

TE WAIPOUNAMU / SOUTH ISLAND MĀORI DHB STAFF EXPERIENCES SURVEY

REPORT OF SURVEY FINDINGS AND RECOMMENDATIONS



I te ao o neherā, tērā te wā ka rongō a Hine-pū-te-hue i te whakatakariri o ōna huānga. Ka huri ōna whakaaro ki te whai rongōā. Ka kūkua e ia te pāmamae, te ngaukino, te nguha, ka puritia ki roto ki te hue. Nā te waiata a Hine-pū-te-hue ērā āhuatanga i whakapuaki kia haumanu ai.

He pou herenga waka, he pou herenga tangata.

Kai te kurakura o te waka koe e iri ai, e te manukura Gary Coghlan. Nā koutou ko te whānau o Te Herenga Hauora o Te Waka a Aoraki tēnei kaupapa i tīmata ai. E te rangatira, Gary, mokemoke ana te ngākau i tō wehenga atu. Okioki ai koe kai tua atu i te ārai o te miru pō. Tae atu ki ngā pare kawakawa o tēnā marae, o tēnā marae, huri noa i ngā motu, moe mai, moe mai, moe mai rā. Rātou te ruku tai pō, rātou ki a rātou, tātou ko tai awatea, tēnā tātou.

Pērā i te hue i a Hine-pū-te-hue, ka puritia i tēnei kohinga kōrero ko ngā wheako, ko ngā nawe, ko ngā wawata o te hunga kaimahi Māori o te rāngai hauora o Te Waipounamu.

E rere ana ngā tai o mihi ki a koutou ngā kaituhi, ki a koutou hoki ngā ringa kua mirimiri i te kaupapa nei. Ka noho tēnei hai wero, hai ranga wairua anō. Me āta whakaaro tātou, me āta wānanga tātou i ngā kōrero kua whakapuakina e ngā kaimahi, kia wātea mai he ara whakahaumanu mō rātou, otirā mō tāua te Māori. Mā tātou anō te hā o Hine-pū-te-hue e kawē ake. Kia tīkina ko ngā kupu nā te rangatira o Ngāti Kurī, nā Marukaitātea:

“Ki te nui pata āwhā, mākū katoa te whenua”

The Tipu Mahi team wishes to pay our respects and acknowledge the many people who have contributed to this important kaupapa. In our view, the voices and experiences of our kaimahi Māori that are expressed in this document are a taonga. We have encountered many challenges and systemic changes since this kaupapa began and we express our sincere gratitude to the people who championed this mahi along the way. Throughout the turbulence, Te Herenga Hauora o Te Waka a Aoraki, the South Island GMs P&C, the Kōhatu Centre for Hauora Māori (Otago University), and the South Island Alliance Programme Office continued to work to collectively advance the Tipu Mahi kaupapa.

In the mihi above, we refer to Hine-pū-te-hue and her role in bringing peace, resolution and healing to spaces that contain pain, anger, sadness and trauma. Our hope is that the collective voices expressed in this document will be elevated and, that the findings will help to advocate for positive change for our Māori health workforce.

Finally, and with deep gratitude, we acknowledge the participants themselves who shared their lived experiences through the survey. Thank you for sharing so generously. In our mihi above we include a whakataukī which means "enough solitary raindrops will soak the land". This summarises our intention that the collective voices shared in this survey will contribute to a better environment for our Te Waipounamu Māori health workforce and achieve significant positive change for the future.

CONTENTS

He Mihi	2
Contents	3
List of Tables.....	5
1. Introduction.....	5
Tipu Mahi – South Island Māori Health Workforce Development Project	5
Report Contents.....	8
Report Structure	8
2. Profile of Survey Participants	8
Summary – Participants.....	12
3. Recruitment.....	13
Overview	13
Recruitment – Quantitative Findings.....	13
Recruitment – Qualitative Findings	14
Summary - Recruitment.....	17
4. Commencing work - Orientation and Transition.....	18
Overview.....	18
Commencing work – Quantitative Findings.....	18
Commencing work – Qualitative Findings	19
Summary.....	21
5. Support for Māori Staff	22
Overview	22
Support for Māori staff – Quantitative Findings.....	22
Māori Staff Support – Qualitative Findings	23
Summary.....	26
6. Experience of the DHB as a Workplace	27
Overview.....	27
Experience of the DHB as a Workplace – Quantitative Findings	27
Māori Experience of Workplace – Qualitative Findings.....	30
Summary.....	35
7. Experiences of Workplace Racism and Discrimination	35
Overview.....	35
Workplace Experience of Racism and Discrimination – Quantitative Findings	35
Experience of Workplace Racism and Discrimination – Qualitative Comments	36
Summary.....	38
8. Māori Staff Interest in Specific Initiatives	39

Overview.....	39
Summary.....	40
9. Recommendations	41
Overview.....	41
Recommendations.....	42
10 Conclusions.....	46

LIST OF TABLES

Table 2.1 Demographic profile of participants	9
Table 2.2 Tipu Mahi Participants by DHB	10
Table 2.4: Roles in relation to Māori health	11
Table 2.5: Roles in relation to fulltime or part time / length of time in current role	11
Table 3.1 Recruitment Experience – Quantitative findings	13
Table 3.2 Recruitment – Qualitative Comments	14
Table 4.1 Experiences of commencing work in the DHB	18
Table 4.2 Experience of commencing at the DHB – Qualitative comments	19
Table 5.2 Māori Staff support – Staff perspectives- Qualitative.....	24
Table 6.1 Māori staff perspectives on their DHB workplaces	27
Table 6.2 Experiences of Workplace as a Māori staff member- Personal perspectives	28
Table 6.3 EXPERIENCES of DHB as a Workplace	30
Table 6.4 Experience of the Workplace – personal perspectives – qualitative comments	32
Table 7.1 Experience of Racism and Discrimination in the Workplace.....	35
Table 7.2 Experience of workplace racism and discrimination	36
Table 8.1 INTEREST in participation in initiatives for Māori Staff	39
Table 9.1 TIPU Mahi Survey recommendations – themes and number	41
Table 9.2 TIPU Mahi recommendations for Māori staff workforce development	42
Table 9.3 TIPU Mahi recommendations for wider health sector.....	44

1. INTRODUCTION

TIPU MAHI – SOUTH ISLAND MĀORI HEALTH WORKFORCE DEVELOPMENT PROJECT

Tipu Mahi is a strategically designed transformational project to address Māori health inequities by specifically focusing on growing and supporting the Te Waipounamu (South Island) Indigenous Māori health workforce. As part of ongoing project work, Tipu Mahi was designed to collectively contribute to the background, design, implementation and evaluation of a strategy to grow and support the South Island Māori health workforce, ensuring it is well supported and thrives.

Learnings from this project are of direct benefit to Te Whatu Ora and Te Aka Whai Ora localities in the South Island and the intention is for Tipu Mahi project learnings to be shared nationally.

TIPU MAHI PROJECT NAME

TIPU MAHI is an acronym that stands for the “Te Waipounamu Improvement Programme for Uplifting Māori Aspirations in the Hauora (health) Industry”. In the Māori language, the word *tipu* means to ‘grow and prosper’ and *mahi* means ‘work, job, employment’. Together, the name TIPU MAHI encapsulates the core values of the project – to actively support our South Island Māori health workforce to grow, prosper and thrive.

NGĀ RARU - PROJECT RATIONALE

It is well-documented that in Aotearoa / Te Waipounamu New Zealand, there are marked disparities and persistent and preventable inequities in the health of Māori compared with non-Māori populations. The health workforce of Aotearoa New Zealand holds a vital role in improving health outcomes and achieving health equity for Māori. Furthermore, to contribute positively to Māori health and achieve equity, there is a need to foster the growth and development of the Māori health workforce specifically.

Analysis of New Zealand's registered health workforce shows Māori are currently greatly under-represented in all areas. For example, when the Tipu Mahi project first began, workforce statistics showed Māori comprised around 8% of New Zealand's registered nurses, and even smaller proportions of doctors (3.4%), dentists (3%) and others e.g. physiotherapy (3%), in the context of the Māori population being 14.9%¹ of New Zealand's population.

TE WHAKAPAPA - PROJECT BACKGROUND

Commencing in 2019, Tipu Mahi began as a collaborative project with multiple partnerships and stakeholders. During the past three years of the project, work has been impacted by several large-scale events, including delays caused by the significant impacts of the Covid-19 pandemic, as well as structural changes as part of the establishment of the new health entities Te Whatu Ora and Te Aka Whai Ora. For much of the duration of project work to date, the main entities involved in Tipu Mahi worked collectively as part of the five DHBs (District Health Boards across Te Waipounamu (South Island), as well as key staff at the University of Otago. The main project partners for the duration of Tipu Mahi are as follows:

- Te Herenga Hauora o Te Waka o Aoraki (South Island District Health Board Māori General Managers Network),
- SIWDH (South Island Workforce Development Hub),
- SIAPO (South Island Alliance Programme Office), and,
- Kōhatu (Centre for Hauora Māori at the University of Otago).

A key feature of the latter part of the Tipu Mahi project has been to co-design and undertake a survey measuring Māori staff experiences in the South Island DHBs, and to elevate their voices and aspirations in relation to these experiences. This report contains the findings of the Tipu Mahi survey of Te Waipounamu Māori Staff (undertaken 2022) and provides an overview of results and recommendations.

NGĀ HUA – PROJECT OUTCOMES AND BENEFITS

The overall aim of Tipu Mahi is to have the proportion of the Te Waipounamu South Island health workforce at least mirror the proportion of the South Island Māori population to support equitable health outcomes for Māori.

We ultimately seek to have:

- Recruitment processes for Māori entering South Island health localities that are highly effective (including being culturally responsive)

¹ As of June 2022, Tatauranga Aotearoa (Statistics New Zealand) estimates the Māori population comprises approximately 17.4% of the total population of Aotearoa New Zealand. This Indigenous population is projected to grow significantly in the coming years.

- A very positive transition experience for Māori coming from educational and professional health training into the South Island health workforce
- Health work environments that are accessible, responsive, attractive and supportive places for the emerging Indigenous Māori workforce to work in (i.e. Māori staff thrive)
- High quality information and data to benchmark and monitor the impact of strategies
- A set of learnings from this initiative that can be shared with others, including the development of a Toolkit that aims to provide user-friendly information about the development and delivery of successful Māori Health Workforce development initiatives and approaches within health

SOUTH ISLAND MĀORI HEALTH WORKFORCE EXPERIENCES SURVEY

To measure and investigate the experiences of our current South Island Māori health workforce, in 2022, TIPU MAHI created a custom-designed survey, which was the first of its kind to be disseminated at an entire South Island-wide level.

In a co-design and partnership process with South Island kaimahi Māori (Māori staff), Tipu Mahi created the survey to gather data, measure and investigate Māori staff experiences from all five District Health Boards (DHBs) across Te Waipounamu. Kaimahi Māori were consulted in a range of forums including kanohi-ki-te-kanohi (in-person) hui, one to one meetings, and online hui. During the consultation and co-design process, kaimahi were asked to identify what questions they would like to see included in a survey of Māori DHB staff that would be used to inform future strategies for DHBs to better attract, recruit, support and grow Māori staff, ensuring Māori staff are thriving.

