Readying nursing students for culturally grounded practice that supports a new vision of older persons' healthcare environments

Teaching resource: Older adults' narratives of health and wellbeing

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Participant	Ethnicity	Narrative title	NZNC Competency Pou
Phyllis	NZ European	*"I would say I'm a battler in life."*	**POU TWO: CULTURAL SAFETY** "...registered nurses... understand their own cultural identity..."
Sita	Indian	*"Geriatric care is so much better here."*	**POU FIVE: MANAAKITANGA AND PEOPLE-CENTREDNESS** "...acceptable and effective decision-making related to the provision of care and appropriate interventions."
Tamati	Māori	*"We have the whole world in New Zealand."*	**POU ONE: MĀORI HEALTH** "registered nurses must support, respect and protect Māori rights while advocating for equitable and positive health outcomes."
Vili	Pacific	*"Ni sa bula!"*	**POU SIX: RANGATIRATANGA AND LEADERSHIP** "nurses proactively provide solutions and lead innovation to improve the provision of care."
Yan Hua	Chinese	*"The experience here is better."*	**POU THREE: WHANAUNGATANGA AND COMMUNICATION** "An understanding of the need for different forms of communication enables the nurse to influence the interprofessional healthcare team."
Ying	Chinese	*"If the patient is happy her body will heal."*	**POU FIVE: MANAAKITANGA AND PEOPLE-CENTREDNESS** "demonstrate the values of compassion, collaboration and partnership to build trust and shared understanding between the nurse and the recipient of care."

2 | Individual narratives

“Treat everybody like your own.”

Narrative 1
Aneeta, 69 and Mike, 70

Aneeta and Mike came from Fiji half a lifetime ago, and have each experienced the New Zealand hospital system from both sides.

Aneeta is a medical laboratory scientist, and in her long career has set exam papers, overseen lab technician training, and conducted medical research at Middlemore Hospital, then managed PathLab in Hamilton. She has also faced her own serious health challenges, with a head-on car accident in 2012 which left her with multiple fractured ribs and a spinal cord injury, from which her family were warned she might not recover. The injury was aggravated in a fall at work in 2018: Aneeta now needs regular epidural injections for pain relief and to keep her out of a wheelchair. One of her biggest frustrations as a patient was delayed administration of medication, especially when this was time-sensitive – for pain or to enable scheduled procedures. Aneeta also noted occasions when internationally-trained migrant nurses could demonstrate different levels of care and politeness to different patients: “Some nurses could be quite rude when treating our own people. For example, if they came from a higher socio-economic group, a high-caste, they might feel that doing personal care was beneath them.”

One thing Aneeta used to ask her staff, which she thinks equally applicable to trainee nurses, is whether they love their job? Is nursing a vocation, or just a way to earn a good salary, and gain professional status? She says that if people are in the job for money, you can tell. They won’t do the job well and can be grudging with patients and disparaging of, even bullying colleagues who go the extra mile. I tell them, imagine this staff member or patient was someone in your own family, your Mum or Dad. Better to start a conversation. Ask about their families. Relax. You can get a lot done by being friendly.

Mike has had his own brushes with mortality. He’s diabetic, and at 44 received an emergency triple bypass. As a banker, then a lawyer, Mike usually works from his desk, but in 2017 was renovating a rental property in hot weather, with no water. When he got home after three intense days, Aneeta felt he was seriously unwell and called an ambulance. Despite a dangerously low blood sugar reading, the ambulance driver felt he was fine and should remain at home. As a medical person, Aneeta insisted on the hospital, at which point he had stopped breathing and ended up with multiple organ failures, requiring dialysis. Mike says that with his skin colour, his dehydration may not have been immediately obvious – and he’s only half joking.

Apart from these experiences as a patient, Mike has been a regular visitor to the wards and well known by staff who appreciate his voluntary work as a translator, fluent in both pidgin Hindi and pure Hindi. When he can't get there himself, he calls on others in Tauranga's ethnic community to help out. One message Mike would like to pass on to student nurses is that a lot hinges on the patient – and some can be high maintenance! Mike is a glass-half-full man with a strong faith and ready humour. He recalls hearing one nurse in ICU handing over to the next shift, emphasising "He has a good attitude." He feels that patients need to be encouraged to be in good spirits, for nurses to laugh and joke with them when able:

> "It makes a difference to the level of care you get. It's a win-win. And then you both get blessed."

Focus Questions

1. Both Aneeta and Mike talk about empathy and attitude (rather than expertise and competency). Beyond their suggestions, how else do you think this can be fostered in healthcare settings?
2. In this story, observations of good, and some sub-optimal practices, are derived from experiencing the hospital system as a service-provider, but also as a patient. How can hospitals learn from their patients, and what feedback mechanisms do you think would work best to share these types of insights?
3. Did you notice Aneeta's T-Shirt?!

“When you’re young, you’re forever young and when you’re old you’re still forever young.”

Narrative 2
Carole

I’m 83 and soon to be 84 so that’s something to contemplate. You know it pops around into your mind occasionally: fancy that, fancy being that old! Most of the time I don’t think about it, I don’t actually view myself as an older person, and I find that I get on better with people who are much younger than me. I get on really well with my children’s age group because we have more fun conversations; they’ve got more to say and share and have an opinion … I’m often looking for a depth of conversation in terms of company and so it verges on that thing that people call lonely. it’s very interesting because I’m not lonely, but I understand it in that context of how you share with other people.

> “I keep well. I think I’ve had a well life.”

