



A report looking into Māori patient and whānau experience of care in general medicine wards at Auckland DHB.

Adult Medical Services, Cultural Experience Project



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Acknowledgements

We mihi to our late colleague Hilary Boyd who initiated this work and to those of our participants who have since sadly passed away:

“E ngā rangatira kua wheturangitia, haere ki tō ake haerenga ki ngā ringa atawhai a ou tūpuna. Moe mai, moe mai, oki oki atu rā.”

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Ngā mihi nui,

The Ara Manawa team.

Introduction

Inequity arises where the health system delivers unfair, unjust and unnecessary differences in health outcomes between distinct groups. In Aotearoa (indigenous name for New Zealand) New Zealand, inequitable health outcomes are experienced predominantly by Māori (indigenous people of Aotearoa New Zealand), and those of lower socioeconomic status¹. Operating within the context of Te Tiriti o Waitangi (the Treaty of Waitangi), Aotearoa New Zealand is a bi-cultural nation with an obligation to address inequities experienced by Māori². The recently published Windows 2019 report shows a pattern of inequities in health for Māori that extends beyond health outcomes; it reveals inequity across measures of access to healthcare services, quality of care received, and even improvement initiatives increasing inequity for Māori whilst improving health outcomes for non-Māori³. These are areas Auckland DHB can address, and has opportunity to make a tangible difference.

Auckland DHB's obligations to improve health equity for Māori are clearly outlined in Te Tiriti o Waitangi, our Memorandum of Understanding with Te Runanga o Ngāti Whātua (the post-Treaty settlement authority of local tribe Ngāti Whātua), and in our enabling legislation. This means that Auckland DHB is required to eliminate health inequities for Māori residents in Tamaki Makaurau (Auckland), in its provision of health and disability services.

In light of this, equity is strongly embedded in the strategic goals of Auckland DHB:

HEALTHY COMMUNITIES:

Achieving the best, most equitable health outcomes for the populations we serve

WORLD-CLASS HEALTH CARE:

People have rapid access to healthcare that is reliable, equitable, high quality and safe

ACHIEVED TOGETHER:

Working as active partners across the whole system: staff, patients, whānau, iwi, communities and others

Now we have ascertained the importance of Auckland DHB addressing health inequities, a first step in addressing the institutional racism that leads to health inequities is to explore and understand the experience of Māori patients and whānau (family in a broad sense) in our care. This project has arisen out of the dedication of the Adult Medical Team to understand how their Māori patients are experiencing care in the general medicine wards, to then learn how they can do better to serve this population.

We acknowledge here that our Pacific population in Aotearoa New Zealand also experience severe health inequities, and this has been addressed in a parallel tranche of the project.

¹ Sheridan et al., "Health equity in the New Zealand health care system: a national survey." 45.

² Jansen, Bacal, and Crengle. "He Ritenga Whakaaro: Māori experiences of health services."

³ The Health Quality Safety Commission. *He matapihi ki te kounga o ngā manaakitanga ā-haoura o Aotearoa 2019: A window on the quality of Aotearoa New Zealand health care 2019.*

Background

In the context of Auckland DHB seeking to eliminate health inequities for Māori, Adult Medical services recognise that hearing from and understanding the experience of Māori patients and whānau in our care provides an opportunity to explore access, quality and improvement initiatives that are culturally appropriate. As such, a qualitative research project was set up to explore the experience of Māori patients and whānau who have spent time in Auckland City Hospital's general medicine wards.

Methodology

An interpretative approach to gathering qualitative data was chosen, to enable patients and whānau to lead the direction of the interview and tell their stories in the way best suited to them. Following the initial opportunity to tell their story, a semi-structured prompt format was used to draw out further insights.

Cultural safety was of utmost priority during the formation of this project, the methodology was reviewed and approved by the Chief Advisor Tikanga (protocols), General Manager Māori Health and Director Māori Health Research Auckland & Waitematā DHB's prior to the initiation of the project. The structure of prompts was informed by best practice indigenous research "Managing Two worlds together: the experience of patients and their carers" and then considered through a Māori lens⁴.

Thought was given as to how the project team might mitigate or inadvertently reinforce the colonial power structures of the medical institution.

Māori or Pacific nurses made initial contact with potential interviewees in order to foster a safe space for the patients and whānau to think through their participation. Whilst the project team are trained in social research, both interviewers are Pākehā (European by descent), meaning Māori representation in the interviewing team was pivotal to creating a culturally safe space for participants^{5 6}. Once interest in participation was confirmed; interviews were conducted by the project manager and a member of the Kaiatawhai (Cultural support worker) or the Māori Patient and Whānau Experience Lead, who are of Māori heritage and were able to perform Māori Tikanga such as karakia (incantation) as required. Written consent was gained prior to the interview starting, to ensure the patient or whānau member was confident in the confidentiality of the research and understood that what was shared in taking part in the interview would not compromise their care in any way. Participants were offered a karakia to open and close, and could choose the place and time for the interview. A small koha (gift) was given to participants as a token of thanks.

Interviews were conducted between May and October of 2019, with the majority undertaken at Auckland City Hospital and some at the patients' homes. They were transcribed by the project manager and Māori Patient and Whānau Experience Lead, and then analysed using

⁴ Kelly et al., "Managing two worlds together: Study 3-The experiences of patients and their carers."

⁵ Jansen et al, *He Ritenga Whakaaro: Māori experiences of health services*.

⁶ Solis & Rodriguez. "Listening to Client Voices: Using Focus Groups and Individual Surveys to Gather Information".

NVivo software, allowing emergent themes to shape the direction of the findings. An emergent approach places value on the experience as told by the patient or whānau member, enabling them to highlight what was most important to them, rather than imposing pre-determined themes. Positioning patients and whānau as the expert of their own experience is integral to providing patient-centred care; the researchers are there to firstly listen, enquire deeper and record. This rich data is then thematically analysed, with the findings informing potential improvements to care and equity for Māori patients. The emergent themes were then examined alongside existing research^{7 8} to provide a critical discussion below and explore how the findings compared against a national review of Māori healthcare experiences.

It is important to note each interview started with whakawhanaungatanga (building connections), a process to explore whakapapa (genealogy) connections and gain an understanding of where each participant came from. This took time, and enabled the research team to redress unequal power dynamics and build trust. Quotes from this part of the interviews are not included to preserve participants' anonymity.

