

Causes and effects of healthy inequality in new zealand



Managing Organisational Equality and Diversity

Assessment 1 – Individual Task

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Introduction

Good health is not just a matter of genes and biology. The place, time and conditions people live in, their choices and life experiences, all are significant to determine their health status. In New Zealand, the people's health may be affected by many factors such as employment, household income, education, working conditions, diet, housing, family and cultural networks, environment, age, gender and hereditary factors. Ethnic inequalities and socio-economic are closely related to health (Pollock, 2012).

Access to healthcare influences both outcome of disease and development, and individuals or communities with limited access to healthcare cost worse than those who has easy access to healthcare. Socioeconomic status has profound effect to health. People who live in poverty do not have the necessary resources to maintain their health (Monroe, 2007).

The government of New Zealand formulated the principles of Treaty of Waitangi and cultural safety that involves participation, partnership and protection of the Maoris to address the changes, improvement and inequality of healthcare delivery system in the country.

This task aims to give an overview about the cause and effect relationship of New Zealand's history, gender, employment status, housing and education

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to the use of nursing services. The opportunities and healthcare access of Maori and non-Maori respectively and the differences of the rights and legitimacy of Maori. Also, it will be discuss further the power relationship of bias, power imbalance, changes to provide equitable, efficient, effective and acceptable delivery service in to healthcare.

Body

Question 1: The cause and effect relationship of the following to the use of nursing services

1. History

Before the western people came to New Zealand, Maoris were fit and healthy. When colonization was started many diseases destroyed the local tribes who had no immunity to these illnesses and many tribes were affected by disease as more Europeans arrived. Influenza, smallpox, tuberculosis, measles and typhoid fever severely affects Maori and death rate was seven times higher than the non-Maori due to influenza epidemic in the year 1918. There was an increased death rate to Maori population amongst young children due to pneumonia and respiratory infections. Another fatal disease affects the adults and older children due to typhoid fever, tuberculosis and viral diseases. It continually declined their population until the century was nearly over, wherein the Pakeha even called Maori as a “ dying race”.

In the year 1840s, missionaries responded to Maori health deterioration by providing medical care and setting up government hospitals. But most hospitals are dominated by the Pakeha and many Maoris were hesitant to

enter the hospital because of the cultural and financial reasons. By then, the government funded native medical practitioners to give medical care and assistance to Maori who couldn't able to pay for treatment. At certain time, government officials conducted emergency responses to epidemics, vaccines were given against smallpox and teachers were given medicines to treat students and their families.

2. Gender

Most often it has been assumed that gender is inevitable and constant to health differences. Almost everywhere in the world, for example, life expectancy is higher for women than men, however, it varies highly global and within the same country. The impact of life expectancy to geographic interpretation and rapid changes in gender differences demonstrate the significance of the social environment in causing social disparity in health, including inequalities by gender (Social and public health sciences unit, 2015).

According to the statistics New Zealand, in 2006, life expectancy at birth was 75. 1 years for Maori females and 70. 4 years for Maori males, while life expectancy at birth for non-Maori females 83 years and for non-Maori males was 79 years. In conclusion, in the year 2006, non-Maori life expectancy at birth was 8 years higher than that for Maori for both genders (Ministry of health, manatu hauora, 2012).

Gender and biology are both factors that contribute to health and life experiences. Women experiences differ from men experiences not only because of their capability to get pregnant but also their chances of getting

paid and unpaid work, their readiness to visit doctors, and even their activities for enjoyment and socializing (Cook, 2012).

3. Employment status

The increased rate of unemployment among the Maori is caused by lack of education and discrimination. Employment status influences the health stability of an individual. Unemployed person faces financial adversity thus he/she is more likely to experience delayed in seeking and obtaining care. In most cases they tend not to return for their follow up visit to the physician and unable to continue the prescribed maintenance medication due to financial difficulties. This will result into worsening of their health condition and increasing the mortality rate.

4. Housing

Poor housing in most of the Maori population resulted in health inequalities. The main reasons for these still the institutional racism and the ongoing effects of colonization. They are more likely to have a poor housing condition because they are struggling to afford better houses due to low incomes. Respiratory illnesses like asthma is one effect of having a cold, polluting indoor heating and damp houses. In 2000s a study conducted and they found out that houses with insulation and with non-polluting heater resulted in improved respiratory health status (Pollock, 2012).

5. Education

From years ago up to the present, many Māori continue to be deprived of educational opportunities that directly affect their future prospects and quality of life because of disparities and inequities in their schools. Bishop, <https://assignbuster.com/causes-and-effects-of-healthy-inequality-in-new-zealand/>

Berryman, Cavanagh and Teddy, (2009) states that the overall educational achievement level of Maori students is low compared to non-Maori. Their rate of suspension to school is higher than the non-Maori and leave school earlier with less formal qualification. Educational inequalities among Maoris reflect on the current educational practices and policies of the universities who developed by colonialism and will continue to develop in the interests of monocultural elite. These practices and policies are based on the context of racism among dominant culture.

Education is an important mechanism for improving the health and well-being of individuals, family and community because it reduces the need for health care, health care cost, human suffering and promotes healthy lifestyle. Furthermore, socio-economic status like educational attainment, occupation and income is the key to influence health. People living in poverty and uneducated are more likely to experience health inequalities than people living in good wealth. It has been argued by the researchers on how socio-economic factors can affect health status. Poor education results to poverty in a way that if an individual who has low educational attainment he has a higher chance to get a low paid job. Material poverty (like nutrition and poor housing) and stress which caused by low social status outgrowth in health inequalities (Pollock, 2012).

