



PRACTICE

A useful guide to help you meet your new competencies

By Pipi Barton

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Are you unsure how best to show you're meeting the new cultural safety requirements embedded in the Nursing Council pou (competencies)? Nurse educator Pipi Barton provides a guide that you can download and share.



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Throughout my nursing career, I've often been approached by non-Māori colleagues asking for help to find examples from their practice that could be used as evidence for their competencies in cultural safety and kawa whakaruruhau.



Pipi Barton, speaking at the 2025 NZNO conference and AGM.

When I worked as a clinical nurse specialist in a busy mental health ward, it was probably the most common reason staff would ask to see me one-on-one.

The truth is, many are doing the mahi, they just don't always recognise it as evidence.

I imagine many of my Māori nursing mates are getting similar requests now that the Nursing Council has introduced the new standards of practice for registered and enrolled nurses, which embed cultural safety and Te Tiriti o Waitangi throughout.

While attending the recent NZNO annual conference, I was also asked how to support internationally qualified nurses (IQNs) to show they could meet these requirements.

So, I thought I'd lend a hand. If you've got a colleague asking for examples of how they've met their competencies, hand them this resource — it might save you both some time.

I developed it for my team some years ago, in response to a problem that keeps coming up: many nurses struggle to identify and articulate the everyday evidence that demonstrates their competence. The truth is, many are doing the mahi, they just don't always recognise it as evidence.

This tool is offered as a practical resource for nurses reflecting on their kawa whakaruruhau and cultural safety practice, grounded in Te Ao Māori and guided by Te Kapunga Putohe.

Download a PDF version [here](#).

Cultural safety self-assessment tool for New Zealand nurses

By Pipi Barton

This is a prompt tool, that utilises *Te Kapunga Putohe: Māori Centred Nursing Practice Model* (Barton & Wilson, 2008) as a framework to assist nurses to become critically conscious in their nursing practice, and ensure they are practicing in a kawa whakaruruhau informed and culturally safe manner. It also helps to define examples from their practice that can be used as evidence of competency in the Nursing Council standards of competence for nurses.

PDRP assessors, nurse educators and auditors can use this tool as a guide to determine whether the nurse has reflected on their practice and made these considerations when working with Māori or people from other cultures.

The nurse does not have to provide an example for every key principle but can discuss examples of when they have considered them. Exemplars of actual interventions can be provided to meet the competency.

Key principle	Provide an example of how you have demonstrated/considered this
<p>1. Tikanga: Policy/procedure/regulations/legislation</p>	<ul style="list-style-type: none"> • What is the significance of Te Tiriti ō Waitangi/the Treaty of Waitangi, and how do I use the articles of Te Tiriti o Watangi to inform my practice? (Kawanantanga, Tino Rangatiratanga, Ōritetanga, Wairuatanga, Pātuitanga) • How am I working collaboratively with the patient and their whānau/family? Are they self-determining decisions being made about their care? How am I facilitating their participation? • How have I ensured equitable care within the euro-centric health system? • Have I informed the patient and their whānau/family of the Code of Health and Disability Consumers' Rights? • Consider the ways the health system is dominated by euro-centric ideals and a western worldview. How have I considered this for those indigenous and minority peoples entering this environment, particularly reducing their anxiety and stress? <hr style="border: 1px solid blue;"/>
<p>2. Pono: Truth and honesty</p>	<ul style="list-style-type: none"> • How have I built trust and mutual respect with the patient? If not, what can I do to change/ develop this aspect of my practice? • How have I established a therapeutic relationship? What is the power differential

Key principle	Provide an example of how you have demonstrated/considered this
	<p>within the relationship?</p> <ul style="list-style-type: none"> • What assumptions am I making without having them validated? How have I considered my own prejudices and biases while caring for this patient and their family/whānau? • How have I advocated for the patient when/if I have heard stereotypical comments and judgments made by other staff? <hr style="border: 1px solid #00AEEF; margin-top: 10px;"/>
3. Aroha: Compassion	<ul style="list-style-type: none"> • In what ways may the patient and their whānau/family be traumatised by the experience that has brought them into the health service? How do I express empathy for the patient and their whānau/family? • How do I relate to their experience? Have I thought what it would be like to be in their situation? • How do I demonstrate compassion in my actions and interventions? <hr style="border: 1px solid #00AEEF; margin-top: 10px;"/>
4. Tiaki: Caring and protection	<ul style="list-style-type: none"> • Have I considered that this may be the patient's and/or the whānau/family's first time here, and that the experience of being in hospital can cause fear and anxiety? • How have I determined that the patient and their whānau/family truly understand what procedures and treatments are occurring and why? How have I given them opportunity to ask questions and have these fully answered in a way they understand? • Have I advised them of their right to formally complain if they believe they are not receiving equitable or appropriate care? How have I supported them through the complaints process? • How have I provided appropriate cultural and spiritual support from within the organisation? Have I asked about cultural or spiritual support for them from within their own whānau/family? If not, how could I do this differently?

