

Sāmoan Health Worker Wellbeing in Aotearoa New Zealand

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Abstract

A strong Sāmoan health workforce is required to improve inequitable health outcomes for the growing Sāmoan population within Aotearoa New Zealand (AoNZ). However, despite initiatives to increase an underrepresented Sāmoan health workforce, little is known about the wellbeing of these workers or the safety of the spaces they occupy. Existing literature on Sāmoan health worker wellbeing is sparse, superficial, and largely focused on increasing overall Pacific health workforce numbers rather than understanding the lived experiences and support needs of Sāmoan health workers. This research, through two comprehensive studies, aimed to engage with regulated Sāmoan health workers and their communities within AoNZ to explore their wellbeing, how they navigate their roles, what supports are needed for their practice, and help develop safe spaces for new Sāmoan health workers.

Study One involved a scoping review using a broad literature search that included grey literature to capture often neglected Pacific knowledge and create a comprehensive understanding of the literature. Thirty-four sources, including 29 from grey literature, were reviewed. The findings exposed an underrepresented Sāmoan health workforce whose wellbeing is hindered by institutional racism, discrimination, the undervaluing of cultural knowledge, and discourteous additional work. Sāmoan health workers sought improved wellbeing through support to further their education, cultural education and supervision, and strong Pacific leadership.

Study Two used the foundational methodology of Fa'afaletui alongside Interpretive Description to explore deeper understandings of Sāmoan health worker wellbeing. Participants ($n=23$) were Sāmoan and represented a collective lens, with experience or the ability to speak to Sāmoan health worker wellbeing. Purposeful sampling enabled perspectives from *faife'au* (church ministers), *matai* (chiefs), elders, parents, health managers, unregulated health workers, healthcare students, and regulated health workers. Data were collected through two *fa'afaletui* (meeting for discussion) held in Porirua and Manukau, transcribed verbatim, and analysed initially collectively within the fa'afaletui and then using reflexive thematic analysis.

From the data, four themes were constructed that described wellbeing and its intricate link with *Fa'aSāmoa* (Sāmoan culture) and *tautua* (service): Theme 1 'Leadership—Lighting the Path' illuminated the Sāmoan values of collective leadership, where pathways to leadership come from *tautua*, *fa'aaloalo* (respect), and *alofa* (love) and are reciprocated by those who hold leadership positions. Theme 2 'Identity and Visibility' describes the importance of expressing and maintaining Sāmoan identity while working within westernised health systems. Theme 3 'Culture Implemented in Service—The Flame' reflects the *talanoa* (conversation) of embedding Fa'aSāmoa into Sāmoan health worker roles and environments, allowing culturally safe and appropriate services. Finally,

Theme 4 ‘Self-Care—Stoking Your Own Fire’ reveals the tension between collective cultural expectations and the need for individual self-care and wellbeing.

This Pacific-based and Sāmoan-specific research has shed light on generational understandings of Sāmoan health workers’ wellbeing. Sāmoan health worker wellbeing extends beyond workforce growth and addressing racism and discrimination, to encompassing the ability to maintain and express Sāmoan identity and cultural values within professional practice. Culturally responsive leadership, meaningful approaches to self-care, and Pacific-led health policies are essential to supporting wellbeing, challenging Western-centric systems, and enabling Sāmoan health workers to thrive and continue faithfully serving their communities.

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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 institute of higher learning.

27/05/2026

Signature

Date

Co-Authored Works

- A research summary was disseminated to all participants at the conclusion of the Fa'afaletui study. The summary highlighted the main findings and clinical implications of the research. A copy of the participant research summary can be found in Appendix A: Participant Research Summary.
- An amended, shortened version of my confirmation of candidature (PGR9) form is used as an exemplar for future students at Auckland University of Technology (AUT).

Presentations

- Timmins, J. L. (2024, June 5). *Exploring the well-being and support of Sāmoan health workers in Aotearoa* [Speciality presentation]. Pasifika Physiotherapy Association—Coconnect Event, Online, Aotearoa New Zealand.
- Timmins, J. L. (2024, September 28). *Supporting the well-being of Sāmoan regulated health workers in Aotearoa* [Speciality presentation]. Pasifika Physiotherapy Association—the Annual Coconnect Event, Dunedin, Aotearoa New Zealand.
- Timmins, J. L. (2025, September 28). *Sāmoan health worker wellbeing* [Speciality presentation]. Pasifika Physiotherapy Association Coconnect—Our Sea of Islands, Auckland, Aotearoa New Zealand.
- Timmins, J. L. (2025, December 12). *Sāmoan health worker wellbeing* [Podium presentation]. Auckland University of Technology Active Living and Rehabilitation Research Centre Whai Whakaoranga Aotearoa—Postgraduate Research Symposium 2025, Auckland, Aotearoa New Zealand.
- Timmins, J. L. (2026, January 30). *Sāmoan health worker wellbeing* [Podium presentation, Cultural event]. Fa'afaletui o fa'aāliga o i'uga o su'esu'ega presentation, Porirua, Aotearoa New Zealand.
- Timmins, J. L. (2026, September 11-12). *Sāmoan health worker wellbeing* [Podium presentation]. Uru Kahikatea Physiotherapy Conference 2026, Wellington, Aotearoa New Zealand. (Accepted).

Publications

- Timmins, J. L., Boon, J., & O'Brien, D. W. (2025). Sāmoan health worker wellbeing in Aotearoa New Zealand—A Pacific-based scoping review. *Pacific Health Dialog*, 25(3), 180–205. <https://doi.org/10.26635/phd.2025.187>

AI Declaration Template

<i>Specify the chapter number(s) in your research proposal/research component where AI was used.</i>	
Chapter number(s):	Chapter 7 (Discussion)
<i>Briefly explain why the AI tool was used (e.g., idea generation, summarization, data analysis, image creation, etc.).</i>	
Purpose of AI Use:	Improve grammar, refine academic phrasing, and assist with structural flow of dense paragraphs
<i>Clearly state the AI tools used.</i>	
AI Tool(s) Used:	ChatGPT (5.5 model family) and Grammarly
<i>Prompts or queries entered into the AI tool (only the instructive portion of the prompt is required). Include all relevant variations.</i>	
Prompts Used:	"Check grammar", "Check references align with APA7th", "Combine to one sentence", "Adjust for clarity"
<i>A summary or description of the AI-generated output. (Optional: attach output in an appendix.)</i>	
Output Received:	Grammar corrections were shown and clearer, refined sentences were presented
<i>Describe how the AI output was used, edited, or transformed.</i>	
Post-AI Processing Methods:	All suggestions were manually reviewed and grammar changed as required. When sentence restructure was suggested, this was read and used as a guide to make changes in the thesis chapter ensuring they accurately reflected my original arguments. No sentence restructure was applied word for word nor accepted unchecked.
<i>You may use this free text box to explain the intent for the use of the AI generated content. For example, rather than stating what prompt(s) were used, you may articulate the purpose for which the prompt was used (supported by examples) here:</i>	

STUDENT DECLARATION

By signing you are confirming that the AI use stated in the table(s) above are accurate and follow AUT's recommended guidelines detailed in the AI Hub and Postgraduate Handbook.

Student Name: Josie Timmins

Signature:



Date: 27/05/2026

Acknowledgements

First and foremost, thanks go to God for the strength, wisdom, and blessings bestowed upon this research. My deepest appreciation also goes to the spiritual guidance and many prayers given to me throughout this journey.

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and bring an added pictorial of Sāmoa to presentations; Agnes Terraschke for proofreading the final draft, and David Parker for helping format the thesis. I also want to recognise the use of Grammarly and Chat GPT in aiding with improving grammar and sentence structure within the thesis. No further artificial intelligence tools were used.

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E ui ina tele timuga, e lē māgalo ai le sami

No matter how much it rains, the sea will always be salty

This Sāmoan proverb echoes my feelings that no matter how much I thank those involved in this thesis, I can never truly repay the debt of gratitude.

Fa'afetai tele lava, thank you.

Ethics Approval

Ethical approval was obtained from the Auckland University of Technology Ethics Committee (AUTEC) on the 9th of April 2024. Approval code: 24/39. The ethical approval form can be found in Appendix E: Auckland University of Technology Ethics Committee Approval Letter.

Glossary

Terminology

The term “Pacific Peoples” is used within this thesis as a collective term representing peoples of Pacific heritages and ancestry from Sāmoa, Tonga, Cook Islands, Niue, Tuvalu, Tokelau, and Fiji who have migrated or been born in AoNZ (Boon-Nanai et al., 2022; Fagaloa, 2022). Additionally, where possible, ethnic-specific terms were sought and used. Several terms are often used interchangeably in AoNZ when referring to Pacific peoples, including Pasefika, Pasifika, Pacifica, and Tangata o le Moana (Enari & Haua, 2021). Although the New Zealand Medical Journal supports the use of Pasefika for Sāmoan audiences, I have chosen to use the term Sāmoan people throughout for consistency and because I feel it more accurately represents the people in this thesis.

The “Pasifika” term is only used when referencing literature which has specifically used this term or when it has been used in quotes. The term Pasifika is widely used within Pacific communities, initially chosen by Pacific community members to name themselves and to represent the indigenous Polynesian languages of most people in this group (Suaalii-Sauni, 2017). However, the term also carries a controversial history, as it was initially used by the AoNZ government as an umbrella term to collectively group Melanesian, Micronesian, and Polynesian (excluding Māori) peoples who reside in AoNZ. When used in this way, it can carry racial undertones and show a disregard of the distinctiveness and diversity of each Pacific Island nation (Anae, 1997; Enari & Haua, 2021).

At times, the writing in this thesis, uses a first-person perspective. While many theses permit and even recommend the first-person view, I have used it sparingly and recognise those who contributed to the knowledge I hold. When discussing the research, I view it as a collaborative piece of knowledge that does not belong to me, but rather to many (previous researchers, participants, the research ‘Āiga (family), and future researchers) and, therefore, I do not claim the research.

Gagana Sāmoa

Throughout the thesis, Sāmoan words are used. The Sāmoan words and phrases incorporated into the text of this thesis align with the words used in Pacific literature and reflect those used by the participants in this study. Sāmoan words can also hold deeper meanings that better reflect the knowledge being conveyed, rather than using an English translation. Furthermore, the central role of Sāmoan language in this thesis is also reflected in the names of the appendices, which follow the Sāmoan alphabet: **A, E, I, O, U, F, G, L, M, N, P, S, T, V, H, K** and **R**. This small gesture brings

Sāmoan knowledge “from the periphery to the centre” (Fairbairn-Dunlop, 2015, p. 199) and intentionally adds to setting a culturally safe space for readers interacting with this thesis.

The first time a Sāmoan word appears, it is written in *italics*, followed by a translation in brackets or as part of the text. Subsequent uses of these terms are written in plain font without translation. Translations of the words are based on *A Simplified Dictionary of Modern Sāmoan* (Allardice, 1991), personal knowledge of *Gagana Sāmoa* (the Sāmoan language), how they appeared in the literature in which they were found, through consultation with my Sāmoan supervisor and research ‘Āiga, and through the expertise of Sāmoan academic and registered interpreter Hoy Neng Wong Soon.

‘Afakasi	Dual heritage, Caucasian ethnicity
Aganu’u	Custom(s), culture
‘Āiga	Family, related
‘Āiga potopoto	Extended family
Alofa	Love, affection
Alaisa	Rice
‘Aumaga	Untitled men of the village
Āualuma	Unmarried ladies of the village
Ava	Ceremonial and customary drink
Fa’aaloalo	Respect
Fa’alifu fa’i	Green bananas cooked in coconut cream
Fa’afaletui	Meeting for discussion
	In this thesis when Fa’afaletui is used with an uppercase ‘F’ it is referring to the Fa’afaletui methodology. When fa’afaletui is used with a lowercase ‘f’ it is referring to the method of group discussions.
Fa’afaletui-a-matai	Meeting of matai for discussion
Fa’afaletui o fa’aāliga o i’uga o su’esu’ega	Presentation of fa’afaletui findings

Fa'afetai tele lava	Thank you very much
Fa'ai'uga	Closing remarks following a discussion
Fa'ama'i	Virus/influenza
Fa'aSāmoa	Sāmoan culture, Sāmoan way of life
Fa'asinomaga	Identity, belongingness
Fa'atūlima	Exchange of gifts to build relationships within communities
Faiā'oga	Teacher
Faife'au	Church minister, pastor
Failauga	Orator, lay-preacher, speaker
Fala	Woven mat
Fale	House
Faletua	Wife of a chief, wife of a pastor
Fesili	Question(s)
Fo'i	Also
Fesoasoani	Help
Fono	Meeting
Fonofale	Meeting held in a house/fale
Gafa	Genealogy
Gagana	Language, to remark, comment
Gagana Sāmoa	The Sāmoan language
Ifoga	A traditional Sāmoan ritual where an offender and their family publicly perform an act of ritual humility and humiliation to seek forgiveness from a harmed party
'le toga	Fine mat

Keke	Cake
Lagolago	Prop, support
Laufala	Dried pandanus leaves, used to weave mats
Māfanafana	Warmth
Mālosi	Strong
Malu	Traditional Sāmoan tattoo for women, on the thigh area
Matai	Chief
Matai ali'i	High chief
Matua	Elder
Mātua	Parent
Mea'ai	Food
Meāalofa	Gift, present
Panikeke	Pancake
Pālagi	Caucasian
Pisupo	Corned beef
Pou	Post, pillar
Pua	Frangipani
Pule	Authority
Sāmoa mo Sāmoa	Sāmoa for Sāmoans (a slogan used by the Mau movement)
Sapasui	Sāmoan chop suey (a meat, ginger, soy sauce, and vermicelli noodle dish)
Sei pua	Frangipani worn behind the ear
Soli le vā	When mutual relational respect has been broken and needs to be addressed

Talanoa	Chat, make conversation, talk
Tatalo	Prayer
Taualuga	A traditional finishing dance showcasing grace, dignity, and cultural pride
Tapu	Sacred
Tatau	Tattoo
Taupou	Highest ranking maiden of a village, typically the daughter of a high chief
Tausi	Wife of an orator
Tausiga o vā lelei	Caring relationships
Tausi le vā	Maintaining good relationships between people
Tautua	Service
Teu le vā	Put right your differences
Tuiga	Ceremonial headdress
Ula fala	A traditional Sāmoan necklace usually worn by Sāmoan chiefs to signify high status
Vā	Spiritual or relational space
Va'a	Canoe or boat
Vā fa'aaloalo	Relational respect
Vā feāloaloa'i	Social relationship
Vā tapuia	Sacred relationship

Te Reo Māori

Te reo Māori words are also used in this thesis. These words capture the culture of the research setting, AoNZ. As with the Sāmoan words, the first time a Māori word appears, it is written in *italics* and followed by a translation in brackets. Subsequent uses of these terms are written plain font without translation. The translations of Māori words that are provided in this thesis are either taken

from the sources where they were found, or based on my, my supervisors, or my research 'Āiga's knowledge of the language.

Kaiāwhina	An overarching term to describe non-regulated roles in the health and disability sector
Kai manaaki	Skilled case managers
Wāhine	Women

Abbreviations

AoNZ	Aotearoa New Zealand
AUT	Auckland University of Technology
AUTEC	Auckland University of Technology Ethics Committee
CEO	Chief Executive Officer
HPCA	Health Practitioner Responsible Authority
NZ	New Zealand
OUR	Otago University Research
PRISMA-ScR	Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews
USA	United States of America

Transcription Guide

To help with fluency, regardless of word count, all participant quotes are presented in italics and indented. To distinguish between participant quotes and quotes from the literature, literature quotes fewer than 40 words are incorporated into the paragraph, enclosed in double quotation marks. Literature quotations of 40 words or greater are presented as a block quotation indented from the margin and are not enclosed in quotation marks.

...	Indicates words removed from the original transcript
[]	Indicates words added by the researcher to clarify the meaning of the quote
‘ ’	Indicates a quotation within the participant's direct quote

Chapter 1 Introduction

1.1 Talofa, Talofa, Talofa Lava

Fa'afetai i le Atua i lou alofa mo i matou.	Thank you Lord, for your love upon us.
Fa'afetai mo le ola ma le mālosi.	Thank you for life and strength.
Fa'amolemole tu'u mai le mālosi ma le ta'ita'iga iā i latou na auai i lenei su'esu'ega, ma i latou o le 'a faitau i le galuega	Please give strength and guidance to those who took part in this research and also those engaging with it.
Fa'atasi mai Oe le Ali'i, ma fa'amanuia mai lo matou aso.	Be with us and bless us today.
Fa'afetai tele lava. I le Suafa o Iesu Keriso, Amene.	Thank you. In your name, Jesus Christ, Amen.

O lo'u igoa o Josie Timmins. O lo'u tinā matua (tinā o lo'u tinā) o le Sāmoa. O lo'u tinā o le 'afakasi (Sāmoa ma le Pālagi). O lo'u nu'u o Falealupo i Savai'i, ma Falelatai ma Pesega i Upolu. O lo'u tamā o le Pālagi mai Egelani.

Talofa lava, I am Josie Timmins. I am *Pālagi* (Caucasian) with Sāmoan heritage through my maternal grandmother (Elein Crichton). My villages through my grandmother are Falealupo in Savai'i, once the last to see the sunset and known as the gateway to the underworld and Falelatai and Pesega in Upolu. I am a descendant of AhMu AhMu, a Chinese immigrant who arrived in Sāmoa on a British ship and became a landowner, which was later given to The Church of Latter-Day Saints in Pesega, Āpia. Our family matai is Su'a Ah Mu Leavase'eta, who lives in Pesega. My mother is half Sāmoan and half English. My father is English and arrived in AoNZ as a child. I have lived in AoNZ my entire life and currently reside in Porirua with my English-born husband and our two daughters.

I came to this research holding both insider and outsider positionalities. I am Pālagi with Sāmoan heritage and therefore mostly an ethnic outsider; however, I was still raised with parts of my life encompassing the Fa'aSāmoa, which I have in turn tried to impart on my daughters. I trained as a physiotherapist and have worked across the AoNZ health sectors, providing me with insider knowledge of health systems and environments. It was through my work for Ngāti Toa Iwi during the COVID-19 pandemic that I saw the true Pacific way of working and enacting Pacific values and the benefit it had for local communities. I witnessed the positive effect of Pacific health workers and recognised the need for others to understand the impact Pacific health workers have, which led to the current research on Sāmoan health worker wellbeing.

I was aware of my positionality when this PhD was still only a small, undeveloped idea. I floated the idea over ten years ago to a work colleague who discouraged it, alternatively encouraging another idea of support for training hand therapists, which eventually became my master's research. However, that original idea never vanished, and when I raised it again with my family and supervisors following the completion of my master's, it received more positive interest. Most importantly though, I had to convince myself that I, as a Pālagi with Sāmoan heritage, could—and more importantly should—undertake this research.

To prepare myself, I became immersed in everything Sāmoan, everything I could think of that I could read, watch, listen to, and be involved with. I started official Sāmoan language and cultural lessons online. I cleared my mother's bookshelf of her Sāmoan books, which included *Aggie Grey: A Samoan Saga* (Alailima, 1991) and *My Samoan Chief* (Calkins, 1962). Both books portrayed the realities of life in Sāmoa and provided historical and cultural learning that piqued my interest. I read novels, including the *Telesā* series by Lani Wendt Young (Young, 2019a, 2019b, 2019c, 2019d), which gave me insights into Sāmoan mythology, and numerous short stories by Pacific writers that relayed stories of life in Sāmoa and more recent life in AoNZ (Malaeeulu, 2020; Malaeeulu & Malaeeulu, 2021). I listened to Pacific podcasts, kept up to date with Pacific news, politics and events, watched movies and short films, and followed Sāmoan popular culture on social media. I spoke with 'aiga, learnt more about my Sāmoan family history, and was even fortunate to take a trip to Sāmoa to visit and revisit historical places, see 'aiga, and experience Sāmoa again after a long, 12-year absence.

Significantly, during my initial engagement with Sāmoan culture, I read Margaret Mead's *Coming of Age in Samoa* (Mead, 2001). When I acquired the book, I was aware there was controversy surrounding it and that it had been criticised for perpetuating an inaccurate and inappropriate portrayal of young Sāmoan women. Unfortunately, after reading the book and exploring many reflections and critiques of Margaret Mead's research methods and findings, a pre-existing inferiority complex was amplified. I coined this new feeling my "Margaret Mead Syndrome". How could I possibly do this research as a Pālagi? What if I, too, produced research that was harmful and degraded the Sāmoan people? What if my research were discussed negatively in years to come, and I disgraced myself and my family?

In response, I looked to the literature where it is widely reported that including a Pacific/Sāmoan lens is essential when undertaking research on or about Sāmoan people (Enari, 2021a; Vaiioleti, 2006). Recently, Dr. Timote said of non-Pacific researchers, "they drink the *ava* [ceremonial and customary drink], but they never taste the blood" (T. Vaiioleti, personal communication, September 11, 2025) referencing their need to understand the *vā* (spiritual or relational space) to positively engage with Pacific research. Conversely, Flavell and Cunningham (2023) found non-Pacific researchers could conduct research with Pacific peoples, provided they were deeply mindful and

reflective of any privileges and power. Furthermore, the concept of Pālagi paralysis has been described where Pālagi are positioned as apathetic and have a tendency to do nothing out of the discomfort associated with it and fear of doing it wrong (Crawford & Langridge, 2022). Therefore, it is from the outset of this research that I recognise, reflect, and take responsibility for who I am (Pālagi with Sāmoan heritage) and the understandings I need to learn to ensure Sāmoan health worker wellbeing is at the core of the research and that the knowledge imparted, and the thesis presented encompasses *māfanafana* (warmth) and *tausiga o vā lelei* (caring relationships).

1.2 Organisation of Thesis

In this chapter (Chapter One), I firstly gave praise to the Lord through *tatalo* (prayer) and introduced myself, as is customary in the Sāmoan culture. Introductions and positionality are important for Pacific peoples as it is through ancestral ties that knowledge systems, beliefs, and worldviews are passed on and village names, family names, and even stories attached to these aspects aid in building meaningful vā (Cammock et al., 2022; Faleolo, 2021). The organisation of the thesis is presented below, followed by an overview of the background and current standing of Pacific peoples in AoNZ, Pacific health, and the Pacific health workforce in AoNZ with supporting contextual information. The chapter concludes with the research aims and questions.

The subsequent six chapters are structured as follows:

- Chapter Two continues the background information by presenting the history and relational ties between Sāmoa and AoNZ, establishing the political and environmental context for Sāmoan health workers in AoNZ.
- Chapter Three presents Study One, a scoping review that comprehensively examines Pacific-based literature exploring the wellbeing of Sāmoan health workers in AoNZ. This study was expanded to include literature on the number of Pacific health workers to provide a complete picture of the current context of Pacific health workers.
- Chapter Four introduces Study Two, a research project exploring Sāmoan health worker wellbeing. This chapter focuses on the Fa'afaletui methodology, its purpose, and its use in guiding this study.
- Chapter Five outlines the fa'afaletui methods section of Study Two and explains the study design, participants, recruitment, data collection, data analysis, rigour and credibility, ethics, and cultural considerations.
- Chapter Six presents the Study Two findings which surround the foundational finding of wellbeing and tautua, and four themes: 1) Leadership—Lighting the Path; 2) Identity and Visibility; 3) Culture Implemented in Service—The flame; and 4) Self-Care—Stoking Your Own Fire.

- The final chapter, Chapter Seven, presents a discussion of key findings from studies One and Two, synthesising them in relation to the current positioning of Sāmoan health workers. Clinical implications and future research recommendations are provided.

Appendices are referred to throughout the thesis and are found following Chapter Seven and the references.

1.3 Pacific Population in AoNZ

The earliest official record of Sāmoan people in AoNZ was in 1874 where six Sāmoan people were recorded on the census. It was not until the 1950s that a larger number of Sāmoan people migrated to AoNZ to fill labouring roles and provide greater opportunities and better education for their children (Anae, 2025). The latest AoNZ census (2023) recorded 213,016 Sāmoan people in AoNZ, which equals about 4.3% of the AoNZ population (Ministry of Health, 2025c). Sāmoan people make up the largest share of Pacific peoples in AoNZ, followed by Tongan people with 2%, Cook Island people with 1.9%, Niuean people with 0.7%, Fijian people with 0.5% and Tokelauan people with 0.2%, with the Pacific population as a whole making up 8.9% of the entire AoNZ population (Ministry of Health, 2025c). Sāmoan people are the fifth-largest ethnic group in AoNZ, following New Zealand European (62.1%), Māori (17.8%), Indian (5.8%) and Chinese (5.6%). Furthermore, Gagana Sāmoa is the third most widely spoken language, following English and Te reo Māori (Statistics New Zealand, 2024b). Pacific peoples are largely transnational, and more Sāmoan people (alongside Tongan, Tokelauan, Cook Island, and Niuean people) live outside of Sāmoa, primarily in the diaspora of the United States of America (USA), AoNZ, and Australia (Porteret, 2021).

The population of Pacific peoples in AoNZ is also increasing. Between 2013 and 2023, this group has grown 49.6%, and Sāmoan people experienced the largest numerical increase with 68,931 or 47.8% during that time. Furthermore, Pacific peoples are projected to constitute 11.2% of the population by 2043 (Ministry of Health, 2025c; Statistics New Zealand, 2018, 2022, 2024a). However, continued population growth suggests further demands on health services by Pacific peoples, who already experience poorer health status and outcomes compared to the rest of the AoNZ population (Ministry of Health, 2020, 2023b).

1.4 Pacific Health

Pacific peoples' health inequities are present and long-standing in AoNZ (Ministry of Health, 2025a). Preventable health inequities are seen throughout the life course, and this disparity begins at birth, with Pacific women having a maternal mortality rate of 21.2 per 100,000 maternities, almost twice that of New Zealand European mothers (Ministry of Health, 2025e). Moreover, Pacific children have declining immunisation rates and high rates of rheumatic fever, which is almost non-existent in non-Pacific and non-Māori populations in AoNZ (Ministry of Health, 2025e).

In adulthood, Pacific peoples experience higher rates of chronic conditions such as gout, kidney disease, diabetes, cancer, and cardiovascular disease (Ministry of Health, 2025f). Pacific peoples have 2.3 times higher rates of amenable mortality, most of which are deaths that could have been prevented with effective and timely healthcare, compared to non-Māori and non-Pacific peoples (Ministry of Health, 2025e) and an overall lower life expectancy than their New Zealand European equivalents, namely five years lower for men and four years lower for women (Ministry of Health, 2020, 2023b). Additionally, the life expectancy gap is widening, with recent data showing Pacific men's life expectancy dropping 6 months to 74.9 years, and Pacific women's falling by 2 months to 78.9 years (Statistics New Zealand, 2025a). Furthermore, New Zealand European children living in Northland, AoNZ, can now expect to live to 84 years, while a Pacific child can expect to live seven years less, to 77 years, a gap that has increased over the past 25 years (Ministry of Health, 2025a). This ongoing life expectancy gap between Pacific peoples and New Zealand Europeans reflects the persistent inequalities faced by Pacific communities both within and outside the health sector (Strong, 2025). However, the Pacific health workforce can help improve health outcomes for Pacific patients through their expertise and abilities specifically in sharing language, culture, and bridging cultural divides (Ape-Esera et al., 2009; Ministry of Health, 2020; Smith et al., 2021).

1.5 Pacific Health Workforce

1.5.1 Regulated and Unregulated Health Workforce

The health workforce comprises both regulated and non-regulated professions. Professions that are considered to pose a certain level of risk to the public are regulated under either the Health Practitioners Competence Assurance (HPCA) Act 2003 or the Social Workers Registration Act 2003, or are self-regulated by a professional body (Ministry of Health, 2003). Health professionals regulated under the Health Practitioner Competence Assurance Act 2003 include: Chinese medicine services, chiropractic, dentistry (dental hygiene, clinical dental technology, dental technology, dental therapy, oral health therapy), dietetics, medical laboratory science, anaesthetic technology, medical imaging and radiation therapy, medicine, midwifery, nursing, occupational therapy, optometry and optical dispensing, osteopathy, paramedic services, pharmacy, physiotherapy, podiatry, psychology, and psychotherapy (Ministry of Health, 2003). Social workers are the only profession regulated under the Social Workers Registration Act 2003, with registration becoming mandatory in February 2021 (Ministry of Social Development | Te Manatū Whakahiato Ora, n.d.). Health professions that are self-regulated by a professional body include counsellors and speech-language therapists (New Zealand Association of Counsellors | Te Roopu Kaiwhiriwhiri o Aotearoa, 2022; Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa | New Zealand Speech-language Therapists' Association, n.d.).

In comparison, the non-regulated health workforce comprises those who do not pose enough risk to the public for regulatory procedures. *Kaiāwhina* is an overarching term used to describe non-

regulated roles in the health and disability sector and include community health workers, healthcare assistants, orderlies, cultural support workers, support workers, community homecare workers, Pacific perspectives whānau ora workers, mental health workers, youth workers, compulsory care coordinators, cultural assessors, caregivers, care workers, care assistants, care managers, care support workers, mental health support workers, nurse assistants, nurse aides, and rehabilitation assistants. Additional terms commonly used within the Pacific health sector to describe the non-regulated workforce include *mātua* (parents), consumer advisers, traditional healers, community support workers, cultural advisers, family advisers, interpreters, and service administrative staff. The non-regulated workforce can also include parents providing in-home care (Ministry for Pacific Peoples, 2021). Of note, not being a regulated health worker does not imply that a profession lacks professional standards; the profession simply does not post sufficient risk to the public to warrant regulatory oversight (Ministry of Health, 2003).

1.5.2 AoNZ Government Initiative for the Pacific Health Workforce

The AoNZ government has developed legislation for providing healthy futures for all people in AoNZ. Te Mana Ola: The Pacific Health Strategy (Te Mana Ola) is one of six population health strategies set under the Pae Ora (Healthy Futures) Act 2022. This legislation builds on the foundations established by previous work, including Ola Manuia: Interim Pacific Health Plan, July 2022–June 2024 (Health New Zealand | Te Whatu Ora, 2022). Te Mana Ola sets the direction and long-term priorities that must be considered when decisions are made to achieve equity in Pacific health and wellbeing. One of the five key priorities from Te Mana Ola is grow and support strong Pacific health leadership and a resilient health workforce that reflects the population they serve. In terms of the workforce, this includes more regulated Pacific health workers, more Pacific peoples in leadership, governance, and decision-making roles, and supported and valued Pacific health workers who are equitably remunerated for their community connections, language skills, and cultural knowledge and competencies (Ministry of Health, 2023b). Furthermore, retaining health workers who reflect the local population can lead to better outcomes for that population (Cooper-Thomas & Poutasi, 2011; Te Whatu Ora | Health New Zealand, 2023).

To meet health demands, it is predicted that Pacific peoples will need to make up 10% of the health workforce by 2033 (Te Whatu Ora | Health New Zealand, 2023). However, there are substantial and concerning health workforce gaps for Pacific peoples, and the number of Pacific peoples in the regulated health workforce must be increased. In 2011, the regulated Pacific health workforce accounted for 2.3% of the entire health workforce “as cited in” Health Quality & Safety Commission New Zealand (2021), and the Pacific health workforce in the Auckland region showed similar proportions in 2021 (Health Quality & Safety Commission New Zealand, 2021). A more recent review found a slight increase, with Pacific peoples representing 3.7% of the regulated health workforce (Ministry of Health, 2025d). However, to achieve population parity, the Pacific workforce needs to be increased in nearly all areas of health, including allied health and non-

clinical roles, to achieve population parity and meet the 2033 goal of 10% of the health workforce being ethnically Pacific (Health Quality & Safety Commission New Zealand, 2021; Te Whatu Ora | Health New Zealand, 2023).

1.6 Wellbeing

Wellbeing is a complex, multifaceted concept that encompasses states of wellness, health, and happiness; however, definitions and measurement methods remain inconsistent (Bautista et al., 2023). In Western academic literature, wellbeing is commonly understood through hedonic and eudaimonic perspectives. The hedonic (subjective) approach focuses on happiness, life satisfaction, and maximising positive experiences, while the eudaimonic (psychological) approach emphasises psychological functioning, meaning, purpose, personal growth, and positive relationships (Oishi & Westgate, 2021; Ryff & Singer, 2008). The distinction between hedonic and eudaimonic wellbeing is useful but potentially overly simplistic. Contemporary conceptualisations increasingly recognise wellbeing as a multidimensional, dynamic construct in which positive emotions and psychological functioning can coexist and interact (Bautista et al., 2023). For example, an individual may experience high life satisfaction because of strong social relationships, while those same relationships may also contribute to a sense of meaning and purpose.

The World Health Organization (2021) defines wellbeing as “a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions”, illustrating the importance of context by recognising that wellbeing can also be shaped by approaches both inside and outside of the individual. While this progression is positive and wellbeing is conceptualised with some degree of universality across country contexts, cross-cultural variation is also evident (Joshi et al., 2021). Greater attention to culturally situated conceptualisations of wellbeing is therefore needed to ensure that wellbeing strategies and policies are relevant, meaningful, and responsive to the realities of different communities (Sollis et al., 2024).

1.6.1 Sāmoan Health Worker Wellbeing

The key values, beliefs, and practices that shape the Pacific experience of wellbeing include: a strong emphasis on cultural identity, spirituality and religion, and the role of families and communities; a focus on collective consensus, practices, needs, outcomes, and clear expectations about respect, reciprocity, love; and a sense of responsibility to self, others, environment, and cultural protocols and practices (Te Tai Ōhanga | The Treasury, 2023). Wellbeing from the Sāmoan child perspective is reported as multifactorial. It includes social connections, not having to worry, feeling valued and included, and being a good person, with particular importance placed on connecting with people, especially their family (Dunlop-Bennett et al., 2019). For elders, perspectives on wellbeing shift with spirituality becoming increasingly important. Wellbeing can be

understood through connections to family heritage, cultural roles, relationships, responsibilities to land, custodians of genealogy and chiefly titles (Tamasese et al., 2014). Furthermore, Le Va (2022) found mental health, environmental and socioeconomic factors, financial insecurity, inadequate housing, and costs associated with accessing healthcare significantly impact Pacific wellbeing in AoNZ, with Pacific peoples feeling that more could be done within the health system to meet their needs.

Traditionally, Pacific cultures are inherently collective, with a holistic perspective on wellbeing that incorporates cognitive, emotional, spiritual, physical, environmental, and relational dimensions of the self (Pulotu-Endemann & Faleafa, 2017). Several Pacific approaches have been developed to capture a holistic view of health and wellbeing, including the Fonofale model, which was designed explicitly for Pacific mental health and wellbeing in AoNZ (Pulotu-Endemann, 1995). This model is based on a *fonofale* (a meeting held in a house), with each structural element serving as a key component of wellbeing. 'Āiga is represented at the base of the fonofale, highlighting 'āiga and genealogy as the foundation of wellbeing and the dominant ties for Pacific peoples throughout the lifespan (Le Va, 2022; Pulotu-Endemann & Faleafa, 2017; Te Tai Ōhanga | The Treasury, 2023). Culture is represented by the roof that shelters the family. Four *pou* (posts/pillars) are situated between the floor and the roof and represent the continuous interactions between family and culture. The four pou consist of: "physical wellbeing" representing the physical self, "spiritual wellbeing" either Christian or traditional spirituality, "mental wellbeing" recognising the importance of mental and emotional health, and "other" acknowledging that there are various additional crucial aspects that contribute to Pacific peoples' wellbeing, such as sexuality, gender, age, and socioeconomic status (Pulotu-Endemann, 1995). The fonofale's four pou represent dimensions of wellbeing closely linked to one another. Working together, they stabilise the *fale* (house), where a gain or loss in one area affects all other parts of the structure. Overall, the fale is surrounded by environment, time, and context, which promotes the philosophy of holism and continuity (The Fonofale model of health is further defined in 4.2 Pacific Methodologies).

AoNZ Government initiatives have appeared to focus on increasing the Pacific workforce without sufficient consideration for their wellbeing or workplace safety (Ministry of Health, 2023a, 2023b). Although initiatives are underway to increase the Sāmoan health workforce, the wellbeing of this workforce and the safety of the spaces they occupy remain unknown. Exploring the experiences and perspectives of Sāmoan health workers and their communities and inviting perspectives on how they can be better supported, can offer insight into how to improve their wellbeing and help identify structural supports that enable 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. Sāmoan health worker wellbeing research will also address the paucity of research on the Pacific health workforce in AoNZ, especially research that engages with the experiences and perspectives of Sāmoan health workers and with indigenous

research methodologies. High-quality data, evidence, and insights from Pacific peoples and communities on what is needed and works, support successful service planning, monitoring of outcomes, and by-Pacific, with-Pacific, for-Pacific solutions (Ministry of Health, 2023b).

1.7 Research Questions

This research aimed to engage with the regulated Sāmoan health workforce and their communities within AoNZ to explore their experiences and perspectives of Sāmoan health worker wellbeing, how they navigate their roles, and their views on what can be done differently to support them and their practice. My thesis seeks to answer the following research questions to achieve these aims:

- What are the experiences and perspectives on the wellbeing of Sāmoan health workers?
- How do Sāmoan health workers navigate their roles in healthcare settings, including in the context of their Pacific worldview?
- How can Sāmoan health workers and their practice be better supported?

In addition to the formal research questions, this thesis also aims to reflect on my experience of researching within a Sāmoan methodology with Sāmoan participants. It is hoped that this research highlights the benefits of fully engaging with Pacific research and may influence future Pacific researchers, regardless of their identity, place of birth, generational removal from Sāmoa, or perceived amount of 'Pacific-ness', to confidently undertake Pacific-based research. Furthermore, I hope this thesis can act as a reference to promote Pacific-based knowledge and literature and showcase its critical inclusion in academic spaces.

Chapter 2 The Relational Ties Between Sāmoa and AoNZ and Why This Still Matters Today

To fully understand and appreciate the relevance of this research topic requires a considered understanding of the past, so that this knowledge can inform relevant solutions for present issues and thereby shape the future (Enari, 2021a; Goodyear-Smith & 'Ofanoa, 2022; So'o, 2018). This chapter relays the strained relationship between Sāmoa and AoNZ shown through the historical injustices Sāmoan people have faced at the hands of AoNZ and the contemporary challenges they continue to face (Anae, 2025).

The history of the Sāmoan people extends back thousands of years. Archaeological evidence suggests that the islands were settled as early as 1,000 BCE by seafaring Polynesians (Anae, 2025). Approximately 2,700 years later, European explorers first made contact with the Sāmoan Islands in the early 18th century. Dutch explorer Jacob Roggeveen sighted the islands in 1722, followed by French explorer Louis-Antoine de Bougainville in 1768. However, sustained contact between Sāmoan people and Europeans only began in the early 19th century, when Christian missionaries from the London Missionary Society arrived in the 1830s. These missionaries introduced Christianity, which spread rapidly and remains an integral part of Sāmoan culture today (Anae, 2025).

By the late 19th century, international interest in the strategically located Sāmoan Islands grew, particularly from Germany, the USA, and Great Britain. Competition between these nations grew as all were claiming control of Sāmoa, and Sāmoa was experiencing civil unrest (News Source, 2023). In 1899, the Treaty of Berlin divided the Islands into two political entities: American Sāmoa and Sāmoa (then known as Western Sāmoa). The Eastern Islands, including Tutuila and the Manu'a Islands, became a USA territory, and the Western Islands fell under German control. Great Britain abandoned its claims over Sāmoa in return for gaining rights over other Pacific Island countries, such as Tonga and the Northern Solomon Islands (Chapman, 2024; News Source, 2023).

Sāmoa remained under German control until World War I, when Great Britain requested AoNZ forces to invade and seize Sāmoa. AoNZ warships carrying 1500 soldiers, engineers, and medics arrived in Āpia on the 29th of August 1914 and captured Sāmoa without any resistance. This invasion marked the beginning of AoNZ's administration of Sāmoa, an administration that had a profoundly negative effect on the Sāmoan people (New Zealand History | Ngā kōrero a ipurangi o Aotearoa, 2020).

