

INDIGENISATION OF THE NURSING CURRICULUM: PEELING BACK TO REVEAL THE UNSPOKEN

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TUHINGA WHAKARĀPOPOTO / ABSTRACT

Globally, there is an underrepresentation of Indigenous populations in higher education (United Nations, n.d.). The Aotearoa experience by Māori and tagata Pasifika of marginalisation in education is a consequence of a plethora of challenges, hegemonic ideation and strategic assimilation authorised by the government of the day (Smith, 2003). A move in tertiary education, including nursing education, towards indigenised curricula heralds an opportunity to address inequity and structures that have oppressed education experiences for Indigenous peoples. This article prefaces a research project that will investigate how Whitireia | Te Pūkenga has successfully indigenised nursing curricula over the last 17 years. The Bachelor of Nursing Māori (BNM) and Bachelor of Nursing Pacific (BNP) programmes offer unique indigenised curricula with the Bachelor of Nursing (BN) running alongside these programmes to assimilate this new indigenised nursing curriculum approach.

This article focuses on the scoping phase of this research that seeks to demystify, unpack and clarify how the indigenisation of a national nursing curriculum is relational at the local level. Ngāti Toarangatira and hāpori Māori were involved as co-designers, having kuia koroua as consultants in all aspects of the programme life, from decision making, to complaints to marketing to engaging on marae, and the services provided by iwi and hapori Māori. Working in partnership has been successfully achieved, with each programme retaining its autonomy. The heads of each programme are the researchers, who also founded Te Kawenata Tapuhi, which has at its core principles that govern our working relationships that are mana animating. The researchers share the path thus far as part of their poutama, the weaving of a whāriki.

This article and research are a deliberate attempt to provide evidence to support successful indigenisation and to counter the recent ferocious debate that has resulted from this process. This debate has resulted in exposing an underbelly of white fragility (DiAngelo, 2011) and entrenched institutional racism within the leadership and structures of nursing education. This reaction (which lacked any informed discourse nationally or with tāngata whenua and tagata Pasifika¹) seems to directly oppose the urgency and opportunity for nursing education to lead the way in indigenisation, instead presenting a polarising public debate. The researchers will offer some insights from their experiences of Kawenata that may support the transformation needed throughout all health provision to better meet the health outcomes of their communities. Working under the leadership of tāngata whenua, tagata Pasifika and their allies is critical to success.

“Kua tawhiti kē tō haerenga mai kia kore e haere tonu. He nui rawa ō mahi kia kore e mahi nui tonu.”

(Henare, quoted by Kiro, 2022)

KEYWORDS

Bachelor of Nursing Māori, Bachelor of Nursing Pacific, Whitireia | Te Pūkenga, Kawa Whakaruruhau, cultural safety, nursing education

1 Tagata Pasifika is used to describe people of Pacific heritage who live in Aotearoa.

WHAKATAKINGA / INTRODUCTION

“You have come too far not to go further, you have done too much not to do more” is a translation of the above whakatauhāki by Sir James Henare, a rangatira of his people from the northern tribes of Ngāti Whātua, Ngāpuhi, Ngāti Hine, Te Rarawa, Ngāti Kahu and Te Aupōuri. This whakatauhāki typifies the journey taken by a community college located in a predominately Māori and Pacific community under the kaitiaki (guardianship) of Ngāti Toarangatira, to deliver not one but two Indigenous undergraduate nursing programmes, Bachelor of Nursing Māori and Bachelor of Nursing Pacific. This article is a result of a presentation by the three authors at the Unitec/MIT Research Symposium 2022, which provided some initial insights into three undergraduate nursing programmes co-existing in one institution using a Te Kawenata/Tiriti-based relationship. Te Kawenata Tapuhi was established as the mechanism of governance for addressing managerial accountability, interprofessional relationships, cultural capital and equity. This article covers three areas to reveal the three cornerstones of Te Kawenata: I Mua, I Nāianeī and Ā Mua.