Te reo Māori was normalised in the interviews and its use is also valued in this written report, with common words and phrases accompanied by an English meaning in brackets initially, subsequently just the te reo Māori. This is deliberate and intentional approach to encourage and support readers to pursue learning this language, since it is a window into culture, and culture is important in health care delivery⁹. A glossary at the end of this document captures all the te reo Māori words also.

⁷ Jansen, Bacal, & Crengle. "He Ritenga Whakaaro: Māori experiences of health services".

⁸ Palmer et al. "Reported Māori consumer experiences of health systems and programs in qualitative research: a systematic review with meta-synthesis". 163.

⁹ Bacal, Jansen, & Smith, K. "Developing cultural competency in accordance with the Health Practitioners Competence Assurance Act". 305.

Who we spoke to:

Age range	20s to early 80s
Gender	8 males, 4 females
Ethnicity	Māori, from a range of iwi, mostly residing in Auckland
Representation	The representation of Māori males to Māori females by age group is generally reflective of hospital utilisation rates for Adult Medical Services during the study period.

Weaknesses of the study

Recruitment of participants for this study was challenging, particularly through the pressures of the winter months on an acute hospital. Throughout the study period the hospital experienced some of its highest recorded capacity levels, meaning the nurses in the project team were not able to prioritise recruitment alongside a full care load. Face-to-face recruitment was essential to the ethos of the study, but this did limit the number of available participants further. The project team acknowledges the limited number of interviewees means the data is indicative rather than representative of Māori patients in General Medicine wards, however the in-depth nature of the interviews provides a richness of data that is not feasible to gain at a wider scale. Additionally, there is a selection bias in that only the views of those patients who wished to speak with us were heard, risking the omission of the voices of those who are particularly disenfranchised by the system.

Summary

Key themes

The following themes emerged from the analysis of the interview transcripts:



Mana (see glossary) sits as an overarching weave across all the other findings, informing and integral to each of them. Threaded through the themes, like within the kete (baskets), were strong elements of mana acknowledgement, mana engagement or mana protection; and this informs the following analysis of the findings.

Findings

The primary focus of the interviews was to understand people’s experiences as patients and whānau. Whilst the experience of each participant was unique, certain themes emerged. Overlaying each of these themes as an ongoing narrative was the importance of respect; seeing the person in their context outside of the hospital and their physical condition, acknowledging the mana they hold as a whole person and not focusing solely on their current status as a patient.

The following themes arose from the data: (each theme links to a section in the report)

Kanohi ki te kanohi		Talking face to face
Whakawhanaungatanga		Building connections
Rapua he ara tika		Walking in two worlds
Mana motuhake		Making autonomous choices
Te mana o te Whānau		Recognising whānau

Transforming these finding into tangible actions which enact change is the most important part of this research. Each analysis is concluded with a section titled “What does good look like?” and a table summarising the key findings and principles into suggested actions. This was developed through a collaborative approach; many directly reflect input from the research participants and some were developed by the research team. There were then iteratively built up in workshops with the general medicine nursing staff, to increase buy-in and ensure that actions suggested were applicable and effective in the daily reality of the ward.

Kanohi ki te kanohi: Talking face to face

Reciprocity in communication arose as a consistent point of discussion with participants; when patients and whānau felt time and care was taken with communication their experiences were positive, while poor communication led to fear, confusion and disempowerment. Overall, participants reported largely positive experiences of communication with staff.

Face to face

Nurses and support staff taking the time to sit down and speak “kanohi ki te kanohi” (face to face) with Māori patients and whānau made a significant difference to their experience of care. The simple act of staff taking a seat while speaking to patients enabled a reciprocity in communication, making the Māori patient feel more seen on their own level, both literally and symbolically. By sitting down the staff member signals a readiness to engage and take time, and counteracts the dynamic of do-er/done-to that is prevalent in medical settings.

“There’s so much experience in here, but it’s time in service. They come in and say their thing and leave you to deal with it. They don’t have the kanohi ki te kanohi.”

–Female, 40s

For some Māori patients, time taken by nursing staff to have a one-on-one conversation with them led to a revelation in understanding their long-term condition. Conversely, if information was delivered without relational communication, participants found it more difficult to process the information.

“The charge nurse sat me down and explained things well, one on one, and made a difference. It’s the first time in nine years I’ve understood my condition and now feel like I have a chance.” –Male, 50s

Taking time and care with communication of medical information enables better understanding. When staff are responsive and reciprocal with Māori patients and whānau, information can be more easily received. Communicating with sensitivity to how information may be received is also important to developing trust, and this may take time. Lack of sensitive communication from staff can lead to disengagement.

“Target respect, know that there is a culture that’s ingrown, that it’s political, but keep that love flowing and have a lot of patience. Don’t get hōhā (agitated) and it’ll work.” –Male, 70s

“The thing with Māori... you gotta be careful how you talk to them. When Māori hear doctors say ‘you might only have a 50/50 chance of making it’, they’re gone. They’re not coming back to the hospital.” –Male, 70s

A key aspect of reciprocity is enabling patients and whānau to ask questions and confirm and integrate their understanding of the information being communicated. A degree of trust may be necessary in order for Māori patients and whānau to ask questions and reveal that there might be something they don’t understand; trust is enhanced by taking time to talk.

“Manaakitanga – caring, sharing and giving hospitality. It’s good to sit down – staff nurses, you can tell if they are there for a while or just to give their opinion.”

–Female, 40s

Communication collapse

Participants shared experiences of poor communication, which would result in feelings of confusion, disempowerment and fear. Such experiences can become a barrier to health, interrupting engagement with or access to medical care.

Negative experiences related to knowledge sharing took various forms, when Māori patients:



Felt they had not received enough information



Felt they received too much information, which could be overwhelming



Felt they did not have enough time to talk through the information given



Received inconsistent information from their GP and hospital doctors



Were not given information in a way they could understand it

“I don’t know who to listen to sometimes... the Doctor [at the hospital] or the GP. I get confused. You go to the Doctor and they tell you a story, and then the hospital a different story.” –Male, 70s

**“I’m 50/50 on the language they use, so I read things on my iPad to understand.”
–Male, 40s**

Translating and relating information

Receiving information in a way that acknowledged the mana of the Māori patient and their whole selves, their interests and past experiences was noted as beneficial in supporting understanding.

