

Literature Review

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Sāmoan health worker wellbeing in Aotearoa New Zealand – a Pacific-based scoping review

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ABSTRACT

Introduction: A strong Sāmoan health workforce is required to improve the health outcomes of a growing Sāmoan population within Aotearoa New Zealand. Initiatives are underway to increase an under-represented Sāmoan health workforce, yet the wellbeing of this workforce and the safety of the spaces they are occupying are unknown.

Methods: A scoping review was undertaken utilising the Preferred Reporting Items for Systematic Review and Meta-Analysis extension for Scoping Reviews to uncover available research exploring the wellbeing and support of Sāmoan health workers. Broad literature searches including databases, search engines, targeted web-based searches, health professional-responsible authorities and related member organisations, digital media, university repositories, and the snowball method allowed coverage of Pacific and Western knowledge, forming a comprehensive understanding of the literature.

Findings: Thirty-four sources focussing on Pacific health worker wellbeing and support formed the final data synthesis. The findings exposed an under-represented Sāmoan health workforce whose wellbeing is hindered by institutional racism, discrimination, undervaluing of cultural knowledge and discourteous additional work. Sāmoan health workers sought holistic support through furthering their education, cultural education and supervision, and strong Pacific leadership in seeking improved wellbeing.

Conclusions: Sāmoan health workers work within Westernised systems and chronic institutionalised racism that does not align with their cultural values and limits their wellbeing. Although some literature was available, more research that is ethnic-specific, focussing on the wellbeing of the health workers themselves and from a Pacific worldview, is urgently required to aid this vital workforce.

Key words: health workforce, Pacific, scoping review, Sāmoa, wellbeing

INTRODUCTION

A strong Sāmoan health workforce is required to improve the wellbeing of a growing Sāmoan population within Aotearoa New Zealand (AoNZ). Pacific peoples comprise 8.9% of the AoNZ population, with approximately half being of Sāmoan ethnicity.^{1,2} The population of Pacific peoples in AoNZ is increasing and is projected to be 11% by 2043, with approximately half (5.4%) being Sāmoan.^{1,3} This population growth suggests further increasing demands on health services by Pacific peoples, who already experience poorer health status and outcomes when compared to the rest of the AoNZ population.

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Rec: 20.11.24 Acc: 16.03.25 Pub: 25.08.25

Citation: Timmins J et al. Sāmoan health worker wellbeing in Aotearoa New Zealand – a Pacific-based scoping review. *Pacific Health Dialog*. 2025;25(3):180-205. doi: 10.26635/phd.2025.187.

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The *Ola Manuia* report to the AoNZ government⁴ recognised that to aid in achieving equitable health outcomes, the regulated Pacific health workforce must be increased as these professionals are essential in improving health outcomes for Pacific patients through their ability to share language, share culture and bridge cultural divides.^{5,6} However, the *Health Workforce Plan 2023/24* reported substantial and concerning Pacific health workforce gaps. To meet predicted health demands, Pacific peoples

must make up 10% of the health workforce by 2033.⁷ Current data obtained from AoNZ health regulatory authorities highlights the under-representation of Pacific health workers. Notably, 11 (from a total of 21) regulated health professional groups report 2% or less Pacific membership (A. Connell, personal communication, 26 March 2024; G. Sharman, personal communication, 21 March 2024).⁸⁻¹⁶ Additionally, the Chinese medicine services and counselling professions lacked any available ethnicity data. A further six health professional groups report Pacific membership between 2% and 5%¹⁷⁻²² and one between 5% and 7%.²³ Overall figures obtained from Pacific perspectives²⁴ place the Pacific health workforce at only 2.3%. The need for an increased Pacific workforce spans almost every area of health, including allied health and those in non-clinical roles.²⁵ In contrast, social work is the only regulated health profession with a Pacific membership over the population norm (8.1%), with 11% of its members identifying as Pacific.²⁶

Although initiatives are underway to increase the Pacific health workforce, the wellbeing of this workforce and the safety of the spaces they are occupying are relatively unknown. This scoping review was undertaken to inform a larger project, explore existing literature around the wellbeing and support of regulated Sāmoan health workers in AoNZ and identify gaps in the existing knowledge base. Exploring the experiences and perspectives of Sāmoan health workers and their communities and seeking perspectives on how they can be better supported can offer insight into improving their wellbeing and identify structural supports enabling them to practice in alignment with their worldviews. Furthermore, their experiences and perspectives could provide important insights relevant to the attrition and retention of Pacific health workers.

A Pacific worldview is used throughout this scoping review, aligning with the importance of including a Pacific/Sāmoan lens when undertaking research on or about Sāmoan peoples and aiding in the findings being grounded and reflective of those they represent.^{27,28}

The following research questions have been formulated to address the research aims:

- 1) What research is available exploring the wellbeing and support of Sāmoan health workers in AoNZ?
- 2) What are the wellbeing and support needs of Sāmoan health workers in AoNZ?

- 3) Where are the research gaps associated with Sāmoan health worker wellbeing and support in AoNZ?

METHODS

This scoping review utilised the structured five-step framework approach developed by Arksey and O'Malley,²⁹ and later refined by Levac and Colquhoun.³⁰ Additionally, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist and guidelines was followed to ensure methodological, complete and transparent reporting quality.³¹ A comprehensive scoping of the field was undertaken when identifying relevant literature. This has been divided into two main search areas: the initial search, which included searching published academic literature through electronic databases, and a comprehensive search, which involved grey literature. The comprehensive search was important to allow Pacific knowledge in its many diverse forms to be recognised and included. The terms "initial" and "comprehensive" replace the more commonly used primary and secondary search terms to symbolise the significance of grey literature searching and promote its value. All data was collected between April and May 2024.

The search strategy was drafted based on recent scoping review searches by Pacific authors on Pacific health topics in AoNZ.³²⁻³⁴ Additionally, the search strategies were discussed with experienced Auckland University of Technology librarians and the research team, who have experience in Pacific-based literature searches. Search terms and keywords used included the following and their root forms, derivatives and synonyms: Sāmoan, health worker, wellbeing, support, experiences, and New Zealand. The regulated professions of doctor, nurse, midwife, social worker and allied health were added to the search as these professions and groupings hold larger numbers of Pacific health workers compared with other regulated health professions and are more widely known professions.³⁵⁻³⁸ The search terms 'āiga, culture, spiritual, physical, and mental were added alongside wellbeing, as they align with the Fonofale model of health and allow terms consistent with Sāmoan wellbeing to be included.³⁹ Limitations were not placed on searches due to the limited literature available in this area in AoNZ and the Pacific.^{33,34} A reiterative process was undertaken during this time, where searches were repeated as information was collected and search parameters were further defined. The initial and comprehensive search strategies are illustrated in Table 1.