- I Mua (past), where we came from, makes the connections related to the sociopolitical context in which the institution evolved; in particular, the two Bachelor of Nursing Indigenous programmes and Te Kawenata.
- I Nāianeī (present), where we are now, the mechanism of mauri ki Te Kawenata (essence of Te Kawenata), that connects the three Bachelor of Nursing programmes at an operational and governance level.
- Ā Mua (future), where we are going in education and research as Te Kawenata. Ā Mua also speaks briefly into the space of rangahau (Māori engagement with research), the next stage of this journey of Te Kawenata. Research will reveal the experiences from the indigenisation of a nursing curriculum through the voice of ākonga (students) and kaiako (tutors), in a longitudinal study with the view of what success looks like in an institution, delivering two Indigenous nursing curricula in the spaces of Te Ao Māori (the Māori world) and Pacific.

This research is undertaken within the context of the merging of 16 Institutes of Technology and Polytechnics (ITPs), including industry and apprenticeship training, into one new system, Te Pūkenga. Te Pūkenga caters to and is driven by the needs of industry, providing more support for their employees as a response to the merger, and ensuring greater consistency in vocational education nationally. One of the key mechanisms to bring about greater consistency in the vocational arena is the process of unification. The undergraduate nursing education arena is one of the professional groups to undergo the transformation. The three new curricula (BNM, BNP and BN) are modelled on the two existing indigenised nursing programmes that have collectively been operating for 33 years, and have been successful in addressing equity and success for tāngata whenua and tagata Pasifika in becoming registered nurses, with an average of 15 tāngata whenua and 25 tagata Pasifika graduates each year. Much can be learned about this success by looking back to demystify where the programmes have come from. Te Kawenata – “You have done too much not to do more.”

I Mua (past): Where we came from. Te Kawenata rārangi wā (timeline)

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| 1986 | Parumoana College, later renamed Whitireia Community Polytechnic, opens its doors on reclaimed land gifted by Ngāti Toa, to serve the education needs of the community. |
| 1986 | The Diploma in Nursing was one of the foundation programmes, led by Jeanette Page. |
| 1992 | The Bachelor of Nursing, with a programme philosophy based on Te Tiriti o Waitangi, was approved at Whitireia. |
| 1992 | The Nursing Council of New Zealand formally adapted cultural safety as a compulsory component of nursing and nursing education. |
| 2003 | The Bachelor of Nursing Pacific was approved. |

- 2009 The Bachelor of Nursing Māori was approved.
- 2020 The Bachelor of Nursing Māori moved from the School of Health and Social Services to Te Wānanga Māori.
- 2021 The Bachelor of Nursing Pacific moved from the School of Health and Social Services to Pacific Strategy Group.
- 2021 Te Kawanata Tapuhi provides a framework for the relationship and way of working between Te Wānanga Māori, Pacific Strategy Group and the School of Health and Social Services.

Parumoana College, later renamed Whitireia Community Polytechnic, was established in the Porirua community in 1986, based on a kawenata between the Crown, local iwi Ngāti Toarangatira and the local community. The community and iwi leaders came together with a shared vision for the establishment of a local polytechnic that would meet the unique needs of their community. Turoa Royal (Ngāti Whanaunga, Ngāti Tamaterā, Ngāti Raukawa) was the founding leader and the first chief executive of a polytechnic who identified as Māori or Indigenous. His philosophy and leadership were focused on ensuring that Whitireia did things “differently but” (Jansen & Scadden, 1996, p. 56). The nursing programme was one of the foundation programmes and was started under the leadership of Māori nursing academic Jeanette Page (Ngāti Mutunga). With these two Māori leaders, the polytechnic was immediately recognised as being unique.

However, in the early 1990s the polytechnic sector was faced with socio-political pressures of managing the competing demands of valuing the cultural capital in the organisation gained from the unique partnership with Manu Whenua and local Pacific community against the economic-capital demands of neoliberalism. The adoption of a neoliberal approach to tertiary education in response to the Todd Report (1994) (McLaughlin, 2003) moved the sector to a user-pays approach, with students contributing up to 50% of course costs. The adoption of neoliberalism and its emphasis on individualism and economic growth resulted in a focus on preparing graduates for the labour market (Bruce et al., 2014). This position was in conflict with the nursing programme’s graduate profile outcomes that were preparing graduates who valued collectivism and were able to work in diverse socio-cultural contexts. The neoliberal focus on work-ready graduate preparation created an anti-intellectual rift, with clinicians in industry settings valuing pragmatic skills-based knowledge over the abstract thinking that is favoured in the academic environment.