2.1 The Spanish Influenza Epidemic in Sāmoa

Following the end of World War I on November 13, 1918, four years after AoNZ began their administration of Sāmoa, the New Zealand Union Steamship SS Talune arrived in Āpia. It was mistakenly given clearance for passengers from AoNZ to disembark, even though they were carrying the Spanish influenza. Between 7,000 and 8,500 Sāmoan people, or 20%-33% of the population, died of Spanish influenza in only a few weeks, including 45% of Sāmoan matai and nearly 50% of Sāmoan church leaders (Anae, 2025; Chapman, 2024; Thomas, 2021). In comparison, the regulated quarantine held in American Sāmoa on similar vessels resulted in no fatalities. It is reported that the AoNZ administration refused help from neighbouring American Sāmoa during the outbreak on the grounds that they did not like Americans (Fepulea'i, 2022). This challenging time further increased a growing Sāmoan opposition to foreign rule (Anae, 2025).

2.2 Mau Movement

Two years later, in 1920, the League of Nations formally granted AoNZ the mandate of Western Sāmoa, making AoNZ legally responsible for its administration and governance. However, this was completed without consulting Sāmoan leaders (New Zealand History | Ngā kōrero a ipurangi o Aotearoa, 2020). Dissatisfaction with forceful foreign rule and the administration's attempts to eliminate Sāmoan traditions and customs led to the rise of the Mau Movement, a peaceful Samoan-led movement for independence, who adopted the motto *Sāmoa mo Sāmoa* (Sāmoa for Sāmoans) (Anae, 2025). By the end of 1927, 90% of Sāmoan people supported the Mau Movement (Fepulea'i, 2022).

In response to the expanding Mau Movement and their opposition to the AoNZ administration, the AoNZ administration forcefully removed the leaders of the group and arrested over 400 Mau Movement supporters. Continued unrest between the AoNZ administration and the Mau Movement culminated on Saturday, 28th December 1929, which is now known as "Black Saturday". Mau Movement supporters peacefully paraded along the Āpia waterfront to welcome home two previously detained supporters from AoNZ. The Mau Movement had been warned against marching in the parade by the AoNZ police, who then attempted to arrest the Mau Movement secretary. The situation deteriorated, and AoNZ police fired at the crowd before retreating to the police station and continuing to fire from its balcony. According to reports, between 9 and 11 Sāmoan people, including High Chief Tupua Tamasese Lealofi the Third, were killed. One AoNZ policeman also died (New Zealand History | Ngā kōrero a ipurangi o Aotearoa, 2020). An AoNZ inquiry concluded that open fire was justified, although this was not supported by the Sāmoan people.

The AoNZ warship Dunedin arrived soon after in January 1930, aiming to stop all remaining Mau Movement members and exile its leaders (Anae, 2025). Upon the ship's arrival, 1500 Mau

Movement men fled into the bush, pursued by AoNZ military police. Mau Movement women are reported to have kept the Mau Movement alive until a new AoNZ Labour government legitimised the group in 1935 (Chapman, 2024).

2.3 Sāmoan Independence and the Treaty of Friendship

Independence from over 60 years of foreign rule came for the Sāmoan people on the 1st of January 1962, with Sāmoa becoming the first Pacific nation to regain its independence. Following this, on the 1st of August 1962, the Treaty of Friendship was signed between Sāmoa's first Prime Minister, Fiamē Mata'afa Faumuina Mulinu'u the Second, and the AoNZ High Commissioner to Sāmoa, Mr J. B. Wright (Kelemete, 2022). The Treaty of Friendship is the only one of its kind held by AoNZ (Ardern, 2022). Seven articles outlined areas of cooperation and conveyed a shared partnership and the spirit of friendship between the two countries. In particular Article Three states: "Each Government shall ensure that citizens of the other living within its territory are, in accordance with the normal practice between friendly states, given equitable treatment and full legal protection and access to the Courts" (Treaty of Friendship between the Government of New Zealand and the Government of Western Samoa, 1962, art. 3). Although equitable treatment is not further defined, it has the potential to relate to equitable treatment in relation to health.

2.4 Dawn Raids

Despite the newly formed Treaty of Friendship, frictions between AoNZ and the Sāmoan people continued. In the early 1970s, Pacific Islanders, especially those from Sāmoa and Tonga, were scapegoated by the AoNZ National Government for an economic downturn. The issue of overstayers was used to deflect attention away from the economic problems and government policies which contributed to recessions. Pacific peoples comprised around a third of overstayers; however, they represented 86% of all prosecutions. In comparison, overstayers from the USA and Great Britain also comprised around a third of overstayers, but made up only 5% of prosecutions (Ministry of Social Development | Te Manatū Whakahiato Ora, 2025). The government's violent and underhanded conduct of the matter, and their almost exclusive focus on the Sāmoan and Tongan ethnic groups has been described as "the most blatantly racist attack on Pacific peoples by the New Zealand government in New Zealand's history." (Anae, 2020, p. 90)

2.5 Aotearoa New Zealand's Response

In 2002, then Prime Minister Helen Clark on behalf of the AoNZ government, accepted responsibility and delivered an apology for the historical wrongs committed by AoNZ colonial administrators against the people of Sāmoa (namely the Spanish influenza epidemic and shootings during the Mau Movement). In return, Clark was presented with a *'ia toga* (fine mat) which represented the ritual healing and bond between the two nations (Mallon et al., 2012).

In reparation following the Spanish influenza epidemic, the AoNZ government provided considerable funding for health education and care (Thomas, 2021). However, it is reported that although AoNZ administered Sāmoa for 48 years, it was not until 36 years later in 1950, that a secondary school was opened. Aid has been provided since Samoa's independence, but it is evident that AoNZ could and should have done much better (Fepulea'i, 2022).

In August 2021, a second apology was delivered to Sāmoa. This time, then Prime Minister Jacinda Ardern formally apologised to the Pacific communities impacted by the Dawn Raids for the discriminatory enforcement of immigration laws, and the severe verbal and physical treatment that was inflicted. The government honoured Pacific ways of seeking reconciliation through *ifoga*. In this traditional Sāmoan ritual, an offender and their family publicly perform a ritual of humility and humiliation to seek forgiveness from a harmed party. In keeping with protocol, Prime Minister Jacinda Ardern covered herself with an 'ie toga as an act of atonement for the AoNZ Government's wrongdoing (Ministry of Social Development | Te Manatū Whakahiato Ora, 2025).

2.5.1 Sāmoan Citizenship

In response to further historical wrongs inflicted on Sāmoa by AoNZ, the Citizenship (Western Samoa) (Restoration) Amendment Bill was passed through the AoNZ government in November 2024. This bill enables certain individuals whose AoNZ citizenship was removed under the Citizenship (Western Sāmoa) Act 1982 to apply for AoNZ citizenship.

During the colonial rule of Sāmoa, first by Germany between 1900 and 1914, the Sāmoan people were German citizens. In keeping with the practice of the time, colonial powers conferred citizenship or nationality status on the indigenous inhabitants of their colonial territories (Fuatai, 2024). Following this, in 1920, Great Britain took over Sāmoa and the Sāmoan people became British Citizens. At this time, the AoNZ people were also British subjects and held British citizenship.

In 1948, the British Nationality and New Zealand Citizenship Act was passed, creating AoNZ citizenship. As Sāmoan was under AoNZ's administration this time, Sāmoan people who were British subjects should have become AoNZ citizens after the 1st of January 1949 (through to 1962 when Sāmoa became independent of AoNZ). However, AoNZ did not administer Sāmoa in the same way it did other territories, such as the Cook Islands and Niue. While these countries received automatic AoNZ citizenship, Sāmoa did not. This was a significant administrative failure, as the AoNZ government continued to misinterpret and misapply the citizenship laws, thereby inhibiting Sāmoan people from gaining their rightful AoNZ citizenship (Fuatai, 2024).

This injustice was challenged by Falema'i Lesā, a Sāmoan woman who came to AoNZ in 1975 to work and after three years was charged with overstaying. Falema'i Lesā contested that she was an AoNZ citizen under the British Nationality and New Zealand Citizenship Act 1948. She took her

challenge to the Privy Council in London who ruled in her favour, stating that Western Sāmoan people born between 1924 and 1948 and their descendants were AoNZ citizens and indicated that Lesā, as well as other Sāmoan people with similar circumstances were also AoNZ citizens (Mallon et al., 2012).

In response, the AoNZ government evaded the Privy Council ruling in a deliberate attempt to prevent the recognition of Sāmoan people's AoNZ citizenship rights by fast-tracking opposing regulation changes (Citizen (Western Samoa) Act 1982) and negotiating an unlawful compromise with the Sāmoan government to give citizenship only to Sāmoan people already living in AoNZ (Fuatai, 2024; Mallon et al., 2012). Furthermore, the AoNZ government gave instructions to Āpia including declining applications for temporary entry visas and delaying passport processing, which limited the ability of Sāmoan people to travel to AoNZ, a requirement to gain citizenship prior to the Citizen (Western Sāmoa) Act 1982 coming into effect (Fuatai, 2024).

However, the recent passing (November 2024) of the Citizenship (Western Sāmoa) (Restoration) Amendment Bill has gone some way to rectifying these wrongdoings by allowing Sāmoan people born between 1924 and 1948 (aged 75-100 in 2024) to apply for AoNZ citizenship. A total of just over 3500 eligible people were alive at the time of the passing (Fuatai, 2024).

While a step in the right direction, Sāmoan leaders believe there is much more to do as the Citizenship (Western Sāmoa) (Restoration) Amendment Bill does not include citizenship for descendants nor grant visa-free travel to AoNZ, meaning that Sāmoan people are still not afforded the same rights as other countries with close relationships to AoNZ (McQuire & Chow, 2024). Furthermore, the law does not adequately address the wrongs caused by the 1982 legislation, in which citizenship rights should be entirely reinstated without the imposed conditions (application and fee) (Fuatai, 2024). Sāmoan leaders have initiated a petition for the Sāmoan people to have visa-free access to AoNZ. The petition suggests that granting visa-free access would be a meaningful step toward reconciliation for the historical injustice of the removal of Sāmoan AoNZ citizenship rights between 1928 and 1948, yet this remains an ongoing process (Sanerivi, 2025).

2.6 HMNZS Manawanui

Unfortunately, the damage to Sāmoa at the hands of AoNZ continues, as seen with the recent sinking of the AoNZ Navy ship HMNZS Manawanui off the central south coast of Upolu, near the village of Si'umu, on the 6th of October 2024. Multiple failures were identified as causing the sinking including the crew, the ship, and the Navy itself (Miller, 2025).

The AoNZ government has paid 10 million Sāmoan tālā (approximately 6 million New Zealand dollars) in compensation to the Sāmoan government following the grounding and sinking of the Manawanui at the request of the Sāmoan government to address the environmental impact (Peters, 2025). However, the sinking is expected to have significant long-term impacts on local

environmental health and access to fishing grounds with current information regarding these long-term impacts being ambiguous (Pennington, 2025). Chapman (2024) summed up the treatment of Sāmoa and delayed apologies with the prediction that a “formal apology from a Labour prime minister in 2054 for the damage this incident will do to Samoa’s environment, in the spirit of friendship” (Chapman, 2024, para. 23).

The strained relationship and volatile history between Sāmoa and AoNZ provide additional insights into the current lives of Sāmoan people in AoNZ. The Treaty of Friendship provides a statute on ensuring the equitable treatment of Sāmoan people living within AoNZ as stipulated in Article 3 (“Treaty of Friendship between the Government of New Zealand and the Government of the State of Western Samoa,” 1962), which should include Sāmoan health workers and the care they are entitled to. Fepulea’i (2022) stated that, until recently, the treaty has been considered “something of a dusty relic” (para. 66). However, it is important that those in authoritative positions recognise the history and legislation between these two countries to aid in mending relationships, strengthening current and future relationships, and actioning the treaty’s agreements for Sāmoan people in AoNZ (Crawford & Langridge, 2022).

Chapter 3 Study One—Scoping Review

3.1 Background

To provide context and position my PhD research, I undertook a scoping review of the literature on the wellbeing and support of regulated Sāmoan health workers in AoNZ with the aim to identify gaps in the existing knowledge base. The findings of this chapter have been published in the Pacific Health Dialog (Timmins et al., 2025).

Scoping reviews follow a systematic approach to map evidence on a topic, identify key concepts and theories, examine how research is conducted, and identify and analyse knowledge gaps (Levac et al., 2010). Furthermore, scoping reviews allow an overall interpretation of a broad body of literature conveying the breadth and depth of a field and contribute to a deeper understanding of the research topic (Levac et al., 2010; Munn et al., 2018). An extensive search across the literature generates a comprehensive picture of the field of inquiry, ensures thorough coverage of related issues, captures relevant theoretical concepts, and provides a grasp of the history and trajectory of development, as well as reducing the likelihood of missing relevant literature (Arksey & O'Malley, 2005). This process enables coherent scholarship to be built, aligns research questions with the clinical environment, and lays the foundations for the research (Thorne, 2016).

A Pacific worldview was used throughout this scoping review, including the purposeful selection of databases and the prioritisation of grey literature, aligning with the thesis' adherence to the call of using a Pacific/Sāmoan lens when undertaking research on or about Sāmoan people (Enari, 2021b; Vaioleti, 2006). Literature reviews are recognised as part of the collective perspective which is fundamental to the Pacific worldview, where different levels of knowledge, including those from the past, are inter-woven and consolidated (Enari, 2021b; Goodyear-Smith & 'Ofanoa, 2022). Traditional Sāmoan culture is an oral culture in which rituals, dances, chants, songs, honorifics, family genealogies, and names of places, peoples, and events are used to record and present history and knowledge (Efi, 2005). While Western ways of knowing, doing, and being have tended to come at the expense of indigenous ways, with written knowledge prioritised and oral forms of knowledge translation considered unworthy in academia (Enari et al., 2024). A scoping review aligns with both Pacific and Western approaches of knowledge translation, recognising and including all knowledge forms, and aiding in the research findings being grounded and reflective of those they represent.

3.2 Aims and Research Questions

This scoping review aimed to 1) identify and describe studies exploring the wellbeing and support of Sāmoan health workers in AoNZ, 2) summarise the study designs, 3) describe the key findings around wellbeing and support for Sāmoan health workers, 4) identify current knowledge gaps in

the literature pertaining to Sāmoan health worker wellbeing and support in AoNZ, and 5) explore the current representation of Sāmoan health workers in AoNZ. The fifth aim was included to allow a more comprehensive insight into Sāmoan health workers in AoNZ and gain further understanding the topic's history (Arksey & O'Malley, 2005).

The following research questions were formulated to address the research aims of the literature review:

1. What research is available that explores the wellbeing and support of Sāmoan health workers in AoNZ?
2. What is the current state of Sāmoan health workers in terms of their wellbeing and support needs in AoNZ?
3. Where are the research gaps associated with Sāmoan health worker wellbeing and support in AoNZ?

3.3 Methods

3.3.1 Study Design

This scoping review utilised the structured five-step framework approach developed by Arksey and O'Malley (2005) and later refined by Levac et al. (2010). The framework entails 1) identifying the research question, 2) identifying relevant studies, 3) study selection, 4) charting the data, 5) collating, summarising, and reporting the results, and 6) consultation. Additionally, the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) checklist and guidelines were followed to ensure a methodologically sound, complete, and transparent reporting quality (Tricco et al., 2018). Although Levac et al. (2010) considered consultation to be the final step in this process, reflective practice, professional consultation, and cultural consultation were sought initially and throughout the scoping review process.

A widespread scoping of the field was undertaken to identify relevant literature. This has been divided into two main search areas: the initial search, which included searching published literature through electronic databases, and a comprehensive search, which allowed all forms of Pacific knowledge to be recognised and included. The terms “initial” and “comprehensive” replace the more commonly used primary/primary academic and secondary/grey literature search terms respectively; this was done to highlight the significance of grey literature, promote its value, and acknowledge that much of the Pacific knowledge was expected to be captured by the comprehensive search. All data were collected between April and May 2024.

3.3.2 Initial Search

The initial search explored published literature in AoNZ and internationally and was conducted in April 2024. The search strategy was informed by previous scoping review searches undertaken by Pacific authors on Pacific health topics in AoNZ (Biggs, 2023; Ofanoa et al., 2023; Tu'akoi et al.,

2023). Additionally, the search strategies were discussed with AUT librarians and the supervision team, who all had experience in Pacific-based literature searches.

The search strategy is presented below and summarised in Table 1. Six bibliographic databases were searched: MEDLINE, CINAHL Complete, Scopus, Allied and Complementary Medicine, Hawai'i Pacific Journal Index, and the Australia/New Zealand Reference Centre. While less commonly included in health literature searches, the Hawai'i Pacific Journal Index was deliberately included in the database search because it contains health literature from magazines and journals in Hawai'i and the Pacific region.

Search terms and keywords used included the following, along with their root forms, derivatives, and synonyms: Sāmoan, health worker, wellbeing, support, experiences, and New Zealand. The terms: doctor, nurse, midwife, social worker, and allied health were added to the search as they are professions and groupings that hold larger numbers of Pacific health workers compared to other regulated health professions, are more widely known professions, and are terms used in other Pacific health research (Medical Sciences Council of New Zealand | Te Kaunihera Pūtaiao Hauora o Aotearoa, 2023b; Nursing Council of New Zealand | Te Kaunihera Tapuhi o Aotearoa, 2023; Social Workers Registration Board | Kāhui Whakamana Tauwhiro, 2023a; Tofi, 2021).

The search terms, 'āiga, culture, spiritual, physical, and mental were also added alongside wellbeing. These terms are consistent with the Fonofale model of health and allow terms consistent with Sāmoan wellbeing to be included (Pulotu-Endemann, 1995). 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. Limitations were not placed on searches regarding full-text, time (year of publication), professional-based journals, research method, or critically reviewed literature due to the limited literature available in this area in AoNZ and the Pacific (Ofanoa et al., 2023; Thorne, 2016; Tu'akoi et al., 2023). The only limitation placed on the search was that the literature had to be in English, as this is my first language and the common language shared across my supervision team. A reiterative process was undertaken during this time, where searches were repeated as information was collected and search parameters were further defined.

Table 1*Initial Search Strategy*

Databases	Search Terms/ Key Words	Commonly Related Search Terms/ Keywords
MEDLINE CINAHL Complete Scopus Allied and Complementary Medicine Hawai'i Pacific Journal Index Australia/New Zealand Reference Centre	Sāmoan	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	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

Note. AoNZ = Aotearoa New Zealand; NZ = New Zealand.

3.3.3 Comprehensive Search

Further to the initial search, a comprehensive (grey literature) search of the literature was undertaken in April and May of 2024, which allowed for a more inclusive and complete understanding of the field of study (Thorne, 2016). Suaalii-Sauni et al. (2022) defined grey literature as sources not available via online open-access but through university library borrowing services or direct contact with authors. Grey literature also includes unpublished literature, and literature produced by organisations outside of usual commercial or government publishers, which may not undergo peer review (Simon Fraser University, 2025). The use of grey literature in literature reviews has been contentious due to suggestions of it being of lower significance or less robust when compared to primary academic literature (Paez, 2017). However, as grey literature is more likely to hold Pacific knowledge (as mentioned above), its prominence is recognised throughout this scoping review. Furthermore, although the comprehensive search is presented after the initial search within this report, it is not considered to hold secondary or lesser knowledge.

The comprehensive search strategy is described below, and a synopsis of the approach is captured in Table 2. Six literature areas were searched: 1) search engines, 2) targeted related websites (government organisations, government-related organisations, Pacific organisations), 3) health professional regulatory authorities and related organisations, 4) AoNZ and Pacific digital media, 5) university repositories, and 6) the snowball method (personal contact and consultation with content experts). The comprehensive search strategy was based on recent scoping reviews using grey literature sources undertaken in AoNZ that focused on Pacific-based interventions or included Pacific peoples (McCarty et al., 2023; Ofanoa et al., 2023; Poirier et al., 2022).

Search Engines

The search terms and keywords from the initial search were put into the selected search engines. Due to the large number of search results anticipated through Google and Google Scholar, only the first ten pages of each search's hits (representing 100 results) were reviewed. This number was chosen for pragmatic reasons (it was feasible to screen this number of search results) and because the first ten pages are believed to capture the most relevant hits (Godin et al., 2015); this approach was also recommended by AUT librarians.

Targeted Related Websites

Targeted, related website searches were conducted on sites associated with AoNZ government, government-related, and Pacific organisations. The website search bar functions on these sites often did not support advanced academic searches. Therefore, broader search terms were developed and used with further guidance from AUT librarians: workforce, workforce development, ethnicity, Pasifika, Pacific, Samoa, annual report, report. In addition to using search bar functions, websites were manually searched, for instance by looking through the resource and publication tabs when available. Pacific organisations were also contacted to request any additional publicly available information they might have.

Health Professional Regulatory Authorities and Related Organisations

The health professional regulatory authorities within AoNZ include the HPCA Act 2003 responsible authorities, self-regulated professional bodies, and the Social Workers Registration Board. The public domains (websites and Facebook pages) of 21 health professional regulatory authorities, their professional member associations, and Pacific association groups were searched.

Professions currently in the application stage of becoming registered under the HPCA Act as of March 2024 were not included. Where the search function was available, the broad search terms were used. Websites and Facebook pages were also manually searched, including the resource and publication tabs when available.

Furthermore, contact was made (via email, online contact forms, or Facebook Messenger) with the administration of all boards and associations where available to request any additional publicly

available information or literature on Pacific ethnicity data, wellbeing, or support. The email or contact form briefly explained the aims of the project and requested that the recipient identify or send any potentially relevant documents or sources and/or forward the message to colleagues who could potentially provide assistance (Appendix I: Communication Request to Regulatory Authorities and Associations). If the administrators did not reply to the initial enquiry, no further attempts were made to contact them. Where Pacific staff or Pacific committee members were found, they were also individually emailed requesting additional information on Pacific wellbeing and support. As content experts who reflect the diversity of the topic, they were chosen to improve the extensiveness of a search technique (Godin et al., 2015). The initial email to these content experts also acted as conversation starters that lead to the development of relationships that supported the implementation of Study Two of the research project. The email message sent to the content experts included my personal background and connection with Sāmoa to aid in developing vā (Appendix O: Communication Request to Regulatory Authority and Associations' Content Experts). This email briefly explained the aims of the project and requested that the recipient identify or send any potentially relevant documents or sources and/or forward the message to colleagues who could potentially provide assistance. No further attempts were made to contact the content experts if there was no reply to the initial inquiry.

Following feedback from the New Zealand Ambulance Association and the New Zealand Psychological Society | Rōpū Mātai Hinengaro o Aotearoa, the websites of additional organisations were searched. These included Hato Hone St John, Wellington Free Ambulance, Pasifikology, and Te Pou.

AoNZ and Pacific Digital Media

DigitalNZ is an AoNZ search site run by the National Library of New Zealand | Te Puna Mātauranga o Aotearoa for digital collections from libraries, museums, galleries, government departments, media, and community groups. It includes items such as videos, newspapers, maps, photographs, audio recordings, artworks, and news reports. DigitalNZ has replaced the website NZresearch.org, which was retired in September 2023. The DigitalNZ website did not support an advanced search, so the broader search terms had to be used. Further digital media was also searched, which included Newztext, a database with full-text AoNZ news and business publications; Trove, a search engine for Australian content that includes books, journals, theses, newspaper archives, art, photographs, postcards, letters, diaries, and archived web sites; and the online news websites Asia Pacific Report, Samoa Observer, Samoa Global News and Talamua. All were searched using the broader search terms through the website search functions. The online newspaper Samoa Times was excluded as it is not published in English.

University Repositories

Although university repositories are included within the DigitalNZ database, individual AoNZ-based university repositories, as well as the University of the South Pacific library database, were also searched. All university repositories were searched using the broader search terms through the website search function.

Snowball Method

The snowball method was employed throughout the initial and comprehensive searches (Levac et al., 2010). This included reviewing references and citations of records of interest, searching key journals (Pacific Health Dialog, New Zealand Medical Journal), seeking the research team's knowledge, seeking network knowledge of unpublished material, and searching literature contributions of relevant authors (Ofanoa et al., 2023; Tu'akoi et al., 2023). The snowballing or word-of-mouth approach is a commonly used method in Pacific research to identify items that are less visible in academic spaces (Boon-Nanai et al., 2017).

Table 2

Comprehensive Search Strategy

Literature Sources	Search terms/ key words (commonly related search terms/ keywords)	Manual search (✓) +personal contact (✓✓)
Search terms/key words (commonly related search terms/keywords)		
Sāmoan (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)		
Databases	✓	
MEDLINE		
CINAHL Complete		
Scopus		
Allied and Complementary Medicine		
Hawai'i Pacific Journal Index		
Australia/New Zealand Reference Centre		
Search engines	✓	
Google		
Google Scholar		

Literature Sources	Search terms/ key words (commonly related search terms/ keywords)	Manual search (✓) +personal contact (✓✓)
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	✓ (search terms/ key words only) + workforce, workforce development, ethnicity	✓ ✓
Health professional – regulatory 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		

Literature Sources	Search terms/ key words (commonly related search terms/ keywords)	Manual search (✓) +personal contact (✓✓)
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		
New Zealand Society of Endocrinology		
The Physiological Society of New Zealand		
The New Zealand Society of Medical Imaging and Radiation Therapy New Zealand		
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 Ngā Mātanga Wheua o Aotearoa		
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		

Literature Sources	Search terms/ key words (commonly related search terms/ keywords)	Manual search (✓) +personal contact (✓✓)
Pasifika Physiotherapy Association Sāmoan Nursing Association Pasifika Midwives Aotearoa Pasifikology		
AoNZ and Pacific digital media	✓ (search terms/ key words only)	✓
Digital NZ		
Newztext	+ workforce, workforce	
Trove	development, ethnicity, annual	
Asia Pacific Report	report, report,	
Samoa Observer	“health project”,	
Samoa Global News	“health initiative”,	
Talamua	“health workforce”	
University repositories	✓ (search terms/ key words only)	
AUT Tuwhera		
The University of Auckland Research Repository – Research Space		
University of Canterbury		
Victoria University Te Waharoa		
University of Otago OUR Archive		
The University of Waikato Research Commons		
Massey University		
Lincoln University		
University of the South Pacific library database		
Snowball method	✓ (search terms/ key words only)	✓✓
Reference lists		
Key journals		
Cite searches of key articles		
Key authors		
Research team knowledge		
Network knowledge of unpublished material		
Authors and health providers		

Note. AoNZ = Aotearoa New Zealand; AUT = Auckland University of Technology; HPCA = Health Practitioners Competence 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.

3.3.4 Study Selection

Study selection was an iterative process with records first being identified through the initial and comprehensive searches (Arksey & O'Malley, 2005; Levac et al., 2010). The titles and abstracts (when available) of records were analysed and retained if they were published in English and reported on the state or wellbeing of Sāmoan regulated health workers who worked or had worked in AoNZ. Full-text records were then read and reviewed to ensure they included Pacific participants and to explore if participants were identified ethnically as Sāmoan. This was of particular importance when the title stated Māori or Indigenous, as it is common in AoNZ literature to group Pacific peoples with Māori participants. Further screening of the literature was conducted to determine whether responses originated specifically from Sāmoan people or other Pacific peoples, or if they were part of multi-ethnic participant groups. Cultural consultation was sought regarding the inclusion of literature that featured findings of Pacific and non-Pacific peoples, yet the findings were not explicitly attributed to Pacific participants. It was determined that this literature would not be included as it would likely favour the dominant group over the views of Pacific participants. The literature was also screened to ensure that participants included health workers from regulated professions. Furthermore, it was important to determine whether the literature was written from a Western perspective or included Pacific peoples in its development and publication, to aid in assessing its credibility (Logovae, 2002).

Records from both the initial and comprehensive searches selected for review were independently checked for content credibility by the supervision team. Furthermore, my supervisor and Sāmoan researcher, Dr Juliet Boon, reviewed texts selected for review where needed to ensure the correct cultural information was retrieved and included in the review. A third reviewer was available for consultation if disagreements occurred (Levac et al., 2010).

3.3.5 Data Charting Process

Data were iteratively and independently charted by me against a form with the following headings: author, literature type, research questions/purpose, methodology/methods/tools, participants, findings, and limitations. This allowed key information and characteristics to be captured on literature type (e.g., article, book chapter, government report, news media, organisational report, thesis), research questions/purpose, methodology/method/tools (e.g., mixed-methods, qualitative, quantitative, defined methodology, focus groups, interviews), participant characteristics (ethnicity, numbers, profession), and findings/limitations.

3.3.6 Collating, Summarising, and Reporting the Results

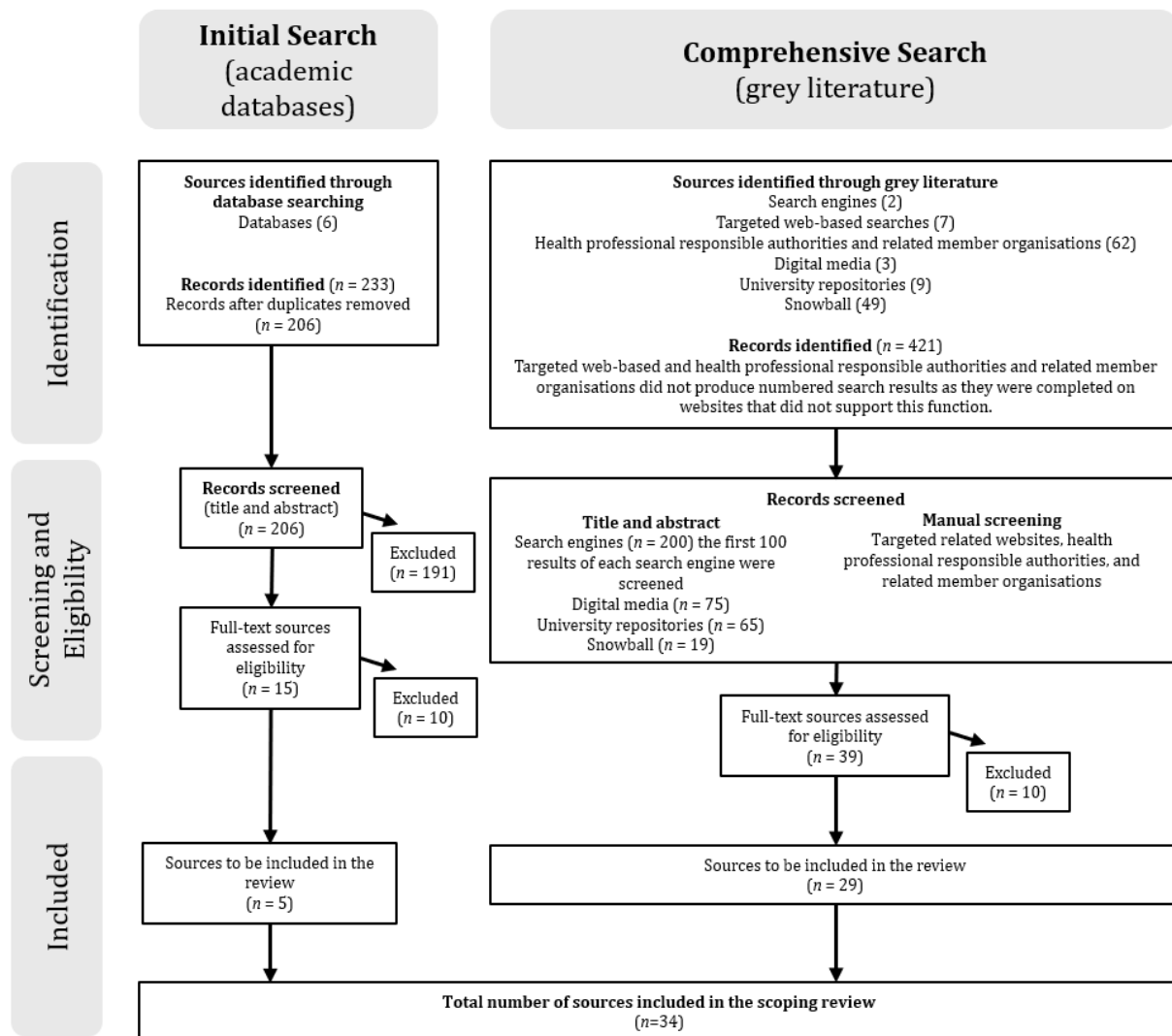
The results were collated, summarised, and reported through thematic analysis, providing a narrative overview of the breadth of the current literature on Sāmoan health worker wellbeing and support, and highlighting any gaps. This step involved a descriptive numerical analysis, a summary

of the literature characteristics, and a critical appraisal of selected sources from both the initial and comprehensive literature searches.

Scoping reviews do not aim to identify gaps in the literature on quality assessment, as this is not within their remit (Arksey & O'Malley, 2005). However, according to Tricco et al. (2018), if critical appraisals are completed in scoping reviews, the rationale for use must be provided. This scoping review will comment on the methodology and Pacific involvement in the literature, as the foundations of this research lie in a Pacific worldview. The focus hereby is not on critically examining the methodologies but on highlighting those studies that use them, along with Pacific-based research teams. This will further the understanding of the strengths and weaknesses of the evidence base, which will in turn allow for a more nuanced interpretation of the gaps and opportunities for further practice and knowledge advancement.

3.4 Results

A broad and diverse collection of literature was identified in this scoping review (see Table 5), comprising 34 records: five from the initial search (Table 3) and 29 in the comprehensive search (Table 4). The identified literature was published in peer-reviewed articles (12), theses (6), government reports (4), organisational reports (9), book chapters (2), and news media (1). Most literature came from within AoNZ, with Pacific literature included when it involved participants in, or had connections with, AoNZ. The literature was also used to compile a snapshot of the current Sāmoan regulated health workforce data in AoNZ, which is presented in Table 6. Workforce data collected during the scoping review offered further insights to develop a broader understanding of the history, status, and further direction of the Sāmoan health workforce. This information is relevant for answering question two, '*What is the current state of Sāmoan health workers in terms of their wellbeing and support needs in AoNZ?*' and builds on the credibility of the overall scoping review. The selection process is illustrated through a PRISMA-ScR flow diagram (Figure 1).

Figure 1*PRISMA-ScR Flow Diagram*

Note. This figure shows the literature sources from which records were identified and the process of inclusion in the review. n = number.

The initial search (Table 3) identified 233 records, which were exported to EndNote. This resulted in 206 records after duplicates were removed. Following initial screening, 15 records remained, and their full texts were read. Ten records were then excluded as the topic was not relevant, such as not relating to Pacific peoples, the participants not being Sāmoan or being identified as Māori, Indigenous, or Pacific but further ethnically defined to exclude Sāmoan. Records were also excluded if they were not related to Aotearoa New Zealand, did not include regulated health professionals, did not encompass wellbeing or support related to health professionals, or where Pacific peoples' voices and responses were part of multi-ethnic groups and could not be separated from the larger group in the findings. Thus, five records from the initial search matched the eligibility criteria and were included in the review (Blattner et al., 2022; Mullane et al., 2022; Ratcliffe, 2007; Reddy et al., 2023; Tutone et al., 2023).

Table 3*Initial Search*

Database	Results	Results with duplicates removed (number of duplicates removed)
MEDLINE via OVID	118	118
CINAHL Complete	15	14 (1)
Scopus	60	34 (26)
Allied and Complementary Medicine	3	3 (0)
Hawai'i Pacific Journal Index	0	0 (0)
Australia/New Zealand Reference Centre	37	37 (0)
Total	233	206
Database search records (minus duplicates), screened		206
Full-text records identified for full review		15
Total number of records included in the review		5

The comprehensive search (Table 4) included six search categories: search engines, targeted related websites (government organisations, government-related organisations, Pacific organisations), health professional regulatory authorities and related member organisations, digital media, online news websites, university repositories, and the snowball method (personal contact and consultation with content experts). The search engine Google returned 42,900 hits, of which the first 100 results were screened, and Google Scholar returned 17,500 hits, of which the first 100 results were also screened, yielding four results for review. Targeted searches on seven related websites identified ten records for review. Sixty-two health professional regulatory authorities and related member organisations' websites were screened, and 13 records were identified for review. The targeted related websites, health professional responsible authorities, and related member organisations searches did not produce numbered search results as they were completed on websites with search functions that did not support this. Therefore, searches were mainly completed manually for these areas, and records were pulled for review as they were found. The seven digital media sites searched yielded 75 results, of which four were reviewed. Nine university repositories were searched, identifying 65 records, of which six were reviewed. The snowball method included 49 personal contacts and consultations with content experts. This resulted in 19 responses, and two records were identified for review. All screened results had duplicates removed manually, as they were screened prior to being exported to EndNote.

Following initial screening, I read and analysed the full-text records against the eligibility criteria (stated above). Of note, the iterative process continued during the initial screening, as Pacific data was found to not be at the forefront of the literature but rather embedded within documents.

Therefore, initial screening often involved searching the full-text to ensure important Pacific-based material was not overlooked. After ineligible records (10) were removed, 29 records were included from the comprehensive search in the review as shown in Table 4 below.

