

Te Iti Me Te Rahi

EVERYONE COUNTS

Māori Health Workforce Report 2026



TE RAU ORA

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He mihi

E ngā mate huhua kua riro atu i ngā marama tata nei, ngā rangatira, ngā kaiārahi, ngā māreikura o te motu, haere, haere, haere atu rā. Waiho mai mātou e tangi nei, e mihi nei ki a koutou mō ngā huarahi i whakatakoto, mō ngā moemoeā i whakatōkia, mō ngā taonga i waiho iho.

Ka huri ki te hunga ora e whakawhanake i ngā kaupapa hauora o te wā. Tihei mauri ora koutou katoa! Ko koutou ngā tini kaimahi o te motu, ngā tumu whakahaere o te hauora anō hoki. Ko koutou ērā i manaaki i ngā tikanga me ngā reo Māori i ngā motu tau atu, tau atu. Tēnā koutou katoa.

Introduction

Infometrics and Te Rau Ora thank the 1,751 respondents whose responses were included in the analysis for Te Iti me te Rahi: Everyone Counts 2026. A total of 1,769 people took part. The survey asked who makes up the Māori health workforce, where people work, what their roles involve, what is working well, and what challenges remain. This report brings those responses together for use by the sector.

Te Iti me te Rahi: Everyone Counts Survey 2026 and this report are a collaboration between Infometrics Ltd and Te Rau Ora, the National Centre for Māori Health Workforce Development and Excellence. Te Rau Ora has worked in the Māori health workforce space for more than twenty years, with strong roots in Māori mental health and addiction and a wider role across hauora Māori. The organisation works with whānau, hapū, iwi, hāpori Māori, Māori health providers, kaupapa partners, and kaimahi across the system. This kaupapa includes training, workforce development, research, data, evidence, sector advice, and support for kaupapa Māori approaches to care. Te Rau Ora's position remains consistent: Māori health workers and Māori communities need a stronger say in the design, resourcing and delivery of health services.

The first [*Te Iti me te Rahi – Everyone Counts Survey*](#) was carried out in 2018. This report sets out what the 2026 survey found and what those findings mean for workforce planning, investment and action. This is an opportunity to examine how the experiences of Māori health workers, their future priorities and aspirations, have changed in that time.

Context

The health workforce context matters because it shapes how respondents experience their work and how the 2026 findings should be interpreted.

The period between the 2018 and 2026 surveys brought major change and disruption. An ageing population, resource constraints, new technologies such as artificial intelligence, and rising costs placed health workers under sustained pressure. The reversal of earlier pro-equity reforms by the current Coalition Government was also a source of concern for many Māori health workers, within a political environment that actively contested Tiriti frameworks (Pitama et al, 2024).

A well-established system: 2018-19

The period began with the Māori health workforce operating within a DHB system with well-established (if imperfect) relationships.

The COVID-19 pandemic: 2020-22

The COVID-19 pandemic compounded existing inequities in access to health services and health outcomes. Māori-led services played a critical role in protecting whānau and communities while the wider health workforce faced sustained operational pressure.

Health system reforms: 2022

The Labour Government introduced a major set of pro-equity reforms. In 2022, the Act then titled the Pae Ora (Healthy Futures) Act 2022 disestablished all 20 district health boards and moved their functions to Health New Zealand | Te Whatu Ora. The Act is now titled the Healthy Futures (Pae Ora) Act 2022 (Lorgelly & Exeter, 2023; Ministry of Health, 2026).

The formal launch of Te Aka Whai Ora, the new Māori Health Authority, in 2022 marked one of the most significant health system changes in Aotearoa's recent history, with Te Tiriti o Waitangi forming the basis of the reforms and framing both the problems to be addressed and the solutions. The 2022 reforms also created new governance structures with direct relevance to Māori health workers, including Iwi Māori Partnership Boards (IMPBs) intended to embed community voices into service commissioning (Akmal et al, 2023). For many Māori working in the health system, these reforms were the culmination of decades-long work.

Reversal of Māori health reforms: 2024

The Coalition Government reversed course by disestablishing Te Aka Whai Ora two years after its creation. Most of its functions were transferred to Te Whatu Ora and the Ministry of Health | Manatū Hauora (Came et al, 2024). The Waitangi Tribunal's 2024 priority inquiry, conducted on the papers, found that the Crown's process breached Treaty principles and that Māori had not been properly consulted about the disestablishment or its replacement arrangements (Waitangi Tribunal, 2024).

Treaty principles under pressure: 2023-25

The broader political environment for Māori health workers shifted markedly after the 2023 election. The Principles of the Treaty of Waitangi Bill, introduced in November 2024, proposed a radical reinterpretation of Te Tiriti o Waitangi that would remove an important legal and policy mechanism for recognising Māori rights and addressing inequity (New Zealand Ministry of Justice, 2025). The bill sparked the Hikoi mō te Tiriti in November 2024 - one of the largest protest marches in New Zealand history, with demonstrations across New Zealand and internationally (RNZ, November 19, 2024). The bill was ultimately rejected at its second reading in April 2025.