The purpose of the Tipu Mahi survey seeks to gather and understand individual and collective experiences and perspectives of Māori staff across the South Island DHBs. These survey findings will inform future strategies and initiatives to better grow and support the Māori health workforce who are working in Te Waipounamu health services.

Key sections of the survey included recruitment, commencing work (orientation, transition), Māori staff support, experience of racism and discrimination. Furthermore, the survey aimed to provide a platform for recommendations and suggestions from kaimahi Māori for improvements spanning recruitment, transition and experience commencing work, Māori staff support (including training and supervision), addressing racism and a wide range of other recommendations including cultural safety, culturally responsive practice, tikanga Māori, te reo Māori, whānau, hapū, iwi Māori and community engagement.

Other key informants contributing to the Survey process were Te Herenga Hauora o Te Waka a Aoraki (Māori managers forum for South Island DHBs), and People and Capability Managers for each of the DHBs. Information provided by staff in this consultation phase was woven into the study design, its sections, focus and approach to recommendations.

The survey was developed using Survey Monkey, and an invitation to participate was sent to General Managers People and Capability to disseminate to Māori staff who were identified by ethnicity data held by each DHB. In addition, information about the survey was made more widely available and Māori staff were able to access the survey through a web-link attached to a site informing people about the survey and the wider context of Tipu Mahi project work. A total of 307 people undertook the survey, with differing numbers completing each component.

Data from DHBs indicated that there were between 900 and 1000 staff identified as Māori in personnel databases across all five DHBs. The level of response for this survey suggests that just under 1 in 3 staff who were identified as Māori within DHBs responded to this survey.

Data from the Survey has been analysed using a mixed methods approach with descriptive analysis of quantitative data, and analysis of key themes arising out of the qualitative components of the survey.

Several data deliverables are expected from analysis of the survey including: a report for participants of the survey, a summary brief of key outcomes from the survey for wider communication, and a comprehensive survey report containing more detailed findings, analysis and recommendations (this report).

REPORT CONTENTS

This report focusses on the findings of the survey. The contents of this report include key findings from each section of the survey including: demographic profile, role and work profiles of the participants, recruitment, commencing work (orientation and transition), Māori staff support, experience of the DHB workplace, experience of racism and discrimination, recommendations, and interest in specific activities.

Quantitative and qualitative data collection and analyses were undertaken, and findings are presented for each section. The recommendation section comprises a collation of recommendations made by Māori kaimahi throughout the survey, and these are themed and grouped under key areas as identified by staff.

REPORT STRUCTURE

This report is in 10 sections:

1. Introduction
2. Profile of survey participants
3. Recruitment
4. Commencing Work – Orientation and Transition
5. Māori Staff support
6. Experience of DHB as a Workplace
7. Experience of Racism and Discrimination
8. Interest in Specific Activities
9. Recommendations
10. Conclusions

2. PROFILE OF SURVEY PARTICIPANTS

A total of 307 Māori staff responded to the Tipu Mahi Survey. Survey respondents reflect a diversity of staff across a range of roles and regions. The following tables show the participants by gender and age-group. They highlight that the majority (85%) of survey participants were female. Participants spanned broad age-groups, with the largest single group being those aged 45-54 years (31.74%)

Table 2.1 Demographic profile of participants

	Options	%	Number
Gender	Female	85.32%	250
	Male	14.33%	42
	Transgender female	0%	0
	Transgender male	0%	0
	Gender diverse	0%	0
	Prefer not to answer	0.34%	1
	Not listed / prefer to selfdescribe	0%	0
Age Group (Years)	Under 18	0%	0
	18-24	4.44%	13
	25-34	16.72%	49
	35-44	20.14%	59
	45-54	31.74%	93
	55-64	19.80%	58
	65+	7.17%	21

Table 2.2 shows the DHBs where participants work. The greatest number were from Canterbury followed by Southern, Nelson-Marlborough, West Coast and South Canterbury.

Table 2.2 Tipu Mahi Participants by DHB

	%	Number
Canterbury	39.46%	116
Southern	31.97%	94
Nelson-Marlborough	18.37%	54
West-Coast	5.10%	15
South Canterbury	4.42%	13
Other (please specify)	0.68%	2
TOTAL		294

Table 2.3 Tipu Mahi Participants – Health Sector Roles

Role	%	Number
Administrator role	14.29%	42
Catering / Kitchen roles	0.68%	2
Cleaning staff	0.34%	1
Doctor - House officer	2.04%	6
Doctor - Registrar	1.70%	5
Doctor - Senior Doctor	2.38%	7
Healthcare Assistant	5.44%	16
Health Promotion	0.68%	2
Health Protection	0.68%	2
Kaumātua or Kuia role	1.02%	3
Kaiāwhina or Kaimanaaki role	3.40%	10
Nurse - Enrolled	2.04%	6
Nurse - Registered	25.17%	74
Nurse - Specialist	4.76%	14
Occupational Therapist	1.02%	3
Orderly	0.68%	2
Pharmacist	0%	0

Physiotherapist	0.68%	2
Scientific and technical	1.02%	3
Security	0.68%	2
Social Worker	2.04%	6
Other (please specify)	25.51%	75

Table 2.3 shows the number of participants by their roles. Staff were able to report multiple roles. The findings indicate participants are employed in a wide range of roles with Registered Nurses making up the single largest group (25%).

Table 2.4 Roles in relation to Māori health

Statements	%	N
I work in a Māori specific role within a Māori designated service	9.28%	27
I work in a Māori specific role that is positioned within a mainstream service	18.21%	53
I work in a role that is not designated as a Māori position	73.20%	213
Other (please specify)	4.81%	14
TOTAL		307

Table 2.5 Roles in relation to fulltime or part time / length of time in current role

	Responses	%	N
Working hours within the DHB	Full-time employed in the DHB	66.21%	194
	Part-time employed in the DHB	24.57%	72
	Casual employment in the DHB	5.46%	16
	Voluntary role in the DHB	0%	0
	Other (please specify)	3.75%	11
	TOTAL		293
Length of time in current role	Less than one year	17.81%	52
	1 to <3 years	21.23%	62

3 to <5 years	14.38%	42
5 to <10 years	18.15%	53
10 to <20 years	18.49%	54
20 or more years	7.88%	23
Other (please specify)	2.05%	6
TOTAL		292

Table 2.4 shows the roles participants have in relation to Māori health. This shows that almost 1 in 10 (9.28%) of respondents worked in Māori roles in Māori services, while a further 18.2% worked in Māori roles in mainstream services. The majority (73.2%) worked in a role that was not a Māori designated position. Table 2.5 shows around 2/3rd of those surveyed were full-time employees. It further shows that staff had worked in their DHB for differing lengths of time. It is interesting to note that around 1 in 6 (17.8%) had worked in their DHB for less than a year, and around 40% of respondents had worked in the DHB they were in, for less than 3 years. Around 25% worked in the DHB for 10 years or more.

SUMMARY – PARTICIPANTS

The participants reflected a diversity of ages and were predominantly female. Canterbury and Southern DHBs had the highest numbers of respondents in line with the size of these DHBs. Nurses made up around 1 in 4 of the participants and Other (range of other roles) made up another 25%. The data showed that almost 30% worked in Māori designated roles in either Māori designated services or mainstream services. Although many staff had worked for their DHB for less than 3 years (40%), a substantial number had worked for their DHB for 10 years or more (25%).

3. RECRUITMENT

OVERVIEW

Survey participants were asked a range of questions associated with their experiences of recruitment into the DHB. Findings included both quantitative and qualitative findings. This section reports these findings.

RECRUITMENT – QUANTITATIVE FINDINGS

RECRUITMENT EXPERIENCES

Survey participants were asked the following question,

The following are statements related to your most recent experience of recruitment into your job or role within the DHB. Please indicate the answer that best fits. Indicate NA if you have no relevant recruitment experience.

Table 3.1 presents findings from this question. Notable findings are shaded to highlight key findings in relation to recruitment experiences. The table highlights that most participants did not experience culturally responsive processes in their recruitment and for almost all of these statements, the most common response was strongly disagree. The exception was ability to bring whānau, where 40% either agreed or strongly agreed with the statement.

Table 3.1 Recruitment Experience – Quantitative findings

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW / RECALL	N/A	TOTAL
There was specific information for Māori applicants	7.49% 20	10.49% 28	11.99% 32	28.09% 75	28.84% 77	7.87% 21	5.24% 14	267
There was tikanga (Māori practices) incorporated in the recruitment process	8.92% 24	20.82% 56	10.41% 28	25.65% 69	26.77% 72	3.72% 10	3.72% 10	269
I was able to bring whānau support to my interview	15.24% 41	25.28% 68	14.13% 38	9.67% 26	14.13% 38	13.38% 36	8.18% 22	269
Being Māori was highlighted as a positive in my recruitment	15.61% 42	15.61% 42	19.70% 53	18.96% 51	20.45% 55	5.58% 15	4.09% 11	269
There were Māori people involved in the recruitment process	15.79% 42	16.92% 45	7.14% 19	20.30% 54	27.82% 74	8.27% 22	3.76% 10	266
I was provided with information about support available to Māori staff	7.46% 20	10.82% 29	13.06% 35	24.63% 66	36.94% 99	4.85% 13	2.24% 6	268
My own experience of recruitment reinforced that this DHB strongly valued Māori staff	8.96% 24	12.69% 34	22.39% 60	24.25% 65	26.12% 70	3.36% 9	2.24% 6	268

OVERALL RECRUITMENT EXPERIENCE

An overarching question, asking respondents to rate their experience of recruitment as Māori involved the following question:

On a scale from 1 to 10, how would you rate your experience of your recruitment process as a Māori staff member, with 1 being very poor (with no recognition of you as a Māori person) through to 10 with a very high degree of acknowledgement and support for you as a Māori applicant.

The average score for this question was 5.

This is a concerning finding, reinforcing that the responses to statements about recruitment were reflected in a poor overall experience of recruitment on average. Strategies to more greatly enhance recruitment processes to reflect embedding of tikanga and kawa, cultural safety and Māori values into recruitment processes would contribute to attracting and recruiting Māori staff.

RECRUITMENT – QUALITATIVE FINDINGS

Respondents were offered the opportunity to support their answers with written comments. These opportunities to provide commentary were open-ended. Kaimahi Māori staff responses were structured into Positive, Negative and Neutral / Mixed categories. This section summarises key findings in relation to recruitment.

Number of Comments: 57

- Number of Comments focussed on recruitment: 38
- Positive comments: 6
- Negative comments: 16
- Neutral or mixed comments: 16

Table 3.2 below shows a range of written comments. There were a number of positive comments, however many were negative about recruitment experiences with some describing processes as confusing, tokenistic, difficult, unsupported, and lacking recognition of tikanga or acknowledgement that the candidate was Māori. Mixed or neutral responses indicated some positive aspects, some improvements over time, and partial reflection of needs as Māori.

