



Tikanga Māori

A Guide for Health Care Workers
(Kaimahi Hauora)



CONTENTS

1. INTRODUCTION

2. TIKANGA

3. WHARE WHĀNAU – FAMILY ROOMS

4. KARAKIA – PRAYER

5. TAONGA – VALUABLES

6. TE TAUTO KO WHĀNAU – WHĀNAU SUPPORT

7. TE PĀRONGO / WHAKAPĀPĀTANGA – INFORMATION / COMMUNICATION

8. TE KAI / PAPAMUKA / WAITINANA – FOOD / LINEN / BODY SUBSTANCES

9. NGĀ WĀHANGA TINANA – BODY PARTS

10. TE TUKU WHĒKAU – ORGAN DONATION

11. TE MATE ME TE MATE HAERE – DYING AND DEATH

12. HE HONOHONO KĀKANO RUA - BICULTURAL ENGAGEMENT

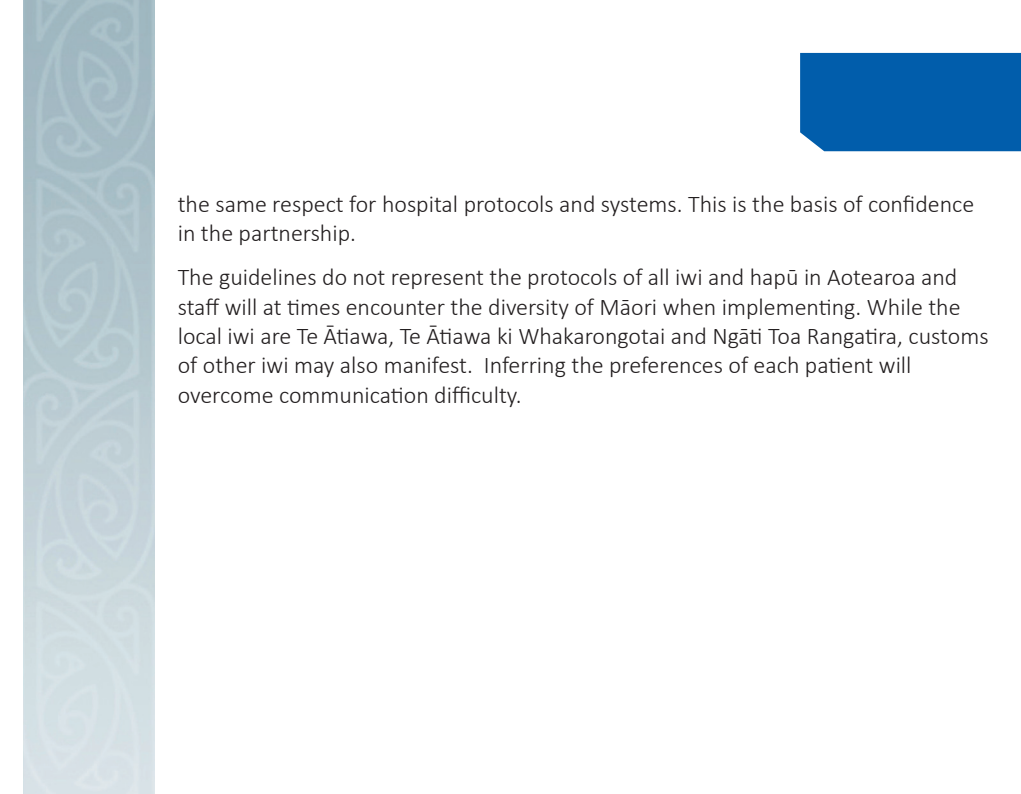
13. GLOSSARY

INTRODUCTION

Improving the health status of Māori and reducing inequality in health care outcomes is a key priority for Capital & Coast District Health Board (CCDHB). Appropriate responses to the needs and diversity of Māori within the Hospital Health Service will contribute to progression of this imperative.

Tikanga guidelines aim to help staff within the Hospital Health Service to provide culturally responsive health and disability services to Māori. The guidelines are underpinned by Māori values, protocols, concepts, views of health and Te Tiriti o Waitangi. They are a snapshot of goals and processes for staff to consider during service delivery and they are supported by the CCDHB Māori Health Policy and by Te Tiriti o Waitangi and Tikanga education programmes. They are supplementary to the Code of Health & Disability Services Consumers' Rights.