Separately, the National–New Zealand First coalition agreement signed in November 2023 committed to a comprehensive review of all legislation that includes references to the principles of the Treaty of Waitangi. This broader review is ongoing, creating continued uncertainty about the Treaty framework that has underpinned Māori health policy (Came et al, 2024).

Fiscal pressures: 2025 onwards

Fiscal pressures led to proposed and actual job reductions across Health New Zealand, including in hauora Māori functions (RNZ, November 27, 2024). Health New Zealand later extended its cost-reduction programme through to 2027 (RNZ, December 3, 2024). New Zealand also continues to face doctor shortages and retention pressures, including unsustainable workloads in parts of the system (Hitchon et al, 2024). Research with Māori nurses describes dual clinical and cultural responsibilities, racism, and cultural isolation that are often insufficiently recognised or resourced (Hughes et al, 2026).

Health legislation amended: 2026

The Healthy Futures (Pae Ora) Amendment Act 2026 passed on 9 July 2026, after the survey closed. It renamed the principal Act, added a purpose about timely access to quality services, and changed how Māori input into the health system works. Iwi Māori Partnership Boards now engage with their communities and pass advice to the Hauora Māori Advisory Committee, and Health New Zealand is no longer required to engage with IMPBs when setting priorities for kaupapa Māori investment (Ministry of Health, 2026). Respondents answered this survey before those changes took effect.

Te Iti me te Rahi: Everyone Counts Survey 2026

The survey was administered online by Te Rau Ora over twelve weeks in early 2026. It was open to Māori adults aged 18 and over who worked in health. A total of 1,769 people took part. Following the 2018 approach, respondents who skipped more than 20 per cent of questions were excluded, leaving an analytic sample of 1,751 respondents.

The sample was self-selected and is not representative of the Māori health workforce as a whole. Unless otherwise stated, survey findings in this report describe respondents rather than population estimates. Question-level sample sizes vary because respondents could skip questions and some questions applied only to particular groups.

Analysis summary

Māori employment

One of the clearest shifts since the 2018 survey is where Māori are working. Based on Infometrics data, Māori employment has been moving away from roles with lower formal qualification and/or work experience requirements in manufacturing, agriculture, and administration and into roles with higher formal qualification requirements in healthcare, construction, and public administration. The share of the total Māori workforce that is employed in healthcare and social assistance nudged up from 9.0% to 10.2% between 2018 and 2025. The share of the total workforce employed in healthcare and social assistance was slightly higher at 10.9% in 2025.

Within healthcare and social assistance, the picture is mixed. Parity with the Māori population share has yet to be achieved - in 2025, Māori made up 18% of the New Zealand population but only 13% of the total healthcare and social assistance workforce. Māori remain most under-represented in hospitals and over-represented in social assistance, a gap that may reflect kaupapa and community alignment, as well as the way system settings, recruitment pathways, funding, pay structures, and institutional barriers shape where Māori work.

Based on Health New Zealand data, there are early signs of a larger emerging cohort at junior medical levels. Māori make up a larger share of Resident Medical Officer roles than Senior Medical Officer roles. That gap could narrow as junior Māori doctors progress, but only if retention, mentoring, culturally safe training environments and equitable promotion pathways are in place. Progress since 2018 has otherwise been gradual.

Demographics

Based on Census data, most Māori working in health services were wāhine (82% in 2023), and the Māori health workforce was younger than the non-Māori health workforce. Some 33% of Māori working in health services were aged 15-34 years in 2023 compared with 28% of non-Māori. Survey respondents broadly reflect the gender profile of the workforce but are skewed towards older workers.

Regions

The survey shows that the iwi and rohe that Māori healthcare workers affiliate with have changed little since 2018. The top affiliations remain concentrated in the upper North Island, reflecting where the broader Māori population lives: Te Tai Tokerau/Tāmaki Makaurau, Waikato/Te Rohe Pōtae, and Te Tairāwhiti.

The distribution of respondents' workplaces changed between the 2018 and 2026 surveys, with higher shares in Northland, Canterbury, Hawke's Bay and Whanganui and lower shares in several other regions, particularly Lakes, Taranaki, Capital and Coast, and Counties Manukau. The survey cannot determine whether this reflects genuine workforce movement, differences in survey reach, or variation in who responded.

Across every region, Te Whatu Ora has yet to achieve parity with the Māori population share. The gaps are most pronounced in Tairāwhiti, Lakes, and Northland.

Recruitment

Recruitment questions show that the Treaty of Waitangi and cultural competence are commonly raised during hiring. Almost three-quarters (74%) of respondents said they were asked about the Treaty of Waitangi in their job interview, although the survey did not assess whether this was meaningful, weighted, Māori-led or connected to the role. Younger respondents were less likely to have been asked. More than two-thirds reported that cultural competence was considered during recruitment, with a higher proportion among tāne.

