

Choosing and completing study in occupational
therapy:
The stories of Māori

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He mihi

Ka tangi te Tītī
Ka tangi te Kākā
Ka tangi hoki ahau
Tihei Mauri Ora.

Tuatahi, ka mihi ki te Atua. Ko ia te tīmatanga o te whakamutunga o ngā mea katoa.
Tuarua, ka mihi au kia Kīngī Tūheitia me tōna whānau whānui, pai mārire kia rātou.
Ki ngā mate moe mai koutou. Hoki mai kia tātou te hunga ora.
Tēnā koutou katoa.

Ki te taha o taku pāpā.
Ki te taha o kuia.
Ko Hikurangi te maunga.
Ko Waiapu te awa.
Ko Horouta te waka.
Ko Ngāti Porou te iwi.
Ko Hinemaurea te marae.
Ko Kōpua te whānau.
Ki te taha o koroua.
Ko Tapuwharawhara me Kapuarangi ngā maunga.
Ko Taumārere me Wainui ngā awa.
Ko Karetu me Tōrere-nui-a-rua ngā marae.
Ko Davis te whānau.
Ki te taha o taku whaea.
Ko Ngāti Pākehā te iwi.
Ko McKay, Delile me Hayes ngā whānau.

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Ko Topou taku hoa rangatira.
Ko Isabella rāua ko Mary me Tuaine oku tamariki.

Ka nui o koutou tautoko, manaaki i ahau kia tutuki pai ai i tenei kaupapa.
Nō reira, tēnā koutou, tēnā koutou, tēnā tātou katoa.

Abstract

Māori make up 4.1% of registered occupational therapists in New Zealand (personal communication, M. Kenning, 17 April 2019). Recruitment and retention of Māori in occupational therapy are major issues. Effort has been put in by various organisations which may have contributed to the increased number of Māori in the profession from 2% in 2008 (Te Rau Matatini, 2009). There is still a large disparity between current numbers and what is needed (Gray & McPherson, 2005). Further research into this could support efforts to recruit Māori into the career and could also support the retention of the current Māori occupational therapy students and professionals.

Through the use of a Kaupapa Māori methodology and the methods of pūrākau and narrative inquiry, this research will investigate Māori occupational therapists' experiences of why they chose to study occupational therapy and their experience of completing the programme. Māori culture, identity, government policies, social relationships, past education, career choices and tertiary institutions are of particular interest. A Pū-Rā-Ka-Ū method of analysis has been used to draw out the common themes. From this three connecting themes were identified and are discussed in depth of how they can be used for the recruitment and retention of Māori occupational therapists.

Table of contents

He mihi	2
Abstract	3
List of Tables and Figures	7
Attestation of Authorship	8
Nga mihi: Acknowledgements	9
Ethics Approval	10
Glossary of Māori Terms	11
Chapter 1: Introduction	14
Who are Māori?.....	14
What is occupational therapy?.....	16
Research overview.....	17
The positioning of the researcher.....	18
Thesis organisation.....	19
Chapter 2: Literature review	21
Introduction.....	21
Māori health in New Zealand society.....	21
Māori occupational therapy.....	23
Workforce development.....	26
The need for Māori occupational therapists	34
Conclusion	36
Chapter 3: Methodology	37
Introduction.....	37
Kaupapa Māori theory.....	37
Kaupapa Māori research	38
Advisory Whānau	39
Pūrākau and Narrative Inquiry	40
Narrative Inquiry.....	40
Pūrākau.....	41
Interface of knowledge	42
Finding Māori occupational therapists.....	42
Hearing the stories	44
Holding the stories	46
Pū-rā-ka-ū analysis.....	46
Development to Pū-Rā-Ka-Ū.....	48

Interpretation of the stories	51
Ethical considerations	51
Kaupapa Māori research ethics	51
Western ethical considerations	52
Finding the middle ground.....	53
Conclusion.....	54
Chapter 4: Findings	56
Introduction	56
Analysing the findings	56
Pū: the source of being an occupational therapist	58
Alignment with their own values	58
'Knowing' that it was right for them	58
To support and help others	58
Recommended by others	59
Time for a change	59
Rā: inspirational experiences that gave enlightenment	60
Right career path	60
Seeing the big picture	60
Identifying as a Māori occupational therapist	61
Experiencing cultural dissonance	62
Sense of disconnection	63
Ka: past experiences that impacted future aspirations	64
Life experiences before studying occupational therapy	64
Barriers while studying	66
Support needed	67
Importance of Māori identity	72
Increasing Māori studying occupational therapy	74
Providing a conducive space for Māori	75
Ū: personal traits and strengths	77
Whānau connections	77
Knowing self.....	78
Intelligence	79
Te Ao Māori values	80
Big picture thinking	80
Conclusion	81
Chapter 5: Discussion	83

Introduction	83
Te Miro metaphor	83
Institutional barriers	86
Institutional racism	87
Cultural competency	89
Importance of identity	91
A continuum of Māori identity	91
Identifying as a Māori occupational therapist	93
The right types of support	94
Cultural safety	94
Specific promotion for Māori	96
Conclusion	98
Chapter 6: Conclusion	100
Summary	100
Research recommendations	102
Strengths and limitations	104
Contributions to research	105
Directions for further research	105
Conclusion	106
References	107
Appendices:	
Appendix A: Ethics approval	118
Appendix B:	120
a) Participant information sheet	120
b) Consent form	123
c) Interview protocol	124
d) Indicative questions	126
e) Research safety protocol	127
f) Research advertisement	128
Appendix C: Transcriber consent form	129

List of Tables and Figures

Table 1	Demographics of registered Māori occupational therapists 2019
Table 2	Number of Māori occupational therapists needed for research
Table 3	Pū-rā-ka-ū Analyses Overview
Table 4	Pū-Rā-Ka-Ū Analysis Method
Table 5	Pū-Rā-Ka-Ū Analysis summary
Figure 1	Age group of Māori practitioners holding practising certificates
Figure 2	Māori graduates from Auckland University of Technology
Figure 3	Qualification completion rate Auckland University of Technology
Figure 4	Total Equivalent Full Time Students at Auckland University of Technology
Figure 5	Māori completing occupational therapy study from Otago Polytechnic
Figure 6	Te Miro metaphor identifying themes
Figure 7	Te Miro metaphor recommendations

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 material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.”

Signed:

Georgina Davis

Ngā mihi: Acknowledgements

Ehara taku toa, he takitahi, he toa takitini

*My success should not be bestowed onto me alone, as it was not individual success but
success of a collective*

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Ethics Approval

Ethics approval was granted by the Auckland University of Technology Ethics Committee on 15th August, 2017 for 17/215 Choosing and completing study in occupational therapy: The stories of Māori.

Please refer to Appendix A for the Ethics Approval letter.

Glossary

Aotearoa - New Zealand

Hapū - A group of families with a common ancestor

Harakeke - Flax

Hato Pētera - St Peters Māori college

Hauora – Wellbeing and health

Hawaiki - Place where ancestors of Māori voyaged from

Hui - Meeting

Iwi - Tribe made up of hapū

Kai - Food

Kai Tahu – People/tribe of Tahu

Kaikōrero - Speaker

Kapahaka - Traditional dance

Karakia - Prayer

Kauae raro - Earthly knowledge

Kauae runga - Celestial knowledge

Kaumātua - Elder

Kawa - Protocols and customs

Kererū – Native wood pigeon

Koha - Gift

Koro - Elderly man or grandfather

Korowai - Cloak

Kuia - Elderly woman or grandmother

Mamae - Hurt

Mahi a Atua - Footsteps of the ancestor-gods

Mana - Prestige, authority, power

Manākitanga - Hospitality and kindness

Māori - Indigenous people of Aotearoa

Mātauranga - Knowledge

Mātauranga Māori - Māori knowledge

Mō āki tonu - To keep encouraging

Noho Marae - Stay at the Marae

Pākehā - Non-Māori living in Aotearoa

Papatūānuku - Earth mother

Pono - To be true and honest

Rākau - Tree

Rangatahi – Youth

Rangatira – Leader

Rongoā – Medicinal plant

Rōpū - Group

Tangata whaiora - Person seeking wellness

Tangata Whenua - People of the land

Tapu - Sacred

Tāwhirimātea – God of the winds

Te Ao Māori - The Māori world

Te reo Māori - Māori language

Tēina - Younger sibling or cousin of the same gender

Te Tiriti o Waitangi - The Māori version of the Treaty of Waitangi

Te Waka Oranga - The canoe of health and wellbeing

Te Whare Tapa Whā - The four walled house model of health

Te Wheke - The octopus

Tika - To be correct and true

Tikanga - The correct way of doing rituals/processes/activities

Tuākana - Older sibling or cousin of the same gender

Tūrangawaewae – Place where one has rights and belonging to

Waiata - Song

Wairua - Spirit/soul

Waka - Canoe

Whakaora ngangahau - Occupational therapy

Whakapapa - Genealogy

Whakataukī - Proverb

Whānaungatanga – Building relationships

Whānau - Family

Whānau ora - Family health and wellbeing

Whare - House/home

Whare wānanga – House of learning

Chapter 1: Introduction

He kākano āhau

I ruia mai i Rangiatea

And I can never be lost

I am a seed, born of greatness

Descended from a line of chiefs,

He kākano āhau

-Hohepa Tamehana, 2001, songwriter

This is an abbreviated form of a whakatauki or old proverb that has been handed down through the generations. The full proverb is "E kore au e ngaro, he kākano i ruia mai i Rangiatea," I shall never be lost, a seed scattered from Rangiatea. Traditionally speaking, Rangiatea or Ra'iatea, an island north-west of Tahiti, held the ancient shrine at which the Tahitian people gathered to render homage to Io, the supreme god of Hawaiki Nui, the land that the ancestors of the Māori people came from. (Retrieved 5 April, 2019 http://folksong.org.nz/he_kakano_ahau/)

Occupational therapists are an allied health profession that focus on the recovery and rehabilitation of a person in regard to their occupations and wellbeing (Occupational Therapy Board of New Zealand, 2004). The total current population of Māori in New Zealand is estimated to be 15.2% (Statistics New Zealand, 2017). Yet, across all registered health professionals, Māori make up 5.7% (Rātima et al., 2010). Māori occupational therapists make up 4.1% of the profession (personal communication, M. Kenning, 17 April 2019). Māori occupational therapists are underrepresented in proportion to the health workforce. This research asks what are the experiences of Māori selecting and completing an occupational therapy qualification in New Zealand? This is to investigate workforce development strategies specific to Māori.

This chapter will give some context to the landscape of Māori occupational therapy, by giving some definitions of who Māori are and what occupational therapy is. This will lead to outlining the research question, theoretical framework, research process and thesis organisation. It will then explain the significance of the research, positioning of the researcher and key assumptions made.

Who are Māori?

Māori are the indigenous people of Aotearoa/New Zealand and arrived in the country about 1400 years ago (Fischer, 2013). Māori are part of the Polynesian people of the Pacific

Ocean (Buck et. al, 1987). Hawaiki is the word used to refer to where Māori have travelled from in the Pacific to Aotearoa. Some evidence suggests that Māori descended from the Austronesians and Lapita peoples (Fischer, 2013). These people travelled, over thousands of years, back and forth across the Pacific Islands, extending further and further to the South Pacific, all the way down to Aotearoa. Māori appear to be one of the last of these people to permanently settle.

Mātauranga Māori is Māori knowledge (Royal, 2009). It was brought from Hawaiki and developed from the challenging environment that was in Aotearoa, a way of thinking, processing and behaving (Spiller et. al, 2015). It forms the basis of epistemological beliefs such as knowing Papatūānuku is the earth mother and that it is the people's responsibility to look after the earth, as she is our mother ancestor (Ihimaera & Hereaka, 2019). Today this is manifest as processes to minimise pollution, reusing resources and embracing sustainable living (Para Kore, 2018).

Before European contact with Māori, there were systems of educating and training (Smith, 2012). Children were identified as to where their strengths lay and this would determine what role they would have in the community. People were made up of their Whānau (a glossary is available for reference), then their hapū (a group of families with a common ancestor) which then was part of a larger iwi. It was a communally based society, so ensuring that each person contributed was important (Smith, 2012).

Significant changes occurred since the signing of te Tiriti o Waitangi (te Tiriti) in 1840 between the British and rangatira. Te Tiriti was consistently breached by the New Zealand government through active policies of colonisation which systematically dis-established and disrupted Māori cultural practices and institutions (Came & McCreanor, 2015). These policies of colonisation and forced assimilation lead to issues with cultural identity, which in turn lead to poverty, alcohol use, drug use, chronic and acute health problems and poor educational outcomes (Smith, 2012). Being raised in a society where you are seen as less than Pākehā, reinforced this dis-location (Walker, 1990).

This has led to there being a range of what 'Māori' is and how 'Māori' a person is. (Durie, 1995). There have been numerous factors that have shaped Māori identities (Houkamau & Sibley, 2010). Firstly, there were multiple waka that travelled from Hawaiki. The people on these waka settled in different parts of Aotearoa. These then formed different hapū and iwi. Hundreds of years later, the arrival of European led to colonisation, urbanisation and now, revitalisation. This multi-layered history means that there is a range of what constitutes Māori, in terms of values, lifestyle, pedagogy, dialect and whānau (Durie, 1995).

From research on identity and what this means for Māori, there is one common denominator: whakapapa (Reilly, et. al, 2018). It matters not, what percentage a person is. If they can whakapapa Māori, then they are Māori. In the past there had been government regulations as to who can identify as Māori, such as quantities of 'blood', but today, there is a general consensus that if a person identifies as Māori, that is enough (Smith, 2012).

There are also people who have Māori whakapapa, but do not identify as Māori. This can be due to a number of reasons. These range from not being brought up with other Māori, having parents and/or grandparents who did not want to practice Māori processes or protocols, or having to deal with racism directed at them for being 'being Māori' (Cormack, Harris & Stanley, 2019) and choosing to go with the majority to avoid this. This shows that to identify as Māori there are actually two key aspects: whakapapa and self-identification as Māori (Reilly et. al, 2018).

Racism is racially based discrimination (Huria, et. al, 2014), and is defined into three areas by Jones (2000) as institutional, interpersonal and internalised. Institutional racism is systematic and is seen as 'normal', for example Māori inequities in health outcomes (Harris, Stanley & Cormack, 2018). Interpersonal racism is seen as prejudices against a person because of their ethnicity, for example a non-Māori colleague telling their Māori colleague that they should not do a karakia in the meeting as '...it takes too much time'. Internalised racism is an acceptance of racial stigmatisation by the person it is aimed at, such as a Māori teenager believing that she cannot attend university because not many Māori study at a tertiary level, and so she doesn't apply.

What is occupational therapy?

Occupational therapy is defined by the World Federation of Occupational Therapy (2012) as:

.... a client-centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement. (pp. 15).

In Aotearoa, occupational therapy or Whakaora Ngangahau represents the idea of reawakening, or restoring to health one's activeness, spiritedness and zeal (Hopkirk, 2013).

Whakaora Ngangahau was gifted by Te Taura Whiri i te Reo Māori / the Māori Language Commission in 2010. The translation was done by Hohepa MacDougall Kaiwhakamāori/Translator (Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa, n.d.).

Formal training in Aotearoa started in 1940 in Auckland and registration began in 1949 (Skilton, 1981). The first occupational therapist was Margaret Buchanan who worked at Auckland Mental Hospital (Skilton, 1981). The profession has developed since then and occupational therapists work across a range of areas in health, educational and social services (Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa, n.d.).

The first school of occupational therapy was at the Central Institute of Technology, based in Wellington. The last occupational therapy student to graduate from there was in 1992, after it was announced in 1989 by the Minister of Health that occupational therapy training will be moved to Auckland (Upper Hutt City Library, n.d.). Nowadays there are two institutions that provide the qualification of a Bachelor of Health Science (Occupational Therapy). These are Auckland University of Technology and Otago Polytechnic. There is a satellite school of Otago Polytechnic at Waikato Institute of Technology in Hamilton. This Bachelor degree is done full time over three years. It consists of class/theory and also placements which is practical work. The papers consists of (not limited to) lifespan and development, occupational practice, anatomy/physiology and fieldwork placements (Auckland University of Technology, n.d.; Otago Polytechnic.n.d)

Occupational therapists in Aotearoa are registered health professionals and practice under the Health Practitioners Competency Act 2003. This Act requires health practitioners to be competent and fit to practise. Having trained as occupational therapists they are engaged in the Continuing Competence Framework for Recertification which requires that they access regular supervision and mentoring (Ministry of Health, 2014).

Research overview

Due to the low percentage of registered Māori occupational therapists, and the continued need for occupational therapy in Aotearoa, there needs to be more Māori choosing and completing study in occupational therapy. The thesis aims to investigate: What are the experiences of Māori selecting and completing an occupational therapy qualification in New Zealand? This is to see if there are areas that can support the workforce development of Māori occupational therapy.

A critique of workforce development of Māori occupational therapy in Aotearoa is provided in this research, specifically focused on the recruitment of Māori students and them completing the occupational therapy programme. There have been ongoing issues with being able to recruit and retain students in occupational therapy (Te Rau Matatini, 2009). There is a lack of research specific to Māori occupational therapy and so this research hopes to continue the work that was started by my predecessors. It is important that Māori are given the opportunity to choose occupational therapy as a career. It is even more important that Māori are able to receive culturally appropriate occupational therapy.

Kaupapa Māori theory informs and shapes this research. The theory comes from mātauranga Māori, the knowledge and experience of being Māori (Pihama, 2010). Kaupapa Māori research takes into consideration key cultural values, customs and protocols that ensures that the research process is culturally safe for Māori. The outcome of Kaupapa Māori research is on how it will contribute to advancing Māori aspirations (Moewaka-Barnes, 2000). This research provides a Māori perspective on the process of choosing and completing study in occupational therapy.

In this qualitative research seven Māori occupational therapists participated in semi-structured interviews that were based on questions about how they chose to study occupational therapy and the experiences they had while studying. These Māori occupational therapists studied in Aotearoa and self-identified as Māori. The stories were then analysed using a Pū -Rā-Ka-Ū method of analysis to determine three connecting themes. These are then discussed in the context of the research question and the relevant literature. Feedback and ongoing consent was sought throughout the research to ensure transparency. An advisory whānau was also used to ensure the researcher adheres to tikanga expectations and is mindful of the political influence the research may have.

The positioning of the researcher

My personal and professional experiences have influenced this research. I am a Māori occupational therapist. I completed occupational therapy study at one of the tertiary institutions in New Zealand. This means that I have my own experiences in choosing and completing occupational therapy in New Zealand. This positions me in a unique way as I may connect on a different level than if the research was done by someone else.

This thesis arose from my experience as a Māori occupational therapist. I was interested in how other Māori occupational therapists chose to study as I did not know that occupational therapy existed six months before I studied. It was from talking to my Uncle, who inspired me to be an occupational therapist as I felt that it resonated with my own beliefs about health and wellbeing. I then enrolled and began studying it the following year. While doing the study, I had been supported culturally in some situations and not in others. I wanted to see if other Māori occupational therapists had a similar experience, and if so, then what could be done to enhance or minimise them.

I have many roles that I hold as a registered occupational therapist while doing this research. The ones that directly relate are the following:

- Co-coordinator of Māori occupational therapy peer supervision for the Upper North Island
- Clinical supervisor for Māori occupational therapists
- Academic supervisor for Māori occupational therapy postgraduate students
- Teaching assistant for Māori Health papers at Auckland University of Technology (AUT) that occupational therapists can elect
- Co-President tangata whenua of Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa
- Co-chair of the Occupational Therapy Key Strategic Stakeholders
- Member of the AUT advisory committee for the department of occupational therapy

Thesis organisation

The next chapter, the literature review, looks at Māori health and Māori occupational therapy workforce development. Chapter Three looks at the methodology, Kaupapa Māori theory and Pūrākau, a form of narrative inquiry used in this research. Chapter Four covers the analysis of the stories and illustrates this using the concepts of Pū, Rā, Ka and Ū, a new analysis method developed specifically for this research. Chapter Five discusses the three connecting themes and uses the metaphor of the Miro tree to explain the interconnectedness. Chapter Six then concludes the research and highlights key recommendations for the OT sector that could make a significant difference in the recruitment and retention of Māori OT students.

This research will use Māori and English vocabulary. I acknowledge that my first language is English and I am on a journey of being able to speak te reo Māori fluently. I will give brief

definitions for less common te reo Māori words. Please note that these will be the definition that I have been taught and is not exhaustive.

The use of occupational therapy and occupational therapist will be used profusely throughout this thesis. For the flow of the writing and ease for the reader, occupational therapy/therapist will be used once in a paragraph. If it is used again in the same paragraph, it will be shortened to OT. This is not to minimise the importance of the word occupational therapy and no disrespect for occupational therapy is intended.

Chapter 2: Literature review

E koekoe te tūi
E ketekete te kākā
E kukuk te kererū
The tūi chatters
The parrot gabbles
The wood pigeon coos
It takes all kinds of people....
Māori whakatauki

Introduction

This chapter looks at the context of Māori occupational therapy. Firstly, it gives a brief overview of how colonisation has impacted Māori health in New Zealand society. It then branches out to look specifically at Māori occupational therapy, providing some definitions and summarising research that has already been done in this area. It then moves into workforce development: what has been done and what the aspirations are. It will then conclude by critiquing this literature and show why there is a need to increase the number of Māori occupational therapists.

Māori health in New Zealand society

To understand what is happening today for Māori health, we first need to look at how we got here. First, we must understand how Māori see health. Mason Durie (1994) was one of the first Māori to develop a model of Māori health that could be understood by Pākehā. Te Whare Tapa Whā is still used today, more than thirty years after its development. It explains that there is more to health than the physical and mental parts of a person, showing how equally important spiritual and social health are. It does this by using the metaphor of a whare/house and depicts the four walls that make the house strong, as the four components of health for a person. These four walls of health are taha tinana (physical health), taha hinengaro (mental and emotional health), taha whānau (family/social health) and taha wairua (spiritual health). The concept is that all four walls of a person's health need to be strong for the person to be well and healthy. In 1991 Rangimarie Turuki Pere (1991) released a book that outlined Te Wheke, another Māori health model that showed the link between all the connections we

have as people with each other, the spiritual world and physical world. This model is represented as an octopus (Te Wheke) and each of the tentacles and the head, represent a health component of a person and their environment. It promotes that in order for a person to have health and wellbeing, all parts need to be strong. In recent times, other models such as Elder's (2013) Te Waka Oranga and Rangihuna et al.'s (2018) and Mahi a Atua pūrākau are used as a pathway of healthcare.

As previously outlined in Chapter 1, Māori lived in Aotearoa for hundreds of years before the British arrived. Soon after the signing of te Tiriti o Waitangi, colonisation began. The basis of colonisation is that one culture believes that they are superior than another culture, and so feel that they can impose their beliefs, values, and ways of life upon them. The fundamental premise to this 'superiority' is racism. This then infiltrates into all the institutions, laws and policies that are developed under a colonised regime. Institutional racism has been evident in the British colony, New Zealand, through 170 years of sustained negative outcomes for Māori, in health, justice, education and mortality. Te Tiriti o Waitangi was signed with the understanding that it would mean there would be a partnership of power. The British did not adhere to te Tiriti o Waitangi and so began taking power and control over the country. Their imperial beliefs, thoughts and actions led to a British dominated society. Monocultural systems do not work for Māori (Jungersen, 1992). It has been proven, year after year, that the health of Māori continues to struggle, which strongly indicates that the health system, *"...has not sufficiently ensured good health outcomes for Māori or enabled effective Māori participation"* (Waitangi Tribunal, 2019 p. 18).

Racism is not only prevalent in institutional systems it is also passed down, from generation to generation: that European culture is superior (Jungersen, 1992). The ongoing colonisation of Māori continues to this day (Waitangi Tribunal, 2019), from how our kids are taught in mainstream schools, the type of health assessments used (Jeffery, 2005), to how the media portray Māori. It is a daily reality for Māori to be told what they are, rather than them being able to define who they are (Ramsden, 1993)

For a number of years, the majority of New Zealanders have seen themselves as being free of racism and conflict (Jungersen, 1992; Laidlaw, 1999). There have been some key events that have challenged this view. One being the anti-apartheid demonstrations surrounding the 1981 Springbok Rugby Tour (Jungersen, 1992), and more recently, the 2019 terrorism attack in Christchurch by a white supremacist (Pihama, 2019). The surprise and disbelief that this could happen in New Zealand spread through the land. A number of Māori and anti-racism activists were not surprised: they had seen racism deep within society for a long time (Hayden, 2019).

