

## **Symposium Description (250 words max.)**

**Symposium Lead: Professor Alison Kitson, Vice President and Executive Dean, College of Nursing and Health Sciences, Flinders University, South Australia**

### **Fundamentals of care: a framework to achieve equity in healthcare.**

This symposium explores the link between fundamental care and healthcare inequities for Māori (indigenous people of Aotearoa New Zealand).

Fundamental care involves care activities addressing a person's essential, universal healthcare needs. The Fundamentals of Care Framework outlines how to deliver this care in a relationship-centred, integrated manner. This symposium will utilise the Fundamentals of Care Framework as a milieu for demonstrating that (1) provision of fundamental care is a human right that must be attended to for everyone; and (2) by addressing this human right we can tackle healthcare inequities.

Firstly, we will outline the Fundamentals of Care Framework and make the argument for fundamental care as a human right.

The second presentation explores a core dimension of the Framework; the requirement for positive therapeutic relationships between care providers and recipients. This demonstrates that establishing these positive relationships is essential for ensuring equitable care for Māori, who face persistent difficulties when engaging with health professionals.

The third presentation further explores relational care, demonstrating how the establishment of positive provider-recipient relationships can be supported within the bicultural context of New Zealand by the *Kapakapa Manawa* framework, which promotes compassionate nursing practice for patients with palliative care needs and the wider patient population.

Finally, we will explore how health services can accommodate culturally-preferred methods for Maori to provide feedback regarding their experiences of fundamental care delivery, thus ensuring their voice and experience are adequately represented and are central to health system improvement.

### ***Presentation one***

Dr Rebecca Feo, Research Fellow, College of Nursing and Health Sciences, Flinders University, South Australia.

Dr Tiffany Conroy, Senior Research Fellow, College of Nursing and Health Sciences, Flinders University, South Australia.

#### ***Introducing fundamental care***

Fundamental care involves care activities addressing a person's essential, universal healthcare needs.

The Fundamentals of Care Framework, developed in 2012 by the International Learning Collaborative, outlines how to deliver this care in a relationship-centred, integrated manner. In this presentation, we explore the development of the Framework and its mobilization, as a backdrop for understanding how fundamental care can help us understand and address healthcare inequities. We show how the Framework's adaptability and flexibility can guide clinicians in meeting universal care needs in ways that are culturally safe and responsive to the unique requirements of different population groups.

### ***Presentation two***

Professor Denise Wilson, Professor Māori Health, Co-Director Taupua Waiora Centre for Māori Health

Research, Associate Dean Māori Advancement, Faculty of Health & Environmental Sciences, Auckland University of Technology.

*Poipoia te kakano, kia puawai*

*Nurture the seed and it will blossom*

Establishing positive and functional relationships is an important fundamental of care. Respectful relationships are essential for ensuring equitable care for Māori (indigenous people of Aotearoa New Zealand) who face persistent difficulties engaging with health professionals, including nurses. This whkatauī (proverb) highlights the importance of first and subsequent encounters for Māori and their whānau (extended family network), particularly for establishing trust and ongoing relationships. Research with Māori reinforces how nurses can play crucial roles in establishing relationships with the 'patient' their whānau to improve health outcomes.

### **Presentation three**

Professor Merryyn Gott, Director Te Arai Palliative Care and End of Life Research Group, Professor of Health Sciences, Associate Head (Research), School of Nursing, University of Auckland.

Dr Tess Moeke-Maxwell, Lead Maori researcher Te Arai Palliative Care and End of Life Research Group, Research Fellow, School of Nursing, University of Auckland.

Dr Jackie Robinson, Te Arai Palliative Care and End of Life Research Group, Senior Lecturer, School of Nursing, University of Auckland and Nurse Practitioner, Auckland District Health Board.

*Optimising compassionate nursing care at the end of life using a bicultural framework*

Using findings from a study of family's/whānau experiences of end of life care in hospital, we extended Nolan and Dewar's compassionate care framework to reflect the bicultural context of Aotearoa, New Zealand. Our 'Kapakapa Manawa' framework includes: *he ngākau aroha* (relationships that express compassion), *whakawhanaungatanga* (establishing good relationships), *te taukiri o ngātangata Māori* (using contextualised knowledge of the patient and whānau/family) and *manaakitanga* (reciprocal caring).

The Kapakapa Manawa framework can support the relational aspects of the Fundamentals of Care and promote compassionate nursing practice for patients.

### **Presentation four**

Dr Jenny Parr DHSc, RN, Chief Nurse and Director of Patient and Whaanau Experience, Counties Manukau District Health Board, New Zealand

*A face to face feedback process of delivery of fundamental care to understand Maori and pacific experiences*

Maori and pacific people are over-represented in hospital inpatient services. Traditional service feedback processes, like online surveys, do not meet the needs of these groups. While complaints to the Health and Disability Commissioner are not reported by ethnicity, the DHB's inpatient survey confirms the lack of a representative voice. Given the Te Tiriti o Waitangi obligations health services must partner with Maori to improve services. This presentation describes the process and results of a face-to-face feedback process which successfully addressed this inequality.