Table 4

Comprehensive Search

Literature source	Limits/refiners	Results	Records included
Google Google Scholar	Articles available in English, full text available	3	(Came et al., 2019; Connell, 2009; Nair et al., 2012)
Government organisations Government related organisation Pacific organisations	Articles available in English, full text available	6	(Health Quality & Safety Commission New Zealand, 2021; Le Va, 2022; Ministry of Health, 2023a; Pulotu-Endemann & Faleafa, 2017; Te Hiringa Mahara Mental Health and Wellbeing Commission, 2023; Te Whatu Ora Health New Zealand, 2023)
Responsible authority and related member organisation	Articles available in English, full text available	11	(Le Va, 2019; Logovae, 2002; Medical Sciences Council of New Zealand Te Kaunihera Pūtaiao Hauora o Aotearoa, 2023b; Nana et al., 2013; Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa, 2020; Optometrists and Dispensing Opticians Board Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti, 2023; Social Workers Registration Board Kāhui Whakamana Tauwhiro, 2022b; Southwick & Solomona, 2007; Stokes & Dixon, 2018; Te Poari Whakaora Ngangahau o Aotearoa Occupational Therapy Board of New Zealand, 2022; Walker & Clendon, n.d.)
AoNZ and Pacific digital media	Articles available in English, full text available	1	(Cooper-Thomas & Poutasi, 2011)
University repository	Articles available in English, full text available	6	(Biggs, 2023; Suaalii-Sauni et al., 2022; Taito, 2022; Timmins, 2022; Tofi, 2021; Tupou, 2011)

Literature source	Limits/refiners	Results	Records included
Snowball method	Articles available in English, full text available	2	(Ape-Esera et al., 2009; Smith et al., 2021)
Total			29
Primary academic search			5
Secondary search			29
Total number of records included in the review			34

Table 5*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 Sāmoan 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 Sāmoan ethnicity was not provided.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
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 highlighted a lack 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 prevalent even when surrounded by other Pacific peoples if they did not share the same ethnic group. 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. The number of participants of Sāmoan ethnicity was not provided.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
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	<i>n</i> =8 Pacific doctors based in Pacific Island countries	Pacific 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. The number of participants of Sāmoan ethnicity was not provided.
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	<i>n</i> =6 Pacific and Māori public health leaders	AoNZ 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 context where Māori and Pacific experiences were not marginalised by Western mono-cultural norms. The number of participants of Sāmoan ethnicity was not provided.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
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	<i>n</i> =64 Pacific health worker return migrants (<i>n</i> =12 Sāmoan nurses, <i>n</i> =8 Sāmoan doctors)	AoNZ/Australia/Sāmoa Sāmoan health workers returned to Sāmoa after study/working in AoNZ and Australia due to existing bonding schemes 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	<i>n</i> =99 Pacific healthcare workers (<i>n</i> =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.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
Le Va (2019)	Unpublished article	Identify effective strategies for growing the Pacific psychology workforce	Mixed methods National workforce datasets, interviews, focus groups and surveys	Pacific psychologists, Pacific students, key informants from all AoNZ professional psychology programmes	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 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 (2021)	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 should be 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 underrepresented 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.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
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 the delivery of culturally appropriate mental health services to Pacific peoples	Qualitative, ethnography Individual and group interviews, diary entries	$n=3$ 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 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 Sciences Council of New Zealand Te Kaunihera Pūtaiao Hauora o Aotearoa (2023b)	Organisation report	Explore the AoNZ medical workforce and analyse trends	Survey	AoNZ registered doctors	AoNZ Oceania doctors (mainly Pacific and Australian) are second less likely stay in AoNZ after doctors from North America.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
Ministry of Health (2023a)	Government report	Identify the main barriers to accessing the health system	Qualitative Engagement <i>fono</i> (meeting), thematic analysis	<i>n</i> =1200 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	Explore the workforce engaging with Māori and Pacific peoples with type 2 diabetes mellitus with the aim to improve delivery of services to these patient groups	Qualitative Tangata Houru (a research framework that draws on Kaupapa Māori and Pan-Pacific values) Focus groups, thematic analysis	<i>n</i> =22 (<i>n</i> = 7 Pacific, one of which was Sāmoan) <i>kai manaaki</i> (skilled case managers), community health workers, dietitians	AoNZ Dietitians strongly advocated for workforce development that attracts and retains more Māori and Pacific health professional roles. Māori and Pacific workers were more likely to have cultural understandings of patients’ daily lives. Whakawhanaungatanga was easily applied by Māori and Pacific practitioners, resulting in better rapport, engagement, and outcomes.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
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	<i>n</i> =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 schemes, 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.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
Nana et al. (2013)	Organisation report	Analyse the nursing workforce from 2010-2035	Mixed methods National data sets, interviews	Stakeholders	AoNZ 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 a variety of reasons: family commitments, poor access to childcare facilities, not enough role models and supporters in educator roles in schools or DHBs. 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. Student programmes that focus on attrition rates and on 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.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa (2020)	Organisation report	Report on the nursing workforce for the purpose of workforce development	Mixed methods	Registered Nurses	AoNZ 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 New Zealand European population) were still meeting practice requirements. Small numbers of Pacific nurses work for Pacific providers. No qualitative data provided.
Optometrists and Dispensing Opticians Board Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti (2023)	Organisation report	Detail the demographics and issues facing the profession of optometry and dispensing opticians	Mixed methods Survey	$n=1,251$ Optometrists and dispensing opticians	AoNZ Both optometric professions under-represent Pacific health workers. Increasing services in Pacific communities are needed to increase familiarity with the services and contact with optometrists and dispensing opticians for the professions to be viewed as future career choices.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
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.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
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	<i>n</i> =17 Pacific (<i>n</i> =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	<i>n</i> =3 (<i>n</i> =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.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
Social Workers Registration Board Kāhui Whakamana Tauwhiro (2022b)	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	<i>n</i> =3,544 (<i>n</i> =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 Pacific mental health workforce	Qualitative Feasibility study Literature, focus groups, individual interviews	Pacific stakeholders, Pacific health professionals, Pacific mental health service staff	AoNZ Small Pacific mental health services have difficulty providing ongoing staff development. Recruitment and retention are heavily dependent on the quality and capability of manager and service providers as some managers do not hold the right managerial skillsets. However, hiring of relief staff may help this. 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. 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. The number of participants and if participants were of Sāmoan ethnicity was not provided.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
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	<i>n</i> =1,083 occupational therapists <i>n</i> =10 employers <i>n</i> =11 stakeholders	AoNZ 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.
Suaalii-Sauni et al. (2022)	Thesis	What are the experiences and support needs of Pacific peoples in the sexual violence workforce of AoNZ?	Talanoa Literature review, questionnaire, online interview and focus group talanoa sessions, thematic analysis	<i>n</i> =40 (50.9% Sāmoan) questionnaire including social workers, counsellors, nurses, psychotherapists <i>n</i> =13 (<i>n</i> =7 Sāmoan) online interview and focus group talanoa	AoNZ 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 pastoral support, personal family, and church-based groups for self-care. Formal Pacific nation-wide sexual violence networks and multiservice agency should be established.
Taito (2022)	Thesis	Explore the experience of Pacific health leaders in incorporating Pacific values into their leadership roles in AoNZ	Talanoa/ qualitative description Semi-structured talanoa interviews, thematic analysis	<i>n</i> =8 Pacific health leaders	AoNZ 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.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
Te Hiringa Mahara Mental Health and Wellbeing Commission (2023)	Government report	Explore Pacific connectedness and wellbeing in the AoNZ pandemic	Qualitative Literature review, talanoa (online meetings and email)	Pacific community and church-based service providers, community leaders	AoNZ Pacific-based organisations described feeling supported and enabled to reach families swiftly and effectively, with full 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 Zealand (2022)	Organisation report	Explore the ePortfolio programme compliance and how it was used to evidence professional development and competence in bicultural practice	Qualitative	N=80 portfolios randomly selected for audit	AoNZ 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.
Te Whatu Ora Health New Zealand (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.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
Timmins et al. (2023)	Article	Understand 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 for their unique skillsets to be valued 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. 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 difficulties working within the Western-centric health model. 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.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
Tupou (2011)	Thesis	Explore the barriers hindering Pacific women from reaching senior positions in AoNZ organisations	Phenomenological interpretive Individual interviews	<i>n</i> =10 Pacific women (<i>n</i> =1 nurse)	AoNZ 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. The number of participants of Sāmoan ethnicity was not provided.
Tutone et al. (2023)	Article	Provision of insights and experiences of Māori and Pacific <i>wāhine</i> (women) doctors who needed to establish a supportive surgical sisterhood in their bid for advanced surgical training	Qualitative Mana Wāhine and Masi methodologies. Semi-structured interviews, thematic analysis	<i>n</i> =5 wāhine surgical doctors (Māori, Pacific, Pālagi)	AoNZ 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 the 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. 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.

Author(s)	Literature type	Research questions/ purpose	Methodology/ methods/tools	Participants/ contributors	Findings and limitations
Walker and Clendon (n.d.)	Organisation report	Capture the experiences and views of members	Survey	<i>n</i> =1,669 nurses	AoNZ 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. Pacific nurses were often mentioned as being institutionally undervalued, refused employment interviews and perceived as lazy.

Note. AoNZ = Aotearoa New Zealand.

Table 6*Sāmoan Regulated Health Workforce Data in AoNZ*

Profession	Regulatory Authority/Member Association	Workforce Data
Chinese medicine services	Chinese Medicine Council of New Zealand <i>New Zealand Chinese Medicine and Acupuncture Society</i>	No statistical data available
Chiropractic	New Zealand Chiropractic Board Te Poari Kaikorohiti o Aotearoa <i>New Zealand Chiropractors' Association</i>	2024 Chiropractors: Pacific ($n=8$, 0.8%) Sāmoan (as second ethnicity) ($n=1$, 0.1%) (G. Sharman, personal communication, March 21, 2024) (New Zealand Chiropractic Board Te Poari Kaikorohiti o Aotearoa, 2024)
Counselling	New Zealand Association of Counsellors Te Roopu Kaiwhiriwhiri o Aotearoa	No statistical data available
Dentistry (dental hygiene, clinical dental technology, dental technology, dental therapy, oral health therapy)	Dental Council Te Kaunihera Tiaki Niho <i>New Zealand Dental Association</i> <i>New Zealand Oral Health Association Te Ohu Pūniho Ora o Aotearoa</i> <i>New Zealand Institute of Dental Technologies</i> <i>Pasifika Dental Association</i>	2022 Dentists and Dental Specialists: Pacific ($n=38$, 1.4%) Sāmoan ($n=17$, 0.6%) Oral Health Therapists: Pacific ($n=53$, 7%) Sāmoan ($n=15$, 2%) Dental Therapists: Pacific ($n=16$, 4.7%) Sāmoan ($n=5$, 1.5%) Dental Hygienists and Orthodontic Auxiliaries: Pacific ($n=6$, 1.5%) Sāmoan ($n=2$, 0.5%) Dental Technician and Clinical Dental Technicians: Pacific ($n=6$, 1.8%) Sāmoan ($n=2$, 0.6%) (Dental Council Te Kaunihera Tiaki Niho, 2022)

Profession	Regulatory Authority/ <i>Member Association</i>	Workforce Data
Dietetics	Dietitians Board Te Mana Mātanga Mātai Kai <i>Dietitians New Zealand Ngā Pukenga Kai Ora o Aotearoa</i>	2023 Dietitians: Pacific ($n=14$, 1.7%) (Dietitians Board Te Mana Mātanga Mātai Kai, 2023) 2022 Dietitians: Pacific ($n=12$, 1.2%) Sāmoan ($n=2$, 0.5%) (Dietitians Board Te Mana Mātanga Mātai Kai, 2022) 2021 Dietitians: Pacific (1%) (Dietitians Board Te Mana Mātanga Mātai Kai, 2021)
Medical laboratory science	Medical Sciences Council of New Zealand Te Kaunihera Pūtaiao Hauora o Aotearoa <i>New Zealand Society of Endocrinology</i> <i>The Physiological Society of New Zealand</i>	2023 Anaesthetic Technician: Pacific (5%) Medical Laboratory Pre-Analytic Technician: Pacific (7%) Medical Laboratory Scientist: Pacific (6%) Medical Laboratory Technician: Pacific (7%) (Medical Sciences Council of New Zealand Te Kaunihera Pūtaiao Hauora o Aotearoa, 2023a)

Profession	Regulatory Authority/ <i>Member Association</i>	Workforce Data
Medical imaging and radiation therapy	New Zealand Medical Radiation Technologists Board Te Poari Ringa Hangarau Iraruke <i>New Zealand Institute of Medical Radiation Technology (now New Zealand Society of Medical Imaging and Radiation Therapy)</i>	2022 Medical Imaging Technologist, Radiation Therapist, Nuclear Medicine Technologist, Magnetic Resonance Imaging Technologist, Sonographer: Pacific (<5%) (New Zealand Medical Radiation Technologists Board Te Poari Ringa Hangarau Iraruke, 2022)
		2021 Medical Imaging Technologist: Pacific (4%) Radiation Therapist: Pacific (1%) Nuclear Medicine Technologist: Pacific (1%) Magnetic Resonance Imaging Technologist: Pacific (1%) Sonographer: Pacific (3%) (New Zealand Medical Radiation Technologists Board Te Poari Ringa Hangarau Iraruke, 2021)

Profession	Regulatory Authority/ <i>Member Association</i>	Workforce Data
Medicine	Medical Council of New Zealand Te Kaunihera Rata o Aotearoa <i>Pasifika Medical Association Group</i>	2023 Doctors: Pacific (n= 445, 2.3%) 2020 Doctors: Pacific (1.9%) 2015 Doctors: Pacific (2%) 2010 Doctors: Pacific (1.3%) 2005 Doctors: Pacific (1.5%) 2000 Doctors: Pacific (1.1%) If the medical workforce reflected the makeup of the AoNZ population, there would be 1,567 Pacific doctors (based on 2018 Census stats). However, currently there are only 445 Pacific doctors indicating a shortage of 1,122. (Medical Sciences Council of New Zealand Te Kaunihera Pūtaiao Hauora o Aotearoa, 2023b)

Profession	Regulatory Authority/Member Association	Workforce Data
Midwifery	Te Tatau o te Whare Kahu Midwifery Council <i>New Zealand College of Midwives Te Kāreti o nga Kaiwhakawhanau ki Aotearoa</i> <i>Pasifika Midwives Aotearoa</i>	2023 Midwives: Pacific ($n=56$, 1.7%) Sāmoan ($n=18$, 0.5%) (Including 2nd and 3rd ethnicity ($n=108$, 2.7%)) The Midwifery council reports an increase in Pacific midwives over the past 8 years. (Te Tatau o te Whare Kahu Midwifery Council, 2023)
Nursing	Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa <i>New Zealand Nurses Organisation Tōpūtanga Tapuhi Kaitiaki o Aotearoa</i> <i>Sāmoan Nursing Association</i>	2022/2023 Nurses: Pacific ($n=2722$, 3.9%) Sāmoan (1.2%) (Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa, 2023)
Occupational therapy	Occupational Therapy Board of New Zealand Te Poari Whakaora Ngangahau o Aotearoa <i>Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa</i>	2022 Occupational Therapists: Pacific ($n=85$, 2.6%) 2021 Occupational Therapists: Pacific ($n=74$, 2.3%) (Occupational Therapy Board of New Zealand Te Poari Whakaora Ngangahau o Aotearoa, 2022)

Profession	Regulatory Authority/Member Association	Workforce Data
Optometry, Optical dispensing	Optometrists and Dispensing Opticians Board Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti <i>New Zealand Association of Optometrists</i> <i>The Association of Dispensing Opticians of New Zealand</i>	2023 Optometrists: Pacific (1%) Dispensing Opticians: Pacific (1.4%) (Optometrists and Dispensing Opticians Board Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti, 2023) 2022 Optometrists: Pacific (1%) Dispensing Opticians: Pacific (1.4%) (Optometrists and Dispensing Opticians Board Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti, 2022)
Osteopathy	Osteopathic Council of New Zealand Kaunihera Haumanu Tuahiwi o Aotearoa <i>Osteopaths New Zealand Ngā Mātanga Wheua o Aotearoa</i>	2022 Osteopaths: Pacific (0.5%) (Osteopath Council New Zealand Kaunihera Haumanu Tuahiwi o Aotearoa, 2022)
Paramedic services	Kaunihera Manapou Paramedic Council <i>New Zealand Ambulance Association</i> <i>Hato Hone St John</i> <i>Wellington Free Ambulance</i>	2024 Paramedics: Pacific ($n=42$, 1.8%) 2023 Paramedics: Pacific ($n=41$, 1.9%) 2022 Paramedics: Pacific ($n=36$, 1.9%) (Kaunihera Manapou Paramedic Council, 2024)

Profession	Regulatory Authority/Member Association	Workforce Data
Pharmacy	Pharmacy Council Te Pou Whakamana Kaimatū o Aotearoa <i>Pharmaceutical Society of New Zealand</i> <i>Pacific Pharmacists' Association</i>	2023 Pharmacists: Pacific ($n=27$, 0.7%) Sāmoan ($n=6$, 0.1%) (Pharmacy Council Te Pou Whakamana Kaimatū o Aotearoa, 2023)
Physiotherapy	Physiotherapy Board of New Zealand Te Poari Tiaki Tinana o Aotearoa <i>Physiotherapy New Zealand Kōmiri Aotearoa</i> <i>Pasifika Physiotherapy Association</i>	2023 Physiotherapists: Pacific (1%) (Physiotherapy Board of New Zealand Te Poari Tiaki Tinana o Aotearoa, 2023)
Podiatry	Podiatrists Board of New Zealand Te Poari Tiaki Waewae o Aotearoa <i>Podiatry New Zealand</i>	2023 Podiatrists: Pacific (3%) (Podiatrists Board of New Zealand Te Poari Tiaki Waewae o Aotearoa, 2023)
Psychology	New Zealand Psychologists Board Te Poari Kaimātai Hinengaro o Aotearoa <i>New Zealand Psychological Society Rōpū Mātai Hinengaro o Aotearoa</i> <i>Pasifikology</i>	2024 (March) Psychologists: Sāmoan ($n=41$) 2023 Psychologists: Pacific ($n=88$, 1.9%) Sāmoan ($n=32$) (A. Connell, personal communication, March 26, 2024)
Psychotherapy	Te Poari o ngā Kaihaumanu Hinengaro o Aotearoa The Psychotherapists Board of Aotearoa New Zealand <i>Association of Psychotherapists Aotearoa New Zealand Te Rōpū Whakaora Hinengaro</i>	2023 Psychotherapists: Pacific ($n=6$) Sāmoan ($n=4$) (J. Hay, personal communication, March 25, 2024) 2022 Psychotherapists Pacific ($n=4$, 1%) (Te Poari o ngā Kaihaumanu Hinengaro o Aotearoa The Psychotherapists Board of Aotearoa New Zealand, 2022)

Profession	Regulatory Authority/ <i>Member Association</i>	Workforce Data
Speech-language therapy	New Zealand Speech-language Therapists' Association Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa	2022/2023 (no mention of Pacific ethnicity in membership) 2021 Speech-Language Therapists Pacific (1%) (Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa New Zealand Speech-language Therapists' Association, 2021) 2020 Speech-Language Therapists: Pacific (0%) (Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa New Zealand Speech-language Therapists' Association, 2020) 2019 Speech-Language Therapists: Pacific (1%) (Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa New Zealand Speech-language Therapists' Association, 2019)
Social work	Social Workers Registration Board Kāhui Whakamana Tauwhiro <i>Aotearoa New Zealand Association of Social Workers Te Rōpū Tauwhiro i Aotearoa</i>	2023 Social Workers: Pacific (11%) (Social Workers Registration Board Kāhui Whakamana Tauwhiro, 2023b) 2022 Social Workers: Pacific (10.9%) (Social Workers Registration Board Kāhui Whakamana Tauwhiro, 2022a)
Allied Health Group	<i>Pasifika Allied Health Aotearoa New Zealand</i>	No statistical data available

3.4.1 Themes

This scoping review provides essential insights into Sāmoan health worker wellbeing in AoNZ and the literature surrounding the issue. The findings show an underrepresented workforce that contends with racism, discrimination, undervaluation of cultural knowledge, and discourteous additional work that impedes the wellbeing of the Sāmoan health workforce in AoNZ. It is also evident that Sāmoan health workers seek holistic support through furthering their education, cultural education and supervision, and strong Pacific leadership to help maintain their cultural values and station within a challenging Western-based health system.

This section synthesises key findings from the literature to create meaning and guide recommendations, and is organised into three themes, each contributing to the wellbeing of Sāmoan health workers: Theme 1- “The current state of the Pacific health workforce in AoNZ”; Theme 2- “Wellbeing”; Theme 3- “Support needs”.

The Current State of the Pacific Health Workforce in AoNZ

Health workforce statistics (see Table 6) were collected from the regulated health authorities, mainly through their published annual reports. However, how each health authority captures its ethnicity data is unique, and therefore the data cannot be accurately compared inter-professionally. Differences in ethnicity data collection included whether members could select individual Pacific ethnicities or only claim a general Pacific ethnicity and whether they could choose one or more options.

As the health workforce statistics in Table 6 shows, the Chinese medicine services and counselling professions did not provide any ethnicity data. The data also show that 11 (from a total of 21) regulated health professional groups reported Pacific membership of 2% or less. A further six health professional groups reported Pacific membership between 2% and 5%, and one between 5% and 7%. Social work employs the largest Pacific health workforce with 11%. Similarly, overall figures obtained from Pacific Perspectives place the Pacific health workforce at 2.3% (Pacific Perspectives, 2019).

In some cases, meaningful data trends could not be established since some professional regulators only recently started collecting data on member ethnicity. From the data found, an increase in Pacific membership can be observed in the medicine and occupational therapy professions; however, the trend is slow (e.g., medicine increased Pacific membership from 1.1% in 2000 to 2.3% 23 years later in 2023). A constant trend is noticeable in the nursing and paramedic professions, while Pacific membership seems to be decreasing in psychotherapy. Speech-language therapy appears to also be declining in Pacific members as annual reports between 2019 and 2021 reported only 0% to 1% members, with the latest annual report making no mention of

ethnicity at all (Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa | New Zealand Speech-language Therapists' Association, 2019, 2020, 2021, 2022).

Retention

An underrepresented Pacific health workforce was a major concern throughout the literature. It was recognised that alongside increasing numbers into the professions, retaining Pacific health workers could improve workforce numbers and outcomes for Pacific patient populations (Cooper-Thomas & Poutasi, 2011). Furthermore, dieticians and Pacific allied health workers strongly advocated for workforce development to attract and retain Pacific health professionals (Ministry of Health, 2023a; Mullane et al., 2022).

Initial retention rates among Pacific health workers were positive. Pacific doctors saw over 90% of graduates remain in the profession for five years, and Pacific nurses maintained their practising status for at least three years (significantly higher than comparable rates for the non-Pacific nursing population) (Medical Sciences Council of New Zealand | Te Kaunihera Pūtaiao Hauora o Aotearoa, 2022; Nursing Council of New Zealand | Te Kaunihera Tapuhi o Aotearoa, 2020). However, doctors from the Pacific Islands (along with those from Australia) were the second most likely group to leave the profession after doctors from North America (Medical Sciences Council of New Zealand | Te Kaunihera Pūtaiao Hauora o Aotearoa, 2022). Similarly, the Nursing Council of New Zealand | Te Kaunihera Tapuhi o Aotearoa (2020) found that although Pacific nurses initially had high retention of 98%, significantly higher than their non-Pacific colleagues at 93%, after seven years, attrition had increased, with Pacific nurses having similar retention to their non-Pacific colleagues at 76.1%.

To improve retention, Pacific health workers reported needing to feel valued and supported through competitive remuneration, supportive mentoring, recognition of a need within the community, and involvement in service planning at all levels (Logovae, 2002; Nair et al., 2012). Furthermore, staff retention was reported to require quality supervision and good leadership within a team of shared values and collective competencies (Southwick & Solomona, 2007). While Pacific health providers incorporate Pacific culture and values, they also struggle to recruit and retain Pacific staff, as they are often unable to offer the same level of remuneration as other organisations (Ape-Esera et al., 2009; Ministry of Health, 2023a).

A series of strategies have been identified for increasing and retaining the number of Pacific psychologists and other mental health and addiction workers. These include post-qualification strategies, such as developing therapy tools for working with Pacific peoples, organisation-wide cultural competency training, enhancing leadership skills, and growing and connecting a network of Pacific psychologists (Le Va, 2019). Furthermore, Nana et al. (2013) found programmes that solely focused on encouraging greater numbers to complete nursing qualifications were unsuccessful.

Instead, Pacific nursing students required holistic support, career advice, and education to meet their needs and improve retention rates.

Wellbeing

Racism, Discrimination, and Being Undervalued

The literature included in the review found discrimination, racism, and a gross undervaluing of Pacific staff and their culture to be widespread in health professions, which seriously affected the wellbeing of the Pacific health workforce (Biggs, 2023; Ministry of Health, 2023a). Institutionalised racism was shown to impact Pacific allied health workers' ability to thrive in the workplace environment by lowering ambitions, aspirations, and self-belief, and was a reason given for leaving their employment in AoNZ to return to their home country (Connell, 2009; Tofi, 2021).

Discrimination was found as Pacific nurses were refused employment, perceived as lazy, and chronically undervalued (Clendon & Walker, 2012). Pacific doctors also reported suffering harrowing racism and sexism while undertaking their surgical training (Tutone et al., 2023). Expert Pacific leaders experienced racism where their knowledge and interests were devalued, requiring them to work harder to establish credibility in their roles (Came et al., 2019). Racism was also documented across consecutive occupational therapy professional development audits, highlighting it as an ongoing and unchanging issue (Te Poari Whakaora Ngangahau o Aotearoa | Occupational Therapy Board of New Zealand, 2022). The issue of racism in the AoNZ health sector was a significant concern to Dr Ekeroma, a Sāmoan obstetrician and gynaecologist, who proposed that policy changes and reducing racially biased media were essential in easing discriminatory remarks in the workplace (Ratcliffe, 2007).

Undervaluing Cultural Knowledge, Additional Duties, and Isolation

The wellbeing of Pacific health workers was further diminished as their cultural knowledge and skills appear to 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 (Smith et al., 2021). However, Pacific-based organisations felt they had to work even harder to prove themselves trustworthy (often being policed or micro-managed) and to gain an equal partnership role with the government (Te Hiringa Mahara | Mental Health and Wellbeing Commission, 2023).

Additional cultural duties and workloads in which Pacific health workers are called upon to provide are rarely acknowledged as a strength or asset to an organisation and further highlight the undervaluation of Pacific health workers (Smith et al., 2021; Southwick & Solomona, 2007). Pacific nurses were often called upon to act as bridges between Western and Pacific worldviews, a task that was expected of them but not of their non-Pacific peers (Logovae, 2002). Thus, Pacific health workers are expected to act as the 'Pacific voice', support colleagues, provide language skills and cultural knowledge, and develop community connections (Ministry of Health, 2023a; Tofi, 2021).

The Health Quality & Safety Commission New Zealand (2021) has explicitly recognised the additional burden Pacific health workers carry and the cultural expertise often sought by their non-Pacific peers.

The pressure to engage in cultural brokering was further increased by the small pool of existing Pacific health workers. Pacific health workers found they were expected to mentor and supervise newer Pacific staff and students, which, although they found worthwhile, was an added burden (Biggs, 2023). Furthermore, the additional duties were not limited to Western environments as Pacific organisations also carried cultural expectations and duties, although this often came from external sources (local communities) (Ape-Esera et al., 2009).

Low Pacific health workforce numbers also led to feelings of isolation among Pacific allied health workers, affecting their overall wellbeing (Tofi, 2021). Pacific mental health nurses working in isolation felt disempowered and marginalised due to a lack of access to support and supervision from other Pacific nurses (Logovae, 2002). Importantly, isolation was also found to be prevalent even when Pacific health workers were surrounded by Pacific colleagues, due to not sharing the same specific ethnic group (Biggs, 2023).

Pacific Culture versus Western Culture

Pacific culture is at the heart of Pacific life, and differences between Pacific and Western cultures were shown to affect Pacific health workers' wellbeing. The collective culture was highlighted by Biggs (2023) and Suaalii-Sauni et al. (2022), who reported that Pacific health workers thrive in workplaces where they can advocate for and see Pacific populations succeed. Cooper-Thomas and Poutasi (2011) also highlighted the Pacific collective culture, reporting the strongest predictor of intent to quit a place of employment was when the individual did not fit the organisation's values (rather than not fitting the job), suggesting Pacific health workers consider the collective rather than themselves when seeking employment.

The differences between Pacific and Western worldviews were further stressed by Tupou (2011) who reported that Pacific women experienced additional gender and race discrimination due to following their Pacific culture. Pacific women's behaviour in their organisations was strongly influenced by their cultural values, which meant males, elders, and leaders were accorded greater respect, leading to a potential reluctance to oppose their views or decisions. This respect could be misinterpreted as weakness or as being ill-informed in a Western environment, resulting in limitations on career advancement (Tupou, 2011).

Support Needs

Holistic Support

Holistic support from outside of professional or Western environments was widely reported to be needed for Pacific health workers to prevail (Te Whatu Ora | Health New Zealand, 2023). Support

needed to come from multiple sources, including the community, peers, and the health workers' own families (Ratcliffe, 2007). Pacific sexual violence workers reported requiring formal, informal, and pastoral support for self-care, also drawing from family and church-based groups (Suaalii-Sauni et al., 2022). Similarly, Le Va (2022) reported Pacific-specific support groups and pastoral care support services enabled youth to be equipped with resources and tools to thrive in difficult Western environments. Holistic support was also evident in Pacific peoples filling supportive roles within health, such as data analysts, alongside upskilling, leadership training, and opportunities to be involved in decision-making and governance (Health Quality & Safety Commission New Zealand, 2021). Holistic support was further found to be more effective than financial support alone in aiding Pacific mental health and addiction workforce development (Pulotu-Endemann & Faleafa, 2017).

Holistic support was found to be important for Pacific health workers to feel confident bringing their whole selves to their work (Timmins et al., 2023). Similarly, Pacific leaders sought authentic relationships and respectful academic exchange in contexts where Western mono-cultural norms did not marginalise Pacific values (Came et al., 2019). Pacific allied health workers sought support through culturally aligned mentorship, collective support systems, leadership, and allyship to thrive within the public health setting (Tofi, 2021). Furthermore, Pacific primary care health workers also recognised the importance of their own involvement in providing holistic support. They felt that sharing their knowledge would benefit their fellow Pacific health workers (Ape-Esera et al., 2009).

Further Education

Ongoing education and advancement were reported as key in supporting Pacific health workers. The Ministry of Health (2023a) reported Pacific health workers required more opportunities to upskill so their work could be performed at the highest scope of discipline and provide them with broader options to move across the health sector. Ongoing education alongside training, study, collegial support networks, and the provision of effective individualised support were seen as key facilitators for success (Blattner et al., 2022).

Recommendations from Pacific nurse leaders following the COVID-19 pandemic included postgraduate education and career development opportunities, alongside mentoring, peer support, and leaders who champion Pacific nurses (Smith et al., 2021). Pacific social workers recommended the development of ongoing education and support to advance their clinical practice (Social Workers Registration Board | Kāhui Whakamana Tauwhiro, 2022b). Further education was also seen as a tool to overcome the glass ceiling and allow Pacific women to advance in their organisations (Tupou, 2011). The need to support women to upskill was emphasised, as women often face additional barriers to returning to study, including family, community, and church obligations (Logovae, 2002).

Cultural Education and Supervision

Education on Pacific culture is required for health professionals of all ethnicities (Health Quality & Safety Commission New Zealand, 2021). Pacific health workers reported the need for cultural education to be undertaken by themselves and their non-Pacific colleagues to improve working environments (Logovae, 2002; Timmins et al., 2023). Pacific health workers themselves sought cultural education when they felt unable to perform cultural duties (e.g., if they could not speak the native language or were not fully versed in cultural protocols). This helped them feel more able to fulfil their cultural duties in the workplace (Logovae, 2002).

Cultural supervision was also described as important, especially when contextualised in the values of a shared culture. Pacific allied health workers found supervision helpful in managing situations when tensions arose between Pacific and Western expectations (Biggs, 2023). Supervision was seen as incredibly important to Pacific trainee hand therapists, who valued aligning cultures between the supervisor and supervisee, and were more likely to engage when supported by someone from their own culture. Likewise, when Pacific hand therapists spoke of their time in a supervisor role, they felt more connected, understood, and able to help those of a similar culture (Timmins et al., 2023). Furthermore, Timmins et al. (2023) proposed that to fully support the development and journey of Pacific trainee hand therapists, cultural support needed to be ingrained within the organisation and individually provided to all hand therapists, irrespective of their ethnic background.

Leadership

Leadership support is vital to enable Pacific health workers to succeed in the workplace (Te Whatu Ora | Health New Zealand, 2023). Pacific leadership promotes the visibility of Pacific peoples in the health system. It is necessary to ensure that Pacific worldviews, aspirations, and perspectives are widely considered, including within policy, programmes, initiatives, and services, thus enabling the health system to better engage with Pacific peoples (Ministry of Health, 2023a). 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 (Pulotu-Endemann & Faleafa, 2017). This was highlighted by Pacific primary health workers who specifically sought career pathways with clear advancements into leadership positions (Ape-Esera et al., 2009). Furthermore, Pacific health leaders reported needing support or enablers to maintain and develop their culture and identity within their leadership roles. Thus, they required mentoring (especially on cultural components), the building of Pacific networks, and Pacific leadership programmes (Taito, 2022). However, the current under-representation of Pacific health workers limits the potential for more leaders. Pacific youth reported feelings of doubt about their skills, talents, and accomplishments, which they have often attributed to Pacific peoples being a minority group and underrepresented in leadership (Le Va, 2022).

3.5 Discussion

To my knowledge this is the first comprehensive scoping review to explore the wellbeing of the Sāmoan health workforce in AoNZ. Available literature focused on Pacific-based research and was predominantly found through broader searchers outside mainstream academic databases. The findings show an underrepresented 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 AoNZ. 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 key findings of prioritising Pacific-based research, an underrepresented health workforce, and highlighting ingrained racism are discussed in the current section to highlight their importance in recognition of Pacific-based knowledge and Sāmoan health worker wellbeing. Following this, future research suggestions are provided which aim to address the research gaps of the Sāmoan voice in wellbeing research and Sāmoan health worker wellbeing research through Sāmoan-based methodologies.

3.5.1 Prioritised Pacific Research

This scoping review was based on an extensive literature search and found a wide breadth of relevant texts. Importantly, Pacific values were prioritised and, through a thorough literature search, the importance of seeking Pacific-based literature broadly was brought to light. It was particularly telling that most resources, 29 of the 34 sources, were identified through grey literature. This recognises traditional Sāmoan culture where recording of history and knowledge were done orally and literature in all its forms are accepted (Efi, 2005). It also acknowledges how Pacific-based literature dissemination often honours the knowledge holder(s) with researchers enacting the findings for their communities rather than prioritising Western dissemination methods (J. Boon, personal communication, May 6, 2024).

Comparatively, this scoping review also highlighted the critical limitations of academic-based searches, as only five of the 34 sources included were identified through them. Although this may be due to Pacific scholars prioritising dissemination to their communities and not within academic journals, Ketchell (2021) reported Indigenous scholars can have difficulties having their work published in mainstream journals or spaces due to discrimination and unconscious bias of journal editors and reviewers.

Methodological critique revealed that Pacific-based methodologies and Pacific participation were limited in the literature, and Western methods used in Pacific-based research were believed to bias findings (Cooper-Thomas & Poutasi, 2011). Western research approaches can disadvantage Pacific peoples by excluding and undermining the vā and discounting Pacific knowledge, protocols,

values, expertise, and experience (Vaiioleti, 2006). This can lead to misinformed policy formation and education delivery, further maintaining the inequitable positioning of Pacific peoples (Anae, 2019; Fairbairn-Dunlop et al., 2014; Tamasese, 2002). In contrast, Pacific research approaches have been found to validate Pacific peoples' experiences, create more authentic knowledge, and allow better solutions to emerge for Pacific peoples' issues (Vaiioleti, 2006).

Despite the breadth of literature identified, literature directly addressing the research questions of wellbeing and support for Sāmoan health workers in AoNZ was scarce. The voices of Sāmoan health workers were difficult to extract from the texts as the research participants would speak about the support and needs of others, including their patients and communities, rather than their own support or needs. This behaviour is likely explained by Sāmoan culture being collective rather than individualistic, with Sāmoan health workers placing the needs of their patients and communities above their own (Reddy et al., 2023). The respective nature of the Sāmoan people can also mean they do not always readily admit to individual struggles and can be more likely to provide positive insights rather than negative ones, limiting the validity of responses when research is not undertaken with respect to the participants' culture (Smith et al., 2021; Tofi, 2021). This indicates a strong need for Sāmoan-specific research to gain nuanced knowledge on Sāmoan health worker wellbeing and thereby fill a gap in the literature.

3.5.2 An Underrepresented Health Workforce

To better understand the current state of the workforce, workforce statistics were gathered. Ethnicity data is a widely used variable in health research needed to monitor progress over time, highlight ethnic inequalities, and target policies for positive change (Yao et al., 2025). Responsible authorities of regulated health professions are required to collect workforce data, often through the annual registration process or workforce surveys, to assist with workforce forecasting and planning (Controller and Auditor-General | Tumuaki o te Mana Arotake, 2025). However, reporting of ethnicity is not compulsory and therefore not always provided by members, as shown by the Chinese medicine services and counselling professions not providing any ethnicity data, and by inconsistencies in data reporting from Speech-language therapy.

Overall, Pacific peoples were underrepresented in regulated health professional data. Over half of the 21 regulated health professions reported Pacific membership of 2% or less. 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 with a Pacific ethnicity. Pacific ethnicity data from regulated authorities show a health workforce that is not representative of the population's needs, nor is it increasing to match the projected growth of Pacific communities in AoNZ. With the exception of social work, these low rates cause apprehension that regulatory authorities will meet the AoNZ Government's health workforce target of 10% by 2033 (Te Whatu Ora | Health New Zealand, 2023).

3.5.3 Ingrained Racism

Institutional racism, discrimination, undervaluing of cultural knowledge and discourteous additional work are consistently reported throughout the literature. The words are strong; the message is clear and impossible to ignore. When you understand the determined, respectful nature of Sāmoan people as mentioned above and their aversion to negatively portraying others, these words carry even more significance. However, the divide between Western and Pacific cultures is clear in the literature, with Western culture dominating and seemingly ignorant of their continued actions in suppressing the wellbeing of Sāmoan health workers. Neither changes nor consequences are present, evidenced by the seemingly forgotten momentous response Pacific organisations made raising Pacific vaccination rates during the COVID-19 vaccination campaign (French et al., 2025; Smith et al., 2021; Te Hiringa Mahara | Mental Health and Wellbeing Commission, 2023), and by research spanning 20 years that repeatedly raises identical and ongoing concerns.

These findings are not new in research nor limited to the health sector, with 94% of Pacific peoples experiencing workplace racism in AoNZ, an unprecedented amount (Haar, 2023). Furthermore, racism and discrimination remain ongoing issues, with a recent survey of AoNZ physiotherapists showing that Pacific physiotherapists perceive widespread systemic racism with inadequate existing systems to address it (Reid et al., 2025). By challenging the cultural safety requirements of health workers imposed by health regulatory authorities, AoNZ's current Coalition government further blocks any attempts to improve racism and discrimination at the workplace (Ministry of Health, 2025b). The belief that clinical safety does not include cultural safety is harmful and contradicts the results of this scoping review. Research gaps extend beyond existing literature, as publications must influence practice and policy. The persistent racism and little to no progress in advancing Pacific health worker wellbeing over the years are unacceptable. Robust research is crucial to penetrate those environments where change can start to take shape.

3.6 Strengths and Limitations

Three broad research questions were utilised to frame this scoping review and enhance the depth of identification, analysis, critique, and mapping of the available literature on Sāmoan health worker wellbeing in AoNZ. This framing yielded a robust understanding of the available literature enabling recommendations for ongoing research.

A key strength of this review was its grounding in the Pacific worldview, where Pacific knowledge was at the forefront and the collective perspective was upheld. Pacific-based literature and Pacific methodologies, methods, and voices were prioritised, ensuring that culturally appropriate literature was captured, analysed, and presented. Furthermore, the search process followed a well-defined, structured approach, enabling replication, increasing the reliability of the findings, and empowering

other Pacific-based researchers with knowledge of how to search for and capture Pacific literature and knowledge.

Strength was also seen through the initial and ongoing consultation, specifically cultural consultation, which added methodological rigour, additional information, perspectives, meaning, and applicability to the scoping review (Levac et al., 2010). Initially, reflection and education were undertaken on my positioning as a Pālagi researcher with Sāmoan heritage and the potential limits this may pose to understanding the Pacific ways, Fa'aSāmoa, and the skills needed to analyse the findings appropriately. 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 the early synthesis.

The main limitation of the review was that it only included literature published in English, which may have excluded relevant literature in other languages during the collection period. A second limitation was that the review search was undertaken in May 2024 and submitted for publication in late 2024 (Timmins et al., 2025), meaning recent publications have not been captured.

3.7 Future research

While health worker views on wellbeing and support are documented, Sāmoan perspectives on health workforce wellbeing are largely missing. Future research on Sāmoan health worker wellbeing should use Sāmoan-based methodologies (Enari, 2021b) and include a wide range of participants beyond Sāmoan health workers to support a collaborative and culturally appropriate approach. Furthermore, research should be designed and implemented in ways that deepen our understanding of the nuances of Sāmoan health worker wellbeing and studies should be published in high-impact primary academic platforms to promote visibility and status in Western systems where change is required.

3.8 Conclusion

Sāmoan health workers are essential to improving health outcomes among Pacific peoples in AoNZ. This scoping review shows that very little Pacific-based research focuses specifically on the wellbeing and support of Sāmoan health workers in AoNZ. However, literature found stressed Sāmoan health worker wellbeing is affected by institutionalised racism, discrimination, and undervaluing of their knowledge, skills, and expertise, and that additional duties are placed on them without remuneration. Comprehensive holistic support, including education and Pacific leadership, is essential to advocate for and promote the presence of Sāmoan health workers within the challenging Western health system environments of AoNZ. Future Sāmoan-based research should 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 the improved health of their communities. Therefore, a broad, holistic methodological

framework or approach is required to liberate Samoan health workers' views on improving this situation.

Chapter 4 Study Two- Fa'afaletui Methodology

Chapter Four marks the start of Study Two of this thesis. Building on the preceding chapters, Study Two contributes to the collaborative understanding of Sāmoan health worker wellbeing and presents the methodology employed in the research. Fa'afaletui and Interpretive Description methodologies, underpinned by a Pacific worldview, were chosen to collectively investigate the wellbeing of Sāmoan health workers, to align with Sāmoan health workers and their communities in the diaspora of AoNZ, and to recognise my positionality as the researcher.

4.1 Pacific Worldview

The Pacific worldview was employed in this research as it aligns with the need to conduct research from the lens of the participants involved (Vaiotele, 2006). Research concerning Sāmoan people needs to incorporate a Sāmoan/Pacific lens, even for those diasporic from their homeland, to facilitate reliable and beneficial outcomes (Enari, 2021b; Seiuli, 2016; Vaiotele, 2006). The Pacific worldview is a philosophical and holistic view that incorporates elements of Pacific culture and history. The ontology of the Pacific worldview acknowledges that Pacific peoples perceive themselves in relation to others, including people, nature, and living and non-living things, with harmony and peace required between them all (Fairbairn-Dunlop et al., 2014). Epistemologically and axiologically, the Pacific worldview encompasses the collective, recognising that knowledge comes from all and is integrated across all aspects of life (Fairbairn-Dunlop et al., 2014).