Table 3.2 Recruitment – Qualitative Comments²

Positive
<i>My joining experience was positive and the people I met in "super Māori" roles were awesome.</i>
<i>The role had kaupapa Māori components, so I felt comfortable with how that was incorporated into the recruitment process. I felt that being applying for the role as Māori was recognised as a positive attribute</i>
<i>I was welcomed with a mihi whakatau</i>

² Wherever survey participants have shared potentially identifying information that may jeopardise their anonymity, responses for this report have been edited to protect their identity. Other than formatting for ease of readability, comments in this report are direct quotes from the Tipu Mahi survey.

Things have changed significantly from when I came into the organisation for the positive

Agree with the tikanga Maori because of the warm welcome that was received via zoom was excellent.. My hiring manager was very vocal about how we need more Maori working in the hospital and spoke very highly of Te Tiriti o Waitangi that was great! Was also very supportive of my decision as wanting to become a [xx] and what they could do to help me achieve that job which has been nothing but excellent

my new manager was lovely and [x]called me and added the required personal touch that made the process ok.

Negative

This was an unnecessarily difficult recruitment process that ended in me sending in a letter of disappointment.

Took 4 months from application to start with minimal feedback

Is was a tokenistic process and misleading

The recruitment process was very confusing, paperwork and contracts had a lot of missing information. Inductions are very delayed. No whakatau, mihi welcome, morning tea etc at start.

Job description given was not the job i am now hired to do, no support from management for the past 8 years.

Reading all the above, I feel saddened that none of these were part of my recruitment process

I had my interview as a new [x] recruitment process. Following my experience giving mihi to a manager from [specific service], i decided i didn't want to work for [x]and asked [a different service] for a job

Maori have ALWAYS been devalued, that won't change. Sure it will improve but it will always be there

Other than one interview over three years - all have been pakeha ... included in the interview panel should always have at least one Maori

I myself see being Maori as a strength in interviews, but don't often get to express this. I was not given opportunity to karakia to whakanoa before the interview, which I would have preferred.

My being a Maori healthcare worked has never been mentioned at any stage of recruitment or employment since

i feel that [x]DHB did not have any contribution to Māori staff members

Feel it's tokenism only

The 1 interview questioned aimed at knowledge of Te Ao Maori is embarrassing and we have no Maori recruiters at [x]

Being Maori was not identified in my interview nor was it highlighted as a positive, I do remember a TOW question being asked however I feel it is to tick a box, not a question asked because of authentic reasons

The recruitment management process was impersonal and didn't always work well.

The recruitment process was very 'low key' although did leave me feeling I was being hired as a 'checkbox' exercise.

Sadly, the recruitment process to keep on Maori staff are not a priority.

Mixed / Neutral

My answers are based on when I applied which was a few years ago so I am aware that some things may have changed

I think my experience of recruitment was an indication that the area I work in valued me as Māori - not so much the DHB in general

When I was initially interviewed into the [x]DHB, tikanga Maori was not followed. However, this was different within the interview process for my current role. We had a pukenga, karakia and proper processes in place both for the interview and welcome for me into the team. Actually [Māori staff members] were present. Much appreciated.

My role is a Maori specific role so my experience will differ from mainstream.

Being Māori was highlighted as a positive factor for clients, but nothing indicated that my own needs as a Māori clinician would be considered

[x]DHB has implemented [specific Māori recruitment process], unsure if this is in [x]DHB policy or a token gesture given the new Māori Health Authority ??

the only reason I was aware of the value of my being Māori was because it was for a job specifically within Māori Health. Had it not have been a job in Māori health I wouldn't have noticed that being Māori was important or recognised. Besides asking for ethnicity and iwi.

Overall, I wouldn't say it reflected Te Ao Māori but I joined in the middle of the Omicron/Covid peak so there were good reasons for this at the time.

Year 2000 I started as a [named Māori role], different to now

It was mentioned that i could bring a support person but was not very fore front that it was acceptable.

I felt valued but not specifically because I was Māori

The support and information I received at the time wasn't from an HR perspective but more from the manager of the Maori service attached to the [x] service

i think there is a desire to be, but reality is there aren't enough people to apply the values and practices that are typically maaori and then there isn't always enough space/time to apply authentically

I brought up during the interview that i am Maori, but I've always felt it's just who i am and shouldn't be too special

As my role in the DHB is absolutely culturally diverse, being Maori, though a very real positive, is not as important as putting my own identity to the side, to cater for the very real needs of all who come through the [named service].

I do not believe it is a DHB stance however the team recruiting valued this

SUMMARY - RECRUITMENT

Survey respondents were largely unfavourable about their recruitment experiences as they pertained to Māori. For 7 of 8 statements describing culturally responsive processes, the most common response was to strongly disagree. Being offered opportunities for whānau support was the exception, however still only 40% agreed or strongly agreed they could bring whānau.

The overall average rating of 5 /10 for recruitment experience, indicates that there is much room for improvement. Qualitative comments did indicate some positive processes and experiences, but many reflect recruitment processes that were not culturally responsive, or safe for a number of these survey respondents.

4. COMMENCING WORK - ORIENTATION AND TRANSITION

OVERVIEW

During the consultation phase of this project, numerous Māori staff highlighted challenges with their experiences entering the DHB work environment.

This section contains findings from quantitative and qualitative analyses associated with survey participants' experiences and perspectives on commencing work, i.e. their experiences during orientation and transition into the workplace. Both quantitative and qualitative findings are presented.

COMMENCING WORK – QUANTITATIVE FINDINGS

PERSPECTIVES AND EXPERIENCE

Participants were asked to respond to a range of statements reflecting their experiences of commencing work within their respective DHBs. They were given the following instruction:

The following questions are about what it was like to commence work in the DHB. Please recall back to your commencement within the DHB and indicate the answer that best fits.

Statements were chosen that reflected what would represent a positive experience of entering and commencing work in a new workplace. Statements were also chosen that incorporate Te Ao Māori values and culturally responsive practices. Statements included: recognition as Māori, appropriate forms of welcome and whanaungatanga, engagement with mana whenua and Māori services, information about sources of support, or what to do if negative experiences occur, such as racism. For all statements, 'strongly disagree' was the answer most commonly chosen. Only 13% of participants reported strongly agreeing or agreeing that they received information about what to do if they experienced racism or discrimination.

Table 4.1 below, presents the findings for that question

TABLE 4.1 EXPERIENCES OF COMMENCING WORK IN THE DHB

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW /DON'T RECALL	N/A	TOTAL	WEIGHTED AVERAGE
<i>My orientation included specific information for me as a Māori staff member</i>	6.37% 17	15.36% 41	13.11% 35	26.59% 71	31.46% 84	5.24% 14	1.87% 5	267	3.79
<i>My DHB commencement included some Māori community engagement</i>	6.37% 17	21.72% 58	15.73% 42	23.97% 64	27.34% 73	3.00% 8	1.87% 5	267	3.54
<i>I was made aware of the relationship between the DHB and mana whenua (local Māori community)</i>	7.89% 21	21.43% 57	13.91% 37	23.31% 62	27.82% 74	3.76% 10	1.88% 5	266	3.54
<i>My orientation incorporated tikanga (Māori practices), for example, a mihi whakatau</i>	16.92% 45	31.58% 84	5.26% 14	13.91% 37	26.69% 71	3.38% 9	2.26% 6	266	3.12

<i>Early on in my employment in the DHB there were whakawhanaungatanga (relationship building) events for Māori staff</i>	10.49% 28	20.60% 55	10.86% 29	23.97% 64	28.46% 76	4.12% 11	1.50% 4	267	3.52
<i>I was made aware of which people and services would be available to provide support to me as a Māori staff member</i>	8.65% 23	16.92% 45	10.90% 29	24.44% 65	33.08% 88	4.89% 13	1.13% 3	266	3.72
<i>I was provided with information about tikanga and cultural support within the DHB</i>	7.17% 19	18.49% 49	14.72% 39	23.40% 62	30.57% 81	4.53% 12	1.13% 3	265	3.66
<i>I was provided information about what to do if there is an experience of racism or discrimination.</i>	4.53% 12	9.06% 24	11.70% 31	25.28% 67	42.26% 112	6.04% 16	1.13% 3	265	4.11

COMMENCING WORK – QUALITATIVE FINDINGS

Participants were offered an opportunity to add qualitative comments to support their responses. The following summarises those comments:

Experience of Orientation (note includes information provided)

- ✦ Total 59 comments
- ✦ Comments specifically relevant to orientation and commencing work: 30
- ✦ Theme of comments:
 - Explanation for answer 7
 - Positive 3
 - Negative 14
 - Neutral / Mixed 6

The following table shows the most relevant of these comments. Comments that were not related to orientation or transition were not included. As with recruitment, the qualitative comments indicate some positive experiences, however most of the qualitative comments were negative or neutral / mixed. A number of people recognised that their experience was a long time in the past and perhaps may be better now.

Table 4.2 Experience of commencing at the DHB – Qualitative comments

Positive
<i>I was introduced to a Maori staff member who invited me to [named Māori network].</i>
<i>I was happy with the process</i>

Like I commented on in the previous question it was mainly the warm welcome zoom that was more Maori involvement

Negative

The DHB didn't offer any of this information to me. I had already pre-established relationships with [x] and Maori staff therefore I knew what was available. There was also no support from inpatient team at the time.

25 years ago this just did not happen

Little input, I had to initiate my cultural needs myself.

There was an element of cultural bias and racism and gender issues from certain people

I never received an orientation when I started

Covid times No formal Mihi Whakatau introduction at local level only

Stock standard orientation for all staff - no acknowledgement of support needs as a Māori [x]

I have had no communication

I was employed at a time when the kaupapa was in its infancy and there was no infrastructure. resource or awareness in place to support this.

I came to the DHB from Hauora Maori kaupapa. A mihi whakatau was given to me at the insistence of my previous employer.

Being Maori, the excitement was more of what i could bring to them, the org/team. Nothing of what i might have needed coming in.

Support and information seemed to be focused on previous students of [x] and invitations were through them rather than direct contact to myself. I graduated from a different medical school and therefore was not on their student list to get in contact.

I don't remember ever receiving any info about racism or discrimination

No information was shared regarding racism/discrimination, how to or who to go to. Sadly, and most disturbing this behaviour (discrimination) occurs within Māori Health

Where and who can we go to there are no HR Māori representatives?

Neutral / Mixed

Joining mid Omicron peak prevented a mihi whakatau which I support/agree with.

I was only forwarded via email online courses which were mandatory

As previously noted any cultural input was left to the Maori service. The orientation was quite clinical re getting to know the services that I was going to be working in. Cultural input occurred on a Thursday each week. Overall Maori workers were quite often left feeling isolated as they were the only Maori in the clinical service that they worked in. [x]days were our only cultural input and peer supervision. Maori were few and often difficult to find.

