Kimihia te Aronga-a-Hine
THE MĀORI MIDWIFERY WORKFORCE IN AOTEAROA

WORKFORCE REPORT 2020
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Kua rongo te Ao
Kua whānau mai ai he mokopuna
Kua whānau mai ai he mokopuna
He mokopuna, he whakapapa
He mokopuna, he whakapapa
Nau mai haere mai
Nau mai haere mai ki tēnei Ao o tātou!

Ka nui mihi ki a koutou, the Māori health stakeholder groups who generously supported this investment in our Māori health workforce for Māori women, babies, children, and whānau. We are proud of your achievements across many health settings and locations. We take this opportunity to share them with you all through Kimihia te Aronga a Hine Report 2020. We at Te Rau Ora look forward to a continued relationship with you all in the future.

1 The maternity continuum includes pre-conception, pregnancy (antenatal period), labour and birth (intrapartum period), and six weeks following birth (postnatal period).
Executive Summary

Introduction
In 2019 Te Rau Ora with its partners Ngā Maia Māori Midwives Aotearoa and Counties Manukau Health District Health Board (DHB), was tasked by the Ministry of Health to develop the evidence base to inform workforce priorities with a focus on Māori women, babies, children, and whānau (families). Rapua te Aronga a Hine: The Māori Midwifery Workforce in Aotearoa, a Literature Review – February 2020 (Rapua te Aronga a Hine Literature Review; (Tupara and Tahere, 2020) was the first step to establish an evidence base to describe the landscape and the distinctions of the workforce for Māori women, babies, children, and whānau. The Rapua te Aronga a Hine Literature Review, which focused on midwives, was the fundamental source that informed the development of the Kimihia Te Aronga a Hine Workforce Survey (which is part of the same project) and consequently this report.

Background
While a broad view has been accepted in the Kimihia te Aronga a Hine Workforce Survey of the workforce that works with mothers, babies, children, and whānau; it also embraces the directional importance provided in the Rapua te Aronga a Hine Literature Review (Tupara and Tahere. 2020).

At a basic level, expectant mothers engaging with health care are more likely to encounter a midwife, above any other profession, while traversing the maternity continuum (Tupara and Tahere, 2020). The Aotearoa Lead Maternity Carer (LMC) model of primary maternity care is fundamental to supporting expectant mothers and has been held up as unequalled throughout the world. It is also considered the country’s shining light of the maternity service. Positive maternity outcomes are increased when women and babies are provided continuity-of-care (New Zealand College of Midwives Te Kāreti o Ngā Kaiwhakawhanau ki Aotearoa, n.d.)

Women typically register with a Lead Maternity Carer (LMC) to access maternity care. Based on data reported by the Ministry of Health (2019), self-employed midwives are by far the most common, and increasingly so, chosen LMCs (86.9%), followed by obstetricians (5.1%), and general practitioners (GPs; 0.2%). Midwives provide a variety of services (i.e., support, care, and advice) for women during pregnancies through to six weeks postpartum. They also work in collaboration with other health care professionals and ensure access to medical services if required (New Zealand College of Midwives, 2015).
Survey Methods

Participants
The Kimihia te Aronga a Hine Workforce Survey was open in March 2020 to adults aged 18 years and over who identified as Māori and worked with Māori mothers, babies, children and whānau. A total of 309 people responded to the survey. As it was possible to skip some questions, not all questions were answered by respondents. Respondents who answered less than 80% of the survey questions were excluded from the final analysis. This eventuated in a survey sample of 235 respondents (23.9 per cent reduction).

Questionnaire development
The questionnaire development firstly built on the survey used in Te Iti me te Rahi, Everyone Counts, Māori Health Workforce Report, 2018 (Te Iti Me Te Rahi; McClintock et al., 2019), then was developed further through a collaboration led by Te Rau Ora supported by Ngā Maia Midwife representatives, the Counties Manukau DHB, the Ministry of Health funders, as well as Rapua te Aronga a Hine Literature review (Tupara & Tahere, 2020).

Procedure
Kimihia Te Aronga a Hine Workforce Survey was led by Te Rau Ora and made available via SurveyMonkey online survey tool, open for approximately eight weeks then closed in May 2020. The survey aligned with the Māori values of tika (right), pono (truth), aroha (love and respect) and whanaungatanga (relationships) – such as the snowball process that featured a built-in mechanism for forwarding to known contacts maintaining anonymity. The over-riding method of whanaungatanga well known and utilised by Māori, formed a solid basis for recruitment of respondents.

Participants were also offered the option to participate in a prize draw upon completion of the survey (the contact details and survey responses were separate collections). This process was aligned to the Māori value of koha mai koha atu (reciprocity). Three winners were chosen randomly.

Perceived Limitations
The sample of participants was self-selected, and thus should not be viewed as a representative sample of the Māori health workforce population being studied. This appears the normal; as no Māori health workforce survey or surveys exist to date that have been based on a representative sample where the Māori health workforce were respondents (McClintock et al., 2019). There was also some disappointment from the reviewers that this Report is Midwifery centric but respectively this workforce continues dominance in nurturing mothers and their babies. In addition many recommendations made in this Report are also relevant and essential to other Māori Health Workforces.
Results

• The largest age group who participated in this survey was the 45-49 years age group (15.7 per cent) and nearly three quarters (73.1 per cent) of respondents were 40 years and older.
• There were more female respondents than male (87.2 per cent versus 12.8 per cent).
• Te Tai Tokerau/Tamaki Makaurau (28.1 per cent), Waikato/Te Rohe Pōtae (20.9 per cent), and Te Arawa/Taupo (20.0 per cent) were the most represented iwi rohe.
• The majority of respondents (95.3 per cent) have formal qualifications.
• Over half (54.4 per cent) of respondents attained their highest qualification in the 2010 and 87 per cent attained their highest qualification between the years 1990s-2010s.
• Just over a quarter of respondents (27.6 per cent) were currently studying. Nearly a fifth (19.4 per cent) of these respondents are working toward a undergraduate degree and over half (52.2 per cent) are studying at a postgraduate level.
• Approximately a third of respondents had received a Māori health scholarship (32.8 per cent), and an approximately a third had received a whānau/hapū/iwi scholarship (34.5 per cent); 15.7 per cent of respondents had received both types of scholarships.
• Over half of respondents (59.6 per cent) have worked in the health sector for less than 15 years, nearly a quarter of respondents (24.3 per cent) have worked in the sector for less than five years.
• Nearly 80 per cent of respondents worked for either a District Health Board (43.8 per cent) or a Non-Government Organisation (35.7 per cent).
• Self-employed Lead Maternity Carers in this sample were a lowly 8.5 per cent, which is contrary to what has been reported by (Tupara, H., & Tahere, M. 2020) However, this health workforce sample is not representative of midwives only but a broad health workforce who believe they also contribute to the health and wellbeing of Māori mothers, babies, children, and whānau.
• Mainstream health providers were the most common (57.9 per cent) type of service respondents worked for, followed by Māori health providers (28.9 per cent), and then self-employed (13.2 per cent) participants.
• The majority of respondents (82.1 per cent) hold a qualification for the role they work in.
• District Health Boards with the largests number of respondents working within them were Whanganui (19.6 per cent), Waikato (14.5 per cent), and Counties Manukau (9.3 percent).
• After the other category, the three most common respondent roles were midwife (19.1 per cent), Nurse (17.4 per cent), and Manager (14.5 per cent). These roles made up just over half of the responses (51.1 per cent).
• Over half of respondents (59.6 per cent) belonged to a health professional association. The four most common were the New Zealand College of Midwives (NZCOM) with 23.0 per cent, the New Zealand Nurses Organisation (NZNO) also with 23.0 per cent, Nga Maia (Māori Midwives) with 17.9 per cent, and Te Rūnanga with 6.8 per cent. The data also shows that while respondents are registered with professional bodies, the role at work does not always align with the professional body they belong to.

