Nursing Praxis in Aotearoa New Zealand

Commentary / Kōrero

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Politics and paradigms in healthcare: Challenging the status quo

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Rhetoric abounds in every policy and organisational document with the imperative to reduce health inequalities. The drive to establish the NP role was grounded in achieving equity and improving access to healthcare, yet the process was impeded by competing discourses, as Wilkinson (2008a, 2008b) identifies, of autonomy and unionism. I would argue that other *discourses* were at play then and remain the key challenge now.

The healthcare sector remains dominated by the *biomedical-pharmaceutical-technical* discourse, including general practitioner-led primary care. All too easily, nurses are unconsciously hooked into this paradigm, with little critique or awareness of alternative ways of meaningfully delivering services. Added to this, the persisting *neoliberal* discourse drives self-responsibility, efficiencies, and managerialism. Yet nursing has a long and strong history of activism, challenging the status quo, and paving the way for far-reaching primary health care (PHC) nursing services, firmly embedded in a *social justice* paradigm. But not all of nursing embraces this paradigm. Divisions remain across education, practice, and policy. We see this play out in the allocation by DHBs of Health Workforce funding for postgraduate education for NP training. Not only is funding unequally distributed between the acute sector and PHC, but *equity* (in relation to both the workforce and population) is rarely addressed.

The Health and Disability System Review (2020), together with the findings of WAI 2575 (Waitangi Tribunal, 2019), have challenged our existing models of healthcare provision and the unacceptably high levels of both health and workforce disparity. Nurse practitioners work at the intersection of biomedical-pharmaceutical-technical care with a social justice and equity paradigm to improve healthcare access. The release of the new White Paper for health reform of the sector (Health and Disability Transition Unit, 2021) provides opportunity to refocus service design that engages with and meets the needs of local communities with a focus on hauora and equity. We should expect NPs to be

central in both design and delivery. But as we enter the planning stage for the implementation of this major restructure, will the paradigms of medicine and private practice ownership remain dominant? Be aware that in the corridors of power the lobbyists are already at work to protect self-interest and the status quo. Nurses must take every opportunity to be at the table of policy-making and with a unified voice that at the very least espouses the contribution of all scopes of nursing practice to health equity.

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