

Chapter One

Introduction

This thesis is about what it is I do as a nurse, and in what ways this is influenced by who I am as a person. It is also about the institutions that I work in, the people I work with, and the society in which all my relationships are embedded. My experiences as a nurse are not easy to relate to those who are not nurses. I think this is because the way we, as nurses, see and understand ourselves is not how others seem to view us. This sense of disconnection is often alluded to when nurses talk together, sometimes it is openly acknowledged. My sense making of this is that different groups of people have different ideas about what nurses should know and do. To patients, nurses provide the care and nurturing that because of their illness, or lack of support, they are unable to secure. To society, nurses are an occupational group, of mainly women, providing for the ever changing health needs of the population throughout the life span. To other health workers, nurses are there to manage the workplace in a way that facilitates their professional goals. My aim is to do justice to the way nurses understand nursing, and to expose the conflict, pains and pleasures that arise out of competing demands and expectations. In developing this perspective, it is important to acknowledge my own experiences of nursing and of life because they colour much of what I think and do.

Personal and Professional Experiences.

When I first began to explore my personal and professional experiences I found that they fell into two main groups - those that were a part of my developing life as a child, sister, daughter, wife, mother, friend and grandmother, and those that were a part of my life as a nurse. This idea of separating my life in this way seemed artificial because much of who I am transcends this sense of separateness. Consequently, presenting an authentic and coherent account of the experiences that seem to inform this research journey has been a real challenge. My chosen path to achieve this sense of integrity has been to search out the experiences that seem to be central to my acting and being. Whilst involved in this exercise I have become aware of a pattern in my life that reflects certain premises about how I choose to act in the world, and why I filter my experiences as I interact with others. It is important that I begin by presenting these premises because they influence the way I work and give substance to the decisions I make.

These premises are:

- respecting the part that people play in the pattern of life, and the potential for influencing this pattern beyond that which can be visualised or planned;
- honouring others' ways of experiencing the world and understanding themselves;
- holding the belief that people want to do the best they can and are limited by the experiences they have had and the resources available to them;
- supporting others in their fight to own their contribution to any activity;
- working co-operatively achieves far more in terms of quality and quantity than each can achieve alone, and often goes beyond the original intentions;

- acknowledging that learning about nursing is achieved through acting, reflecting, and sharing with other nurses the possibilities that are generated.

I am not entirely sure where these value statements originated. Like this thesis, I think it is a mixture of who I am as a person and the experiences I have had, both academic and experiential. It is this interweaving of experiences that has proved to be both a rich resource and a focus for conflict and confusion. Making clear the personal and hidden aspects of the way I work as a nurse is central to this thesis. The process of doing this has caused me both anxiety and frustration. To liberate myself from this tendency towards negativity I developed a process of reflection and dialogue. These next paragraphs are extracted from notes I made whilst reflecting upon my repeated attempts to find a pathway to guide my writing.

I have tried various ways of introducing my own experiences in written form and each time my attempts have come to no useful purpose. If I try to unfold my journey in a linear way it does not feel authentic. If I allow my mind to flow, then connections occur across time and place. The result is then real for me but confusing for the reader. If I go back into the past and bring forward the experiences that have made me what I am, then I can write in simple language, providing the situation occurred early in my life. As I progress through my life the pictures and perspectives become more complex and multi-dimensional. Consequently, if I describe experiences that have occurred in the last few years then I find that my experiences from the past are aroused and influence the present. Thus when I pay attention to what is happening as it happens, I am simultaneously aware of many people and many events engaging my senses and influencing my decision making. It seems to me now that my experience of beginning this journey was simple, however as the journey expanded so the complexity increased. If I pay attention to the needs of the reader and reduce the layers of meaning, then the essence of me disappears and what I have made accessible to the reader does not feel authentic. The struggle facing me in writing this text is to provide a sense of this complexity without slipping into chaos and confusion.

As I have experienced this research journey I have come to realise more clearly that the way nurses manage this confusion is to tell stories about experiences. These stories often have embedded messages of joy, sorrow, guilt, anxiety, despair and fear. However, from my experience, it is the act of telling these stories that seems to relieve the tensions and anxieties, thus allowing a sense of mutual understanding to be shared. As I write I am aware that story telling is an essential part of nursing - our ability to 'join' together is often within the metaphor of a story. An essential part of my way through this dilemma of communication with the reader is also through stories. I have come to value the telling of stories because they can provide a sense of the experience that connects with the present, and thereby allows a sense of continuity and personal self to be heard. This idea of story as the vehicle for understanding my journey through this thesis is an apt one as it connects the way in which we, as a group of nurses, worked together during the fieldwork. We used stories to expose and manage conflict, and to share common experiences about nursing and being a nurse. These stories were both personal and professional, transcending the separation between who we are as nurses and who we are as people.

Sharing Personal Experiences through Stories

In order to open up this idea of separateness and continuity of self(s) I will begin by telling some simple stories about myself that reflect some of the ways in which I have gathered

knowledge and developed ways of acting in the world. The purpose of these stories is to create a picture of myself as a nurse, and as a person, before I began this research. My impulse is to let each reader draw their own conclusions about the meaning of each story. The telling of my experiences, then becomes the stimulus for the reader's experience of it, and the interpretation is congruent with the reader's sense of the situation. However, I am aware that this would not achieve the purpose of writing for both colour and clarity, so I will separate the stories and provide a rationale for presenting each story and my own sense making of it. The stories presented in this chapter can be grouped into:

- Stories about my early life before I took up nursing as a career.
- Stories about my experiences as a nurse before beginning this thesis.