Table 1: Initial and comprehensive search strategies.

Literature sources	Search terms/key words (commonly related search terms/key words)	Manual search (✓) +personal contact (✓✓)
<p>Search terms/key words (commonly related search terms/key words) Samoa (samoa*, Pasifika, "pacific islander", pasefika, polynesian*); health worker ("health profession*", "healthcare profession*", "health worker", "healthcare worker", nurse, midwife, midwifery, doctor, "social worker", "allied health"); wellbeing (well-being, "well being", "quality of life", wellness, health, "positive affect", "mental health", aiga, culture, "spiritual health", "physical health"); support (support, "support group*", "peer support", "group support", "group intervention*"); work environment ("work environment*", retention, attrition, turnover, "intent to leave", "intent to stay", "working condition*", "job satisfaction"); experiences (experience*, perception*, attitude*, view*, feeling*, qualitative, perspective*); New Zealand ("new zealand", zealand, nz, Aotearoa, AoNZ)</p>		
<p>Databases MEDLINE CINAHL Complete Scopus Allied and Complementary Medicine Hawai'i Pacific Journal Index Australia/New Zealand Reference Centre</p>	✓	
<p>Search engines Google Google Scholar</p>	✓	
<p>Targeted related organisations (government organisations, government related organisations, Pacific organisations) Ministry of Health Ministry of Health Pacific Health Ministry of Pacific Peoples Le Va Pacific Perspectives The Fono Te Pou</p>	✓ (search terms/key words only) + workforce, workforce development, ethnicity	✓✓
<p>Health professional-responsible authorities and related organisations Chinese Medicine Council of New Zealand New Zealand Chiropractic Board Te Poari Kaikorohiti o Aotearoa Dental Council Te Kaunihera Tiaki Niho Dietitians Board Te Mana Mātanga Mātai Kai Medical Sciences Council of New Zealand Te Kaunihera Pūtaiao Hauora o Aotearoa New Zealand Medical Radiation Technologists Board Te Poari Ringa Hangarau Iraruke Medical Council of New Zealand Te Kaunihera Rata o Aotearoa Midwifery Council Te Tatau o te Whare Kahu Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa Occupational Therapy Board of New Zealand Te Poari Whakaora Ngangahau o Aotearoa Optometrists and Dispensing Opticians Board Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti Osteopathic Council of New Zealand Kaunihera Haumanu Tuahiwi o Aotearoa Paramedic Council Kaunihera Manapou Pharmacy Council Te Pou Whakamana Kaimatū o Aotearoa Physiotherapy Board of New Zealand Te Poari Tiaki Tinana o Aotearoa Podiatrists Board of New Zealand Te Poari Tiaki Waewae o Aotearoa New Zealand Psychologists Board Te Poari Kaimātai Hinengaro o Aotearoa The Psychotherapists Board of Aotearoa New Zealand Te Poari o ngā Kaihaumanu Hinengaro o Aotearoa Social Workers Registration Board Kāhui Whakamana Tauwhiro New Zealand Association of Counsellors Te Roopu Kaiwhiriwhiri o Aotearoa New Zealand Speech-language Therapists' Association Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa New Zealand Chinese Medicine and Acupuncture Society New Zealand Chiropractors' Association New Zealand Dental Association New Zealand Oral Health Association Te Ohu Pūniho Ora o Aotearoa New Zealand Institute of Dental Technologists Dietitians New Zealand Ngā Pukenga Kai Ora o Aotearoa</p>	✓ (search terms/key words only) + workforce, workforce development, ethnicity, annual report, report	✓✓

<p>New Zealand Society of Endocrinology The Physiological Society of New Zealand New Zealand Society of Medical Imaging and Radiation Therapy New Zealand College of Midwives Te Kāreti o nga Kaiwhakawhanau ki Aotearoa New Zealand Nurses Organisation Tōpūtanga Tapuhi Kaitiaki o Aotearoa Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa New Zealand Association of Optometrists The Association of Dispensing Opticians of New Zealand Osteopaths New Zealand <i>Ngā Mātanga Wheua o Aotearoa</i> New Zealand Ambulance Association Pharmaceutical Society of New Zealand Physiotherapy New Zealand Kōmiri Aotearoa Podiatry New Zealand New Zealand Psychological Society Rōpū Mātai Hinengaro o Aotearoa Association of Psychotherapists Aotearoa New Zealand Te Rōpū Whakaora Hinengaro Aotearoa New Zealand Association of Social Workers Te Rōpū Tauwhiro i Aotearoa Allied Health Aotearoa New Zealand Hato Hone St John Wellington Free Ambulance Pasifika Allied Health Aotearoa New Zealand Pasifika Dental Association Pasifika Medical Association Group Pacific Pharmacists' Association Pasifika Physiotherapy Association Sāmoan Nursing Association Pasifika Midwives Aotearoa Pasifikology</p>		
<p>AoNZ and Pacific digital media Digital NZ Newztext Trove Asia Pacific Report Samoa Observer Samoa Global News Talamua</p>	<p>✓ (search terms/key words only) + workforce, workforce development, ethnicity, annual report, report, "health project", "health initiative", "health workforce"</p>	✓
<p>University repositories AUT Tuwhera The University of Auckland Research Repository – Research Space University of Canterbury Victoria University Te Waharua University of Otago OUR Archive The University of Waikato Research Commons Massey University Lincoln University University of the South Pacific library database</p>	<p>✓ (search terms/key words only)</p>	
<p>Snowball method Reference lists Key journals Cite searches of key articles Key authors Research team knowledge Network knowledge of unpublished material Authors and health providers</p>	<p>✓ (search terms/key words only)</p>	✓✓

Note. AoNZ = Aotearoa New Zealand; AUT = Auckland University of Technology; HPCA = Health Practitioners Competency Assurance Act; NZ = New Zealand; OUR = Otago University Research. The truncation symbol (*) was added to the end of root words to instruct the database to search for all forms of the word. Quotation marks (") were used to enclose a search term, allowing results to include only the exact phrase in quotation marks in that exact order.