Central to the guidelines is the expectation that whānau (Māori patients and their families) are treated in ways that respect their diversities as well as their values and beliefs. This is a reciprocal arrangement requiring of whānau using the services,



the same respect for hospital protocols and systems. This is the basis of confidence in the partnership.

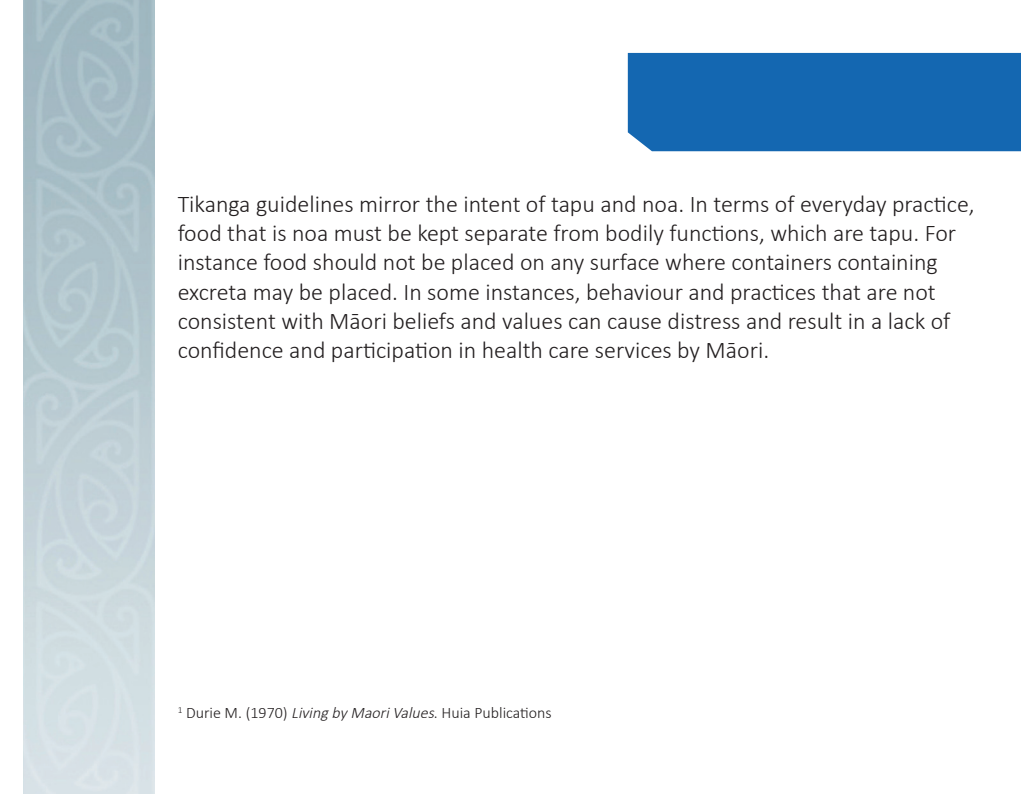
The guidelines do not represent the protocols of all iwi and hapū in Aotearoa and staff will at times encounter the diversity of Māori when implementing. While the local iwi are Te Ātiawa, Te Ātiawa ki Whakarongotai and Ngāti Toa Rangatira, customs of other iwi may also manifest. Inferring the preferences of each patient will overcome communication difficulty.

Tikanga is an issue of principles, values and spirituality and is as much a comment on process as it is on fixed attitudes or knowledge.¹

Tikanga includes Māori beliefs that are inherited values and concepts practised from generation to generation. This is demonstrated at tangihana (the mourning process before burial). Values include the importance of te reo (language), whenua (land), and in particular whānau (family and extended family group).

Māori views on health are framed by an holistic approach that encompasses four key elements - wairua (spiritual), hinengaro (psychological) tinana (physical) and whānau (extended family). Karakia (blessing or prayer) has an essential part in protecting and maintaining these four key elements of health care.

Prior to European contact the health of Māori communities was promoted and protected through a complex system of tapu (sacred/forbidden/restricted) and noa (free from tapu/unrestricted). These concepts formed the basis of law and order and safe and unsafe practice and still align well in today's health environment.



Tikanga guidelines mirror the intent of tapu and noa. In terms of everyday practice, food that is noa must be kept separate from bodily functions, which are tapu. For instance food should not be placed on any surface where containers containing excreta may be placed. In some instances, behaviour and practices that are not consistent with Māori beliefs and values can cause distress and result in a lack of confidence and participation in health care services by Māori.

