

HE TAONGA TE
TAMARIKI: EXPLORING
HEALTHCARE
INTERACTIONS WITH
WHĀNAU WHO SPEAK
TE REO MĀORI



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He taonga te tamariki: exploring healthcare interactions with whānau who speak te reo Māori

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GLOSSARY

Aotearoa	New Zealand
Rangahau	Research
Te Tiriti o Waitanga	The Treaty of Waitangi
Tamariki	Children
Te reo	The language
Whānau	Family
Tino rangatiratanga	Self determination
Taonga tuku iho	Treasures from the ancestors
Karakia	Prayer
Mihimihi	Introductions
Kai	Food
Whakawhanaungatanga	Building relationships
Rangatira	Leader
Iwi	Tribe
Taonga	Treasures
Pākehā	Foreigner
Kōhanga	Early childhood
Te ao Māori	The Māori world
Tikanga	The right way
Whakamā	Ashamed
Māna Māori motuhake	Māori autonomy
GP	General practitioner
PHO	Primary health organisation

ABSTRACT

Background: Māori models of healthcare consultations that focus on whakawhanaungatanga, and enhancing health literacy are being implemented in health professional education and practice. Use of te reo has been recognised as a key component of culturally competent health care. However, little research has been conducted on health encounters with tamariki who have te reo as their mother tongue. This is important as our reo revitalisation efforts support growth in the number of children who speak te reo, and our definitions of excellence in health care include appropriate use of te reo in interactions between health professionals, parents/caregivers and tamariki.

Aim: This study aimed to understand key components of a child health consultation with te reo Māori speaking whānau. Specific objectives include identifying the structure that doctors employ in a consultation with te reo speaking tamariki, exploring te reo speaking tamariki and whānau experiences in a primary health care setting and investigating the value of te reo in a child health care setting.

Methods: This study was conducted with a Kaupapa Māori approach which aimed to uphold tikanga Māori. Two focus group interviews were conducted. One focus group included 10 parents with te reo speaking tamariki and the other consisted of four general practitioners. The interviews were transcribed in te reo Māori and te reo Pākehā and analysed using thematic analysis.

Results: The parents discussed the presence of stereotyping and judgement in the health system, indications of good practice such as the use of te reo Māori and correct name pronunciation, and the medical environment being a foreign environment. The GPs shared the benefits and challenges of integrating te reo Māori into a consultation, the importance of understanding New Zealand history for all doctors and the role of Māori practitioners and te reo Māori in the wider health system. Both groups identified the importance of correct pronunciation of names and the need to normalise te reo Māori in Aotearoa.

Conclusion: This study has highlighted the benefits of a holistic approach and the use of te reo Māori with Māori patients who speak the Māori language. In regards to tamariki specifically, the use of te reo Māori, no matter how small, was identified as beneficial.

INTRODUCTION

Māori models of healthcare consultations that focus on whakawhanaungatanga (1), and enhancing health literacy (2) are being implemented in health professional education and practice. Use of te reo Māori has been recognised as a key component of culturally competent health care and developing the doctor patient relationship (3). However, little research has been conducted on health encounters with tamariki who have te reo as their mother tongue.

Tamariki Māori face health disparities in Aotearoa. Even though there have been developments in certain areas of health, hospital admissions for infectious diseases, rheumatic fever, respiratory diseases and mortality remain higher for tamariki Māori compared to non-Māori (4). As a result, children's and young people's health has been stressed as a priority by the Government. Strategies to improve New Zealand health outcomes for children overall include He Korowai Oranga (5), the Children's Commission's Expert Advisory Group on Solutions to Child Poverty (6), the New Zealand Health Strategy (7) and the Child Health Strategy (8) which all have specific goals to improve tamariki Māori health outcomes. Other initiatives include an investigation into the determinants of wellbeing for tamariki Māori (9) and a series of reports about the health status of Māori children and young people (4) to identify key issues.

Research focused on Māori in general when accessing health care service has identified te reo Māori as a key enabler (3, 10). Te reo Māori remains a powerful aspect of te ao Māori that can be implemented into health care service and delivery, and our definitions of excellence in health care include appropriate use of te reo in interactions between health professionals, parents/caregivers and tamariki (3). As a result, this research aims to further support current Whānau Ora models of health, tailored to our tamariki.

