Adams, S. (2023). "New Zealand Nurses: Caring for Our People 1880-1950": An Interview With Author Pamela Wood. *Nursing Praxis in Aotearoa New Zealand*, *39*(1). https://doi.org/10.36951/001c.75238

Book Reviews | He Arotakenga Pukapuka

"New Zealand Nurses: Caring for Our People 1880-1950": An Interview With Author Pamela Wood

Sue Adams, PhD, RN[1,2] [a]

[1] School of Nursing, University of Auckland, [2] Co-Editor-in-Chief, Nursing Praxis in Aotearoa New Zealand

Keywords: book review, colonisation, nursing history, rural health, welfarism

https://doi.org/10.36951/001c.75238

Nursing Praxis in Aotearoa New Zealand

Vol. 39, Issue 1, 2023

New Zealand nurses: Caring for our people 1880-1950, published in 2022 by Otago University Press, is authored by Pamela Wood, a nurse and historian. This article provides insight into the structure and content of the book, acknowledging its value in recording the history, proactive leadership, and practice of modern nursing as instigated by the British nursing diaspora. The book is carefully researched and engagingly written. It is explicitly limited to 'modern' nursing, drawing on written evidence published and archived within the colonial systems. The article draws on a conversation between Wood and Adams, both tauiwi (non-Māori) academics, exploring challenges, innovations, and paradigms of care at a time when colonising processes had already deeply harmed Māori communities. Rural, district, and Plunket nursing evolved with an intent to improve health outcomes, particularly for impoverished and underserved people; nurses practiced autonomously in isolated areas, engaging collaboratively with communities; and nurse leaders were politically active and determined implementers of change. While some stories from Māori nurses have been recorded, the voice and histories of Māori, te ao Māori (Māori worldview), and mātauranga Māori (Māori knowledge) is absent. It is time we redressed this omission, to give effect to Te Tiriti o Waitangi, and rewrote the future of nursing in Aotearoa New Zealand.

Te reo Māori translation

"New Zealand nurses: Caring for our people 1880-1950": He uiuinga i te kaituhi i a Pamela Wood

Ngā Ariā Matua

Ko New Zealand nurses: Caring for our people 1880-1950, tētahi pukapuka i whakaputaina i te tau 2022 e Otago University Press, ā, ko te kaituhi ko Pamela Wood, he tapuhi, he kaituhi tātai kōrero. Tā tēnei tuhinga he hora māramatanga ki te takoto me ngā kai o roto i te pukapuka, e whakamihi nei ki āna hua mō te takutaku i ngā tātai kōrero, i ngā mahi hautū kakama a ōna kaiarataki, me ngā mahi tapuhi o te ao hou, i takea mai i ngā toronga o te ao tapuhi o Peretania ki ao whānui. He mea āta rangahau tēnei pukapuka, he tino pai hoki te āhua o te tuhi. Ahakoa ērā āhuatanga, kua whakawhāititia ki ngā mahi tapuhi 'o te ao hou' anake, me te koutu i ngā rangahau, i whakawhatatia hoki i roto i ngā pūnaha o ngā kāwanatanga tāmi whenua o tāwāhi. I takea mai te tuhinga i tētahi kōrerorero i waenga i a Wood rāua ko Adams, nō tauiwi ēnei mātanga rangahau, e tūhura ana i ngā pīkauranga, i ngā auahatanga, me ngā ritenga taurima tangata i te wā kua tino nui ngā wharanga o ngā mahi tāmi iwi ki ngā hapori Māori. I tupu mai ngā mahi tapuhi ā-tuawhenua, ā-takiwā, Plunket hoki i runga i te hiahia kia whakapikia ngā putanga hauora, otirā mō te hunga rawakore, te hunga kua wareware te tino aronga; i mahi ngā tapuhi i ngā rohe pāmamao, i mahi tahi me ngā hapori i runga i te wairua pāhekoheko; ā, i te kaha tonu ngā mahi tōrangapū o ngā tapuhi, he kaha ki te panoni tikanga. Ahakoa kua tuhia ētahi o ngā pūrākau a ngā tapuhi Māori, kei te ngaro te reo me ngā tātai kōrero o te tangata Māori, o te ao Māori me te

a Corresponding author: s.adams@auckland.ac.nz

mātauranga Māori i konei. Kua tae tātou ki te wā hei whakatika i tēnei korenga, kia whakatinanatia Te Tiriti o Waitangi, kia tuhia houtia hoki ngā mahi tapuhi i Aotearoa.
Ngā kupu matua:
arotake pukapuka, tāmi iwi, tātai kōrero tapuhi, hauora tuawhenua, tiaki toiora ā-whenua

INTRODUCTION

When *Nursing Praxis in Aotearoa New Zealand* was invited to review Pamela Wood's latest book, it was an opportunity too good to miss. Wood's work is well known to *Nursing Praxis* and nurses in Aotearoa through both her historical research and through the publication of a series of articles in the early 2000s with co-author, Lynne Giddings, where nurse researchers were interviewed about their use of research methodologies. Here, we return the honour and interview Pamela on what is an extremely well-researched and engaging book that captures the stories, opinions, traditions, myths, and folklore, together with the hopes and dreams of 'modern' nurses and nursing in Aotearoa New Zealand between 1880 and 1950.