Word of mouth is the dominant recruitment channel - well over half of respondents heard about their current position through personal networks. Recruitment processes should recognise, strengthen and work through these trusted channels. Cultural competency assessment is more common in Hauora Māori services than in public sector health. To increase equitable service provision, cultural competency needs to be further integrated into mainstream health services, not just Māori ones.

Work settings, roles and experience

Almost half of respondents have worked in the health sector for fewer than ten years, consistent with the 2018 survey. Fewer respondents reported 10-14 years of experience than adjacent experience bands. The survey cannot determine whether this reflects cohort size, recent entry patterns, attrition, or differences in who responded. Tāne respondents had, on average, fewer years in the sector than wāhine respondents.

Respondents work across every type of healthcare workplace and sector, but nearly half work in Māori services, with tāne more likely to do so than wāhine. Mental health and community health are the most common practice areas. Younger respondents are less likely than older respondents to work in mental health and addiction services. Public sector health services are the most common organisational setting, followed by NGOs and Hauora Māori services. Older respondents are more likely than younger respondents to work in Hauora Māori services.

The most common respondent roles are nurse, community support worker, manager and administrator. These roles span regulated professions, leadership, community support and administration. The pattern points to uneven access to formal qualifications, recognised career pathways and pay progression, but it does not by itself establish a two-tier workforce.

Overall workplace satisfaction

Despite the disruptions, reform reversals, and added pressures on the Māori health workforce since 2018, respondents' workplace satisfaction has held up. Almost three-quarters of respondents feel valued in their workplace, and two-thirds are satisfied - both consistent with 2018. High satisfaction should not always be interpreted as evidence that workforce conditions are adequate. Māori kaimahi may remain committed because of kaupapa, whānau, identity, relationships and obligation, even where pay, workload, cultural labour and system support remain unresolved.

Gender differences in satisfaction were small and should be interpreted cautiously. Across all respondents, only 48% felt their pay reflected their contribution. Relatively high satisfaction should not minimise the importance of fair pay, workload, cultural labour and system support.

Qualifications and studying

The Māori health workforce is more highly qualified than the Māori population as a whole. More than half of respondents hold a bachelor's degree or higher - the threshold typically required to enter higher-skilled health professions such as medicine and nursing.

Almost a third of respondents aged under 30 hold a bachelor's degree. This could strengthen the qualification profile of the workforce over time if younger kaimahi are supported to complete study and progress into roles that use those qualifications.

The same age group also shows uneven qualification outcomes. Some 23% of respondents aged under 30 have no post-school qualification, compared with 13% of those aged 30-59, and young tāne are more likely than young wāhine to be in this group. This signals a possible risk of uneven progression rather than evidence that a two-tier workforce is already established.

Respondents without post-school qualifications are also less likely to be studying. While 36% of respondents aged under 30 are currently enrolled, only 21% of respondents with no post-school qualification are studying, compared with 26% of those who already hold one. Funded training pathways, study support, paid release, scholarships, pastoral support, bridging options and clearer career pathways could reduce the risk of workers becoming locked into roles with limited progression.

Professional development and leadership opportunities

Most respondents report access to professional development, and many see leadership pathways. Six in ten have a professional development plan, and about half say it includes leadership development. The broad pattern is similar across age groups and genders.

More than half of respondents see potential to take on a leadership role in their organisation, though tāne are more optimistic than wāhine, and older Māori more so than younger.

The exception is the public sector, which lags NGOs and Hauora Māori services on professional development, leadership development, and leadership opportunities alike. Given that public sector health services employ the largest share of Māori health workers, closing this gap matters.

Most respondents report strong access to the internet and digital tools, providing a useful baseline for initiatives that rely on digital delivery.

Artificial intelligence (AI)

Respondents see AI as both an opportunity and a threat. Almost two-thirds report some or very significant opportunities for AI to enhance their mahi in Māori health contexts.

Similar proportions are concerned about threats to Māori data sovereignty and cultural bias, and more than two-thirds believe Māori do not have enough authority over AI design and governance. Greater Māori authority across design, procurement, governance, implementation and monitoring would help address these concerns. The results also point to practical needs for AI fluency training, Māori AI governance capability, procurement guidance and bias assessment.

Cultural support and development

Many respondents report some form of cultural support, but formal cultural supervision is much less consistently available.

Over two-thirds of respondents are supported by their workplace to learn te reo me ōna tikanga, and a similar share are supported to engage with their local marae, hapū, iwi, kaumātua, and kuia. Just over a third have a cultural supervision plan in place. Tāne and older Māori are more likely to report this support - consistent with both groups being more likely to work in Hauora Māori services.

The public sector reports weaker access than NGOs and Hauora Māori services across professional development, cultural support and leadership measures. Cultural supervision is less embedded in every setting. For public sector respondents, support is less consistent rather than absent, but the size and repetition of the gap point to a clear accountability issue.