Records were identified through the initial and comprehensive searches. Duplicate records were removed, and the remaining records were screened. Non-English and irrelevant topics were

removed. The final full-text sources were selected for analysis if they addressed the research questions and fit the inclusion criteria of reporting on the wellbeing of Sāmoan

regulated health workers who worked or had worked in AONZ. It was also important to determine if the literature was written from a Western perspective on Pacific peoples or included Pacific peoples in the development and publication of the material to aid in understanding the credibility of the literature in how it relates to Pacific peoples.⁴⁰ Additionally, literature was screened for the inclusion of Pacific peoples as participants, if this was further defined ethnically to Samoan participants and if findings were part of multi-ethnic responses. Where literature grouped Pacific and non-Pacific participant findings, it was determined they would not be included as they would likely favour the dominant group rather than the views of the Pacific participants.

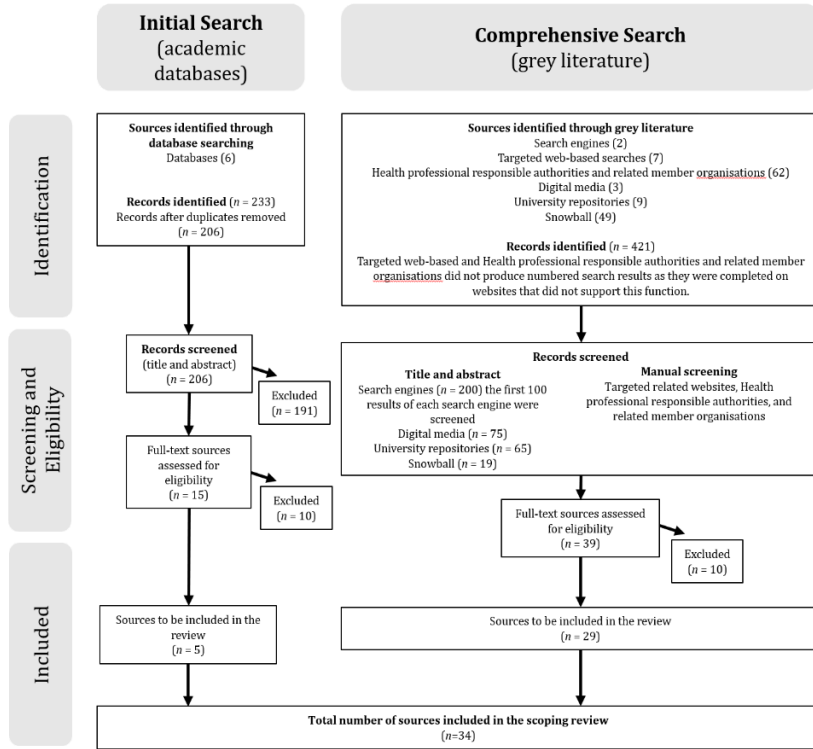
Authors JB and DO reviewed the content credibility of the final literature identified. The

selection process is illustrated through a PRISMA-ScR flow diagram **Figure 1**. The data were chartered to extract and capture key information on characteristics, tabulated and summarised narratively.

FINDINGS

A broad and diverse collection of literature was found in this scoping review, which identified 34 records, five coming from the initial search and 29 from the comprehensive search. The literature was published in peer-reviewed articles (12), theses (6), government reports (4), organisational reports (9), book chapters (2) and news media (1). The extracted and synthesised literature is presented narratively in the following categories: *The state of the Pacific health workforce in AONZ, Wellbeing, and Support needs*. A chartered summary of the literature can be found in the **Appendix**.

Figure 1: Modified PRISMA-ScR flow diagram of the literature search.



The state of the Pacific health workforce

An under-represented Pacific health workforce was a major concern throughout the literature. Retention of Pacific healthcare workers was seen to help improve workforce numbers and outcomes for Pacific patient populations.⁴¹ Dieticians and Pacific allied health workers strongly advocated for workforce development, which attracted and retained more Pacific health professionals.^{42,43} To improve retention, Pacific health workers reported needing to feel valued and supported through competitive remuneration, supportive mentoring, seeing a need within the community and involvement in service planning at all levels.^{40,44} Furthermore, staff retention was reported to require quality supervision and good leadership within a team of shared values and collective competencies where everyone's opinions were heard.⁴⁵ However, retention was still difficult for Pacific providers who struggle with recruiting and retaining Pacific staff as they are often unable to offer the same level of remuneration as other organisations.^{5,43}

Wellbeing

Discrimination, racism and a gross undervaluing of Pacific staff and their culture were found to be widespread in the literature, which seriously affected the wellbeing of the Pacific health workforce.^{32,43} Pacific nurses were discriminated against as they were refused employment, perceived as lazy and chronically undervalued.⁴⁶ Pacific doctors suffered "harrowing" racism and sexism while undertaking their surgical training.⁴⁷ Expert Pacific leaders experienced racism where their knowledge and interests were devalued, requiring them to work harder to establish credibility in their roles.⁴⁸ Institutionalised racism was shown to impact Pacific allied health workers' ability to thrive in the workplace environment by lowering ambitions, aspirations and self-belief.³⁵ Pacific nurses also reported feelings of disempowerment and loss of confidence and identity when there was a lack of cultural understanding and support within their workplace.⁴⁰

The wellbeing of Pacific health workers is further diminished as their cultural knowledge and skills go widely unrecognised and undervalued. The COVID-19 pandemic brought to light the value of the Pacific nursing workforce and its need to be supported to address and improve health outcomes for Pacific peoples.⁶ However, Pacific-based organisations felt they had to work additionally hard to prove themselves trustworthy and gain an equal partnership role with the government.⁴⁹ Additional cultural duties

and workloads where Pacific health workers are called upon to provide language and cultural support are rarely acknowledged as a strength or asset to an organisation and further highlight how undervalued they are.^{6,40,43}

