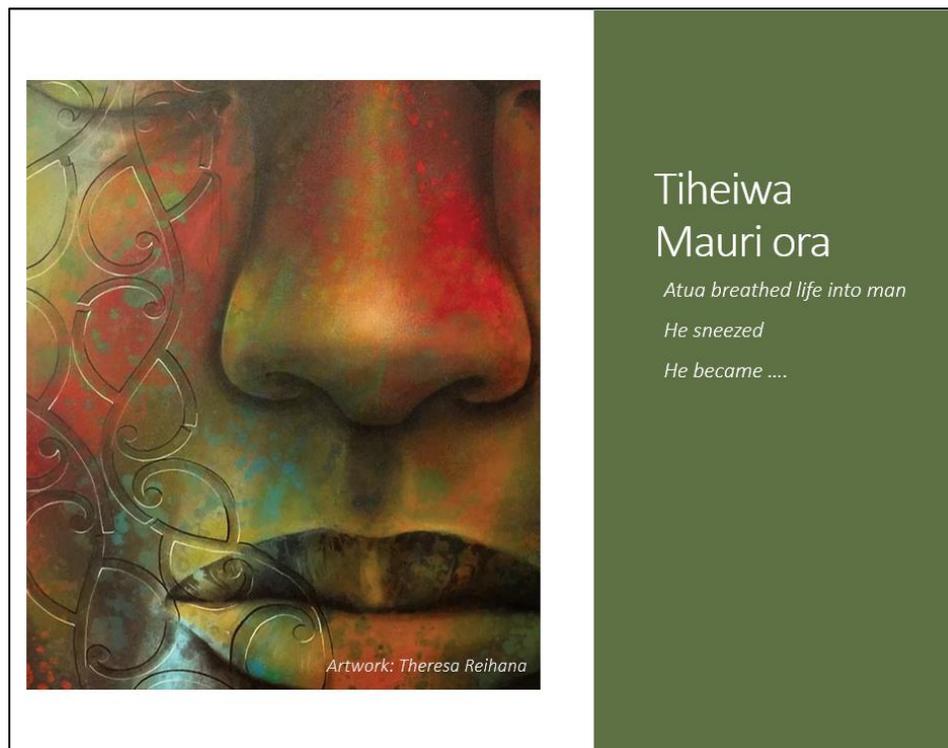


## Mauri Ora and the Cultural Competency of Quality Care



The Mauri Ora Window is an innovative approach for nurses and health practitioners who want to improve their cultural engagement and address inequitable health outcomes for indigenous people. “Mauri Ora is a friendly, easy to apply tool to trigger routine best practice engagement skills,” says Hemaima. “Health care quality is a key driver of health inequities and this begins at the point of engagement. Patients are not a task to be completed. How can we breathe hope and compassion into their healthcare experience?”

“Northland’s rurality and geography strongly influence the determinants of health, which are a root cause of disparity. The people who come to you may cross many rivers of challenge to reach your service,” Hemaima says. “How you respond and breathe relief into their experience may make all the difference. Mauri ora is a key concept in Te Ao Māori, the Māori worldview. It describes a state of flourishing where one can experience the thrill of being alive. What if, in a



## Mahitahi Hauora

Nov 2020

20-minute encounter with a patient, you could make a difference that would bring them back, build trust, show you care about what matters to them, and remind them of their own power to make decisions about their health?”

“Inequitable health outcomes result in a life expectancy difference of 9 to 14 years compared to non-Māori,” Hemaima explains. “In Northlands, where 35% of the population are Māori, rates of illness and mortality for Māori are higher than non-Māori. Studies highlight that clinicians, including nurses, treat Māori differently from non-Māori. Cultural competence and unconscious bias significantly influence the quality of health care for Māori, who experience the worst health outcomes of the country's population.”

The Mauri Ora framework focuses on the patient-provider interaction with a checklist of seven points that create a Mauri Ora encounter. “First is to connect,” says Hemaima. “Connect to the patient with a simple Māori greeting and correctly pronounce their name. Do this before you do anything else, as this creates an authentic connection in a few moments. Second is to demonstrate the essence of Mauri Ora, that you are happy to see them. Mauri Ora is not a tool to make people feel happy, but rather an opportunity to express that you are thrilled to see them. This subtle difference communicates a sense of value. People need to feel like they are going to have a positive, meaningful and relevant health experience with you. The encounter with the patient is to not skip over the value of deepening connection, to really listen, to really focus on them and to breathe life, hope and encouragement to lift patients so they are permitted to make decisions that advance their progress to positive health benefit. Then connect to create a shared agenda. Researchers estimate that setting an agenda with patients adds just 1.9 minutes to the length of an average visit.”

“The next step in the Mauri Ora framework involves the cultural competency to reflect on any unconscious bias, judgements or stereotypes you might have,” explains Hemaima. “Many may argue that it is difficult to know when you have an unconscious bias, because it is a behavior expressed more automatically and less as a result of our conscious awareness. How can I know when I am responding to an unconscious bias when it is unconscious?”

“Our unconscious bias is brought to our awareness through our irritations,” Hemaima points out, “highlighting that our unconscious bias has suddenly become apparent to the patient. As a result of a judgement that we now wear on our face, or act out in our subtle separation from them, it is now obvious to the patient our most private and personal opinion is now on display and left undetected may be used to filter clinical decisions.”

“Fourth is clinical action that is being responsive to the person, place, process, and pace,” says Hemaima. “The tone of our voice or movements, our body language and eye contact are very important. To rely less on words and to raise consciousness of the nonverbal cues. It’s essential



## Mahitahi Hauora

Nov 2020

not to rush. Fifth is to stay connected and in relationship with the patient, being mindful of the power difference and centering them as the decision-maker for their care. Sixth is sharing information to empower them and their families to take the lead in their health journey. Lastly, we continually evaluate and learn from the process, sharpen our cultural competency, and take responsibility for improvement and change.”

“Every encounter is an opportunity to lift others and breathe hope into the patient experience,” Hemaima says. “The Mauri Ora window is not a linear set of points but rather a mental checklist and behavior guide sharpening our conscious consideration of others by making us more aware of ourselves. These points can happen in any order — the tool triggers routine best practice engagement, nurturing optimal therapeutic rapport in interactions with all patients.”

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