At the same time, polytechnics were given the same authority as universities to offer nursing degrees. The acceptance of this move was still being challenged by university academics, who were the decision-makers sitting on the New Zealand Qualifications Authority (NZQA) approval panel. The Whitireia-proposed Bachelor of Nursing programme was initially declined approval for degree status. The degree-approval process was a traumatic experience for the staff involved, who found their capability as educators being questioned. Only two of the teaching team held completed master’s qualifications at the time, and they were interrogated in relation to the credibility of their qualifications and educational expertise, on the basis of having studied overseas. The curriculum and its philosophy were challenged on the grounds of purported lack of academic rigour. Ironically, even though the philosophy was moving nursing education away from the binary view that valued scientific knowledge over humanist knowledge and relational learning, the panel expected the nurse educators to write the curriculum in academic language that privileged scientific knowledge (Pool, 2021).

Globally and in Aotearoa New Zealand, how we think about and understand the knowledge of people, science, health and education has been dominated by Western, Eurocentric cultural views. Nursing education has inherited and adopted this understanding of nursing as it has developed through colonisation. The impact of colonisation worldwide has resulted in the privileging of the Western European paradigms while, at the same time, the non-dominant culture views of the Indigenous peoples have been marginalised and devalued. This methodological positioning in society, named as ‘Whiteness’, is still prevalent in academic practices today (Stewart et al., 2020, p. 2).

A strong group of nurse educators at Whitireia presented the vision for an Indigenous approach to the curriculum philosophy based on Te Tiriti o Waitangi. With encouragement from health and education expert Mason Durie,

the curriculum document was strengthened with an emphasis on the importance of Indigenous knowledge and concepts such as equity, power, marginalisation, social justice and the emancipatory role of education in people's lives and therefore in the wider community (Southwick, 1994).

Developing cultural awareness and an understanding of cultural safety is part of nursing education's journey and part of the journey that Aotearoa New Zealand is on in response to and in recognition of breaches of Te Tiriti o Waitangi. In 1990, the country acknowledged 150 years since the historic signing of Te Tiriti o Waitangi, the founding document of Aotearoa New Zealand society. The 1988 Royal Commission Report introduced the principles of partnership, protection and participation as a way of making Te Tiriti o Waitangi current and applicable to all Aotearoa New Zealand citizens (Richardson, 2010).

Kawa Whakaruruhau, internationally known as cultural safety, was developed based on the research of Irihapeti Ramsden to educate nurses and address the need for attitude change and an awareness of power in health relationships with Māori (Richardson, 2010). The intention of Kawa Whakaruruhau focuses on culturally safe practice for Māori patients their whānau, hapū and iwi, and acknowledges the interaction between physical, mental, spiritual and whānau wellbeing. It reinforces that Māori concepts and epistemologies of healthcare matter and have a place in today's health system (Nursing Council of New Zealand, 2020b). The Nursing Council of New Zealand (NCNZ) commissioned Ramsden to develop guidelines for nurses in working in a culturally safe manner (Nursing Council of New Zealand, 2005/2011). The guidelines became incorporated into NCNZ regulations as part of the competencies that all nurses must meet to be fit and safe to practice as registered nurses. Nursing education curricula across the country were revised to include these guidelines and the teaching of concepts of cultural safety, social justice, equity and disparity, particularly in relation to Māori health outcomes.

Whitireia New Zealand again took a leading role in trying to address these issues. In 2003, the Bachelor of Nursing Pacific programme was launched based on the doctoral work of Dr Margaret Southwick. Dr Southwick was one of the pioneering members of the original nursing staff and her research was undertaken in recognition of the lack of success for Pacific graduates in the nursing curriculum and programmes that were structured and taught based on Western cultural views. Her research identified the need to teach and support Pacific nurses to walk in two worlds: their own Indigenous culture and Western culture.