Pacific culture is at the heart of Pacific life, and the differences in cultures between Pacific and Western were shown to affect Pacific health workers' wellbeing. The collective culture was highlighted by Biggs³² and Suaalii-Sauni et al.⁵⁰ who reported Pacific health workers thrive in workplaces where they can advocate for and see Pacific populations succeed. However, Pacific health workers find it difficult to work between the Pacific and Western worlds, where the value of Pacific knowledge, culture and perspective go unrecognised, cause division and can limit advancement in the workplace.^{45,51} Dr Ekeroma, a Sāmoan obstetrician and gynaecologist, found policy changes and reducing racial-based media were essential in supporting Pacific peoples and easing racism and discrimination in the workplace.⁵²

Support needs

Holistic support from outside of professional or Western environments was widely reported and needed for Pacific health workers to prevail.⁷ Support should be both formal and informal and come from peers, family, the community and church.^{50,52}

Pacific hand therapists sought value and recognition attributed to their worldviews and practices, allowing them to bring their whole selves into their practice.⁵³ Pacific leaders sought authentic relationships and respectful academic exchange in a context where Western monocultural norms did not marginalise Pacific values.⁴⁸ Furthermore, Pacific primary care health workers also recognised the importance of their involvement in providing holistic support and felt sharing their knowledge would be beneficial in helping other Pacific health workers.⁵

Ongoing education and advancement were reported as key in supporting Pacific health workers. In Blattner et al.,⁵⁴ although Pacific health workers were not based in Aotearoa (but in Pacific Island countries, including Sāmoa), the importance of ongoing education, training and study was highlighted. A key facilitator for ongoing success included continuing learning alongside available collegial support networks and the provision of effective individualised support. Further education was also seen as a tool to overcome the glass ceiling and allow Pacific women to advance in their organisations.⁵¹ Pacific nurses reported that

additional support was needed in upskilling and education as they often have added barriers in returning to study including family, community and church obligations.⁴⁰

Education on Pacific culture is required for health professionals of all ethnicities.²⁵ Pacific health workers reported the need for cultural education to be undertaken by themselves and their non-Pacific colleagues to improve working environments.^{40,53} Pacific health workers themselves sought cultural education when they felt an inability to perform cultural duties (e.g., if they cannot speak the native language or are not fully versed in a cultural protocol). This helped them feel more able to complete cultural duties within the workplace.⁴⁰

Finally, leadership support is vital to enable Pacific health workers to succeed in the workplace.⁷ Pacific leadership promotes the visibility of Pacific peoples in the health system. It is necessary to ensure that Pacific worldviews, aspirations and perspectives are considered across the health system, including within policy, programmes, initiatives and services, thus enabling the health system to better engage with Pacific peoples.⁴³ Pacific peoples need to be supported into influential leadership positions in the workforce as this can influence change in disparities, support retention rates, ensure appropriate service delivery models and enhance health access for Pacific service users.⁵⁵

Pacific health leaders reported requiring support or enablers to aid them in maintaining and developing their culture and identity within their leadership roles. Furthermore, they required mentoring (especially with cultural components), and the building of Pacific networks and Pacific leadership programmes.⁵⁶ Career pathways with clear advancements into leadership positions were also sought for Pacific primary health workers.⁵

DISCUSSION

This scoping review sought to provide essential insights into Sāmoan health worker wellbeing in Aotearoa New Zealand and the literature surrounding the issue. The findings show an under-represented workforce that contends with structural racism, discrimination, undervaluing of cultural knowledge and discourteous additional work that impedes the wellbeing of the Sāmoan health workforce in Aotearoa New Zealand. Sāmoan health workers seek holistic support through furthering their education, cultural education and strong Pacific leadership to help maintain their cultural values and position themselves within a challenging Western-based health system.

The comprehensive literature search results (of which 29 of the 34 sources were identified through grey literature) stress the importance of broadly seeking Pacific-based literature, as it is not readily found in restricted academic-based searches. Pacific-based literature dissemination honours the knowledge holder(s) with researchers enacting the findings for their communities rather than prioritising Western dissemination methods (J. Boon-Nanai, personal communication, 6 May 2024). In contrast, Western research approaches can disadvantage Pacific peoples by excluding and undermining the *vā* (relational space) and discounting Pacific knowledge, protocols, values, expertise and experience.²⁶ This can lead to misinformed policy formation and education delivery, further maintaining the inequitable positioning of Pacific peoples.⁵⁷⁻⁵⁹

Literature relating directly to the research questions of wellbeing and support for Sāmoan health workers in Aotearoa New Zealand was scarce. The voices of Sāmoan health workers were difficult to extract from the literature as research participants would speak about the support and needs of others, including their patients and communities, rather than support or needs for themselves.⁶⁰ This behaviour is likely explained by the Sāmoan culture being collective rather than individualistic, with Sāmoan health workers placing the needs of their patients and communities above themselves. The collective nature of the Sāmoan peoples means they won't readily admit to individual struggles and are more likely to provide positive insights rather than negative ones.^{6,35}

The findings show that Sāmoan health worker wellbeing is threatened by systemic racism, discrimination and devaluing in the Aotearoa New Zealand health system.^{32,43} The systems do not value Pacific health workers' knowledge, skills or expertise, and additional duties are placed on them without remuneration. The divide between Western and Pacific cultures was clear, with Western culture dominating and seemingly ignorant in their actions, evidenced by the seemingly forgotten momentous response Pacific organisations made during the COVID-19 vaccination campaign.^{6,49} These findings are not new in research nor limited to the health sector, with 94% of Pacific people experiencing workplace racism in Aotearoa New Zealand, an unprecedented amount.⁶¹

Although participant voices were found within the literature regarding wellbeing and support, ethnically specific Sāmoan voices seeking to understand the nuances of wellbeing in the health workforce were lacking. Future research on Sāmoan health worker wellbeing should use

Sāmoan-based methodologies²⁷ and seek wide participant group inclusion outside of Sāmoan health workers themselves to allow a collaborative and culturally appropriate approach to gain insights into the wellbeing of Sāmoan health workers. Furthermore, research should seek a deeper understanding of the nuances of Sāmoan health worker wellbeing and look to publish in high-impact primary academic avenues to promote its visibility and status in Western systems where change is required.

A strength of this review was the Pacific worldview, which ensured that Pacific-based literature was captured, analysed and presented in a culturally appropriate manner. The search process followed a well-defined, structured process. However, relevant literature may be missed or unavailable during the collection period, with results only current as of May 2024.