This project aimed to explore key components of a child health consultation with te reo speaking tamariki and whānau in a primary health care setting.

Specific objectives include:

- Identify the structure that doctors employ in a consultation with te reo speaking tamariki
- Explore te reo speaking tamariki and whānau experiences in a primary health care setting
- Investigate the value of te reo in a child health care setting

METHODS

This project was designed and conducted from a Kaupapa Māori research basis (11). Kaupapa Māori principles such as tino rangatiratanga (self-determination), taonga tuku iho (treasures from the ancestors) and whānau (family) were implemented in the design and delivery of this study. These processes encourage the revitalisation of Māori cultural aspirations and collective achievement (11). A Kaupapa Māori approach was used in this study since the main objective focussed on the role of te reo in a primary health care setting with tamariki and explored the experiences of Māori practitioners and Māori whānau. Additionally, the researcher and supervisor are Māori and consider Kaupapa Māori principles to be vital in the conduct of hauora Māori rangahau.

Literature review

The literature was searched in two areas: firstly for research on the healthcare experiences of Māori whanau or Māori children; secondly the use of and revitalisation of te reo Māori.

Google Scholar was primarily used to identify a broad range of research papers which were then narrowed by including additional key words and limiting the search to the title and/or abstract only. For literature on health care experiences, search terms included “Māori, te reo Māori, Māori language, primary care, general practice, doctors, GP, healthcare, whānau and children/child”. The initial search using “Māori primary care” produced a large number of papers, however only one of these papers were specific to the use of te reo Māori in primary care for Māori. Papers that focussed on primary care and te reo Māori were preferred. Since the literature relating to Māori patients in healthcare, specifically whānau and tamariki who speak te reo Māori was limited, the year of publication was not specified

in the search criteria. The other major sources of information for the literature review were the references of other cited research papers. This proved to be the easiest and most reliable method. Local databases such as Index NZ, NZ Basket and New Zealand thesis databases were used to identify New Zealand research papers.

The search terms for papers on the use and revitalisation of te reo Māori included “te reo, te reo Māori, Māori language and indigenous language”. Information about Māori cultural competency teachings was accessed through documents published by the University of Otago and Auckland, the New Zealand Medical Council and the medical colleges such as the colleges of general practitioners, physicians and surgeons.

Data Collection

Focus groups were used to explore and evaluate primary care service delivery to whānau who speak te reo Māori. According to Green and Thorogood (12), focus groups are a good method for gaining information from users of a particular service, such as health services because focus groups gain a broad range of ideas for open ended topics . Two groups of participants were needed, general practitioners and parents of te reo Māori speaking tamariki to gather information from both sides of a consultation.

Both groups were recruited using an “opportunism recruitment strategy”, where natural groups were formed through the recruitment of peers by a key participant (12). The key participant was identified by the researcher through personal and professional networks (12). To be included in the general practitioner group participants needed to be familiar with te reo speaking tamariki patients and whānau. To be included in the whānau group participants need to be parents who speak te reo and have a child/children fluent in te reo under the age of 10. Both focus groups aimed to develop in depth discussion relating to multiple experiences rather than a single experience. Hence, general practitioners were recruited from a Māori health provider with a large proportion of Māori patients and the parents needed to have visited a general practice at least four times in the last 12 months for their child’s/children’s health.

Four general practitioners and 10 parents were recruited for the study. Focus groups were conducted in a familiar environment and included the participants, a facilitator and a note taker. A semi-structured interview protocol was used and each interview lasted one hour. Both focus groups began with a karakia and mihimihi and ended with a karakia followed by kai, thus reinforcing whakawhanaungatanga and taonga tuku iho (11). The focus groups were audio taped and transcribed verbatim.

The transcripts were analysed using thematic content analysis. A broad range of themes were identified in both focus groups, the themes were then grouped based on similarity into sub headings. The results were then returned to the participants to confirm and approve, in line with the principle of tino rangatiratanga.

