti o Waitangi in terms of mana (Mana Whakahaere, Mana Motuhake, Mana Tangata and Mana Māori) emphasises the prestige and power of Tangata Whenua in the Crown partnership implicit in Te Tiriti o Waitangi. Health for Māori is a treasure, and therefore health needs should be responded to appropriately as taonga. Anderson and Spray (2020) contend that health promotion, determined by Māori aspirations, provided to meet Māori cultural reality, should result in sustainability for Tangata Whenua. The new health era with the advent of a Māori Health Authority will support self-governing health services on many levels (marae, hapū, iwi, national) and promote collaborative alliances with culturally safe healthcare professionals (Curtis et al., 2019) To this end, graduate registered nurses who are politically informed and integrate social justice within care are culturally safe, competent and resilient, and will focus on the reduction of health inequities experienced by people in their care (Buettner-Schmidt & Lobo, 2011). Sustainability, from a nursing perspective and adapted from the Brundtland Commission (1997) definition, is meeting the needs of today's health consumer while growing a capable health- and wellness-focused future generation, with an aim to reshape health outcomes.

Tauira shape the context of their practice by the weaving of knowledge, reflecting in and on practice (Nicoll, 2004; Schon, 1987), employing critical thinking and evidence-based practice (Fineout-Overholt et al., 2005) and adapting practice with the aim to transform the holistic health needs of he tangata. The NCNZ (2011) competencies for practice are represented in the Hihimā as the whatu partitions bonding the nursing metaparadigm with Te Wheke, depicting the development of professional nursing practice. Hukahuka, twisted muka tassels, emerge from the fabric and represent tauira, who develop new knowledge from the fusion of all concepts during the navigation of their transformative journey to practice as registered nurses. This culminates in the creation of Te Hihimā.

CONCLUSION

Te Hihimā is an amalgamation of the established nursing metaparadigm (Taiao/Environment, He Tangata/People, Hauora/Health and Tapuhi/Nursing) with the Indigenous holistic framework Te Wheke, which has resulted in the development of a new model. Te Hihimā is a skilfully crafted philosophical framework that provides a bicultural lens for undergraduate nursing education and practice. In graduating with Te Tohu Paetahi Tapuhi, tauira have crafted their own mantle of professional nursing practice, Te Hihimā.

With the certainty of change related to the current development of a unified national undergraduate Bachelor of Nursing programme, there is an inevitable loss of metaphors and methodologies that have been developed to meet the distinctive need of the rohe. We had anticipated building on our own reflections through an evaluation project that canvasses students' experiences and responses to Te Hihimā, and an exploration of the methods nurse educators use to embed Te Hihimā into the teaching and learning space. It will be interesting to determine how a national model of biculturalism is framed in the new degree, and when this is revealed it will undoubtedly spark topics of inquiry for future research and reflection. Finally, while the future of Te Hihimā is uncertain, the philosophical positioning and intent of the framework has been crucial to embedding a Te Ao Māori epistemology within Aotearoa New Zealand nursing practice.

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AUTHORS

Denise Riini. I am a 1989 graduate of the Diploma of Nursing programme at Waiariki Polytechnic, where the architecture of the curriculum was designed and delivered based on each of the eight individual dimensions of health. This teaching methodology provided a concrete link to the nursing context without tutors needing to translate each dimension's unique Te Ao Māori construct. Furthermore, as a Māori taura, this learning approach and Te Wheke framework resonated with values and beliefs that were familiar to me; in essence it made the knowledge acquisition culturally relatable. However, the transference of this knowledge into a Westernised secondary healthcare system, which viewed health as one dimensional and marginalised the cultural sophistication of health, as articulated within a Māori worldview, was disempowering. As a Māori nurse I was not immune to this cultural context, and when I was privileged to be providing nursing care for Māori it was an opportunity to apply elements of Te Wheke framework. Today, as a Māori nurse-educator in the tertiary sector, I am in a position to authentically embed a Te Ao Māori worldview into curricula.

Shirley Lyford. I acknowledge that I hail from a privileged position in Aotearoa New Zealand, as a farmer's daughter in the Eastern Bay of Plenty. I am of settler 'stock'; my family disembarked in Nelson in 1842, therefore I view myself as a 'child of the Treaty.' I have been a nurse for 40 years; my primary nursing education was at the Tauranga School of Nursing, 1982–85. I have had experience working in a Kaupapa Māori service, which embedded holistic care including intersectoral support when working with tangata whaiora (Lyford & Cook, 2005). I transitioned to undergraduate nursing education in 2008. It is in this environment that catharsis, or even a rebirth, transpired. Working directly with Denise in the writing of the 2015 curriculum opened my eyes to my pervasive settler worldview, and subsequent involvement as a research analyst in Kaupapa Māori research studies has offered further insights. My challenge is to support Kaiako Māori in their mahi and to continue to debate the role of the settler in the dissemination of Indigenous knowledge within a nursing context, without cultural misappropriation.

Finally, we acknowledge our predecessors, who have persisted in ensuring the implementation of Te Ao Māori concepts of wellbeing within nursing since 1985. It is a legacy that is evolving as Māori narratives and literature continue to enrich our knowledge of Te Ao Māori.