I’ve had ill health periods - not something you cherish but you push on really. I’ve had a serious melanoma removed, and another later surgery for a different cancer requiring some lymph node removal. Two years ago I had a nasty fall off some stairs that had no rail when visiting in Wellington. I landed on my back, banged my head, got concussion, and still have bad back pain and headaches from time to time. I’ve had several trip-overs since, like my friends do also. I broke two fingers in one hand which has affected my grip – but it’s improving over time. A hand therapy specialist was marvellous. Sounds terrible doesn’t it?

This is to say, I’ve experienced the system. I found that I’ve been well cared for by my GP and when I’ve been in hospital at the time I’ve been well cared for. Out of hospital, a different story. I don’t think there’s such a thing as Community Care, or a Continuum of Care. I think we’re greatly challenged in that field so if we’re transitioning from more older people living longer and living in their home we’ve got a huge mountain to climb in terms of what care can be provisioned appropriately in a timely way.

> “I think the challenge fits around not seeing people as all the same.”

I think we've accepted older people as one bunch of bananas and so it's very difficult to achieve your unique care needs for your unique condition because all the rules put you into a system of black and white. It needs to start with communication skills, learning to ask the older person how it is for them and what they would prefer and listening to their preferences. I can give you specific examples:

— I've had to sit for up to seven hours in Emergency in pain and watched others do the same. It's scary: the seats are hard, there's no one to give you pain relief, there's no one to talk to. I've seen ladies with their heads bandaged that have had a nasty fall wheeled in in a wheelchair from a rest home and dumped and left and them not knowing how to handle themselves, or what's coming.

— I've watched people in the same ward as me not able to eat and the food coming and going and not enough staff to notice whether they've had anything to eat or not.

— I observed it recently with friends in a rest home who were dying and they got served a great big meal of meat and three veg at lunchtime and they were dying. Well how silly - why weren't they served something smooth and soft because they really didn't need food but their stage and place wasn't acknowledged.

What we need is nurses to connect in a humane way, not just take the blood pressure and walk away. It's more than reading the notes.

Understanding that it's life, not a sickness
It's challenging for a young person because in their inner self, seeing a frail little lady in a bed is a view shaft of what will become of their life, so a denial of that state is very understandable. But in order to be present for that person, a nurse needs to have compassion; it's not a welfare attitude, it's heartfelt. Life has its cycle and we all live and die. We need to recognise and respect that process, not just attempting to fix people up.

Focus Questions

1. What do you think about the link Carole is making between loneliness and conversation / engagement? How does this relate to the nursing role?
2. How could personalised communication alleviate the stress experienced by older patients in the examples Carole observed?
3. With so many more people living longer, and the desire to remain living independently at home, how do you think Carole's call for a better community-based continuum of care might impact nursing provision in the future?

“Whānau is the most important thing.”

Narrative 3
Ivan, 86

Te Arawa, Ngati Rangiwewehi, Ngati Whakaue, Ngati Tūhourangi

It was my birthday yesterday, I was 86. A lot of my family came, four generations, I’m the only one left of my 12 siblings, so it’s nice to be surrounded by family in my own home. I live with my daughter and my health is pretty good. Last year I went to Germany with members of the family to see the resting place of two of my brothers. This was very important as we met others finding their family too.

Our whanau were in the Māori Battalion. It was a wonderful trip, tiring, but we hired a wheelchair. I was so glad to have visited; I have my brothers’ photos with their medals, framed on the wall.

I’ve always kept myself pretty fit, playing sport, running and walking the maunga. After my wife died about seven years ago, though, things started going a bit downhill. I have had a few trips to hospital with some big health needs as well as some joints replaced. This year, I was two weeks in hospital with one of those ICU after surgery, where it was a bit touch and go. In ICU the Charge Nurse was from Rotorua. She’d let in several whanau members, kids too, up to six at a time as long as no one else was being disturbed. They have 24/7 visiting hours, it’s very open and I was grateful for this support. I know that some people don’t have anyone, we feel for them, try to be inclusive, so like the Pākehā patient next door, we say, “Do you want to join in our karakia?”

I heard that they are trying to get a specific whanau nurse there, which is great, whanau is the most important thing. After ICU, I had a week on the wards – I quite enjoyed my stay in hospital – though I did leave a couple of days before they wanted! I liked being in hospital and I knew it was the best place as I was pretty unwell and I knew my whanau was worried – yet as soon as I felt better I wanted to be home so my whanau took me.

The nurses were good – they mostly called me “Mr Douglas”, so very respectful. They helped me with the walker, to shower and visit the bathroom, but I did ask myself, “Where’s all the Māori nurses?”

Things have changed since my day. I spent a lot of my working life as manager of the hospital’s laundry services. I knew lots of nurses and they came to local dances. Nurses used to train on the job. I used to know all the tutors too. Many of the students were local and they lived in the nursing home at Aroha House, up on the hill.

The hospital is a much bigger place now, and a lot of international people and staff. They still did a really good job of caring for me and accommodating whanau whenever they could.

I want nurses to know that I might have had a few health issues but I am well and I know what keeps me well is my whanau.

Focus Questions

1. How does Ivan’s whānau keep him well?
2. How was Ivan’s cultural identity supported by nursing staff during his stay in hospital?
3. What do you think Ivan likes about the idea of “a whānau nurse”?

“I’m still learning.”

Narrative 4
Kim, 60, and husband Bill

I came to New Zealand from China in 1988, I was 24. I had learned a little English but I had to re-learn here, and I’m still learning; I use translation apps on my phone, especially to understand documents. Bill is always encouraging me to make sure I know what I’m signing, and to be as independent as possible. We’ve been married 11 years.

