The Experiences of Māori Occupational Therapists: Navigating Cultural Safety and Cultural Load in the Mental Health Sector of Aotearoa.

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Abstract

There has been a shift towards cultural competence and cultural safety in Aotearoa in the last 30 years, and the Māori health workforce has played a fundamental role in the development and implementation of these concepts (Ramsden, 1993; Hunter & Cook, 2020; Tofi et al., 2023). The knowledge, skillset and experience of cultural values, practices and the lived reality of being Māori in Aotearoa is an attribute that the Māori health workforce possess (Wilson et al., 2022; Te Aka Whaiora, 2024). This skillset being highly sought after by services and organisations has created a demand and pressure on the low number of Māori working in the mental health sector, in particular Māori occupational therapists. Māori occupational therapists are shouldering cultural load and culturally unsafe situations in attempts to ensure tangata whaiora Māori receive the clinically and culturally appropriate care they need and are entitled to. This research explores the experiences of Māori occupational therapists working in the mental health sector in Aotearoa and how they navigate cultural safety and cultural load within this space. Kaupapa Māori methodology was the foundational underpinning of this research, with the interface and coming together of narrative inquiry. The Whakaāria analysis method was used to identify and interpret huahuatau (themes) within the research through the use of whakataukī and whakatauākī. Racism, cultural clinical workload, cultural obligations, internal psychological battles and protective factors contributing to cultural safety, were significant areas of interest in the findings. These huahuatau then informed a discussion around how to best support and mitigate culturally unsafe experiences for Māori occupational therapists in the mental health sector in Aotearoa.

Acknowledgements

This thesis is dedicated to my kāwai, my whakapapa and lineage, to all those who have come before me, my parents, my grandparents, my great grandparents and beyond. I want to acknowledge all their sacrifices, suffering and the pain that was endured, as well as their love, guidance and ambition in order for me to be here today.

Aku iti, aku apōpōtanga, my children - my tomorrow, Māhina and Te Ruki, who have kept me patient, present and grounded for the duration of this research. This kaupapa, this movement and this mahi has always been for the betterment of our tomorrow, for all our tamariki Māori, so that the tomorrow they live in is safe and sovereign. Ko ngā mokopuna te take.

Taku hoa rangatira, Wheriko, ko au, ko koe, ko tāua. Your support and love during this time have been unwavering. You are the man for tolerating me during this.

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and tau wisdom. I am grateful for your gentle reminders to sit and be present with the research and this haerenga.

My advisory whānau who have I have leant on for tautoko, and who have encouraged me along this journey, e mihi ana, Emerald, Matua Jake, Matua Pat, and my sister Savannah.
I would like to thank Prof Denise Wilson and Dr Dianne Wepa, for their invaluable support and time in peer reviewing this mahi.

A whakataukī written in my great grandfather, Kawhena Panapa's diaries is "Te amorangi ki mua, te hapai ō ki muri" which loosely translates to leaders in the front and workers behind. I want to acknowledge my tangata whaiora who remind me that I am always the tauira learning and that they are the experts and rangatira leading these spaces. I am constantly learning from them.

I want to acknowledge those within the university, Mai-ki-Aronui, the Māori Post Graduate collective and various lecturers and kaiako who set up funded writing retreats, check-ins, weekend wānanga and provided wrap around support for me on this research journey. To my managers and various organisations who have allowed me the time and support to pursue this opportunity, thank you.

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Table of Contents

Abstract ii

Acknowledgements iii

Table of Contents v

List of Figures ix

Thesis Conventions x

Glossary of Te Reo Māori Terms xi

Attestation of Authorship xiii

Ethics Approval xiv

Wāhanga Tuatahi 1

Chapter 1. Introduction 1

- **Whakapapa and Positionality** 4
- **Researcher positionality** 10

Thesis Overview and Structure 11

Background 13

- **The issue** 13
  - **Tangata Whenua** 13
  - **He Whakaputanga** 14
  - **Te Tiriti o Waitangi** 14
  - **Colonisation** 15
  - **Māori Health Outcomes** 17
  - **Cultural Safety** 19
  - **Māori and Occupational Therapy** 20
  - **The Mental Health Sector** 22
- **Conclusion** 24

Wāhanga Tuarua 25

Chapter 2. Literature Review 25

- **Search Strategy** 25
- **The Whakapapa of Cultural Safety** 26
  - **What is cultural safety?** 27
  - **Shifting from multiculturalism to biculturalism** 30
  - **Cultural safety vs cultural competence** 31

Cultural Safety amongst the Māori Workforces 35
Health workforce cultural safety experiences 35
Learnings from Māori Nursing 36
Māori Allied Health 38
Conclusion 39
Wāhanga Tuatoru 41
Chapter 3. Methodology 41
Overview of Methodology 41
History of research on Māori 41
Need and relevance of Kaupapa Māori 42
Whānau Awhina - Advisory Whānau 43
Research Interface 44
Narrative Inquiry 46
Finding Māori Occupational Therapists (Sampling Strategy) 47
Hearing the experiences of Māori Occupational Therapists (Data Gathering) 48
Data analysis 52
Whakaāria 53
Kaupapa Māori Research Ethics 57
Conclusion 58
Wāhanga Tuawha 60
Chapter 4. Findings 60
Overview of Findings 60
Huahuatau Tuatahi : Waiho kia kakati te namu i te whārangi o te pukapuka, hei kona ka tahuri atu 60
Racism and colonisation 61
Historical Racism and Colonisation 62
Institutional racism 63
Tick box/tokenism 66
Interpersonal Racism 68
Unconscious bias and narrow world view 70
Conclusion of context: 71
Huahuatau Tuarua: Koroki te manu i te ata, koroki te manu i te po 72
Advocating 73

Educating others 74
Increase in clinical work 77
Extra Professional self-development 79
Huahuatau Tuatoru: whakarongo te taringa ki te hau raki e pupuhi nei, i takea mai i Hawaiki nui 80
Upholding Māori values 81
Informal role as Māori in Māori spaces 82
Obligations to our senior Māori 83
Decolonisation and obligations to whaiora and self 84
Huahuatau Tuawha: Me haehaetia koia te rau i peke i te matangi? 85
Tuakiri identity 86
Coping mechanisms 88
Managing emotional responses 89
Feeling culturally safe 91
Huahuatau Tuarima: E kore te kauri e tūmokemoke 92
Kaumatua and cultural advisors 93
Māori networks and whānau: 94
Māori ways of being and Kaupapa Māori 95
Tangata Tiriti and Allyship 96
Conclusion 98
Wāhanga Tuarima 100
Chapter 5. Discussion 100
Kaikiri, the context of racism 100
Institutional racism 101
National Policy and Plan Failure 102
Interpersonal racism 104
Internalised racism 105
Emotional harm of racism 106
Vicarious racism 107
Ngākaurua, Cultural Loading and Dual-Role 108
Role conflict 108
Relationships and Time 110
Dual Competency 111

Kawa Whakaruruhau Cultural safety 113
Regulatory inconsistencies 114
Self-reflection 116
Hauora of Māori occupational therapists 119
Tuakiri Identity 122
Connection 123
Decolonisation 125
Conclusion of Discussion 125
Wāhanga Tuaono 127
Chapter 6. Conclusion 127
Recommendations: 129
Strengths and Limitations 132
Future Research 134
Conclusion 134
References 136
Appendices 157

List of Figures

Figure 1: Te Ruki Kawiti, Rangatira of Ngāti Hine, my 5th great grandfather 5
Figure 2: Kerepeti Te Peke, Rangatira of Te Waiariki, my 3rd great grandfather 6
Figure 3: Hinarera Paraone (Née Hui), my great grandmother. 7
Figure 4: Te Kooti Hone Panapa, my 2nd great grandfather 8
Figure 5: Netana Patuawa, my 4th great grandfather 9
Figure 6: John 'Jock' Jenkins, my great grandfather. 9

Thesis Conventions

Te Reo Māori:

Te reo Māori is one of Aotearoa New Zealand's official languages, therefore this thesis uses kupu, phrases and whakataukī throughout to prioritise, amplify and celebrate te reo Māori. There may be some quotations and kōrero where there may be a varied mita (dialect). Whakataukī and whakatauākī have been kept in their original mita and form to preserve and respect authenticity and mana of the speaker.

English Translations:

English translations are provided secondary to use of te reo Māori. A glossary page of translations has been provided. Te reo Māori vary across iwi, hapū and whānau, therefore translations and understanding will have slight variations. The translations provided should be considered interpretive and approximate.

Tangata Whaiora:

I employ the term tangata whaiora extensively throughout this research. Historically people who are unwell or receiving health services have been labelled patients, consumers or clients. The term Tangata Whaiora means person seeking wellness, and is a phrase used within the mental health sector to identify and define service users (Baker, 2021). This term again privileges the use of te reo Māori and steers the narrative towards a strengths focused approach to wellbeing.

Capitalisation and Decapitalisation of Kupu:

There is intentional capitalisation of words to signify mana, importance and sovereignty of the word, name or phrase. There is also intentional decapitalisation of certain words and pronouns that are correlated to colonial dominance and institutional and historical harm. The decapitalisation is an act of resistance and reclamation of power.

Glossary of Te Reo Māori Terms

Term	Meaning
Aho	Line of descent, cord (weaving)
Aotearoa	The original, Indigenous name for New Zealand
Atua	Deities of natural world, ancestor with continuing influence
Awa	River, ancestral river
Hapū	Subtribe, kinship group
Hauora	Wellbeing, vigour, potential, holistic health
Hinengaro	Mental health, mental wellbeing
Hononga	Connection, link
Huahuatau	Metaphor
Hui	Meeting
Iwi	Tribe, extended kinship group
Kaimahi Māori	Māori worker
Kaumātua	Elder/s
Kaupapa Māori	Māori philosophy, Research practice for and by Māori
Kaupapa	Topic, matter for discussion, purpose
Kawa Whakaruruhau	Cultural safety
Koha	A gift or exchange
Kōrero	Conversation, dialogue, exchange
Mamae	Pain, suffering
Mana	Inherent worth, dignity
Māori	Indigenous people of Aotearoa, New Zealand
Mātauranga Māori	Māori traditional, ancestral knowledge/s
Maunga	Mountain, ancestral mountain
Pākehā	New Zealander of European descent, westerner
Papakainga	Communal Māori land, village, home base
Pou	Pole
Raranga	Weaving
Reo	Language
Rongoā Māori	Māori medicine
Tangata whai i te ora	Person seeking wellbeing, mental-health client
Tangata whenua	People of the land, Indigenous
Taonga	Treasure, precious
Taumaha	Weight, heaviness
Te ao Māori	The Māori world, Māori worldview
Te ao Pākehā	The western world, western worldview
Te reo Māori	Māori language
Te Taiao	Natural Environment
Tika	Correct, doing what is right
Tikanga	Customs, protocol
Tūpuna	Ancestors

- Tuakana — Elder sibling, teacher
- Tūrangawaewae — Place of belonging
- Uri — Descendant
- Waka — Canoe, ancestral canoe
- Wairua — Spiritual wellbeing, spirituality
- Wānanga — Place or process of learning
- Whakaaro — Thought(s), consideration(s), idea(s)
- Whakaāria — Māori approach to Reflexive Thematic Analysis
- Whakamā — Shame, embarrassment
- Whakapapa — Ancestry, heritage, connections
- Whakataukī — Ancestral proverb
- Whakatauākī — Ancestral proverb with a known author or creator
- Whakatinanatanga — Embodiment
- Whakawhaungatanga — Process of welcome, establishing connections
- Whanaungatanga — Establishing connections
- Whenu — Strand of harakeke (weaving)
- Whenua — Land, ancestral land

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."

Signed:

Date: 9/10/24

Ethics Approval

Ethics approval was granted by AUTEC, the Auckland University of Technology Ethics Committee on 19th January 2023, reference number 22/348.

Please refer to Appendix A for the AUTEC approval letter.

Wāhanga Tuatahi

Chapter 1. Introduction

E kore e mōnehunehu te pūmahara ki ngā momo Rangatira o neherā nā rātou nei i toro te nukuroa o Te Moana Nui a Kiwa me Papa Tū a Nuku. Ko ngā tohu o ō rātou tapuwae i kākahutia ki runga i te mata o te whenua – he taonga, he tapu.

Time will not dim the memory of the special class of Rangatira of the past who braved the wide expanse of ocean and land. Their sacred footprints are scattered over the surface of the land, treasured and sacred.

Sir James Henare, Ngāti Hine (Webber & O'Connor, 2022, p.9)

The underlying foundation of this research is from my own experiences as a Māori occupational therapist working in the mental health sector of Aotearoa. During my eight years of practice, I have worked in a few different mental health settings including an acute inpatient unit, community mental health and mental health rehabilitation. During my time in these settings, I have had my own culturally unsafe and racist experiences, encounters and observations. The feelings these situations ignite are painful and heavy, and I admit to tolerating this in an attempt to survive in these spaces. The racism, cultural load and sense of feeling culturally unsafe have become a norm that is almost expected in these workplaces.

There have been scenarios where I have been expected to perform tasks outside of my job description because I am Māori. I am assumed to be fluent in te reo and therefore have the ability and availability to translate. Asked to welcome new tangata whaiora and staff with a whakatau because I am the nearest or only Māori, asked to perform karakia for meetings, food or when there are senior management visitors, asked to make a pākehā concept 'Māori-fied'. The tokenism and appropriation is constant.

I have sat in hui where tauiwi colleagues who have struggled with recognising and knowing if their whaiora were Māori. They made the mistake of assuming they were not Māori due to having blue eyes and/or blonde hair, therefore making the suggestion that tangata whaiora Māori wear armbands to enable staff to easily identify which people are Māori. This example blatantly exemplifies that Māori identities have become subject to the convenience and ease of the non-Māori health practitioner. Rather than engaging in simple whakawhanaungatanga with the tangata whaiora to find out and get to know them,

they would rather Māori were conveniently branded or marked. That this event was not immediately condemned and conceptualised as a disturbing replica of the Jewish wearing the star of David as part of Nazi regime, shows how normalised it is for Māori identity to be up for debate and determined by non-Māori health practitioners, in ways that are quite frankly harmful and abhorrent.

I have sat and listened to tangata whaiora Māori and their whānau, be spoken over, bombarded with accusations and assumptions around their social positioning, the choices they make, their poor health, how they spend and share their money, the debt they have, the food they eat, their inability to attend meetings due to work and whānau commitments, not answering phone calls or replying to emails and texts. I have seen Māori sit silently with their heads down whilst they are thrown these comments and made to feel less than because of their forced social positioning that is incomprehensible to non-Māori.

One of my most painful experiences to date whilst working as a Māori occupational therapist was when confronted by tauiwi staff who perceived engagement in karakia as an inconvenience and threat. A meeting was held where some tauiwi colleagues centred their own discomforts before the experiences, needs and outcomes of tangata whaiora Māori. It was as if the tauiwi had orchestrated a forum in which their whakaaro dominated a simple intervention; introducing daily karakia into our clinical ward. As kaimahi Māori we were blindsided by the takahi on our culture, and the fracture in the hononga within the clinical team left lasting scars. Some of the comments at the time included karakia not being relevant to their own beliefs and even to go as extreme as likening karakia to communism; claiming that they were being 'forced' to chant together. Ultimately, these few tauiwi colleagues wanted a palatable version of te ao Māori that wouldn't question their own positionality and the ways in which they treat Māori whom they have the privilege of looking after.

The reason this event was so painful was that this expression of tauiwi discomfort and defensiveness was enabled in a large service hui where there were no protections in place, and no warning beforehand that this was the nature of the meeting. It created a vulnerable position for kaimahi Māori, leaving us to defend our culture and ourselves. I didn't speak up during this meeting, I sat there feeling and holding everything inside, feelings of pain, anger, numbness. I just sat there tolerating this kōrero. When the hui finished, and without saying a word I walked out, picked up my belongings, walked to my car and cried. My tauiwi colleagues had been invited to be part of our culture, an opportunity to better support their tangata whaiora Māori, and instead they trampled on all of us.

Devastatingly, my Māori colleagues and I had to continue working in this toxic space, because who else was going to be there for our tangata whaiora Māori? Our clever tauiwi colleagues had also 'cherry picked' some of our tuakana Māori colleagues to turn against the kaupapa. The internalised racism of our tuakana who had missed opportunities to flourish within te ao Māori was weaponised by tauiwi to fuel an anti-Māori narrative. To utilise the impacts of colonisation on one Māori who wasn't afforded their culture against another Māori who was, is a violent form of colonisation which continues to operate in our health system. This weaponisation can also be referred to as 'Māori shopping', approaching Māori until you find someone who will agree to or support a perspective or narrative that is fundamentally anti-Māori. This such colonial violence provided a distraction, removing tauiwi of their responsibilities to enact cultural safety and reflect on what it means to be tangata Tiriti. As kaimahi Māori we are bound by the responsibilities of manaakitanga and aroha, which kept us showing up for our tangata whaiora Māori.

The cost of survival working within a non-Māori system, within a non-Māori service, and with some non-Māori practitioners, with limited supports, is compartmentalising the mamae and recognising that the repercussions of colonisation are still very much here, continuing to undermine and takahi on the mana of Māori. The irony of it all is that I feel safest with the tangata whaiora Māori that I work with, rather than some of my tauiwi colleagues. There are of course, exceptions to this in those tauiwi who embrace the opportunity to immerse themselves in te ao Māori and in doing so, tautoko kaimahi Māori and whaiora Māori. Nonetheless, we as Māori tend to feel much safer amongst our own people. Colonisation is insidious, it is ongoing, it is throughout everything and we turn up to work in the face of that every day. Resilience is often seen as a strength and as something to be proud of, especially in the field of mental health. However, the reality is that resilience is not a good thing when it is a response to a violent colonial agenda still hellbent on undermining and erasing our people. The cost of resilience is to face adversity, discrimination and mistreatment. It means that despite the supposed progression of the health sector, the Māori workforce continue to experience discrimination and are forced to be resilient and bounce back, so that we can continue showing up at work - for our tangata whaiora.

I have had conversations with current and past Māori colleagues, and they have shared the same and similar experiences while working within the mental health sector. My Māori colleagues as well as my tangata whaiora Māori have been my core protective factors, creating a space of safety for me during these times. The Māori colleagues I have had the privilege of working with have been the most fiery, driven and proud people, they embody everything that our ancestors have fought for, and they are everything that this health system needs, despite the crushing climate we are forced to exist within. As aforementioned, I want to acknowledge that there have been some phenomenal tauiwi and pākehā

colleagues that I have had the honour of working with during my career, and their active participation and commitment towards justice and Te Tiriti o Waitangi gives me hope that change is possible.

I envision a future where Māori enter health services, and their culture, their identity, their whānau and their history are not seen as an inconvenience or a burden, but a vessel that navigates their wellness. It is hard not to think of my own whānau, my grandparents, my parents, and my children; I want them to be able to walk into a service and receive culturally safe care. I don't want them to feel less than because they are Māori, I don't want their needs to go unmet because they receive substandard care based on their cultural background. I want their culture and their identity to be honoured within their healthcare journey. This should not be a radical concept, nor a dream but a reality that Māori deserve in receiving equitable, safe and mana-enhancing healthcare.

Whakapapa and Positionality

As a Māori occupational therapist, my whakapapa holds significant importance to me, and it is my whakapapa that has shaped and influenced my worldview, research lens and positionality. My whānau are from Te Tai Tokerau (Northland), from the iwi and hapū of Ngāpuhi, Ngāti Hine, Ngātiwai, Te Waiariki and Ngāti Whātua, Ngāti Hinga, Ngāti Torehina.

Te Whānau Paraone Brown

Moeahu

|

Te Tawai = Huna

|

Te Ruki Kawiti = Kawa

|

Taura Paraone Kawiti = Taoho Te Korau

|

Hone Paraone Taura Kawiti = Heeni Riria Shortland Hoterene (daughter of Tuwahine and Willoughby Shortland. Tuwahine was the daughter of Te Ruki Kawiti also)

|

Nau Hone Kawiti Paraone = Irihapeti Kerepeti

|

Moeahu Paraone = Hinarera Hui

|

Wiremu Brown = Lorraine Mulholland (Née Campbell)

|

Jadey Brown = Selina Brown (Née Jenkins)

|

Georgia Brown

Figure 1: Te Ruki Kawiti, Rangatira of Ngāti Hine, my 5th great grandfather

Te Whānau Kerepeti Gilbert

Motu Te Peke = Kataraina

|

Kerepeti Te Peke = Ripeka Kimete Amos

|

Irihapeti Kerepeti = Nau Hone Kawiti Paraone

|

Moeahu Paraone = Hinarera Hui

|

Wiremu Brown = Lorraine Mulholland (Née Campbell)

|

Jadey Brown = Selina Brown (Née Jenkins)

|

Georgia Brown

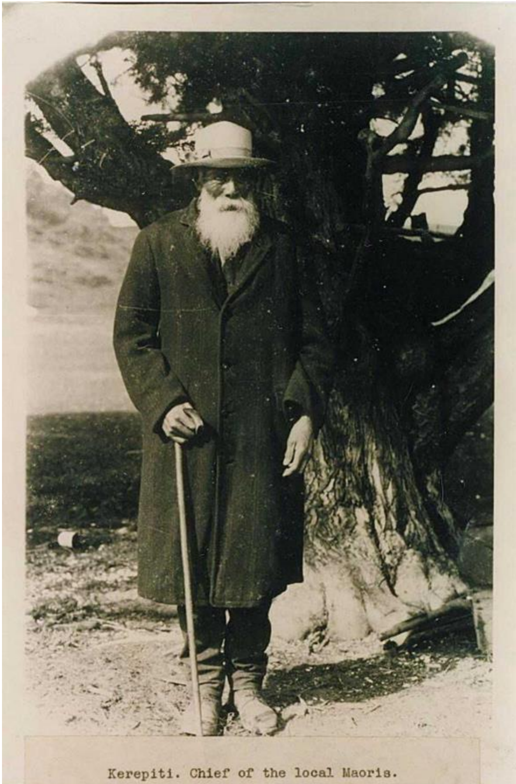

Figure 2: Kerepeti Te Peke, Rangatira of Te Waiariki, my 3rd great grandfather

Te Whānau Hui Te Awa

Te Awakapo = Ketura Te Awa

|

Hone Te Awa = Mere Ngamotu Takere Te Awa

|

Ihaka Te Awa = Kerenepu Hewia

|

Paraire Te Awa Hui = Mary Tregoning

|

Hinarera Hui = Moeahu Paraone

|

Wiremu Brown = Lorraine Mulholland (Née Campbell)

I

Jadey Brown = Selina Brown (Née Jenkins)

I

Georgia Brown

Figure 3: Hinarera Paraone (Née Hui), my great grandmother.

Te Whānau Panapa

Panapa Hohapata (of Taranaki) = Ngatowai Te Ao Hohapata (of Ngati Whātua)

I

Te Kooti Hone Panapa = Ripeka Irihapeti Kapu Mangu Rahui

I

Kawhena Panapa = Lucy Ahenata Panapa (Née Kerehama Graham)

I

Susan Jenkins (Née Panapa) = Jack Jenkins

I

Selina Brown (Née Jenkins) = Jadey Brown

I

Georgia Brown

Figure 4: Te Kooti Hone Panapa, my 2nd great grandfather

Te whānau Netana Nathan

Netana Patuawa = Tarati Patuawa

I

Wihokoroa Netana Patuawa = Ngahuia Pirihira Pura

I

Mereana Tautari Netana = Walter Kerehama (Graham)

I

Lucy Ahenata Panapa (Née Kerehama Graham) = Kawhena Panapa

I

Susan Jenkins = Jack Jenkins

I

Selina Brown (Née Jenkins) = Jadey Brown

I

Georgia Brown

Figure 5: Netana Patuawa, my 4th great grandfather

Jenkins Family

On my grandfather, Jack Jenkins side, I am from Preston Pans in Scotland, and I belong to the Gunn Clan. My great grandfather John (Jock) James Jenkins came to Aotearoa in 1923 at the age of 17.

Figure 6: John 'Jock' Jenkins, my great grandfather.

Researcher positionality

I was raised in Auckland, considered an urban Māori, as Auckland is not my ancestral kainga. Despite this I was blessed to be raised connected to my culture and my whakapapa, surrounded by my large extended whānau on both my parent's sides, and fortunate to have a childhood filled with memories of being on my marae up north, Ahikiwi and Taita, and on my ancestral papakainga and whenua up in Ngunguru. Both my parents are of Māori and pākeha descent, with Māori and pākeha grandparents on both sides. This dual reality enabled me to see into both worlds with ease, but also with friction. The complexities that exist for urban Māori are varied and evolving. For me, belonging to both at one time was challenging and confusing. For much of my upbringing I felt too brown for my white side and too white for my brown side, and therefore felt forced into this complex in-between space. However, I want to make it clear that within my own whānau, my identity and belonging was never questioned and was always validated and revered. My whānau were always warm and welcoming, and nurtured me into the person I am today. Rather it was the exposure to society through schooling, media, observing my whānau interact and change to fit these external perceptions that created a sense of rigidity and discomfort.

Within my whānau, this dual identity and lens meant that I was brought up with inherited advantages and opportunities, but on the other hand I was also brought up with inherited struggles and mamae. These opposite ends of the spectrum were applicable to both my taha Māori and taha pākeha. The advantages and privileges of being pākehā within Aotearoa ensured a safe social positioning, financially and in terms of opportunity my family never went without. The advantages of my Māori upbringing where my whānau and I have Māori land with papakainga dwellings, we have a close connection to our whānau and marae. My whānau have an established whānau committee developed by my great grandfather Kawhena Panapa where we have the position and capacity to manage whānau finances, decisions and issues. For example, the financial and emotional burden of tangihanga is immediately removed due to our whānau committee. It is because of this I experience a mixed sense of guilt and gratitude, as I recognise the privilege in knowing and having both my people and my places as pou that have grounded me and my sense of belonging as a wahine Māori. I know that whilst this connection for me and my whānau has been a large factor that has shaped who we are, this is not a norm for all Māori within the current climate and ongoing colonial damage.

My whānau and I were afforded connection and many opportunities, but like many other whānau Māori there are generations within my whānau who were severely impacted by colonisation, separated from Māori knowledge and ways of being, including not being able to speak te reo Māori. My great grandparents were the last fluent speakers of te reo Māori in our line, and this came down to a matter of

survival within a changing world at the time. My nana has told me about her father trying to teach some Te Reo at later stages in her life, but during her childhood, English was very much encouraged. I am also a māmā of two tamariki; and feel an innate responsibility to nurture the next generation of Māori. Both my tamariki are being brought up connected to whānau and whakapapa, and through the kohanga reo and kura kaupapa movement. I have ensured my tamariki are provided the opportunities and the birth rights that I, and the generations before me were not. My upbringing, and my exposure to a generational movement of reclamation has enabled me to think with a collectivist, tupuna and mokopuna driven focus, and my lens innately centres on the experiences and aspirations of te iwi Māori (all Māori).

Because of my privileged upbringing I feel a deep sense of duty and role to be of service to my people within a system that has tried to eradicate us. To not do so, would be a waste and a whakaiti or dishonour to the struggles of all of our ancestors and to those not afforded the same opportunities and upbringing as I. This includes within my practice, as an occupational therapist within the Mental Health sector, my reason for entering this area of mahi, was to work with and for my people. My journey as a Māori has led me to work in mental health settings within South and Central Auckland. It was through my experience in South Auckland where I worked alongside some of the most diverse and deprived Māori in the mental health setting in Aotearoa, and alongside some amazing Māori and Pacific clinicians where I was reminded that my culture and my identity is what enables safety, engagement and effective outcomes for Māori. Tuhiwai Smith (2012) identified the concept of being an insider, enables "considerable sensitivity skills" in navigating culture for our people. Being a wahine Māori from Te Tai Tokerau (Northland), I have chosen Kaupapa Māori theory and research as the methodology and lens in which this research will be conducted. My own experience of being Māori and working within the mental health system as an occupational therapist, seeing the care and outcomes of my people, as well as the cultural load this entails, has been the instigator of this research.

Thesis Overview and Structure

Due to the need for more Māori in the health workforce, and the steadily growing number of Māori occupational therapists, there needs to be consideration around the cultural safety of this workforce. This thesis aims to explore: What are the experiences of Māori occupational therapists as they navigate cultural safety and cultural load within the mental health sector in Aotearoa?

The thesis will begin with an introduction and background to Aotearoa, colonisation, and the detrimental impacts this has had on the wellbeing of Māori (Cram et al., 2019; Durie, 2005). The Mental Health sector and Māori occupational therapy is elaborated on in relation to the focus of this research to provide a glance into the scope of this research context.

This thesis then highlights what cultural safety is and the whakapapa of this concept. Then considers and critiques the health systems understanding and implementation of cultural safety and the various elements of culturally responsive care. There is scarce existing literature that includes the experiences of Māori occupational therapists specifically. The experiences of the Māori workforce including Māori nurses, Māori allied health professionals, and Māori Scientists is then centred to highlight the magnitude of this issue.

Kaupapa Māori theory and methodology are the core underpinnings of this research, informing and guiding every element. This foundation comes from Mātauranga Māori, which is the traditional wisdom and knowledge, it is a system of knowing and understanding (Baker, 2021) which then can inform the research process to ensure Māori are the beneficiaries of such research (Tuhiwai Smith, 2012). This research focuses on the experiences of the Māori health workforce, in particular Māori occupational therapist. Māori health professionals have a significant impact on the wellbeing outcomes and experiences of tangata whaiora Māori (Ministry of Health, 2023; Ratima et al., 2007), therefore this research also acknowledges the value and contribution of Māori occupational therapists have for their tangata whaiora. To ensure the upholding of tikanga and cultural safety of the Māori occupational therapists and all involved in this research, an advisory whānau consisting of various Māori people, with diverse expertise and backgrounds ensured myself as the researcher and kaitikai of this research, remained pono.

Seven Māori occupational therapists participated in this research through engagement and sharing in semi-structured interviews. These interviews focused on their experiences of cultural safety and load, whilst working in the mental health sector. The kōrero shared was then analysed using Whakaāria which is a Māori approach to Reflexive Thematic Analysis. From this five huahuatau (Metaphorical themes) were highlighted, with one overarching contextual huahuatau. These themes were then discussed in relation to the research question and pertinent literature.

Background

The issue

Tangata Whaiora Māori, Māori people seeking wellness, have been continuously failed and mistreated by the public health system in Aotearoa (Graham & Masters-Awatere, 2020; Waitangi Tribunal, 2019; Wilson & Barton, 2012). The ongoing colonisation, marginalisation, discrimination and oppression of Māori is very much present in today's society and can easily be seen through the poor health outcomes and experiences of Māori (Came et al., 2020; Cram et al., 2019). An existing issue is the disregard and downplaying of the role culture and identity plays within the health space for Māori, especially within the mental health sector (Te Aka Whai Ora, 2024). Despite Māori experts, academics and practitioners echoing this need over the years, culture remains a gap within health care services (Durie, 1994; Hopkirk, 2013; Ramsden, 1993; Wilson & Barton, 2012).

The concept of cultural identity for Māori is based on connection and belonging to people and place, and vital to this is whakapapa, language, customs and values (Moeke-Maxwell, 2005b). The role of culture on identity can be linked to an individual's self-concept, but also the perception of the collective through identifying with hapū, whānau and whenua. Māori see ourselves as more than an individual being, we belong and exist as part of a whole inclusive of people and the environment (Marsden, 2003). Many Māori identify with maunga, awa, moana, whenua and other environmental landmarks. This not only enables them to connect with others, it also grounds them, and provides a sense of belonging (Campbell, 2021; Mead, 2016). This holism and connectedness are vital to Māori everyday doings and being and therefore the role of culture is significant in the overall wellbeing of Māori.

Tangata Whenua

Prior to colonisation, prior to Te Tiriti o Waitangi, the tangata whenua of Aotearoa (the people of the land), the Māori people, lived healthy and harmonious lives, innately connected to hapū, land and the natural environment (Durie, 1994, 2003; Jackson, 1993). Our way of life and daily occupations revolved around connection with atua (deities of natural elements), whakapapa (genealogy), tupuna (ancestors), whānau (family) and Te taiao (natural environment) (Durie, 1994, 2003; masters-Whittington, 2021; Hopkirk, 2013; Niania et al., 2016). This connection honoured and acknowledged the past, the present and the future and by considering all three enabled a balance and harmony to ensure that future generations are taken care of.

Māori held (and still do hold) ancient knowledge passed down generations such as stories of whakapapa, methods and skills to enable survival, and knowledge and awareness of the environment (Durie, 1994, 2003; Marsden, 2003; Niania et al., 2016). Māori were healthy and thriving, we had our own methods and means of keeping ourselves healthy and safe, such as tohunga and rongoā. These traditional and ancient practices kept generations of Māori well and safe (Baker, 2021; Durie, 1994; 2003). The balance and connection Māori had with land and the natural world enabled us to hunt, fish and gather kai (food) to sustain the collective but also sustain the environment. Māori intrinsically and consciously engaged in regenerative and sustainable practices by considering the impact our practices had on future generations of Māori (Campbell, 2022; Durie, 1994, 2003). The arrival of British subjects in Aotearoa created a disruption to this way of life, making it difficult for Māori to continue participating in our holistic practices (Jackson, 2021, 2022).

He Whakaputanga

With an increasing number of foreign interests in Aotearoa land, Rangatira Māori of Aotearoa wanted to declare sovereignty and independence as a people. On 28 October 1835, He Whakaputanga o te Rangatiratanga o Nu Tireni was signed by 34 northern chiefs, who established Te Whakaminenga (the confederation of chiefs) (Waitangi Tribunal, 2014). The core of He Whakaputanga was based around hapū and Rangatira declaring independence and sovereignty in an attempt to avoid foreign interference and disruption (Keane, 2012). This document was acknowledged and signed by King of England at the time, and therefore officially recognised by the British (Waitangi Tribunal, 2014). Five years later Te Tiriti o Waitangi was developed and signed (Keane, 2012). He Whakaputanga has been referred to as the parent document or the whakapapa of Te Tiriti o Waitangi (Keane, 2012; Waitangi Tribunal, 2014).

Te Tiriti o Waitangi

Te Tiriti o Waitangi is the foundational and most critically important document of Aotearoa and is a formal agreement between Rangatira Māori and the British crown. This document was instigated due to the influx of foreigners, notably the British. More noticeably was the lawlessness and unruly behaviour of the British colony which included assaults, violence, drunkenness, theft (Jackson, 1993; 2021; Orange, 2015). Māori argued that the British crown needed to intervene and take responsibility for its people, to target this unregulated and unmanaged behaviour. On 6 February 1840, 500 rangatira signed Te Tiriti o Waitangi. This agreed to the British crown resuming responsibility and right to govern and control its British people to ensure orderly conduct, it affirmed Māori rights and sovereignty to our land, resources,

taonga and people, and afford Māori the same rights and privilege as that of the British settlers (Mutu, 2019a; Waitangi Tribunal, 2014). "... they signed believing the crown would honour its word and our tūpuna fully honoured their word" (Harawira & Latimer, 2012, p. ix).

What is important to note is that these 500 rangatira signed the document written in te reo Māori, and only 39 signed the English text (Keane, 2012; Waitangi Tribunal, 2014). There are arguments that attest to the 39 rangatira not fully understanding what they were signing or that they were misled (Jackson, 1993; Mutu, 2019a; Waitangi Tribunal, 2024). In saying that, Te Tiriti o Waitangi comes under the Contra Proferrentem rule, in an attempt to mitigate contesting and ambivalence between the English text and the te reo Māori text, this principle protects the Māori people through honouring te reo Māori in the first instance. Contra Proferrentem insists that the language against the party that drafted a treaty, or written agreement should be used to interpret or clarify any unclear terms or propositions (Waitangi Tribunal, 2024). Despite this agreement honoured by both Rangatira Māori and the British crown, lawlessness and mistreatment of Māori continued to happen (Jackson, 2020; Mutu, 2019b).
"The promises and agreements that are forged within He Whakaputanga and Te Tiriti o Waitangi have been broken. Yet instead of figuring out how to honour the covenants in a principled way, new principles have been invented to change what the agreement was in the first place, weakening the words of our Tūpuna, while trampling on the visions of what they were trying to achieve" (Harawira & Latimer, 2012, p. ix).

Colonisation

The impact of colonisation on Māori, and our way of life and wellbeing, was significantly detrimental, it had one aim which was to eliminate Māori to attain land and resources (Jackson, 1993, 2019, 2020). This process of attempting to eradicate Māori was violent and unrelenting, the process of taking lands resulted in the taking of lives and livelihoods (Emery-Whittington, 2021; Jackson, 2019). The taking of land not only created a separation between Māori and ancestral place but resulted in Māori not having access to the places and natural resources that kept them healthy and safe for generations. This was the initial stages of disconnection and domination for Māori (Jackson, 2019). This included removal of access to waterways, forest, food and medicine sources etc. This resulted in the deteriorating wellbeing of Māori. The process of colonisation was and is strategic, "denigration, outlawing and criminalising of daily occupations" (Emery-Whittington, 2021, p. 157). The strategic sequential introduction of laws and Acts demonstrated the authorisation of the taking and removal of Māori and our resources. Dominance and control continued and shifted towards attempts to disconnect Māori from our hapū, identity and

culture. “They didn’t just come to have a look around, when they came, they brought all their practices with them, because those practices originated from their beliefs and their genealogies which originated from their world which they understood implicitly. This world begat from Ranginui and Papatūānuku outstretched below” (Sadler, 2014, P. 81).

The efforts to enforce colonisation on Māori were many and one powerful avenue was through the use of law. Through the introduction and enforcement of “foreign daily routines and occupations” (Emery-Whittington, 2021, p.157). The Native Lands Act 1862, Native Schools Act 1867, the Tohunga Suppression Act 1907, are examples of the intentional forms of legitimised racism and discrimination that reinforced the oppression of Māori, and removing power of Māori lands, rights and our people. The Native Land Act 1862 allowed the unethical and illegitimate taking of Māori lands, this was often done through coercion, force, threat and even death. The Native Schools Act 1867 was a direct attack towards Māori children and te reo Māori (Ka’ai-Mahuta, 2010). Māori children were beaten and degraded for speaking Māori and were forced away from whānau to assimilate and learn English and British ways (Walker, 2011). The Tohunga Suppression Act 1907 meant that Māori were unable to practice and access traditional methods of wellbeing, this forced tohunga into hiding or no longer practicing, limiting the access to Māori ways of wellbeing.