¹ Durie M. (1970) *Living by Maori Values*. Huia Publications

Principle

In Māoridom, some physical spaces are permanently governed by kawa (protocol). Te Whare Whānau o Te Pehi Parata at Wellington Hospital is an area where Tikanga Māori and kawa are observed by everyone accessing the premises.

Guideline

Persons accessing te Whare Whānau show respect for the area by observing the protocol to:

- remove shoes at the entrance;
- share food remaining after guests' departure.

Further advice is available from Whānau Care Services (see back cover).

Whānau rooms in the Wellington Regional Hospital are shared facilities.





Principle

For many Māori, karakia is an essential element in protecting and maintaining wairua, hinengaro, tinana and wellbeing of whānau – particularly in a hospital setting.

Guideline

The patient and whānau are offered karakia during care processes, particularly in acute or distressing situations. Staff should:

- offer and facilitate Karakia before and after surgery and other interventions especially in acute or potentially distressing situations;
- be alert to cues of the patient and whānau and offer to make arrangements for the Māori chaplain to attend (see back cover);
- allow time for karakia;

- 
- 
- protect karakia from interruption unless the physical care of the patient is compromised;
 - be guided by patient and whānau preferences if circumstances prevent karakia occurring.

Principle

Taonga have importance to Māori extending beyond sentiment to spiritual value. A taonga worn on the body has protective significance.

Guideline

Any requirement to touch taonga is discussed first with the patient and whānau. Respect for taonga is shown when staff:

- if possible, tape a body taonga to the patient rather than removing it;
- obtain permission from the patient before removing body taonga if it must be removed for safety;
- offer the patient or whānau the option of removing body taonga themselves;
- consider a method of securing a body taonga close by the patient during surgery;
- place taonga in the care of family members if the patient wishes it;
- explain the availability of safe storage of valuables in the inpatient area if the patient and whānau wish to use it for temporary taonga safekeeping.



Principle

The concept of whānau extends beyond the nucleus of biological family. There is emphasis in Māori culture on familial and community ties.

Guideline

Strategies to partner with whānau in the support and care of the patient should align with the Health & Disability Sector Standards. Staff can welcome whānau participation in the care of the patient and in decision making about care in the following ways:

- have whānau present during development of the care plan (Patient Admission to Discharge Plan ID 1.1415 or Maternity Care Plan ID 1.1743);
- include whānau in cares like bathing and in decision making about proposed cares;
- ask the patient and/or whānau if they wish to nominate a spokesperson for the group;

- write the name of the nominated spokesperson in the care plan (see above) and include that person in exchanges of information;
- with patient and whānau agreement, include a Māori advocate, from Whānau Care Services for example, in communication processes. e.g. when obtaining informed consent and discussing treatment options;
- when indicated, check with the nominated spokesperson about suitable meeting times and find private space and adequate time to consult;
- manage visiting times and visitor numbers in compliance with policy balanced with recognition of the importance of whānau involvement with Māori patients.

Principle

When health care information is communicated in a way that is perceived by Māori as sensitive to their cultural beliefs and values, the likelihood of understanding, treatment compliance and improved outcomes is more assured.

Guideline

Māori patients and their whānau will understand what is being done for them and why, as well as what is expected of them and why. Or they will receive timely information about the support resources that are available to assist their understanding. Staff should:

- understand that in Māori tradition there is preference for face to face communication;
- be aware that assumptions based on skin colour or appearance can be misleading, therefore;
- check the Patient Information Form (PIF) of each new patient arriving in the ward/unit/department to ascertain those identifying as Māori;
- offer the brochure Whānau Care Services, Information for Patients and Whānau ID 1.873 to patients identifying as Māori;

- understand that the concept of ‘next of kin’ may be broadly interpreted by Māori;
- when information is to be communicated, particularly if there is potentially distressing news or a significant change of plan, suggest the presence of a Māori advocate from Whānau Care Services especially if whānau are also unsure;
- check patient and whānau understanding of what is being communicated - the delivery of information in several ways can help with the check;
- project a stance of empathetic engagement when, in order to minimise conflicting therapy risk, you are seeking disclosure about the use of Rongoā (traditional Māori healing). Contact Whānau Care Services (see back cover) for Rongoā information;
- services should include the brochure Whānau Care Services, Information for Patients and Whānau ID 1.873 with every patient information pack;
- know how to make a referral to Whānau Care Services (see back cover) and make a timely referral when requested by the patient and/or whānau;
- be sensitive to the concept of waiora (total health) and know how to make a referral to the Māori chaplain when requested by the patient and/or whānau; (see back cover)
- seek advice from Whānau Care Services about healthcare providers in the community who may be required for support after discharge. (see back cover)

Principle

Tapu and noa are key concepts that underpin many Māori practices. Things that are tapu (sacred) are kept separate from things that are noa (not restricted.)