“I was an electrical and a mechanical engineer, it helped when the doctor sketched something to show what was going on.” –Male, 70s

“I know how to relate medicine and sports and the doctors that can do that are good.” –Male, 30s

Kanohi ki te kanohi - what does good look like?

When information is thoughtfully shared with Māori patients, it is done in a way that values and respects their mana – enabling them to receive the information from a position of strength, and take in what is being communicated.

Suggested actions	Principles behind these actions
Ensure ward environment has seating options to enable kanohi ki te kanohi (face-to-face) communication; i.e. sit down to eye level and take time.	Coming together face to face enables mana acknowledgement or signalling respect through small actions (the ADHB value of Haere Mai).
See, and engage with, Māori patients' intrinsic mana inclusive of their context outside hospital, the strengths within them and their whānau unit, and focus on their ability to engage in their health journey.	Sensitive and tailored communication enables effective engagement (ADHB value Manaaki)
Formalise partners in care approach.	Te Whare Tapa Whā - Whānau is an essential pillar of health, contributing meaningfully to a patient's health journey.
Explore how to improve co-ordination of information between GP and hospital, currently a source of stress for Māori patients.	Addressing health inequities requires a whole of system approach. (ADHB value Tūhono)
Increase accessibility of information – timeliness and ease of understanding. Ensure resources are available to support patients to continue conversations with their whānau.	Health literacy is a health system responsibility. (ADHB value Angamua)

Whakawhanaungatanga: Building connections

Building connections is a way of engaging with mana, with the effect of mutual mana enhancement for all parties. Participants for whom relationship building with staff and other patients was a feature consistently had a more positive experience of care. This finding is consistent with the Māori concept of whanaungatanga, which can be explained as “relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship.”¹⁰. Sitting down or being at eye level to talk face to face (see section 1) can be a stepping stone to engaging in whanaungatanga during the hospital stay. Ways in which whanaungatanga was enacted by participants included introductions, connection with other patients, and forming authentic relationships with staff.

Introductions

Introductions, such as when staff introduced themselves to patients and whānau, were reported by Māori patients to be a strong foundation for building good relationships. An introduction invites one person to know another, and while this may contain useful information in a clinical setting, it is also an opportunity to acknowledge the mana of both the person being introduced, and those they are introduced to. A reported effect of this form of mana acknowledgement was to make the Māori patient feel seen and respected. This in turn helped to establish a level of comfort with the staff member, a starting point for developing trust and successful communication.

“Making themselves known, intermingling. Introductions and respect – all of which have been pretty good. You make yourself known, you know.” –Male, 70s

“Doctors and nurses are all good, they introduce themselves when they come in.” –Female, 70s

Connecting with patients

Participants widely found connections made with fellow patients to be a valued source of support and enjoyment. They expressed a desire to connect with the people with whom they were sharing the experience of hospitalisation with, the people “in the same waka”. This can be understood as a form of mana engagement and mana enhancement; the connections formed contributing to an enriching bond of belonging and shared experience.

“It’s all good – no complaints. There are three pākehā ladies in here with me, not to judge ‘cause we are all here in the same waka. When you’re sick you’re all in the same waka.” –Female, 70s

¹⁰The Maori Dictionary. “Whanaungatanga”.

“The ladies in here... they’re hard case. Always enjoy joking with them [laughs]. I have fun with the lady next to me, she’s hilarious. We’re good flatmates.”

–Female, 60s

In building connections with fellow patients, our participants found it important to be able to support other patients and whānau and protect their mana. It was a common experience and illustrated that mana engagement is a cultural norm for Māori patients.

“I just hope the doctors talk right to the patients. And that patients are allowed to support other patients.” –Male, 80s

One Māori patient in particular took real meaning from being able to help another patient in their room, imbuing a sense of usefulness and opportunity to contribute meaningfully in the hospital environment. The experience was complicated by having been reprimanded for helping, with the confusing implication that assisting others was not acceptable in the hospital context.

[Participant expressed concern about another patient in his room who was struggling to eat on his own] “...so I got up and went to help him, and was helping him when I was told off by a nurse. I should be able to help other patients. I feel proud that I helped another patient.” –Male, 70s

Connecting with staff

Building connections with staff was another key indicator of positive experience. Many participants acknowledged the mana of the staff, especially the nurses with whom they had the most contact.

“The nurses are very good, well-coordinated, and they all work good.” –Male, 70s

The majority of the participants emphasised how hard they see the nurses working, and recognised how busy the hospital is. It is worth noting here that these observations are of staff working in conditions that are not always optimum in the heart of winter capacity, also that the degree of appreciation and compassion expressed for staff is likely a reflection of the experience of care received from them.

“My heart goes out to the nurses, the aroha they try to give as best they can with what they’ve got.” –Male, 80s

Just as participants responded well when they felt recognised and communicated with as a whole person, being able to relate to staff as people beyond their prescribed roles enabled a reciprocity and more positive relationship. For example, when staff shared something about their life, or took time to learn about the Māori patient's life outside of hospital, it was felt their connection and communication was more authentic.

“I have to be a good girl and listen to the doctor, I also have a strict nurse looking after me, helping me to get back to my mokos” - Female, 60s

Building connections with staff is a form of mana engagement and contributes to improved communication and positive experiences of care.

“I had one of the doctors follow my cooking page and talk about it!” - Female, 60s

Whakawhanaungatanga - what does good look like?

Māori patients want to feel they have a connection with staff that is authentic and mana-based.

Suggested actions	Principles behind these actions
Emphasise the importance of quality introductions by staff, to Māori patients and their whānau. Use te reo pronunciation skills practice to build team confidence with Māori names.	Mana engagement, through small actions, can help re-orientate power dynamics between staff and Māori patients and whānau (the ADHB value of Haere Mai).
Sit down and take time to learn about the Māori patients' needs and preferences, respond reflectively and then tailor care accordingly.	Mana acknowledgement is critical to effectively engaging Māori patients and whānau.
Promote Kaiatawhai and/or Volunteers services to support reciprocal conversations and building a safe level of rapport around Māori patients.	Non-clinical roles can be important in supporting the relational wellbeing of Māori patients and whānau.
Identify opportunities to support Māori patients to engage in supportive relationships with other patients, staff and people in the environment (where appropriate).	Acknowledging the mana of others can have the positive effect on Māori patients of feeling engaged with their own intrinsic mana. (The ADHB value of Manaaki)

Rapua te ara tika: To seek the right path/ walking in two worlds

Rapua te ara tika, or to seek the right path refers to the different paradigms of the Western biomedical sphere of the hospital and the relational, spiritual norms of Te Ao Māori. While Aotearoa New Zealand is a bicultural nation, this is not always well reflected in its public institutions, and hospitals are predominantly informed by non-Māori ways of thinking, doing and being. When engaging with public health systems, Māori must navigate through these different worlds; it can be difficult to find a secure path.

