Front-line health workers: leading the frontiers of change

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Introduction

Change is constant at all levels of our wellbeing, health, economic status, social relationships and spirituality. Significant changes are occurring globally, nationally, within whanau and families and at an individual level. The successful process of ageing, including death, is outlined in the Poutama model of human development. Front-line health workers need the education, skills and support in terms of career, social status and income to help individuals and their supporters navigate through the different stages of human and spiritual development. Front-line health workers may provide care on a paid formal or voluntary basis. Care may be provided within someone’s own home, community, hospital or residential care setting. The front-line health worker may have a formal or informal role, paid or unpaid, and is likely to combine this with many other tasks, roles and responsibilities.

Good neighbour

Internationally there is a focus on the challenges of increasing ageing populations and, in particular, the implications for funding health services, the sustainability of superannuation schemes, the need for new housing for different ageing populations, the requirement to redesign communities and cities for increasingly disabled populations and provision of care and support for those in need. This raises the importance of the concept of the “good, friendly neighbour”. This concept may have diverse meanings to different people. However, if I treat you how I would like to be treated, perhaps some day you may be able to reciprocate in some way and, if not, I am not bothered because I will give you unconditional love through the provision of support, sharing of knowledge and care.

Manaakitanga

The concept of care and manaakitanga is a simple solution to a complex problem. We can all be front-line health workers if we aim to be a good neighbour, irrespective of our ethnic identity, social class, religious orientation, level of education or occupation. Manaakitanga is a core value of being Maori, and the ability to care for others is directly related to resources available to the host or caregiver. It includes the process of poroporaki, where either the giver or receiver of care can decide that the ability to give or receive has ended, so that neither party is abused and both can move on.

Poutama model of human development

Erik Erikson proposed eight stages of human development. At birth we are totally dependent, and hopefully we develop a secure and nurturing attachment to our mother or caregiver. The next stage is early childhood, the terrible twos, where we learn to negotiate our own autonomy, develop our own will and learn about shame. From three to five years we learn initiative and guilt from our parents or caregivers. The middle years (six to 12) focus on the development of new knowledge,
skills and peer relationships. During adolescence (13 to 18 years) we develop our own identity, values and relationships. From 18 to 35 years we try different relationships to experience love and intimacy, laying the foundation for our middle years where work and care of others becomes increasingly important or we become self-absorbed and face stagnation. In the last stage (late adult to death) we are challenged to develop integrity. We reflect back on our life and review what we may have achieved.

Growth throughout life is not necessarily linear, but is more often circular like the koru. Areas where we did not learn well earlier in our life, we may develop later. In this phase of life the focus may be broader than our own needs with a desire to make a wider contribution, creating new purpose in life and the opportunity to build or widen social connections. This is the Poutama model of development, in which each stage of human growth builds on the one before. It requires considerable weaving of intricate patterns as part of a spiritual stairway to heaven, visible in many meeting houses across the country, recognising the complicated soul journey of life we are required to take and faced with all of the different complications involved.

The longer we live, the more challenges we face. The last, perhaps the most challenging, is reflecting on life and accepting death. Our choices throughout life are not value-free; they are often influenced by the wider society we live in, significant events that occur throughout our life and the norms and values current at the time. The decision to become a smoker at a young age, or to begin an activity such as gambling that leads to an addiction, may affect your health, and those whose lives are closely connected to yours, later. There may be sadness for lack of awareness or ignorance of the effects of such decisions.

Many front-line workers have an important role in supporting people who are unwell to reflect and develop or affirm the spiritual side of their life. Front-line health workers can be helped to develop the skills, expertise and confidence to help people who are seriously unwell to tell and record key and significant meaningful events in their life, such as marriages, births and deaths of parents and children. The stories are captured in many different, creative ways, but the overall purpose is to record that their life has been important, has had meaning and purpose, and in telling their story, knowledge and wisdom is transferred from one generation to another. There is an opportunity to mentor those following behind with key life lessons they have learned.

Front-line health workers will have increasing roles and responsibilities as they support people throughout their life journey. In recognition of these increasing demands, appropriate ongoing education, training and counselling support should be available. Workers in residential and community and home care settings should have a career structure and salary appropriate to the complexity of the job. To succeed they need a defined place and status within the multidisciplinary health professional team. Maori community health workers are often delegated by health professionals to work with the most unwell people in a community and generally have the least formal training and education, yet are required to achieve the greatest outcomes with the least resources.

In the area of ageing health, we must not replicate the ‘inverse care law’, that is those in most of need of care and support receive the least assistance. An understanding of the different stages of development provides insight into the different issues individuals and families grapple with, for one person’s suffering generally affects all.

Whanau Ora

The generative stage of development often occurs early for Maori who, as tangata whenua are socialised to be a member of one or more collective groups, with a strong focus on whanau and, within that social grouping, sharing of resources and provision of support to vulnerable whanau members is generally a norm.