Guideline

Staff need to be familiar with the concept that for Māori the body and bodily substances are tapu and food is noa. When caring for Māori patients, staff can observe the principles of tapu and noa by:

- refraining from passing food over a person's head;
- refraining from using pillowcases for any purpose other than placement under the head;
- encouraging whānau to provide their own pillowcases and to arrange their own laundering;
- using different wash cloths for washing the head and washing the body;
- being especially vigilant about the normal order of body washing from neck to genital to anal area;

- separating certain items from contact with the body or body substances:
 - combs and brushes are not placed on a surface where food may be placed.
 - surfaces where food or medication may be placed are not used as seating.
 - microwaves used for heating food are not used for heating items that have come into contact with the body: the dedicated microwave is used for heat packs in the delivery suite and maternity wards.
 - compliance with CCDHB policy, ensuring the differing purposes for fridges and freezers are honoured thus ensuring stored food and medication are always separate from stored body substances.
 - ensuring that glasses and jugs used for drinking water are used solely for that purpose.
 - being vigilant in ensuring that tea towels are only used for drying dishes and that they are separated from other used linen at collection points.
 - ensuring that receptacles for excreta are not placed near food, food trays or food containers nor on tables or other surfaces that may be used for eating eg: bedside tables.



Principle

The separation of body parts/tissues/substances from the body is at variance with Māori belief in waiora and has the potential for stress causation.

Guideline

The CCDHB policy, Human Tissue - management and handling ID 1.345, details procedures for the respectful return, retention or disposal of body parts/ tissues/ substances which are also cognisant of Māori beliefs and values. Faithful implementation of the policy mitigates the stress risk. In particular staff should:

- initiate the discussion about tissue return at the earliest acceptable opportunity;
- offer the brochure, Human Tissue, Information for Patients ID 1.3062;
- suggest that a Māori advocate such as a kaiāwhina (cultural assistant) from Whānau Care Services can be present during the discussion if wished by the patient and/or whānau;
- record in the clinical record that the discussion took place;

- 
- 
- utilise the CCDHB human tissue boxes and bags for tissue/substance return available from the Return to Patient Service, Wellington SCL, Level 2 CSB;
 - offer Māori patients the return of their head hair, fingernails and toenails. Human tissue bags are available on the imprest system.


Principle

For many Māori, burial of an incomplete body may be at variance with their traditional values and customs. A Māori patient wishing to consider organ donation will usually take into account whānau needs as well.

Guideline

Māori patients and whānau being offered the option of organ donation will be given as much support and time as they require to understand the concept, to hui and to reach an informed decision. Intensivists:

- at initial meeting, be prepared for the expectation of formal introductions before proceeding to the purpose of the consultation;
- be prepared to address the entire whānau present;
- check on understanding in different ways as there may be a reluctance to question;
- allow time for the whānau to discuss the issue by themselves without clinical staff present;
- allow time for karakia;

- 
- offer to make a referral to the Māori chaplain; (see back cover)
 - offer to make a referral to Whānau Care Services for a Māori advocate to provide support or to facilitate hui; (see back cover)
 - explain to whānau the principles of informed consent, informed objection and overriding objection detailed in the Human Tissue Act 2008

Principle

Care of the patient when death is expected or imminent, at the time of death and following death, includes moral and practical support of the patient's whānau, respect for their values and beliefs and facilitation of their customary cultural practices.

Guideline

CCDHB policies governing patient death will make provision to ensure that practices relating to the spiritual and cultural beliefs of Māori patients and whānau regarding dying and death, can be incorporated into care of the patient. The following steps support observance of Māori protocol:


When death is imminent, make a referral to Whānau Care Services (see back cover), to request the presence of a Māori advocate at any meeting when whānau is to be alerted to likely death.