Jungerson (1992) makes it clear that responsibility for the wellbeing of Māori is not solely on Māori. The agreement made between the British Crown and Tangata Whenua has not been upheld specifically, “*Māori rights to control the natural resources of New Zealand and their own culture, language and traditions; nor the promised political autonomy was honoured.*” (Jungersen, 1992, p. 745). These grievances have manifested into the statistics that indicate Māori have been disadvantaged repeatedly since the beginning of colonisation, starting with the confiscation of land, trauma on whānau, restricted political power, mono-cultural institutions (Waitangi Tribunal, 2019) and the “*racialised nature to access goods, services and opportunities*” (p. 76, Bécarea, Cormack & Harris, 2013).

The latest research on institutional racism in healthcare done by the Waitangi Tribunal (2019) show that the accumulative effect of colonisation are the cause of the uneven social determinate of health for Māori. It is the everyday decisions that people in positions of power make, that can either enforce or combat institutional racism (Came & McCreanor, 2015). Occupational therapy institutions and curriculum are strongly influenced by Western culture (Jeffery, 2005) which will impact what is included or excluded in teaching cultural competency. Jungerson (1992) states that the development of bicultural practice will allow learnings to occur that will enable multicultural practice. This means that there is a need for reflection on the self and on the impact of political history on the health and wellbeing of Māori (Ramsden, 1994; Jungerson, 1992; Russell, 2011).

To summarise, Māori continue to be marginalised due to colonisation. It is shown through the health statistics that indicate that Māori struggle to access adequate health services. There are a number of Māori academics and practitioners who have shown how to work with Māori, by developing Māori health models of care. It seems that many health professionals still have room to develop their practices with Māori in culturally competent and meaningful ways. If they did, it would be a key aspect to improve health inequities and Māori would be as healthy as their Pākehā counterparts in Aotearoa. Adhering to *te Tiriti o Waitangi* is the way forward to ensure the partnership is respected, and there is a sharing of power and resources to enable health services to provide equitable care for all.

Māori occupational therapy

To get a clear picture of what is going on for Māori occupational therapy in Aotearoa, we need to find out what a Māori occupational therapist is and the context of occupational therapy.

The Māori occupational therapist peer supervision is a platform for Māori occupational therapists to discuss issues, reflect and support each other. There have been discussions at

this forum about what it is to be a Māori occupational therapist. Fellow Māori OT, Wilson (2010) contemplated the question: *“Are you a Māori occupational therapist or an occupational therapist who is Māori?”* (p. 11). The question has been posed in several peer supervisions. After reflection and feedback from others, Wilson was able to be firm in his stance: Māori first. Davis (2010) stated *“Like many Māori occupational therapists, I have combined what I have learnt at occupational therapy school with what I know as Māori, which make the way I practice as an occupational therapist uniquely Māori”* (p 11). This appears to be the general consensus amongst Māori OT’s, as clearly stated by a senior Māori OT, *“A Māori occupational therapist is, first and foremost, Māori.”* (Jacob Tahitahi, personal communication, 4 June, 2016).

Wilson (2010) also described that there is a place where Māori perspectives work with occupational therapy. One of these is that they both have a holistic perspective on health and wellbeing (Jeffery, 2005). It is also one of the few health professions that has spirituality at its core (Townsend et al., 2002). It aligns with Māori models of health.

Jungerson (1992) outlined that occupational therapy in New Zealand lacks a socio-political dimension that could assist in developing culturally appropriate occupational therapy for Māori. She highlighted that occupational therapy is developed by a Western perspective and this monoculturalism does not work for indigenous peoples. For a number of Māori occupational therapists, they have grown up bicultural. This allows Māori OT’s to be able to navigate two worlds: Te Ao Māori and Western society. They enable practices to be tailored for Māori clients, who may have been brought up this way as well.

Jungersen (1992) names that culture is made up of two parts: the non-material and the material world. The non-material world is the beliefs, attitudes, values meanings of everyday life and is what some Māori call kawa and tikanga. The material world is made up of artefacts, such as crafts, and actions. Māori occupational therapy can then be seen as enabling occupations that “can mediate between the inner and outer worlds of a people.” (p. 747). This is also called kauae runga and kauae raro (personal communication, B. Emery, 22 August 2019). This means that occupations such as weaving harakeke, carving, singing waiata, te reo, gathering and cooking kai, karakia and doing kapahaka, are ways of strengthening Māori identity, as they are an expression of cultural values and beliefs.

The Occupational Therapy Board of New Zealand (OTBNZ) identified in March 2019 that there are 150 registered Māori occupational therapists (M. Kenning, personal communication, 17 April 2019). All OT’s who register have to self-identify their ethnicity annually. There are 3,663 total registered OT’s in Aotearoa and so that means 4.1% self-identify as Māori. Please see Table 1 and Figure 1 for more details.

Table 1

Demographics of registered Māori occupational therapists 2019

	Māori practitioners (n=150)	All practitioners (n=3663)
Average Age (years)	35.6	41.1
Average years since first registration (years)	8.8	14.0
Average age at registration (years)	26.8	27.1
Gender:		
Female	133 (88.6%)	3360 (91.9%)
Male	17 (11.3%)	303 (8.2%)

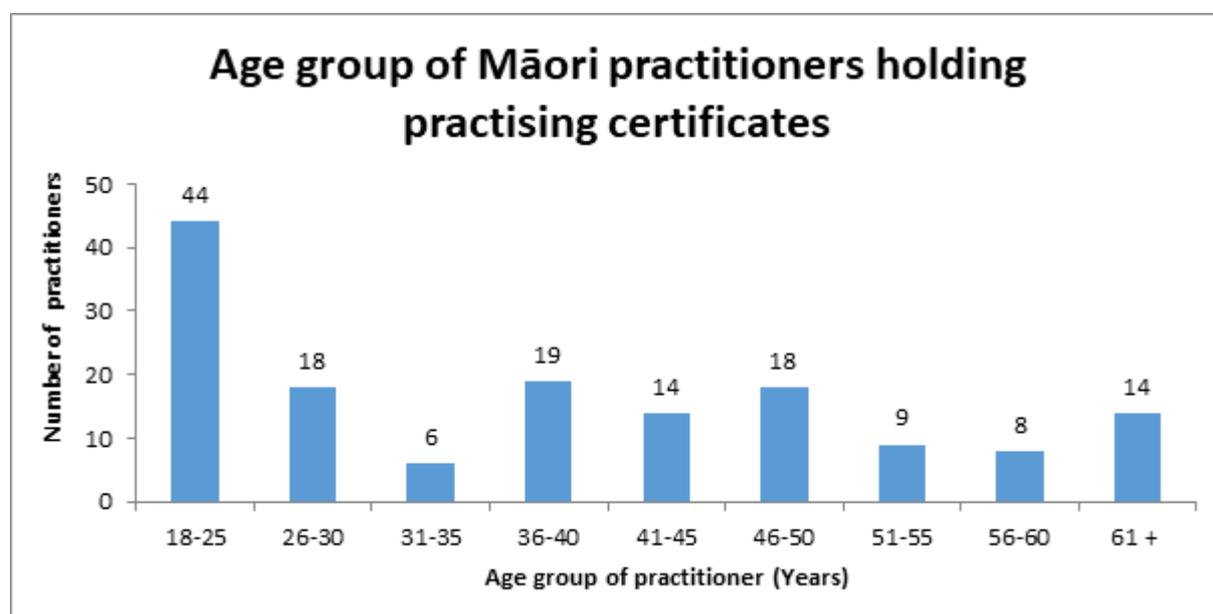


Figure 1

(M. Kenning (on behalf of OTBNZ), personal communication 17 April, 2019)

It is notable that the workforce of Māori OT's is young and the number is growing. This is reflective of the increase in the percentage of Māori in the occupational therapy registered workforce, from 2% in 2008 (Te Rau Matatini, 2009) to 4.1% in 2019 (M. Kenning, personal communication, 17 April 2019). Due to the lack of documentation, it is unclear when the first Māori occupational therapist graduated. It is known that there were three registered Māori OT's before the 1980's (Rātima et al., 2007). According to Jamieson's unpublished assignment with Auckland Institute of Technology (1988, as cited in Henare, 1993) there were 15 graduates in occupational therapy who identified as Māori by 1988.

Workforce development

Research specifically on increasing the number of and retaining Māori students identify a number of areas need to be looked at. McAllister et. al, (2019) state that there needs to be specific strategies on the recruitment and retention of Māori academics to reflect a true partnership. Ramsden (2000) recommends having core Māori health papers for all undergraduate degrees in health. Ratima et. al, (2008) state that there needs to be targeted secondary and tertiary education sector initiatives to increase the Māori health workforce to meet Māori health needs. Hayward (2012) found from current literature that there are four significant factors that need to be addressed to recruit Māori into tertiary study: academic preparedness, whānau engagement, the environment and finance. Curtis et. al, (2012a) state that having a positive Māori identity increases retention in tertiary study, and is key in achieving academic success (Tāhau-Hodges, 2010).

Over the last few decades there has been a number of workforce development initiatives implemented. Some have been recorded or published, others have been gathered through personal communication with Māori occupational therapists' who were involved. Silcock et al. (2016) reported that since 1992, there had been small rōpū of Māori and “*closely connected to Māori*” (p.10) occupational therapists who had been actively resisting the Western approach to competencies. In 1992 an article was published in *The American Journal of Occupational Therapy* by Māori occupational therapist, Kaja Jungersen (1992) called *Culture, Theory, and the Practice of Occupational Therapy in New Zealand/Aotearoa*. This pioneering article discussed that OT's in New Zealand need to be able to effectively meet the needs of Māori. She explains to be able to do this, a socio-political dimension needs to be used so that OT's are able to understand the impact colonisation and monoculturalism has had on the indigenous people: there needs to be a focus on biculturalism rather than multiculturalism.

Another key pair of articles about biculturalism and occupational therapy are published in *OT Insight*, a national monthly magazine from New Zealand Association of Occupational Therapy (NZAOT, now renamed as Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa (OTNZ-WNA), by Dianne Henare (1992; 1993). These articles looked at why OT's need to fulfil the requirements of *te Tiriti o Waitangi*. To do this the therapist needs to look at their own cultural background and how this impacts their practice. Part two then describes how to practice biculturally. These articles by Jungersen (1992) and Henare (1992; 1993) were foundational in letting the occupational therapy profession know that changes need to be made to be able to provide tailored OT to all New Zealanders.

After the early nineties, a number of significant events occurred for Māori occupational therapy but have not been published or there was difficulty in accessing information, and so there has been a number of personal communications that have informed this thesis. In 1997 Auckland University of Technology began a 'Māori development team' where two Māori occupational therapists, Isla Whittington and Jo Kingi, shared a 0.3 FTE position (I. Whittington, personal communication, 6 September, 2016). This role was developed to help with the retention of Māori students. It also led to teaching staff about *te Tiriti o Waitangi*, putting together a mana whenua advisory board, tutoring and conference work. The role was then filled with a kuia from mana whenua (Ngāti Whātua). After that it was filled by two more Māori occupational therapists, Jacob Tahitahi and Karen Below. This role ended in 2001 and since then no Māori OT's have been employed by the school (personal communication, D. Sutton, 6 September 2019). There have been several Māori advisors who have supported with teaching and content development over the years as well (personal communication, D. Sutton, 6 September 2019).

The first Māori occupational therapists employed by Otago Polytechnic was Kaja Jungersen from 1991-2000. Since then there has been four other Māori OT's employed: Kristie Carpenter, Karen Molyneux, James Sunderland and Sharon Bryant (the latter two are current employees). It has also been noted that there have been a number of mana whenua (Kai Tahu) who have been employed to teach occupational therapy students (personal communication, J. Sunderland, 4 September 2019).

The latest research about Māori academics teaching in Universities in Aotearoa (McAllister et. al, 2019) reports, that even though there have been equity policies put into place at various Universities, this has not translated into more Māori lecturers. They claim that the Māori academic workforce is approximately 5%. From this statistic, it shows that Otago Polytechnic is above the average, by having two of their staff identifying as Māori. Whereas

AUT seem to be below the average of having no Māori academics currently employed in the OT school. This is despite McAllister et. al's, (2019) research specifically showing that the number of Māori academic staff has been increasing over from 2012-2017.

The first two national Māori occupational therapy hui were hosted by the OTBNZ in 2000 and 2001. They were attended by the OTBNZ board members, NZAOT council, Māori consumers, the two heads of school, Māori occupational therapists and non-Māori OT's: over 100 people in total. There were four Māori OT's that attended these hui: Jacob Tahitahi, Kaja Jungersen, Isla Whittington and Tui Nuku (I.Whittington, personal communication, 6 September, 2016). There was a lot of work identified, but it was too much for the small group of Māori OT's. The work identified was management and governance, working on fieldwork, NZAOT's bicultural steering committee and OTBNZ Māori representation. By 2004 the aspirations that were named in the hui were not fulfilled, with only one seat on the NZAOT council being for Māori, the OTBNZ had still not made any changes and, the next hui had not taken place as agreed (I.Whittington, personal communication, 6 September, 2016).

Since 2004, regionally based peer supervision have taken place. This has been the main platform for Māori occupational therapists to discuss issues, reflect and support each other. Unlike other workforce development initiatives for Māori OT, this was an initiative that had been developed by Māori OT's, for Māori OT's, with no alliances with any particular organisation. The organisers, at times, would offer organisations to support it, where they could provide funding for kai or a space to meet. This independence has allowed it to be self-determining and creative in what it does. These peer supervisions are held sporadically at Māori OT's where, at the OT schools and Māori OT's workplaces. It has ranged in attendance from 3- 20 people. It continues to this day.

The Māori occupational therapy peer supervision has been a forum where Māori OT's have been able to reflect, share and give feedback. It is a space that Māori OT's feel comfortable being Māori, and feel safe to share concerns they have, which they may not have been able to do in their workplace setting. The Māori OT peer supervision also facilitates a place where relationships strengthen between Māori OT's. As with many Māori-specific groups, there is governance and political content as well. Some of the concerns brought up from peer supervision is a need to have an indigenous or Māori model of OT and a critique of the use of the word 'occupation' and what this means for Māori.

In 2009, the document *Te Umanga Whakaora Accelerated Māori Occupational Therapy Workforce Development* (TUW) (Te Rau Matatini, 2009) was funded by Te Rau Matatini (now Te Rau Ora, national organisation for Māori health improvement), endorsed by NZAOT and forwarded by Dame Tāriana Turia (who at the time was the Associate Minister of

Health). It was developed to support Māori OT and it was clear that it was not only for Māori OT's, but for all key stakeholders including: tertiary institutions, the regulatory board, government organisations and OTNZ-WNA. The information outlined in the document was under the guidance of a group of Māori OT's who were the 'reference group' (p. 3). The key link between Te Rau Matatini and the Māori OT's was Jane Hopkirk. This combination of organisations and people enabled a document that clarified what steps need to be taken to develop Māori OT. It has been the only research done specifically on Māori OT recruitment and retention.

TUW outlined three key sections: building a Māori occupational therapy workforce framework, building a Māori OT workforce action plan and pathways for action. The first section, the Framework, used He Kupenga (fishing net) metaphor to explain that there are multiple parts that are needed to make a strong net. This will then be used to provide sustenance and resources for Māori OT. These parts include: whānau ora, leadership, Māori development and advancement, building Māori responsiveness in 'mainstream', relationships and research, evaluation, review and measurement (p. 26-30).

The second section, the Action Plan, was split into three components: Recruitment and Retention, Cultural Competency and Best Practice (p. 31-40). Recruitment and Retention were based on increasing the number of Māori graduating as occupational therapists and how to keep them in the profession. This included promotion of OT in secondary schools and Māori specific events and how whānau can promote it to the younger members of their family as a career option. For retention, it focussed on professional development, upskilling and developing dual practice. The Cultural Competency component focussed on connecting Māori OT's, professional development, growth of a body of cultural knowledge in OT and establishing a cultural competency board adjunct to the OTBNZ. The Best Practice component looked at ensuring that practice needs to have the tangata whaiora at the centre, the use of dual practice, OT's who are able to use dual practice (using traditional and modern tools in practice) to share their knowledge, and the importance of research to inform best practice.

The third and final section, Pathways for Action, listed a number of different key stakeholders that will need information of what they can do. This ranged from students, whānau, occupational therapy graduates, Māori OTs and managers\leaders. It outlined three key points under each stakeholder: What organisations support you currently? What resources

are available for you and what initiatives are proposed in this plan for you? This gave links, contacts, and information of where each stakeholder can find further information.

This led to NZAOT publishing each monthly OT Insight magazine, in 2010, with at least one article by a Māori occupational therapist. In the December issue, Jane Hopkirk outlined all the contributors (Hopkirk, 2010). The topics included Kaumatua, cultural competence and safety, whānau relationships, cultural identity, the use of whakaora ngangahau, culture in practice, life in a Māori community, and how to continue Te Umanga Whakaora. This was not continued as robustly after 2010 but has increased the number of Māori OT's publishing articles since then.

The Ministry of Health has put strategies and projects in place in order to recruit more Māori into the health field, such as Kia Ora Hauora (n.d) which provides information for youth on different career options in health, including occupational therapy. Ngā Pou Mana, an organisation developed to support Māori allied health professionals, has had occupational therapist as part of their board since 2007. Their ongoing hui is a place where cultural practice is developed, shared and learnt (Ngā Pou Mana, n.d).

In 2015 the OTBNZ released new practice competencies for occupational therapists. This was after strong recommendations from Hopkirk (2010) and Te Rau Matatini (2009) that the competencies need to be re-written. It reduced the competencies from seven to five, with one of the biggest changes being that there was a specific competency called *Competency Two: Practicing appropriately for bicultural Aotearoa New Zealand* (Occupational Therapy Board of New Zealand, 2015). This meant that all registered OT's in Aotearoa/New Zealand would have to ensure that they have to set goals, work towards these goals and reflect on their ability to practice in this way. This also impacted OT's who come from overseas to Aotearoa, who have to ensure they are able to adhere to this competency as well. Part of the consultation process was with Hon. Tāriana Turia who stated that having *Competency Two* was a brave way of addressing health inequalities for Māori (Occupational Therapy Board of New Zealand, 2015). It was also supported by acting Director of General Health, Dr Chai Chuah, who said that the Ministry of Health would support it as it is a priority to address Māori health (Occupational Therapy Board of New Zealand, 2015).

The Treaty Relationship Governance model (TRGM) was passed at the OTNZ-WNA 2016 AGM (Anderson, 2015) as a bicultural governance model. This had been developed by the council since 2014, with the guidance of tikanga advisors, Whaea Iris and Matua Weretā Pāhau, who have specialised in Treaty Governance Relationship Models, along with the leadership of Karen Molyneux, the President 2013-2017 (Occupational Therapy New

Zealand Whakaora Ngangahau Aotearoa, n.d b). As outlined on the OTNZ-WNA website (Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa, n.d.) the TGRM uses the intention of *te Tiriti o Waitangi* of equitable responsibility. This means that the council is made up of three tangata whenua members, three tangata tiriti members and two World Federation of Occupational Therapy (WFOT) delegates. Presidency is shared, with one tangata whenua and one tangata tiriti. The aim of having this at a governance level is that it will then be implemented into the operation of the OTNZ-WNA. One example of this is that any subcommittees will also have 50/50 composition of tangata whenua and tangata tiriti members. Another example is the Tangata Whenua Hui, which has been held since 2017. This provides an annual Hui for Māori occupational therapists and Māori OT students to network, share experiences, identify leadership opportunities and take part in professional development on Marae.

At AUT since 2011 there has been 60 Māori students who have graduated with a Bachelor of Health Science (occupational therapy) degree (personal communication, G Roberts, 15 August 2019).

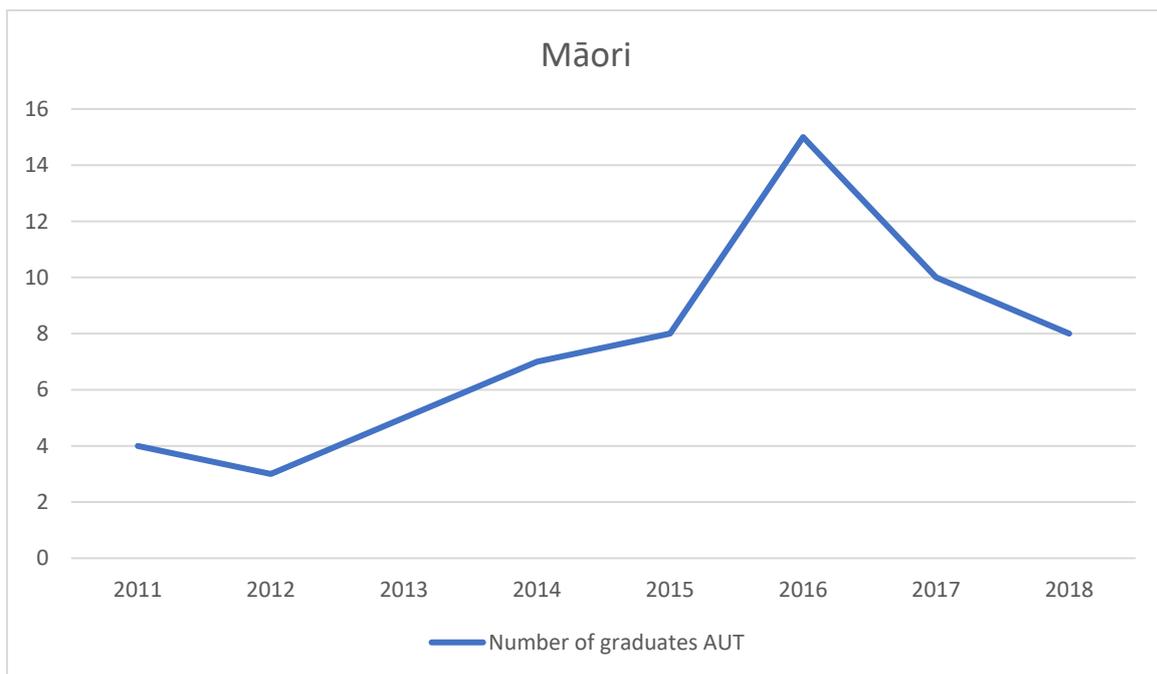


Figure 2 Māori graduates from Auckland University of Technology

(G. Roberts, personal communication, 15 August 2019)

This shows that there has been a steady increase of the number of Māori OT students completing study in occupational therapy at AUT. The last two years is showing a decrease. It is important to know what percentage of the students are graduating once they begin their study in occupational therapy (see Figure 3).

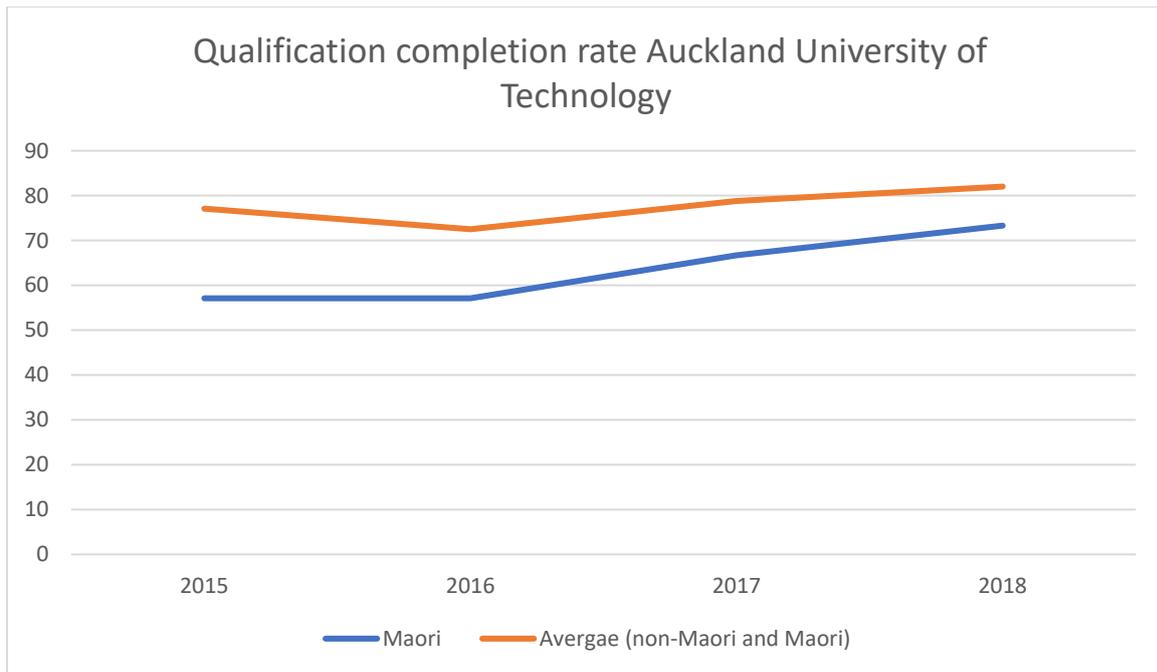


Figure 3 Qualification completion rate Auckland University of Technology

(G. Roberts, personal communication, 15 August 2019)

This shows that the retention rate of Māori students is approximately 63.55%. This is lower than the overall average retention rate of 77.6%. Equivalent full-time student (EFTS) is a measure to see how many students there are, over all the years of study. From this we can see how many Māori students there are compared to non-Māori.