Colonisation is often framed as a historical occurrence, however the consequences and repercussions continue to reap through generations and exist within today's current society. The limited access and right to Māori ways of wellbeing, in conjunction with demoralising and diminishing methods of doing so, contributed to the current state of ill health that Māori experience. Today, Māori are over-represented in nearly all negative health statistics (Cram et al., 2019; Ministry of Health, 2024; Waitangi Tribunal, 2024). These Te Tiriti o Waitangi breaches showcase the historical impacts of colonisation, but also underline the ongoing and continuing impacts of colonisation and British control. The entire fabrication of Aotearoa is carefully built off the oppression and ill treatment of Māori and to privilege and afford western and British worldviews and people. Over generations this system has ingrained and rooted itself, making it almost impossible for Māori to thrive let alone survive. These false and empty promises from the British crown and the New Zealand government continue to allow inequities to manifest (Came, 2012; Came et al., 2023). An area that has been contested as a breach of Te Tiriti o Waitangi is regarding the health and wellbeing of Māori (Te Aka Whaiora, 2024; Waitangi Tribunal, 2024). The Waitangi tribunal in particular the WAI2575, highlighting that the British crown had not met its agreement and obligations within Te Tiriti o Waitangi and had failed to provide equitable healthcare and outcomes for Māori (Came et al., 2020; Te Aka Whaiora, 2024).

Māori Health Outcomes

The ongoing implications of colonisation can be seen through social and economic determinants of health outcomes and inequities for Māori (Came et al., 2020; Kidd et al., 2020; Te Aka Whaiora, 2024). Māori experience poorer health outcomes and standards of care, compared to any other ethnic group in Aotearoa (Came et al., 2020; Came et al., 2023; Cram et al., 2019; Graham & Masters-Awatere, 2020; Te Aka Whaiora, 2024). Māori are more likely to die seven years earlier than non-Māori, and often die due to preventable health issues (Ministry of Health, 2024b). In terms of systemic factors, Māori are more likely to experience unmet needs through primary care due to longer wait times, costs of appointments, accumulated debt with GP practice, fear of doctors, time off work, caring for dependents, or no support person (Health New Zealand Te Whatu Ora, 2024a). Māori are also more likely to experience ethnically motivated attacks or mistreatment in healthcare due to ethnicity (Health New Zealand Te Whatu Ora, 2024a). Specifically, to mental health statistics, the rate of suicide amongst Māori is twice as high than that of non-Māori, and Māori are one and a half times more likely to experience higher and acute level mental distress compared to non-Māori (Ministry of Health, 2024b). Māori are more likely than any other ethnic group, to be admitted to hospital, be readmitted after discharge and be placed in seclusion (Paterson et al., 2018). Māori are more likely to be placed under compulsory mental health treatment through the Mental Health Act than non-Māori (Paterson et al., 2018). Almost 190 years following the signing of Te Tiriti o Waitangi, Māori continue to be forced into a poor health equity position (Came et al., 2020; Wilson & Barton, 2012). As mentioned above, the WAI2575 inquiry found significant failings in regard to Māori health and have recommended that Māori collaboration and participation in the development and shaping of care delivery take place, this is inclusive of Māori models, Māori values, and Māori input.

Rauringa Raupa (Ratima et al., 2007) was a strategic plan through the Ministry of Health highlighting the recruitment and retention of Māori in the Health and Disability Workforce. It suggests that in order to increase Māori access and outcomes to healthcare, a vital element of addressing these targets is through increasing the Māori workforce. This initiative and plan came about to attempt to address the negative health outcomes and standard of care that Māori receive. Two of the aims within this plan was to increase the number of Māori health professionals and to develop and expand the skill base of the entire health workforce, these were in accordance with addressing the significant health disparities and inequities faced by Māori at the time. This is a strategy that governing groups, services and organisations have supposedly undertaken to increase the number of Māori health professionals in the health providing space (Ratima et al., 2007; Sewell, 2017).

The overall population of Māori in Aotearoa is over 17 percent (Infometrics & Te Rau Ora, 2022; Stats NZ, 2024) and the health workforce is not representative of this. Only seven percent of occupational therapists registered with the Occupational Therapy Board of New Zealand, are Māori (OTBNZ, 2024). Similarly, other allied health professions are not reflective of the overall public population of Māori, the percentage of Māori physiotherapists is five percent of the physiotherapist workforce (Ministry of Health, 2024a). Māori psychologists are six percent according to Pikihuia Pomare as quoted in Beduya (2024) interview for Re: News. Amazingly, 24 percent of the social work workforce identify as Māori (Social worker's registration board, 2024). Similar to Māori occupational therapist numbers, Māori registered nurses make up seven percent of the nursing workforce (Te Kaunihera Tapuhi o Aotearoa, 2024). These are only some examples, almost 20 years on since Rauringa Raupa strategic plan, the Māori health workforce still does not reflect the growing Māori population and our needs.

Comparably the rates of Māori receiving care within the health system are significantly higher than non-Māori, at least in part due, to poorer socio-economic factors (Came et al., 2022; Ministry of Health, 2024; Te Aka Whaiora, 2024). Social determinants and racism are recognised as significant contributing factors to the health outcomes of Māori, therefore addressing the poor health of Māori this will have to consider the societal context and positioning of Māori alongside health specific initiatives (Kidd et al., 2021). In 2023 Pae Tu: Hauora Māori Strategy (Ministry of Health, 2023) from the Ministry of Health echoed Ratima et al (2007) reporting that a workforce and service that is representative and reflective of the populations accessing it, has a higher chance of addressing and improving patient experience and care (Ministry of health, 2023). There has been a steady increase in the Māori health workforce numbers, but the gap and under-representation continues to be an evident issue (Kidd et al., 2021; Ministry of Health, 2023). Whakamaua: Māori health Action plan 2020-2025 (Ministry of Healthy, 2020) outlined the Ministry of Health's' intended direction of Māori health advancement, within this plan included a priority of focusing on the Māori health workforce through equitably matching to the health needs of the Māori population, as well as encouraging initiatives that encourage health careers for Māori (Ministry of Health, 2020).

The challenge with recruitment and retention of Māori health workforce numbers comes down to support and protective factors that will enable Māori to undertake and sustain study and employment in these areas (Blackmore-Tufi & Taylor, 2023; Ministry of Health, 2020; Zambas et al., 2023). Strategies to improve Māori recruitment and retention needs to begin in tertiary level training and even earlier (Ministry of Health, 2023; Ratima, 2007; Te Aka Whaiora, 2024; Zambas et al., 2023;). It appears that there has been much discussion around developing the Māori workforce but what is less spoken about

during this recruitment and retention process is the cultural safety of the Māori health workforce whilst studying and practicing in these spaces.

Cultural Safety

Cultural safety was first introduced in the 1990's and trail blazed by Dr Irihapeti Ramsden (Ramsden, 1993), and there is sufficient literature that suggested that through Ramsden's bravery and strength in advocating for cultural safety, that "Aotearoa New Zealand is the birthplace of Cultural safety" (Hunter et al., 2021; Power et al., 2020, p.3; Wilson et al., 2022). Dr Irihapeti Ramsden was clear that Te Tiriti o Waitangi is the foundation of cultural safety due to the core element of shifting and returning power to the oppressed - Māori receiving care (Ramsden, 1993, 1994, 2000). Ramsden advocated for the Nursing and Midwifery Council to implement Kawa Whakaruruhau, cultural safety in their training courses, in response to a nursing student expressing the need for cultural safety alongside other forms of recognised safety (Power et al., 2020). From there, the movement grew to become a regulated nursing practice standard (Ramsden, 2000; Wepa, 2015). The nursing council and the profession in general here in Aotearoa were the instigators for cultural safety, however its applicability and relevance to all disciplines including occupational therapy has been recognised (Jungerson, 2002; 1992; Wepa, 2015; Woods, 2010). It seems it has become a shared aim across the board for health professions in Aotearoa, in particular occupational therapy with the adoption of the terminology in policies, regulations and practice competencies with the vision to collectively address Māori inequities (Hopkirk, 2013; HPCAA 2003; Jungerson, 2002; OTBNZ, 2024).

Cultural Safety has centred the tangata whaiora and their experience within the health sector, because of the stark gap between Māori and non-Māori health outcomes (Papps, 2015; Ramsden, 1993, 2002). However, less centred seems to be that tangata whaiora Māori are not the only Māori populations who experience these adversities, generational trauma, colonisation and racism. Our Māori health workforce experiences the same societal and generational realities that tangata whaiora do, and therefore are not excluded from these ongoing impacts of colonisation within the health sector (Hunter & Cook, 2020; Wilson et al., 2022; Wilson, 2023;). Yet the Māori health workforce are the ones who have insider experience and connection with the realities and health outcomes of Māori and are encouraged to work in these spaces to mitigate it (Hunter & Cook, 2020; Wilson et al., 2022). Te Aka Whaiora (2024) recognised the need for a Māori workforce, and also acknowledged the pressures placed on the current small Māori health workforce, especially in being unapologetically and authentically Māori and upholding Māori values and customs.

Based on the literature and public policy and planning that centre cultural safety or health equity aims, it seems Māori are assumed to be placed in the role of an unwell person, and less attention or consideration is given to the cultural safety of Māori who are qualified health professionals (Graham & Masters-Awatere, 2020; Ministry of Health, 2020, 2023; Papps, 2015; Ramsden, 1993; Te Aka Whaiora, 2024). The reality is that separating kaimahi Māori and tangata whaiora Māori experiences, minimises the overarching systemic issues that exist for Māori. What has happened and is currently happening to tangata whaiora Māori, also happens to the Māori health workforce (Wilson et al., 2022). The point of this research is that cultural safety should be extended to include and consider the experiences of all Māori interacting with the health system, those accessing it, and also those practicing within it, focusing particularly on Māori occupational therapists.

Māori and Occupational Therapy

Occupational therapy is a profession of health practitioners who prioritise and focus on the meaningful occupations or everyday tasks and activities, that an individual or group want, need or are expected to participate in (Townsend & Polatajko, 2013.). Occupational therapy considers the personal factors, their environment and the tasks/occupations that occur within these contexts (Townsend & Polatajko, 2013). Occupational therapy is tangata whaiora centred, driven by their goals, wants, needs and values (Billock, 2019). Promotion of empowerment is done through enablement, participation and development of roles in these everyday occupations, for some individuals or whānau it may be the development of independence, for others it may be connection or belonging (Townsend & Polatajko, 2013; Wilcock & Townsend, 2019). The holistic approach of occupational therapy ensures that various factors are taken into consideration, including the potential for culture, identity and societal positioning to be recognised as an influential factor in occupational wellbeing (Gibson, 2020; Hopkirk, 2013; Jungerson, 2002). In Aotearoa, this approach has the potential to be of benefit for tangata whaiora Māori, and can and should include socio-economic, socio-political and the historical context that Māori are positioned in, as well as an overall lens and assessment of the societal and historical constructs that force Māori into these spaces. Considering the entire context of the Māori reality therefore further analyses how this enables or hinders their participation or opportunity to participate, in meaningful occupations. With this in mind, when Māori are involved in occupational therapy processes, occupational justice, tino rangatiratanga and Te Tiriti o Waitangi obligations are vital considerations (Emery-Whittington, 2021; Wilcock & Townsend, 2019).

The use of the term occupation is controversial for Māori, it is often associated with occupation of land and resistance to colonialism (Emery-Whittington, 2021; 2024b). Colonisation and occupation are intricately woven, and as Emery-Whittington (2021; 2024b) states, they are “first cousins” because of the use and meaning the term occupation insists it is an action, function and tool of colonisation. Whilst terminology can be considered problematic, occupational therapy has the potential to shape and mould to the needs and context of Indigenous populations and their realities (Gibson, 2020; Hopkirk, 2013).

Māori occupational therapy encapsulates occupations and knowledge revolved around connection with atua, whakapapa, land and taiao. Waterways, forests, and land are the places where occupations occur, notably *with*, not *on* or *in* (Emery-Whittington, 2021; 2024a). This valuing of place and this Indigenous thought process debunks land or resource extraction, exploitation or ownership which is emphasised through colonial intentions, instead solidifying spiritual and ancestral connection and relation Māori have with place and environment (Emery-Whittington, 2024b; Jackson, 2020; Tuhiwai Smith, 2012). Emery-Whittington (2021) asserts that the decolonisation of occupations is a process of reconnection and reclamation. This aligns spiritual elements of being and doing with purpose and place. Despite the current climate in Aotearoa, it is possible through the form of trauma-informed care, tikanga informed practice, programmes and initiatives that are Māori led and centred, and antiracism praxis (Emery-Whittington, 2021; 2024a). The flexible and holistic approach and theoretical foundation of occupational therapy has the capacity to lend itself to be culturally responsive, safe and accommodating to the needs of Māori (Hopkirk, 2013; Jungerson, 2002).

Also important to engagement and participation in occupations of meaning is awareness that Māori wellbeing is linked to cultural identity and belonging, highlighting the development of individual concept of self and wider as a group - whānau, Hapū, iwi and people (Jungerson, 1992; Rameka 2018). A significant part of Indigenous occupational engagement is healing, which is considered an occupation that protects and preserves culture (Gibson, 2020). For Māori this is a core component of wellbeing, healing from the current traumas and pain, but also the heaviness of healing for the generations before that were unable to, it is imperative that occupational therapy enables space for Indigenous healing (Emery-Whittington & Te Maro, 2018; Gibson, 2020). Within the space of mental health, where wellbeing is considered one part of a whole, as outlined within Te Where Tapa Wha (Durie, 1994), this approach, understanding and underpinning values are paramount for whānau Māori within the mental health sector (Niania et al., 2016). Māori occupational therapists make up seven percent of the registered occupational therapists in Aotearoa which is definitely not a reflection of the Māori public or where the numbers are needed to be.

The Mental Health Sector

The mental health sector in Aotearoa has gone through significant transformation over the last few decades. The turn towards the recovery model within the mental health space, has been fundamental in the incorporation of holistic avenues and considerations for tangata whaiora wellbeing (O'Hagan, 2001; Paterson et al., 2018; Ramalho et al., 2022). Historically, mental health was a concept unspoken of and often hidden from the eyes of society, this included the establishment of psychiatric institutions where practices and methods for treating mental illness would be considered outdated, dangerous and inhumanly barbaric (O'Hagan, 2001, 2004; Ramalho et al., 2022).

In the 1990s the large institutions were disestablished such as those in Auckland including Carrington Hospital in Point Chevalier, and King Seat Hospital in Karaka, and care was transferred to public hospitals and community care teams (Ramalho et al., 2022). This created a movement towards community integration. Whilst in theory this was progressive and humane, for the many tangata whaiora who had been institutionalised for long periods of time, some most of their lives, it was not a straightforward transition and created more challenges than benefits (Deegan, 1992; O'Hagan, 2004; Salzer, 2024).

Community integration can potentially enable connection and belonging by removing the isolation and confinement, with an opportunity to reduce the stigma that exists in society (Deegan, 1992; O'Hagan, 2004, 2008; Ramalho et al., 2022). However, whilst the mental health sector in Aotearoa may be considered progressive in comparison to other counties, ethical and moral considerations remain an ongoing issue such as the compulsory treatment orders under the Mental Health Act (Mental Health Commission, 1998; O'Hagan, 2001, 2004; Paterson et al., 2018).

With the shift towards providing recovery-centred and tangata whaiora led care, it has been encouraged that mental health care be developed and provided *with* the tangata whaiora and not *to* them. Recovery encompasses the consumer voice and decision making, and emphasise autonomy and Tino Rangatiratanga (Mental Health Commission, 1998; Te Pou, 2025). The construction of recovery plans have included assessments, interventions and evaluations that go beyond bio-medical models, incorporating holistic mediums such as sensory modulation, psychological input and connection to culture and environment (Mental Health Commission, 1998; O'Hagan, 2004; Te Pou, 2025). With this flexibility and acceptance of alternative methods and means of mental wellbeing, the mental health sector has shown potential and willingness to incorporate a Te Ao Māori, cultural value-cantered approach for the wellbeing of Māori and all tangata whaiora within Aotearoa.

There are Māori spiritual and social explanations and interpretations of mental health that are often pathologised and scrutinised under a western bio-medical model (Durie, 1994; Niania et al., 2016). For Māori, wairuatanga is the pinnacle of these experiences, and are part of connecting with self, ancestors and the environment. These experiences can be seen as tohu, gifts, and skills (Baker, 2021; Niania et al., 2016). Te Ao Māori, and Māori models of wellbeing align with the recovery framework which both encapsulates the concept of identity and connection (Durie, 1994; Kopua et al., 2024; Niania et al., 2016). Within this space, the value of culture and identity has been highlighted as a pivotal element within the recovery and overall wellbeing of tangata whaiora Māori. Mason Durie's mahi on Te Whare Tapa Wha, has been foundational for this acceptance, by recognising the various pillars to health for Māori including the spiritual, mental, social and physical (Durie, 1994). Te Whare Tapa Wha has enabled clinicians across the health sector to view health from a Māori view, and in doing this has facilitated opportunity to engage in Māori methods and means of wellbeing, rather than purely western medicine (Durie, 1994; Tuhiwai & Pihama, 2023). Within this space is where connection and reconnection with culture, recognition of intergenerational trauma and healing, and growth in self-concept and identity occurs (Kopua et al., 2024; Niania et al., 2016; Tuhiwai & Pihama, 2023). Basically, the ability to engage in Māori culture and values, buffers against psychological distress for Māori, therefore culture should be embedded in mental health treatment as it is protective (Muriwai et al., 2015).

Māori cultural identity and values are fundamental to the wellbeing and recovery of Māori (Niania et al., 2016), therefore cultural safety is a necessity in this space, similarly the recovery framework encourages the disestablishment of power dynamics (Ramalho et al., 2022) much like that of cultural safety (Ramsden, 1993). The mental health sector's growing urge to increase cultural responsiveness and skillset amongst the workforce, to align better with recovery-oriented care frameworks and models, creates demand and requirement for the workforce. Health New Zealand Te Whatu Ora also has a Mental Health and Addiction Workforce plan 2024-2027, which includes growing the number of Māori mental health professionals (Health New Zealand Te Whatu Ora, 2024b). This research argues that with the potential for increase in need and want for cultural responsiveness and safety for tangata whaiora, creates a challenging space for Māori mental health clinicians in particular Māori occupational therapists. Māori occupational therapists and the Māori mental health workforce have become the experts within this place due to the lived-experience and reality of being Māori. This raises the concerns of the Māori health workforce carrying the burden and responsibility in supporting mental health services and organisations to be culturally safe and responsive.

Conclusion

In summary, Māori continue to experience inequitable and substandard health outcomes due to a history of brutal colonialism, breaches in Te Tiriti o Waitangi, racism, discrimination, the current government and systems rooted in intentions to remove and reshape Māori ways of being. The number of Māori working in various health professions has been on a steady incline as part of initiatives and plans to address the inequities and injustices within the health sector. Whilst this direction and growth is positive, it is still not enough to be reflective of Māori health needs. During this phase where Māori needs are high and there is a big demand for Māori health professionals, there are growing concerns for Māori occupational therapists and the wider Māori workforce that the cultural competence and cultural safety of the sector sits heavily on their shoulders. This research aims to direct attention to the Māori occupational therapist's experience during this stage of workforce development, and highlight the complexities of cultural load and cultural safety that exist for Māori occupational therapists working in the mental health system in Aotearoa.

Wāhanga Tuarua

Chapter 2. Literature Review

This literature review outlines the origin of cultural safety, what it means, the confusion and conflict that exists around the concept, and then diving into the experiences of the Māori workforce on cultural safety and cultural load. Whilst the focus of this research is on tangata whenua of Aotearoa, international literature has been included, in particular the scope of other Indigenous populations. Due to the limited amount of literature specific to occupational therapy and allied health, the literature included is nursing background heavy, as well as some literature not specific to the health sector.

Search Strategy

This literature review utilised various ways of searching, identifying and gathering appropriate literature for this research. The initial search used AUT databases including Scopus, CINAHL, Medline, EBSCO Host - which has an umbrella reach over other data bases. The search terms used to identify and locate relevant literature included Māori or Māori or Indigenous or Native AND occupational therap* or mental health Occupational therap* or mental health profession* or mental Health practitioner* or mental health clinician* or mental health work* AND cultural safety or cultural competence or cultural responsive* or cultural needs or cultural sensitivit* or cultural humility or cultural labour or cultural load

An important element of the search strategy was ensuring an Indigenous take on the literature review process, including the literature identification and gathering process. An Indigenous approach is relational, and emphasises that all things are connected and have whakapapa (genealogy) (Tynan & Bishop, 2022). It is insisted that the traditional systematic methods of searching, identifying and reporting of existing literature is not inclusive of Indigenous methodology.

Tynan and Bishop (2022) are two aboriginal women and declare that it is possible for an Indigenous lens to be incorporated throughout the methods and methodology of the literature review processes. Traditional literature reviews highlight the gap in existing research, however Tynan and Bishop (2023) propose a decolonised approach through the Indigenous values of connection and relationality. This links to Tuhiwai Smith (2006), who raises questions around who determines what is researched and how, and importantly who the research is relevant to and who says so. The term ‘gap’ insinuates that there is a

problem or a void that needs filling, however for Indigenous populations this has been a problematic narrative, as it is often western discourses and western researchers that have determined what research on Indigenous populations should look like (Tuhiwai Smith, 2006). In many Indigenous populations, silence is not seen as a 'gap', but a space to reflect and connect. Tynan and Bishop (2022) are clear that a silence in literature is an opportunity, as it enables the researcher to sit and contemplate, actively decolonising the traditional and colonial urge of filling the gap.

Tynan and Bishop (2022) do not discredit the importance of the literature review but highlight the potential clashes it may face in terms of cultural values and practices. The traditional literature review searching can be a lonely process, often done in solitary. Whereas Indigenous people are communal beings who are constantly considering the collective (Campbell, 2022; Marsden, 2003). Tynan and Bishop (2022) suggest relational processes such as talking and connecting can be a sufficient search strategy. Engaging in conversation, email, recommendations, receiving tohu or patterns in order to locate and identify mātauranga or literature. This is how Māori values are embodied, through engagement in whanaungatanga, to connect with others, but also acknowledging the whakapapa of knowledge. Recommended literature or knowledge sources have their own whakapapa, and it is about acknowledging how it has come to you and why.

Therefore, for this literature review I have used a relational approach alongside the traditional search strategies in order to find literature and knowledge that aligns with this research area. The relational methods that I undertook included engaging in conversations with my Māori supervisors, my advisory whānau and peers in various contexts, who recommended research, researchers and articles. I have had informal conversations with colleagues and other professionals who have insisted I consider an individual or group of researchers and their area of mahi. The ability to connect with people and share mātauranga is one way of showing respect to the person but also respect to the literature and the knowledge source.

The Whakapapa of Cultural Safety

In Aotearoa and international research, there have been acknowledgements to Dr Irihapeti Ramsden, a Māori nurse who instigated the concept, movement and phrase 'cultural safety' in the 1990's (Ramsden, 1993; Wepa, 2015; Wilson, 2023). The concept of Kawa Whakaruruhau, and cultural safety, began with Irihapeti and was implemented into the nursing curriculum during uncertain and socially challenging times. Ramsden indicated that during this time there was societal and systemic influence and therefore the movement experienced some political and public backlash. Whilst the need existed for Māori within the

health system, it appears the wider society were not receptive to this (Papps, 2015; Ramsden, 2000; Wilson et al., 2022). Ramsden (2002) in her doctoral thesis, as well as Wilson et al. (2022) suggest that the state of Aotearoa at the time consisted of societal bias and racism towards Māori and resulted in cultural safety not taking on a bigger role than it should have. Wilson et al. (2022) share that this led to the development and renaming of Cultural Safety from Kawa Whakaruruhau, and due to push back and racism evident within society, this concept took on a broad focus to include all diverse groups and not just Māori. It is argued that this was a strategic move to group, minimise and dismiss the concerns and realities of Māori (Power et al., 2022; Ramsden, 2002; Wilson et al., 2022; Wepa, 2015).

The New Zealand Nursing Council have also been part of this movement being the first to incorporate standardized guidelines and competencies that ensures the cultural needs and safety of the public and tangata whaiora Māori are addressed, and therefore the nursing profession have been the trailblazers for this kaupapa within the health system in Aotearoa.

Jungerson (2002), a Māori occupational therapist wrote from an occupational therapy perspective on kawa whakaruruhau, insisted that this framework and manner of practicing would enable occupational therapists to work with tangata whaiora from various cultures. She highlighted the progressive nature of cultural competence and cultural safety. Occupational therapy has a different philosophical and practical framework than the nursing profession, and "Occupations need to reflect the realities of people's lives and experiences" (Jackson, 1995, as cited in Jungerson, 2002, p.7). Jungerson was clear that whilst the principles of cultural safety were developed with the nursing profession in mind, it was relevant and applicable to the health workforce wide, especially occupational therapists.

What is cultural safety?

A number of literature pieces declare that cultural safety is tangata whaiora-centric, purely based on tangata whaiora perspective (Curtis et al., 2019; Papps 2015; Ramsden, 1993). Papps (2015) says that cultural safety is a concept that "was born from the pain of the Māori experience of poor healthcare" (p.38). This means that tangata whaiora are the ones that determine whether a clinician or practitioner is culturally safe, and not the practitioner declaring their ability to be culturally safe (Curtis et al., 2019; Kaphle et al., 2022; Satur & Carrington, 2022). Jungerson (2002) suggests that occupational therapists and other health professionals need to recognise the role of self, identity and personal place in the world, and then being able to recognise how these shape prejudices and values that may impact "explicitly and more subtly" (p.2) the way in which we practice. It is about recognising the reality of the tangata whaiora

and then recognising the reality of the occupational therapists (Jungerson, 2002). Wepa, (2001) suggests that tangata whaiora each have their own values and beliefs around their cultural identity, practices and worldviews and therefore have their own needs and understanding of what cultural safety is. Blackmore-Tufi and Taylor (2023) further suggest that an individual's cultural needs vary from person to person and therefore so should the clinician's ability to adapt and respond.

Literature suggests that cultural safety is determined by the tangata whaiora but also focuses on the practitioner's ability to practice extensive and deep self-reflection. Curtis et al. (2019) asserts that cultural safety narrows in on the culture of the practitioner, rather than the culture of the 'different and exotic' patient. They also suggest that it requires acknowledgement of privilege, bias, worldview, and positioning in order to understand how the practitioner contributes to the therapeutic relationship. Main et al. (2006) suggests that this internal recognition and acknowledgement, then requires coming to terms with the power and privilege in which practitioners hold in regards to clinical hierarchies, access to information, resources and education, societal positioning, ethnicity, race, intergenerational trauma, and recognising that these factors contribute to the practitioners bias and attitudes within their everyday life and therefore their clinical roles. Whilst the literature is clear that cultural safety should entail practitioner reflective and reflexive practice, Kaphle et al. (2022) suggests this does not recognise whether practitioners have the knowledge, ability and support to reflect to this level. It assumes that practitioners have this skill set and the willingness to dismantle the framework of their thinking and build and maintain power balanced relationships.

Ramsden (1993, 2002) suggests that cultural safety must recognise the dynamics of power between practitioner and tangata whaiora, and that this process of power shifting empowers and enables tangata whaiora to determine and declare what cultural safety is to them. The literature suggests that power is an important element in regard to cultural safety. As outlined by Wepa (2001) and Ramsden (2002) the shift of power from the practitioner to the patient, enables the person receiving care to be in control and define what practice is culturally safe. Jungerson (2002) also emphasises the role of power within cultural safety, making it clear that it is the tangata whaiora that is the one with the power to choose, and that this is authentic occupational therapy through choosing what is meaningful. However, Doyle and Doyle (2021, as cited in Kaphle et al., 2022), suggests that whilst the process intends to enable tangata whaiora to reclaim their voice and power in these situations, the attempt to shift power can also be a mana diminishing process, by placing an unjust responsibility and load on an already disadvantaged group. This suggests that it cannot be assumed that the individual and their whānau feel empowered after this process within these clinical settings. Kaphle et al, (2022) highlights that despite clinicians and practitioners best

efforts and intentions to respond in a culturally appropriate way, it cannot be assumed by the service provider that tangata whaiora and whānau feel safe and empowered enough to express and voice their needs and wishes. After experiencing previous culturally unsafe experiences within healthcare, trust is broken and not easily repaired (Curtis et al., 2019; Durie, 1994, 2003). Kaphle et al. (2022) also go on to suggest that it cannot be assumed that tangata whaiora and their whānau possess the skills and knowledge to empower themselves. Graham and Masters-Awatere (2020) also raised that for many of the whānau that access health service, they have been disempowered and mistreated for generations, therefore assuming the motivation and desire to engage in the system in such a manner is problematic, whilst also echoing that for some whānau it is an expectation to feel culturally unsafe when encountering health services. This can place an unfair burden on tangata whaiora and whānau who are already placed within powerless positions both socially and institutionally (Kaphle et al., 2022). Together the above literature highlights the importance of power and its influence within the therapeutic relationship, and therefore the cultural safety of tangata whaiora. It raises the question around whether power dynamics within relationships between service provider and tangata whaiora, are also seen amongst the workforce, between Māori and non-Māori practitioners, given the various power and privilege positions that exist.

Literature suggests that cultural safety circulates the experience of the tangata whaiora, enhancing their role within the therapeutic process through the shifting of power, and participating in Tino Rangatiratanga, self-determination of their hauora (Kaphle et al., 2022; Komene et al., 2023; Ramsden, 2002). Te Tiriti o Waitangi being the foundational document of Aotearoa intends to protect and guarantee the taonga of Māori, this is inclusive of Māori wellbeing and health (Jackson, 1995, 2020; Waitangi Tribunal, 2019). Kaphle et al. (2022) suggests that the dominant culture (western and European) have been the ones to control and influence the speed and motivation behind cultural safety, and raised the question around appropriation. Ramsden (2002) and Main et al. (2006) assert that the concept of cultural safety is rooted in the intentions and values of Te Tiriti o Waitangi and that it is inclusive of self-determination. Self-determination echoes the power shifting process, enhancing the voice of Māori in these spaces. Graham and Masters-Awatere (2020) study on the experiences of Māori accessing the health sector claims that Māori feel and experience discrimination, marginalisation and racism.

To conclude, the literature highlights the benefits and safeguarding that cultural safety ensures for Māori and other minority populations. Kaphle et al. (2022) raised the point that the hunger and desire to 'be' culturally safe can potentially lead to appropriation of Ramsden's approach to cultural safety being a stance of 'self-determination' solely. Whilst self-determination and empowerment of decision making is a valid and necessary element of cultural safety, Ramsden (2002) and Papps (2015) is clear that this must

remain alongside the acknowledgement of power and deep reflection. Kaphle et al. (2021) argue that in isolation, self-determination is somewhat conflicting to the communal and collectivist values of Indigenous people, and questions how Indigenous populations are to navigate and advocate for their cultural safety within systems and services that prioritise the western and individualist notion of self and independence. Communal health and wellbeing do not operate in this manner (Doyle et al., 2020). The literature highlights the various interpretations and meaning behind self-determination, and highlights the varying perspectives and lens between practitioner and tangata whaiora. This shed light on the ongoing power imbalances that exist, despite intentions to eradicate this issue.

Shifting from multiculturalism to biculturalism

Cultural difference has been a common topic, the literature highlights the multicultural and bicultural movements within healthcare, as an attempt to be inclusive and aware within healthcare spaces. Within the literature biculturalism in Aotearoa captures Te Tiriti o Waitangi and the two parties that came together to create this agreement, Māori and the crown, therefore in Aotearoa biculturalism refers to these two parties and their two differing cultures (Durie, 1994). Multiculturalism is the recognition of multiple cultures that exist within a society, reflective of the diversity in Aotearoa (Durie, 1994, Papps, 2015). This narrative shifted from the dominant white and Eurocentric cultural focus to emphasise those of cultural difference (Durie, 1994; Ramsden, 1993; Wepa, 2015). Ramsden (2002) claims that Aotearoa's take on biculturalism stems from the relationship between Māori and non-Māori, specifically the crown. This is supported by Papps (2015) who shares that this came about due to Māori contesting and advocating for equitable resourcing and care in the health sector. Wepa (2015) suggests that this multicultural and bicultural movement and focus in Aotearoa, was a step in the right direction, creating a path towards cultural safety. The acknowledgement of biculturalism between Tangata Whenua and tangata Tiriti was significant progress for Aotearoa, and Sir Mason Durie played a significant role in this at the time. Sir Mason Durie has been an integral part of the fabric of embedding biculturally responsive care through the development of Māori health models in Aotearoa (Hunter, 2020). Te Whare Tapa Wha (Durie, 1994) and his other work have created a blueprint that is relevant to Māori but also inclusive and applicable to all in any context. The development of his Māori health model came at a time when society was not receptive to Māori health issues or Kawa Whakaruruhau (Papps, 2015; Ramsden, 1993. 2002). By developing a model that was applicable to all New Zealanders eased the public's reception but also created an avenue within this bi-cultural space to ensure the needs of Māori were being heard and addressed (Durie, 1994; Ramsden, 2002). Hunter (2020) shares that Durie's models are able to be generally applied by anyone within any setting and context, whilst this satisfied the large majority of the public to be inclusive of all, it

also strategically ensured Māori needs were highlighted foremost. Biculturalism was a significant shift for Aotearoa and its health sector, however Main et al. (2006) acknowledges that biculturalism in general encompassed awareness and recognition of the existence of Māori culture but did little to address the negative health outcomes and inequities Māori face. Despite cultural safety being a hot topic over the last 30 years, Power et al. (2022) shares that tangata whaiora Māori continue to experience culturally inappropriate and unsafe care from practitioners who have not done internal work and continue to uphold systems embedded with racism.

The challenge practitioners have with enacting cultural safety can stem from multicultural focus and foundation. The preceding multicultural practice within nursing attempted to be inclusive of all cultures, and that care is provided *regardless* of culture, age, sex, race, economic status, background etc. (Papps, 2015). However, Ramsden (2002) argues that healthcare should be focused on and *in regard to* culture, sex, age etc. as this then ensures the individual or whānau are receiving care that is responsive to their needs. Ramsden (1993), Papps (2015) and Wepa (2015) suggests that a multicultural approach to healthcare is problematic within today's practice, as it focuses on providing equal care due to cultural differences rather than equitable care due to cultural differences. This perspective does not discredit the importance and rights of those that belong to the multicultural society, it purely focuses on equity instead of equality. Papps (2015) highlights that multiculturalism in health care denies the social, economic, political and historical factors that contribute to the health outcomes of Māori. Wilson et al. (2022) also echoes this, highlighting that the grouping of diverse cultural groups minimises and unprioritised Māori issues under the umbrella term of cultural safety, and is also a form of racism. The terms multiculturalism, cultural awareness and cultural sensitivity came about in discussions about poor Māori health outcomes but do little to address the core issues including the power dynamics, institutional racism and the attitudinal bias that the public (including the health workforce) hold about Māori (Ramsden, 2002). This rhetoric is problematic because it suggests and encourages that best practice is that all tangata whaiora should be treated the same (Hunter & Cook, 2020).

Cultural safety vs cultural competence

A common area that has been raised in the literature is the comparison, contrast and confusion between cultural safety and other concepts such as cultural competence, cultural responsiveness, cultural awareness, cultural sensitivity and cultural humility. The literature suggests that the concepts of cultural safety and others are connected, and contribute to addressing health equities for Māori, Indigenous and

other minority populations (Curtis et al., 2019; Power et al., 2022). However, it appears that the literature all has different interpretations and phrasing on what cultural safety is.

Cultural competence has been defined by Curtis et al., (2019) as attaining knowledge and awareness of diverse groups, but can be inclusive of providing and performing care based on attained knowledge. Satur & Carrington (2022) also suggest that cultural competence is awareness of diversity and being able to function respectfully. Some of the literature emphasises that cultural competence is progressive towards cultural safety but on its own does little to address inequities faced by Māori (Curtis et al., 2019; Power et al., 2022; Satur & Carrington, 2022). Kaphle, et al. (2022) spoke about the comparison between cultural competence and cultural safety. This literature is Australian based and highlights that cultural competence is a top-down approach, where it is an organisational and service level responsibility to ensure that health practitioners are practicing in accordance with their governing boards (Kaphle et al., 2022).

This connects with literature by Main et al. (2006) who raise that the Health Practitioner Competence Assurance Act 2003 is in place to protect the public of Aotearoa when engaging with healthcare services in particular with physiotherapists, to ensure that their cultural needs within the health spaces are being met. The HPCAA 2003 is a legal law that insists all professional regulatory boards in Aotearoa and enforce that competence and capacity of health practitioners should be monitored and assessed regularly (Main et al., 2006). Vernon and Papps (2015) assert that the challenge with this is that the HPCAA 2003 does not define what cultural competency is, and therefore the various professional regulatory boards and organizations in Aotearoa have created standards and guidelines based on different and varied interpretations and understandings of cultural competence and culturally appropriate practice. Heke, Wilson and Came (2019) conducted mixed methods research on the various regulatory boards of health practitioners within Aotearoa and concluded that many of the regulatory boards held various definitions and understandings of cultural competence and culturally appropriate practice. This study found that regulatory boards were great at encouraging cultural competence through developing awareness, but many boards lacked how to enact and embody these values. Heke et al. (2019) criticised the various definitions that exist amongst the regulatory boards, highlighting the confusion that practitioners are likely facing in practice. They also raised that the assessment of the various cultural competencies across the various disciplines also assess and monitor competence differently and inconsistently, and many of these are self-assessments, which makes it harder to determine competence. Papps (2015) also identified this issue around the self-assessment of attitudes is that measuring these and identifying changes and outcomes is challenging to monitor. The above literature suggests that the various health professionals and disciplines are perhaps providing inconsistent culturally appropriate care. Whilst the literature above

suggests that the incompetence is based on confusion, Loring and Curtis (2024) raise that large institutions and organisations confusion between cultural safety and competence, can also be seen as intentional as this aligns with narrative of deflecting and not acknowledging the power and position that comes with reflection and dismantling systems. Curtis et al. (2019) also suggest that cultural competence is easier for western non-Māori practitioners and institutions than cultural safety, because it is less confronting and revealing of their vulnerabilities.

