Kōtuitui: New Zealand Journal of Social Sciences Online

RESEARCH ARTICLE OPEN ACCESS

Experiences of Bereaved Māori Whānau in Out-of-Hospital Death Where Emergency Ambulance Services Respond

Eillish Satchell[1] | Tess Moeke-Maxwell[1] | Merryn Gott[1] | Bridget Dicker[2] | Natalie E. Anderson[1,3]

[1]Te Ārai Palliative Care & End of Life Research Group, School of Nursing, The University of Auckland, Auckland, New Zealand | [2]Department of Paramedicine, Faculty of Health and Environmental Sciences, Auckland University of Technology, Auckland, New Zealand | [3]Adult Emergency Department, Te Toka Tumai, Health New Zealand, Auckland, New Zealand

Correspondence: Eillish Satchell (eillish.satchell@auckland.ac.nz)

Received: 3 September 2025 | **Revised:** 13 February 2026 | **Accepted:** 10 March 2026

Keywords: cultural safety | death and dying | emergency medical services | end-of-life care | Indigenous | paramedicine

ABSTRACT

Māori are disproportionately affected by out-of-hospital deaths due to higher rates of cardiac arrest and lower survival outcomes. Ambulance personnel are often the only healthcare professionals present during events, making their role in supporting bereaved whānau (*families*) critical. However, it remains unclear if current bereavement care meets whānau cultural and spiritual needs. Using kaupapa Māori research principles, this qualitative interview study explores the experiences of bereaved Māori whānau in Aotearoa New Zealand to understand their experiences during an out-of-hospital death when emergency ambulance services respond. Eight interviews with bereaved whānau were completed, with four themes describing how Te Ao Māori (*the Māori world*) informed whānau needs. Whānau navigated end-of-life collectively, with **whānau kotahitanga** (*family unity*) being central to whānau experiences. **Tikanga** (*traditional customs*, *protocols*) **during death and dying** was important, with such spiritual and cultural needs typically upheld by whānau independently. Whānau presence during the **transition between life and death** held emotional and cultural significance. Finally, the **presence of Māori responders** improved whānau experiences. Overall, bereavement care that acknowledges whānau cultural and spiritual needs remains limited during out-of-hospital deaths. Enhancing cultural safety and increasing Māori workforce representation offer key opportunities to strengthen the provision of end-of-life care by emergency ambulance services.

1 | Introduction

Emergency ambulance services in Aotearoa New Zealand are attending increasing numbers of community deaths each year. This includes sudden and unexpected deaths as well as palliative care scenarios. Māori (the *Indigenous people of Aotearoa*) experience disproportionately higher rates of out-of-hospital cardiac arrests than non-Māori (Dicker et al. 2019). Māori are also less likely to survive these events and therefore have a greater incidence of out-of-hospital death (Hutchinson 2025). In many instances, paramedics may be the first and only healthcare professionals present to support whānau (*families*, *including extended family*) during an out-of-hospital death (Myall et al. 2020). It is therefore vital that paramedics are well-equipped to support whānau pani (*bereaved families*) during these challenging times.

During death and dying, Māori whānau may have emotional, physical, cultural and spiritual needs (Moeke-Maxwell et al. 2020). While previous research has explored the experiences of bereaved families in out-of-hospital deaths, evidence underpinning how paramedics meet the cultural and spiritual needs of

families at the end of life remains limited (Satchell et al. 2023). Furthermore, very few studies have previously explored the needs of Indigenous and culturally diverse patients and their families (Satchell et al. 2024; Simpson 2024). To improve patient and family experiences, it is essential that end-of-life care is culturally safe (Gott et al. 2022). However, a lack of research capturing Indigenous service user voices means the experiences of Māori during out-of-hospital deaths are currently unknown, as is the extent to which bereavement care meets their cultural and spiritual needs.

In this paper, we expand on findings from a larger study that explored the experiences of bereaved Māori and non-Māori families in Aotearoa New Zealand who were present during an out-of-hospital death (Satchell, Gott, Dicker, et al. 2025). In this article, we aim to provide a deeper analysis of the experiences of Māori whānau through a Kaupapa Māori lens to understand their experiences and needs when a family member dies and ambulance services respond.

1.1 | Study Setting: Emergency Ambulance Care in Aotearoa New Zealand

Aotearoa New Zealand is an Island nation in the South Pacific, which is home to a population of just over five million people, with Māori, the Indigenous people, comprising around 20% of the population (Stats New Zealand 2024). Colonisation has created enduring inequities that leave Māori with poorer access to health care, higher morbidity and a lower life expectancy than non-Māori populations (Brown and Bryder 2023; Hogarth and Rapata-Hanning 2018; Walsh and Grey 2019). Healthcare systems and providers in Aotearoa are required to provide equitable healthcare to Māori in accordance with Te Tiriti o Waitangi (1840) (*the Treaty of Waitangi*, *Aotearoa New Zealand's founding document between Māori and the Crown*) and other relevant government and professional legislation (Ministry of Health 2022). Current models of healthcare within Aotearoa New Zealand, including emergency ambulance services, largely follow a Westernised biomedical approach. Ambulance services are delivered by two national organisations operating within increasingly autonomous Anglo-American models of practice (Makrides et al. 2022). The emergency ambulance workforce comprises of paid and volunteer staff, including registered paramedics, emergency medical technicians and advanced scope paramedics. In this study, all dispatched emergency medical services personnel are collectively referred to as ambulance personnel.

1.2 | Death and Dying in Te Ao Māori (the Māori World)

As with many cultures, death and dying hold important spiritual and cultural meanings for Māori. Cultural beliefs surrounding death can be diverse, varying between whānau, hapū (*sub-tribes*) and iwi (*tribes*), with ethnic diversity, the impacts of colonisation on traditional end-of-life practices and religion contributing to heterogeneous beliefs (Moeke-Maxwell, Wharemate et al. 2018; Schwass 2005). However, there are some central elements that are shared amongst Māori. Death and dying are considered to be tapu – a sacred and spiritually restricted time (Sullivan 2013). Death is linked with tapu due to its closeness with the spiritual realm. In death, many Māori hold the belief that our mauri (*life force*, *essence*) returns to Io (*the original source*) and the wairua (*spirit of the deceased*) is released from its earthly body and prepares to return to Hawaiki (*the spiritual and ancestral homeland of Māori*) (Hēnare 2015). In recognition of tapu, many Māori follow tikanga (*customs*, *cultural beliefs*) and kawa (*customary protocols*) to safely navigate the end-of-life period. Such elements may include whakanoa (*actions to lift tapu*, *return to ordinary state*, *proceed without restrictions*) and wairuatanga (*action informed by spirituality*) such as karakia (*incantations*, *prayer*), waiata and himene (*songs and hymns*) before, during and following death (Moeke-Maxwell et al. 2019).

2 | Methodology

2.1 | Study Design

Kaupapa Māori Methodology is a decolonising research approach that is centred on Māori ways of being, doing and knowing (Pihama et al. 2002; Smith 2021). It challenges the dominance of Western research paradigms by upholding Māori worldviews, ethical principles and culturally safe research practices (Walker et al. 2006). Increasingly, Māori scholars (Cram et al. 2018; Martel et al. 2022; Pene et al. 2024) are exploring the intersections between Kaupapa Māori Methodology and Western research approaches, particularly within the liminal spaces where Te Ao Māori and colonial systems meet. This study reflects such intersections by integrating principles of kaupapa Māori research (Kerr 2012) (see Table 1) with Western qualitative research methods to explore the experiences of whānau pani in out-of-hospital deaths. A constructivist epistemology underpins this study, recognising that cultural and social worldviews inform whānau lived experiences and researchers' interpretations (Eketone 2008; Pilarska 2021).