• Just over two-thirds of respondents (67.2 per cent) were asked about the Treaty of Waitangi in their job interview.

• Cultural competency was assessed during the recruitment of 59.6 per cent of respondents.

• Nearly seven out of ten respondents (68.1 per cent) were able to speak te reo Māori fairly well or better. Just over half of these respondents (34.1 per cent) can understand many or almost anything said in Māori.

• The majority (85.1 per cent) of respondents reported that their knowledge of Māori health models was either at an intermediate or advanced level.

• Most respondents (97.5 per cent) reported having fair to excellent access to the internet at their workplace as well as the necessary computer literacy (fair to excellent) to use them (98.3 per cent).

• Nearly two out of three respondents (64.7 per cent) agreed or strongly agreed that they had a professional development plan in place.

• Less than a third (29.4 per cent) agreed or strongly agreed that cultural supervision was in place and supported by their employer.

• Over half of respondents (56.2 per cent) either agreed or strongly agreed that there was potential for them to take on a leadership role in their current workplace.

• Over half of respondents (52.8 per cent) agreed or strongly agreed that leadership was included in their professional development plan and is supported by their employer.

• The top 5 critical areas for ongoing professional development for respondents (n=189) were 1) continuing education, 2) cultural competency, 3) skills based training, 4) improving job performance, and 5) participation in professional development.

• Nearly three out of four respondents (72.5 per cent) agreed or strongly agreed that they felt valued in their workplace.

• Nearly equal amounts of respondents who felt their salary reflected their contribution (40.7 per cent) as those who felt their salary did not reflect their contribution (39.7 per cent), and the remaining 19.6 per cent were neutral.

• More respondents, nearly two thirds (65.1 per cent), agreed or strongly agreed that they were satisfied with their workplace.
Conclusion

This report provides an analysis of the findings from Kimihia te Aronga a Hine Workforce Survey 2020, respondents who self-identified as working with Māori women, babies, children and whānau. The workforce survey conducted by Te Rau Ora was motivated by the need to develop the evidence base to inform workforce priorities with a focus on Māori women, babies, children and whānau.

Kimihia te Aronga a Hine Workforce Survey Report 2020 accepts a broad view from participants of a diverse health workforce. Although the respondents to the question of Professional Associations, the four most common were the New Zealand College of Midwives (NZCOM) with 23.0 per cent, the New Zealand Nurses Organisation (NZNO) also with 23.0 per cent, Ngā Maia (Māori Midwives) with 17.9 per cent, and Te Rūnanga with 6.8 per cent. However as explained in chapter 3, it is important to note that respondents were able to identify as belonging to multiple professional bodies, and many did. For instance, 88.1 per cent of respondents who are part of Ngā Maia are also members of NZCOM.

Tupara and Tahere (2020) also raised the provision of dedicated Māori Health Workforce initiatives that have a continuing role of influence. These developments must be further explored regarding the strengthening and the expansion of a Māori Midwifery workforce. Within this there should also be an opportunity to explore the development of a Māori health workforce that could be additive and enhancing of the role of the Māori Midwife.

The survey respondents boasted academic achievement from undergraduate degree level and higher, and so revealed a capacity and capability to build their own evidence and best practice models. Most survey respondents agreed that the qualification they held was relevant to their position.

Health Workforce New Zealand stated for Māori Midwives a goal of 17 per cent of the total number of projected midwives in 2029 has been set (Jo, 2019). This was viewed as achievable only with the addition of 37 more Māori midwifery students per year above the numbers that currently commence their studies yearly raising the dedicated number to approximately 50 Māori midwifery students per annum.

Tupara and Tahere, (2020) identified five midwifery schools: Te Ara Institute of Canterbury (ARA), Auckland University of Technology (AUT), Otago Polytechnic, Waikato Institute of Technology (Wintec), plus Victoria University of Wellington (VUW) has just been approved to deliver an undergraduate programme beginning in 2020. These institutions are pivotal and are tasked to increase Māori participation in their programmes and strong relationships between them, Health Workforce New Zealand, and Iwi Māori community must be formed to ensure that this occurs. The monitoring of successes of recruitment and retention in these programmes is pivotal and need to be replicated. An overall partnership with these institutions, Health Workforce New Zealand, and Iwi Māori in consolidating scholarship availability would also contribute to stronger growth within these programmes.
At a working level of recruitment, employers and employees must embrace the obligations in health delivery deriving from the Treaty of Waitangi therefore function in culturally responsive ways. Nearly two-thirds of the respondents reported being asked about the Treaty of Waitangi, and 59.6 per cent having their cultural competency tested at initial interview or recruitment. It is a concern that a significant number did not have either of these things occur for them. Having Treaty of Waitangi obligations and cultural competency ensue would suggest a structural readiness and assurance to Māori responsiveness and/or furthering Māori aims and aspirations.

The high reported access to the internet and computer literacy indicate future opportunities for online e-tools and training, which could encourage innovative for our Māori health workforce and much needed access for those from rural communities to pursue workforce aspirations. Further work is required to see how this works with important Māori cultural concepts such as “kanohi ki te kanohi”.

This Report proposes key factors that possibly encourage or impede workplace satisfaction. In terms of retention workplace satisfaction was proposed to align with:

- having a professional development plan in place,
- employer support to engage marae/hapū/iwi, and
- having cultural supervision in place.

This Report implies that, to maintain and further develop the Māori health workforce, who work with Māori mother, babies, children and improvements are necessary across the sector by ensuring recruitment and retention processes incorporate:

- the Treaty of Waitangi, and
- the cultural competencies of health workers.

In addition, for retention purposes, there must also be the inclusion of:

- cultural supervision,
- professional development opportunities to be made more readily available,
  - including support to learn te reo Māori, and attend the multiple Māori focused training available
  - to engage with marae/hapū/iwi,
- efforts are required to ensure remuneration aligns with employee contribution, and
- dedicated leadership pathways.

Kimihia te Aronga a Hine Workforce Survey Report 2020 with a quantitative lens has been influenced by the findings of the project literature review Rapua te Aronga a Hine Literature Review (Tupara & Tahere, 2020). It is also fortunate to have the support provided by the recommendations of Whaia te Aronga a Hine – Ngā Māmā (Te Huia, B. 2020) and Whaia te Aronga a Ngā Kaiwhakawhānau Māori, The Māori Midwife Workforce in Aotearoa (Te Huia, J. 2020)
Chapter 1 Introduction

In 2019 Te Rau Ora with its partners Ngâ Maia Māori Midwives Aotearoa and Counties Manukau Health District Health Board (DHB), was tasked by the Ministry of Health to develop the evidence base to inform workforce priorities with a focus on Māori women, babies, children, and whānau (families). Rapua te Aronga a Hine: The Māori Midwifery Workforce in Aotearoa, a Literature Review – February 2020 (Rapua te Aronga a Hine Literature Review; Tupara and Tahere, 2020) was the first step to establish an evidence base to describe the landscape and the distinctions of the workforce for Māori women, babies, children, and whānau. Tupara and Tahere, (2020) work, which focused on midwives, was the fundamental source that informed the development of the Kimihia Te Aronga a Hine Workforce Survey (which is part of the same project) and consequently this report.

Maternity Care

Women typically register with a Lead Maternity Carer (LMC) to access maternity care. Based on data reported by the Ministry of Health (2019), self-employed midwives are by far the most common, and increasingly so, chosen LMCs (86.9%), followed by obstetricians (5.1%), and general practitioners (GPs; 0.2%). Midwives provide a variety of services (i.e., support, care, and advice) for women during pregnancies through to six weeks postpartum. They also work in collaboration with other health care professionals and ensure access to medical services if required (New Zealand College of Midwives, 2015).