Pacific values include communal relationships, reciprocity, holism, and respect, often expressed through cultural practices, traditions, and oral languages (Cammock et al., 2021; Health Research Council of New Zealand, 2014). Spirituality is also foundational to the Pacific worldview; it goes beyond Christianity and the role of the church and includes cultural traditions, sacred sites, and links between people and the natural world (Teariki & Leau, 2023). Specific to the Sāmoan culture is the spatial concept of *vā* (Wendt, 1996). *Vā* refers to relational spaces that connect communities, families, and land, encompassing interactions across the past, present, and future (Simati-Kumar, 2021). These spaces and relationships include connections between people and their environment, ecosystems, spiritual links, and ties to those who have left the living world (Seiuli, 2016; Teariki & Leau, 2023).

Flavell and Cunningham (2023) recommended that cross-cultural researchers (like myself) take the time to understand conceptual ideas surrounding *vā* and the values associated with cultural protocols. The overarching concept of *vā* encompasses many types of *vā* relationships, each with its own protocols, communication styles, behaviours, and actions. *Vā tapuia* are *tapu* (sacred) relationships and incorporate understanding of boundaries and relationships between family members, and *vā feāloaloa'i* are social relationships (Efi, 2018). *Vā* is based on the foundational

values of fa'aaloalo and alofa, which are important Sāmoan cultural values used in conversation to build relationships and save face, a practice of crucial importance to Sāmoan people (Mulipola et al., 2023). Alofa and fa'aaloalo are used within cultural protocols to support the vā and can be seen as the respect and courtesy given to elders by a young person giving up their seat on public transport, older matai being given the chance to speak in meetings, or elders being served first at the dinner table (Mulipola, 2022). Meaningful relationships, grounded in the values of respect, reciprocity, and trust, enable these connections to endure over time. It is essential that vā does not simply exist, but is nurtured and protected throughout the research process to maintain ongoing harmony (Anae, 2010; Teariki & Leau, 2023).

The role of the researcher in Pacific research is to foster and facilitate continued conversation between all research collaborators. Where there is tension or disagreement, it is necessary to engage in *teu le vā*, which means to value, nurture, look after, and, if required, correct or realign priorities to ensure harmony and wellbeing are kept (Anae, 2019). In the context of this study, *teu le vā* is enacted through the researcher providing safe relational spaces for knowledge sharing, maintaining vā and engaging with research participants and research 'Āiga at all levels, facilitating dialogue between all collaborators, and ensuring the research process is moving forward positively (Anae, 2019; Faleolo, 2021). Enacting the vā ensures respect, relationships, and reciprocal connections between the researcher and the participants are upheld. These vital links speak to the heart of being Sāmoan and of engaging in Sāmoan-focused research that aligns with Sāmoan cultural foundations (Seiuli, 2016). Furthermore, fulfilling these cultural values subsequently influences culturally appropriate methodologies for working with Pacific communities (Ponton, 2018).

4.2 Pacific Methodologies

The Pacific is a vast ocean encompassing peoples of Polynesia, Micronesia, and Melanesia, each with its own distinct cultures and communities. The wellbeing of separate ethnic groups are better supported when they can identify their own needs and ways of sharing knowledge (Te Hiringa Mahara | Mental Health and Wellbeing Commission, 2023). It was therefore intentional to select a methodology that reflected the culture and context of the Sāmoan people and privileged Sāmoan ways of being and knowledge production (Sione, 2023). The two methodological approaches most commonly discussed in published academic literature are Talanoa and Fa'afaletui (Suaalii-Sauni & Fulu-Aiolupotea, 2014), with Talanoa being the most widely used Pacific research approach (Tualaulelei & McFall-McCaffery, 2019). The first Pacific scholars to articulate Talanoa as a methodology were Vaiotei (2006) and Halapua (2008). Halapua (2008) initially used the Talanoa concept for negotiating communication between national bodies working towards conflict resolution, whereas Vaiotei (2006) presented Talanoa as a Pacific research approach to be used in the AoNZ context (Suaalii-Sauni & Fulu-Aiolupotea, 2014).

Talanoa is recognised as a pan-Pacific approach to oral communication and traditions for Tokelauan, Fijian, Tongan, and Sāmoan people and holds values central to the wider Pacific Island nations, such as respect, reciprocity, relationships, nurturing *vā*, and embracing cultural protocols (Faleolo, 2021). However, pan-Pacific approaches have come under scrutiny, as although the concept of Talanoa aligns predominantly with Tokelau, Fiji, Tonga, and Sāmoa, it is a foreign concept to many Pacific Island languages and does not resonate with epistemological processes of most Melanesian and Micronesian cultures (Cammock et al., 2022; Tunufa'i, 2016). Furthermore, pan-Pacific approaches may not be suitable for research with diasporic populations, such as AoNZ-born Pacific peoples whose realities are embedded in AoNZ, and may overlook ethnic values that align solely with one ethnic group (Tunufa'i, 2016). Although pan-Pacific knowledge has value, understanding and reflecting on diverse experiences of unique cultures and ethnicities is essential to recognising and supporting Sāmoan people's wellbeing in AoNZ (Te Hiringa Mahara | Mental Health and Wellbeing Commission, 2023). As a predominantly Pālagi researcher with heritage only to the Sāmoan Islands, I felt the knowledge and understanding I held aligned with the Sāmoan context and would not translate well to a pan-Pacific approach. This, alongside the research questions (1.7 Research Questions) that aim to explore Sāmoan health workforce's wellbeing in the AoNZ context, led to a search for a Sāmoan-based methodology.

Tualualelei and McFall-McCaffery (2019) identified Fa'afaletui (Tamasese et al., 1997), Fonofale (Pulotu-Endemann, 2009), Mea-alofa (Seiuli, 2010), Teu le Vā (Anae, 2010), Tofā'a'anolasi (Galuvao, 2016), Tree of Opportunity (Pene et al., 2001), Ula (Sauni, 2011), and Uputaua (Seiuli, 2012) as key contemporary Sāmoan research methodologies, with Fa'afaletui, Fonofale, Mea-alofa, and Uputaua being explicitly used in health-based research (Pulotu-Endemann, 2009; Seiuli, 2010, 2012; Tamasese et al., 1997). The Mea-alofa and Uputaua approaches have been used in research on mental health, psychology, and counselling (Seiuli, 2010, 2012). However, it was decided that a broader scope of health was required for this research. The Fonofale model is regarded as a predominantly Sāmoan model of health for use in the AoNZ context, incorporating the values and beliefs of people from Sāmoa, the Cook Islands, Tonga, Niue, Tokelau, and Fiji (Pulotu-Endemann, 1995). The traditional Sāmoan fale is symbolically used to portray the Pacific worldview of holism, where the foundation represents 'āiga, the roof represents culture, and the four pou represent spiritual, physical, mental, and other aspects such as sexuality/sexual orientation, gender, socioeconomic status, educational status, and age, with the overall Fonofale being encapsulated in environment, time, and context. The relationships between each element of the fale are integral to good health and wellbeing, where imbalance in one area can affect other areas (Pulotu-Endemann, 1995). Furthermore, researchers need to adopt a holistic outlook and ensure research outputs empower Pacific peoples and focus on the collective rather than the individual (Fairbairn-Dunlop et al., 2014). Fonofale is grounded in phenomenology with an emphasis on the participants' lived experiences and has been used when engaging with Pacific peoples on sensitive topics, including elderly abuse (Boon-Nanai et al., 2021; Thaggard et al.,

2023), sexuality, and reproduction (Young et al., 2023), and most commonly to align research with Sāmoan and Pacific values of health and wellbeing rather than a stand-alone research methodology (Goodyear-Smith & 'Ofanoa, 2022). Although Fonofale will be used in this research to support Sāmoan values of health and wellbeing, a stand-alone research methodology specific to Sāmoa and used for the broad scope of health and wellbeing in the AoNZ context was still required.

Fa'afaletui was explored and ultimately chosen as the foundational methodology for this research project. Fa'afaletui was developed collectively by Sāmoan health practitioner Taimalieutu Kiwi Tamasese alongside Sāmoan participants to research Sāmoan health-related issues in the AoNZ context (Tamasese et al., 2005). Fa'afaletui honours the ethnic specificities of Sāmoan culture and history, as well as inclusivity and collaboration in formal research settings, and is a stand-alone Pacific indigenous research methodology (Boon-Nanai, 2023). The Fa'afaletui methodology has had limited application since it was first published, with only five articles found using Fa'afaletui in the health context: Tamasese et al. (2005) studied Sāmoan elders and service providers' perspectives on mental health issues for Sāmoan people in AoNZ; McCarthy et al. (2011) sought Sāmoan perspectives on kidney health in Australia; Ete-Rasch and Nelson (2013) researched Pacific parents' understanding and management of paediatric skin infections; Mulipola et al. (2023) examined Sāmoan families' experiences and engagement with mental health services in AoNZ; and most recently, Sanerivi (2024) used Fa'afaletui to explore Sāmoan cultural knowledge in physiotherapy practice. The studies all included Sāmoan participants, four studies were conducted outside of Sāmoa (three in AoNZ and one in Australia), and one conducted between AoNZ and Sāmoa, demonstrating that Fa'afaletui can be used to research a broad range of Sāmoan health-related issues within the diaspora. Furthermore, five articles were found describing study protocols for health research using Fa'afaletui within AoNZ (Goodyear-Smith & 'Ofanoa, 2022; 'Ofanoa et al., 2021; Savila et al., 2022; Savila et al., 2023; Tu'akoi et al., 2022), highlighting the developing use of Fa'afaletui as a culturally applicable methodology for health-related research in the context of AoNZ.

4.3 Fa'afaletui

The foundational methodology of Fa'afaletui is an authentic Sāmoan-based approach representing the cultural values and practices of connectiveness, collectiveness, and interweaving of social structures in society (Goodyear-Smith & 'Ofanoa, 2022; Tamasese et al., 1997; Tamasese et al., 2005). Fa'afaletui encompasses collective knowledge generation and decision-production through its grounding in the principles of respect, relationality, and formality (Tuia & Cobb, 2021). Furthermore, Fa'afaletui allows holistic perceptions of knowledge and scholarship, oral communication, and protocols of consensus with respect, without compromising philosophies, values, languages, or cultural practices (Seiuli, 2016; Tamasese et al., 1997; Tupuola, 1994).

Tuia and Cobb (2021) suggested researchers strengthen their understanding of the history, cultural, and social practices of Fa'afaletui to ensure its correct use. Although there are many different versions of the origins of Fa'afaletui, the story of Fa'afaletui can be linked to the famous saying: '*ua nofo fale le Āiga Sa Tui ia Ma'a*', which translates to 'the family of Tui are meeting to discuss the disappearance of Ma'a'. The saying tells the story of Ma'a, a daughter in the Tui family who was left to perish at sea due to her brother's jealousy of their parents' love for her. Fa'afaletui refers to the gathering of the Tui family to discuss what to do about Ma'a's disappearance and the actions of her brother. It represents how serious issues are discussed and solutions are devised collectively (Suaalii-Sauni & Fulu-Aiolupotea, 2014).

Traditionally, fa'afaletui relates to the *fa'afaletui-a-matai*, the highest type of formal matai (chief) meeting within the Sāmoan village. Critical discussion is undertaken between the village *matai ali'i* (high chief), *failauga* (orator), and village matai until a collective agreement is achieved. The collective voices and perspectives of the village are recognised through each family group meeting with their respective matai, who can then raise their issues at the fa'afaletui-a-matai (Tuia & Cobb, 2021). In this way, information and knowledge of a more serious nature are shared and discussed, forming a consensus which represents the collective experience (Tamasese, 2002).

Fa'afaletui, as a research methodology was first introduced by Taimalieutu Kiwi Tamasese and her research team in 1997 following their research exploring Sāmoan perspectives on mental health in AoNZ (Tamasese, 2002; Tamasese et al., 1997; Tamasese et al., 2005). Fa'afaletui was represented through a weaving metaphor where Fa'afaletui referred and translated to 'fa'a' (ways of), 'tui' (weaving together), 'fale' (discussions of different groups or houses). This weaving practice involves the plaiting together of sundried strands of the leaves from the Pandanus tree, known as *laufala*, to create various household items such as *fala* (woven mat) and 'ie toga. The most appropriate laufala are selected and used in the process of weaving to produce a fala that meets its intended design. In a research context, Fa'afaletui denotes the way of weaving different people's narratives into a single fabric, encompassing the Sāmoan worldviews of connectedness and collective holistic approaches in critical decision making (Goodyear-Smith & 'Ofanoa, 2022; Tamasese et al., 2005).

Sāmoan culture and language are steeped in metaphor, which allows a valuable part of Sāmoan culture into research (Goodyear-Smith & 'Ofanoa, 2022). Metaphors can complement one another, offering a richer, more nuanced understanding of Fa'afaletui as a research methodology and method (Tuia & Cobb, 2021). In this respect, Fa'afaletui within the research environment has also been interpreted by Tuia and Cobb (2021) as 'Fa'afale' (the house) and 'tui' (to strike, pierce, or thump), which signifies a critical component of probing, deliberation, and exploration encompassed within the methodology. This critical component helps ensure a comprehensive evaluation of an

issue and, importantly, a resolution or path forward through a Sāmoan worldview (Tamasese et al., 2005).

Further to the weaving and striking metaphors, Tamasese et al. (1997) presented a fishing metaphor to represent the multiple lenses or perspectives needed in the collective decision-making processes. When fishing in Sāmoa, the *Mountaintop*, *Treetop*, and *Canoe* viewpoints are equally necessary in locating and securing a successful catch. The long-distance or Mountaintop perspective offers a broader picture, illuminating wider implications (tidal changes or large-scale weather patterns). The middle-distance or Treetop perspective provides some understanding of the issue but lacks wider and immediate knowledge of the context (sharks seen on the reef or circling sea birds). The third perspective, from the Canoe, is the lens closest to the issue (in the *va'a* (canoe) casting the net). Although the Canoe perspective enables a close examination of the issue, it does not necessarily provide the longer view necessary to account for the wider context of the problem.

The Mountaintop, Treetop, and Canoe perspectives within Fa'afaletui have had varying applications within research. Goodyear-Smith and 'Ofanoa (2022) viewed the long-lens perspective as fitting with quantitative data collection, stating that the vantage point of the Mountaintop gives a broad overview of distribution, patterns of disease, and the social determinants of health in populations while the Treetop view may involve examining more regional or community-based data. They concluded that the Canoe perspective gained insights from those most affected by the issue and required a qualitative approach.

The Fa'afaletui fishing metaphor has had further advancements within social work education. Faleolo (2009) reconstructed the Fa'afaletui metaphor through the development of the Talanoa ile i'a theory, where an additional *School of Fish* perspective is separated from the perspective of the person in the canoe and in turn creates a pathway for the lesser known to become known. This theory has been applied in research with Sāmoan youth, whose perspectives have previously been combined with parents or others stationed within the canoe, thus providing them with their own space. The School of Fish perspective was considered distorted by the refraction of the sea, but it can become clearer when the Talanoa ile i'a theory and the School of Fish perspective is applied (Dunlop-Bennett et al., 2019).

Furthermore, Tuia and Cobb (2021) suggested the Mountaintop, Treetop, and Canoe perspectives can also relate to the levels within a fa'afaletui-a-matai. The matai ali'i brings the Mountaintop perspective; failauga, *faletua* (wife of a chief, wife of a pastor) and *tausī* (wife of an orator) bring the Treetop perspective; and the matai bring the Canoe perspective, which consists of the combined views of the *'aumaga* (untitled men of the village), *āualuma* (unmarried ladies of the village), and families of the village. Tuia and Cobb (2021) used a contemporary interpretation or combination of the Mountaintop and fa'afaletui-a-matai perspectives in their study with Sāmoan teaching students.

Tuia provided the Mountaintop or matai ali'i perspective through opening discussion groups, and Cobb provided the Treetop or failauga perspective through raising questions for discussion and providing opportunities for participants to speak. The participants provided the Canoe or matai perspective, bringing their views as well as those of fellow students, colleagues, school communities, villages, and families, to the study.

Of note, the Fa'afaletui research methodology has been referred to anecdotally by Pacific peoples as a model of health in different mental health settings. It has also been referred to as the Wellington model due to the research on its development conducted in Wellington by Tamasese and colleagues in 1997 (Agnew et al., 2004). However, Agnew et al. (2004) argued that Fa'afaletui does not fit comfortably within a health belief or service delivery model and is more accurately described as a process model or research methodology.

4.4 Interpretive Description

Interpretive Description (Thorne et al., 1997) was chosen alongside Fa'afaletui as the methodology for Study Two. It is intentional that Interpretive Description sits alongside rather than be combined with Fa'afaletui, as Fa'afaletui is a valid indigenous research methodology not requiring support from being combined with other methodologies (Suaalii-Sauni & Fulu-Aiolupotea, 2014). In recognition of the potential to misuse or blur different research methods, which can lead to a lack of clarity and rigour in research design, great care was taken when locating, positioning, and executing the research (Thorne, 2016). Fa'afaletui was used as the founding and predominant methodology guiding decisions about the development of the study design, recruitment, data collection, analysis, and dissemination, with Interpretive Description used to strengthen and support areas that require a different perspective, while ensuring that the collective nature of Fa'afaletui was upheld. This is supported by Tuafuti (2011), who recognised the dynamic and complex nature of research in which knowledge and lived experiences differ among all involved, suggesting that researchers further identify the context of the community in which the research is situated and explore methodologies that correspond with it.

Consultation was sought with my supervisors and the wider AUT team during the development of the research design around the inclusion of Interpretive Description alongside Fa'afaletui. A question I was asked many times was around the necessity of including Interpretive Description. What drew me initially to include the Interpretive Description methodology was its recognition and support of me, as a predominantly Pālagi researcher and health worker, a perspective that may have been missed through Fa'afaletui alone. This sentiment is recognised in Leali'ifano Professor Albert Refiti's words, who argued that methodologies should be wilful, subversive, and multiple so that they reflect the many views and experiences that encompass that world (Taylor, 2025). Interpretive Description endorses the theoretical and practice knowledge in the health discipline I bring to the project and how, with limited previous inquiry, it has allowed a platform for the project

to be built and the clinical questions to be asked that would improve clinical outcomes (Elliott et al., 2025; Thompson Burdine et al., 2021; Thorne, 2016; Thorne et al., 2004). Fa'afaletui alongside Interpretive Description mirrors the two research and practice worlds that I navigate, which has allowed me to sit comfortably within the research and feel confident in undertaking the study.

Furthermore, the addition of Interpretive Description, a Western methodology, recognises the potential diasporic nature of Sāmoan participants, since 67.8% of all Sāmoan people in AoNZ are born and raised in AoNZ (Statistics New Zealand, n.d.), which suggests an increased exposure to Western values (Tunufa'i, 2016). Therefore, the research needs to be understood not only by Sāmoan health workers but by the Western demographic within AoNZ and it needs to be applicable to the non-Sāmoan regulated health workforce, to which the findings will also be disseminated (Brewer et al., 2014).

Moreover, Interpretive Description is an interpretive and naturalistic methodology developed by nursing scholars Thorne et al. in 1997 that delivers findings relevant to clinical health environments (Thorne, 2016; Thorne et al., 1997). Despite its nursing origins, Interpretive Description has evolved into a research approach suitable for various health disciplines (Elliott et al., 2025; Thompson Burdine et al., 2021). It focuses on studying social phenomena in their natural setting, capturing subjective perceptions and understandings of a health-related experience, and interpreting them to inform credible and meaningful clinical understanding (Thorne et al., 1997). Drawing on and adding the strengths of Interpretive Description to this research brings the critical advantage of a practice orientation that generates health-related, clinically relevant understandings that are directly actionable in real-world education, practice, and policy.

Although no previous research has been found that positions Fa'afaletui alongside Interpretive Description, Interpretive Description has been used effectively in combination with other indigenous methodologies, including Kaupapa Māori Research (Brewer et al., 2014), as well as in research on support for health workers (Timmins et al., 2023). Moreover, Interpretive Description has the potential to work alongside Fa'afaletui due to its non-categorical approach, which is free of the rigid constraints found in more traditional methodologies, and its shared epistemological stance which recognises that knowledge is co-constructed rather than already existing (Hunt, 2009; Thorne, 2016). Additionally, Interpretive Description has flexibility in data collection and analysis, allowing the collective weaving approach central to Fa'afaletui to be undertaken (Brewer et al., 2014; Thorne et al., 1997). Interpretive Description also encourages the researcher to collaborate and co-construct the research alongside the participants, supporting the strengths observed in Fa'afaletui. Galuvao (2016) further claims that Fa'afaletui is an interpretive phenomenological approach as participants discuss how they understand, interpret, and make sense of their experiences. This interpretive dimension enables Fa'afaletui to align with the strengths of

Interpretive Description, working together to provide practical outcomes to inform or support policy reform.

Interpretive Description is inherently inductive as it focuses on generating knowledge directly from the data collected. As defined by Braun and Clarke (2006), reflexive thematic analysis is an inductive method for analysing data; it provides a clear analytical process and explicitly acknowledges the researcher's active and reflexive role in knowledge production (Braun & Clarke, 2022). This approach was chosen to strengthen the data analysis which required an iterative process with concurrent data collection and analysis (Wilson, 2025). Mafie'o et al. (2024) argued that the reflexive thematic analysis approach is linear, rigid, and systematic, involving purely external observation. In contrast, Pacific-Indigenous data are non-linear, holistic, and spiritual, carrying lived experiences with intergenerational knowledge and requiring more intricate and specialised analysis methods. However, reflexive thematic analysis can fit within the Pacific worldview and Fa'afaletui, as it is a flexible tool that enables a rich, detailed, and complex account of the data. It offers theoretical flexibility and can fit within many qualitative paradigms, allowing the specific analysis required (Braun & Clarke, 2006; Terry & Hayfield, 2026). Furthermore, while interpretive Description comes with an applied qualitative-health orientation, reflexive thematic analysis allows the development of knowledge that may not intend to specifically inform clinical practice (Wilson, 2025).

The use of Interpretive Description alongside Fa'afaletui continues throughout the project, as seen in knowledge translation. The Fa'afaletui value of reciprocity and maintaining the continuation of vā was honoured by initially presenting findings back to the participants and communities involved in the project (Faleolo, 2021), while Interpretive Description approaches were used to translate clinical knowledge to spaces through traditional publications and conference presentations (Thorne, 2016). The collaborative approach of Fa'afaletui and Interpretive Description highlights the strengths of each methodology and clearly aligns the research with those involved and the environments they serve.

Chapter 5 Methods

This chapter follows the Fa'afaletui and Interpretive Description methodological framework and outlines the methods used to collect and analyse knowledge from the Sāmoan health worker and Sāmoan community participants. A total of 23 participants, all Sāmoan, offered insights and represented a collective lens with experience or the ability to address the research questions surrounding Sāmoan health worker wellbeing, their roles within healthcare settings, and how their professional practices might receive enhanced support. Purposeful sampling was implemented to capture diverse perspectives from Sāmoan health workers and their community. Data collection occurred through two fa'afaletui discussion groups held in Porirua and Manukau. The discussions were analysed initially through collective discussions within the fa'afaletui, transcribed verbatim, and further analysed using the reflexive thematic analysis approach to discern key patterns within the data.

This chapter also addresses measures taken to ensure authenticity, respect, and meaningful engagement, while discussing the necessary ethical approvals and considerations, particularly the interplay between Western and Pacific ethical frameworks. The chapter concludes by detailing the research consultation approach and the subsequent dissemination plan.

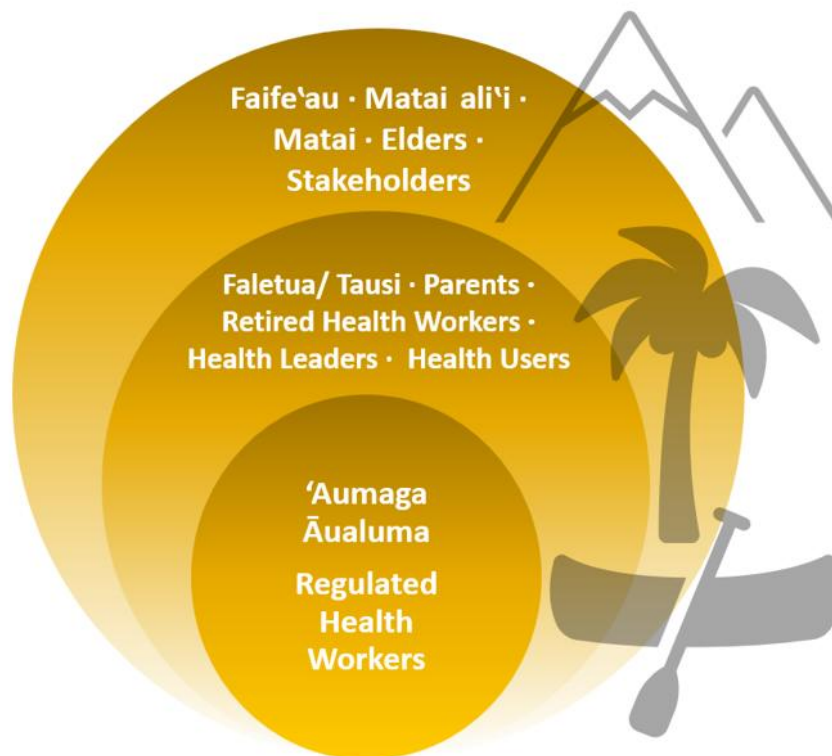
5.1 Participants

The Fa'afaletui foundations lie with collectiveness and connectedness, honouring and respecting knowledge from all stakeholders (Goodyear-Smith & 'Ofanoa, 2022). Fairbairn-Dunlop et al. (2014) reported concerns when undertaking Fa'afaletui, noting that researchers typically consult Pacific Island-born elders, religious ministers, and those of high status, often missing the perspectives of those closest to the source. Therefore, this research aimed to ensure participant perspectives provided a holistic view of the issues, with participants sought from the three varying and wide-ranging viewpoints relating to the Sāmoan health workforce: the Mountaintop, Treetop, and Canoe fishing metaphors; and the traditional fa'afaletui-a-matai process (shown in Figure 2).

The Mountaintop or matai ali'i perspective aimed to include religious ministers (faife'au), titled members (matai ali'i and matai), elders, and stakeholders within the health sectors. Church ministers are highly respected and hold significant authority in Sāmoan culture, being both trusted by their church members and the wider community (Hopoi & Nosa, 2020). The Treetop or failauga perspective would include faletua, tausi, parents and 'āiga of health workers, retired health workers, health worker leaders or champions, and health users. The Canoe or matai perspective would include 'aumaga, āualuma, and current Sāmoan regulated health workers. The Mountaintop view is further informed by the scoping review, providing the researchers and participants with information of the existing literature regarding wellbeing and support for Sāmoan health workers (Goodyear-Smith & 'Ofanoa, 2022).

Figure 2

Participant Viewpoints from the Mountaintop, Treetop, and Canoe



Note. Faife'au = church minister; Matai ali'i = high chief; Matai = chief; Faletua = wife of a chief or pastor; Tausi = wife of an orator; 'Aumaga = untitled men of the village; Āualuma = unmarried ladies of the village.

Participants were eligible to participate if they:

- a. Self-identified as ethnically Sāmoan.
- b. Could speak to the wellbeing and roles of Sāmoan health workers.
- c. Could converse in English. The Sāmoan language can hold the key to understanding the meaning of important cultural concepts and nuances; therefore, participants could speak in Gagana Sāmoa during fa'afaletui group discussions as needed (Tamasese et al., 2005).
- d. Could give informed consent.
- e. Resided in AoNZ.

And for participants in the Canoe perspective only:

- f. Currently or previously had been part of the regulated health workforce defined by the Ministry of Health (2003) as having national registration under either the Health

Practitioners Competence Assurance Act 2003, the Social Workers Registration Act 2003 or were self-regulated by a professional body.

Sāmoan health workers and community members who fulfilled these criteria were considered appropriate for recruitment as they represent people with experience and insights into the wellbeing and support of Sāmoan health workers in AoNZ. Responses to the demographic questionnaire (Appendix U: Demographic Sheet) aided in informing the selection of participants for the fa'afaletui group discussions with differing characteristics such as title, ethnicity, place of birth, age, gender, occupation, geographical location, undergraduate qualification, highest level of qualification, and level of experience within the health sector.

Potential participants were excluded if they did not speak sufficient English to participate, could not consent for themselves, or had a supervisory, managerial, or familial relationship with me. No potential participants were excluded due to insufficient English proficiency or inability to self-consent. However, one potential participant was excluded due to a familial relationship with me and is discussed in section 7.5.4 Positively Pacific.

5.2 Sample Size

At the start of recruitment, a sample size of 30 to 45 Sāmoan health workers and community members was sought. This predetermined sample size was based on previous research and was selected to sufficiently address the research questions and to provide adequate information power (Malterud et al., 2016; Thorne, 2016). However, the use of reflexive thematic analysis, which allows for simultaneous data collection and analysis, enabled real-time reflection to inform further sampling and recruitment decisions.

The sample size was based on similar Pacific qualitative research using the Fa'afaletui methodology. McCarthy et al. (2011) included 16 participants (four groups of spouses and two focus groups), while Tamasese et al. (2005) included 42 participants (14 fa'afaletui group discussions). Two further studies using Fa'afaletui in the AoNZ health context had smaller sample sizes. Ete-Rasch and Nelson (2013) included 11 participants, and Mulipola et al. (2023) had 13 participants. However, both studies reported limited or missing perspectives, suggesting that larger sample sizes were needed to capture a broader range of viewpoints.

Qualitative studies on Pacific health worker wellbeing were also reviewed to inform the sample size. Sample sizes in qualitative studies included in my scoping review (Study One—Scoping Review: Timmins et al., 2025) ranged from three participants (Logovae, 2002; Smith et al., 2021) to 53 participants (Suaalii-Sauni et al., 2022). However, a closer examination of sample sizes showed most studies had sample sizes of 22 participants or fewer, with a median sample size of nine participants (Ape-Esera et al., 2009; Biggs, 2023; Blattner et al., 2022; Came et al., 2019; Mullane et al., 2022; Reddy et al., 2023; Taito, 2022; Timmins et al., 2023; Tofi, 2021; Tupou, 2011; Tutone

et al., 2023). Many of these studies also noted the limitations of their small sample sizes but recognised that participants held wide-ranging perspectives, which positively influenced the breadth and depth of the data.

In keeping with more recent AoNZ Pacific health-based research using Interpretive Description (Biggs, 2023; Bright et al., 2024; Stretton et al., 2022; Timmins et al., 2023; Tofi et al., 2025), I chose to use the Information Power approach described by Malterud et al. (2016) to further inform my sample size. The information power model considers the study aim, sample specificity, theoretical background, quality of dialogue, and analysis strategy. These considerations were applied below and contributed to the final sample size aim:

- The aim of the study is broad. Although the study concerns a specific experience (Sāmoan health worker wellbeing and support), it requires a larger sample as the study phenomenon is more comprehensive.
- A broad range of insights is sought, therefore requiring a larger sample.
- There is no previous research on the theory relating to the topic, indicating that a smaller sample size is required.
- The quality of dialogue between the participants and me may provide some challenges. I have experience in research, including qualitative research (interviews), as well as my own experiences as a health worker in the AoNZ context. However, there are ethnic disparities between the participants and me that may limit my ability to communicate effectively, understand nuances, and ensure the phenomenon is accurately captured. Therefore, a larger sample size is required.
- The analysis is a co-constructing process, first involving the participants and then myself in the form of reflexive thematic analysis. Furthermore, the aim of the research is to create clinical description rather than an abstraction or a new theory. Therefore, a larger sample size is required.

5.3 Sampling and Recruitment

Purposeful and snowball sampling were used concurrently to identify potential participants. Purposeful sampling was employed to ensure a diverse range of perspectives (Mountaintop, Treetop, Canoe) and demographics, including title, gender, place of birth, profession, geographical location, and level of experience within the health sector, were represented. These characteristics were important as they could capture the practice phenomena across time and context. Potential participants were screened for these characteristics as they responded to the study advertisement,

shown in Figure 3. The extent to which diversity could be achieved on these characteristics thus depended on the available sample pool.

Figure 3

Fa'afaletui Advertisement



Sāmoan health workers and community

Research Participants needed

Talofa! O lo'u igoa o Josie Timmins and as part of my PhD research through the Auckland University of Technology I would appreciate your participation in this study where the aim is to learn from you about the wellbeing and support of Sāmoan health workers in Aotearoa.

As a participant in the study, you will be invited to attend one recorded, fa'afaletui group discussion where you will talk collectively with other Sāmoan people about Sāmoan health worker issues. The fa'afaletui group discussion will take between 1-2 hours and will be followed by sharing mea'ai together. Fa'afaletui are scheduled for Wellington and Auckland.

Wellington- Thursday 18th July, 5pm at Pātaka, Porirua

Auckland- Wednesday 14th August, 5pm AUT South Campus, Manukau

Please get in touch if you are:

A Sāmoan registered health worker

OR

**A Sāmoan community member who
has views and knowledge around
Sāmoan health workers**

Fa'afetai tele lava

To show our appreciation for
sharing your knowledge and time
a meāalofa of a \$40 Woolworths
voucher is provided as well as
\$20 towards travel costs

Please **contact** me if you have any questions, or if you would like to participate

josie.timmins@aut.ac.nz ☎ 021 991 870 ☎ [linkedin.com/in/josie-timmins/](https://www.linkedin.com/in/josie-timmins/)

[Click here or scan the QR code for further information](#)

Ethics approval 24/39 • Health Research Council funded



Snowball sampling was employed as it aligns with the Pacific Health Research Guidelines, which emphasise the importance of establishing trust and positive relationships when undertaking research with Pacific communities (Enari, 2021b; Health Research Council of New Zealand, 2014; McCarthy et al., 2011). This word-of-mouth approach is also familiar to Pacific peoples and can help recruit more difficult-to-reach groups (Boon-Nanai et al., 2017).

5.4 Advertising

Advertising was undertaken between May and July of 2024. An email was sent to Sāmoan health worker regulated professional associations asking that they advertise the study to their members (email, website, newsletter, social media) (Appendix F: Fa'afaletui Advertisement Email). An email was also sent to Pacific and Sāmoan health worker associations, including the Pasifika Medical Association, Pasifika Physiotherapy Association, and Sāmoan Nursing Association, asking them to advertise the study through their membership. Furthermore, all professional association board and committee members were searched, and any Pacific person found was emailed directly. Where advertising via professional associations was subject to charges, alternative avenues were sought, including through personal contacts. Advertisements were posted on my personal social media (LinkedIn) and sent to professional and personal networks for them to share with their networks and followers.

A more targeted recruitment approach was also used, which included advertising through in-person and online meetings with personal connections, including Pacific health workers, Pacific and Māori researchers, church ministers and congregation, an online presentation at my Gagana Sāmoa culture and language class, and an online presentation at the Pasifika Physiotherapy Association Coconnect event. Potential participants at each meeting (both in-person and online) were informed about the research, asked to consider participating if they met the inclusion criteria, and encouraged to further disseminate the information and message to their own Sāmoan communities. This targeted recruitment through multiple in-person and online meetings had a dual purpose: it was key for establishing and maintaining relational vā with my Sāmoan community and allowed potential participants to better understand my positioning and the relevance of the research, thereby underscoring the importance of the community service it aimed to provide (Moanaroa Pacific Research Network, 2025).

5.5 Data Collection

Fa'afaletui discussion groups were selected for data collection as an appropriate way of talanoa for Sāmoan people, allowing room for considered opinion, collective decision-making, and significant discussion (Tamasese, 2002). Fa'afaletui discussion groups, as part of an indigenous-based methodology, allow traditions, values, and beliefs to be explored through research with participants rather than about them, thereby empowering the whole family and community to participate in the

discussion (Tuafuti, 2011). Fa'afaletui discussion groups differ from focus groups in that they observe cultural formalities where formal data collection is undertaken and conflicting perspectives and opinions can be openly debated, decisions made, and knowledge co-constructed while maintaining respectful relationships of *vā tapuia* and *vā fa'aaaloalo* (relational respect) (Tuia & Cobb, 2021).

5.5.1 Fa'afaletui Geographical Locations

I decided to undertake two fa'afaletui, one in Auckland and one in Wellington. These two geographical locations were chosen because most Sāmoan people in AoNZ live in Auckland (63.7%), with Wellington having the second largest group (13.5%) (Statistics New Zealand, 2025b). Additionally, 60% of the Pacific nursing workforce is concentrated in Auckland, while the second-highest concentration can be found in Wellington with 17% (Nursing Council of New Zealand | Te Kaunihera Tapuhi o Aotearoa, 2019). My supervisors and me also had more personal Sāmoan community contacts in Auckland and Wellington, which helped recruitment in these locations. While the initial planning included contingency for one additional fa'afaletui at a different geographical location, this was not required.

Initial participant responses also supported selecting the two fa'afaletui locations, as I only received three inquiries of potential participants not based in Auckland or Wellington. One potential participant from Christchurch had a target demographic that could improve the diversity of the participant group. I therefore offered to cover this potential participant's travel costs to attend the Wellington fa'afaletui. Unfortunately, no response was received following this offer. The other two participants asked if online attendance was possible; however, this did not fit the nature of the research, and ultimately enough participants could be recruited to conduct the fa'afaletui with in-person attendance only.

Potential participants who met the sampling criteria were contacted and invited to participate in one of the two in-person fa'afaletui. Exact participant numbers were difficult to ascertain prior to the fa'afaletui as formal notice of participation was only received from a small number of participants. Therefore, before each fa'afaletui, additional event reminders were emailed to participants providing access information and encouraging others to participate if available (Appendix G: Fa'afaletui Event Reminder Emails).

5.5.2 Fa'afaletui discussion procedures

Researcher Preparation

Flavell and Cunningham (2023) recommend that non-Pacific researchers take opportunities to build relationships with the Pacific community and observe and partake in cultural proceedings. To better understand fa'afaletui procedures, I attended a Sāmoan Bible study class at Titahi Bay Community Church, conducted by the Faife'au and Faletua. The class was undertaken in Gagana

Sāmoa, and although I was unable to understand the full conversations, I was able to observe the cultural protocols, especially the approach to gender-based separation in discussion groups, which created a safe environment for parishioners to speak openly without interruption. Furthermore, I attended two research workshops prior to the fa'afaletui. These research workshops, although they were not Pacific-based research, allowed me to become familiar with general proceedings, hosting participants in person, and organising venues and catering.

Fa'afaletui Space and Environment

The Wellington fa'afaletui was undertaken at Pātaka Art and Museum in Porirua, an established cultural community centre, and the Auckland fa'afaletui was held at Auckland University of Technology, Manukau. Both venues were chosen for their familiarity, recognisable spaces, and accessibility to participants, aiding the creation of culturally safe spaces for discussions to occur (Fairbairn-Dunlop et al., 2014). The two venues were private and spacious enough to accommodate four separate tables around the room. This was important to ensure there was enough room to allow for the necessary separation and for participants to engage in cultural hierarchy and protocols. Attending to cultural protocols when engaging with Sāmoan people is a vital part of researching Sāmoan culture, as it is imperative to respond appropriately to participants of recognised status in Sāmoan society (Seiuli, 2016). Participants were able to choose where they wanted to sit, allowing them to sit in groups aligned with their cultural and professional status and in which they felt comfortable (Mafile'o et al., 2024). Additional seating was provided at each table to accommodate as many participants as required within each group.

Participants could choose to position themselves within a fa'afaletui group discussion based on roles and responsibilities within traditional social arrangements, for example: faife'au, matai ali'i, failauga, and matai could separate from untitled men, and the wives of matai (faletua and tausi) and faife'au (faletua), could separate from other female groups (Tamasese et al., 1997). This separation of genders is shown to facilitate relationships and protocols appropriately and allows subjects that cannot be discussed between genders to be addressed, thus acknowledging and respecting vā tapuia and creating a safe and inclusive space (Fainga'a-Manu Sione, 2022; Seiuli, 2016). The cultural hierarchical separation is also used to help protect the voices of non-titled members who may refrain from disagreeing with ideas and actions out of respect for their authoritative figures, ensuring all voices are captured (Tualaulelei & McFall-McCaffery, 2019). Following traditional fa'afaletui cultural values, participants took turns speaking and critiquing in a polite and peaceful manner, showing respect for one another (Galuvao, 2016).

Fa'afaletui Discussion Opening

Demographic information sheets (Appendix U: Demographic Sheet) and consent forms (Appendix L: Consent Form) were completed before the fa'afaletui commenced. Participants were briefed on the purpose of the fa'afaletui and provided the opportunity to have questions answered and give

consent (Mulipola et al., 2023). Participants were provided with an estimated timeframe of one to two hours for the fa'afaletui group discussions. This allowed the time necessary for Sāmoan customary communication protocols to be observed and respected (Fairbairn-Dunlop et al., 2014).