It’s a big change from my earlier years here when I had no money, and had to do what my uncle, and then my first husband told me. I spent 14 years working on the family’s market garden, but I could barely afford a haircut. When I got divorced my niece helped me get a state home, and then move to Tauranga, where I worked three jobs to support myself and my sons.

One day, about 15 years ago, it was a day off from my job at a Chinese restaurant, and I felt really dizzy. I went to the hospital and I waited a long time to be seen, then they told me, you’re fine, take these tablets [Bill thinks paracetamol], drink lots of water, and go home. The next day, I went in to work but I was worse, I couldn’t drink, my throat was closed, and I had double-vision. I called a friend who took me back to the hospital, but again, they sent me home. The next day, I was back in an ambulance – I couldn’t swallow, see, talk or walk and was not expected to recover – my niece was told to contact the family and “make arrangements.” I spent the next six months as a patient.

A medical miracle

When the doctors saw me dragging myself along the corridors, using the handrails and trying to teach myself to walk again, they saw my determination and sent me to Burwood, in Christchurch, where I learned to eat, walk and talk with specialist care. My 14-year-old son came with me, my younger son stayed with my niece. One thing that really helped was visitors from the Chinese Church, in Tauranga and Christchurch. Over a hundred people I didn’t even know visited me over those months, not all Chinese, and afterwards helped me in lots of ways, like learning to drive again. And bringing me children’s books to help with my English. Today I still get severe headaches, and half my

mouth and tongue are without feeling, I only have half a smile and my speech is affected. I have a large sunken hollow on one side of my skull – but I am alive! Sometimes I get asked to come in and show the young doctors what not many people survive. [Bill notes that to this day, Kim is still not sure what her medical diagnosis officially was].

Overcoming the language barrier

In Tauranga now, we have two Chinese doctors who can speak Cantonese and Mandarin, and that helps a lot. When new people come into the community, Bill and I help them enrol – without these two doctors the whole community would be suffering. My Chinese friends and I talk on WeChat, and share medical things that way, but if we didn't have Chinese-speaking doctors here, a lot of people would be phoning home to talk to a doctor in China, getting a diagnosis over the phone, and following their advice about what to take.

[Bill says that it's surely up to the medical fraternity to adapt, in these days of Artificial Intelligence. Like using apps and allowing a few more minutes, making sure that patients understand questions and procedures, rather than just answering "Yes" and "No" at random to satisfy whoever is taking down a history. He says that a patient's NHI should automatically record and refer a need for first language options. Certainly this should be established in admission notes and medical records.]

Focus Questions

1. To what extent do you think Kim's challenges with English contributed to her 'falling through the cracks' during her medical presentation?
2. How does Kim's recovery reflect a holistic view of health?
3. How familiar are you with phone translation apps, and what uses can you see for these in nursing practice? What are the likely benefits - and potential disadvantages?

“Staying busy.”

Narrative 5
Lydia

I’m 79 now, born in the Philippines, and I spent the first half of my life there; my four children were born there too. Then in 1986 I came to New Zealand with my second husband who was a Kiwi. It was very different at first – in the Philippines I worked in telecommunications and real estate – a maid took care of the shopping, cooking, raising the kids…

In New Zealand, I bought a business, a dairy in Grey Street which I sold after 10 years. Then I did my New Zealand real estate papers online, and worked in residential property for 10 years. When my husband got sick, I stopped work and nursed him until he died. That was 11 years ago now.

I still have a house in the Philippines and I go back to visit family, but I don’t want to live there – we just have a hot season and a rainy season – it’s too hot there. And if you have to go to hospital or need any medical services, it’s such a long wait. We have the same private and public funding systems as New Zealand but there are just so many people, the queue is enormous.

Staying healthy
I have been to the hospital here – two months ago I had a sore back and a friend took me into the Emergency clinic – they examined me, asked questions, gave me an X-ray and an ECG, then they prescribed anti-inflammatories and I was back home in a few hours. Luckily it’s come right since.

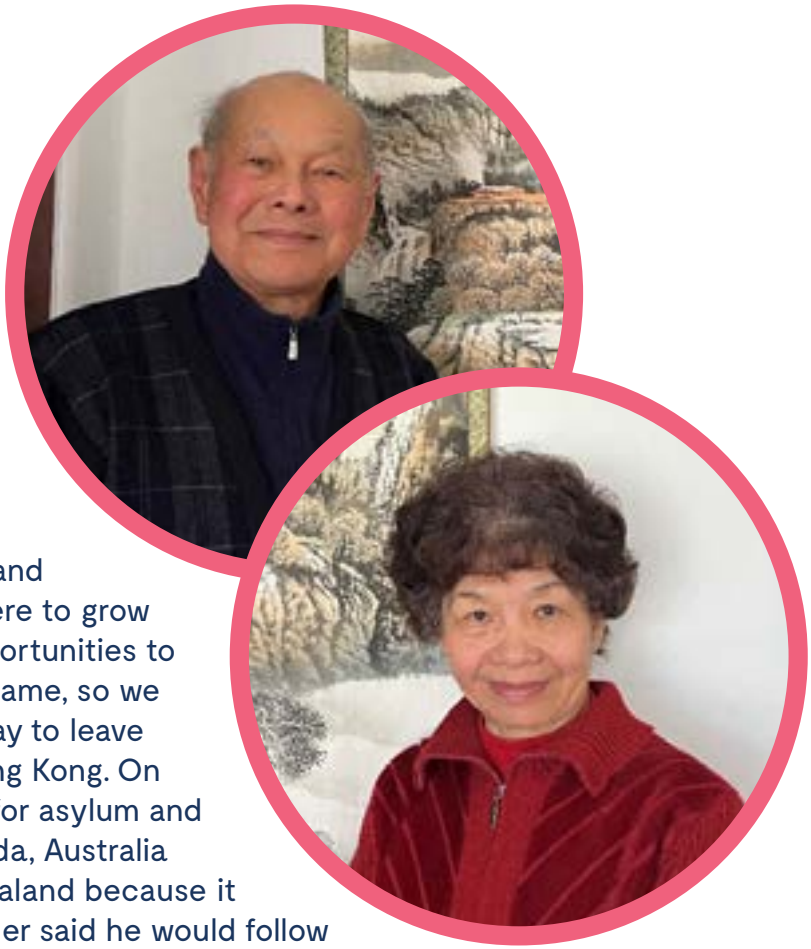
Otherwise, I’m in good health. I developed diabetes two years ago (I may have had it longer than that, my elder brother had it too), but that’s controlled by medication now. I eat good food, vegetables and fish mostly. Occasionally meat. I go for walks, garden, play cards, read, watch TV… I’m still driving and I belong to the Tauranga Philippino Society. We have meetings and get together for birthdays and celebrations – I used to be a Committee member, but not now. And I have some family in Christchurch – I’ve just been to my first grandchild’s wedding there. And I keep in touch through Facebook.