LITERATURE REVIEW

Te reo Māori

In 1840, Te Tiriti o Waitangi was signed by representatives of the Crown and rangatira from different iwi of Aotearoa. Article Two stated that Māori would have tino rangatiratanga of their taonga and would therefore have the power to protect and uphold these taonga. In a Māori world view, the definition of taonga encompasses all treasured possessions including language and knowledge. Therefore, under Te Tiriti o Waitangi Māori affirmed the right to their indigenous language. However, post-1840 saw the beginning of te reo Māori elimination. By the early 1860s Pākehā had dominated Aotearoa and te reo Māori was now officially discouraged (13). In the 1970s, the Māori language was only spoken by 20% of the Māori population, with most of these being kaumātua. During this period, the revitalization of te reo Māori began as Māori leaders and groups emerged with the aim of strengthening te reo Māori. Key movements included the 1972 petition to Parliament, Māori-language recovery programmes in the 1980s and the kōhanga reo movement in 1982 (14). In 1987, te reo Māori was officially recognised by the Crown as a taonga (15).

The value of te reo Māori extends beyond its use as a form of communication. The Māori culture is highly regarded as a verbal culture that uses te reo as the main method to transmit values and beliefs. Therefore, te reo Māori remains a strong connection to Māori

culture, sense of identity and personal worth (16). This was enforced by a recent study which identified that Māori are intrinsically drawn to te reo as it gives a sense of cultural belonging. Moreover, tamariki Māori were seen as the main speakers of the language (17). Pere argues that te reo Māori provides a medium for our tamariki to express themselves, but more importantly a source of empowerment (18). Royal also identified tamariki as the vessels of Māori culture since tamariki obtain knowledge from a young age and they have the potential to develop this knowledge and share it (19).

The literature (20-23) highlights the importance of collaboration of Government agencies and community leaders and groups in revitalisation of te reo. Over the last 50 years a number of initiatives and strategies have been developed to strengthen te reo Māori. Government agencies such as Te Puni Kōkiri and the Māori Language Commission have provided funding, policies and programmes to support Māori aspirations for te reo (22, 24). More importantly, the literature (20, 25) emphasises the need to re-establish intergenerational transmission and increase te reo Māori in homes and communities. The 2006 Māori Language Survey showed an increase of whānau speaking Māori in homes and communities and the largest increase of te reo Māori being spoken by tamariki (17, 24).

Improving Māori health outcomes

In Aotearoa, the importance of understanding and appreciating Māori culture by health practitioners has been argued by Durie as a key skill in healthcare delivery to improve Māori health outcomes. Health professionals are encouraged to expand their knowledge and experience of Māori culture (26), in order to gain more nuanced understandings of a Māori patient's values and ideas. The New Zealand Medical Council recommends that doctors ensure they have the relevant knowledge and skills to effectively serve Māori patients. When the doctor-patient relationship is strong, patients have increased adherence and better patient satisfaction (27).

The wellbeing of an individual child is inseparable from the wellbeing of their whānau (28). Durie describe whānau as a core concept for Māori in terms of health (29). Key initiatives such as Whānau Ora have maximised the benefits of a whānau-centered approach in the design and delivery of effective health care services. Tikanga (the correct way) and te reo

Māori have also been recognized as core values of te ao Māori which uphold Māori cultural integrity (3, 26, 30, 31). Pitama et al explored Māori patients' perspectives of good quality care in a general practice setting and reported that the use of te reo Māori significantly improved Māori patient's engagement and communication with health practitioners (3). Colquhoun's paper supports these findings, and showed that the use of te reo Māori eliminated communication barriers and enhanced the doctor-patient relationship (31). Tikanga was also stressed to be the framework in which Māori operate and only by incorporating this framework into healthcare services can effective change happen. These studies (3, 31) suggest that acknowledging and encouraging Māori cultural values is imperative for all health practitioners in the advancement of Māori health.