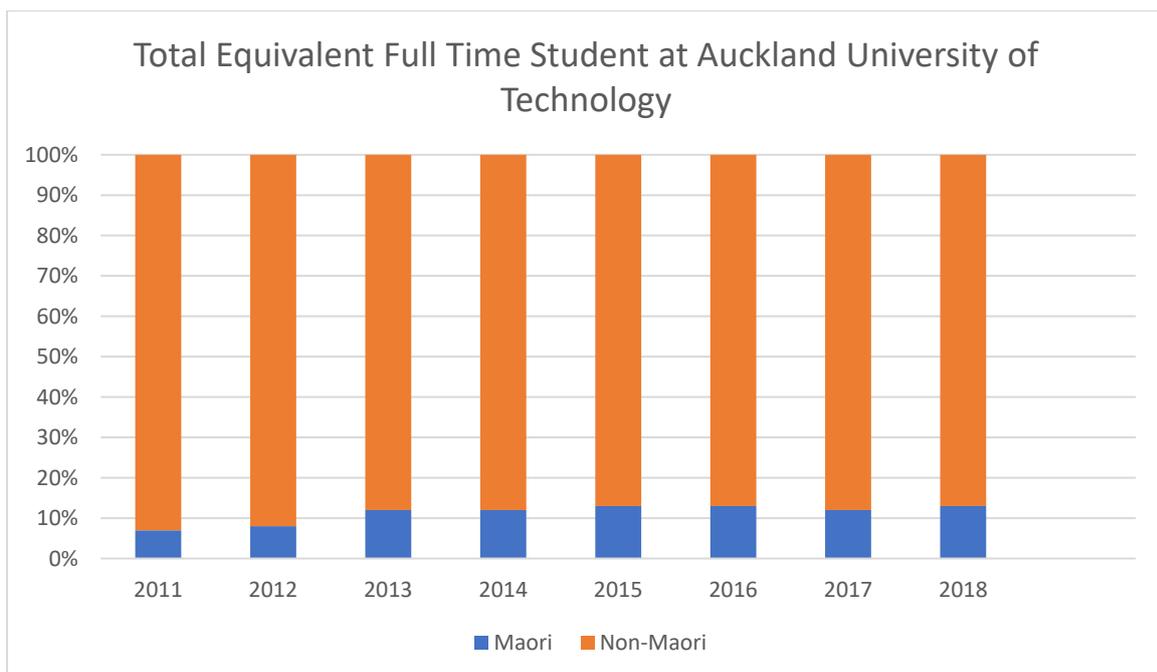


Figure 4 Total Equivalent Full Time Student at Auckland University of Technology

(G. Roberts, personal communication, 15 August 2019)

This shows that there is a slow, but steady increase in the number of Māori students at AUT.

Otago Polytechnic (2015) developed a Māori Tertiary Education Framework 2016-2018 which shows the on-going commitment with their Treaty partner, Kai Tahu, whom they have a memorandum of understanding with. In 2016 and 2017 the occupational therapy degree had more than 30 Māori EFTS and had a completion rate of over 80 per cent (Otago Polytechnic, 2016; Otago Polytechnic, 2017). These were the only statistics specific to OT in these documents. Raw data, provided by the Department of Information Systems and Support Dunedin was analysed. The following figure is my own analysis of this data.

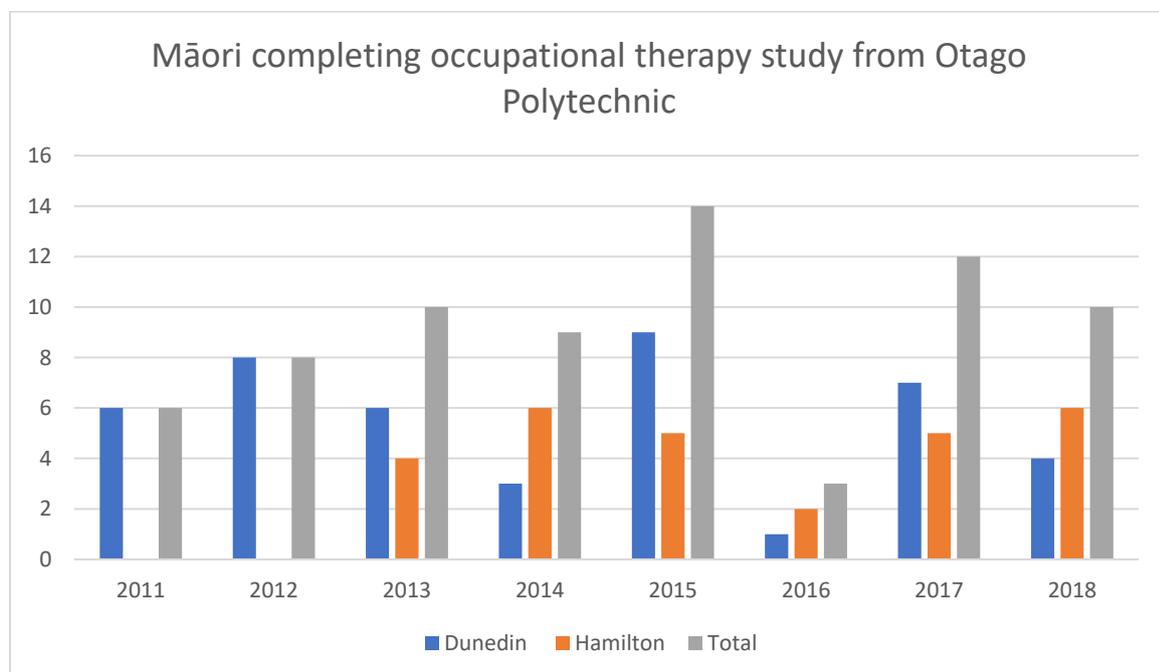


Figure 5 Māori completing occupational therapy study from Otago Polytechnic

(M. Forbes, personal communication, 17 June, 2019).

These statistics show that there has been a steady increase in the number of Māori completing their study in occupational therapy, and then a decrease since 2016. It seems that the two occupational therapy schools in Aotearoa have been steadily increasing their numbers of Māori completing the study and graduating. It is also noted that over the last two to three years that these numbers have been declining. The peak in 2016 for AUT and 2015 for Otago Polytechnic is interesting it is unclear what influenced the increase. It is noted that the YouTube video promoting occupational therapy to Māori was uploaded in 2011 (Kia Ora Hauora, 2011) and the release of *Te Umanga Whakaora* in 2009 (Te Rau Mataini, 2009).

The need for Māori occupational therapists

Occupational therapists can greatly influence a person's rehabilitation progress. The Ministry of Health (2016) regards OT as one of the most stable professions of the allied health workforce with its consistency in numbers in the profession, which are steadily increasing. With one in four Māori having a disability (Statistics New Zealand, 2015) in Aotearoa, it is imperative that they receive the best service. An OT who is able to understand Māori culture and provide a culturally safe service is essential in engaging Māori in the health services they need (Gray & McPherson, 2005).

Along with the important task of recruiting Māori into occupational therapy, there is a more important task of ensuring that the career they are pursuing is culturally safe (Te Rau Matatini, 2009). Within the tertiary institutions that offer occupational therapy study, there are limited strategies of how to recruit and retain Māori students. There are scholarships and optional pathways to do papers focusing on Māori (Auckland University of Technology, 2017; Otago Polytechnic, 2017). Other stakeholders have started implementing strategies that may impact how seriously the tertiary institutions prioritise this. The Occupational Therapy Board of New Zealand (2015) revised the *Competencies for registration and continuing practice* and has included "Practising appropriately for bicultural Aotearoa New Zealand" (pp. 5). This should impact on what is taught at the occupational therapy school/department, which may impact on the retention of Māori students. OTNZ-WNA is the national association, and has implemented a 'Treaty Relationship Governance Model' (Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa, 2016) that in turn may contribute to creating a culturally safe environment for Māori and impact the retention of Māori in the profession.

Dr Lance O'Sullivan (2015) names it clearly that cultural competency is not only about not sitting on the table or touching someone's head: it is also about understanding the life of Māori. The conditions that Māori live with each and every day. Understanding the socio-economic issues in an empathetic way, rather than contributing and reinforcing institutional racism. Non-Māori occupational therapists will need to go through a journey of knowing themselves: their own culture, their own biases, prejudices to be able to work with Māori. The majority Māori OT's would have already been exposed to this world, from their own experiences of poverty, racism and/or bias, or know whānau who have been/are experiencing it. This gives them the knowledge of how to approach, interact and engage Māori in the health system.

If occupational therapy is to recruit more Māori into the profession, then it needs to make sure that it is safe for Māori to be in. This means that it needs to be a profession that not only supports Māori but ensures that they develop into the best clinician. For example, having support at the institutions, having adequate supervisors that can link the clinical and cultural aspects of their work, once practicing, being able to access this kind of culturally appropriate supervision be it clinical, cultural, peer, group, etc. Having opportunities for training that align with the way they practice and having opportunities to research and study papers that again align with the way they practice. This will not only contribute to the retention of them in the profession but allow the growth of the profession.

Reports from occupational therapists themselves, show that choosing this particular career pathway could be easily missed. This is because it is rarely promoted in colleges in Aotearoa, let alone in the general media. It is an unknown profession (Silcock et al., 2016) and is usually only known about if someone knows an occupational therapist or has received occupational therapy themselves or know someone who has. It was suggested in the *Health of the Health Workforce* report (Ministry of Health, 2016) that this could be due to many who choose a health career, including Māori, not knowing about OT.

Although there are strategies and initiatives implemented by the Ministry of Health and tertiary institutions, there continues to be a gap between the number of Māori health professionals and the need. Māori make up over 15.7% of the total population of New Zealand (Statistics New Zealand, 2017) and 17.3% are living with a disability (Statistics New Zealand, 2006). Whereas, only an average of 8.5% of the health workforce identify as Māori (Sewell, 2017) and 4.1% of occupational therapists identify as Māori (personal communication, M. Kenning, 17 April 2019). This research will contribute to existing knowledge of Māori recruitment and retention strategies generally, while specifying the issues in OT.

Jungerson (1992) states that “*evaluation and assessment of functioning are based largely on the sociocultural norms of a white middle-class population*” (p.745). This is fundamental to know when working with Māori. There can be three general world views: Western, Eastern and Indigenous (Royal, as cited in Cunningham & Stanley, 2003). Western culture views the relationship with God as external, Eastern views that one looks inwards and Indigenous views a seamless relationship with nature. People are part of nature and a common Māori view is that kinship ties are at the core of health, rather than occupations (Jungersen, 1992; Jeffery, 2005). This is also seen with other indigenous peoples around the world (Iwama, 2006).

Through the systematic marginalisation of colonisation, a direct link can be seen as to how Māori occupational therapy can be used to support Māori to be able to live as Māori and aspire to achieve. One of the impacts of colonisation is the loss of culture. This has been done in New Zealand in many ways, including the loss of language (Jungersen, 1992). Many people did not have the opportunity to learn or retain their language. Jungersen (1992) explains that culture is transmitted through language. This loss of culture and language means that there is a loss of occupations that are culturally important. OT is about enabling occupations that are important to the person and their wellbeing. By being able to have OT's who are able to facilitate these occupations for Māori, then they will be able to do more than other health professionals. They will be able to start addressing the core of the issue of the health of Māori: colonisation and the loss of culturally specific occupations. Māori OT's are best placed to do this. By providing occupations that are grounded in Te Ao Māori, they will allow the "cultural maintenance, cultural transmission, and cultural development ... and this is especially important for people who have nearly lost their distinctive way of life through colonisation." (Jungersen, 1992, p. 747).

This is called de-colonising occupations.

Conclusion

To summarise, there are many reasons to be concerned about the health of Māori. Looking through the history of Aotearoa, it is clear to see that colonisation is the main cause of this. Non-adherence to *te Tiriti o Waitangi* has left Māori in a health system that does not address their needs. There are 150 registered Māori occupational therapists in Aotearoa, which is 4.1% of the total number of OT's (personal communication, M. Kenning, 17 April, 2019). This is not enough if we are wanting to ensure that Māori have a choice of what health services they need. Māori occupational therapists are clear that they are Māori first, and it gives them the ability to work with Māori whānau in a bicultural way.

Workforce development initiatives have been implemented over the years, some have been able to be sustained, while others have not. *Te Umanga Whakaora* shows clearly what needs to be done by all the key stakeholders involved in Māori occupational therapy, but only some relevant outcomes have been achieved in the last 10 years. This research is significant in the area of Māori OT and hopes to support *Te Umanga Whakaora* by looking at other ways of attracting Māori into the profession and how to retain them.

Chapter 3: Methodology

We got to believe the world that we live in

We got to believe in the gifts that we are given

We got to stand up for the things we believe in

**All we be, Trinity Roots, Home, Land and Sea 2004*

Introduction

This chapter will outline the theoretical underpinnings of this research and how it was conducted. Firstly, it will introduce my understanding of kaupapa Māori theory and how it has been used in this research and the importance of an advisory whānau. It then explores narrative inquiry and pūrākau as the method of how the stories were shared which then leads to how these were analysed using the Pū-Rā-Ka-Ū analysis method. It will conclude with how ethics were applied that fit Te Ao Māori despite being in a Western tertiary institution.

Kaupapa Māori theory

Kaupapa Māori theory arose from Māori frustration when research was done about them, which rarely captured a Māori perspective or was useful to them (Smith, 1999). The early theories were developed in the 1970's and grew into an international movement of indigenous self-determination (Maaka & Fleras, 2005). It began in the education sector (Bishop, 1999), with a strong push by Smith's (1997) doctorate thesis, where he explored and presented that Kaupapa Māori can be used as an intervention to ensure that Māori culture is practiced with the dominant Pākehā society. It was about having a Māori-centric view rather than a euro-centric view.

Kaupapa Māori theory comes from mātauranga Māori: the knowledge and experience of being Māori (Pīhama, 2010). This was quickly taken up by Māori researchers as a theory to base their research on. It takes into consideration key cultural values, customs and protocols that ensures that the research process is culturally safe for Māori. The outcome of the research is focused on how it will contribute to advancing Māori aspirations (Moewaka-Barnes, 2000), as this had not been done well using Western paradigms of research. Over

time, different Māori researchers contributed to its growth and development, such as Smith (1999), Pihama, et. al, (2016), Barnes et. al, (2017) and Pihama, et. al, (2019).

Kaupapa Māori theory was chosen for this research because I am a Māori woman researching Māori occupational therapists. The history of research being done 'on' Māori is extensive and does not always show Māori aspirations and strengths (Smith, 1999), due to research historically coming only from a mono-cultural and colonial perspective. This meant that the development, implementation, and analysis of the research would be done from their perspective: not a Māori one.

There is a lack of research that has been done with Māori occupational therapists. By doing research that is meaningful and supports the aspirations outlined in *Te Umanga Whakaora*, my intention is that it will support the changes that are needed in the education and health sectors.

Kaupapa Māori research

Kaupapa Māori theory is the basis of Kaupapa Māori research. 'How' this type of research is done is not rigid, it acknowledges that there are different 'ways' of doing research. One of the main approaches is 'By Māori, with Māori, for Māori'. There is flexibility in the methods used to do this. The creative space allows Māori researchers to find what fits their area of research and it allows emancipatory potential (Smith, 1999). A fundamental part of this research is that it includes critical theory, which considers the social, historical and ideological structures that impact Māori. This can be seen as revitalising indigenous epistemologies and resisting the dominant colonising discourse (Bishop, 2014).

Moewaka-Barnes (2000 as cited in Kerr et. al, 2009) has key points of what Kaupapa Māori research needs to focus on. These are a useful checking tool to ensure that this research keeps true to the intention. The first point is that the research is by Māori, for Māori, meaning that the researcher needs to use the context, ideas and practices of being Māori in the research. For example, engaging in a way that best fits Māori needs, wants and expectations. The second point is that it has the premise that Māori worldviews are the normative frame. This means that it is to challenge the western ideas of research and be transformative to further the wellbeing of Māori. The third point is the research is for the benefit of Māori. This means that the research must be collaborative in nature, in the best interest of, and is accountable to Māori (Moewaka-Barnes, 2000).

This thesis will emphasise how the commonalities of Māori occupational therapists can positively influence future recruitment and retention of Māori OT's. The main aim is to ensure Māori receive the best OT, by having OT's who are clinically, politically and culturally competent (Gray & McPherson, 2005; Hopkirk & Wilson, 2014; Jungersen, 1992). Their ideas of how to recruit and retain more Māori into the profession will ensure that efforts put into this, will be used wisely, as the realities of Māori entering the workforce will be known.

This research has treated the stories of each Māori occupational therapist who has contributed as taonga. It meant that the pūrākau they have shared, is treasured, as they are passing on knowledge that people can learn from. Their stories are important and need to be heard (Smith, 1999). All the Māori OT's that took part in the research showed passion about OT, Māori, health and whānau. This reinforces how important it is to have Kaupapa Māori research.

Advisory Whānau

Navigating te Ao Māori and Western systems was also needed in this research. For example, my supervisor does not have Māori whakapapa and self-identifies as Pākehā. I describe my supervisor as someone who has a deep understanding of inequity and how this impacts Māori and the land that we live in. She uses this to challenge racism and to educate her fellow Pākehā people. She supports me to navigate the mainstream tertiary institution system. Her understanding of this allowed me to develop this research in a way that is acceptable for Māori and non-Māori paradigms. She strongly suggested that I surround myself with support people who can guide me in te Ao Māori as she was unable to do this. This led to establishing an Advisory Whānau.

The function of the Advisory Whānau was to ensure that the research adheres to tikanga expectations and is mindful of the political influence the research may have. The advisory group consisted of a variety of people with different skills in tikanga, research, education, health professions and te reo, to give cultural, political and strategic guidance:

- Kaumātua, Matua Brian Emery: who has been involved with Māori occupational therapy workforce development for several years
- Whānau/hapū representatives, Raymond Teihioterangi Davis, Donna Tahitahi and Joseph Tahitahi: who ensure I stay grounded and fulfil whānau expectations
- Māori OT/PhD candidate, Isla Emery-Whittington: provides specific feedback in regards to occupational therapy and Māori research considerations and expectations

- Māori psychologist/Doctorate, Dr Rebecca Wirihana: provides feedback specifically on methodology
- Māori OT/researcher, Jane Hopkirk: provides the 'big picture' overview in regards to Māori occupational therapy workforce development national plan
- Indigenous OT/researcher, Chontel Gibson: provides a critical lens from an international indigenous perspective

This rōpū ensured the research journey adhered to these ethical considerations and provided critique. An example of this is when there were some concerns raised by the Advisory Whānau namely to do with the ethics, a representative from the advisory group supported me in a meeting with my supervisor. Wirihana (2013) highlighted that it is important to have multiple feedback systems to ensure the research is tika and Hudson (2010) reiterates how important it is to have robust discussions with Māori when dealing with ethics.

Pūrākau and Narrative Inquiry

A number of occupational therapy researchers identify that in terms of the hierarchy of research evidence, OT struggles to fit in with what is classed as 'good evidence'. OT aligns closer to qualitative research rather than quantitative research like randomised controlled trials, as OT is client-centred and is focussed on what is meaningful for the person and so seems to be more interested in the individual stories of the person and how to creatively develop interventions (Tse et. al, 2000; Pringle, 1996; Hammell, 2001; Jeffery, 2005). This research uses qualitative research methodology: Pūrākau and Narrative Inquiry. These will be explained followed by an explanation on how the combination of the two creates an 'interface of knowledge'.

Narrative Inquiry

Before the written language, all ethnic groups used storytelling or narrative as a form of transferring knowledge (Hall, 2015). It was a universal way used to share knowledge. Freedman and Combs (1996, as cited in McTighe, 2018)) have suggested narrative theory is a social constructionist perspective that leads to four key ideas: *"(1) Realities are socially constructed. (2) Realities are constructed through language. (3) Realities are organized and maintained through narrative. (4) There are no essential truths"* (p. 22). This shows that

narrative theory allows the researcher to explore these 'truths', as there are more than one.

Narrative inquiry moves the questions from 'what happened' to 'how does it make sense to you?' (Byman, 2004). Narrative theory is based on the idea that storytelling is a way of sharing knowledge. This shows that narrative inquiry can be used to tell stories, reflect on these, develop new insights and see yourself in a wider context. This process will work well for the Māori occupational therapists in this research as it will be a chance for them to tell one of their life stories (Wirihana, 2012).

Pūrākau

Pūrākau fits under the realm of narrative inquiry (Lee, 2009). It is a traditional form of Māori narrative and was a way of sharing knowledge such as philosophy, history, cultural codes and practical day to day living (Lee, 2009). The use of storytelling kept Māori informed about their surroundings, it also wove people together through whakapapa by showing connections with nature and other iwi (Biggs, 1997). It originates from traditional methods of passing on knowledge. My grandfather defines it as "the origin story" (R. Davis, personal communication, 29 December, 2018) as does Walker (1990). Lee (2008) makes it clear that it is not only "*traditional*" (p. 43) but is also used in contemporary times about our experiences. Lee (2008) also names that it comes from the understanding that what one person experiences can represent others.

The validity of Pūrākau was never questioned by Māori until the Christian faith came into Aotearoa, as the missionaries were promoting that the stories from the bible were the truth (Walker, 1975). As Hinewirangi Kohu-Morgan (2018) pointed out at a conference "*Māori was written by Christians, for Christians.... so many words do not translate into what they actually mean*". As was the definition of Pūrākau. Since Pākehā arrived in Aotearoa with a written language, the colonisation process included transforming Māori key values, constructs and systems into Māori myths and legends (Walker, 2004; Lee, 2008).

This method is culturally meaningful, decolonises and is relevant when doing kaupapa Māori research (Hall, 2015). It has been used by several Māori researchers. Although it is a traditional way of passing on knowledge, it has only recently been used as a research methodology. Hall (2015), Wirihana (2012), Bishop (1996) and Lee (2005) have named that they hope their use of the Pūrākau method in research continues to develop with other Māori researchers: as it is a legitimate research method.

Interface of knowledge

Durie (2001) emphasises that when doing research with Māori we need to approach it in a way that aligns with the reality that Māori live in. The majority of Māori live in a world where there is a mix of cultures and paradigms; namely being Māori and Pākehā. Durie (2004) also carries on that indigenous knowledge can sit along with Western or Pākehā bodies of knowledge, as it can benefit all communities. That is through this 'interface' that new knowledge is created, that can be used for further development and for practical application. Pūrākau is still used today, as in traditional times, as it continues to be a way that Māori communicate day-to-day affairs and concerns of whānau, hapū and iwi (Hall, 2015).

Narrative theories are seen as strength based and allows the researcher to be able to work collaboratively with the storytellers in their analysis and interpretation (Bishop, 1999). This fits well with kaupapa Māori theory. Māori continue to use traditional knowledge that has been passed down the generations while simultaneously using contemporary knowledge to create "*new knowledge*" (Hall, 2015, p.135). It has been used in other research with indigenous peoples such as Wirihana (2012) as it not only contextualises experiences (Barton, 2004), but fits well with indigenous ways of sharing knowledge: telling stories. For Māori, Bishop (1996) states, narrative storytelling has been used to pass on knowledge for hundreds of years. Wirihana (2013) found that in her research that "*narrative research methods aligned practically and theoretically with kaupapa Māori based research*" (p. 210). These fit well as narrative inquiry focuses on the participants' personal experiences (Barton, 2004).

Finding Māori occupational therapists

Participants were recruited via advertising through the OTBNZ with purposeful sampling. It was interesting that the Māori occupational therapists who put their names forward, easily represented the demographic of the registered OT's in Aotearoa. Seven Māori OT's were recruited, which achieved data saturation. The inclusion criteria for this research were that they self-identify as Māori, are a trained occupational therapist, and had completed their study of OT in New Zealand.

The OTBNZ provided me with the latest statistics on registered Māori occupational therapists (personal communication, S. Ashworth, 22 June 2018). I was able to analyse these statistics and developed an idea of how to get a good representation. This is to ensure that there is representation of the Māori OT population. I did have more people than I

needed who volunteered and the ones who I did not interview were the ones who did not respond in time for the interviews.

The main areas to include in the sampling were gender, number of years practicing, place of study and age. From this data, it was calculated that to have representation of the population of Māori occupational therapists who are registered in Aotearoa. Table 2 shows the number of Māori OT's needed to ensure that it is a representative sample.