Māori Midwifery Workforce

The number of Māori midwives has changed very little over the last five years and is not yet at a level that is proportional to the Māori population. Tupara and Tahere (2020) believe that the Ministry of Health has an interest in seeing the number of Māori midwives increase in parity with non-Māori midwives, and to see the Māori midwifery workforce reflective of the Māori population in Aotearoa. Tupara and Tahere. (2020) also suggested that research is much needed to understand better the demographic of Māori midwives and how to enhance their wellbeing as Māori in the Midwifery profession.

Māori workforce Working with Māori women, babies, children, and whānau

Similar to other sectors of the Māori health workforce, there is a need for data which details the experiences of the Māori workforce working with Māori women, babies, children, and whānau. Data is needed to inform decision making across a range of areas including recruitment, retention, professional development, and practice.

It also required to meet future health priorities for Māori and what is essentially valued by this essential workforce. The lack of such data was a key motivation for Te Rau Ora to undertake the Kimihia te Aronga a Hine Māori workforce survey. Te Rau Ora were
interested in levels of workplace satisfaction and the variables that might contribute to high satisfaction. These factors could contribute to workforce recruitment and retention. While the Rapua te Aronga a Hine Literature Review limited its focus to the midwives, the Kimihia te Aronga a Hine Māori workforce survey expanded its scope to include those who self-identified as working with Māori women, babies, children, and whānau.

The purpose of Kimihia te Aronga a Hine Māori Workforce Report is to provide a complete explanatory examination of the survey findings, and identification of factors that could promote or inhibit workplace satisfaction for the Māori workforce combined with what we have found through Rapua te Aronga a Hine Literature review (Tupara and Tahere, 2020).
Chapter 2 Methodology

The previous Chapter provided a brief overview of Māori Midwifery data from Rapua Te Aronga a Hine literature review (Tupara, and Tahere, 2020). This chapter describes the methodology employed in Kimihia te Aronga a Hine Māori workforce survey.

Kimihia Te Aronga a Hine Survey Methods

Questionnaire Development

In 2017 Te Rau Ora (previously known as Te Rau Matatini) delivered a report entitled Profiling the Māori Health Workforce 2017 (Sewell, 2017), identifying the gaps in Māori health workforce data collection, reporting, and monitoring. The highlighted gaps in Māori health workforce data, formed the initial start for developing the survey instrument used in Te Iti me Te Rahi (McClintock et al., 2019). The survey development used a collaborative process, led by Te Rau Ora and supported by NIDEA, Waikato University. Te Rau Ora kaimahi (workers) engaged in pilot testing the survey. The survey also included a small number of items modified from the Census (Stats NZ, 2013a) and Te Kupenga wellbeing survey 2013 (Stats NZ, 2013b) but predominantly featured new questions.

Kimihia te Aronga a Hine survey was then built on Te Iti me Te Rahi (McClintock et al., 2019) as well as through a collaboration led by Te Rau Ora supported by Ngā Maia Midwife representatives, the Counties Manukau DHB, the Ministry of Health funders and Rapua te Aronga a Hine Literature Review (see Table 2 for a list of the survey questions and the source of each question).

Participants

The Kimihia te Aronga a Hine Workforce Survey was open to adults aged 18 years and over who identified as Māori and worked with Māori mothers, babies, children and whānau. A total of 309 people responded to the survey. As it was possible to skip some questions, not all questions were answered by respondents. Respondents who answered less than 80% of the survey questions, were excluded from the final analysis. This eventuated in a survey sample of 235 respondents (23.9 per cent reduction).
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<thead>
<tr>
<th>Number</th>
<th>Name</th>
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<td>Age</td>
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<td>2</td>
<td>Gender</td>
<td>Iti Me Te Rahi: Everyone Counts</td>
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<td>3</td>
<td>Iwi affiliations</td>
<td>Census</td>
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<td>4</td>
<td>Highest qualification</td>
<td>Adapted from Census</td>
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<td>5</td>
<td>Year highest qualification attained</td>
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<td>Currently studying</td>
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<td>7</td>
<td>Currently studying qualification type</td>
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<td>9</td>
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<td>Hold qualification for role</td>
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<td>Current service type (Māori/mainstream)</td>
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<td>14</td>
<td>Day per week employed</td>
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<td>15</td>
<td>DHB location working within</td>
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<td>16</td>
<td>Current role</td>
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<td>17</td>
<td>Professional association membership</td>
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<td>Current job advertisement type</td>
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<td>Job interview included the Treaty of Waitangi</td>
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<td>20</td>
<td>Recruitment included cultural competency</td>
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<td>21</td>
<td>Ability to understand spoken Māori</td>
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<td>22</td>
<td>Understanding of Māori health models</td>
<td>Iti Me Te Rahi: Everyone Counts</td>
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<td>Internet access at workplace</td>
<td>Iti Me Te Rahi: Everyone Counts</td>
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<td>24</td>
<td>Computer literacy</td>
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<td>Support to learn te reo me ōna tikanga</td>
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<td>Support to engage marae/hapu/iwi</td>
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<td>Professional development plan in place</td>
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<td>28</td>
<td>Performance Appraisal in place</td>
<td>New</td>
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<td>29</td>
<td>Cultural supervision plan in place</td>
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<td>30</td>
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<td>31</td>
<td>Potential to take on leadership roles</td>
<td>Iti Me Te Rahi: Everyone Counts</td>
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<td>32</td>
<td>Top five critical areas to your ongoing professional development?</td>
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<td>33</td>
<td>Feel valued</td>
<td>Iti Me Te Rahi: Everyone Counts</td>
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<td>34</td>
<td>Salary/pay reflects contribution</td>
<td>Iti Me Te Rahi: Everyone Counts</td>
</tr>
<tr>
<td>35</td>
<td>Satisfied with workplace</td>
<td>Iti Me Te Rahi: Everyone Counts</td>
</tr>
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</table>

(McClintock et al., 2019; Stats NZ, 2013a, 2013c)
**Procedure**
The survey was administered by Te Rau Ora via SurveyMonkey online survey tool. The questionnaire was widely distributed by Te Rau Ora via emails to stakeholder groups (District Health Boards, Non-Governmental Organisations, Kaupapa Māori services, mainstream services, marae, registration boards and professional bodies) and based on the Māori protocols of tika (right), pono (honest), aroha (love and respect) and whanaungatanga (relationships – snowballing sending on to others). The survey was also promoted through social media.

Participants were also offered the option to participate in a prize draw upon completion of the survey (the contact details and survey responses were separate collections). This process was aligned to the Māori value of koha mai koha atu (reciprocity). Three winners were chosen randomly.

**Perceived Limitations**
The sample of participants was self-selected, and thus should not be viewed as a representative sample of the Māori health workforce population being studied. This appears the normal; as no Māori health workforce survey or surveys exist to date that have been based on a representative sample where the Māori health workforce were respondents (McClintock et al., 2019). There was also some disappointment from the reviewers that this Report is Midwifery centric but respectively this workforce continues dominance in nurturing mothers and their babies. In addition many recommendations made in this Report are also relevant and essential to other Māori Health Workforces.

The recruitment strategies utilised advertised and promoted the survey not just traditional respondent driven sampling. An assumption of this technique was that the ‘social’ network being sampled was part of a bigger network. However, the over-riding method of whanaungatanga is well known and supported by Māori, formed a solid basis for recruitment.

Another comment might be Snowball sample are less reliable on for statistical studies as the sample is believed not to be representative (i.e., sampling bias and has an impact on margins of error). The sample of participants was self-selected, and thus should not be viewed as a representative sample of the Māori health workforce population in question.
Chapter 3 Survey Results

Descriptive analysis was undertaken of the data, which provided the following findings.