Despite recommendations for te ao Māori based teachings to begin as early as possible (31), many medical students receive their first teachings about te ao Māori through the Hauora Māori medical curriculum. The University of Auckland and the University of Otago have both developed a distinct module in the undergraduate medical curriculum based on the Indigenous Health Curriculum Framework. This module specifically focuses on equipping future doctors with the knowledge and skills to improve Māori health, including basic te reo Māori, important tikanga and Māori health models (32-34). Medical training programmes have also identified Māori health as an area of priority (35-38). The Medical Council of New Zealand, a governing council which oversees all doctors in New Zealand is committed through medical regulation to ensuring that practicing doctors are competent in addressing Māori health disparities (38). The New Zealand College of General Practitioners developed a comprehensive strategy in 2012 which targeted 16 action areas to improve Māori health outcomes, including opportunities to enhance the use of te reo Māori by practicing doctors (36).

Health inequities in Aotearoa have prompted the implementation of Māori cultural teachings into medical training as a method to enable all future health practitioners to contribute to better health outcomes for Māori (32, 39). However, the literature remains limited in regards to how these skills and teachings are being implemented in a primary care setting, especially for those who speak te reo Māori, including tamariki.

RESULTS

Whānau Focus Group

The semi-structured protocol for this focus group focussed on the value and use of te reo Māori in a primary care setting. However, other themes relating to the health of our tamariki and mana Māori motuhake were discussed by the participants. Five overarching themes were identified and are presented in this section.

1. Stereotyping and judgement from health professionals

The participants discussed the negative response of some health professionals towards tamariki who only spoke te reo, implying that not being able to speak English is a disadvantage to the child. Consequently, parents become disengaged from the practice.

P1 – She [nurse] was quite judgemental so honestly I left there and I was quite pissed off at her... she would make comments like “oh well he will learn English won’t he”.

Stereotyping by the practitioners was also challenging for whānau when accessing health care for their tamariki. One participant shared her experiences of taking her son to the doctors with bronchiolitis and being questioned about smoking on every occasion.

P9 – The doctor’s always like “do you smoke? No”, “do you smoke? No”. Because like we’re the Māori whānau that goes there they say “does your partner smoke? No” does anybody in your house smoke? No”.

2. Normalising te reo Māori

When discussing the use of te reo Māori the participants acknowledged the advancement of te reo Māori use today. However, many agreed that their expectations of the use of te reo Māori in general practice is relatively low and can often be easily achieved by a practitioner.

P2 – I think my expectations are so low that anything they do is a good experience.

Participants stressed that simple use of te reo Māori is beneficial, but te reo Māori should no longer be seen as a second language in Aotearoa – instead it should be normal in society.

P3 – It's normalised, rather than a “wow they speak Māori” we want to get it to being normal. And like you say we shouldn't be like “wow they said puku” you know we just want it to be normal.

Furthermore, the participants discussed the implications of not having te reo Māori as a prominent language in medicine. Since tamariki can use te reo Māori at home, at school and with whānau and friends but not in a medical practice, it reinforces the idea that things Māori are marginalised and that te reo Māori is a second language in society.

P2 – It shows we're different in society.

Some participants noticed that due to the challenge of having to translate simple reo Māori words they often find themselves defaulting to pākehā.

P7: For instance, if I say Tane had an incident at kohanga, I then have to say day care or kindergarten but I don't know why I do that.

3. Good practice

The acknowledgment and respect for things Māori including te reo Māori and tikanga Māori were seen as indications of good practice. Many of the participants emphasised the importance of having a doctor who could interact with Māori on their terms.

P2 – I have no interest in people who don't allow us to safely be who we are because they're unsafe practitioners essentially...He raru tēra mēnā ka waiho mā te tākuta e whakarite e whakatau i ngā ture i roto i tēnei mea te hauora.

P8 – Surely, just being a GP is more than just the diagnosis of somebody. You're getting to understand them, background and all that type of stuff and then if you can relate to the family in some way surely you're gonna break down barriers and get more information.

Moreover, the participants agreed that good practice should not only be from the doctor. Instead, the general practice as a whole should aim to be more culturally aware and promote te reo Māori and tikanga Māori.

P5 – Seeing it, hearing it, posters, te reo at reception yeah that visibility even before you engage is big for me.

Some participants identified that non-Pākehā tauwiwi doctors were more inclined to use te reo Māori. The participants hypothesised that this may be due to the doctors' own experiences of being from another culture.