Table 2

Number of Māori occupational therapists needed for research

Factor	Number of Māori occupational therapists needed for the research (T=7)
Studied at AUT	5
Studied at Otago Polytechnic	2
Male	1
Female	6
0-4 years' work experience	2
5-9 years' work experience	2
10-14 years' work experience	1
15-19 years' work experience	1
20-24 years' work experience	1

Hearing the stories

The data collection process was inspiring and motivating. To hear the stories of these Māori occupational therapists, reaffirmed how important this research is. They were passionate, had numerous ideas and it seemed that they were sharing something very personal to them. This was a humbling experience, that they were open to sharing this with me and allowing me to share this in the thesis. I was able to use my own experience, as a fellow Māori OT, to adhere to cultural norms and expectations. By knowing the subtle communication styles, such as remaining humble in my approach, listening with interest, providing kai and sharing my own whakapapa and links to other occupational therapists contributed to the comfort of the Māori OT's. It was important to use these different strategies, so that they are able to be comfortable in sharing their personal stories (Hall, 2015; Benham, 2007).

Kanohi ki te kanohi (face to face) is a method that supports kaupapa Māori theory, which is the position of power as it allows the participant to retain control (Bishop 1996). This is a key in building trust and allowing the participants to share openly. By being literally *with* the Māori occupational therapist allowed a subjective approach and allowed me to see the passion each Māori OT had throughout the interviews and how important it was for them to share the story (Lee, 2008). It allowed the Māori OT and I to not only use verbal communication, but also physical, emotional, and spiritual. Hall (2015) elucidates that there are other ways of communication specific to Māori that allow the researcher to make important connections. As the stories become deeper more understanding is able to take place.

Whānaungatanga and kai was part of each interview and was a comfortable and easy process to follow. It allowed us to connect with each other in terms of whakapapa (personal, professional and social) which is essential in building relationships and trust (Wirihana, 2013). Three of the Māori occupational therapists already knew me, and for the remaining four, it was our first-time meeting. Even for the Māori OT's that I already knew, it was still important to have whānaungatanga as I was meeting them in a different role. Trust was very important to uphold so to maintain the relationship, not only through the research process, but also beyond it (Hall, 2015). These relationships will most likely continue for the rest of our careers, and/or lives.

It was up to each Māori occupational therapist to decide where they wanted the interviews to take place. The interviews were at a number of different places: the beach, the river, a cafe, their home and in a tertiary education setting. Semi-structured interviews were used to guide the interview process. This method allowed the Māori OT's to have ample opportunity to talk

about what was important to them, and still be able to contribute to the research. The interviews were mainly spoken in a mix of te reo Māori and English. The intertwining of the two languages showed the contemporary Māori reality and it does not impact the use of Pūrākau as a method, the purpose remains the same: to tell one's story from one's own experience (Hall, 2015).

The semi-structured interview questions focused on how the participant arrived at the decision to study occupational therapy, what supported them to complete the degree and, on reflection, what could have helped them more. Further questions asked during the interview were based on finding out about how culture, identity, policies, past education and support systems have impacted them. The last question asked what they thought would help to recruit and support Māori in studying OT. All of the questions were open-ended which supported the Māori OTs to share their experience.

Tuhiwai-Smith (2003) states that it is imperative for the researcher to engage in reflexive writing, where the researcher is constantly considering and analysing their experience of the research process, especially when doing in-depth interviews. This is to ensure that the researcher is decolonising the research process. An example of how I did this was by doing written reflections on my thoughts and feelings, discussing this with members of the Advisory Whānau, talking to my supervisor, taking part in indigenous research symposiums and conferences, and doing online and face to face training specifically for research students.

Part of the information given to the Māori occupational therapists was details related to access to support post-interview, if they felt they needed it. This was due to the nature of the interview, asking them to share their experiences, and this may bring up underlying issues. The information sheet outlined that they are able to access the Māori OT peer supervision network, to access their whānau and kaumatua and that AUT counselling services were available. It was reiterated by the Advisory Whānau that Māori specific supports needed to be made available which aligns with Kaupapa Māori research (Hall, 2015).

The data collection process was a humbling experience. It seemed that the Māori occupational therapists wanted their voice to be heard. Providing a space and time that fit with their cultural identity was key to them being able to share their story. By following the guideline of Kaupapa Māori research (Moewaka-Barnes, 2009) and weaving these in the contemporary setting of today, it allowed the flexibility needed to collect these stories.

Holding the stories

The interviews were audibly recorded, and notes were written. The interviews ranged from 60 - 120 minutes. This included an average of 25 minutes of greeting, whānaungatanga, questions/queries and signing of the consent form (refer to Appendix B)b.). The time it took for the interviews was not pressured. This aligns with kaupapa Māori research ethics, by ensuring the personal mana stays intact (Hudson, 2004). An example of Mana is explained by Royal (Ministry of Education, 2005) as it is when a power from the spiritual world comes into the physical world and is able to be expressed by a physical vessel (in this case a person) by where they can “*reach their ‘fullness’, reveal their deepest qualities and their ‘true’ character.*” (p.47). Allowing the participants to share as much as they want to about their experiences contributed to this happening. This commitment to actively listening to their story maintains the trust (Hall, 2015).

Following the interviews, I asked for consent to use the transcripts for the analysis. The transcripts were sent to each Māori occupational therapist by email and they gave consent by email. This ongoing consent process was essential to ensure that I was following an ethical process that aligned with kaupapa Māori: ensuring that the process is transparent as possible. The data collection and evaluation for this research was culturally driven. This is where whakapapa and manākitanga was important. The participants input is regarded as tapu and so is to be treated with high respect (Moewaka-Barnes, 2000). For example, this means that for it to be published, it needs to have the ongoing consent from the participants. It is their words that will be published and so will need to feel that it is portrayed in a mana-enhancing way.

Once the transcriptions were done the next step was to take out the collateral words, so that it was easy to read. Words like this were; ‘you know’ and ‘ahh’. This was purely to make the writing flow and was to not take away any mana from the Māori occupational therapists.

Pū-rā-ka-ū analysis

Once the audio part of the interviews had been transcribed verbatim, the Pūrākau analysis method (Wirihana, 2012) was used to find the themes. This analysis method separates the components of the word Pūrākau into pū, rā, ka and ū. It was used to show how Māori pedagogy impacts occupational therapy recruitment and retention. It is important that the interpretation of data needs to be done from a Māori perspective (Wirihana, 2012). By

following Kaupapa Māori research guidelines the Pūrākau method analysis ensures that the stories told will keep the 'voice' of the participants alive in the written text (Lee, 2005) and comes from a Māori view (Lee, 2008).

To understand this analysis method, it is useful to know the whakapapa. Wirihana (2012) stated:

Due to the work I was doing during this time I had an opportunity to wānanga with a kaumatua about his understanding and interpretation of pūrākau... Te reo Māori can be translated into English, yet most Māori words have a depth of meaning which can be difficult to capture in the process of translation. Māori words can be used to mean different things and can be broken into smaller components to represent a wider definition of its initial concept. For example, if the word pūrākau is actually broken down a composition of smaller Māori words are used to elaborate on its meaning. Each small word carries an inherent meaning in te reo Māori. Therefore, if the word pūrākau is then broken down it becomes pū-rā-ka-ū... When I asked this kaumatua what his understanding of pū-rā-ka-ū was the explanation he provided defined the meaning of pūrākau based on the following concepts; pū (source), rā (light, day, sun), ka (past, present and future) and ū (from within). Framing pūrākau in this way provided an extended meaning beyond the more commonly utilised meaning or translation such as myth, legend, stories and it was based on this translation that I developed pūrākau as a framework for my research analysis process. (p. 213)

Wirihana (2012, p. 232) used a diagram to explain how she used it in her doctorate research on *Ngā pūrākau o ngā wāhine rangatira Māori o Aotearoa The stories of Māori women leaders in New Zealand*. This diagram is summarised in Table 3 below:

Table 3 *Pū-rā-ka-ū Analyses Overview*

Wāhanga titles	Sections
<p>Pū (Source)</p> <p>Te pū o te rangatiratanga (The origins of leadership)</p>	<p>Ūkaipō: early childhood nourishment and protection</p> <p>Whakapapa: connecting with whakapapa</p> <p>Whānau: being guided by whānau expectation</p>
<p>Rā (Enlightenment)</p> <p>Mai i te wheako whaiaro ko te māramatanga (From experiences comes enlightenment)</p>	<p>Tohu wairua: spiritual symbols</p> <p>Ngā moemoeā: the aspirations of our people</p> <p>Mātauranga: education</p>
<p>Ka (Past, present and future)</p> <p>Ka hoki mahara kē haere ki mua (reflecting back so we can move forward)</p>	<p>Te ao hurihuri: environmental, social and historical context</p> <p>Ngā wāhine o te ao hurihuri: The changing nature of the roles of Māori women</p>
<p>Ū (from within)</p> <p>Kia ūtonu mai ki tō mana (Hold firm to your mana)</p>	<p>Kaha: strength</p> <p>Māia: bravery and capability</p> <p>Manawanui: dedication and persistence</p>

Development of Pū-Rā-Kā-Ū analysis

This analysis method is a novel approach that extends the work of Wirihana (2012). This development is so that it fits with the researcher and her iwi/hapū/whānau affiliations, the research conducted and for Māori occupational therapists. It is transforming the way analysis is done, to ensure that it is done in a way that fits within Kaupapa Māori research. To do this, I consulted with my Advisory Whānau including my grandfather, who is the patriarch of his family, to find out what these words mean for our whānau so that it can guide me in analysing the pūrākau.

In my grandfathers' words, this is how he views Pū:

The source of desire can come in many forms. One of the most important is whakapapa. It is important to know your whakapapa as that is your identity. Being able to identify where you are in your lineage allows you to see that you are part of a whole. It is like being a member of a forest. The first tree erupted from a seed and from there it spread to make a forest. It all started with one tree. It is important to know how we are connected through the generations, so we know where we belong. Being a member gives the focus of what you are meant to do. This comes from within: from the wairua. Everyone has an original script and it is the wairua that wants to help reveal this. It lets us know when we are not on track, this is when we feel uncomfortable, unsettled or unwell. Once the desire and focus has been identified, then the next step is to seek knowledge. The more that you think and develop this focus, it moves from being a dream and matures into being reality. The more you feed it, the more it grows. By spending time focussing on it, clearer it becomes and then a deeper understanding can be gained. (personal communication, R. T. Davis, 29 December 2018).

My grandfather's interpretation of Rā:

Tama-nui-te-rā is the sun: Ra for short. Nothing can grow without him. If there is no light in people's lives, then you cannot see what you are meant to be doing. Once there is enlightenment, then you know what to focus on. This provides wisdom and guidance on your path of life. It is through this enlightenment that we can overcome our struggles and mature. Again, it is the wairua that makes sure we stay on track. This emphasises that there is a meaning to all things: there are reasons as to why events happen. (personal communication, R. T. Davis, 29 December 2018).

Grandfather's understanding of Ka:

This is about time. It is about what you are going to do in the future and how the past influences what you are doing presently. It gives meaning to what you are doing. Time is intertwined and so by being aware of how the past impacts the present, it allows us to learn and then pursue our dreams and future goals. Our dreams are like a bridge, it will sit there, waiting for you. It could be said that our future has already been determined. As we go through time, we also go through trials. This helps us to grow and learn. By going through these, then this knowledge can be used to pass

onto others: like a teacher. If this is done, then our world will only get better and better. (personal communication, R. T. Davis, 29 December 2018).

My grandfather's words of Ū:

This is about the feeding babies so that they can grow. It is what we are taught as children that give us mātauranga and knowledge of what to do. So, when we have trouble, we remember the lessons and know what to do. It is the gentle sharing of truths from the kaumātua. This is the source of knowledge that becomes the sustenance for us to navigate through life. When people do not stay close to the whānau and hapū, then they can get lost. (personal communication, R. T. Davis, 29 December 2018).

This wisdom has been brought together in Table 4 which was used for the analysis for this research.

Table 4 Pū-Rā-Ka-Ū Analysis Method

Concept	Sections
Pū (Source of desire to be an occupational therapist)	Whakapapa <i>Being a member of a whole</i> Wairua <i>Growth, your gift starts to show</i> Dream <i>A dream that matures into reality</i> Seek knowledge <i>The focus, beginning of growth</i>
Rā (Inspirational experiences that provided enlightenment)	Māramatanga <i>Wisdom, mātauranga, growth and development, mature</i> Wairua <i>Meaning to everything, Show the path, Guiding</i>
Ka (past experiences that impacted future aspirations)	Moemoeā <i>Plans for the future, higher meanings</i> Pakari <i>Learnings from the past, mature, gives meaning to the present, teaching others</i>
Ū (the source of sustenance)	Mātauranga <i>Teachings, lessons, if retained then are stronger</i> Kaumātua <i>From elders, truths about life, help navigate</i>

There are some similarities and differences between the original Pū-rā-ka-ū Analyses method, in regard to the definitions of the words. This aligns with using concepts and knowledge from different iwi, hapū and/or whānau. For this research, my own whānau understanding will be used.

Interpretation of the stories

It was important that I felt immersed in the stories, and so listening to and reading the transcripts ensured that I did this. The first step in this was when the Māori occupational therapists were sharing their pūrākau with me. One of the Advisory Whānau reminded me of this, and to reflect on what I had heard. The next step was listening to the audible recording. This allowed me to hear parts that I did not focus on during the interview. It started the layering of the meanings of the pūrākau (Lee, 2005). The third step was to go over the written transcripts while listening to the audio, this was to make sure that they both aligned. The fourth step was to go over the transcripts again to start colour coding the themes that aligned with the Pū-Rā-Ka-Ū analysis method.

Within each of the four elements of the analysis method, there were a number of themes emerging. A metaphor was important to find, as this helped make sense of the themes. Lee (2005) asserts that the word pūrākau can be seen as the base of the experience, knowledge and teaching that the rākau need to grow. It was clear that the metaphor was a tree, and after consultation with different kaumatua in the family, it was decided that the Miro tree would best represent the knowledge found in this research. This will be elaborated on in the discussion in Chapter Five.

Ethical considerations

There were two sets of ethical considerations that I needed to adhere to: Kaupapa Māori research ethics and the Auckland University of Technology Ethics Committee.

Kaupapa Māori research ethics

A key part of Kaupapa Māori research is the ethics that underpin it. Within kaupapa Māori there are ethical considerations, *Te Ara Tika* (Hudson et.al, 2010) that need to be adhered to, so that the participants are treated in a culturally respectful way. These are based on kawa and tikanga. Kawa is the primary value that “*provide the foundation for the*

establishment of tikanga" (Hudson et al, 2010, p.2). Tikanga are the local or specific ways of expressing the kawa. Kawa and tikanga provide the cultural knowledge that has been developed over many generations that help determine what is ethical. They stem from the creation stories.

These ethical considerations for research are whakapapa, manākitanga, tika and mana. Each consideration is divided into three parts, ranging from minimum standards, good practice and best practice. The first consideration, whakapapa, is about building and maintain relationships throughout the research process. This was done by meeting face to face, sharing the results of the interviews and having ongoing consent.

The second consideration was tika, having a robust research design and validity. As this research was specifically about Māori, it was integral to have an advisory whānau to ensure that I adhered to cultural expectations and also used kauapapa Māori methods. The third consideration was manākitanga. This is about demonstrating cultural and social responsibility and respect. In regard to confidentiality, the Māori occupational therapists were given the option to have their name in the research or to have a pseudonym. My grandfather was used as an advisor through the process, especially with the analysis of the interviews.

The fourth consideration was mana, ensuring there is respect, dignity and justice throughout the research process. This is about addressing the power imbalance. This was addressed by providing koha for the time given by the Māori occupational therapists, being open and transparent in the process and engagement of mana whenua.

Western ethical considerations

There were four main ethical considerations from AUT. The first one was informed consent. For inclusion in the project, every Māori occupational therapist was asked to represent their informed consent in writing which was accompanied with an information sheet (see Appendix A and B). Ongoing verbal consent was sought throughout the research process.

The second consideration was the right to withdraw at any time, and for any reason, and that participant data will be destroyed. The third consideration was confidentiality and anonymity. The Māori occupational therapists were asked if they want their contribution to be anonymous or if they would like their name to be used. This depended on their preference. If they wanted to be anonymous then any identifying or sensitive information in the final write-

up was rephrased or eliminated to preserve their privacy and they chose a pseudonym. Permission was also sought by email to other occupational therapists named in the quotes by the Māori occupational therapists. They were asked if they would like to use their real name or a pseudonym. For organisations named in the quotes, this was kept anonymous as no consent was gained by these institutions.

The fourth consideration was to do no harm. An interview can sometimes be an anxiety provoking or even a traumatic experience. It was not expected that the interview would have such negative impacts; although, it was always a possibility. Therefore, participant information sheets detailed how AUT Health and Counselling Services can be contacted, contact details to access the Māori OT peer supervision network and to access their own kaumatua for support.

Finding the middle ground

One of the challenges of working in a mainstream tertiary institution was the merging ethics that align with kaupapa Māori and the university's ethical standards: walking between two worlds (Wirihana, 2012). There were five main challenges: confidentiality, how to ensure the Māori occupational therapists were in fact Māori, ongoing consent, managing existing relationships and locating myself in the thesis.

The first challenge, confidentiality, was about deciding the appropriateness of using the pseudonyms for the Māori occupational therapists or give the option for them to be named. After consultation with the Advisory Whānau, it was agreed that for some, there will be mana in naming themselves in the research, being able to own what they say. A key part to confidentiality is the use of whānaungatanga in the interview process. This was used to build relationships with the Māori OT, and to reduce power imbalances, by allowing the Māori OT to be the focus (Bishop, 1996).

The second challenge was how to ensure that each of the occupational therapists interviewed were in fact Māori and how to ensure that all Māori OT's have an opportunity to participate. The first part was addressed by having on the inclusion criteria that they have to self-identify as Māori, which was on the advertisement for participants. It was also addressed by having whānaungatanga at the beginning of the interview. This gave a chance to share whakapapa and pepeha. The second part was addressed by asking the OTBNZ to send out the advertisement to all registered OT's, not only the ones who identified as Māori when they registered. This was because there has been evidence that some people may not identify

their ethnicity on formal documents due to unconscious bias of others, which can lead to discrimination of minority groups, such as being indigenous (Williams & Mohammed, 2013).

The third challenge was having ongoing consent. It seemed that having written consent is suffice under the university's ethical considerations. To maintain the ethical consideration of whakapapa, after the transcriptions were written, they were sent to the Māori occupational therapists to give consent to use them. They were then sent chapter four: findings, to check that their input had been represented appropriately. Consent was also gained from other people whose names were mentioned as part of the pūrākau within the thesis.

The fourth challenge was managing existing relationships. Of all the seven Māori occupational therapists, I already knew three of them, and knew of one. This meant that I had established relationships. This seemed to be seamless, as it supported the ethics of *Te Ara Tika* (Hudson, et. al, 2010). The other side to this is that due to the small number of Māori occupational therapists in Aotearoa, there is a high chance that we will maintain our relationship through our careers. It will be at events like conferences, Tangata Whenua hui, employment where we may cross paths. This is where is was crucial to maintain the relationships in a respectful way, so it has minimal impact on future meetings.

The fifth challenge was locating myself in the thesis. I was taught in the research papers at university that the role of the researcher is to be 'objective'. I found this difficult as the research topic was intimately related to me in the many roles within Māori occupational therapy. It is through reading other Kaupapa Māori research that I realised that the notion of being an objective and neutral researcher was impossible (Pihama, 2001; Lee, 2008), and so I accepted that because of my knowledge and experience as a Māori OT, I will view this research in a subjective and personal way. The way that I navigated this as a researcher was having reflexive processes such as talking to my supervisor, Whānau Advisory group, read other Māori researchers reflections and talked to other Māori OT's.

Conclusion

This chapter looked at how important it was to use Kaupapa Māori theory as the underpinning theoretical framework. It allows a Māori perspective on how choosing and completing study in occupational therapy is for Māori. By ensuring the Māori voice is heard, the methods needed to align with Māori values. Narrative Inquiry upholds the mana of storytelling, where pūrākau fit in seamlessly. It was very important to ensure that the analysis

of these pūrākau came from a Māori perspective, and this is why the Pū-Rā-Ka-Ū analysis method was developed specifically for this research with Māori OT's.

Special mention was given to the Advisory Whānau, as it was this rōpū that ensured that, as the researcher, I adhered to whānau/hapū/iwi expectations and also, ensured that I conducted the research in a way that was culturally appropriate. The Advisory Whānau supported me politically and spiritually.

The ethics of this research was challenging at times. Through reflexivity, talking to the Advisory Whānau, reading what other researchers had done and attending various indigenous hui, I was able to overcome the dilemmas that presented themselves. Navigating the two worlds of te Ao Māori and Western society (Wirihana, 2012) is always a dilemma that I have had to straddle since birth.

In the next chapter, the interpretation of the Māori occupational therapists' pūrākau is presented using the Pū-Rā-Ka-Ū analysis method. The four concepts are used to make sense of the themes that emerged. Direct quotes have been used to illustrate the themes which also maintains the voice (Lee, 2008) of the Māori occupational therapists.

Chapter 4: Findings

Nā tō rourou nā taku rourou, ka ora ai te iwi
With your food basket and my food basked, the people will thrive
Māori whakataukī

Introduction

This chapter begins with the rationale of the Pū-Rā-Ka-Ū analysis method for this research. Secondly, it will give a summary of the Pū-Rā-Ka-Ū analysis, with each of the four parts being a concept. Thirdly, it will show the interpretation of the Māori occupational therapists pūrākau. Each concept has themes that have been illustrated by direct quotes.

Analysing the findings

When I described my intentions of doing this research to the Associate Dean Māori Advancement, Faculty of Health & Environmental Sciences at Auckland University of Technology, she immediately said that it aligns with the Pūrākau methodology and Pū-Rā-Ka-Ū analysis method (D. Wilson, personal communication, 1 December, 2016). As I researched it more deeply it became clear that it fitted well with my intention.

After meeting with seven Māori occupational therapists, the first step was to become familiar with the pūrākau that was shared. I found it difficult to go straight into reading the transcripts. There was something that was stopping me from even opening up the documents. I felt that there was something that needed to happen before I could do this. I did not want to disrespect or rush the words that had been shared with me. I contacted one of the Advisory Whānau, who reminded me that I was at the interview, and so the process of analysis had already begun. She suggested that I think about and write down what I had already heard, then afterwards, look at the transcripts. I did this, and she was right: I had already started hearing similar experiences, thoughts and learnings as I talked to each person. The analysis process had already started. Then, I listened to the audio-recorded pūrākau and reading the transcripts.

Once I was familiar with each person's pūrākau, I used the Pū-Rā-Ka-Ū analysis method to interpret it. The themes are summarised in Table 5 below:.

Table 5: Pū-Rā-Ka-Ū Analysis summary

Concept	Theme
<p>Pū (Source of desire to be an occupational therapist)</p> <p><i>Whakapapa Being a member of a whole</i></p> <p><i>Wairua Growth, your gift starts to show</i></p> <p><i>Dream A dream that matures into reality</i></p> <p><i>Seek knowledge The focus, beginning of growth</i></p>	<p>Align with own values</p> <p>'Knowing' that it is right</p> <p>To support and help others</p> <p>Recommended by others</p> <p>Time for a career change</p>
<p>Rā (Inspirational experiences that provided enlightenment)</p> <p><i>Māramatanga Wisdom, mātauranga, growth and development, mature</i></p> <p><i>Wairua Meaning to everything, Show the path, Guiding</i></p>	<p>Realisation on the right path</p> <p>Seeing the big picture</p> <p>Identifying as a Māori occupational therapist</p> <p>Experiencing cultural dissonance</p> <p>Sense of disconnection</p>
<p>Ka (past experiences that impacted future aspirations)</p> <p><i>Moemoeā Plans for the future, higher meanings</i></p> <p><i>Pakari Learnings from the past, mature, gives meaning to the present, teaching others</i></p>	<p>Life experiences before studying occupational therapy</p> <p>Barriers while studying</p> <p>Support needed</p> <p>Importance of Māori identity</p> <p>Increasing Māori studying occupational therapy</p> <p>Providing a conducive space for Māori</p>
<p>Ū (the source of sustenance)</p> <p><i>Mātauranga Teachings, lessons, if retained then are stronger</i></p> <p><i>Kaumatua From elders, truths about life, help navigate</i></p>	<p>Whānau connections</p> <p>Knowing self</p> <p>Intelligence</p> <p>Te Ao Māori values</p> <p>Big picture thinking</p>

Pū: the source of being an occupational therapist

There were five themes that arose from analysing the korero from the perspective of Pū; the source of desire to study occupational therapy. These were;

- alignment with their own values
- 'knowing' that it was right for them
- to support and help others
- recommended by others
- time for a change in career

Alignment with own values

The most common theme that came from Pū was that occupational therapy aligned with the participants' own values. It was values such as having a holistic approach to health. That health is not only about the absence of disease, and whānau is important for wellbeing and all parts of a person are interconnected and cannot be seen as separate. There was an example of how a Māori model of health, Te Whare Tapa Whā (Durie, 1994) linked well with occupational therapy:

When you look at models like the Te Whare Tapa Whā model it kind of makes sense in terms of occupational therapy and kind of how I think that there is a connection. And when you look at .. the whānau ... it makes a huge difference to ... health and what we do as professionals... and I experience that every day in what I do but also in-home life ... family do make that difference as well so it's not just the absence of disease ... it is the rest of it. Linda

'Knowing' it is right

The second theme 'knowing' was described as a "gut feeling" and that it "feels right". It did seem difficult for the Māori occupational therapists to describe this feeling and it seemed that there was an intrinsic and deep feeling. One Māori OT described it as "*.. it just clicks and it just feels right...*" Liana.