The is a sign in the staffroom saying that any form of discrimination/bullying and how to report

though there was some Maori words and practices in the welcome morning tea, i lack the knowledge to actually understand what was being said

I had a mihi whakatau and am supported by the Maori staff in my team but wish there would be further opportunities to connect with Maori staff and have more support from Hauora Maori team. My introduction was via zoom, Kanohi ki te Kanohi would be far better option for new Maori staff to connect

SUMMARY

Respondents indicated a range of experiences in relation to commencing work and orientation. For many, their orientation did not reflect Māori values or the needs of Māori staff. Some people highlighted that their experiences may reflect that they started in the distant past or were impacted by the Covid-19 pandemic. Irrespective of historical DHB processes or the impacts caused by Covid-19, the information from Table 4.1 reinforces the view that there is much room for improvement in supporting culturally safe and culturally affirming orientations and transitions for Māori staff. In addition, there is a very critical need to ensure that information is provided to Māori staff in relation to experiences of racism and discrimination, and that these information sources are readily available on an ongoing basis.

5. SUPPORT FOR MĀORI STAFF

OVERVIEW

Consultation over the development of this survey highlighted the importance and interest of Māori staff in exploring access to and range of supports available for Māori staff. This section contains findings from quantitative and qualitative analyses associated with survey participants experiences and perspectives on the support they have received as Māori staff in their DHBs.

SUPPORT FOR MĀORI STAFF – QUANTITATIVE FINDINGS

PERSPECTIVES AND EXPERIENCE

Participants were asked to respond to a range of statements based on the following question:

The following questions are about the support you receive as a Māori staff member in your DHB. Please mark the answer that best fits your current experience as a Māori staff member of the DHB over the past 12-months.

Answers include: Yes, No, Don't Know, Not Applicable

Table 5.1 below presents the findings with staff reporting a variety of access to support services. Although many kaimahi reported access to a diverse range of supports, many others reported 'No' or 'I don't know'. Key findings indicate that just over half (52%) reported either 'No' or 'I don't know' to having access to Māori designated support. This was similar for access to tikanga support, cultural development and community engagement. Cultural supervision was received by around 1 in 4 respondents only. Positively, around 1/3rd (63.1%) did receive communication related to Māori issues in their DHB and a similar proportion reported being invited to Māori staff forums. These findings suggest that whilst there are some supports available, these opportunities for support, development or whakawhanaungatanga are not known to everyone.

TABLE 5.1 EXPERIENCES AND PERSPECTIVES OF MĀORI STAFF SUPPORT – QUANTITATIVE FINDINGS

	YES	NO	I DON'T KNOW	N/A	TOTAL	WEIGHTED AVERAGE
I have access to Māori designated support	46.42% 123	25.28% 67	26.42% 70	1.89% 5	265	1.80
I have access to tikanga support	44.91% 119	26.42% 70	26.79% 71	1.89% 5	265	1.82
I receive communication related to key Māori events and issues in the DHB	63.12% 166	23.95% 63	11.41% 30	1.52% 4	263	1.47
I have access to cultural supervision	24.06% 64	41.73% 111	31.20% 83	3.01% 8	266	2.07
My DHB has te reo Māori language sessions or support available	42.42% 112	28.41% 75	27.27% 72	1.89% 5	264	1.85
I have been invited to Māori staff forums	64.91% 172	24.53% 65	9.81% 26	0.75% 2	265	1.44
I have attended at least one Māori staff forum or hui	45.86% 122	50.0% 133	3.01% 8	1.13% 3	266	1.57

I have attended professional development	54.75% 144	39.16% 103	4.18% 11	1.90% 5	263	1.48
I have access to cultural development for Māori staff	36.09% 96	36.09% 96	25.56% 68	2.26% 6	266	1.89
I have been included in Māori community engagement	38.35% 102	48.50% 129	10.90% 29	2.26% 6	266	1.72
There have been cultural development workshops for all staff that I can attend	46.59% 123	29.55% 78	21.59% 57	2.27% 6	264	1.74

MĀORI STAFF SUPPORT – OVERALL PERSPECTIVE

Staff were asked the following question to gauge their overall view of the support they receive as Māori staff:

This measure is about your overall perspective of the support you receive from your DHB as a Māori staff member. Please indicate on the below slide, how well you believe you have been supported in your DHB over the past 12-months as a Māori staff member, with 1 being receiving minimal or very poor support through to a score of 10 reflecting excellent, responsive and high-quality support for you as a Māori staff member.

The average measure (out of 10) provided for this answer was a score of 4.

This finding suggests that although staff report some access and involvement with support (Table 5.1), the score of 4 out of 10 indicates that on average, the overall support Māori staff experience (as Māori staff members in their DHB) is poor.

MĀORI STAFF SUPPORT – QUALITATIVE FINDINGS

Participants were offered an opportunity to add qualitative comments to support their responses. The following summarises those comments:

- Comments
- Total = 59
- Comments relevant to support
 - Explanation 1
 - Positive 19
 - Negative 21
 - Neutral / Mixed 19

Table 5.2 presents a number of these comments. The responses include some examples of positive support, some negative and some mixed experiences. Key issues that emerge include inconsistent communication about support and events, inability to attend support events due to workloads and commitments, challenges with access to cultural supervision and a wide range of other issues and challenges. A number of people highlighted that there have been more support opportunities recently, while some were concerned that there was little access to cultural support and training.

Table 5.2 Māori Staff support – Staff perspectives- Qualitative

Positive
<i>The [name] newsletter is my main source of information</i>
<i>The DHB te reo Māori online</i>
<i>Kei te tino pai rawa te tautoko me te awhina o Ata Kaiwhakahaere. My bosses are very encouraging and very supportive in regards to Te Ao Māori</i>
<i>Not so much now but in my early years we did have a lot of access</i>
<i>I am in a very fortunate position to be privy to forums and cultural development which is encouraged by my boss</i>
<i>My role includes provision of te reo & tikanga support, would love to see more opportunities for my own development. It can be a lonely place when you don't have an opportunity to converse often in te reo Māori.</i>
<i>this has happened since Te Whatu Ora began</i>
<i>I have recently started attending [named Māori organization], Maori komiti and am an active participant in [named group] however no specific cultural supervision. My supervisor is Maori on their own reo journey.</i>
<i>[named person] has been proactive informing staff who identify as Maori.</i>
<i>The only cultural workshops until recently have been te tiriti o waitangi but I think a new one has recently been developed</i>
<i>Over recent months there has been more support and opportunities provided.</i>
Negative
<i>Cultural Education that is appropriate to my role and level of knowledge is not available to me and we are continuously declined when making requests about who we think is appropriate. As a result, we get nothing...</i>
<i>before covid this wasn't available due to the impacts of racism and bullying, I had to get my own help after going to the union, eap and the mainstream supervisor they sanctioned.</i>
<i>Cultural development workshops are for clinical staff only, Maori staff have to jump through hoops to attend and normally need to fill out 3 pages of why we want to go, how we are going to present the workshop back to our peers and have 3 managers sign us off.</i>
<i>Cultural development for Maori staff is limited within DHB's. Workers often find their own development, study and training which is often free as study does not get approved so therefore there is no funding attached to it. Overall in the past 12 months Covid has put a halt on many forums and hui.</i>
<i>I have attempted to learn. I am whakama and feel inadequate, so I have avoided opportunities. I have not asked for support and not sure what is actually available</i>

<i>I think my department reconsiders Māori person if they are brown eye and skin. Forgetting that there are descendants that have blue eyes and blond hair. Especially in the South Island</i>
<i>Ongoing education has been cancelled repeatedly.</i>
<i>can't attend because of work hours. No Maori support</i>
<i>I would like to have been offered more tautoko support to do my Masters but was never ever offered any support to do so in 3 years of working.</i>
<i>Anything Māori exists within our team of [x], there is no cultural development within this DHB because it's not a priority</i>
<i>Cultural supervision was not offered to me, it has taken me the last two years to have this arranged and I've had to source external supervision myself - no pathway already existed for me as a Māori staff member which was highly disappointing</i>
<i>I and others in our team [x team] have been excluded from community engagements, most recently we were not told until late notice (day of), [x] welcome at [x]marae that we could attend. One of our staff addressed this in the morning with [x people], who said we may not want to go it is usually the same people there but if you do then that's ok. There is no encouragement for Māori staff across departments to meet or have workshops or attend noho marae</i>
<i>In my first year of working I sought guidance on how to access cultural supervision. I was left disheartened as there was none, and nobody really knew where to direct me.</i>
<i>There is a focus on meeting DHB strategies and education activities but there is a disconnect with Maori workforce support on the front line or at an operations level for staff working face to face with patients their whanau and other health professions delivering care. .</i>
<i>Within [x]DHB this is not happening as our [x senior leadership] never comes to visit Maori Staff in [service]. [x] has never got us together at all.</i>
<i>Have been excluded from some community engagement</i>
<i>Hasn't happened yet</i>
Neutral / Mixed
<i>I guess there is access to tikanga support, but is among our team and leaders not a specific role. Cultural supervision is only supported internationally, so with a small team of Maori your options are your peers.</i>
<i>Many other things such as cultural supervision have only just become available to us.</i>
<i>"Professional development" = First aid renewal or similar. I applied for [x] Training from my previous Manager and never got a response.</i>
<i>There has only ever been the Māori nurses and midwives workforce development hui. I only have access to Community engagement mostly through my own doing</i>
<i>I did try to set up cultural supervision but the organisation does not have a process for reimbursing koha yet - so I would be doing it independently, I knew about mana whenua and the role in this rohe/DHB from a whanau perspective</i>
<i>I have only received Maori community emails in the last two months, nothing previously in my [x] years here.</i>
<i>I have been invited to some events but there is no time to attend. Already work unpaid overtime and need a better work/life balance not worse.</i>
<i>the involvement with Māori community and professional development that I have had in the past 6 months has purely been due to the role that I had and is not a reflection of what is occurring generally for Māori staff in the DHB. Furthermore, my access to cultural supervision and support (as per the next question) is also due to the experiences that I have had in the past ..and has been specifically organised for myself. This is not generally available to kaimahi Māori.</i>

Have attended prof development but not anything within te ao Māori. Only Access to cultural development is that I am going to do the [x programme] coming up but previous to this I have had nothing

Many things I say yes to have said yes to have just happened/ been created. Yep two class and health learn in the last 6months or less. Meetings last two months and I made a meeting by accident I met someone and asked to join. No email for that and that was 11month ago

Again, I am shy because I have strong Ancestry that I am personally very proud of. but not fully Maori not fully pakeha. I do not feel like I have a voice or belong.

SUMMARY

Findings related to support suggest Māori staff have a mixed experience of support. Although some staff report some positive access to a range of areas, others are reporting little or poor information, or experience of support. Despite some positive reporting, the survey indicates that there are significant improvements in support required. This is reflected in the overall experience question where a score of 4/10 average was found for how well participants experienced being supported in their DHB.