P5 – But again the Indian and the Asian doctors are more inclined to pick up words that we've said and use them and again that goes back to the other cultured doctors. The cultured doctors are a lot friendlier or they just get it maybe.

4. The medical environment

The participants discussed the medical environment being a foreign environment and how this poses challenges for our whānau accessing health. In comparison to Māori based health providers, pākehā centres were lacking in their accommodation of the needs of Māori.

P7 – Even like Te Kohao, like I actually want to go there cause it's called Te Kohao. Because it's just like yeah there's a little bit more of a Māori environment there.

P2 –Your sense of connection with that place reduces. I mean one of the reasons why Māori men have some of the worst statistics is because their sense of connection with the medical practices is really low. And one of the reasons why Māori generally have poor health statistics relates to a sense of institutionalised racism. So what we're talking about here is more than just individual experiences it's more about a system that fails us, fails us in our cultural sense of self, it fails us in our ability to be who we are everyday as being normal.

5. Pronunciation of names

The mispronunciation and correct pronunciation of the names of tamariki at a general practice was raised by all participants. They stressed the significance of correctly pronouncing the names of their tamariki since this immediately establishes a positive relationship with the parent and child. Negative experiences of having their child's name pronounced incorrectly or consistently trying to teach staff how to say it correctly left the participants feeling irritable and disrespected.

P2 – Nō reira mena kei te whakaiti koe te ingoa, kei te whakaiti koe i te whakapapa.

P1 – You know it might be a little thing but it's actually a really big thing.

Additionally, parents valued health professionals who either tried or apologised for mispronunciation. The participants felt that by doing so health professionals were acknowledging their mistake and not "hiding it underneath the carpet".

P10: And I think just with the pronunciation if they know they're going to stumble over it why don't they just say it straight up and say "apologies for mispronunciation or if I incorrectly say this, but I'll have a go".

P9: I think just for them to make an effort even if it's just the names. That's your job, call out the name.

GP Focus Group

The focus group with Māori GPs involved discussion of the use and value of te reo Māori with tamariki and whānau from the perspective of a doctor and the perspective of an individual who values te reo. As a result, a mixture of clinical and cultural themes was highlighted. These themes will be discussed further in this section.

1. Engaging with tamariki and whānau who speak te reo

The GPs shared their experiences of how they integrate te reo in their consultation with tamariki and whānau who speak te reo. Different methods were used by the GPs but it was emphasised that the use of te reo was highly patient-led.

GP3 – You start off in te reo pākehā and then some words creep in and then it ends up evolving into a te reo Māori consultation.

One of the participants identified that communicating in te reo with tamariki is often easier than with parents. This was due to a number of reasons such as having a basic level of te reo and the communication being relatively simple with a child.

GP2 – I enjoy speaking to the kids cause they help me out or they can understand my ngāwari reo, but it's speaking with the adults that I find much more difficult so that's alright.

GP2 – With the kids I feel like it's easy enough to point out where the issues are and mum and dad often follow it up so regardless of whether or not you use a full consult in reo I feel like you get a good feeling for what's happening from both mom and the child.

2. Challenges of using te reo Māori

The GPs also highlighted some challenges they face when trying to incorporate te reo into a consultation. They repeatedly used the word whakamā to articulate some of their own experiences of using te reo or overestimating te reo of a patient.

GP3 – I guess what I mean is there's nothing worse than whakamā I suppose, about overestimating someone's reo Māori and if I overestimate it that's a train wreck of a consult.

GP4 – You know you do, you become whakamā around others who may speak better than you but really it's about cherishing what we have.

Another challenge was safety netting in te reo Māori. This part of the consultation clarifies the information given to the patient and their understanding of what to do next. The GPs all felt that safety netting was best done in pākehā to ensure the patient's safety.

GP3 – The other thing I think we have to be cautious of is around our safety netting and making sure that our reo is good enough to adequately safety net and that we can check for understanding, particularly the parents of tamariki who might be unwell to make sure that they're just not nodding and that they're really understanding it... That's a big safety thing too I think.