Each story is selected because it illuminates a particular theme in my life and because it contains people and experiences that remain with me in the present. I will begin each story with a short introduction about when the story was generated, and what was guiding and/or driving me. I will follow this with the purpose I have in telling this story and how it influenced me at that time as well as at other relevant points in my life. Two of the stories are from my childhood and I have named these 'Stories that give me life'. The following four are from my work as a nurse in New Zealand and I have named these stories 'Finding a pattern to live by'. Three of the stories in New Zealand are about working with the Maori people. Each story provides an experience that 'lives' with me.

The stories that give me life

Mothers and Daughters

There is a particular story that I hear from my mother and her family of origin that sometimes gives me pleasure and sometimes pain because it holds a 'double meaning' for me. This story is one amongst many that are told when my mother's family are recalling the qualities of children and how these qualities re-emerge in the adult life. The meaning of the story can alter according to the context in which it is told, sometimes affirming and sometimes criticising. In some ways it is symbolic of my relationship with my mother who is able to alternate between binding and criticising; I recognise my own vigilance in these situations where I make choices between responding with control or openness. I am aware that this vigilance flows over into other experiences where a message can be read in different ways requiring a careful response. In recalling this story feelings of affirmation and criticism are present, together with the knowledge that this experience of ambiguity is also present when I need to consider the consequences of my own actions.

This particular story is central in a discussion about the qualities I had as a child. It is a link with the past that presents me as a responsible caretaker and energetic organiser, a role I have played in my family. I present it here because it illustrates the role of caring, and taking care, that has been a theme throughout my life. This story has its origins during the second world war when I was three years old at the time and attending a boarding school in Somerset. One of my first clear memories was of a very large play room and a very large jack-in-the-box that waved at me from above my head, I must have been very small. I remember my mother leaving me there and telling me to take care of my brother and to help him tie his shoe laces. My brother is four years older than me and has, since then, told me that he was very homesick the first year we spent at boarding school. I do not recall feeling this degree of separation as for me the days were always sunny and full of things to do.

The setting for this story is my aunt's house during a short holiday over Christmas where I was standing on the bed in my mother's room, with my mother, aunt and brother either in or on the bed. I was giving a solo performance of all the different parts in the school's Christmas show and I had apparently memorised all the parts. I began at the beginning, singing all the songs and reciting all the lines of the Christmas play. I was completely engrossed in this

presentation when my brother stood up and started to contribute. I apparently swung my arm back at him, knocking him off the bed without a falter in my performance.

This story is told within my family on various occasions, usually it is amusing and highlights my ability to learn everyone's 'part' but sometimes there is a critical edge about my ability to take control and not be put off by my elder brother. I carry both parts with me: an affirmation for being competent, capable, able to amuse and reduce tension; and a watchfulness about taking control to the degree that it minimises others' contributions and ability to perform. I also hear my mother's voice when I recall this story and although the words were not spoken at the time they are connected. The words that I hear are: "It is more important that the boys have secure careers, careers are not important for girls. You must not, therefore, put yourself forward or show you are more capable."

I am very aware that these experiences are a part of the person I am now, particularly in my ability to pursue a task and not be distracted, and in my need to understand the world from the position of others. There is also with me a wariness about overshadowing others. Consequently achieving my own purposes by facilitating other's goals and needs is a stance I often take. My recollections of boarding school hold a sense of being a part of a group, sharing fears, excitement and pleasures, and in some nebulous way there is a connection between these experiences and my later experiences in institutions during my adult life. The sense I make of this is paradoxical because institutions can provide a context for people to explore and reach their potential as well as the most obvious task of meeting societies needs. Organisations and institutions have been a very important part of my life since a very young age and in the main my experiences have been enabling, communal and personally satisfying.

The next story is about the value I place on interpersonal relationships and in particular those that transcend the mundane. This story illustrates the way in which people from my past play a significant role in enabling me to seek out the potential for innovation and creativity in the present. Certain people in my past, whom I have held in high regard and who have valued me, have encourage me to follow my intuitive understanding and achieve what I passionately believe in. One such person is at the centre of the next story and helped me during my Grammar School years to develop a sense of my own self worth. Her voice still remains with me when I doubt my own thinking and 'go wobbly', or when I am at the edge of chaos and need to make a choice that may place myself in a vulnerable position.

I attended a Convent Grammar School from the age of ten to seventeen, not as a boarder but as a day pupil. I was the only child of four in my family that did not attend boarding school during high school years. I mention this because there is something here about my mother needing my ability to be responsible and to 'take care' during the years when my father was working long hours, my brothers were at boarding school and my sister was very young. I learnt to be capable at an early age, mainly because my mother was not a very consistent person and hated any kind of routine. It was clear to me, as a young person, that my role at home was to be capable whereas my role at school was to be very different.

The stars that shine brightly

As long as I can remember I have always questioned and sought understanding about issues, people, and events. This questioning was often seen as inappropriate by the nuns who taught me, often the remarks on my report at the end of the year indicated that I was, at times, less than biddable. One of the nuns who taught me elocution and drama seemed to respond to my questioning and energy in a different way, and over a period of time we began to have long discussions after my lessons about life, religion, and what my life path might be . Gradually we developed a strong bond and I learnt to find strength in poetry and drama. It was at this time that I learnt to perform and to develop plays out of stories.