Focus Questions

1. Lydia’s favourable perception of the comparative wait times for hospital treatment between New Zealand and the Philippines differs from that of many Kiwis – what might be some of the cultural factors involved?
2. How does Lydia’s story model a work – life balance?

“Giving back to New Zealand.”

Narrative 6
Nellie, 71 and John, 84



John: We were neighbours when we were young, growing up in Saigon, Vietnam – both our families are Chinese but had left China after the Japanese war. In Vietnam my father sent me first to a French Catholic school, then to higher study in Taiwan where I qualified as a Chinese language teacher and scholar. But Vietnam was under French colonisation at this time, and education opportunities there were to grow a local labour force, with few opportunities to advance. Then the Vietnam war came, so we decided to escape, and had to pay to leave areas along the way to get to Hong Kong. On arrival in Hong Kong, we applied for asylum and could choose USA, France, Canada, Australia or New Zealand – I chose New Zealand because it was a small, safe country. My father said he would follow wherever I went, and so my parents came to New Zealand too.

Nellie: I remember the day we arrived in New Zealand, 45 years ago, it was November 5th, Guy Fawkes Day. We heard all these bangs as soon as we left the airport – I thought they were bombs, like the war at home and that it was here too, and I cried. Then we got the bus to Rotorua, where we had a Kiwi sponsor who would help us get a job, and settle in. It’s a funny story - we drove through the countryside, we never saw anyone, just sheep – in Vietnam, people who live in the country are poor and work so hard, I cried all the way there! It was hard at the beginning and my English wasn’t as good as John’s but the sponsor was very kind, and I got work as a tailor in a clothing factory: $3 an hour in those days. We tried to bring out my family too, but we weren’t allowed to, so they went to USA with my brother and our family went different ways, although we tried to visit every year, except for Covid.

John: I knew when I came here there wouldn’t be work as a Chinese teacher, but I’d worked in Hong Kong as a watch and clock repairer, and had a Seiko certificate, which no one else in Rotorua had at that time, so that’s the work I went into, then after a year, set up my own shop. When two clothing factories closed in succession, Nellie came to work with me too. After ten years we sold the business, I wanted to study my own culture.

Nellie: When I had my daughter and was in hospital, John was there to translate, and we had our Kiwi sponsors who helped me get ready for the birth, explaining what would happen. The care was very good, and especially the Plunket Nurse who came to visit every few days and became a good friend, even after she retired, and even after my daughter grew up. My health's been good and I haven't been to hospital since having our daughter.

No worries – when the time comes, you go!

John: I had a big surgery about six years ago and had to go to a large hospital outside of Rotorua where we didn't have any friends or support. My daughter came up from the South Island as she is a health professional. I was lucky that I had a very good GP who got me to this care, and then once in hospital everyone was very kind. The doctors especially took their time and explained slowly. When they were talking to Nellie, and she couldn't understand, she wrote down some of the words so she could look them up later. And more recently I became unwell and got so I couldn't even walk on my own and had to go back into our local hospital while they revisited my medications, and now I'm much better again. I had a lot of trust and never worried, "when the times comes, you go" but Nellie and my daughter did! Chinese medicine has a history of over 2000 years, and lots of westerners know about acupuncture, but over the last hundred years, I think there has been traditional health and healing knowledge loss so I only trust the western health system now.

What keeps us well

Nellie: We belong to the local multicultural society, seeing friends, and we enjoy looking after our house and our garden, although we are starting to think about moving to a retirement village when it gets too much to manage. Our daughter is a lecturer in the dentistry school in Dunedin, and we don't have any other family here.

John: I have been lucky in my life and I want to give something back to New Zealand, that can last longer than me. We don't have a lot of money but I have my culture and my language. I have been working on a system of teaching Chinese over many years, and I'm writing a series of textbooks to help learners. So many people find Chinese difficult to learn, but it's really quite simple. Just learn one character, then you can see it in all the compounds and just 400 characters, multiplied by four tones, it's a very clever system. I call it "Flowery Characters".