This article derived from a conversation between Pamela Wood and Sue Adams (interviewer), both tauiwi (non-Māori) academics. The aim is to give readers a grasp of the author, the book, and the context of the times – both then and now. The book is focused on modern nursing, brought to Aotearoa New Zealand by pākehā (white European) nurses, mainly from Britain. The interview presented here captures just a snapshot of the book to show the efforts and influence of those early modern nurses, acknowledging their work and ideals as they developed training and registration, together with services to meet the needs of local communities. The discussion has been positioned to bring past learnings into the context of today and to notice the absence of mātauranga Māori (Māori knowledge) as we continue to strive for healthcare access for underserved communities and equity of workforce and health outcomes. As Wood commented: "Understanding our identity gives us a stronger place to advocate for people and communities today. We are the professionals in this field of caring." She goes on to quote John Tosh (2019), who wrote *Why history matters*, saying, "When we encounter the past we are struck by points of familiarity and difference that help us to understand where we are today."

The book's author

Wood trained at Middlemore Hospital, Auckland, registering as a nurse in May 1969. Since then, her career has spanned clinical nursing, tutoring, teaching in undergraduate and postgraduate nursing programmes, and research. Her "broad education," as she describes it, included a BA in history and anthropology, a Master of Education, and a PhD in history. This breadth of knowledge from various disciplines has positioned her as a significant historian on colonial New Zealand history, her work being grounded in westernised methodologies. Wood writes particularly about nursing and nurses within the health and public health systems through the decades since the establishment of modern nursing to the mid-20th century. These works have included: the 1898 scheme for educating Māori nurses (Wood, 1992); an exploration of the purpose for commemorating nursing (Wood, 2005a); the role of Kai Tiaki in developing research capability during the first half of the twentieth century (Wood & Nelson, 2013); fever nursing 1903-1923 (Wood, 2011); stories and exploration of backblocks (rural) nurses in the early 1900s (Wood, 2008, 2009a); and the role of surgical nurses in preventing wound sepsis between 1895 and 1935 (Wood, 2009b). Wood's first book, "Dirt: Filth and decay in a New World arcadia" (Wood, 2005b) is a social and cultural history focused on the lives of early settlers to Dunedin as they faced an existence immersed in filth, mud, sewerage, moral depravity, and how this contextualised public health, urban planning and municipal governance. *New Zealand nurses: Caring for our people 1880-1950* (Wood, 2022) is her second major book.

The book

The scope of the 2022 book covers the period from the late 19th century, following the arrival of British nurses trained under Nightingale's system of formalised nurse education, through to just after the end of World War II. Wood (p. 14) poses the following questions: Was a nursing culture simply transplanted from Britain into New Zealand, or did a distinctly New Zealand culture emerge? How did nurses view themselves in relation to the empire and the wider nursing world? Were they agents of the empire; and what was their role in promoting New Zealand's self-image as a modern colony and dominion? Wood explores these questions using three types of nursing narratives with stories from nurses across a range of settings and contexts; opinions from nurses and others as to what a modern nurse should be; and the emergence of a nursing culture specific to Aotearoa New Zealand.

Wood draws on and provides an extensive bibliography of primary and secondary sources, including from archives, official records, journals, newspapers, interviews, and published material, that intentionally delivers a colonial perspective of the modern nurse. The book (376 pages) is divided into 11 chapters, with introduction and conclusion, and covers topics (rather than by chronological order) significant to nursing. As a result, it is easy to pick up and delve into chapters and sections without feeling the need to go from beginning to end. The chapters relate to nurse training, registration, and building a nursing community and culture; nursing roles and service delivery schemes, such as nursing in the backblocks, district nursing, and nursing Māori and Māori nursing; events, including nursing in wartime and through disasters (earthquakes and infectious disease outbreaks); how nurses contested the notion of the modern nurse as a 'good woman, born to serve;' and nursing at the southern edge of the empire. Wood refers to the ongoing engagement of nurse leaders internationally, who remained highly influential overseas. It is a phenomenal achievement by Wood to have presented a book that

is remarkably accessible while covering considerable complexity over a time period that included two world wars, global economic depression, infectious disease outbreaks and pandemic, together with changing political environments and advancing technologies.

