



He Rito Harakeke: Retention of Māori in the Health and Disability Workforce

2008

Manakotanga: Acknowledgements

This booklet draws on *Rauringa Raupa: Recruitment and retention of Māori in the health and disability workforce*. The research was undertaken by Taupua Waiora (the centre for Māori health research at the Auckland University of Technology), Ngā Pae o te Maramatanga, and Rātāteitei Associates. The researchers were Mihi Ratima, Rachel Brown, Nick Garrett, Erena Wikaire, Renei Ngawati, Clive Aspin and Utiku Potaka.

The research was a joint venture between the Health Research Council of New Zealand and the Māori Health Directorate of the Ministry of Health.

Monique Priston and Paula Searle of Te Kete Hauora (Māori Health Directorate, Ministry of Health) scoped this booklet.

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Whakāturanga mō tēnei pukapuka:

About this booklet

This booklet draws on the findings from *Rauringa Raupa: Recruitment and retention of Māori in the health and disability workforce*. It provides a summary of the factors that prevent and facilitate the retention of Māori in the health and disability workforce.

Two career profiles are included to highlight Māori health careers.

While the information presented here comes from *Rauringa Raupa*, it is not the aim of this booklet to provide an in-depth interpretation and discussion of *Rauringa Raupa*. For a full discussion of methods, findings and results, see *Rauringa Raupa*, which is available from the Auckland University of Technology website (<http://www.aut.ac.nz>) and the Māori health website (<http://www.maorihealth.govt.nz>).

Te urunga o te Māori ki te mahi hauora: Māori participation in the health workforce

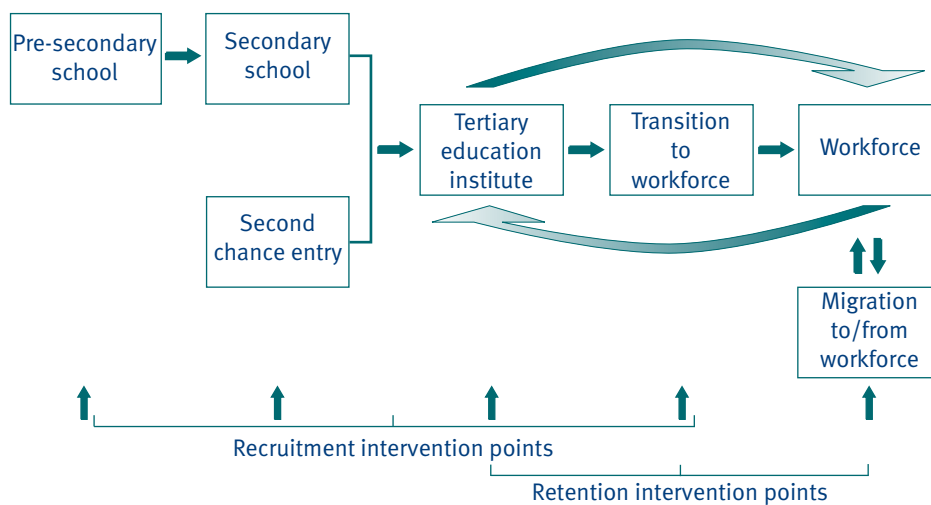
Increasing Māori participation in both the regulated and unregulated workforce will build a representative, culturally safe, and competent national health and disability workforce that will lead to optimal health outcomes for all New Zealanders.

Māori health and disability workforce development pathway

International literature refers to a ‘pipeline’ for the generation and recruitment of the health workforce. The ‘pipeline’ (more commonly described as a ‘pathway’ in New Zealand) is an individual’s progress from being an undergraduate in an educational institution to graduating with a skill set suited to recruitment into the workforce (see figure 1).

The pathway has five phases: pre-secondary school; secondary school and second-chance entry; tertiary education; transition to the workforce; and the workforce. The pathway allows for tertiary level professional development opportunities that may facilitate workforce retention, and that are consistent with a ‘life-long learning’ approach to professional development.