The central point of the story occurred when I was about fourteen years old. My mother and I were about to attend interviews to discuss 'O' level subject and as I was waiting for her to arrive this same nun (Madame Cecile Clare) asked me to bring my mother to see her after the

interviews. I willingly complied with this request because I regarded her (Madame Cecile Clare) as a friend and ally. The talk began with an exploration of the kind of opportunities open to me when I left school and continued with a discussion about the need for girls to have careers. As we were leaving this kindly nun said "Janet has a rebellious spirit that will take her far, don't let anyone squash it but encourage her to find an avenue that will use her inquiring mind, and adventurous nature." My mother questioned me about this remark and seemed to find it quite confusing as my role at home was to be very down to earth and consistently reliable. My mother agreed that I was very capable of speaking my mind, particularly with my brothers, however it did not seem to me that she had ever considered this to be a strength.

At a later date, when I was leaving school, this same nun talked with me about my future. I remember her clearly as we sat together on a hot summers day in the rose garden watching the younger children play. Her words are etched on my mind. "Always trust yourself and don't throw away your ideas and dreams, they are more important than all the opinions of others. If others reject you then let them be, take the time to know yourself, you are strong enough to stand alone." When I need to gather my strength to continue on a difficult path, or confront a difficult situation, I hear her voice and see her face. She remains a 'star that shines brightly', giving me comfort and trust in myself, and although she has been physically dead for a very long time, for me she is alive and available when I need her words of encouragement.

These two stories speak to the separate parts of myself, parts that I have learnt to listen to simultaneously so that tasks are completed and at the same time questions and creative ideas are held in readiness for opportunities to emerge. Writing these stories has made me aware that many of my most liberating experiences have been centred around institutional life. I have trained as a nurse and as a teacher, I have spent most of my working life teaching and working as a nurse, or developing and managing health services. I have never spent any time really planning my career, and even when opportunities arise I do not link these opportunities to a career path. It would seem that this stumbling along, being 'driven' by some inner quest and finding some resting place where there is unity with others, is a familiar experience for other women like myself. Much that I have read about women's working lives and woman's ways of travelling in the world seems to echo my own experiences. In chapter two I intend to explore these experiences further, particularly as they relate to myself as a woman and as a nurse.

The next stories demonstrate unplanned experiences emerging from a response to the moment because it feels right to do so. The first story is about a major change in my career that came about without any conscious planning by myself, although I do recognise a propensity to take risks in order to seek out new experiences. The following three stories are about my experiences working with the Maori people. In all these stories the patterns of my life are surfaced.

'Finding a pattern to live by'

In this next story I respond to opportunity without considering in any depth the implications for me as a person or for my career in particular. Thus the story unfolds as I, and others, respond to the challenge and the moment.

Challenges Opportunities and Patterns Emerging

The setting is New Zealand in 1970. At the time I was a single parent with two daughters aged ten and eight. Prior to moving back into nursing I had been teaching children at primary school level for three years. This suited my family situation as my children attended the same school, and I was therefore able to manage the dual role of mother and full time teacher. However, I had a mortgage to repay and things were becoming very difficult, so I decided to work as a nurse during the school holidays while my children were with my mother. At that time I had no intention of returning to nursing as a career. I was employed as a staff nurse and because I enjoyed teaching I set up discussion groups with the nursing students on the ward. This led very easily into exploring my own nursing experiences and the ways in which I might facilitate their desire to know and practice their skills more effectively. My interest in

student learning did not go unnoticed and it was only a few months before I was invited to take up a teaching position in the school of nursing. This faced me with a complete change in the way I envisaged my life progressing, and how I managed my own children's education. Somehow it felt right to take the risk, so I agreed and a new phase of my life began.

This new phase commenced with a steep 'learning curve' as I developed both clinical and experiential learning for students, completed an undergraduate degree, and was promoted to Principal Tutor. During this time of rapid learning I worked closely with several staff of other disciplines. An experience stands out for me during this period of my life because it is about the value of taking risks when one is seeking new ways of understanding and being understood.

Taking risks in search of new understanding

From my point of view, at the time, capable nurses were competent knowers and doers, therefore in developing a new curriculum for psychiatric nursing a strong theme of creating knowledge out of doing seemed very important to me. Therefore in order to create a learning environment that explored clinical issues I introduced structured learning experiences that focused on clinical realities. However co-ordination between experiences in the classroom and in the clinical setting was fraught with problems - the need for 'pairs of hands' took precedence over the appropriate preparation of nurses for working in particular clinical areas. Consequently an inequality between different groups of students with regard to clinical experiences developed. This was something I found difficult to accept as inevitable and it led me to negotiations with the New Zealand Nursing Council to develop a new nursing curriculum. The process of developing this curriculum involved a group of colleagues and advisors and it was to this group I turned when faced with the dilemma of co-ordinating theory and practice.

Our discussions focused on various ways of managing student learning experiences. We found that planning 'generalist' experiences was fairly simple, however when it came to managing the 'specialist' experiences it seemed that some students were going to miss out. This was because the level of skill required and the number of patients treated limited the number of students able to gain experience. We decided to tackle this problem together and a novel answer was provided for us by the consultant who led the 'Neurosis Unit'. The idea was to replace the traditional ways of teaching in the classroom with a clinically based experience, thus merging theory with practice. In essence this was to be achieved through student participation in the clinical situation at the same time as learning the theory. The students would participate as a group, managing their own learning and supporting each other through the learning process. This would encourage peer support, discussion and feedback. This change required that I took responsibility for managing the basic theory while the consultant managed the practical experiences and this proved to be a novel way of working together.

We agreed that I would construct worksheets based on the required texts and Graham (the consultant) would arrange for two weeks of intense clinical experience within the neurosis unit. This plan required that we all, myself and the students, participate fully in the clinical programme. For the students this involved group work, a case study and the experience of being part of a therapeutic community. For me it involved being a member of the clinical team with special responsibilities for working with individual students as the need arose. Both the students and myself were included in the staff groups, where strategies and interventions were debated and staff behaviour was both challenged and affirmed. It was in this area of challenging and affirming that much of the 'live' learning took place and the core of this story is about this learning. Managing this 'live' learning experience as it unfolded was an experience that stretched my mind and my sensitivity - this I was aware of at the beginning and sure of at the end.