4. Integration of te reo Māori into health

The participants identified medicine to be based on a western system which posed limitations on doctors trying to use and promote te reo Māori in a primary care setting. However, the participants suggested that the solution to this needs to be implemented at a higher level.

GP2 – My ideal would be strategies and policies within the Government where there is a reo version, so it actually starts from well up there and it infiltrates downwards.

GP1 – I am of the strong opinion that there needs to be more managerial support for both tikanga and reo within the organisation in various guises.

One participant commented on the lack of resources available for Māori patients, not only resources in te reo Māori but also healthcare services that specifically pertain to te ao Māori.

GP4 – With te reo pamphlets and information relating in te reo. Simple things too, like you know mirimiri whatever it is around, we don't have any resources I think that I can give whānau who read te reo or speak te reo.

5. More training and learning opportunities

The participants also emphasised the need for more professional development opportunities for those who wish to develop their skills of te reo and a “how to guide” for using te reo in a consultation.

GP1 – I think that guidance on using te reo in consults could be applied for different levels of te reo, like if you have this level here are the sort of words and you can apply it like this and if you have this level you can apply it like this or if you have levels like you guys [proficient] you can apply it like this or beyond you know. So that would be really valuable.

GP4 – If we could, as GPs in primary health care, get a sense of what that [consults in te reo] looked like and felt like and could elaborate and learn as a baseline foundation. Cause you know I wish I had that, I wish someone said “okay you want to do reo consults this is how we are going to shape and do it, this is your foundation, now you need to learn upon that and add to it”.

Discussion about medical training and foreign doctors indicated that there was a need for more teaching in regards to the history of New Zealand, especially in regards to Te Tiriti o Waitangi. It was highlighted that an effective change to Māori health can only be made with an understanding of the history of Aotearoa and Māori.

GP4 – I think probably; dare I say it cultural competency is very important. There’s many people that don’t know enough history to be able to want to give a bit more of themselves and be vulnerable around te reo... most people will see that, yeah actually this reo was taken away, this rongoā was taken away and these things were taonga that were taken and all they’re trying to do is uplift what was already theirs and so it makes them want to be a part of that journey so I think the cultural competency around that is really important.

6. The right to te reo Māori

Another key theme that was discussed by all participants was the importance of te reo Māori as a clinical skill and a personal treasure. As Māori GPs, the participants were able to

reflect on their own valuing of the language and therefore apply this in the context of their patients.

GP1 – I've found that there's a real positive response from the parents but the kids respond really well as well. But I think that just enhances the whole getting along in the consult and them trusting me as a doctor I think.

GP3 – He [kaumātua] said "I've got a whakatauki for you [GP]" and he said "he rongoa te reo Māori, he rongoa anō te katakata, he rongoa te aroha ki te tangata." Which is beautiful really, yeah. Why wouldn't you use it really, it's a tool and primary care practice is about relationship building right.

Furthermore, all participants felt that te reo Māori needs to be normalised in Aotearoa.

GP3 – Yeah you know I think the answer there is in the word really, you know te reo Māori or the ordinary language, well māori's ordinary that's what māori means a literally translation of māori with a little m is ordinary. And it should be the ordinary language in New Zealand.

7. Pronunciation of names

Lastly, the participants acknowledged the importance of pronouncing names correctly. As GPs who are capable of pronouncing Māori names correctly, the participants identified correct name pronunciation as a starting point for using and promoting te reo Māori for all doctors.

GP2 – Even just teaching our colleagues to get their names correct, the pronunciation. That's a huge thing.

GP1 – Yeah and I guess that's [correct name pronunciation] probably just the first level of competency really.

DISCUSSION

This study aimed to identify the structure and key skills that doctors employ in a consultation with te reo speaking tamariki; to explore te reo speaking parents' experiences in a primary care setting for their child/children's wellbeing and to investigate the value of te reo in a primary care setting. The discussion focuses on each of these objectives.