In accordance with Sāmoan cultural protocols, the fa'afaletui was initiated and concluded with tatalo lead by the cultural advisor or participating faife'au and/or matai. *Fa'atūlima* (an exchange of gifts to build relationships within communities) is a practice that establishes vā between guests and host by acknowledging titles and designations within the group, assisting in engaging participants, and affording them respect and honour prior to the start of the research (Palaamo, 2018). I provided an opening speech in Gagana Sāmoa, acknowledging the faife'au, matai, research Āiga and participants. This also allowed participants who had not met me in person to learn about my personal background and the relevance of the research. Physical gifts were also provided at the conclusion of the fa'afaletui and are discussed further in 5.9 Cultural Considerations.

Fa'afaletui Questions

A strength of fa'afaletui is the participants' ability to freely engage in discussion, contemplate challenges, and exchange ideas with one another without restriction (Galuvao, 2016). Three semi-structured, open-ended questions were used not to influence or direct discussion, but rather as starting points for conversations that allow participants to guide the talanoa within the fa'afaletui in their own direction and discuss issues they perceive as important (Tupuola, 1994). This provided additional respect for the participants' knowledge by opening a dialogue of space that allowed them to talk about what they wanted (McCarthy et al., 2011; Suaalii-Sauni & Fulu-Aiolupotea, 2014).

The questions were: 1) What works well for Sāmoan health workers?—What do they like about their job?, 2) What doesn't work well for Sāmoan health workers?—What issues do they face?, and 3) What can be done better for Sāmoan health workers?—for their wellbeing, to keep them in their profession, and to support our Sāmoan health workers (Appendix M: Fa'afaletui Participant Questions). These questions encouraged participants to talanoa about themselves, reflect upon the AoNZ healthcare sector, their connections with the Sāmoan health workforce, and any issues or improvements needed.

The questions were based on similar Pacific-based qualitative research (Biggs, 2023; Logovae, 2002; Taito, 2022) and were phrased intentionally broad to allow discussion from all participants present, whether from the Mountaintop, Treetop, or Canoe perspective. The questions were reviewed and refined with the research 'Āiga prior to the fa'afaletui and when a question was deemed to focus on answers from the Sāmoan health workers only, it was changed to elicit a wider response.

Oral Data Collection

Oral data collection was prioritised during fa'afaletui discussions, as oral knowledge sharing is essential to Pacific research. Traditionally, orality is how Pacific knowledge is held and how knowledge co-generation is conducted (Mafile'o et al., 2024). Gagana Sāmoa was encouraged, alongside English, to be spoken either formally or informally. The formal Gagana Sāmoa is used ritually, and knowledge is most often presented, with body language to convey context and meaning. Therefore, the fa'afaletui discussions were recorded using both digital video and audio recorders (one video recorder set to capture the whole space and one or two audio recorders stationed at each table) to ensure the whole meaning was captured and could be interpreted correctly by researchers fluent in Gagana Sāmoa and Fa'aSāmoa (Tamasese, 2002).

Pacific contexts require full engagement from the researcher, seeking to understand both verbal and non-verbal language used (Faleolo, 2021). Furthermore, Tamasese et al. (1997) reported that any research interview with Sāmoan-speaking participants requires a researcher to be fluent in the language to understand what is being conveyed, to respond appropriately, and to bridge the worldviews. As my Gagana Sāmoa was not sufficiently proficient, a cultural advisor, who is fluent in Gagana Sāmoa and Fa'aSāmoa, was present at both fa'afaletui.

During the fa'afaletui discussions, I moved between groups, staying only briefly if participants had questions, then moving away once conversations began. Moving away limited any impact on sacred spaces I might cause. Vaioleti (2006) reported that participants will only disclose information when they feel the time is right and the context is appropriate. Had these cultural protocols been ignored, participants might have chosen not to discuss sensitive topics or altered what they shared during the session.

Supplementary field notes were written after each fa'afaletui, as notetaking during the event seemed to indicate a lack of active involvement. Observations made during the discussions, such as reactions, nonverbal language and annotations of emerging themes, were noted as they helped contextualise the data during analysis and maintain the integrity of the participants' stories (Thorne, 2008). The official part of the fa'afaletui was deemed completed when participants naturally concluded their discussion, following this food was shared and *meāalofa* (gift, present) presented (Mulipola et al., 2023; Tofi et al., 2025). Please refer to section 5.9 Cultural Considerations for additional information on the provision of traditional Sāmoan food and meāalofa for participants.

5.6 Analysis

A co-constructed and concurrent analysis was conducted between the participants and me, with the data analysis aligning with both the Fa'afaletui and Interpretive Description methodologies. This allowed for constant reflection, raised critical questions, identified initial themes, and enabled

challenging initial thoughts and pivoting to align more closely with the participants (Hunt, 2009; Thorne, 2016).

5.6.1 Co-Constructed Analysis

The participants completed initial analyses as they collectively developed outcomes during each fa'afaletui group discussion. The dynamic process of gathering information, sharing and weaving knowledge from different viewpoints, and imparting transformative knowledge is core to the Fa'afaletui methodology (Mafile'o et al., 2024). Furthermore, participants were able to question and challenge ideas and reasoning while still maintaining relational vā. Their questions and measured objections to each other elicited deeper thought and analysis during the discussions. The co-constructed analysis was further portrayed during the *Fa'ai'uga* (a customary show of respect in closing a discussion, where main points are summarised with a focus on agreement, positive outputs, and acknowledging the collective input) when participants from separate discussion groups addressed the room at the conclusion of the fa'afaletui, sharing key points, personal learnings, feedback, and encouragement to other participants and the research team. This further demonstrated the dynamic fluidity of fa'afaletui and its intricate weaving (Mafile'o et al., 2024).

5.6.2 Researcher-Lead Analysis

My engagement in the data analysis involved collaborating throughout while maintaining vā tapuia and vā fa'aaloalo, and undertaking reflexive thematic analysis (Suaalii-Sauni & Fulu-Aiolupotea, 2014; Tuia & Cobb, 2021). Braun and Clarke's (2006) reflexive thematic analysis involves iterative and recursive phases. Initially, I became familiar with the data by attending fa'afaletui, engaging repeatedly with it when transcribing all data verbatim, listening to and re-listening to data sets, and reading and re-reading transcripts. Video data were checked to align voices with participants if this was not clear in the audio recordings.

Alongside the familiarisation and data transcription, I manually coded all transcripts with inductive coding before developing latent codes. Theme development involved examining the codes and combining them into meaningful patterns. While participants had weaved outcomes, my role as the researcher involved hearing and grappling with the nuances of co-constructed analysis, exploring the discussion, and understanding the essence of the outcomes presented allowing them to succinctly tell a story. Additionally, this analysis involved aligning and weaving the different viewpoints (Mountaintop, Treetop, and Canoe) to ensure strong connections were present.

Regular supervision meetings were held to check coding and theme development. Furthermore, having input from a Sāmoan supervisor and the involvement of a Sāmoan cultural advisor and research 'Āiga helped guide cultural themes. Provisional themes developed were presented to my supervisors for review and refinement, allowing further discussion to be carried out in collaboration

with senior researchers, Sāmoan academics, and those with in-depth knowledge of the Sāmoan culture.

Gagana Sāmoa Analysis

Rangiwai et al. (2021) argued that reflexive thematic analysis privileges the English language and suggests that the participants and researcher share the same culture and language to ensure that the nuances of the language and culture are accurately captured, and outcomes can positively benefit communities. Furthermore, Tamasese et al. (2005) reported a loss of essence from information when translations were undertaken prior to analysis and recommended that data analysis continue in the original language of the participants.

A mix of English and Gagana Sāmoa were used throughout this research, which reflects the identities and contexts of the participants involved as being Sāmoan and living in AoNZ and is a part of contemporary Pacific research (Tualaulelei & McFall-McCaffery, 2019). The data provided by participants were predominantly in English. When Gagana Sāmoa was used, I was able to personally translate the meanings, and when longer conversations were held in Gagana Sāmoa it was often repeated in English as participants were aware of other group members and me not being fluent in the language. However, as Gagana Sāmoa was used and translations required, I received guidance from independent Sāmoan cultural and language experts who were involved in translating data from Gagana Sāmoa to English where possible, providing contextual explanations needed to understand culturally based data, and ensuring that participants' contributions to the co-constructed and interwoven meanings and stories were not lost (Enari & Taula, 2022).

Soaking the Laufala

The theme development was an extended process taking place over the Christmas holiday period and beyond. In my efforts to continue ensuring cultural accuracy, I needed to sit with the data, reflect, and ultimately feel comfortable with how the participants' knowledge was being presented. Although this process was undertaken organically, it reflects work by Sione (2023), who, while using the Fala methodology, described the analysis of her Tongan-based research to include Tuku 'i tahi (soaking in the ocean), where laufala leaves are bundled together and soaked in the ocean for three to four weeks for the purpose of changing the colour and texture of the leaves. This process represents a time during the analysis when the researcher can step back from the data to gain space to better grapple with any cultural tensions. Sione (2023) explained that the soaking method of the Fala methodology is not about analysis, but about removing human involvement and allowing the environment to participate in transforming the leaves to enable the weaving of new knowledge.

Although this process is not defined in the Fa'afaletui methodology, it signifies part of the weaving metaphor as the weaving of an 'ie toga requires a similar process where laufala are soaked in the

sea for around five days to soften the material (Kivafellows, 2009). This process, undertaken during the analysis, resonated with me as I felt I needed time and space away from the data, to allow the data to ‘soak’, to reflect more holistically, consider cultural challenges to developing themes, and return to it with a clearer understanding and way forward. This aided in co-constructing, forming a shared understanding, and co-producing actionable steps towards the wellbeing of Sāmoan health workers prior to the analysis being finalised and dissemination taking place (McCarthy et al., 2011; Tamasese et al., 2005).

5.7 Authenticity, Respect and Meaningfulness to Sāmoan Communities

To address and demonstrate authenticity, respect, and meaningfulness to Sāmoan communities, I report here the processes used to enhance the transparency and trustworthiness of the research, thus providing the reader with confidence that the design, methods, data, and interpretation are of high quality, and that they can trust the research undertaken and that the outcomes are culturally appropriate, and deeply respectful of the Pacific and Sāmoan worldviews, values, and knowledge systems (Thorne et al., 1997; Tualaulelei & McFall-McCaffery, 2019). Thorne’s (2008) guidelines to Interpretive Description are also addressed to strengthen the credibility of findings which may be applied to the healthcare sector. The guiding principles include epistemological integrity, representative credibility, analytic logic, and interpretive authority. Further to this, Thorne (2016) discussed a more subtle research critique which can be applied to situate research in the disciplinary, social, and historical contexts in which it takes place: moral defensibility, disciplinary relevance, pragmatic obligation, contextual awareness, and probable truth, which, alongside the guiding principles, will be commented on. The general principles of rigour, credibility, and subtle critique are discussed below, with specific mention to the guiding principles alongside ensuring cultural credibility of the methodology, methods, and knowledge translation.

5.7.1 General Principles for Rigour and Credibility

Epistemological Integrity

Epistemological integrity refers to the alignment of the study questions with the researcher’s epistemological standpoint. Thorne (2016) and Enari (2021b) requested researchers disclose their epistemological positioning so strategies can be formed to respect these positions. From the outset of this study, I was open and aware of my positionality and the ongoing education and reflection required to identify and address any biases and prejudices I brought to the research. Continuous challenging of these biases and prejudices occurred throughout the research process, by the research Āiga and my supervisors, to further develop my thought process and ideas. Furthermore, when internal conflict arose in the data analysis, time was taken to “soak” the data to remove biases and ensure I sat comfortable with the findings and that they would provide positively for the Sāmoan community.

Representative Credibility

Representative credibility requires researchers to recognise that their research makes theoretical claims relevant to the context in which it has been undertaken (Thorne, 2016). Representative credibility also involves ensuring deep and sustained involvement with the phenomenon (Thorne, 2016). Deep involvement is shown by gaining knowledge through the many Mountaintop, Treetop, and Canoe perspectives and involving diverse key informants representing the Sāmoan health workforce and their communities. The fa'afaletui questions guided open discussions and talanoa amongst the participants, and cultural proceedings provided opportunities for participants to freely discuss and safely challenge ideas.

Analytic Logic

Analytic logic represents accessible evidence throughout the research, ensuring qualitative studies are transparent in their structures, interpretations, and knowledge claims (Thorne, 2016; Thorne et al., 2004). This is shown through thoughtfully designed and clearly written methods with reference to Pacific-based research. Care was taken to not simply present the methods but to cloak them in Pacific-based references to provide the validity and credibility befitting them. This approach pays respect to the knowledge gifted by the Pacific academics and serves as a guide for future Pacific researchers.

Interpretive Authority

Interpretive authority ensures that the researcher's interpretations of the data and presentation of the findings are trustworthy. Similar to the triangulation method described by Mulipola et al. (2023), the data analysis was initially co-constructed by the participants, with my analysis reviewed by my supervisors, one of whom is a Sāmoan researcher. My Gagana Sāmoa interpretation was also reviewed by independent Sāmoan cultural and language experts and by my Sāmoan research supervisor.

Interpretive authority was also acknowledged in the actions of the research participants who during the fa'ai'uga following the fa'afaletui and *fa'afaletui o fa'aāliga o i'uga o su'esu'ega* (presentation of fa'afaletui findings) presentation (discussed further in section 5.11.2 Academic Dissemination), formally spoke, gave thanks through song, and publicly posted on social media their acceptance and encouragement of the research.

5.7.2 Subtle Critique

Moral Defensibility, Disciplinary Relevance, Contextual Awareness

Moral defensibility and disciplinary relevance seek convincing claims about the purpose of gaining knowledge and how this knowledge will be used (Thorne, 2016). The study outlined from the beginning that this research aimed to validate the experiences of Sāmoan health workers, create

more authentic knowledge, and provide solutions to the issues they faced. Improving the health outcomes of Sāmoan people in AoNZ was discussed in detail throughout Chapter One. Furthermore, the in-depth Pacific-based literature search completed in Study One indicated a lack of knowledge around the wellbeing of Sāmoan health workers and the importance of understanding their wellbeing needs for the development and sustainability of the Sāmoan health workforce in AoNZ.

Sanga and Reynolds (2017) described the importance of contextual awareness and how research is placed socio-historically, where respect is given to the past and provides the grounding for future research. This was shown through the background work presented throughout the research, especially in Chapter Two, which details the history of Pacific peoples in AoNZ as well as the long and checkered history between Sāmoa and AoNZ, which together provide contextual awareness of Sāmoan health workers in AoNZ.

5.8 Ethics

5.8.1 Ethics Approval

Health research undertaken in AoNZ must meet ethical standards set by the National Ethics Advisory Committee. Regulated ethics committees then check and approve these standards (National Ethics Advisory Committee, 2021). Ethics approval for this research was sought and approved by the Auckland University Ethics Committee (AUTEC approval number: 24/39) (Appendix E: Auckland University of Technology Ethics Committee Approval Letter) prior to commencing recruitment.

Western-based theories and research methods can conflict with Pacific notions of ethics, ultimately undermining and overshadowing the *vā* (Anae, 2019). While the Western notion of ethics was adhered to, this study focused on being culturally safe and appropriate with conduct honouring respect, relationship, reciprocity, and enacting the *vā*. Further description of the Pacific and Western ethical and cultural considerations are provided below.

5.8.2 Ethical Considerations

Informed and voluntary Consent

Information was provided through formal and informal *talanoa* and *fono* (meetings), through a formal written information sheet (Appendix N: Information Sheet), and further provided orally at the beginning of both *fa'afaletui* events. Participants were given time to discuss any aspects directly with me or my supervisors and were encouraged to consult their support people or *'āiga* as well as bring them to the *fa'afaletui* discussion.

Formal consent was obtained through the consent form (Appendix L: Consent Form). However, consent was an ongoing process in which participants could decide to only engage in certain

aspects of the fa'afaletui, withdraw altogether, or rejoin the study at any point time prior to the production of findings.

Privacy and Confidentiality

It was essential to maintain participants' privacy and confidentiality throughout the research process and in the dissemination of findings. This is especially important in the Sāmoan context, as participants may be reluctant to voice their honest opinions due to concerns about trust and confidentiality (Pio & Nosa, 2020). Gaining participants' trust could be particularly challenging for me, as an outsider/Pālagi. In contrast, my outsider positionality may offer benefits, as my connections with the Sāmoan community are limited; I am less likely to know their 'āiga/'āiga *potopoto* (extended family) and could be considered less of a risk of hypothetical breaches. Furthermore, meaningful reciprocal dialogue and respectful relationships were developed between the participants and me, which were nurtured to foster safe relational spaces for knowledge sharing and to elicit honest opinions, as trust and respect had been established (Faleolo, 2021).

Vā tapuia was central to the decision-making process when cultural protocols conflicted with ethical considerations. At the end of the Wellington fa'afaletui, participants gathered for a group photo at the request of participating elders. Although allowing pictures identifying participants has the potential to breach privacy, it was considered culturally appropriate at the time, with the cultural advisor signalling for the photo to be allowed as a sign of respect and reciprocity. In this situation, personal research ethics involved communal decision-making and recognition of oral and participatory consent (Msoroka & Amundsen, 2018). This also aligns with Flavell and Cunningham (2023), who advised being responsive to participants and having flexibility to events and interactions as they unfold in Pacific-based research. Although photos were taken, I requested that they not be shared widely; however, the communal participation consent must be adhered to as an infield decision. Furthermore, although the photo was taken, dissemination of knowledge provided by participants will ensure confidentiality for those who requested it.

Participants were asked in the consent forms (Appendix L: Consent Form) whether they wanted their real names or titles quoted when findings were disseminated, to show respect and reciprocity for the knowledge they provided to the research. In Pacific cultures, names carry identity and generational history, providing knowledge on ancestors, 'āiga, and village, and can be more important than a job title or societal position (Borell & Enari, 2024). Participant naming usually violates the confidentiality required in AoNZ Western-based ethics. However, named participants in the study by Boon-Nanai et al. (2022) believed the Pacific way of naming participants' voices provided reciprocity, respect, and acknowledgement to the giver of knowledge. Furthermore, Suaalii-Sauni (2017) highlighted the importance of Sāmoan names and the values and traditions they carry and used the authors' first names alongside their surnames in her writing. Participants

who chose not to use their real names were reassured of confidentiality, as identifying information was removed before results were disseminated.

Data Sovereignty and Storage

Pacific data sovereignty calls for respect for Pacific cultural protocols, values, and knowledge systems, ensuring that research meaningfully contributes to Pacific communities while safeguarding data in ways that uphold its cultural significance. It also upholds the rights of Pacific communities to control how their data are generated, collected, stored, used, and shared (Moanaroa Pacific Research Network, 2025).

Sāmoan culture is organised around genealogical lines, with knowledge passed through these lines in particular ways (Tamasese, 2002). In this research, deliberate effort was made to create culturally appropriate spaces for the sharing of Sāmoan knowledge and to carefully interweave participants' contributions truthfully, ensuring that the findings positively influence Sāmoan health workers.

Importantly, the knowledge shared is recognised as belonging to Sāmoan health workers and their communities. Through dissemination, this knowledge is returned to the Sāmoan health workforce and made accessible through this thesis and future publications, supporting the work of future Sāmoan health workers and Pacific researchers (Moanaroa Pacific Research Network, 2025).

Alongside data sovereignty, data storage was also handled with explicit care, following AUT's institutional guidelines. All collected participant information was securely stored under multifactor identification and separate from all other data. At the end of the research project, all personal information will be destroyed immediately except that, as required by AUT research and ethics policy, data will be stored for six years following completion of the analysis (Auckland University of Technology | Te Wānanga Aronui o Tāmaki Makau Rau, 2025, n.d.).

5.9 Cultural Considerations

5.9.1 Personal Considerations

From the outset of the research, I was aware of my positioning and the potential limitations this imposed on my understanding of Pacific ways, Fa'aSāmoa, and the skills needed to appropriately undertake Fa'afaletui, including in accompanying participants to the cultural, contextual, and spiritual depths of their sharing and theorising (Vaiotele, 2006). Rangiwai et al. (2021) recognised that capturing accurate information from individual Pacific communities requires the researcher and participants to be from the same culture. In contrast, Flavell and Cunningham (2023) argued non-Pacific researchers can conduct research with Pacific peoples, provided they are deeply mindful and reflective on how to proceed, taking care to exercise any privileges of power.

Therefore, to aid my learning and ability to undertake this research, I undertook education on Sāmoan culture and language, which allowed me to gain an insider perspective of the lived experiences of my participants and deepen my understanding of their way of life. Personally, learning more about Sāmoan language and cultural also allowed me to begin validating my *fa'asinomaga* (identity) by embracing my Sāmoan heritage. This approach is adopted from the anthropological practice of participatory engagement, where the researcher minimises the gap between themselves and the participants, working towards an insider positionality through learning and practising the language and culture (Cleland, 2017). To further develop my understanding and insider positionality, I deepened my engagement with my community church and strengthened my education around Fa'aSāmoa. This included learning to conduct and interpret the *fa'atūlima* or salutations, embodying *māfanafana* and *alofa* within reciprocal relationships, and appropriately articulating the honorifics of my *fa'asinomaga* when acknowledged by the community. Having a beginning knowledge of Gagana Sāmoa also enabled communication and connection with the Sāmoan world, aiding the more accurate capture of nuances in language and culture (Enari & Taula, 2022; Rangiwai et al., 2021). These processes upheld the Fa'aSāmoa protocols and etiquette of *tausi le vā* (maintaining good relationships between people) so that honorifics were revered, honoured, and respectfully acknowledged. Furthermore, this aided in minimising the relational space between me, the researcher, and my Sāmoan participants as engagement was developed appropriately.

5.9.2 Environmental Cultural Considerations

Cultural considerations were embedded throughout the *fa'afaletui* events, supported by my research *Āiga*. *Meāalofa*, literally means 'a thing of love' and was used to foster reciprocity, convey love, appreciation, gratitude and acknowledgment, and affirm relational bonds. It reflects both tangible and intangible expressions of care and connection (Seiuli, 2010). *Meāalofa* is an integral aspect of Sāmoan culture and everyday life and was expressed in this study through culturally significant adornments, traditional gifts, and *mea'ai* (food). Furthermore, Sāmoan cultural adornments of lei on chairs, hibiscus and frangipani centrepieces, and bottled water on tables, although small, provided some visual comfort as participants arrived (see Figure 4 for an illustration of how rooms were set up for the *fa'afaletui*).

Figure 4*Auckland Fa'afaletui Venue Setup*

Many discussions also took place with the research 'Āiga regarding the provision of food following the fa'afaletui. The discussions debated the benefits of providing traditional foods or smaller, healthier options, given that the event was focused on health research. Ultimately, it was decided to provide traditional Sāmoan food as it is a central component of Sāmoan culture and plays a vital role in traditional practices, including nurturing and sustaining communal relationships, and would be an expected practice honouring titled participants (Akbar et al., 2022). Furthermore, the provision of Sāmoan food followed the *vā*, showing a genuine connection and interest that is built through respect and acknowledgement of participants' culture. Foods included *fa'alifu fa'i* (green bananas cooked in coconut cream), *pisupo* (corned beef), *alaisa* (rice), *sapasui* (Sāmoan chop-suey), *panikeke* (Sāmoan doughnuts), *keke* (cake), alongside some English foods such as sandwiches.

Meāalofa were provided for all participants, the cultural advisor, and members of my research 'Āiga in recognition of their time and expertise given to the project. Reciprocity in the form of meāalofa was challenging when navigating Western ways of research and Sāmoan ways of knowing, being, and doing. Similar to the findings in Fainga'a-Manu Sione's (2022) work, the amount of meāalofa budgeted in line with Western ethical standards was small and could be perceived as disrespectful, lacking honour, and a failure to acknowledge the cultural expertise, wisdom, and knowledge of elders and those in authority. Therefore, alongside the participant meāalofa provided as part of the research, additional cultural items were gifted, including *ula fala* (a traditional Sāmoan necklace usually worn by Sāmoan chiefs to signify high status) for the cultural advisor and matai, *I'a Pana* (a brand of tinned tuna), and taro crisps.

Alongside the formal meāalofa, mea'ai was carefully packaged and distributed in accordance with customary practices, for participants to take home as a further sign of respect for their shared knowledge and time (Akbar et al., 2022). Part of this customary practice was how food was packaged and distributed, with priority given to participants holding higher cultural status.

Participants were not informed of the additional meālofa and mea'ai beforehand which ensured the provision would not influence their decision to participate in the study (Fehoko et al., 2022).

5.10 Research consultation

Research consultation was sought from the outset and through every aspect of the thesis. Initially, cultural consultation was undertaken with Pacific colleagues during my time working for Ngāti Toa Iwi, which aided in formulating the direction of the research. The research was also discussed with the Pacific community, including faife'au, matai, and *faiā'oga* (teacher), Pacific students in my Gagana Sāmoa classes, and Sāmoan academic and health workers. Consultation and discussion with AUT academics during the Pacific Health and Research Design paper further aided in the decision to use Fa'afaletui rather than Talanoa as the research methodology.

Furthermore, I have received direct supervision from an experienced Sāmoan researcher (Dr Juliet Boon), and a research 'Āiga was established to provide me with ongoing talanoa, *fesoasoani* (help) and *lagolago* (support). The research 'Āiga consisted of faife'au, faletua, family members, faiā'oga, and Pacific colleagues. Supervision records with supervisors and conversation records with research 'Āiga were kept, providing transparency around where and how support was sought, discussions held, and advice given. An example of a supervision record with responses from the supervisory team following a supervision talanoa is presented in Appendix P: Supervision Record Example.

The study has also undergone multiple reviews. An initial presentation of the research was delivered to the AUT clinical sciences postgraduate research potluck event. The group comprised a community of practice, including researchers at various stages of their doctoral journey and research supervisors. The audience provided questions and feedback to help refine the research proposal. Furthermore, peer review was undertaken during the AUT confirmation of candidature research proposal. Senior academics reviewed the research proposal and provided feedback, ensuring the research was both academically and culturally appropriate.

5.11 Dissemination Plan

5.11.1 Culturally-Based Dissemination

The dissemination plan first focuses on acknowledging my participants' stories, knowledge, and time given to the research by delivering the findings back to them and their communities (Faleolo, 2021). Initial dissemination was shared with the Pasifika Physiotherapy Association at their annual Coconnect events in 2024 and 2025. Members of the Pasifika Physiotherapy Association, alongside the organisation, had been part of the research project from its inception and supported recruitment and participation.

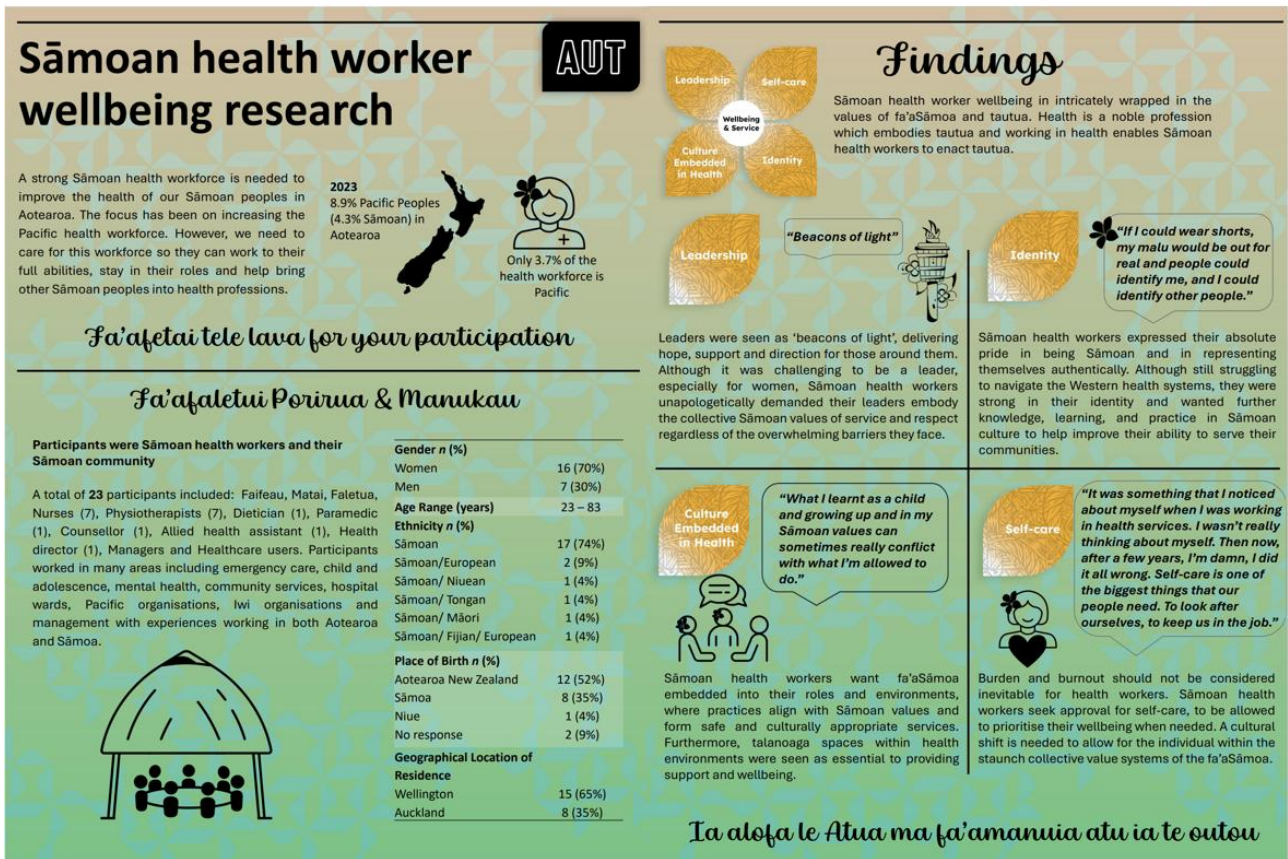
Fa'afaletui o fa'aāliga o i'uga o su'esu'ega

A further presentation, fa'afaletui o fa'aāliga o i'uga o su'esu'ega for participants was given in January 2026 in Porirua. It was determined that most of the Auckland participants had attended the Pasifika Physiotherapy Association Coconnect presentation and received the findings at that event. The fa'afaletui o fa'aāliga o i'uga o su'esu'ega presentation was designed to share the findings and give thanks to the remaining participants and research 'Āiga. Sāmoan pioneering physiotherapist Aseta Redican spoke at the Physiotherapy Pasifika Association Coconnect event 2025 and encouraged novice academics to include and share their research outcomes with their 'āiga, affording them the opportunity to see and celebrate the success of the researcher and their work (Redican, 2025). It was with this in mind that my own 'āiga was welcomed to join the fa'afaletui o fa'aāliga o i'uga o su'esu'ega.

Similarly to the fa'afaletui discussion, Sāmoan cultural protocols were enacted at the fa'afaletui o fa'aāliga o i'uga o su'esu'ega, including the fa'atūlima, which I gave in Gagana Sāmoa. Following the presentation, mea'ai was provided and meāalofoa gifted. In recognition of my continued participatory engagement with the Sāmoan culture, alongside the fa'atūlima, the presentation concluded with the *taualuga*, a traditional finishing dance showcasing grace, dignity, and cultural pride, performed by my eldest daughter (TheCoconetTV, 2018, May 10). This was an important moment signifying the conclusion of the research as well as a time of pride for my 'āiga, especially my grandmother, Elein Crichton, who was able to present her great-granddaughter within a Sāmoan community as our family *taupou* (highest ranking maiden of a village, typically the daughter of a high chief).

Furthermore, dissemination of the findings was provided through a plain-language research summary as shown in Figure 5, and emailed to all participants, along with an open invitation for me to present the findings to their individual communities and workplaces.

Figure 5
Participant Research Summary



5.11.2 Academic Dissemination

Academic dissemination is also significant in this thesis as it puts into practice Recommendation One—Dissemination of Research and Policy Change (Chapter 7.4.1). Academic outputs will support and champion Pacific indigenous knowledge, and I have begun dissemination through my article titled “Sāmoan health worker wellbeing in Aotearoa New Zealand – a Pacific-based scoping review” being published in the *Pacific Health Dialog* (Timmins et al., 2025). This journal was chosen because it is local, open access, and peer-reviewed by an esteemed team of Pacific academics, thereby increasing the research’s visibility within Pacific academia and through the journal’s reader base. Publishing in Pacific journals also acknowledges reciprocity by providing high-quality research to the journal.

Through continued dissemination, I aim to present my work nationally and internationally across all areas of the health sector. To optimise the likelihood that the findings will have a meaningful influence on health policy and structures, I aim to present to regulated healthcare associations and boards. I have started this by submitting abstracts for podium presentations to the Physiotherapy New Zealand Conference 2026, the Pasifika Medical Association Conference 2026, and the New Zealand Society for Surgery of the Hand Meeting 2026. I also aim to present my findings at

national strategy meetings, including the Pacific Health Strategy engagement sessions, as part of the Ministry of Health Pacific Health Strategy Pae Ora (Healthy Futures) Act 2022.

My research impact will be met through numerous cultural and academic dissemination avenues, translating the research into real-world outcomes that benefit the wellbeing of Sāmoan health workers. Author-level metrics are often used to assess the overall impact through the number of publications, the number of citations, citations per publication, and the H-Index (a metric that measures both the productivity and citation impact of a researcher's publications) (The University of Waikato | Te Whare Wānanga o Waikato, 2026). While these metrics can provide some understanding of the reach of scholarly outputs, my personal author impact and recognition of my research making a positive real-world impact is presented through a Facebook post written by one of the participants following the fa'afaletui o fa'aāliga o i'uga o su'esu'ega:

It has been such an honour to sit, listen, and reflect on how Josie Timmins wove together the voices and experiences of Samoan health workers through the Fa'afaletui methodology. The care, respect, and cultural integrity you brought to your work truly shone through.

I want to say how genuinely happy and humbled I am to have been one of the participants in your research. To know that our stories and insights will help inform other researchers and guide policy makers 🙌🙏 gives real meaning to our contribution. Your work will help shape a better future for Samoan health workers who will come after us, and that is something very special. This is not just research, it is service to our people.

Thank you also for the beautiful gifts, given with such generosity and love. And of course, the scrumptious food provided by your aiga, what a blessing. Special acknowledgement to the master chefs, your grandmother Elaine and your father. The food nourished us not only physically, but in spirit, reminding us of the strength of aiga and the way love is shown through service.

Am also privileged to see your beautiful daughter's graceful Samoan siva to close the presentation. It was a moment of such pride, beauty, and continuity, our culture living and moving through the next generation. A perfect way to end a meaningful evening. *Fa'afetai tele lava* (thank you very much). (Redacted for anonymity, 2026, Jan 30)

This response echoes further feedback received at the fa'afaletui o fa'aāliga o i'uga o su'esu'ega and following presentations for the Pasifika Physiotherapy Association, and while I will strive for high scholarly metric impact, the response above carries the true and authentic indication of impact, straight from the heart of the community in which the research was designed to help.

Chapter 6 Findings

Tamasese (2002) described fa'afaletui discussion groups as being represented by fale, where related participants would gather to share and discuss information and knowledge. Delegates from each fale would then meet with one another and undergo a similar process of consensus-gathering discussion. The stories and information are then threaded and re-threaded between the delegates until an agreement is reached that the knowledge is valid and represents the collective experience. This chapter presents the woven threads from the different fale relating to Sāmoan health worker wellbeing.

In alignment with honouring Sāmoan ways and understandings, careful consideration was given to presenting these findings so that the knowledge shared stays as true as possible to its intent and is helpful to Sāmoan health workers now and in the future (Tamasese, 2002). The findings include suggestions, answers, and ways forward, aligning with the Fa'afaletui methodology of discussing serious problems collectively and finding solutions (Suaalii-Sauni & Fulu-Aiolupotea, 2014). These findings do not focus on listing individual themes but rather on forming a collective story from the participants' own experiences and knowledge, acting to positively enhance the current and future wellbeing of Sāmoan health workers. Through these findings, implications and recommendations are drawn to inspire and advance the wellbeing of Sāmoan health workers in AoNZ.

6.1 Participant Demographics

Overall, 23 Sāmoan people who could talk to the wellbeing of Sāmoan health workers consented to take part in this study. Table 7 below provides information on the participant demographics and their involvement with the health systems of AoNZ. However, these demographics alone do not depict the full diversity each participant brought. Although not captured in Table 7, participants provided additional information on the demographic background sheet and orally in their contributions during the fa'afaletui discussions. Participants had worked in both the frontline and back office; they worked throughout the AoNZ health system in public, private, Pacific, and Iwi-based organisations, and some had even worked in the Sāmoan health system. Participants worked throughout various health departments, including those focused on musculoskeletal, mental health, child and adolescent, community, and emergency care. Participants had been students, health workers, managers, committee members, and board members. Participants had parents who were health workers, and some also had children who were health workers. Participants were also health users themselves, with their own experiences as patients or family members of patients. These broader demographics help provide more meaningful profiles that reflect the richness of the participants.

Table 7*Participant Characteristics*

	Overall (<i>n</i> = 23)
Gender <i>n</i> (%)	
Women	16 (70%)
Men	7 (30%)
Age Range (years)	
23 – 83	
Ethnicity <i>n</i> (%)	
Sāmoan	17 (74%)
Sāmoan/European	2 (19%)
Sāmoan/Niuean	1 (4%)
Sāmoan/Tongan	1 (4%)
Sāmoan/Māori	1 (4%)
Sāmoan/Fijian/European	1 (4%)
Place of Birth <i>n</i> (%)	
Aotearoa New Zealand	12 (52%)
Sāmoa	8 (35%)
Niue	1 (4%)
No response	2 (9%)
Geographical Location of Residence	
Wellington	15 (65%)
Auckland	8 (35%)
Undergraduate Qualifications	
Bachelor of Arts, Bachelor of Biomedical Sciences, Bachelor Health Science, Bachelor of Nursing, Bachelor of Physiotherapy, Bachelor of Science	
Highest level of health qualification <i>n</i> (%)	
Bachelor	9 (39%)
Postgraduate Certificate	5 (22%)
Postgraduate Diploma	2 (9%)
Master	4 (17%)
No response	3 (13%)
Profession	
Retired minister	1 (4%)
Faletua	1 (4%)
Nurse	7 (30%)
Physiotherapist	7 (30%)
Dietician	1 (4%)
Paramedic	1 (4%)
Counsellor	1 (4%)
Allied health assistant	1 (4%)
Health director	1 (4%)
Hospital interpreter/Cultural advisor	1 (4%)
Healthcare user	1 (4%)
Experience in the health sector (years) 0 (Student) – 26 (Senior health worker)	

Note. Percentages have been rounded to the nearest whole number.

6.1.1 Participant Names

Participants' names or pseudonyms are used alongside their profession to add context to each quote. Participants' own names and titles were used if the participant indicated that as their preference, as discussed in section 5.8.2 Privacy and Confidentiality. Titles (where applicable), alongside participants' own given names and surnames, are written in bold to honour the name and distinguish them from pseudonyms. Where participants requested confidentiality, pseudonyms were assigned to participant quotes, and these are written in normal text. The difference in presentation of the sources has no bearing on the quality or relevance of the quote; the goal is merely to differentiate between the two. Although numbers are commonly used as pseudonyms in English or Pacific languages (Mulipola et al., 2023; Phillips et al., 2024; Pio & Nosa, 2020; Tofi et al., 2025), the pseudonyms provided here are names, used to honour my extended research 'Āiga to further acknowledge their input and support in this research.

It should be noted that not all participants have had their quotes included in the findings. However, their names and occupations remain on the list to honour their contribution to the discussions and outcomes. Furthermore, regardless of whether participants words are published, all voices were heard and provided an influential contribution to the overall findings.