Figure1: Māori health and disability workforce development pathway



Source: Rauringa Raua: Recruitment and retention of Māori in the health and disability workforce 2008.

Table 3 on page 10 identifies the successful intervention components for the recruitment and retention of Māori in the health workforce.

Multiple intervention points for improving workforce recruitment and retention are identified along the pathway.

A comprehensive approach to developing the Māori health and disability workforce is needed, which relies on interventions along and across the pathway to bridge the health, education and labour sectors. A long-term investment is needed from the kōhanga reo/preschool phase through all stages of the career lifespan for an optimum workforce, which depends on quality education at all levels.

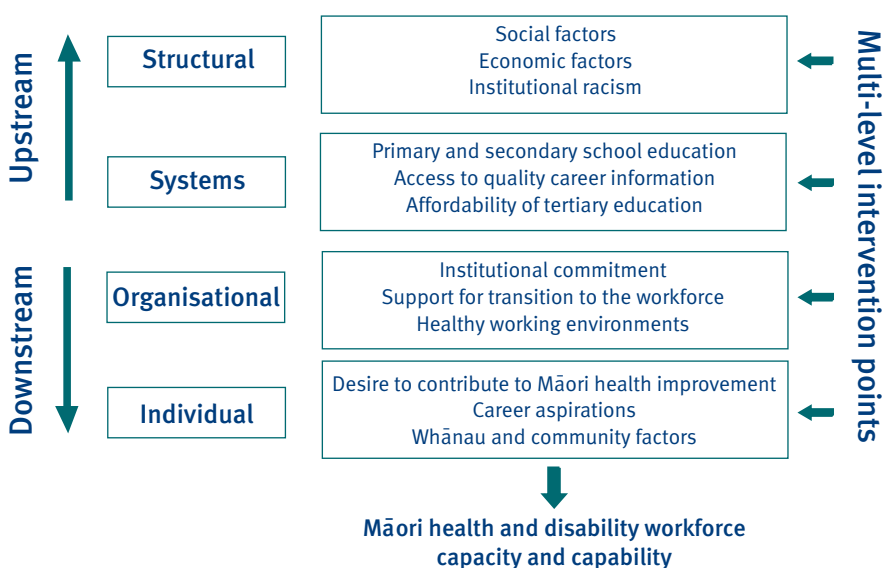
Determinants of Māori retention in the health and disability workforce

Four groups of factors determine retention of Māori in the health workforce as outlined below.

- *Structural factors* are the historical, social, economic, political and cultural factors that are the fundamental drivers of Māori participation in New Zealand society and, therefore, Māori participation in the health workforce.
- *System factors* relate to the health and education systems as a whole, rather than to the characteristics of individual institutions.
- *Organisational factors* relate to specific health and educational institutions and services.
- *Individual factors* relate to a person’s contribution to their whānau, the community and individual career aspirations.

For further discussion on the categories see *Rauringa Raupa*.

Figure 2: Determinants of Māori health and disability workforce participation



Source: Rauringa Raupa: Recruitment and retention of Māori in the health and disability workforce 2008.

The barriers to retention and the factors that facilitate retention are grouped into four categories (and are summarised in Tables 1 and 2).

Table 1: Barriers to Māori retention

Categories	Barriers
Structural	<ul style="list-style-type: none"> • institutional racism
System	<ul style="list-style-type: none"> • health sector funding mechanisms for Māori providers • low flexibility within the health system • low Māori presence in the health sector • opportunities in other sectors
Organisational	<ul style="list-style-type: none"> • high expectations to be expert in and deal with Māori matters • dual responsibilities to employers and Māori communities • low value given to Māori cultural competencies • low Māori cultural competence of colleagues • poor access to Māori cultural support and supervision • isolation from Māori colleagues • difficulty of ‘being Māori’ in the workplace and racism • poor work conditions • inadequacies of managers • low flexibility • poor access to professional development opportunities • unrealistic and heavy workloads • poor pay rates • lack of clear career pathways
Individual	<ul style="list-style-type: none"> • whānau commitments • expectations of Māori communities

Source: Rauringa Raupa: recruitment and retention of Māori in the health and disability workforce 2008.