Jungerson (2002) insinuates that New Zealand has developed a health workforce where health professionals have developed skills in cultural awareness and sensitivity, equipping them with minimum understanding of their internal bias and the systems in which they work in, and which the country is founded on. Jungerson (2002) makes it clear that the cultural competence pathway has enabled great awareness and development of knowledge for occupational therapists, but highlights that despite good intentions, this does not intercept offence and therefore further development towards cultural safety is required. Cultural awareness has been used interchangeably with cultural competence by Smith et al. (2021) which echoes Jungerson (2002) assertion. Main et al (2006) also suggests that cultural awareness is about recognition of differences amongst cultures, groups and ethnicities. Heke et al., (2019) also echoes this, but also suggests that cultural awareness does not suggest any action or response to work better with the individual or group, it merely suggests that a practitioner recognises a difference exists. Much of the literature speaks of cultural competence as awareness and understanding, and so the terms have been used in similar contexts. Literature such as Curtis et al, (2019), agree that awareness and knowledge on different cultures is imperative for cultural safety, however cultural competence is only one element of this process and that attaining knowledge on different cultures without addressing internal bias and privilege is dangerous and unsafe.

Smith et al. (2021) suggested that there is a continuum or progression of culturally responsive practice. They highlight that cultural competence and cultural responsiveness are used interchangeably without clear distinction and definition. They highlighted a progressive continuum towards achieving care that is culturally safe and responsive. Cultural competence is around awareness and knowledge, and suggests an acceptance of diversity, and within practice it is a very routine application of culturally appropriate care (Curtis et al., 2019). Main et al. (2006) suggested the same and identified that cultural competence tended to suggest a “prescribed or checklist” (p.161) way of practicing. The literature by Main et al. (2006) suggests that Te Tiriti o Waitangi is the foundational document that underpins cultural safety. They suggest that cultural competence requires the successful integration of Te Tiriti o Waitangi’s intentions and values, and that cultural humility and cultural safety would be the following progressions (Main et al.,

2006). Cultural humility is defined by Smith et al. (2021) as "stepping out of culture of self" to better understand and embrace others (p.454). Smith et al. (2021) was clear that this process did not mean leaving behind their own beliefs and culture, and state that cultural safety then is the next stage of acknowledging the barriers to effective practice, acknowledging power imbalance, and questioning internal bias and attitudes, as well as developing new ways of knowing and understanding that impact engagement and practice.

Another term coined amongst the literature used alongside and interchangeably with cultural safety and competence is cultural sensitivity. Papps (2015) suggests that cultural sensitivity came about following the multicultural practice movement in health care as mentioned previously. This started to make waves due to migration, and the dominant white practitioner and patient no longer being the only culture evident within hospitals (Main et al., 2006; Papps, 2015; Wepa, 2015). Cultural sensitivity is a predecessor alongside cultural awareness, towards cultural safety and focused on learning about other cultures and their activities, that are different to that of the practitioner (Main et al., 2006). However, from the literature it seems that the positioning of cultural sensitivity continues to centre the practitioners' culture as normal. However, unlike Ramsden's (1993) Kawa Whakaruruhau, cultural sensitivity does not acknowledge the power dynamics within the relationship between practitioner and tangata whaiora, which is a core element of cultural safety. Papps (2015) assertion of cultural sensitivity being the predecessor of cultural safety aligns with that of Main et al. (2006) but also suggests that this concept is inclusive of self-reflection and self-assessment, and requires consideration of subjectivity.

With the amount of literature that exists and the various terminology and definitions of what each concept is, it seems there is a consistent confusion across the board for most health professions that come under the HPCAA 2003. Some suggest that cultural safety rather than cultural competence should be the aim of health practitioners (Curtis et al., 2019; Papps, 2015). However, Curtis et al. (2025) have refined their initial definitions on these concepts, and shared that cultural safety should not replace cultural competence. The literature outlines that all these concepts do not compete or trump each other but are stepping stones towards the bigger picture of addressing the health inequities of Māori. These phrases and concepts have served a purpose in time and context and have reshaped and remoulded as needed. The literature is clear that in order to fully grasp and understand the tangata whaiora's values and culture, self-reflection and attitudinal shifts are required. The attitudinal shift is needed alongside the dismantling of power dynamics between systems, service, health workforce and tangata whaiora. If the governing boards are inconsistent, unclear and simplified and more around cultural competency, then professionals are not

being taught or held to account for what they are actually meant to be doing - ensuring that whānau feel respected and safe when they are receiving care.

Cultural Safety amongst the Māori Workforces

Culturally unsafe experiences are not exclusive to the health sector. Some of the literature suggests that this is an experience of many Māori across the board. The sense of feeling culturally unsafe positioned with a double load of work is not exclusive to Māori or Indigenous health practitioners, and is a reality experienced within other sectors and disciplines. Harr and Martin (2021) conducted a study on the Aronga Takirua - cultural double shift of Māori scientists and how the pressure of being Māori impacts their performance, career progression and aspirations, and their wellbeing. Harr and Martin (2021) speak about innate responsibility and obligation, highlighting that this can be an internal and psychological pressure of identifying as Māori but can also be an imposed pressure from the workplace, and highlighted the exploitation from scientific workplaces encouraging Māori scientists to engage with Māori communities. They further highlighted the limited numbers of Māori scientists, increased isolation and limited understanding in this area from non-Māori colleagues. Harr and Martin (2021) also suggested that Māori scientists are experiencing additional unpaid roles such as taking on education and learning facilitation for their non-Māori colleagues, but this also connected back to the innate responsibility to ensure that the industry is culturally safe when it interacts with Māori, and taking on a kaitiaki role to ensure the integrity of Te Ao Māori is upheld. Harr and Martin (2021) spoke about the impacts this pressure had on the hauora of Māori scientists, highlighting the consequence of burnout. The above literature whilst speaking on the experiences and realities from a scientist's perspective, the experience and expectations of being Māori appear to be a constant and consistent factor within all workplaces, not just in the health sector. There are profound similarities with what the Māori nursing workforce have been saying.

Health workforce cultural safety experiences

As mentioned above the literature has a heavy focus towards the tangata whaiora experience of cultural safety. Rightly so, as the concept of cultural safety came about with a lens highlighting the importance of the recipient to be the ones to determine what cultural safety is. There is limited existing Aotearoa-based research on the experiences and perspectives of Māori or Indigenous occupational therapists experiencing cultural safety or cultural load. However, Papps (2015) made a note that cultural safety within the nursing profession should include the respecting of differences between and amongst practitioners and colleagues, not just those receiving care. Kaphle et al. (2022), an Australian mental health nursing context focused

article, speaks about the responsibility of the nursing workforce, while they don't specifically focus on Indigenous nurses, they relay that it is a workforce responsibility to ensure cultural safety, and accordingly they also supported this kōrero around practitioners and whaiora being recipients of practice, and spoke about general terminology such as 'practice' insinuates that cultural safety is also connected to working with colleagues and not just the individual service user. The above assertions insist that cultural safety should encompass all engagements and interactions that practitioners have, inclusive of colleagues and not just tangata whaiora.

Learnings from Māori Nursing

The literature on the experiences of the Māori health workforce, in regards to cultural safety, are primarily Māori nurse focused (Chitick et al., 2019; Hunter & Cook, 2020; Huria et al., 2014; Wilson et al., 2022). These literature pieces indicate a prominent issue of racism, being overt and blatant as well as subtle and hidden. Wilson et al. (2022) suggested that the early stages of implementing cultural safety in the 90's revealed the racism prevalent within society, with the backlash and resistance towards kawa whakaruruhau and cultural safety in general, as an indication of systems in Aotearoa being grounded in institutional racism. It is suggested that the political and societal influence to broadening cultural safety to include all diverse groups is an attempt to minimise and excuse the experiences of Māori tangata whaiora and the Māori health workforce to suggest it is a universal issue and not just the experience of Māori. Rather than creating cultural safety for Māori nurses at the time, this process provoked and echoed racism nationally (Wilson et al., 2022). Similarly, Chitick et al. (2019) shared that racism was prevalent within working and educational settings with many Māori nursing students reporting experiences of racism in the classroom and whilst on placement. New Graduate Māori nurses said that the same judgemental attitudes they faced as students are prevalent in their experiences as registered and practicing nurses, suggesting that racism exists within all nursing domains.

Furthermore, the literature details that institutional racism is a prominent issue faced by Māori health professionals in Aotearoa. Again, the literature remains rooted in the nursing profession background. The systemic and structural barriers and hurdles that Māori face are often disregarded due to being unseen by those unaffected. Hunter and Cook (2020) research on the emotional labour of Māori nurses providing culturally responsive care to Māori, had participants speaking of their experiences of non-Māori colleagues being unaware of racial bias such as waitlists, maldistribution of resources and the prioritization of organisational schedules instead of culturally appropriate care. They also highlight that this bias and racism is often unseen by non-Māori counterparts. Huria et al. (2014) conducted a kaupapa

Māori research focusing on the implications of racism on Māori nurses, they reported that the institutional racism and gaps in funding and resources, as well as non-Māori limited knowledge and cultural competence, lead Māori nurses to taking on advocacy roles to ensure Māori are cared for adequately. Huria et al. (2014) also found that the clinical settings were ill-equipped to embrace let alone practice tikanga and therefore highlighted the institutional lack of awareness and cultural competence. These institutional issues are examples of systemic failings and barriers that continue to restrict equitable outcomes for Māori.

The following literature highlights the impact of interpersonal racism as being attacks on cultural practice and beliefs, and that these encounters are damaging to the mana and wairua of the Māori nursing workforce. Chitick et al. (2019) study focusing on the experiences of Māori nursing students highlighted experiences of Racism, limited cultural awareness from others on placement, and that cultural identity was not recognised or prioritised. Chitick et al. (2019) included excerpts from new graduate Māori nurses who echoed the same experiences, suggesting a larger systemic and nation-wide issue. They included examples such as mispronunciation, racist comments and behaviours towards themselves and tangata whaiora. They suggested that these situations shed light on the power differences that exist in practice between Māori and non-Māori nurses. Chitick et al. (2019) shared that these discriminatory comments towards Māori nursing students and nurses had a negative impact on their confidence and motivation. Davis (2020) conducted research on the experiences of Māori occupational therapy students during their tertiary education, which included Māori students that had placements in clinical spaces experiencing cultural dissonance. This research found that Māori students had been placed in culturally unsafe situations whilst on their clinical placements. They were assumed to be fluent, and therefore appropriate to work with a kuia. Whilst Huria et al. (2014) raised the same, they further highlighted that it is often difficult for Māori nurses to forget generalizations, stereotypes and blatant racist comments made by colleagues, and that overt racism was perceived as a tactic to remind Māori nurses they were the minority. Similarly, Komene et al. (2022) conducted a study capturing the perspectives and practice realities of Māori nurses in Aotearoa. They mentioned the presence of racism within the workplace left many Māori nurses feeling unable to exercise their cultural agency and unable to address the culturally unsafe and Eurocentric practice methods of their non-Māori colleagues.

The literature identifies that cultural labour and loading is a common experience for the Māori nursing workforce and highlighting that the expertise that Māori health professionals have is often used in an exploitative manner to equip the service. Wilson, et al. (2022) highlighted that Māori nurses are often the ones that ease the tensions between service and whānau Māori, by balancing their cultural and clinical

needs. This dual competency is also a reflection of a double cultural shift which encompassed the cultural obligations of being Māori and the clinical expectations of being a nurse. Komene et al. (2022) found that Māori nurses were expected to engage in unrecognised and additional workload due to being Māori. The nurses in this research recognised the gaps in knowledge of their colleagues and felt pressure and obligation to care for the whānau Māori to ensure the care they received was culturally safe. Komene et al. (2022) further elaborated on the tokenism to carry out tasks or perform roles that were beyond their job description and then highlighted that Māori nurses weren't being paid or acknowledged for it, which was an attack and compromise on their mana as Māori. Similarly, Hunter and Cook (2020) report Māori nurses experiences of additional workload nursing whānau Māori, and this required additional time and effort to ensure cultural needs were prioritised and not just meeting the clinical aspects. The literature also highlights the cultural obligations that Māori nurses feel to uphold and defend Māori practices and knowledge similar to the study by Harr and Martin (2021). Wilson et al. (2022) suggests that this would be considered extra workload, that non-Māori do not have to engage in. Hunter and Cook (2020) go on to say that despite the organisations and systems attempts to implement Māori health models and practice guidelines and policy, they are continuing to experience this burden and are taking on additional workload to ensure Māori receive the care they need when this is the responsibility of the service and leadership. Huria et al. (2014) and Hunter and Cook (2020) also insinuate that Māori nurses struggle to trust their non-Māori colleagues due to the cultural loading and the racism and bias that they have experienced. Huria et al. (2014) and Wilson et al. (2022) further echo this kōrero by adding that Māori nurses are undervalued for their dual skill set of cultural and clinical expertise.

Māori Allied Health

Tofi et al. (2023) was the only study found that focused on Māori occupational therapists alongside the wider allied health workforce experiences in this area, as well as pacific allied health experiences. The early career experiences of Māori and Pacific allied health professionals was the central focus of this study. The participant group included physiotherapists, occupational therapists, dieticians, pharmacists, and a speech language therapist. Specifically focusing on what enables and inhibits Māori and pacific allied health professionals from thriving in their prospective workplaces. Similar to the Māori nursing community literature, the systemic barriers are impounding, this looked like having extra tasks, educating others and to be a translator and interpreter, tick-boxing from non-Māori and non-pacific colleagues, clinical processes not being accommodating to Māori and pacific needs.

Another element of this study touched on the challenge of having to suppress emotions and identity, and that Māori and pacific allied health professionals were surviving rather than thriving in their workplaces. Some started to not enjoy being Māori, experiencing some internal conflict around not having the physical appearance that is assumed of their background, or not being able to speak the language. This made Māori and pacific allied health professionals unsafe and isolated. This study echoes the experiences of the Māori nursing profession. Tofi et al., (2023) also touched on cultural load beginning during early career stages, and this being a challenging time to be assertive and place boundaries due to being a junior in the team or profession, which is similar to Chittick et al. (2019) who mentioned that these unsafe situations occurred during student placements and new graduate years for Māori nurses. Importantly Tofi et al. (2023) spoke about 'thriving' in these spaces "taking a village" much like that of Hunter and Cook (2020) who echo that healing and prosperity being communal and collaborative. Having spaces to explore and express cultural identity, amongst their own communities and whānau, created a sense of cultural safety (Tofi et al., 2023).

Conclusion

To conclude, the whakapapa of cultural safety has origins within the Māori nursing profession, namely Dr Irihapeti Ramsden (1993). Cultural safety and the various concepts that sit alongside it such as cultural competence and cultural awareness, have caused confusion for those unfamiliar with Te Ao Māori, and therefore it is likely there are inconsistencies in the care that tangata whaiora Māori are receiving, likely contributing to their negative experiences and outcomes in the health sector. The literature is starting to suggest that cultural safety should be branching to be inclusive of interactions and practice between health professionals, which supports the scope of this research. The pieces of literature by Tofi et al., (2023), Wilson et al. (2022), Hunter and Cook (2020), Komene et al. (2022), Huria et al. (2014) and Chittick et al. (2019) align closely with this research focus area, in terms of focusing on the perspectives and experiences of Māori nurses and Māori allied health professionals but importantly the research by Harr and Martin (2021) echo the same experiences but show that this a reality of Māori scientists also. This indicates that this issue or experience is likely to be a shared reality amongst all Māori in various professions and work industries regardless of sector. These pieces of literature shed light on the culturally unsafe work conditions, the cultural loading and negative impacts that institutional and interpersonal racism have on Māori nursing, allied health and science workforces. There was no literature available focusing on the cultural safety and cultural load experiences of Māori occupational therapists specifically, but their voice and presence is captured within the research by Tofi et al. (2023). From my experience as a practicing Māori occupational therapist, and from my talking to other kaimahi Māori working in mental

health, there are many similarities to what these articles have raised. The literature is scarce but suggests there's some research growing in this area, and from my own experience I see and feel there's a ‘silence’ that is starting to make noise and instigate reflection. Due to the scarce literature available regarding the Māori occupational therapist’s experience and perspective, further research and exploration is required here. This raises the research question of: What are the experiences of Māori occupational therapists as they navigate cultural safety and cultural load within the mental health sector in Aotearoa?

Wāhanga Tuatoru

Chapter 3. Methodology

Overview of Methodology

This section will outline the foundational theory and guiding principles of this research and how it was developed and undertaken. It begins by centring the Māori experience of research and momentum of Kaupapa Māori philosophy, naturally flowing to talk about the advisory whānau and the important role they played in this research. The research interface is discussed, speaking about narrative inquiry being woven alongside Kaupapa Māori Methodologies and methods. This then brings about the Whakaāria approach that was used to support reflexive thematic analysis interface with Te Ao Māori focused intent. This is then followed by Kaupapa Māori research ethics.

History of research on Māori

Historically, research has been 'about' Māori, and often these studies have shown Māori in a negative and distorted light, weighted heavily by western ideologies, values and intentions (Tuhiwai Smith, 2012). These forms of research interactions have caused tremendous harm and trauma to Indigenous people due to being treated as objects to study, examine, probe and dissect (Pihama, 2001; Tuhiwai Smith, 2012). The dehumanization, exploitation, and torturing of Indigenous people fuels a Eurocentric colonial power system, where Indigenous communities have no control, voice or choice (Emery-Whittington, 2024a; Tuhiwai Smith, 2012). This miss-contextualised and biased way of facilitating, interpreting and owning of research has spread a misrepresentation and portrayal of Māori, focusing increasingly on observations, subjectivities and differences, without looking at outcomes causes (Tuhiwai Smith, 2006, 2012). This serves the western colonial narrative, which is damaging to Māori culture and identity (Tuari Stuart, 2020; Tuhiwai Smith, 2012).

'Kaupapa Māori' does not belong to the research realm, its essence has existed long before Māori were the focus of western research. Kaupapa Māori Theory is grounded in Mātauranga Māori, ancient Māori ways of knowing and understanding (Mercier, 2020; Tuhiwai Smith & Pihama, 2023; Durie, 2003). The core philosophies and values of Mātauranga Māori and Kaupapa Māori theory are rooted in values and connection (Pihama, 2001; Tuhiwai Smith, 2006). Kaupapa Māori continues to be applied in many sectors where Māori exist such as health and social systems (Tuhiwai Smith, 2012). This action began

within the education sector but has been adopted by various areas and disciplines as a description and embodiment of Māori identity (Mercier, 2020). Kaupapa Māori methodology has connections and ties to the movement of critical and feminist theory, therefore has strong ties to discourse related to truth telling and oppression (Mercier, 2020). Kaupapa Māori theory is a shift and resistance against the Eurocentric and colonial dominated methods and thinking within research, and is a framework in which Māori research and practice is informed (Tuari Stuart, 2020). Kaupapa Māori is an active stance against colonialism, its core agenda is to prioritise Indigenous knowledge, resist the dominant worldview, and to ensure empowerment and revolutionary change for Māori (Mercier, 2020; Tuhiwai Smith, 2012). Kaupapa Māori research and the theory behind it, has developed over years, following the push for Indigenous autonomy (Tuhiwai Smith, 2006). Leaders of Kaupapa Māori research have enabled and ensured that Kaupapa Māori theory and research has a place in academia.

Need and relevance of Kaupapa Māori

Kaupapa Māori research is a way in which research is structured that is *by* Māori, *with* Māori, and *for* Māori (Moyle, 2014; Pihama, 2001; Tuhiwai Smith, 2006, 2012). This reinforces and consolidates Tino Rangatiratanga, and the ability to self-determine what Māori knowledge is, how Māori make sense of it, and how Māori are able to exercise their right to their realities and identity (Moyle, 2014). Kaupapa Māori research protects Māori within research processes, and encapsulates the values, the practices and histories of Māori, to ensure these remain at the forefront of the entire research process (Bishop, 1998; Tuhiwai Smith, 2006).

Kaupapa Māori research enables flexibility and creativity, to allow Māori ways of being and doing to shape the research to support cultural needs (Tuari Stuart, 2020; Tuhiwai Smith, 2012). Western research is often unable to accommodate or support changes and enhancements based on the Māori researcher's autonomy and connection, which are fundamental to Māori values and beliefs (Hollis-English, 2012). Autonomy in Kaupapa Māori research enables Māori to protect mātauranga, ensure research is safe for all, and allow Māori to be the drivers of their story (Pihama, 2001; Tuari Stuart, 2020). Historically western research has encouraged and enabled colonisation and imperialism to be "regulated and realized" (Tuhiwai smith, 2006, p.8). Whereas emancipation and liberation of Māori are core values embedded within Kaupapa Māori (Moyle, 2014). Kaupapa Māori research frees Māori of the western research chains of conforming and restricting, instead validates and justifies Māori ways of knowing and doing as sound and legitimate (Tuari Stuart, 2020; Tuhiwai Smith, 2006, 2012).

It is vital that Māori communities are central to Kaupapa Māori research. What is being done within research spaces, must benefit and enhance Māori. The benefits of the research and knowledge do not belong to the Māori researcher themselves and should go beyond that and be of benefit and relevance to Māori communities, their aspirations and priorities (Francis et al., 2019; Tuhiwai Smith, 2012). By keeping this in the forefront of research, decolonial and emancipatory advancements that uplift the mana of Māori are naturally practiced (Walker et al., 2006). Kaupapa Māori research and decolonisation go hand in hand, by uplifting groups that have experienced marginalisation, racism, and discrimination through the process of ongoing colonisation.

Kaupapa Māori research is conducted in a manner where Māori remain in control, this isn't to say that non-Māori cannot be involved and are not allies to research focusing on Māori, it highlights that Māori are the ones to determine what is right for them (Pihama, 2001; Tuari Stuart, 2020; Tuhiwai Smith, 2006). Kaupapa Māori also recognises the diversity and complexity that come with being and identifying as Māori in this current climate. Tuhiwai Smith (2012) highlighted the struggle with the term Indigenous or Māori, is that it tended to group people, so it is important to note that "Māori are not a homogenous group and there is not one way of being or belonging as Māori" (Rameka, 2018, p. 368). Cultural identity, marginalization, generational trauma, generational loss, ongoing colonial and systemic influences etc. have contributed to the diverse reality of what being Māori is and therefore recognising that this whakaaro is integral to Kaupapa Māori research.

Whānau Awhina - Advisory Whānau

During different stages of this research, I have sought the support of various people with various expertise and experience to guide and protect myself, the participants and this research. I am mindful and conscious of the fact that myself as a sole Māori occupational therapist does not warrant me the ability to speak for all Māori, and all Māori occupational therapists and their realities. This echoes the kōrero mentioned previously regarding Māori not being one homogenous group, but diverse in all areas of life. And therefore, being in the space of bridging research and Te Ao Māori requires some safety and protective elements to ensure the research maintains tika, pono and aroha (Tate, 1992). A guiding kōrero used for this was dynamics of whanaungatanga, which is a relational model about protecting and nurturing relationships (Tate, 1992).

My advisory whānau consists of a group of people who I look to in high regard for support, reassurance, advice and expertise in the realm of research and especially within Te Ao Māori.

- Georgina Davis, (Ngāpuhi, Ngāi Tai, Ngāti Porou) my research supervisor. A Māori occupational therapist with mental health clinical experience and lecturer within the Hauora Māori department with AUT.

- Dr Deborah Heke, (Te Arawa, Ngāpuhi) my research supervisor. A senior Māori lecturer previously with AUT now with Te Pūkenga Unitec, experience within Kaupapa Māori research space.

- Matua Jake Tahitahi. (Ngātiwai, Ngāti Whātua, Ngāti Manuhiri) A Māori occupational therapist with significant experience working within Māori Mental health space. Supported myself with my own cultural and clinical safety through the dynamics of whanaungatanga.

- Matua Pat Mendes, (Ngāi Tūpoto, Te Rarawa, Te Aupouri, Ngāpuhi) cultural advisor within Youth Forensic Mental Health, provided support and guidance during initial development stages of this research, in particular with analysis planning.

- Dr Emerald Muriwai. (Ngāti Ira, Ngai Tamahaua, Ngāti Patumoana, Te Whakatōhea). My friend and colleague. A Māori psychologist currently practicing in the Mental Health sector, experienced within the Kaupapa Māori research space.

- Savannah Brown (Ngāti Hine, Ngāpuhi, Ngātiwai, Te Waiariki, Ngāti Whātua) my sister. A Māori architect, and PhD student, with experience working previously as a lecturer at the University of Auckland, and now with Victoria University. Has experience within the realm of Kaupapa Māori research.

Research Interface

Research interface is where the various philosophies, theory and worldviews intersect and allow for 'blended' approaches to research. Heke (2023) explains that this can be "both challenging and empowering" (p.160), to maintain the integrity of each approach, and also enable new perspectives and therefore new insights. The indigenization of research has enabled a new research culture where Indigenous ethical principles and methodologies have been used alongside western theory, so interface research has the capacity to be creative and flexible, shaping research through the use of different philosophies, paradigms and praxis (Durie, 2012). Having access to both approaches enable more insights

and practices that enhance the research. Interface also allows for the two research approaches to enhance each other, therefore is able to be moulded to align with kaupapa Māori research and therefore has the capacity to be decolonial (Heke, 2023).

Interface is common within the modern Māori reality, as a colonised country the heavy influence from the western world has been unavoidable for Māori (Davis, 2020). The Māori reality, worldview, and identity often include an element of interface, as Māori live amongst a diverse and multicultural society. Whilst there are evident complexities for Māori within this intersection of worlds, there are some benefits to being able to walk within both. Research with Māori should be done in a manner that is reflective of their current society and positions (Durie, 2012). Durie (2005) also asserts that socially within the Aotearoa research context, partnership has been renewed through two sets of traditions, two sets of knowledge and two cultures. This has become a powerful foundation for new knowledge and understanding to be developed in Aotearoa, whilst maintaining the relevance and uniqueness of each approach.

'Te Kupenga' is a metaphor developed by Heke (2023) which encapsulates the various methodology streams within Kaupapa Māori research. A 'Kupenga' is a type of fishing net, it is also a style and type of weave that is seen with large woven gaps. The weaving of the different aho (strands) to form the pattern and gaps, is a metaphor for the interface of research and methodology, weaving together and combining 'philosophies and methods. The style of the large open weave used in a kupenga allows for "keeping what is needed and allowing for what is not to pass through the gaps" (Heke, 2023, p. 133). A Kupenga net or basket, is a combination of the various flax strips (various theories, mātauranga and philosophies), This particular weaving style showcases two aho that move in close alignment, intertwine at certain points, and then separating again, this pattern is repeated to create this unique knot/net, symbolizing the interaction and coexistence of two distinct worldviews. This visual representation reflects moments of unity, shared understanding, and then deviation and individuality. A Kupenga net is intended to catch and hold kaimoana (seafood). Kaimoana is a key staple for Māori sustenance and survival, and over generations various techniques and practices have been adapted in order to create and enhance tools to catch kaimoana (Rāwiri, 2018). Therefore, from my own position, lens and understanding, following a kaupapa Māori research approach, the hope is that this research will shape and 'weave' into a unique kupenga, that is able to provide something of benefit, nourishment and value to Te Iwi Māori and Te Ao Māori.

Narrative Inquiry

Narrative inquiry is a research approach that focuses on the experiences and stories of people (Ware et al., 2017). It is a subjective combination of storytelling, meaning and research, and explores how human experience is made sense of (Reissmen, 1993). Primarily the stories and narratives of people are the data sets of this research approach (Reissmen, 1993; Squire et al., 2014). Narrative inquiry honours and acknowledges the individual who is speaking or sharing, esteeming the subjectivity and the unique context that shapes their understanding and meaning of it. It recognises how identity, context and interpretation create personal meaning (Murray & Sergeant, 2012; Somers, 1994). This research method also appreciates how the collaborative connection between the storyteller and the listener contributes to the creation of narrative meaning (Chase, 2005; Squire et al., 2014). Recognising these features of narrative inquiry captures how social and structural forces contribute and connect to the individual and collective experience (Murray & Sergeant, 2012).

Narrative inquiry has been used worldwide and is common amongst many Indigenous researchers because of its ability to compliment Indigenous values, practices and philosophies (Kovach, 2010; Ware et al., 2017). Within Te Ao Māori, oral storytelling was and is the fundamental method of ensuring whakapapa, pūrākau, and Mātauranga continued from generation to generation (Ware et al., 2017). The existence of this ancient and traditional knowledge and practices in today's context is evidence of this method, and it continues to enable Māori to transmit and share information but also grasps the unique and diverse perspectives amongst Māori individuals and groups (Ware et al., 2017; Wirihana, 2012). Tuhiwai Smiths' (2006) kōrero around the grouping of Māori, and their experiences minimises the impacts of colonisation, and encourages the false narrative where Māori are one homogenous group. Indigenous research and capturing of stories is inclusive of the collective group and individual experience as well as generational and historical contributors to this experience and reality (Wirihana, 2012). Kaupapa Māori research values the mana and validity of the narrative in its own right and upholds the voice and perspective of the individual (Ware et al., 2017). The coming together of Narrative inquiry and Kaupapa Māori methodologies highlight the importance of understanding and interpreting the realities and experiences of Māori in the context of colonial history in Aotearoa and the current structure and society (Ware et al., 2017; Wirihana, 2012). It is recommended that the storyteller and the listener have shared worldviews, understandings and experiences in order to protect the integrity and meaning of the kōrero (Chase, 2005; Kovach, 2010).

Finding Māori Occupational Therapists (Sampling Strategy)

Kaupapa Māori research naturally indicates that Māori will be the focus of the research (Tuhiwai Smith, 2006), therefore purposive sampling was used to recruit specifically Māori occupational therapists for this research. This involved selecting participants based on identifying as Māori, are registered occupational therapists, with experience working in the mental health sector of Aotearoa.

This research was advertised through the Occupational Therapy Board of New Zealand in the monthly Pānui email and was sent to all registered occupational therapists in Aotearoa. Whilst the OTBNZ does have a register of occupational therapists who identify as Māori, to send it generically and further than this Māori register enabled it to reach those who perhaps have not registered by their ethnicity but are still Māori, and those who are on their identity journey. This aligns with Cram (2013) who emphasises the diversity of the Māori reality can include hapū and iwi, experiences of urbanization and colonisation, education etc. but can include diversity in connection to cultural identity and Māoritanga.

This advertisement through the OTBNZ was then shared on social media via Facebook on the Umanga Whakaora Ngangahau Facebook group page. Which is an online forum for kōrero, supervision, information and event sharing. Members of this Facebook group are only Māori occupational therapists. Advertisement also took place through face to face kōrero with Māori occupational therapists, within encounters in clinical practice and group cultural supervision settings. Verbal and written information pamphlets were provided. The Māori occupational therapist workforce is a small minority population in comparison to other ethnic groups and there are regular Māori occupational therapists' supervision and wananga opportunities held annually. Therefore, it was highly likely that I was going to know, have studied and worked with many of the Māori occupational therapists wanting to participate in this study. This was the case for this research. Within Te Ao Māori knowing and connecting with people is considered a core value and practice and vital to engaging with others (Durie, 1994; Niania et al., 2016), and within Kaupapa Māori methodology and methods it is a strength of the research (Pihama, 2001; Tuhiwai Smith, 2006). Relationships are integral to Māori, so to have an established relationship beforehand is not seen as a fault or flaw, but as an asset. It was vital to ensure that the participants despite previous or established relationships knew that they held the decision and direction of their kōrero and it was not influenced by myself as the researcher.

Initially, six participants responded and expressed interest to participate in the research. The intended number of participants was six, which was the recommended number to reach data saturation and variety (Saunders et al., 2018). These six participants responded within the advertised time frame, however an

additional seventh participant expressed an interest after the closing date. Due to the nature of this research being a sensitive topic, and being kaupapa Māori, for Māori, with Māori and by Māori, with a commitment to collectivism and decolonial mahi, it only felt right to include this additional Māori participant. Decolonial mahi can take many forms, but in this case, it was resisting the structural and process barriers such as time and deadlines that prevent Māori from engaging in kaupapa meaningful to them. Therefore, from my own positionality as the researcher and my cultural values, I held the whakaaro that if someone felt compelled to share their story, knowing this topic may be an emotive and heavy kōrero, it would be culturally wrong to turn this participant away in this instance. Whilst this did mean more commitment, time and effort required, it was a decision made with aroha. Three other people responded to the advertisements and contacted me, however, did not meet the inclusion criteria of having experience working in the mental health sector or they did not respond to follow up contact.

Hearing the experiences of Māori Occupational Therapists (Data Gathering)

This section is often referred to as 'data collection'. The term collection and gathering insists on a form of 'taking' and extracting to take away from the place of origin which can align with colonial and Eurocentric methods of research, where data is taken but there is no reciprocity (Tuhiwai Smith, 2012). This process is considered more about sharing space and hearing the kōrero. This took place over two months and was in the form of semi structured interviews. Semi structured interviews are considered interviews where the interviewer has pre-prepared questions aligning with the area of focus but remain open ended to allow natural dialogue to flow (Brown & Danaher, 2019). This has capacity to align with Kaupapa Māori research method due to engaging in the sharing of kōrero and information but enabling the participant rangatiratanga over the direction and flow of their kōrero (Brown & Danaher, 2019; Irving et al., 2013). The research questions serve as guides to support the flow of the kōrero, however this is determined by the individual. It is essential to emphasise that semi-structured interviews enable a more holistic and person-centred approach, by allowing the recognition of a human encounter, in comparison to just a tool or mechanisms for research (Qu & Dumay, 2011).

Meeting 'a tinana' (physically) and Kanohi ki te kanohi (face to face) enabled the sharing of space, time and air (Marsden, 2003; Mead, 2016; Pūtaiora Writing Group, 2010) this not only allowed for physical connection but also spiritual (Pūtaiora Writing Group, 2010; Tipene-Matua et al., n.d). Food and drink were also shared during these interviews, as kai is a vital part of connecting and whanaungatanga (Tipene-Matua et al., n.d). The offer and opportunity for karakia was integral to this process. Some participants preferred to start and finish with karakia which created space for this kaupapa by invoking

atua (environmental deities) and tupuna (ancestors) to provide guidance and clarity for their stories to be shared and heard. Meeting physically also meant that communication occurred in many forms, including verbally, behaviourally, and through gestures. It also allowed for intimate interpretation and understanding of the individual's experience through observing how they shared their story. The kaupapa and content of these stories initiated strong and valid feelings, which were able to be heard, seen and felt. The emotional weight and mamae (pain) that these stories carried was evident through tone and tears. Tuhiwai Smith (2012) suggests that the principle of "Titiro (look), Whakarongo (listen) …. Kōrero (speak)" (p. 125) is a practice appropriate for Kaupapa Māori contexts as well as in qualitative research as it shows participants that their stories are respected as well as appreciated, this encourages the researcher to listen humbly. It was also important to note that despite being in a perceived position of power as a researcher, cultural values of kaitiakitanga and mana motuhake ensured that I step back and enable participants to remain in control of the representation of their experiences (Pūtaiora Writing Group, 2010).

All seven kōrero began with whakawhanaungatanga appropriate to the relationship between me and the participant. Two of the participants I had met for the first time through this research, therefore whakawhanaungatanga was focused around creating a foundation of trust and reciprocity. This began with sharing pepeha, information on whakapapa and upbringing, as well as kōrero around mahi and clinical background and finding connections within this. It's important to note here that whilst whakawhanaungatanga is important at the beginning of this relationship, it is just as important for this to be continued, therefore connections were being built and maintained throughout the kōrero not just at the beginning (Walker et al., 2006). During the whakawhanaungatanga stage was also when both the participants and I could express expectations and concerns, having this space to do this allowed mutual respect and reciprocity and held the tino rangatiratanga of participants at the forefront of this research.

As mentioned above I knew some of the participants prior to this research, therefore whakawhanaungatanga took a different and more informal form such as sharing and connecting through whakapapa, whānau, mahi and personal kōrero. This meant that this stage of the interview was shorter in time but not smaller in terms of importance and does not take away from the necessity of this stage. Whilst these instances of whanaungatanga were not about establishing and creating a new relationship, they were still a vital element of connecting by nurturing and maintaining them (Francis et al., 2019; Walker et al., 2006). The importance of creating long term relationships between researcher and participant to enrich and deepen discussions is emphasised but also uphold values and tikanga of engaging in relationship building and maintenance (Francis et al., 2019; Pihama, 2001). Kaupapa Māori

research recognises that this interaction and kōrero is not momentary, but an ongoing relationship built on reciprocity (Tuhiwai Smith, 2006). Indigenous encounters with western research methods are known to be brief interactions which highlights the transactional intent and formulated process of information gathering and 'taking' (Tuhiwai Smith, 2006) so when the participants shared their kōrero, it was important for myself as the researcher but also as Māori to reciprocate and 'give' back. Therefore, I would share and echo my own experiences in connection and relation to theirs. This enables the ongoing whanaungatanga to strengthen but remain genuine.

It is important to note here the balance between reciprocity and influence. As the researcher in a perceived position of power, I was mindful that my sharing of experience had the potential to influence the opinions and perspectives of the participants. Western research highlights the need to separate the researcher from the research and the researched, however within kaupapa Māori this can be a challenge to balance. Whilst I was connected to the participants through directly meeting with them, sharing whakapapa, experiences etc, I ensured there were areas that remained 'tapu'. These tapu restrictions are part of the dynamics of whanaungatanga (Tate, 1992) which ensure there are boundaries that keep everyone involved, safe. Therefore, during the kōrero I always allowed the participants to be the ones to speak and share first. Throughout I ensured that I validated their experiences, because the kōrero that was shared was emotional and heavy. I also ensured that my own shared stories were in relation to the participants' experiences and were not specific to people, places, services or roles, maintaining these tapu boundaries. This process not only enabled reciprocity, but also kotahitanga, reassuring participants that they are not alone and there are shared experiences that connect us as Māori occupational therapists. These tapu restrictions enable me as the researcher to avoid influencing or controlling the dynamic or the content of the participants perspective.