Qualitative comments reinforce the mixed picture of experience of support including professional development, clinical and cultural support and cultural supervision. A number of qualitative responses suggest that there has been increases in access to some support more recently with staff speculation and hopes that changes in the health system may lead to more positive outcomes for Māori staff.

6. EXPERIENCE OF THE DHB AS A WORKPLACE

OVERVIEW

Consultation undertaken prior to the survey identified that the wider DHB environment had a marked impact on Māori staff. Several questions explored this, with a range of statements being made both in relation to how Māori staff experienced their DHB as a workplace generally, as well as questions asking how Māori staff experienced their DHB personally. This section contains findings from quantitative and qualitative analyses associated with survey participants' experiences and perspectives on the DHB as a workplace, as Māori staff in their respective DHBs. Both quantitative and qualitative findings are presented here.

EXPERIENCE OF THE DHB AS A WORKPLACE – QUANTITATIVE FINDINGS

PERSPECTIVES AND EXPERIENCE – WIDER WORKPLACE

Participants were asked to respond to a range of statements for the following question:

The following are some statements about people's experiences of their wider DHB as workplace for Māori staff. Please indicate the answer that fits best.

Table 6.1 below, presents the findings. This table shows that only just over ¼ of respondents strongly agreed or agreed that Māori staff were valued in their DHB (26%), with 'neutral' being the most common answer. Over 1/3 (34%) disagreed or strongly disagreed that Māori staff were very valued in their DHB. A similar pattern was also found for Māori staff in relation to the questions exploring whether staff were well recognised for their contributions, and the visibility of Te Ao Māori in the physical environment. 'I don't know' was the most common response for a number of statements about Māori focussed policies, strategies or professional development opportunities. Most strikingly, only 6% of staff strongly agreed or agreed that there was recognition of Māori competencies in remuneration.

Table 6.1 Māori staff perspectives on their DHB workplaces

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	I DON'T KNOW	N/A	TOTAL	WEIGHTED AVERAGE
Māori staff are very valued by my DHB	6.35% 16	19.44% 49	31.75% 80	19.44% 49	15.08% 38	7.94% 20	0% 0	252	3.41
Māori staff in my DHB are well recognised for their contributions	5.95% 15	17.86% 45	27.78% 70	21.03% 53	16.67% 42	10.71% 27	0% 0	252	3.57
The DHB I work for has clear HR policies and processes related to Māori staff	4.37% 11	12.70% 32	18.25% 46	15.08% 38	12.70% 32	36.90% 93	0% 0	252	4.30
The DHB I work in has a visible strategy to grow the Māori workforce	4.76% 12	19.44% 49	15.87% 40	20.63% 52	15.48% 39	23.81% 60	0% 0	252	3.94
My DHB has dedicated professional development for Māori staff	5.95% 15	18.65% 47	14.29% 36	16.27% 41	14.29% 36	30.56% 77	0% 0	252	4.06

My DHB provides access to specific cultural support for Māori staff (e.g. cultural supervision, kaumātua, wairua support)	5.98% 15	16.73% 42	13.55% 34	23.11% 58	14.74% 37	25.50% 64	0.40% 1	251	4.01
Te Ao Māori (things Māori) are very visible within the buildings and physical environment of the DHB I work in	5.98% 15	21.51% 54	26.69% 67	19.52% 49	22.71% 57	3.19% 8	0.40% 1	251	3.41
My DHB has recruitment processes that are tailored to support the recruitment of Māori staff	4.78% 12	13.15% 33	14.34% 36	17.93% 45	23.11% 58	26.29% 66	0.40% 1	251	4.21
My DHB takes into account Te Ao Māori competencies in staff salaries and remuneration	2.39% 6	3.59% 9	9.56% 24	21.12% 53	29.08% 73	32.27% 81	1.99% 5	251	4.71

PERSONAL EXPERIENCE OF WORKPLACE

Participants were asked about personal experiences of their workplace using the following question:

The following questions focus on your own experiences as a Māori staff member within your DHB. Please indicate the answer that fits best. You may also provide a written comment to explain your response if you wish.

The statements in this section of the survey included those issues that were aligned with wellbeing, belonging, experience of cultural expectations, experiences of isolation, stress and burnout. The shaded areas in this table highlight some key outcomes that reflect negative experiences and wellbeing. They are highlighted in the table and reflect significant issues and concerns for hauora and wellbeing of Māori staff.

With regards to thriving in the workplace, 1/3 disagreed or strongly disagreed that they were thriving in their workplace, around 1/3 responded positively and 1/3 were neutral. This was reflected across a number of the statements including over 1/3 reporting feeling isolated and experiencing their workplace as stressful. Over half (55%) felt that those around them did not understand their experiences as Māori staff. Many reported feeling responsible for meeting the needs of Māori patients however 40% disagreed or strongly disagreed that they were encouraged to incorporate Māori perspectives in their work.

TABLE 6.2 EXPERIENCES OF WORKPLACE AS A MĀORI STAFF MEMBER- PERSONAL PERSPECTIVES

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	N/A	TOTAL	WEIGHTED AVERAGE
I am thriving in my workplace as a Māori staff member	8.00% 20	20.80% 52	34.40% 86	21.60% 54	10.80% 27	3.20% 8	1.20% 3	250	3.16
I have a strong sense of belonging in my workplace	11.60% 29	34.00% 85	27.20% 68	15.20% 38	10.0% 25	1.60% 4	0.40% 1	250	2.83

There is an expectation on me to provide advice	18.73% 47	25.10% 63	18.33% 46	22.71% 57	9.56% 24	3.19% 8	2.39% 6	251	2.89
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on Māori issues in my workplace									
My workplace recognises the Māori networks and relationships I bring to my role	8.37% 21	20.72% 52	20.72% 52	25.10% 63	12.75% 32	6.77% 17	5.58% 14	251	3.35
I am often referred Māori patients because I am a Māori staff member	16.80% 42	14.00% 35	14.00% 35	23.20% 58	10.0% 25	2.00% 5	20.0% 50	250	3.02
I am actively encouraged to incorporate Māori perspectives in my work	13.94% 35	20.72% 52	21.51% 54	26.69% 67	13.55% 34	0.80% 2	2.79% 7	251	3.08
I have someone in my workplace who I can go to, to discuss my needs as a Māori staff member	12.00% 30	27.60% 69	12.80% 32	22.80% 57	16.40% 41	7.60% 19	0.80% 2	250	3.27
I feel very isolated as a Māori staff member	16.87% 42	19.28% 48	28.92% 72	20.88% 52	11.65% 29	1.20% 3	1.20% 3	249	2.95
I often feel responsible for meeting the needs of Māori patients, in addition to my designated role	16.40% 41	23.60% 59	15.60% 39	18.00% 45	7.20% 18	1.20% 3	18.00% 45	250	2.75
I don't believe people around me understand my experiences as a Māori staff member	21.60% 54	34.40% 86	18.40% 46	13.60% 34	5.20% 13	3.20% 8	3.60% 9	250	2.54
It is extremely stressful being a Māori staff member in this workplace	12.85% 32	20.48% 51	27.71% 69	23.69% 59	9.64% 24	2.01% 5	3.61% 9	249	3.03
I frequently feel concerned about the cultural safety of Māori patients in my workplace	21.20% 53	28.00% 70	17.20% 43	16.40% 41	6.40% 16	1.20% 3	9.60% 24	250	2.58

My wellbeing has suffered as a result of my experiences as a Māori staff member in my workplace	13.71% 34	14.11% 35	26.21% 65	23.79% 59	15.73% 39	1.21% 3	5.24% 13	248	3.18
Over the past 3 months I have been frequently feeling burnt out	28.11% 70	26.91% 67	19.68% 49	16.47% 41	6.02% 15	0.40% 1	2.41% 6	249	2.45

MĀORI EXPERIENCE OF WORKPLACE – QUALITATIVE FINDINGS

Participants were offered an opportunity to add qualitative comments to support their responses. The following summarises those comments:

EXPERIENCE OF WIDER WORKPLACE ENVIRONMENT

Experience of Workplace

- Experience of DHB as a workplace (widely)
 - Comments relevant to Workplace – Wide 42
 - Explanation 3
 - Positive 2
 - Negative 24
 - Neutral / Mixed 11

Among those respondents who chose to include commentary which explains their answers for perspectives on the wider workplace, only a small number offered positive comments, with the clear majority of comments outlining negative perspectives and a number offering neutral or mixed experiences. A degree of frustration, distress and concern about the wider workplace, including the lack of cultural safety, and negation of Māori staff or their value, are reflected in these comments.

TABLE 6.3 EXPERIENCES OF DHB AS A WORKPLACE

Positive
<i>[xDHB] now has a wrap around team for Maori entering the workforce but this has only been maybe a 2 year thing, so relatively a new concept</i>
<i>In the last month I have been emailed about Maori leadership roles</i>
Negative
<i>As a rule, [Māori service] do the heavy lifting culturally for the sectors they work in. Our presence means other staff do not have to be Culturally aware/safe.</i>
<i>The office space I work in could be anywhere in the world. If it was ice-cream, it would be Vanilla.</i>

<i>The value I have as a Maori staff member was not counted in remuneration, even after negotiations so I left that position.</i>
<i>there is some evidence of Te Ao Māori in the workplace but I have tried for 2 years to get te reo signage with no success</i>
<i>The [x hospital] has pictures of English castles in its corridors and in my work space there are London land marks on the wall. Te Whatu Ora [x] needs to do much better.</i>
<i>I hope someone reads this comment, but I think all Maori staff need an email about what things are provided - the more I read these questions the more I work out I'm not aware what is offered for Maori staff</i>
<i>I feel unsupported.</i>
<i>Even though the processes are in place, doesn't mean they are necessarily implemented</i>
<i>As a Maori staff member working in a Maori service we are stretched and the expectations that are beyond us are beyond our pay scale as well as our job descriptions. I do not believe our knowledge of te ao Maori and better yet our cultural practice is truly appreciated - most of the time I feel as though it is a tokenistic gesture. While some of my colleagues who are directly work with see the benefits of our mahi with our tangata whaiora, the system does not recognise this. Te Ao Maori is not visible anywhere and if so, it is tokenistic and unacceptable.</i>
<i>I have never been made aware of staff salaries and remuneration in Te Ao Māori space by [x staff]. [x service] does not meet the requirements of a safe work environment staff turnover is extremely high initially when i started there were [x] staff, today 2022 we have 1/2 (not covid related). largely a fault of [x DHB] who lack an ability of how to work alongside of Māori</i>
<i>There is much discussion regarding health equity for Māori consumers where is it also for our Māori workforce. There are no neutral Māori representatives within the HR department no alignment with Te Tiriti o Waitangi</i>
<i>[xHospital] does not show any consideration apart from being a mere tick box exercise toward Maori employment</i>
<i>Our Maori health workers get paid significantly less than they should, so I think the DHB strongly does not take into account Te Ao Maori competencies in remuneration.</i>
<i>signage and some art does not create a space of whanaungatanga, I have not been aware of any initiatives to grow the work force for Maori and in my time here I have asked for opportunities for Maori staff to come together, I think if you work in kaupapa Maori then you have access to kaumatua and tikaka and you are in the know of what is available, but when you work in other areas you are not included.</i>
<i>Salaries and remuneration are status quo unless you're a [x specific role] ... achievements are acknowledged in an organisation wide newsletter as a look [at a] how good we are doing thing, there is no substance behind their congratulations and there is often no support for staff to achieve such things</i>
<i>Most of these things aren't discussed. I imagine you have to source these things yourself - they may be in place but not highlighted to Maori workers specifically from memory</i>
<i>Other than one interview over three years - all have been pakeha ... included in the interview panel should always have at least one Maori</i>
<i>I would like to learn more, but I feel like I don't belong.</i>
Neutral / Mixed