Participants who were familiar with the health system were more likely to have positive experiences; having learnt the language and culture of the hospital they were more able to understand and be understood. Those unfamiliar with the health system found it harder to navigate the world of the hospital, encountering challenges with communication and trust which could become barriers to engagement with care and positive health outcomes.

While there is much diversity of experience and cultural expressions and expectations amongst Māori, our participants responded positively to aspects of Te Ao Māori they observed within the hospital environment, including Māori staff, respect for tikanga, speaking te reo Māori and visible representations of Māori culture.

Māori workforce

Māori patients frequently talked about positive experiences of seeing Māori working on the ward. They described this as a source of comfort and familiarity for Māori patients and whānau generally. Having Māori in the workforce helped participants relax by showing that Māori values and ways of relating could be upheld within the hospital system. It gave participants more confidence that they would be understood.

**“The staff here are excellent. It’s been really good having a Māori Kaumātua around. It helps me relax and to relate to our aroha and manaakitanga and all of that.”
–Male, 40s**

“It’s good to have your own around you who can understand you, whakawhanaungatanga, we feel more relaxed.” – Male, 40s

One participant expressed pride at seeing Māori working within the hospital system, and how they could bring Māori values and ways of being into their work, despite the pressures of hospital demands.

**“It’s so good to see our rangatahi doctoring. There’s one from home! He was awesome. I know it’s such a full hospital but it’s all about that time and korero.” -
Female, 40s**

For some, having Māori working within the hospital system was crucial to engaging with mainstream care. There was a perception that the mana of the Māori workforce may offer protection of the mana of Māori patients and whānau, increasing confidence in the cultural safety of the healthcare system.

“Whakawhanaungatanga, we feel more relaxed. If it wasn’t for Māori services... if it wasn’t for the Treaty of Waitangi I wouldn’t be in mainstream care.” –Male, 40s

Te Reo Māori

Having opportunities and feeling comfortable to speak te reo Māori was identified as a positive aspect of participants’ hospital experience. An environment in which te reo is welcomed allows Māori patients and whānau to bring their whole selves.

“I felt comfortable speaking te reo.” –Male, 70s

While opportunities to speak te reo were appreciated, it was also noticed that this could be increased. One participant suggested the presence of a Māori aide, to ensure Māori patients and whānau understand the clinical information they are given.

“I was thinking the other day, it would be good if someone could be there with the doctor, to ask in Māori if they understand what is going on, because Māori are whakamā (ashamed, bashful). They could become the patient's secure path.”

–Male, 80s

The issue of whakamā being ignored or dismissed by health professionals is important to highlight. Communication around the body and health issues can be highly sensitive for personal and cultural reasons; not understanding clinical language or hospital systems can compound these issues. Colonial patterns of shaming indigenous peoples are relevant in this context; finding ways to mitigate and avoid shaming situations and protect the mana of patients and whānau can have positive effects on engagement with healthcare and health outcomes. Ensuring Māori patients and whānau feel safe and comfortable with the information given to them is critical, providing options for clinical communication in te reo may be one way to do this.

Representations of Te Ao Māori / tikanga.

A number of participants responded positively to aspects of Māori culture they observed in Auckland City Hospital. Visible representations such as the manea stone, carvings and kete (woven baskets) were appreciated, as were opportunities to perform karakia and observations of tikanga in various forms, from respect of boundaries of tapu (restrictive forces) and noa (non-restrictive), hygiene standards, to a spirit of respect for the body and person.

“One nurse in particular had that touch that aligned with my way of life. It was one Philippine nurse that had that touch, just a total respect for the human body. Bodies are sacred in Māori culture. The most important thing in Māori culture is he tangata he tangata he tangata, the spirituality and respect for the human person.”

–Male, 80s

Various forms of embodiment of te ao Māori act as mana acknowledgement, mana engagement and mana protection for Māori patients and whānau.

“They were good on the Tikanga stuff, no-one sitting on tables. They used blue pillows and white pillows. They didn’t put urine catch kits on food tables or sit on tables.” –Female, 30s

The cleanliness of the environment was frequently noted, hygiene being related to concepts of tapu and noa, and the separation of the two. Cleanliness is seen as a sign of respect and reassurance to those who are unwell and their whānau, while poor hygiene can be felt as disrespectful.

“The toilets haven’t been cleaned for 2-3 days... There’s no soap in there.”

–Male, 80s

“The cleanliness of the place would be one of the most important things, and then the food. You look at the sinks and you wonder – it’s a hospital!”

–Male, 70s

Conversations around tikanga made up a substantial proportion of the interviews, with participants primarily appreciative of how well it was supported within the general medicine wards.

“The time alone in here has been good... reflecting and being able to see a pathway forward – aligned with Matariki, that solace and alone time.”

–Female, 40s

However, references to tikanga generally noted how it was different to the norms of the clinical environment, highlighting the expectations and experiences of hospital models of care as different from Māori ways of being, even if they were at times compatible. Some participants had concerns about the efficacy of mixing rongoā (Māori medicine) and western medicine. Within the older demographic of those interviewed, there was a preference to give effect to their own intrinsic mana and tapu rather than look to the clinical environment for that support.

“Just get in and get out. I karakia to myself and have done since my youth”

–Female, 70s

“I don’t mix rongoā and Pākehā medicine, it might not work. I will bathe in kawakawa though.” –Female, 70s

“The only thing that’s important to me is my health in hospital.” –Male, 70s

These comments show a stance of mistrust, and an attitude of self-reliance imbued over time. The hospital was seen as providing a limited scope of care, while more holistic aspects of hauora were a personal matter and belonged outside of the mainstream healthcare system. Interestingly, despite this narrative, these participants were still likely to praise the correct day-to-day enactment of tikanga in other parts of the conversation.

Not all participants felt tikanga was practised enough. This highlights the issue of the limitations of symbolic gestures of cultural recognition, and that wider integration of Māori values may need to be developed in the hospital. In some cases this may mean a more overt recognition of tikanga within the ward environment, and ultimately a deeper shift in the cultural norms of the healthcare system.