The hui were each one hour to three hours long. The interviews were not rigid but followed the flow and pace of the participants, this allowed participants to share as little or as much as they felt. These kōrero took place in person at a location chosen and preferred by the participant, these included cafes, their workplaces, and in their homes. It was important for the environment of these kōrero to take place somewhere that participants felt comfortable and safe, therefore they had control over location. Niania et al. (2016) is clear that it is vital to be conscious and mindful that environment and context can shape the relationship with Māori, and therefore the information sharing process. To ensure myself as the researcher remained safe in these scenarios, someone (supervisor or whānau) was always aware that I was going to be meeting someone in relation to this research, and the location this would take place. During the initial greeting and whanaungatanga stages of meeting with the participants in person, I gave a koha to each

participant. Koha is a customary practice to gesture manaakitanga. I intentionally gave koha at the beginning of the hui to ensure it did not feel like a transaction or payment at the end for sharing their kōrero. It also ensured that the koha wasn't based on their duration or engagement in the hui, if they decided to leave or end the kōrero, the choice was theirs and the koha intentions and manaakitanga behind the koha still remained.

Structured interview questions were open-ended which created flexibility and choice for participants to share what suited them. These questions focused on the participants' perceptions of personal cultural safety in the workplace, some experiences that are culturally conflicting and challenging, their experiences of feeling culturally safe in the workplace, and what more could be done to ensure their cultural values and safety are upheld in the workplace. The nature of semi-structured interviewing meant that based on the responses and flow of the kōrero, impromptu or follow up questions could be included (Brown & Danaher, 2019; Ware et al., 2017). These questions included focusing on career journey and experience, identity and roles, coping strategies and developed resilience. Mana motuhake which is self-determination, self-government, sovereignty, authority (Tuhiwai Smith, 2006, 2012), was enabled through the power sharing between me as the researcher and the participants. This was about enabling participants to decide what their stories included, being able to determine their truth and reality, and decide what was then included in this research (Pūtaiora Writing Group, 2010; Tuhiwai Smith, 2006).

Within the information provided to participants prior to the interview, there were details regarding support and counselling they could access if needed following the kōrero. Sharing kōrero on cultural safety and cultural labour experiences, is deeply rooted in racism, historical trauma, discrimination, injustice, and identity. Therefore, has the potential to evoke and unearth emotional responses, including feelings of empowerment but also complexities and pain. For the two occupational therapists I had not met before, I was intentional about sharing information about the Māori occupational therapist community, including information about group support and supervision, to provide them with access to profession-specific cultural support if they wished. One was already familiar with this forum and part of the group, while the other had not encountered it before and eagerly provided her details to be included in future events and kaupapa.

The gathering process was one that prompted deep and profound reflection on my part. I felt truly privileged and humbled that Māori occupational therapists entrusted me with their kōrero about their career journeys, their achievements and highlights, as well as deeply vulnerable and raw kōrero about the toughest obstacles they have faced in both practice and life. Being present in this space was a deeply

moving experience, reinforcing my appreciation for the unwavering strength and resilience of te iwi Māori. The Māori occupational therapists in this study emphasised the importance of having their voices and experiences heard, seeking purposeful change and the opportunity to inspire hope for other Māori in clinical settings. I found this very relatable and validating, through my own experiences as a Māori occupational therapist.

Following the hui with participants, storage of the data and kōrero physically looked like keeping recordings and transcripts saved on my computer hard drive. This was my personal computer, nobody else was able to access it. There were passwords to protect security, and my laptop was stored securely at home in a draw. I advised participants that I would be transcribing their kōrero manually. This process ensured that their kōrero remained protected and also allowed me more time to engage with the kōrero. Once transcripts were completed, they were sent back to participants where they had the control to remove or add any kōrero, ultimately deciding if this was what they wanted to share and whether they felt they wanted to continue with the research. The ongoing process of gaining consent was maintained through ongoing transparent communication. These follow up contacts and back and forth emails and face to face kōrero enabled an opportunity for ongoing engagement and relationship maintenance.

Data analysis

The data processing and analysis for this research followed Whakaāria, developed by Heke (2023), and Reflexive Thematic Analysis (RTA) developed by Braun and Clarke (2006, 2019, 2020). RTA is a methodological way in which information from qualitative interviews can be analysed and interpreted to find the meaning. This 'meaning' is heavily influenced by the researcher, and this is taken into consideration in this analysis method. It highlights the requirement of the researcher to be reflective and aware of themselves and how they influence the research, emphasizing that researcher and research are linked and not ever separate. RTA considers the background, worldview, lived experiences of the researcher and how this contributes to how they see and therefore understand the data, and furthermore how they interpret it (Braun & Clarke, 2019).

Reflexive Thematic Analysis was chosen for this research based on its ability to be flexible and connected with the dataset. I found this allowed and aligned with Kaupapa Māori lens and models to be accentuated, and the researcher's positionality to be a pinnacle element of the research. Within Te Ao Māori, everything is connected, there is a whakapapa to all objects, concepts, elements etc, and therefore there is potential to find connection in various ways (Royal, 2012). Kaupapa Māori Methodology emphasises that

the Māori researcher and Māori participants are not separated, they are all connected through whakapapa and whenua (Tuhiwai Smith, 2006). It is the Māori researcher and their lens and view that shapes the research, therefore reflexive thematic analysis was the ideal analysis approach for this research. Traditional RTA enables the finding of 'meaning' within the data set by coding transcripts and then developing these into themes or patterns (Braun & Clarke, 2019, 2020). Whilst this format of analysis is beneficial for qualitative research and has been for Kaupapa Māori research also, from my own personal and positional lens as a Wahine Māori researcher, I felt that there were some cultural protection and preservation missing within RTA, especially in terms of keeping the essence and mauri of what the person has said. This is not to take from the validity of RTA, just to highlight that it was not developed with Māori values in mind. The practical steps of dissecting, shortening and rearranging the data set was an uncomfortable and challenging thought. Decolonial practices and advancements go hand in hand with kaupapa Māori research (Tuari Stuart, 2020; Tuhiwai Smith, 2006), and therefore a step towards decolonial approaches of data analysis and RTA in particular was undertaken. I sought support and guidance through the mahi of one of my supervisors Dr Deb Heke, implementing the Whakaāria concept of interpreting and understanding.

Whakaāria

Heke (2023) developed Whakaāria, an innovative approach on how the conventional Reflexive Thematic Analysis can align itself better within kaupapa Māori research. The mātauranga, theory and ideas around this concept, stem from traditional Māori ways of knowing and being (Heke, 2023), and to blend and weave it with the Reflexive thematic analysis method has enabled a space for analysis interface. Heke (2023) described RTA as having "a set of conceptual tools" (p. 160) to help understand the data, but within Kaupapa Māori Research it would be 'Mātauranga Māori', 'whakapapa', 'huahuatau' and 'whakatinanatanga' that "informed and underpinned" how these tools are used. This way of thinking aligns with my own values mentioned above, not discrediting the benefits that RTA has to offer, but adapting and using it in a way that is culturally and spiritually appropriate. The beauty of reflexive thematic analysis and Kaupapa Māori research is that they both have flexibility, to cater to Māori needs and sensitivities (Braun & Clarke, 2019; Heke, 2023; Pihama, 2001).

This links back to Heke (2023) concept of 'Te Kupenga' research interface that weaves philosophies from various origins and intentions together. My interpretation and understanding of this adapted analysis framework through my own experience with raranga (harakeke weaving) is that aho and whenu (strips of harakeke) of the Kupenga, that are individually woven, are a representation of different theories,

perspectives and philosophies that come together, still uniquely their own but able to work alongside others to collectively create something practical, beneficial and unique. In this case kaupapa Māori philosophies and western concepts such as RTA are woven together, honouring both, but ensuring they hold their integrity.

Whakaāria is an analysis method developed following the outlining and foundation of Te Kupenga within the methodology (Heke, 2023). The broad concepts of Whakaāria include Explore/mātauranga, Frame/whakapapa, Categorise/Huahuatau and Apply/whakatinanatanga. Whilst it is a similar process of RTA and the six steps of RTA familiarisation, coding, generating themes, reviewing themes, defining and naming themes and write up (Braun & Clark, 2006, p.83), it instead magnifies and focuses on concepts and understandings that originate within Te Ao Māori (Heke, 2023).

The initial stage - Mātauranga - explore, can be likened to "deep familiarisation" of the data and transcripts, including the action of reading and re-reading transcripts, listening and re-listening to interview recordings, of data. This meaningful and intentional engagement of the data enables the researcher to "live and breathe the research" (Heke, 2023, p.151). This stage focuses on the way mātauranga, or information/knowledge is "viewed, understood and made sense of" (Heke, 2023, p.151). As mentioned above, this stage is likened to the familiarisation step within RTA. For me specifically, this stage also included the transcription of recordings, which involved the repetitive reading and listening to the transcripts. As the researcher I intentionally placed myself into the role of the transcriber to enable more exposure and familiarisation of the data. Whilst transcriptions were a time-consuming part of this research, it also afforded me the opportunity to fully immerse myself in the data set.

The next stage of whakapapa - frame, was around structuring and framing data from a lens of connectedness. Whakapapa is the epitome of connection within te ao Māori, this ensures that everything and everyone has a position and place in this world (Royal, 2012). This whakapapa framing creates a platform where further ideas and codes/themes are generated. Making links and connections with the data, previous research, literature, and kōrero with supervisors and participants, is an example of how Te Ao Māori connections and whakapapa were made in this research (Heke, 2023). This stage is similar to the coding stage, as it groups and collates the data (Braun & Clark, 2019). Similar to Heke (2023) for my research I manually identified and derived codes from the data, to strengthen my familiarisation with the kōrero and data. This process involved manually identifying and transferring meaning into codes on post-it notes. I used 'Miro' as a tool for this process. Miro is an online programme replicating the use of a whiteboard or large note pad for planning and organizing (Miro, 2024). Each participant was a different

coloured animated post-it notes so that I could visualise and track the shape, movement and growth of this process. Moving and shifting the codes and quotes on a regular basis enabled the ongoing re-reading and familiarisation. Heke (2023) suggests that this process is time consuming but to engage physically with the data for an extended period of time enables a deeper and insightful connection with the data. Whilst this stage personally felt uncomfortable and unnatural due to the coding no longer being the exact words and context, somewhat minimising the quotes of participants into summarised meanings, I felt reassured that the concept of whakapapa and connection remained at the core of this process. The kōrero may be physically shortened with fewer words, however the magnitude and the mana that existed in the whakapapa beforehand remains intact. Heke (2023) also highlighted their experience of this too, stating that this process "seemed to reduce the richness of the data" (p. 160). This was also the experience of Rangiwai et al., (2021) who spoke about the cultural challenges when using traditional RTA. This included the "privileging of the English language", and that they found themselves "reverting back to English when disseminating and coding data" (p. 4). This solidified my initial thoughts and feelings around ensuring cultural protection and preservation in the analysis stage, therefore I felt reassured by the integration of Whakaāria. Being aware of these feelings and experiences meant I was intentional and mindful during the whakapapa and huahuatau stages.

The stage of huahuatau involved categorising these connections. huahuatau means to realise or conceptualise, but can also mean simile or metaphor, and a beautiful combination of both these kupu occurs during this stage within Whakaāria. It moves from narrowing (coding) to broadening (theming) of the data. Within this stage the development and naming of the themes took place. The beauty of this stage is that it offers the opportunity and privilege for the researcher's positionality, creativity and critical thinking to shine through, acknowledging their unique understanding and lens. Within the categorisation stage, metaphors are developed, showing the researchers interpretation of the data in a unique light. This is where whakataukī came into play. Whakataukī (sayings or proverbs) and whakatauākī (sayings and proverbs when the author is known) help Māori to make sense of their world and the concepts and elements within it. During the initial conceptualisations stage of this research, discussions were had with advisory whānau members regarding the interpretation and analysis of kōrero, and the idea of using whakataukī as an ancestral tool to interpret and understand came about. "Use whakataukī to make sense of it, that's how our people use to make sense of things back in the day" (P. Mendes, personal communication November 15, 2023). Therefore, Whakaāria made sense to use as the approach to analysing the participants kōrero. This aligns with the concept of reflexivity and understanding one's way of thinking and positioning. This also acknowledges that everyone holds different meanings and interpretations for these whakataukī. "Whakataukī mean whatever the person needs it to mean" (J.

Tahitahi, personal communication, March 28, 2025). The use of whakataukī, whakatauākī and metaphor enables the restoration of data richness (Heke, 2023) alongside the mana of old whakaaro.

Whakatinanatanga is the final stage of this Whakaāria process, which is when the previous stages come together to construct and embody the key messages. Whakatinana is to embody or implement, it is the following action of huahuatau (realise/think). All the codes and themes that have originated from this data set have come together and created a new body or form, whilst still holding their unique individual mana and power. This stage involved uniting all the huahuatau and data and writing up the findings. This section amplifies the voices of the participants by sharing and connecting quotes. This also allows the researcher's voice to be heard as someone engaged and inseparable from this research and kaupapa. This section also includes the collating of past literature and how this current research supports and contributes to this. Similar to Māori concepts, it brings together and connects the past and future tense with the present (Baker, 2021; Heke, 2023; Marsden, 2003). It takes what has been said and done through past research, connecting to the present kōrero in this research and turns its focus towards the future and recommendations. Whakatinanatanga, encapsulates the direction and momentum of the research, and suggests a way forward ā tinana (physically and practically), through the proposal of recommendations (Heke, 2023).

This process of analysis through the guidance of Whakaāria, was an eye opening and empowering experience. Whakataukī and pūrākau associated, within this analysis process and research became a guide and vehicle, helping me to make sense of the kōrero. This journey led to the realisation that my whakapapa and tūpuna are not just about remembrance and acknowledgement, but they are the source of my understanding, shaping my perspective and interpretation. Their presence, experience and wisdom are woven into this process through the integration of their old and expert knowledge. The distinction between RTA and Whakaāria for me, is around the internal and external experience. Traditional RTA centralizes the individual researcher's perspective which is vital to display transparency (Braun & Clarke, 2019), whereas Whakaāria I found had the capacity to embrace both an internalized personal insight, and an externalized connected experience. Through Whakaāria, my whakapapa and tupuna have remained present, not physically, but embodied through shaping and guiding my thinking, understanding, and decisions. The Whakaāria analysis approach acknowledges the deep and spiritual connectedness of Indigenous Mātauranga and methodologies, where knowledge is not understood and interpreted individually and presently, but collectively preserved and shared across generations.

Kaupapa Māori Research Ethics

Kaupapa Māori research requires the guidance and pou of tikanga Māori and Mātauranga Māori, and for these to be upheld in an appropriate and safe manner (Tuhiwai Smith, 2012; Tuari Stuart, 2020; Pihama, 2001; The Pūtaiora Writing Group, 2010). The development of Te Ara Tika Guidelines by the Pūtaiora Writing Group (2010) was to safeguard Māori participants and Māori researchers (Pūtaiora Writing Group, 2010; Walker et al., 2006). This Māori ethical framework consists of four principles based on tikanga, including whakapapa (relationships), tika (the design of the research), manaakitanga (cultural and social responsibility) and mana (justice and equity). These four principles are then divided into three parts to outline the expected development and progression in terms of safe and ethical research. These three descriptors within the four main principles represent a continuum of standards inclusive of minimum standards, good practice and then emphasising best practice (Pūtaiora Writing Group, 2010).

This is a kaupapa Māori research therefore it could only be undertaken with utmost integrity and aim for best practice. Best practice for whakapapa or the purpose and progression of relationships, is ensuring that the research is relevant and beneficial to Māori, and kaitiakitanga occurs within all areas of the research. Within this research, this principle was upheld through meeting kanohi ki te kanohi, ensuring ample time to kōrero, thus ensuring the initial relationship building between people and kaupapa was formed. I had regular contact and check-ins to share research updates and stages, participant oversight of their transcripts and quotes, this ensured that what was written and within the context of this research was accurate and in alignment with their intentions. An important element of whakapapa is ensuring ongoing participant consent. This safeguards the participant and their kōrero to ensure their tino rangatiratanga to participate is upheld in every stage of the research (Pūtaiora Writing Group, 2010).

Tika is to ensure that the research is done in accordance with tikanga and that the design of the research aligns with the Māori values and beliefs (Pūtaiora Writing Group, 2010). It is not just about kaupapa Māori methods of research, it involves the strengthening, advocating, and developing transformative impact that resonates with the community's wants and needs, with the hope to contribute to positive beneficial outcomes (Pūtaiora Writing Group, 2010; Tuhiwai Smith, 2006, 2012.). In this research this was done through the collaboration with my whānau awhina (advisory group) consisting of various Māori expertise that ensured I and my research remained grounded, culturally aligned and in line with the expectations of Māori. Their guidance was invaluable when working with the interface and logistics of kaupapa Māori and a western process and structure.

Manaakitanga is around empowerment and enhancement regarding cultural and social responsibilities. The Pūtaiora Writing Group (2010) declare that this extends beyond cultural safety and recognises the responsibility to uphold spiritual protection. This was done by creating space where participants could engage spiritually and safely. The recognition of people, space and time upheld the essence and mauri of each interaction. Participants were welcomed and supported to engage in karakia or other forms of spiritual grounding, allowing them to align themselves in ways that recognised their own beliefs, tikanga and wairua. Despite the contemporary urban spaces such as cafes and workplaces, it was still important to maintain the sacredness of the Māori occupational therapists and their kōrero. Collaboration with those within my advisory whānau, especially those with expertise in wairua and tikanga, were imperative to ensure the spiritual protection of all during this research.

Mana is about the power dynamics and imbalances that exist for Māori within the research and emphasises how this can be mitigated through participants retaining ownership and control over their kōrero (Pūtaiora Writing Group, 2010). The Māori occupational therapists were involved in transcription oversight, changes to the kōrero including retracting or adding kōrero, ultimately had the final say of whether their transcripts and quotes were in accordance with their intentions and aspirations. At all times participants remained in control of whether their kōrero was used for this kaupapa. Mana also included the ownership and naming of quotes within the research. Participants had the autonomy to decide whether their kōrero was displayed as anonymous, credited through pseudonyms, or personalized with their own names and initials, reflecting their preferred level of recognition and ownership.

Conclusion

This section highlighted how Kaupapa Māori methodology and ethics has underpinned this research, alongside the interface of some western theory and approaches. Together these philosophies enhance and work together to ensure protection and safety of Māori concepts and people. Kaupapa Māori research methodology and methods naturally aligned with this research topic and decolonial discourses, focusing on the perspectives and voices of Māori occupational therapists in regard to their experiences of cultural safety and cultural labour in their mental health practice settings. Their experiences traversing the realm of cultural safety and cultural labour has aligned with decolonial and emancipatory intentions, creating a space where Māori voices, experiences, and knowledge systems are not marginalised, but raised and centred. The use of narrative inquiry enabled this research to focus on the meaning behind experiences, with the flexibility to blend with Kaupapa Māori methodologies enabled a space for research interface. Whakaāria was discussed and integrated into this research to support analysis and interpretation.

However, it also ensured that the data analysis stage was more than a process of interpreting, but an interconnected way of protecting and honouring the stories of participants. The conscious gentleness when caring for these kōrero, guided by ancestral metaphors reinforced the position of mātauranga Māori.

The whānau awhina played an integral part in this research, a korowai, wrapping support and guidance to enable a collective approach and outlook, and ensured that the research protocols were adhered to with tika, pono and aroha (Pūtaiora Writing Group, 2010; Tate, 1992; Tuhiwai Smith, 2006;). Kaupapa Māori Ethics was a foundational element of the entire research process and influenced the shape and design of all elements. This research considered and implemented the fundamental principles of whakapapa, manaakitanga, tika and mana (Pūtaiora Writing Group, 2010). These principles are core to protecting Māori participants and Māori researchers and ensured a space and time where participants could kōrero freely. Employing this approach enabled participants to safely and powerfully exercise their mana motuhake over their experiences and stories. The methodology of this research plays an integral role, highlighting the cultural integrity and ethics, and intentional and valuable engagement to ensure tikanga, whanaungatanga and mātauranga Māori, as well as Māori aspirations remain at the focus.

Wāhanga Tuawha

Chapter 4. Findings

Overview of Findings

This section will outline the findings and huahuatau (the themes and subthemes) that I as the researcher have identified and analysed within this research through the guidance of Whakaāria (Heke, 2023). Huahuatau, Whakataukī and whakatauākī have been utilised in this research as an overarching analytical lens to understand and interpret the various kōrero of the Māori occupational therapists. These whakatauākī have grouped, guided and shaped my understanding of the kōrero and the themes. The whakatauākī in this section are kōrero from my own tupuna (ancestors), whakapapa (genealogy), or that have a hononga (connection) to my people and hapū.

Engaging with whakataukī and whakatauākī has been both familiar and new, some were already known to me, while others emerged naturally throughout this research experience. These sayings came to me through my personal connections and life beyond this research, they deeply resonated and aligned with my view of this research and the kōrero shared by participants. Their relevance and interpretation extend beyond words, they have become reflective guides that shape meaning in this area of the research. "The beauty of whakataukī is that they hold different meanings to each person" (J. Tahitahi, personal communication, March 28, 2025), and so within this research I have outlined the meaning and relevance these whakataukī hold for me, and the way in which I think, interpret and understand the research findings.

Huahuatau Tuatahi:
Waiho kia kakati te namu i te whārangi o te pukapuka, hei kona ka tahuri atu

The first whakatauākī theme evident in this research is "waiho kia kakati te namu i te wharangi o te pukapuka, hei kona ka tahuri atu" (Webber & O'Connor, 2022, p.26). This translates to 'await therefore until the sandfly nips the pages of the book, then shall you rise and oppose'. This was said by one of my Tupuna, Te Ruki Kawiti. He said this within a lament, that spoke about a changing world for his mokopuna. The common interpretation of the word pukapuka within Ngāti Hine context is 'Te Tiriti o

Waitangi', and the namu or sandflies being the British crown and its representatives. The kōrero is a metaphor for the British crown not upholding its promise and agreement that was signed within Te Tiriti o Waitangi. This kōrero can also be seen as a direct attack on whakapapa (genealogy) and uri (descendants), "It's better to live in peace, then to live in bloodshed and that is a reminder of your sandfly, cause it's only gonna come for your blood. Isn't it?" (M. Jakeman, 2018., as quoted in Jakeman 2019, pp. 74-75). Within this whakatauākī Te Ruki Kawiti is urging that we as uri of Ngāti Hine but also Ngai Māori (all Māori), stand together and oppose when these breaches are made. This whakatauākī was said during the time of Te Tiriti o Waitangi being signed however its relevance in today's time is scarily prominent. Te Tiriti o Waitangi breaches by the British crown are acts of racism. This theme focuses on the overarching racism Māori experience every day. The biting and taking of blood indicating the taking of whakapapa, and the belittling of Māori and their place. For this research this huahuatau highlights the racism experienced by Māori occupational therapists within their mental health practice.

Racism and colonisation

Whilst Racism has been included as a huahuatau (theme), it is imperative to note that this is the overarching context of all the themes derived within the analysis process. The theme of Racism is evident and has whakapapa and connection to all themes. All themes consist of racist and discriminatory elements and exist under the umbrella of this overarching context of ongoing colonisation. All participants spoke about observing and experiencing racism and colonialism within their occupational therapy contexts, including clinical workplaces and tertiary education institutions that lead to their current careers.

There are various forms of racism that exist within Aotearoa, the specific forms of racism that were highlighted within this research included historical, institutional and interpersonal. It is well-documented that New Zealand is founded on colonisation and eurocentrism therefore, the structures and values that were introduced during the initial stages of colonisation in the 1800's are present today (Borrell et al., 2018). The process of colonisation began in the past, through foreign parties (in particular the British) coming to Aotearoa with the intention to control and dominate the land and resources (Jackson, 1993, 2020). This had a detrimental impact on Māori, resulting in land and resource theft, strategic taking of language, removal of children from culture and tribal ways of learning and living, unable to access the traditional ways of keeping themselves healthy and safe, overall forcing Māori to assimilate to British rule. Consequences of not conforming were violent and mostly deadly (Mutu, 2019b). New Zealand's government and all systems and structures internal and external are expansions and evolutions of the British crown's imposed rule and influence (Came et al., 2019). These damaging structures and processes

continue to stain the way in which Māori live today, this is seen through Māori being overrepresented in almost all negative health outcomes, highest ethnicity in incarceration, highest number of children in state care, highest number of people accessing social housing, and highest number of deaths due to preventable illnesses (Ministry of Health, 2023; Te Aka Whaiora, 2024).

Historical Racism and Colonisation

Historical racism in this research, refers to the discriminatory and violent foundations in which this country and current society are founded on. We are unable to understand racism, inequities and discrimination that exist today without looking at where it has flowed (flooded) from (Bartholemew, 2020; Jackson, 2020; Mutu, 2019b).

Participants all spoke about colonisation and its ongoing repercussions within today's context. Through their experience of working with tangata whaiora Māori, they have seen firsthand the societal barriers and statistics in health care. However, participants shared their experiences of this within their own whānau and in their own personal experiences. The participants were very much aware of intergenerational trauma and positioning due to their own upbringings and experiences and commonly spoke about the pain and sadness they have seen amongst their whānau members. Participants highlighted how older generations carry a lot of mamae (trauma and pain) from past experiences and understandably are more sceptical of western methods and values.

> *The ongoing impacts of colonisation are very raw, my mum's generation lost their reo... Our generation is more lenient in regards to tauiwi… the older generations are more strict and staunch…and that's coming from a space of encountering a lot more trauma and hurt from tauiwi than we did – CB.*

Another participant spoke about how whānau members had no choice but to reluctantly position themselves in a pākehā world and way of living, in order to provide for their whānau and get ahead in life. Resistance to this Eurocentric way of living led to even further discrimination.

> *My mum was brought up in a time where it was – for lack of a better word, it was uncool to be Māori. There was a lot of discrimination and for that reason her mum named them all pākehā names, and I think my mum and her sisters felt they did the best thing by us by immersing us in that pākehā world, a pākehā way of doing things, and that's how you get ahead, and that's how you are able to live a better life…I guess from their experiences that was how they interpreted it or it was their worldview at the time…They assimilated to survive…and my nana and koro did not want their kids to live the same life they did – RB*

All participants spoke about the significance of whakapapa, and also the resilience and strength of the generations before them to face and survive the things they encountered. The participants also spoke about these experiences from past generations, and that their experiences and lives remain reminders that solidify their purpose and direction in their occupational therapy practice.

Institutional racism

In this research institutional racism refers to the systems, processes and structures that are embedded with racism and discrimination (Came et al., 2021). These systems in Aotearoa favour and privilege the western and pākehā way of life, as it stems from colonisation and its aim to infiltrate and control. The systems and structures of Aotearoa are functioning and operating as they were intended, to disadvantage and disposition Māori, catering only to the needs of the dominant culture and population.
For Māori occupational therapists, institutional racism was a very common issue in their practice, occupational therapy training and their overall life. An unavoidable and recurring crack within the societal constructs of Aotearoa.

Participants highlighted how institutional racism wasn't an obvious form of racism, especially for those who are not directly impacted by it. This is because it is strategically embedded within processes and systems. Participants spoke about being exposed to institutional environments that have embedded racism, which has meant they have become accustomed and desensitised to the targeting, as well as the destruction associated with it. This exposure to institutional racism early in their careers and tertiary education journeys, has equipped them to survive working in the mental health system and services.

> *The education system, like the health system, was not designed by us and is not inherently built to support us. Walking both worlds can be a difficult journey. As a tauira, If you can get through study then you are prepared with the skills to practice in the profession – SM*

> *…It just felt like something was missing, there weren't many Māori in class so nobody probably felt as uncomfortable as us and I guess there's levels to the discomfort … growing up as an urban Māori not being as connected to that pre-uni and having to come to uni to discover it all... there were mixed feelings about this is, like this great but also there's a bit of discomfort that non-Māori are teaching me about myself and my people - OM*

Some participants spoke about whaiora Māori having an over-involvement of other services in their care such as the justice system, corrections, Oranga Tamariki, and other health providers. This can cause whānau to be overwhelmed, feel unheard and then disengaged, therefore not getting the help they need.

Theres a whole heap of institutional trauma… trauma from being in the system from early in their lives … and it's not necessarily that they know how to use the system, I don't like to use the term 'use', rather 'access', because my whole whakaaro is that the system is there to be accessed when needed, and we have a real stigma when Māori actually do access - SM

I think the way Māori are interacted with, there's a rush to push them through compared to the slowness to build connections and get to know them … and then Māori are misunderstood across the board in all our systems , and they often get pushed aside or blamed for something else… and you've got lots of services doing all this tunnel vision but not communicating to each other, that's not helpful for whānau – MN

A lot of our older whaiora have encountered the effects of colonisation and racism, and a lot has come from the government services, whether its CYF's, WINZ, and so you know, we are just another government service, we are representing the people that hurt them basically so sometimes its hard for our whaiora to trust us - CB

Another participant shared an example of institutional racism around how the number of whānau members in a whānau hui was decided by the service and number of chairs and space they had available, these assumptions around what whānau looks like and who it includes is institutional racism, despite 'whānau' and 'hui' being Māori kupu and concepts.

It's not a whānau hui if it is the service that dictates what that looks like, who or how many attend. It is about the whaiora or whānau, they choose how this looks – SM

There are stats to look at… more contact with police… they don't want to deal with that… put you in the car take you to the psych ward or the cells to get you sorted… there's so many barriers that stop our whānau from getting good support because of bias of systems – SM

Another example given was the institutional barriers that whaiora face, including transport to appointments, being given a phone number to contact services, but not being able to afford credit to call, or being given an appointment time without collaboration and not being able to make it because of whānau or work commitments. Institutional racism is the added unnecessary pressure and barriers that Māori feel when they are trying to access help, participants shared this can look like rushed referrals, short assessment times etc.

We have a lot of Māori that have undiagnosed learning disabilities, things that could and should have been done earlier, but didn't because we know Māori are misrepresented… - MN

Participants also shared their experiences when trying to advocate for culturally informed interventions or considerations. Mental health services have historically favoured the bio-medical model and approaches to assessment and treatment, therefore cultural and holistic mediums are undermined because it does not

fit within the realm of bio-medical. Many times, Māori values are not taken into consideration, and this categorises and labels Māori as unwell, disengaged, non-compliant etc. which reinforces the services processes, standards and preconceived judgements about tangata whaiora Māori and their wellbeing. Participants emphasised misdiagnosis and situations where labels and diagnosis are passed out but not explored culturally, being examples of institutional racism.

> *I received a referral for a young tane with psychosis…, so he came to me, and just meeting him and mum I was like I feel there's more of a cultural element, it doesn't sit right, it doesn't seem like just psychosis… yes he's seeing visual perceptions but they didn't scare him, he felt comfortable and calm around them, and then you'd talk to the mum and she had the exact same experiences and so does his brother, so I feel like nobody actually talked to the whole whānau and just based this label off the referral they got from the courts... the courts were like oh he's psychotic because he can hear voices and sees things…I feel like they didn't explore it enough…because you talk to him and he'd say he sees his siblings who have passed away and he found comfort in them, they appeared when he was sad or upset, they didn't tell him to hurt himself or anyone…and that was the difference – TFM*

Participants have said policies and procedures have institutional racism blurred within the wording and tend to prioritise a western ideology. There were examples given around the development of processes, distribution of funding, time and resource, and that lower prioritisation of Māori initiatives is seen exclusion of Māori needs and consideration and limited consultation.

> *For a lot of services and people being in the workforce is about stats, like here's new KPI we have to do…there's new KPI aligning with Te Whare Tapa Wha, so at first even though it's frustrating for colleagues because they have to shift their entire practice, this is actually the stuff I'm doing anyway, and the stuff they should have been doing from the get go… but they don't recognise that I'm already doing this new KPI… these processes and KPI's aren't really applicable to me – OM*

> *The nation's health is changing, more are going through primary care because they can't get into community mental health teams because the criteria is so hard because of the lack of funding and resources, so there's this gap… our whānau Māori are wedged into that gap, so the funding and resources don't even reach them… – SM*

> *Theres all these mandatory trainings for sensory modulation, CBT, DBT… there are trainings on engagement with Māori, but it doesn't seem to be taken seriously and feels like its optional. People can go to the training to tick the box that they've done it… but when it comes down to actually implementing this into practice, look at our whānau still stuck in the system and being mistreated… Māori health is definitely not prioritised otherwise there would be measures in place to track their [Clinicians] engagement with Māori - OM*

> *Even though taking off your hu when entering somebody's whare is not of Māori origin, it was to preserve the taonga in our wharenui, it is still a custom that Māori observe today… Theres's*

policies within the DHB about not taking your shoes off when entering whare for health and safety reasons, so there's this clash. The western idea of safety is this and a Te Ao Māori view of safety is this… – CB

The concept of time came up for many participants, reporting whaiora are given set amounts of time for appointments, and these are often rushed so therefore time is not taken to build relationships. There is a huge gap in trust between Māori and social services, due to the institutional and systemic failings and ongoing colonisation, and therefore whanaungatanga and relationships are imperative to engagement in services and health outcomes.

Rushing whanaungatanga creates walls … I had a student who said they learn about whanaungatanga in case studies and they teach you that the first 15 minutes is whanaungatanga and then you go through your session… and then coming to work with me it was like we are probably going to spend the first 2 whole sessions just on whanaungatanga and getting to know them…I had to tell them that we have the time here in our kaupapa Māori service unlike mainstream services …there is no time for tikanga – MN

Participant's highlighted that a huge part of institutional racism is that Māori are the workforce being recruited to band-aid the service and institution failings and issues. This short-term fix or band-aiding is resulting in our Māori staff exhausting and overworking themselves to support whaiora Māori within dated, racist and inadequate systems that were not designed to meet their needs.

For people who are Māori or Indigenous, why is there an expectation that the Māori workforce do all these extra things for nothing… the system is 'othering' us again – KM

… this system is theirs and it is doing what they designed it to do. We need to be in these spaces to be representative of our whānau and culture. But it can also be exhausting, our manaakitanga can be confused as a quick fix, a band aid …. – SM

Tick box/tokenism

Participants spoke about tokenism and the institutional origins of it. They highlighted that services wanting to incorporate tikanga and values often created routine tick box activities that are perceived as racist. Participants gave the examples of being singled out to do karakia, having Māori questions directed towards them in public settings, being asked to facilitate whakatau or poroporoaki, anything to do with Te Ao Māori directed towards kaimahi Māori. This left these participants feeling exploited and exhibited, as if their clinical expertise was not considered.

They would always come up to me with any generalised Māori question… dial a Māori - RB

Many participants all shared similar experiences where they had been approached to be part of a project, presentation or kaupapa that wanted to integrate cultural practices. However, there were often time and funding restraints, and consultation was at the end stages of the plan development. Some participants shared that when advice and time was given, they were not carried out in the end leaving them to feel undervalued. This left many participants feeling that intentions were untrue and intended to uplift the service and not tangata whaiora Māori or kaimahi Māori.

> *Other providers reach out to us for advice and then what we've noticed is that we are taken advantage of, and there was this standing joke at mahi that these providers wanted the brown card – MN.*

> *I've been asked to support with powhiri, walk students around our 'cultural' service…. and to speak at symposiums, and I just said no, which made me feel bad, but it was so tokenistic because it was only to do the opening karakia and mihimihi… and the way they ask is very entitled like I should be doing this – KM*

> *The relationship they need to build is with the haukainga. They [service] always come to us as the Māori service… Use the expertise of local marae and kaumatua for the people you serve, they are the ones with the connection and whakapapa to the whenua you work on. Let them know you are there and wanting to build a relationship, rather than coming to us - CB*

Participants also expressed occasions where organisations and services attempted to "*put a Māori 'twist' on non-Māori concepts*" *– RB,* and picking and choosing when to use tikanga. One participant shared that tauiwi often perceived tikanga and kawa as a barrier, whilst this wasn't verbalised, this was seen through skipping karakia and whanaungatanga due to time and only doing it within a certain company.

> *…When I'm not there they don't even do karakia. Like are you ticking a box because of me. I sit there and feel so uncomfortable because it's so tokenistic – KM*

> *When we have a shared lunch 'oh who's going to do karakia?' everyone looks at me… it's like here we go… just don't bother doing karakia. I'd rather you guys just not do it, than bombard me with this expectation every time – OM*

Participants also spoke about when non-Māori colleagues engaged in Māori practices during certain situations but did not enact the same values in other contexts with Māori. For example, one participant expressed that this performative engagement in tikanga showed a lack of genuinely embracing of Māori customs.

They would do a karakia when there was someone senior or from higher up in the hui, but not when it's for the whaiora or in our usual OT meetings - KM

Interpersonal Racism

Interpersonal racism includes the direct verbal and non-verbal racism that is directed from one person or group to another (Beagan et al., 2022). Participants spoke about the grey area around this and how racism can be obscured with vague comments and jokes.

.... There's a lot of racism and bias, it is entrenched in many, and will continue, as they are not being called out. At times we question ourselves if it was, because it has become a norm... - SM

Participants spoke about interpersonal racism not being as obvious and outright compared to a generation or two back. Their experiences included colleagues treading carefully and manoeuvring racist kōrero around procedures and policies, and that these strategies are used to hide behind and justify their racism. Participant shared that this has made them doubt themselves and question whether something was or wasn't racist. The less-blatant racism was reported to be harder to tackle and address because of the uncertainty in the intentions behind it.

a lot of occasions where because I'm Māori, it's like you do the karakia, but then they wouldn't even ask me about things in relation to my clients, sometimes it felt like I was there just to open and close for karakia…in some ways I think they saw that as a more valuable use of my time… but you just feel like a cultural prop…I'd be invited to something last minute and then they would ask if I'd do karakia kai…in some part of my role it felt like I couldn't be relaxed like everyone else, there was always an expectation to serve and be of service – RB

Experiences of being verbally and racially abused by colleagues and occasionally whaiora who were non-Māori, sadly came up regularly within the research. These recounts of experiences understandably provoked emotional responses from participants with a few crying whilst sharing, and expressing their feelings of shame, sadness and anger.

Direct and verbal racism from colleagues was an area that participants described as particularly challenging, because these are longer-term work relationships, and these colleagues are encountered regularly. One participant shared that they had initiated a whakataukī or kupu of the week alongside their non-Māori colleagues who were seeking a way to use te reo Māori. One colleague was away and not part of the planning and implementation, and they intentionally didn't attempt to pronounce kupu correctly.

when I shared how to pronounce the ingoa correctly … she verbally attacked me, screaming at me… tried to blame others not her actions … usually we would just let that go, move on, I will be the better person type mentality, but then I was like, no that is not ok; I do not speak to you like that and you don't get that right - SM

Another participant spoke about their experience of being racially abused by whaiora allocated to them. This non-Māori whaiora had known and existing beliefs and bias around Māori and their position in Aotearoa. This participant shared how this whaiora was allocated to them due to gender, and this compromised their own cultural safety. The participant further expressed that risk goes beyond physical and should be inclusive of cultural safety. Another participant spoke about non-Māori whaiora that express racist beliefs were often a reminder and reflection of society.