In 2009, the Bachelor of Nursing Māori programme began, six years after the BN Pacific programme. Ngāti Toarangatira were not ready to support a kaupapa Māori nursing programme until it had the necessary resources in place, e.g., human resources, infrastructure to support an Indigenous kaupapa etc. Whitireia is one of three institutions to offer these Indigenous programmes; we are, however, the only one whose programme is taught solely to ākonga whakapapa tāngata whenua. The structure of this programme is wholly based on Te Ao Māori. It was not until several years after the establishment of these programmes that a national approach to building a nursing workforce that matches the population was envisaged (National Nursing Organisations, 2014). This strategy reported that culturally specific Māori and Pacific undergraduate programmes have proven a successful strategy for recruitment, retention and success for growing this workforce (National Nursing Organisations, 2014). An increase in the employment of Māori and Pacific nurse educators, currently registered as 1.3% for Māori and 1% for Pacific (Nursing Council of New Zealand, 2020a) is needed to support these programmes and to support the development of an organisational culture that fosters a more culturally diverse workforce (Pool, 2021).

In 2016, the New Zealand Productivity Commission reviewed new models of tertiary education and identified a number of issues. This review prompted a government review of vocational training, alongside a proposal to reform how vocational education is provided in the tertiary sector (Ministry of Education, 2019). This reform proposed the establishment of a single entity for providing vocational education across Aotearoa New Zealand, and Te Pūkenga was created. This government-led review resulted in a new tertiary education strategy that would seek to substantially change the organisational culture of the polytechnic sector. With a unified system for learners, the vision is to create a vocational education system that is more responsive to the unique needs of all learners, including those who have been marginalised, such as tāngata whenua and tagata Pasifika. A more upfront focus

on upholding and enhancing Māori–Crown partnerships is part of the organisational culture-change proposed (Hipkins, 2020).

With these structures and changes being implemented in nursing education over the past 30 years, the expectation might be that we have now developed sufficient cultural capital that Te Ao Māori is normalised as part of Aotearoa New Zealand society, including in nursing education. The reality is that society is just beginning to acknowledge the ongoing impact of institutional racism, discrimination and inequities that impact on the health and education systems with a profound impact on Indigenous peoples. Māori nurse educators are still under-represented in the nursing education workforce. While three Indigenous nursing curricula have been developed and approved for preparing Māori and Pacific nurses, the majority of nursing education curricula are still structured around Western cultural views. Nursing education has been formed by dominant Western European cultural worldviews which afford nurse educators from the dominant culture a higher cultural capital (Pool, 2021). Culture can be viewed as a source of domination that serves to reproduce institutional hierarchies or positioning. The cultural capital associated with the Indigenous peoples of Aotearoa New Zealand has yet to be recognised and valued in society and in the fields of nursing education practice. This research seeks to provide evidence of the cultural capital gains from Indigenous curricula. Te Kawenata – “You have done too much not to do more.”

I Nāianeī (present): Where we are now. Te Kawenata mauri (essence of Te Kawenata)

At a local level delivering nursing education, Whitireia is known for having radical, innovative ideas, and challenging convention when it comes to delivering education in nursing. Delivering one Indigenous nursing curriculum is radical, two Indigenous nursing curricula is innovative, and to have these programmes sit alongside their peer, Bachelor of Nursing (BN), contributes to reciprocity in knowledge, skills, values, cultural capital and equity. In the Indigenous education space, there are thought-provoking discussions of the positioning of Indigenous education, educators’ experiences, indigenising curricula, and contesting ‘space’ through the authors’ divergent lenses that are understood against the backdrop of colonisation, cultural and social context (Battiste, 2013; Graveline, 1998; Moeke-Pikering, 2010; Smith, 2012; Styres, 2017; Styres & Zinga, 2013). The BN Māori and BN Pacific Indigenous curricula are a conscious decision of decolonisation, a resistance to the imperialist colonising processes of what constitutes knowledge, where Indigenous peoples have been excluded from access to knowledge outside of the established Eurocentric education system.