We planned, in outline, the path that seemed most useful and in doing this agreed a flexible programme that included a variety of possibilities. This feeling of being on the edge of the unknown was reduced to some degree because time was taken to clarify our roles. Graham was to keep the boundaries firm by managing the direction of our work together and I was to

support and encourage student participation. This understanding helped me to place myself in the experience with the intention of staying fully aware of myself and of others, particularly the students, however it did not stop me from feeling uneasy and anxious as I held back from questioning possible outcomes. I remember that my discomfort at the beginning of this exercise was about how much I could debate with Graham in front of students and other staff. In the past we had often discussed and debated ideas and ways of working in the clinical setting but this context was very different. For the first few days I worked carefully alongside the students using inquiry as a vehicle for exploration and explanation. My anxiety ebbed and flowed as I, or one of the students, actively contributed to a dialogue that lead into unpredictable territory. As we progressed through the first week I was able to debate my point of view without dire consequences, and the students began to test their skills within the group setting.

Towards the end of the second week, after the case studies had been presented, Graham asked the students if they had sufficient knowledge about their patient to participate in a role play. There was some hesitation as the students 'caught their breath' followed by a vigorous discussion about what this might mean. Each student was required to enter into the personality of the patient they had been working with, and each patient was asked if they would play the role of either a staff member within the group or an observer. Once roles were settled we began the process of participating in a 'community meeting' exploring relationships and agreed ways of working together. The experience was dramatic and is now etched on my memory. When I find myself tempted to relieve tension in a situation of conflict, or when the focus of group activity is on safe and practical agendas, rather than sensitive and hidden ones, I find myself responding in ways that are rooted in the personal changes that I experienced at this time. The knowledge born of this experience has remained with me and is often revisited when there is a need to reach deeper into the interactive process and to self-disclose.

The Challenge of Cultural Difference

The next three stories are all centred on my work with the Maori people in New Zealand. I include them here because they present some of the challenges I accepted, the chaos that was created, and the difficulties I encountered as I tried to move through conflict and confusion. Each story is unique and in each I was faced with a challenge that could not be grounded in any certainty from the past. Each presented me with dilemmas that I had never faced before and each was embedded in a context that was in part alien to me. Consequently these three stories are about the kind of change that challenges existing beliefs and confronts stated values of equality, opportunity and racial harmony. All have a common theme of radical change. For me the change went deeper than I ever imagined as I made a serious commitment to the visions of others because of a deep sense of worth and harmony.

I have chosen to write these particular stories because they face me with:

- what is it I do that places me in the centre of radical change?
- what holds me to my purpose and affirms my intentions as the process emerges?

I am always aware when I am involved in activities that challenge my personal beliefs and values that there will be periods of doubt, conflict and soul searching. I hope that the following stories will amply illustrate this. To provide a backdrop to these stories I will begin with an introduction that includes a short explanation of the Treaty of Waitangi, my position within the organisation where these stories emerged and my personal and professional agendas.

The Treaty of Waitangi was signed in 1840 and has been a source of conflict and struggle between the Maori and Pakeha (those of European extraction) ever since. This short extract is taken from the 'Treaty of Waitangi' (Claudia Orange, 1987) and is an attempt to give you, the reader, a glimpse of the complex issues that surround it.

The Treaty Of Waitangi

Treaties with indigenous peoples were not unusual in the history of the British imperial expansion. Most have been shelved or forgotten, whereas the treaty of Waitangi, signed in 1840 by a Crown representative and over 500 chiefs, remains a central issue in New Zealand. This puzzles New Zealanders and there is as much division over the treaty now as there was in the 1840's. Confusion surrounded the treaty from the first. The treaty in English ceded to Britain the sovereignty of New Zealand and gave the Crown an exclusive right of pre-emption of such lands as the Maori people wished to sell. In return, the Maori were guaranteed full rights of access to their lands, forests, fisheries and other prized possessions. The treaty also promised them the rights and privileges of British subjects, together with assurances of Crown protection. Only thirty-nine chiefs signed this treaty in the English language. However, most signed a treaty in the Maori language which failed to convey the meaning of the English version, most notably that they had signed away sovereignty over their land, and the treaty negotiations did not clarify the difference. In the following years it became clear that the treaty contained the seeds of continuing conflict, particularly over land, power and authority.

In 1984 I was appointed to the position of Director of Nursing for the largest Psychiatric service in New Zealand. Prior to taking up this position I had set up and managed a Community Mental Health Centre for seven years which was part of the same service. I was, therefore, moving within a service and so taking with me relationships, knowledge and agendas. Within three months of taking up my position several of the Maori elders challenged me to begin a dialogue with them about the mental health needs of the Maori people. I say challenge because it is important from the outset that the reader be aware that Maori people traditionally begin a dialogue in ways that are different to the way we in the western culture might 'call a meeting'.

These challenges came in several ways.

- I was challenged in public to do something about the increasing number of Maori people becoming mentally ill.
- A Tohunga (medicine man) would come to see me, with his retinue, requesting to stay with a patient in the hospital so that 'Mate Maori' (illness particular to the Maori people) be treated.
- I was asked to attend a meeting where the crisis for Maori people was to be discussed. This crisis was about the disproportionate number of Maori people held in 'white' institutions, i.e. prisons, psychiatric hospitals and social service care facilities for children.