A key method that informed the study design was the incorporation of pūrākau. Pūrākau is a traditional Māori communication practice that uses storytelling to record and share beliefs of the physical and metaphysical world (Pouwhare 2016). Pūrākau, as a decolonising research method, provides opportunities for culturally responsive methods of knowledge transmission to be upheld through narrative storytelling, while creating space for participants to draw on elements of Te Ao Māori, which inform their experiences (Lee 2009). The study design followed Te Ara Tika guidelines for research with Māori (Hudson et al. 2010). Approval for the study was granted by the Auckland Health and Research Ethics Committee (AH27360).

2.2 | Ko Wai Tātou? | Who Are We?

This research was conducted by an interdisciplinary team of emergency nurse academics (ES & NA), a paramedic academic (BD) and social scientists (MG, TMM). Māori contributed to this work as authors, participants and expert cultural advisors. Māori authors include the lead author ES, who is of Māori (Ngāpuhi) and Pākehā (*New Zealand European*) descent, and TMM (Ngāi Tai & Ngāti Pōrou). To ensure responsiveness to emergency ambulance service users, a service user advisor with lived experience of out-of-hospital death contributed a whānau perspective throughout the study. Their identity remains confidential, as their experiences were included in the research. Kaumātua

TABLE 1 | Application of Kaupapa Māori Research Principles.

Kaupapa Māori research principle	Application to study
Tino rangatiratanga (*control principle*) Māori must retain control over all aspects of knowledge and the research process.	Māori were present as lead authors, expert advisors and participants. Whānau were actively involved in analysis through a collaborative storytelling process to increase data sovereignty.
Wero (*challenge principle*) KPM challenges colonisation and Westernised research methods which have systematically devalued Māori ways of knowing.	Constructivist epistemology centres the experiences of Māori within Te Ao Māori. Reflexive thematic analysis offered a flexible application of Māori worldviews when conducting analysis.
Taonga Tuku Iho (*culture principle*) Māori cultural practices should be upheld in the research process, upholding being Māori as normative.	Study design considered cultural safety of Māori first and foremost. Where needed, changes were made to suit non-Māori families. This met the cultural and spiritually needs of Māori who are normally de-prioritised within Western methodologies.
Whakawhanaungatanga (*connection principle*) Māori perspectives of building connections and establishing relationships is important in generating knowledge and upholding Tikanga.	Collective research was completed under the guidance of Te Ārai Kāhui Kaumātua, upholding traditional knowledge and tikanga. Relationships between the researcher and whānau followed kaupapa Māori principles of whakawhanaungatanga, manaakitanga (generosity, hospitality), and mana o te tangata (*uphold the mana power/prestige of people*).
Huringa (*change principle*) Research should be strengths-based and transformative for Māori.	Research followed a mana-enhancing approach focusing on the strengths of whānau and ambulance services using an equity approach with a view to improving experiences of Māori whānau pani.

Adapted from Kerr, S. (2012). Kaupapa Māori Theory-based Evaluation. *Evaluation Journal of Australasia*, *12*(1), 6–18. https://doi.org/10.1177/1035719X1201200102.

(*respected elders*) from the Te Ārai Kāhui (*advisory group of Māori elders*) from Te Ārai Palliative Care and End-of-Life Research group provided expert cultural guidance to ensure cultural safety of this study, the researchers and participants.

2.3 | Eligibility

Participants were eligible to take part in this study if they self-identified as whānau and were present during an out-of-hospital death where emergency ambulance services responded in Aotearoa New Zealand. Whānau was defined using a kaupapa Māori definition (Jahnke and Gillies 2012), which recognises both whakapapa (*genealogical*) and kaupapa relationships (*linked by social or community connections*). All clinical scenarios where a death occurred were included, excluding forensic cases where care was predicted to be significantly altered. Deaths in all out-of-hospital settings were included. No restrictions were set regarding the time passed post the event; instead, we promoted whānau autonomy by allowing them to choose to participate at any point post bereavement (Bentley & O'Connor, 2015). Ethnicity was also considered collectively, recognising that whānau can be ethnically diverse and multicultural. Therefore, we included participants in this Kaupapa Māori study if the deceased or bereaved whānau members identified as Māori.

2.4 | Recruitment

To minimise research harm and due to limited access to bereaved whānau details, indirect convenience sampling methods were selected. Recruitment primarily involved sharing electronic flyers on social media, supplemented by snowballing techniques and printed flyers distributed in local media and community locations. The flyer design was guided by a pūrākau (*storytelling method*), which shared a fictional narrative of a bereaved whānau who had experienced an out-of-hospital death and invited whānau to share their own stories. This fictional story was co-created by the authors and the service user advisor and drew on collective research, clinical and lived experiences. Use of an Indigenous storytelling approach was selected to resonate with Māori participants and also engage non-Māori, as narrative methods have proven effective across diverse groups (Christensen 2012). Flyers also included study details and noted that participants would receive a voucher in appreciation of their time. Interested individuals were instructed to contact the lead researcher, who provided further information, confirmed eligibility and scheduled an interview convenient for the participant.

2.5 | Data Generation

Data collection was guided by pūrākau; whānau were invited to share their stories individually or collectively with author ES. Whānau were encouraged to bring any supporters they would like to the interview. Kaumātua from Te Ārai Kāhui Kaumātua were also available to provide additional cultural and spiritual support. No additional support was required during interviews. All Māori whānau interviews were conducted kanohi ki te kanohi (*face to face*), upholding the relational aspect of Kaupapa Māori research (Bishop 1999b). Interviews began with whakawhanaungatanga (*to make connections*), and karakia was offered at the beginning and

end of each interview. Kai (*food*) and a voucher were provided to manaaki (*show generosity*, *hospitality*) to whānau. Interviews opened by asking whānau to share their story. Follow-up questions were drawn from an interview guide (see supplementary file 1) co-developed by the researchers and the service users based on previous research (Satchell et al. 2023). A pilot interview with the service user allowed for further refinement of the interview process and guide. Interviews were conducted in English; however, whānau and the interviewer commonly used te reo Māori (*the Māori language*) when referring to Māori concepts. All interviews were audio recorded with consent and transcribed verbatim by a transcriber or author ES. Transcripts were then de-identified and edited for readability and accuracy by author ES. Whānau were invited to choose their own pseudonym and pseudonyms of family members to be identified as throughout the study (Allen and Wiles 2016). Two whānau selected this option, with author ES selecting pseudonyms for the remaining interviews.

In keeping with the pūrākau method, a collaborative story production process was used to co-construct electronic narratives of whānau experiences (Moeke-Maxwell, Wiles et al. 2018). The researcher drafted each story, which provided a narrative recount of the event and a description of whānau thoughts, feeling and experiences based on interview data. Stories were then returned to whānau where collaborative revisions occurred until whānau were content with their written story. This approach promoted data sovereignty by allowing whānau to control how their stories were interpreted and provided a more culturally appropriate form of member checking than returning verbatim transcripts (Bishop 1999a; Christensen 2012). Additionally, the gifting back of stories fostered reciprocity between researchers and whānau (Veukiso-Ulugia et al. 2025).

2.6 | Analysis

Braun and Clarke's (2022) reflexive thematic analysis (RTA) informed data analysis. This method was selected for its compatibility with the authors' constructivist epistemology and its theoretical flexibility to incorporate a Māori world view when working with data from Māori whānau. Data familiarisation and coding were completed by author ES. Reflexivity was central to the process, requiring ongoing reflection on ES's positionality and dual worldviews (*Te Ao Māori* and *Te Ao Pākehā*). The data analysis strategy was amended during initial coding, when tensions were noted in trying to combine kaupapa Māori concepts with data from non-Māori participants. This informed the decision to separate Māori data for a separate analysis using kaupapa Māori concepts. Stages 3–6 of RTA were conducted in discussion with all co-authors and the service user advisor. Further details of the RTA process are provided in Table 2.