The context

It is timely that this article is published on the International Day for Nurses 2023; a day set aside across the globe to celebrate the work and achievements of nurses on the anniversary of Florence Nightingale's birth. The modern nurse and nursing profession in Aotearoa New Zealand were founded on the principles of Nightingale by (in the main) the British nursing diaspora who arrived during colonisation by the British in the 19th and 20th centuries. Nursing was then, and remains now, a profession that continues to be institutionally welded to and governed by bureaucracies and systems that predominantly promote a western model of healthcare and education (Hawkins et al., 2022). Te Ao Māori and mātauranga Māori remain very much marginalised within our systems, as evidenced by ongoing health workforce and health inequities (Reid et al., 2019). The late 1800s was also a period of time where women in Aotearoa New Zealand were campaigning for women's suffrage and equal rights to men (such as education, law, occupation). Both wāhine Māori (Māori women) and pākehā women were activists in this space. However, for wāhine Māori, this meant additionally fighting to *regain* rights, leadership roles, and their rangatiratanga (self-determination), which had been stripped away through colonising and gendered processes (Mikaere, 1994) and remain an ongoing challenge for wāhine Māori nurses today (Wilson et al., 2022).

Wood discusses, at various junctures in her book, colonisation and the intent of the British Crown and politicians to assimilate Māori into western and predominantly British systems. Modern nurses were part of the colonising forces, expected to support the socio-economic development of a colony at the southernmost edge of the British empire. While nurses were enculturated with the sense of empire, also evident in the book, particularly in those first few decades covered, is a desire for nursing to develop its own identity and sphere of influence. The pioneering spirit and intent to serve those most in need comes through. Within this context, Wood unpicks the actions of nurses and nurse leaders (Māori and pākehā) to respond to the health and welfare needs of Māori. Wood provides examples of how leaders and nurses delivered health services for Māori, worked with Māori communities, and recognised the importance of supporting wāhine Māori to train as nurses and work with their communities, though with limited success due to various exclusionary practices. These insights give us the opportunity to question just how far we have come given Te Tiriti o Waitangi obligations.

Prior to the arrival of the modern nurse, Māori, as tangata whenua, had already been subjected to enduring colonising processes, with "New Zealand" being declared as a British colony in 1840. Having a good grasp of the severe negative impacts of colonisation and acknowledging the historical trauma and injustices that have persisted to the present, is critical when reading both the article and book. Determinants of Māori oranga (wellbeing), defined as whakapapa (kinship connections), whenua (land) and whānau (family), had all been severely disrupted (Cram et al., 2019). The mass immigration of settlers in the 19th century brought frequent infectious disease outbreaks which were catastrophic for Māori. Confiscation of Māori whenua, land wars and assimilation policies and practices (including of culture, religion, education, law and order, and health) steeped in racism, all compounded Māori oranga (Moewaka Barnes & McCreanor, 2019). Colonial gendered beliefs and practices further reduced the position of wāhine Māori in their communities (Pihama, 2018) and rendered takatāpui (members who would now be the rainbow community) invisible (Kerekere, 2022). By the time the modern nurse entered the country, Māori had already been deeply traumatised by colonising processes; the population had been decimated and Māori, as a consequence, were experiencing poor health, socio-economic poverty, and experiencing whakamā ("subtle shades of shame, anxiety, humiliation and powerlessness" (Cram et al., 2019, p. 53)). For the settlers, the harsh and unfamiliar environment together with high infectious disease rates, poor sanitation and limited or no access to doctors, resulted in settlers relying on domestic healers (Bishop, 2014). Hospital staff (excepting doctors) were untrained. Given the adverse conditions, it is scarcely surprising, as Wood finds, that the arrival of the modern nurse and their knowledge was welcomed by doctors, settler communities, and seemingly by Māori.

For me, the incredible value of Wood's book lies in how we now read and interpret the histories within the wider political and social context. It is up to each one of us to critique and reflect on how and why things happened as they did through any number of analytical lenses. Most notably, we need to consider colonisation, the ongoing impact of racism and institutional racism, and nursing's enactment of Te Tiriti. We too could analyse the book using feminist or mana wāhine theory. We could consider the hegemonic position of western medicine both in relation to Indigenous health and to the evolution of the nursing profession. Or we could analyse the narratives using political theory, and consider the relevant movements of welfarism, liberalism, and capitalism and how discourse and government policies have shaped the nursing profession.

The conversation presented here was based on three main questions which, for me, have strong parallels with today's contemporary nursing issues: 1) To what extent did the early modern nurses deliver health services rurally, including to Māori communities, and what actions were taken to develop the Māori nursing workforce? 2) Were rural nurses, through their work in the Māori Health Nursing Service and backblocks services, advanced practice nurses? 3) How did nurses deliver healthcare within a paradigm of social justice?

The Conversation

A time of firsts

SUE: As I read your book, I am struck by the levels of innovation and determination by those early trained nurses and their seeming commitment to health and welfare, including for Māori. It seemed that great strides were perhaps made in the nursing profession which were later lost?

PAMELA: Back then, New Zealand was considered the social laboratory of the world. I'm talking about the late 19th century. It was very agile – you could get things through parliament, though often with great debate and struggle, but that willingness to take on new ways of thinking and doing was very much part of the liberal government under Seddon[1]. So, we were the first in the world to have, for example, an old age pension; the first to have conciliation and arbitration for employees; the first to have votes for women[2]; and the first nurse Inspector of Hospitals. The first 15 years of nursing from 1895 was a phenomenal period of change and of firsts: the first Nurses Registration Act (1901); the first chief nurse[3]; the first (as far as I can tell) government scholarship scheme for Indigenous nurses; and the first registered Indigenous nurse[4]. It was an extraordinary time where New Zealand was achieving these things.