Focus Questions

1. John and Nellie's experiences with the New Zealand healthcare system have been very positive: what do you see as the key factors?
2. How might reading Nellie and John's story help you to think about Kawa Whakaruruhau/Cultural Safety?

“I would say I’m a battler in life.”

Narrative 7
Phyllis, 91

I’m 91. I never talked about my age until I got to 90 – not even to my family. We celebrated big birthdays of course, but I’d have shot them if they brought it up! Like a lady in my bridge group said, “You don’t ask a lady her age”. But when I turned 90, I made up an invitation card and sent it to all my Friday bridge friends, and most of them were really surprised. And that year I played with a 92-year-old, and we came top of the club.

We’re cunning old foxes!
Some people when they get old, they get slower, but I’m still as crafty as I’ve ever been. That’s the good thing about bridge, a 91-year-old can compete with a 30-year-old.

Something else I do is day patrol for the police. It came out of years of running community watch groups. Now I drive a vehicle around my area. We get houses, or people or car numbers to look out for, then we phone 111 and pass on the information if we see anything. We don’t get out of our cars. I used to do a two-hour shift at night but it was too hard staying awake till 11 o’clock. Interesting times.

My health’s pretty good, I’m lucky.
I did have a broken hand six weeks ago – I had a fall at a family wedding in Christchurch. I’ve actually had a few falls – I have low diastolic blood pressure, but it’s managed by medication, I hope they’ve got it right. And I got a pacemaker about a year ago. And I’m partially sighted - I lost sight in one eye about six or seven years ago now. But I can drive, I can read ordinary script, and I read a lot. You just get on with it.

I would say, this last fall when I broke my hand has made me a bit hesitant. Falling over and not being aware it was coming. It’s spoilt my life a bit actually. I’m not as brave, not as confident. Now I pussyfoot around rather.

Comparing nursing in my day to nursing now? Hospitals and nurses, there’s been a lot of progress. Everyone was just as caring, just as efficient as when I was nursing, but a lot more knowledgeable. But one observation I can share: when my husband was dying with dementia 11 years ago we had a lot of Filipino nurses and they were very good nurses, they really stood out. Our New Zealand nurses had great hearts too, but when someone’s dying, they didn’t really understand about being quiet. The Filipino nurses were gentle and quiet, and just tuned into death in a different way. So that’s one thing I would say to

student nurses. Another is that we are the same as you, not different. An old person has done all the things you've done. Fallen in love; out of love; had dramas. Old people have done all that and more. It's the lucky people in life that get to be old!

> What helps positive ageing? Being in a local community helps. You're known, your family and your name is known. Even if you don't know all the people. It's belonging.

Focus Questions

1. Phyllis lives in a house she built with her late husband over 20 years ago. How do you think this relates to her positive attitude towards her health, and ageing in general?
2. What does Phyllis's reticence in talking about her age suggest about how *she* thinks older people are perceived?
3. What do you think about her observations of the difference between New Zealand and Filipino nurses in a palliative care setting?

“Geriatric care is so much better here.”

Narrative 8
Sita, 79

I’m 79, and I live with my daughter Prathima and her family, my other daughter lives next door. I’d been visiting in the past, but when the Covid lockdown happened, I was here, and have stayed ever since - but it’s still not quite home.

I keep pretty good health, although I’m diabetic, but that’s well-managed by an excellent nurse-practitioner I’ve been with for four years now.

During Covid, my family did have to take me into the hospital, I had an episode where I wasn’t coherent and was even speaking Hindi, which I never do. My family had to remain outside and the nurses called them on the phone, they presumed I couldn’t understand English – I don’t remember my four days in hospital, but I do remember being treated like a Queen! Anyway, it wasn’t a stroke, and it wasn’t a drug reaction – it cleared on its own. A second attack a year later wasn’t diagnosed either, but a third happened when I was in India. The hospital there thought it was a psychotic attack and referred me to a psychiatrist, who diagnosed medication not available in New Zealand (although it will be by the end of this year), and I’ve been fine ever since.

Different systems
The health system in India is private, like in USA. The upsides are that you can get access to more drug options, and that it’s very easy to see a specialist, with no wait time and no need for a GP referral.

But I think it’s a better system here. A GP isn’t going to recommend costly procedures you may not need. Hospitals in India are so commercial, and they don’t really want older patients with high needs. The population is so huge, and resources are limited, like dialysis machines, so they might put older people in ICU, with the mindset that they’re not going to recover. I much prefer the healthy ageing services here, like nurse-practitioners specialising in older persons’ diabetes management.

I also find that nurses in New Zealand have a better medical understanding and are able to answer health related questions in more detail.

What I’d want student nurses to know
For older Indians, it’s good to acknowledge that we’re worried – it doesn’t work to just tell us, “It’s OK.” And it’s important to find out who their support people are. Older Indians are always surrounded by family. Get an idea from them about the patient’s level of English. And if there’s trouble understanding, especially with different accents,

write it down in English, so the patient can read the question. Sometimes it can help when there's an interpreter, but you need to remember every state in India has its own language, and there are hundreds of dialects too. Another thing is that Kiwis are used to the system of asking people to talk about pain on a scale of 1-10. That's new to many of us – when someone is waiting for a response, it's easy to just choose a random number, trying to be helpful.

Focus Questions

1. How might past experiences with a different health system impact older Indian peoples' expectations and responses in their interactions with nurses in New Zealand?
2. How else could you check that a patient's response to a question about their condition / pain level / sense of wellbeing is an accurate reflection of how they are feeling?
3. What are the ethical implication of using family vs a medical translator?

“We have the whole world in New Zealand.”