To support and help others

Some of the Māori occupational therapists talked about looking at other careers such as nursing, psychology and physiotherapy, yet ended up studying OT. There was a sense of knowing that they wanted to get into the health field, but it was choosing which profession

was for them. One Māori OT was able to spend a day with an OT to see what the profession was like. Another Māori OT was able to see OT in practice as they had family members who received OT. This seemed to contribute to making the decision to study OT. Others talked about how important occupation was for them in their health and wellbeing, that they saw how it would help others.

Recommended by others

For a number of the Māori occupational therapists' family, friends and colleagues suggested or recommended that they be an OT. Sometimes they would act on that suggestion immediately by researching and talking to their career's advisor, or they would end up waiting until another person suggested it to them and then would act. Here is an example of this:

My nana told me when I was young, my nana was a nurse in Gisborne. One of those dinosaur nurses and she told me one day, that I should be an occupational therapist. And I didn't know what it was and I didn't really ask about it but it was a thought that never really went away but after I left high school I tried to get into nursing... but I didn't get into that programme. And, then studied a Māori studies degree at [the training provider] where I met a psychotherapist who said I should be an occupational therapist and so the thought came back and I thought 'oh okay that's two people'. Riwai

It also emerged that a number of the participants did not know about occupational therapy until it was suggested to them as a career choice.

So I thought 'okay time for change' and I had these friends in my ear saying 'OT' and that's when I sort of took them seriously and started finding out what it [was]. Aniwa

Time for a change in career

One participant had already studied two years of a degree and then remembered the occupational therapy her sister had received previously and decided to research what it was about. Another realised that she needed to secure a career that was stable for her family. Another Māori OT was deciding what to do next:

... it was at the end of my psych degree and there was a guest lecturer ... he was kind of talking to the students because it was near the end of our year about different avenues and places to go and work as ... one of the things he mentioned in one of his slides was OT. And so my ears just pricked up I'm like 'oh yeah' ... I kind of

thought 'Yes, yes I do believe OT's a really good profession! It's a bit of a shame I kind of you know chucked that one in.' ... I was thinking about clinical psych but, it appeared too limited to me... they were all the same, they thought the same and certainly didn't think similarly to me or ... my values. Ngaire

These five themes outline and show examples of how the Māori occupational therapists chose to study OT. Their source of their choice came from a range of influences, from OT aligning with their own values, having an intrinsic feeling, wanting to support others, family or friends suggesting it and realising that it was time for a career change. None of these were independent of another, as many of the pūrākau were intertwined with more than one theme.

Rā: inspirational experiences that provided enlightenment

There were five themes that arose from analysing the stories from the perspective of Rā: experience of enlightenment, inspiration and realisation. These were:

- right career path
- seeing the big picture
- identifying as a Māori occupational therapist
- experiencing cultural dissonance
- sense of disconnection

Right career path

This first theme under Rā came in different forms and seemed to be transforming for some of the Māori occupational therapists. One stated *"I just read it and I just realised that's the thing I wanted to do all along and I didn't realise there was a job for it"* Linda. Another found that there were 'signs' that indicated that she was meant to do OT *"So then I kind of thought 'Oh I'm on this journey again, let's go!' And I just love it."* Ngaire.

Seeing the big picture

The second theme was in relation to knowing the impact of *te Tiriti o Waitangi*, social determinants of health, and similarities with other indigenous peoples. There was an emphasis on how crucial the noho Marae component of the curriculum is.

In the first and third year, through Otago we have noho marae. And I think those noho marae were invaluable for not only Māori but also for our tauwiwi counterparts

and our peers because, I think those were really massive for everyone's learning and for other people to learn about how to work with Māori and why is Te Tiriti o Waitangi so important and why are social determinants of health so important. Because if they don't have that understanding then they're not going to be able to work with our Māori tangata whaiora out there. Shaz

The other side of this theme is how some lecturers 'see the big picture' and how this positively impacted:

I did feel quite validated within the programme. Where I felt I was able to contribute to the learning of my peers, I was, respected in doing that ... There was also the noho which they did at [the training provider] as well as [the training provider]. I contributed to that as kaikōrero. That's part of the programme and how I was supported within that [and it] was really important to me. Riwai

Identifying as a Māori occupational therapist

The third theme incorporated different parts: feeling safely supported, having placement at a Māori health provider, finding models and research that fit with Māori values, views and getting to know themselves and meeting Māori occupational therapists. Riwai stated "[I] met my first Māori OT in practice and she changed my life." Riwai.

The theme of having met Māori occupational therapists was reiterated again:

... the Māori OTs came down to [the training provider], it was at that lunchtime meeting that I actually felt...it's really hard to describe, but I felt that there were people there who understood my dilemmas at that time. They made me feel really inclusive and so and then it was all part of my forming my own identity as a Māori OT ...I knew that I would get more support from others not just my peers who I was in class with, but there were other OTs out there who I knew, I felt I could call on even though I'd only just met them. And they sort of became my mentors, like for instance Isla, you know she became a real mentor to me. And it really excited me to try and get a placement in a Māori setting. And so those are the things that really, really got me through was you know having that I guess tuākana tēina sort of mentoring starting to go on. Shaz

It was also non-Māori occupational therapists who also gave support in a way that inspired this participant to develop their identity:

... having lecturers, who were really, not only aware, but they were really supportive and me and myself identifying as Māori, a couple of particular lecturers like Rita

Robinson and Annette Jensen, they really encouraged me to focus on my Māori side. Even though they're not Māori, they just could see something big, a bigger picture than I could see at that time. And they really encouraged me to write any of my assignments from a more of an intrinsic Māori way of knowing. Shaz

Some of the participants found the occupational therapy programme life changing:

What I got from my experience at [the training provider] and [the training provider] was actually finding myself as a Māori person. I remember being at the [the training provider] marae, we had a noho there and we had some stuff going on there and I just remember really feeling like I can, own my culture and I can be my own Māori person and I don't have to be this, like this uncle or that koro you know I can be my own version of who I am as a Māori person. So that was really the starting of that journey for me because of the experience there but also how I was supported to connect with that in my own way ah guided a little bit but not pushed. Riwai

Experiencing cultural dissonance

The fourth theme was a realisation that there was a dissonance or separation of what the Māori occupational therapist knew and what lecturers and supervisors knew in regards to Te Ao Māori:

... there was a huge cultural component to what we were doing. So just about every assessment you'd have to do some sort of cultural consideration, biculturally. And that was sort of expected and then there was some components which mainly centred around the culture, some people get full marks and they can't even pronounce the name right and I'm thinking 'that's supposed to be around cultural sensitivity' and Isla and I were 'oh my gosh'. You know, it's crazy..... that sort of thing would irk me you know. Where they'd get full marks and yet they wouldn't do those basic things. Linda

Another Māori occupational therapist recounted the following:

The more I learnt, the more I realised, that we were being taught ...models that they didn't fit our population here in Aotearoa. And I always felt they were Western constructs and, using words that really didn't jive with a Māori way of being..... I was pretty aware that I wanted to work with Māori. And yet none of the models that we were being introduced to, would fit with our whānau and I felt there were a lot of injustices, within the system of education. Shaz

There were times where the placement supervisors put Māori occupational therapists in unsafe situations:

I still remember the one placement that really shook me up. And made me think about how other people see me or how other people see our people and my supervisor took me in to see a client and ... this is another kuia who would only korero Māori so she took me in there and said "Oh this is Riwai, he's Māori" expecting me to communicate with this kuia. And because I'm not fluent and I'm also not from that area and that was really embarrassing for me. And, so I don't know her intent really. I don't know, I don't think she really knew what she was doing, she just thought 'oh well let's just put these brown people together and make them talk to each other because that's what they do'. Riwai

Sense of disconnection

The last theme was a sense of disconnection with the occupational therapy schools, the staff and the supervisors. This ranged from feeling unsupported through the programme by the lecturers, having placement supervisors who did not adequately ensure safety and barriers that made it difficult

For one participant, after having an unsupportive supervisor in a complex placement, they decided to 'pull out' of the placement; to her surprise she had no support from the School:

I barely ate. I lost 10 kilos. Over 2 months. Having said that the only, you know I lay on my bed for 2 weeks, but I did get up in the afternoon and I went to the gym. And that was my saving grace really. This was going to the gym and didn't talk to anybody. My OT friends would ring and say hey do you want to come? No. I just. I needed that time to just go 'what the hell is happening?' And there was no one there guiding me. Why didn't the school come and help me? In that two weeks after I'd pulled out? ... it was really, really horrible. And, that kind of experience, I realise was, nudging depression probably. Aniwa

Another talked about how his supervisor's explanations and expectations differ from their own:

Because there were a lot of Māori patients at that hospital that were coming through and there was an expectation because I was a Māori person that I could do certain things or that I should do certain things, so bit of undue expectation placed on me as a young student by a non-Māori supervisor. And that was a real struggle. And also just seeing things within that setting that were quite uncomfortable for me in terms of

Māori patients that might have been exposed or might be having incontinence issues or you know particularly kuia, that you know may have soiled or you know may have been hoisted and not properly covered just things that really, affected me. And I wasn't really sure what was wrong and I would talk to the supervisor and say "should we have put something on her or should we have done this?" and she's like "no when people come into the hospital they're a patient and there's a, there's an expectation that we're professional people those things don't matter here". And, I just remember feeling really confused like, 'no way!'. We can treat our people with dignity no matter where they are. So, a lot of things kind of started to bring out a little bit more of the way that I see the world and feel about myself as a person and a practitioner. And sort of guiding me a little bit more down that journey. Riwai

It seemed that even though there was an uncomfortable experience, it helped the participant realise what is right for him as a Māori. This seemed to solidify his identity.

Another participant experienced many barriers that hindered their ability to complete the programme efficiently:

I had to travel from Hamilton ... most of the time I had to come up for at least three days a week... so there were a few things I missed. Mostly tutorials..... it was a huge barrier for me... When I had to re do the paper.. I thought I need to ask her some questions because it wasn't quite flowing.. she said to me 'Oh no wonder you didn't pass it last year'... I didn't have all the information ... I think where's your responsibility as a tutor especially if you're having someone repeat a paper, so you know they want to do it and want to succeed because they are coming back a second time. Where's your responsibility as a lecturer to make sure they understand it all? Ngaire

The themes that came from Rā were from positive and challenging experiences. Affirming that this is the right career for them was enlightening. Being able to see the big picture and having support from others who knew this was inspiring. Being able to develop their identity as a Māori occupational therapist was life changing for some. Cultural dissonance between the Māori OT and the OT schools was challenging. Feeling disconnected from the OT school due to lack of support and barriers seemed to hinder yet develop the Māori OT identity.

Ka: past experiences that impacted future aspirations

There were six themes that arose from analysing the korero from the perspective of Ka, past, present and future. These were:

- life experiences before studying occupational therapy
- barriers while studying
- support needed
- importance of Māori identity
- increasing Māori studying occupational therapy
- providing a conducive space for Māori

Life experiences before studying occupational therapy

This first theme under Ka had a number of components. Many of the participants had done some type of work that inspired them to study occupational therapy. These included being a carer, community support worker, livings skills coach and an outdoor pursuit guide:

... intrinsically I knew that doing of activities or being active, was really important ... for people's overall wellbeing, their mental wellbeing, their spiritual wellbeing and their physical wellbeing. And I knew that [in] all the different jobs and roles that I'd had ... I was always able to encourage people to participate or engage in something and, or just be there as an ear to listen to at the same time so people could talk about their issues, their problems. So that to me seemed why, occupational therapy was made perfect sense to me you know, it was occupation and it was therapy and it just made sense Shaz

As with Shaz, other Māori occupational therapists were mature students when they studied. Mature students in this thesis refers to students who started studying over the age of 20 (Auckland University of Technology, 2019). The reasons for this ranged from wanting a stable career, to wanting to be independent. There were several struggles that came with being a mature student such as finding it difficult to get back into study, hard being with younger students, not feeling prepared for the complexity of learning, failing a paper and having to be in an unfamiliar environment:

So I thought I've just got to do this. And took the massive leap leaving my hometown, my long-term partner [and] taking on a big student loan which I thought, how am I ever going to pay that back? Going somewhere that was scary as hell, I'm not very comfortable around Pākehā people but the idea of going somewhere where they're good at it. Pākehā people are good at university, they're good at academics, going somewhere where I was going to be an absolute misfit. And so that was huge for me. Aniwa

There was a range of places and subjects studied: Māori studies, sports and exercise, dance and psychology. One had studied at Central Institute of Technology and did a year of occupational therapy, then ended up doing a psychology degree at Massey University. It was not until the end of this degree she realised she really wanted to be an occupational therapist then went and completed it. Another one was studying sports and exercise:

I only had a year to go in my degree, I said 'I'm going to jump over to occupational therapy' because I just knew that occupational therapy would give me such a broad spectrum of different workplace situations. I knew I wouldn't get bored because I could just change settings, rather than having to change jobs if I didn't like it. And so yeah and so that's how I got into OT, because I wanted to work with people and enable people and, and occupational therapy seemed to be the one [that] could do that for me. Shaz

There were a number of childhood experiences that influenced perceptions and attitudes towards studying occupational therapy. These ranged from being a strength, such as being a “tutu queen like my grandmother” Ngaire, which helped with the creativity and practical components of the study, to challenging the family norm:

When I reflect back, university was for Pākehā kids not for Māori kids... We never did that kind of, idea formulating growing up. Don't get me wrong I had the best childhood. But none of that was preparing me for a career. So, we had lots of opportunities but none of them, I'm just going to say it, money's important. None of them gave us skills to make money... talking about money was a big no, no it was very shameful ... because we're humble people, you don't ask that kind of stuff... because that's ah shameful and greedy. And that's what Pākehā people are. So, we don't go there! ...I know that my family were trying to protect me culturally. Aniwa

Being the first one in the family to get a bachelor's degree was also identified. This contributed to the perceptions of what university life would be like:

...all my life I had had this idea that people who had degrees, in a subject, actually didn't seem to have a lot of common sense ... I'd met lots of university people and, and they all seemed to be talking about things that were theory but they didn't actually have a lot of common sense about it. Shaz

Barriers while studying

The participants identified a number of barriers while studying. These included learning styles, institutional barriers, lack of cultural component in the curriculum, the need for more

practical components and having to manage personal issues. There were a number of learning style differences identified such as, computer literacy, working in groups, and simple exercises like going over basics before going into details. Having to do the majority of the assessments in a written format was also highlighted, and it was suggested that it would be beneficial to be “*given the option to, do your exams and assignments verbally*” Aniwa.

This also aligns well with having different ways of learning:

I think it was quite hard for me to get my head around some of the concepts... sort of takes me a while to take things in and I can easily miss what's being taught you know, particularly if it's ... from a different paradigm or being articulated in a way [where] I'm trying to keep up with the words ... Not because I'm not bright but I just was a very passive kind of learner ... being Māori I think we learn differently and we think differently. But at the time I would of just thought I was dumb. Riwai

There were a number of institutional barriers identified by the Māori occupational therapists. Firstly, the lack of Whānaungatanga and getting to know other students and lecturer/tutors. Secondly, going through a paper withdrawal process and having to wait a whole year to re-sit a paper. Thirdly, having to interpret questions for assignments and the difficulty in being able to meet with lecturers to ask questions. Fourthly, having classes spread out over a week rather than having them all in a few days. Lastly, high course demand which led to high stress. There was also a strong theme of the lack of support from an OT school. One of the participants shared:

I was an absolute mess at that meeting ... sitting there with my day supervisor, my OT supervisor, the fieldwork coordinator, big table you know the whole environment was very disempowering I felt [it] would have been better ... somewhere else ... I just don't think that was very well thought through. We were sort of sitting apart from each other there was no sort of closeness there was no sort of, you know 'it's okay' ... there was none of that, it's like 'this is the situation and these are your options.' And I was a real mess, and then that was it. I said 'Okay I'll withdraw, I'll sign the bit of paper I'll withdraw from this placement. I think that if the school knew how intense everything was for me personally at the time, then, they might of given me more support. Maybe. Aniwa

Another talked about how it was hard to talk to a lecturer about an assignment that she was unsure of:

I was lining up with these other students to talk to and she was like 'oh sorry Ngaire [I] don't have time'... I tried it three times. And then sent my assignment in thinking

'oh well I think I've done it alright.' Not knowing that I hadn't ... seen a bunch of stuff and then got all my results and I failed that paper... it was really difficult, you had to email your lecturers and ...if you were like me, didn't have a computer at home, and then you go to the computer lab and all the computers are being used, I'm like 'oh for god's sakes hang on I'll send you smoke signals'. It just worked against me which is why I had to repeat that paper because I didn't realise I didn't see what I needed to see. So, you know almost needed to repeat it again ... what the hell is this school up to? So I had Waikato uni, to compare AUT with. And I was really horrified. I'm like oh my god is this how it was in Auckland? I just thought it was Aucklanders. I thought oh yeah that's what you get you put a school on the North Shore and they're all blinkin up themselves and don't want to support ... people that aren't looking like them.

Ngaire

There were concerns about a number of factors identified, one being how the cultural component was assessed and questioning the assessor's competency *"[If] the tutors were Māori then they'd know."* Linda

At one of the occupational therapy schools, the students can elect to do a paper specific to Māori health:

Everyone should do those Māori papers.... Like we're all about client centred therapy putting the person at the middle of our practice. Bearing in mind that we're a multicultural society but there's a lot of Māori people that need the most help usually, you should understand this person better that's at the centre of our practice.....probably wouldn't make the decision to do extra studies after uni about Māori people if you didn't decide to do it at uni.....You wouldn't dedicate extra time, extra money if you didn't even want to do it at uni for free. Liana

One suggested using a kaupapa Māori method of teaching:

... if we had had like a compulsory weekend wananga at the beginning of our year ... It actually needs to be compulsory and people [can] bring your kids.. Wananga does a lot in terms of, getting to know each other ... and understanding you know where everyone's coming from and yeah. And you know I think that does a lot more than ticking the cultural box ... that, institutes do. Ngaire

It was emphasised that the OTBNZ, which is the regulatory body, has one of the five competencies as 'Practising appropriately for bicultural Aotearoa New Zealand' (Occupational Therapy Board of New Zealand, 2015. p. 1) *"that's a huge part, that's one fifth of their expectation [of] how we practice."* Linda

A key component of the curriculum is the practical part: where the students are able to implement the theory and teachings from the lectures and tutorials. The emphasis was on how critical the placements are and that there needs to be more opportunity throughout the programme.

Applying it would have been real good. But there wasn't any placements so just had to try and remember all the skills you had and if you weren't a like an auditory or visual learner it was so hard to keep all the info in. Because I learn a lot by doing and by experiencing and that was kind of lacking. [I] just had to kind of guess what it would be like in the real world. Liana

The majority named they had a personal issue that happened while completing their study. This ranged from the passing of a loved one, ending a long-term intimate relationship and resurfacing past trauma. This led to some of them having to re-sit a paper, dropping out of the programme and having to take time out to work on themselves.

When I was at [the tertiary provider] doing OT, the psychology paper, brought up a few personal issues for me which was kind of another contributing factor to me, leaving because I needed to really address a bit of personal trauma. In order for me to be able to move on, and learn and, put it where it needs to sit. Ngaire

Support needed

This theme included support from whānau, apprehension of asking for help, lecturers and staff and Māori peer support. It seemed that whānau support was a norm and ranged from encouragement to providing cultural support. An example of this was how Ngaire talked about how deciding to travel an hour and a half to get to class so that her daughter can be with family, instead of moving to another town. The apprehension of asking for help became disabling for Aniwa as she did not know how in this situation:

[My partner] was off and so he couldn't support me. My older sister was going through a divorce so I didn't want to bug her, my younger sister had a new born, didn't want to bug her. My dad had passed away at the end of my second year. I'm like, okay, who have I got? I didn't even think that... it was just what it was... And I just had no support. Anywhere. So, I'm not the type to go cry on my friend's shoulders you know, I'm just, I would rather do that, with whānau but, yeah they weren't available to me so it's just all was a crap third year. Really was... I didn't have enough support from the school but then again, I didn't know how to ask for support and ... if anybody said 'Are you okay?' I'd just say yes. Aniwa

It was suggested that at the beginning of the programme teaching coping skills would benefit:

... it's that middle path of the resilience and balance. And coping with stress it's super important ... Maybe if we were to do that earlier on in our degree... I learned a lot of those skills about helping others at the end of my degree. But I needed the help for myself.....Roles and responsibilities and balance and habits.....like make a really good emphasis on evaluating yourself and reflecting on how you can do your life better. Liana

Another Māori OT named that some students need reassurance that they can ask for help:

I mean you could do this in a class ... Who knows that feeling they get and can identify it as, as feeling out of their depth and needing help. You know just going back to the real basics...When you feel that; stop and breathe. And, if you need to take some time off to stop, then flick us an email. Or there's some kind of safety word [for] 'I'm feeling something and it's not good' ... And I know why we don't do it in school: it's resources and money and I get that. But if we're trying to retain all students. And also, you know this focus of ours is Māori students then that's where you've got to start...A lot more mental health strategies, a lot more emotional health strategies to, to be able to look after yourself. Aniwa

This gives an example of how the curriculum could provide some education about coping with the stress of studying. Another area identified was how lecturers and staff supported them or not. There was a number of Māori staff who were mentioned that they found supportive: admin, liaison officers and a placement coordinator. The main support they felt was that they 'checked-in' with them to see if they needed help. From this, it led to the promotion of needing more Māori lecturers and placement supervisors.

Kristi Carpenter was here at [the tertiary provier] and, and I when I started to ask to have a kaupapa Māori placement, she particularly went out of her way to try and find one because there weren't really any on offer. Shaz

Another reason highlighted as to why more Māori staff are needed:

... it's very Pākehā learning. And the programme while it can be applied in a cultural setting and by cultural Māori practitioners, it's learning things from another worldview, another perspective and that's always going to be challenging in some ways for some of us. Riwai

It was also identified that being asked by non-Māori lecturers what supports are needed as a Māori student is difficult to answer;

... the head of school and another lecturer, wanted to meet with me, and a friend of mine ... to talk about how can we best suit Māori students... which was great I thought that was awesome. [But] I'm a student [and] I'm like 'oh my gosh I don't know!' Ngaire

There were a number who named that they felt supported by non-Māori lecturers, and this was again, by checking-in with them:

... that second semester was crucial for me, I had such good support. Especially from Margaret. She was definitely my rock that second semester and someone that I could approach openly about stuff. Leana

... they were really invested in me getting through the programme and, I really felt like they saw something in me. Were really rooting for me to, to get out there and, and be an OT. Linda Wilson was a huge part of that, she was huge support for me at the school when I was there. Riwai

This type of 'checking-in' also came through the peer support systems developed. It was strongly promoted that having a *tuākana tēina* system that allowed students to connect with another student that would be there for support but in a 'natural' way:

... the whole tuākana tēina kind of approach is super helpful. It's kind of being accountable for someone... [also] put in more time at the whānau room or with Māori mentors that are at campus....Friendly and natural.I think it's even better when you can teach them how to be their own support and how to just cope well.just like the friendship at the start and then you will kind of be more empowered because they're asking you for help, can teach them the skills that you've learned.It's like that saying, give a man a fish and he'll eat for a day but teach him how to fish and he'll eat for a lifetime. Liana

One participant highlighted that to be able to use the support of others would have to be based on a genuine and, long standing relationship:

... you put me in a room of Māori mentors, peer supervision or whatever, I don't even know them, I'd need to have the time to get to know them before I go cry on their shoulder. Aniwa

Another suggests that having a safe space to be Māori is important:

Building that peer support network... maybe having a space you know once a week say for instance where you came together, like a lunch together or you know something to kind of vent about stuff... time to have that conversation ... in a safe space...I think [it] would be beneficial because then you've got people you can lean on and just maybe having like a lecturer come in and actually see that perspective of the Māori students because you often see them not often engaging and or not coming to lectures or things because they, because they are boring like, having some sort of stimulation you know, to get them there. Leana

Importance of Māori identity

This theme focussed on being a Māori occupational therapist. The definition used for Māori identity is self-identifying as tangata whenua of this country. By linking through whakapapa to the indigenous culture and feeling connected to it. It was highlighted that there is a difference between being 'a Māori occupational therapist' and being 'an occupational therapist who is Māori':

... developing their own identity as a Māori occupational therapist ... not just an occupational therapist... part of a collective something bigger they know that they've got support then I think that would help to retain them throughout the years. Shaz

It was emphasised that identifying as Māori is a continuum, and assumptions cannot be made:

You know we're all at a different point in terms of, you know that, that continuum of being Māori and you know you can't even really define it. So, I think that vulnerability, that sensitivity and encouraging Māori students to be supported as Māori people is, is not an easily designed or defined thing... Just meeting people where they're at I suppose. I was sort of unfolding a little bit in terms of how I make sense of myself as a Māori person as a practitioner. But I think that's really important. And then how Māori students may experience Māori content in the programme or how it's being delivered or who's delivering it I think that can be important. And how they may be encouraged to contribute or not contribute to that you know. I think it's important to be aware of that. Riwai

The bigger picture was illustrated:

A lot of people say what's the point of learning the Māori language and you sort of think well Finland still have Finnish but they know English ... and you go to Germany and you speak German, it doesn't mean that you can't integrate and learn other

countries it just means that why can't we as a country just do both there's no reason why we couldn't learn both ...People say 'well what's the point... we're multicultural'. And I say that's great, but if you're Chinese there's China that holds your culture if you're Korean there's Korea you know, then you can go back to where that culture is held. This is the place where that culture is held. The Māori culture is held, it's here.