Respondents Demographics
Age and Gender
Figure 1 shows that the largest age group who participated in this survey was the 45-49 years age group (15.7 per cent) and that the 20-24 years was the smallest represented age group (14.5 per cent). These results are comparable with data displayed in the Rapua Te Aronga a Hine Literature Review (Tupara, and Tahere, 2020)

![Figure 1. Respondents Age](image1)

Figure 1 displays there were more female survey respondents than male (87.2 per cent versus 12.8 per cent).

![Figure 2. Respondents Gender](image2)
Iwi Rohe Affiliations

Figure 3 shows the iwi rohe (tribal regions) of respondents. Te Tai Tokerau/Tamaki Makaurau (28.1 per cent), Waikato/Te Rohe Pōtae (20.9 per cent), and Te Arawa/Taupo (20.0 per cent) were the most represented iwi rohe.

1 Respondents could pick all iwi regions that were applicable to them, so the sum of the results exceeds 100%.
**Education**

**Educational Attainment**

Figure 4 shows the highest qualifications survey respondents hold. The majority of respondents (95.3 per cent) have formal qualifications, which is comparable with the results of Te Iti me te Rahi, Everyone Counts, Māori Health Workforce Report, 2018 (McClintock et al., 2019), and almost three times larger than the percentage previously reported (33.4 per cent) for Māori 15 years and over (Stats NZ, 2013a). Figure 5 shows that over half (54.4 per cent) of respondents attained their highest qualification in the 2010s and that 87 per cent attained their highest qualification between the 1990s-2010s.

Figure 4. Highest Qualifications

![Highest Qualifications Chart]

Figure 5. Decade of Highest Qualification Attained

![Decade of Highest Qualification Chart]
Currently Studying
Respondents were asked whether they were currently studying, which gives an indication of some of the responsibilities they juggle while working and how the workforce will change going forward. Figure 6 shows that 27.6 per cent of respondents were currently studying.

Figure 6. Study Status

Figure 7 shows that respondents working toward an undergraduate degree made up the largest proportion of respondents currently studying, and that over half (52.2 per cent) of respondents are studying at a post-graduate level.

Figure 7. Qualification Currently Studying Towards
Scholarships

Figure 8. Percentage of Respondents who Have Received Scholarships

Figure 8 shows approximately a third of respondents had received a Māori health scholarship (32.8 per cent), and an approximately a third had received a whānau/hapū/iwi scholarship (34.5 per cent); 15.7 per cent of respondents had received both types of scholarships.

Employment Experience

Figure 9. Years Employed in the Health Sector
Years Employed in the Health Sector

Figure 9 shows that over half of respondents (59.6 per cent) have worked in the health sector for less than 15 years, nearly a quarter of respondents (24.3 per cent) have worked in the sector for less than five years.

Employee Locations

Figure 10. shows, nearly 80 per cent of respondents worked for either a District Health Board (43.8 per cent) or a Non-Government Organisation (35.7 per cent). Self-employed Lead Maternity Carers in this sample were a lowly 8.5 per cent, which is contrary to what Tupara and Tahere (2020) reported. Tupara and Tahere (2020) found that self-employed LMCs were the largest operating group. However, this health workforce sample is not representative of midwives only but a broad health workforce who believe they also contribute to the health and wellbeing of Māori mothers, babies, children, and whānau.

Figure 10. Workplace
**Current Service**

Figure 11 shows Mainstream health providers were the most common (57.9 per cent) type of service respondents worked for, followed by Māori health providers (28.9 per cent), and then self-employed (13.2 per cent).

![Figure 11. Service Type](image)

**Qualified for Role**

As Figure 12 shows, 82.1 per cent of respondents hold a qualification for the role they work in.

![Figure 12. Qualified for Role](image)
District Health Board Representation

Figure 13 shows that the District Health Boards with the largest number of respondents working within them were Whanganui (19.6 per cent), Waikato (14.5 per cent), and Counties Manukau (9.3 percent).

Current Role

Respondents were asked what their current role was (a list of options to chosen from was provided\(^2\)). Figure 14, shows after the other category, the three most common respondent roles were midwife (19.1 per cent), Nurse (17.4 per cent), and Manager (14.5 per cent). These roles made up just over half of the responses (51.1 per cent). Those in the other category held diverse roles but believed their role contributed to the wellbeing of Māori mothers, babies, children and whānau.

\(^2\)Roles that were not chosen by respondents from the list provided were consumer advocate, general practitioner, gynaecologist, kaumātua, obstetrician, paediatrician, Plunket nurse.
Health Professional Associations

As shown in Figure 15, when respondents were asked which health professional associations they were part (a list of associations was provided), 59.6 per cent of respondents belonged to one. The four most common were the New Zealand College of Midwives (NZCOM) with 23.0 per cent, the New Zealand Nurses Organisation (NZNO) also with 23.0 per cent, Nga Maia (Māori Midwives) with 17.9 per cent, and Te Rūnanga with 6.8 per cent.

It is important to note that respondents were able to identify as belonging to multiple professional bodies and many do. For instance, 88.1 per cent of respondents who are part of Ngā Maia are also member of NZCOM. The data also shows that while respondents are registered with professional bodies, their role at work does not always align with the professional body they belong to. For instance, only 77.2 per cent of respondents who are registered with NZCOM work as a midwife.

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3 DAPAANZ, He Paiaka Totara (Maori psychologists), Health Promotion Forum of New Zealand, Māori Occupational Therapists, Ngā Maia (Māori midwives), Ngā Pou Mana (Māori Allied Health Professionals of Aotearoa), New Zealand College of Midwives (NZCOM), New Zealand Nurses Organisation (NZNO), Pediatric Society of NZ, RANZCOG (Obstetricians & Gynecologists), RANZCP (Psychiatrists), Royal College of General Practitioners, Tae Ora (Māori Physiotherapists), Te Ao Maramatanga (College of Mental Health Nurses), Te Kaunihera o ngā neehi Māori (Māori nurses), Te Ora (Māori doctors), Te Rūnanga (Māori member of NZNO).
Recruitment

Building a health workforce able to respond to the needs of Māori mothers, babies, children, and their whānau requires recruitment procedures that enable the selection of staff who are cognisant of obligations in health deriving from the Treaty of Waitangi as expressed in He Korowai Oranga (Ministry of Health, 2014). Which means staff who operate in culturally responsive ways, such as being able to meet the needs and understanding the realities, culture, beliefs, and practices of Māori (Ministry of Health, 2014). Kimihia te Aronga a Hine survey assessed whether the Treaty of Waitangi and cultural competency had featured in respondents’ recruitment into their current roles.
Knowledge of the Treaty of Waitangi
Figure 16 shows that just over two-thirds of respondents (67.2 per cent) were asked about the Treaty of Waitangi in their job interview.

Figure 16. Treaty of Waitangi During Included in Job Interview

Cultural Competency
Figure 17 shows that cultural competency was assessed during the recruitment of 59.6 per cent of respondents.

Figure 17. Cultural Competency Considered in Recruitment
Cultural Currency

Te Reo Māori

Figure 18 shows that nearly seven out of ten respondents (68.1 per cent) were able to speak te reo Māori fairly well or better. This is over three times more than previously reported (22.6 per cent) for Māori adults (Stats NZ, 2013b). Just over half of these respondents (34.1 per cent) can understand many or almost anything said in Māori.

Knowledge of Māori Health Models

Figure 19 shows that 85.1 per cent of respondents reported that their knowledge of Māori health models was either at an intermediate or advanced level.
Internet and Computer Literacy

Workplace Internet Access
The internet provides opportunities for health workers to access a variety of education and training opportunities and new skill development. Figure 20 and Figure 21 show that most respondents (97.5 per cent) reported having fair to excellent access to the internet at their workplace as well as the necessary computer literacy (fair to excellent) to use them (98.3 per cent).