3 | Results

As part of the larger research project, we conducted 21 interviews with bereaved families. This study focuses on the experiences shared by eight Māori whānau, who were present during an out-of-hospital death where emergency ambulance services responded. Experiences of whānau covered a diverse range of locations, relationships and clinical scenarios, as detailed in Table 3. Experiences of Māori whānau are demonstrated in the following themes: whānau kotahitanga; tikanga in death, dying and bereavement; through te ārai: death as a transition and the importance of Māori workforce presence.

TABLE 2 | Application of Reflexive Thematic Analysis in a Māori Research Context.

Steps of Reflexive Thematic Analysis	Application to Study
Data familiarisation	All interviews and transcript edits were completed by author ES. The co-creation of digital stories further allowed for data familiarisation. Co-creation of stories also aided reflexivity by considering what data was meaningful from a research objective and what data was meaningful in reproducing stories back to whānau.
Coding	Line-by-line coding of de-identified transcripts was completed using NVIVO. Tensions were noted between the coding of kaupapa Māori concepts with data from non-Māori families. This was managed by coding data from Māori whānau twice, once combined with all participant data, and once with only Māori data. This informed the decision to create two data sets to allow analysis from a Māori world view.
Generating initial themes	Codes were condensed by shared meaning and grouped by topic summaries. An electronic mind map was used to explore meaning within and between topic summaries, creating initial themes.
Developing and reviewing themes	Multiple methods and media were used to further develop themes. These mainly included co-author wānanga (*discussions*), liaison with the service user advisor, analysis through writing and use of electronic and physical mind maps.
Refining, defining, and naming themes	Writing and group discussion continued to refine themes. Discussion of themes with Māori authors, kaumātua and the service user advisor was especially relevant in the naming of themes and consideration of cultural meaning.
Writing up	Two results papers were completed, one with all participant data and one that applied a Kaupapa Māori analysis of Māori whānau data. Themes continued to develop through the writing process in collaboration with all authors.

Adapted from Braun, V., & Clarke, V. (2022). *Thematic analysis: a practical guide*. SAGE Publications.

TABLE 3 | Whānau Interview Descriptions.

Interview Number	Description of the event
Whānau Interview 1	Mary (non-Māori) shared the story of the death of her Māori husband, who died suddenly from a cardiac event in their rural family home.
Whānau Interview 2	Aroha, a Māori grandmother, shared the story of her Māori mokopuna, who passed away as an infant from a medical event in their home.
Whānau Interview 3	Angela (non-Māori) shared her story about the sudden death of her Māori husband, who passed away in their home from a cardiac event.
Whānau Interview 4	Kelly (Māori) shared her story about the death of her Māori partner who completed suicide.
Whānau Interview 5	Winnie, a Māori grandmother, shared her story of her Māori mokopuna who passed away from a motor vehicle accident.
Whānau Interview 6	Kiri, a Māori aunty, shared her story of her Māori nephew who died in their family home from a medical event.
Whānau Interview 7	Chrissy (Māori) shared the story of the death of her Māori father in a community location from a cardiac event following a palliative care diagnosis.
Whānau Interview 8	Renee (Māori) shared her story of her Māori sister who passed away in their rural family home from a medical event.

3.1 | 'Everybody Was There or Was on Their Way': Whānau Kotahitanga

Understanding the central role of whānau is essential for responding to the cultural and spiritual needs of Māori during death, dying and bereavement. In all the stories, participants called other whānau to gather during an emergency. It was common for large numbers of whānau to be present and for additional whānau to arrive during and after the event. These accounts from bereaved whānau highlight the importance of kotahitanga (*togetherness*, *unity*) during death and dying. Whānau often alerted other whānau before – or at the same time as – contacting emergency ambulance services, as illustrated in the following extract from Mary, which highlights the importance of a collective response:

> *He had a medic alarm, so my daughter activated it and she dealt with talking to the services that needed to be talked to while I tried as best I could to resuscitate him. My daughter has also rung my nephew and niece who own the local pub, they actually got there moments before the fire brigade did, because both are just down the road. And they just dropped everything and ran. (Mary, bereaved spouse)*

Whānau kotahitanga was discussed as important for several reasons: it allowed whānau to support each other, engage in collective decision-making and uphold cultural beliefs that place importance on whānau presence at the end of life. This is shown in the extract from Chrissy who was unable to with her father at the time of his death, but found comfort that other whānau were present:

> *I was pleased that she [his partner] was with him in his last breath. And that she had told him that I was on my way, you know, well I don't know whether he could hear her or not. But it just makes me feel a little bit better. (Chrissy, Bereaved Daughter)*

After a death had occurred, whānau kotahitanga was essential to allow tikanga to be followed. It was therefore important that time was given to whānau to gather and complete important cultural and spiritual beliefs after resuscitation efforts had ceased. Whānau mostly reported that ambulance and emergency services gave them time for this to happen; however, when it didn't, whānau felt angry that their cultural beliefs were not being respected:

> *I wanted to wait for my brother and sister to come. That's how usually in tangi [funeral processes], you have a mihimihi [traditional speeches] and karakia before they go to the undertakers. Like there's a whole process for that and I felt like they couldn't be part of it. I said I need to ring my brother and sister, you know they'll want to come here, and they'll want to see her. They will want to see her at home, they won't want her to be gone. And there was just no time for that at all and there was no time for that at all nothing you can do, or say, or change in the process. So they're not culturally responsive practices and tikanga. (Renee, bereaved sister)*

Whānau also played a large role in the provision of bereavement care. Participants reported that whānau and other members of their hapori (*community*) were the main supports after events compared to emergency services or formal bereavement support, which meant promoting whānau presence was important to ensure whānau were supported during and after events:

> *Not so much [after support] was offered from emergency services. But I was well supported by whānau and having my daughter right on hand and my other family who arrived relatively quickly. And my niece and nephew down the road and yeah it's just like being an extended family really in this community. (Mary, bereaved spouse)*

Lastly, whānau highlighted that it was important for emergency ambulance personnel to recognise that different whānau may have different cultural needs and beliefs during death and dying. This is discussed by Chrissy who acknowledges that being Māori but growing up Pākehā meant that her cultural needs may differ from the needs of other Māori whānau:

> *So we went around the front, and they took dad through the back. As you'll know with Māori, you don't like to leave the tūpāpaku [deceased persons body] by themselves. But culturally we, as I say we are Māori, but haven't been predominantly brought up Māori. I realise that some whānau though they may have worries about what you do once somebody has passed away from their point of view as that's now a respected tūpāpaku. How that goes for them, will be how much information they have on that from Te Ao Māori. (Chrissy, bereaved daughter)*

3.2 | 'We Have Our Own Ways': Tikanga during Death, Dying, and Bereavement

In an out-of-hospital death, whānau reported that engaging in tikanga (*traditional customs/protocols*) was important. Much of the tikanga whānau described conducting involved lifting tapu or removing spiritual restrictions associated with death and dying, through actions such as karakia (*prayer*), and whakawātea. Whānau also emphasised that many other tikanga practices such as waiata, himene, whānau kotahitanga, as well as care for the tūpāpaku (*deceased persons body*) formed important elements of post-death actions as highlighted in the following whānau experiences regarding tikanga:

> *Karakia was important for us. You know, that made it a little bit better knowing that he did karakia. (Kiri, bereaved aunty)*

> *We did follow through with the blessing the next morning. We went down before sunrise and had it blessed, in our own way, with a few close friends and my nephew. I didn't need a minister, I didn't need anyone, to bless where Dad had left his body. My friend and I sang a karakia. We just got some water and went back there. And that was about that. I also rang the [location where the event happened] the next morning as soon as they opened to let them know that we'd been down early that morning. I don't know what aftercare they got either for them because it would have been very traumatic. (Chrissy, bereaved daughter)*