Key principle	Provide an example of how you have demonstrated/considered this
	<ul style="list-style-type: none"> • How have I considered that the whānau/family may or may not know what is expected of them in this environment? • In what ways have I considered that the hospital/health system/nursing has a culture of its own that is often confusing for those outside of it? <hr style="border: 1px solid blue;"/>
<p>5. Manaakitanga: Respect and kindness</p>	<ul style="list-style-type: none"> • Do I call my patient by their preferred name and pronounce it correctly? • How have I provided opportunities for the patient and their whānau/family to be heard? • How have I ensured all my interactions have been respectful? In what ways have I demonstrated empathy and kindness? • How did I ensure that the patient and their family have been provided with all the appropriate resources and advice? • How have I considered that the patient may prefer their personal cares to be attended to by someone from their own family? Have I asked them about this? • How have I considered that the patient may prefer to be cared for by someone of their own gender? Have I asked them about this? <hr style="border: 1px solid blue;"/>
<p>6. Whānaungatanga: Relationships</p>	<ul style="list-style-type: none"> • In what ways did I make an effort to make connections? • Whānau/family is considered part of the healing process for Māori and many other cultures. How did I ensure opportunities for whānau/family to be involved in the patient's care, if the patient so desired? • How have I thought about how family can take many forms from a non-western worldview? This could include extended whānau, friends or other significant people. • In what ways am I working collaboratively with the whānau/family for the betterment of the patient?

Key principle	Provide an example of how you have demonstrated/considered this
	<ul style="list-style-type: none"> • Have I communicated clearly and effectively in a respectful way with whānau/family? <hr style="border: 1px solid #00AEEF; margin-top: 10px;"/>
7. Wairuatanga: Spirituality	<ul style="list-style-type: none"> • Have I asked about spiritual beliefs and practices? • Have I given the patient the time and space to carry out their spiritual beliefs and practices? • Are there any resources that the patient needs for them to feel safe to continue to practise their spiritual beliefs and practices with in this environment? • How have I advocated for the patient to continue to practice their spiritual beliefs and practices within this environment? Have I advocated for the whānau/family to be part of the patient's spiritual practices if they so desire? <hr style="border: 1px solid #00AEEF; margin-top: 10px;"/>
8. Oranga: Wellbeing	<ul style="list-style-type: none"> • How is my approach holistic? • What dimensions of health have I considered that did not just focus on the physical or mental dimensions? • How do I talk about recovery and maintenance? • How have I ensured that the patient and whānau/family have all the necessary resources to maintain their wellbeing after discharge? • How have I provided/referred them to the most appropriate resource/service? Have I asked their preference? <hr style="border: 1px solid #00AEEF; margin-top: 10px;"/>
9. Mana tangata: Autonomy and personal integrity	<ul style="list-style-type: none"> • How have I been respectful and considerate to the patient and their whānau? • How have I maintained the patient's privacy and confidentiality? • How did I provide the patient with enough information so that they can make an

Key principle	Provide an example of how you have demonstrated/considered this
	<p>informed decision? Have I checked that the patient understands?</p> <ul style="list-style-type: none"> • How did I support the patient's decision, even if I have disagreed with it? <hr/>
<p>10. Tikanga Māori: Māori/cultural practices</p>	<ul style="list-style-type: none"> • Have I asked the patient about any preferred time or space for cultural practices? • How have I provided an environment that supports and encourages cultural practices? • In what way have I supported the patient and whānau/family to continue their cultural practices here? • Have I made efforts to put people of the same culture and/or language together in the same room, or suggested a health professional of the same culture or language be involved in their care, if the patient so desires? <hr/>

A brief example of how the guide could be used:

- Mr X was a 62-year-old Māori male admitted for a surgical procedure. He arrived on the ward with a number of whānau.
- I greeted Mr X and his whānau in **te reo Māori**, and after ensuring Mr X was comfortable, I then engaged with him and his whānau through **whanaungatanga**, by sharing our common connections and people.
- I demonstrated **tiaki** by spending time with Mr X and the whānau, orientating them to the ward environment and procedures and explaining the plans for his surgery. I checked that that they were fully informed of what to expect.
- Before surgery I considered **wairuatanga** by providing the time and space for whānau to have **karakia** before he left for theatre. During his time in hospital, I demonstrated **manaakitanga** by ensuring that I pronounced his name correctly and was always respectful to him and his whānau in all my interactions.
- Mr X's wife preferred to provide his personal cares so I made sure she was provided with the appropriate equipment and resources to do this safely and confidently.
- I always kept Mr X and his whānau informed of any changes to his treatment and care and made sure that they understood. When discharge was being discussed, I checked with Mr X and his whānau to see which services they would prefer to follow him up at home. I made sure they were aware of **Māori health services** in their community and that

they were able to manage in their home, arranging a visit with the occupational therapist before discharge.

- I demonstrated that I was considering **Te Tiriti o Waitangi** in the care I provided by working collaboratively with the patient and whānau, providing equitable access to services and resources, and minimising any risk of Mr X experiencing any missed care.
- I believe that I considered Mr X and his whānau's **oranga** (holistic care), considering physical, spiritual, mental and social dimensions of health.

This exemplar provides evidence for many of the new Nursing Council pou (competencies).

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