Figure 20. Access to the Internet

![Access to the Internet](image)

Figure 21. Computer literacy

![Computer literacy](image)
Professional Development and Workplace Support

Te reo me ōna Tikanga
Approximately two out of three respondents (64.7 per cent) reported that they were supported by their workplace to learn te reo me ōna tikanga. The remaining respondents either disagree (8.1 per cent) or strongly disagreed (3.8 per cent) that their workplace supported them to learn te reo me ōna tikanga, or were neutral (did not agree or disagree; 23.4 per cent).

Support to Engage with Marae/Hapū/Iwi
More than half of the respondents (61.7 per cent) agreed or strongly agreed that their workplace supported them to engage with marae/hapū/iwi. The remaining respondents either disagree (8.1 per cent) or strongly disagreed (3 per cent) that their workplace supported them to learn te reo me ōna tikanga, or were neutral 27.2 per cent).

Professional Development Plan in Place
Figure 22 shows that nearly two out of three respondents (64.7 per cent) agreed or strongly agreed that they had a professional development plan in place. The remaining respondents were neutral (23.4 per cent), disagreed (6.4 per cent), or strongly disagreed (5.5 per cent).

Figure 22. Professional Development Plan in Place

Development Activities
Respondents were generally positive about the professional development activities and opportunities that had been offered to them both internally and externally of their place of mahi and irrespective of their position.

Internal initiatives were professional based supports as well as social supports. Counties Manukau was acknowledged as being proactive for Māori kaimahi by offering free training.
Internal activities included support to
• Achieve Annual Midwifery Standards
• Complete Proficiency levels
• Complete APC registration eg DAPAANZ
• Achieve Medical Council requirements
• Performance reviews?
• Attend all Ko Awatea trainings offered – Counties Manukau
• Hui/visiting speakers on current issues and changes in the history
• Monthly hui with Māori nurses in DHB.
• Fortnightly meetings with other Māori Midwives- de-briefing, clinical peer reviews- Kaupapa Māori way- with kai.

External opportunities provided constants across the qualitative kōrero of responses (See also Barriers to Critical Areas, Most Valued Training, and Professional Development Priorities sections). The top three included
• Te Reo Māori – Kura Waka, Te Wānanga o Aotearoa
• Ngā Manukura mō Āpōpō - Leadership
• Te Rau Ora – Toitū Hauora Leadership

Access to Mātauranga Māori was valued with constants across the qualitative kōrero of responses (See also Barriers to Critical Areas, Most Valued Training, and Professional Development Priorities sections). The top three included
• Mahi – a – atua
• Mahi mara, weaving
• Iwi hauora events

Mātauranga Māori:
• Mahi- a – atua, mahi mara, weaving
• Iwi Hauora events
• Kaitiaki Ahurea training
• Kaumātua events
• Whānau Ora training.
• Cultural supervision – Kaumātua kuia
• Kaupapa Māori Tikanga training – Takarangi competencies

Tertiary studies were raised as important, however WINTEC was the only named institution. Attendance to professional forums (e.g., Leadership) were also valued
• E-learning packages
• Research in health literacy, developing training programmes
• Post grad studies
• WINTECH
Professional forums attended
NZAC Māori caucus
Māori Hauora providers networks
NZCOM National Committee hui as a Nga Maia Representative, paid.
Māori Leadership forums
Health Promotion forums
Social media and marketing forums
Present at Conferences

Professional development was sought in
Mental Health and Addiction in the context of whānau healing was also sought.
Suicide Prevention
Maternal Mental Wellbeing facility
Risk management, formulating care plans and communication skills
Midwifery – lactation

Limitations were articulated as:
Lack of professional development funds available
Release cover from mahi

Cultural Supervision in Place
Figure 23 shows that less than a third (29.4 per cent) agreed or strongly agreed that cultural supervision was in place and supported by their employer. The remaining seven out of ten respondents were neutral (31.9 per cent), disagreed (26 per cent), or strongly disagreed (13.2 per cent).

Figure 23. Cultural Supervision in Place
Potential to Take on a Leadership Role
As Figure 24 shows over half of respondents (56.2 per cent) either agreed or strongly agreed that there was potential for them to take on a leadership role in their current workplace. Nearly a third of respondents (27.7 per cent) were neutral about whether this was possible at their work and the remaining disagreed (10.6 per cent) or strongly disagreed (5.1 per cent).

Figure 24. Leadership Development in Place

Leadership in Professional Development plan
Ensuring the development of Māori leadership across the health sector is key to improving health outcome for Māori (Ministry of Health, 2014).

Figure 25 shows over half of respondents (52.8 per cent) agreed or strongly agreed that leadership was included in their professional development plan and is supported by their employer. Nearly a third of respondents (28.9 per cent) were neutral about whether it was included and the remaining disagreed (12.3 per cent) or strongly disagreed (6 per cent).
Critical areas for ongoing professional development

Respondents were given a list of seven areas of professional development and asked to rank them from most to least important (1 to 7). Figure 26 shows that the top 5 critical areas for ongoing professional development for respondents (n=189) were 1) continuing education, 2) cultural competency, 3) skills based training, 4) improving job performance, and 5) participation in professional development.

Figure 26. Critical areas for ongoing professional development

<table>
<thead>
<tr>
<th>Critical areas</th>
<th>Average preferred ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Education</td>
<td>5.02</td>
</tr>
<tr>
<td>Cultural competency</td>
<td>4.88</td>
</tr>
<tr>
<td>Skills based training</td>
<td>4.38</td>
</tr>
<tr>
<td>Improving job performance</td>
<td>3.97</td>
</tr>
<tr>
<td>Participation in professional activities</td>
<td>3.92</td>
</tr>
<tr>
<td>Research</td>
<td>2.99</td>
</tr>
<tr>
<td>Increasing duties and responsibilities</td>
<td>2.86</td>
</tr>
</tbody>
</table>

Barriers to Critical Areas

Barriers to accessing the top five critical areas identified by respondents were systemic, funding, and resources.

Systemic

Respondents talked about challenges stemming from a system that continues to devalue the status of the Treaty of Waitangi and ignores the known inequities for Māori. The lack of appointed Māori leadership was attributed to minimising the likelihood of making meaningful changes for Māori. Non-Māori thinking they are as equipped as well as Māori to deliver to Māori remains and is a constant belief in this ideology. Participants also mentioned that

- Under the Treaty of Waitangi and the Otawa Charter the government has an obligation to consult collaborate on hauora issues but this is absent.
- A measurement of outcomes for Māori against the Treaty of Waitangi is needed.
- Racism and inequity exist, staff from overseas lack Māori unique knowledge or knowledge of colonisation and the negative impact it has on māmā (mothers).
- Structural problems and a lack of Māori Senior staff, Māori Junior staff high burn out trying to be everything to everyone and feeling like a token Māori.

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9 Wāhine rapou (rapoi) is a term applied to a woman during her first pregnancy (Williams, 1985).
10 As per source glossary, Complementary and Alternative Medicines or Therapies (TCAM)
• A need for access and opportunities for more Māori to hold leadership positions.
• Employment of those with lived experience, those who have been isolated and marginalised.
• Not enough recognition for “Cultural Competency”.
• Low priority for the inclusion of cultural supports building towards cultural competency.
• Non-Māori delivery, Kaupapa Māori funding competition from non-Maori organisations.
• Need time for professional development but told off for doing professional development in work time.

**Funding**
Simply non-DHB and self-employed staff struggled to access training due to limited financial support.
• Need access to scholarships.
• Affordable professional development for the Non-Government Organisation sector.