There was a divergence among whānau regarding the level of cultural support needed from emergency ambulance personnel in out-of-hospital deaths. Many whānau performed cultural practices themselves or called upon wider whānau or hapū (sub-tribe) cultural/spiritual leaders. In these instances, whānau required time, space, and respect for their customs from responders, rather than direct cultural support:

> *Our Nani from the corner came down. And, you know, it was nice, the whānau all came in, and some did karakia for her. (Renee, bereaved sibling)*

> *My local priest arrived, my daughter had contacted her, and she arrived and we had karakia with everybody that was there. (Mary, bereaved spouse)*

Many whānau also discussed the diversity of tikanga, with some whānau discussing adaptations to tikanga that they made to suit their bereavement needs. This is significant when considering emergency ambulance care as it highlights that care must be individualised for whānau needs rather than based on assumptions of homogeneous assumptions of what all Māori might require:

> *We didn't take her to a marae (traditional Māori meeting house), we just had her at home. Because my kids didn't want the tangi to be like, to follow tikanga. Like to have tikanga there, but not be strict on tikanga, like a marae, like what would have happened at a marae. (Aroha, bereaved grandmother)*

Some whānau expressed a desire for more cultural support from emergency ambulance services. When discussing the limited amount of cultural support offered during an out-of-hospital death, one participant shared that she felt assumptions of her ethnicity affected what support on scene she was given, *"I don't think I was offered cultural support, maybe because a lot of people don't realise I'm Māori; you know, I look like a white chick, so yeah, they assume'.* (Kelly, bereaved partner). More cultural support was needed among whānau who did not grow up with strong knowledge of Te Ao Māori (*the Māori world*) or those with diverse ethnic backgrounds (e.g., Pākehā spouses of Māori). One participant discussed that there was little cultural support available if they did not have access to support within their own whānau:

> *There is no dial a kaikōrero [person with Māori cultural speechmaking skills], or anything like that. You know you have to, sadly, do that within your own world of Te Ao Māori. And you know why was a kaumatua not engaged by the council to go and bless that space? There could have also been an offer apart from victim support. Not to diminish any of the work that Victim Support do, but it is very mainstream. There is no local Māori service you could ring up about death. Generally, we go within ourselves, and we know whom we know. Maybe if the option had been there and I had been offered kaumātua of any description it might have helped. (Chrissy, bereaved daughter)*

Death in an out-of-hospital context often presents challenges for upholding tikanga. Many whānau reported deaths which were sudden and unexpected, with whānau often being geographically dispersed. Some deaths occurred in public spaces, which affected whānau grieving and impacted the mana (*status*, *prestige*) of the tūpāpaku, which negatively affected whānau experiences. Efforts from emergency services to restore and protect dignity were appreciated by whānau as described by Chrissy, whose father passed away in a public area:

> *They had tarped that for some privacy, which was a good thing. 'Cause sadly the [area where he passed away] is very public, and Dad was such a private man. His chest was exposed, but they did have a blanket over him. For him to die suddenly like that, I was sad for him, and I was embarrassed for him'. (Chrissy, bereaved daughter)*

Protocols from emergency services can significantly impact tikanga, especially if a coronial investigation is required in cases of unexpected death. It was harmful to whānau when coronial investigations took precedence over cultural needs:

> *Our cultural process is not recognised by the coroner and the police system. [It should be] because that's part of our grieving and farewell tikanga.... And it's kind of like when the coroner and the police are involved, it's just cut off. My brother was saying, 'You have to stay with her, you have to.' And I said, 'We're not allowed.' It was awful. I felt like once she drove out of the driveway, we were doing the wrong thing. (Renee, bereaved sister)*

> *The ambulance, they packed up all of the machines, and they said that no one's actually allowed to touch him. Because the detectives were on the way, it's now a crime scene, sort of thing. Yeah, it was really hard for us at that time, like that's what really pissed me off at the start. I just thought, what the hell? (Kiri, bereaved aunty)*

3.3 | Travelling through Te Ārai: Death as a Transition

Many whānau shared their belief that the wairua (*spirit*) of the deceased remained after death. This belief made it important for them to spend time with their whānau member during death and dying as their loved one spirit was still considered to be present. Whānau reported that immediately after death, their deceased whānau member still looked and felt like themselves, which meant that time on the scene with the tūpāpaku was invaluable, particularly where deaths were unexpected and prior farewells could not be completed. It was helpful for whānau when emergency ambulance personnel provided time and space to be present during the transition between life and death, and promoted whānau presence after resuscitation efforts have ceased as this allowed whānau to say goodbye:

> *They [ambulance personnel] said you can go and see him sorta thing. So, my daughter and I got in [to the ambulance] first and were just looking. He just looked like he was asleep. Yeah, we were really glad. Got to give him a cuddle, you know, before things. Got to talk to him... To be able to hug him and tell him you love him, and he's just gone, so he'll hear you. It was really important. I was really grateful for that. (Winnie, bereaved grandmother)*

> *And I just needed to lie with him. I just needed to come to terms with the fact that his heart had stopped beating. That he wasn't coming back, this wasn't a joke; this wasn't a run-through. This was the end of him being a breathing human being, to being a tūpāpaku. And that lying there with him, where his being had departed his body was important... When a person dies they only stay in that state for a short time. I'll tell you what, the fella that they brought out the next morning didn't even look like my dad, you know. That time with that valuable person in your life, while they're still in their state where they've passed, but they haven't turned into a tūpāpaku [is important.] (Chrissy, bereaved daughter)*

Cultural beliefs of wairua also influenced tikanga after death. Whānau described that it was important for them to care for the deceased as they journeyed through Te Ārai (*the veil that separates the living and spiritual realms*). Whānau care included both physical and spiritual elements, demonstrating that both domains are important to whānau during death and dying:

> *He had [underpants] on, but only one leg was in, and the other leg wasn't. I put a blanket down and wanted him to be put on the blanket. 'Cause I just thought 'for fuck's sake, he's gonna be so cold'. Because they had the front door wide open because, you know they had to go out and grab things. It was really, it was a really cold night. So, I just laid down the blanket and covered his legs while they were doing CPR on him. (Kiri, Bereaved aunty).*

> *You know that's part of our grieving and farewell tikanga. The wairua [spirit of the deceased] is still there and it needs to be nurtured. And you don't just put it in a car and it leaves. Like that's just not culturally right, you know, you still manaaki [nurture/support] that wairua through every part. (Renee bereaved sister).*

3.4 | 'He Was Māori, so he Knew': The Importance of Māori Emergency Responders

Whānau emphasised the importance of presence and support from Māori emergency responders during out-of-hospital emergencies. While whānau reported few instances where Māori ambulance personnel were present, whānau still found support in Māori responders from other services such as fire and emergency, police, and funeral directors. Of particular importance to whānau was the care given by Māori responders after death. One whānau commented that the provision of clinical care could be done well by anyone, but having Māori present after death was important because of Māori cultural beliefs associated with death and dying. Whānau discussed two main care elements that were improved by Māori responders: feeling culturally understood and having access to culturally safe care. Whānau reported that Māori personnel understood their cultural and spiritual needs as well as their emotional and physical needs, which separated them from their non-Māori colleagues:

> *The constable, he was mean [awesome], he was Māori, so he kinda knew. Even when the undertaker arrived, he was Māori and it was like they understood what we wanted, not just what we were going through, but what we needed to have right then and there. Because we weren't thinking, so it was like they were there thinking for us. 'Have you had a karakia yet, have you eaten? Have you had a drink?' All that sort of stuff, so yeah it was really important that we had Māori there. (Aroha, bereaved grandmother)*

When Māori responders were present, it was also more common that whānau would be asked if they had any cultural needs and offered cultural support. This is highlighted in the following

quote, where Māori police and Māori funeral directors supported bereaved whānau who had lost a mokopuna (*grandchild*):