At the time of death or as soon as is practicable afterwards, make a referral to Whānau Care Services (see back cover) to request assistance with assessment of need and/or guidance on procedure. If the patient's nurse has spoken with the patient or with the nominated spokesperson before the death and Whānau Care

Services personnel are already involved, make a referral to notify that death has occurred. Whānau Care Services staff can act as a conduit with the Mortuary Service staff facilitating processes, directing whānau management of practical arrangements and advising on and coordinating protocol.

After death has occurred check the admission checklist of the Patient Admission to Discharge Plan (PADP) for the name of the whānau spokesperson. Making arrangements for care of the whānau will likely be more expeditious when communications are directed through the spokesperson.

- if possible, do not leave the tūpāpaku (deceased person) unattended; (This may not be possible in a coroner's case)
- be guided by whānau on the cultural and spiritual practices they wish to follow;
- avoid removal or cutting of the tūpāpaku's head hair unless absolutely necessary, and only in consultation with whānau;
- give whānau the opportunity to perform cultural and spiritual rites of *karakia tuku i te wairua* before the tūpāpaku is removed from the room and if possible before a post mortem is performed;
- transport the tūpāpaku feet first using the pre-determined pathway of the service;

- 
- allow for karakia to be performed in the room where a patient has died, as soon as possible after the tūpāpaku is removed. From a Māori perspective the room is not spiritually cleansed until karakia has been performed so Māori staff may not wish to enter and subsequent patients may experience a sense of unease;
 - do not take food or drink into the room until karakia has been performed;
 - do not clean the room until karakia has been performed.



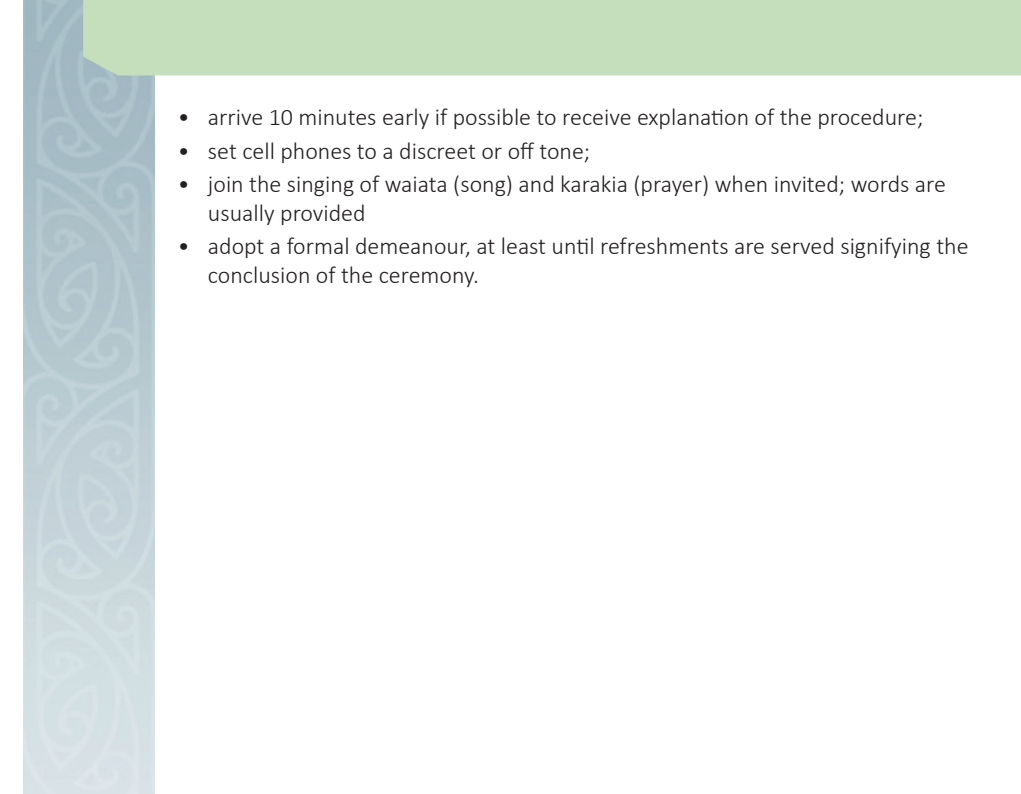
Principle

The goal of culturally competent health care with Māori is to improve relationships in order to achieve better clinical results.¹ Interactions between healthcare workers and Māori clients that realign the power relationship commonly biased towards the provider, will enhance the acceptability of clinical communications and promote treatment adherence. Knowledge of Māori beliefs and practices will assist healthcare workers as they enquire about the spiritual and cultural preferences of their Māori patients and whānau.