Consultation, specifically cultural, occurred throughout, adding methodological rigour, additional information, perspectives, meaning and applicability to the scoping review.³⁰ Initially, reflection and education were undertaken on positioning as the author JT is a predominantly Pālagi researcher (with Sāmoan heritage) with potential limits on understanding the Pacific ways, fa'aSāmoa and the skills needed to analyse the findings appropriately.²⁸ Cultural consultation continued through talanoa with supervisors, AUT library staff and research 'āiga, and involved reviewing the search strategy, identifying seminal pieces of evidence and reviewing early synthesis.

CONCLUSION

Sāmoan health workers are essential to improving the health outcomes of Pacific peoples in Aotearoa. This scoping review meaningfully contributes to Pacific-based research by reviewing and presenting comprehensive and relevant literature identifying the wellbeing of the Sāmoan health workforce in Aotearoa. Sāmoan health worker wellbeing is affected by an under-represented workforce, institutionalised racism, discrimination and undervaluing of their knowledge, skills and expertise. Extensive holistic support, including education and Pacific leadership, is required to advocate and promote Sāmoan health workers' presence in the Western-based Aotearoa health system. Future work should focus on building the capacity and diversity of ethnic-specific Pacific research to seek a deeper understanding of the nuances of Sāmoan health worker wellbeing to enable them to practice in alignment with their worldviews, improve attrition and retention rates and work towards improved health of their communities.

Funding

JT received funding from the Health Research Council for this project.

Acknowledgements

The authors wish to acknowledge librarians Andrew South and Steph Clout for their contributions and expertise in searching Pacific literature, and the Pacific researchers whose valuable work has contributed to the sources included in this scoping review.

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APPENDIX*Chartered summary of literature (from initial and comprehensive searches)*

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
Ape-Esera et al. (2009)	Article	Scope the future needs of the Pacific primary care workforce	Qualitative Semi-structured interviews (telephone or face-to-face), thematic analysis, inductive approach	<i>n</i> =13 Pacific key primary health care informants (including those of Samoan ethnicity) Occupations included: general practitioner, practice nurse, community worker, Ministry of Health official, head of Pacific primary health organisation	AoNZ Participants required career pathways with clear advancements. Participants felt sharing Pacific manpower and knowledge would be beneficial. Retention was found to be difficult for Pacific organisations who offered lower pay rates and participants found increased workloads when working in communities where they lived as duties extended into the community. The number of participants of Samoan ethnicity was not provided.
Biggs (2023)	Thesis	Explore the challenges and opportunities for Pacific allied health staff in providing culturally responsive care	Talanoa methodology Individual semi-structured interviews, thematic analysis	<i>n</i> =5 Pacific allied health professionals	AoNZ Participants found an absence of support and cultural attunement to Pacific peoples. Low Pacific staff numbers added to additional career responsibilities: mentoring/supervising newer Pacific staff/students (although worthwhile, it was an added burden); moral responsibility to represent Pacific peoples in their profession; act as a cultural expert. Isolation was

					<p>prevalent even when surrounded by other Pacific peoples if they did not share the same ethnic group.</p> <p>Participants succeeded in workplaces where they could advocate for and see Pacific populations thrive. Cultural supervision was important especially between a shared culture and was helpful when tensions arose between Pacific and Western expectations. Cultural support was often sought from outside of the work environment with participants building their own networks to aid in supporting themselves.</p> <p>The number of participants of Sāmoan ethnicity was not provided.</p>
Blattner et al. (2022)	Article	Explore the experiences of Pacific Island country-based doctors from the Cook Islands, Niue and Sāmoa studying in AoNZ's University of Otago distance-taught rural post-graduate programme	Qualitative Document analysis, semi-structured interviews (individual and pairs), thematic analysis	n=8 Pacific doctors based in Pacific Island countries	<p>Pacific</p> <p>Participants recognised the importance of ongoing education. Participants reported a key facilitator for successful study included distance learning, linking to a recognised and reputable training programme with clinical practice synergies, available collegial support networks and the provision of effective individualised support. Ongoing education worked well as an adjunct to clinical practice.</p> <p>The number of participants of Sāmoan ethnicity was not provided.</p>
Came et al. (2019)	Article	Experiences of Māori and Pacific leaders within government health policy advisory groups. Seeking to explore how racism manifests in advisory groups	Qualitative Purposive sampling, semi-structured interviews (in-person, telephone), thematic analysis	n=6 Pacific and Māori public health leaders	<p>AoNZ</p> <p>Participants' knowledge and interests were devalued and they experienced racism and tokenistic engagement. Considerable effort (at times collaborative) was needed to establish credibility, be heard, have impact and navigate advisory meetings. Participants sought authentic relationships and respectful academic exchange in a</p>

					context where Māori and Pacific experiences were not marginalised by Western mono-cultural norms. The number of participants of Sāmoan ethnicity was not provided.
Connell (2009)	Book chapter	Explore the return migration of skilled workers to Sāmoa, Tonga and Fiji and evaluate the rationale for and consequences of return to their contribution to development	Qualitative Survey	n=64 Pacific health worker return migrants (n=12 Sāmoan nurses, n=8 Sāmoan doctors)	AoNZ/Australia/Sāmoa Sāmoan health workers returned to Sāmoa after study/working in AoNZ and Australia due to bonding and social reasons (to be closer to family members and friends). Less insecurity and discrimination in the Island countries and being close to retirement were also stated as reasons for return. Overall, returning was seen as an act of duty rather than an act of free will.
Cooper-Thomas and Poutasi (2011)	Article	Explore Pacific health workers intent to quit, compared with job fit and organisational fit; also, how to better retain Pacific healthcare workers	Quantitative Survey	n=99 Pacific healthcare workers (n=51.1% Sāmoan) (nurses, doctors, community health workers, community support workers, youth workers, administrator, managers, general managers)	AoNZ The strongest predictor of intent to quit for Pacific healthcare workers was when they did not fit with the organisation (rather than not fitting the job). Recommendations to improve recruitment and retention included collective goals and performance of the organisation to fit the Pacific collective culture and emphasising the organisations values and image to help workers identify if they are a match. A low response rate was attributed to survey-based research not aligning with Pacific culture.
Faleafa et al. (in press)	Article (in press)	Identify effective strategies for growing the Pacific psychology workforce	Mixed methods National workforce datasets, interviews, focus	Pacific psychologists, Pacific students, key informants from all AoNZ professional	AoNZ A series of strategies have been identified for increasing and retaining the number of Pacific psychologists and other mental health and addiction workers. Post-qualification strategies include developing therapy tools for working with Pacific peoples, organisation-wide