It is challenging when whaiora are openly racist when unwell because it can be hard to determine whether they mean this outside of being unwell, and what are the risks associated?...sometimes I'm like I'm going to put my European key worker hat on now because you obviously have this perception of Polynesian cultures that makes me feel unsafe working with you... – OM

Participants all highlighted that dealing with racism, microaggressions etc and being alone and isolated, is wairua damaging for Māori. Isolation within this context is being the minority Māori workforce, for many participants they were one of a few or the only Māori in the workplace. This creates a sense of vulnerability, or that nobody fully understands the demand, and therefore nobody understands the hurt. Tending to the cultural needs and complexities of the service is draining for Māori occupational Therapists *especially when trying to create change. – RB*

…as much as I don't want to admit it, there's still a lot of shame and whakamā in clinical spaces being Māori, because it's not acknowledged and valued as much as western, so you get people raising their eyebrows at you…I'm one voice and I suppose that's where the whakamā comes from - CB

…there is low workforce across clinical and non-clinical, that's a struggle and a barrier in itself, being the minority, the advocate, the voice... and again, I've just entered into a new role, another isolative space… - SM

I would attend the joint OT meeting across our catchment area, I was the only Māori and the only OT working in the Māori service, so it was culturally unsafe at times… - KM

Unconscious bias and narrow world view

Another element within interpersonal racism is the unconscious bias and narrow world view held by non-Māori. A few participants shared that the gap in knowledge about the history of Aotearoa and the Māori reality (what they should know, do and look like) and this being a common kōrero they have encountered in practice. Many colleagues of the participants were unaware of the true history of Aotearoa and were surprised when informed, but equally there were non-Māori colleagues that became defensive and dismissive around Māori experiences and history, and this often led towards the narrative about Māori 'living in the past' or needing to 'move on'. This inability to recognise history and past occurrences and the impact this has on today's constructs, is a big challenge for Māori both staff and tangata whaiora. The resistance and pushback, as well as the denial of the Māori lived experience is a constant battle. This dismissal directly marginalises Māori, their culture and their experiences.

> *… she was an older pākeha lady and her opinion was 'oh well when they're over 30 they don't really want Māori support', so she would not offer kaupapa Māori support she would automatically refer to mainstream services; she was making assumptions and decisions based on her own uneducated opinion…- SM*

Participants spoke about services and non-Māori staff referring to Te Ao Māori concepts as different, and occasionally unjustified by western standards. One participant shared their experience when developing a Kaupapa Māori intervention aimed at catering to Māori, and how senior non-Māori staff made attempts to dissect, control and adapt it to incorporate western theory and elements to it. This participant reported that their interpretation of the situation was that non-Māori staff struggled to accept that this space was for Māori only, and they didn't see the value in whaiora Māori having culturally aligned and specific opportunities of recovery, compared to the non-Māori, western and structured intervention that often categorised and 'boxed' Māori.

> *One colleague was quite aggressive and territorial like you can't come here and make your own Māori groups without them being signed off by me, I was still new back then… It all blew up, and I just went into my shell and hid. They didn't understand most of my group because it was in te reo and it was atua based…he was like I don't see why you're relating gods to addictions… – KM*

Participants also raised that non-Māori colleagues often focused on the relevance of Māori practices to them personally, forgetting that this was in regard to the tangata whaiora they work with. Participants spoke about colleagues struggling to recognise their own privilege and position in society contributes to them feeling personally attacked when there are new or diverse concepts introduced. This was challenging to address for participants because it was the inner work of colleagues. However, it was a

challenge to ignore because it meant that whaiora Māori and their experiences continue to be misunderstood and categorised by western standards.

> *…a world that has benefited you is hard to give up – SM.*

> *I think it's a million different things contributing to it, people's education, preconceived ideas, the way everything is structured … why shake something up that's worked for you, it's that very individualistic mindset, which is the way pākeha systems operate, it's all about me and my immediate family. I don't care how the system works for other people as long as I'm getting what I need. So why shake that up? They know their entitlements and their rights, because the system teaches them this… - OM*

Some participants shared examples of stereotypes and microaggressions that they have heard from colleagues when talking about whaiora Māori. One participant spoke about non-Māori staff talking about whaiora Māori and their whānau in a derogatory manner, and often blaming them for social factors and situation, showing their limited awareness. Another participant echoed this and spoke about the frequency of harsher labels given to whānau Māori such as 'alcoholic' or 'drug addict', and not the same frequency and tone given to non-Māori whaiora. One participant shared how because of these labels, clinicians then made negative assumptions around whaiora recovery. This participant also spoke about how this manner of communication when talking about whaiora, showed a lack of hope for whaiora Māori recovery.

> *…blaming the family's experiences like alcohol use and domestic violence, like that's why your kid is the way they are…I know I've heard some clinicians say this in hui, like oh they're not going to get better because their parents are this or that…just assumptions and jumping to conclusions about the Whaiora's recovery – TFM*

> *Some clinicians have a preconceived expectation that this service isn't going to help them [Whaiora Māori], and one little hiccup is all that's needed for them to meet that clinician's expectation - OM*

SM shared a kōrero about clinicians associating tā moko with gang affiliation. *"These are tā moko, there's mana in that, they have meaning and purpose and if you took the time to find out more about him you'd know. And so what if he's a gang member does that mean you're not going to treat him… so there's all this bias, that our people experience"*

Conclusion of context

Racism has been an unavoidable yet critical component in this research and has contributed to deeper kōrero around cultural safety and cultural load for the Māori workforce. Racism for Māori occupational

therapists is a complex kōrero, because not only are they witnessing racism, but they are in it, experiencing it.

The historical racism that occurred in Aotearoa has impacted generations of Māori and therefore has a direct link to today's uri (descendants) and society. The weight of knowing what ancestors went through in order for descendants to be here today, is a heavy and humbling reflection that participants use as motivation and movement.

Racism is a societal issue, every form of racism involves societal influence and power dynamics (Beagan et al., 2022). This context of Racism in this research (Historical, institutional, interpersonal) can be seen as a whakapapa of discrimination, disposition and disadvantage here in Aotearoa. This also serves as a timeline of racism in Aotearoa. The historical racism and colonialism that occurred in the past, has created and informed the institutions and structures that exist today. These histories and structures then feed interpersonal racism by constructing false narratives of Māori and creating internalised and unconscious bias, that then build division and destructive worldviews.

Huahuatau Tuarua:

Koroki te manu i te ata, koroki te manu i te po

The whakatauākī "Koroki te manu i te ata, koroki te manu i te po" (Webber & O'Connor, 2022, p.63), is the second huahuatau, and was said by one of my Tupuna, Moeahu, who was the grandfather of Te Ruki Kawiti. This whakatauākī translates to "The birds chatter in the morning, the birds chatter at night". This referred to Moeahu's Pā Koroki, in which he was continuously working and issuing instructions, likening himself to a bird chattering non-stop. This whakatauākī I feel, captures the essence of doing what needs to be done, persisting through despite the conditions. It is the recognition of the ability to keep going, regardless of how easy or challenging the task and environment are, it is deeply rooted in endurance, persistence and resilience. This whakataukī speaks to unseen weight that Māori occupational therapists carry due to the blurring of clinical and cultural pressures. This cultural clinical workload is heavy, but Māori occupational therapists continue to 'chatter like birds', pushing and working despite this. This theme highlights the clinical and cultural workload that Māori occupational therapists carry.

Advocating

Most participants highlighted that being a Māori clinician within mental health spaces, often means being an unofficial advocate for tangata whaiora Māori and te Ao Māori. For participants, advocacy in this space often meant going against clinical norms, more time and effort to justify, and convincing buy-in from other non-Māori professionals. This weighed heavily on Māori occupational therapists and their ability to persevere and tolerate this space and role. They highlighted that advocacy for Te Ao Māori and whānau Māori can be draining due to the few numbers of Māori in clinical spaces, and the continual questioning, critiquing and resistance of cultural consideration from non-Māori can be exhausting. Participants identified the advocacy challenges around colleagues pushing back and devaluing the role of culture and identity, and some also shared that these occasions have included derogatory and racist narratives.

Some participants spoke about their ongoing development of confidence as Māori and as a health professional, and that this growth dictates how and when Māori advocate in these spaces. Being in practice longer, having experience in advocacy situations and practicing and approaching in certain ways were factors that contribute to participants feeling confident and assertive.

> *In my third or fourth year I was doing a leadership course… and was put on board as like a youth rep I suppose, so I use to sit in some of these meetings and some of the stuff I would hear was borderline racist, so I always use to question them, always politely, I would always ask what did you mean by that, is there some kind of underlying message, why do you think this particular way about Māori… so I was use to always advocating and questioning for Māori - CB*

> *In the early days of my career, I remember at mahi attending a couple of hui where I had to strongly advocate and 'prove' the benefit of working under an Indigenous health model – where a service was housed and named after the first Māori psychiatrist. The fact I had to justify why we had to work in this manner was frustrating and was quite emotional for me. I wouldn't let them see this, but I remember one day going home and crying, literally bawling. When you have to fight to be heard, to be given our space and rights, that is a takahi on my culture. Many just don't get it. – SM*

One participant, emphasised how a Māori worldview, experience, upbringing, whānau role, age, sex etc all contribute to how Māori advocate in different ways. Māori are diverse and not a homogenous group, therefore advocacy looks different for everyone.

> *I think as kaiwhakaora ngangahau Māori, it comes down to our lived experience as Māori. It looks different for many of us, how connected you are to your whānau, how we engage in hapū-tanga and iwi-tanga and ultimately how you see yourself being Māori. We bring all that to how we practice, how we think, how we act, and this has a strong influence on how we advocate – SM*

Another participant spoke on advocacy within mainstream mental health services being exhausting, emphasising that it consists of constant fighting and advocating for whaiora Māori, whānau and their right to cultural input. This same participant also spoke about how when working in mainstream services Māori clinicians are dual-roled, our job title and advocate for Te Ao Māori.

> *…a constant fight to practice in the best way possible for Māori in these systems. It's almost like 'double-jobbing' like you've got your job and role but you're also this huge advocate and you're constantly fighting the system to change* - MN

Participants also shared the different ways in which Māori are having to advocate within services. Most participants articulated powerfully how advocacy is a form of resistance to systems and structures that oppress Māori. Many said that extra time with Māori whaiora to sort out appointments, prescriptions, GP information etc was a form of advocacy, another participant said they had noticed having multiple services involved in one whaiora was overwhelming and confusing, so they supported them to streamline services. Ensuring Māori are set up and organised to engage with their care plans (inside and outside of the service they work for) is advocacy. Another participant spoke about how advocacy often looked like being a translator within clinical settings, translating clinical jargon into understandable and culturally appropriate terms. All participants alluded to kaimahi Māori being the middle person for whaiora and public health services, even if the Māori clinician belonged to only one of these services.

> *Advocacy is decolonial mahi, because it resists the systems and structures that aim to leave our people behind – OM*

> *The health system can be traumatic for our people because it is not designed to support our hauora. We need to continually be advocating for systemic change and to ensure our people are receiving the care they are entitled to – SM*

> *…a lot of the time staff will say don't take your client to the GP, it's too long, and I'm like well I'm going to because they aren't going to go without me, there's so many extra barriers for Māori that they don't see… I ask questions for them, guiding them to do it themselves. Being creative in that sense to advocate for Māori is decolonising…all these things that they need to do beyond me and beyond my mahi, helping Māori to navigate these things is decolonising, helping them benefit from these systems, because they weren't designed for us to thrive in – OM*

Educating Others

A role that most Kaimahi Māori take on within clinical spaces is an 'educator' role, whether this is formally or informally. Every participant in this research highlighted how they have had kōrero with other non-Māori clinicians when they have approached with cultural enquiries.

Most participants reported a willingness to Manaaki others who were unsure, because they were aware that it had a direct influence on the care that whaiora Māori would receive from non-Māori. However, these same participants distinguished that the determining factor for their willingness to help was the frequency of questions. Participants spoke about the difference between occasional questions and constant questions. Occasional questions when non-Māori have done some research, most participants were keen to tautoko and answer.

On the other hand, constant questions, because the Māori clinicians are the most convenient and quickest way to find out information, was taxing and draining. Participants emphasised that it should be the role of the non-Māori clinician to upskill, seek information in other avenues and increase their cultural awareness, and not the role of Māori colleagues to be educating constantly.

> *I needed time to process and consider... for them they are trying to instantly be culturally competent, and they think they are doing the right thing by asking Māori, because they acknowledge that they don't have the knowledge and they don't want to guess what would be appropriate… it also puts pressure to be on…I think it's almost that expectation that you'll understand the question and know the answer off the top of your head because you're Māori – RB*

> *I don't want to put all of my energy into tauiwi, all my energy into educating, I want to put my energy into my own people… but we forget we are in a system and they lean on us and draw from our capacity as the only Māori… most of the time it is with nice intent they just want to do things right…but what happens is we put so much energy into trying to educate, facilitate and support non-Māori, that our Māori people don't get that space and capacity… - SM*

Participants also highlighted that they had a few encounters where some questions had microaggressions and tones that insinuated the clinician wasn't in a place of wanting to learn and develop their knowledge but wanting to contest and express their conflicting perspective and values. Some participants experienced other clinicians questioning Māori rationale. This added another layer to the educator role of then having to navigate and manage micro-aggressions, and occasionally delicately tip-toeing around educating on self-reflection and positionality – which again is not the responsibility of Māori occupational therapists. It also meant taking on the emotional and spiritual weight that some questions and attitudes can carry.

> *…I was more of a soundboard, someone they could ask questions for cultural issues… and sometimes in those meetings I felt unsafe. Although I believed in my ability to uphold and represent, I was a minority amongst a team, and I confidently say it, a room full of racist clinicians, that if I gave an answer, they would question my rationale…Seeking cultural support and then questioning rationale is unsafe – CB*

Being the constant default educator within your clinical mahi space is not ideal, it is not healthy. As much as many non-Māori want help and support there are also many who do not and that push back impacts your wellbeing as well…It can be literally wairua diminishing - SM

Participants said this extra role of educating and supporting non-Māori workforce to develop cultural awareness and responsiveness, meant their clinical work was being pushed aside. Having the same expectations as non-Māori counterparts in terms of clinical mahi, but more expectation in terms of cultural mahi. This extra work beyond their job description and typical responsibilities, they were not being recognised for let alone compensated or paid for.

A few participants also highlighted the toll of having cultural questions directed at them, but them not being the appropriate person to answer. Participants spoke about non-Māori not understanding that not every Māori is an expert on all mātauranga Māori, and this assumption was very common amongst colleagues.

The fact that everyone comes to me for questions, sometimes I don't have the answer, and sometimes I don't feel confident giving the answer…am I the most qualified and appropriate person to be answering this question – probably not - CB.

I think there is this fear amongst non-Māori that they're going to do something wrong and so they go to the most convenient Māori to ask their questions … and often I'm not qualified to answer those questions you know… - RB

This also led into the challenges around identity and confidence in Māoritanga, as well as occasionally loading more work to go and find out the answer. One participant likened this to '*dial a Māori' - RB*, an on-demand role and being readily available when non-Māori have questions, despite not being formally part of your role. This initiated conversation around the value and importance of Māori expertise and cultural advisors in these clinical spaces.

This theme also highlighted the lack of intervention and support from management and higher up to mitigate this extra unpaid and unrecognised workload. One participant did talk about how management and non-Māori praised their efforts and found their work beneficial but did not offer any compensation or support to alleviate some of the pressure. Participants described being an educator is a huge favour to a system that often doesn't recognise the importance of Te Ao Māori, and a system that is known to further disadvantage our people. But it was a common kōrero throughout, that the Māori occupational therapy lens and mindset was communal and focused in on the benefits to our Tangata Whaiora Māori.

Increase in clinical work

It's still not recognised as a specialised skill, being Māori – CB

Most participants spoke about the increase of clinical mahi due to the having to cater to the cultural needs of whaiora as well as the development of non-Māori clinicians. This often-meant clinical mahi was pushed aside and continued to load up in the background.

Participants all spoke about the awareness of Māori mental health needs being quite complex, clinically and culturally. And a few participants highlighted that their services were reliant on kaimahi Māori to bear these cultural complexities especially within the allocation process. This meant that many Māori had large caseloads consisting of cases with complex clinical needs.

> *I get the Māori whānau because I'm Māori… – TFM*

> *The allocation process created an uneasy relationship between the Māori staff, because we all felt like we didn't have enough capacity to take on another Māori whaiora, so yeah it did create tension instead of bringing us together – RB*

One participant spoke about an experience where a whaiora first entered their service and the cultural needs had been ignored and not prioritised during the initial stages, creating challenges within the clinical relationships and resulted in very limited engagement. Then this whaiora was reallocated to a Māori occupational therapist in order to cater to the cultural needs. This left the participant having to take on the clinical work of repairing the relationship and avoiding ongoing mistrust. When in fact this should have been a priority from the beginning. This extra workload is particularly challenging if Māori clinicians have minimal support and are culturally isolated.

> *…I wonder if the team thought maybe they've done this wrong and thought maybe we should bring a Māori clinician on board… and even questioning whether the whānau wanted cultural support, they should have got that anyway. -TFM*

> *When staff are not fulfilling their cultural responsibilities and as kaimahi Māori we are committed to ensuring our whānau receive the care they deserve and entitled to, it continues to land on us to fill their gaps - SM*

Taking on a larger case load with Māori whaiora often looked like spending extra time with whaiora and doing extra tasks to mitigate social factors that impact mental wellbeing – e.g. involvement and

advocating with GP's, WINZ, housing, employment etc. Whilst they were taking on extra clinical tasks, participants also highlighted the benefits these efforts made.

> *…not seeing extra tasks as an inconvenience like it is for the service and systems…It's the least I can do… we do extra things like that, not just to accommodate the system… – OM*

> *In terms of burnout, we struggle to finish mahi on time, going over and above for our whaiora, some kaimahi come in ridiculously early because they are worried about their whaiora, and that's just what we do, but that's not recognised - CB*

Participants also spoke about the pressure they felt to run and facilitate events such as Symposiums, Waitangi Day, Matariki and poroporoaki. One participant shared an experience where they had to organise a Matariki event for their service early in their career. They shared how non-Māori clinicians came along after doing their clinical mahi, enjoyed some kai and then returned to work, whilst they themselves had to organise days/weeks in advance, prepare all the information, space and food, and then also clean up. They also mentioned that they had exhausted themselves and did not receive a thank you.

> *I was so exhausted I couldn't even enjoy it. - TFM*

> *For people who work in cultural services why is this expected… sometimes we feel gross for saying it, but at the same time if we are expected to do more than our colleagues, then why wouldn't we be upset… it's actually a whole separate role – KM*

Participants spoke about the challenges with prioritisation of mahi, they spoke about having limited capacity so having to choose between clinical and cultural tasks, and often due to the overwhelming load of clinical responsibilities, they reluctantly had to sideline many cultural tasks and roles.

> *I'm the only Māori male, and with that comes the responsibility of the taumata, I try to fulfil those roles… I do decline a lot purely because I have a lot of other work. Sometimes I miss things, I value karakia 100 percent but sometimes stepping into karakia for an hour to do karakia, to do whaikōrero every day, when I have a mountain of other mahi and referrals, sometimes it's sadly not the best use of my time - CB*

> *…a lot of stuff falls onto me because I'm Māori, like why can't everyone be culturally aware, not saying they're incompetent, but let them have a go… – TFM*

Extra Professional Self-development

Based on the extra load of cultural tasks, roles and enquiries, Māori clinicians are then needing to undertake more professional and self-development. Participants shared a common area of self-development that required growth was setting boundaries around their capacity, their emotional energy and their culture. A few participants spoke about burn-out, and that this extra role and responsibility, as well as the societal oppression and positioning exhausted their energy mentally and spiritually.

> *Support in this space is not provided or even considered – protecting my wairua comes down to me – SM*

> *Yes, there's funding, resourcing, supervision but in the interim until that is in place how do we survive this space and avoid getting burnt out... We are holding onto the hope of change as motivation -OM*

A few participants expressed that because of the cultural load, they often require more supervision sessions and time, to digest and analyse their experience, and then develop ways to address the situation or move on from it. Learning how to respond and articulate self when experiencing cultural attacks and microaggressions, can be challenging, and participants expressed the necessity of having support to reflect and develop in this area. The heaviness of carrying cultural load and racism was quite debilitating and impacted participants' motivation. This work also meant participants had to develop healthy and effective coping strategies to remain in these spaces.

> *When I go to supervision, because a lot of the time I get really intense I just blatantly say nah, and I won't give any rational to the no, my supervisor is really good at helping me articulate what's going on. She really helps me to use words that make it less personal and focused on the systemic things, I need that level-headed thinking -KM*

> *Supervision doesn't necessarily have to be about mahi... a lot of the kōrero with my Māori supervisor naturally involves cultural kōrero, as opposed to just clinical... when I was a student it was actually quite a daunting session and process to go through... previously with a non-Māori supervisor I use to get nothing out of it...and the environment was always very sterile and clinical - CB*

The cultural demands require cultural skillset, and this meant developing in these areas to cater to the growing demand for Te Ao Māori integrated approaches. One participant expressed that whilst Māori tend to be a step or few ahead of non-Māori in terms of cultural responsiveness to Māori in order to undertake this professional development, it requires personal development to connect with culture, whakapapa and people. There were still areas within this cultural realm that required skill set

development such as sharpening understanding and execution of Mātauranga, culturally appropriate assessments and interventions, whānau engagement etc. Some participants felt that services were taking short cuts by insisting Māori clinicians be the ones to upskill in these areas, because they were likely to be ahead.

> *I'm wanting to be more competent in facilitating Māori based interventions like pūrakau. I want to bring that to my service because we are considered the Māori team…I get that it is on me to look for these Māori based trainings… but I'm just busy with mahi that I can't – TFM*

> *I got asked to do this cultural training even though I'm not a champion and have never really expressed an interest, but because I'm Māori - OM*

Clinical and cultural workload demands meant that participants struggled to attend group and individual cultural supervision. They all acknowledged how empowering and beneficial these spaces were, but were just unable to balance it all. This often-left participants who weren't working in a Kaupapa Māori service, isolated in their clinical settings, unable to reflect and debrief about the unsafe and challenging situations they experienced.

Huahuatau Tuatoru:

Whakarongo te taringa ki te hau raki e pupuhi nei, i takea mai i Hawaiki nui

The whakatauāki "whakarongo te taringa ki te hau raki e pupuhi nei, I takea mai I hawaiki nui" (Webber & O'Connor, 2022, p.143) translates to "*listen to the north winds from the great Hawaiki*" and was said by Sir James Henare of Ngāti Hine, Ngāpuhi. This whakatauāki is the third huahuatau of the findings. Sir James Henare said this kōrero to encourage Māori to listen to the winds from the homeland. I interpret this kōrero to be about our innate calling as Māori. The goals of our ancestors in leaving Hawaiki, their search for new opportunities for our people across the moana (ocean), and once found, to thrive as a people. We know this is not the current reality for our Māori people. Our calling and duty extend beyond this present time, it is a commitment to honour, and protect both those who stand with us today, the generations who came before us and those that will come after us. This action carries and amplifies the wisdom and sacrifices of our ancestors. This third huahuatau is about honouring our cultural obligations

as Māori, our cultural obligations in our mahi as occupational therapists, and listening to the strong winds from Hawaiki that remind us of the bigger picture - our people.

Upholding Māori values

Many participants expressed the challenges of embodying Māori values within workplace environments, due to capacity and clinical responsibilities. All participants expressed that it is innate and instinctual to Manaaki and care for people and is a duty and responsibility we feel as Māori. Participants expressed that it feels wrong to turn people away especially when they are seeking guidance and support.

> *I'm terrible at saying no, I don't know how to say no, I think it feels natural as Māori when someone is asking for help for you to help them…my first thought will always be to help even if I can't or shouldn't, it's not the Māori way to say no – RB*

> *It's how we were brought up, we just help out, especially when it's our manager asking, it's not like we can be like nah we can't do that…It is our way, our values… the way our parents brought us up – TFM*

The participants were all very aware of their capacity, but all felt a natural duty to help others in need. Some participants expressed feelings of guilt when saying no, but when saying yes there were feelings around exhaustion. One participant spoke about a sense of exploitation and felt that Māori values were taken advantage of by systems and structures. *That's the really hard thing…It feels like a lose lose situation – KM* talking about conflicts between manaakitanga and compensation of our mahi/time.

Participants also spoke Manaakitanga being taken advantage of. They felt people were aware of Māori hospitality and generosity with helping that they would come with frequent requests. One participant also highlighted that allies who are culturally safe and responsive, are aware not to take advantage of manaakitanga, and in fact they attempt to alleviate some pressures.

> *…because I think what happens with that, there is this innate pressure and innate responsibility … to Manaaki and help everyone… it's who we are and how we mahi, but we forget when we are the sole source, they lean on us and draw from our capacity as the only Māori… – SM*

> *Sometimes they know we won't say no, is that weaponising our internal values of manaakitanga? I don't know. But there is definitely a lot more taking than giving - OM*

> *I'm happy to help you, but I'm not holding your hand and giving you a silver spoon in your mouth all along the way. You have a responsibility, if you truly understand Te Tiriti, if you are*

> *truly ticking annual competency or health practitioners' assurance act, then it's actually, have integrity. Let's see what that looks like - SM*

Participants all felt an innate responsibility to uphold the mana of Te Ao Māori within their workplaces, and do it justice, especially when they were aware there were colleagues who weren't as confident or competent in upholding it. A few participants spoke about saying yes to safeguard tikanga and te reo, and to avoid appropriation and tokenism. But that there was a fine line of helping out and exploitation.

Informal role as Māori in Māori spaces

Participants spoke about Māori contexts where there are duties and tasks that Māori have an obligation to fulfil. Some participants also spoke about understanding their place within their whakapapa, their generations and whānau order, and knowing their informal roles and responsibilities based on this. These roles external to clinical settings place an obligatory type of pressure. For example, one participant spoke about whaikōrero being the role of Tane Māori,

> *…although it's not part of my job description, it is very much part of my role informally as Māori - CB*

There are challenges that arise when clinical spaces attempt to incorporate and integrate Māori cultural norms and practices. In particular which individuals will carry out these tasks, roles and practices. Most participants spoke about this burden being shouldered by Māori. Nearly all participants spoke about being singled out to do karakia for their service or clinical spaces. Karakia is a common practice that services have attempted to incorporate as a movement to be culturally responsive, however participants shared how this can unintentionally and intentionally take advantage of the values and responsibilities of Māori. Karakia, whaikōrero, mihi and whakatau, were all raised as practices that are commonly shouldered by Māori. Participants emphasised that the value and uniqueness of this practice was void when non-Māori use it to look culturally competent and safe. Participants said they often default to doing these tasks because of our strong cultural values and wanting to avoid awkwardness.

> *I'm not being asked directly sometimes…like who can do our karakia, and I'm being looked at by numerous people, what else am I supposed to do…why is it whenever that question is asked everyone points their eyes in my direction… - OM*

This is a challenging space to sit within because on one hand Kaimahi Māori support tikanga and kawa being upheld and integrated in practice, but then they are also the ones to frequently shoulder the weight

of doing it, and in most cases alone and in isolation. Participants acknowledged that tauiwi often felt whakamā and wanted to do things right, or perhaps were unprepared, but in stepping away from the mahi, it is in fact further burdening Māori to carry more of this load.

> *They were like 'does anyone want to open with karakia' and they all look at me and for the first couple of times I said sure I can do that, but on the third time I said no and they all looked at me like how dare you. I even said I'm happy to write up a roster so we can all learn it, and they were like 'oh no its okay if you don't want to do karakia we'll just carry on' ... so karakia was just for me then. - KM*

Obligations to our senior Māori

Participants said that the willingness to help is heavily dependent on who is asking for help rather than what they are asking, especially Māori who are seeking assistance. There are some instances where it would be considered disrespectful to say no despite your capacity, such as kaumatua, and respected senior Māori. This is a cultural norm very much about respect for our older generation within Te Ao Māori, and understanding that by assisting and serving them we are enacting whānau oriented values. A few participants likened these situations to supporting their own grandparents and wider whānau.

> *As a tane, if I was on my marae and my aunty told me to do karakia and whakatau and I said no, there's repercussions to that…in terms of valuing my role on my marae, and valuing my role at mahi, then obviously you have to take into consideration your capacity – CB*

One participant shared how a senior Māori colleague would often offload certain tasks to them, and they found it challenging to say no and assert themselves. When they did question and assert themselves, it created tension in the relationship, and some passive aggressive behaviour. So, whilst the presence of Māori colleagues created cohesion, there were times for many of the participants where it created divide also. This participant also reflected on and acknowledged their colleague's position in this situation, knowing they had experienced the system, racism and isolation for a longer period of time.

> *Instead of bringing us together it created a divide – RB*

> *It can be hard because these are the people you are meant to look up to but sometimes, they can be unsafe, and sometimes unapproachable… I think it's important to consider the length of time they've also worked in the system, they've been doing this mahi for a long time, and it has been strenuous on them… and for the most part they've done it alone - OM*

Some spoke about senior Māori being significant figures in paving the way for kaimahi Māori, and supporting them to be safe in clinical, cultural and occupational therapy specific settings. They also raised the challenges around navigating boundaries within this space, and that it was heavily due to generational and experience differences between participants and senior Māori. Much like the concept of 'Tuakana Teina' (older and younger siblings) there is an unspoken respect due to the knowledge and experience the older siblings have, and the younger sibling observes and learns to one day enact this (Hemara, 2000). This means despite senior Māori being in the wrong, saying no or disagreeing is not always possible or potentially perceived as a sign of disrespect. A couple participants spoke about how *sometimes it is our own who can also overload us with extra mahi - Anonymous.* Participants also alluded to this not always being intentional but almost a push or encouragement to grow. So, whilst these are our networks that keep us safe and enrich our cultural needs and capacity, this unity and support can also increase expectation.

Decolonisation and obligations to whaiora and self

All participants said that the motivation for working within a health role was to work with whaiora Māori. Participants indicated that as Māori we are hyper aware of colonisation and its ongoing implications because our whānau and ourselves experience it just the same. Māori are evidently over-represented in nearly all negative health outcomes (Graham & Masters-Awatere, 2020; Came et al., 2019; Ministry of Health, 2024), and participants indicated a motivation and drive to support whaiora within this space.

> *We see ourselves and our whānau within our whaiora – TFM*

> *...the system might not be decolonised, but my lens and my practice can be – OM*

Participants spoke about the systemic restrictions and challenges they face when trying to work with whaiora Māori, and that the flexible and holistic role of occupational therapy enables them to be creative with delivering care that is aware of this colonial damage and can indigenise practice and interventions.

> *...We understand your upbringing, we understand colonisation, we understand the traumas, we are Māori too... our OT and mental health focus allows us to bring this all together – OM*

> *The OT lens is different, because it so flexible and versatile... - MN*

Participants said that this obligation to whaiora and whānau encourages them to ensure they utilise their ao Māori in clinical spaces. Upholding tikanga, whanaungatanga, manaakitanga, is all part of being Māori. Participants all spoke about how there is not enough emphasis and time given to the process of whanaungatanga and not doing this stage authentically and genuinely causes whaiora to have barriers.

> *I sit there, and I think man, I know everything about you, every single drip of information about you and your history, your address, right down to your trauma at 2 years old, and I think it's only right that you get to know me… – OM*

> *I kind of acknowledge that I'm the next professional in their life and I often know a lot about them before we meet kanohi ki te kanohi, so I always make sure I share a part of me with them as well…other services just rush and then there's this young person with walls up because they don't trust them... – MN*

Whilst working in these spaces that can be culturally unsafe, Māori occupational therapists are also experiencing ongoing oppression within society. One participant spoke about the reflective realisation that their practice was impacted by colonisation.

> *…. I was told 'oh that's the pākehā way'…It was a challenge to accept my practice was affected by colonisation but a good one, something I now look back on and am thankful for, it was a pivotal point in my life and career - MN*

Māori are interconnected, through whakapapa, through shared experience, through values and beliefs. The societal and institutional experiences of whaiora are often the same or similar experiences of all Māori and their whānau. Participants all spoke about the pōuri of observing and working with vulnerable Māori. Having shared experiences and stories are common for Māori, and therefore it weighs heavily on the hearts on Māori occupational therapists.

> *While we are working to create safety for our whaiora, we are also striving to create a safe and culturally supportive workspace for ourselves – SM*

> *Leaving mahi at mahi is unrealistic. As Māori mahi influences us at home, and home influences us at mahi – CB*

Huahuatau Tuawha:

Me haehaetia koia te rau i peke i te matangi?

The whakatauāki "*Me haehaetia koia te rau i peke i te matangi?*" (Webber & O'Connor, 2022, p.19) translates to "*Should the leaf that is withered by the wind be slashed?*". A whakatauāki by Ngapuhi leader Pomare II. In 1820, peace had been declared following a battle at Totara Pā, yet it was attacked again by Hongi Hika and others (Webber & O'Connor, 2022). One of my Tupuna Te Awakapo, was present at this battle. Totara Pā had already been through tremendous suffering and were shown little mercy when they were attacked again. I relate this kōrero to our Māori occupational therapists who are already experiencing oppression and discrimination within society and its structures, whilst also tending to the scars of their tupuna who have experienced tremendous acts of violence and racism. The Māori occupational therapist presence in the health system is not just about professional practice, it is an act of resistance and reclamation, honouring their ancestors. Māori occupational therapists continue to be *'slashed'* by the *'winds'* yet are already *'withered'*. This fourth huahuatau refers to the tremendous pressure Māori occupational therapists feel, and highlights the internal psychological battles Māori occupational therapists are facing and fighting in their practice.

Tuakiri identity

Participants all reported the importance of their own personal cultural identity. Most participants spoke about observing or experiencing different ways of cultural connection. Māori are diverse in whakapapa, connection, expression of culture and there are various factors that shape their Māoritanga. Some participants shared that Māoritanga and connection to Māori identity is fluid and evolving, and that the more spaces that re-indigenise and reclaim, the more comfortable they feel in embracing and expressing their identity. Participants conveyed that there is not just one way to be Māori.

> *Everyone has a different take on being Māori because we all have different lived experiences as Māori - SM*

A few participants spoke about physical appearance, and how it felt to not have certain physical characteristics that society associated with being Māori. Some expressed *"feeling less Māori".* And others spoke about the societal judgement around being urban Māori and that this meant that they were supposedly less connected to their Māoritanga.

> *I've been through my own journey of not feeling white enough and then not feeling Māori enough, not fitting into gaps in the right way I suppose – RB*

…those who are non-Māori, to them I pass as European, I'm light skinned. I think to them it just goes as far as skin colour and that's it… and me being light skinned they don't see the things that make me Māori… - OM

Participants spoke about personal disconnection, and a journey of rediscovery. Some spoke about an element of whakamā in their journey because of how it may be perceived by others (Māori and non-Māori).

A few participants spoke of the pressure to be experts on all things Māori when they were on their personal journey, and this pressure to be a certain way made them feel inadequate. Imposter syndrome was a term that was raised many times during these kōrero, referring to their self-doubt and feelings of being not enough. Whilst this general sense of whakamā was common amongst the participants, some participants also highlighted that whakapapa is the only determinant, and this provided them with reassurance and pride. One participant OM expressed that *being Māori cannot be measured, and to measure it by appearance and blood is not of Māori origin.* Blood quantum is not a Māori concept, introduced as a colonial measure to invalidate identity and entitlement to resources (Edwards, 2020).

Participants all spoke about their backgrounds and upbringing as Māori, their whānau, growing up in wharekura, their experience being a parent, all these vital roles and experiences being influential in their tuakiri and their clinical practice.

I went to kōhanga reo, kura kaupapa…I had opportunities as a teenager to tag along with my kuia and she worked at the city mission…that was where my initial query around mental health, so I had heard of what schizophrenia and psychosis was at a young age… my upbringing and experiences, these all contributed towards me pursuing mental health and working with Māori – CB

My lens is defined from being wāhine Māori, māmā and kaiwhakaora ngangahau… - SM

One participant stressed the importance of Māori staff demonstrating the process of reconnecting with cultural identity for tangata whaiora. This participant highlighted that many whaiora are on this journey too, and to see other Māori engage and connect in their Māoritanga can be inspiring for others. This participant emphasises how our whaiora Māori often experience the disadvantages of institutions and systems, but seeing Māori in these spaces, embracing and expressing their Māoritanga, can prove this journey is positive and fulfilling.

Some staff are also disconnected…some of them know parts of their pepeha, some don't, some know it but don't have a relationship with the person it comes from … so it's like figuring out

how to grow them in that space to feel confident, and then have a flow on affect to the people we work with because that's their reality too – MN

A lot of whaiora Māori would come into the unit, and there was such a wide range of how you could be Māori and there was no judgement on being Māori enough or not Māori enough, it was really around promoting being Māori whatever that looked like to you I suppose…a lot of whaiora would come in that were disconnected and we were able to support them with doing occupations that would help them to feel more connected - RB

Coping mechanisms

All participants spoke about experiencing unsafe or racist encounters during their career and practice, and some spoke of the coping mechanisms they have adopted and adapted in order to survive and protect themselves in these spaces.

A few participants said that when experiencing direct attacks, they often went silent and numb, not knowing how to respond to aggressions because they could feel their heart racing and their emotions surging. Participants spoke about this numbing effect making it challenging for them to articulate themselves and advocate in these situations.

I feel like it's so frequent that it just goes over your head half the time. It's just something that you always experience, and it's something you are always prepared to experience. So, if you're prepared to experience some sort of trauma, I suppose you learn to take it on the chin, to cope and manage. But it doesn't mean that it isn't traumatic or not painful. I know I've felt this… - OM

It hits hard… I remember going home crying out of frustration …I needed to articulate myself in a letter because I was so frustrated that I couldn't articulate myself quickly in this meeting … I was so stunned by the push back – SM

… It's so hard because sometimes I just can't articulate myself or I just can't talk at all, until I go back next time, because I get really intense… I just go into my shell and hide – KM

Following these situations Participants spoke about feeling a sense of guilt and anger for not saying and doing anything, they felt they had let themselves and their whānau down by brushing it off and ignoring it. Many participants spoke about expecting unsafe encounters, and that they have come to accept that they will keep happening, so have learnt to become desensitised to it and ignore it. Whilst participants expressed they did this reluctantly, they reported this was down to *picking which fight to fight - OM,* and that it would be too draining to contest every single unsafe encounter, as they did not have the energy for this almost daily.