Linda

One talked about how she felt her identity was disregarded at graduation:

I wanted to wear my korowai, my whānau korowai and I wasn't told, the rule was, you had to wear it underneath your black Graduate cloaky thing...if you did you wouldn't receive your certificate.....And the only reason why I did it that way because my husband said 'well it's a Pākehā driven institution and I know you're grateful for that just being available to you so maybe you could just wear it that way just to show respect to them for that.' And that was the only reason why I did, did it that way. So, I have actually had a bee in my bonnet about that the whole time. And I think these days you are allowed to but I, I nearly didn't go. But because I didn't get a straight answer about whether I'd get my degree ...I'm like 'what the? how can they stop me from doing that?' I don't even want to wear that, hat And, I get why they do, that but it's not my culture you know. Aniwa

It shows how strong these experiences are for some people and that the separation from their identity as Māori is difficult. Another illustrated how his identity comes through in his practice:

I think knowing that it works and that you know we can be very impactful and effective and do meaningful work in the profession is really important. So, seeing where we are doing that or where it is being done as Māori OT is really important... That's why I'm still an OT because I get to be my own type of therapist. And I can link it directly, to any framework you know a framework in OT. I can justify it with you know the models. And I love that, I love that I can validate my profession, it validates me, that I can validate my culture that is, who I am. So, I've found a way to kind of merge all of that and make it make sense to me as a, Māori person and a Māori practitioner. Riwai

Increasing Māori studying occupational therapy

There are two parts identified in this theme to increase the number of Māori studying occupational therapy. Firstly, is making occupational therapy known to potential students and secondly show them the benefits of being a Māori occupational therapist.

It was reported by many participants that they did not know occupational therapy existed until close to the time that they did the study. There were some ideas that may promote it in the secondary schools:

- Māori scholarships specifically for occupational therapy
- Iwi scholarships specific for occupational therapy
- Promote what is current in occupational therapy
- Be able to explain easily to the public what occupational therapy is
- Occupational therapists being on career television programmes
- Target Kaupapa Māori Kura
- Show how occupational therapy values align with Māori values

Closely linked to this promotion is what would be attractive for Māori:

In the recruiting stage you kind of have to explain what OT is. And if you were to aim at getting more Māori into OT, it would be really helpful to explain exactly what you do as a Māori OT for Māori people. Like different initiatives that are starting now like Māori movement as a form of exercise using like traditional Māori arts as mau. Using traditional, rongoā as a form of healing. Understanding that you can use what you already like doing and what you've been taught to do as a Māori person to benefit others and their health... explaining like what you can do for Māori as a Māori person in health. The end goal aye. It's a big investment starting to study, especially if you don't know what it really is about. Liana

The best option is for them to go and actually see a Māori OT in practice. So, they can actually see what's done and see that it's actually very meaningful and see that it works. Because you could easily see, if you took a group of 10 OTs, at least 9 are Pākehā women that are doing things that you think 'okay I don't ever see myself doing that'. And that is a representation of that profession but, I think that's why we're not all scratching to become OTs because it doesn't quite fit... if we were more prevalent within the profession and, I think making more of an impact in that, I think that would shift... So I think our profession lends itself quite well you know within Māoridom. I think we're still needing to just, build on that and create more of that identity. To help others to see oh I can step into that world. Riwai

One suggestion to combine the promotion in a Māori focussed way was:

Taking a small group of potential students away... [for] a weekend thing ..like a workshop introducing, or getting them to brainstorm the importance of occupation in their own lives first because otherwise they're like, they're like why am I here again? ... getting them to explore their own occupations. Why it's important. Why is that thing important to you? What would happen if you broke your leg?... And then take their thinking on a journey from their likes and dislikes in occupation and things like what, what kind of occupations they do to relax, what do they do to hype themselves up? What do they do when they're sad? Explore that whole thing with them, their very own selves... then while you're doing that link that to specific Māori activities ... our Māori culture what is it like... And then once you've done that kind of brainstorming take them through to 'Okay here's a picture of Hone and Hone has just had something happen and now this occupation ah he can no longer carry that out and then brainstorm and then you go okay well how can we help? We can help by x, y, z'. And just you know doing that, the actual achievable stuff because there's so much stuff out there that's achievable... You would look at this situation and you would break it down so that they would see and always linking it back to how important that occupation was for them. Aniwa

Providing a conducive space for Māori

This theme included having a culturally safe space and learning environment, the occupational therapy schools taking a different approach, and post-graduation life. Having a learning environment that is conducive for Māori provides a place that Māori want to be, because they feel that it fits with what makes sense to them.

I also believe that in learning institutions that we must always remember that the student is actually the boss... if you think of them in that way, you'll give them the respect they deserve. Because they're paying their fees, which then provide the university to be able to you know get the tutors in ... So that I believe that [the] exchange of learning should be a two-way thing. Just like on a marae it always is like: yes, our kuia and our elders know lots more about other stuff, but our young people know a lot more about what's happening on the ground [and] other things. So, knowledge is an exchange. So, I struggle when it's just a one-way thing. Ngaire

To create a supportive environment, there would need to be changes:

It would have to come from the top down ... because there is a big push now from different educational facilities to increase and retain Māori within the study and workforce. But it needs to be more than just saying 'oh we're trying to retain Māori into study'. Shaz

This support then can be expressed in different ways:

... make it more accessible because I know a lot of people that I worked with wouldn't really want to live in Auckland or you know Dunedin. a lot of people from rural areas won't really come to Auckland. Linda

I think it's hugely important to have a support crew. So to have some komiti awhi, [a] Māori support team. Access to people, to help you navigate what you need to. There's that whole whānaungatanga thing that supports Māori students makes a big difference to our feelings of support....[even] offering [a] Māori stream. Ngaire

Trying new approaches, like having a Māori stream, or have the programme in a Wananga:

If we were able to learn alongside the carvers... there'd be a lot more collaboration and then the Māori students that go there would, know more about OT. I think we do need to collaborate with our wananga throughout the country.... Because they're capturing a lot of Māori, but they don't have an avenue for OT but ...that's where it gets difficult because it's a political institution and they're all vying for the dollar. But if we're thinking about being pono to Māori, we wouldn't care about which institution it is. We would look at what's going to retain people in that industry and in our vocation as OTs. Ngaire

It was identified that areas to work on are having appropriate assessments for Māori:

I must admit I don't really do a lot of formal assessments because I'm on an acute ward and so I think they're not quite ready for it. And I don't believe the formal assessments; I've never really come across one that I think is culturally suited, especially to our people. Ngaire

This theme of Ka showed how experience before studying contributed to how they navigated through the tertiary institution and how their experience through it has impacted how they practice and support others going through study. There was a strong sense of wanting to ensure that the current and future students completing OT study are given a fair chance, by

receiving the support they need, reducing barriers and developing their identity as Māori. This advice could be instrumental in increasing the number of Māori graduates.

Ū: source of sustenance

There were five themes that came under Ū, the source of sustenance. The mātauranga, strengths and qualities brought into occupational therapy are the personal traits that have been inherited or taught throughout their lives. These themes were:

- whānau connections
- knowing self
- intelligence
- te Ao Māori values
- big picture thinking.

Whānau connections

The first theme, whānau connections, not only included immediate family. It covered extended family and peers. As many had to move away from home to complete their study and/or being the first in their whānau to go to university, there seemed to be a need to connect with others to get the support they needed.

In my first year I actually stayed at, like a Māori hostel, just across the road from the uni. It was called Te Whakaruruwai. And it was, part of Hato Pētera which is on the North Shore. It was a really good environment for starting because everyone was in the same waka really, full on struggle street... [It] was really, really supportive. Because everyone was studying, everyone was doing the same thing as I was. And we'd all have breaks together and then we'd all study hard together. Liana

I really have to thank my colleagues and my peers at that time, for helping me to get through because, I felt like I was too dumb and I didn't get it, and there were points that I ... I was just going to give up. And then they, my peers kept me going and helped support me so without them I probably wouldn't have got through that second year... they're the ones that actually helped me to get through all of that and to stay focused and stay on track and to support me ... to make the deadlines. Shaz

Finding some good study buddies really helped. One of my best study buddies in my first year, she wasn't Māori but she kind of had a passion for learning the way I did as well. We'd sit together, we'd make good cue cards... songs to remember things ... it

was a really good way to learn and we'd just do that over coffee or she'd come to mine or I'd go to hers. Liana

Keeping that connection with whānau was important, this meant having to travel around the country to family on weekends and semester breaks. For some, when the connection with peers and whānau were broken, it had dire consequences:

I had good connections with my first-year classmates as well but because I wasn't able to continue with them I, felt a bit, I was quite maae about that and thought 'oh my friends are going' and so it was hard for me to turn up because I didn't feel ... connected... that was really important for me. Riwai

... it was a long way from any whānau support. So that was you know that was a big contributing factor to me leaving ...Ngaire

The type of support given by whānau came in many forms. Examples of this was providing cultural supervision, connecting with extended family members, words of encouragement and feeling their support spiritually.

Knowing self

The second theme focussed on self-development, having a balanced lifestyle and determination. Self-development covered having self-belief, listening to their intuition and strengthening their identity.

I went to the other end of the country and was finding myself ... it made sense to me a lot more and, the right people, good programme and, just the right time. Riwai

...half and half so I've still got my European, I've still got my Māori but you know together I'm forming a stronger you know, basis for myself... The best of both worlds definitely. Leana

Being in a tertiary institution was a new experience to most, and so the pressures and stress of completing study allowed a chance to look at how they maintained a balanced lifestyle. This was a combination of developing stress management skills, asking for help and keeping other areas of their wellbeing maintained.

It was hard learning how to study. Because it was like learning how much time I have to put towards things and what to do to get essays in on time and when I should sleep and when I should be doing other activities like exercising and when I should be studying.....My second year. It was much easier because I had learned already how to study. Liana

Part of development is change. In order to change, there needs to be level of discomfort. To overcome this discomfort, traits such as determination, courage and persistence are needed.

I was so, you know fright fight flight, I was just in that mode so much that I couldn't think: to see the wood through the trees ... I just couldn't think... it was just a horrible place to be... But, not once did I think, 'I can't get through this or I'm not going to get through this'. Not once did I think I'm going to leave. If I had to have gone back for a fourth year then I would have done. Aniwa

Intelligence

Intelligence is the ability to perceive and understand the world. The main aspects brought up was the enjoyment of learning, having practical application, being creative, adaptable and resourceful. There were also challenges in the way assessments were done and one Māori occupational therapists believed they did not allow her to show her best learning:

... being given the option to, do your exams and assignments verbally. Because I'd pour an enormous amount of effort into trying to articulate myself on paper. Where if I could just speak it and then if they didn't understand what I meant they could ask questions and I'd be 'okay I'll try and say it like this' ...and also, you know when you're writing essays, and you've got an hour, and it's like that basically half of that is testing how fast you can write, that's not testing my knowledge. Aniwa

One had to decide on the elective papers on offer:

... I'm not yet fluent in Māori and I still have a lot to learn about Te Ao Māori, so having an OT Māori perspective, to learn about would be really, really awesome. The only papers that we did that were Māori were there was a health promotion one and a general Māori health paper. So, I had to take both those electives, I had to like miss out on the rehab paper and another general one...it was a good compromise for me, I liked it. But I did find that, I had so much more knowledge after doing those two papers that my other peers hadn't got. Liana

Another used a challenging placement experience as a way to determine how he would approach his career:

So I wasn't sure where I was going to be an OT, because I had a placement in second year that was in hospital and I had a really awful experience. Where I had a non-Māori supervisor who probably, I think she meant well but, kind of put me in a few predicaments that were really, really challenging for me. So what that taught me was, sort of an idea of where I don't want to work but I became more and more

aware that there were so many areas to work in that you can sort of find our own setting and way to practice OT that might fit better with, with who you are. So where there were some challenges in the placements, still good learning. Riwai

Te Ao Māori values

This included key Māori principles such as wairuatanga (spirituality), manākitanga (support, care of others), whānaungatanga (building relationships), kotahitanga (working as one) and whakapapa (genealogical links). These values are usually taught from a child and passed down through family. The wairuatanga links into how practicing as an occupational therapist allows it to be expressed:

...OT allows me to [believe] I can heal, I can help. I can help people flourish, I can help people find their creativity, who they are, who they want to be. What's good about them, what they love. And I do think that programme let me experience that... I didn't realise how important that was but ...that's really what helped me believe in the profession ...I was kind of held through that as well and being therapised occupationally without even knowing it but it opened things up in mind." Riwai

Manākitanga was expressed in how they work with whānau:

"... when I was in vocational rehab, I would always spend a lot more time, so I'd basically worked lots of overtime ... my own personal time. Because when you're working with Māori whānau you take the time it takes rather than, 'oh look I'm off the clock now or I'm not going to be able to get this back in terms of payment' and you know I, I don't really care. That way because, you need to take whatever time it takes... but that's just the nature of working with Māori you know you establish those relationships, you've got the 'mō āki tonu', they don't stop because you're not at work. And that's what sometimes our colleagues, maybe don't understand or don't have a you know like a full kind of, yeah awareness of or appreciation of really that yeah sometimes it just takes time. Ngaire

Big picture thinking

This theme covered aspects related to how occupational therapy fits in on a national level and how it can be used to support Māori health development. One participant talked about how studying, showed her how it can influence policy and procedures. Another found it hard to understand how people can graduate culturally incompetent:

I remember thinking a lot like it doesn't make sense that these people are training in New Zealand, they're wanting to get jobs in New Zealand most of them but they're not doing these Māori papers. And they're going to be working with Māori... wherever they are. And generally, we're not represented that well in health statistics so we should be aiming all our energy towards understanding Māori and empowering them and then working towards better health outcomes. Liana

It was also highlighted that when there are barriers, it can be due to unnecessary, yet very real, reasons: *"... it's all about power and barriers, I really struggle with people who are power tripping."* Ngaire

The theme of Ū illustrated how the knowledge and beliefs that were passed on to them from their elders, have supported them throughout their study. Key values such as whānau connections, personal development, knowing themselves and critically thinking from a Māori perspective are some of these.

Conclusion

The Pū-Rā-Ka-Ū model of analysis developed for this research allowed the pūrākau from the seven Māori occupational therapists to be arranged in a way that emphasised how to support future students. Each of the four concepts had themes. These showed the commonalities between the seven pūrākau. Many of them link to other themes, and at times, was hard to distinguish. The weaving of these themes show there are multiple aspects of recruitment and retention of Māori need to be changed. These are shown as connecting themes: Importance of identity, institutional barriers, and the right type of supports.

The importance of developing the students' identity as individuals, as Māori and as Māori occupational therapists wove through many of the subthemes. This included being taught stress management skills, developing culturally appropriate assessment tools for Māori, being with Māori occupational therapists and providing a learning environment that aligns with Māori values.

Institutional barriers identified showed that there needs to be changes in policy and procedures, what is in the curriculum, how the curriculum is taught, who teaches it and ensuring cultural safety in all parts especially practical components. These barriers highlighted how institutional racism impacts Māori and how it can decrease the recruitment and retention of Māori.

The right type of supports means that it has to align with the values of Māori. Being supported and encouraged by whānau is necessary. When whānau are not close, then having a support network that connects on a whānau level can provide it. How this is done is important, as it needs to be natural, rather than a forced or 'set-up' situation. Having peers, lecturers and tutors who genuinely care was a strong feature.

These connecting themes will be used as the basis of Chapter 5: Discussion. It will elaborate on them and show how current literature supports how the experiences of the seven Māori occupational therapists can be used to increase the number of Māori OT's. A metaphor of the Miro tree will be used to show how these themes are connected.

Chapter 5: Discussion

Ko te manu e kai ana i te miro, nōna te ngahere.
Ko te manu e kai ana i te mātauranga, nōnā te ao.
The bird who feasts on the miro berry, theirs is the forest.
The bird who feasts on knowledge, theirs is the world.
Māori whakataukī

Introduction

The Pū-Rā-Ka-Ū model of analysis gave a framework to ensure that the analysis of the pūrākau of the seven Māori occupational therapists was done in a way that aligned with kaupapa Māori. The themes that arose from the four elements Pū, Rā, Ka and Ū showed how they wove into each other and that there are multiple aspects that can be looked at to increase the recruitment and retention of Māori OT's.

From the numerous sub-themes there were three connecting themes. These were able to weave through the sub-themes and show how interconnected they were. As with the Pū-Rā-Ka-Ū model, it showed that all parts make its whole. These three connecting themes were: the importance of identity, institutional barriers and the right type of support. A metaphor will be used to discuss in this chapter how these can be utilised to increase the number of Māori occupational therapists.

Te Miro metaphor

Through discussions with different kaumātua in my family, it became clear that a tree was to be used as a metaphor: te Miro. This tree is native to Aotearoa and is also known as Brown Pine or *prumnopitys ferruginea* (Williams, 1996).

As with my own whakapapa, te Miro has whakapapa. My grand Uncle showed me our whakapapa that goes back to Māui-Tiki Tiki-o-Taranga (demi-god) (personal communication, Teuruarangi Davis, 14 February 2019) and te Miro whakapapa also links back to Atua. Te Miro is the fifth child of Tāne Māhuta and Mangonui (Pēwhairangi, 2009) and Tane is one of the children of Papatūānuku and Ranginui. For this thesis, I will only go back that far in the whakapapa, we will stay in Kauae a raro.

The DNA from the Atua are passed down to te Miro. This DNA determines the purpose of te Miro (personal communication, B Emery, 5 September 2019). It is the nature of the Miro tree to grow in a particular way, have specific properties and produce unique fruit. It is to do what it was meant to do. Just as my grandfather described that we all have original scripts, we have to allow these scripts to be revealed. Te Miro grows to a height of 25-30 meters and its lifespan is 800-1000 years (Gunson, 2009). It is a member of the podocarp family of pine trees, which were around 190-135 million years ago, before flowering plants evolved. So they do not have cones, but have berry-like seeds (Gunson, 2009). The Miro has medicinal uses, and there are reports that the gum from the bark can be applied to wounds and ulcers and an infusion of the leaves and bark can be taken to treat gonorrhoea and stomach aches. (Williams, 1996). The kereru was attracted to the particular smell of the berries and found them irresistible. The kererū were the primary way that the seeds of the Miro tree would spread. Some huntsman would put traps in the Miro tree to snare the kererū (Pewhairangi, 2009).

As in Te Ao nui o Tane, there are other trees of Tane, who all have their unique DNA which determines their different characteristics. Each tree produces unique fruit, wood, bark, leaves, rongoā etc. Each has properties that are different from the others. As with the health system, all health professionals bring their own unique skills, characteristics and approaches. Each have a role and provides specific health assessments and interventions.

What happens when the tree is given nutrients that do not support it to grow to its full potential? It will not grow as it is meant to. It may become withered, rotten or die. It is through the elements in the environment that will remove the potential. Just as Tāwhirimātea moves through the trees, his strength can break off branches that are withered and weak (personal communication, B. Emery, 5 September 2019). As te Miro representing occupational therapy, the environment, which could be the Ministry, social changes, research or rangatahi, get rid of the parts that are withered, unhealthy and/or not needed.

Just as te Miro attracts certain birds through the colour and smell of its fruit, so does occupational therapy attract students. How does it do this? How do we ensure that it is attractive to the right bird/student? The bird can go to any tree it wants to, how do we make sure it come to the Miro tree? This research looks at strategies to attract and recruit Māori to study occupational therapy. As te Miro produces and supplies fruit for the kererū, occupational therapy schools supply the fruit for Māori students to feed off to become Māori occupational therapists. How can we make sure that the fruit provided is not only attractive, but also provides healthy seeds to grow Māori occupational therapists?

Te Miro can be used as a metaphor in multiple levels (personal communication, B. Emery, 5 September, 2019), it can be seen as a metaphor for occupational therapy schools, occupational therapy in Aotearoa, Māori occupational therapy, an individual OT, and/or as strategies for recruitment and retention. What we need to decide on, is do we want to have a healthy and flourishing te Miro, because if the tree does not have the right nutrition from the soil, water from the rain or enough sunlight, then the tree may not grow as it to meant to. For this research the metaphor of the Miro tree can be used to describe the three connecting themes that arose from the pūrākau of the Māori OT's.

The first connecting theme, institutional barriers, will cover the development and impacts of racism and colonisation in the tertiary education sector through institutional racism. It will show how this can be subtly and overtly displayed and the impact it has on Māori students. This connecting theme will also illustrate the importance of cultural competency of the lecturers and staff and how this impacts the competency of the students. The metaphor of the Miro tree represents institutional racism as the roots of the tree and cultural competency of staff is represented by the trunk.

The second theme, the importance of identity, will show how identifying as Māori is a continuum. This leads to the development of identifying as a Māori occupational therapist. There is an emphasis made that Māori occupational therapists see OT practice differently from their Pākeha colleagues. Identifying as Māori is represented as the leaves of the Miro tree and identifying as a Māori OT are the berries. It is the health of the leaves and berries that are the expression of being Māori (personal communication, B. Emery, 5 September 2019).

The third connecting theme, the right types of support, will show how providing a culturally safe space and place for Māori students impacts retention rates. It will also illustrate how promoting occupational therapy in a Māori specific way can increase the number of Māori studying occupational therapy. Cultural safety is represented by the branches of the Miro tree and Māori specific recruitment strategies for OT are again the berries that the tree puts its energy into, in order to spread the seeds for future trees and so needs to attract the kererū.

All the parts of the tree are needed for the tree to exist, grow and reproduce. This is true with the recommendations made in this chapter for all stakeholders to implement, so that

occupational therapy in Aotearoa can recruit and retain Māori students. The diagram (Figure 6) below is an illustration of what each part represents.