A career in Māori health policy

Teresa Wall

Te Rarawa, Te Aupouri

Teresa Wall is the Deputy Director-General of Te Kete Hauora (Māori Health Directorate) Ministry of Health.



Teresa grew up in Blenheim, but attended college and has lived most of her life in Wellington. Her interest in health was in her genes, her father was a doctor and her mother a nurse.

Teresa trained as a Comprehensive Nurse at Wellington Polytechnic where she specialised in renal nursing. She also taught renal nursing skills and co-ordinated the post-graduate renal nursing course. Teresa moved on to human resources as a training co-ordinator where she was responsible for co-ordinating the orientation programme for all new staff at Wellington, Porirua and Kenepuru hospitals. A major focus of her work was to design and contract the ‘cultural safety’ training programme for all the staff of those three hospitals. She says, ‘It was a challenging time putting Māori health on the agenda, there was quite stiff opposition.’

Teresa started at the Ministry of Health in 1997 as an advisor and, in 2000, she took up the role as Māori Health Policy Manager in Te Kete Hauora.

In her role as Deputy Director-General of Te Kete Hauora, Teresa said that ‘the challenges to improving health outcomes for Māori are getting the whole of the health sector working collectively to improve Māori health. The presence of inequalities in health outcomes for Māori, is a quality issue. Our immediate challenge is addressing that quality issue. At the same time we need to grow and consolidate Māori health providers, and increase the number of Māori in the health workforce, along with strengthening the role of the DHB Māori board members and the treaty-based relationships in health.’

The future focus in her role is to: build on our knowledge and actions to tackle health inequalities, establish some international agreements with other indigenous people with respect to workforce development and research, to continue to build on our international reputation with respect to indigenous health, and to work collaboratively with other jurisdictions on addressing the impact of poverty on health outcomes and eliminating indigenous health inequalities.

Table 2: Factors that facilitate Māori retention

Categories	Facilitators
System	<ul style="list-style-type: none"> • strengthening Māori presence in the health sector <ul style="list-style-type: none"> – Māori role models – networking with other Māori in health professions • supported transitions from study to work
Organisational	<ul style="list-style-type: none"> • culturally safe and reinforcing work environments <ul style="list-style-type: none"> – recognition and valuing of Māori cultural competencies and practice models – access to cultural supervision and Māori resources – paid cultural competency professional development – opportunities to work in Māori settings and to use Māori practice models in Māori contexts – culturally safe management – flexibility to work within Māori frameworks and practice models • positive work conditions <ul style="list-style-type: none"> – paid professional development opportunities – clear career pathways – adequate pay rates
Individual	<ul style="list-style-type: none"> • desire to make a difference for Māori health • opportunities to work with Māori people • being a role model • opportunities to make a difference for hapū and iwi • capacity to receive and provide whānau, hapū and iwi support

Source: Rauringa Raupa: recruitment and retention of Māori in the health and disability workforce 2008

A career as a public health physician and researcher

Ricci Harris

Ngāti Kahungunu, Ngāti Raukawa, Ngāi Tahu

Ricci is a public health physician who works as a senior research fellow at Te Rōpū Rangahau Hauora a Eru Pōmare. Ricci began working in the health sector as a junior doctor in 1995. In 1997, she took up a junior research position at Te Rōpū Rangahau Hauora a Eru Pōmare and, in 1999, began her specialist training in public health medicine. Over the years Ricci has worked in several registrar positions including Te Rōpū Rangahau Hauora a Eru Pōmare, the Ministry of Health and Regional Public Health. She holds a Master of Public Health and is a Fellow of the Australasian Faculty of Public Health Medicine.