Māori have had to learn to have tough skin in the health workforce - SM

A few participants spoke about reluctantly hiding their culture, identity and beliefs in order to survive in culturally unsafe work environments, this is based on knowing how culture is viewed and critiqued in these spaces.

They don't realise we don't see ourselves in these spaces, we've had to leave our culture at the door when we come into these clinics, these spaces… just because we've done it doesn't mean we like it… – SM

Observations of racism in the workplace reinforces for me to hide my culture. I keep my guard for that reason, for survival …. I've seen them chew up a new grad Māori nurse, so what makes them think I want to sit here and give them any of my culture and identity – OM

Many participants spoke about some positive coping strategies they use to manage the heaviness of cultural unsafety at mahi. In particular returning home or to their turangawaewae. And that reconnecting with whānau and whenua was a protective factor for Māori kaimahi.

I just feel reenergised, and I come back and I'm tau, but as soon as you get through the doors at work again, it's like Oh I'm stressed again – TFM

Managing emotional responses

As mentioned above, participants spoke about having to restrict or hold back true emotional responses and reactivity when experiencing racism, discriminatory comments and resistance. This toll of managing and regulating self when upset and hurt is challenging in the workplace. Participants also spoke about their hyper awareness of society's stereotypes. There is a particular false narrative that Māori are angry or aggressive. Participants shared their fears of being perceived in this light when they are emotionally charged.

Managing our hinengaro is hard, because it can be non-stop … working in these spaces is challenging and at times you question your capacity to take the hits" – SM

I have a right to be upset, but I'm seen as aggressive – RB

Some participants spoke about flight, fight, freeze response in these situations, this is the body's natural stress response when perceiving threats or unsafe situations, and then responding to protect and shield from danger (Price, 2018). This fight, flight and freeze response made it difficult for participants to process what was happening at the time, and having to regulate and make an active decision whilst your mana is being questioned is challenging and for some not always possible.

> *I always freeze and try to make sense of what's happening… there's also that perception around Māori being difficult or angry and its always being aware and fighting that stereotype… not trying to be irrational but also uphold my mana… the stereotypes somewhat prevent me from being as assertive as I want to be – RB*

> *I sit there and feel so uncomfortable, it's hard because sometimes I can't articulate myself, I get really intense and just can't talk - KM*

Some participants shared that because of the numbing sensation and inability to speak at the time of the situation, participants had to go away to process and digest what happened. Some participants shared that this time away enabled reflection, release of emotions and crying, and practicing responses to address the situation in the future. One participant said that they rehearsed phrases and responses so that non-Māori counterparts would take them seriously next time, and did not feed into the narrative of being seen as unprofessional.

> *It's like there's an elephant in the room, people are looking at you like are you okay without asking you, and you're just like am I okay, so the best thing to do is address it in a safe space… go away and talk and then come back with a clearer and hopefully more settled mind - KM*

Participants shared that a large factor of managing or supressing their own emotional reactions was about managing and mitigating the emotional reactions of others to avoid further attacks. Participants spoke about their experiences of Māori culture, practices and values being questioned, up for debate, attacked, and put down during these situations. However, participants also recalled that during these situations where non-Māori became defensive and emotional in response, it often centred non-Māori as victims experiencing the attacks in these situations.

> *I just keep my head down and do the mahi, … I know how much it takes for me to exist in this environment and soldier through it, we all cope with things differently, and my tolerance has grown from being in this place…I've seen them chew up and spit out Māori clinicians, so I'm here trying to survive, trying to do the mahi for my whaiora - OM*

> *I think it's that kupu aye, that word angry, like actually I'm assertive…like we are the ones that should sort of bow down and just handle it and be the better person because you get the*

stereotype of being the angry Māori… It just perpetuates that, the media perpetuates that.. actually, no I'm assertive – SM

…the whole narrative that people already create about Māori being difficult and aggressive, and always when we can't serve their needs - KM

Feeling culturally safe

Based on the finding above it appears that most participants perceptions of cultural safety were often based on social interactions within their workplaces, including how others including colleagues, management and whaiora made them feel.

Participants could easily recall, list and describe encounters that were culturally unsafe, and increased cultural load, and shared that these happened on a very regular basis. Some participants had recent and fresh accounts to share, as well as historical experiences. A very prominent idea that came through was that cultural safety was unknown and foreign to them. It was a territory that had not yet been achieved in most spaces, and in most cases not even contemplated therefore what it looked like was hard to envision for participants.

I don't know what it is for me… maybe I've never experienced it – TFM

I don't' have a complete answer to that as it is hard to imagine what we don't consistently receive... because we are so used to having to do all the mahi or adjusting… – SM

I don't know what cultural safety is for me. I don't know if I've experienced it, but I can tell you what it is not… I have many examples of that – OM

Some participants shared that during the development of identity and reconnection, it was challenging to recognise cultural safety and "unsafety" for themselves, because they were still learning what culture and safety looked like and therefore the lead to complexities around the interconnectedness of cultural safety and identity.

I don't know what that looks like I suppose…it's still kind of evolving for me, and I think that's quite tricky because I didn't grow up with my cousins…, so there's lots of things I'm still developing and learning…so yeah cultural safety is evolving and takes into consideration all of that – RB

There were also a few participants who were able to describe what cultural safety looked like, and able to clearly outline the behaviours associated with it. Funnily enough these participants all worked within

Māori services, surrounded by Māori colleagues, with Māori values underpinning the service. These participants were also able to describe positive and safe encounters within their workplaces.

> *Consciousness, awareness…just being conscious knowing that everyone is different…it's ensuring that you are aware of your own cultural values and beliefs and making sure you're not imposing that on someone else… just because that's what's done in your whare or on your marae that's not how everyone does it… – CB*

> *I'm so grateful… walking into my service it was a different feeling about it, compared to when you go into other NGO's and other providers, it's a warm and safe feeling here – MN*

> *It was really good when I was working in a kaupapa Māori service… you know it was a place that you could come back to and feel safe and feel welcome…so in mainstream I missed having that – RB*

One participant raised that cultural safety and standards vary depending on who is experiencing it. They mentioned that whoever is receiving the service, or the interaction is the one that gets to determine what that safety looks like, including staff. This participant also emphasised that whaiora cultural safety and staff cultural safety is different, and there are many elements within this space to consider.

> *There are huge power dynamics at play, our whaiora are most of the time not there by choice, if they're under the mental health act, they've had little involvement in the decision making process, and for us we are there choosing to work in this system, so what's safe for me will look different to my whaiora, and of course will vary from person to person based on their Māoritanga – OM*

Huahuatau Tuarima:

E kore te kauri e tūmokemoke

This whakataukī "*E kore te kauri e tūmokemoke*" translates to "a kauri tree never stands alone". A whakataukī developed by the hapū of Te Roroa, Kauri Ora (Te Roroa, 2021), an iwi led programme aiming to protect and preserve kauri in Te Tai Tokerau from Kauri dieback. The Waipoua forest, north of Dargaville, is a special and sacred place for my hapū and whānau within the Kaihu area. This expansive forest is well known for the many kauri trees that tower and shelter. The Waipoua is also the home of Tāne Mahuta, the largest kauri tree in Aotearoa (Cadwallader, 2011). Māori often refer to Kauri as taonga, the size and age these trees can grow to exhibits the greatness and resilience, and a tohu (symbol) and reminder of our ancestor's presence. The people of Te Tai Tokerau often say the health of the forest

is a reflection of the wellbeing of the people. I liken our Māori occupational therapists and Māori health professionals to kauri trees, whilst there may be limited numbers, they do not stand alone, they exist within a rich and diverse forest and ecosystem surrounded by other kauri, other native trees and creatures. This is a metaphor of the various supports and protective factors that provide canopy and shelter from the harsh realities within the health system and support them to endure and resist in these spaces. Despite the challenges and threats that the Kauri trees face such as Kauri dieback, a literal threat to the health and existence of Kauri (liken this to racism), their resilience and strength are a tribute to the presence of our tūpuna and ancient mātauranga. Some of our kauri trees have been around for hundreds of years and much like the generations of iwi and hapū Māori, will continue to be present and exist. Māori occupational therapists are never standing alone and are surrounded by an abundance of support ā tinana, and ā wairua.

Kaumatua and cultural advisors

Every single participant highlighted the invaluable presence and role of kaumatua and cultural advisors within clinical practice spaces. Participants reported that kaumatua have the ability to navigate unsafe territories with their cultural expertise. All participants expressed that kaumatua keep all people safe, Māori and non-Māori, staff and whaiora, and that cultural advisors are experts skilled in whakapapa and whanaungatanga which are the foundation of all relationships and connections for Māori. These elements of relational connections are fundamental for working with Māori (Niania et al., 2016; Durie, 1994).
For some participants, kaumatua and cultural advisor opinions outweighed clinical expertise. Showing how Māori value their sources of knowledge, which is contrary to western knowledge systems regarding qualifications etc. Participants said Kaumatua and cultural advisors are experts in their own right and should be honoured accordingly.

> *…having Māori cultural roles valued the same as our clinical roles…Like if we had tohunga or kaumatua and psychiatrists…. That's our doctor and this is your doctor, I would love to see them valued the same - CB*

The absence of cultural expertise is very noticeable, and most participants experienced a period during their career where there was no cultural guidance from cultural experts such as kaumatua or advisors, and how challenging, isolating and unsafe this felt.
All participants expressed a sense of ease and contentment when knowing there were cultural experts available to support them and whaiora. Participants expressed how having kaumatua onsite within close proximity, made them feel safe every day.

I know that if something comes up with our rangatahi or even with me, that I can just walk across the hallway to their office and I can kōrero with one of the kaumatua…they're always there… they're so gracious with their time and will always say yes, I'm free let's go – MN

We used to have a cultural advisor, one of our whaea, I love her to bits. I would just see her every day after an appointment, and we would just debrief. I think it's just having that safe space with someone who gets it. Talking to a kuia you just feel safe… I think those spaces where it's not just mahi focused, and it's just us embracing being Māori. – TFM

…the fact that we don't have Kaumatua here full time, I think is a problem for everyone… we don't have a pou tikanga someone to drive and guide tikanga daily… they are the ones to navigate the cultural challenges for the service – CB

Māori networks and whānau

Most participants highlighted the importance of having Māori networks and whānau, and that it creates a safe and comfortable space. Having Māori who understand the challenges faced as Māori and as a health professional helps with coping in unsafe settings. Participants spoke about strategically surrounding themselves with Māori, to safeguard themselves.

I think it helps having other staunch Māori clinicians with you, so you can follow their lead, and then feel comfortable to say something. If anyone questions you or says something its like you have back up – TFM

…I get cultural supervision from people who are friends and external to mahi" - CB

…Māori coping is communal - OM

whānau and external Māori connections were raised as a significant part of keeping participants culturally safe and protected. Participants mentioned that their whānau reinforced and reminded them of their purpose, and they drew on the wisdom of their whānau in particular the older generation to guide them through the hard times. Most participants shared that the hard days are made easy because of whānau and friends.

Some days get really intense and I'm like wiwi wawa and I don't know if this is the right choice or should I be doing that. And then I go home to my kids and I'm like yeah this is for the right reasons… a little reminder that this is a good fight… a good Kaupapa - KM

Returning to tūrangawaewae, the physical place of belonging, has helped some participants in remaining grounded and tau during practice.

Most of the occupational therapists interviewed mentioned the benefit of the Māori supervision, with some mentioning the Māori Occupational Therapist supervision and wananga sessions. These sessions enabled whanaungatanga, sharing and validating of experiences, and a safe space to be Māori and be occupational therapists. The shared experiences around cultural complexities and clinical work environments is a common kōrero and sharing these thoughts in this space, participants found validating and encouraging. One participant also highlighted that hearing other experiences of unsafe encounters or observations, activated and provoked them to consciously reflect as they had buried a lot of the negative experiences. Whilst others felt the sessions were a safe space to just be Māori.

> *…we carry a lot of stuff on our shoulders…a lot of heaviness from our mahi, from being Māori, and sometimes you just need that connection… – TFM*

One participant mentioned the importance and luxury of having a Māori supervisor, and that kōrero naturally is culturally centred, prioritising the cultural and spiritual safety of clinicians. This same participant said that when cultural needs are understood and met, people are relaxed.

> *Discussion naturally involves cultural kōrero, as opposed to just clinical, so it can be informal sometimes, those sessions I get a lot more out of…You get more out of someone when they're comfortable and relaxed – CB*

Cultural or Māori specific supervision is beneficial for raising cultural challenges and unsafe encounters, supervision is an opportunity to plan for the next encounter (because we know there will be), and advice on how to manage this taumahatanga.

Māori ways of being and Kaupapa Māori

A few of the participants worked within Kaupapa Māori settings, and all spoke highly of the positive impact this has on their cultural safety. There is an emphasis on whānau, te reo Māori, tikanga, Māori values and decolonial mahi, and all of these elements enrich the identity of Māori.

Participants that worked in Kaupapa Māori services all highlighted that the way whaiora are spoken about in Kaupapa Māori services is strengths based, it centres the person around their whakapapa and where they come from rather than their diagnosis and history.

> *Whaiora will actually get the chance to come in and speak to the wider team, they get a chance to stand up and say their pepeha, karakia if they want, we hand it back to the whaiora, we talk with the whaiora in the room – KM*

There was a sense of whānau and togetherness felt within Kaupapa Māori settings.
One participant mentioned a sense of gratitude for having the ability to feel safe and protected and also have opportunities to strengthen their cultural identity.

> *… in Kaupapa Māori, I have all the space I need to be Māori… It just makes me grateful for the workplace I'm in – MN*

> *There was a different feeling in Kaupapa Māori, felt more like family…everyone was able to lean on each other in times of need… - RB*

All participants that currently worked within Kaupapa Māori settings, mentioned that being Māori is normalised, and practices and values are embodied with ease. They also mentioned that there was an understanding around roles and values within Te Ao Māori that didn't have to be explained or justified for example bereavement leave, Kaupapa Māori services know the importance of tangihanga, and staff come together to support the whānau. Māori values and practices were a protective factor for participants.

> *It's being able to not leave myself and my culture at the door, its being able to use my reo, engage in our tikanga, knowing that I am respected for who I am and all that I bring, and I am not having always having to advocate for it – SM*

> *We used to have waiata three times a week... Everyone used to get involved, one of our Māori social workers would be on the guitar. ... you'd hear her in the board room playing, and then everyone would come in and it's just all waiata Māori, you just reminisce and it's actually really uplifting and fun…non-Māori clinicians were coming along and singing and learning. That's something small, but it means so much… – TFM*

Tangata Tiriti and Allyship

Participants reported that a significant contributing factor to their cultural safety in the workplace is their non-Māori colleagues. All participants shared a positive experience regarding Tangata Tiriti. One participant highlighted that non-Māori will work with Māori, it's inevitable, our Māori workforce is too small to serve the need alone, Tangata Tiriti are a vital part of equity for Māori. Many participants said they had met and worked with non-Māori who are active and intentional in their journey of cultural

responsiveness and safety. And that it was from encounters with these people that there was reassurance and hope in the direction of Aotearoa.

> *I truly believe there's this thing called ngākau Māori. If you really love our people and you really take the time to understand our people, then you fit the criteria to work with our people… Ngākau Māori is possible for tauiwi - CB*

A couple participants acknowledged tauiwi colleagues who also belonged to marginalised and vulnerable populations. One participant shared that there are some similarities in cultural values and beliefs and there is also some shared understanding of being oppressed, isolated and vulnerable, and this was seen through genuine effort and embracing Māori customs and practices. Another participant acknowledged that foreigners coming to Aotearoa are *more embracing of Māori ways, because they aren't familiar with our society's constructs and privileges - OM.*

> *…colleagues who come over here and I suppose not being from here and coming with their own appreciation of Indigenous cultures and having that curiosity and wanting to learn…they come here without an idea how our systems work and why they work this way, they aren't familiar with our society… - OM*

There were many examples given around how Tangata Tiriti have actively participated in allyship, through sharing the cultural workload, being the first to offer help, volunteering for roles that weigh on Māori, and understanding the essence of Māori values. Tangata Tiriti is a term used for non-Māori who reside in Aotearoa, who are embracing and honouring Te Tiriti o Waitangi. This title of Tangata Tiriti is an active identity that requires continual learning and growing, and there are certain responsibilities in advocacy and injustice spaces (Bell, 2024). Participants shared that Tangata Tiriti can recognise the structural and systemic racism and bias and challenge it, using their privilege. Part of recognising these factors includes identifying when Māori staff are being exploited and taken advantage of culturally, and then stepping in, within clinical spaces. One participant said that Tangata Tiriti "just know" not to add to the growing list of tasks, and in most cases actually share tasks with Māori.

> *We know at this time there is a limited kaimahi Māori workforce, and because non-Māori are working with our whānau we need them to step up. We can't do that stepping up for them, cultural burnout for us is real so we need them to get on board. We need them to be culturally safe in their practices. They have an impact on why our whānau are not receiving the best care in these spaces… There is hope, I have to have it, we have to have it. I keep saying this, because I see it, when you see our colleagues become allies and work better. Over time those small wins grow and with growth comes change – SM*

Reflection and unpacking their position and privilege is needed in order to embody being Tangata Tiriti. A few participants reported how important it was for non-Māori to look at self and recognise the role they play within the reality of society's most vulnerable. One participant said that. When tauiwi have put effort in it is felt through changes in approach, it is seen in advocacy, it is seen in the load being shared, It is heard in correct pronunciation. The ability to recognise and explore bias.

Participants reported allies know not to guess, and have done their research appropriately, sought help in the most appropriate avenues. Participants said allies were always conscious of colonisation and the history of Aotearoa, and this awareness enabled them to understand the societal and institutional constructs, as well as how Māori are severely disadvantaged due to this. Participants have encountered non-Māori who have done this work and reported they were continuing to develop their understanding, and allies knew that this was a life long journey of learning and growing. One participant said that there is mana behind non-Māori leading cultural kōrero for non-Māori,. Participants said non-Māori tend to listen to non-Māori more, and acknowledged that standing up these spaces was easy, and appreciated this.

> *It is more powerful when non-Māori call out non-Māori*. - OM

> *They've done the work, understand their privilege, understand their western perspective and its impact on Māori, and its balanced I feel - that's Tangata Tiriti. - RB*

Ultimately Tangata Tiriti are honouring Te Tiriti o Waitangi, and have done internal deep reflection, explored their privilege and bias, and have embraced a Te Ao Māori approach knowing that it is for the betterment of Māori as well as the rest of Aotearoa.

> *Rising tides raise all waka. - SM*

Conclusion

This section amplified the voices and experiences of Māori occupational therapists through whakatauāki and whakataukī that I have resonated with due to my whānau and hapū connections. The first huahuatau "***waiho kia kakati te namu i te wharangi o te pukapuka, hei kona ka tahuri atu***" captured the theme of racism, and highlighted this as the overarching context that all huahuatau. The second huahuatau "***Koroki te manu i te ata, koroki te manu i te po***" addressed the cultural clinical workload and unseen pressures that Māori occupational therapists are experiencing. The third huahuatau "***whakarongo te taringa ki te hau raki e pupuhi nei, I takea mai I hawaiki nui***" spoke about the innate cultural obligations and duty

Māori occupational therapists feel to protect and serve their people in the mental health sector. The fourth huahuatau "***Me haehaetia koia te rau i peke i te matangi***" exposed the internal and psychological battles and challenges Māori occupational therapists are constantly experiencing in isolation but also collectively. The final huahuatau of "***E kore te kauri e tūmokemoke***" likens the presence of Māori occupational therapists to strong, grounded and resilient kauri tree, with wisdom and experiences that enable them to shelter from the storms. Importantly this section highlighted the taumaha of everyday clinical practice and the burden this has. This cultural load is overbearing and draining, and Māori occupational therapists are suffering. Alongside this sits the aspirations of Māori occupational therapists, who have made it clear what makes them feel culturally safe and culturally unsafe in practice.

Wāhanga Tuarima

Chapter 5. Discussion

This section will bring together the kōrero of the seven Māori occupational therapists that participated in this research, the huahuatau that were unearthed through Whakaāria, capturing the essence of their kōrero. These will sit alongside pertinent literature connected to the experiences of cultural loading and cultural safety and the inseparable contexts and influential factors these are embedded within.

The research question core to this research was - What are the experiences of Māori occupational therapists as they navigate cultural safety and cultural load within the mental health sector in Aotearoa? This research aimed to highlight the experiences of Māori occupational therapists, amplifying their voices, but importantly noting the contextual and systemic factors that contribute to the complex and unique experiences of being a Māori and being an occupational therapist in the mental health sector in Aotearoa. This discussion will cover the context of racism which Māori occupational therapists work in, Whakaruruhau cultural safety, the impacts on hauora and identity of Māori occupational therapists.

Kaikiri, the context of racism

Racism is a prominent issue that Māori face in Aotearoa, and is a recognised social determinant of health (Harris et al., 2018; Waitangi tribunal 2019). Racism is a human rights issue, and the ongoing perpetuation of western structures and breaches of Te Tiriti o Waitangi silences the Māori voice and experience within the health context (Came et al., 2021). The Māori occupational therapists in this research have articulated the damage it does and continues to do to them as individuals but also their ability to care for the tangata whaiora Māori and non-Māori. The Waitangi Tribunal (2019) WAI 2575 Health Services and Outcomes Kaupapa Inquiry investigated the crown and government's response to health inequities for Māori, and found that the crown and its health services in Aotearoa continue to breach Te Tiriti o Waitangi by not addressing the persistent inequities faced by Māori (Waitangi Tribunal, 2019). This ongoing resistance to honouring Te Tiriti o Waitangi and providing equitable care needs can only be seen as an act of racism and discrimination (Came et al., 2021). This research outlines that racism is a significant issue for Māori accessing and working in the government sector, as it manifests strategically, on an individual and singular level as well as systemically, targeting the whole race and ethnic group, regardless of age, gender, position or status (Came, 2012; Came et al., 2023; Talamaivao et

al., 2023). Māori occupational therapists have made it clear racism is prevalent in everyday life including the workplace. Racism in its many forms, is a recurring fracture in mental health system in Aotearoa, as outlined in the kōrero of Māori occupational therapists and significantly contribute to their sense of cultural safety. All participants in this research spoke about the relentless and recurring racism experienced within practice, in particular institutional and interpersonal racism. The findings support literature claiming that the ramifications of all forms of racism are ingrained in western epistemologies, and have a significant negative influence on the workplace experience, wellbeing and safety (Brougham & Haar, 2013; Haar & Martin, 2021; Kidd et al., 2020; Wilson et al., 2022).

Institutional racism

Māori occupational therapists have described feelings and impacts of systemic and institutional racism in their clinical practice settings and within their personal lives. The health system, and all the structures and processes within it, were all designed with the intention to privilege and prioritise non-Māori and the dominant western culture (Came et al., 2021). Came et al. (2018) are clear that institutional racism is "a pattern of differential access to power that disadvantages one group, while advantaging another" (p.5). Māori occupational therapists noted that non-Māori did not always recognise or consider institutional racism to be an occurrence in the health sector, which clearly distinguishes the power and privilege of those unimpacted by it. For Māori this scenario has been a longstanding reality when accessing all areas of the public sector, including the health sector (Kidd et al., 2020). This differential access and treatment is done in strategic mechanisms through policies, practice standards, prioritization, eligibility, processes, funding and resource distribution (Ahuriri-Driscoll et al., 2022; Came et al., 2023; Loring & Curtis, 2024). All Māori, including service providers and receivers, are going to be negatively impacted by a system designed to fail them (Came et al., 2023; Came et al., 2018; Durie, 2005). The challenge of institutional racism whilst working within the system that is implementing it, is that the Māori workforce is not excluded from this impact and treatment in society, and therefore are experiencing this professionally and personally (Hunter & Cook, 2020; Wilson et al., 2022).

Māori occupational therapists have stressed the impacts of under resourcing and under prioritising of Māori driven initiatives and projects, seen through the late consultation and desire for control, not only does this systemic show lack of support for Māori, it also continues to isolate Māori by reinforcing that they are unsupported. It is common for Māori projects and initiatives within the health sector to be provided less support, resourcing, time, energy and funding (Loring & Curtis, 2024). Curtis et al., (2019) make it clear that it is common for colonial health institutions and providers to struggle with power

sharing, and often over surveillance Māori led visions and endeavours. Institutional racism continues to exist due to dominant cultures and systems unwillingness to power share with Māori, and instead partake in window dressing which is ultimately "appearance over substance" (Came et al., 2021, p. 5). This perception that Māori are not equal and worthy of having power or even an opinion in these situations, demonstrates clearly that Te Tiriti o Waitangi is not being honoured or even considered (Came et al., 2023; Kidd et al., 2020). This intentional impediment and deprivation of resources and opportunities, double standards, discriminatory treatment, and ongoing barriers of Māori, alongside the bias of individual clinicians has created a system that is unsafe for Māori to receive care in, and culturally unsafe for Māori to work in (Hunter & Cook, 2020; Kidd et al., 2020; Komene et al., 2023; Tofi et al., 2023; Wilson et al., 2022;).

National Policy and Plan Failure

Despite efforts put into developing new intentions and actions that work towards national targets of workforce development, there has been minimal changes in the growth of the Māori health workforce and the conditions in which they are studying and working. Māori occupational therapists have outlined the racism, culturally unsafe workloads, degrading encounters with their colleagues and the ongoing battle for career progression and entitled remuneration. Coming to the end of the Whakamaua: Māori Health Action Plan 2020-2025 (Ministry of Health, 2020) stated term, there is clearly further work needing to be done, and targets have not been met in the priority focus areas. Priority focus area 3 highlighted developing the Māori health and disability workforce, with an overview focus on dual competence, in which it was outlined that "mana Māori and mātauranga Māori is acknowledged as a professional skill set" (p. 36). This does not seem to be the case for Māori occupational therapists who have detailed their experiences of feeling overworked and bombarded with responsibility and burden to support whaiora and the non-Māori workforce. Also highlighted under priority 3 is focusing on "developing a Māori health and disability workforce that is equitably matched to the health needs of the Māori population" (p.35). This is also not the case given that Māori occupational therapists are at 7 percent (and other health professions sitting at a similar statistic) when the national population of Māori sits at almost 20 percent. The workforce targets within this action plans have not been met and is evidenced by the experiences of Māori occupational Therapists.

The Mental Health and Addiction Workforce Plan 2024-2027 (Health New Zealand Te Whatu Ora, 2024b), is still in the early stages of the term, therefore is still in progress. Within this plan it states that "the mental health sector is over-reliant on internationally qualified clinical workforces, resulting in a

workforce not reflective of those accessing the service, particularly Māori and Pacific people" (p. 10). The phrase 'unequal outcomes' was used to describe this impact, however the outcomes of Māori have been unequal and inequitable since the establishment of the health sector in general (Ahuriri-Driscoll et al., 2022; Durie, 1994; Graham & Masters-Awatere, 2020) so ultimately this plan is aiming to maintain this and therefore is discriminatory and racist. This plan lightly touches on the benefits of local and domestic trainings providing opportunity to build Māori and Pacific workforce, however, there has been no comment on the cultural and social supports needed to support this. This plan does little to address or action the workforce recruitment and retention plans, solely focusing on growing numbers of the overall mental health work force. Disregarding the experiences and barriers of Māori mental health clinicians, fails to recognise the institutional and social forces that result in Māori being the highest in almost every negative health statistic including mental health (Durie, 1994; Came et al., 2021; Kidd et al., 2020). This not only is a whakaiti and belittlement of the Māori occupational therapist workforce but a huge whakaiti and disregard to the cultural needs of tangata whaiora Māori.

The disestablishment of Te Aka Whaiora in 2024, had detrimental impacts of the entire Māori health workforce and therefore Māori occupational therapists. With the core aim to be a for Māori, by Māori approach to health care service and policy development and coordination, the values and priorities this authority followed aligned with Te Tiriti o Waitangi, Tino Rangatiratanga of Ngai Māori, and embed Māori ways of being and healing into health (Te Aka Whaiora, 2024). In regards to workforce development Te Aka Whaiora, not only financially invested into Māori services and programmes, but it also created streamlined pathways to support Māori students into health careers with programmes such as Pūhoro STEMM academy which prioritised Māori student support prior to tertiary education. There was a strong student investment from Te Aka Whaiora, showing consideration of progression and succession planning for Māori in the health sector, aligning with kaitiakitanga of future generations. Te Aka Whaiora also created and invested in opportunities to support the frontline Māori health workforce, such as occupational therapists, by focusing on professional development opportunities rooted in enriching cultural expertise, Te Ao Māori values and mātauranga Māori. The disestablishment of Te Aka Whaiora was not only disruptive to Māori momentum in health but has disregarded the findings and recommendations of WAI2575, which highlighted that the government and the Ministry of Health had made significant breaches of Te Tiriti o Waitangi, which outlined the need for Māori led initiatives and investment into Māori health. Māori occupational therapists in this research have expressed that the factors that contribute to their sense of cultural safety and ease of cultural load include structural change, Māori leadership embedded with mātauranga and tino rangatiratanga. Te Aka Whaiora held the Māori workforce in high regard and acknowledged the burden in which they carried by being part of a small but

mighty workforce, and was able to offer the needed supports to enable them to explore their sense of cultural safety (Gerbic & Muriwai, 2025; Te Aka Whaiora, 2024). The Māori occupational therapists experience was validated and revered under the support and aroha of Te Aka Whaiora. Te Aka Whaiora represented all Māori, within the workforce and those accessing health care, prioritising collective progression and development. The disestablishment of Te Aka Whaiora reinforces the institutional and colonial damage that continues to perpetuate today.

Interpersonal racism

Interpersonal racism between non-Māori and Māori health professionals in Aotearoa is common occurrence (Hunter & Cook, 2020; Kidd et al., 2020; Komene et al. 2023; Tofi et al., 2023; Wilson et al., 2022). Kidd et al. (2020), elaborated on antiracism praxis amongst Māori and non-Māori nurses in Aotearoa, and assert that like Māori occupational therapists in this research, Māori nurses are facing interpersonal racism in their workplaces, and this is impacting their ability to practice and provide care. Similarly, Tofi et al. (2023) affirm that Māori and Pasifika allied health professionals are experiencing ongoing various forms of racism including institutional racism, stereotyping and micro-aggressions, which often leads to diminished self-belief and assurance. Similarly Māori occupational therapists were able to easily recall examples and encounters of interpersonal and institutional racism but highlighted that their non-Māori colleagues and leaders are less likely to discern and differentiate these scenarios without these issues being directly and explicitly placed under a spotlight. These unacknowledged tensions are challenging to address if unseen by others in the workforce (Hunter & Cook, 2020; Tofi et al., 2023; Wilson et al., 2022). Interpersonal racism, whilst at a micro level between individuals is reflective of a societal bias and attitudinal issue, suggesting negative social beliefs and narratives towards Māori (Ahuriri-Driscoll et al., 2022). Māori occupational therapists have flagged that interpersonal racism can be strategic and hidden through minimisation and jokes, making it harder to identify and address. Workplace bullying is behaviour towards an individua or group that is repeated and unreasonable, taking the form of physical, verbal and psychological (Employment New Zealand, 2024). Due the feelings of unsafety, discrimination and discomfort expressed by Māori occupational therapists, these repeated encounters would be categorised under workplace bullying and therefore should be treated in such a manner. Workplace bullying should have proper procedures and steps to ensure investigation and reparation (Employment New Zealand, 2024).

Internalised racism

Internalised racism is referred to as a psycho-emotional by-product of racism, and regarding the existence and belonging of minority groups (Beagan et al., 2022). It is the acceptance, absorption and integration of adverse and negative narratives on Māori (Murphy, 2024; Talamaivao et al., 2023). Internalised racism is a common experience for Māori and Pasifika allied health professionals and Tofi et al. (2023) spoke about how suppression of cultural self and identity is a mechanism of surviving in an unsafe environment. Murphy (2024) a Māori occupational therapist, shared within her doctoral thesis that internalized racism can include feelings of shame, doubt, inadequacy and inferiority due to constant exposure and immersion in a dominant group's world, and their distorted perspective on Māori. This was a common experience for Māori occupational therapists in this research, where they expressed confusing feelings of doubting their abilities and worthiness in their workplaces due to ongoing negative narratives about themselves and their people.

On the other hand, Beagan et al. (2022) assert that self-hate, doubt and low self-esteem are consequences and outcomes of institutional and interpersonal racism. Complex coping and survival strategies are developed by those experiencing racism (Beagan et al., 2022; Huria et al., 2014; Kidd et al., 2020). Emery-Whittington and Davis (2023) both Māori occupational therapists, share that internalised oppression and racism can look like behaviours “one must do to stay alive, remain housed and keep employment” (p.764). It is important to note that this understanding does not place blame or project negative feelings on those who are experiencing internalised racism, as this is the exact intention and byproduct of colonisation (Beagan et al., 2022; Emery-Whittington & Davis, 2023).

The huahuatau in this research shed light on how Māori occupational therapists make sense, manage and tolerate culturally unsafe experiences and racism in their mental health workplaces. Developing coping strategies and other behavioural adaptations are common methods Indigenous people across the world have used to make sense of racism and culturally unsafe experiences (Beagan et al., 2022; Emery-Whittington & Davis, 2023). Māori occupational therapists spoke about behaviours and emotional challenges, including the adopting of various strategies such as having to censor themselves to be palatable to non-Māori, they have had to refrain from speaking at all in order to provide a professional response and composure rather than a justified one filled with pain and emotion. Assessing costs and benefits of addressing and resisting racism is required to protect self (Beagan et al., 2022). Some of the adopted survival strategies whilst serving a vital purpose at the time, and not to be minimised as did protect and enable survival, in the long term can be detrimental (Beagan et al., 2022; Emery-Whittington & Davis, 2023).

Examples given by the Māori occupational therapists were, taking it on the chin, ignoring it, going quiet, not responding, going numb, going away to process. These responses then evolved into Māori occupational therapists experiences of guilt, hurt and disappointment for not addressing it. These natural responses and experiences support Beagan et al. (2022) around Indigenous and racially minoritised occupational therapists in Canada developing survival strategies to help build resilience and move past racism and culturally unsafe situations so they can continue to function and work in that environment. Māori occupational therapists have described masking and ignoring these encounters initially served as a protective mechanism. But over time, this became an expected part of the job, gradually chipping away at their hinengaro and wairua. The slow, steady erosion highlights the deep emotional and cultural toll faced by Māori. This supports Beagan et al. (2022) claim about ongoing intensive racism being desensitizing to the reality and magnitude of the situation, describing a form of systemic oppression and forced tolerance.

Emotional harm of racism

The fight, flight, freeze or fawn concept, is a stress response (Price 2018; Tujague & Ryan, 2023), and can be seen clearly and unmistakably within the huahuatau and experiences of Māori occupational therapists. When the sympathetic nervous system is in a heightened state, it is challenging to simultaneously respond, think and speak critically (Tujague & Ryan, 2023). This research evidences these behaviours, and indicates that these encounters of racism imply it is perceived as a threat and danger to Māori occupational therapists. Price (2018) suggests this response is common in interpersonal communication, as the ability to survive outweighs the need for communicating. Māori occupational therapists described how their nervous systems responded to these acts of racism through the 'freeze' behaviour, noting the numbing and inability to articulate and talk, as well as the 'flight behaviour' which includes fleeing or leaving or walking away from the situation, as a way of escaping and protecting from further harm (Te Pou, 2021). However, the 'fight' response was an area where participants were specifically more alert and vigilant about, despite experiencing perceived harm. Some Māori occupational therapists were aware of public and social narratives and stereotypes around Māori being labelled and categorised as aggressive and angry. This supports Loring and Curtis (2024), where Māori health professionals are constantly aware of how they are perceived by others due to fear of not being taken seriously, being seen as unprofessional or being ridiculed for expressing an emotionally valid response. Fear and hyper-awareness of this sense of threat or harm, often resulted in suppression of authentic and true feelings and mamae (Komene et al., 2023; Loring & Curtis, 2024) which is evident in this research. The media and society are well known for portraying Māori in a distorted light and so Māori are hypervigilant about how they are perceived (Loring & Curtis, 2023; Moewaka Barnes et al., 2023).

Interestingly participants were able to block and direct their responses away from 'fight' responses, as a form of protection from this. Whilst Māori occupational therapists were able to demonstrate a form of control to mask their emotional responses, to be perceived as emotionally regulated and calm, it is undeniably a challenging and soul-crushing action, and rather a matter of survival to suppress and block this response to avoid further harm and threat (Loring & Curtis, 2024; Price, 2018). This mechanism was not just to safeguard themselves and their whaiora, but to also protect the reputation of all Māori. Beagan et al. (2022) say this is a normal, valid response for racialised occupational therapists experiencing racism, however this internalising and sense making can lead to habituating, minimising and desensitising of the true impact. Experiencing a heightened sympathetic nervous system is stressful and exhausting in general, but to experience this state constantly within the workplace is likely to have ongoing negative physiological and psychological impacts (Hunter & Cook, 2020; Komene et al., 2023; Price, 2018; Tujague & Ryan, 2023).

Vicarious racism

Māori occupational therapists shared how challenging it was to hear how non-Māori health professionals spoke about Māori people, cultural values and practices. The examples included labels, assumptions, tone used, body language, stereotypes and microaggressions. The weight these words and narratives carry can be captured under the term vicarious racism. Hennein et al. (2023) pointed out that it is common for racialised, minority and Indigenous practitioners to experience direct personal attacks of racism, as highlighted above, but less attention is given to the vicarious or second-hand racism that these practitioners endure. Vicarious racism refers to scenarios where people observe or hear discrimination and racial targeting, directed towards the vulnerable minority populations they serve and belong to, but not directly at them as individuals (Selak et al., 2020). Vicarious racism is still damaging despite not directed specifically at the individual (Beagan et al., 2022). Participants in this research spoke about seeing themselves and their whānau within their tangata whaiora, due to the shared obligations, ambitions and experiences of being Māori. So, whilst Māori are diverse in various ways, this collectivist and unified lens make it hard for Māori occupational therapists to be separate from tangata whaiora Māori. This collectivist whānau oriented grouping is a positive and affirming approach, whilst diverse and different in many ways, still belonging to a whole (Baker, 2021; Durie, 1994; Mead, 2016; Tuhiwai Smith & Pihama, 2023). In comparison, vicarious racism tends to group minority and racialised people in a negative manner, often through assumptions, stereotypes and preconceived judgements (Beagan et al., 2022; Hennein et al., 2023). This makes it difficult and damaging to hear colleagues speak in a derogatory manner about the people and communities in which occupational therapists and Indigenous health

professionals belong to (Began et al., 2022). Beagan et al. (2022) shares that the reason for feeling pain when experiencing vicarious racism is that if colleagues can easily speak in this fashion about service users, what is to stop them speaking of clinicians in this manner too, "...what makes me exempt? Nothing" (p.5).