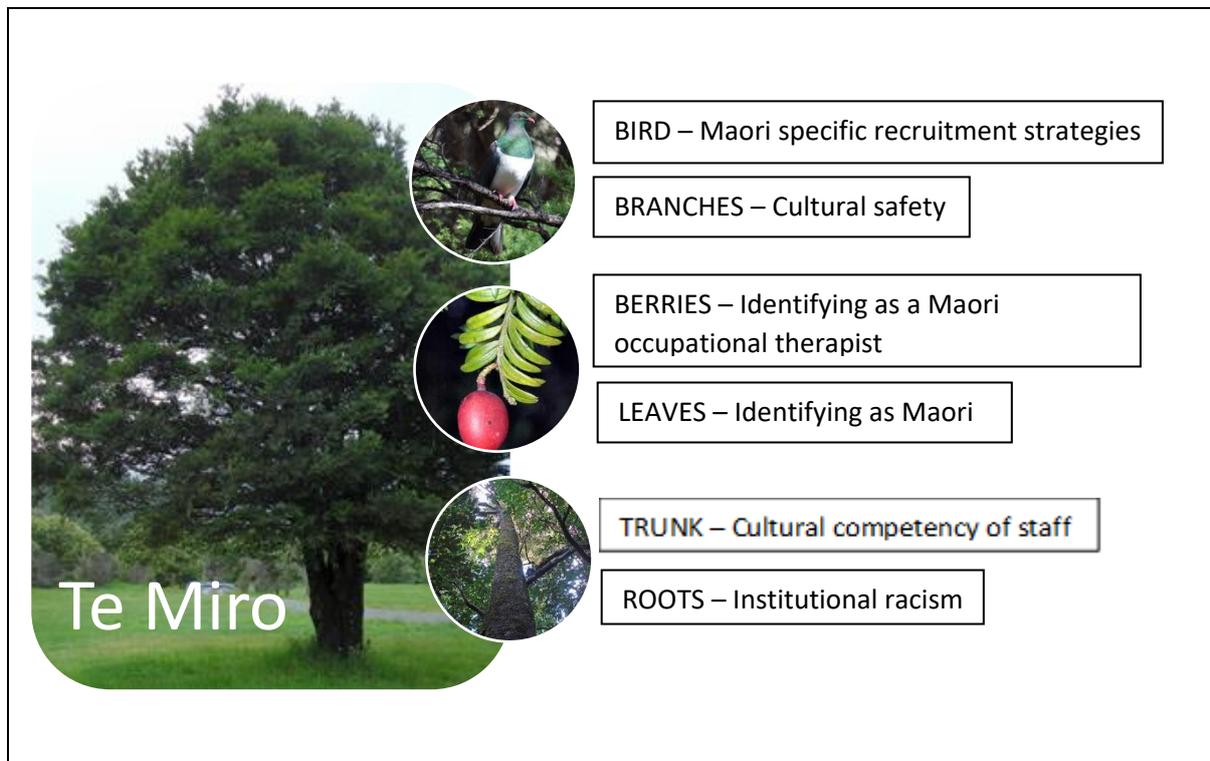


Figure 6 Te Miro metaphor identifying themes

Note. Pictures used from:

Wassilieff, M. 'Conifers - Mataī and miro: the plum pines', Te Ara - the Encyclopedia of New Zealand, <http://www.TeAra.govt.nz/en/photograph/12676/miro-seed-and-foilage> ,

Woodhouse, G. (2010). Fruit eating birds. Terra Nature, retrieved from <http://terranature.org/pigeonNZ.htm>

Bendle, P. (n.d.) Prumnopitys ferruginea (Miro). T.E.R.R.A.I.N retrieved from <http://www.terrain.net.nz/friends-of-te-henui-group/trees-native-botanical-names-m-to-q/miri.html>

Institutional barriers

Institutional barriers come in many forms, for this thesis the emphasis will be on institutional racism and how the occupational therapy education system in Aotearoa will need to work on ensuring they have culturally competent educators, classrooms and curriculum. As described in Chapter Two: Literature Review, Māori were colonised by the British in the 1800's. The foundation of colonisation is racism, the belief that one race or ethnicity is superior to another. Colonisation still exists today, and this bias promotes a mono-cultural system that benefits only one culture.

Institutional racism can be seen as one of the roots of the Miro tree, that can disease the tree if there is not regular monitoring, checks and evaluations. As Lee (2005) explains “*The base of the tree is usually unseen, buried deep within the Papatūānuku (earth mother) the roots draws the water and nutrients it needs to provide strength and vitality in an effort to develop as well as protect, shelter and foster other trees growing in the ngahere*” (p 7-8). As with institutional racism, it is usually unseen, but is what provides strength and vitality for the tree. If the tree is the tertiary institution, then it is being fed by institutional racism, is this what we want the base of our places of learning for occupational therapy students to be? Culturally competent staff can be seen as part of the main trunk of the Miro tree. There are also culturally incompetent staff. It is the staff that must provide the strong structure that attracts and holds up the students. How will the students be held if the staff are not able to attend to their cultural needs?

Institutional racism

Leading academics in the space of anti-racism in Aotearoa state “...we use ‘*institutional racism*’ to refer to an entrenched pattern of differential access to material resources and power determined by ethnicity and culture, which advantages one population while disadvantaging another” (Came & McCreanor, 2015, p. 2). They elaborate by naming some of the ways that this is done: “*policy frameworks, overt decision-making, agenda setting, shaping meaning, withholding information, prioritisation, and imposing worldviews*” (Came & McCreanor, 2015, p.2). This shows that there are everyday decisions that people in positions of power make, that can either enforce or combat institutional racism.

The evidence of institutional racism is in the inequitable social outcomes in health, education, social and justice systems. It can be difficult for some to pinpoint what is causing this and Came et al (2019) names that for many Pākeha, the way systems run are ‘normal’ and so it takes effort, time, reflection and critical thinking to identify the monoculturalism and racism. The latest research on institutional racism in healthcare was done by the Waitangi Tribunal (2019) in *Hauora: Report on stage one of the health services and outcomes kaupapa inquiry*. It is clear in this report that Māori health outcomes reflect uneven access to the social determinants of health which have been an accumulative effect of colonisation. This mono-cultural power and institutions have disadvantaged Māori, and even over the last few decades of purposeful intention of government agencies to address the needs of Māori, they have failed (Waitangi Tribunal, 2019).

There are a number of articles that outline strategies of how to combat institutional racism. These include policy and practice intervention (Came et. al, 2019a), cultural competency of decision makers (Came & Humphries, 2014), honouring te Tiriti o Waitangi and addressing historic racism (Came & McCreanor, 2015), taking action within your sphere of influence (Manson, 2016) revise and decolonise the core curriculum (Came et. al, 2019b) and power sharing with Māori (Ramsden, 1994). Even with clear strategies, institutional racism is highly complex and the strategies so far, have not been funded adequately (Came et al, 2019a). This shows that we need to look at the institution's cultures and practices (Tate & Page, 2018) and that it takes more than education to address the structural changes needed to influence institutional racism (Came et. al, 2019b). The Education Conversation (2019) has been facilitating a consultation to develop of Tertiary Education Strategy which is to inform the comprehensive programme of change to ensure that the education system is accessible for all. There are 13 priorities identified for consultation have one specific to Māori: Incorporate te reo Māori and tikanga Māori in the everyday life of the place of learning (p. 4). This is an example of how institutional racism can be addressed.

So for our current occupational therapy tertiary providers, there are a number of strategies that can be put into place to address institutional racism. The pūrākau of the Māori OT's clearly identify examples of how institutional racism has impacted them on a personal level, such as not being able to wear a korowai, questioning the assessment process, uncertainty of the cultural competency of staff and having to 'break the rules' to be able to attend tutorials. It is unclear how many of these examples actually impeded other Māori students from completing study in occupational therapy.

Jeffery (2005) reminds us that even though there may be a push to get more Māori into occupational therapy, the current institutions and curriculum are strongly influenced by Western culture. An alternative given by one of the Māori OT's was to have a school of OT in an iwi-based university, a whare wānanga. There are three currently in Aotearoa, who provide qualifications from certificate to doctorate levels (Te Wānanga o Aotearoa, 2019; Te Wānanga o Raukawa, n.d.; Te Whare Wānanga o Awanuiārangi, n.d.). Providing an OT programme within a Māori approach to education, would enable Māori to study in a culturally meaningful way (Jansen et. al., 2002). It would be expected that the educators would not only be culturally competent and grounded in kaupapa Māori (Te Whare Wānanga o Awanuiārangi, n.d.), but would also be developing theories and models of occupational therapy specific to Māori needs.

An example of a health profession delivering their curriculum through a *whare wānanga* is Te Ōhanga Mataroa Paetahi: Bachelor of Health Sciences Māori (Nursing) (Te Whare Wānanga o Awanuiārangi, n.d.b). Professor Deborah Rowe from the *wananga* stated “*only seven per cent of nurses in the workforce are Māori and this ... will go some way to addressing this disparity*” (Tyson, 2018). The aim of the programme is to prepare nursing students to work effectively with Māori as graduates are expected to have knowledge in *te reo Māori*, *tikanga Māori*, *tikanga Hauora*, strong in their own identity and possess an in depth understanding of the issues affecting Māori (Te Whare Wānanga o Awanuiārangi, n.d.b). This has provided another avenue for Nursing training in Aotearoa, that is specific to Māori health, and the success could be measured by one of their first graduates receiving the Young Nurse of the Year Award in 2018 (Kia Ora Hauora, n.d.).

Cultural competency

Cultural safety was first explored in depth in health by the Te Kaunihera Tapuhi o Aotearoa/The Nursing Council of New Zealand (Ramsden, 1994; Nursing Council of New Zealand, 2011). It started with the concept of *kawa whakaruruhau* (cultural safety) that was in response to recruitment and retention issues of Māori nurses in 1989. The cultural safety guidelines were led by Irihapeti Ramsden which have been in effect since 1992. The guidelines stated that a health professional is able to be culturally safe when they have gone through a process of reflection on their own identity and then get to a space where they are able to recognise how it impacts their practice. This is also support by Education Conversation (2019) which states that tertiary providers need to deliver culturally and personally responsive teaching and learning (p. 4).

In occupational therapy, Jungerson (1992) outlines in her paper that to be able to be culturally sensitive, occupational therapists in New Zealand need to be able to understand and respect the indigenous people: Māori. The development of bicultural practice will allow learnings to occur that will enable multicultural practice. She also names that this needs to move further than cultural sensitivity. Knowing the effects that colonisation has had on Māori and using this in practice will support changing the wellbeing of Māori. She discusses cultural safety and how this includes teaching occupational therapists to not blame the clients/*tangata whaiora* for the situation that they are in and understanding that events such as colonisation have a direct impact on their day to day lives. Russell (2011) describes that rather than seeing Māori as the problem, look at the problem being that the health professional is unable to engage appropriately. Jungersen (1992) goes on to suggest the

measure needs to be *“As long as Māori people perceive the health service as alien and not meeting their needs in treatment, service or attitude, it is seen as culturally unsafe.”* (p. 746).

As illustrated above, there is a need for reflection on the self and on the impact of political history on the health and wellbeing of Māori. This shows how important it is to have culturally competent staff teaching occupational therapy students. To be able to teach or role model cultural competency, which is integral to the competencies of being a registered occupational therapist (Occupational Therapy Board of New Zealand, 2015; Ministry of Health, 2003), they themselves have had to have gone through a process of reflection and political awareness.

Jungersen (1992) is clear in how occupational therapists can be culturally competent. Firstly, is the acknowledgement that everyone has a culture and a person's culture is essentially a ‘filter’ that is guided by their beliefs, values and goals. The OT’s need to know what ‘filter’ they have so they are aware when they are imposing these onto others who have a different culture. Secondly, this awareness will allow the OT to develop *“therapeutic relationships”* (p. 747). Without this, cross-cultural communication issues will arise that will lead to relationship breakdown. Thirdly, having this openness to cultures different from the OT will allow the client/tangata whaiora to have the power to choose and select activities that are meaningful. Meaning in occupations such as cooking, vary from culture to culture. By engaging in occupations that are meaningful will promote the functional abilities of the person in their health and wellbeing, which is the purpose of occupational therapy.

Fourthly, being able to share the power and taking on feedback from people who know Te Ao Māori is needed. This means that the occupational therapist will be purposely pursuing bicultural practice. This does mean professional development which will include experiential learning and attitude change. These changes will be uncomfortable for the majority of OT’s, as they have not had to do it before and may experience white fragility, which is defined by DiAngelo (2011) as: *“... a state in which even a minimum amount of racial stress becomes intolerable, triggering a range of defensive moves. These moves include the outward display of emotions such as anger, fear, guilt and behaviors such as argumentation, silence, and leaving the stress-inducing situation.”* (p. 2). To be able to share power, this level of reflection and understanding of the self within society and history one lives in, needs to be done. By approaching OT practice in this open and understanding way, there is hope that occupational therapists can practice in a truly holistic way by empowering people within a therapeutic process, having true partnerships, sharing power. Jeffery (2005) was clear on

the potential OT has in terms of cultural safety naming that out of all the western health professions, OT is best placed to work with Māori.

As the majority of staff teaching occupational therapy students in Aotearoa are Pākeha and from the pūrākau from the Māori occupational therapists in this research, it seems that there would be benefit of upskilling staff in cultural competency. Bishop (1996) argues that as a Tiriti partner, Pākeha have a responsibility to be involved in the change needed to address the needs of Māori. Walker (2004) is clear that due to Māori being a minority, that justice cannot be achieved without Pākeha support. Came et al (2019b) names that there needs to be an intentional unlearning of the status quo and how things have always been done, as this is the standard colonial story. It is knowing the historical politics that have formed our society and being able to understand one's own culture and develop ways of how to be in the in-between world views (Hoskins & Jones, 2017).

Importance of identity

One of the connecting themes identified from the pūrākau of the Māori occupational therapists was the importance of identity while studying OT. This was dominated by two parts: developing their Māori identity and developing an identity as a Māori OT. The first part will look at the continuum of identifying as Māori and why identifying as Māori is important. The second part will look into the differences in viewing occupational therapy from a Māori perspective and how this supports identifying as a Māori OT. The final part of this connecting theme, will outline recommendations for the key stakeholders and how they can impact developing Māori students' identity as Māori and as Māori occupational therapists.

As with the leaves of the Miro tree, that produce energy from the sun through photosynthesis (Green, 2016), the strengthening of Māori identity is a way of producing energy for occupational therapy students. The identifying as Māori occupational therapists, is the Miro tree using this energy to produce the fruit and seeds: the future, the forest. Who will be eating the fruit of the tree? Who will benefit from a forest of Māori occupational therapists?

A continuum of Māori identity

The different points in the Māori identity continuum are due to several reasons. The one that seems to encapsulate all other reasons is due to colonisation. The continuous and systematic 'taking' of what is important for Māori, stripped many protective factors such as the language, connection to their tūrangawaewae, family links and resources. Urbanisation

(Paringatai, 2014), inequalities in society (Waitangi Tribunal, 2019), minority groups (Stewart, 2018; Hudson, 2004), racism (Waitangi Tribunal, 2019), mixed ethnicities (Smith, 2013; Greaves, 2015) and historical trauma (Pihama et. al, 2014) all impact how a person identifies themselves. As this has been happening for 180 years, it becomes understandable as to why some people who whakapapa Māori, do not self-identify or do not disclose this to others (Paringatai, 2014; Emery-Whittington & Te Maro, 2018). In Statistics NZ's (2013) first survey on Māori well-being, *Te Kupenga*, showed that 29.5% of Māori find it 'A little/Not at all' important to engage in Māori culture. As discussed in Chapter Three: Methodology, it is unknown how many people with Māori whakapapa do not identify as Māori, but this could account for some of the registered occupational therapists in Aotearoa.

Leoni, Wharerau and White's chapter *He Tātai Tuakiri: The 'Imagined' Criteria of Māori Identity* (as cited in Reilly et. al, 2018), named that there are a number of factors that are considered in identifying as Māori. The biggest issues being that there are two parts of identifying as Māori. Firstly, that there is the 'imagined' group of being Māori and secondly there is the 'reality' of being Māori. This was fleshed out to show how society's and individuals 'imagined' view of what it means to be Māori, does not always align with what 'reality' is. It does not depend on an individual's lifestyle (e.g. engaged with marae), physical appearance (e.g. brown skin) or ability to speak te reo Māori, the link between all the diverse factors of being Māori was whakapapa Māori and self-identification as Māori. These two facets are the foundation of what it is to be Māori and allow the opportunity for development of this identity, however it may be expressed. Durie (1998) reminds us:

Māori live in diverse cultural worlds. There is no one reality nor is there any longer a single definition which will encompass the range of Māori lifestyles. . . . A Māori identity, even when vigorously defended, cannot be presumed to mean a conventional Māori lifestyle. (p. 215)

The stories that arose had a sense that doing occupational therapy study helped "*unfold myself as a Māori practitioner*" or how doing a leadership course helped "*strengthen my identity*". This indicates that self-identifying as Māori does not mean it is a static identifier, but is able to be fluid, evolve and strengthen (Jenkins, 2004). Research shows that there is a continuum of 'being Māori' and also different components that encapsulate what it is 'to be Māori' (Riley et al, 2018) or cultural engagement (Greaves et al., 2015). These range from being involved with marae, having mātauranga Māori knowledge, knowing your whakapapa and speaking te reo Māori.

The importance of identifying as Māori is that research shows that a positive cultural identity has a direct link with health and wellbeing (Durie, 1994), self-esteem and life satisfaction (Greaves et al., 2015). It is also key to retaining Māori students in tertiary study (Curtis et. al, 2012), achieving academic success (Tāhau-Hodges, 2010) and provides resilience to overcome problems in the tertiary education space (Hayward, 2012).

Identifying as a Māori occupational therapist

It has been identified in a number of articles by Māori occupational therapists, that their view is different from Western OT theory and concepts. Sunderland and Carpenter (2012) discussed the use of a traditional activity, flax weaving, as a way to teach OT students, and acknowledged that they need to be mindful that the students' experience of the activity will be seen through their own cultural lens. They then illustrated this by naming that the therapeutic value of 'doing' is not necessarily as important from a Māori perspective as the connection it creates between people and the environment: belonging. The connection not only between the people they are doing the activity with, but also their family and ancestors. This was also supported by Davis (2018) and Kirkwood (2015) who explained the same 'belonging' benefits of doing a flax weaving group for tangata whaiora and also Hopkirk (2013) who highlights that a Māori perspective on health is interdependence and collective.

Another two Māori occupational therapists discussed their own decolonisation journey (Emery-Whittington & Te Maro, 2018). They emphasised that being indigenous OT's in a colonial society, there is an urgent need to decolonise so that they are able to use their knowledge and skills to support the health and wellbeing of iwi/hapū/whānau. By going through their own decolonising journey, it allows them to use decolonising occupations in their work with tangata whaiora. In practice, there were four unique positions identified that an indigenous OT takes. First is knowing to respect how "*locals do it*" (p. 18). Secondly that chronic conditions impact the "*daily expression of spirit through occupation*" (p. 18). Thirdly is that decolonised occupations can be used for social change, that create a sense of freedom and justice. Fourthly that indigenous people see occupations differently and so we do not need to follow only the colonised view of occupations. This is supported by Iwama (2006) where he talks about needing to reconstruct the ideas and theory of occupation, as it comes from a mono-cultural view - Westernised thinking.

As described in Chapter Two, Wilson (2010) talks about weaving Māori practice and occupational therapy practice and how this has enabled him to work effectively with tangata

whaiora. Also, that first and foremost, he is Māori, then an OT, and that the development of his identity as Māori allowed him to work in this bicultural way. This supports Hopkirk's (2013) hope that Māori will be able to participate and contribute to their health, will have a choice of a Māori OT and can have assessments and interventions provided from their world view.

The right type of support

Having the right type of support for Māori students in a tertiary education environment means that it has to align with Māori values, which will provide a culturally safe space. This will be looked into and some recommendations of how to provide this will be given from the latest research. The second theme will be looking at how to promote occupational therapy in a Māori specific way. Examples of ideas from the Māori OT's will be given along with ones from other institutions.

Providing a culturally safe space for Māori students can be seen like the branches of the Te Miro. These branches can lean this way or that, as so is the need of the support and space, there are a number of ways that this can be done. represent the specific Māori promotion strategies to recruit other Māori to study occupational therapy. It will be only the right type of fruit that these potential students will be attracted to and it is through the birds that the seeds will be dispersed.

Cultural safety

In her reflection on the last 10 years of cultural safety in nursing within Aotearoa, Ramsden (2000) identifies that:

Cultural safety lies in the trust moment and in shared meaning about vulnerability and power followed by the careful revelation and negotiation of the legitimacy of difference. It is our responsibility to translate the tired classroom clichés about respecting values and beliefs and the resulting behaviours into active and participatory practice” (p 10).

Hughes (2018) also reminded us that it is the client who decides if their time with a health professional has been culturally safe or not. In regard to this thesis, it can be easily changed to fit, that it is the student that decides if the tertiary education institution is culturally safe or not. The latest research in cultural safety for Māori students in tertiary education are clear in what is needed to provide this environment that promotes learning. Curtis et. al, (2012a)

state “*Tertiary educational programmes must facilitate positive non-Māori attitudes towards Māori; create culturally safe learning environments; allow Māori students to be Māori within programmes; and incorporate Māori cultural values within learning environments*” (p 31).

This research report outlines the following are integral components of ensuring cultural safety for Māori students: use effective teaching and learning practices, provide academic support that is culturally appropriate, provide pastoral support that is culturally appropriate, provide a culturally safe learning environment and encourage cohort cohesiveness.

The Māori occupational therapists gave examples of areas that work well in developing a sense of cultural safety that were also identified in this research report (Curtis et. al, 2012a) and research done by Rātima et al. (2007). These were: a separate space that is Māori specific, resources to facilitate whānaungatanga (kai/food while sharing and talking with each other), addressing prejudices/stereotypes towards Māori, culturally appropriate tutors and staff, to have Māori teaching staff, to have staff who are connected to Māori students and can provide culturally appropriate pastoral care, staff who are aware of Māori-specific issues, provision of accessible resources to support learning like computers, ensure access to senior Māori occupational therapists, provide mentors and role models and peer support networks.

As a way to support reducing racism in the tertiary education institution, Ramsden (2000) recommends having core Māori health papers for all undergraduate degrees in health. These would cover the history of Aotearoa’s history, te Tiriti o Waitangi, colonisation and the impact it has on health and services and most importantly allow students to critically look at their place in society and what this means (Came et. al, 2019b).

Tāhau-Hodges (2010) also conducted some research across 21 domestic tertiary education institutions on Māori students and mentoring. The focus was on formal and informal mentoring. There were five areas identified that worked well: “*Providing kaupapa Māori-based or culturally relevant mentoring, utilising data to inform responsiveness, setting high expectations, supporting cultural identity and community development and leadership*” (p 4). She found that when this was done, there was a positive relationship between this type of mentoring and Māori student success. This mix of formal and informal mentoring was identified by the Māori occupational therapists as an important part of the support needed while studying. This can be strongly supported if there were more Māori academic staff teaching the curriculum. As recommended by McAllister et. al, (2019) there needs to be more than policies on equity and diversity of staff, rather strategies on the recruitment and retention of Māori academics to reflect a true partnership.

Research conducted by Lee-Morgan (2018) on learning and teaching strategies for Māori students found that having structured wananga and support people not only increased their cultural capital but also learning organisational skills for academic success. This was identified by some of the Māori occupational therapists, that learning core skills for tertiary learning such as stress management, confidence building and knowing your learning styles was important.

From an international perspective, research done in Australia with nursing (Usher et al, 2005) identified strategies to retain indigenous students. These were: utilising indigenous centres and community members to support and mentor, non-bonded scholarships, travel allowances for placements, providing culturally safe counselling, providing culturally appropriate clinical mentors and having an exit interview to ascertain better ways of supporting students. Another interesting point raised was to encourage students to identify themselves as indigenous, if they are.

Specific promotion for Māori

A number of ideas were given by the Māori occupational therapists on how to recruit more Māori into OT study. It is very clearly articulated by Rātima et. al, (2008) that targeted secondary and tertiary education sector initiatives are needed to successfully recruit, retain and achieve Māori student success. This is to increase the Māori health workforce to meet Māori health needs.

Hayward (2012) found from current literature that there are four significant factors that need to be addressed to recruit Māori into tertiary study. These are academic preparedness, whānau engagement, the environment and finance. The research conducted in this Master's thesis found that current Māori students supported Māori specific recruitment strategies, they were unsure how current recruitment strategies influenced them or not, but reported that having contact with Māori staff prior to studying and availability of scholarships did influence their decision of where to study. From the research she was able to develop identify "*key aspects in developing successful recruitment strategies*" (p 117) which are outlined in a diagram showing a back and forth flow between finance, support and relationship building. It is explained that all three factors need to be present to increase the number of Māori choosing to study at a particular place.

Rātima, et. al, (2007) reviewed what initiatives were happening around Aotearoa and found key factors that have been working well to recruit Māori health students. One of these were

having early exposure of options to study at secondary school level, so potential students can complete appropriate school subjects, provide career advice and offer tertiary opportunities. Another successful initiative was supporting the transition into study, such as bridging programmes, admission quotas and publicly available mission statements promoting equity. Other initiatives included Māori led, focused and targeted interventions and consistent investment over a prolonged period. These types of initiatives also align with Curtis et. al., (2012b) who looked at indigenous tertiary education strategies.

Vision 20:20 at the University of Auckland has a strategy specific to Māori recruitment, Whakapiki Ake. This programme connects with Māori in secondary schools and promotes health careers by doing school visits and presentations to Māori students, exposure to health career options, assistance with application processes, tertiary environment exposure and financial support (Curtis et. al, 2012a). Another strategy is the 'Māori and Pacific Admission Scheme' that has increased the number of Māori graduating with health qualifications, this contributed to the highest number of Māori graduating in medicine in 2016 from the University of Auckland and University of Otago (University of Otago, 2016).