<i>A very diverse employee pool at [x service] but Maori are outnumbered by International employees.</i>
<i>I come to work and do my job and go home again, i am not sure what is available within the my dhb</i>
<i>I don't feel i need to be singled out as a Maori staff member</i>
<i>Things are very only recently slightly beginning to change now that we are Health New Zealand.</i>
<i>There is a very recent provision of professional staff development opportunities for Māori, but the other matters listed above still seem to be overlooked</i>
<i>Advertises Maori initiatives but impossible to attend due to work I'd have to catch up on.... limited or repetitive health information and debate would mean events would be low on my list of priorities</i>
<i>Have only recently (like this year) seen this DHB commit to doing thing</i>
<i>The last two or three months maybe there has been more development. I have been in DHB 10 years</i>
<i>Dedicated recruitment has only just commenced within the DHB. I only found out about supports through other Maori staff</i>
<i>As in the previous question - I hope with the changes to Health NZ, Maori Health Authority, that young Maori staff have greater access to cultural supervision, kaumatua & Wairua support. This might be available to staff in the Hospital but in the community setting would like to connect with Hauora Maori team more.</i>

EXPERIENCE OF WORKPLACE – PERSONAL PERSPECTIVES

A number of participants made comments to explain their answers in relation to their personal experiences of their workplace. A similar number of comments were made:

- Comments 52
 - Positive 10
 - Negative 23
 - Mixed 12
 - Other 7

As with perspectives of the wider workplace, responses reflected a mixture of views with a number highlighting some positive perspectives while others reported negative or mixed perspectives. Positive comments highlight that some staff are experiencing positive support within their teams and have access to supports. Negative comments reflect a wide range of issues and experiences, some more focussed on specific teams and roles, while others reflect some concerning wellbeing issues including isolation, burnout and experiences of racism and bullying. A number of respondents reflect on their own backgrounds and experiences, including working with tauwiwi (non-Māori) colleagues and how these impact on their experiences of being a Māori staff member (positive, negative and mixed experiences).

Table 6.4 Experience of the Workplace – personal perspectives – qualitative comments

Positive

There has been supervision sessions via zoom for Maori Nurses available throughout Aotearoa

I believe that I am a valued member of the DHB and my ethnicity does not effect that.

My team leader/Manager has done a wonderful job of making sure i am well looked after, i have noticed the other staff are very well looked after which i appreciate seeing

I work as a [x role] within the DHB ... I feel well supported within my direct team however do not feel so supported in my other areas of work.

I work at [x hospital] have been here [x years] and we are beginning to see a bit of diversity in the workplace which is awesome

I feel with our new Maaori nurses roopu having launched .. this year, that as a service Maaori are being recognised for their dual competency in Cultural as well as clinical expertise.

I have exceptional colleagues who are not representative of the DHB and who value diversity

[x service] are amazing when it comes to Te Ao Māori

I am very new at the DHB but very connected to my community

I actively speak with our kaiawhina every week on all work

Negative

Racism is rampant at the DHB and there is no system in place where Māori can complain and get support.

I have experienced the "oh you're a darky/maori so your get that" "we wouldn't be able to see a bruise on you, you're dark" "You must have to use an entire can of hair spray to keep your hair tidy like that" comments - which makes me feel talked down to

As stated I've been racially abused heaps

It's been a very poor experience here, especially when not only the mainstream staff and system is racist, ... there have been attempts to change the culture ...

The burn out is not in relation to my current workplace however more indicative of the impact of my previous workplace and personal stressors.

I felt very burnt out 6 months ago

no understanding of te ao Maori

I have suffered from bullying and workplace stress and have been signed off twice for a week by a doctor, but the situation has recently gotten worse.

It's a lonely place being the 'token' māori.

I feel the management is more concerned about themselves as opposed to staff and our people.

<i>There is a lack of Maori staff employed by [x Hospital], Maori Registered Nurses who are applying are being turned away</i>
<i>I have recently left my full time role at the DHB due to burn out, a lot of that was related to systemic racism within the DHB</i>
<i>I feel isolated, because I work [x locality]. I am the only Māori person in my team and feel responsible for all things Māori. I am classed as a [x role], who happens to offer te ao Māori world views. This is my first kind of job in this sector and I have not been in a room with other Māori [x role] so it's tricky to know if I'm doing the right thing, or earning the right amount.</i>
<i>Multiple reasons for burnout, as Maori we have additional reasons to be burnt out over and above other staff.</i>
<i>it's difficult because yes i want to empower my non maori colleagues by helping them but then they get complacent and take advantage and then expect it instead of becoming more culturally responsive themselves. it's never ending and exhausting. quite frankly my workplace is too white and privileged, and they just don't know how it really is for Maori and Pacifica people in our community.</i>
<i>Burn out has been for all of us, not really much to do with being Maori unless you are trying to make reference of how being Maori is impacted by the new why we have to work.</i>
<i>Being Maori in the DHB has been a terrible experience in the last two years.</i>
<i>I feel that Ticking Boxes in regards to things Maori is happening in the [xDHB]</i>
<i>I feel burnt out because I work hard so get given more responsibility which is why I have felt burnt-out. I need to learn to say no.</i>
Neutral / Mixed
<i>Burnout is an interesting topic, the health system is stressed- everyone in it is also stressed, I try to keep an atmosphere of calm in the workplace so the team all feel valued and supported. I do not want to be the person 'enforcing' or ensuring staff adhere to tikaka Maori because I am the only brown face, I try to grow the team around me so we are all taking responsibility for Tikaka best practice (it is part of all our clinical practice as is cultural safety), but I did notice when I was on the ward I would get all the whanau Maori to look after</i>
<i>I am not obviously Maori, cannot speak te reo Maori well and don't have a strong footing in te ao Maori and therefore am not sought out for these skills. I would love to strengthen these skills so I can be sought out!</i>
<i>My wellbeing has suffered as a result of my experiences as a Māori staff member when i worked at [x workplace] so compared to that, [xDHB] is great.</i>
<i>Because of my strong character - I refuse to be put down. I am myself yet I do not force pakeha to feel uncomfortable around me</i>
<i>Don't get me wrong I love my mahi but nursing is getting way harder let alone being a nurse who happens to be Māori. In terms of me having anyone to kōrero with on my ward I am lucky to have my Pacifica and Filipino colleagues for tautoko</i>
<i>In my particular service I am well supported and valued as the only Māori staff member, however I am isolated when it comes to connecting with other Māori staff. I have had to create these networks myself My focus on Māori clients is something that I requested when I joined our service, it's what I'm passionate about and I don't feel burdened by it. I am comfortable in my team and I trust them with our Māori clients, but without my own ability to access Māori specific support this role is not sustainable.</i>
<i>Doing this survey as it has brought to mind how difficult it is to work in a pakeha organisation but I do it and will continue as Maori service users need people like me!</i>

I work really hard to help my tauwiwi colleagues understand how it feels to be Māori in the workplace - I was employed to do this. However working alongside very busy health practitioners can be a mission as they understandably have to prioritise their profession requirements over dedicating precious time to learn te reo and tikanga. Sometimes I feel I have to make allowances for this and be super patient with people. This can be quite a drain on my wairua at times.

I think with Covid etc regardless if you are Maori or not Health workers in general are tired and experiencing some form of burn out. If my answers seem ambiguous at times it is because some aspects of my work are fantastic and the clinical services that we work in are great. It is often the Maori part or service that is the issue.

In [x service], it has been very stressful with COVID mahi and getting used to changing systems. It is awesome to get back to mahi in the community To have the opportunity to learn Te Reo Maori within worktime has been awesome. Learning a new language, one that was taken from our people, my kaumatua - can be daunting and tiring. I just hope managers value the energy it takes to walk in both worlds - Maori/pakeha

I am strong in myself and my whakapapa but don't feel that is well respected by some people in the workplace. I do have staff and colleagues that recognise me and my culture and that's awesome. I also have great supports in the likes of [x people in specific roles] but the wider organisation needs to raise the profile and expectations of care for Māori

I am not seen as a Maori staff member, i don't look particularly Maori, i ...do not have any face to face activity with any patients or medical staff. I work in a small team and feel supported within my team and we don't have much contact with other staff members, ..especially with covid. i think all staff in our sector will have had that feeling of being burnt out but more so front line staff who are working with patients

SUMMARY

Survey findings highlight the important impact that the wider workplace has on the experience and wellbeing of Māori staff. Some respondents report positive experiences and impacts in the workplace while others report neutral or very negative experiences and perspectives. This picture is true also in relation to participant's reporting of personal impacts of the workplace. Despite some positive responses, experiences also included a range of distressing and harmful experiences and consequent impacts on wellbeing - including experiences of isolation, impacts of racism, lack of accessible support alongside a range of other issues and impacts.

One interesting finding among the qualitative comments is the reporting of changes happening within the health sector, potentially having a positive impact to changes in awareness and culture. The findings in this workplace section mirror the issues raised as part of the consultation underpinning the survey, where Māori staff experiences of the DHBs were closely associated with the culture and behaviours within the DHB environments.

7. EXPERIENCES OF WORKPLACE RACISM AND DISCRIMINATION

OVERVIEW

Consultation with Māori staff to inform the survey, highlighted the concern and impact that experiences of racism and discrimination have on Māori staff. Questions for this section were adapted from recognised racism questions and include experiences of ethnically motivated attacks in the workplace and unfair treatment on the basis of ethnicity in the workplace. People were also asked about support sought in response to experiences of racism or discrimination. As with previous questions, respondents had the opportunity to provide qualitative comments. This section reports these findings with quantitative findings presented comprehensively, in addition to a summarised form.

WORKPLACE EXPERIENCE OF RACISM AND DISCRIMINATION – QUANTITATIVE FINDINGS

Table 7.1 shows the findings for these questions. Findings suggest that almost 30% of Māori staff in this survey reported being a victim of an ethnically motivated attack in their workplace, with 1 in 6 (17.3%) reporting this in the past 12 months. Almost 1 in 4 (24%) reported experiencing unfair treatment because of their ethnicity with over 12.1% reporting unfair treatment in the past 12 months. These are very concerning figures and sit alongside

findings of much lower proportions reporting seeking support for an ethnically motivated attack or unfair treatment.