Ngākaurua, Cultural Loading and Dual-Role

This research highlights the existence of dual-role and role conflict creating cultural load for Māori working in the public sector. Cultural loading is when Māori staff are intentionally and unintentionally expected and sometimes forced to address and fill the gaps in cultural knowledge, understanding and actions, therefore loading extra work and burden onto Māori (Gerbic & Muriwai, 2025; Hunter & Cook, 2020; Komene et al., 2023). This then creates double the expectation and double the role when working within a public service (Haar & Martin, 2021; Tofi et al., 2023). Māori occupational therapists are experiencing role-conflict and extra responsibilities due to their cultural identity and values. Participants spoke about the challenges with services seeking cultural expertise and guidance that often was outside of their job description but unofficially falls on their shoulders as part of the Māori workforce. The Māori workforce numbers are low and do not reflect the national population of Māori or the amount Māori accessing health care (Ministry of Health, 2023). Currently there are two hundred and forty-nine Māori occupational therapists registered with the Occupational Therapy Board of New Zealand, which makes up seven percent of occupational therapists practicing in Aotearoa (OTBNZ, 2024). The beauty and burden of being a Māori occupational therapist is that we navigate both Te Ao Māori and the western health system (Emery-Whittington & Te Maro, 2018; Jungerson, 1992). Māori health professionals are often middle people "bridging two worlds", trying to ease tensions between western clinical expectations and the cultural needs of Tangata whaiora and their whānau (Wilson & Barton, 2012, p. 10). This is a burden that non-Māori counterparts do not have to carry or even consider. This study suggests that this positioning is both a barrier and an enabler that Māori occupational therapists' shoulder, as they experience these two worlds and roles professionally and personally.

Role conflict

Role conflict can be described as the clashing expectations, values and pressures of the various roles held by Māori, within their personal and cultural domains, and then within their workplaces (Haar & Martin, 2021), this is often likened to wearing multiple hats at one time. Haar and Martin (2021) insists that the double-shift and role conflict is a unique experience and is one that Māori scientists acquire involuntarily

by default. The challenge is around the driver of these pressures, specifically who and what is pushing these added responsibilities. Most often Māori obligations and duty within cultural and whānau specific contexts, is not a transactional or taxing role or load, and is naturally reciprocal due to the communal and whānau centred values (Baker, 2021; Durie, 1994; Marsden, 2003; Pihama et al., 2022). Māori occupational therapists in this research spoke about their desire and willingness to support their own whānau, their tangata whaiora Māori and all Māori across the board because of this unspoken duty and honour. This innate manaakitanga also extended out to non-Māori colleagues, where Māori occupational therapists wished to support their colleagues in growing and progressing.

Dual role can also mean that Indigenous people also are not always able or capable to disconnect work and personal life, as this is inclusive of sharing the emotional weight of loss, grief and pain with tangata whaiora and their whānau (O'Keefe et al., 2021). This reflects the unique emotional impact of navigating a dual role, an experience that non-Indigenous clinicians do not encounter in their single role clinical experiences (O'Keefe, et al., 2021). Shared emotions, experiences and aspirations are deeply significant for Indigenous, enabling relational existence and belonging (Baker, 2021; Kopua et al., 2024). This connects to the Māori occupational therapist experience, where it is outlined an unrealistic expectation for them to separate professional and personal, due to the inseparable realities of being Māori. Haar and Martin (2021) emphasise that this extra pressure and responsibility of role conflict and dual role is unique to the Māori experience. The occupational therapists in this research spoke of feeling isolated and that non-Māori colleagues did not understand the weight and burden they carry as Māori occupational therapists, which supports Haar and Martin (2021) assertion on the complexity and uniqueness of dual role.

Another element of role conflict was around being an occupational therapist and a team member, and then upholding their cultural values. Māori are communal people, and therefore tend to consider the collective (Baker, 2021; Durie, 1998; Mead, 2016) therefore in clinical spaces Māori often show respect by replicating this kotahitanga and collectivism through supporting and helping others (Hunter, 2020; Tofi et al., 2023). The findings show that Māori occupational therapists felt compelled to tautoko and manaaki their non-Māori colleagues in need of assistance. Participants spoke specifically about their innate Māori values of being hospitable and accommodating, becoming a challenge to navigate when requests and tasks became expectations within clinical spaces, and evolved into constant duties outside of their usual such as being approachable for questions and reciting karakia. This aligns with Haar and Martin (2021) where there is a responsibility to be a good worker/colleague "*and* a good Māori" (p.20) upholding the responsibilities of both these roles at one time. Being an educator or teacher is a common role within this

space, as many non-Māori seek knowledge and understanding (Haar & Martin, 2021; Tofi et al., 2023). Māori occupational therapists in this research expressed wanting to support their non-Māori colleagues educating and guiding them to develop cultural safety and responsiveness skills, aware of the direct follow-on impact it had on tangata whaiora Māori, but also acknowledged that this is actually the responsibility of organisations, regulatory boards and the individual clinician. This supports the kōrero from Tofi et al. (2023) where educating and supporting the workforce to upskill is a failure of the system and not the responsibility of convenient Māori health professionals. This research suggests Māori occupational therapists feel a pressure to support non-Māori with cultural development from a future and whaiora centred lens, and is also cultural value and moral centred. This form of support is within the cultural and moral bounds of being Māori, but outside of their job descriptions clinically, therefore leans into a matter of balance and boundaries.

Relationships and Time

Relationships are a vital part of Māori practice, understanding and being (Baker, 2021; Kopua et al., 2024) and is a concept that requires attention and intention (Haar & Martin, 2021; Komene et al., 2023). The cultural obligations of Māori occupational therapists to ensure whakawhanaungatanga is prioritised and participated in accordingly, is an area that opposes the typical linear engagement process in health care. Māori occupational therapists value the process of whanaungatanga and are aware of the relational and spiritual ripple effects. This is in line with Hunter and Cook (2020) study on the emotional labour of Māori nurses, highlighting that additional workload included Māori nurses wanting to care for whānau and hapū with integrity and prioritising cultural needs. This research suggests that while it is a clinical duty to be of service to tangata whaiora Māori, there is also a deeper dedication and devotion rooted in cultural obligations and aspirations. This conflict and clash is problematic due to western work pressures and time constraints, trying to restrict and confine these relationship building stages, due to Eurocentric reasoning, theory and priorities within services and organisations, they often perceive these cultural processes and systems as excessive and unnecessary (Haar & Martin, 2021). For Māori occupational therapists, catering to and advocating for tangata whaiora and their cultural needs, honours the individual, their whānau, their iwi and their whakapapa. Working in this manner acknowledges the trauma that has been experienced through generations and the resilience and persistence they possess and reaffirms that they are not alone within these spaces. The task of advocating was seen as an additional unacknowledged task but also as a cultural role and obligation for Māori occupational therapists, this was not just advocating for the rights as a consumer, but also protecting and guiding them through the disadvantageous mental health system, as Māori. This supports Hunter and Cook (2020) where they

described advocating as engagement in the Māori value of kaitiakitanga, to guide and protect tangata whaiora Māori, and uphold Māori values. To advocate and to address inequities in this manner with Māori, supports Tino Rangatiratanga, supporting and advocating for Māori to be the drivers and decision makers in their care and their futures (Komene et al., 2022).

Dual Competency

Dual-role and therefore dual-competency is an underappreciated skillset despite being crucial and utilized frequently by Māori health professionals (Wilson et al., 2022). The ability to whanaungatanga, engage with whānau Māori, and care for them in a culturally safe and mana-enhancing manner is considered a specialist practice (Baker & Levy, 2013; Ministry of Health, 2020, 2023; Sones et al., 2010). Whakamaua: Māori Health Action Plan 2020-2025, outlined the ministry of Health intention to address and advance Māori health and stated that Dual competence within the Māori workforce should be acknowledged as a professional skill set (Ministry of health, 2020) however based on the accounts of Māori occupational therapists this does not seem to be reflective of their experiences. Māori are often asked to facilitate, organise or support activities or projects that showcase the services or organisations cultural journey, competence and practice (Loring & Curtis, 2024), however are often brought in last minute, or not involved or consulted in other areas of these processes or projects (Mercier, 2020) which demonstrates the window dressing or upholding of competent appearances but lacking actual substance in this area (Came et al., 2021) . This research and the existing literature, suggests that Māori intentionally and innately engage in integrating and enacting Māori practices and values as a stance of manaaki, indigenisation and resistance to eurocentrism to enable whaiora to have the culturally appropriate care they need and are entitled to (Hunter & Cook, 2020; Komene et al., 2023; Tofi et al., 2023; Wilson et al., 2022).

The integration of Te Ao Māori into western systems, is aimed at better servicing and supporting tangata whaiora Māori, but there is the question of whether doing so is actually forcing the Māori health workforce to carry the weight of ongoing colonialism rather than the institutions and systems that fail Māori (Came et al., 2023; Hunter & Cook, 2020; Huria et al., 2014; Mercier, 2020). Māori health professionals are struggling to drive large-scale systemic change, their presence and commitment still provides the vital guidance and support for tangata whaiora navigating the discriminatory health system, but the foundations and structures of services and organizations remain unchanged (Hunter & Cook, 2020; Wilson et al., 2022).

The role of Māori occupational therapists and other Māori practitioners in the health workforce remains significant, offering opportunity for tangata whaiora and whānau to engage in cultural connection, advocacy, and a sense of hope despite the institutional limitations they face (Huria et al., 2014; Tofi et al., 2023; Wilson et al., 2022). Whaiora Māori benefit considerably from having Māori occupational therapists and practitioners involved in their care, as they have a lens for whanaungatanga, cultural understanding, advocacy, slower and gentle care, and collective and holistic approaches (Graham & Masters-Awatere, 2020; Hunter & Cook, 2020; Komene et al., 2022). Despite this, Māori statistics of inequity and poor health outcomes continue to remain high and over-represented (Ministry of Health, 2024b), and whilst growing and developing the Māori health workforce is vital, this only touches the surface of this systemic issue (Kidd et al., 2020; Ministry of Health, 2024). The surging inequitable health outcomes of tangata whaiora Māori, and the cultural labour and load placed on Māori clinicians and occupational therapists reflect a systemic imbalance, where the main beneficiaries of this overworked Māori workforce are the institutions rather than the tangata whaiora Māori needing them.

Māori experiencing unique workplace pressures due to role conflict, are not exempt from the societal structures that deprive and disadvantage Māori of opportunities, raising the example of employment inequalities and career progression (Haar & Martin, 2021). This is in line with Mhyre et al. (2022) research on workforce solutions in the United States of America for minority health disparities, who also claim that minority health practitioners including Doctors, receive recognition and promotions at a delayed and slower rate compared to their white colleagues despite the extra responsibility to address inequities. There are also higher expectations for Indigenous and Māori workers due to racially driven discrimination and stereotyping, and this extra surveillance and pressure to perform does not exist for non-Māori (Haar & Martin, 2021; Komene et al., 2022; Loring & Curtis, 2024; Wilson et al., 2022). It is possible that the Māori occupational therapists in this research are not only experiencing value and culture driven role conflicts and increasing and unseen workload, but also due to the societal and political systems being unfavourable towards Māori employees in general. The structure of employment progression and advancement follows western and institutional constructs that favour the dominant western epistemology as well as non-Māori counterparts (Barton & Wilson, 2021; Brougham & Haar, 2013; Haar & Martin, 2020; Huria et al., 2014). As mentioned earlier these systems are aimed at disadvantaging Māori, which could be what is happening here within the employment space. Being recognised and acknowledged for effort and abilities within the health sector is a biased and racist process (Wilson et al., 2022). Māori health professional supports and needs are not being prioritised within the health workplace therefore delays and decreased opportunities for career progression are intentional (Hunter & Cook, 2020; Huria et al., 2014; Tofi et al., 2023; Wilson et al., 2022). Māori occupational

therapists in this research felt "felt gross" or uncomfortable for raising and discussing their unfair little to no compensation for extra work, as discussing their cultural awareness and skill set in a measurable and transactional manner often did not align with Māori values and intentions.

Whilst these studies are not occupational therapist specific, the understanding of 'both worlds' is a unique position and has the potential to facilitate change and benefits for tangata whaiora Māori and Māori health professionals across the board (Hunter & Cook, 2020; Tofi et al., 2023; Wilson et al., 2022). This conveys that profession, sector or workplace are not determining factors of role conflict, cultural 'unsafety' and cultural loading. They are in fact a result of a racist and discriminatory system. The wearing of multiple hats at one time, will eventually become heavy, this research highlights that there is only so much weight that can be carried until it starts to crush and oppress.

Kawa Whakaruruhau Cultural safety

The varied understandings and interpretations of cultural safety is common throughout the literature. Māori occupational therapists are suggesting that when it comes to personal experiences of cultural safety it is a complex and evolving concept. The variation in its meaning and practice suggests that it is interpreted differently across the health sector (Curtis et al., 2019; Power et al., 2022). Within practice policy, and within literature, cultural safety is commonly considered in the context of tangata whaiora Māori and their experiences within the health system (Papps, 2015; Ramsden, 1993; Wepa, 2015). This tends to be the case due to the numerous and negative health outcomes and experiences of Māori, when accessing public healthcare (Waitangi Tribunal, 2019; Wepa, 2015). These negative experiences include "coldness, microaggressions, discriminatory behaviour and shaming" (Graham & Masters-Awatere, 2020, p. 199). It has become normal for Māori to experience and expect sub-optimal standards of care when accessing services (Heke et al., 2019). Similarly Māori occupational therapists also confirm these negative feelings and experiences when working in the public mental health sector. It seems that for Māori, interacting with the health system results in some form of discrimination and disparity, whether they are accessing or providing care (Came et al., 2022; Heke et al., 2019; Hunter & Cook, 2020; Kidd et al., 2020; Ministry of Health, 2024; Tofi et al., 2023; Waitangi Tribunal, 2019).

Ramsden (1993, 2002) early account of cultural safety involved the deliberation of the interconnected safety of Māori nurses training and practicing as well Māori who are receiving care. Whilst her focus was focused primarily on the nursing and midwifery profession, the core message is based on the safety of Māori people making it valid and suitable for the wider Māori health workforce, including Māori

occupational therapists. Because Māori were front and centre of this issue, this concept and reshuffle highlighted the relevance and importance of Te Tiriti o Waitangi, which supported the momentum and shift from multicultural to bicultural Te Tiriti o Waitangi partnership in Aotearoa. The relevance of multicultural to bicultural remains an issue in Aotearoa, where the concept of multiculturalism invalidates the experiences of Māori, and merges their experiences with all minority groups in an attempt to minimise the magnitude of their voice and experience. The bicultural argument suggests a progressive partnership approach as agreed in Te Tiriti o Waitangi (Durie, 2005; Ramsden, 2002). The experiences of Māori occupational therapists connect to this initial argument of Ramsden's push for cultural safety and biculturalism in Aotearoa. The findings suggest an ongoing minimisation of the Māori experience as practitioners and as tangata whaiora. Māori occupational therapists experiencing "push back" and "resistance" to learning and integrating Māori concepts of wellbeing are examples of disregarding the validity of employing and valuing both worldviews and approaches in care. The ongoing racism and discrimination towards Māori occupational therapists illuminate and evidences a structure and system with whakapapa in colonialism, then resistance to multiculturalism. Therefore, to further transition and shift towards biculturalism, highlights the reluctance to relinquish power and dominance. The experiences of Māori nurses and nursing students in the 90's (Ramsden, 1993), remains a shared experience with Māori occupational therapists 30 years on.

As mentioned in the literature review section Papps (2015), Ramsden (2002) and Kaphle et al. (2022) suggest that cultural safety should be inclusive of experiences of Māori health professionals, and inclusive of interactions between health professionals, and not just with tangata whaiora. They argue that like the Māori occupational therapists in this research, colleagues and peers are recipients of practitioner and student engagement and practice also. Clinical practice does not just centre relationships and encounters between the health professional and tangata whaiora, there is a relational and collaborative expectation that health professionals work alongside other professions as part of multidisciplinary teams, between services and networks. Therefore, this broadens the focus and scope of cultural safety to be inclusive of engagement with colleagues and professionals (Kaphle et al., 2022; Papps, 2015

Regulatory inconsistencies

As mentioned in the literature review, there appears to be inconsistencies between professions and between regulatory boards in regards to practicing in a culturally safe and competent manner (Heke et al., 2019). Genuine engagement in the cultural competencies of health professional regulatory boards has assumed to be a process to safe-guard Māori, but health professions are practicing cultural safety and

competence in different ways, and likely having different outcomes (Curtis et al., 2025; Heke et al., 2019; Power et al, 2022). Kidd et al. (2020) suggests it is common for many non-Māori nurses to engage in performative or tick-box activities to appear competent, but this often included bare minimum effort and engagement with regulated cultural competencies. This makes sense given Māori occupational therapists are constantly observing and experiencing these encounters and are continuously having to educate and advocate in these spaces. There are systemic regulatory failings and discrepancies in ensuring practitioners are practicing in a manner that aligns with Te Tiriti o Waitangi and equitable outcomes for Māori (Heke et al., 2019). These inconsistencies in cultural competency and safety standards reinforces the tick-box 'band-aiding' concept, where minimal effort is applied, and surface level compliance is done to appear 'competent' and that Te Tiriti o Waitangi is honoured, this type of activity is performative and has no real action towards the equity of Māori (Came et al., 2021; Heke et al., 2019; Wilson et al., 2022).

The use of language in these competencies also can create a false narrative and belief that practitioners are culturally safe and competent by 'ticking these boxes' (Hunter & Cook, 2020; Kidd et al., 2020). Jungerson (2002) a Māori occupational therapist, is firm that there is real harm and impact caused by well-meaning non-Māori who are appropriating Māori culture in attempts to be culturally safe and competent, but this take can also be perceived as a form of ongoing colonisation. An example of this contention is the current and revised Occupational Therapy Board of New Zealand's, Code of Conduct and Ethics (OTBNZ, 2025). This revised code includes the terminology *must* (outlining minimum standard) and *should* (indicating at the discretion of the individual occupational therapist). Whilst the use of *should*, allows occupational therapists to seek guidance and support in their decision making and judgement, it also can minimise the importance of the particular codes, clauses and principles within this. Code 2: Fairness, under 2.2.2. Kai Whakaora Nganagahau *should* know and articulate your own biases, preferences, social positioning, privilege and worldviews as they frame and impact everyday practice. Whilst 'should' reflects a degree of flexibility for the individual kaiwhakaora Ngangahau to respond and ponder, it also does not prioritise this area enough. Considering the significance of individual bias, privilege and racism, and the impacts these have on health outcomes for Māori is very telling, and justifiable of this being a minimum and mandatory 'must' standard. Therefore, the language used by regulatory boards and organisations is imperative, as it sets the tone of expectation.

According to the participants in this study, the discrepancies in knowledge and awareness can look like tokenism, appropriation of language and practice, resistance to cultural approaches and knowledge, unaddressed bias and positioning. Despite culturally safe and responsive care and practice being a regulated element of many health professional practicing boards and legal standards under the Health

Practitioner Competence Assurance Act (2003). These are both focused on protecting the public from harm when accessing health care, and this is inclusive of cultural harm. If non-Māori health professionals are observed practicing in culturally unsafe manners, and are requiring additional teaching and development from their Māori colleagues beyond what the organisation and profession provides, then this suggests that there are gaps in their ability to provide culturally safe and responsive and gaps in monitoring and regulating this, and therefore questions the safety and quality of care that whaiora Māori are receiving (Came et al., 2021; Heke et al., 2019; Wepa, 2015).

Self-reflection

Honest and genuine self- reflection and appraisal is a vital element of cultural safety (Curtis et al., 2025; Papps., 2015; Ramsden, 1993). Cultural safety must begin from a stance of accepting cultural ignorance, this creates a blank canvas to deeply reflect, explore attitudes, position, privilege, bias, life experience, and then examine how this influences the clinicians practice (Jungerson, 2002; Woods, 2010). This also includes truly understanding the various contexts that the clinician and whaiora are positioned in, and how this also contributes to the relationship and practice (Crawford & Langridge, 2022; Ramsden, 1993). Culturally safe practice is not a title or practice that can be defined and declared by the health professional providing the care, it is determined by the person receiving and experiencing the care and encounter - the tangata whaiora and service users (Power et al., 2022; Ramsden, 1993; Woods, 2010) and in this research the Māori occupational therapists. Māori occupational therapists spoke about the culturally unsafe observations and encounters they have had with/of their non-Māori counterparts, and that this direct and vicarious experience as mentioned previously, raised questions around the cultural safety and cultural competence of the non-Māori workforce. The process of honest self-appraisal aids in the stripping away of power imbalances supporting the Tino Rangatiratanga of the individual (Komene et al., 2022; Ramsden, 1993). Failing to enact cultural safety results in reinforcing a racist and colonial system that's original intent was to eradicate Māori (Power et al., 2022).

Overlooked gaps in knowledge and attitude have been a common area of focus in regards to cultural safety, with non-Māori occupational therapists (Gray & McPherson, 2005). Gray and McPherson (2005) gave an Aotearoa context perspective on cultural safety for occupational therapists. They found that the majority of non-Māori occupational therapists in their study, experienced differences in understanding, and willingness to learn about cultural safety due to generational influence and attitudinal ambiguities. This suggests that occupational therapists at the time had bias and prejudices that impacted their perspective on cultural safety and reluctance to embrace the bicultural shift of the Occupational Therapy

Board of New Zealand. Whilst this study is dated from twenty years ago, the findings are shockingly similar to the descriptions of participants recalling encounters with their non-Māori colleagues. Despite the passing of time between this research and that of Gray & McPherson (2005), there continues to be resistance, racism, bias and discrimination within health sector of Aotearoa. Cultural safety is considered a low priority to some non-Māori nurses (Kidd et al., 2020). The pressures and stresses that exist when working in healthcare are underestimated, the health sector is underfunded, under resources, over worked and failing the public (Came et al., 2021; Graham & Masters-Awatere, 2020). The argument does not dismiss the current state of the health sector and acknowledges that all health professionals are working within a broken system, the argument is suggesting that cultural safety and cultural competence be raised as equal priority as clinical competence and safety.

Māori occupational therapists are encountering non-Māori clinicians who hold narrow worldviews and bias around Māori and equity. Whilst this is disheartening it is also unsurprising given the political climate in Aotearoa currently who are focusing on removing te reo Māori from all public sector names and children's books, disestablishing Te Aka Whaiora Māori Health Authority, and attempting to abolish Te Tiriti o Waitangi through the treaty principles bill. What this indicates is that non-Māori are perhaps not actively engaging in reflective and reflexive practice, and potentially their regulatory boards cultural competency and safety assessment processes. According to Crawford and Langridge (2022), both pākeha women, say that 'white fragility' and 'pākeha paralysis' are common concepts amongst non-Māori, and whilst most may be unaware of their behaviour and thinking in this manner, it also can be seen as a response to a perceived threat to their power and privilege. These concepts enable and maintain power and superiority of western/white constructs. White fragility is the defensiveness and discomfort that white people experience when faced with criticism or feedback regarding their white privilege or positioning (Loring & Curtis, 2024; Crawford & Langridge, 2022). Non-Māori avoiding responsibility in this area, places the full responsibility and burden on Māori staff to be the drivers of equitable change for Māori when it is actually a shared legal and clinical responsibility (Kidd et al., 2020). Being on the receiving end of this fragility and paralysis was a common experience for Māori occupational therapists in this research, speaking about the racist comments, the push back and resistance to implementing change or cultural approaches, and the feelings of hurt, inadequacy and inferiority that accompanied this rejection. Whilst the emotional weight these conversations carried was highlighted in the research, an equally important aspect was the setbacks and delays this resistance and racism causes to progression and change. Loring and Curtis (2024) are clear that white fragility and paralysis acts and behaviours centre the non-Māori 'white' experience and derails the kaupapa and kōrero from pro equity change, and protects the system to continue serving and prioritising non-Māori needs and values. This can look like hui often focusing on the

feelings and experiences of non-Māori in the room rather than the larger kaupapa of population equity. This is also inclusive of non-Māori not speaking up and providing feedback in regards to inequity, leaving this burden on the shoulders of the Māori health workforce. This example from Loring and Curtis (2024) is scarily similar to that of Māori occupational therapists in this research, who have shouldered significant advocacy and activism responsibilities.

When non Māori have engaged in this process of honest self-appraisal, it means they are consciously creating culturally safe spaces for their whaiora and colleagues, they are alleviating workload for Māori colleagues by willingly taking on some of the responsibility, using their voices of privilege to advocate and provide criticism to higher up, they resist systems that disadvantage Māori (Curtis et al., 2019; Heke et al., 2019; Loring & Curtis, 2024). Gerbic and Muriwai (2025) both Māori Clinical Psychologists highlight the burden carried by both therapists and Tangata Whaiora Māori, and that therapists have the potential to create some safe, valuable and beneficial spaces through embedding cultural practices rather than adding Māori and cultural concepts to western models and structures. Gerbic and Muriwai (2025) strongly emphasised that cultural humility "reduces the need for whaiora to explain or advocate for culturally safe care" (p. 13) and therefore enables a culturally safe space. This level of reflection and changes to clinical practice prevent harm to Tangata Whaiora Māori and reduce the chance of burdening Māori with cultural labour.

Cultural safety and competence are continuous journeys of growth and change, and does not have a finish line (Heke et al., 2019). Huygens (2011) in Came et al. (2021) is clear that in order for non-Māori to uphold their role as honourable partners in Te Tiriti o Waitangi, intentional engagement in philosophical, cultural, and structural self-examination is needed. This involves learning and unlearning the history of Aotearoa, recognising colonial and societal injustices, challenging and transforming inherited biases, and actively working toward equitable futures. Practicing in this manner is likely to address the expectations and pressure placed on Māori, and foster genuine, safe and cohesive allyship amongst the workforce (Curtis et al., 2025; Loring & Curtis, 2024). This deep reflection and internal assessment is a personal journey that only the individual clinician can traverse, it requires vulnerability (Crawford & Langridge, 2022; Curtis et al., 2019; Woods, 2010). And as Gerbic and Muriwai (2025) beautifully articulate "when practitioners take responsibility for cultural competency and cultural safety, the therapeutic space becomes a place of shared respect rather than a source of additional labour" (p.13). Māori occupational therapists highlighted that the non-Māori workforce plays a critical role in achieving equitable outcomes. Their clinical expertise, and their workforce numbers are valuable assets, but this requires a sincere commitment to Te Tiriti o Waitangi and an honest partnership with tangata whenua (Curtis et al., 2019;

2025). It is inevitable that non-Māori will work with Māori so their ability to reflect, recognise and respond accordingly is vital in the progression of Māori health and overall survival (Curtis et al., 2019; Komene et al., 2022; Woods, 2010). "Being an Ally is knowing when to step up, step aside and step back' (K. Thomsen & L. Sheppard, personal communication, February 14, 2025) this phrase was said to me by Kerrie Thomsen, an Aboriginal occupational Therapist, and Loretta Sheppard, a non-Indigenous Australian occupational therapists, who have both done extensive work within the allyship space advocating for aboriginal equity in Australian Occupational Therapy clinical and training spaces. This kōrero is very much applicable to the Aotearoa context where this captures the essence of working in partnership with Māori as tangata Tiriti, as intended under Te Tiriti o Waitangi.

Hauora of Māori occupational therapists

The constant cultural and emotional load that Māori occupational therapists carry, has shown these are likely to exceed those of their non-Māori counterparts. This ongoing racism, identity complexity, pressure and invisible workload sits heavy and painfully on the shoulders and hearts of the Māori health workforce, and can lead to a state of burnout and stress (Hunter & Cook, 2020; Komene et al., 2022; Huria et al., 2014; Tofi et al., 2023). Stress and overwhelm is a common experience working in the mental health sector due to the systemic issues such as high caseload numbers, acuity and sensitivity, risk and safety, and resourcing issues that this mahi entails (Blayney, 2021). Experiences of stress and burnout within the mental health workforce is likely to result in poorer engagement and outcomes with whaiora, and poorer overall wellbeing of mental health professionals (Blayney, 2021; Fraser, 2025). However, for Māori occupational therapists this stress goes beyond the typical clinical stressors and weight, and compounds the load due to cultural pressures and workload. This dual role mentioned previously is contributing to dual stress.

For tangata whaiora, racism and cultural alienation are recognised as detrimental health determinants (Harris et al., 2018; Wilson et al., 2022), therefore for Māori occupational therapists and the Māori workforce, who are experiencing this in their workplaces, there is no surprise that they are experiencing negative mental health as a consequence of racially charged interactions and cultural loading. (Hunter & Cook, 2020; Wilson et al., 2022.). Huria et al. (2014) claims that stress and burnout is a significant contributing factor to the Māori nursing workforce's willingness to stay and leave the profession. Māori occupational therapists in this research have gone home crying, experiencing frequent states of threat through fight, flight, freeze and fawn responses, they are feeling discriminated against, overworked and undervalued. Amongst all this, they are being subjected to interrogation and attacks towards their values

and identity as Māori. All of these acts of workplace harm and oppression are symptoms and contributing factors to lower psychological tolerance and stress (Haar & Martin, 2021; Hunter & Cook, 2020; Komene et al., 2022; Tofi et al., 2023). Komene et al. (2022) research on the realities of Māori nurses highlighted that navigating this psychological burden alongside role conflict and workload pressures simultaneously, is influential on to the mental health of Māori nurses - leading to burn out, and that ignoring the cultural double shift, by both Māori and non-Māori has significant wellbeing consequences for Māori nurses.

Māori occupational therapists spoke of the emotional and exhausting process of managing racism, and the constant emotional load this carries, including self-regulation and awareness alongside co-regulation to avoid further racially fuelled harm. This supports Hunter and Cook (2020) that censoring emotions and thoughts in order to be palatable to non-Māori requires extra effort and stress, and to engage in this over a long period of time is likely to contribute to ongoing stress and diminished sense of self. Stress and burnout that Māori nurses and midwives experience, is not the same as non-Māori counterparts due to the cultural expectations that exacerbate their existing workload and responsibilities (Pipi et al., 2021). Insufficient resources, unfair compensation, a toxic work environment, systemic racism, and a lack of recognition or voice are escalating and intensifying the mental and emotional struggles of Māori across the health sector (Tupara & Tahere, 2020).

"Weathering persistent structural and attitudinal barriers" was said by Hunter and Cook (2020, p.19) to describe the battle faced by Māori nurses. The term weathering is a perfect metaphor to describe the experiences of Māori working within the health system. To be exposed to harsh environmental elements that degrade and disintegrate something, forcing a change in shape, size, colour and composition (does this need a reference). Rangihuna et al., (2022) shared that experiences of being undermined, isolated and constantly fighting and advocating for whaiora left Māori nurses feeling psychologically unsafe and burnt out from the emotional toll. Similarly, the experiences of Māori occupational therapists in this research highlighted the psychological weight and similar experiences. Burnout and stress look different to everyone, due to upbringing, life experience, identity, tolerance levels, resilience, supports etc. (Blayney, 2021; Fraser, 2025). Burnout in the workplace is a gradual but chronic exposure to psychological and interpersonal struggles and pressures in the workplace (Swider & Zimmerman, 2010). Naturally from an occupational therapy practice lens, this psychological and emotional exhaustion can be seen as a functional limitation that then contributes to participation and performance of occupational roles and expectations within these workplace contexts, but also within the roles and occupations that exist within their personal and whānau contexts. Burnout is associated with higher employee turnover and decreased

performance of jobs (Swider & Zimmerman, 2010). Dissatisfaction in clinical workplaces is a common experience for Māori health professionals (Hunter & Cook, 2020; Tofi et al., 2023).

Māori occupational therapists are stuck in the middle of the constant clashing of worlds, roles and values, they are feeling unsatisfied in their clinical work settings due to feelings and experiences of exploitation, exhaustion, being undervalued and not fairly compensated and acknowledged for their extra work. Whilst there is limited literature that explicitly highlights the burnout rates of Māori occupational therapists and health professionals in general. Considering the widely recognised reality of racism and discrimination in the health workplace, it is likely that these factors lead to heightened stress levels, burn out and declining mental health.

A study by Hennein et al. (2023) focused on the mental health and racism-related stress among racialized minority healthcare workers in the United States of America. They found that vicarious and interpersonal racism were associated with higher symptoms of anxiety and depression. This study also made reference to other studies (Hennein et al., 2021; Wyatt et al., 2021) that highlighted Black healthcare workers, experiencing vicarious racism when caring for Black patients who had experienced police brutality or even publicized violence of unarmed black people. This vicarious racism played a significant part in their diminishing mental health including nightmares, anxiety, fatigue, fearfulness and hopelessness.

During this research the kōrero was not explicitly focused on the participants' symptoms and experiences of mental health, however some participants did speak to the effect racism and cultural loading had on their wairua and wellbeing, and spoke about feelings of worry and anxiety. Māori have a holistic view of health and hauora, it is likely that this emotional and psychological burnout has impacts on other forms of hauora beyond physical, including the taha wairua and taha whānau elements of wellbeing (Durie, 1994; 2001). The kupu wairua can mean two waters, the physical and the spiritual (Baker, 2021; Marsden, 2003; Rameka, 2018), it is the expression of the physical and spiritual worlds, and people being intrinsically connected by this (Rameka, 2018; Valentine et al., 2017). From a Māori and holistic approach to wellbeing, wairua is a fundamental part, and that every human experience is unable to occur without it. For Māori wairuatanga goes beyond the term 'spiritual' it is the relationship to environment, to time (the past and future), whakapapa (ancestors and future generations) (Marsden, 2003; Baker, 2021). Māori interpretations of illness, their strategies and approaches to wellbeing and healing were shaped by this Te Ao Māori worldview, and that wairua is a vital element of the whole being (Baker, 2021; Durie, 1994; Marsden, 2003; Valentine et al., 2017). When Māori occupational therapists are expressing a depleted or

mamae wairua due to their culturally unsafe workplace experiences, they are describing a physical and spiritual experience that has impacts on their overall wellbeing.

Tuakiri Identity

The context of the current society in Aotearoa and the imposing processes of colonisation have contributed significantly to the shaping of Māori identity and the way in which we know and think (Kopua et al., 2024; Mercier, 2020; Tuhiwai Smith, 2006; Tuari Stewart, 2020). Māori identity encompasses whakapapa, whānau and whenua, enabling a sense of belonging and connecting to a whole, identifying in this form continues to be a pinnacle of expression of self and people today, for example sharing of pepeha (Baker, 2021; Mead, 2016; Mikaere, 1994). As mentioned in the introduction the theft of land, language and people over generations of brutal colonisation, has created a historical footprint on Māori ways of living and identity, but continues to be influenced and moulded by the current societal bias and discrimination (Barnes & McCreanor, 2019; Jackson, 1993; Kidd et al., 2020). Identifying as Māori in today's context, encompasses the complexity of current and historical trauma (Arnold Hirini, 2021; Came et al., 2021; Tuari Stewart, 2020). Examples of colonial influence on identity include the forced urbanization of Māori, no longer living on and with the land therefore severing connections with people and place. The state housing policy process of 'pepper potting' which involved the sprinkling and scattering of Māori families amongst non-Māori neighbour hoods, as a form of forced assimilation (Craig, 1959). The introduction of The Native Schools Act 1867 and The Tohunga Suppression Act 1907 resulted in Māori not being able to speak their native language and therefore communicate and connect within their cultural norms, and not being able to access or engage in traditional healing practices and knowledge, therefore disconnecting them from their methods of accessing and maintaining wellbeing. The introduction and continuation of colonial systems and structures such as the justice system and state care, reinforced the taking of Māori ways of living and thriving (Came et al., 2021; Jackson, 1993; Oranga Tamariki, 2023; Te Aka Whaiora, 2024).

The authenticity and eligibility of Māori identity has also been questioned through the notion of blood quantum. Blood quantum is not a Māori concept, it was introduced as a colonial measure to invalidate identity and entitlement to resources, its core purpose was and is to claim and conquer Indigenous resources (Edwards, 2024; Gillen et al., 2019). Therefore, these intentional acts of disconnect (which were strategically legal), resulted in many generations of Māori having a fractured sense of self and identity (Mikaere, 1994). Arnold Hirini (2021) recognised that for Māori and other vulnerable minority populations, society's negative rhetoric from the majority, western and non-Indigenous groups, can be

internalised and therefore shape a person's self-concept and identity. Māori occupational therapists in this research spoke about the personal journey of re-connecting or maintaining connection with their Māoritanga as a pivotal part of their occupational therapy practice and identity. For some of the participants it required deliberate active engagement and for others it was a natural innate process. Both valid yet different aspects and realities of Māori identity. Moeke-Maxwell (2005b) claimed that identity for bi-cultural and multicultural Māori who belong to multiple ethnic and social groups experience identity that is continuously changing and reshaping and tend to "collide, blur, merge and come into focus again and again" (Moeke-Maxwell, 2005a, p508). The occupational therapists in this research shared the same feelings, of a developing and evolving sense of self, and of their journey towards confidence and purpose. To be confident, assured and unapologetically Māori was strongly influenced by their clinical surroundings, this led to then assessing and gauging whether people and spaces were culturally safe before letting their true selves be seen. Participants not feeling safe to express and share their identity with colleagues was a common kōrero, due to feelings of rejection or fear of racial harm. One participant shared "*not feeling white enough and then not feeling Māori enough…"* which supports Moeke-Maxwell (2005a) around the complexity of bi and multicultural identity. Davis (2020) touched on the concept of 'imagined' vs 'reality' of Māori identity, based on the chapter He Tatai Tuakiri: The 'imagined' criteria of Māori identity, by Leoni et al. (2018). Davis (2020) and Leoni et al. (2018) both entail that 'imagined' is the societal assumption around what it is to be Māori, and the 'reality' the true lived experience. The bias and preconceived ideas that colleagues hold about the identity of Māori clinicians is problematic, and often perceived as an asset for their own competence journey, an educator and holder of knowledge that they can benefit from, which creates assumptions around the Māori reality and identity. This perspective and thinking minimises and marginalizes the true role and purpose of Māori occupational therapists, overlooking their necessary and valuable contributions to culturally responsive care and the well-being of Tangata whaiora. These two concepts of identity do not always align due to the power imbalances and differences in privilege and position between the person 'imagining' and the person experiencing the 'reality' (Davis, 2020). Whakapapa Māori and self-identification are the only determining factors of Māori identity (Davis, 2020; Ngawhare, 2019), reaffirming and validating the experiences of the Māori occupational therapists in this research.