Mātauranga hauora

Most respondents feel they work in an environment where they can uphold te ao Māori in their everyday work, and that their leaders actively support this. This is one of the most encouraging findings in the survey and helps explain why satisfaction remains high despite external pressures. The public sector again lags Hauora Māori services and NGOs, but the gap between mainstream and Māori services shows what is possible with the right leadership commitment.

Fairness, cultural safety, and protection from racism and discriminatory behaviour are also broadly in place, though less so than support for te ao Māori, suggesting these issues are harder to embed even where leaders are willing. The public sector lag is harder to justify. Given the scale of Māori employment in public services, this gap points to a particular responsibility to strengthen culturally safe support and leadership pathways.

There are also encouraging signs that te reo and Māori health models will remain integral to health services, with younger Māori driving this. A quarter of respondents aged 15–29 can speak te reo well or very well - a higher share than any other age group. Comparing the overall te reo figure with the 2018 survey, however, gives pause: around half of all respondents can speak te reo fairly well or better, down from almost two-thirds in 2018. This comparison should be treated with caution because some of the gap might reflect differences in who responded to each survey, but it is worth monitoring closely.

Knowledge of Māori health models is more broadly held - four-fifths of respondents have an intermediate or advanced understanding. The question is whether the systems and pathways exist to deepen that knowledge as younger Māori progress through their careers.

The Māori workforce

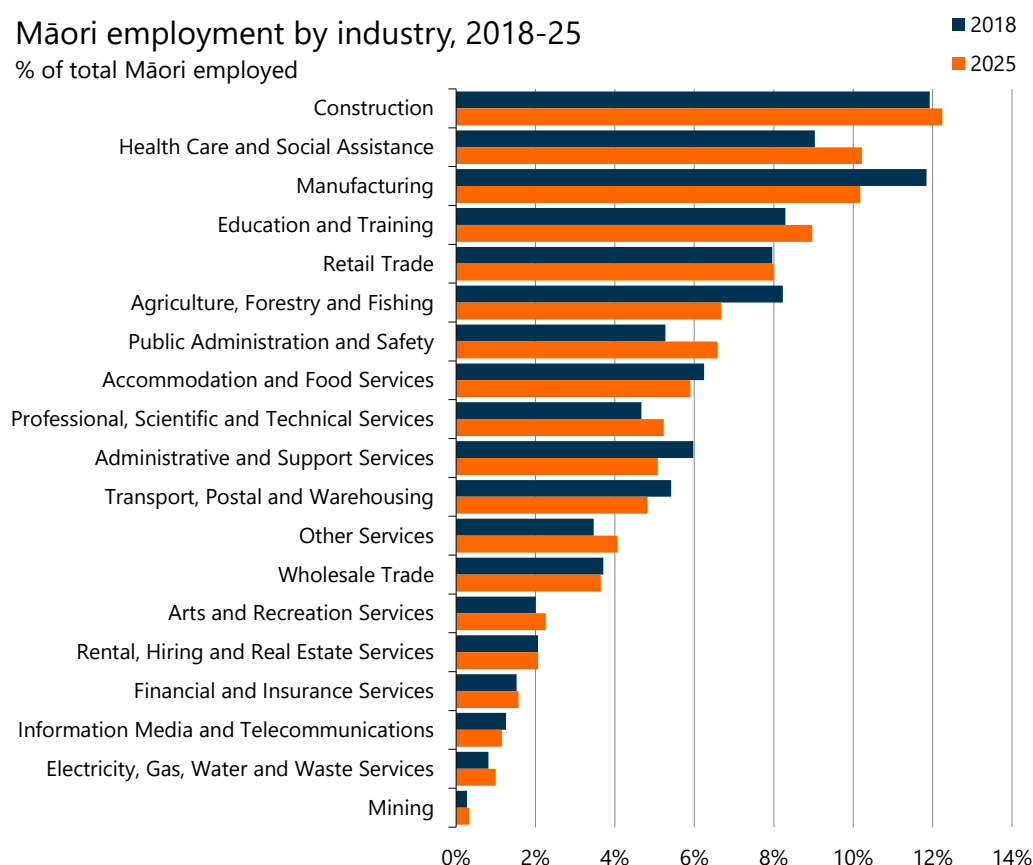
This section places the Māori healthcare and social assistance workforce in the context of the broader Māori workforce. One of the clearest shifts since the 2018 survey is where Māori are working. Infometrics data shows Māori employment have been moving away from roles in manufacturing, agriculture, and administration and into roles with higher formal qualification requirements in healthcare, construction, and public administration (Chart 1).

The share of total Māori employment in manufacturing fell from 11.8% to 10.2% between 2018 and 2025, in agriculture it fell from 8.2% to 6.7%, and in administrative services it fell from 6.0% to 5.1%. In public administration the share rose from 5.3% to 6.6%. The share of the Māori workforce in the healthcare and social assistance workforce nudged up from 9.0% to 10.2% between 2018 and 2025.