Ricci is committed to improving Māori health outcomes and was a key contributor (as an author and editor) toward the Hauora IV publication. Her work focuses on Māori health research, epidemiology and the investigation of ethnic inequalities in health in a number of areas. She is currently looking at inequalities between Māori and non-Māori in the treatment of and survival from cervical cancer in New Zealand.

A major influence in Ricci's work has been Māori rights, including Māori rights to good quality health care and the role of racism as a determinant of health and cause of inequalities.

Ricci's main career highlights include meeting and working with other health professionals who share a commitment to Māori health as well as the growth of the Māori public health workforce. Ricci lives with her partner who is a GP, and they have three children.

Table 3: Potential interventions

Pathway phase	Intervention components
Pre-secondary school	<ul style="list-style-type: none"> • promote science and careers in health • introduce role models • encourage academic preparation
Secondary school and second-chance learners	<ul style="list-style-type: none"> • promote science and careers in health and a culture of success by using role models, mentors and ambassadors • promote practical science and health learning experiences through, for example, university and provider outreach services • provide high-quality course and career information, advice and counselling to support the transition from secondary school to tertiary study
Tertiary level	<ul style="list-style-type: none"> • facilitate supportive and culturally appropriate learning environments, including access to financial support, enhanced admissions processes and a culture of success • enable inclusion in communities of learning • strengthen relationships between providers and tertiary education institutions to enable clinical placements and work experience
Transition to workforce	<ul style="list-style-type: none"> • encourage preceptorships (mentorships) for new employees • provide career counselling and clear career pathways • facilitate access to Māori health professional networks
Workforce	<ul style="list-style-type: none"> • encourage institutional commitment to Māori health and disability workforce development • facilitate healthy and culturally reinforcing working environments • enable access to Māori colleagues and professional bodies
Comprehensive pathway intervention	<ul style="list-style-type: none"> • address the structural determinants of Māori workforce participation • operate across the Māori health and disability workforce development pathway • provide complementary and co-ordinated interventions

Source: Rauringa Raupa: Recruitment and retention of Māori in the health and disability workforce 2008

Ngā pārongo umanga mahi mo te Māori: Māori health career information

Career Services (<http://www.careers.govt.nz>) provides information, advice and guidance about careers. The website's home page is linked to Mahi Māori, which hosts information on Taiohi Tu, Taiohi Ora Career Planning Workshops and Te Whakamana Taitamariki Career Awareness Seminars.

Tertiary education websites provide information on courses and study pathways in health to prospective students. They link prospective students to liaison, learning and career support services.

Tertiary institution career support includes personal career counselling, job search strategies, interview skill training, and assistance with the preparation of a curriculum vitae. University career services are not generally Māori-specific. Most tertiary institutions employ Māori liaison officers and some employ Māori learning support staff.

Hauora.com (<http://www.hauora.com>) targets Māori seeking information on a career in health and Māori health professionals. It has information on careers in medicine, including study pathways, scholarship opportunities, qualification requirements, medical career options, and links to relevant university sites.

Ministry of Health (www.Maorihealth.govt.nz) provides information of the Māori health workforce, Māori workforce statistics and the Hauora Māori Scholarship Programme (HMSP). The HMSP provides financial assistance for students undertaking a tertiary health-related programme of study who are committed to Māori health and have whakapapa and/or cultural links with Māori.

Health Research Council of New Zealand (www.hrc.govt.nz) has a number of scholarships and fellowships designed to foster the Māori health research workforce.

Ētahi atu rawa: Other useful resources

Resources that may be useful to readers include the following.

- Auckland University of Technology. 2008. *Rauringa Raupa: Recruitment and retention of Māori in the Health and Disability Workforce*. Auckland: AUT University.
- Auckland University of Technology. 2007. *The review of the Hauora Māori Scholarship Programme*. Auckland: AUT University.
- Ministry of Health. 2008. *He Tipu Harakeke: Retention of Māori in the Health and Disability workforce*. Wellington: Ministry of Health.
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