“Not a lot of Tikanga displayed... there could be a whole lot more. I love the Mauri stone but it doesn’t translate into the wards.” –Female, 40s

Although they were dealing with the burden of their health journey and being in hospital, a number of participants expressed openness to teaching and supporting staff to understand ways of putting tikanga into practice.

“If they don’t know I’m happy to explain it. I told a doctor yesterday not to sit on the table. But they get there. I’ve done lots of interviews and encouraged them, it’s how I was brought up... with my mother’s values.” –Male, 50s

This occurred either on request or when a breach of tikanga was observed. The reciprocity and generosity shown by Māori patients willing to share cultural knowledge is a valuable source of cultural education for hospital staff but the system should respond so as to not let the responsibility fall to Māori patients to identify and address breaches of Tikanga Best Practice guidelines.

**“I look at it this way, it’s more of a dynamic shift for those who haven’t had us [Māori] around... our whakapapa and mana and having that around them. We hope that they accept that ‘mano e mano’ [on equal footing] – it doesn’t matter what ethnicity, a lot of these people, they come from ancient cultures and they deserve that mana.”
–Male, 80s**

Rapua te ara tika - what does good look like?

Historically Māori have been expected to learn the language and culture of the now dominant colonial culture, at the expense of their own. Within the hospital, a western biomedical paradigm is so prevalent it can become invisible to those within it; it is important to ask how the assumptions of this world view might be made more visible as a distinct culture, rather than just neutral or normal. By recognising the validity and differences of indigenous world views, the need for cultural humility becomes more apparent. Actively finding ways to incorporate Māori culture into the hospital system is a way for the institution to be more reciprocal and to make space for te ao Māori within the hospital culture. This will progress health equity, as it takes steps to reduce institutional racism and make it more comfortable for Māori to navigate a health system that is often experienced as untrustworthy, incomprehensible and unsafe.

Tangibly, it's good when there are visual cues that tikanga prevails in the spaces, and this is strengthened by the presence of Māori staff and other staff who build rapport and are at ease with Māori ways of doing and knowing (relationship building, exploring natural medicine, upholding spirituality and tikanga).

Suggested actions	Principles behind these actions
<p>Create a working environment that is designed to attract and retain more Māori staff at all levels/roles.</p>	<p>Seeing Māori people in the unfamiliar hospital environment promotes feelings of comfort and pride amongst Māori patients.</p>
<p>Deliberately and intentionally recruit staff with the skills, knowledge and abilities to facilitate Māori patients and whānau health needs and care preferences to be well understood and met to a high standard.</p>	<p>Engaging well with Māori is a specialist skill set, not generally developed or attained through western medical praxis.</p>
<p>Welcome te reo Māori on the ward - encourage it to be spoken by patients, whānau and staff. Include te reo in wayfinding signs and other written material.</p>	<p>Te reo Māori is a national language, and a taonga (treasure) of the Māori people. It can support Māori health and well-being when used appropriately and correctly.</p>
<p>Uphold Tikanga Best Practice on the ward – refresh staff training annually; record, report and track tikanga breaches as continuous improvement opportunities or adverse events.</p>	<p>Māori patients and whānau at ADHB deserve culturally safe care, but should not need to police or teach staff tikanga practices in order to receive this. Measures of success are critical to improving performance. (ADHB value Angamua).</p>
<p>Hold annual ward-based campaign/ activity week events to build confidence in tikanga and use of te reo, interactive & team led.</p>	<p>Confidence building supports staff engagement and retention. (ADHB value Tūhono).</p>

Mana motuhake: Making autonomous choices

Throughout the interviews, participants expressed a desire for independence and autonomy to make choices, both large and small. Mana motuhake (mana through self-determination and control over one's own destiny) encompasses self-determination and self-management, and its place in the social fabric of Māori culture is highly prominent. For Māori patients and whānau on the ward, this can be put into action by enabling them to make meaningful decisions about their own care. This is important for decisions about treatment, but as our participants shared, being able to make everyday choices also made a substantial difference to a sense of control and mana protection. While not all decisions can be made by the patient alone, the opportunity to participate in decision making contributed to a positive experience of care. This will be discussed in its various aspects; the opportunity to make choices (big and small), areas in which a lack of control was felt, the value of empowerment for self-advocacy and the sustainment of mana.

Decisions around care (and self advocacy)

As discussed earlier, understanding clinical communication, feeling safe and trusting health providers were identified as important factors to our participants' care experiences. These are also prerequisites for making decisions about healthcare. Talking face to face, building connections and navigating between the hospital system and culturally informed personal health practices may contribute to a Māori patient's sense of mana engagement, and their likelihood and ability to make decisions about their own care.

“Andrea helped me with the decision making and I made my own decision on treatment.” –Female, 40s

Interviewees found that being given the opportunity to participate in decisions around their own health and the treatment provided was important to them. Understanding and being understood, both on a comprehension level and in a broader sense of compassionate awareness, are necessary for patients to have the confidence to ask questions and make informed decisions.

“Doctors have been explaining everything in plain English, I'd ask if they didn't, I'm confident enough to do that.” –Female, 70s

It can be damaging to the mana of Māori patients and whānau when there are barriers to making decisions and self-determination. Finding ways to enable participation in healthcare decisions engages and protects the mana of Māori patients and whānau, and can make a difference for those who are less likely or able to advocate for themselves.

“I have to be straight up, I advocate for myself.” –Male, 80s

Some participants had the contextual knowledge and confidence to advocate for themselves. This could take the form of talking to staff and clinicians, asking questions about their care or asking for what they needed. Notable factors that contributed participants' ability to self-manage were a good grasp of medical terms and system, understanding of their health condition, prognosis and treatment plan, and/or whānau or carers who were knowledgeable about their medications and signs to look for in the patient's changing condition. Self-advocacy was a source of pride, but also illuminated that this was not an easy path.

“My reo is flourishing because I’ve been fighting for my right to be Māori and stay and go when I need to, self advocacy.” –Female, 40s

“The nurses could tell me what was going on after the Doctor had been around if I missed it. They told me the plan. I was involved in the conversation when I was there.” –Female, 30s

“The team were alright, they were good. It was the Dr who was trying to get me out of the hospital – I’ll go when I’m alright! So I stayed another day or two – I didn’t want to end up there again.” –Male, 80s

Decisions around comfort

Being in hospital was largely spoken about as a disempowering experience. Participants shared how being able to make decisions around their everyday needs made a difference to their comfort, sense of control and overall experience. When Māori patients or whānau were offered choices or felt confident to ask for what they needed, whether it was explanations, companionship, connection, resources or support, they were more likely to reflect positively on their experience in hospital.