Chart 1

Māori employment by industry, 2018-25

% of total Māori employed

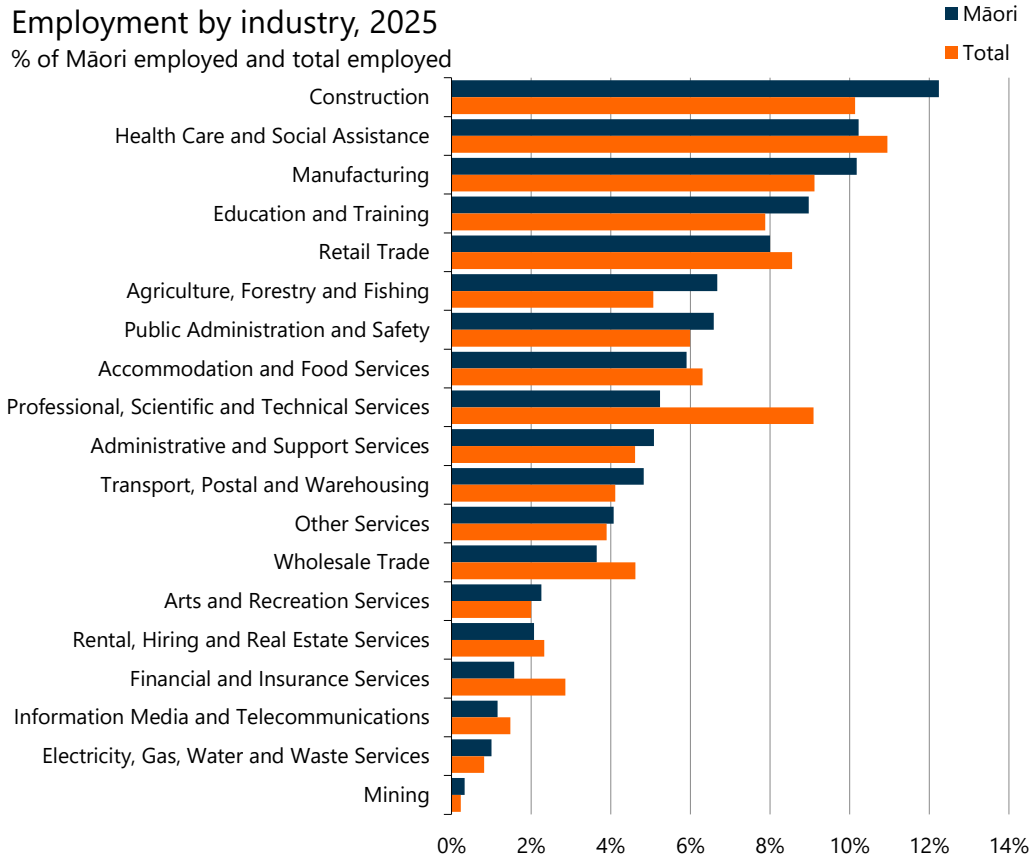


Source: Stats NZ, Infometrics

Despite these structural shifts, Māori employment continues to be concentrated in several industries, reflecting longstanding labour-market patterns and structural conditions (Chart 2). For example, 10.2% of Māori were employed in manufacturing in 2025 compared with 9.1% of the total workforce. There is a similar disparity in agriculture where the shares are 6.7% and 5.1% respectively.

In healthcare and social assistance, Māori remain slightly under-represented, and the gap is largely persisting. In 2018, 9.0% of the total Māori workforce worked in healthcare and social assistance compared with 9.8% of the total workforce – a gap of 0.74 percentage points. By 2025, 10.9% of the total workforce was employed in healthcare and social assistance compared with 10.2% of the total Māori workforce – a gap of 0.72 percentage points.

Chart 2



Source: Stats NZ, Infometrics

Healthcare and social assistance

Within healthcare and social assistance, though, the picture is mixed. Infometrics data shows parity with the Māori population share has yet to be achieved. Population parity is where the ethnic makeup of the health workforce reflects the ethnic makeup of the population. In 2025, Māori made up 18% of the New Zealand population, but only 13% of the healthcare and social assistance workforce.

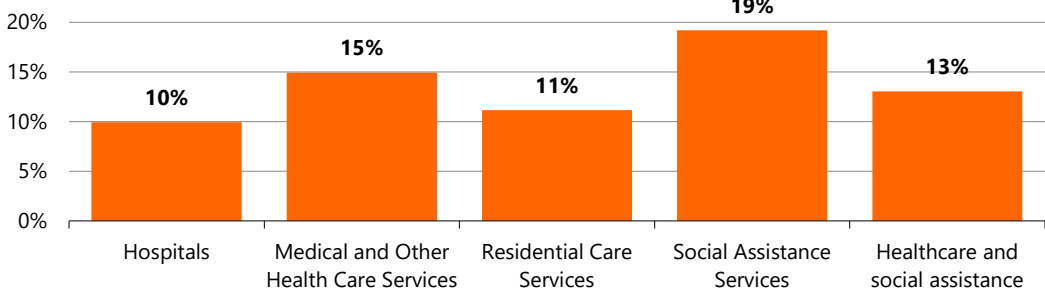
Compared with the population, Māori remain most under-represented in hospitals and over-represented in social assistance - a gap that may reflect kaupapa and community alignment, as well as the way system settings, recruitment pathways, funding, pay structures, and institutional barriers shape where Māori work.