SUE: The first four chief nurses[5] – Grace Neill, Hester Maclean, Jessie Bicknell, and Mary Lambie – were well respected within New Zealand as well as internationally. It seems that they had direct involvement with nurses and nursing practice, education, and health policy. They were influential with politicians, hospitals, and doctors, all of whom they appeared to work well with – bar the odd example! And they were influential internationally.

PAMELA: Yes, that is right. The chief nurse had oversight of the curriculum[6] and registration. The first curriculum was designed by Grace Neill who also helped draft and then implemented the Nurses Registration Act. Early on the chief nurse herself visited all the hospitals. Then during Maclean's time some nurses were appointed as nurse inspectors to support this work. Also, in 1927 Bicknell established the first matrons' conference as a further way to maintain contact and discuss issues. They were also involved in overseeing services outside of hospitals, such as the backblocks and Māori nursing services where they directly appointed nurses to those rural positions. And they remained well connected internationally. Maclean amalgamated the four nursing clubs which became the New Zealand Trained Nurses Association (NZTNA) in 1909[7], which then joined the ICN [International Council of Nurses] at its next congress in 1912 in Cologne.

SUE: To what extent were the medical profession involved in those early years in developing and influencing nurse training?

PAMELA: My view is that the medical profession was very supportive of nursing, initially because they could see the advantage to their patients by having trained, professional nurses, as well as to themselves as successful doctors. Nurses were valuable – that was at the beginning. I don't hold with the view that nurses were a suppressed, down-trodden occupation by the medical profession. The nursing curriculum, for example, it wasn't doctors putting this in place; it was well supported by doctors, but it was a *nursing* strategy. The doctors were very willing to give the lectures on medical topics to nurses, while nurses were giving the nursing lectures, and, obviously, bedside teaching. But the doctors too wrote articles for Kai Tiaki[8] –they were willing contributors. They spoke at meetings of the NZTNA. And at same time nursing developed its own role, its own sphere of activity and expertise and its own knowledge. Nursing textbooks were written by both doctors and nurses – they both had input in that way, and although doctors were the initial examiners for registration they were appointed by the chief nurse – and again it was very much a collaborative relationship.

SUE: There seemed to be considerable commitment to supporting nurses to develop professionally. Kai Tiaki not only provided news items and examples of nursing innovation but included what we would now call professional development; all of which they still do today.

PAMELA: New Zealand [nurses] were very good at reviewing evidence and publishing research. NZTNA had a nursing education committee that did research wanting to find the best way to carry out nursing actions – nursing practice. Each year they would choose one or two topics, surveying all the training hospitals asking, "How do you do this?" They would compare the results with the best medical and scientific knowledge available and identify best practice, returning their guidance to the hospitals. I consider that a form of research. At the same time, nurses were

---

1 Richard Seddon, Prime Minister, 1893-1906.

2 Women's suffrage was legislated for in 1893.

3 Grace Neill became the world's first chief nurse in 1895. The official title of the first two chief nurses was Assistant Inspector of Hospitals.

4 The first Māori registered nurses: Mereana Tangata completed three years training at Auckland Hospital in 1886 under her pākehā name of Mary Anne Leonard and registered in 1902; while Kate Wyllie in 1894 started working as nurse at Gisborne Hospital and later completed her training and registered in 1901 (Wood, 2022, p. 138).

5 First four chief nurses: Neill 1895-1906; Maclean 1906-1923; Bicknell 1923-1931; Lambie 1931-1950.

6 From 1901 nurses were trained in a three-year apprenticeship based in hospitals.

7 NZTNA was founded in 1909 and, after a further iteration in 1971, became the New Zealand Nurses Organisation in 1993.

8 Kai Tiaki was founded by Hester Maclean in 1908 and edited by her until her death in 1932.

starting to do their own research. We've got the likely earliest example in the 1930s where nurses working in schools and public health banded together to decide the best form of treatment for things like scabies and nits. They were supported by a doctor and published the research in Kai Tiaki. Also, the first postgraduate nursing course started in 1928 at Wellington Hospital. Bicknell was instrumental in developing postgraduate education.

Rural nursing services and Māori health

SUE: Given the rurality and extreme challenges of the geography and isolation of New Zealand, how did nursing contribute to the nation's health?

PAMELA: I think the significant thing for me about the profession was how it adapted to meet the changing health needs. It has created services to meet those needs, like the Backblocks Nursing Service[9], for example. Those nurses were going out and adapting their hospital knowledge, skill, and practice, and making it effective and relevant for the settlers they were looking after – it's extraordinary - and so that meant that the government had a workforce supporting settlers that was necessary for the New Zealand economy and its place in the empire. So that [the settler's] side of society was being supported in that way, and the nurses created the practice.