Table 8*Participant Name and Occupation*

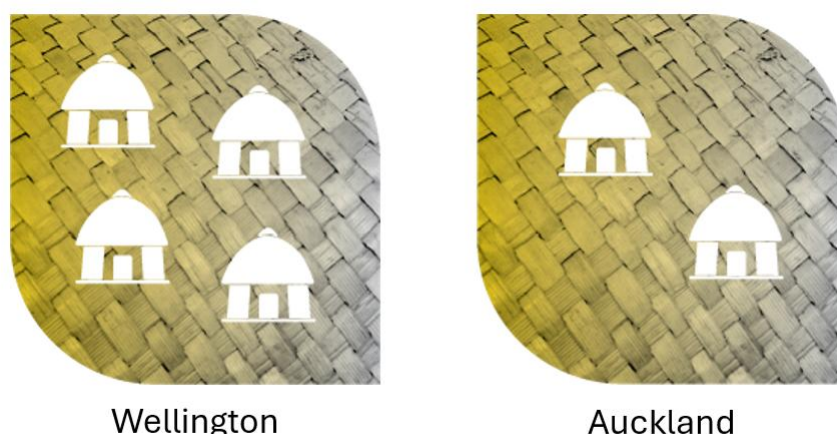
Participant (names in bold indicate participant's real names +/- titles) **Occupation**

Fata Meafou	Retired Minister
Moana	Retired Minister
Alexis Cameron	Health worker- physiotherapist
Eti Televave	Health worker- physiotherapist
Helen Patea	Health worker- team leader/nurse
Melania Tele	Health worker- clinical nurse specialist
Rasela-Joy Gibson	Health worker- physiotherapist
Tagi Fiu	Health worker- clinical nurse specialist
Ah Mu	Health worker- paramedic
Asha	Hospital interpreter
Crystianna	Health worker- physiotherapist
Elaine	Health worker- nurse
Fa'au	Health worker- physiotherapist
Felila	Health worker- allied health assistant
Ioane	Healthcare user
Irene	Health worker- nurse
Losa	Pacific health director
Sofalenia	Health worker- nurse
Taelama	Health worker- physiotherapist
Tavita	Health worker- counsellor
Teuila	Health worker- dietitian
Vai	Health worker- physiotherapist
Viole	Health worker- nurse

6.2 Fa'afaletui Demographics

Two fa'afaletui were completed between July and August 2024 (Wellington on the 18th of July and Auckland on the 14th of August). All participants attended the fa'afaletui in person (Wellington: 14, Auckland: 9). Participants independently formed into smaller groups at each fa'afaletui: Wellington had four discussion groups—three groups of three participants each and one group of five participants, and Auckland had two discussion groups— one group of four participants and one group of five participants as illustrated in Figure 6.

The fa'afaletui discussion recordings ranged from 47 minutes to 67 minutes, with five of the six discussions lasting over one hour.

Figure 6*Wellington and Auckland Fa'afaletui Groupings*

Note. This figure symbolises the collective nature of participants who are not individuals but representatives of their families and communities, and the weaving of knowledge and understanding from the different fale (houses) (Tamasese, 2002).

Each fa'afaletui followed a similar format, layered by cultural protocols while still eliciting its own unique atmosphere. The Wellington fa'afaletui felt formal, and participants gave speeches in Gagana Sāmoa after the group discussion. The Auckland fa'afaletui was more intimate, with formal protocols somewhat relaxed to allow participants to be comfortable in the environment. Many had arrived from work, and as they were hungry, food was provided before, during, and after the group discussions. Despite the differences, both fa'afaletui encompassed the Fa'aSāmoa, and one was no less authentic than the other (Tofi et al., 2025).

6.3 Themes

The findings of this research are organised into four themes, each contributing to the wellbeing of Sāmoan health workers: Theme 1—"Leadership—Lighting the Path"; Theme 2—"Identity and Visibility"; Theme 3—"Culture Implemented in Service—The Flame"; and Theme 4—"Self-Care—Stoking Your Own Fire". Based on Braun and Clarke's (2006) account of thematic analysis, each theme that is identified should capture a narrative evident in the data that is reflected in its name. Thus, the framing of the names around light and visibility reflects the symbolism used by participants in the fa'afaletui and how they see themselves and each other in the AoNZ health environment.

The themes are further visually presented through a *sei pua* (frangipani worn behind the ear), a symbol of Sāmoa when worn, mainly by females, in the hair behind the ear for adornment and can visually signify and identify a Sāmoan or Pacific person. The cylindrical nature of the *pua* (frangipani) further symbolises the collective nature of the themes as opposed to a list or order. The identified themes each play a key role in the wellbeing of Sāmoan health workers, although

none do so alone. Each petal of the pua represents a key theme identified from the data, and all four petals link to the centre or pistil of the pua, illustrating how the themes are interconnected to wellbeing and tautua (see Figure 7).

Figure 7

Research Themes Represented through the Sei Pua



6.3.1 Wellbeing and Tautua

Wellbeing and tautua are intricately linked for Sāmoan health workers. Wellbeing and its interconnectedness with tautua are presented as the foundation of these findings. Similar to the Fonofale model of health, where 'āiga sits as the footing of the fale (Pulotu-Endemann, 1995), wellbeing and tautua lie at the centre of the pua and form the foundation of the themes. Furthermore, wellbeing and tautua are interwoven throughout the themes, which are also interwoven with one another, representing endless connections in the fa'afaletui fala.

Participants consistently reported on the notion of tautua through their work as health professionals. Tautua, the serving of others, was ingrained in their psyche as a core value signifying selfless service with respect, humility, and a responsibility to be upheld and honoured. It was a value learnt and practised through cultural systems and continued throughout the participants' lifespans. Employment in healthcare was viewed as a noble occupation that is highly respected in Sāmoan culture, due to its core values which embody tautua.

“It’s been hammered so hard in my head to just stay and serve and do the right thing...that’s very strong, just Sāmoan values that I’ve learnt from home and church that’s going to keep me in the profession until I retire...It’s in our nature um to want to care for others...the lived experience of seeing aunties, uncles, my parents, more my mum, um just giving their all to ensure, you know, the elderly are cleaned and fed...it was very motivating.” (Eti Televave, physiotherapist)

Participants regarded service as second nature and wholly understood its value, and they could easily transfer these ingrained skills to healthcare settings, enabling them to excel in these professions.

“Working in health is quite conducive to our values of service, and so being of service, and kind of looking after our loved ones is already in our nature, and so for this to be a profession, I think is something that works well for Sāmoan workers.” (Alexis Cameron, physiotherapist)

Participants found that being a health worker offered them more opportunities to serve their communities. Constant thought and effort were devoted to improving service delivery for the benefit of their communities.

“Although I’m a physiotherapist seeing many cultures and many different types of people. I’m always in the back of my mind trying to see how we can change or deliver services in a way that are going to help our people. So that’s kind of what I like about being in health care is I can do that, you know, in the spaces that we need to be.” (Taelama, physiotherapist)

Participants also found personal value and worth in serving their communities as health workers. They reported gaining enjoyment and fulfilment from their jobs when they were able to serve their communities.

“I like my job because I have a passion working with children and adolescence, and I have a passion making a difference, especially for Pacific.” (Irene, nurse)

“I love nursing, so this is the only job I know. So, so I think as a Sāmoan nurse my job is to make sure I can look after other Sāmoans well and just look after them like I can look after my Dad.” (Melania Tele, clinical nurse specialist)

6.3.2 Leadership—Lighting the Path

O le ala i le pule o le tautua

The path to leadership is through service

The “Leadership—Lighting the path” theme begins the talanoa about Sāmoan health worker wellbeing, with participants highlighting that leadership is essential in the development, support, and future of Sāmoan health workers. Leadership, or leaders, was a collective concept for Sāmoan health workers, in which leadership did not represent one person or role, but rather a collective effort. This theme illuminates the Sāmoan values within collective leadership, where pathways to leadership stem from tautua, fa’aaloalo, and alofa and are reciprocated by those holding these leadership positions. Sāmoan health leaders are seen as beacons of light, casting light, support, and direction along a pathway and delivering hope to those around them, especially those new to the journey. However, there are immense challenges in attaining leadership roles for Sāmoans in the AoNZ healthcare system, and Sāmoan leaders often lack opportunities to influence practice to improve the wellbeing of Sāmoan health workers.

Participants reported that leadership, guidance, and clear pathways forward were needed in the Westernised health systems of AoNZ. There was a sense of being lost and needing help navigating unfamiliar systems, and of seeking broad leadership to guide and open spaces for them.

“How do you navigate through this education system or get into a career pathway that you want to do? It does take someone to mentor you a little bit.” (Ah Mu, paramedic)

“We needed to have the advocacy at a, at a level beyond clinical.” (Rasela-Joy Gibson, physiotherapist).

Sāmoan health worker leaders were described as “beacons”, a symbol of someone who is visible and emits light, offering comfort, hope, and potential improvement in difficult environments. However, beacons were sparse and were considered to require power and influence to be effective in their roles, which they did not always receive.

“So, you know beacon here, beacon over there. Yeah, beacon’s help.” (Eti Televave, physiotherapist)

“It’s always like beacons, but then beacons having an element of power and influence to actually not only bring people in, but bring people in, in a way that they can support the structures to keep people there.” (Alexis Cameron, physiotherapist)

When leadership was present, participants reported that it needed to embody the Sāmoan values of respect and collective thinking. In comparison, Western notions of leadership hierarchy, individual thinking, and personal gains were shown to cause disrespect and demean Sāmoan health workers’ knowledge.

“He’s very white in his thinking and, he, he talks about what projects can he do?...However, he does things individually, he goes out and doesn’t even talk to us.” (Viole, nurse)

“We can see a leader who doesn’t listen to us. That’s all we want, someone that’s a team leader, who’s a team player.” (Irene, nurse)

Sāmoan leaders were not the only people capable of embodying Sāmoan leadership values. Participants reported that Pālagi could make great leaders when their values aligned with those of the people they were guiding.

“We moved out of the team leader that we had and we went to, under a Pālagi...She was amazing.” (Viole, nurse)

Participants appreciated when leaders recognised and enabled Sāmoan health workers to be culturally Sāmoan. When this happened, participants felt understood, liberated from hiding their identities, and valued for their knowledge, work, and contributions.

“I would love to have leadership who just allowed me to be myself, fully. Um, and understood what was important to me and why I do the things the way that I do.” (Eti Televave, physiotherapist)

“I feel like our manager and our team lead, and everyone understands like you’re different.” (Teuila, dietitian)

Alongside this, leadership needed to be the right cultural fit. Leaders needed to understand the history and often diasporic nature of Sāmoan health workers in Aotearoa New Zealand and respect their individual fa‘asinomaga. Leadership can be challenging when the leader’s cultural expectations conflict with those of the individuals they are guiding, and these expectations can come from both Western and Sāmoan perspectives. This is reflected in Tavita’s comment below. In the comment, Tavita describes a Sāmoan leader who held high cultural expectations yet needed to better understand and adapt to the diasporic nature of the Sāmoan health workers he led.

“We had a matua [elder] in our team, but I just felt that he was too Sāmoan. Yeah, his view, Matua’s view was very Sāmoan and it needed to be like, you know. Yeh, to understand the Western world. Understand our struggle but also understand the Sāmoan way. So, I felt that we needed an appropriate matua, or those with experience in the spiritual and religious world to be part of that development for our counsellors.” (Tavita, counsellor)

Sāmoan health worker participants reported a disconnect between health strategy policy and frontline practice. Nationally, Pacific leadership was reported to be necessary, yet participants lacked practical support to help them develop in this area.

"I feel like you get lots of people who are like in your corner, who are all for you, but you don't actually get people who practically help you...but then our big like health strategies are like 'Pacific leaders', but then there was actually nothing for someone on the ground who's saying, 'I want to be a Pacific leader'." (**Rasela-Joy Gibson**, physiotherapist)

Furthermore, Sāmoan health workers reported that leadership roles were almost unattainable, requiring repeated applications, being overlooked, waiting for years, and often being discouraged by this.

"We struggled where we are when applying for our roles. We kept getting put on hold, put on hold, put on hold, put on hold. I've been there for 17-years, [participant name removed for confidentiality]'s been there for even longer." (**Helen Patea**, team leader/nurse)

Leadership roles were seen as particularly elusive for Sāmoan women. Sāmoan women health workers felt invisible and overlooked and had to endlessly prove themselves to receive recognition.

"So, for you as a Pacific and as a woman, we'd have to go through so much harder, so much further to be noticed in leadership...We're here, we're right here, what are you waiting for?" (**Helen Patea**, team leader/nurse)

Participants perceived Sāmoan health leaders and those seeking leadership roles as being judged as inferior to Pālagi by management. They felt Sāmoan health leaders had to work harder and prove their worth, compared to their Pālagi counterparts.

"Just trying to prove myself. I always felt as a Sāmoan I have to prove myself. You know what I mean? So, I've been knocked back when I was looking for jobs, you know job interviews and I never got it. I never, maybe I might have thought it was because I'm Sāmoan, but I think it's made me work harder." (**Melania Tele**, clinical nurse specialist)

The sentiment of inferiority continued into health systems more broadly, where participants felt Pacific-based groups were more closely monitored and perceived as untrustworthy.

"No one would question the way something is done at a main [general public health organisation], you know they might go 'Oh, ok' but in a Pacific organisation or Pacific funding, straight away 'Ok we've got to read, make sure everything is lined up and everything is audited, and everything is recorded.'" (Losa, Pacific Health director)

One Sāmoan woman health worker sought ongoing education in the hope of gaining recognition. However, when Sāmoan values were not core to the management's mission, gaining further qualifications did not enhance her visibility; instead, they further increased the health workers' feelings of insignificance and dejection.

"I wasted my life, four years as a nurse, looking, going through different avenues to... to improve the way that I work and to increase my knowledge base so I can work with my Pacific people because he [team leader] doesn't, he doesn't get our, our points." (Viole, nurse)

Furthermore, the additional workload of culturally-based duties led participants to feel burnt out, lose their aspirations, and seriously question the value of continuing to push forward into seemingly unreachable roles.

"It's very um reflective though of the environment that we work in eh? Because so many things that you are expected to do with very little resource and time to do it there's no wonder that the workforce feels burnout by it so then the, the vision to go 'Ok, I want to step up and I want to be a' is like 'oh, I'm just trying to deal.'" (Losa, Pacific health director)

Barriers to leadership continued for Sāmoan health workers who did gain leadership roles. Sāmoan health worker leaders reported being a minority, not always having a voice, and being expected to conform to Westernised ideas. Challenging this institutional culture was seen to be detrimental to retaining their position.

"There's nine of us on our executive leadership team, so it's, I'm the only Pacific in that space too, but even, even in that space I have to fight really hard to try and get my voice out because there's so much noise, so much noise and there's so many different priorities." (Losa, Pacific health director)

Although participants recognised barriers to Pacific leaders in high positions, they still expected them to lead collectively in line with full Sāmoan values. Participants expected leaders to continue advocating and pushing boundaries in favour of Sāmoan health workers and Pacific communities.

"It would be great if there was a brown face at the top, a leader at the top. But that person has to be somebody willing to accept the advocacy that I'm trying to provide as well. It can't be someone that just dampens down and says 'no, we're going to assimilate.'" (Crystianna, physiotherapist)

"Values driven rather than driven by what's in the contract." (**Rasela-Joy Gibson**, physiotherapist)

The leadership challenges presented here are not new concepts. Participants found these issues to be long-standing, with prior generations fighting similar battles. The paucity of change instilled fear that future generations will face recurring challenges and disadvantages.

“We’re still fighting the same as, as my parents were fighting right? So, nothing, not, not a lot has changed so a, for the next generation, for my kids, what’s it going to look like? Are we still going to be having the same discussions?” (Losa, Pacific health director)

“I actually remember being a young child and going along to a talanoa that my mum would be a part of as a Sāmoan nurse and having very similar conversations. You know I’m 14 years old and I’m just sitting there doing my homework, but I’m listening... and now I’m 33 and we’re having, not the same conversations, but similar conversations.” (Crystianna, physiotherapist)

Leadership was found to be sparse and fleeting, often attached to individuals rather than embedded in systems. In response, participants felt that broad leadership support was required to escape the endless static cycles and foster sustainable leadership.

“Coming back to that longevity it’s the same, how are we going to make that last, last forever.” (Ah Mu, paramedic)

“How do you get the system to come with you?...In order to get um longevity of something, you’ve got to have good governance over it.” (Fa’au, physiotherapist)

Sāmoan health worker participants were not willing to stay in the shadows but were ready to act as beacons forcing light onto the path. They reported that they needed to continue the fight to elicit change.

“How do you just light a path?...I put flowers in my hair and walk out looking like my mum, but I was like, I need the beacon... Only dead fish go with the flow.” (**Alexis Cameron**, physiotherapist)

6.3.3 Identity and Visibility

Sāmoan health worker talanoa continues with the theme of “Identity and Visibility”. This theme tells the story of how Sāmoan health workers navigate their own identity as Sāmoan while living and working within Westernised health systems. Sāmoan health workers were proud of their identities but struggled to traverse between two conflicting worlds, attempting to fit into the Western system while maintaining their cultural values. They found that knowledge, learning, and practice in Sāmoan culture could help improve their overall wellbeing.

Participants overwhelmingly expressed their pride in being Sāmoan and in openly representing themselves. They were proud to be Sāmoan, to be recognised as Sāmoan, to visually identify other Sāmoan people around them, and to be immersed in Sāmoan culture.

“Just being visible and just being proud.” (**Melania Tele**, clinical nurse specialist)

“There is definitely an innate connection as soon as you see that tatau [tattoo], or like a deep understanding of a person and where they’re from when you realise that they are a Sāmoan person.” (Crystianna, physiotherapist)

“If I could wear shorts, my malu [traditional Sāmoan tattoo for women, found on the thigh area], would be out for real and people could identify me, and I could identify other people.” (Crystianna, physiotherapist)

Furthermore, participants recognised the importance of visually representing their identity and culture in healthcare settings, both for themselves and for their patients. Seeing their culture represented allowed participants to feel connected to the people and environment, to be comfortable and safe being themselves, and to be energised to continue serving and improving healthcare for their people.

“When you do have somebody walk in the room that is Sāmoan there’s a level of connection that makes you feel at ease especially when you’re at the most vulnerable and that’s the part that I’ve really enjoyed about working in the hospital during my placements is that just having these tattoo’s on my hand and having a, a brown face.” (Crystianna, physiotherapist)

“What I like about my role though is probably just when you see patients instantly feel like calm because they can see like a brown face.” (Felila, allied health assistant)

However, participants reported a scarcity of other Pacific peoples and their overall underrepresentation in the AoNZ health system. Being unable to see themselves in these areas led to feelings of isolation, loneliness, and uncertainty about how to self-identify.

“I am quite literally the only brown person in my entire, it makes me want to cry cos I, I really am navigating it all by myself.” (Crystianna, physiotherapist)

“How do you come into a system that doesn’t have people that look like you in your team? They don’t, they don’t understand like what’s important for you as a person, um so how do you be a Sāmoan physio in the, in the public system anyway?” (Taelama, physiotherapist)

Working within a dominant Western worldview negatively impacted Sāmoan health workers’ ability to be who they are, present themselves as they want, and advance their careers. To be valued in the AoNZ health system, Sāmoan health workers felt they had to change who they were, go against their cultural values, and assimilate to Western ideals.

“If I’m being completely honest, I spent a good five almost six years as a brown face at Middlemore, but not being myself, like not providing the care that is like authentically Eti Sāmoan style.” (Eti Televave, physiotherapist)

“Yeh, if you want to do anything like go higher up or have x, y, z you need to assimilate somewhere and sometimes that means going against what you feel is right or something that sits right with you and what you know.” (Taelama, physiotherapist)

Many participants reported feeling drained as they attempted to survive between the two conflicting worlds. Sāmoan health workers found it mentally and emotionally demanding and challenging to try to maintain their cultural practices within the AonZ health environment.

“Trying to balance both Western practice and like our own culture. I find it hard too because, I don’t know it’s just um it doesn’t really align, they’re like not the same so I always feel like conflicted...Yeah, just little things like that it’s, yeah tiring.” (Felila, allied health assistant)

“It’s almost like when you’re, you’re fluent Sāmoan and you hear English and you have to translate it to what it means to you and then you’ve got to think of your answer and translate it to the nearest Pākehā word to describe how you feel. The same goes with like learning something and going what does this mean against Sāmoan values and how can I then interpret it? And I can and it’s all this like interpretation and mental gymnastics that I think we do and then we get good at it.” (Alexis Cameron, physiotherapist)

When Sāmoan health workers felt they could not be themselves, this was reported to have carry-over effects to their Pacific patients. It showed that their identity and culture were not valued in their care.

“If we’re showing our patients, we can’t be Pacific, then we’re telling them they can’t be Pacific.” (Alexis Cameron, physiotherapist)

Although there are government objectives to curb racism and encourage diversity, it was felt to be superficial and not embedded in health practice or systems. Participants reported that the idea of diversity was only implemented in terms of hiring a more diverse workforce, while changes to communication and health practices that challenge established Western approaches were not welcome.

“One thing that doesn’t work is that whole diversity, so like, you know the whole ‘yip we want diversity, we know we need more Samoan’s’ but no one’s ready for the diversity of thought and thinking, because the moment you say something different, you know, it’s quite like ‘oh no, could you please think Pākehā please, cos that makes it easier for us.’” (Alexis Cameron, physiotherapist)

However, when Sāmoan culture was seen as a necessity, participants reported that their non-Pacific colleagues perceived them as having full Fa’aSāmoa knowledge and the ability to enact it.

“Because you’re Sāmoan, oh you must speak Sāmoan, you must know Sāmoan, you must know the ins and outs of the culture. You must have to do all the loku’s [prayers] and all that.” (Fa’au, physiotherapist)

“You look brown, you must be brown...you must be able to treat this Tongan client.”
(**Rasela-Joy Gibson**, physiotherapist)

This perceived expectation of cultural knowledge was an additional role not expected of their non-Pacific colleagues.

“You’ve got your role but then you’re also somehow the, you’ve got to provide cultural support for the whole of everybody else which is unfair, unfair.” (Fa’au, physiotherapist)

Participants found the additional roles disrespectful as they were expected to accept and undertake them on command. They would not consider abandoning their Pacific patients or neglecting to represent their culture, but they felt additional pressure to complete these tasks on top of their regular work.

“What doesn’t work well is that we’re always put on the spot, like when someone is brought in, like a Pacific Islander or Sāmoan, we always get the call ‘oh can you come?’” (Sofalenia, nurse)

“The dial-a Sāmoan.” (Vai, physiotherapist)

Participants, mainly those born in the diaspora, reported facing identity challenges when they felt they were not ‘fluent enough’ in the Sāmoan language or *aganu’u* (culture). This led to low self-confidence and feelings of shame in their perceived lack of cultural knowledge. They also felt this limited their abilities to effectively care for their Sāmoan patients, especially those with more traditional values.

“I’m not, like I’m not the strongest in Sāmoan but when you go into a Sāmoan household and they start blabbing Sāmoan to you like ‘um, sorry [spoken apologetically] I only know how to ask if you’re sore’...I’m like ‘damn’, I wish I was better and stuff [Sāmoan language and cultural knowledge].” (Ah Mu, paramedic)

“The needs of Sāmoan health workers [is] language to me personally. It’s good if I knew it fluently. I feel sad that I don’t. But I think language to me is important.” (**Melania Tele**, clinical nurse specialist)

Cultural education was found to be something that could help Sāmoan health workers strengthen their identity, provide support and validation in both their identity and cultural knowledge, and enable them to better serve their communities.

“As a Sāmoan and working with, in the counselling field um what’s helped me is um learning the culture, the Sāmoan culture and language. I think if we, for me, when we identify ourselves, when we connect more to our identity in terms of our values and who we are and the practice of the culture. I think it really helps us as individuals as a professional in the field because we know our culture and we know who we are.” (Tavita, counsellor)

Current Sāmoan health workers undertaking cultural education were seen as a positive influence on newer Sāmoan health workers. Participants expressed that leading by example can help reduce the perceived shame of not being culturally fluent and encourage others to embrace their own cultural learning journeys.

“Also, the influence of others like other Sāmoans, maybe younger than myself, we’re all in a journey of learning in the professional health space. So when they see me, you know, learning the culture and learning the language, I see them sort of engage a bit more and I see them trying to find their identity in terms of who they are as Sāmoans, or other cultures and, and I see them getting interested in learning about the culture and I think that’s important as Sāmoans in the health profession to really embrace our, our cultural practice.” (Tavita, counsellor)

Participants reported that cultural education should also be expected for non-Sāmoans. Sāmoan health workers openly share their culture to serve their community and educate others. However, participants report that Pālagi health workers can be ignorant and uninformed about their need to develop their own cultural learning. Participants believed that Pālagi should take responsibility for learning the cultures of their patients and communities to eliminate reliance on only a few Sāmoan staff.

“You know it’s, it’s, and it’s not your job as a Sāmoan to make sure that they [Pālagi health workers] do understand you, like I feel like it needs to be put on them and they need cultural competency training because we, you know we already don’t have the workers there so then how are we going to make the non-Sāmoans or the non-Pacific work better for our people, well actually they have to do their training, they have to do cultural competency training.” (Vai, physiotherapist)

6.3.4 Culture Implemented in Service—The Flame

O le tele o sulu e maua ai figota

The more torches used, the more shellfish found

The third theme, titled “Culture Implemented in Service—The Flame”, reflects the participants’ talanoa of embedding Fa’aSāmoa into Sāmoan health worker roles and environments, allowing practices that align with Sāmoan values and the formation of safe and appropriate services.

Furthermore, talanoa spaces were seen as essential in providing support and wellbeing where culture was not part of the Sāmoan health workers' surroundings.

As described above in section 6.3.3 Identity and Visibility, Sāmoan health workers reported feeling isolated in their roles and environments, often being the sole Sāmoan or Pacific person. This theme further explores isolation, loneliness, and Sāmoan health workers seeking comfort and support from one another.

“To keep Sāmoan health workers in the profession I think we just need each other sometimes.” (Melanie Tele, clinical nurse specialist)

“I’ve never worked a job with another Pacific Islander, in the ten-years I’ve been a physio, so, yeah, yeah, so what works well for Sāmoan health workers? Working with other Pacific health workers, for me.” (Vai, physiotherapist)

The ongoing isolation and working outside of the Sāmoan culture had further detrimental effects on Sāmoan health workers. Participants reported being so removed from their culture that their decisions and practices began to lose Sāmoan values and increasingly aligned with Western values over time.

“The difference of working in a Pacific team versus not working in a Pacific team is so different like when I worked before, I was so removed [from] the culture, I was so removed from Pacific, yeah and I just started to think Pālagi.” (Vai, physiotherapist)

Participants also reported that Western environments dismissed Sāmoan values, obstructing and restricting Sāmoan practices. Furthermore, participants found that their cultural practices were perceived to be unprofessional and unwelcome.

“How is it that the moment that you step away from a Pākehā/Western way of doing things, it’s automatically unprofessional?...to be a good physio was to be a white physio.” (Alexis Cameron, physiotherapist)

“You know that you could probably do more, but your hands are a little bit tied, and it can be really difficult to bear mentally and emotionally as a health worker.” (Crystianna, physiotherapist)

Western organisations were found to be oppressive for Sāmoan health workers. Participants reported constant and recurring challenges, barriers, and difficulties staying in systems that compromised their wellbeing.

“We all come out to work in a sector to serve our people but we’re not working for a Kaupapa Pacific organisation. We’re working for Pākehā Western organisations that’s not

conducive for, for, our work wellbeing at work, you know and but we have to fight that to stay, to then serve our people.” (Alexis Cameron, physiotherapist)

Similarly, Pacific organisations were found to be oppressive when they did not operate in accordance with full Pacific values. Western models were found to prevail within these organisations, again limiting Sāmoan practices.

“My experience there with our Pasifika team, we really um, we really lacked the support to develop as and be Pacific. Because we’re in the...Pasifika team, but we’re still using Western models. Which for me, I was disappointed in a way because I expected a Pasifika service to have our own models and really know how to practice it...I just felt like we were lost. We were speaking these Pasifika words, but we weren’t applying it with the practice.” (Tavita, counsellor)

Participants sought a reduction in the power and dominance within Western environments. They reported that pathways need to be developed that allow for cultural practices and recognise that integrating Sāmoan culture can be beneficial for all.

“It’s about letting go of the, it’s white knowledge that we’ve adopted and learned these skills, and it’s for Europeans to let go of that power.” (Ioane, healthcare user)

“But I think it’s our cultural path we need to open, eh? That’s the challenge. It’s one of the challenges in health. Because I face a lot of families who are, who are trying to find a way to respect the doctor’s decision as well as the family’s decision. Because when we meet with the family, I always ask the doctors if they know the family ah, which religion they go to and then I say to them ‘make sure you ask the family to bring their ministers in’ because when the minister’s there, everything’s easier to interpret.” (Asha, hospital interpreter)

Although some participants reported the need for continued effort to infiltrate non-Pacific spaces for the betterment of their Pacific communities, others found the constant challenges too overwhelming, leading to exhaustion.

“We just get so tired in the system that we just go with what everything else is going on because we can’t keep up.” (Vai, physiotherapist)

In comparison, Sāmoan health workers spoke about their commitment and willingness to stay in roles where the environment supported Sāmoan values and practices. This allowed them to continue serving their communities authentically.

“Like if I know that like the system is going to help my patients then I’m more likely to stay. So, like if I know language is being encouraged to [be] used more, that there’s going to be

more visuals, going to be more spaces that are just inviting for my family then like I'm going to be like keen to stay in that role.” (Rasela-Joy Gibson, physiotherapist)

Importantly, within environments that supported Sāmoan values, the cultural practice environment needed to be ethnically Sāmoan. Although participants acknowledged there was much to learn and gain from what is provided for Māori, they viewed Sāmoan culture as independent and distinct from other cultures.

“A lot of the health stuff is bicultural and that is Māori and non-Māori and the like...But for our people, it has to be for our people, like they're different.” (Tagi Fiu, clinical nurse specialist)

Environments where Sāmoan health workers could practice freely within Sāmoan health models were sparse. In response, participants spoke at length about seeking spaces within these environments where they could be around their culture, connect, and talanoa. Spaces to safely engage in talanoa provided essential support for the ongoing wellbeing of Sāmoan health workers.

“We have ah, we have mental health workforce that we meet once a month...You know, I think it's better to have that connection in our life, interaction. It's good for us, for our, you know wellbeing. You know that's why we try to maintain this kind of you know in groups, especially in groups.” (Sofalenia, nurse)

“I feel like it is about a space where I can have someone that understands me and someone to understand what I'm trying to achieve as well.” (Taelama, physiotherapist)

“For my wellbeing as a Sāmoan health worker I think it helps to talk with other Sāmoans.” (Melania Tele, clinical nurse specialist)

Talanoa spaces were seen as essential for Sāmoan health workers to connect, debrief, gain insight, learn, and develop. A safe space to share problems, gain answers, and reduce cultural loading. Ah Mu (paramedic) presented this sentiment when speaking about an interaction with a patient who had a bad outcome. He was able to talanoa in a space that understood the spiritual support he required and could then return to work.

“I think one thing is sort of with your bringing up is the beauty thing about our culture was with um our connection with our religion and so like it's really good that I can do this, but also because of the strong um upbringing in religion cos of our culture like I get to off board that in a manner, in a safe manner so that I can come back again without that all on me.” (Ah Mu, paramedic)

Participants described the need for physical, accessible spaces for talanoa that align with Sāmoan culture. Physical spaces were sought as well as protected time away from workloads and

distractions to foster meaningful engagement. Talanoa spaces should have Sāmoan-based structures and not necessarily align with Western norms, where their appearance and function are flexible and depend on the health workers within them and their needs.

“So, our bosses at the time were supportive of us just having those ad hoc, like it doesn’t look formal but it’s actually just as effective if not more.” (Rasela-Joy Gibson, physiotherapist)

“Passionate, passionate about providing a space for them to share their struggles and essentially what you were saying ‘go and be yourselves and we will advocate for that.’” (Eti Televave, physiotherapist)

Talanoa spaces also need to be embedded into policy to allow accessible support for Sāmoan health workers. Participants sought mandatory, obtainable talanoa, which colleagues and managers widely accepted.

“It’s something that you always have the option to do. It’s never something you have to choose to do.” (Fa’aui, physiotherapist)

“Get us connected with other Pacific fono to get that connection but also build our um workforce development, yeah. Make that part of BAU Business as Usual, not outside of, yeah, it has to be part of our work hours, and they have to see it as valuable and not ‘Oh, no you’re going to have time off the floor’. They need to be committed to getting us to those things.” (Vai, physiotherapist)

In response, Sāmoan health workers also have the responsibility to commit to talanoa themselves. Participants perceived authentic talanoa to be underutilised, especially for males or when discussing shameful or sensitive topics. Furthermore, efforts should be made to support talanoa outside workspaces and more collectively to be inclusive of all lenses.

“There’s a shame behind talking about issues, especially mental health issues or emotional issues for, for males especially we, we don’t practise the talanoa or to, to share and hear... I mean we are natural at that, in terms of talking and sharing yeah, the talanoa and listening to each other’s views but I don’t think we do it enough as a maybe, as a family or to include the generations.” (Asha, hospital interpreter)

6.3.5 Self-Care—Stoking Your Own Fire

The final theme, titled “Self-Care—Stoking Your Own Fire”, completes the talanoa on Sāmoan health worker wellbeing. This theme presents the Sāmoan health worker’s quiet appeal for approval of self-care from the Sāmoan culture where individualistic notions are scarcely accepted.

It highlights the need for Sāmoan health workers to prioritise their own care, how to navigate this, and the possibility of a cultural shift.

Sāmoan health workers are part of collective communities and lead multifaceted lives. Participants reported often having family and community commitments which take priority in their lives and influence their daily activities.

“I know that all my colleagues are going home and looking after their kids or their grandparents or like their church stuff, and they come, and they say ‘I got three hours sleep cos I was prepping for our church meeting the next day’, and there’s like no set aside time for just like them.” (Teuila, dietitian)

“I think we’ve just, and it’s maybe harder cos you have more commitments as a Sāmoan, you can’t just move away from home, if you look after your parents... You got to look after extended family and that sort of thing as well and to be far away from home is quite hard, especially if you have like heaps of ah, so funerals, weddings, trips back to Sāmoa you have to go to, money that you have to give, houses like you can’t just like live in isolation as an Islander, you have, you still have connection back to your family and what your family needs.” (Fa’au, physiotherapist)

Sāmoan health worker participants also reported taking additional roles at work to serve their communities, which then added to their burden.

“Is that we get called on to do things...outside of our normal jobs. Which we do for the betterment of ourselves and our people and our colleagues, but it can be a burden.” (Taelama, physiotherapist)

Participants were also aware of their own health and wellbeing, reporting that their constant tautua could sometimes be detrimental to themselves. They acknowledged that they do not always prioritise their health and would sacrifice their health to continue their duties.

“But sometimes we do it [work too much, do not say ‘no’] at the detriment of our own health...We’re the best at giving our all. But the worst at looking after ourselves.” (Vai, physiotherapist)

“The thing is, I can work, I can gym, I can’t socialise. That’s my, that’s my trouble. So, I guess like one, I, I guess the um Fonofale or Te Whare Tapa Wha [Māori model of health], one of our social aspects, the social aspects take the cake. I guess that’s, that’s the sacrifice I have to make.” (Ah Mu, paramedic)

However, a conversation between two young Sāmoan health workers highlighted the opportunities for change. It recognises that, although tautua is valued, there might still be a place for self-care.

This was shown when one participant questioned the choices made by another Sāmoan health worker, who did not prioritise their own wellbeing over serving their community. Although the question was posed only once and the answer accepted, posing the question signified a delicate challenge to the priority of tautua and acknowledged that awareness of self-care is present, and it is starting to be discussed.

Question: *“So do you think the trade-off between like sacrificing your own like downtime is spent, like is, worth, like can you justify that if you are getting, accessing your hard-to-reach patients or like?”* (Teuila, dietitian)

Reply: *“Yeah, I, I think morally that’s what I think.”* (Fa’au, physiotherapist)

Sāmoan counsellor Tavita also reflected on self-care, recognising that he had previously made poor decisions in not prioritising his own wellbeing. Tavita reported that self-care is essential for job longevity.

“It was something that I noticed about myself when I was working in health services. I wasn’t really thinking about myself. Then now, after a few years, I’m damn, I did it all wrong. Self-care is one of the biggest things that our people need. To look after ourselves, to keep us in the job.” (Tavita, counsellor)

The importance of self-care awareness was also recognised by more senior participants, who reported that Sāmoan health workers need to look after themselves to ensure job longevity.

“Not every time you can be mālosi [be strong] eh? Like you have to look after yourself. You know sometimes our people fa’ama’i [have a virus/influenza] eh? And they always come to work, but we have to look after ourselves.” (Sofalenia, nurse)

“So, for our wellbeing, to keep them in the profession. We want to look after ourselves. Look after ourselves cos if we don’t fill up our own bucket, then we’re pouring from an empty bucket.” (Vai, physiotherapist)

To improve wellbeing and self-care, Sāmoan health workers noted the importance of recognising when they are overworked and of being able to control and decline additional work.

“So, I think we need to say no sometimes. Cos sometimes we’re abused and used.”
(Elaine, nurse)

Furthermore, participants reflected that self-care provisions at work, although unconventional, would be beneficial for Sāmoan health workers, who are often time-poor across all aspects of their lives.

“We can end up just like working, just like overworking ourselves...although it’s so unconventional to have your ‘me time’ at work time, I think it just like helps with everything in their life.” (Teuila, dietitian)

“Some time for ourselves or to, you know, to reset and then go again because the, because you know you’re, you’re working so hard, so hard, so hard and then there’s the risk of burnout, so it is extra wellbeing time, time you know. Wellbeing time would be great.” (Losa, Pacific health director)

In this chapter, I have presented four themes in series, yet wellbeing is clearly viewed collectively and was completely and intricately woven with tautua. The overlapping, intersecting, and continuity between the themes emphasised the cohesiveness of the knowledge and values shared by the participants. The symbolism of light and visibility portrayed the realities of Sāmoan health workers as rare, strong flames burning in dimly lit rooms. Sāmoan health workers’ wellbeing was hindered through AoNZ health systems being culturally insensitive and maintaining dark, oxygen-deprived environments that obstruct Sāmoan cultural values and practices.

Although a lack of wellbeing among Sāmoan health workers was identified, through respectful discussion, a path forward was presented. Participants indicated that Sāmoan health workers require “beacons” of supportive servant leadership to further light pathways. Sāmoan health workers were immensely proud of their identities and sought liberties to visibly shine as Sāmoan, helping brighten pathways within safe environments. Finally, the notion of self-care was presented, which may require cultural adjustments to accept a somewhat individualistic concept, but is essential for achieving wellbeing and longevity. The findings show that collectively, individuals and systems need to empower Sāmoan health workers to be who they are wholeheartedly and provide environments that foster their development.

Chapter 7 Discussion

My research aimed to engage with the regulated Sāmoan health workforce and their communities within AoNZ to explore their experiences and perspectives on the wellbeing of Sāmoan health workers, how Sāmoan health workers navigate their roles in healthcare settings, including in the context of their Pacific worldview, and how Sāmoan health workers and their practice can be better supported. Additionally, my thesis aimed to reflect on my experience researching within a Sāmoan methodology with Sāmoan participants, to influence and encourage Pacific and non-Pacific researchers, and to provide a reference for promoting Pacific-based knowledge and literature, showcasing its critical inclusion in academic spaces.

In response to the aims, my research explored the wellbeing of regulated Sāmoan health workers in AoNZ, undertaken within a Pacific worldview and the foundational Sāmoan methodology of Fa'afaletui alongside Interpretive Description. Initially, I looked to the past to inform the future, honouring the collective journey and recognising that lessons are best received when past and present navigate and dialogue together (Enari, 2021a; Goodyear-Smith & 'Ofanoa, 2022; Reynolds, 2019; So'o, 2018). Study One—Scoping Review (Timmins et al., 2025), explored the existing literature on the wellbeing and support of regulated Sāmoan health workers in AoNZ, identifying substantial gaps in the published knowledge base and emphasising the need for Pacific-based research exploring Sāmoan health worker wellbeing. The findings from Study Two, using fa'afaletui, provided further comprehensive knowledge and understanding of Sāmoan health worker wellbeing, revealing that Sāmoan health workers are hindered in their Sāmoan identity and require environments that enable and promote Fa'aSāmoa.

This thesis sheds light on insights and knowledge of Sāmoan health workers and their communities regarding Sāmoan health worker wellbeing. Although novel research is prioritised in Western academia to add to the current knowledge base (Thorne, 2008), the findings presented in this thesis are not nuanced, novel, innovative, or original in the context usually expected in literature. These findings are based on knowledge that has been known to Sāmoan people for generations and generously shared in the scoping review literature and through the fa'afaletui discussions for the benefit of their communities. Two participants stressed this point as they reflected on conversations they heard as children that mirror current conversations. Although these quotes have been presented in the findings section, 6.3.2 Leadership—Lighting the Path, they are repeated here to reiterate their importance and highlight the long-standing issues faced by Sāmoan health workers.