This pattern likely reflects both genuine preference for community-based work and the reality that hospitals are where the highest-skilled practitioners work (Chart 3). Māori are also under-represented in residential care and in medical and other healthcare. In 2025, 10% of the hospital workforce was Māori in contrast to 19% of the social assistance workforce.

Chart 3

Maori % of healthcare and social assistance jobs, 2025

Māori employed as % of total employed

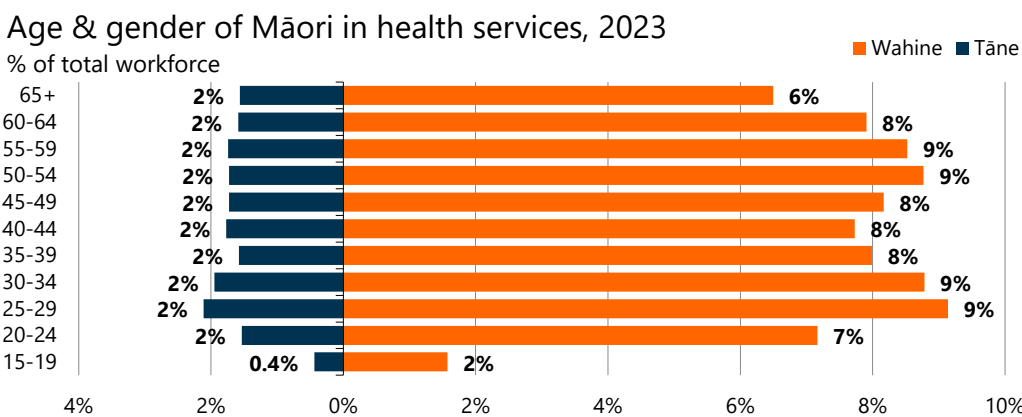


Source: Stats NZ, Infometrics

Māori health workforce demographics

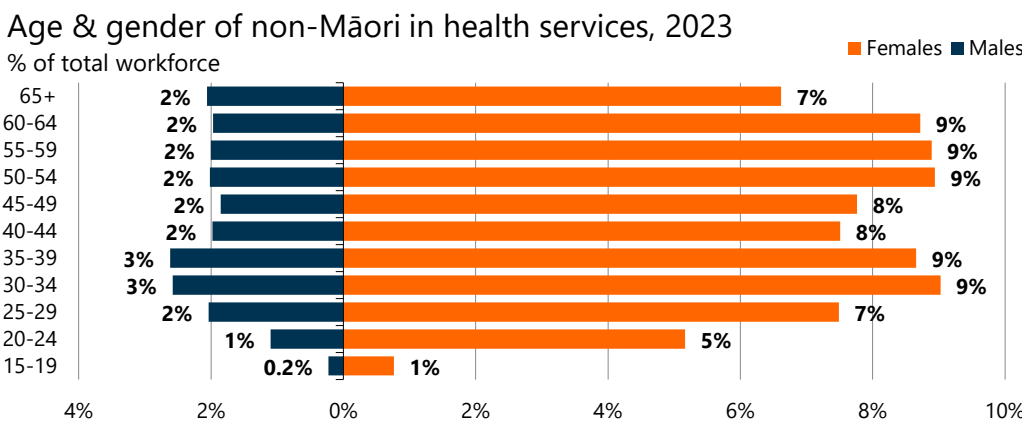
Most Māori working in health services are wāhine, mirroring the broader non-Māori health workforce. The Māori health workforce is also younger than non-Māori, reflecting the younger age profile of the wider Māori workforce and population. The health workforce includes hospitals, medical and other services and excludes residential care services. In 2023, 82% of Māori working in health were wāhine compared with 80% of non-Māori. Some 33% of Māori were aged 15-34 years compared with 28% of non-Māori. Among older workers, 28% of Māori working in health services were aged 55 or older compared with 30% of non-Māori.