Table 7.1 Experience of Racism and Discrimination in the Workplace

	YES, IN THE PAST 12 MONTHS	YES, MORE THAN 12 MONTHS AGO	NO	DON'T KNOW	REFUSED	TOTAL	WEIGHTED AVERAGE
Have you ever been a victim of an ethnically motivated attack in your workplace (e.g. verbal or physical abuse)?	17.27% 43	11.24% 28	68.27% 170	3.21% 8	0% 0	249	2.57
Have you ever been treated unfairly in your DHB workplace because of your ethnicity?	12.10% 30	11.69% 29	64.11% 159	10.48% 26	1.61% 4	248	2.78
Have you sought support in the DHB because of an ethnically motivated attack?	6.45% 16	5.65% 14	86.29% 214	0.40% 1	1.21% 3	248	2.84
Have you sought support in the DHB because of an experience of unfair treatment because of your ethnicity?	6.85% 17	5.65% 14	85.48% 212	1.21% 3	0.81% 2	248	2.83

EXPERIENCE OF WORKPLACE RACISM AND DISCRIMINATION – QUALITATIVE COMMENTS

As with other aspects of the survey, participants were offered an opportunity to add additional comments. There were over 50 comments made in this section, with 29 coded as Negative, and 12 coded as Mixed / Neutral or other.

Table 7.2 below presents a number of these comments. The comments speak for themselves and highlight the prevalence and impact of racism within the Te Waipounamu DHB work environments. They further highlight the limited levels of support or action to support Māori staff who have experienced racism and discrimination. These findings sit alongside earlier sections in the survey that indicate that for a number of Māori staff, the impact of racism is having a significant impact on their wellbeing and their employment experience within the DHB.

A number of respondents highlighted that they believed they were less likely to experience racism because they were personally quite fair. Others talked about experiences of racism and or discrimination from patients.

Table 7.2 Experience of workplace racism and discrimination

Negative
<i>Had to take my concerns to the Minister of Health because NO-ONE with authority addressed my concerns</i>
<i>I have supported colleagues to complain about racism, interesting as there wasn't a category for racism in the online reporting function.</i>

I have been here [x] years all the racist behaviours and bullying happened in the beginning of my employment I have tried endlessly to fit in but due to repeated behaviours I stay right away, I am [x iwi] and Mana Whenua here but there has been constant disregard towards me, I was told to stay in my role by my taua, kaumatua as its strategic for us but it's been demoralising, I do receive some support from the line manager especially after I resigned as she asked me to reconsider, I'm not really sure why I did, now there maybe hope that these roles could be placed with the Maori health authority s

Someone felt concerned about how a staff member spoke to me, without talking with me they spoke to the persons manager and said that I was made to feel uncomfortable. I was left feeling unsafe. I addressed it with the manager who apologised but when I asked what is the pathway forward they said they would get back to me and nothing was ever done...so now I avoid the staff member at all costs and this has impacted my work hugely.

These questions are difficult to answer because of the way they are worded. I have been asked if I would rather there was no bowel screening program when discussing the inequities in the roll out. I have been told by a colleague about racist comments they have heard in meeting about Maori and they did not know what to do.

I have feeling of being ashamed if I do something wrong. There is only one side to the story and it's not my one.

I have been exposed to racism of staff regarding patients but not directed at myself.

I felt as a Māori Wahine misunderstood and attacked by specific colleagues who undermined me and I did not feel valued . I felt threatened, intimidated and it has been a hikoi journey that I have had to battle alone but I have maintained my composure to do the very best I can do for my people and my heart is in the right place to battle onwards to provide nourishment, positivity for Whānau , Hapū , Iwi within the our organisation. I sought counselling to help move forward but have not forgotten how was I treated. I have moved on and have reflected in a positive way to maintain my position. I feel really misunderstood a lot of the time.

Historically within the dhb due to a manager. No longer and not current

Discrimination is very subtle

I can easily pass for Pākehā. Within the wider DHB however I have witnessed racism towards other Māori.

I have seen racism towards patients while supporting them in my work role. I have experienced with security measures at the front entrance [x DHB] patients (Māori), visitors & on occasion myself have been overly interrogated. Made more obvious when non-Māori are spoken to differently than Māori.

There is no one at the DHB to whom I can talk to about institutional racism. All the Managers are non-Maori.

I have not had direct racism but have heard it from other more mature workers in the workplace. I have however experienced sexual discrimination as I identify as homosexual

This was poor treatment by xx and yy themselves in regards to waiata and karakia being disallowed at a Māori staff members hui. Which required alot of challenging to be permitted. I have also sought support for a Maori midwife who applied for a job, and was overlooked for an English midwife in Australia. It meant the DHB lost an experienced Maori midwife of local iwi, for a staff member who wasn't even in the country.

Ethnically motivated attack: there are always sly comments when the media is on a witch-hunt, there are comments brewing at the change in the health system - people are scared and don't understand the agenda of the govt, it has been so ingrained over time that Maori don't know how to take care of themselves, are poor, harm their families, are criminal etc (all the stereotypes), that it will take time for that damage to be undone. The DHB is a culturally isolating place to work in.

I am very pale and very white passing, so it is nearly impossible to tell that i am Maori simply by looking at me. I believe that this is the reason that I have not been the victim of ethnic attacks. However I have seen patients be racist before.

<i>It's difficult, anything you do has to be done cautiously with diplomacy. Opportunities to progress may not be offered to you and you remain marginalised.</i>
<i>the incident wasn't directed at me as an individual but a racially motivated attack on all Maori in general by a colleague, I am fair skinned and they assumed I was non-Maori, on recognition of this the verbal attack from this person did not change.</i>
<i>HR process has taken over a year and is still ongoing.</i>
<i>Senior management did nothing and emails were sent.</i>
<i>Raised concerns about racism from a white power patient who didn't want to be cared for my blacks and was told he had a right to not have certain ethnicities provide care!!!!</i>
<i>from patients not staff - same for answer below</i>
<i>I haven't experienced racism or discrimination in the workplace, I have at times had the karakia chucked on me to do, put on the spot but thats allgood. I did have an older pakeha lady who was new to the building and asked to see my ID at the door as I went at the same time as her, I guess being young and male & Maori in this building I am an anomaly, I wasn't dressed in a clinical buttoned shirt</i>
Other
<i>I am a consultant so it's unlikely anyone will have a go at me</i>
<i>I sought support from my manager - not necessarily directly because of my ethnicity, but because I felt my Māori lens on a kaupapa was being undermined. This was cleared up amicably as the manager valued my perspective.</i>
<i>Though i am Maori I'm not exactly visible as one</i>
<i>I don't "look maori"</i>
<i>I'm white on the outside and I think that makes a difference</i>
<i>I have not experienced this personally owing (I believe) to the fact that I am very fair skinned.</i>
<i>I'm too white to be considered Maori. Very few people can tell.</i>
<i>There have been interesting attitudes and comments however I have not felt unsafe or strong judgement</i>

SUMMARY

Findings in this section reinforce the prevalence and impact of racism and discrimination within the DHBs. The findings align with comments and responses earlier in the survey.

Quantitative data shows that experiences of racism or unfair treatment are common in the workplace, however access to and experience of support for these experiences is often not adequate. Qualitative findings suggest experiences of racism and discrimination come from a range of sources including other staff and patients.

Findings further highlight that for some of the participants, their observation has been that racism is less directed at them personally due to their features being 'less visible' as Māori. For others, the impacts of racism have contributed to isolation and need for support. Respondents report mixed experiences when seeking support for experiences of racism with quantitative findings suggesting very few accessing supports. Qualitative findings indicate that for a number of people, systems and supports were not effective.

OVERVIEW

During the consultation phase, Māori staff highlighted interest in a range of diverse initiatives that would enhance their experiences working within the DHBs. Within the survey, these were included in specific statements designed to measure respondents' level of interest in specific initiatives.

The following question was asked:

The following are some suggestions for possible changes or supports that could be implemented to improve support for Māori staff. Please indicate, if the following were available, how interested you would be in participating.

Respondents were able to indicate how interested they would be in participating in these specific initiatives ranging from very interested through to not at all or uncertain.

Table 8.1 shows the key findings for this section. It highlights that for all the initiatives described, there was overwhelming levels of interest with between 85 and 95% of respondents being either very interested or somewhat interest in participating.

TABLE 8.1 INTEREST IN PARTICIPATION IN INITIATIVES FOR MĀORI STAFF

<i>If the following were available, how interested would you be in participating?</i>	VERY INTERESTED	SOMEWHAT INTERESTED	NOT SO INTERESTED	NOT AT ALL INTERESTED	UNCERTAIN	TOTAL	WEIGHTED AVERAGE
Increased whakawhanaungatanga (relationship building) opportunities for Māori staff	62.45% 143	30.57% 70	3.93% 9	0.44% 1	2.62% 6	229	1.50
Having a designated role and service to support Māori staff - recruitment, retention, support	62.45% 143	25.33% 58	6.11% 14	1.75% 4	4.37% 10	229	1.60
Access to cultural supervision	64.04% 146	21.93% 50	7.02% 16	1.75% 4	5.26% 12	228	1.62
Access to enhanced tikanga support	67.84% 154	24.67% 56	3.08% 7	1.76% 4	2.64% 6	227	1.47
Increased engagement with the local Māori community	65.50% 150	24.89% 57	4.80% 11	0.44% 1	4.37% 10	229	1.53
Tuakana / Teina support and mentoring for new Māori staff	67.11% 153	19.74% 45	7.46% 17	0.88% 2	4.82% 11	228	1.57
Regular Te Reo Māori language sessions	77.29% 177	18.78% 43	2.18% 5	0.87% 2	0.87% 2	229	1.29
Increased opportunities to learn about Māori health	74.24% 170	20.52% 47	2.18% 5	0.44% 1	2.62% 6	229	1.37
Opportunities for Māori staff who are not in Māori designated roles, to have time with Māori services	70.61% 161	19.30% 44	5.26% 12	0.88% 2	3.95% 9	228	1.48

More formal events such as mihi whakatau, noho marae (welcomes, marae stays) for Māori staff	63.76% 146	22.71% 52	8.30% 19	1.75% 4	3.49% 8	229	1.59
Opportunities for Māori staff leadership training	72.37% 165	17.54% 40	4.82% 11	1.75% 4	3.51% 8	228	1.46

SUMMARY

Findings from this question provide overwhelming evidence of the high level of interest that Māori staff have for access to and opportunities for whakawhanaungatanga, cultural development, training, te reo Māori, tikanga Māori, cultural supervision, leadership training, community engagement, mentoring and access to a support service.

These findings align closely with the recommendations made by Māori staff (next section) and provide a very good platform for strategic development of Māori staff support and development.

OVERVIEW

Survey respondents were invited to make recommendations for improving their experience of the DHB as Māori staff. Participants were encouraged to come up with up to 5 recommendations and were able to enter these as free text or open-ended responses. This method led to a large number of recommendations.

Total number of free text recommendations = >950 (an average of over 3 per respondent)

Number of these recommendations that were focussed recommendations = 660

During the survey analyses, these 660 recommendations were themed and summarised to key topics before being grouped and arranged thematically.