SUE: It seemed to be an enlightened political time from a western lens. Yet colonisation had, as it continues to do, a devastating impact on Māori health and wellbeing. There seemed to be a real tension for nurses between acting as agents of the empire to promote New Zealand's position as a thriving economic colony and caring for people and communities. What were the services provided for Māori?

PAMELA: When hospitals were first set up in New Zealand in the mid-1800s, they were usually for both Māori and pākehā settlers[10]. If you look back at the demographics of patients in hospital then, the vast majority were Māori. Then Māori, and I'm generalising here, began to consider hospitals as the place where people died. There was a reluctance to go to hospitals, and I would imagine, but don't have a lot of historical evidence for this, that they felt this was a place that didn't fully understand their cultural needs. Instead, [in the early 1900s] the health service was taken *to* Māori. And I think that's significant. Māori leaders were advocating for what we would consider today a *by Māori, for Māori* health service, with Hamiora Hei[11] as the most public advocate for this. Leaders in the health department and in the Native affairs department (later Māori Affairs) took up this idea which led to the Native Health Nursing Service [12]. Hamiora Hei also advocated for a short course in nursing for Māori women who would then return as nurses to their communities. That was evidence of good collaboration in making things happen that Māori considered of benefit to them in terms of health.

SUE: How successful was the scholarship scheme?

PAMELA: Not a lot of Māori women took up the scholarship scheme to train as nurses[13]. There were never enough Māori RNs [registered nurses] to fill the service needs. It would have been a great challenge for wāhine with Te Ao Māori to come into a pākehā western science-dominated hospital setting to train – so let's not underestimate what that might have been like for Māori. For example, early scholarship holders lived in boarding schools for Māori in Hawkes Bay and were day pupils at Napier Hospital. They were then expected to return to their communities and again cross the cultural divide.

SUE: Given the very few Māori nurses, what became of the Māori nursing Services and how did nursing services continue for Māori?

PAMELA: In 1911 the responsibility for Māori health went back to the Department of Health (and I'm using this term generically). The service for Māori was formalised in its structure and expanded and included pākehā nurses because of the lack of Māori nurses. Amelia Bagley was the superintendent who set up the different stations supervising nurses[14]. The key was that services were taken to rural Māori. These were extraordinary nurses, both Māori and pākehā. For example, they set up tent hospitals for typhoid fever epidemics [usually out of town in the bush]. They had help getting the equipment in place and often a sanitary inspector to ssist in the setting up of the camp, but then everyone disappeared except the nurses. There were no doctors. The Komiti were professionally isolated, working in collaboration with local Māori and Komiti Marae[15]. Often local Māori (usually young wāhine) would come to help and perhaps a handy man, as well as local shop owners who would be pākehā. It was a real combined effort in that sense. Nurses too worked with the Komiti Marae for other health needs. They were very pleased to have the western scientific knowledge, the sanitation, and it also gave

9 Backblocks nursing services started in 1909 for rural pākehā settlers who were opening up farms (Wood, 2022, p. 111).

10 At the time hospitals were staffed by untrained workers; men staffing male wards and women female wards. Nurse training under Nightingale's model began in the hospitals from 1883; the first at Wellington Hospital.

11 Hamiora Hei was brother to nurse Ākenehi Hei.

12 The Native Health Nursing Service began as a 'by Māori' health service in 1909 and included both Ākenehi Hei (died 1910 from typhoid) and Hēni Whangapirita (married in 1911 and left service) (Wood, 2022, pp. 140–142). Its name changed to Māori Health Nursing Service in 1923.

13 Six to 10 full Māori scholarships were awarded each year, including in the 1930s and 1940s (Wood, 2022, p. 14).

14 See Wood (2022) pages 142-143.

15 Komiti Marae were established under the Māori Councils Act 1900. Regional Māori Councils were established under Crown legislation to maintain social control, including the "health and welfare and moral well-being of Māori" (Hill, 2004, p. 51).

them some degree of self-determination, which they'd been looking for over a long time, because they had the right to decide and the right to implement. It's complex. But the nurses made it work beautifully and the service continued to grow.

SUE: Given the enormous cultural challenges – wāhine Māori training in a westernised system and pākehā nurses were expected to provide nursing care to Māori – was there evidence of actions to promote cultural safety?

PAMELA: For pākehā, the first course that I came across was for nurses in the 1930s and 1940s going into the rural health service [combined backblocks and Māori health services]. The short course was run by the Department of Health in the Wellington Hospital where there was some instruction on culture. However, if there has been a comment around that in nurses' reminiscences it's been: "I only started learning about it [culture] once I was in the work." For Māori, it was possible to sit the state exams in te reo [the Māori language] in the early 20th century - Maclean talked about this from 1912. During the 1930s, Lambie continued to remind hospitals who were training Māori nurses that there was a cultural difference and Māori trainees used two languages and teaching needed to be adapted to support Māori. Perhaps of greatest value was writing from Ākenehi Hei[16], who was one of the early Māori nurses and was an extraordinary wāhine. She published in Kai Tiaki[17] about the challenges of being a Māori nurse going back into Māori communities with the knowledge she then had [after training], which would not necessarily sit well alongside traditional beliefs and the beliefs of kaumātua or tohunga. We are so lucky having that very early article by her. The poignant thing is that it says, "To be continued….", and shortly after she died while nursing in a typhoid epidemic.

