

Organisational equality and diversity: māori and non-māori



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INTRODUCTION

According to Lis Ellison-Loschmann (April 2006), outlined the benefits of health care status of the native peoples worldwide relevant to the underlying historical, socio-economic and political processes. The Maoris and non-Maoris health care status in the time of colonization by the British in New Zealand. The differences involve a variety factors in terms of accessibility of health care and racism. Improvement to the access to care is critical to address health disparities and increased information of Maoris and non-Maoris in terms of primary and secondary health care services. Alternatively according to the recent study Lis Ellison- Loschmann (April 2006) they use 2 principles on how Maori people improved their health care services seeking to improve health and quality of life for Maoris. According to Ramsden (1997), health status of indigenous peoples a variety factors that effect of historical, political, and social characteristics of environments their relation with the nonindigenous populations of the countries they lived. They direct on the health concepts of this common society in the effects on Maori health care services assemble in regard to their attitudes toward and social life of non-Maori population.

Based on Lis Ellison-Loschmann (2006 April) outlined the benefits of life expectancy in New Zealand in this two group of people. They have a big impact in health care promoting and minimizing the indifferences that has been observed and seen by the researchers lately. According to Lis Ellison-Loschmann (2006 April) observed that Maori health in the country of New

Zealand's during the British colonization can give information in health status between the Maori and non-Maori indifference. The government play the important role to access health care facility. The government provide two possible principle on how to promote the quality and easy way to access health care for the indigenous people firstly, how to develop the health care principle to the services secondly, and initiation of cultural safety education.

BODY

In a recent study, King (2003) showed that the Treaty of Waitangi and settlement that the Maoris in Aotearoa from the Pacific about 1000 years ago. According to Pool (1991) informing maybe a hundred of indigenous people arrived in New Zealand on the period of time some stories said that subsequent settlement patterns and become larger population from different version of information like verbal information and demographics recording. The expedition of James cook's in 1769 the first encounter recorded to the Maori people and European settlers to New Zealand.

Meanwhile, during the signing of Treaty of Waitangi in 1840 there was a written agreement between the Maori people protection of interest for the invaders and British settlements and they gather together with some of the Maori chiefs and representative of British crown. In this time there was 80 000 Maori population and 2000 settlers. After the signing of the Treaty of Waitangi a huge group of British immigrant and Maori population become decreased and settlers doubled the population. In 1901 New Zealand population significantly reduced to 770 313 settlers whereas the Maoris by 16. 5: 1. 3.

Based on Purie (1998) indicated that the British settlers introducing to the Maori people like the infectious diseases and the usage of guns there is major impact to mortality rates to Maoris population. Furthermore, historically the socioeconomic of Maori mortality rate after invading New Zealand the most important thing the Maoris' loss of land, mortality rate increased from the disease to the extent among those indigenous peoples who wanted to keep their lands. By this time there was a big changes to their economic status like food supplies, and social networking as a whole country. According to Purie(1998) observed that from the land confiscation from the Maori population there was a huge impact of the legislation law like the Maori rights not used language in school as Maori which lead to disparities to health in Maori society. Based to Te Ropu Rangahau a Euro Pomare (2000) found that it has been argument that has been continued a differences in indigenous and non-Maori in health care sectors and rights of indigenous community not being treated and protected by the said treaty of social, cultural, economic, and political factors cannot be noticed in terms contributory to their health care status as a whole. However, the Maori self-determinant to seek help for health.

Based on Pool (1991) in addition to that, Maori health status in New Zealand the government started implementing health care services to Maori community provide services like health promotion programs, health inspectors to work and help gradually to the economy recovery. At this time decreases in mortality rate due to implementation of national health care scheme and community welfare system by the given year 1938 through the treatment methods. Maori community lived in rural areas then they moved

to urban for employment opportunities in these areas subsequently led to big population to urban migration. According to Pool (1991) indicated that significantly changes in this country's economy from their usual way of life like cultivating lands to producing manufactured goods. Due to

According to Kunitz (1994) life span significantly increased among native groups of people in this country and western world including neighboring country like Australia, whole part of United States of America and Canada on this given time. In comparison of the nonindigenous populations of these countries. During this period of time population become reduced due to diseases like respiratory from the changing of weather, tuberculosis and hepatitis, heart diseases due sedentary lifestyles and diabetes, different types of cancer and accident like vehicular injuries due to reckless driving much higher among Maoris than non-Maoris. A recent study (Ajwani, Blakely, Robson, Tobias & Bonne, 2003) mortality rates decreased as a period of time, in regard to the differences between the two groups of people in New Zealand still the same.