I responded to these requests/challenges by attending several meetings where I listened to their concerns and responded to their questions. I withheld my own opinion because the main agenda, as I saw it, was about the way in which the institutions disadvantaged Maori people.

Over a period of about three months my relationship with the Maori people moved from being one where I was challenged to account for all the ills that had befallen the Maori people since the Treaty of Waitangi, to one that required a partnership between us. The focus of the discussions moved to a demand for mental health facilities that would be more culturally appropriate for Maori people. I usually attended these meetings alone or with one or two colleagues who desired change, not necessarily people in a position to confront these changes openly. It seemed to me at that time that the concerns and demands of the Maori were seen as marginal by most authority figures. Consequently these meetings were received by those in authority as problems rather than opportunities. However, I had three allies with whom I was able to discuss and review my experiences and it was with this small group that I

began to look at the possibilities for working in partnership. Understanding the way the Maori tribal system is organised, and the way decisions are made, is crucial to gaining respect and co-operation. At this point my 'learning curve' was again steep and my ability to create possible scenarios was limited. I relied heavily on being able to discuss situations, thoughts and feelings with people who shared similar intentions. Our agenda was to change the balance of power in an institution that sanitises human suffering and racism.

Creating chaos out of order

This may seem an unlikely title for a change process, however it has been my experience that in visualising a future very different from the present situation the existing order needs to be confronted. This, more often than not, produces chaos for a time. From my point of view, the ability to create this chaos is a measure of both the appropriateness of the interventions used and the flexibility of the system to confront change.

Talking past each other

The first story is about working with Maori people to develop a mental health service. It challenges my middle class upbringing, my sense of spirituality and the conflict that is present when women choose to stand firm against a patriarchal system. It is also about my own vulnerability as I enter into the meaning making of another culture. It is important for me because I found that entering the world of another culture confronted me with my own roots, and consequently the need to return to England to live. The story began with my intention to work with the Maori people to help meet the needs that they identified as important. I had already developed a small group of like-minded colleagues and we agreed to work towards this partnership in our own work settings. The agreed aim was to involve Maori people in developing culturally appropriate services to meet their mental health needs. The way forward from this point was complicated and immediately made clear to me that I would need to take each problem as it was presented and find a solution that was in harmony with the main purpose.

I encountered the first problem when I agreed to meet with a group of Maori people who came from different tribal areas. The aim of the meeting was to develop a strategy for change and I naively believed that there would be a joint commitment in planning and developing services and that the tribal issues would be managed somewhere else - this was not how it happened. It was unclear who were the 'correct' people to be negotiating with as they were all important, but the degree of importance was difficult to comprehend. It seemed to me that force of personality was equally as important as where an individual was born, and that lineage was very difficult to make sense of because of tribal differences and the decimation of the Maori population.

The services that we intended to provide had to be within the wider Auckland area because that was the way finances were distributed. Several tribes lived within the wider Auckland area and each saw themselves as needing special consideration. They each had a valid rationale for taking power. Each considered that they had a legitimate right to lead and control the negotiating process. The one tribe that had sovereignty over the Auckland area, because of it being their tribal land, were the Ngati Whatua. However, this tribe had been sadly reduced in numbers during the two world wars and were, at this time, trying to regain their tribal land rights from the government who were, in turn, in the process of selling it on the open market. Eventually it was agreed to formalise a meeting time for all the Maori people who wanted to participate, to come together and work towards a solution. This seemed to be the most that could be agreed upon by the Maori people, and the minimum from my point of view if we were to move forward at all.

It is important to remember at this point that the coming of the European to New Zealand halted the natural evolutionary change of the Maori in favour of change that introduced western culture. In some ways this 'cultural invasion' left the Maori people at a stage where tribal identity remained with the land that was their birthright, and the trade and negotiations between tribes was halted as the Maori adjusted to the ways of the manuhiri (visitor).

Developing a Cross Cultural Dialogue

At the first meeting an agreement was reached to meet on three further occasions with the aim of finding a way of working across the tribal divides. This first meeting opened my eyes to the gender divide between Maori men and women. The men were very authoritative and led all the discussions. Oratory is highly valued and gives much status to the speaker and so became the focus of any discussion. Consequently they spent a long time talking about the issues rather than confronting the problems and finding solutions. The women, on the other hand, held discussions together outside the 'formal' meetings. They found solutions to immediate problems and worked across the tribal divides to share resources and ideas. There was, however, an observable difference between the rural and urban Maori. The rural women held the history and language of the Maori people but continued to observe the dominance of the western culture and men. Whereas the urban Maori women, fighting for cultural survival, spoke out more readily and at times their anger about loss and hopelessness broke through the formality. Within the many-faceted communication system I observed two levels of decision making and action taking. The men made decisions about the hierarchy of status and the women made decisions about the needs of the young and the survival of the race.

After three stormy meetings an agreement was reached to have one person take a lead responsibility and work closely with families, tribal networks and patients in the two main hospitals. This meeting was followed with a vigorous dialogue wanting me to create a position for a Maori Co-ordinator. I realised during the discussion that they expected the position to be made available immediately and this was the first bit of irony of which I became aware. As my work with the Maori people progressed I found that what they expected of me bore no resemblance to the way they managed their own affairs. They trained me well to stand and take the power of my own culture and at the same time to walk with them as a companion: a friend to share joys and sorrows with but not their power.