**Resources**
Access to available resources were also impacted by a variety of factors
• Time off/work/whānau commitments – only 9 days cover a year?
• Geographic isolation – travel and accommodation.
• Lack of coordination in training opportunities and late notice information.
• Staff with skills encouraged to share plus support by educators.
• Local courses which adapt to local needs. Online and distance learning not always appropriate.
• Te mea pouri te ngaro haere o nga kaumatua hei arahi tātou i roto i te hapori i rung i te tika - Kaupapa Māori supervision

“My cultural competence was limited by other colleagues who didn’t care about the learning[,] bias remarks about culture, particularly how much time was spent on improving the lives of Maori what about everyone else[?] And then to be seen as aggressive because I disagreed passionately”

“Usually more interested in sending you on training which suits their kaupapa and not mine, which is to enhance Māori health outcomes”

“Mainstream DHB who value Clinical. There is no pathway either for us as Pukenga Atawhai, the next step is Kaiarahi Matua and the CDHB are getting rid of that position”
Most Valued Training

There appears to be a wealth of Māori specific training that has been accessed and which is valued by the respondents. Some training is offered through national opportunities while some are locally identified initiatives. Mātauranga Māori has become most desirable as evidenced in the feedback provided, with diverse kaupapa being learnt. Acknowledgement of learning from lived experiences, ones own and from whānau was held in high regard. Treaty of Waitangi and Cultural Competency training were gained through conferences and workshops. Protecting the whānau and wellbeing were a much sort after body of knowledge. Tertiary education was a feature ranging from those pursuing Certificate to doctoral-level research.

These pursuits reflect a workforce with self-motivation to learn more about being Māori and to apply the same to support improve Māori health and wellbeing outcomes.

National opportunities

- Mahi a Atua
- Ako reo - Putaketanga and Aupikitanga with Te Wānanga o Aotearoa
- Toitū Hauora, Te Rau Ora
- Hine kopu wānanga
- Turanga kaupapa
- Te Pumaomao
- Dynamics of Whanaungatanga
- The use of Te Whare Tapa Whā and the Meihana model
- Atawhaingia te pā harakeke - Kaupapa Māori parenting
- Takarangi

“Takarangi competency framework that evidenced what I knew instilled from birth guided my practice and kept me grounded and helped me make positive and healthy relationships with whānau”.

Local opportunities

- Hapai te hoe, Waikato DHB
- Hapu māmā support programme
- Hinewirangi Kohu Morgan
- Tama Nui Mama Aroha Breastfeeding training
- Tipu Ora, Manaaki Ora Trust
- Te Ara Tōtika

Mātauranga Māori

- Taiaha and raranga, ngā mahi toi, taonga takaro.
- Kai karanga, taha wairua
- Māori Mātauranga Atua, pūrakau
- Maramataka, understanding the moon phases and how they effect our lives and environment.
- Rongoa Māori
- Tikanga and manaakitanga whānau valued learnt from kohanga reo
• Wahakura wānanga
• Hapū wānanga
• Maara wānanga

**Lived experiences**
- Being a Māori wāhine
- Being raised around the ankles of Kuia and Kaumātua
- Their family - lived experience of supporting their own whānau to succeed
- Te Reo Maori training and attending trainings with Sir Mason Durie
- Seeking mātauranga through kaumātua other wāhine colleagues
- Working alongside Māori midwives
- Amongst non-Māori staff members to see their lens of view with how they interpreted things
- On the job training and sharing of knowledge with other team members.

“My birthright, my whakawahanaungatanga, my whakapapa”

“When Māori women is the biggest learning for me[,] You can't learn that stuff in a classroom[,] 30+ years of working in the highest quintile[,] 5 poorest areas[,] alongside gang members, druggies, pimps and thieves[,] the best classroom in the world”

**Conferences and workshops**
- Treaty of Waitangi.
- Decolonisation - workshop and cultural supervision.
- Cultural competency study day marae-noho.
- Biculturalism in practice.
- Individual cultural supervision.
- Orientation study day when I first started.
- Project management course.

**Protection and Wellbeing training**
- Child Protection Training (Child Matters), Family Harm Training, Vaccinator Training Course.
- Violence Intervention Prevention.
- Family Law - understanding of domestic violence and any OT involvement.
- Stopping Violence.
- Sexual assault and prevention.
- Learning from Adverse events course.
- Suicide intervention/prevention.
- In your Shoes, In my shoes
- Men's coaching using the grow model.
- Women's empowerment.
- Motivational interviewing.
- Brainwaves training.
- Monthly Paediatric Education sessions.
- Breastfeeding.
- Pelvic examinations.
- Healthy Conversations Skills.
- Health promotion forum.
- Safe sleep.
- Smoke free.
- Massage course.
- Level 1 & 2 First Aid course.
- Basic CPR.
- Working with WINZ, IRD.
- Social media influence.

**Tertiary Training**
- Te Korowai Aroha Diploma in Mauri ora.
- Marae Based Studies - Te Wānanga o Raukawa.
- Tipu Ora Dip in Hauora.
- Grad dip in Māori and indigenous studies.
- Indigenous Management at The University of Queensland.
- Maori Leadership in Public heath.
- Te Wānanga o Aotearoa National Certificate in Social Services, Te Reo Māori.
- Te Taketake Diploma in Applied Addictions.
- MBA trauma training.
- Masters research.
- PhD research.
- Bachelor of Midwifery.
- Health promotions course MIT.

“Reading research and opinion articles. Seeking my own information. I would love for the service to do . . . Mahi a nga Atua, but it is not expected or valued to have specific cultural knowledge even though our population of clients is significantly Māori”

**Professional Development Priorities**
When respondents were asked to specify what professional development priorities they had to enhance their work with wahine Māori and their whānau, they identified the five following areas.

**Maori supports**
- Facilitating hapū wānanga in Taranaki and working in the Obstetrics and Gynaecology department.
- Teach Māori student midwives.
- Māori for Māori - a commitment to work with Māori students and awhi them through the formalities of the eurocentric model of learning.
- Whānau members starting their midwifery studies.
• Booked into Māori nursing online education talks.
• Māori birthing and after care of giving birth and looking after pēpi.
• Learning more about traditional Māori parenting and what we can learn from tikanga that supports wāhine to thrive as mothers.

Advocacy
• Advocate for whānau when processes are not being followed up within the DHB with our Māori wahine and whānau.
• Acknowledge the knowledge of wahine Māori and their whānau.
• Undertake cultural supervision not yet available.
• Connection with whānau, hapū, and iwi social services, ensuring Wahine Maori and their tamariki can reconnect.
• Learn new ways to deliver kaupapa Māori led hapū wānanga.

Tertiary gains
• Complete their post graduate studies.
• Waka Oranga Advanced clinical pathway to being recognised as an Indigenous Practitioner.
• Attaining their Level 7 in Mental Health and Addiction and Other Drug, and to register in this profession to work with whānau as a recovery coach.
• Attending Addiction 101.

Mātauranga Māori
• Te Rau Ora Mana wāhine and whānau violence, as well as suicide from a Māori perspective,
• free webinar series that will enhance Mātauranga Māori.
• Māori midwifery forums - learn to make muka and wahakura.
• Marae based learning (e.g., karanga, tikanga Maori).

Midwifery Practise
• Cervical screening, but would like to focus on keeping the mind active.
• Laws and policies for parental rights and supporting Mama’s to get their babies back in their care.
• Currently running a forensic practice paper. Most importantly how they access their children when they are in these facilities.
• Researching responsive training to put our team through to revitalise the 1000 Days Trust kaupapa in Murihiku.
**Workplace satisfaction**

**Feeling Valued**

Figure 27 shows nearly three out of four respondents (72.5 per cent) agreed or strongly agreed that they felt valued in their workplace. Among the respondents who did not agree, the majority (19.1 per cent) were neutral.