The advanced practice of rural nurses

SUE: The nurses in the Māori, backblocks, and later rural services, would have been highly competent women and nurses able to work in isolation with both rural Māori and rural settler communities. The stories that we read of their tenacity to reach people in need, assess and make decisions on treatment would suggest they were the forerunners to nurse practitioners.

PAMELA: They were incredible. There was great care taken in selecting the backblocks nurses and Māori health service nurses. The chief nurse appointed those nurses – Maclean was the first to do this, and each of the chief nurses thereafter. The nurses needed not only the knowledge and skills, but also the personality and character. Could this person go out into that situation and be effective? Did they have the courage, the resilience – those qualities that were needed to work in isolation? If you just take the backblocks nurse for a moment, I think it was incredible what they had to do – not just the work, but who they had to please. The local community would request, "We want one of those backblocks nurses to come into our locality, our settlement." The Department of Health would appoint the nurse (through the chief nurse). The salary was paid by the local hospital board, by the Department of Health, and half paid directly to the nurse from the local settlers. So, the nurse was in the middle of a triangle. She had to send a report to the hospital board, be supervised by the Department of Health, and had to get on well with the community and please the local committee - now that takes some doing! And to come to your point about the idea of a nurse practitioner, that nurse, whether in the Māori or backblocks service, had to make clinical decisions about diagnosis and treatment usually without the aid of a doctor, who was often hard to reach. They were scared to death of getting it wrong – but they did it. The nurses made these decisions without official sanction, though were expected to do so. They were also expected to obey and follow any instructions the doctor gave. I think that must have been like splitting your head open – sometimes you had to be that person making decisions, and sometimes you had to not be that person. Balancing that crossover of responsibilities, the crossing over of boundaries was extremely important to be effective in the role – but also carried considerable professional anxiety. Nowadays, nurse practitioners are immensely capable, extremely well prepared in terms of education and experience, and their role is recognised.

Welfarism and social justice

SUE: So far, we've talked about the Māori and backblocks nursing services which were grounded in principles of public health, committed to improving health outcomes for rural communities, and extending the role and contribution of nurses (whether consciously or not). The book provides many examples of how nursing work was based within a social justice or welfare paradigm, in ways similar to other nursing activists from around the globe. Have we lost this momentum and vision?

PAMELA: Firstly, I think the vision lasted longer than people realise. If we take, the Rural Nursing Service formed in the early 1930s (incorporating Māori, backblocks and district nursing), the vast majority of people using the service were Māori. Then it began to change in the late 1930s and 1940s and became more evenly used, with half of the service users being Māori, although they were a much smaller proportion of the population, so the service was still hugely weighted towards serving the needs of Māori. This is something that gets lost in the history of nursing. While nothing's been perfect, the collaboration - the coming together of Māori and pākehā - to make something happen that would truly benefit Māori health had been there for decades.

16 Ākenehi Hei was originally thought to be the first Māori registered nurse and was an extremely influential and early Māori nurse leader. She trained at Napier Hospital. She died in 1910, thought to be in her early 30's.

17 See Ākenehi Hei's (2010) article.

SUE: The district nursing services that developed in New Zealand, again largely from the British diaspora, appeared committed to delivering services to the poor who were otherwise ineligible for health services. They appeared committed to welfarism and a sense of charity.

PAMELA: The beginning of district nursing, seen most clearly in the mid to late 1890s, totally comes from that idea that the "sick poor" had the absolute right to professional, qualified nursing care, and that nothing should hinder that. Different agencies set up district nursing services and they relied very much on fundraising. The nurses' stories were used to gain public interest in newspapers - the same as in Britain. Those services were set up relying on philanthropic funding. They would charge a very small amount to the patient, to support their independence and reduce stigma, which was waived when needed. They had the 'number 8 wire' mentality, "let's get on with it, and if the person needs a pot of soup, then that's what they need so I'll provide it."

SUE: I wonder too about Plunket[18], the requirement for surveillance as well as providing well child services and support. To what extent were those nurses doing the work of the empire and did this align with welfarism?

PAMELA: Some of the rhetoric at the time was building the generation of sturdy empire members. Truby King[19] with this idea travelled internationally, though other countries also had a well child service. He was invited to different countries to explain the mothercraft centres, which were consequently set up in London, Israel and Australia. It was seen as an imperial thing and cloaked in the idea of empire – but in fact the reality was that mothers were getting a service that was really beneficial to them – caring for their babies. In the earlier days of Plunket, nurses cared for both well babies and sick infants, which caused some tension with doctors. Initially it was largely a pākehā service. But that changed later and there was crossover too where the public health nurse would provide the same services if a Plunket nurse was not available, particularly for rural Māori women. Plunket has always been such a rich part of New Zealand. You had a Plunket nurse, a Plunket book, and Plunket clinic. Plunket, as an infant welfare movement, was seen as a world leader.