The moment that I stepped into this 'double world' became etched upon my mind. It was when I and two of my senior colleagues were asked to make a public commitment to establishing a Maori Co-ordinator. I knew that this step would precipitate a questioning of the beliefs, values and established practices of the institution and that it would place me in a very difficult position regarding my own staff. I also knew intuitively that this was necessary if there was to be any partnership with the Maori people. However, I experienced a flood of apprehension at a physical level and a dialogue within my head that quickly travelled over the possible situations that I might occur. I remember looking around the room and realising that I could anticipate certain attitudes from my own colleagues, but I could not know what the Maori people had in mind. For a few minutes my resolve 'wobbled' as I realised that if I was to take up their challenge I would be facing conflict with my own staff and in particular with the senior clinical staff. In the few seconds I had to review the possibilities I realised that my energy and my sense of integrity drove me forwards. So began a process of change that confronted the most basic systems supporting the institution, ranging from pay and conditions, to clinical decision making, and most importantly, 'risk taking'.

Titiwhai Harawira was appointed Maori Co-ordinator by the Maori people and immediately took up the position. It took me four months to get this position ratified by the institutional systems which meant that for four months I had to find innovative ways of paying Titiwhai and finding the resources that she continually expected to be available. The recognition of a paid position formalised the change process, making clear that Maori issues were of importance and that ways to meet the mental health needs of the Maori were to be discussed and tested. The realisation that the changes were going to affect the way people worked came slowly. However, the official recognition encouraged some people to state their position, both for and against, and so alliances were formed and hidden racism became transparent. Working through the issues that stood in the way of establishing the Maori Co-ordinator was a challenging experience for me. I found myself in conflict with my colleagues and sometimes with myself as my loyalties were put to the test. However, for Maori and Pakeha alike, some of the issues I confronted brought about a welcome change and released people from unnecessary restrictions. This is important to acknowledge because it made clear to me that

institutional practices are often harmful to the culture that created them as well as to those the rules impose upon.

One of the outcomes of the changes was a challenge brought by the Maori people about the racism inherent within the institution. On their initiative, I was approached by a voluntary organisation who provided institutional racism workshops. Their proposal was that we invest in a series of workshops to promote racial awareness in the workplace. I took their proposal to the senior staff meeting and we debated the benefits or otherwise of taking up the offer. We decided that we, as a senior staff group, should participate in the first workshop, then make a decision as to whether it was 'suitable' for our staff. There was an opinion amongst some of my colleagues that 'Maori radicals' ran these workshops, that these radicals were not 'real' Maori but communists. I knew that the course was run by an Anglican priest and therefore considered that my colleagues, once they met the team, would find it acceptable.

The Challenge to Institutional Racism

The second story is about the tension I experience when my understanding of the world and the people within it is in direct conflict with the way in which institutions remain inflexible to the needs of the people within them. For me, this is not so much about the individual but about how people act in institutions so that the stability is maintained and the 'deviant' is suppressed, ostracised or removed. I include this story here because it holds something very valuable. It is about owning the present and through the present making amends with the past. It is also about my own spirituality and the effect the experience had on my own colleagues that I had not anticipated. Again I stepped into the situation believing that it was important to do so regardless of the consequences. It was a case of trusting in my own integrity and the integrity of others (the Maori people) and coping with the consequences. It was chaos for a time.

This workshop was about clarifying Maori historical truths and confronting the feelings of the Maori arising from the usurpation of their land. This meant understanding the way in which the land is a spiritual entity and embedded in the mythology of the warrior. It also meant acknowledging the feelings of treachery that have arisen through the white patriarchy's destruction of the Maori rituals, beliefs and tribal life. This destruction of tribal life has eroded the use of the Maori language including story telling and oratory. This is because Maori is an oral culture and requires rituals and communal life to survive.

I attended this workshop with a large group of senior colleagues, some with open minds, some believing that there was not threat to them in confronting racism and some intent on devaluing the experience. I tried to prepare myself for the possible responses of others and also for the unexpected. I was very aware that I needed to hold a balance between saying all I thought and felt while also being aware that others did not have the same sense of 'truth' and would be experiencing the situation very differently. I was aware that some senior people saw a possibility for changing working conditions in favour of management flexibility if they supported the Maori initiatives. There were others who wanted to be seen as 'specialist' in Maori culture and so gain control of the development and be the 'voice' for the Maori. My intense belief was that ownership should remain with the Maori people, that nothing should be allowed to detract from their sense of self and ownership of change. Maintaining my own sense of identity was also important. I was aware at the time that I needed to allow myself to be immersed in the experiences while keeping an internal 'watcher'. I was apprehensive because I knew that my own sensitivities about the issues facing the Maori people were very near the surface and could be ignited very easily. The 'watcher' was needed to keep me safe in a situation where I had little or no control.

The team that were to lead this first workshop were all white. The rationale for this was that we (white people) needed to be confronted by our own people about our own institutional racism. The conflict, if any arose, should be between white people and for white people to resolve. A team of Maori people were present as observers to ensure that we did not collude with each other or fail to realise the issues. This team also monitored and gave feedback as the workshop progressed. My role was to participate with my pakeha colleagues.

From my point of view the workshop was a very moving event, the historical presentations providing a very graphic and personal picture of the rapid decline of the Maori people as the institutions in New Zealand developed and trade became international. It reaffirmed for me the need to bring about changes that empowered the Maori people to take charge of their own destiny - in this I felt a passion. Some of my most senior colleagues did not share this viewpoint, they found the experience very threatening and the old agendas about Maori uprisings and civil war were surfaced. As a consequence, managers and heads of professions became divided on the issue of providing the workshops for the staff accountable to them. The hospital manager refused to allow his administrative staff to attend subsequent groups and the medical staff were not allowed to attend in working time. Despite this, a large proportion of other clinical staff attended and for many it changed their understanding of the ways in which Maori people were disadvantaged within New Zealand society. This had the effect of opening up the wards to more flexible ways of working both with the Maori Co-ordinator and the Maori healers.