The role of the doctor

“Surely, being a GP is more than just the diagnosis of somebody”

Participants in both groups supported the articulation of the doctor's role as ‘more than just the diagnosis of somebody’, doctors should be more focussed on rongōa for the overall health of a person rather than fixing the specific problem. Durie and Pitama provide evidence of the benefits of a holistic approach to health, especially for Māori patients (29, 40). These studies highlighted the significance of te reo Māori and whānau as factors influencing health and support their value in healthcare interactions.

The general practitioners unanimously understood the value of using te reo in a consultation with te reo speaking Māori patients, especially tamariki. A variety of methods was discussed on how to integrate te reo Māori into a consultation and how to interact with te reo speaking patients. These methods included integrating simple words, using bilingual sentences, using simple instructions or identifying cues such as Kura Kaupapa Māori uniforms. However, all consultations that included the use of te reo Māori were patient led and the general practitioners would always base their use of te reo on the patient's reaction or reply to avoid whakamā. One general practitioner participant identified the benefit of using te reo Māori with tamariki since it only requires simple language and empowers the child by speaking in their own language. Additionally, the general practitioners highlighted that child health consultations are often led by the parent and only limited interaction occurs with the child. This has been identified in the literature (41). The participants of the whānau focus group agreed that the use of te reo Māori with tamariki can be easily achieved with the use of simple words and instantly eases the child.

More training and opportunities for all doctors to learn more about the history of New Zealand and the needs of Māori were emphasised by both focus groups. The whānau participants suggested that there should be a code of conduct or criteria that all doctors should meet relating to the Treaty of Waitangi. Similarly, the general practitioners identified the importance of understanding the Treaty of Waitangi and history of Aotearoa for all doctors working in New Zealand. The general practitioners also emphasised the need for professional development in aspects of te ao Māori such as te reo Māori. Currently, there is little guidance available for health practitioners on how to integrate te reo into a consultation and this study has highlighted that even doctors who use te reo Māori regularly in their consultations, still face a number of challenges.

Te reo speaking tamariki and whānau in primary care

“It’s more about a system that fails us, fails us in our cultural sense of self”

The participants of the whānau focus group preferred Māori PHOs over other PHOs when seeking healthcare. They described Māori PHOs as more whānau focussed and felt that “there’s a little bit more of a Māori environment there”. The Māori PHO discussed by the participants had staff that used te reo and provided a sense of connection to Māori patients. This may be due to Māori PHOs being based on a Māori framework of health and governed by tikanga. Māori PHOs are also normally governed by Māori and “owned” by the local iwi (42, 43).

When considering medicine in general, participants from both focus groups perceived the quality of care to be highly western based. Some of the general practitioners commented on the constant challenge to incorporate aspects of te ao Māori since these aspects are outside of the norms of medicine. Additionally, processes such as writing notes and giving information are designed for Pākehā patients and pose another challenge for doctors when catering to tamariki and whānau who speak te reo.

Whānau participants expressed their experiences of feeling marginalised and disrespected when accessing health. A study by Bolitho exploring Māori whānau experiences of accessing

healthcare for their unwell child/children identified that in addition to limited resources and uncertainty of the type of health service needed, parents felt a sense of vulnerability when accessing health care services for their children (44). This study found that parents were made to feel incompetent and the parent's ideas and concerns were dismissed by health professionals resulting in compromised healthcare for the child/children. This paper highlights that the doctor-parent relationship is just as important as the doctor-patient relationship with unwell children.

The results of this study suggest that even though Māori health is a priority in New Zealand and some teaching and training has been established for health professionals and staff, the benefits have not translated into action across the board in primary care services for reo speakers in primary care. The general practitioners and whānau participants both suggested that change needed to happen at a higher level to make an effective difference to Māori health outcomes. Participants felt fundamental changes were needed at a central government level in order to avoid rather tokenistic implementations in a clinic.

The value of te reo Māori

“The value is in the practicing of our reo and tikanga as normal”

Te reo Māori has been highlighted by all participants as an invaluable taonga that extends beyond just a communication tool. Whānau participants identified that the use of te reo Māori was an indicator of good clinical practice from the health professional/staff and assisted in establishing a trustworthy relationship. These findings support the results of Pitama's et al study in which patients identified the use of te reo Māori by the doctor as an indicator of quality care which assisted in developing a positive relationship (3). The general practitioners also noticed that using te reo Māori enabled them to develop a more meaningful relationship with reo speaking patients.