![Figure 27. Feeling Valued at Work](image1)

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**Salary Reflects Contribution**

Figure 28 shows that there were nearly equal amounts of respondents who felt their salary reflected their contribution (40.7 per cent) as those who felt their salary did not reflect their contribution (39.7 per cent), and the remaining 19.6 per cent were neutral.

![Figure 28. Salary Reflects Contribution](image2)
Workplace satisfaction
Figure 29 shows the more respondents, nearly two thirds (65.1 per cent), agreed or strongly agreed that they were satisfied with their workplace. Just under a quarter (24.3 per cent) were neutral, and the remaining respondents disagreed (5.3 per cent) or strongly disagreed (5.3 per cent) that they were satisfied with their workplace.

Figure 29. Satisfaction With Workplace
This report provides an analysis of the findings from Kimihia te Aronga a Hine Workforce Survey, respondents who self-identified as working with Māori women, babies, children and whānau. The survey conducted by Te Rau Ora was motivated by the need to develop the evidence base to inform workforce priorities with a focus on Māori women, babies, children and whānau.

Kimihia te Aronga a Hine Workforce Report accepts a broad view from participants of a diverse health workforce. Although the respondents to the question of Professional Associations, the four most common were the New Zealand College of Midwives (NZCOM) with 23.0 per cent, the New Zealand Nurses Organisation (NZNO) also with 23.0 per cent, Nga Maia (Māori Midwives) with 17.9 per cent, and Te Rūnanga with 6.8 per cent. As explained in Chapter 3, it is important to note that respondents were able to identify as belonging to multiple professional bodies, and many did. For instance, 88.1 per cent of respondents who are part of Ngā Maia are also members of NZCOM.

Tupara and Tahere (2020) also raised the provision of dedicated Māori Health Workforce initiatives that have a continuing role of influence. These developments must be further explored regarding the strengthening and the expansion of a Māori Midwifery workforce. Within this there should also be an opportunity to explore the development of a Māori health workforce that could be additive and enhancing of the role of the Māori Midwife.

The survey respondents boasted academic achievement from undergraduate degree level and higher and so revealed a capacity and capability to build their own evidence and best practice models. Most survey respondents agreed that the qualification they held was relevant to their position.

Health Workforce New Zealand (Jo, 2019) stated for Māori Midwives a goal of 17 per cent (593) of the total number of projected midwives in 2029 (3489) has been set. This was viewed as achievable only with the addition of 37 more Māori midwifery students per year above the numbers that currently commence their studies yearly raising the dedicated number to approximately 50 Māori midwifery students per annum.

Tupara and Tahere (2020) identified five midwifery schools: Te Ara Institute of Canterbury (ARA), Auckland University of Technology (AUT), Otago Polytechnic, Waikato Institute of Technology (Wintec), plus Victoria University of Wellington (VUW) has just been approved to deliver an undergraduate programme beginning in 2020.
These institutions are pivotal and are tasked to increase Māori participation in their programmes and strong relationships between them, Health Workforce New Zealand, and Iwi/Māori community must be formed to ensure that this occurs. The monitoring of successes of recruitment and retention in these programmes is pivotal and replicated. An overall partnership with these institutions, Health Workforce New Zealand and Iwi Māori in consolidating scholarship availability would also contribute to stronger growth within these programmes.

There is an opportunity through internet and online utility for future access to e-tools and training, which will provide innovative prospects for our Māori health workforce. Obviously, further work is necessary to investigate the uptake of such innovations as Maori continue to examine the potential limits of concepts such as ‘kanohi ki te kanohi’.

At a working level of recruitment, employers and employees must embrace the obligations in health delivery deriving from the Treaty of Waitangi therefore function in culturally responsive ways. Nearly two-thirds of the respondents reported being asked about the Treaty of Waitangi, and 59.6 per cent having their cultural competency tested at initial interview or recruitment. It is a concern that a significant number did not have either of these things occur for them. Having Treaty of Waitangi obligations and cultural competency ensue would suggest a structural readiness and assurance to Māori responsiveness and/or furthering Māori aims and aspirations.

This Report proposes key factors that possibly encourage or impede workplace satisfaction. In terms of retention workplace satisfaction was proposed to align with:

- having a professional development plan in place,
- employer support to engage marae/hapū/iwi, and
- having cultural supervision in place.

This Report implies that, to maintain and further develop the Māori health workforce, who work with Māori mother, babies, children and improvements are necessary across the sector by ensuring recruitment and retention processes incorporate:

- the Treaty of Waitangi, and
- the cultural competencies of health workers.

In addition, for retention purposes, there must also be the inclusion of

- cultural supervision,
- professional development opportunities to be made more readily available,
  - including support to learn te reo Māori, and attend the multiple Māori focused training available
  - to engage with marae/hapū/iwi,
- efforts are required to ensure remuneration aligns with employee contribution, and
- dedicated leadership pathways.
Kimihia te Aronga a Hine Workforce Survey Report 2020 with a quantitative lens has been influenced by the findings of the project literature review Rapua te Aronga a Hine Literature Review (Tupara & Tahere, 2020). It is also fortunate to have the support provided by the recommendations of Whaia te Aronga a Hine – Ngā Māmā (Te Huia, B. 2020) and Whaia te Aronga a Ngā Kaiwhakawhānau Māori, The Māori Midwife Workforce in Aotearoa (Te Huia, J. 2020)
References


### Appendix 1. Kimihia Te Aronga a Hine Survey

**Demographics**

<table>
<thead>
<tr>
<th><em>1. Age</em></th>
<th></th>
<th><em>2. Gender</em></th>
<th></th>
<th><em>3. Which Iwi region do you affiliate to? (mark all that apply)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td></td>
<td>M</td>
<td></td>
<td>Te Tai Tokerau/Tamaki-makaurau (Northland/Auckland) Region Iwi</td>
</tr>
<tr>
<td>20-24</td>
<td></td>
<td>F</td>
<td></td>
<td>Hauraki (Coromandel) Region Iwi</td>
</tr>
<tr>
<td>25-29</td>
<td></td>
<td>Prefer to self describe</td>
<td></td>
<td>Waikato/Te Rohe Pōtae (Waikato/King Country) Region Iwi</td>
</tr>
<tr>
<td>30-34</td>
<td></td>
<td></td>
<td></td>
<td>Te Arawa/Taupō (Rotorua/Taupō) Region Iwi</td>
</tr>
<tr>
<td>35-39</td>
<td></td>
<td></td>
<td></td>
<td>Tauranga Moana/Mātaatua (Bay of Plenty) Region Iwi</td>
</tr>
<tr>
<td>40-44</td>
<td></td>
<td></td>
<td></td>
<td>Te Tairawhitı́ (East Coast) Region Iwi</td>
</tr>
<tr>
<td>45-49</td>
<td></td>
<td></td>
<td></td>
<td>Other - Specify Iwi</td>
</tr>
<tr>
<td>50-54</td>
<td></td>
<td></td>
<td></td>
<td>Te Matau-a-Māui/Wairarapa (Hawkes Bay/Wairarapa) Region Iwi</td>
</tr>
<tr>
<td>55-59</td>
<td></td>
<td></td>
<td></td>
<td>Taranaki Region Iwi</td>
</tr>
<tr>
<td>60-64</td>
<td></td>
<td></td>
<td></td>
<td>Whanganui/Rangitikei (Whanganui/Rangitikei) Region Iwi</td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td></td>
<td></td>
<td>Manawatū/Horowhenua/Te Whanganui-a-Tara (Manawatū/Horowhenua/Wellington) Region Iwi</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Te Waipounamu/Wharekauri (South Island/Chatham Island)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unknown</td>
</tr>
</tbody>
</table>
**Education history**

* 4. Your highest qualification

- [ ] No formal qualification
- [ ] Certificate
- [ ] Diploma
- [ ] Undergraduate degree
- [ ] Postgraduate Certificate
- [ ] Postgraduate Diploma
- [ ] Masters
- [ ] PhD
- [ ] Other (please specify)

5. In what year did you attain your highest qualification?

```

```

* 6. Are you currently studying?