Massey University and Health Workforce New Zealand provide financial and learning support for Māori mental health study (Massey University, 2018). These scholarships provide fees and travel costs, a mentor, individual learning and personal support, course planning, study skills workshops and access for Māori community and student networks.

Otago Polytechnic has a Māori Strategic Framework 2016-2018 (Otago Polytechnic, 2015) which was developed to provide a vision for Māori tertiary education, prioritising Kai Tahu. Priority three is about increasing recruitment and retention of Kai Tahu/Māori students, which aims to understand barriers for potential Māori students, how to overcome these barriers, use appropriate networks to recruit, make the physical environment appealing to Māori and provide a safe environment for Māori students. In the Māori Annual Report 2017 (Otago Polytechnic, 2017) showed that over the last three years there has been an increase in the headcount of Māori students, although a decrease in equivalent full-time student. The report explicitly states that the Bachelors in Occupational Therapy have more than 30 Māori EFTS and a course completion rate of more than 80 per cent.

Auckland University of Technology's (AUT) Annual Report 2018 (Auckland University of Technology, 2019) shows that over the last three years there has been a consistent 11% of students identifying as Māori. It also reports that they were unable to achieve their aim of

increasing participation and success for Māori, but were able to strengthen the contribution to Māori achievement. This was done by providing digital technology for learning te reo Māori, sponsoring local Māori events, hosting a summit to promote study with local rangatahi, provided scholarships for Māori and offering free te reo Māori classes.

The research in recruitment of Māori students into tertiary education fits with the ideas that were shared by the Māori occupational therapists. That there needs to be opportunities to meet with Māori OT's, and to have Māori led promotion strategies that allow potential students to see how OT is relevant to te Ao Māori. One point that has not been addressed in the research is that there needs to be specific OT promotion, as it is an 'unknown' health profession, and as some of the Māori OT's recommended, it needs to be promoted in a way that aligns with te Ao Māori values.

Conclusion

There are some specific ways identified in this chapter that can be used by the key stakeholders in occupational therapy to recruit and retain Māori in study and also in the profession. These recommendations will take time, energy and effort to develop, implement and monitor. It is important that these are taken seriously so that Māori whānau who need occupational therapy can receive this in a way that allows them to be themselves and receive appropriate healthcare.

The metaphor of the Miro tree is a way of seeing the whole picture and how there are so many inter-connections between the key themes from the Māori occupational therapists. Being able to see how each impacts the other, will allow key stakeholders to see the importance of a multi-faceted approach to addressing the recruitment and retention of Māori occupational therapy students. The diagram below outlines each part of the Miro tree, the themes and the recommendations.



Figure 7 Te Miro metaphor recommendations

Note. Pictures used from:

Wassilieff, M. 'Conifers - Matai and miro: the plum pines', Te Ara - the Encyclopedia of New Zealand, <http://www.TeAra.govt.nz/en/photograph/12676/miro-seed-and-foliage> ,

Woodhouse, G. (2010). Fruit eating birds. Terra Nature, retrieved from <http://terranature.org/pigeonNZ.htm>

Bendle, P. (n.d.) Prumnopitys ferruginea (Miro). T.E.R.R.A.I.N retrieved from <http://www.terrain.net.nz/friends-of-te-henui-group/trees-native-botanical-names-m-to-q/miri.html>

Chapter 6: Conclusion

Ki te kore ngā pūtake e mākūkūngia, e kore te rākau e tupu
If the roots of a tree are not watered, the tree will never grow
Māori whakataukī

This chapter will firstly summarise the key points in this thesis, covering why it was done, how it was done and what was found. Secondly, it will outline the research recommendations that have come out of the analysis. Then the strengths and limitations of the study will be presented. This will be followed by showing how the thesis has contributed to research and the direction for further research in the area.

Summary

There are 150 registered Māori occupational therapists in Aotearoa (personal communication, M. Kenning, 17 April 2019), this is 4.1% of all registered OT's in Aotearoa. Māori OT's are not only underrepresented in the overall population, but also within the health workforce (Statistics New Zealand, 2017; Rātima et al, 2010). Due to the low percentage of registered Māori OT's, and the continued need for OT in Aotearoa, there needs to be more Māori choosing and completing study in OT.

The aim of this thesis was to investigate the experiences of Māori selecting and completing an occupational therapy qualification in Aotearoa. It looked at the areas that can support the workforce development of Māori OT. It did this by providing a critique of the recruitment and retention of Māori OT students which has been an issue for a number of years (Te Rau Matatini, 2009).

The foundation of this type of research is to highlight how important it is for whānau Māori to be able to choose if they want to receive their occupational therapy by Māori. Due to past historical trauma, called colonisation, health care has been monocultural in Aotearoa and has not served Māori in a culturally appropriate way. This colonisation continues and is reflected in health inequities, which shows that there is a systematic and institutional bias against Māori (Waitangi Tribunal, 2019). Health professionals need to develop their practice to be able to work with Māori in a culturally competent and meaningful way, so that Māori are as healthy as their Pākehā counterparts in Aotearoa. This can be done if *te Tiriti o Waitangi*

is truly adhered to and the partnership between Māori and Pākehā is respected and based on a sharing of power.

Māori occupational therapists are clear that they are Māori first, and this gives them the ability to work with Māori whānau in a bicultural way. There have been a number of workforce development initiatives implemented over the years, some have been sustained, while others have not. *Te Umanga Whakaora Accelerated Māori Occupational Therapy Workforce Development* (Te Rau Matatini, 2009) was developed for all stakeholders of Māori occupational therapy. It developed a clear framework to build Māori OT with actions plans and pathways. This has been the most extensive initiative that looks at recruitment and retention, cultural competency and best practice. It was developed by Māori occupational therapists. Over the last 10 years, only some of the actions have been achieved. This research is to support *Te Umanga Whakaora*.

This research used Kaupapa Māori theory as the underpinning theoretical framework to shape and determine appropriate methods. This theory comes from Mātauranga Māori: the knowledge and experience of being Māori (Pihama, 2010). Using this approach enabled the research to be culturally safe for Māori and ensured that it contributes to the advancement of Māori whānau, hapū and iwi (Moewaka-Barnes, 2000). It allowed a Māori perspective on how choosing and completing study in occupational therapy is for Māori.

Narrative Inquiry upholds the mana of storytelling and so, pūrākau was used as the method of collecting the stories of seven Māori occupational therapists. To make certain that the research was conducted and written in a culturally appropriate way an Advisory Whānau was set up. They not only ensured that I adhered to whānau/hapū/iwi expectations but also supported me politically and spiritually.

Navigating the two worlds of te Ao Māori and Western society (Wirihana, 2012) is a dilemma that I have had to straddle my whole life. This was no difference for this research. The ethics was challenging at times, and a middle ground had to be found around confidentiality, identifying as Māori, ongoing consent, managing existing relationships and locating myself in the thesis. Through reflexivity, talking to the Advisory Whānau, reading what other researchers had done and attending various indigenous hui, I was able to overcome these dilemmas.

To ensure that the analysis of the findings was done from a Māori perspective, the Pū-Rā-Ka-Ū analysis method was adapted from Wirihana (2012) to specifically fit for this research. Each of the four concepts were used to make sense of the themes that emerged. Direct quotes were used to illustrate the themes and maintain the voice of the Māori occupational therapists (Lee, 2008). The concept of Pū was the source of desire to be an occupational therapist, Rā was the inspirational experiences that gave enlightenment, Ka was past experiences that impacted future aspirations and Ū was the source of sustenance.

Each of these four concepts had themes that showed the commonalities between the seven Māori occupational therapists' stories. Many of them link to other themes which shows how interwoven aspects of recruitment and retention are. The themes were Alignment with own values, 'Knowing' it is right, To support and help others, Recommended by others, Time for a change in career, Right career path, Seeing the big picture, Identifying as a Māori occupational therapist, Experiencing cultural dissonance, Sense of disconnection, Life experiences before studying occupational therapy, Barriers while studying, Support needed, Importance of Māori identity, Increasing Māori studying occupational therapy, Providing a conducive space for Māori, Whānau connections, Knowing self, Intelligence, Te Ao Māori values and Big picture thinking. There are three connecting themes, that combine the themes identified. These are; the importance of identity, institutional barriers and the right type of supports.

The Miro tree was used as a metaphor to discuss these connecting themes. It was able to show how each of the themes are connected and impact the other. It linked the themes with the roots, trunk, leaves, berries, branches and the birds. Each of these contribute to the growth or decline of the other. The current literature shows that the issues identified by the Māori occupational therapists is consistent and there are several recommendations made on how to overcome these.

Research recommendations

There are some specific ways identified that can be used by the key stakeholders in occupational therapy to recruit and retain Māori in study and also in the profession. These recommendations will take time, energy and effort to develop, implement and monitor. It is important that these are taken seriously so that Māori whānau who need OT can receive this in a way that allows them to be themselves and receive appropriate healthcare.

The most urgent recommendation is to develop, implement and monitor an action plan that will address institutional racism within the tertiary education institutions. Some examples of these actions would be evenly sharing power with Māori in decision making, revise and decolonise the core curriculum, ongoing cultural competency development for staff and having Māori staff members. It is imperative that staff at occupational therapy schools are aware of the continuum of identifying as Māori and develop skills to be able to gauge where Māori students are in this continuum and support appropriately their development. It needs to be highlighted that there needs to be core papers on Māori health for all OT students so that all students will understand the impact of colonisation on Māori. This may also reduce racism within the tertiary education institution. Another option is to have an OT programme at one of the *whare wānanga* to accelerate the number of Māori occupational therapists.

There needs to be research on why some Māori occupational therapists do not complete their study in OT. This would also be supported by Māori-specific feedback loops that inform the OT schools if they are providing a culturally safe environment. This could be with current Māori students, Māori OT's, education staff and new graduates. These feedback loops need to be done in a way that fit with Māori, so they are easy to engage with.

The development of models of occupational therapy that do not follow a colonised world view are also essential. Having decolonised models of occupational therapy are needed to fit with indigenous perspectives, expectations and needs in health. This will lead to culturally appropriate assessment and interventions. This leads onto the need for research being done in the area of indigenous occupational therapy.

Another recommendation is to have supports and mentors who are Māori that can support with cultural identity development and practical skills for learning in a tertiary education setting. This is to be done in formal and informal ways. This can be done along with having strong links with Māori occupational therapists so that they can be mentors for students and can provide placements. Māori students need to be able to have access to the Māori OT supervision groups and the annual *Tangata Whenua Hui* so that they are connected with the Māori occupational therapists in the community and have a support network for when they graduate.

The last recommendation is to ensure that recruitment strategies entail financial support, mentoring support and relationship building. These strategies need to be closely monitored to identify specific strategies that work and what areas to develop. This needs to be specific to occupational therapy. There also needs to be a strategy that links occupational therapy with

te Ao Māori so that potential Māori students are attracted to it as a health career option, especially as OT is an 'unknown' health profession

As a Māori occupational therapist and my position as the researcher, the recommendations have a direct impact on how and what I do in the positions I hold. It has reinforced how important the roles of being a supervisor for Māori students and OT's are, how crucial it is to have Māori OT supervision for Māori students, how essential it is to be on boards, councils and advisory groups to make sure that the power and decision making is shared with Māori, and how it is paramount to have succession planning for all these roles. It is Māori occupational therapists, like myself, that are the ones who can provide support for the Māori students that no other OT's can, as we allow Māori *to be* Māori.

Strengths and limitations

This research gave Māori occupational therapists a chance to talk about their own experiences and pūrākau. Being able to do this in a way that is culturally safe was a rare event, and due to the number of people wanting to be part of the research, indicated that it is sorely needed. This is the strength of this research, that it gave an opportunity to the Māori OT voice at the front and centre, instead of an add-on to research. This was because it followed a Kaupapa Māori methodology, which expected it to be by Māori, with Māori, for Māori.

In addition, another strength is that it allowed the reader to see that the same issues are in other areas of health study, so it reinforced that the stories of Māori occupational therapists are validated. As the research was specific to the OT schools in Aotearoa, it allowed the recommendations to aim specifically to this context.

One more strength is that even though there was a small number of Māori occupational therapists who were interviewed, there was a good range of experience, age, sex and place of study amongst the Māori OT's. This showed that the stories were told from a range of Māori OT's, from new graduates to over 20 years' experience. Another strength was using a new analytical method, which was developed by Wirihana (2012). This allowed the pūrākau to be analysed through a Māori lens, which ensured that the stories were treated with the cultural respect they deserve.

The limitations are as stated above, that there was a small number interviewed. This was due to the amount of time needed to do the interviews, transcribing and analysing for a master's level thesis. Nevertheless, key themes still emerged, but if there were a higher number there could have been more themes arise, and/or higher validity in the themes that arose.

Contributions to research

The research offered an important contribution to Māori occupational therapy. Research in Māori OT is limited, especially that involves Māori OT's themselves. This research continued on the work that was started by Jungerson (1992), Hopkirk (2010a; 2010b), Emery-Whittington & Te Maro (2018), Gilsenan (2010), Wilson (2010), Carpenter & Sunderland (2012) and others who gave their research, reflections and thoughts on their world as Māori OT's.

Te Umanga Whakaora has put down the foundation for Māori occupational therapy development in Aotearoa. This research again highlights that there is a pressing need for workforce development, starting with how the OT schools develop and deliver the curriculum, and support and assess their students that fits with *te Tiriti o Waitangi*.

The difference with this research, compared to other research such as *Tātau Tātau* (Curtis et al., 2012a) is that it is specific to the occupational therapy schools in Aotearoa. This can support the current OT schools as it is pitched at the context that they are in. That said, some of the recommendations could be transferred to other areas of health, workforce development or study.

Directions for further research

To disseminate this research, it needs to be done in a way that is accessible not only to the key stakeholders in occupational therapy, but also for Māori. This means not only presenting at national and international conferences and publishing in journals, but to also publish in public forums like social media, newspapers, newsletters that are iwi/hapū/ whānau based.

This research could be extended by including more of the stories of Māori occupational therapists. As mentioned previously, this could bring up new themes and/or could strengthen the current themes. It could be a doctorate level of research. In addition to this, there could be a focus on the development and use of the Pū-Rā-Ka-Ū analysis method. This method

ensured that there was a Māori perspective on how the stories were analysed. I believe that this is important when doing research with Māori.

To extend this research further, a similar approach could be used by hearing the stories and experiences of Māori occupational therapists of other key stakeholders in OT. These would be organisations such as the Occupational Therapy Board of New Zealand, Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa, World Federation of Occupational Therapy, District Health Boards and the Māori occupational therapy peer supervision group. This would be a critique to see the level of cultural competency and to see if they align with not only *te Tiriti o Waitangi* but also *Competency Two: Practicing appropriately for bicultural Aotearoa New Zealand* (Occupational Therapy Board of New Zealand, 2015), one of the competencies that all occupational therapists are legally bound to be competent in. Why would the organisations that directly impact occupational therapists not adhere to this as well?

Another area for further research would be to explore the attitudes, beliefs and experiences of staff (both Māori and non-Māori) who deliver the occupational therapy training programmes in Aotearoa New Zealand. This would be to understand their perspective of what the facilitators and barriers are to incorporate Mātauranga Māori content and trying to create a safe passage for Māori OT's in mainstream tertiary institutions.

Conclusion

This research was conducted to support the recruitment and retention of Māori students engaged in occupational therapy study in Aotearoa New Zealand. This was to contribute to the workforce develop of Māori occupational therapy, so that Māori are given the option to study OT, are adequately supported to compete their study and so Māori Whānau are able to receive culturally appropriate OT.

It was clearly shown that there is not enough research published by Māori occupational therapy, let alone by Māori occupational therapists. This research aspires to stimulate momentum in research that drives the aspirations of Māori in occupational therapy. This research is not only for Māori occupational therapists, but is for all the various stakeholders to incorporate the voice of these seven Māori occupational therapist into their policies, procedures, strategies, goals and day-to-day impacts they have.

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Appendices

Appendix A: Ethics Approval



AUTEC Secretariat

Auckland University of Technology
D-88, WU406 Level 4 WU Building City Campus
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

15 August 2017
Heather Came
Faculty of Health and Environmental Sciences

Dear Heather

Re Ethics Application: **17/215 Choosing and completing study in occupational therapy: the stories of Māori**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 14 August 2020.

Standard Conditions of Approval

1. A progress report is due annually on the anniversary of the approval date, using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>.
2. A final report is due at the expiration of the approval period, or, upon completion of project, using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>.
3. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form: <http://www.aut.ac.nz/researchethics>.
4. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
5. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.

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

Please quote the application number and title on all future correspondence related to this project.

AUTEC grants ethical approval only. If you require management approval for access for your research from another institution or organisation then you are responsible for obtaining it. If the research is undertaken outside New Zealand, you need to meet all locality legal and ethical

obligations and requirements. You are reminded that it is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard.

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

Yours sincerely,

A handwritten signature in black ink, appearing to read 'K O'Connor', written in a cursive style.

Kate O'Connor
Executive Manager
Auckland University of Technology Ethics Committee

Cc: georgina_davis@yahoo.com

Participant Information Sheet

AUT

TE WĀNANGA ARONUI
O TĀMAKI MAKAU RAU

Date Information Sheet Produced:

14 February 2018

Project Title

Choosing and completing study in occupational therapy: the stories of Māori

An Invitation

Ko Hinemauria, Torere-a-nui me Karetu ngā Mārae

Ko Ngāti Porou, Ngāi Tai me Ngāti Hine ngā iwi

Ko Georgina Davis tāku ingoa

I warmly invite you to participate in my research about your experience in choosing and completing study in occupational therapy. This research is part of my Masters of Health Science. It will be the thesis part of this qualification from Auckland University of Technology.

What is the purpose of this research?

The potential benefits for the participants is by increasing the capability of the workforce by being able to target recruitment strategies to Māori, and to also support the training institutions to be able to provide a culturally responsive environment that will increase retention and completion rates.

The potential benefits for the wider community is to ensure Māori receive the best occupational therapy, by having occupational therapists who are clinically and culturally competent.

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

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

The advisory group consists of a variety of people:

- Kaumātua – who has been involved with Māori occupational therapy workforce development for a number of years
- Whānau/hapū representatives – who ensure the researcher stays grounded and fulfils whānau expectations
- Māori OT/researcher – Auckland based – provides specific feedback in regards to occupational therapy and Māori research considerations and expectations
- Māori psychologist/Doctorate – provides feedback on specific methodology

- Māori OT/researcher – Wellington based – provides the ‘big picture’ overview in regards to Māori occupational therapy workforce development national plan

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

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

- Self - identify as Māori
- A trained occupational therapist
- Completed their study of occupational therapy in New Zealand
- A registered occupational therapist

Please let me know if you do not fulfil these.

How do I agree to participate in this research?

Once you indicate to myself via phone, email or face to face, I will provide you with a consent form, where you can ask questions and then sign if you agree with the consent form.

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

What will happen in this research?

You will be asked to meet with myself at a place of your preference, to share your experiences of choosing and completing occupational therapy training. This will take approximately 60-90 minutes. There will then be an email sent to you with the transcript of what you shared. You will be asked to give feedback, to ensure that the transcript is correct and true.

What are the discomforts and risks?

Due to the nature of the research, of sharing your experience, there could be times where issues come up that need to be addressed after the interview.

How will these discomforts and risks be alleviated?

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

What are the benefits?

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

The potential benefits for the wider community is that targeting recruitment strategies to Māori will increase the workforce. The research will also support the training institutions to be able to provide a culturally sensitive environment that will increase retention rates. This is all to ensure Māori receive the best occupational therapy. By having occupational therapists who are clinically

and culturally competent impacts Māori wellbeing. The findings of this research will be used in academic publications and presentations.

It will also benefit the researcher, as it is part of completing her Masters in Health Science.

How will my privacy be protected?

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

You are able to choose if you want to be identified in the research or have limited confidentiality. If you choose the later, then I will try my hardest to do this. Please keep in mind that due to the nature of the study (personal experiences) and the small number of Māori occupational therapists, it may be difficult to do this successfully. Please discuss this with me if you have any concerns.

What are the costs of participating in this research?

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

Interview: 60-90 minutes

Email/hard copy readings of transcripts/write up of research: 120 mins approximately (over a period of months)

What opportunity do I have to consider this invitation?

Two weeks

Will I receive feedback on the results of this research?

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

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

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Heather Came, heather.came@aut.ac.nz, +649 921 9999 Ext 7799.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEK, Kate O'Connor, ethics@aut.ac.nz, +64 9921 9999 ext 6038.

Whom do I contact for further information about this research?

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

Researcher Contact Details:

Georgina Davis georgina_davis@yahoo.com

Project Supervisor Contact Details:

Heather Came heather.came@aut.ac.nz

Approved by the Auckland University of Technology Ethics Committee on 15 August 2017, AUTEK Reference number 17/215.

Appendix B: b) Consent form



Consent Form

Project title: **Choosing and completing study in occupational therapy: the stories of Māori**

Project Supervisor: **Heather Came**

Researcher: **Georgina Davis**

I have read and understood the information provided about this research project in the Information Sheet dated 8th June 2017

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

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

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

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

I agree to take part in this research.

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

Participant’s signature:

Participant’s name:

Participant’s Contact Details (if appropriate):

.....
.....
.....
.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 15 August 2017AUTEC Reference number 17/215

Note: The Participant should retain a copy of this form



Interview protocol

Project title: *Choosing and completing study in occupational therapy: the stories of Māori*

Project Supervisor: *Heather Came*

Researcher: **Georgina Davis**

The interviews will be recorded by:

2x audio recording devices

1x notes written by the researcher on paper

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

Researcher's signature and name:

..........Georgina Davis

Indicative questions

Project title: *Choosing and completing study in occupational therapy: the stories of Māori*

Project Supervisor: *Heather Came*

Researcher: ***Georgina Davis***

1. Where are you from? No hea koe?
2. Where do you work?
3. How did you come to the decision to study occupational therapy?
4. Where did you study occupational therapy and how was the first year of study?
5. How was the second year? The third?
6. What helped and supported you in completing?
7. What hindered you completing?
8. What do you think will help recruit more Māori into occupational therapy?
9. What do you think will help retain Māori in occupational therapy study, so that they complete the qualification?

Appendix B: e) Researcher safety protocol

The logo for AUT (Auckland University of Technology) is displayed in white text on a black background.

TE WĀNANGA ARONUI
O TĀMAKI MAKĀU RAU

Researcher safety protocol

Project title: *Choosing and completing study in occupational therapy: the stories of Māori*

Project Supervisor: *Heather Came*

Researcher: ***Georgina Davis***

The primary researcher may have to interview the participants in their private homes.

This will be managed by:

- letting someone else know where she is going, at what time and when to expect the researcher back
- ensuring the primary researcher keeps herself safe during this time by having a cell phone available and using de-escalation skills if required

If the researcher is not back at the expected time, then the person is to contact her via her cell phone. If they are unable to reach her, then the police will be notified.

Researcher's signature and name:.....Georgina Davis

Research study

Choosing and completing study in occupational therapy: the stories of Māori



Research Description and Purpose:

A Māori researcher at the Auckland University of Technology wants to find out the Pūrākau/stories of Māori occupational therapists experiences of choosing and completing occupational therapy study. This research is for a Masters thesis. Research is always voluntary.

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

- Self - identify as Māori
- A trained occupational therapist
- Completed your study of occupational therapy in New Zealand
- Are a registered occupational therapist

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

- You will be asked to meet with the researcher at a place of your preference, to share your experiences of choosing and completing occupational therapy training. This will take approximately 60-90 minutes.
- There will then be an email sent to you with the transcript of what you shared. You will be asked to give feedback, to ensure that the transcript is correct and true.
- Participants who take part will be given a koha to thank them for their time.

Contact Information: To take part in *Choosing and completing study in occupational therapy: the stories of Māori* research study or for more information, please contact Georgina Davis at georgina_davis@yahoo.com
The Project Supervisor is Dr. Heather Came (heather.came@aut.ac.nz, +649 921 9999 Ext 7799).

Naku te rourou nau te rourou ka ora ai te iwi
With your basket and my basket the people will live

Photo credit: Te Wairua Art Studio <http://www.tuwairua.co.nz/gallery-kete.php>

Appendix C: Transcriber consent form



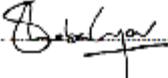
Consent Form

Project title: *Choosing and completing study in occupational therapy: the stories of Māori*

Project Supervisor: *Heather Came*

Researcher: *Georgina Davis*

- v I understand the information provided about this research project is confidential
- v I understand that I will destroy any written and/or audio recordings of the interviews given to transcribe

Transcriber's signature: 

Transcriber's name: Shoba Nayar

Transcriber's Contact Details (if appropriate):

Email : snayar19@gmail.com

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Date: 9th April 2018