Narrative 9
Tamati

Ngāti Ranginui

I’ve been as sociated with Toi Ohomai Institute of Technology – Te Kuratini o Poike – since soon after it opened as a community college in the 1980s. I’ve welcomed and supported literally thousands of students and staff onsite, and offered cultural insights and training about tikanga and about the rohe. In 2010, I supported the organisation to invite the Māori King Tūheitia to open of ‘Maharaia’ teaching and learning building on the Windermere campus; Dr Maharaia Winiata was a hugely impactful presence in Māori educational leadership. He was also my uncle and I share this photo with him

A lifelong interest and work in education.
I’d grown up speaking te reo, along with English, and I’d been immersed in kapa haka and kaupapa Māori on my marae in Tauranga. When I left school, Maharaia sent me to a little Māori primary school outside Wairoa to teach Māori to the little ones, but I ended up working right through the different age groups. And in the weekends, they taught me to ride horses, muster and butcher sheep, shoot goats, catch eels…It was a lot of fun and I learnt lessons about connections, sharing the bounty from the land and sea that I have remembered and celebrated my whole life.

> “Health in the country is different to health in the town.”

The kids were tough as – fishing in the river, no shoes – but no shops, no town. They knew how to find food, and it all got shared around the households. The older people were well too; hard-working. Evenings at the marae, social gatherings in the shearing shed, coming together for weddings, tangi, fundraising. It was social living, everyone was connected and important. There was a lot of intergenerational knowledge: aunties and nans would take you into the bush – this plant is for this problem, another for that. When to pick, how to prepare and store.

> “The family unit is vital.”

Health is a big thing, but you need to have been taught well how to care for yourself to have a chance. I’d ask nursing students, ‘How were you brought up?’, ‘What did you learn?’, ‘How old was your Nana when she died? Do you want to live longer than that?’ It starts with healthy eating, and not too much food. Vegetables and fruit, not pudding. It’s how my wife and I brought up our nine children. It was the smartest thing I’ve ever done in

my life, asking her to marry me. Now she's in a rest home, in a dementia ward, but it's still as important. I go every day at lunchtime – there's good food served but it's all just put in front of people and most don't eat all the proteins and vegetables and go straight to the pudding – it's a waste of food and it's not good for them, but it's what happens. And they are heavily medicated, they need help to make these decisions. When the kids and I realised their Mum had to go into care, I made the commitment to do whatever I can that's beneficial for her. Like giving her a massage, taking her for walks, out in the car. The rest home is too short-staffed. I've designed a walker that people with dementia who've walked all their lives can use and not fall because there are so many accidents in the ward. I'm getting a patent for this and have been testing it with physios at the hospital.

Māori health

If I'm asked about how to reflect kaupapa Māori thinking in the health system, I'd say it's defined by the person. Approaching them with respect. Just like not all the tribes in India are the same, Māori aren't all the same either. And we have all the nations in our hospitals, you can't think, 'If I treat them all the same, I'll be right'. No! I'd say to nursing students, you are the servant of that person, providing a service. You're going to do everything possible for that person's wellbeing. Learn about them and let them get to know you. People loosen up. Show them love and respect. And say, "Hey mate!' and if you can, have some fun. Everyone has mauri.

Another thing is to know what Māori have said you need to know. For example, we have a wonderful resource, *Te Toi Ahorangi,* a Hauora Māori strategy to protect our Bay of Plenty whānau and whakapapa, reflecting the insights of 17 local iwi about Māori perceptions of the pou for good health. All nurses trained in this rohe need to know about it and use it.

My life is upside down

These days I participate in a range of events to support teachers and te reo in schools, conducting Powhiri in all education sectors, and welcome invited guests to University of Waikato. I help with running courses as well as supporting activities at my marae, whanau and in the regions.

Life is busier now than it's ever been. In November, I was recognised with an honorary award from the University of Waikato for services to the university as kaumātua at its Tauranga campus and the wider Bay of Plenty community – this is a picture from the presentation, with Vice-chancellor Professor Neil Quigley. It's almost as if life has come full circle, as I first started studying in the 1980s, and later graduated with a Bachelor of Arts with first-class honours, majoring in Māori.

Life is busier now than it's ever been.

Simple fixes I'd like to share with healthcare staff

— I remember seeing an older Māori woman in hospital, my Mum, asking for a tissue to blow her nose and being handed torn-off pieces of toilet paper. What?!

— Older people whose joints aren't supple enough to wear pullovers – support family to select elastic waisted trackpants and zip up jackets – but make sure they go into the laundry fastened up, so they don't get broken and unusable.

— Think about how the laundry gets put away in people's rooms – not just crammed into a drawer all mixed up. Where are the socks kept? What gets hung up?

Focus Questions

1. Tamati's story includes aspects of both his private and his professional life – what common threads do you see?

2. How does Tamati's cultural leadership assist your understanding of the title 'kaumātua'?

“Equity of access to government services must be ensured for all who live in New Zealand.”

Narrative 10
Vili, 62

Ni sa bula!

I’m originally from Fiji, but I’ve been in New Zealand a long time; I originally came here to study law, then moved into immigration advising, then education; I currently work at the local polytechnic. I’m also a lay preacher at the Wesley Methodist church, and a steward for the Fijian congregation within the church.

My own health is well-managed with the aid of my GP and a diabetes nurse specialist, although I did have one recent trip by ambulance to the Emergency Department when I collapsed after feeling dizzy while I was leading a church service, but luckily I was home again after a few hours. My experience of the local hospital system is really more when I am visiting to support others.