- [ ] Yes
- [ ] No (if no skip to question 8)
7. What type of qualification are you studying towards?
  - No formal qualification
  - Certificate
  - Diploma
  - Undergraduate degree
  - Postgraduate Certificate
  - Postgraduate Diploma
  - Masters
  - PhD
  - Not studying
  - Other (please specify)

* 8. Have you ever received a Māori health scholarship to further your education (e.g. Ministry of Health Māori Hauora Scholarship)?
  - Yes
  - No
  - Don’t know

* 9. Have you ever received a whānau/hapū/iwi scholarship to further your education?
  - Yes
  - No
  - Don’t know
Employment history

* 10. Total years employed in the health sector
   - 0-4
   - 5-9
   - 10-14
   - 15-19
   - 20-24
   - 25-29
   - 30+

* 11. Current workplace (mark all that apply)
   - Non Government Organisation
   - District Health Board
   - PHO
   - Rongoā Māori service
   - Self Employed Lead Maternity Carers (LMC)
   - Other (please specify)

* 12. Are you working in a role for which you do not hold a qualification?
   - Yes
   - No

* 13. Current service
   - Māori Health Provider
   - Mainstream Health Provider
   - Self-employed
14. How many days per week are you currently employed in your position?
- Up to 1
- 2
- 3
- 4
- 5
- 6
- 7

How many hours of work per week?

15. Which District Health Board (DHB) location are you working in?
- Auckland DHB
- Bay of Plenty DHB
- Canterbury DHB
- Capital & Coast DHB
- Counties Manukau DHB
- Hawkes Bay DHB
- Hutt Valley DHB
- Lakes DHB
- MidCentral DHB
- Nelson Marlborough DHB
- Northland DHB
- South Canterbury DHB
- Southern DHB
- Tairawhiti DHB
- Taranaki DHB
- Waikato DHB
- Wairarapa DHB
- Waitemata DHB
- West Coast DHB
- Whanganui DHB

- Community Support Worker
- Consumer Advocate
- Counsellor
- Cultural Advisor
- Doctor
- General Practitioner
- Gynaecologist
- Health Educator
- Health Promoter
- Iwi Support Worker
- Kaumātua
- Manager
- Midwife
- Nurse
- Obstetrician
- Paediatrician
- Plunket Nurse
- Psychologist
- Social worker
- Tamariki Ora Nurse
- Tikanga advisor
- Wellchild Nurse
- Whānau Ora Navigator
- Other (please specify)
**17. Are you a member of a professional group? (mark all that apply)**

<table>
<thead>
<tr>
<th>Professional Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAPAANZ</td>
</tr>
<tr>
<td>Health Promotion Forum of New Zealand</td>
</tr>
<tr>
<td>He Paiaka Totara (Māori psychologists)</td>
</tr>
<tr>
<td>Māori Occupational Therapists</td>
</tr>
<tr>
<td>Ngā Maia (Māori midwives)</td>
</tr>
<tr>
<td>NZCOM</td>
</tr>
<tr>
<td>NZNO</td>
</tr>
<tr>
<td>Ngā Pou Mana</td>
</tr>
<tr>
<td>Pediatric Society of NZ</td>
</tr>
<tr>
<td>Royal College of General Practitioners</td>
</tr>
<tr>
<td>RANZCOG (Obstetricians &amp; Gynecologists)</td>
</tr>
<tr>
<td>RANZCP (Psychiatrists)</td>
</tr>
<tr>
<td>Te Ao Maramatanga (College of Mental Health Nurses)</td>
</tr>
<tr>
<td>Te Kaunihera o ngā neehi Māori (Māori nurses)</td>
</tr>
<tr>
<td>Te Ora (Māori doctors)</td>
</tr>
<tr>
<td>Te Rūnanga (NZNO)</td>
</tr>
<tr>
<td>Tae Ora (Māori Physiotherapists)</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>
* 18. Where did you hear about your current position? (mark all that apply)

- Newspaper
- Tertiary institute
- Newsletter
- Other (please specify)
  e.g. Website

* 19. In your interview were you asked about the Treaty of Waitangi?

- Yes
- No
- Don't know

* 20. Was your level of Māori cultural competence considered by your employer during your recruitment?

- Yes
- No
- Don't know
- If yes, how was this considered?
**Cultural currency**

1. How well are you able to understand spoken Māori?
   - Very well (I can understand almost anything said in Māori)
   - Well (I can understand many things said in Māori)
   - Fairly well (I can understand some things said in Māori)
   - Not very well (I can only understand simple/basic things said in Māori)
   - No more than a few words or phrases

2. What is your level of understanding of Māori health models (e.g. Te Whare Tapa Wha, Paiheretia, etc)?
   - No knowledge
   - Beginner
   - Intermediate
   - Advanced
23. How do you rate your level of access to the Internet at your workplace?
- Excellent
- Good
- Fair
- Poor
- Very poor

24. How do you rate your computer literacy?
- Excellent
- Good
- Fair
- Poor
- Very poor
Local knowledge and support

* 25. My place of employment supports me to learn te reo me ōna tikanga

- [ ] Strongly agree
- [ ] Agree
- [ ] Neutral
- [ ] Disagree
- [ ] Strongly disagree

If Agree or Strongly Agree - how does your place of Employment support you?

* 26. My place of employment supports me to engage with the local marae, hapū, iwi, kaumātua, kuia

- [ ] Strongly agree
- [ ] Agree
- [ ] Neutral
- [ ] Disagree
- [ ] Strongly disagree

If Agree or Strongly Agree, how does your place of employment support you?
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. A professional development plan including performance appraisal is</td>
<td>Strongly agree, Agree, Neutral, Disagree,</td>
</tr>
<tr>
<td>in place for me and is supported by my employer</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>28. What type of development activities are you supported to do?</td>
<td></td>
</tr>
<tr>
<td>29. A cultural supervision plan is in place for me and is supported</td>
<td>Strongly agree, Agree, Neutral, Disagree,</td>
</tr>
<tr>
<td>by my employer</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>30. My Professional development plan includes leadership development and</td>
<td>Strongly agree, Agree, Neutral, Disagree,</td>
</tr>
<tr>
<td>is supported by my employer</td>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>
31. There is potential for me to take on a leadership role in my current workplace

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
Workplace satisfaction

* 32. What are the top five critical areas to your ongoing professional development? Please rank the following options from 1 to 7

- Continuing Education
- Cultural competency
- Skills based training
- Participation in professional activities
- Research
- Improving job performance
- Increasing duties and responsibilities

* 33. Are there any barriers to accessing the top five critical areas for your ongoing professional development? If YES please explain in up to 200 words.
34. What training have you completed that has been of most value to you in working with Wahine Māori and their whānau?

35. Specify what professional development priorities you have to enhance your work with Wahine Māori & their whānau?

* 36. I feel valued in my workplace
   - Strongly agree
   - Agree
   - Neutral
   - Disagree
   - Strongly disagree

* 37. I feel my salary/pay reflects my contribution
   - Strongly agree
   - Agree
   - Neutral
   - Disagree
   - Strongly disagree

* 38. I am satisfied with my workplace
   - Strongly agree
   - Agree
   - Neutral
   - Disagree
   - Strongly disagree
Thank you

Ngā manaakitanga, thank you for completing this survey.

After pushing the button DONE you will be taken to a page where you can forward this survey on to other Māori health workers as well as enter a draw for a chance to win one of three Samsung tablets.
Kimihia te Aronga-a-Hine