“With the food, it’s good to have choices but I would like more time with the person to decide.” –Male, 40s

“I just want fresh air and to see the falling leaves... I want a wheelchair that I can wheel myself, but the staff are worried about my oxygen.” –Male, 40s

Negative experiences were more likely to arise when patients were not able to make decisions regarding their immediate environment or physical comforts, such as temperature control, food options, or access to fresh air.

“I was cold in hospital, I had to get my son to bring me a blanket.” –Male, 80s

Loss of control is a common experience of inpatients generally. For Māori patients and whānau the effects of this may be compounded by impacts on their mana, and made more complex within the context of colonization. Even choices over seemingly minor issues can have a big impact on overall experience.

Mana Motuhake - What does good look like?

A healthcare environment structured in a way that supports Māori patients to feel confident to speak with the health care team authentically and with authority on their comforts, wants and needs for their health journey; with the health care provided then tailored accordingly.

Suggested actions	Principles behind these actions
Take care not to rush Māori patients through meal options and selection.	Protect the mana of the Māori patient by offering choice and options.
Take time to connect and contextualise clinical conversations within the Māori patients' life (especially genealogy), knowledge, or interests.	Whanaungatanga, relational well-being can support engagement in all stages of the Māori patient journey.
Use language (verbal and non-verbal) that supports Māori patients to confidently ask questions, state needs and self-advocate attaining a full understanding of their condition and possible treatment options.	Health literacy is the health system's responsibility.
Systematically inquire, collect, record (into clinical notation system) and action Māori patient and whanau needs and preferences for Māori specific resources available related to te reo, tikanga and whanaungatanga such as the Kaiatawhai Service, or other aides.	Improve the process to support good outcomes.
Identify opportunities to support Māori patient's independence, control and comfort; i.e. in the immediate physical environment - air temperature, blankets, windows, access to fresh air. Increase scope for non-clinical staff/ volunteers/ whānau to support this.	Supporting a Māori patient's independence is key to engaging in a mana protective way.
Give Māori patients enough information and time to make meaningful choices; i.e. if / how they wish whānau to be involved. Promote the Kaiatawhai Service and its benefits.	Colonisation resulted in a public health system with unequal power dynamics that disadvantage Māori patients.
Equip staff to mitigate unequal power dynamics that disadvantage Māori patients, building upon actions in previous sections of this report.	

Te mana o te Whānau: Recognising whānau

Whānau was a strong theme that wove throughout the interviews. Extending beyond the nuclear family, whānau can encompass the concept of being closely related, connected and belonging. In the Te Whare Tapa Whā (a Māori model of health care)¹¹, whānau is one of the four taha (walls) of the whare (house) and an essential dimension of Māori health. Taha whānau recognises the importance of whānau as the primary support system of care on a physical, cultural and emotional level. Whānau is also crucial to identity which can be as much collectively derived as it is personal. Whānau can play an integral role in a person's health journey; their importance to hauora Māori was evident in the korero of our research. Participants shared ways in which whānau mattered to them in relation to their hospital experience, including being an integral part of wellbeing and comfort but also holding concern about the burdens and logistical difficulties their whānau faced when providing care and support.

Wellbeing

Whānau were frequently talked about as vital to Māori patients' overall sense of wellbeing. The presence of whānau positively contributed to a sense of comfort and ease; and were a welcome source of familiarity in the unfamiliar and at times frightening hospital environment.

“Yugoslavians are similar to Māori, we always like our family and whānau around us.” – Male, 70s

“My mother is always involved, she calls every morning, checking in.” –Male, 40s

Whānau were often discussed as separate to, or in contrast to the hospital experience - a point of difference or relief from experiences of the hospital. This demonstrated a common understanding that the health system is something outside or disconnected from the family system. It is worth considering how whānau can be better welcomed and incorporated in the treatment, both medical and otherwise, of Māori patients.

“My whānau is always around me and it was lonely in there when my daughter couldn't come and see me because of her other commitments. I missed the noise of my moko” –Female, 70s

Partners in care

Whānau members who were designated as 'partners in care' tended to feel included and well communicated with. Having the importance of their role recognised by staff gave these participants confidence that they would receive necessary information, even if they were not at the patient's bedside.

“As soon as I turn up in the mornings they knew I was the support person for Mum and they give me a run-down on anything from the doctors' rounds if I missed it. It was really good.” –Female, 30s

¹¹ Durie, *Māori Health Development*.

As discussed earlier, Māori patients found that when whānau were included and informed about details of care such as symptoms, prognosis and medication, they felt more confident to ask questions and make decisions. Whānau creates a network of support to help navigate the health system and the Māori patient's personal health journey.

Concerns for whānau

Māori patients interviewed often raised concerns about the burden being in hospital was placing on their family members. This was discussed regarding logistics; the financial strain of parking at the hospital – particularly over an extended period of time, and concern for whānau trying to spend time with the patient whilst juggling mahi (work) and kura (school). Additionally, concern was raised about mokopuna (grandchildren) visiting and becoming unwell, and the emotional burden a Māori patient's illness may place on their whānau.

“Seven moko, but I'm concerned about them getting sick if they come in....”

– Female, 60s

“They got mahi, the logistics were too hard. It was important to me but the logistics were too hard with mahi and kura and the allocated visiting times.”

– Female, 40s

“If I was more unwell, I would like it if my husband could stay in Te Whare Awhina.”

– Female, 70s

“It was hard to hear the clinician say ‘they need to hear about your cancer’... especially as it had blown out and was stasis. How do I tell my babies? I had kept them at arm's length because they were living their lives, but they just wanted to be with me.” – Male, 70s

As a way to value the contribution whānau make to the wellbeing of Māori patients, it is worth considering the ways in which they can be assisted and enabled to be involved in patient care. This may include removing barriers such as costly parking, assisting with accommodation needs, clear articulation of visiting rights and providing a safe and comfortable environment for visiting whānau. Continuing assisting sensitive communication of medical information with whānau also values their importance at critical moments.

Te Mana o te whānau - what does good look like?