“We’re still fighting the same as, as my parents were fighting right? So, nothing ... not a lot has changed so a, for the next generation, for my kids, what’s it going to look like? Are we still going to be having the same discussions eh?” (Losa, Pacific health director)

“I actually remember being a young child and going along to a talanoa that my mum would be a part of as a Sāmoan nurse and having very similar conversations. You know I’m 14 years old and I’m just sitting there doing my homework, but I’m listening and then I’m sitting there and now I’m 33 and we’re having, not the same conversations, but similar conversations.” (Crystianna, physiotherapist)

Although the knowledge in this research is not new to the Sāmoan people, the research is novel and innovative in its collection and compilation of the stories gifted by participants. This thesis is the first in AoNZ to bring an academic approach to exploring Sāmoan health worker wellbeing and present these stories to a wider audience.

The quotes above further highlight a familiar sentiment shared throughout the fa’afaletui discussions regarding the importance of imparting a better world or legacy for the next generation of Sāmoan health workers (Ofe-Grant, 2024). In alignment with ensuring positive outcomes and positive change from my research, Pacific literature was sought and integrated into the discussion, with focus on Pacific authors, Pacific methodologies, Pacific participation, and broad sources of comprehensive literature (Timmins et al., 2025). Additionally, where possible, ethnic Sāmoan resources were used in favour of Pan-Pacific ones. I did this purposefully to ensure appropriate discussion that would not interfere with authentic findings and meaning found within the fa’afaletui discussions, and recommendations made were in alignment with a Sāmoan worldview and represented knowledge shared to empower and benefit current and future Sāmoan health workers (Faleolo, 2021; Tamasese, 2002; Tofi et al., 2025; Vaioleti, 2006). Writing a culturally sensitive thesis has not always been accessible or permitted for past scholars (Tupuola, 1994). With recognition of those who came before me and the support from those around me, such as my research supervisors, who light the way, I feel privileged to discuss the findings from a Pacific perspective.

In this chapter, I discuss key findings in the context of current evidence through a Pacific lens. In addition to the research aims stated above, the following questions were drawn on to guide the discussion (Thorne, 2016): “What are the main messages here for the practice field? What is it that is known now, having done this study, that was not known before? Or perhaps was not known in quite the same way?” (pp. 183). Participants presented the chosen concepts to discuss which appear to have the most capacity to positively impact the wellbeing of Sāmoan health workers. These key concepts include 1) Supporting Sāmoan Leadership Through Fa’aSāmoa, 2) Strong Identity, and 3) Self-Care—Collective Individuals.

I also present clinical recommendations regarding research dissemination, policy change, leadership and governance structures that enact vā, cultural education, and talanoa and fa’afaletui spaces. Furthermore, the strengths and limitations of the study are outlined along with recommendations for future research.

7.1 Discussion Point One. Supporting Sāmoan Leadership Through Fa'aSāmoa

Leadership styles are shaped by the cultural backgrounds of the individuals involved (Paea, 2009). AoNZ has similarities to other Western leadership styles, which reflect a primarily male, European perspective on leadership (Management Editorial Team, 2006). These leadership values can be individualistic, in which an individual is attached to an authoritative position or role and prioritises achieving outcomes and ongoing self-interest, while disregarding collectivist values (Ly, 2020). Although Western leadership values of individualism and personal achievement resonate with some, the needs and values of diverse cultural groups can be overlooked, effectively diminishing and harming indigenous cultures (Fagaloa, 2022; Jackson & Parry, 2011; Mamea, 2018).

In comparison, Pacific leadership can be considered multidimensional, represented by values and beliefs, attributes, skills, knowledge and experience, and behaviour and performance (Fagaloa, 2022). The Sāmoan leadership approach has a long history, with aspects of the matai system thought to have existed for over 1000 years (Harris et al., 2020). In Sāmoan custom, true *pule* (authority) is not inherited automatically; rather, it is bestowed upon those who have earned it, selected through tautua (Mamea, 2018). Over time, Pacific leadership models have migrated to AoNZ and successfully maintained their inherent cultural values (Fagaloa, 2022).

This discussion point focuses on Sāmoan health workers' need for leadership that encompasses Sāmoan values while aligning with the contemporary identity of Sāmoan health workers living and working in the diaspora in AoNZ. Participants in the fa'afaletui discussions saw leadership as a core pillar for their wellbeing and important for the support, promotion, and longevity of Sāmoan health workers. Participants sought leadership that maintained Sāmoan values and enacted a collective view that was community-focused, relational, and centred on tautua. These collective leadership values were previously discussed, over 18 years ago (Southwick & Solomona, 2007), yet continue to remain unacknowledged in current higher health systems.

The importance of recognising Sāmoan values was clearly conveyed by one participant: Viole. Her insightful talanoa portrayed the collective experience of Sāmoan health workers when leadership conflicted with her expectations. Viole's tears and deep emotion emphasised the passionate view of culturally appropriate leadership and its positive and negative impact on Sāmoan health worker wellbeing. It is through her voice that this discussion point was formed. Sāmoan leaders are held in high regard and afforded respect; in return, reciprocity is expected. Leadership was seen as the guiding light in a dimly lit room, offering hope and promise of betterment, and leaders were relied upon to aid forward momentum and provide supported guidance. The core cultural value of *vā*, where an in-depth understanding of respect shown from one Pacific person to another, was unapologetically expected of Sāmoan leaders. Similarly, Fagaloa (2022) found that Pacific cultural values of respect, care, and generosity were fundamental to Pacific leadership and were expected

to be evident in leaders' ongoing thoughts and actions. Supporting the stories from this thesis, other researchers have demonstrated the value of managers enabling and practising *vā* as part of their leadership approach (Ofe-Grant, 2024; Paea, 2009). Furthermore, leadership which enacted *vā* was found to underpin successful work environments where staff felt safe, supported, and cared for (Tuesday, 2023).

Sāmoan health workers also sought servant leadership, and the well-known Sāmoan proverb '*O le ala i le pule o le tautua*' (the path to leadership is through service) suggests that to be an effective leader is always to be in the service of others. This concept of servant leadership comes naturally to Pacific people, where a leader does not assert themselves at the front, but is there to serve (Mata'utia, 2022). Similarly, serving others was found to be a central part of the lived experiences of Pacific youth born in AoNZ in promoting holistic wellbeing within the community (Pisili, 2020). Ofe-Grant (2024) also found that Sāmoan managers across AoNZ (including in the health sector) who could exhibit servant leadership at work had more positive experiences when facing stress or challenges.

Although participants in the fa'afaletui discussions sought the presence and enactment of strong cultural values, they were acutely aware of the difficulties Pacific leaders faced when attempting to portray these values in hostile environments. Viole, alongside other participants, spoke about Sāmoan leaders' inability to enact their cultural values in restrictive Western environments. Pacific leaders have been reported to experience a sense of being inconvenient, irrelevant, and undervalued, suffering racism and discrimination, and requiring significant effort to gain credibility (Came et al., 2019; Fagaloa, 2022). Pacific leaders also reported that differences in leadership style from the dominant culture caused difficulties at work and forced them to compromise their culture to be valued, accepted, and considered for promotion (Came et al., 2019; Paea, 2009).

The challenges Pacific leaders faced were well reported by fa'afaletui discussion participants; however, Sāmoan health workers continued their unwavering expectations of their leaders to enact cultural values and follow cultural protocols. Came et al. (2019) found Pacific leaders are worried that they do not do enough to support the wellbeing of their communities and recognise their communities will challenge and question their effectiveness in leadership roles. Similarly, Sāmoan health workers were found to expect their leaders to balance the expectations of their Pacific communities, which can be strong and often involve navigating and performing across complex environments, with the expectations of their job. Fagaloa (2022) emphasised that Pacific leaders need to ensure their leadership contributes to improved outcomes for Pacific peoples, even at the expense of individual career goals. Fagaloa (2022) portrays these values well in her doctoral thesis, stating:

For Pacific people, the role of a leader can never be turned off. It is fluid, continuous, and expansive. A Pacific leader must have the ability to be able to read what is not said and to

act appropriately; they need to anticipate by monitoring activity to ensure the smooth running of processes. A Pacific leader must be courageous and can be expected to compromise the very things that are dear to them for the wider good. A Pacific leader will accept there are sacrifices to make for the wider family and community. (p.88)

Despite the recognised intrinsic and systemic challenges in holding a leadership position, fa'afaletui discussion participants still desperately sought leadership roles to serve their communities. However, leadership roles were difficult to obtain. Viole, alongside other Sāmoan health worker leaders, spoke of constantly being overlooked for promotion. In response, participants sought additional education to secure roles; yet they remained unsuccessful. Again, this was similar to findings from Fagaloa (2022) where, despite the increase in qualification, knowledge, experience, and having similar qualifications and experience as other public sector leaders, Pacific leader participants experienced barriers in accessing higher-level roles. Participants described perceiving ongoing rejection as related to their ethnicity, a sentiment also reflected in Fagaloa's (2022) work, where Pacific leaders believed that Pālagi managers held preconceived notions of Pacific leaders' incompetency.

The data show Sāmoan health worker leaders have been treated immorally. They face unjustified and excessive racism and institutional discrimination to the point that their advocacy and representation of Pacific peoples have been ineffective. A recurrent generational cycle remains to be broken in which Sāmoan people can achieve leadership roles, be Sāmoan, and freely enact Sāmoan leadership vales.

7.1.1 Sāmoan Leadership in the Diaspora

How Sāmoan health workers navigated leadership within the diaspora also impact their wellbeing. Pacific leadership embodies a strong sense of identity and understanding of who you represent (Fagaloa, 2022). In response, Pacific peoples tend to seek advice from Pacific leaders, as they provide relevant guidance, being from the same ethnic group (Paea, 2009). Similarly, Sāmoan health worker participants overwhelmingly sought Sāmoan values within their leadership. However, leadership was not explicitly sought from the Sāmoan people. Viole spoke about her positive experiences with Pālagi leadership, but with the caveat that Pālagi leaders must have a foundational understanding of Sāmoan cultural values, which distinguishes their ability from that of uncultured Pālagi leaders to positively lead Sāmoan health workers. Work by Tofi et al. (2025) also showed that non-Pacific leaders could create safe and supportive working environments when they were open to understanding individuals and their cultures.

Interestingly, Ofe-Grant (2024) suggested that Sāmoan CEOs (chief executive officers) and managers sought New Zealand European mentorship, as it offered insights into Western leadership and managerial styles, access to strategic connections, and provided career guidance

that resonated in the AoNZ context. However, it was further revealed that the New Zealand European mentors had prior cultural knowledge, including familiarity with Sāmoan people, and could therefore offer a more profound understanding of how to work within the AoNZ context (Ofe-Grant, 2024).

Sāmoan health workers wholeheartedly sought to see their cultural values reflected within leadership. However, these cultural values needed to reflect the individual Sāmoan health worker, one who is likely AoNZ-born and influenced by both Sāmoan and Western worlds. One fa'afaletui discussion participant reported having a Sāmoan leader whose leadership was grounded in traditional Sāmoan values that did not fully reflect the AoNZ-born Sāmoan understandings. Similarly, Fagaloa (2022) reported Pacific leaders were reducing the support they sought around cultural values as they continued to have staff influenced by Western norms.

An appropriate alignment of Sāmoan cultural leadership values with Westernised Sāmoan health workers has been proposed. Research by Mamea (2018) explored a sentiment of adjustment wherein core Sāmoan values, such as alofa, fa'aaloalo, and tautua, do not have to be compromised but can be accommodated within a contemporary context. Mamea (2018) supported the adjustment of traditional cultural beliefs in the diaspora, which can aid the culture moving forward positively. In essence, this approach could allow Sāmoan health workers seeking more Westernised Sāmoan leadership to not feel they are negating their culture; rather, they should embrace this adjusted culture so that it continues and succeeds in new environments.

Furthermore, responsibility must also be placed on the systems or people to understand the collective cultural focus of their leadership processes when intending to work with Sāmoan and Pacific peoples (Paea, 2009). Although based on a study of Māori participants, Pfeifer and Love (2004) suggested leaders learn about other cultures and incorporate leadership experience from cultural contexts into the mainstream to meet the needs of diverse cultures within AoNZ.

7.2 Discussion Point Two. Strong Identity

Pacific health models (e.g., Fonofale: Pulotu-Endemann, 1995) highlight the importance of including cultural and ethnic identities in research on wellbeing (Manuela & Sibley, 2015). In this section, I explore how Sāmoan identity is complex, with Sāmoan health workers seeking the ability to be Sāmoan and be identified as Sāmoan within professional environments as essential to their wellbeing. A sentiment embodied by fa'afaletui discussion participant Crystianna, speaking on her desire to visually identify as Sāmoan, *“If I could wear shorts, my malu would be out for real and people could identify me.”* This discussion challenges a long-standing rhetoric that AoNZ-born Sāmoan people continue to live within an identity crisis, are “edge walking” between Pacific and Pālagi concepts, and that they do not fit comfortably within either space (Anae & Peterson, 2020; Mila, 2013). In contrast, fa'afaletui discussion findings show that AoNZ-born Sāmoan health

workers are unapologetically proud, confident, and accepting of their diasporic identities, and seek acceptance and support for these identities by both the Sāmoan and Western worlds.

In AoNZ, Sāmoan and Pacific peoples often identify as either AoNZ-born or island-born (Anae, 1997, 2010). The label 'AoNZ-born Sāmoan' refers to children of migrants from Sāmoa who grow up socialised into the Westernised and individualistic AoNZ way of life and who may or may not speak Gagana Sāmoa fluently, often preferring the use of English instead (Anae, 1997; Mulipola et al., 2024). However, whether AoNZ-born or island-born, both experience Fa'aSāmoa and a Sāmoan identity (Anae, 1997). Much scholarship has revealed the challenges faced by AoNZ-born Pacific peoples living in the diaspora. Anae (1997) portrayed the identity of AoNZ-born Sāmoan people, who, being neither Sāmoan enough nor Pālagi enough, struggle to sit comfortably within either Sāmoa or AoNZ spaces:

I am—a Samoan, but not a Samoan. To my 'aiga in Samoa, I am a palagi.

I am—A New Zealander, but not a New Zealander. To New Zealanders, I am a "bloody coconut" at worst, a "Pacific Islander" at best.

I am—To my Samoan parents, their child. (p. 128)

Biggs (2023) highlighted further identity conflicts presented for Sāmoan people in AoNZ who may doubt their ability to identify as Pacific:

If you're Pacific, ah, it doesn't matter what role you hold... You can now identify yourself as a leader.... Especially those that kind of don't look Pacific...because I have a thing where it doesn't matter if you have a little bit of blood, a lot of blood...you're Pacific, you're Pacific.

(p. 38)

Furthermore, Mila (2013) reported the phrase "New Zealand-born identity crisis" (p. 27) and presented identity stories showing that negotiating belonging and facilitating acceptance were not straightforward for the Pacific generation born and raised in AoNZ. Mila (2013) found identity challenges were often blamed on the individual whereas wider communities and cultural challenges also affect this generation of Pacific peoples. These identity challenges for Sāmoan migrants have persisted for generations, even after generations of diasporic citizenship (Seiuli, 2016). Ethnic in-fighting has also been reported, with Sāmoan people being shamed for being '*afakasi* (dual heritage) and not speaking either Gagana Sāmoa or English proficiently (Mila, 2013; Thompson, 2020), and Sāmoan female executives and senior managers being bullied for their perceived lack of cultural standing from people within their own culture (Ofe-Grant, 2024).

The challenge continues as Sāmoan people in professional environments navigate their identities between two opposing contexts, neither of which fully accepts them, leading them to leave their ethnicities at the door (Anae, 1997). Similarly, Pacific allied health workers were found to struggle

with their identities as the AoNZ health environments and systems did not value what they offered, leading them to adapt to conform (Tofi et al., 2025). Furthermore, Reid and Dixon (2018) reported Pacific physiotherapists in areas of low cultural integration relayed ethnic bias, loneliness, and the need to remove their culture to survive in their roles.

In contrast, Seiuli (2016) suggested that many AoNZ-born Samoans have adapted well by readjusting their lives to maintain their cultural identity and reforming practices in their new homeland. This adjustment is evident again in Ofe-Grant's (2024) report of Sāmoan executives and managers who modify their communication styles to fit different forms of social interactions at work, suggesting Sāmoan people may need to adapt their communication styles to align with prevailing norms. While these adjustments seem beneficial, safeguards are needed to ensure the non-dominant culture is not suppressing their cultural values as a means of confrontation or survival.

Conversely, my findings show that the identity of Sāmoan health workers no longer aligns with uncertainty, identity crisis, edge walking, conformation, or adjustment. Instead, they stand firm and immensely proud as AoNZ-born Sāmoans and Sāmoan health workers. Despite a multitude of obstacles and hardships that challenge their self-identity, over time, they have become secure in their identity and confident in their diasporic Sāmoan ethnicity. Neither Sāmoan health workers nor their communities showed hesitation around their ethnicity or their Sāmoan'ness' regardless of their country of birth, their ethnic make-up, or their ability to speak Gagana Sāmoa; they could be AoNZ-born Sāmoans and Sāmoan health workers. Being AoNZ-born did not diminish their Sāmoan identity, but showed their ability to relate to the European world in a respectful way while continuing to tautua their patients and communities.

The fa'afaletui discussion demographics further highlighted the progression in ethnicity acceptance as just over half of the participants (52%) were AoNZ-born, all of whom listed Sāmoan as their primary ethnicity. Comparatively, Efi (2018) reported on cultural blending, which was not about creating a hybrid self, but rather about creating unapologetic selves in which the Sāmoan gives equal time and respect to the different cultural references they align with as important to shaping their lives.

However, this sense of comfort with identity may in part be due to the environment in which the fa'afaletui discussions were undertaken, where participants felt safe among their peers and encountered relational vā. Identity comfort may also be due to participants' connection with healthcare and their limited numbers in this field. Being isolated in their identity and surrounded by mostly New Zealand Europeans could further their siding with their ethnic background. Similar findings were observed by Paea (2009), who showed participants accepted Western norms in early education settings, but as they grew and began working, the need to identify as Sāmoan and work in a distinctly Sāmoan way became more important. Furthermore, participants who did not display

ethnic confusion may do so because they are older (all but three participants were over 32 years of age, with an average age of 46) and possess additional life experiences. This finding aligns with work by Anae (1997) and Anae and Peterson (2020), who suggested that life experience can buffer against ethnic identity confusion and help promote a secure sense of self identity.

Regardless of the potential supporting factors, Sāmoan health workers are proud of their identity, and as they progress in their professions, this becomes intricately linked to their wellbeing. There is growing evidence that shows that supporting Pacific people's wellbeing is enabled through protecting and enhancing ethnic identity. Manuela and Sibley (2015) reported compelling evidence that ethnic identity can provide individuals with protection and buffer negative experiences from affecting wellbeing, especially for Pacific peoples. This identity comfort, alongside identifying as Sāmoan and practicing their cultural identity, positively affected Sāmoan health workers' wellbeing. Tofi et al. (2025) also found that a strong cultural identity and sense of connection supported Sāmoan allied health workers in their clinical practice. This enabled them to perform at their best, as they could bring their whole selves to their roles and draw on their unique ability to relate to and connect with the communities they serve. Timmins et al. (2023) also described how Pacific hand therapists had difficulties bringing their full identities to their practice and sought environments that embraced culture to empower them. Research by Mila (2013) that focused on New Zealand-born Pacific professionals, of whom over half were Sāmoan, further showed that feeling accepted by others, having the ability to identify as Sāmoan with pride, and placing importance on cultural values, were associated with advantageous mental health outcomes, resilience, and wellbeing.

Acknowledging the strong and influential voices of the participant Sāmoan health workers, I offer a progression to the esteemed words from Anae (1997). The adjusted sentence recognises Sāmoan health workers' pride and firmness in their diasporic Sāmoan fa'asinomaga.

~~'I am—a Samoan, but not a Samoan'~~

I am—an AoNZ-born Sāmoan, I am a Sāmoan health worker

7.3 Discussion Point Three. Self-Care—Collective Individuals

Wellbeing can be interpreted as national wellbeing, in which individuals focus on the environment in which they live and rate their satisfaction with their nation's economic situation, social conditions, government, business, and national security (Ganglmair-Wooliscroft & Lawson, 2008; Te Tai Ōhanga | The Treasury, 2022). Wellbeing can also be personal wellbeing, which can be assessed in terms of an individual's rating of their satisfaction with their standard of living, personal health, life achievement, personal relationships, personal safety, community connectedness, and future security (Manuela & Sibley, 2015). My final discussion point brings to light personal wellbeing and the Sāmoan health worker's quiet appeal for approval of self-care, a somewhat tapu subject in Sāmoan culture.

On initial review of the data, self-care was mentioned twice, once in each fa'afaletui location. However, when re-listening and reflecting, self-care was thinly but precisely threaded throughout the discussions. While it was not initially considered prominent, the talanoa style reflected the nature of the subject as something that was not openly discussed. As noted by Faleolo (2021), remaining purposeful and observant of the small things can help us uncover bigger stories. It was on deeper inspection that I uncovered that self-care was discussed through all views, those on the Mountaintop, those on the Treetop, and those in the Canoe, highlighting its resonance within all societal layers and recognition of the absolute need for individual wellbeing. While the Canoe participants discussed the issue hesitantly, the Treetop and Mountaintop participants were firm in their support for self-care.

The notion of self-care was not clearly discussed in Pacific literature, which may be further evidence of its tapu status and of the overall difficulty Pacific peoples have in enacting it. Selflessness and acts of humility represent fundamental Pacific values that foster collective wellbeing and social cohesion (Pilisi, 2020). Personal needs and wellbeing are not prioritised in the same way as fulfilling the needs and wellbeing of the collective 'āiga, church, or community for Pacific peoples (Pilisi et al., 2025). However, recent research by Pilisi et al. (2025) indicated that Pacific communities frequently sacrifice their personal wellbeing to fulfil 'āiga or community obligations, leading to elevated levels of burnout, particularly during young adulthood when cultural, professional, and 'āiga pressures are at their highest. Burnout has also been broadly identified among Pacific health workers, with Pacific doctors and nurses initially experiencing high retention rates that sharply decrease after five to seven years in the field (Medical Sciences Council of New Zealand | Te Kaunihera Pūtaiao Hauora o Aotearoa, 2022; Nursing Council of New Zealand | Te Kaunihera Tapuhi o Aotearoa, 2020).

The failure Sāmoan health workers to engage in self-care was not due to a lack of desire; rather, the external circumstances were perceived as obstacles. This issue is reflected in Tuafuti's (2011) study, which discussed personal wellbeing and her own difficulty of learning to decline community and family obligations while pursuing academic studies. Nevertheless, Tuafuti (2011) discovered that prioritisation of "self" was unsuccessful as external circumstances were unable to be deprioritised, suggesting that Pacific educators and researchers make immeasurable sacrifices to their own wellbeing when pursuing a career. Although self-care may seem idealistic and unattainable, it remains a goal for Sāmoan health workers and others. Pacific youth were found to believe both self-care as well as service to others were needed to maintain holistic wellbeing (Pilisi, 2020). Self-care has been promoted for Pacific general practitioners who are constantly burdened with additional work within their own jobs and from their communities, leading to burnout. Furthermore, self-care initiatives were suggested through imploring self-checking, taking quality time out, community-based self-care, workplace policies, and acknowledging the numerous responsibilities held by Pacific peoples (Julian, 2022; Pilisi et al., 2025).

Pacific worldviews emphasise collectivism, as illustrated in the Fonofale model of health, where 'āiga and community form the foundation and roof of the fale (Pulotu-Endemann, 1995). However, within this framework, there appears to be a blinding absence of the individual, which is understandable given the central importance of the Pacific value of collectivism. Conversely, Sione et al. (2023) argued there is space for the individual, which is necessary for the wellbeing of the collective, coining the term “collective-individuals”. Although speaking in terms of belonging and achieving in academia, this term reimagines the contradictions between collectivism and individualism and recognises that Pacific peoples can be both collective and individual. According to this understanding, individuals first strive to identify the collective good, which then permits self-care to allow the individual the ability to achieve the collective goal, ensuring that any use of individualism or notions of self are inextricably tied to enhancing relationships with others (Anae, 2019).

Sione et al. (2023) further recognised the need for Pacific peoples to be collective-individuals in Western spaces, to pull away from the collective to complete individual needs. They acknowledged the deep tension, shame, and guilt that accompany neglecting collective responsibilities alongside the perceived selfishness it conveys to their community. However, they recognise the necessity of the individuals' needs in the achievement of collective goals which are especially required to aid Pacific peoples in diasporic environments. Although Sione et al.'s (2023) research was conducted in academic spaces in Australia, it is relevant to Pacific peoples in Aotearoa, who are also diasporic and face similar issues challenging their collective versus individual being. Furthermore, individualism in this context is not about neoliberal competitiveness as seen in Western societies. Rather, it is about the collective-individual, where allowing one person to advance can help everyone advance. This concept of a collective-individual resonates with the fa'afaletui discussion findings, as participants' seeking of self-care always held the Sāmoan values of collective and tautua at their core, as it would allow them to remain healthy in their roles and continue to work for the wellbeing of their communities.

A cultural shift to include the individual without straying from the core value of tautua, or community, should be welcomed by Sāmoan health workers and beyond, especially those in the diaspora, as it incorporates self-care and enhances wellbeing. Pilisi et al. (2025) argued that burnout is less prevalent among older age groups, possibly due to more effective coping strategies or more established socio-cultural environments. Similarly, the Treetop and Mountaintop fa'afaletui discussion groups also shared their insights and expertise on self-care, imploring Sāmoan health workers to consider themselves for their own benefit alongside the ones they serve. This includes the importance of self-prioritisation and the ability to decline requests all within supportive environments and Sāmoan culture.

Finally, Efi (2018) reflected on the stronghold of cultural traditions where current practices cannot be challenged because they represent the essence of being Sāmoan. This reflects well on the challenges of achieving self-care within Sāmoa's staunch collective value system. Efi (2005) recommended challenging these perceived ideals, as cultural incompetence stems from a mindset that holds culture and custom exempt from accountability and examination. Leali'ifano Professor Albert Refiti asserted that culture can adapt and change, particularly in the diaspora (Taylor, 2025). He emphasised the importance of focusing on the future, moving beyond the rigid traditions upheld by our parents and grandparents. Instead, we should direct our attention towards our children and grandchildren, as it is indeed challenging to exist in the current world while striving to forge a new and promising future for the next generation (Taylor, 2025).

7.4 Implications and Recommendations for Practice

The participant contributions through the fa'afaletui discussions have provided the opportunity to explore in detail the experience of Sāmoan health worker wellbeing. By aligning with a Pacific worldview, the research approach aimed to validate the participants' experiences, generate more authentic knowledge, and provide positive solutions for Sāmoan health workers (Vaiioleti, 2006). Following the recommendation of the Interpretive Description methodology to incorporate a practice-oriented approach and inform health-related, clinically relevant understandings as part of the study (Thorne, 2016), four recommendations have been drawn from findings from both the scoping review and fa'afaletui discussions. These recommendations aim to support Sāmoan health worker wellbeing in the health care environments of AoNZ.

7.4.1 Recommendation One—Dissemination of Research and Policy Change

Persistent challenges continue for Sāmoan health workers, signalling that systemic issues have not been successfully addressed. The following clinical recommendations focus on Pacific research dissemination and influencing policy documentation as a top-down approach needed for positive changes for Pacific peoples.

- **Enhance equality of literature sources.** Academics, researchers, and policy makers need to recognise the significance of broad literature or grey literature as equal, if not superior, to primary academic literature, especially within the Pacific context.

Historical knowledge is revered and protected in Sāmoa with traditional oral methods of transmission used to document and convey it (Efi, 2005). Historical knowledge is used to undermine a person or groups claim to lands and titles, to denote status, to speak, or to be heard, and the precise Sāmoan communication and performance of songs, stories, and histories are widely acknowledged (Salesa, 2018). Therefore, oral language is fundamental for Sāmoan people in portraying the past, with written knowledge a more recent resource for people in the diaspora to help ensure knowledge is not lost over time (Salesa, 2018).

However, Western ways of knowing, doing, and being have tended to come at the expense of indigenous ways of knowing and being, with storytelling considered unworthy in academia (Enari et al., 2024). Pacific literature can be overlooked or excluded from key government documents as it is seen as unscientific. In response, an over-reliance on Western theory is used, with Pacific evidence only referred to when it aligns with Western approaches (Fagaloa, 2022). The scoping review that formed Study One of my thesis highlights the necessity of broad literature searching and the removal of Western academic ideals that diminish alternative means of dissemination. It highlights the positive impact of prioritising Pacific-based literature in all its forms for the benefit of Pacific peoples (Timmins et al., 2025).

- **Support publication of Pacific graduate and postgraduate research.** Pacific graduates and postgraduates should be supported to publish their research beyond their theses and into reputable journals.

Dissemination of research findings sustains the *vā* by showing respect to knowledge owners during the writing and publication stages (Faleolo, 2021). Pacific research using Pacific approaches is flourishing, with a growing body of published studies (Tualaulelei & McFall-McCaffery, 2019). However, there has also been a significant increase in unpublished work, with master's and doctoral level theses not gaining further publication in formal journals. This is perhaps due to Pacific dissemination prioritising reciprocity with the communities from which the research and knowledge were gained (Ponton, 2018), with post-graduate academics choosing to cease dissemination once their community dissemination has occurred.

Faleolo (2021) reasoned that dissemination beyond the community is required, as Pacific informants hold the belief that formal recognition of their knowledge through publication will inform policymakers and contribute to the overall betterment of Pacific peoples. In alignment with this, academics should seek to publish beyond their theses to avoid restricting knowledge sharing and present their research in places where people involved in leadership and governance will start to reference it. Furthermore, publishing in reputable journals will make sourcing Pacific literature more accessible to future researchers and further help expose and retain Pacific knowledge (Faleolo, 2021; Shantatheteenwitch, 2022).

- **Embed Pacific research into policy.** Academics and researchers need to produce robust Pacific research to positively influence Pacific-based policy.

When policy statements do not adequately reflect the perspectives and worldviews of Pacific people, this can have detrimental effects on Pacific people's outcomes, as service development and implementation fail to meet their needs (Fagaloa, 2022). Robust Pacific research is required to persuade policymakers to shift their approach from the mainstream "one-shoe-fits-all" model to one that addresses Pacific or ethnic-specific issues. Importantly, transitional change can only occur

when robust research is translated into policy reform and service delivery (Anae, 2019). Researchers often believe that providing recommendations and solely publishing research will translate into practical outcomes. However, this is not the case, and policy implementation is essential for change to occur, especially for Pacific peoples (D. Sorenson, personal communication, April 28, 2025).

7.4.2 Recommendation Two—Enabling Vā

- **Establish vā within leadership and government structures.**

The relational vā between Pacific peoples and the leadership and government structures within the AoNZ health systems is *solī le vā* (relational space has been broken and needs to be addressed) (Teganahau, 2023). The All of Government Pacific Wellbeing Strategy reported that Pacific communities called for systems to *teu le vā* and work towards restoring the damaged vā between the government and Pacific communities, leading the Ministry for Pacific Peoples to set the long-term goal of strengthening these relationships to support development of the Pacific workforce (Ministry for Pacific Peoples, 2022a).

Managers who seek to improve Pacific peoples' wellbeing need to understand the sacred relational spaces in new and emerging contexts and the range of ways to care for them under various conditions (Finau et al., 2022). Nurturing the vā has been discussed in educational contexts where upskilling staff in culturally responsive pedagogy, Pacific workforce development, completing cultural protocols, and improving communication access has been successful (Education Gazette Editors, 2020). The relational vā including the values of honesty, genuineness, engagement, and a reciprocal relationship between patients and practitioners has also been found to be integral the health system (Teganahau, 2023). Engaging vā within the health systems is essential for Sāmoan health outcomes and establishing Sāmoan wellbeing (Ulalesi et al., 2022). Continued work needs to be done to establish and embed vā into leadership and government structures so it can, in turn, be translated to all areas of health.

7.4.3 Recommendation Three—Cultural Education

- **Establish accessible cultural education for all health workers.**

Cultural education and development have primarily been positioned for those of a dominant culture to understand cultures outside of their own (Reid et al., 2025; Timmins et al., 2023). Study One in this thesis found similar results with cultural education with important for all health workers, especially when working with cultures outside their own. More recently, mandatory cultural education has been recommended for physiotherapists to remove systemic racism and discrimination against Pacific and Māori within their profession (Reid et al., 2025). However, cultural education in Study Two extends beyond dominant cultures understanding other cultures and supports Sāmoan health workers in developing their own Sāmoan cultural knowledge,

recommending accessible cultural education that advances Gagana Sāmoan and Sāmoan aganu'u.

The findings showed Sāmoan health workers were beginning to seek knowledge of their culture to further discover their identities and better understand cultural practices. Sauvao-Va'auli (2017) reported aganu'u seeds are planted for Sāmoan people in their youth. These seeds can remain dormant for many years, but through aganu'u classes, the seeds of understanding and appreciation can grow and flourish. Samoan *Gagana* (language) and aganu'u classes can add value to those aspiring to occupy and those already in positions of leadership across the Sāmoan and Pālagi worlds (Sauvao-Va'auli, 2017). Similarly, Pacific public servants were found to seek cultural support to enable their ongoing leadership (Paea, 2009).

Furthermore, there is a strong relationship between ethnic identity and wellbeing, where cultural enhancement programmes can aid in navigating realities (Manuela & Sibley, 2015). Anae (1997) reported that AoNZ-born Sāmoans who have secure identities, including a thorough understanding of Fa'aSāmoa, can cope with challenges and opposition mounted by both Sāmoan people and AoNZers, specifically in professions that involve them helping other Sāmoan people. Supporting Sāmoan health workers in the learning of Sāmoan histories and culture can build confidence in self-identity and enable comfort in diasporic spaces where they are required to navigate the demands of AoNZ while thriving in Fa'aSāmoa (Faiumu, 2022; Ofe-Grant, 2018; Sauvao-Va'auli, 2017).

7.4.4 Recommendation Four—Spaces to Talanoa and Fa'afaletui

Participants sought space to talanoa and fa'afaletui. Importantly, space reflected not only a physical area but also a concept encompassing place, time, access, support, and a safe environment to authentically connect. A space that is unreservedly offered during work, which supports the self-care of Sāmoan health workers and serves to benefit their wellbeing. Talanoa spaces, although seen in universities, are not commonplace in health employment environments. Therefore, this recommendation seeks policy change to:

- **Establish accessible space for Sāmoan health workers to talanoa and fa'afaletui in healthcare environments.**

Talanoa and fa'afaletui spaces were seen as essential for Sāmoan health workers to connect, debrief, gain insight, learn and develop. A safe space to share problems, discuss solutions, gain answers and reduce cultural loading. An accessible space away from workload and distractions, which is flexible in how it is utilised, and aligns with Sāmoan values. Similarly, Pacific youth have reported that their ethnic languages, cultures, and identities are critically important to them, and places/spaces where these are valued and celebrated can make a big difference to their sense of self-worth and wellbeing (Thomsen et al., 2023).

Pacific spaces are not new; the Ministry for Pacific Peoples (2022b) report recommended creating meaningful spaces to enable purposeful and truthful engagement. Although political racial discourse challenging designated Māori and Pacific spaces has been promoted in AoNZ, identity-based spaces are commonplace in universities in AoNZ and overseas. They provide safe environments for marginalised groups to seek support and guidance and to share common experiences during the challenging university period. They are places where their identities can be liberated and celebrated (Simon et al., 2024).

Furthermore, Pacific leaders support the idea of Pacific staff having opportunities to network so they can discuss issues that affect their ability to do their jobs well (Fagaloa, 2022). AoNZ-born professionals also found spaces where rich cultural resources and alternative discourses with peers and those from their Pacific homelands were important in countering negative experiences when working outside their own culture (Mila, 2013).

7.5 Strengths and Limitations

The strengths and limitations of this research are discussed by addressing key aspects of the design and practice. This research offers several notable strengths, including a broad diversity of perspectives, adherence to Sāmoan cultural protocols, and the unreserved presentation of Pacific knowledge and contributions. While this research provides rich and in-depth insights, certain limitations must be considered when interpreting the findings. The limitations include potentially missed Pacific recruitment, Western-biased ethical restrictions, and my outsider positionality.

7.5.1 Pacific connections

A key strength of the research was the broad diversity of perspectives achieved with participants from each of the Mountaintop, Treetop, and Canoe lenses central to the Fa'afaletui methodology (Tamasese et al., 1997). These perspectives included participants representing the differing levels within the matai systems, healthcare environments, and the Sāmoan community. The research further highlighted diversity, as participants did not solely represent a station or profession but were holistic people with extensive experiences of Sāmoan and AoNZ cultures and the health systems of each country.

While this research included the perspectives of a wide range of Sāmoan people who could speak to Sāmoan health workers, the perspectives of students, non-registered health workers, and patients were not directly sought. However, participants were still able to provide perspectives from these areas. One participant was a current student; many participants were past students; two participants spoke to working within the hospitals as non-registered professionals; and participants had family members who had been patients, or participants had been patients themselves. Conversely, full perspectives from students, non-registered health workers and patients are still missing and could add a further critical lens to this study.

Moreover, the Sāmoan registered health worker participants were limited to counselling, dietetics, nursing, paramedicine, and physiotherapy. In AoNZ, there are 21 regulated health professions (Ministry of Health, 2003), and although five professions were represented, the viewpoints of individuals from the medical and social sectors were notably absent. The medical field has seen a growing representation of Pacific members, while social work boasts the highest percentage of members identifying as Pacific (11%) (Medical Sciences Council of New Zealand | Te Kaunihera Pūtaiao Hauora o Aotearoa, 2023b; Social Workers Registration Board | Kāhui Whakamana Tauwhiro, 2023a). Despite efforts to recruit specifically through the Medical Council of New Zealand | Te Kaunihera Rata o Aotearoa and the Social Workers Registration Board | Kāhui Whakamana Tauwhiro, there was no resultant participation. Therefore, it would have been beneficial to encompass a broader array of health professions, alongside this, the positive developments in medicine and social work suggest that including these perspectives could have provided additional valuable insights for the research.

7.5.2 Recruitment

The research sample size of 23 was relatively large compared to other qualitative research in similar areas (5.2 Sample Size), allowing diverse perspectives to be heard and considered. However, a limitation lay in my abilities to recruit as many participants as could have been included.

Connections with Pacific communities were the backbone of the recruitment. Prior connections are not only necessary but vital to successful engagement with Sāmoan communities (Seiuli, 2016). For non-Pacific researchers who are outsiders to a community, additional time for relationship-building and trust-building is essential (Sione, 2024). Therefore, as my initial connections with the Sāmoan communities were limited, more time spent in developing deeper connections with the Sāmoan community prior to recruitment could have led to the recruitment of more participants. However, the relationships built and nurtured during this research will aid future research endeavours.

7.5.3 Cultural Protocol Adherence

The use of a Sāmoan methodology and methods does not automatically endorse a culturally responsive study. It is essential to operate culturally, be socially respectful, and drive reciprocity that nurtures relational spaces between the researcher and all involved (Faleolo, 2021). A major strength of this Sāmoan study was the extent to which Sāmoan culture and protocols were integrated and applied.

The fa'afaletui discussions enabled vā tapuia, safe, and sacred spaces for participants to talanoa freely and truthfully express their feelings. This occurred due to the depth in protocols followed, having the cultural advisor present, and the thought and effort put in by me, the supervisory team,

and research 'Āiga. Initially, I delivered the fa'atūlima and presented my fa'asinomaga and *gafa* (genealogy), recognising my heritage and connection to Sāmoa. It is essential when conducting research with Pacific participants to uphold respect, rapport, and relationships, as it is disrespectful and unethical for a researcher to receive knowledge from participants and leave without reciprocation (Anae, 2010; Galuvao, 2016). The learning and effort involved in understanding Gagana Sāmoa and Sāmoan aganu'u, and openly providing my background, enabled māfanafana towards me, as a researcher. A reciprocal relationship was established in which participants felt reassured that their knowledge was safe and would be used appropriately.