			groups and surveys	psychology programmes	cultural competency training and enhancing leadership skills. Future strategies include growing and connecting a network of Pacific psychologists. The number of participants of Sāmoan ethnicity was not provided.
Health Quality & Safety Commission New Zealand (2019)	Government report	Provide a comprehensive analysis of the health status of Pacific peoples in New Zealand	Kapasa (Pacific policy analysis tool) National datasets	Pacific health and equity experts	AoNZ Pacific health staff reported a need for increased representation, upskilling, professional support, leadership training, filling supportive roles and opportunities for Pacific staff to be involved in decision-making and governance. Furthermore, Pacific education is required for all staff regardless of ethnicity.
Le Va (2022)	Organisation report	Explore Pacific perceptions of health and wellbeing in AoNZ	Mixed methods Survey and workshops, thematic analysis	<i>n</i> =895 (60% Sāmoan) 26% health and social service professionals	AoNZ Youth participants across the workshops who were currently in secondary school, tertiary studies and/or employment referred to feelings of doubt towards their skills, talents and accomplishments, often attributed to Pacific peoples being a minority group and under-represented in leadership. Participants reported that Pacific support groups and pastoral care services enabled youth to be equipped with resources and tools to thrive in difficult Western environments.
Logovae (2002)	Thesis	Explore the experiences of Pacific nurses practising in mainstream mental health services, with the intention of uncovering their views of the impact of their practice on	Qualitative, ethnography Individual and group interviews, diary entries	<i>n</i> =3 Pacific mental health nurses, 1x Sāmoan mental health nurse researcher	AoNZ Findings showed poor support for Pacific nurses working in isolation leading to job dissatisfaction and feelings of powerlessness and marginalisation with a lack of access to support and supervision from other Pacific nurses. Cultural skills were undervalued. Pacific nurses need to feel cared for and that their skills are appreciated and acknowledged within the clinical environment. Pacific nurses act in bridging gaps between Western and Pacific

		the delivery of culturally appropriate mental health services to Pacific peoples			worldviews, which is expected of them but not of their non-Pacific peers and is over and above their call of duty. Inability to perform cultural duties (e.g., if they cannot speak the native language) can create feelings of inadequacy and disillusionment about their roles. Ongoing cultural education is required for both Pacific and non-Pacific health workers.
Medical Council of New Zealand (2023)	Organisation report	Explore current and historical trends and analyse quantity and characteristics	Survey	AoNZ registered doctors	AoNZ Oceania doctors (mainly Pacific and Australian) are second less likely stay in AoNZ after doctors from North America.
Ministry of Health (2023)	Government report	Identify the main barriers to accessing the health system	Qualitative Engagement fono, thematic analysis	<i>n</i> =1,200 Pacific health sector groups and communities	AoNZ There was a broad undervaluing of Pacific staff. Pacific health workers felt there needed to be more focussed effort on retention, alongside actions to increase the Pacific health workforce. There are implicit expectations for Pacific health workers who are often seen as the “Pacific voice” and are expected to support colleagues to provide language skills, cultural knowledge and community connections. These skills improve care and should be appropriately remunerated. Pacific leadership promotes the visibility of Pacific in the health system and is needed to ensure that Pacific world views, aspirations and perspectives are considered across the health system enabling the health system to better engage with Pacific communities.
Mullane et al. (2022)	Article	Understanding the workforce working with Māori and Pacific with type 2 diabetes mellitus	Qualitative Tangata Houru (a research framework that draws on Kaupapa	<i>n</i> =22 (<i>n</i> =7 Pacific, one of which was Sāmoan) Kai Manaaki (skilled case	AoNZ Dieticians strongly advocated for workforce development that attracted and retained more Māori and Pacific health professional roles. Māori and Pacific workers were more likely to have cultural understandings of patients' daily

		with the aim to improve delivery of services to these patient groups	Māori and Pan-Pacific values) Focus groups, thematic analysis	managers), community health workers, dieticians	lives. Whakawhanaungatanga was easily applied by Māori and Pacific practitioners, resulting in better rapport, engagement, and outcomes.
Nair et al. (2012)	Article	Examine the retention of University of Otago health professional Pacific graduates in Pacific communities and factors influencing their choices of employment destination	Qualitative Cross-sectional survey	n=75 Pacific health professional graduates	AoNZ Results are generalised through all Pacific groups (mainly Tonga, Sāmoa and Fiji). Respondents working in the Pacific islands stated the factors influencing their choice of workplace were bonding, shortage of doctors, family ties, job opportunities and “it was home”. Those not working with Pacific communities indicated factors that would favour intention to work in a Pacific community (in the Pacific Islands or AoNZ), being: adequate income; job availability/opportunities/appropriate facilities/working conditions/future training opportunities; near family; seeing need in the community/a sense of helping/being appreciated; job satisfaction; lifestyle; support and guidance from Pacific organisations, professional community and senior health professionals; understanding the culture, language and Pacific health issues; active recruitment; less busy; scope for clinical projects/research. Factors that would hinder an intention to work included: poor pay; cultural barriers; lack of facilities and infrastructure for specialised practice; lack of advanced training opportunities; family commitments; lack of job opportunities; student loan debt; lack of support/encouragement; political instability; not knowing the need; isolation from peers.