Recognising whānau as an integral dimension of Te Whare Tapa Wha (a Māori model of health care), and providing practical support to enable their engagement as part of a patient's care plan. It's good when the environment is clean and the whānau can come in and be comfortable in the space. If partners in care need support to be able to fulfil all their commitments while a loved one is in hospital, this should be provided seamlessly so as not to cause worry or shame to the person hospitalised for being a burden.

Suggested actions	Principles behind these actions
<p>Confirm whānau contacts at orientation to ward. Ask partners in care if they have any preferences for being kept updated on their loved ones care</p>	<p>Enhancing the mana of whānau as partners in care.</p>
<p>Welcome booklet to ward/hospital ensuring patient and whānau have access to clear and information on:</p> <ul style="list-style-type: none"> • Visiting hours, important contact numbers and names, ward map, frequently asked questions, helpful hints, things to note • Role of Kaiatawhai/ He Kāmaka Waiora • Te reo translation available 	<p>Enacting ADHB values of Haere Mai, Tūhono, Manaaki. Resources are needed to support ongoing health education.</p>
<p>Host whānau through spaces and facilities available</p> <ul style="list-style-type: none"> • Provide facilities for a cup of tea • Promote utilisation of whānau spaces. • Explore how devices and/or internet can facilitate whānau support and input into care if alternatives to in-person visits are needed 	<p>Whānau are integral to the health and well being of Māori (Te Whare Tapa Whā model).</p>
<p>Explore opportunities to integrate report findings into staff training – orientation, Ko Awatea trainings, Navigate event, Nursing Familiarisation Guide.</p>	<p>Enacting ADHB value of Angamua, excellence in cultural safety.</p>

How does this fit in with the broader conversation about Māori patient and whānau experience?

Hearing directly from our patients and whānau about their experiences of care is essential to understanding opportunities to work on access, quality and improvements that will likely resonate with Māori patients and whānau. Once we understand how our patients are experiencing our services, it's important to look deeper into the academic literature on Māori patient and whānau experience to understand where we are situated.

'He Ritenga Whakaaro: Māori experiences of health services' (2008)¹² is a formative piece of literature by Māori for Māori that provides a strong platform of analysis for us to test our findings against. The authors explore how Māori consumers perceive the health system either is or is not facilitating their access to health care. Barriers to access for healthcare are described in three levels – organisational, human resource, and the individual or community level. The report notes a transition of discussion on socio-economic barriers to a focus on "*whether or not participants were treated with respect, whether or not the service was value for money and the clinical skill of the health workers. The judgements on respect, value and skill may signal Māori consumers' growing willingness to voice their concerns about their experiences of disrespect, racism and clinical practice*"¹². This resonates strongly with the concept of Mana protection. More than just respect, it signals patients and whānau desire a level of whanaungatanga and reciprocity. Jansen et al., further uncovered that younger Māori felt more comfortable providing critique of the services they were receiving; older Māori patients were more concerned with relationship management. Within our cohort, with the exception of one younger whānau member, our younger patients were more likely to provide constructive critique of their experiences. Whilst this may have influenced our findings as more of our participants were of an older generation, it is an important finding as it provides an opportunity to tailor communication of care to reflect that positioning.

Following on from this, a 2019 systematic review of reported Māori consumer experience of health systems and programmes in provided a powerful overview of the qualitative research in the arena¹³. 54 studies were included in this review, in which Māori consumer experiences were mapped to the social determinants of health inequities. In alignment with our findings, those most often referenced were patient clinician interactions (kanohi ki te kanohi, whanaungatanga), followed by the cultural competency of both clinicians and the health system (Rapua te ara tika).

The following table highlights how our findings intersect with the literature. The barriers to care experienced by patients and whānau at Auckland DHB are not unique to our locale, they represent a much more systemic concern that requires action at every level of the health system. It is our hope that this report highlights the patient and whānau view on not only where direct improvements can be made in our wards and where there are institutional structures that require a system change, but also those positive aspects of care through connection that are deeply appreciated by Māori patients and whānau.

¹² Jansen Bacal & Crengle. *He Ritenga Whakaaro: Māori experiences of health services*.

¹³ Palmer et al. *Reported Māori consumer experiences of health systems and programs in qualitative research: a systematic review with meta-synthesis*.

The following table displays the thematic findings of each report; highlighting where commonalities exist with our patient and whānau experiences at Auckland DHB.

Areas in bold are where Auckland DHB is able to directly influence.

		Mana	Kanaohi ki te kanohi	Rapua te ara tika	Mana Motuhake	Whanaunga tanga	Te mana te whānau
He Ritenga Whakaaro 2012	Organisational	The timing and availability of services	•	•	•	•	•
		The universal, Western approach to health care	•	•	•	•	•
		The under-representation of Māori in the health professions	•	•	•	•	•
		Appointment systems	•	•	•	•	•
		Lack of appropriate educational and promotional material	•	•	•	•	•
	Human resource level	Characteristics of non-Māori health staff	•	•	•	•	•
		Including their perceptions of and attitudes about Māori patients	•	•	•	•	•
		Appropriate provider-patient communication, or lack thereof	•	•	•	•	•
	Individual or community level	The socio-economic position of many Māori which makes healthcare unaffordable	•	•	•	•	•
		Patient attitudes, beliefs and preferences which may make healthcare inappropriate, feared and/or not a priority	•	•	•	•	•
Palmer et al 2019	Systemic	Colonisation	•	•	•	•	•
		Public health policy	•	•	•	•	•
		Institutional racism	•	•	•	•	•
		Power imbalance between clinician and patient	•	•	•	•	•
		Health literacy	•	•	•	•	•
		Previous health experience	•	•	•	•	•
	Inter-medial	Cost of clinical care	•	•	•	•	•
		Internalised blame as a consequence of racism leading to reduced care seeking behaviours	•	•	•	•	•
	Interaction with the health system:	Patient clinician communication and relationship	•	•	•	•	•
		Clinical cultural competency	•	•	•	•	•
Tikanga in health service		•	•	•	•	•	
Physical clinical environment		•	•	•	•	•	
Whānau involvement in care		•	•	•	•	•	
Patient support		•	•	•	•	•	
Clinician respect for patient		•	•	•	•	•	
Clinician availability	•	•	•	•	•		

Glossary

The Māori words listed below are used in this report. Some have no precise English equivalents, and many are in general usage in New Zealand speech.