Question 2: Healthcare access and opportunities for Maori and Non-Maori

In 1997 there was a study conducted in Waikatu Medical Care Survey, a comparison between the Maori and non-Maori contact to GP for primary care services and it was proven that Maori were slightly lower difference in GP

contact than with non-Maori. Study also shows in contrast to hospitalization rate that Maori has double its number than with non-Maori and 30% higher for Maori in case of mortality rate. The authors concluded that Maori are less likely to visit general practitioner due to poor awareness to health and low income status to afford the doctor's fee. Poor early prevention and treatment of disabilities leads to an increase of hospitalization and mortality rate amongst low income Maori (Barwick, 2007).

Recently, the New Zealand government strictly implemented the equal opportunities of health services to all Maoris. According to the code of health and disability services consumer rights (2009), that every individual with distinct beliefs, culture, religion and ethnicity has the right to receive good quality health care services.

Question 3: The rights of others and legitimacy of differences

Every person has the right and freedom because it is a basic standard that affects how we live together. Since from the history of New Zealand, the Maori or the native people of the country were deprived from their rights because the place was dominated by the western people. From then, there was a persistent inequality access to services like owning a land title, receive proper education, employment, income and poor healthcare assistance.

To help understand the international human rights principle, the United Nation together with the treaties effectively enforced the implementation of the system to ensure that everyone living in New Zealand either Maori or non-Maori has to observe and practice the Bill of Rights and the Human

Rights Law. There are two types of human rights, the political and civil rights
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and the cultural, social and economic rights. The political and civil rights are the right to life and liberty; equality before the law; freedom of expression and the right to be free from discrimination, while the cultural, social and economic rights are the right to participate in culture; the right to an adequate of living; the right to education and the right to work (Human rights commission, 2008-2015).

Question 4. The power relationship in healthcare

4. 1. Bias

The prejudice or unfair treatment of Maori to non-Maori in healthcare settings affects the character of healthcare providers (like nurses and doctors) in terms of building trust relationship between healthcare providers and the healthcare consumers. In the survey gathered by the National Primary Medical Care, (2001-2002), regarding the comparison of Maori to non-Maori patient visits to doctor. The survey found out that there was a longer length of minutes of GP contact with the non-Maori compared to Maori and there was a higher percentage of laboratory and imaging test request made for non-Maori than the Maori patients in same ages and sex. It is clear to say that higher priority was given to non-Maori in terms of healthcare services.

4. 2. Power Imbalances

Power imbalance is happen in most conflict situation wherein one side has more power than another. According to an article written by Henderson, (2003), they conducted study in 1998 to provide some answer regarding

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partnership between nurses' and patients' in care in hospital. The patient's charter distinguishes nurses' needs to respect the rights of the patients that will influence their care and nursing practice advocates work partnership between nurses and patients. To facilitate empowerment, nurses are encouraged to share their power to their patients by sharing them information and support. However, the study denotes that patients feel empowered in receiving informed decisions by nurses.

They gathered participants from different hospitals, 33 nurses and 32 patients were interviewed comprehensively. The study shows that nurses' opinion towards patients in care required them to share the decision making powers and information to their patients while most of nurses were unwilling to give their decision making powers. This resulted to power imbalance with ensuing minimal patient information. The factor that identifies power imbalance is the beliefs of nurses that they " know best", the situation wherein patients were having not enough knowledge and awareness causes nurses to maintain onto their power and control.

To maintain nurses and patients work partnership, it is very important that nurses must take full effort to equalize the power imbalance by sharing and giving information readily and open communication to patients.

4. 3. Negotiation and change to provide efficient, equitable, effective and acceptable service deliver

Since Maoris health were devastated by so many factors such as low socio-economic status, lack of educational information and discrimination from health services, in 1989 the council develops strategies to improved Maoris <https://assignbuster.com/causes-and-effects-of-healthy-inequality-in-new-zealand/>

health. The declaration of the New Zealand Public Health and Disability Act 2000, which is the current health system of the New Zealand, enclosed in the Bill was the Treaty of Waitangi principles of participation, partnership and protection, to be strictly acknowledged and implemented. The Treaty of Waitangi articles defines the duties and responsibilities of the Crown, the Council and the nursing education providers, to become an agent to form partnerships with Maori. They are responsible in providing and ensuring protection to Maori interests, responsive to their needs and recognised Maori health as a priority. To increase the effectiveness of interventions and achieve a positive health outcome of the service delivery, Maori are encouraged to actively participate and cooperate as well (Nursing council of New Zealand, 2005).

It is well stated that the government is formulating changes to provide equitable, efficient, effective and acceptable service delivery to all health consumers of New Zealand.

Conclusion

There was an inequality distribution of health care services between Maori and non-Maori starting from the colonization process until they reached into the modern age, this is merely because of the rampant discrimination and racist between the people. The issue of declined socioeconomic status of the Maori correlates with their poor health conditions because of the lack of knowledge regarding the prevention of diseases and unable to avail healthcare services due to poor financial flows. To help the tangata whenua or the Maori, the government of New Zealand introduced a bill under the

Treaty of Waitangi to organized agencies and programs to apply the Treaty principles of participation, partnership and protection amongst Maori consumers.

As a healthcare provider, it is our responsibility to ensure that all our patients receive proper health care and assistance regardless of their race, cultural background, beliefs and socioeconomic status, this is where the treaty principles will be applied. To focuses on the equal opportunities of the Maori in delivering health services while respecting their practices, culture and beliefs. Learn how to respect the others right whatever cultural background they have even if they are off different race.

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