Interpreting for others
Recently I was called in to support another Fijian who was a seasonal worker and had only been in the country a few months, and his English was not good enough to understand the medical procedure the doctors needed to explain to him, so that he could give informed consent. The hospital asked around and found me. When I arrived, I found him overwhelmed: what had happened, what was neeeded, how it would work. He wasn’t alone: his company was very supportive; when he’d become unwell one of the managers brought him in and stayed with him. However, without a common language, the communication was limited. I helped the nurses, translating the questions and the paperwork, and accompanied him to the theatre; he knew I was there, and it made it easier for him. Having another Fijian present just makes the atmosphere lighter for the patient.

A contrast to the islands
Fiji is a third world country; and even though it might be staffed with Fijian nurses, speaking the Fijian language, being admitted to hospital there is still an alarming experience, especially for older people. This is even more so since the pandemic: you don’t go there for them to save your life, you go there to lose your life – there’s lots of talk like this on social media.

Another cultural way of thinking that healthcare workers in New Zealand need to understand is that having older people go into long-term care or a residential facility is frowned upon. Older people expect support from, and interaction with their extended families to stay healthy and positive about ageing.

Equity of access to government services must be ensured for all who live in New Zealand

Aotearoa is increasingly multi-cultural and it won't always be possible for hospitals to find a local interpreter, but it's important nurses know some of the other tools that are available. Supporting people from different cultures starts with language, and communication. When I was working for Immigration Advising Services, I helped people from all over the world – refugees from Africa, South America – often with very little English. We used the telephone services of Interpreting New Zealand, which has been operating for over 30 years and has professional interpreters in over 70 languages. The statement above about equity of access to services, including healthcare, for English and non-English speakers is from their website: https://www.interpret.org.nz/

Focus Questions

1. What do you think are some of the main differences for a non-native English speaking person living temporarily in New Zealand, between having enough English for everyday life, and being suddenly hospitalised?
2. How might the cultural differences described by Vili affect their ability/willingness to communicate with healthcare staff in a range of settings?

“The experience here is better.”

Narrative 11
Yan Hua, 71

I’m 71. I’ve been 13 years in New Zealand: Auckland first, then Tauranga. My health is good and I try and keep fit – I swim every day, go walking, play with my grandchildren, gardening. I’ve tried to learn English, but it’s pretty hard – I mostly rely on my daughter to translate for me, though I do have an app on my phone I can use if I have to. It works OK but not all the time. We all live together; I don’t drive.

> “We just rearrange the family life.”

A few years ago, I had some coughing and stomach discomfort and my GP referred me to a specialist and then the hospital for scans and tests. I had surgery to remove my gallbladder and I had to stay in hospital overnight. My daughter stayed in with me to translate – everyone was very kind, they brought in a Lazyboy for her to sleep on. In Auckland where there’s a big Chinese community, they would have plenty of people to call on as interpreters, but I rely totally on my family. If my daughter needs to take me somewhere, my son-in-law will stay home with the children.

> “I enjoy the services here – doctors and nurses are so kind.”

Compared to China, I feel like I have experienced a lot more caring about the patient here. You can get more information, and if you have questions, you can ask. In China, everything happens quickly – in and out. And taking time is important as you get older – my daughter thinks my reactions are slowing down a bit, everything can take a little longer. She doesn’t want me to have a fall.

A couple of good experiences I had:
My daughter was pregnant and couldn’t come in with me for my mammogram, but the nurses were so good with their body language, even though I didn’t understand anything they said, they made it easy.

And when I had to have an MRI admission, and my daughter couldn’t come in, they tried to quickly teach me some short words I would need. I was panicking a bit, a bit frightened, but they understood and were very kind. And then they found that the machine had a language selection on it and they figured out how to make it work for me.

But timing (scheduling) here is the only bad thing

It's good that medical services are free but we have to wait longer. In China, you can pay more and move up the waiting list. In the new Chinese system, there's a swipe card now, where you pay into a fund and the government and your employer contribute too – and then depending on what your balance is, you can draw on this for medical costs. And it's just come in – over 70 years, it's free to see consultants. It's like that for everybody and not like the big difference we have here for private insurance and public care.

Focus Questions

1. How does Yan Hua's story illustrate the importance of family in accessing healthcare services?
2. What do you think about her observations of the importance of non-verbal communication?

(Translation provided by Yan's daughter)

“If the patient is happy, her body will heal.”

Narrative 12
Ying, 74

I’m 74. My husband and I have lived in New Zealand for 21 years. We live with my daughter and her family, but travel back to China often to see my other daughter who lives there. My husband drives, but doesn’t speak English – he uses a phone app to translate when he needs to and family aren’t there; I don’t drive but I walk every day and talk to people whenever I can, I’ve even learned some English doing online programmes. When people speak slowly and clearly, I can understand most things, but nurses need to know that when you are really sick, or in pain, the language just goes. You might hear, even understand, but answering is just too hard.