Aotearoa

Land of the long white cloud

ara

path

aroha

love

atua

god; supernatural being or creature that reveals the spirit world; Christian God

hauora

be fit, well, healthy, vigorous, in good spirits.

hōhā

be boring, tiresome, bored, wearisome, fed up with, tedious, exasperating, irksome, annoying, vexatious.

hui

meeting, assembly, coming together

iwi

set of people bound together by descent from a common ancestor or ancestors; literally: bone; modern meaning: tribe

kāinga

home, place of abode, lodgings, quarters

kanohi

face

karakia

incantation, charm, spell, ancient rites, invocation; Christian prayers

kaumātua

elder, senior man or woman, community leader

kawa

tribal protocol followed on a **marae**; ceremonies of greeting and farewell

kawakawa

a native plant with medicinal properties

kete

Woven basket

koha

gift, present, offering, donation, contribution - especially one maintaining social relationships and has connotations of reciprocity.

kōrero

speech, narrative, story, news, account, discussion, conversation, discourse, statement, information

kura

school

mahi

work

mana

prestige, authority, control, power, influence, status, spiritual power, charisma - *mana* is a supernatural force in a person, place or object. *Mana* goes hand in hand with *tapu*, one affecting the other. The more prestigious the event, person or object, the more it is surrounded by *tapu* and *mana*. *Mana* is the enduring, indestructible power of the *atua* and is inherited at birth, the more senior the descent, the greater the *mana*. Almost every activity has a link with the maintenance and enhancement of *mana* and *tapu*. Animate and inanimate objects can also have *mana* as they also derive from the *atua* and because of their own association with people imbued with *mana* or because they are used in significant events. There is also an element of stewardship, or *kaitiakitanga*, associated with the term when it is used in relation to resources, including land and water.

Mana motuhake

autonomy, self-government, self-determination, independence, sovereignty, authority - mana through self-determination and control over one's own destiny.

Māoritanga

Māori culture, including the identity, values, traditions, practices and beliefs of the Māori people

manaakitanga

hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others

Manea stone

Used in partnership with a mauri stone to promote spiritual wellness of a building or physical space and the people using the space.

marae

open space or courtyard where people gather, generally in front of a main building or meeting house; forum of social life; modern meaning: the complex of buildings surrounding the courtyard and the courtyard itself

mauri

life principle; material object that is a symbol of the hidden principle protecting vitality

Mauri stone

Used in partnership with a manea stone to promote spiritual wellness of a building or physical space and the people using the space.

moko

tattoo on face or body

mokopuna (sometimes shortened to 'moko')

Grandchild/ren

noa

without restriction

pā

fortified refuge or settlement

Pākehā

non-Māori, usually of British ethnic origin or background

rangatahi

younger generation, youth

rangatira

well-born, well-bred person; chief, male or female; leader of a tribe

rangatiratanga

domain or autonomous authority of the rangatira, sometimes sovereignty; chiefly qualities of a rangatira

rapua

to seek

rongoa

medicine

tamariki

children

tangata

human being, person

tangata whenua

literally: person or people of the land; people belonging to a tribal region; hosts as distinct from visitors

tangihanga

ceremony of mourning

taniwha

guardian, legendary monster

tapu

sacred; under religious restriction

Te Ao Māori

The Māori world

Te reo Māori

The Māori language

Te Runanga o Ngāti Whātua

Treaty partner organisation of Auckland DHB

Te Tiriti o Waitangi

Treaty of Waitangi

Te Whare Awhina

Emergency on-site accommodation for whanau with patients in Auckland City Hospital and Starship Hospital

tika

correctly, directly, fairly, justly, straight - indicates a direct path

Tikanga

correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context

waiata

chant, song, poetry; to chant, to sing

wairua

spirit, soul - spirit of a person which exists beyond death

waka

canoe, vehicle

whakamā

to be ashamed, shy, bashful, embarrassed.

whakapapa

genealogy, genealogical table, lineage, descent - reciting whakapapa was, and is, an important skill and reflected the importance of genealogies in Māori society in terms of leadership, land and fishing rights, kinship and status. It is central to all Māori institutions.

Whakawhanaungatanga

process of establishing relationships, relating well to others

whānau

extended family group; to be born; modern meaning: family

whanaungatanga

relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others with whom one develops a close familial, friendship or reciprocal relationship

whare

house, dwelling

whenua

literally: afterbirth; land, ground, earth, a country

References

Bacal, K., Jansen, P., & Smith, K. "Developing cultural competency in accordance with the Health Practitioners Competence Assurance Act". *New Zealand Family Physician*, 33, no.5 (2006): 305.

Durie, Mason. *Māori Health Development*. Auckland: Oxford University Press, 1994.

Health Quality Safety Commission. *He matapihi ki te kounga o ngā manaakitanga ā-haoura o Aotearoa 2019: A window on the quality of Aotearoa New Zealand health care 2019*. Wellington: Health Quality & Safety Commission, 2019.

Jansen, P., Bacal, K., and Sue Crengle. "He Ritenga Whakaaro: Māori experiences of health services." *Hospital* 200 (2008): 30-7.

Kelly, Janet., Dwyer, Judith., Mackean, Tamara., Willis, Eileen., Battersby, Malcolm., O'Donnell, Kim., and Pekarsky, Brita. "Managing two worlds together: Study 3-The experiences of patients and their carers." *Managing Two Worlds Together*. Adelaide: Flinders University, 2011.

Maori Dictionary. "Whanaungatanga". Accessed May, 2020.

<https://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=whanaungatanga>

Palmer, S. C., Gray, H., Huria, T., Lacey, C., Beckert, L., & Pitama, S. G. "Reported Māori consumer experiences of health systems and programs in qualitative research: a systematic review with meta-synthesis". *International journal for equity in health*, 18, no.1 (2019): 1-12

Sheridan, Nicolette F., Timothy W. Kenealy, Martin J. Connolly, Faith Mahony, P. Alan Barber, Mary Anne Boyd, Peter Carswell et al. "Health equity in the New Zealand health care system: a national survey." *International Journal for Equity in Health* 10, no. 1 (2011): 45.

Solis, B & Rodriguez, FM. "Listening to Client Voices: Using Focus Groups and Individual Surveyors to Gather Information". In *Third National Conference on Quality Health Care for Culturally Diverse Populations: Advancing Effective Health Care Through Systems Development, Data, and Measurement*, Chicago, 2002.

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MANAWA**