Connection

A sense of connection to those within your culture with shared values affirms identity (Arnold Hirini, 2021). Emery-Whittington and Davis (2023) declared that connection to the collective can help mitigate the effects of internalised racism. Being around whānau, friends and colleagues who have shared cultural

values, backgrounds, understandings and experiences was a significant factor in sense of safety and identity for the Māori occupational therapists. It leads into the concept of community and kinship being fundamental to self-care. Participants spoke of returning home to whenua, being with whānau, friends and engaging in cultural occupations as revitalizing, refreshing and core to their restoration and rejuvenation of wairua. This connection to people and place is central to Māori identity (Baker, 2021; Kopua et al., 2024; Marsden, 2003). Gibson (2020), a Kamilaroi occupational therapist in Australia, shared that cultural occupations for Indigenous people support cultural wellbeing (of self and collective). The ability to engage in and participate in activities of cultural significance with people and places of meaning, fosters a strong sense of identity and reaffirms core cultural values. These cultural ties, occupations, roles and obligations are fundamental to cultural identity and ultimately cultural healing (Gibson, 2020). Healing as a cultural occupation is a powerful notion, a life-long journey, and perhaps a lifelong 'occupation' for Indigenous populations. This healing process not only enables the healing of people today but it also belongs to the generations before who suffered tremendous pain and loss. (Gibson, 2020). Connecting with other Māori clinicians and occupational therapists is healing, to have a space to wananga is healing, to kōrero about experiences of hardships, racism and aspirations is healing, seeing Māori thrive is healing.

An interesting aspect in this research was that Māori occupational therapists who worked or interacted with kaupapa Māori or Māori centred services, were all able to articulate what cultural safety looked like for themselves, and were able to pinpoint everyday experiences within their workplaces where this was portrayed such as through everyday work occupations and tasks like karakia and waiata. Engaging in cultural practices and processes supports the hauora and growth of both the tangata whaiora and the occupational therapist, nurturing connection, shared understanding, and holism. Hunter and Cook (2020) spoke about spiritual practices in clinical spaces, such as karakia, being for the whaiora, however Māori nurses have identified that this has also protected and safeguarded the spiritual wellbeing of themselves in practice, emphasizing that it was for everyone's spiritual wellbeing. The Kaupapa Māori philosophy is a way to understand the world, it centres on collective safety, wellbeing and cultural identity (Mercier, 2020; Tuari Stuart, 2020; Tuhiwai Smith, 2006). Kaupapa Māori practice and praxis is an effective and impactful approach and framework to ignite and empower Māori cultural identity, cultural safety, and then following on to addressing the health disparities of Māori (Pihama et al., 2022). Kaupapa Māori and Māori centred philosophies not only work for Māori whaiora and staff, but embrace and nurture all people from all walks of life, it is a harmonious and inclusive approach to wellbeing that all can benefit from (Durie, 1994; Hunter, 2020). When Māori occupational therapists are surrounded by their own people, they have opportunities to engage in healing cultural occupations, and have space and freedom to reclaim

and reconnect. They are not imposed on by overpowering systemic imbalances of the mental health sector, they are able to do some phenomenal work for tangata whaiora katoa.

Decolonisation

Decolonisation is the unravelling or undoing of colonisation, and addressing the institutional, political, socio-cultural, and environmental consequences. It is a process of returning autonomy and control back to the Indigenous population that it was violently and unjustly taken from, and affording and privileging Indigenous worldviews and knowledge systems (Emery-Whittington, 2024; Jackson, 2020; Mercier, 2020). Māori occupational therapists in this research in various ways and forms, resist the structures that continue to oppress Māori, this was seen through flexible and creative methods of advocating, implementing culturally safe processes and practices, use of tikanga, locating and creating resources, educating to gain allyship and momentum, engaging with cultural networks and ensuring whaiora have choice, and are able to retain Tino Rangatiratanga. Whilst these tasks and actions in isolation may appear subtle, to engage in this decolonial resistance on a regular basis whilst also experiencing the ongoing impacts of colonisation, is no easy feat (Beagan et al., 2022; Emery-Whittington, 2024). Emery-Whittington (2021) alludes that if colonisation intended to fracture and disconnect, then decolonisation is the deliberate reconnection. Cultural occupations are a form of obstruction and defiance to the systemic and hierarchical norm within society, engagement in these occupations facilitate cultural connection and healing the opposite intent of colonisation (Gibson, 2020).

Decolonial mahi is a collective and individual effort to dismantle colonial power and control, involving the reclamation and restoration of Māori ways of being, knowing and doing (Jackson, 2020; Emery-Whittington, 2024). Emery-Whittington and Te Maro (2018), speak from their Māori occupational therapists perspectives on their journey of decolonisation, speaking to the weight they carried in being part of a system pushing for immediate change and competence. "Decolonised occupation allows our ancestors to rest as we make the most of the opportunities, they never had so that our shared descendants thrive" (Emery-Whittington & Te Maro, 2018, p. 12).

Conclusion of Discussion

This discussion section highlighted five main areas core to the Māori occupational therapist experience. These were Kaikiri (racism), Ngākaurua (dual-role), Kawa Whakaruruhau (Cultural safety), Hauora (wellbeing) and tuakiri (identity).

The first section of kaikiri, racism has been a recurring topic throughout this research, from within the existing literature, the history and context of Aotearoa, the selected Kaupapa Māori methodology and it being a process of decolonisation, as well as the experiences of Māori occupational therapists. So it was important to note that this section centred on cultural safety and cultural loading with full consideration of the contexts that racism occurs in. Ngākaurua refers to the dual roles and cultural load that exists for Māori occupational therapists, specifically noting the clashes and conflicts this duality presents. Ngākaurua means to be ambivalent or to be torn by mixed feelings, and it is clear that this experience is both a strength and a challenge for Māori occupational therapists. Kawa Whakaruruhau referred to the foundational concept and principles of cultural safety, and what this means to Māori occupational therapists and how it influences their ability to practice. This section also highlighted the practice responsibilities and relationships amongst health professionals in the workplace, this steps beyond service delivery to tangata whaiora and includes the interactions and relationships between professionals. The section of Hauora centres the wellbeing of Māori occupational therapists, noting the detrimental impacts that cultural load and feelings of being culturally unsafe can have on them and the work they are able to do. Hauora is important for tangata whaiora, but is just as important for the workforce too (Hunter & Cook, 2020; Murphy, 2024). Lastly tuakiri spoke to the identity and connection of Māori occupational therapists and the vital role this has on the meaning of the work and their purpose in their roles and their worlds. These five sections allude to some recommendations that would alleviate cultural load and create culturally safe spaces and situations.

Wāhanga Tuaono

Chapter 6. Conclusion

The purpose of this research was to explore the experiences of Māori occupational therapists working in the mental health sector in Aotearoa, and highlight how they navigate cultural loading and cultural safety. This research explored the various contributing factors that shape and influence the negative realities of Māori occupational therapists. This research also highlighted many positive protective factors that support Māori occupational therapists to navigate this complex and nuanced space.

This research began with a review and breakdown of a systemic issue, identifying that Māori occupational therapists are part of the solution to addressing Māori health inequities (Ministry of Health, 2024a). Tangata whaiora Māori accessing the mental health system and health sector in general are continuing to experience suboptimal and inequitable health outcomes, and in an attempt to address this issue, the Ministry of Health alongside Māori lead programmes and campaigns have suggested that growing the Māori health workforce is one way in which inequities can be addressed and improved (Ministry of Health, 2020, 2023, 2024; Ratima et al., 2007). Whilst the population of health professionals is growing, it is not an accurate reflection of the Māori public, let alone the number of tangata whaiora Māori accessing the health sector (Kidd et al., 2020; Ministry of Health, 2024). Māori occupational therapists are part of this movement and solution, with seven percent of occupational therapists registered in Aotearoa identifying as Māori (OTBNZ, 2024). With this push for more Māori in the health workforce, there comes clinical cultural complexities in the form of cultural loading and cultural safety, which this research focused on.

The literature review began by highlighting an indigenised strategy for searching for literature. It then investigated what cultural safety is and the whakapapa of this concept, and looked at the various inconsistencies in understanding and enacting this concept within practice. The literature also highlighted other terms that are often used interchangeably but incorrectly such as cultural competence, cultural humility and cultural sensitivity. The literature review then focused on the experiences of cultural safety (or unsafety rather) of the Māori workforce. Many cultural safety-focused literature centred the experiences of Māori nurses, given their large presence within the cultural safety movement. Included in this literature review also included studies on Māori scientists, who are not within the health sector of Aotearoa. The literature review then turns to allied health specific and occupational therapy specific

research. It was clear from the literature that the experiences of Māori occupational therapists was a gap or 'silence' and therefore an area to explore.

Kaupapa Māori theory was the foundational structural basis of this research, rooted in Mātauranga Māori and Māori ways on knowing, understanding and being (Pihama, 2001; Tuhiwai Smith, 2006). This foundation shaped and guided the way the research was conceptualised, developed, enacted, carried out, and then understood and portrayed. Kaupapa Māori theory and methodologies naturally uphold cultural values and principles to ensure safety for all Māori involved, including the participants, the researcher, the advisory whānau and external beneficiaries such as the Māori communities being served. Having an advisory whānau as part of this process enabled Māori process of managing ethical balance, and spiritual and psychological protection whilst in this research space.

The research is situated in the research interface where kaupapa Māori theory and methodologies have been woven with western philosophies including Narrative Inquiry. Narrative Inquiry is focused on how people make sense of their experiences (Squire et al., 2014; Ware et al., 2017), this partners well with Indigenous story telling as it captures the different meanings, values and contexts in which people and groups experience things (Ware et al., 2017). The research interface is not only a position of research but is also a reality of being Māori in today's world, being exposed and surrounded by various knowledge systems, understandings, values and expectations. In my own life I have experienced this bridging of two worlds, where identity is sometimes blended and easily intertwined, and then on the other hand very much their own unique worlds with obvious contrast (Moeke-Maxwell, 2005a).

The analysis of this research adopted the Whakaāria framework (Heke, 2023), another demonstration and enhancement of the interface of knowledge and understanding, this concept brings together the kaupapa Māori theory and values and weaves them with Reflexive thematic analysis (Braun & Clark, 2006, 2019, 2020). Whakaāria ensured that the findings were analysed and understood from a Māori lens, and safeguarded and assured the mana of participants and their kōrero (Heke, 2023). The huahuatau, refers to the metaphor or whakataukī used to articulate and convey the meaning of Māori occupational therapist experiences. The huahuatau within the findings were whakataukī and whakatauākī that I have resonated with as the researcher.

The first huahuatau was "waiho kia kakati te namu i te wharangi o te pukapuka, hei kona ka tahuri atu" by Te Ruki Kawiti, which is a reflection of the racism and harm that breaches of Te Tiriti o Waitangi inflict on te iwi Māori. This huahuatau captures the overarching context of Racism in this research.

The second huahuatau was “Koroki te manu i te ata, koroki te manu i te po” by Moeahu, captures the epitome of resilience, perseverance and taking necessary action to meet the needs of Māori. This huahuatau speaks to the clinical cultural workload Māori occupational therapist’s shoulder.
The third huahuatau was “whakarongo te taringa ki te hau raki e pupuhi nei, i takea mai i hawaiki nui” by Sir James Henare, this speaks to the visions of our tupuna, and that Māori occupational therapists have experienced the innate calling to be of service to our people and fulfilling their cultural obligations and aspirations.

The fourth huahuatau “Me haehaetia koia te rau i peke i te matangi?” by Pomare II, speaks about injustice on an already vulnerable group. This captures that Māori are mistreated, discriminated against and forced into unwellness, and Māori occupational therapists are not excluded from these factors of being Māori. The final huahuatau was “E kore te kauri e tūmokemoke”, which is an acknowledgement to the strength and wisdom of Kauri trees, and that they do not stand alone. This huahuatau talks to the strengths and protective factors that not only support Māori occupational therapists to endure these culturally unsafe spaces, but also to replenish and heal from the mamae of existing within it.

The findings clearly outline the mamae and burden experienced by Māori occupational therapists, in summary highlighting that culturally unsafe scenarios are occurring within the mental health sector of Aotearoa. Importantly this also amplifies the unyielding determination of Māori occupational therapists to support Māori. The discussion section brought together the huahuatau and experiences of the seven Māori occupational therapists and discussed these alongside applicable and relevant literature. This highlighted the significant factors that contribute to the cultural load and cultural safety experiences of Māori occupational therapists.

Recommendations:

The following are listed recommendations that connect directly to minimising harm to Māori occupational therapists and enable a sense of cultural safety for them in their mental health workplaces.

The first recommendation arising from this research is to hohou te rongo, to restore peace and balance. Some may argue that peace was not a preexisting state for Māori, so perhaps establishing and fostering peace is more appropriate. Harm has been done to Māori occupational therapists, through racism, discrimination, intentional disadvantage, appropriating culture and silencing. All involved in the harm, institutions, leaders, management, health professionals etc, should all take part in a restorative process.

The dynamics of whanaungatanga (Tate, 1992), follows a tikanga cantered approach to manage and navigate the restoration and healing following a conflict, harm or breach within relationships (Tate, 1992), and is one process that could support this. Organisations, services, leadership and management teams and mental health professional workforce, would benefit from this facilitated process to outline the harm, place tapu restrictions if needed, analyse all factors at play, and then work towards restoring the mana of those involved, and to whakawātea. Because this process follows tikanga and Māori values, it is not a punitive process and is in fact a dignified one for all. Policy development on ensuring a through and culturally appropriate restorative process for kaimahi Māori and tangata whaiora Māori would be ideal, and demonstrate recognition of the ongoing harm as well as intentional action towards repair.

The second recommendation addresses the magnitude of institutional racism and the impacts it has on Māori occupational therapists and tangata whaiora Māori. The Ministry of Health, the systems, structures and organisations beneath it that enable institutional racism to fester requires dismantling and restarting. Some actions to address some of the impacts of institutional racism, are collaborations with Māori with equal parts power shared in decision making. This includes the distribution of resourcing, policy, process and professional development etc.

Te Ao Māori values and concepts need to be prioritised. These should become an expected and default standard in the mental health sector. This will not only alleviate the burden experienced by Māori occupational therapists and the Māori workforce, but will have significant benefits to tangata Whaiora Māori. Ultimately the government needs to re-establish Te Aka Whaiora to support and enact the above.

Te Whatu Ora and its subsequent services and senior management need to be paying attention when Māori occupational therapists are not able to meet the needs of tangata whaiora Māori within their job descriptions, this highlights the cultural expertise that then comes through. This additional workload needs to be recognised as a fault of systemic and institutional barriers not accommodating Māori needs in the first place. Organisation and service leaders need to then pay close attention to the workload of their Māori occupational therapists and learn to recognise the invisible load that accumulates. It is a service and organisation and service level responsibility, to ensure the workload of Māori occupational therapists does not exceed what they are paid to do. The skillset that Māori occupational therapists possess is specialised and therefore should be remunerated accordingly. Development of a policy or process to protect kaimahi Māori, their skillset and their capacity would be beneficial. This would not only recognise their burden but also counter it by including actions to disperse the load. Ultimately it should be the choice of Māori

occupational therapists to decide if they would like to take on culturally loaded work tasks. A choice not an expectation.

Organisation and service leaders need to be aware and confident enough to critique practice and attitudes within the workplace that perpetuates institutional racism, colonialism and dominant culture. It is a leadership role to expose and break down the imbalances of power. Ensuring all health professionals have access and support to participate in mandatory cultural safety training and critical self-reflection training. The non-Māori health workforce have played a significant part in the cultural loading and culturally unsafe situations of Māori occupational therapists. Therefore, support to develop understanding, skills and action needs to be done in this area. A particular area needing to be focused on is health professional reflexivity, critically appraising self, to acknowledge and address bias, privilege, preconceived ideas. Prioritisation of cultural supervision for non-Māori enables opportunities to explore positonality and foster reflexivity. But a further stage to this is taking part in their contribution to Māori health inequities due to their positioning and reflexivity. In combination with contextual and historical training to understand the fabric of the system and society they work and live within and how it advantages some and disadvantages others.

It would be beneficial to have Māori and non-Māori mentors collaboratively mentoring workforces, this is within public health organisation spaces such as Te Whatu Ora, as well as tertiary training spaces. From the kōrero of Māori occupational therapists they have recognised that non-Māori tend to be more receptive and accepting of feedback from non-Māori. Therefore, organisations and services need to be actively seeking and supporting non-Māori who have genuinely and actively engaged in internal self-reflection, and recognise their power and responsibility. This is an opportunity for allies within organisations and within workplaces to demonstrate their commitment to fighting inequities and injustices.

Te Whatu Ora and all organisations need to implement training and development in cultural safety and self-reflection. As this pathway only requires an open mind and willingness, therefore, making it the most feasible and least complicated option to addressing the ongoing cultural safety issues for Māori occupational therapists as well as tangata whaiora Māori. This would also be beneficial at tertiary level training to ensure that cultural safety is a core foundation and expectation of practice.

For our Māori occupational therapists, it would be beneficial if they were supported to engage in healing workplace tasks and occupations. This can include Māori supervision, having the opportunity to access

and engage in supervision with a Māori supervisor or peer groups has the potential to create a layer of cultural clinical protection for Māori occupational therapists. Additionally, having opportunities to connect with other Māori occupational therapists and health professionals creates a group forum to reflect and engage in dialogue about cultural load and experiences of cultural safety. Being able to offload and vulnerably discuss these complexities can be freeing and healing for Māori. Organisation and service leadership supporting and encouraging the occurrence and opportunity to pursue these would be ideal. Having opportunities for cultural professional development, enables their cultural skillset to be seen and acknowledged. Having opportunities to grow this area may have a positive impact on the cultural identity and self-concept (Moeke-Maxwell, 2005a; Muriwai et al., 2015) of Māori occupational therapists.

Māori leadership enables a Māori voice in decision making and a Māori oversight on systemic and influential processes and procedures. Having visible Māori leaders, who hold power in decision making would be beneficial in all areas including Te Whatu Ora, Regulatory boards such as OTBNZ, and Occupational therapy tertiary training institutions.

My final recommendation would be that Māori occupational therapists be the ones to lead the development of occupational therapy approaches and methods of practice with tangata whaiora Māori, whether this is within service, tertiary education institutions, regulatory boards, associations and beyond. Their presence and voice in occupational therapy specific processes, projects, and all other areas of practice would demonstrate a bicultural Te Tiriti o Waitangi lead approach and outlook. This may reduce the overarching institutional control and influence on the Māori occupational therapist role and give more freedom for cultural expression and catering to the cultural needs of Māori. To practice in a culturally authentic manner enables both the Māori occupational therapist and the tangata whaiora and their whānau to experience cultural safety.

Strengths and Limitations

A strength of this research was that it amplified the voices and experience of Māori occupational therapists, shedding light on the weight and complexities that they carry daily.

A strength of this research is that allows Māori occupational therapists to be validated in this shared experience. They are not alone in these experiences, and there is a shared reality across the board for Māori in other health professions and different industries.

A strength of this research is that addressing cultural load and cultural safety of Māori occupational therapists, has a follow-on effect to the tangata whaiora Māori in which these Māori occupational therapists are working with.

A limitation of this research is the small sample size. Increasing the sample size from seven Māori occupational therapists may provide further depth to the findings and discussion (Saunders et al., 2018). Given there is also limited existing research on Māori occupational therapists, and the Māori occupational therapy workforce is small, having a larger group of participants would capture more diversity across the profession and within the Māori experience, it would also strengthen the huahuatau and transferability of findings (Saunders et al., 2018).

A limitation to this research is that it focused solely on Māori occupational therapists who have experience working in the mental health sector. Broadening this research to highlight the voices of Māori occupational therapists across the health sector and perhaps other public sectors of Aotearoa may unearth other huahuatau that paint a more detailed picture of cultural load cultural safety for all Māori occupational therapists. The mental health sector has a structure, culture and history that may vary to other sectors, and likely influential on the experiences of Māori occupational therapists.

A limitation and also a strength to this research is my positionality as the researcher, because of my inseparable connection to the profession of occupational therapy, the mental health sector and the reality of being Māori, I see this research as significantly interconnected with my world, and therefore this research holds more meaning to myself, and ultimately in how the research was conducted and carried out.

Another limitation of this study is that the solutions to addressing the cultural load and cultural safety were outlined by Māori occupational therapists and were derived from this research, but it is not Māori responsibility to address the ongoing colonialism that is perpetuated within the mental health system. That is the responsibility of those in leadership, governing boards, organisations and services. Māori cannot be expected to do all the thinking and spotlighting for non-Māori to action - this is a classic example of cultural load and expectation creating culturally unsafe scenarios.

Future Research

An area for future research would be broadening the research to longitudinal tracking of cultural load and cultural safety experiences of Māori occupational therapists, deepening the understanding and analysis of these issues and the influence this has on practicing occupational therapy.
Optimistically, as the nation grows and progresses towards honouring and upholding Te Tiriti o Waitangi and embedding cultural safety and culturally responsive care in the health sector, perhaps in alignment with a changing society, future research in tracking the changes in the experiences of occupational therapists would deepen the understanding of the contextual and societal influence on cultural load and cultural safety.

A collaborative and comparative study between the experiences of Māori occupational therapists and other Māori allied health professions. The allied health voice is getting louder in the research space, so having an opportunity to amplify the Māori allied experience through a comparative study will broaden the understanding of the Māori health workforce.

An international Indigenous occupational therapist comparative study may also provide opportunity for understanding shared experiences, shared values and strategies for mitigating cultural load and ensuring cultural safety. The opportunity for collectivism and relationship development can strengthen the Indigenous presence and amplify our voice. The shared values of self-determinations and autonomy create space for best practice in occupational therapy and mental health, as well as Indigenous health professional workforce development to be determined by us.

Conclusion

In summary the weight and burden of colonial damage, racism, and cultural load amplifies the need for cultural safety to be prioritised. Māori occupational therapists and Māori health professionals across the board remain devoted and purpose driven. Their commitment and motivation to be for Māori is unwavering. Remaining, resisting and working in the mental health sector in Aotearoa, and all the structures and processes within it is not to serve themselves. They weather the systemic storms, face institutional and interpersonal racism within a system hellbent on ridding Māori of their wellness, not for themselves, but for their tangata whaiora Māori. Even in this current political climate with budget cuts, removal of te reo in public spaces, regressing from equity to equality, and slandering Te Tiriti o Waitangi within the health sector, Māori occupational therapists remain resolute in their purpose.

A whakataukī well known to the Hokianga perfectly captures the tenacity of Māori occupational therapists.

Te toka tūmoana,
Ka tū, ka tū, ka tū
Ahakoa i āwhātia mai te rangi,
Whakapāpakatia i te whitinga o te rā,
Te toka tūmoana
Ka tū, ka tū, ka tū.

The rock stands in the sea,
Stands, stands, stands
Although the weather may be stormy,
And the rock may be roasted by the sun
The rock stands in the sea,
Stands, stands, stands.

(Webber & O'Connor, 2022, p. 95)

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Appendices

Appendix A: Ethics Approval

Auckland University of Technology Ethics Committee (AUTEC)

19 January 2023

Georgina Davis

Faculty of Health and Environmental Sciences

Dear Georgina

Re Ethics Application: **22/348 The experiences of Māori Occupational Therapists working in mental health: Their practice realities and complexities of cultural safety and competence within Aotearoa's mental health system.**

Thank you responding to the AUTEC's conditions.

Your ethics application has been approved for three years until 19 January 2026.

Non-Standard Conditions of Approval

1. Please ensure the following exclusion criteria is included in the Information Sheet and Advert people excluded from this research will include colleagues that the primary supervisor is in a supervisory relationship, as well as people that directly report to the primary researcher in all contexts including research or clinical.

Non-standard conditions do not need to be submitted to or reviewed by AUTEC unless requested but must be completed before commencing your study.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC.
2. All public facing documents must have the AUTEC approval number and be of a high standard of spelling and grammar. Dates on the Information Sheet(s) and Consent Form(s) must be consistent.
3. Any amendments to the project must be approved by AUTEC prior to being implemented.
4. A progress report is due annually on the anniversary of the approval date.
5. A final report is due at the expiration of the approval period, or, upon completion of project.
6. Any serious or adverse events must be reported to AUTEC, this includes unforeseen issues that might affect continued ethical acceptability of the project.
7. AUTEC grants ethical approval only. You are responsible for obtaining management permission for access from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

The application number and title need to be referenced on all correspondence related to this project.

All forms are available online http://www.aut.ac.nz/research/researchethics

For any enquiries, please contact ethics@aut.ac.nz

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat

Auckland University of Technology Ethics Committee

Cc: Georgiabrown239@gmail.com; debsheke@yahoo.com

Auckland University of Technology, D-88, Private Bag 92006, Auckland 1142, New Zealand, T: +64 9 921 9999 ext. 8316: E: ethics@aut.ac.nz:
www.aut.ac.nz/researchethics

Appendix B: A) Participant Information Sheet

Participant Information Sheet

Date Information Sheet Produced:

08 December 2022

Project Title

The experiences of Māori Occupational Therapists: Their practice realities and complexities of cultural safety and competence in Aotearoa's Mental Health Sector.

An Invitation

Ki te taha o tōku Pāpā

Ko Mōtatau me Whakairiora ōku maunga
Ko Taumarere me Ngunguru ōku awa
Ko Ngātokimatawhaorua me Māhuhukiterangi ōku waka
Ko Ngāti Hine, Ngāpuhi, me Ngāti Wai ōku iwi
Ko Ōtiria me Ngunguru ōku marae
Ko Paraone me Kerepeti ōku ingoa whānau

Ki te taha o tōku Māmā
Ko Tutamoe tōku maunga
Ko Kaihu tōku awa
Ko Māhuhukiterangi tōku waka
Ko Ngāti Whātua ki Kaipara tōku iwi
Ko Ngāti Hinga me Ngāti Torehina ōku hapu
Ko Panapa me Netana ōku ingoa whānau

Ko Georgia Brown-Tawhiri tōku ingoa.

Kia Ora e te Iwi, I warmly invite you to participate in my research about your experience and reality of being an Occupational Therapist working in Mental Health, and how being Māori influences your cultural and clinical mahi. This research is part of my Master of Health Science and will be the thesis part of this qualification at Auckland University of Technology.

What is the purpose of this research?

It is known that Aotearoa's health system is founded on western ideologies and values, and that policies and strategies have been created amongst the various DHB's, NGO's, PHO's etc, in an aim to develop culturally responsive care to meet the needs of Tangata Whenua, the number of Māori health professionals is rising. The increase in Māori in the health workforce, brings with it many positives and benefits for our tangata whai i te ora and whānau, however there are many challenges faced also. Often research and services are focused on the perspective of whaiora, however as Māori health professionals we are not excluded from the cultural complexities present within the health system and in society.

This research will focus on the perspective of the health professional, in particular Māori Occupational Therapists, and aims to highlight the lived experiences of being Māori and being an Occupational Therapist. This will specifically focus on the cultural, spiritual and emotional labour experienced and how identifying as Māori has influenced your mahi.

The findings of the research will be presented and/or published in Māori and/or occupational therapy forums.

There is an advisory whānau who's function is to ensure that the primary researcher adheres to tikanga expectations and is mindful of the political influence the research may have.
The advisory whānau consists of a variety of people:

- Whānau/hapū representatives – who ensure the researcher stays grounded and fulfils whānau expectations
- Cultural advisor through Te Whatu Ora – to provide cultural lens at all times during research process
- Māori researcher/doctorate and AUT staff member – provides experience and advice regarding Kaupapa Māori methodology
- Māori researcher at The University of Auckland – Auckland based, to provide research and Kaupapa Māori insights.
- Māori Occupational Therapist/AUT staff member/Masters graduate– Auckland based – provides specific feedback in regard to occupational therapy, mental health and Māori research considerations and expectations
- Māori psychologist/Doctorate – provides feedback on specific methodology, research processes and Te Ao Māori.
- Māori Occupational Therapist/AUT staff member – Auckland based – Provides feedback and targeted discussion/reflection regarding mental health and Māori Occupational Therapy.

How was I identified and why am I being invited to participate in this research?

You have responded to an advertisement for this research. There is an inclusion criterion to participate:

- Whakapapa Māori
- A registered occupational therapist in Aotearoa
- Current or previous experience in Aotearoa's Mental Health sector

Please note that people excluded from this research will include colleagues that the primary researcher is in a supervisory relationship, as well as people that directly report to the primary researcher in all contexts including research or clinical.

How do I agree to participate in this research?

Once you have read through this information and if you want to proceed then please contact me through phone or email (details are at the end of this information sheet). I am happy to answer any questions you have. Once you are satisfied that you are fully informed I will then provide you with a consent form to sign prior to the interview.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

You will be asked to meet with myself at a place of your preference, to share your experiences of cultural safety or unsafety as a Māori occupational Therapist in Aotearoa's Mental Health sector. This will take approximately 60-90 minutes. There will then be an email sent to you with the transcript of what you shared. You will be asked to give feedback, to ensure that the transcript is correct and true.

What are the discomforts and risks?

Due to the nature of this research, of sharing your experience and realities, there could be times where experiences or issues come up that are raw and emotionally and spiritually charged and therefore may need to be addressed after the interview.

How will these discomforts and risks be alleviated?

In my experience, at times there can be strong and valid feelings that come up when talking about culture and identity. If these apply to you, and you want to talk further about it, there are some options such as attending the Māori Occupational Therapist peer supervision sessions (Tuakana-Teina support) and accessing kaumātua. Please contact one of the organisers for the Māori OT peer supervision on penny.ngaheu@gmail.com if you want to know more about these.

AUT Student Counselling and Mental Health is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centre at WB203 City Campus, email counselling@aut.ac.nz or call 921 9292.

- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet.

You can find out more information about AUT counsellors and counselling on https://www.aut.ac.nz/student-life/student-support/counselling-and-mental-health **What are the benefits?**

As a participant, you will receive a safe opportunity to contribute your stories – have those stories be treated as taonga – and feel heard as Māori, by Māori.

The potential benefits for the participants is that it brings to light the barriers and enablers of cultural safety that Māori Occupational Therapists experience, and therefore some recommendations can be framed on how to better support our kaimahi Māori in health, to ensure their cultural safety and needs are protected and preserved.

The potential benefits for the wider community is that by highlighting these enablers and inhibitors, services are more aware and hopefully better prepared to support our Māori Occupational Therapists, and the follow-on effect is that our Māori Tangata Whai i te ora potentially benefit too. The Māori staff retention goals were aimed at catering to our Māori communities to provide care that is more culturally responsive, this care and support begins with our kaimahi, and may support with staff recruitment also.

It will also benefit myself as the researcher, as it is part of completing my master's in health science.

How will my privacy be protected?

All documentation will be destroyed after ten years, and before that time, will be securely stored.

You are able to choose if you want to be identified in the research or have your identity kept confidential. If you choose the latter, then I will try my hardest to do this by removing identifying features from the data. Please keep in mind that due to the nature of the study (personal experiences) and the small number of Māori occupational therapists, it may be difficult to do this successfully. Please discuss this with me if you have any concerns. Ultimately it is your choice what is shared and when you review your transcript you will have the opportunity to edit the details.

What are the costs of participating in this research?

There should be no financial cost to participate in this research, although it will cost your time.

Expression of interest: approximately 15 minutes to sign, date and complete consent form, to consent to participation if you choose to.

Interview: 60-90 minutes

Email/hard copy readings of transcripts/write up of research: 30 mins approximately (over a period of months)

As a token of acknowledgement, a koha will be gifted.

How long do I have to consider this invitation?

Three weeks

Will I receive feedback on the results of this research?

Yes. This will be sent to you via email and/or hard copy mailed to you.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Primary Supervisors, Deborah Heke Deborah.heke@aut.ac.nz and Georgina Davis, Georgina.Davis@aut.ac.nz

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Liz Binns, *ethics@aut.ac.nz*, +64 9921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Georgia Brown-Tawhiri Georgiabrown239@gmail.com

Project Supervisor Contact Details:

Primary Supervisors, Deborah Heke Deborah.heke@aut.ac.nz and Georgina Davis, Georgina.Davis@aut.ac.nz

Approved by the Auckland University of Technology Ethics Committee on 19 January 2023 AUTEC Reference number 22/348.

Appendix B: B) Consent Form

TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

Consent Form

Project title: ***The experiences of Māori Occupational Therapists: Their practice realities and complexities of cultural safety and competence in Aotearoa's Mental Health Sector.***

Project Supervisor: *Deb Heke and Georgina Davis*

Researcher: ***Georgia Brown-Tawhiri***

- I have read and understood the information provided about this research project in the Information Sheet dated 8th October 2022

- I Whakapapa Māori

  Please indicate your whakapapa and tribal affiliations (if you would like to provide further information regarding your whakapapa, please feel free to send attachments or documents as you feel appropriate, alternatively please use the space below)

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  ……… …………………………………………………………………………………………….

- I have had an opportunity to ask questions and to have them answered.

- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.

- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.

- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.

- I consent to take part in this research: (please tick one) Yes No

- I wish to be identified in the research: (please tick one) Yes No

AUT
TE WĀNANGA ARONUI
O TĀMAKI MAKAU RAU

 I wish to receive a summary of the research findings (please tick one): Yes No

Participant's signature: ………………………………………………………… Date ……………………………………………

Participant's name: ………………………………………………………………………………………………………

Participant's Contact Details (if appropriate):

………………………………………………………………………………………..

………………………………………………………………………………………..

Note: The Participant should retain a copy of this form

Approved by the Auckland University of Technology Ethics Committee on 19 January 2023 AUTEC Reference number 22/348.

Appendix B: C) Interview Protocol

Interview protocol

Project title: ***The experiences of Māori Occupational Therapists: Their practice realities and complexities of cultural safety and competence in Aotearoa's Mental Health Sector.***

Project Supervisor: *Deb Heke and Georgina Davis*

Researcher: ***Georgia Brown-Tawhiri***

The interviews will be recorded by:

2x audio recording devices
1x notes written by the researcher on paper

The semi-structured interviews intended to take 60-90 minutes.

Researcher's signature and name:

Approved by the Auckland University of Technology Ethics Committee on 19 January 2023 AUTEC Reference number 22/348.

Appendix B: D) Indicative Questions

Indicative questions

Project title: ***The experiences of Māori Occupational Therapists: Their practice realities and complexities of cultural safety and competence in Aotearoa's Mental Health Sector.***

Project Supervisor: *Deb Heke and Georgina Davis*

Researcher: ***Georgia Brown-Tawhiri***

1. Ko wai koe? No hea koe? Where are you from?
2. What is your role and setting? And if you feel comfortable share where you work (how long have you worked here? do you have any Māori colleagues at your service? etc)
3. Have you always worked in mental health and why were you drawn to work in this sector, if you feel comfortable sharing?
4. How does being Māori influence your practice/role?
5. What does cultural safety look like to you? And what is your experience of this?
6. Have you had any experiences where you have felt culturally safe and secure in your current or past work environments? If you feel comfortable, please share
7. Have you had any experiences where you have felt unsafe culturally or spiritually in your workplace?

8. Have you ever experienced discrimination, racism or unconscious bias in any form during your practice? Please share if you feel comfortable?
9. Have you been tasked with extra workload or responsibilities based on being Maori? Please share if you feel comfortable?
10. Have you ever experienced or observed any situations that are conflicting to your cultural beliefs and values? This may be in regards to yourself, colleagues or whaiora. Please share if you feel comfortable
11. From a Te Ao Maori point of view, what supports do you have in your workplace to ensure you are safe ? What has helped and supported you in maintaining your cultural and spiritual safety?
12. In an ideal world what would you expect to change within your work setting to support you to remain culturally safe? (e.g.at workplace/service level, at organisational level)

Appendix B: E) Research Advertisement

AUT
TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

Research study

The experiences of Māori Occupational Therapists: Their practice realities and complexities of cultural safety and competence in Aotearoa's Mental Health Sector.

Research Description and Purpose:

A Māori researcher at Auckland University of Technology wants to find out the stories and kōrero of Māori occupational therapists with experience working in the mental health sector, in regards to their experiences of cultural safety or unsafety and how they manage these complexities in practice. This research is for a Masters thesis and participation in this research is always voluntary.

Would this study be a good fit for me? This study may be a good fit if you:

- Whakapapa Māori
- A trained and registered occupational therapist in Aotearoa
- Current or previous Mental Health work experience in Aotearoa

Please note that people excluded from this research will include colleagues that the primary supervisor is in a supervisory relationship, as well as people that directly report to the primary researcher in all contexts including research or clinical.

What would happen if I took part in the study? If you decide to take part in the research:

- You will be asked to meet with the researcher at a place of your preference, to share your experiences of cultural labour and cultural safety. This will take approximately 60-90 minutes.

- There will then be an email sent to you with the transcript of what you have shared. You will be asked to give feedback, to ensure that the transcript is correct and true.

Contact Information: To take part in *The practice realities of Māori Occupational Therapists: Their experiences of cultural safety and complexities in Aotearoa's Mental Health* Sector research study or for more information, please contact Georgia Brown-Tawhiri at Georgiabrown239@gmail.com or 0211227502 The Project Supervisor is Deb Heke Deborah.heke@aut.ac.nz

Unuhia te ururua, kia tipu whakaritorito te tipu a te harakeke
Strip away the undershoots so that the new flax shoots may grow

Photo credit: Te Puna Waiora: The Distinguished Weavers of Te Kāhui Whiritoi https://christchurchartgallery.org.nz/exhibitions/te-punawaiora-the-distinguished-weavers-of-te-kah

Approved by the Auckland University of Technology Ethics Committee on 19 January 2023 AUTEC Reference number 22/348.