Nana et al. (2013)	Organisation report	Analysis of the nursing workforce from 2010–2035	Mixed methods National datasets, interviews	Stakeholders	<p>AoNZ</p> <p>Research into developing the Pacific nursing workforce (in terms of numbers) has focussed on better support in the undergraduate area. This research found a large proportion of Pacific nursing students did not complete their first year of study for reasons including: family commitments, poor access to childcare facilities, not enough role models and supporters in educator roles in schools or DHBs.</p> <p>There was importance in connection between the health and education sectors and a need for effective recruitment and retention strategies including career plans and development.</p> <p>Student programmes that focus on attrition rates and encouraging greater numbers to complete nursing qualifications are unsuccessful with students not attracted through scholarship, mentor or support and do not receive appropriate careers advice and information.</p>
Nursing Council of New Zealand (2020)	Organisation report	Report on the nursing workforce for the purpose of workforce development	Mixed methods	Registered Nurses	<p>AoNZ</p> <p>The Nursing Council followed a cohort of AoNZ-trained Pacific nurses (of which 30.7% were Sāmoan) who registered in 2012/2013. Pacific nurses maintained their practicing status for 3 years (significantly higher than comparable rates for the non-Pacific nursing population). However, at 4 years this dropped to 84.8% (15% of the cohort leaving practice) which was now similar to the non-Pacific population. The numbers have continued to decline from there, where in 2020 only 76.1% (compared to 77.8% in the NZ European population) were still meeting practice requirements.</p> <p>Small numbers of Pacific nurses work for Pacific providers.</p>

No qualitative data provided.					
Optometrists and Dispensing Opticians Board (2023)	Organisation report	Detail the demographics and issues facing the profession of optometry and dispensing opticians	Mixed methods Survey	<i>n</i> =1,251 Optometrists and dispensing opticians	AoNZ Both optometric professions under-represent Pacific health workers. Increasing services in Pacific communities needs to occur to increase familiarity with the services and visibility to optometrists and dispensing opticians as future career choices.
Pulotu-Endemann and Faleafa (2017)	Book chapter	Describe how not-for-profit organisation, Le Va, is addressing the challenges of over-representation of Pacific with mental illness and addiction issues through workforce development solutions			AoNZ Career advancement into leadership positions is crucial to influencing change in disparities. Growing Pacific leadership into influential positions in the workforce has the potential to support retention rates, ensure appropriate models of service delivery and enhance access rates for Pacific service users. Le Va developed the Futures that Work programme to ensure the fit-for-purpose development of a robust Pacific mental health and addiction workforce. A review of the effectiveness of the programme showed that success could not be solely attributed to financial support. The pastoral care, mentoring, coaching and cultural support have also been key to the successful outcomes.
Ratcliffe (2007)	News media	Report on international medical graduates working within AoNZ	Qualitative Interview	<i>n</i> =1 Dr Ekeroma, Sāmoan obstetrician and gynaecologist	AoNZ Policy changes and removing racial-based media was needed to aid in reducing racism in workplaces. Effective leadership can influence organisational policy and can support practitioners, especially overseas medical graduates who have added pressures and discrimination. Support needs to come from the community, peers, employers and families.

Reddy et al. (2023)	Article	Examine the viewpoints of Pacific healthcare professionals regarding the response to the COVID-19 pandemic in AoNZ	Qualitative exploratory study Questionnaire, thematic analysis	n=17 Pacific (n=10 Sāmoan) Healthcare professionals (doctors, nurses, psychologist, social worker and other)	AoNZ Healthcare professionals wanted culturally appropriate health plans, adequate resources for themselves (e.g., personal protective equipment), full support for their communities (e.g., food, addressing of discrimination) and a main leader as there were many different Pacific providers causing mixed messaging.
Smith et al. (2021)	Article	Talanoa reflecting on the nursing response to COVID-19 in Pacific communities and consideration of the contribution of Pacific nurses and how they can support and strengthen their workforce in AoNZ	Qualitative Talanoa	n=3 (n=1 Sāmoan) Nurse leaders	AoNZ The pandemic showed that the Pacific nursing workforce needs to be valued, supported, invested in and grown to address inequalities and improve health outcomes for Pacific peoples. Pacific nurses are often called upon to provide language and cultural support across the sector, which is rarely acknowledged as a strength and asset to an organisation. Recommendations were made for career development opportunities, professional and cultural development, postgraduate education, mentoring, peer-support and leaders to champion Pacific nurses.
Social Workers Registration Board Kāhui Whakamana Tauwhiro (2022)	Organisation report	Gain insight into the current social worker workforce. Provide an evidence base to support decision making and build trend information	Mixed methods Survey	n=3,544 (n=8% Pacific) Social workers	AoNZ Pacific social workers required development around: ongoing education, working in partnerships, supporting students on field placements, professional supervisor training, legislation and policies affecting social work practice, ethical practice/dilemmas, critical thinking and case management.
Southwick and Solomona (2007)	Article	Review the recruitment and retention of the	Qualitative Feasibility study	Pacific stakeholders, Pacific health professionals,	AoNZ Small Pacific mental health services have difficulty providing ongoing staff development. Recruitment and retention are heavily dependent on the quality and

		Pacific mental health workforce	Literature, focus groups, individual interviews	Pacific mental health service staff	<p>capability of manager and service providers as some managers do not hold the right managerial skillsets. However, hiring of relief staff may help this.</p> <p>Retention of staff requires mentoring and support with quality supervision and good leadership with a team of shared values and collective competencies where everyone's opinions are heard. The report queried if service providers were creating practice environments that are attractive and supportive to Pacific mental health workers.</p> <p>Not recognising the value of Pacific knowledge/culture/perspective can cause division in workplaces with Pacific mental health workers needing meaningful work to perform their roles effectively.</p> <p>The number of participants and if participants were of Sāmoan ethnicity was not provided.</p>
Stokes and Dixon (2018)	Organisation report	Understand the current occupational therapist workforce and how this workforce could potentially change in the future	Mixed methods Survey, interviews	<p>n=1,083 occupational therapists</p> <p>n=10 employers</p> <p>n=11 stakeholders</p>	<p>AoNZ</p> <p>Students enrolling in the occupational therapist programme have a personal connection to the profession prior to enrolling. Young Pacific peoples may not enter the profession due to low numbers of potential role models. To turn these figures around, the AUT and Otago polytechnics have programmes in place to increase cultural diversity in the workforce and attract a greater number of Pacific students.</p>
Suaalii-Sauni et al. (2022)	Thesis	What are the experiences and support needs of Pacific in the sexual violence workforce of AoNZ	Talanoa Literature review, questionnaire, online interview and focus group	<p>n=40 (50.9% Sāmoan) questionnaire including social workers, counsellors,</p>	<p>AoNZ</p> <p>Pacific sexual violence workers join the workforce to contribute to positive outcomes for Pacific sexual violence survivors and leave the workforce for personal/family reasons. Pacific sexual violence workers need more cultural and clinical supervisors for ongoing cultural and clinical supervision. They draw from formal, informal and</p>