Reaching for a Stable State

Within a year a Maori centre had been set up to support and work with families and tribal healers were able to work with individual patients admitted to hospital for treatment. There was a manageable tension between the traditional way of managing mentally ill people against the way the Maori viewed and managed their mental health problems. Conflict arose around the issue of treating people of Maori race differently from the pakeha, white racism becoming apparent in the accusations that the Maori people were being given advantages. Titiwhai's answer to this was, "Let them all do it our way!"

One major issue that really confronted institutional practice was the Maori concept that the individual could not be treated in isolation from his or her whanau (extended family). This meant that the 'patient' was accompanied not only by their family but also by key members of the tribe. To acknowledge Maori protocol the whanau must be welcomed and fed before the discussion of the problems takes place. This ritual involved a prolonged greeting ceremony followed by a meal and after this a 'meeting of minds' that could last for several days requiring accommodation for all involved. My role in it all was to try and understand the various points of view and respond positively to requests, concerns and conflicts.

The conflict was manageable from my point of view because I was able to maintain my own sense of integrity as I moved between the needs and concerns of nurses, the Maori, the organisational and political demands. My touchstone was the value I place upon fairness and the obligation to right past wrongs. My strength was the way in which I practised nursing and expected others to practice, plus the relationship I had with colleagues and people in positions of power. I also worked hard to manage the present in a credible and authentic way and to not knowingly create new injustices. Within a year the original meeting place (Whare hui) was extended to include a Kohunga Reo (kindergarten) for the children of the patients and the Maori workers. There was a healthy tension between the needs of the Maori to regain their culture and the needs of supportive staff to be included in the developments. The relationship between the different perspectives became much more open and there was acknowledgement of a real partnership. We arrived at a temporary sense of stability until the next step into chaos. This heralds my final story about institutions that have outlived their usefulness to the point that they are creating something evil in their desperation to survive.

The third story is very clearly about the battle that rages to restore and keep alive cultures that, by all logical reckoning, are doomed to die. The story itself is about institutions at their worst. However, the role of this kind of institution is very much about managing the darker side of a dominant culture. This final story led into the last phase of my work with the Maori people. The focus is the closure of a medium secure unit for mentally disturbed people who pose a threat to society in some way. This unit had been the focus of fourteen inquiries over seven years, each inquiry having been followed by recommendations for change. The last inquiry awakened the wrath of the Maori people and as a consequence held media attention for months.

Before I took up my position as Director of Nursing I met with the Regional Director of Nursing and was informed that one of my tasks was to continue with the changes recommended by the last inquiry into the medium secure facilities. I was told informally that the Regional Health Board had recommended that the hospital close and that new facilities be built for the small number of 'dangerous' patients, with the remainder to be managed within an 'open' hospital setting. At this discussion I voiced my concern about the number of Maori men with mental illnesses who were in secure facilities but who had not committed a crime of violence. I made it clear that I would want to make sure that any changes to the secure facilities took this anomaly into account. My concerns were accepted and in turn I was informed that any changes that would encourage a radical change in the provision of treatment for mental illness would be welcome. This commitment from someone in a position of power (a champion) was very important if the kind of changes I had in mind were to be successful. Although this particular story is told last in the sequence, the build up to it was occurring alongside the development of events in the other stories.

Endings and Beginnings

I have used this title because although the ending was very painful, prolonged and costly, the beginning of something new was equally painful, but also liberating and instrumental in exposing the undercurrent of racism and unacceptable practice. Politically and practically, the medium secure unit provided a place for the courts and the prisons to send mentally ill prisoners. In reality those in medium secure units were a mixture of the following:

- people who could not cope with the isolation of prison;
- and people who were mentally ill and a danger to others.

In both prisons and psychiatric hospitals Maori people are over-represented, especially Maori men. Although, at the time, Maori people were only 15% of the total population they represented 60% of the medium secure unit patients. This situation is also reflected in other 'controlling' institutions.

The history behind the necessity to close this hospital was a series of inquiries into malpractice and accidental deaths, the final death being the fourteenth. This death caused a great furore because it involved a young Maori man aged 25 who had been arrested by the police, accused of breaking into a car to sleep, and while on remand in prison became resistant and refused to eat. The staff of the remand prison became anxious about the possibility of suicide and sent him to a secure prison. In this setting he became unpredictable and impulsive. He was placed in solitary confinement and this precipitated a complete withdrawal into himself and so he was transferred into the medium secure unit. [He had never been formally charged.] Approximately four weeks later he died of a massive heart attack. The inquiry concluded that this fatality occurred through a series of unprofessional interventions, ranging from excessive medication to neglect after electro-convulsive therapy

Beginning a Process of Change

My work with the medium secure unit began with my appointment as Director of Nursing. As lead nurse I worked with the nurses to change practices and improve conditions, and it was important to work towards these changes regardless of the intended outcome. I took this line of action because I believed that it was important to test out the possibilities for progressive change before seeking closure. Although separated at first from my work with the Maori people, the two themes of secure facilities and the development of Maori initiatives gradually merged. As I became more familiar with the organisational culture of the medium secure unit I was able to encourage a working relationship between the Maori Co-ordinator and some of the more flexible staff. Eventually a few of the staff declared their support of Titiwhai and this allowed her to assess some of the Maori patients. At times she was able to encourage a Maori leader to visit the patients but this did not happen often. As time passed it became clear to me that change from within the institution was not possible. The recommendations from the

inquiry were not bringing the desired results. There was a surface compliance but this did not bring about change in any real way for the patients. The staff had too much to lose if the changes were implemented fully, particularly financially. This left me with the responsibility to prepare for closure of the unit.