Acknowledgement of the vā tapuia came through many avenues. Initially, that participants made themselves available, despite their busy schedules, indicated that they viewed the research as important (Fagaloa, 2022). Participants showed trust through the vulnerability evident in the raw data, in the speeches and songs that were spontaneously delivered at the conclusion of the fa'afaletui discussions, and in the public acknowledgement provided by a participant following the fa'afaletui o fa'aāliga o i'uga o su'esu'ega presentation (5.11.2 Academic Dissemination) (Tamasese et al., 2005). Genuine relationships and the provision of reciprocity through service (Sione, 2024) were developed throughout the research process and have been upheld through ongoing connections with the Pasifika Physiotherapy Association and its membership.

Pacific-focused research benefits are generally realised at the conclusion, when findings or outcomes are presented. However, Seiuli (2016) discussed *therapeutic consideration* where therapeutic intentions are central to the engagement process as seen in her work with Sāmoan men and bereavement. Although therapeutic intentions were not specifically pursued, the culturally safe space enabled participants to connect, talanoa with each other, debrief, share stories, gain support, and navigate issues they faced as Sāmoan health workers during the fa'afaletui events. The participant's ability to access therapeutic support during the fa'afaletui is a testament to the culturally responsive environment that was created.

7.5.4 Positively Pacific

Alongside the official aims of the research, the additional aim of projecting māfanafana throughout the research process was undertaken. Furthermore, I aimed to spotlight the beauty of Sāmoa, the Sāmoan people, and Sāmoa in academia. From the outset of the thesis, information was sought from Pacific perspectives, Pacific authors, and in authentic Pacific ways. When introducing the appalling relationship between Sāmoa and AoNZ (Chapter 2), information was gained from the Sāmoan perspective. Some articles overly portrayed the AoNZ Westernised lens, and this was consciously reflected upon and disregarded in the effort to provide insights from a uniquely Sāmoan perspective.

Given that Pacific knowledge is often transmitted orally, the need for written references was not enforced throughout this thesis. This thesis is the first action of implementing change, where what is generally considered grey literature and therefore inferior literature was instead brought to light as *comprehensive literature* (Timmins et al., 2025). I used personal communications and knowledge gained through podcasts, guest lectures, and social media without guilt that they may not be considered as trustworthy as research published through academic channels, and ultimately provided thorough, robust, and accomplished research.

To further positively drive Pacific-based research, I take this opportunity, within my thesis, to advocate for Pacific-based values in research ethics. The current ethical restrictions limited this research not only in participation, but also in diminishing the hard work undertaken to establish and nurture vā. Study Two required ethical approval from AUTC (5.8.1 Ethics Approval) and alongside many other Pacific studies was limited by the Western-biased barriers enforced by the ethical committee. Originally, Study Two did not include the exclusion criteria of having a supervisory, managerial, or familial relationship with the researcher. However, this stipulation was imposed by AUTC: “Exclusion of any potential participants with whom the primary researcher has a supervisory, managerial, or familial relationship”. The exclusion of family members was an ethical challenge as I had to exclude a willing participant as they were a relation. The vā fa’aaloalo was disrupted through perceived disrespect for the individual’s knowledge. In response to informing the family member they could not participate, a talanoa was conducted to teu le vā, where the University’s procedures were explained, and alternative roles were provided to maintain their involvement in the fa’afaletui discussions (albeit not as a participant).

The inclusion of family members is a key ethical consideration in research, which encompasses consent, disclosure of information, confidentiality, and conflicts of interest. Western ethics is often thought to prioritise individual rights and contain universal principles that serve as norms applicable to all people, in all places, at all times, and in all contexts. Therefore, implying a norm that is not universal is considered non-ethical (Msoroka & Amundsen, 2018). In contrast, McConnell-Henry et al. (2010) reported the opportunity to involve a participant with whom a relationship is shared is one of great privilege. Pacific research approaches incorporate relational ethics with consideration to teu le vā, a connection built on compassion, with paramount importance placed on a relationship of fa’aaloalo and trust (Anae, 2019). Furthermore, it is disrespectful towards those possessing the requisite knowledge to address the research inquiry if they are not chosen for the study (Galuvao, 2016). Ethical committees should seek to align more with the worldview of the research applications, considering that different research practices may necessitate ethical principles becoming less rigid, as well as considering expanding their approach from universal ethical principles to include a more diverse interpretation of what is ethical research conduct (Msoroka & Amundsen, 2018).

7.5.5 Insider versus Outsider Positionality

My positionality and the reflections I have had during this research journey have been openly discussed throughout the thesis. I hold both an insider positionality as a health worker with experience across the health environments of AoNZ and an outsider positionality as a Pālagi with Sāmoan heritage. The Interpretive Description methodology encourages an insider positionality, as experiences and perspectives build the scaffolding of the research (Thorne, 2016). My experience in health care and my Sāmoan heritage have afforded me some insider perspectives, alongside my ongoing education and the commitment I have made to deepen my understanding of Fa'aSāmoa. However, pure insider privilege can allow more straightforward access to information, knowledge of issues affecting participants, stimulate trust, and enhance the ability to show empathy (Thorne, 2016; Wilkinson & Kitzinger, 2013). The sharing of culture can also facilitate the skills required to appropriately undertake fa'afaletui, guide participants in sharing their knowledge, and provide a deeper analysis of data (Rangiwai et al., 2021; Vaioleti, 2006). Therefore, an ethnically Sāmoan researcher may have provided important and additional insights to this research.

7.6 Recommendations for Future Research

This section highlights some opportunities to further advance knowledge in the field. Thorne (2016) recommended that the most helpful research recommendations orient around the initial research questions and “reflect an awareness of the limitations of your study approach and the advantages that other methods or designs might afford” (p. 193). This Pacific-based study has provided insight into the current wellbeing of Sāmoan health workers in AoNZ. However, to further increase knowledge and expand understanding of the findings from this study, further research could:

- **Explore the implementation of a cultural education model for Sāmoan health workers.**

Strong calls have been made for ongoing, mandatory cultural education to address cultural safety, anti-racism, and unconscious bias (Reid et al., 2025). However, this research has shown that cultural education should be expanded to include self-culture education. Sāmoan health workers thrive when grounded and have a firm sense of who they are, which can be strengthened through cultural education (Gagana Sāmoa or aganu'u) (Paea, 2009; Sauvao-Va'auli, 2017). Further research should look to examine the establishment and outcomes of accessible self-cultural education through implementing Gagana Sāmoa and aganu'u education to better serve the needs of the Sāmoan health workforce.

- **Explore the wellbeing of non-regulated Sāmoan health workers working within AoNZ health environments.**

Kaiāwhina make up the largest group of Pacific health workers, accounting for 7.3% of the total unregulated workforce and 61.1% of all Pacific health workers (Ministry of Health, 2025d).

Kaiāwhina play fundamental roles in caring for Pacific peoples and 'āiga as they bring cultural skills and expertise that are integral to patient wellbeing (Mullane et al., 2022). The skill levels of this group and their relatively large number suggest they represent one of the most significant opportunities to enhance the Pacific health workforce (Ministry for Pacific Peoples, 2021; Ministry of Health, 2023a). However, Kaiāwhina also face key challenges within healthcare environments, including a lack of appropriate supervision, education, and training, as well as exploitation and misuse that affect their wellbeing and the quality of care they can provide (Ministry of Health, 2023a). Research should explore their wellbeing and support Kaiāwhina to contribute as valued team members. This research would also align with the Te Mana Ola Pacific health strategy, which states that the development of non-regulated health roles are a key workforce priority (Ministry of Health, 2023b).

- **Investigate Pacific health worker ethnicity data, how it can be better captured, analysed, and utilised to benefit Pacific health workers.**

Workforce statistics gathered in my thesis' scoping review (Chapter 3 Study One—Scoping Review) highlighted a scarcity of regulated Pacific health workers, gaps in ethnicity data available from professional organisations, and inconsistencies in how ethnicity data is collected. Recent Pacific health worker research found similar deficits in ethnicity data collection (Ministry of Health, 2025d) and how ethnicity data is collected, processed, analysed, and interpreted has significant implications for policy and practice (Yao et al., 2025).

Most government agency systems are unable to conduct in-depth analysis of Pacific ethnicity data because ethnicity information is often gathered as an optional field (Fagaloa, 2022). Similarly, Pacific academic ethnicity data were found to require improvement, transparency, and centralisation across the sector to accurately reflect workforce data and trends (Naepi et al., 2019). This research calls for more transparent reporting of ethnicity data in the health workforce and health research (McCambridge, 2024) to accurately represent issues and inform potential strategies to address ethnic disparities in health outcomes in AoNZ.

- **Explore the wellbeing of other Pacific health care workers in AoNZ, particularly from an ethnic-specific perspective.**

Insights gathered through this research on Sāmoan health worker wellbeing may have similarities and the potential for transferability to other Pacific ethnicities working in health environments in AoNZ. However, future research on ethnic-specific Pacific health workers should be considered alongside ethnic-specific methodologies to provide authentic and appropriate outcomes for each Pacific group.

7.7 Conclusion

This research aimed to explore the wellbeing of Sāmoan health workers in AoNZ and answer the following questions: what are the experiences and perspectives on the wellbeing of Sāmoan health workers; how do Sāmoan health workers navigate their roles in healthcare settings; and how can Sāmoan health workers be better supported in practice? Through a Pacific worldview and Fa'afaletui methodology, Sāmoan health workers' experiences and perspectives on wellbeing were found to be vast but concise, having been reiterated for generations. Understanding Sāmoan health worker wellbeing has progressed beyond merely increasing Pacific health worker numbers, increasing Pacific health worker leadership, and abolishing racism and discrimination. Although these aspects of wellbeing are still pursued, wellbeing is truly realised through Sāmoan health workers' ability to be Sāmoan, in both identity and practice. AoNZ-born Sāmoan health workers take pride in their unique diasporic identity and seek the liberty to be Sāmoan. Leaders need to embody servant leadership and enact collective values, and the nuanced yet tapu concept of self-care requires a cultural shift in accepting an individualistic concept within a staunchly collective value system. Pacific-based health policy is essential to support the wellbeing of Sāmoan health workers and break the endless, static cycles of dominant Western bias. Through focused wellbeing, Sāmoan health workers can begin to brighten their lights, form paths for future health workers, and collectively continue to faithfully care for their communities.

7.7.1 Fa'afetai tele lava

Fa'afetai tele lava, thank you. It has been an honour for the past four years to work on this thesis. I am blessed to have met and forged long-standing relationships with so many people along this journey, including the 23 participants who took the time to fa'afaletui so openly and honestly and share their incredible knowledge, experiences, and insights with me. Fa'afetai tele lava *fo'i* (also) to my supervisors and research 'Āiga who supported every aspect of this research, but importantly stood beside me, as a Pālagi wanting to venture into Pacific research. Thank you for seeing past the extremely pale exterior and understanding my foundations to support me on this journey.

This process, although ultimately for the service of Sāmoan health workers, has created so many more positive effects for myself and my 'āiga. It was only at the fa'afaletui o fa'aāliga o i'uga o su'esu'ega presentation that I reflected on the process that I have had. I listened to my Sāmoan grandmother relay her initial hesitations about me undertaking this research. Alongside being unsure if the Sāmoan community would accept me in their space due to physically appearing very Pālagi and not knowing Gagana Sāmoa, she questioned why I wanted to learn about Sāmoa. Why would I remove myself from physiotherapy, a reputable profession, to pursue Sāmoan studies? However, later that evening, part of my why became evident. I got to watch my grandmother be the proudest great-grandmother as my eldest daughter (Sienna) performed a beautiful tauluga. I watched as the video of the dance was sent to 'āiga around AoNZ and Sāmoa, and how she

proclaimed Sienna as the taupou of our 'āiga. A position which was never afforded to her as a young lady, coming from an extremely modest background and without a familial connection to a matai ali'i. However, as a retired Minister who dedicated her life to missionary work throughout Sāmoa, she now claimed the ability to bestow the taupou honour on her eldest great-granddaughter. Aunties and uncles across AoNZ and Sāmoa have now been tasked with obtaining the correct tapa to make the *tuiga* (ceremonial headdress). This thesis was not only about Sāmoan health workers, or me. It was about reclaiming a Sāmoan heritage and celebrating being Sāmoan and the incredible values and traditions my grandmother's culture has given to my 'āiga. It was about imparting this culture to my children so they could also better understand their fa'asinomaga and gafa.

In the early stages of the thesis, I was questioned by a Pacific colleague about how I identified and whether, at the end of the research, I would identify more as Sāmoan? I thought about this question throughout the thesis and now that I am at the final stage, my identity remains Pālagi with Sāmoan heritage. Although encouraged by my supervisor, I have evolved from writing my identity as Pālagi (with Sāmoan heritage) to Pālagi with Sāmoan heritage, noticeably without the bracketed "with Sāmoan heritage". My identity is largely the same, but what has changed is my comfort level and confidence in Sāmoan spaces. I understand more of the honorifics and cultural procedures and what I particularly enjoy is, at times, understanding the jokes and partaking in the contagious laughter that comes with being in Sāmoan spaces.

I also reflect on my "Margaret Mead syndrome" which has quietly haunted me throughout this thesis. Surprisingly, as the thesis process concludes and the peer reviews begin, my syndrome has waned. The positive feedback so far has reassured me that the work, along with the constant anguish and contemplation over all aspects of this thesis, have been culturally appropriate. Although Margaret Mead created significant challenges for Sāmoan people, she did well to create a space that researchers do not want to be associated with, especially Pālagi ones. Her story and the reaction to her work formed a strong motivation for me to ensure this thesis was completed with full cultural compliance and to seek positive impacts for Sāmoan health workers, so I may never fail to provide authentic and appropriate knowledge. My Margaret Mead Syndrome may fade, but it is important that I continue to always carry it with me, to ensure my future work is grounded in the Fa'aSāmoa value system, I allow time for ideas to sit and soak, I focus on tautua to my community, and I always strive to lighten a path for those who come after me.

Fa'afetai le Atua i lou fa'atasi mai i lenei
su'esu'ega.

Fa'afetai mo le lagolago, ma le ta'ita'iga ua
i'u ai ma le manuia.

I le Suafa o Iesu Keriso,

Amene.

Thank you Lord, for being with us during this
research.

Thank you for your support and guidance,
we have successfully completed this
research.

In your name, Jesus Christ,

Amen.

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Appendices

Appendix A: Participant Research Summary

Sāmoan health worker wellbeing research

AUT

A strong Sāmoan health workforce is needed to improve the health of our Sāmoan peoples in Aotearoa. The focus has been on increasing the Pacific health workforce. However, we need to care for this workforce so they can work to their full abilities, stay in their roles and help bring other Sāmoan peoples into health professions.

2023

8.9% Pacific Peoples
(4.3% Sāmoan) in
Aotearoa



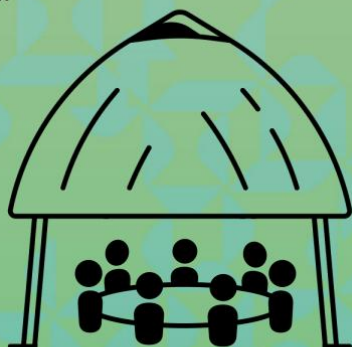
Only 3.7% of the
health workforce is
Pacific

Fa'afetai tele lava for your participation

Fa'afaletui Porirua & Manukau

Participants were Sāmoan health workers and their Sāmoan community

A total of **23** participants included: Faifeau, Matai, Faletua, Nurses (7), Physiotherapists (7), Dietician (1), Paramedic (1), Counsellor (1), Allied health assistant (1), Health director (1), Managers and Healthcare users. Participants worked in many areas including emergency care, child and adolescence, mental health, community services, hospital wards, Pacific organisations, Iwi organisations and management with experiences working in both Aotearoa and Sāmoa.



Gender *n* (%)

Women	16 (70%)
Men	7 (30%)

Age Range (years) 23 – 83

Ethnicity *n* (%)

Sāmoan	17 (74%)
Sāmoan/European	2 (9%)
Sāmoan/ Niuean	1 (4%)
Sāmoan/ Tongan	1 (4%)
Sāmoan/ Māori	1 (4%)
Sāmoan/ Fijian/ European	1 (4%)

Place of Birth *n* (%)

Aotearoa New Zealand	12 (52%)
Sāmoa	8 (35%)
Niue	1 (4%)
No response	2 (9%)

Geographical Location of Residence

Wellington	15 (65%)
Auckland	8 (35%)

Findings



Sāmoan health worker wellbeing is intricately wrapped in the values of fa'aSāmoa and tautua. Health is a noble profession which embodies tautua and working in health enables Sāmoan health workers to enact tautua.

Leadership

"Beacons of light"



Leaders were seen as 'beacons of light', delivering hope, support and direction for those around them. Although it was challenging to be a leader, especially for women, Sāmoan health workers unapologetically demanded their leaders embody the collective Sāmoan values of service and respect regardless of the overwhelming barriers they face.

Identity

"If I could wear shorts, my malu would be out for real and people could identify me, and I could identify other people."

Sāmoan health workers expressed their absolute pride in being Sāmoan and in representing themselves authentically. Although still struggling to navigate the Western health systems, they were strong in their identity and wanted further knowledge, learning, and practice in Sāmoan culture to help improve their ability to serve their communities.

Culture Embedded in Health

"What I learnt as a child and growing up and in my Sāmoan values can sometimes really conflict with what I'm allowed to do."



Sāmoan health workers want fa'aSāmoa embedded into their roles and environments, where practices align with Sāmoan values and form safe and culturally appropriate services. Furthermore, talanoaga spaces within health environments were seen as essential to providing support and wellbeing.

Self-care

"It was something that I noticed about myself when I was working in health services. I wasn't really thinking about myself. Then now, after a few years, I'm damn, I did it all wrong. Self-care is one of the biggest things that our people need. To look after ourselves, to keep us in the job."



Burden and burnout should not be considered inevitable for health workers. Sāmoan health workers seek approval for self-care, to be allowed to prioritise their wellbeing when needed. A cultural shift is needed to allow for the individual within the staunch collective value systems of the fa'aSāmoa.

Ia alofa le Atua ma fa'amanuia atu ia te outou

Appendix E: Auckland University of Technology Ethics Committee Approval Letter



Auckland University of Technology Ethics Committee (AUTEC)

9 April 2024

Daniel O'Brien
Faculty of Health and Environmental Sciences

Dear Daniel

Re Ethics Application: **24/39 Supporting the well-being of Sāmoan regulated health workers in Aotearoa New Zealand**

Thank you for your responses to AUTEC's conditions.

Your ethics application has been approved for three years until 8 April 2027.

Non-Standard Conditions of Approval

1. Please reflect on the difficulties presented for data collection, recording and analysis when breaking the larger group into smaller groups during the main group session. If these can be overcome, then advice of the possibility of sub-groups should be made in the Information Sheet

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: Gfk3650@autuni.ac.nz; Juliet Boon; Nicola Kayes

Appendix I: Communication Request to Regulatory Authorities and Associations

Talofa Lava,

My name is Josie Timmins, and I am a PhD student at Auckland University of Technology (AUT). I am researching the wellbeing and support of the Sāmoan health workforce here in Aotearoa which includes all the responsible authorities under the HPCA Act.

I was wondering if there were any workforce statistics or research around Sāmoan health workers or Pacific health workers as part of the [*profession*] that you could provide or direct me to outside of the reports published on your website?

Thank you for your time,

Fa'afetai tele lava,

Josie

Appendix O: Communication Request to Regulatory Authority and Associations' Content Experts

Talofa lava [*name including title if applicable*],

My name is Josie Timmins (Pālagi and Sāmoan- Falealupo, Falelatai, Pesega) and I am a current PhD student at AUT (my background is in physiotherapy). I am currently undertaking research exploring the support and wellbeing of the Sāmoan health workforce here in Aotearoa- which involves a scoping review as the first stage followed by qualitative research using fa'afaletui group discussions.

I saw that you are part of the [*professional group*]. I have been through the [*professional group*] websites and wanted to know if you knew of any additional statistics/reports/research around Pacific or Sāmoan support or wellbeing for [*profession*] and would be able to pass it on or direct me to it?

Thank you for your time, I would be more than happy to answer any further questions around my research.

Fa'afetai tele lava,

Josie

Appendix U: Demographic Sheet



Demographic Sheet

Please fill out the information below and return it with your consent form.

Matai title (if applicable):

Participant Name:

Ethnicity:

Place of birth (e.g. Sāmoa, NZ, Australia):

Age:

Gender:

Occupation:

Residential address (Town/ City):

For health workers only

Undergraduate Qualification:

Highest Level of Qualification:

Experience in the health sector:

Appendix F: Fa'afaletui Advertisement Email

Talofa lava [Sāmoan health worker Board/Association/Pacific personnel],

My name is Josie Timmins (Pālagi with Sāmoan heritage), and I am a PhD student at the Auckland University of Technology (AUT) alongside my supervisors Dr Daniel O'Brien and Dr Juliet Boon. My research is looking at the wellbeing and support of the Sāmoan health workforce here in Aotearoa.

I am looking to recruit Sāmoan regulated health workers or Sāmoan community members who have knowledge about Sāmoan health workers to participate in a fa'afaletui group discussion. I have two scheduled fa'afaletui:

Wellington- Thursday 18th July, Pātaka, 5pm

Auckland- Wednesday 14th August, AUT South Campus Manukau, 5pm

I have attached the advertisement and additional information sheet. I would really appreciate if you could help spread the advertisement with your Sāmoan health workers. Also, if you had time to meet via Teams, I am more than happy to talk to you about the research if you have any questions/concerns.

Thank you for your time,

Fa'afetai tele lava,

Josie

Appendix G: Fa'afaletui Event Reminder Emails

Wellington Fa'afaletui

Talofa Lava,

The fa'afaletui is happening tonight **Thursday 18th July at 5pm.**

I would be really appreciated if you could join us:)

Venue Pātaka Porirua- Hapori Room which is located on the ground floor

For those not familiar with Pātaka, it is on the corner of Norrie Street and Parumoana Street

[Google Street View](#)

Parking is available in the visitor's carpark- just to the left of the main entrance. Alternatively, parking is also available on Norrie Street, or at Te Rauparaha Arena carpark off Wi Neera Drive.



The main door will be locked from 5.30pm so please use the after-hours door if you arrive after 5.30pm. It is located at the back of the visitor's carpark.

I have attached the consent and demographic forms if you haven't completed them. However, they will be available at the venue to complete too.

The fa'afaletui will begin with a welcome, introductions, and some information about the research. We will then ask you to discuss within groups the wellbeing and support needs of Sāmoan health workers here in Aotearoa New Zealand. Following the discussion, we invite you to share some mea'ai.

Fa'afetai tele lava for your participation and support, please get in touch if you have any questions and feel free to bring along other Sāmoan health workers:)

Ia manuia,

Josie

Auckland Fa'afaletui

Talofa Lava,

The fa'afaletui is happening next week **Wednesday 14th August at 5pm.**

I am looking forward to seeing you there.

Venue AUT South Campus, 640 Great South Road, Manukau City Centre. We will be in room **MC212** (coloured orange on the map below)

For those not familiar with AUT South [Google Maps](#)

Free Parking is available in the visitor carparking zones (Carpark 4 and Carpark 5- circled)



I have attached the consent and demographic forms if you haven't completed them. However, they will be available at the venue to complete too.

The fa'afaletui will begin with a welcome, introductions, and some information about the research. We will then ask you to discuss within groups the wellbeing and support needs of Sāmoan health workers here in Aotearoa New Zealand. Following the discussion, we invite you to share some mea'ai.

Fa'afetai tele lava for your participation and support,

I am looking forward to seeing you next week,

Please get in touch if you have any questions and feel free to bring along other Sāmoan health workers:)

Ia manuia,

Josie

Appendix L: Consent Form



Consent Form

Project title: Supporting the well-being of Sāmoan regulated health workers in Aotearoa New Zealand

Project Supervisors: Dr Daniel O'Brien and Dr Juliet Boon-Nanai

Researcher: Josie Timmins

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated February 2024.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that the identity of my fellow participants and our discussions in the Fa'afaletui group discussion is confidential to the group, and I agree to keep this information confidential.
- ☐ I understand that notes will be taken during the Fa'afaletui group discussion and that it will also be audio-taped, video-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, while it may not be possible to destroy all records of the Fa'afaletui group discussion of which I was part, 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 agree to take part in this research.
- ☐ I wish to receive a summary of the research findings (please tick one): Yes ☐ No ☐
- ☐ I wish for my title (Matai) and/ or name to be used in outputs of this research. I understand that any outputs using my title and/ or name will be shown to me for prior approval (please tick one):
Yes ☐ No ☐
If yes, please state the title and/or name you would like to be used

Participant signature:

Participant Name:

Participant Contact Details (e-mail, phone number, home address):

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 9/4/24 AUTEC Reference number 24/39

Note: Please keep a copy of this form

Appendix M: Fa'afaletui Participant Questions



Fesili

What works well for Sāmoan health workers/What do they like about their job? (Doctors, Nurses, Midwives, Dentists, Mental Health Workers, Physiotherapists, Counsellors etc)

What doesn't work well for Sāmoan health workers/ What issues do they face?

What can be done better for Sāmoan health workers?

- For their wellbeing
- To keep them in their profession
- To support our Sāmoan health workers

Appendix N: Information Sheet



Information sheet

February 2024

Project Title

Supporting the well-being of Sāmoan regulated health workers in Aotearoa New Zealand

An Invitation

Talofa lava, O lo'u igoa o Josie Timmins. I am Pālagi with Sāmoan heritage through my maternal grandmother (Elein Crichton), who comes from the villages of Falealupo in Savai'i, Falelatai in Upolu, and Pesega in Āpia. I live in Porirua with my husband and our two daughters. Professionally, I have worked as a physiotherapist, mainly in hand therapy and most recently as a research officer for the Auckland University of Technology (AUT).

I would like to invite you to take part in a research project that I am completing as part of my PhD through AUT and funded through the Health Research Council of New Zealand. I would like you to be part of a Fa'afaletui group discussion and gain your views and knowledge on the well-being and support of Sāmoan health workers here in Aotearoa.

Whether you choose to participate or not will neither be an advantage nor a disadvantage to you. However, your agreement to take part in this study would be greatly appreciated.



What is the purpose of this research?

This research aims to engage with the Sāmoan regulated health workforce and their communities within Aotearoa to explore their experiences and perspectives of Sāmoan health worker well-being, how they navigate their roles and their views on what can be done differently to support them and their practice.

A strong Sāmoan health workforce is required to improve the well-being of a growing Sāmoan population within Aotearoa. Initiatives are underway to increase the Sāmoan health workforce, yet the well-being of this workforce and how they manage in the health sectors are unknown. There is limited research exploring Pasifika health workers' well-being, roles and supports once employed, with even fewer distinguishing Sāmoan ethnicity and exploring the unique perspectives of Sāmoan health workers or from a Pasifika worldview or research methodology.

The findings of this research may be used for academic publications and presentations.

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

A request was made to advertise through health regulatory boards, health associations and advertising was distributed through professional and community networks asking for your involvement in a research project. You were identified as a possible participant in this research because you are a Sāmoan health worker or have views and knowledge of the well-being and supports for Sāmoan health workers here in Aotearoa. This information sheet can tell you all about the research and how to participate if you choose to do so.

Participants in this study will need to:

- a) Self-identify as Sāmoan
- b) Speak about the well-being and roles of Sāmoan health workers
- c) Converse in English
- d) Currently live in Aotearoa New Zealand



AND in some cases,

- e) Currently or previously be part of the regulated health workforce defined by the Ministry of Health as having national registration under either the Health Practitioners Competency Assurance Act, 2003 or Social Workers Registration Act 2003, or are self-regulated by a professional body.

Unfortunately, participants who do not have sufficient English or cannot consent for themselves cannot participate in this research. Furthermore, participants who have a supervisory, managerial, or familial relationship with me also cannot participate.

How do I agree to participate in this research?

If you would like to participate in this research, please fill out the consent form and demographic sheet provided within two weeks of receiving this participant information sheet. The demographic sheet allows us to recruit participants with differing characteristics, including title, gender, place of birth, profession, geographical location, and level of experience within the health sector. These can be e-mailed directly to me, posted to me in the return envelope (if you received a printed copy), or brought to the Fa'afaletui group discussion. I will also have additional copies at the Fa'afaletui group discussion if you want to fill them out there. If you have any questions, please contact me anytime (josie.timmins@aut.ac.nz, 021 991 870, www.linkedin.com/in/josie-timmins/).

I would really appreciate hearing about your experiences. However, 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 can withdraw from the study at any time. If you do choose to withdraw from the study, you will be offered the choice between having any data 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?

I would appreciate your participation in one recorded Fa'afaletui group discussion. The Fa'afaletui group discussion will be held at a local venue (Auckland- for those living in Auckland and Wellington- for those living in Wellington) at a suitable time for the group, most likely outside working hours. It is anticipated that there will be between 10 and 15 other participants within your Fa'afaletui group who, like you, are Sāmoan and have experiences with the support and well-being of Sāmoan health workers. You will be contacted with options of times and dates when you would be available for up to two hours to attend a Fa'afaletui group discussion. I will send you a copy of the questions as a guide of what you might be asked to speak about. This will allow you time to think about how you might answer some of the questions.

Before the Fa'afaletui group discussion starts, there will be time to talk with myself and members of the research team (cultural advisor, Dr Daniel O'Brien, Dr Juliet Boon-Nanai) at the venue. During the Fa'afaletui group discussion, there will be introductions and then you will be asked to discuss your views and knowledge on the well-being and support for Sāmoan health workers. The discussions will be recorded (audio and visual) as well as notes being taken, which allow us to transcribe the discussion correctly. Please feel free to speak in Gagana Sāmoa during the discussion if you feel you can convey your views better that way. The information collected during the Fa'afaletui group discussion will only be used for this research project.

Following the Fa'afaletui group discussion, we invite you to stay and share some meaai with us.

What are the discomforts and risks?

It is not anticipated that any discomfort or risk will be associated with participating in this research.

However, you may feel concerned about being identified via the Fa'afaletui group recordings. For example, you might be concerned that participation will reflect badly on your professional body, workplace supports, or community supports. You might also feel concerned about exposing your identity via your demographics to your Sāmoan community during the presentation of the research findings or other participants in your Fa'afaletui group discussions relaying information outside of the group.



How will these discomforts and risks be alleviated?

I would like to reassure you that there are no right or wrong answers. I am interested in your personal experiences and perspectives, and you will not be identifiable in any outputs of the research (unless you have chosen to be). Your recordings will remain confidential to myself, my supervisors, a contracted transcriber (who is bound by a confidentiality agreement) and a contracted Sāmoan cultural expert involved in ensuring any Gagana Sāmoa translation and meanings are correct (who is also bound by a confidentiality agreement).

I will not use your title, name, the name of your place of work or any identifying information unless you have consented to this.

What are the benefits?

There is no direct benefit to participating in this research. However, it would be your knowledge and participation that could potentially contribute to the improvement of Sāmoan health worker well-being and supports.

It is hoped that Sāmoan health workers, and the wider community will benefit through guidelines being delivered on how to potentially improve Sāmoan health worker well-being and identify structural supports that would enable them to practice in alignment with their worldviews. Findings may also lead to improved attrition rates, retention rates, career development and achievement, and patient outcomes. This research will also contribute to my Doctoral qualification.

How will my privacy be protected?

Confidentiality will be upheld throughout this research project. All participants must sign consent forms, including confidentiality regarding the identity of fellow participants and discussions held in the Fa'afaletui group discussion. Any participant support people attending the Fa'afaletui group discussions will also be required to sign confidentiality agreements. A contracted transcriber and independent cultural expert will have access to data for transcription and translation purposes only and will have signed a confidentiality agreement.

Participant pseudonyms will be used, and any identifying information will be deleted or disguised. My supervisors and I will have access to the data during both the data collection and analysis stages, and all data will be kept securely for a minimum of six years, after which it will be destroyed.

However, we would like to provide the opportunity for your name to be used in outputs of this study. We recognise the importance of titles and names within the Sāmoan culture and want to give you the option of sharing your title/name alongside your contributions to the research outputs. You will be sent a copy of any planned outputs that include your title/name for you to further consent to prior to them being published. Providing your title/name in this research is voluntary (it is your choice) and whether or not you choose to provide it will neither advantage nor disadvantage you.

If you do decide to share your title/name you can consent to this on the consent form.

What are the costs of participating in this research?

Aside from giving up your time, there are no costs associated with taking part in this research. The time involved will consist of 30 minutes to read this information sheet and complete the consent form and demographic sheet, a 1 to 2-hour in-person Fa'afaletui group discussion followed by sharing of meaai (approx. 30 mins- 1 hour). An estimated total of 2 to 3 hours.

As an acknowledgement of sharing your knowledge and giving of your time, you will receive a \$40 grocery voucher (meaalofa) if you participate in the study. Furthermore, a \$20 petrol voucher will also be provided to aid in any travel costs in getting to the venue.

What opportunity do I have to consider this invitation?

If you would like to participate, please contact me within 1 month of receiving this information sheet



Will I receive feedback on the results of this research?

A summary of findings may be e-mailed to participants if they wish. You can indicate on the consent form whether you would like to receive this.

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 Project Supervisors,

Dr Daniel O'Brien, danielobrien@aut.ac.nz, (09) 921 9999 ext 8707 or 021 815 717 or
Dr Juliet Boon-Nanai, jnanai@griffith.edu.au, (+61) 468 749 291

Concerns regarding the conduct of the research should be notified to the Executive Secretary of ATEC, ethics@aut.ac.nz, (+649) 921 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 future reference. You are also able to contact the research team as follows:

Researcher Contact Details:



Josie Timmins
josie.timmins@aut.ac.nz
[linkedin.com/in/josie-timmins/](https://www.linkedin.com/in/josie-timmins/)
021991870

Project Supervisor Contact Details:



Dr Juliet Boon-Nanai
jnanai@griffith.edu.au
(+61) 468 749 291



Dr Daniel O'Brien
danielobrien@aut.ac.nz
(09) 921 9999 ext 8707 or 021 815 717

Appendix P: Supervision Record Example

Supervision Record- PhD

Supervisors: Dr. Daniel O'Brien, Dr. Juliet Boon

Mentor Supervisor: Nicola Kayes

Supervisee: Josie Timmins

Date: 06/05/2024, 10am (NZDT)

Updates from previous meeting:

Ethics

Approved 24/39 approved for 3 years until 8/4/2027

Non-Standard condition of approval- *Please reflect on the difficulties presented for data collection, recording and analysis when breaking the larger group into smaller groups during the main group session. If these can be overcome, then advice of the possibility of sub-groups should be made in the Information Sheet*

- Just to note that we discussed this via e-mail. We understand there will be challenges with video recording multiple smaller groups within one larger Fa'afaletui group discussion. However, it is an important part of the data collection to observe non-verbal communication and to have that checked by the independent cultural advisor if required. Furthermore, as per Juliet's response the relational vā tapuia will be followed during the Fa'afaletui so that everyone has their say and one person does not dominate.

Topics for discussion:

Scoping Review

25/03/2024 Meeting with Drew South. Reviewed literature search. Advised to speak with Steph Clout or Alissa Hackett for further areas to search as they have more knowledge around Māori and Pacific literature.

12/4/2024 E-mail received from Steph Clout advising of further areas to search for Pacific literature (University of the South Pacific library catalogue, Sāmoan language news media/ newspapers, NewzText, Australia/ New Zealand Reference Centre, TROVE)

Primary Academic Literature Search

- CINAHL Complete/ MEDLINE, Scopus, Allied and Complementary Medicine (AMED), Hawai'i Pacific Journal Index, Australian/ New Zealand Reference Centre. Reviewed articles to see which databases, search terms and literature sources (especially grey literature) Pacific scoping reviews used.

Main questions/ discussion points

- Primary literature search results: 197, abstracts reviewed: 35, full-text articles reviewed: 15, articles considered for inclusion: 6. There is likely more literature that was included than you would normally see e.g. 197 results. This is because I didn't want to limit the searches and miss something. Also, many articles were reviewed to see if Pacific peoples were included as participants, if participants were based in AoNZ or the Pacific Islands, if Pacific peoples were included alongside Māori, if Pacific was included within the term 'indigenous', if there was any specific mention to Pacific/ Sāmoan in the findings/ results or if health workers were included.
- I wanted to ask about not including literature that combines findings/ results. There are some articles where the findings relate to the participant group as a whole, however, the participants consist of e.g. all NZ European and 2% Pacific. Therefore, I don't feel like they can reflect Pacific views. I have reviewed the full text on all these articles to see if any findings state they are from Pacific peoples only and in which case I will include those views, but not the rest of the findings from the article.

Following discussion with supervisors: Can be justified to exclude articles that have small percentages of Pacific peoples as their voice can be lost

Grey Literature

- Google (first 100 results)

- Google Scholar (first 100 results)
- Government organisations (Ministry of Health, Ministry of Health Pacific Branch, Ministry for Pacific Peoples)
- Government related organisations (Responsible Authorities)

All 18 responsible authority websites have been manually searched (I have recorded areas of search, search terms etc) and their secretary or administration e-mailed and asked for any further publicly available information around their Pacific workforce, Pacific well-being or supports. This also applies to Social work, Counselling and Speech-language therapy.

Furthermore, all health professional member organisations were searched and all associated Pacific member associations. Of note, there was a mix of websites and Facebook pages (some Pacific organisations had Facebook pages or just Facebook messenger to contact). All member organisations were also e-mailed as was done above.

- Pacific organisations (Le vā, Pacific Perceptions, Fono)
- Thesis etc nzresearch.org/ digitalnz.org for. I found these difficult to search and wasn't getting many results especially for Pacific literature I knew should be available. I therefore searched AoNZ university repositories individually and found that much better.
- University of the South Pacific library catalogue
- Online newspapers: Asia Pacific Report and Samoa Observer
- NewzText
- TROVE

Main questions/ discussion points

- Is there any information around why Pacific peoples don't tend to publish their work following completion of thesis? (I've had a quick look but haven't found anything written about it). I have found a few theses that have some of the best information on the topic...although they take AGES to read! They have been a really great source of information overall.
This can be posed as a question in the discussion if no literature is found around this and why it happens. Juliet, have you seen any research around this?
- Anywhere else you think I might have missed in my search? We didn't speak about this one
- The process for reviewing the scoping review study selection and findings? I was considering having it written up in time for you both to review by the next supervision. But might be something we need to talk about. Daniel and Juliet to read through methods and for me to pick one critical piece of literature to present and show what was extracted from it and why.
- A limitation already is that I haven't been about to search Samoan language literature. There are Samoan newspapers (Samoa Times) for the AoNZ market that I haven't looked at. Do I need to do anything about this? Can add as a limitation to the study

Contract for Tipa

Budget- there was something regarding the budget that I think Daniel was sorting out as it wasn't aligning? Daniel has contacted James and Michael Delaney. HRC funding to invoice Michael directly. AUT funding to send through paid invoices. Do I still need to have a written contract with Tipa?

Advertising

- Start advertising. To send advertisement to all responsible authorities, member organisations, contacts. I will make a social media post that can be easily copied/ shared.

Fa'afaletui dates

- The ACL project is having their Auckland hui 14th August. Therefore, it might be good to have one of the Auckland Fa'afaletui around this date as I will already be in Auckland. I will aim for Thursday 15th August.
To ask for a space through AUT Events for the South Campus
 - Wellington Fa'afaletui Thursday 25th July, have a supervision scheduled for 24th July. Can use phones for camera recording
- Venue- Pātaka Porirua. Pātaka is a museum/ exhibition space with meeting rooms in Porirua centre which would be good and affordable/ free parking etc.

- Depending on where responses from the advertising come from look at another Fa'afaletui in July or September in Auckland or another city?
- How to access funds? E.g. purchase koha vouchers etc? Daniel is applying to pre-purchase mea'alofa (80x \$40 Countdown vouchers- in \$20 denominations and 80x \$20 petrol vouchers) I can have them on hand to hand out at Fa'afaletui

3MT competition

- Thank you for thinking of me to enter this. I will consider it.

Short-term plan items (next 2-3 weeks):

Scoping review draft- to be sent to Daniel and Juliet prior to next supervision

Start advertising for recruitment

Long-term plan items (next 1-2 months):

Scoping review- final

Full plan of first Fa'afaletui

Upcoming Reports

SoCS PGR8- Exempt from May submission due to recent submission of PGR9 (confirmed with James- SoCS)

HRC

Next supervision meeting:

May meeting 27th May 11am (NZ) 9am (AUS) I will be in Brisbane 😊