Whanau Ora is a key government health policy which focuses on addressing intergenerational patterns of trauma, identifying those attitudes or behaviours which limit individual and whanau development and identifying new strategies to promote whanau development. The overall aim
is to reduce whanau dependence and relieve government agencies of their perceived role to direct and determine our current and future lives.

New whanau-focused services will soon be operational across the country. It is envisaged that when whanau use and engage with these services they will be empowered to learn new skills, become more self-determining and be able to direct and manage their own lives. Hopefully this will reduce negative Maori health, education, employment, justice and other statistics. Whanau Ora is consistent with other significant policy and structural developments in the public sector, with services being restructured or funded differently to become consumer-focused—where possible oriented to meet clients’ needs.

Increasingly, quality and effectiveness of services will be defined by clients alone or in conjunction with their supporters and/or their advocates. Front-line health workers will have an important role in advocating for their clients, negotiating appropriate services or resources especially for those who are frail, cognitively impaired or isolated from family members.

Many elderly people rely on caregivers for advice and support if their tamariki or moko-puna do not live locally. New communication technology will increasingly become involved in maintaining contact between whanau and front-line health workers maintaining contact with their clients.

Treaty of Waitangi and health inequalities

The relationship between health inequalities and socioeconomic determinants of health (such as parenting, nutrition, housing, education, employment, income, intimate relationships) is recognised globally and nationally. The widening of the gap is an issue in this country with a specific focus on child poverty. Poverty is about more than income or debt; it is also about the availability of opportunities throughout life for development and for the contribution we make to support others to be valued. Without opportunities, individuals and populations often feel excluded, devalued and stressed, and consequently develop behaviours and lifestyles that can affect their health, such as addictions.

Front-line health workers can be recognised in many different ways, not just income or payment for travel costs. They should not be marginalised by those in positions of power and influence, but included in the development of new health organisations, structures, training programmes, research and new technology such as telehealth and health robotics. Innovative equipment will increasingly become available to help people to care for themselves or to help those who are providing support to be more capable in their roles.

Chronic health conditions

Due to the changing demographic profile of New Zealand’s population, front-line health workers will increasingly identify as Maori, Pacific or Asian. This will challenge older Pakeha who require care to receive gracefully from those who in the past were probably not part of their social circle. Chronic health conditions such as diabetes, cardiovascular disease, severe depression, respiratory conditions and cancer are predicted to increase with an ageing population and between populations which experience different socioeconomic conditions. On average, Maori get one or more chronic health conditions at least 20 years earlier than Pakeha, which is why non-Maori live eight to 10 years longer than most Maori and why the European population is now rapidly ageing.

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is unique and will present their own combination of symptoms which requires a complex assessment, including previous medical history, physical examination, neurological examination as well as appropriate laboratory tests.\textsuperscript{14,15,16}

In planning services and anticipated workforce needs, there is a need to plan for Maori, Pacific and Asian populations who are likely to be under 65 years of age.\textsuperscript{17} These populations will also have family responsibilities, are likely to have dependent children and even grandchildren, will have financial obligations to meet, a family member may have to leave work to provide care, and the household is likely to suffer poverty now and in the future.\textsuperscript{18} These populations may not enjoy the benefits of national superannuation, even though they have been taxpayers most of their lives and, if the age of access to this benefit increases—say 67 years—they will be further penalised. An ongoing cycle of disadvantage has been created. Health leaders should understand the complexity of the situation and urgently make changes so that two or three generations of family members do not suffer.

Key findings for Maori participants were that one in two were native speakers and liked to listen and speak Maori on a regular basis, they knew their tribal links, their cultural values and spirituality was important and they were actively involved in the lives of their mokopuna and great mokopuna.

The study was developed based on one in Newcastle,\textsuperscript{20} but differed in that it aimed to include an indigenous population. Maori participants represented a third of the sample (33 out of 100). This study built on previous research with Kaumatua and Kuia,\textsuperscript{21,22} interviewing the ‘oldest of the old’ in New Zealand who represent one out of 100 who have survived those born in their birth year.

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in the research has been supported by Nga Pae o te Maramatanga (Maori Centre of Research and Excellence). Their role is to ensure that tikanga of Maori in all areas of study is not compromised. They have supported Maori participants to become involved.

The Te Ropu Kaitiaki Maori are part of the research team, with contracted local Maori and primary health care providers. Different working relationships have been established which aim to be respectful of all stakeholders involved in this research. Key information about the study will be disseminated within a few months once analysis is completed. Frontline health workers are interested in being involved in research, enjoy working with our ‘oldest old’ and respect how they live and manage their lives within the context of their health, relationships and socioeconomic situation.

Front-line health workers will have increasingly challenging roles and responsibilities as they facilitate people to navigate through the different stages of human development within the social, economic and cultural forces of their lives. Maori and non-Maori alike have many challenges to face to address our socioeconomic determinants of health which lay the foundation throughout life our health and wellbeing.

E toro nei nga kawai, taura tangata
The human links extend like branches of a tree

References