> *The Māori funeral director, he was great, he was amazing. He got us all into the room, had a karakia, and the lady that came with him sang a himene. And it was a popular one, so my ex-mother-in-law knew it, so she was singing along too. That was quite nice, the two nani's having sing songs. And they put her in a carrier; I was glad they used the carrier and not, you know the body bags. So, they carried her out in a little carrier, and they stuck kawakawa leaves on her, which was really heartwarming. (Aroha, Māori grandmother)*

Care from Māori responders was significantly different from non-Māori responders, with no whānau reporting being asked if they had cultural needs or offered cultural support by non-Māori ambulance personnel. Whānau opinions on this varied, with some whānau expressing that they wouldn't expect ambulance officers to be able to provide culturally safe care (whether they are Māori or not), and others stating more support would have been helpful. Whānau also highlighted that they felt more comfortable having Māori responders, especially funeral directors, care for the tūpāpaku as they were familiar with tikanga surrounding death and care for the deceased:

> *It was important to have Māori [funeral director], it really was. He made us feel comfortable knowing that he's going to take good care of Nikau. It would have been really different say if a Pākehā was doing him. I'm not too sure why, I just know that I would have not felt so comfortable about it. I just would have felt like Nikau would need us there, that sort of thing. I don't know how the Pākehā people operate with how they take care of dead bodies. But they probably wouldn't have made us all comfortable as much as the one that turned up that night did. (Kiri, bereaved aunty)*

4 | Discussion

This study has explored the experiences of Māori whānau in Aotearoa New Zealand during out-of-hospital deaths where emergency ambulance services respond. From our findings, we have demonstrated that cultural and spiritual beliefs centred in Te Ao Māori shape Māori whānau needs and wishes during out-of-hospital deaths. To best support Māori whānau during death, dying and bereavement, it is essential that emergency ambulance services consider holistic care elements, such as cultural and spiritual needs, alongside clinical care needs of the patient. Key elements identified as impacting whānau experiences during out-of-hospital death will be further analysed in the following discussion.

Whānau pūrākau highlighted that kotahitanga is integral to their experiences during emergency events. This is a sentiment shared across Indigenous populations in Te-Moana-nui-a-Kiwa (*the Pacific Ocean*) (Moeke-Pickering 1996; Teariki and Leau 2024; Wilson et al. 2021). However, in the out-of-hospital emergency setting, the role of families is often contested. Literature highlights the benefits that presence and patient and family-centred care can have for families in out-of-hospital care (Jabre et al. 2013; Tikkanen and Sundberg 2024). However, ambulance personnel often describe family presence during emergencies as a distraction from clinical care (Mainds and Jones 2018; Najafi et al. 2024). From this clinical lens, families are often seen as a variable to control. But, through a kaupapa Māori worldview, whānau presence should be seen as a strength which allows for whānau to provide emotional, cultural, and spiritual support for each other, the dying and the deceased. By empowering whānau presence through the provision of time, space and shared decision making, ambulance personnel can enhance cultural and spiritual care. Whānau also serve as the primary source of bereavement support following an out-of-hospital death and are therefore essential when we consider that sudden and unexpected out-of-hospital deaths usually present fewer opportunities for bereavement support when compared to in-hospital deaths and palliative care scenarios (Foran et al. 2025; Mayer et al. 2013). While whānau described ambulance personnel as accepting of their presence, their experiences are also shaped by the actions of other emergency services such as fire and emergency and police who are commonly present during these events. Emergency services' impact on whānau experiences often revolved around the preservation of whānau mana motuhake (*self-determination*, *autonomy*, *independence*). When whānau decision-making was restricted, such as when coronial investigations were required, mana motuhake was diminished, and increased descriptions of breaches in tikanga occurred. This echoes findings by Moeke-Maxwell et al. (2025) who highlight how institutional processes can undermine whānau autonomy and ability to uphold tikanga, which can negatively impact whānau experiences during bereavement. Although examining the interplay between emergency services and whānau experiences was not a primary aim of this research, the findings reveal that care during an out-of-hospital death does not occur in silos. Further research into how emergency service systems can collaborate to uphold whānau mana motuhake presents an opportunity to improve experiences and ensure culturally safe responses to out-of-hospital death.

While all whānau in this study valued Māoritanga (*Māori practices and beliefs*) during death and dying, not all possessed the traditional knowledge needed to complete customary death tikanga due to the impact of colonialism, urbanisation and cultural diversity within whānau (Moeke-Maxwell, Wharemate et al. 2018). It should therefore not be assumed that whānau are able to independently provide their own cultural and spiritual needs. Whānau were extremely grateful when cultural and spiritual care was provided by ambulance personnel. However, such care was only reported to be provided by Māori ambulance personnel or by other Māori responders, such as police or funeral directors. In the absence of Māori personnel, limited cultural and spiritual care was given, suggesting poor workforce capability in delivering culturally safe bereavement care. Limited cultural safety across the general workforce can lead to an increased responsibility placed on Māori to uphold cultural safety and tikanga when compared to non-Māori colleagues (Tipene-Leach et al. 2024). This issue is not limited to emergency services, with Māori healthcare professionals across disciplines consistently reporting increased responsibility in providing cultural and spiritual care (Hunter and Cook 2024; Komene et al. 2023). This burden is compounded by the underrepresentation of Māori within many health workforces, including

paramedicine (Paramedic Council of New Zealand 2025). While it is vital that the cultural expertise Māori hold is recognised and valued within healthcare systems, cultural safety must be understood as a collective responsibility—not one that rests solely on Indigenous practitioners.

4.1 | Priorities for Improving Responsiveness to Māori Whānau in Out-of-Hospital Deaths

This study adds to the growing evidence that Māori experience unmet cultural needs during out-of-hospital emergency care (Newport et al. 2023; Penney et al. 2024). Improving these experiences will likely require a multifaceted approach that considers the challenges of incorporating cultural safety during time-sensitive emergencies. Current care models largely focus on the clinical response in out-of-hospital emergencies. However, culturally safe and high-quality clinical care are not mutually exclusive concepts (Komene et al. 2024; Moloney and Stuart 2025). In the following recommendations, we outline how whānau cultural and spiritual care needs could be addressed during out-of-hospital emergencies.

Continued efforts to grow the Māori paramedicine workforce are essential for enhancing health equity and responsiveness to patient, whānau and community needs (Ministry of Health 2022). Importantly, increased access to Māori personnel presents an opportunity to improve patient and whānau experiences, as this study and wider literature demonstrate the positive impact of access to culturally aligned care at the end-of-life (Gott et al. 2022).

A greater emphasis on holistic care during death, dying and bereavement is also needed to better meet all domains of patient and whānau needs. Historically, technical skills related to physical needs have been prioritised within paramedicine education and research; however, this is no longer sufficient for the diverse and advancing scope of practice held by paramedics (Ebbs 2019; O'Meara et al. 2017). Further research exploring holistic practice frameworks and education strategies may enhance future paramedic capability in meeting patient and family needs (Anderson et al. 2021; Anderson et al. 2019).

Finally, it is critical that ambulance systems continue to work to improve the delivery of culturally safe care, which has been identified as an area for practice development across the sector (Livingston et al. 2025; Westenra 2019). Current clinical practice guidelines surrounding family bereavement care largely omit cultural and spiritual needs or advise on cultural competency rather than cultural safety (Satchell, Gott, Juhrmann et al. 2025). While cultural competence training can increase provider knowledge of cultural 'norms' and improve patient and family experiences (Beagan 2018; Curtis et al. 2019), use of cultural competence alone may fail to address the diversity and intersectionality of whānau needs, which is highlighted in this study. Instead, it is important that cultural safety, which involves reflexivity of power and addressing bias at both an individual and system level (Curtis et al. 2025), is considered as this study has shown that management of death and dying within a Westernised biomedical healthcare system may not align with the needs and beliefs of Indigenous populations (Moeke-Maxwell et al. 2024). The introduction of Indigenous care models into systems-level policy, and paramedic education and policy may better serve Māori whānau during death and dying compared to current Westernised approaches.