These two Indigenous nursing programmes sit outside of the conventional managerial nursing system, including the traditional schools and faculties of Nursing and Health. The BN Māori kaiako, since the programme’s genesis, have physically located themselves in the space of Te Wānanga Māori while under the Faculty of Health, as Indigenous peoples in a Māori environment with management accountabilities across two faculties, Te Wānanga Māori and the Health faculty. Initially, the programme enjoyed a harmony of security and thrived in these two environments in the academy. During a period of restructuring, the safety net was taken away from what was a healthy, striving learning community for two Indigenous programmes, and was replaced with trepidation and destabilising behaviours. Ākonga in their final year of study mobilised and petitioned in direct and indirect spaces to be heard at the regulatory level, a presentation at a national professional conference, internal management levels of the institution, and in an article published in a national nursing journal. Their concerns highlighted the destabilising impact of institutional structural reforms dominated by Eurocentric hegemonic attitudes on the integrity of the programme, and the absolute regard they held for their kaiako of the programme. The BN Pacific programme had similar experiences to the BN Māori programme, with ākonga and kaiako feeling numb, angry and helpless.

Indigenous peoples are exposed and vulnerable to the hegemonic systems that disempower, marginalise and demean their integrity and their mana, as can be found in the analysis of the works by Indigenous academics (Durie, 2009; Maaka, 2004; Smith, 1997; 2000; Smith, 2012). In late 2019, three core changes occurred: changes in management structure; improved relationships with tāngata whenua and key tagata Pasifika in the institution; and the Nursing Council of New Zealand approving the two Indigenous programmes to sit outside of a Nursing or Health faculty, with the condition that the Heads of Nursing Māori and Pacific have the appropriate credentials to lead these two indigenised programmes. A shift in the power dynamics was evidenced, where hope and confidence

were returned; this could be seen at the management level with the inclusion of mana whenua and the Pacific Strategy manager actively participating in the decision-making process. Te Kawenata was ignited to support the three Bachelor of Nursing programmes to move towards a Tiriti-based relationship. The future of the Bachelor of Nursing Māori – with regards to where it could be positioned after the restructuring that is currently occurring in Te Pūkenga – is in an environment that is whānau, hapū and iwi centric, regional and fluent in Te Ao Māori. Is it in the Ako Network Mātauranga Māori, the conventional system, or somewhere else? Watch this space.

Te Kawenata is a covenant, a promise, a Tiriti-based relationship, a strategic alliance for three divergent programmes founded on three core pou (metaphoric posts). The pou of te Tiriti o Waitangi are expressed through three values, as described to follow.

Mana Taurite / Equity and Mahi Ngātahi ā mua mean working collaboratively in a way that is tika (fair) and pono (honest). This value is universal and represents nothing new when establishing rules of engagement. Exclude the words in Māori and the alliance could be with any group. However, when working with Indigenous cultures, the language is wairua (spirit) and connects us to our tūpuna (ancestors) and atua (gods), as can be seen in the work by Valentine (2009), who concludes that spirituality is a fundamental attribute to a Māori worldview:

... an intuitive consciousness ... an avenue through which Māori identity is expressed and maintained, relationships are forged, balance is maintained, restrictions and safety adhered to, healing is transmitted, and the mechanism through which the tūpuna and atua remain connected to the living. (p. 134)

The pou of Kotahitanga – collective action – benefits the three programmes' shared goal of equity, better educational outcomes for Māori, Pacific and the growing under-represented communities in nursing education, where success is the norm for ākonga, for their whānau, and for their communities. Kotahitanga is linked to the wellbeing of people. Collective action requires all parties to be engaged, all working together and not in isolation from each other; its about strengthening relationships, identity and self-determination (Gall et al., 2021).

The third pou, Tino Rangatiratanga / Autonomy, is an acknowledgement of the stewardship and the autonomy of each curriculum – these programmes that are culturally, clinically and academically responsive to the ākonga. Rangatiratanga is often associated with sovereignty, leadership and autonomy to make decisions (Royal, 2003). Here is a famous whakatauhākī from a prominent leader of Ngāti Whakaue, Ngāti Pikiao and Ngāti Rangitihi, Bishop Manuhuia Bishop: “Ko te kai a te rangatira he kōrero, ko te tohu o te rangatira he manaaki, ko te mahi a te rangatira hei whakatira i te iwi. The whakatauhākī identifies three attributes of a rangatira: 1. The thirst for knowledge, the desire to engage in discussion, debate and participate in wānanga. 2. [They are] known for their generosity. 3. [They have the] ability to bring people together” (Whitireia Weltec | Te Pūkenga, 2023, p. 7). Rangatiratanga reminds us, as leaders, as stewards in each of these programmes, to uphold the mana (delegated authority) to lead with integrity, to actively engage in mana-enhancing practices that elevate Māori and tagata Pasifika to be successful, and to do everything in our power to champion against oppressive imperialist attitudes and behaviours. Te Kawenata – “You have come too far not to go further” (Henare, quoted by Kiro, 2022).