Table 9.1 provides a summary of the key theme topics emerging from the analysis of the recommendations given by Māori staff, alongside the number of recommendations that were made under that theme. It highlights the strong focus and desire for cultural development, training, whakawhanaungatanga, support (numerous), and cultural supervision alongside a wide range of other areas.

TABLE 9.1 TIPU MAHI SURVEY RECOMMENDATIONS – THEMES AND NUMBER

Recommendations	Number
Te Reo / Tikanga - respect, access, support	95
Training opportunities	84
Increased opportunities for Whakawhanaungatanga	54
Māori support [numerous recommendations – to be sub-coded]	52
Grow the Māori Health Workforce	42
Access to Cultural Supervision	35
Māori Leadership-Strengthen / Grow / Support	33
Embed Māori Models / Values / Te Tiriti	31
Value and Recognise Māori staff	31
Address Racism	29
Improve Cultural Safety	27
Improve HR Policies and Processes	21
Other	19
Increase Māori Inclusion and Representation	16
Grow and Support Kaupapa Māori Services	15
Enhance Māori Recruitment	15
Enhance orientation for Māori	15

Support Māori Community Engagement	13
Pro-equity services	12
Better Remuneration	12
Better Resources	12
Māori visibility / Positive Environment and Space	12
Improve Communication with Māori Staff	9
Māori staff identification and wellbeing	8

RECOMMENDATIONS

The following two tables present the recommendations that have arisen from the Tipu Mahi survey and wider Tipu Mahi project work. Recommendations are drawn from key findings from the survey, consultation with Māori staff, and the contribution from key stakeholders. All recommendations align with those made by survey respondents.

The recommendations are organised alongside key goal areas and required outcomes.

Table 9.2 includes those goal areas that have a focus on strategies to specifically support Māori staff workforce development. Table 9.3 includes those goal areas that focus on outcomes and recommendations for the wider culture and environment with health services.

TABLE 9.2 TIPU MAHI RECOMMENDATIONS FOR MĀORI STAFF WORKFORCE DEVELOPMENT

Goal Area	Required Outcomes	Specific Recommendations / Implementation
Māori staff recruitment	<p>Recruitment processes are aligned with Māori health workforce and equity needs, reflect culturally responsive practice, cultural safety and engage with Māori health workforce pipeline effectively</p> <p>The design of recruitment processes into health care roles makes explicit the organisations aspiration to employ and support Māori</p>	<p>Recruitment practices must reflect best practice in culturally responsive practice and cultural safety including in relation to:</p> <ul style="list-style-type: none"> • Job descriptions –encouragement for Māori applicants, demonstrate respect for tikanga and te Ao Māori competencies • Advertising to ensure alignment with encouragement for Māori applicants, reach and relevance for Māori audiences • Recruitment resources to ensure they articulate organisation’s valuing of Māori applicants, Te Ao Māori and Te Tiriti skills and values (Treaty-based practice) • Recruitment process to reflect appropriate tikanga and commitment to Māori health workforce recruitment throughout, including interview panels: Who communicates with candidate(s), who is on the interview panel, the nature of interview questions, tikanga and whānau involvement, decision-making re appointment



Māori staff orientation, transition	Orientation and transition into the workforce are aligned with Māori health workforce and equity needs, reflecting culturally responsive practice, cultural safety and engages with Māori supports / communities and kaupapa	<p>Best practice design of Māori orientation and transitions for Māori staff entering the health care environment to include:</p> <ul style="list-style-type: none">• Ensuring appropriate tikanga is incorporated e.g. mihi whakatau or pōwhiri to welcome and support Māori into workplace• Fostering whakawhanaungatanga and Māori staff networks and relationships, with regular and ongoing opportunities to engage Māori staff with each other during and following orientation• Provision of opportunities for developing mana whenua relationships• Provision of opportunities to engage with Māori community and organisations• Foster tuakana / teina opportunities and support during and following orientation• Provide clear understanding of policies re being a Māori staff member and Māori support (see below)• Providing clear information about Māori staff support, services etc
Māori staff support in the	The service has very high quality, responsive Māori	A support service to be available in all key localities that includes:



<p>workplace (and throughout recruitment, orientation etc)</p>	<p>staff support that recognises and engages with the diverse needs and preferences of Māori staff so that Māori staff thrive</p> <p>There are established Māori staff support services in key localities that support the implementation of Māori staff workforce development – engaging with recruitment, communication, support, whanaungatanga, addressing concerns</p>	<ul style="list-style-type: none"> • Employment of designated role(s) focussed on meeting the needs of Māori staff e.g. Māori staff support manager and/or co-ordinator • Facilitating initiatives that foster whanaungatanga – regularly • Increase opportunities for Māori staff in non-designated Māori roles to engage with kaupapa Māori services • Liaison with recruitment and involvement with orientation • Ensure Māori staff have clear understanding of rights, opportunities and supports • Supporting each staff member to have a clear understanding of support, and identify areas of particular focus • Work with the organisation to advocate for the needs and preferences of Māori staff collectively and individually • Establish and work with Te Waipounamu Māori health workforce lead to support the implementation of best practice in support • Engage with professional development support (career pathways, cultural etc) – see below
<p>Māori staff development – career and professional development</p>	<p>Māori staff have access to and support to engage with positive career development opportunities</p> <p>Māori staff have access to opportunities for leadership training and for professional development (PD) in Māori Health</p> <p>Māori staff are supported to attend key professional and cultural development opportunities as part of their employment rights</p>	<p>Aligned with Māori support above:</p> <ul style="list-style-type: none"> • Each Māori staff member has opportunity for support to identify and explore PD needs • Ensure there are resources and policies consistent with meeting the PD needs of Māori staff • Māori staff are supported to be part of appropriate professional organisations for Māori (e.g. Māori physiotherapy organisation, Māori Nurses, Māori doctors etc etc) • Māori staff are supported to attend key hui / conferences relevant to their areas of professional and cultural development • Explore and develop leadership training opportunities for Māori staff • Explore and develop opportunities for Māori staff to engage with and learn more about Māori Health
<p>Māori staff development - cultural</p>	<p>Māori staff have access to and support to engage with positive cultural development opportunities including Te Reo Māori, tikanga Māori, marae and community engagement, Māori health</p>	<p>Aligned with Māori support above:</p> <ul style="list-style-type: none"> • Identify needs and preferences for Māori staff in relation to tikanga and te reo • Work on plans to support the aspirations of Māori staff in relation to tikanga and te reo • Work on relationships with wider Māori health sector to support engagement with Māori providers / Rongoā practitioners etc • Aligned with other recommendations – support Māori staff to have networks into Māori communities

Cultural supervision	Māori staff have access to cultural supervision for Māori staff	The area of cultural supervision requires specific project work to identify needs, and develop best approaches to supporting access to high quality cultural supervision that delivers restorative supports with and for kaimahi
Leadership and management of	Ensure Te Waipounamu health sector has strong leadership, management,	Reinforce commitment to Māori Health Workforce Development in Te Waipounamu – through restated position statement within Te Whatu Ora
Māori workforce development	policies, processes and resources to support the implementation of Māori health workforce development plans in each locality	Ensure leadership / management role(s) that champion and drive the overall strategy to implement recommendations across Te Waipounamu Ensure a strategic leadership position in Te Waipounamu to support the strategy, action plan and implementation of Māori staff support Ensure there are clear policies and processes in place that reinforce Māori rights to support, cultural development, professional development, cultural supervision

TABLE 9.3 TIPU MAHI RECOMMENDATIONS FOR WIDER HEALTH SECTOR

Wider Health Sector Culture and Environment		
Goal Area	Required Outcome	Specific Recommendations
Address Racism within the health care environment	The health care environment is one that is free of racism, harassment, discrimination and bullying	Implement anti-racism commitment, strategy and initiatives Ensure processes employed in health services are non-racist towards Māori Ensure HR processes deal with racist behaviours in an effective manner with clear and accessible processes Ensure there are systems in place for Māori staff and others to make complaints regarding experiences of racism and discrimination Ensure there are systems in place for Māori staff and others to get support if they have experiences of racism, discrimination, bullying or harassment There are mechanisms to understand and monitor experiences of racism, harassment etc and a clear accountability to identifying and addressing harmful behaviours Recruitment policies and processes highlight importance of antiracism as part of recruitment
Ensure cultural safety of the healthcare environment	There is a clear commitment to culturally responsive practices and cultural safety across the health sector in Te Waipounamu	Ensure clear cultural safety standards are identified and implemented across the health system with relevant training, monitoring, and improvement. Support transformational change within the health sector to encompass cultural safety throughout.
Tangata Tiriti capacity and capability in relation to Māori health, Te Tiriti and Equity	Tangata Tiriti are supported to ensure they have the requisite culturally responsive cultural safety / competency skills, are able to identify and uphold requirements under Te Tiriti o Waitangi and are actively seeking pro equity outcomes for kaimahi and patients	There is a structured approach to professional development of health sector staff to ensure they are well equipped to meet expectations of proequity, antiracism, Te Tiriti responsiveness and cultural safety

10 CONCLUSIONS

The Tipu Mahi survey of Māori staff has provided an unprecedented opportunity to explore the experiences and perspectives of Māori staff working within the DHB settings in Te Waipounamu. The survey findings highlight the range of challenges experienced by many Māori staff. We acknowledge the participants in the survey for their contribution to this survey, and for the depth and thoughtfulness of their responses and recommendations.

Analysis of survey data focussed on Māori staff experiences of recruitment, orientation and Māori staff support which has reinforced concerns that many health sector processes are not responsive to Māori. Many respondents reported culturally unresponsive or alienating experiences. Of significant concern from this survey are findings showing that the wider DHB environments were not culturally safe workplaces for many participants with a number of people reporting experiences of racism, isolation and harm.

Māori staff in this survey indicated they would be very interested in participating in a range of initiatives to enhance their experiences as Māori staff including cultural support and professional development, training, whakawhanaungatanga, cultural supervision, leadership training, culturally responsive recruitment, and orientation. The survey reinforces that Māori staff are diverse in the opportunities they have to participate and access services and supports. Any services and initiatives to enhance support, need to respond to the range of issues and challenges of diverse Māori staff.

The recommendations span wide-ranging areas and include a specific recommendation for establishment of focussed strategic development and support services (and roles) to engage with Māori staff, to implement initiatives and to drive strategic and operational change. In order to make significant change there will need to be commitment for ensuring culturally responsive HR processes, establishment of comprehensive, accessible Māori staff supports and development services, and culture change within the wider health sector environment embracing anti-racism and pro-equity objectives. The introduction of designated Māori strategic leadership for supporting these changes is needed, in addition to roles to support the implementation of specific services and initiatives.

The Tipu Mahi project was established in order to find strategies to grow the Māori health workforce within DHBs within Te Waipounamu. Over the duration of the Tipu Mahi project the health sector has changed. It is timely now to consider the key findings from the survey alongside the opportunities within the new health structure, new legislation and a commitment to Māori health workforce development in Te Waipounamu.