Although this research focuses on Māori experiences during an out-of-hospital death, concepts from this may be relevant to other Indigenous populations who share holistic views of end-of-life care (Duggleby et al. 2015). However, as experiences of Māori are ingrained within Māoritanga (*Māori culture*, *beliefs/way of life*), differences between Indigenous populations must be recognised. Ultimately, care that is holistic and culturally safe is beneficial to all patients and their families, making this research universally relevant when considering how to implement holistic bereavement care into an out-of-hospital setting.

4.2 | Strengths and Limitations

To our knowledge, this is the first study to explore the experiences of bereaved Māori whānau in the context of an out-of-hospital death, where ambulance services respond. This research provides a starting base of evidence for what whānau need and want during this time, which can aid in service responsiveness. The use of Kaupapa Māori research methods promoted culturally safe participation for Māori and allowed for discussion of experiences from a Te Ao Māori perspective. Experiences of bereaved Māori tāne (*men*) were also unexpectedly absent from this study, and more research may be needed to explore their experiences. Research that considers Pacific populations across Te-Moana-nui-a-Kiwa who similarly experience inequitable health outcomes in out-of-hospital arrests is also needed to consider the transferability of findings to a Pacific worldview.

5 | Conclusion

This paper has demonstrated that Māori whānau experiences of out-of-hospital deaths are deeply grounded in Te Ao Māori, where cultural, spiritual and collective whānau identity are central to the bereavement process. Ambulance personnel must therefore be equipped to provide care that is holistic and culturally safe. While whānau often lead cultural practices, assumptions from services that they can do so without support risks whānau needs remaining unmet, especially given diverse identities across whānau. Emergency ambulance services are built on Western healthcare models that may not reflect Māori worldviews during death and dying, leaving gaps in the provision of culturally safe care. Māori emergency services personnel are disproportionately responsible for providing culturally safe care, highlighting a systemic gap in the preparedness of non-Māori ambulance personnel. Improving cultural safety training and knowledge of holistic bereavement care presents an opportunity to better meet the needs of Māori and all ambulance service users.

Acknowledgements

Authors would like to acknowledge Te Ārai Kāhui Kaumātua (*advisory group of Māori elders*) from Te Ārai Palliative Care and End-of-Life Research group for their guidance. We would also like to acknowledge the role of the service user advisor (who cannot be named due to their participation in the project) for their involvement across this study.

Open access publishing facilitated by The University of Auckland, as part of the Wiley - The University of Auckland agreement via the Council of Australasian University Librarians.

Funding

This research was undertaken as part of Māori Health Clinical Training Fellowship funded by the Health Research Council of New Zealand [grant number 23/125/A]. The funder had no role in the study's design and conduct or the manuscript's preparation.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The datasets generated during and/or analysed during the current study are not publicly available to maintain ethics/participant confidentiality in this sensitive research area. De-Identified aspects of the dataset are available from the corresponding author on reasonable request.

References

Allen, R. E. S., and J. L. Wiles. 2015. "A Rose by Any Other Name: Participants Choosing Research Pseudonyms." *Qualitative Research in Psychology* 13, no. 2: 149–165. https://doi.org/10.1080/14780887.2015.1133746.

Anderson, N. E., J. Robinson, T. Moeke-Maxwell, and M. Gott. 2021. "Paramedic Care of the Dying, Deceased and Bereaved in Aotearoa." *New Zealand. Progress in Palliative Care* 29, no. 2: 84–90. https://doi.org/10.1080/09699260.2020.1841877.

Anderson, N. E., J. Slark, K. Faasse, and M. Gott. 2019. "Paramedic Student Confidence, Concerns, Learning and Experience with Resuscitation Decision-Making and Patient Death: A Pilot Survey." *Australasian Emergency Care* 22, no. 3: 156–161. https://doi.org/10.1016/j.auec.2019.07.001.

Beagan, B. L. 2018. "A Critique of Cultural Competence: Assumptions, Limitations, and Alternatives." In *Cultural Competence in Applied Psychology: An Evaluation of Current Status and Future Directions*. Edited by C. L. Frisby and W. T. O'Donohue, 123–138. Springer International Publishing. https://doi.org/10.1007/978-3-319-78997-2_6.

Bentley, B., and M. O'Connor. 2015. "Conducting Research Interviews with Bereaved Family Carers: When Do We Ask?." *Journal of Palliative Medicine* 18, no. 3: 241–245. https://doi.org/https://doi.org/10.1089/jpm.2014.0320.

Bishop, R. 1999a. "Collaborative Storytelling: Meeting Indigenous Peoples' Desires for Self-Determination in Research." In *Indigenous Education around the World: Workshop Papers from the World Indigenous People's Conference.* Albuquerque, New Mexico.

Bishop, R. 1999b. *Kaupapa Maori Research: An Indigenous Approach to Creating Knowledge, Māori and Psychology: Research and Practice Symposium*. Hamilton.

Braun, V., and V. Clarke. 2022. *Thematic Analysis: A Practical Guide*. SAGE Publications.

Brown, H., and L. Bryder. 2023. "Universal Healthcare for All? Māori Health Inequalities in Aotearoa New Zealand, 1975-2000." *Social Science & Medicine* 319: 115315. https://doi.org/10.1016/j.socscimed.2022.115315.

Christensen, J. 2012. "Telling Stories: Exploring Research Storytelling as a Meaningful Approach to Knowledge Mobilization with Indigenous Research Collaborators and Diverse Audiences in Community-Based Participatory Research [Article]." *The Canadian Geographer. Géographe Canadien* 56, no. 2: 231–242. https://doi.org/10.1111/j.1541-0064.2012.00417.x.

Cram, F., K. Pipi, and K. Paipa. 2018. "Kaupapa Māori Evaluation in Aotearoa New Zealand." *New Directions for Evaluation* 2018, no. 159: 63–77. https://doi.org/10.1002/ev.20331.

Curtis, E., B. Loring, R. Jones, et al. 2025. "Refining the Definitions of Cultural Safety, Cultural Competency and Indigenous Health: Lessons from Aotearoa New Zealand." *International Journal for Equity in Health* 24, no. 1: 130. https://doi.org/10.1186/s12939-025-02478-3.

Curtis, E., R. Jones, D. Tipene-Leach, et al. 2019. "Why Cultural Safety rather than Cultural Competency Is Required to Achieve Health Equity: A Literature Review and Recommended Definition." *International Journal for Equity in Health* 18, no. 1: 174. https://doi.org/10.1186/s12939-019-1082-3.

Dicker, B., V. F. Todd, B. Tunnage, et al. 2019. "Ethnic Disparities in the Incidence and Outcome from Out-of-Hospital Cardiac Arrest: A New Zealand Observational Study." *Resuscitation* 145: 56–62. https://doi.org/10.1016/j.resuscitation.2019.09.026.

Duggleby, W., S. Kuchera, R. MacLeod, et al. 2015. "Indigenous People's Experiences at the End of Life." *Palliative & Supportive Care* 13, no. 6: 1721–1733. https://doi.org/10.1017/s147895151500070x.

Ebbs, P. 2019. "A Need to Balance Technical and Non-Technical Skills." *Journal of Paramedic Practice* 11, no. 3: 98–99. https://doi.org/10.12968/jpar.2019.11.3.98.

Eketone, A. 2008. "Theoretical Underpinnings of Kaupapa Māori Directed Practice." *MAI Review* 1: 1–11. https://journal.mai.ac.nz/maireview/article/700.

Foran, S., M. Rukh, A. Knapp, et al. 2025. "Bereavement Interventions for Families in the ICU: A Scoping Review Informed by a Core Outcome Set." *Annals of Intensive Care* 15, no. 1: 146. https://doi.org/10.1186/s13613-025-01557-6.