How one nurse changed our lives

[Ying’s daughter tells this part of the story]. In 2016, Mum had a growth in her stomach we were concerned about and the GP referred us for scans, which identified a bowel mass (later confirmed as bowel cancer). I was shocked and very emotional, and the Hospital told me to give Mum the news, but I didn’t want to. In Chinese culture, we protect our loved ones from bad news if we can. Mum’s own mother died of a tumour, and all the family knew, including Mum’s sister who is a doctor, but no one ever told her it was anything but an infection. So, this was my first response, too. But a local hospital specialist nurse, David, helped me to calm down. He took me to sit in the café and taught me how to give the message, word for word, and we practised together, so that I was able to tell my Mum, my Dad, my sister in a calm manner. David also talked us through what would happen when we were transferred to Greenlane in Auckland for surgery. He gave me some great advice, to go in a day early and familiarize ourselves with the hospital, and also to have an interpreter at the first meeting with the surgeon. If I had been trying to translate for Mum at the same time as making decisions, it would have been a burden – and I wouldn’t have known all the correct medical terminology. Then once we came home and were back under the local hospital’s care, every time we went for check-ups, Mum was looking for David. He’s even dropped in to see her at home twice, Mum treats him like her boy and feeds him cake! He’s from Britain, but he helped us understand how the New Zealand system is transparent, and now, I think that’s much better for everyone.

It's like rebirth – I have a new life now!
When I was in Auckland, the nurses were very reassuring, and kind, with lovely smiles. My daughter was staying with me but she got really homesick and missed her children a lot. The nurses encouraged her to go home, have a break, recharge and they would look after me. They shared their family stories and talked about their plans. Sometimes they gave us a hug – I enjoyed it! Then last year I had a second time in hospital, with a very aggressive infection: I was 12 days in ICU, and another 10 days on a ward before I came home. David and my oncologist came to see me from time to time, so they were some familiar faces, and the nursing care was just as good as my time in Auckland, I felt very lucky to be in New Zealand.

One of the doctors who came to see me knelt on the floor to be on my level talking to me. In China, you only kneel to the gods, or to show great respect, or if you are proposing marriage - so I didn't expect it! But he said to me, "Your pain is my job. Don't worry." They welcomed my family, let my daughter work on her laptop even in ICU, taught her how to read the monitors. No way in China! I told them how they saved my life. When they ask me what I want, I tell them, "You decide!"

Of course, not everything went well, and it wasn't all happy, but I forget all that part. I take my medicine, and I enjoy my life; I love living in New Zealand.

Some cultural things I'd like to share about caring for older Chinese people
- We don't drink tap water. In our country you can't be sure it's clean. And we don't drink ice in our water. We drink hot water, rather than English tea or coffee. Cooled water is OK too, as long as it's been boiled first, but in general we believe that drinking water that is colder than body temperature shocks the body.
- When you've been sick, we don't eat cold food – like salad, ice cream, yoghurt. We want smooth, soft food that's easy to digest, like congee (rice porridge), fortified with meat broth.
- Not all Chinese people feel the same, but for my husband and myself - don't offer us sushi – it's been rolled in someone's hands – we will only eat cooked food.
- Sometimes we'd rather let you think we're not hungry or thirsty than be impolite, but really, we don't want to eat or drink something that we feel is unhealthy or unsafe.

Focus Questions

1. How does the care Ying and her daughter experienced showcase a holistic, rather than purely medical approach to patient care?
2. How might some of the cultural differences shared here affect nurses' interactions with older Chinese people in acute care settings?

3 | Example lesson plan

Lesson plan suggestion:

Subject: Cross-cultural (mis) communication

Proposed level: Year 3

Proposed timeframe: 30 minutes

NZNC Competency link(s): POU TWO: CULTURAL SAFETY
"...the potential for a power imbalance between the nurse and the recipient of care"

Narrative resource: Kim and Bill

Learning outcomes: By the end of this session students will be able to –

1. Identify aspects of the narrative which showcase the need for NCNZ Competency: Pou two: Cultural safety, especially Descriptor 2.1 (Practises culturally safe care which is determined by the recipient) and Descriptor 2.5 (Contributes to a collaborative team culture which respects difference, diversity, including intersectional identities, and protects cultural identity by acknowledging differing worldviews, values and practices).
2. Describe initiatives which might support people from different cultural backgrounds, drawing on the narrative, literature and their own clinical placement experiences

Background preparation for lecturer/ facilitator:	**Resources:**
Familiarity with narrative, NCNZ Competencies **Supporting texts/articles** Key findings from AARIA project report (download from project page)	— Paper copies of Kim's health narrative — Online link to NZNC Nurse Competencies as reference: https://www.nursingcouncil.org.nz/Public/NCNZ/nursing-section/Standards_and_guidelines_for_nurses.aspx — Online link to AARIA project page: https://ako.ac.nz/knowledge-centre/readying-nursing-students-for-culturally-grounded-practice

Activity:	Time:
— Introduce the narrative and the background – how this story was gifted in 2024 as part of a research project using a cultural lens to explore older NZers' experiences of healthcare. Share the link to provide context.	2 minutes
— Divide the students into small groups, and give each group one of the following questions to focus on as they read the narrative. Students read the narrative and discuss in their group to agree key points related to their focus question: 1. To what extent do you think Kim's challenges with English contributed to her 'falling through the cracks' during her medical presentation? 2. What might be some of the cultural differences that led to Kim's experiences in ER? 3. How does Kim's recovery reflect a holistic view of health? 4. How familiar are you with phone translation apps, and what uses can you see for these in nursing practice? What are the likely benefits – and potential disadvantages? 5. Is there a link between Kim's story and Te Tiriti o Waitangi?	8 minutes
— Ask all the groups that addressed question 1 to get together and share key points, then appoint a spokesperson to feed back to the class.	5 minutes
— Facilitate the five spokespeople's summary of key points, and allow discussion to explore additional or alternative contributions	10 minutes
— Ask the class to consider how Kim's story links to NZNC Pou two. Share the link. Ask the class whether they think the narrative has connections to any of the other competencies.	5 minutes

Ako AOTEAROA

TOI-OHOMAI Institute of Technology