Preparation for closure involved reducing the number of patients in the unit and gradually stopping all new admissions. To achieve this the patients were reassessed by a panel of outside clinicians and progressively placed in other hospitals or back in prison. Within a year the number of patients had reduced from ninety to eighteen, twelve of these being Maori or Pacific Islanders. It seemed that we were managing the process without any major incidents, there were some trouble spots but nothing that caused any major changes. I am not sure that everyone who supported and worked for this closure had a clear understanding of the implications. I was prepared for some major difficulties but not for what actually happened. As the journey unfolded, my involvement with the Maori people became the resource that ensured that the medium secure unit was closed, and stayed closed. I had no idea that soon I would be working as a 'pair of hands' alongside the Maori workers for nearly nine months to support the very fragile solution that was put in place on the day of the closure.

Staying with the Process

The day set for closure was a Monday. On the Thursday of the previous week six of the medium secure unit staff presented a petition to the High Court with the aim of stopping the closure. It was refused and at that point the Health Board executive felt that the closure was inevitable. I did not share their confidence. Although the staff had been paid a lump sum for loss of benefits and were also given secure jobs, they were losing more than they were gaining in real terms. I knew that complete closure relied on the final patients being placed in the open hospital 500 yards away. The patient transfer was to occur on the morning of the final day. I expected something to happen at the point of moving the patients but I did not know what. On the Sunday evening I rang the Board Executive to be absolutely clear they were committed to the closure, that they did not intend to backtrack. They were all confident that the closure had been accepted. This, I felt, gave me the authority to take action if trouble of any kind arose.

The next morning I went to the unit with one of my colleagues and Titiwhai, our intention being to help take the patients to their new wards. The staff handed me the keys and a letter from the trade unions saying that all the patients had been 'black listed' - no staff in any hospital were willing to take the remaining 'dangerous patients'. The gauntlet was thrown down and Titiwhai picked it up. The irony of this was that a new unit had been set up for 'better' patients and the only solution opened to us was to engage the Maori people and move these 'dangerous patients' to the new unit, which is exactly what we did. We moved into the newly renovated unit and brought in Maori workers to provide the basic staff. I recruited six nursing staff willing to 'break the strike' and so the Whare paia (House to make good) was established.

I and my husband David worked with the Maori people to develop an environment that nurtured the Maori workers and the patients. I was able to give a part of myself to the Maori people and eventually leave New Zealand to return to England with the knowledge that I could not have done any more. They gave me much more than I could explain in words.

Just recently I attended as the guest speaker the first Springboard workshop for women in my organisation, and after I had told my story one of the young participants asked me,

“What has influenced you most in your life?”

I said, “Without a doubt it is my experiences with the Maori people. They helped me to recognise where I belonged and how spirituality transcends racial differences.”

The Personal Experience or Carrying Stories

What I learnt particularly from the experiences was the value of developing relationships in harmony with the values I have about people and life. What was most important for me was that I left in a managed way. I had the opportunity to celebrate and grieve with the people I had learnt to love and respect (and fear for at times). One of the reasons both my husband and I decided to leave was because the partnership between ourselves and the Maori people was limiting their ability to really develop their own way forward. I also learnt that separation is sometimes important to allow growth to take a different direction and for people to recognise their choices.

These three stories can be viewed from many different perspectives, each being helpful to me when I need a reference point for reflection and sense making. However, the place where these memories touch me most is around my sense of being a woman, and my desire to break the bonds and shackles that restrain, coerce and inhibit. Sharing a sense of spirituality and power with other women, who have a passionate concern for the pain and suffering of others, was a significant part of each of the stories. The Maori Co-ordinator was, and still is, a powerful and spiritual woman, and, although from different cultures, we shared a deep understanding of each other. If I was feeling worn down with the conflicts, confusion and the sheer physical energy required of me, she would notice and open her arms to me. If she was feeling attacked and unable to defend herself, I would take her part and use my resources to affirm and defend her. We both used our power and strength to protect and support each other, not needing to question. Feeling the need in the other was sufficient. When I am driven by my desire to break the bonds and shackles that inhibit creativity in people and organisations I know that it will not be a simple task with a simple solution. It will be a journey into the unknown with my past as a guide and with conflict, confusion and surprise my companions along the way.

Although I have learnt to pay attention to the beginnings and endings of each phase of my life, it is clear to me that the experiences are very personal and powerful and will continue to influence both my thinking and my doing, regardless of how much I take care of the leaving process. In pondering this connection to people in the past, it seems to me that in some extraordinary way they are part of me, intertwined with others present now. I intended to make a clean break with New Zealand, I carefully managed my departure so that I would not carry any 'unfinished business' with me. However, once the sense of freedom had faded and I began to feel the challenge and the energy, this connectedness with the past became alive and part of the present again.

Conclusions

In this chapter I have endeavoured to present key aspects of who I am through stories. I have chosen the medium of story-telling, because it is familiar to me and is a part of my personal and professional life. For me, each story has levels of meaning embedded in it. I hope that the telling of it, and the meaning I took from it, is sufficiently communicated. I am aware that much of the meaning taken from human action is symbolic, and therefore my interpretation of these stories may not 'fit' for others. Each story exposes something of myself, the context that 'held' the experience and the learning I took from it. In each experience I gained a further sense of 'self' and in presenting these experiences I intended that the reader would gain some sense of me as a person. The reason I have chosen to pursue this theme of personal self is because this thesis is about me being a nurse and this requires that I use myself as a tool to work with people

In the next chapter I will explore the meaning of nursing to nurses through the literature that enlightened particular aspects of nursing and informed my own experiences of being a nurse.