Gott, M., J. Wiles, K. Mason, and T. Moeke-Maxwell. 2022. "Creating Safe Spaces: A Qualitative Study to Explore Enablers and Barriers to Culturally Safe End-of-Life Care." *Palliative Medicine* 37, no. 4: 520–529. https://doi.org/10.1177/02692163221138621.

Hēnare, M. 2015. "Tapu, Mana, Mauri, Hau, Wairua." In *Indigenous Spiritualities at Work: Transforming the Spirit of Enterprise*. Edited by C. Spiller and R. Wolfgramm, 77–98. Information Age Pub.

Hogarth, K., and M. Rapata-Hanning. 2018. "Māori Health in Aotearoa New Zealand." In *Understanding Pathophysiology*. Mosby Elsevier.

Hudson, M., M. Milne, P. Reynolds, K. Russell, and B. Smith. 2010. *Te Ara Tika Guidelines for Māori Research Ethics: A Framework for Researchers and Ethics Committee Members*. Health Research Council New Zealand.

Hunter, K., and C. Cook. 2020. "Cultural and Clinical Practice Realities of Māori Nurses in Aotearoa New Zealand: The Emotional Labour of Indigenous Nurses." *Nursing Praxis Aotearoa New Zealand* 36, no. 3: 7–23. https://doi.org/10.36951/27034542.2020.011.

Hutchinson, H., S. Maessen, A. Swain, and B. Dicker. 2025. "*Out-of-Hospital Cardiac Arrest Registry Aotearoa New Zealand, National Report 2023/24*." https://pardot.stjohn.org.nz/l/182252/2025-02-13/8sh8jp/182252/1739480035dYtUhtkT/HQ4201a_OHCA_All_NZ_Feb25_HQ.pdf.

Jabre, P., V. Belpomme, E. Azoulay, et al. 2013. "Family Presence during Cardiopulmonary Resuscitation." *New England Journal of Medicine* 368, no. 11: 1008–1018. https://doi.org/10.1056/NEJMoa1203366.

Jahnke, H. T., and A. Gillies. 2012. "Indigenous Innovations in Qualitative Research Method: Investigating the Private World of Family Life." *International Journal of Qualitative Methods* 11, no. 4: 498–512. https://doi.org/10.1177/160940691201100412.

Kerr, S. 2012. "Kaupapa Māori Theory-Based Evaluation." *Evaluation Journal of Australasia* 12, no. 1: 6–18. https://doi.org/10.1177/1035719X1201200102.

Komene, E., D. Gerrard, B. Pene, J. Parr, C. Aspinall, and D. Wilson. 2023. "A Tohu (sign) to Open Our Eyes to the Realities of Indigenous Māori Registered Nurses: A Qualitative Study." *Journal of Advanced Nursing* 79, no. 7: 2585–2596. https://doi.org/10.1111/jan.15609.

Komene, E., J. Davis, R. Davis, et al. 2025. "Māori Nurse Practitioners: The Intersection of Patient Safety and Culturally Safe Care from an Indigenous Lens." *Journal of Advanced Nursing* 81, no. 9: 5429–5441. https://doi.org/10.1111/jan.16334.

Lee, J. 2009. "Decolonising Māori Narratives: Pūrākau as a Method." *MAI Review* 2, no. 3: 1–12. https://journal.mai.ac.nz/maireview/article/772.

Livingston, G., J. Grant, and B. Sengstock. 2025. "Paramedics' Understandings and Perceptions of Cultural Safety and the Provision of Culturally Safe Care." *BMC Health Services Research* 25, no. 1: 647. https://doi.org/10.1186/s12913-025-12813-7.

Mainds, M. D., and C. Jones. 2018. "Breaking Bad News and Managing Family during an Out-of-Hospital Cardiac Arrest." *Journal of Paramedic Practice* 10, no. 7: 292–299. https://doi.org/10.12968/jpar.2018.10.7.292.

Makrides, T., L. Ross, C. Gosling, J. Acker, and P. O'Meara. 2022. "Defining Two Novel Sub Models of the Anglo-American Paramedic System: A Delphi Study." *Australasian Emergency Care* 25, no. 3: 229–234. https://doi.org/10.1016/j.auec.2021.11.001.

Martel, R., M. Shepherd, and F. Goodyear-Smith. 2022. "He Awa Whiria—A "Braided River": An Indigenous Māori Approach to Mixed Methods Research." *Journal of Mixed Methods Research* 16, no. 1: 17–33. https://doi.org/10.1177/1558689820984028.

Mayer, D. D. M., A. G. Rosenfeld, and K. Gilbert. 2013. "Lives Forever Changed: Family Bereavement Experiences after Sudden Cardiac Death." *Applied Nursing Research* 26, no. 4: 168–173. https://doi.org/10.1016/j.apnr.2013.06.007.

Moeke-Maxwell, T., A. Collier, J. Wiles, L. Williams, S. Black, and M. Gott. 2020. "Bereaved Families' Perspectives of End-of-Life Care. Towards a Bicultural Whare Tapa Whā Older Person's Palliative Care Model." *Journal of Cross-Cultural Gerontology* 35, no. 2: 177–193. https://doi.org/10.1007/s10823-020-09397-6.

Moeke-Maxwell, T., J. Robinson, and M. Gott. 2025. "Pōuritanga: Whānau Māori Experiences of End-of-Life Caregiving, Death and Tangihanga (Funeral Customs) during New Zealand's COVID-19 Lockdowns." *Journal of the Royal Society of New Zealand* 55, no. 2: 287–301. https://doi.org/10.1007/s10823-020-09397-6.

Moeke-Maxwell, T., J. Wiles, S. Black, L. Williams, and M. Gott. 2018. "Collaborative Story Production with Bereaved Family Carers of People Who Died in Advanced Age." *Qualitative Research Journal* 18, no. 4: 302–315. https://doi.org/10.1108/QRJ-D-17-00045.

Moeke-Maxwell, T., K. Mason, F. Toohey, and J. Dudley. 2024. "Pou Aroha: An Indigenous Perspective of Māori Palliative Care, Aotearoa New Zealand." In *Textbook of Palliative Care*. Edited by R. D. MacLeod and L. Van den Block, 1387–1405. Springer Nature Switzerland. https://doi.org/10.1007/978-3-031-48991-4_121.

Moeke-Maxwell, T., K. Mason, F. Toohey, R. Wharemate, and M. Gott. 2019. "He Taonga Tuku Iho: Indigenous End of Life and Death Care Customs of New Zealand Māori." In *Death Across Cultures*. Edited by H. Selin and R. M. Rakoff, 295–316. Springer International Publishing. https://doi.org/10.1007/978-3-030-18826-9_18.

Moeke-Maxwell, T., R. Wharemate, S. Black, K. Mason, J. Wiles, and M. Gott. 2018. "Toku Toa, he Toa Rangatira: A Qualitative Investigation of New Zealand Māori End of Life Care Customs." *International Journal of Indigenous Health* 13, no. 2: 30–46. https://doi.org/10.32799/ijih.v13i2.29749.

Moeke-Pickering, T. M. 1996. *Maori Identity Within Whanau: A Review of Literature*. Hamilton. New Zealand: University of Waikato.

Moloney, A., and L. Stuart. 2025. "Cultural Safety and Clinical Safety: A Symbiotic Relationship for Improving Aboriginal and Torres Strait Islander Peoples and Communities." *Health Outcomes. Contemporary Nurse*, 1–11. https://doi.org/10.1080/10376178.2025.2573155.

Myall, M., A. Rowsell, S. Lund, et al. 2020. "Death and Dying in Prehospital Care: What Are the Experiences and Issues for Prehospital Practitioners, Families and Bystanders? A Scoping Review." *BMJ Open* 10, no. 9: e036925. https://doi.org/10.1136/bmjopen-2020-036925.