Concluding thoughts

Both the reading of the book and the conversation between myself and author, Pamela Wood, *New Zealand nurses: Caring for our people 1880-1950* (2022), has been extremely thought-provoking. I can't help wondering what we have lost over time, as well as how the stories, experiences, and healthcare practices of tangata whenua are obscured or missing through our colonial history. It seems that many of the challenges faced in the first few decades of modern nursing (from 1880) are the same as now, including healthcare access for underserved and rural communities; food and housing insecurity; and the prevention and control of infectious disease outbreaks. Wood's book provides examples of an evolving nursing profession that showed considerable determination and innovation to address the challenges, despite being embedded in a discourse of empire and colonisation. There seem to be learnings to take from the feminist movement then and our political challenges of today, where neoliberalism has replaced welfarism, New Public Management and biomedicine predominate our health system, and ongoing gender and race inequities persist.

Wood's work identifies the existence of often effective collaborative relationships between nurses and communities (Māori and pākehā), doctors, hospital boards, and politicians. Strong nursing leadership was evident, with nurses influencing policy, education, and healthcare practice as well as creatively developing and delivering services in community settings. Notably, nurse leaders claimed their positions of power within the nursing hierarchy and beyond, informed by Nightingale's vision of a modern, highly disciplined nurse abiding by a strict moral code. Yet even within this deeply contested colonial model, appraising the political influence of nurses in their contemporary times may encourage us now. Central to this though is our ability to critique the ideologies that have and continue to shape the profession of nursing (Hopkins Walsh et al., 2022). We need to reclaim and use our political power to address the health challenges faced today with equity central to all our actions, and a commitment to restoring past injustices.

Over the decades there have been various schemes to increase Māori representation in nursing and deliver kaupapa Māori (by Māori for Māori) services. The Indigenous nursing scholarship established in 1898 and extended in 1905 was intended to support a kaupapa Māori service to promote health in rural communities. Its success was limited, as have been many later initiatives. Maureen Holdaway (1993), Ngāti Kahungunu, fairly laid the blame at discriminating practices that segregated Māori. One hundred years on and Māori nurses remain underrepresented and undervalued in the nursing workforce, receive less pay, and are often subjected to racism (Hunter & Cook, 2020; Waitangi Tribunal, 2019; Wilson et al., 2022). It really is time that we embraced mātauranga Māori, valued and collated Māori history, and set to task on dismantling the '-isms' with Te Tiriti guiding our everyday actions. As tauiwi, I want to acknowledge the ongoing commitment needed to realise the aspirations of our Māori nursing colleagues who have the experience, knowledge, and commitment to achieve equity for tangata whenua and rewrite our nursing history now and in the future.

Wood's book provides a wealth of knowledge and evidence, carefully researched and engagingly written. She

18 Plunket began as The Society for Promoting the Health of Women and Children in 1907. It was renamed the Plunket Society in 1914 following patronage by Lady Victoria Plunket, wife of the governor-general of New Zealand.

19 Truby King was a surgeon and 'fanatical enthusiast' on correct infant feeding (Wood, 2022, p. 258).

gives voice to the early modern nurses, as part of the colonising forces, celebrating achievements and innovations, as well as providing the opportunity for us to reflect, critique and learn from the times. The content lends itself to ongoing analysis and interpretation and as such is of considerable value for nursing students, nurses, educationalists, leaders, and researchers. It too identifies a critical gap in our nursing history of the stories, contributions, and knowledge of the healthcare practices of tangata whenua. There is much to thank Pamela for in her tenacity and determination to collate so much of the history of nursing, providing us with fascinating stories of courage, resilience, flexibility and integrity, giving great insight into our identity. As our conversation drew to a close, I asked “Are you writing the sequel?” I received a resounding “No.” The door is wide open…

> *Kia whakatōmuri te haere whakamua*
> I walk backwards into the future with my eyes fixed on the past

Conflict of interests

Sue Adams is a co-editor-in-chief of Nursing Praxis in Aotearoa New Zealand.

Funding

No funding received.

Acknowledgements

To Dr Pamela Wood for her time and willingness to be interviewed. To the peer reviewers (cultural and historical) who provided valuable guidance and critique on my writing.

For further information or to order the book, *New Zealand nurses: Caring for our people 1880-1950*, go to oup.nz/nz-nurses

Submitted: May 04, 2023 NZST, Accepted: May 09, 2023 NZST

References

Bishop, J. (2014). 'The first line of defence': Domestic health care in colonial New Zealand, 1850s–1920s. *Health and History*, *16*(2), 1–23. https://doi.org/10.5401/healthhist.16.2.0001

Cram, F., Te Huia, B., Te Huia, T., Matutina Williams, M., & Williams, N. (2019). *Oranga and Māori health inequities, 1769–1992*. Katoa Ltd. https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152096130/Wai%202575%2C%20B025.pdf

Hei, A. (2010). Nursing amongst the Māoris. *Kai Tiaki*, *3*(3), 103. https://paperspast.natlib.govt.nz/periodicals/KT19100701.2.15

Hill, R. (2004). Māori Councils established. In R. Hill (Ed.), *State authority, Indigenous autonomy: Crown-Māori relations in New Zealand/Aotearoa 1900-1950* (pp. 51–53). Victoria University Press. https://nzetc.victoria.ac.nz/tm/scholarly/tei-HillStat-t1-body-d2-d4.html

Holdaway, M. (1993). Where are the Māori nurses who were to become those "Efficient Preachers of the Gospel of Health?" *Nursing Praxis in New Zealand*, *8*(1), 25–34.