Guideline


Staff will at times have opportunity to participate in bicultural events such as Pōwhiri (welcome ceremony) for new staff and Whakanoa (blessing) of a new building or a refurbished or reallocated area. Guests can grow their understanding of Māori concepts and protocols when attending these events:

¹ Durie. M (2001) Cultural Competence and Medical Practice in New Zealand.

- 
- arrive 10 minutes early if possible to receive explanation of the procedure;
 - set cell phones to a discreet or off tone;
 - join the singing of waiata (song) and karakia (prayer) when invited; words are usually provided
 - adopt a formal demeanour, at least until refreshments are served signifying the conclusion of the ceremony.

Aotearoa	Land of the long white cloud – New Zealand.
Hapū	Sub-group of an iwi (tribe) – a kinship group.
Hinengaro	The psychological realm. Mental health.
Iwi	An extended kinship group, once known as a tribe.
Kaiāwhina	Cultural assistant/co-worker/helper/advocate.
Kaitiaki	Protector, caregiver, steward.
Karakia	Blessing, incantation, prayer.
Karakia tuku i te wairua	A prayer for the safe departure of the spirit from the body of a deceased person.
Kaumātua	Respected elder.
Kaupapa	Policy, protocol, rule, topic. A proposal / scheme or agenda item.
Kawa	Marae protocol, dedication, ceremony. It also means sour/bitter.
Kuia	Female elders

Mana	Power, influence. The spiritual power and authority to enhance and restore tapu.
Manuhiri	Visitors / guests.
Mihi whakatau	Informal welcome process.
Noa	Free from tapu. <i>Tapu</i> and <i>noa</i> are terms used to describe a state or condition affecting both the animate and inanimate. Tapu denotes a state of restriction or sacredness. Noa is free from tapu.
Pōwhiri	Formal ceremony of welcome.
Tangihanga	The mourning process before burial
Tapu	Sacred. <i>Tapu</i> and <i>noa</i> are terms used to describe a state or condition, affecting the animate and inanimate. Tapu denotes a state of restriction or sacredness. Noa is free from tapu.
Te reo	Language – commonly used to refer to the Māori language
Taonga	Treasure, valuables. Taonga is interpreted to mean in its broadest sense an object or resource which is highly valued. Children and future generations may also be regarded as taonga.



Tinana	Physical health.
Tūpāpaku	A deceased person.
Waiora	Health and wellbeing.
Wairua	Spirit. The spiritual element of wellbeing.
Whakanoa	A blessing which includes the lifting of tapu.
Whānau	Family. It also means to be born / to give birth. Whānau in this document refers to Māori patients and their families and can include groups regarded as extended family as well as groups outside the traditional family structure.
Whenua	Placenta. Also means land.



Related CCDHB policies

Hauora Māori (Māori Health) ID 1.1358

Bicultural safety ID 1.545

Death of an adult patient on a CCDHB site ID 1.789

Coroners' cases policy ID 1.788

Death of an infant or child in hospital ID 1.1948

Partnering with whānau who are supporting patients ID 1.544

Human tissue – management and handling ID 1.345

Capital & Coast District Health Board acknowledges the following for material referenced during assembly of these guidelines:

Auckland District Health Board;

Medical Council New Zealand;

Nursing Council of New Zealand;

Accident Compensation Corporation.

For assistance or advice from Whānau Care Services 0800 to 1800 Monday to Friday

- Refer by phone to the coordinator extension 80948; **OR**
- Fax a referral form to extension 5421.

For the services of a Māori chaplain

- Phone the Whānau Care Services coordinator extension 80948; **OR**
- Fax a referral form to Whānau Care Services extension 5421; **OR**
- Contact the chaplaincy service via the call centre; **OR**
- Contact the Whānau Care Services person 'on call' via the call centre.

To obtain a Whānau Care Services referral form – ID 1.043

- Download from CapitalDoc using ID number ID 1.043; **OR**
- Phone the coordinator at Whānau Care Services extension 80948; **OR**
- Call in to Whānau Care Services, Cultural Care Centre, Level 2, Wellington Regional Hospital.