Chart 4



Source: Stats NZ, 2023 Census of Population and Dwellings, Infometrics

Chart 5

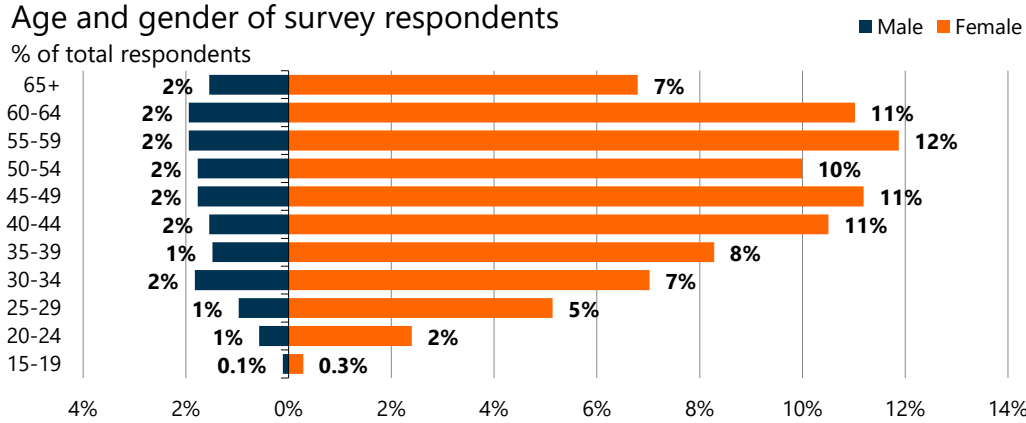


Source: Stats NZ, 2023 Census of Population and Dwellings, Infometrics

Responses to the Te Iti me te Rahi: Everyone Counts 2026 Survey reflect the gender profile of the Māori health services workforce - 84% of respondents were wāhine and

15% were tāne.¹ Respondents were skewed towards older age groups. Less than a fifth (18%) of survey respondents were aged 15-34 (Chart 6) whereas in 2023, 33% of the Māori health workforce were aged 15-34 years (Chart 4).

Chart 6



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,751

¹ Some 1% of respondents chose to self-describe their gender rather than select tāne or wāhine. Because this group is small, it is included in overall figures but not shown separately in the gender comparisons throughout this report, to protect anonymity.

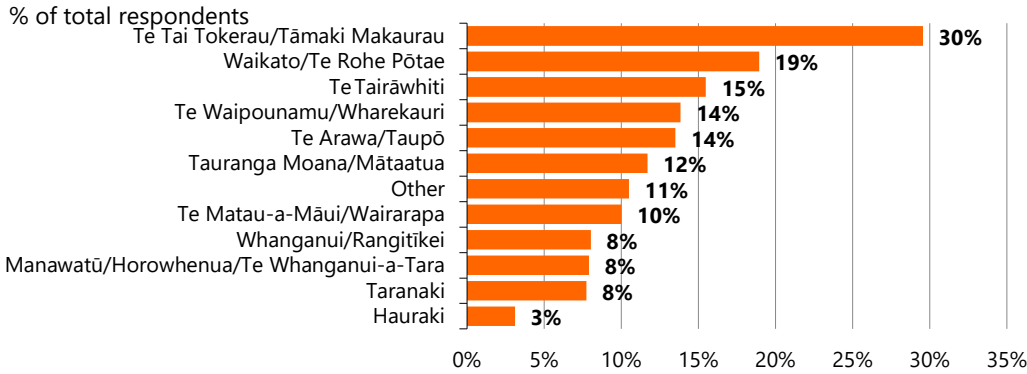
Māori healthcare workers across regions

Unless otherwise stated, the data used in the remainder of this report is based on the Te Iti me te Rahi: Everyone Counts 2026 Survey.

Survey respondents were asked which Iwi region they affiliated to. Respondents could select multiple iwi regions so percentages in Chart 7 sum to more than 100%. The iwi region that Māori healthcare workers affiliate with have changed little since 2018. The top affiliations remain concentrated in the upper North Island: 30% of respondents were affiliated with Te Tai Tokerau/Tāmaki Makaurau (Northland/Auckland) Region Iwi, 19% with Waikato/Te Rohe Pōtae (Waikato/King Country) Region Iwi, and 15% Te Tairāwhiti (East Coast) Region Iwi. Down south, 14% of respondents were affiliated with Te Waipounamu/Wharekauri (South Island/Chatham Islands).