Hopkins Walsh, J., Dillard-Wright, J., Brown, B. B., Smith, J., & Willis, E. (2022). Critical posthuman nursing care: Bodies reborn and the ethical imperative for composting. *Witness: The Canadian Journal of Critical Nursing Discourse*, *4*(1), 16–35. https://doi.org/10.25071/2291-5796.126

Hunter, K., & Cook, C. (2020). Cultural and clinical practice realities of Māori nurses in Aotearoa New Zealand: The emotional labour of Indigenous nurses. *Nursing Praxis in Aotearoa New Zealand*, *36*(3), 7–23. https://doi.org/10.36951/27034542.2020.011

Kerekere, E. (2022). *Growing up takatāpui: Whānau journeys*. Rainbow Youth Inc & Tīwhanawhana Trust. https://takatapui.nz/growing-up-takatapui#resource-intro

Mikaere, A. (1994). Māori women: Caught in the contradictions of a colonised reality. *Waikato Law Review*, *2*, 125–149. https://www.waikato.ac.nz/law/research/waikato_law_review/pubs/volume_2_1994/7

Moewaka Barnes, H., & McCreanor, T. (2019). Colonisation, hauora and whenua in Aotearoa. *Journal of the Royal Society of New Zealand*, *49*(S1), 19–33. https://doi.org/10.1080/03036758.2019.1668439

Nurses Registration Act. (1901). No. 2. http://www.nzlii.org/nz/legis/hist_act/nra19011ev1901n12347/

Pihama, L. (2018, October 19). *Some reflections on Māori women & women's suffrage*. Kaupapa Māori as Transformative Indigenous Analysis. https://kaupapamaori.com/2018/10/19/some-reflections-on-maori-women-womens-suffrage/

Reid, P., Cormack, D., & Paine, S.-J. (2019). Colonial histories, racism and health: The experience of Māori and Indigenous peoples. *Public Health*, *172*, 119–124. https://doi.org/10.1016/j.puhe.2019.03.027

Tosh, J. (2019). *Why history matters* (2nd ed.). Springer Nature.

Waitangi Tribunal. (2019). *Hauora: Report on stage one of the health services and outcomes kaupapa inquiry* (Report No. WAI2575). https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf

Wilson, D., Barton, P., & Tipa, Z. (2022). Rhetoric, racism, and the reality for the Indigenous Māori nursing workforce in Aotearoa New Zealand. *Online Journal of Issues in Nursing*, *27*(1), 1–13. https://doi.org/10.3912/ojin.vol27no01man02

Wood, P. J. (1992). Efficient preachers of the Gospel of Health: The 1898 scheme for educating Māori nurses. *Nursing Praxis in New Zealand*, *7*(1), 12–21.

Wood, P. J. (2005a). Commemorating nursing: An exercise in historical imagination. *Nursing Praxis in New Zealand*, *21*(2), 47–56.

Wood, P. J. (2005b). *Dirt: Filth and decay in a New World arcadia*. Auckland University Press.

Wood, P. J. (2008). Professional, practice and political issues in the history of New Zealand's remote rural 'backblocks' nursing: The case of Mokau, 1910–1940. *Contemporary Nurse*, *30*(2), 168–180. https://doi.org/10.5172/conu.673.30.2.168

Wood, P. J. (2009a). The nurse's odyssey: The professional folktale in New Zealand backblocks nurses' stories, 1910-1915. *Nursing Inquiry*, *16*(2), 111–121. https://doi.org/10.1111/j.1440-1800.2009.00443.x

Wood, P. J. (2009b). Supporting or sabotaging the surgeon's efforts: Portrayals of the surgical nurse's role in preventing wound sepsis, 1895-1935. *Journal of Clinical Nursing*, *18*(19), 2739–2746. https://doi.org/10.1111/j.1365-2702.2009.02895.x

Wood, P. J. (2011). Sickening nurses: Fever nursing, nurses' illness, and the anatomy of blame, New Zealand 1903-1923. *Nursing History Review*, *19*(1), 53–77. https://doi.org/10.1891/1062-8061.19.53

Wood, P. J. (2022). *New Zealand Nurses: Caring for our people 1880-1950*. Otago University Press.

Wood, P. J., & Nelson, K. (2013). The journal Kai Tiaki's role in developing research capability in New Zealand nursing, 1908- 1959. *Nursing Praxis in New Zealand*, *29*(1), 12–22.