			talanoa sessions, thematic analysis	nurses, psychotherapists <i>n</i> =13 (<i>n</i> =7 Sāmoan) online interview and focus group talanoa	pastoral support, personal family, and church-based groups for self-care. Formal Pacific nation-wide sexual violence networks and multiservice agency are required.
Taito (2022)	Thesis	Explore the experience of Pacific health leaders in incorporating Pacific values into their leadership roles in AotNZ	Talanoa/ qualitative description Semi-structured talanoa interviews, thematic analysis	<i>n</i> =8 Pacific health leaders	AotNZ Mentoring (especially with cultural components), Pacific networks and Pacific leadership programmes supported participants to have a better experience in the public health environment and maintain their culture and identity in their leadership roles. The number of participants of Sāmoan ethnicity was not provided.
Te Hiringa Mahara Mental Health and Wellbeing Commission (2023)	Government report	Explore Pacific connectedness and wellbeing in the AotNZ pandemic	Qualitative Literature review, talanoa (online meetings and e-mail)	Pacific community and church-based service providers, community leaders	AotNZ Pacific-based organisations described feeling supported and enabled to reach families swiftly and effectively, with high trust funding that was not “policed” or “micro-managed”. Organisations feel they have jumped through enough hoops to prove themselves and more trust and equal partnership meant they could serve more peoples in return.
Te Poari Whakaora Ngangahau o Aotearoa Occupational Therapy Board of New	Organisation report	Explore the ePortfolio programme compliance and how it was used to evidence professional development and	Qualitative	<i>n</i> =80 portfolios randomly selected for audit	AotNZ Cultural competency has improved over three audit cycles. The number of ePortfolios that contained potentially racist or unsafe information had also decreased since the 2020–2022 ePortfolio cycle.

Zealand (2022)		competence in bicultural practice			
Health New Zealand - Te Whatu Ora (2023)	Government report	Report on Te Whatu Ora and Te Aka Whai Ora successes to date and the foundations needed for a sustainable, strong and well-supported workforce	Literature review		AoNZ Support is needed for Pacific health workers to thrive in the workplace. This includes: expanding cultural and mentoring support for Pacific staff, improving access to clinical coaches, growing governance, leadership and management with proactive investment in future Pacific leaders, developing earn-as-you-learn pathways and establishing a co-ordinated professional development pathway that connects primary, community and secondary care Pacific health workforces.
Timmins et al. (2023)	Article	Understanding associate hand therapists' experiences and perspectives of support.	Interpretive description Purposive sampling, semi-structured interviews, reflexive thematic analysis	n=12 hand therapists (n=2 Pacific)	AoNZ Pacific hand therapists sought support through value and recognition attributed to their worldviews and practices, culturally aligned supervision and cultural education undertaken by themselves and their non-Pacific and non-Māori colleagues in improving their working environments. The number of participants of Sāmoan ethnicity was not provided. No Pacific-based methodology or approach was used in this study.
Tofi (2021)	Thesis	Explore perspectives regarding factors that enable Māori and Pacific allied health practitioners employed at Counties Manukau Health	Appreciative inquiry/ Māori and Pacific cultural frameworks Purposive sampling, Wānanga talanoa sessions, thematic analysis	n=11 (n=4 being Māori or Pacific) allied health practitioners	AoNZ Pacific and Māori allied health workers in their first two years of practice sought cultural support, culturally aligned mentorship, collective support systems, leadership, allyship and valuing of their unique skillsets to thrive within the public health setting. Furthermore, institutionalised racism impacted Pacific allied health workers' ability to thrive in the workplace environment by lowering ambitions, aspirations and self-belief.

					<p>There were unspoken expectations to provide cultural support to patients and non-Māori/non-Pacific colleagues, isolation as the only Māori/Pacific person on the team and conflictions working within the Western-centric health model.</p> <p>The number of participants of Sāmoan ethnicity was not provided. Māori and Pacific are grouped together throughout the research and therefore differences between the groups cannot be made. Cultural considerations were seen throughout with the lead researcher having Sāmoan ethnicity.</p>
Tupou (2011)	Thesis	Explore the barriers hindering Pacific women from reaching senior positions in AoNZ organisations	Phenomenological interpretive Individual interviews	n=10 Pacific women (n=1 nurse)	<p>AoNZ</p> <p>Pacific women experience barriers that lead to discrimination based on gender and race due to the power structures inherent in organisational culture, the dominance of male culture and their own Pacific culture. Pacific women believed in the value of education as a tool to overcome the glass ceiling.</p> <p>The number of participants of Sāmoan ethnicity was not provided.</p>
Tutone et al. (2023)	Article	Provision of insights and experiences of Māori and Pacific wāhine (women) doctors who needed to establish a supportive surgical sisterhood in their bid for advanced surgical training	Qualitative mana wāhine and masi Semi-structured interviews, thematic analysis	n=5 wāhine surgical doctors (Māori, Pacific, Pālagi)	<p>AoNZ</p> <p>Increasing numbers of Pacific and Māori students, trainees and surgeons alone does not achieve the institutional change required to improve cultural safety and eliminate racism. Support was mostly gained from family, which included wider communities. A support group aided in sharing experiences, sharing burden, reducing individual stress, fostering camaraderie in a safe space and allowing ongoing reflection and debriefing. Requirements include establishing new and stronger relationships, culturally aligned mentors, culturally safe working environments and in-person talanoa gatherings.</p>

Homogenisation between the Māori and Pacific participants was evident throughout the research and no distinction was made regarding Sāmoan ethnicity. Cultural considerations were given including participants being consulted throughout regarding direct quotation and transcription review. Researchers were all wāhine Māori and Pacific surgeons and considered insiders.

Walker and Clendon (n.d.)	Organisation report	Capture the experiences and views of members	Survey	n=1,669 nurses	<p>AoNZ</p> <p>Society tends to favour the dominant culture and discriminate against minority cultures regardless of whether those minority cultures are Indigenous or immigrant. Māori and Pacific members, male members and lesbian and gay members reported antipathy and discrimination.</p> <p>Pacific nurses were often mentioned as being institutionally undervalued, refused employment interviews and perceived as lazy.</p>
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