Based on Te Ropu Rangahau Hanuora (2000) an explanations for health disparities are numbered and said not being equal in terms of health among the two groups of people in New Zealand some said that inequalities is that genetic underlying factors influenced. Nevertheless, not significantly to race and ethnic group that genetic factors about 85%. There are factors contributed to the disparities between Maori and non-Maori like lifestyle in each individual group, the socioeconomic like not having a good job and proper place to live and easy access to health care facility and racism. The

explanations are not significant but it is useful to consider them as a precipitating factors that influenced that they linked together.

The first studies to help to determine the significant role of socio-economic factors and health status in two group of people there was a research about the mortality rate in men at aged of 15-64 years. Based on Sporle, Pearce, & Davis (2002) found that in the most recent years researchers said that Maori men doubled the figure unlikely to non-Maori men at the very young age maybe due to socioeconomic status as a whole and ethnical social community differs the mortality rate among this group of men. A good example the level assessments of socioeconomic deprivation by the usage of census data by the New Zealand deprivation Index.

Russell, Parnell, & Wilson (1999) found that smoking is a lifestyle factors that can lead to socioeconomic influence to health status. Furthermore, give more importance to consider the difference between Maori and non-Maori in their own lifestyles. The latest survey by the national said that Maori smoke tobacco is higher rate than non-Maoris (53% vs. 20%). Maori men and women are obese and they have some diseases like hypertension due to sedentary lifestyles.

According to Lurie (2004) observed that the access to health care is very important role to decrease mortality rate of Maori the root of this ailments promoting effective health care accessible to this group of people. In this idea access to health has been described in terms of both "access to" and "access through" health care principles making a quality of health care services that being taken by. United States of America developed a

framework for measuring disparities to access health care need of people and promoting quality of service that will includes broader environmental and societal factors example is racism that can effect to access to health care needs.

A recent study (Sporle et al., 1991) found that in past 20 years being discriminated and racist is very alarming in health care settings tendency minority people will not seek health care services in the primary health care facility . The Maori Asthma reported that those educated and an educated health care workers to the illness contributed to the Maori people reluctant to seek medical care for their illness until if necessary. According to Krieger (2003) observed that Maori has bad experience first encounters with health care professionals and disempowerment like to access the checking blood sugar to distinguish diabetes diseases.

According to Matherson (1992) in addition, to change in health environment to New Zealand's country the government formulated in 1930s to provide free medical care given by working medical professionals. Thus, health care system specified subsidiary to a government facility services with a secondary care controlled funding whilst in primary care funded by individual doctors. However, Maori initiates concerned on how to promote health care access to their peoples firstly, to provide Maori health care services secondly, the development of cultural safety education. The Maori health care provider's initiative beyond the services implemented. When the time which being implemented there was a problem with budget of the government funding. In 1991 health reforms being implemented to the development of Maori health care services provider. Blaiklock AJ., Ciro A., <https://assignbuster.com/organisational-equality-and-diversity-mori-and-non-mori/>

Davenport E., Hassal IB., Low W., they make reforms of health care and social services that can give more gap in inequality as a result of self-determination regarding to education, employment of the individual, types of housing and health status. In addition to that health reforms for Maori effect to health especially the children.

According to Ramsden (2002) observed that cultural safety education is playing a golden role of Maoris health care services improvement like cultural safety being implemented to protect the health care professionals and evaluate the relationship between Maori community. Nursing and Midwifery body required Nurses and midwifery to take the registration examination in New Zealand. International Council of Nurses implemented the guidelines for cultural safety for nursing student and to practice all in 118 councils.

CONCLUSION

Therefore I conclude, disparities in health care status between Maoris and non-Maoris contributed most likely in British colonization in New Zealand. For the past 140 years ago there was an improvement as evidenced by the overall gap in life span between the two groups of people in New Zealand. Even though their differences include the variety influences in regard to socioeconomic and lifestyle factors and discrimination to seek health care delivery system.

Maori society implement to improve health care access and have two principles to help between the development of Maori provider services and encouragement of the service through cultural safety education for the <https://assignbuster.com/organisational-equality-and-diversity-mori-and-non-mori/>

health care provider. It started with the people in the community how the response to the purpose like for instance the self-determinant of Maori community in health care services and to evaluate how to improve the health care services. The government of New Zealand provide organizations and cultural safety education an examples to initiates in the government policies that have been shown either for promotion or prevention to health status of indigenous peoples.

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