Najafi, J., N. Gilani, H. Hassankhani, M. Ghafourifard, A. Dadashzadeh, and M. Zali. 2024. "The Relationship between Self-Confidence and Attitude of Emergency Medical Technicians towards Family Presence during Resuscitation." *International Journal of Emergency Medicine* 17, no. 1: 184. https://doi.org/10.1186/s12245-024-00766-3.

Newport, R., C. Grey, B. Dicker, et al. 2023. "Upholding Te Mana o Te wā: Māori Patients and Their Families' Experiences of Accessing Care following an Out-of-Hospital Cardiac Event." *American Heart Journal Plus: Cardiology Research and Practice* 36: 100341. https://doi.org/10.1016/j.ahjo.2023.100341.

O'Meara, P. F., S. Furness, and R. Gleeson. 2017. "Educating Paramedics for the Future: A Holistic Approach." *Journal of Health and Human Services Administration* 40, no. 2: 219–251. https://doi.org/10.1177/107937391704000204.

Pae Ora (Healthy Futures) Act. 2022. https://www.legislation.govt.nz/act/public/2022/30/en/latest/#LMS576023.

Paramedic Council of New Zealand. 2025. "Paramedic Registration Statistics." https://www.paramediccouncil.org.nz/PCNZ/PCNZ/Paramedic-Statistics.aspx?hkey=c2d5748f-033e-43dc-831c-a6c7f5edcd6a.

Pene, B.-J., M. Gott, T. C. Clark, and J. Slark. 2024. "Research at the Interface: A Novice Researcher's Reflections on Weaving Kaupapa Māori and Grounded Theory Methodologies." *International Journal of Qualitative Methods* 23: 16094069241289348. https://doi.org/10.1177/16094069241289348.

Penney, S., B. Dicker, and M. Harwood. 2024. "Cultural Safety in Paramedic Practice: Experiences of Māori and Their Whānau Who Have Received Acute Pre-Hospital Care for Cardiac Symptoms from Paramedics." *Journal of Primary Health Care* 16, no. 2: 180–189. https://doi.org/10.1071/HC24010.

Pihama, L., F. Cram, and S. Walker. 2002. "Creating Methodological Space: A Literature Review of Kaupapa Maori Research." *Canadian Journal of Native Education* 26, no. 1: 30–43. https://doi.org/10.14288/cjne.v26i1.195910.

Pilarska, J. 2021. "The Constructivist Aradigm and Henomenological Qualitative Research Design," In *Research Paradigm Considerations for Emerging Scholars*, edited by A. Pabel, J. Pryce and A. Anderson, 64–83. Channel View Publications. https://doi.org/10.21832/9781845418281%2D008.

Pouwhare, R. 2016. "Kai Hea Kai Hea Te pū o Te Mate? Reclaiming the Power of pūrākau." *Te Kaharoa* 9, no. 1. https://doi.org/10.24135/tekaharoa.v9i1.5.

Satchell, E., M. Carey, B. Dicker, et al. 2023. "Family & Bystander Experiences of Emergency Ambulance Services Care: A Scoping Review." *BMC Emergency Medicine* 23, no. 1: 68. https://doi.org/10.1186/s12873-023-00829-3.

Satchell, E., M. Gott, B. Dicker, T. Moeke-Maxwell, and N. E. Anderson. 2025. "Family Experiences of Out-of-Hospital Deaths Where Ambulance Services Respond in Aotearoa New Zealand." *Paramedicine* 23, no. 2: 82–93. https://doi.org/10.1177/27536386251404049.

Satchell, E., M. Gott, M. Juhrmann, B. Dicker, and N. E. Anderson. 2025. "Emergency Ambulance Care of Families during Death, Dying, and Bereavement: A Document Analysis of Australian and Aotearoa New

Zealand Clinical Practice Guidelines." *Australasian Emergency Care* 28, no. 4: 294–299. https://doi.org/10.1016/j.auec.2025.06.004.

Satchell, E., N. Anderson, and M. Gott. 2024. "Paramedicine Research with Family and Bystanders: A Methodological Review." *Paramedicine* 21, no. 5: 223–233. https://doi.org/10.1177/27536386241255387.

Schwass, M. Ed. 2005. *Last Words: Approaches to Death in New Zealand's Cultures and Faiths. Bridget Williams Books with the Funeral Directors*. Association of N.Z.

Simpson, P. 2024. "Public Involvement in Paramedicine Research: A Call for Uplift." *Paramedicine* 21, no. 5: 181–185. https://doi.org/10.1177/27536386241270367.

Smith, L. T. 2021. *Decolonizing Methodologies: Research and Indigenous Peoples*. 3rd, Bloomsbury Publishing Plc. https://doi.org/10.5040/9781350225282.

Stats New Zealand. 2024. "*2023 Census Population Counts (by Ethnic Group, Age, and Māori Descent) and Dwelling Counts*." https://www.stats.govt.nz/information-releases/2023-census-population-counts-by-ethnic-group-age-and-maori-descent-and-dwelling-counts/.

Sullivan, C. L. T. 2013. *Te Okiokinga Mutunga Kore - the Eternal Rest: Investigating Māori Attitudes towards Death*. University of Otago.

Te Tiriti o Waitangi. 1840. https://waitangitribunal.govt.nz/en/about/the-treaty/maori-and-english-versions.

Teariki, M. A., and E. Leau. 2024. "Understanding Pacific Worldviews: Principles and Connections for Research." *Kōtuitui: New Zealand Journal of Social Sciences Online* 19, no. 2: 132–151. https://doi.org/10.1080/1177083X.2023.2292268.

Tikkanen, V., and K. Sundberg. 2024. "Care Relationship and Interaction between Patients and Ambulance Clinicians: A Qualitative Meta-Synthesis from a Person-Centred Perspective." *Scandinavian Journal of Caring Sciences* 38, no. 1: 24–34. https://doi.org/10.1111/scs.132255.

Tipene-Leach, D., S. Simmonds, H. Haggie, V. Mills, T. Riddell, and M. Carter. 2024. *The Colonial Tax: Cultural Loading of Māori Doctors (Te ORA (Te Ohu Rata o Aotearoa, Māori Medical Practitioners Association) and Te Tāhū Hauora (Health Quality and Safety Commission)*.

Veukiso-Ulugia, A., J. M. U. Allen, T. Baice, et al. 2025. "Embracing Lalaga and Talanoa: Weaving Relationality, Respect, and Reciprocity in Pacific Research and Education." *New Zealand Journal of Educational Studies* 60: 111–130. https://doi.org/10.1007/s40841-025-00387-1.

Walker, S., A. Eketone, and A. Gibbs. 2006. "An Exploration of Kaupapa Maori Research, Its Principles, Processes and Applications." *International Journal of Social Research Methodology* 9, no. 4: 331–344. https://doi.org/10.1080/13645570600916049.

Walsh, M., and C. Grey. 2019. "The Contribution of Avoidable Mortality to the Life Expectancy Gap in Maori and Pacific Populations in New Zealand-a Decomposition Analysis." *New Zealand Medical Journal* 132, no. 1492: 46–60. https://www.proquest.com/openview/44ffe1234bbb481b672282a2df782c45/1?pq-origsite=gscholar&cbl=1056335.

Westenra, B. 2019. "*A Framework for Cultural Safety in Paramedic Practice*." *Whitireia Nursing and Health* 26: 11–17. https://search.informit.org/doi/10.3316/informit.972385942431350.

Wilson, D., E. Moloney, J. M. Parr, C. Aspinall, and J. Slark. 2021. "Creating an Indigenous Māori-Centred Model of Relational Health: A Literature Review of Māori Models of Health." *Journal of Clinical Nursing* 30, no. 23-24: 3539–3555. https://doi.org/10.1111/jocn.15859.

Supporting Information

Additional supporting information can be found online in the Supporting Information section.