Ā Mua (future): Where we are going with Te Kawenata. Hāpori whānui (wider communities) and rangahau kotahitanga (sharing the research space)

The arrival of Te Pūkenga has heralded a new approach to tertiary education, by utilising the collective knowledge and experience of 16 Institutes of Technology and Polytechnics to deliver high-quality learning nationally that reflects the needs of communities at a local level (Te Pūkenga, 2023). A key initiative to deliver high-quality learning nationally was the drive to unify existing nursing programmes, which included the Bachelor of Nursing Māori, the Bachelor of Nursing Pacific and the Bachelor of Nursing. By drawing on the strong foundation of existing approved and accredited Bachelor of Nursing programmes already delivered throughout Te Pūkenga network by 13 ITPs, the unification process was initiated in 2022. The unification of these programme ensures Te Pūkenga responds to the nursing workforce requirements and aligns with the recent health reforms that have established Te Whatu Ora and Te Aka Whai Ora to better meet the needs of Māori and tagata Pasifika populations (Te Pūkenga, 2023).

This unification process in Te Pūkenga has been challenged by the established nursing leaders in education, causing friction and tensions, especially with those who support this bold approach to the Indigenisation of nursing education in Aotearoa. The three respective Heads of Nursing at Whitireia, where this unification of three unique nursing programmes was modelled, were supportive from the start. As outlined above, this model has been highly successful in addressing equity, and allowing Māori and Pacific students to successfully become registered nurses. To formally capture how Whitireia has been able to successfully address equity, a research project will commence this year to hear the voices of ākonga from the three unique programmes, including those in the Cook Islands, as to why they choose their respective programme of study and what benefits they gained from doing so. Additionally, the kaiako of the three respective programmes will also be asked why they think their programmes of study are important to address equity and how they are doing this. This longitudinal study will continue for four years and include the roll-out of the new, unified Te Pūkenga curriculum. This purpose of this approach is to enable data not only from different programmes, different years and different countries to be compared and contrasted, but also from old to new curriculum, giving a rich Indigenous source of information. This research project will aim to contribute to how the indigenisation of curriculum is contributing positively to the academic success of Māori and Pacific, specifically in the nursing education domain. Te Kawenata – “Kua tawhiti kē tō haerenga mai kia kore e haere tonu he nui rawa ō mahi kia kore e mahi nui tonu. You have come too far not to go further, you have done too much not to do more.”

OTINGA / CONCLUSION

Te Kawenata is woven into the whakapapa of Whitireia's journey of growth and development, culturally, spiritually, socio-politically, as it walks confidently into the new education environment as Te Pūkenga, armed with the knowledge, experience and skill to deliver three national, unified Indigenous nursing curricula. The confidence comes from having over 33 years between two programmes of delivering Indigenous nursing curricula with success; and paramount to this success is maintaining the students' identity and integrity as Māori and tagata Pasifika. There was a time in the journey of these two Indigenous programmes when the management system mobilised ākonga to take action. It took time, personal and professional commitments to the kaupapa, and a change in management to heal the breach for these two programmes. It was from this upheaval that Te Kawenata was reignited as a covenant, a promise that articulates the rules (values) of engagement between the three Bachelor of Nursing programmes at both governance and operational levels to ensure sustainability, equity and building the capacity and capability of our Māori and Pacific nursing workforce. Finally, drawing upon the shared spaces of the three Bachelor of Nursing programmes in the Indigenous learning environment, a longitudinal study is to be undertaken alongside ākonga and kaiako with the purpose of building a body of rich Indigenous knowledges, experiences and expressions of what it means to be a Māori or tagata Pasifika in an Indigenous nursing programme.

“E kore e taea te aukati i a koe ... chase what excites you not what holds you back, are you sure, then go and get it.”
(Apiata, 2010, p. 1)

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