Name pronunciation was consistently referenced as an indicator of te reo Māori competency and Māori culture acknowledgement. Health professionals who tried or apologised for mispronunciation were seen to be respectful of the Māori culture. This is

due to the strong connection of a Māori name to the individual's identity (16). The doctors also understood the importance of correct name pronunciation and felt that it was partly their responsibility to lead by example and assist other doctors. Participants conclusively considered correct pronunciation of names to be an initial stepping stone in the advancement of te reo Māori use in healthcare.

Since the late 20th century, Government agencies and community groups working together have resulted in greater recognition and revitalisation of te reo Māori in Aotearoa (14, 15, 22, 24). In a health context, te reo Māori has been identified as an important tool in interacting with Māori patients (3, 27, 31), however the findings of this study suggest that the use of te reo Māori should be regarded as the normal standard when interacting with te reo Māori speaking patients rather than an additional "skill".

The United Nations declares that Māori have the right to the use, transmission and development of their own language. This includes the use of the Māori language to restore and maintain the health of Māori. Hence, the true value of te reo Māori extends beyond a clinical tool and is the right of all Māori people (45).

STRENGTHS AND LIMITATIONS

There were a number of strengths to this study. This study explored the experiences of both whānau and general practitioners when caring for tamariki who speak te reo Māori. This aimed to achieve a 'whole picture view' for a consultation with tamariki who speak te reo Māori. The information gathered from contrasting groups about the same matter strengthened the validity of common themes. The focus groups were conducted in a 'naturalistic environment' by being held at a familiar location and involving participants from the same community. This allowed the participants to feel comfortable in discussing their personal experiences, especially negative experiences which can be difficult to share in an unfamiliar environment or without peer support. Another strength was the experience and knowledge of the researcher. The researcher of this study is a Māori medical student with a thorough understanding of te ao Māori including fluency in te reo Māori. This

allowed the focus groups to be conducted and transcribed in te reo Māori. As a result, the findings were presented in the exact words of the participants.

There were a number of limitations to this study. The focus groups consisted of naturally occurring groups where the participants were sourced from one community. Even though consistent themes were offered by the participants, due to the small sample size the findings of this study cannot be generalised to the greater Māori population. Another significant limitation of this study is the lack of information from and pertaining to tamariki that speak te reo Māori. Due to the time and resource restriction of this summer studentship, focus groups with tamariki who speak te reo Māori were not conducted. Consequently, the experiences of tamariki in a primary health care setting is not conclusively identified by the findings of this study, but are recommended to be further explored in a future study.

CONCLUSION

This research provides valuable information in regards to the use of te reo Māori in a primary care setting. The findings illustrate the importance of applying a holistic approach to primary care interactions, including using cultural aspects such as te reo Māori to enhance the relationship with Māori patients. In regards to tamariki specifically, the study identified that even small words and sentences can positively affect the interaction with tamariki. However, the use of te reo Māori with a Māori patient who is capable of speaking te reo Māori should no longer be seen as an additional tool. Instead, te reo Māori should be recognised as an indigenous language and normalised in the realms of medicine. An important stepping stone in realising the importance of te reo Māori is correct pronunciation of names by health practitioners and staff, since this indicates respect. Overall, the findings suggest that even though there has been an investment of Māori cultural teachings into the medical curriculum and training programmes the results have not yet translated widely into general practice.

There are a number of recommendations from this project. Firstly, the doctors stressed the need for more guidance on how to best use te reo Māori in a consultation. The doctors in

this study also suggested that teaching in regards to the Treaty of Waitangi and New Zealand history is lacking and is needed to understand the importance of Māori cultural competency. Secondly, the parents in this study supported the need for more teachings in regards to Māori cultural competence and identified the importance of Māori health providers in providing a culturally safe environment. Lastly, this study highlighted the importance of implementing and supporting the rights of indigenous people by allowing Māori to practice and use their reo as normal. Since the use of te reo Māori is an indigenous right, it is recommended that use of te reo Māori should be implemented more regularly in the health sector and across all public services.

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