Chart 7

Iwi region affiliations

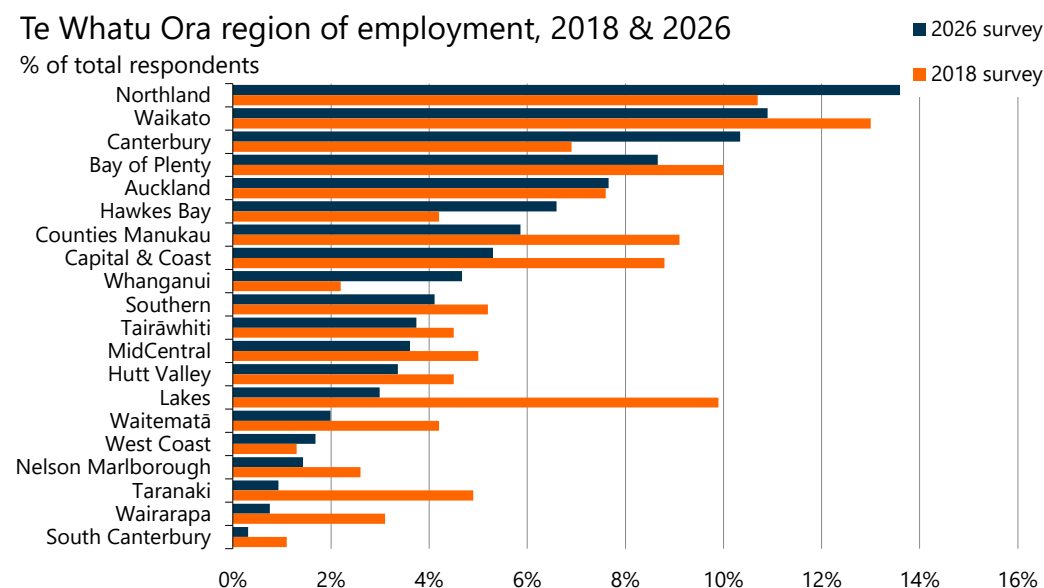


Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,751

Where Māori are employed, however, tells a different story. Māori healthcare employment has shifted towards Northland, Canterbury, Hawke's Bay, and Whanganui and away from most other regions - particularly Lakes, Taranaki, Capital and Coast, and Counties Manukau.

The biggest shifts have been towards Northland where 11% of 2018 survey respondents worked compared with 15% of 2026 survey respondents, and away from Lakes where 10% of 2018 survey respondents worked compared with 3.0% of 2026 survey respondents. Whether this reflects a genuine change in where Māori are practising, changes in survey reach or simply variation in who responded to the survey, is unclear.

Chart 8



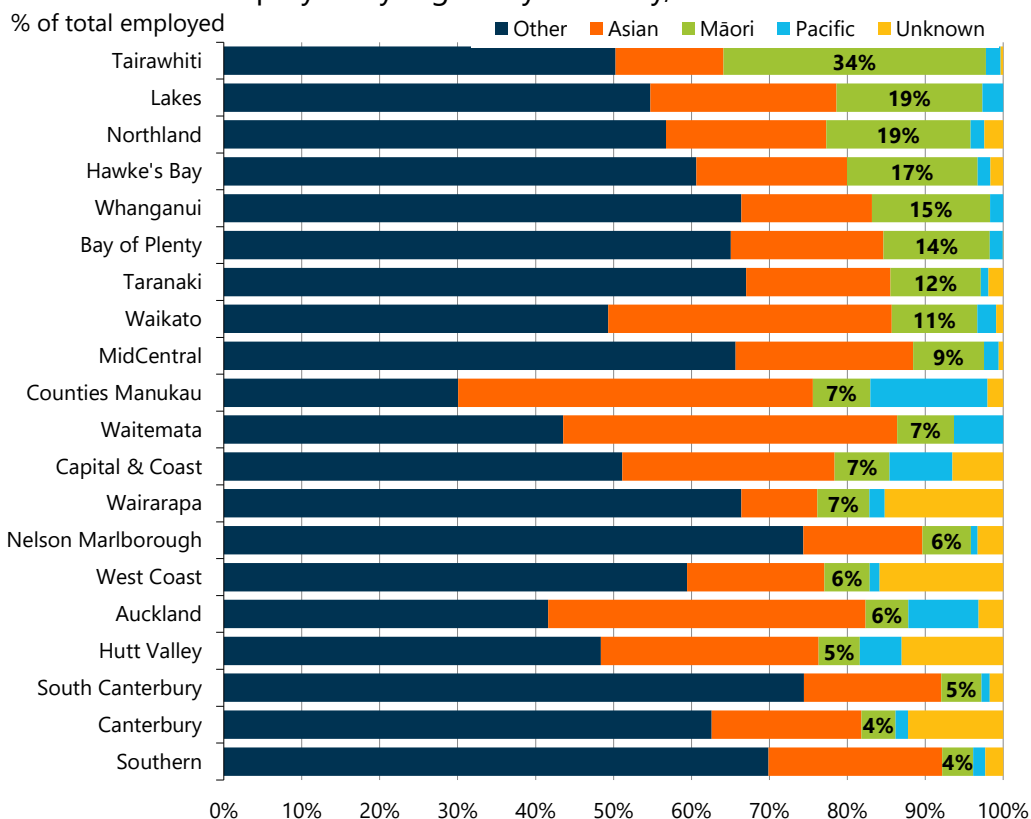
Source: Te Iti me te Rahi: Everyone Counts 2026 & 2018 Surveys, Infometrics, n=1,605 (2026 survey)

Across every region, Te Whatu Ora has yet to achieve parity with the Māori share of the local population. The gaps are most pronounced in Tairāwhiti, Lakes and Northland. Chart 9 is based on data from the Health New Zealand Employed Workforce Quarterly Report Quarter Two 2025/26,² and shows that Māori made up 34% of the Tairāwhiti Te Whatu Ora workforce in December 2025 but 54% of the Tairāwhiti population, in Lakes the disparity was 19% and 39% respectively, and in Northland 19% and 37% respectively.

² Health New Zealand, Employed workforce quarterly reports: <https://www.healthnz.govt.nz/publications/employed-workforce-quarterly-reports-2024-25>

Chart 9

Te Whatu Ora employed by region by ethnicity, Dec 2025



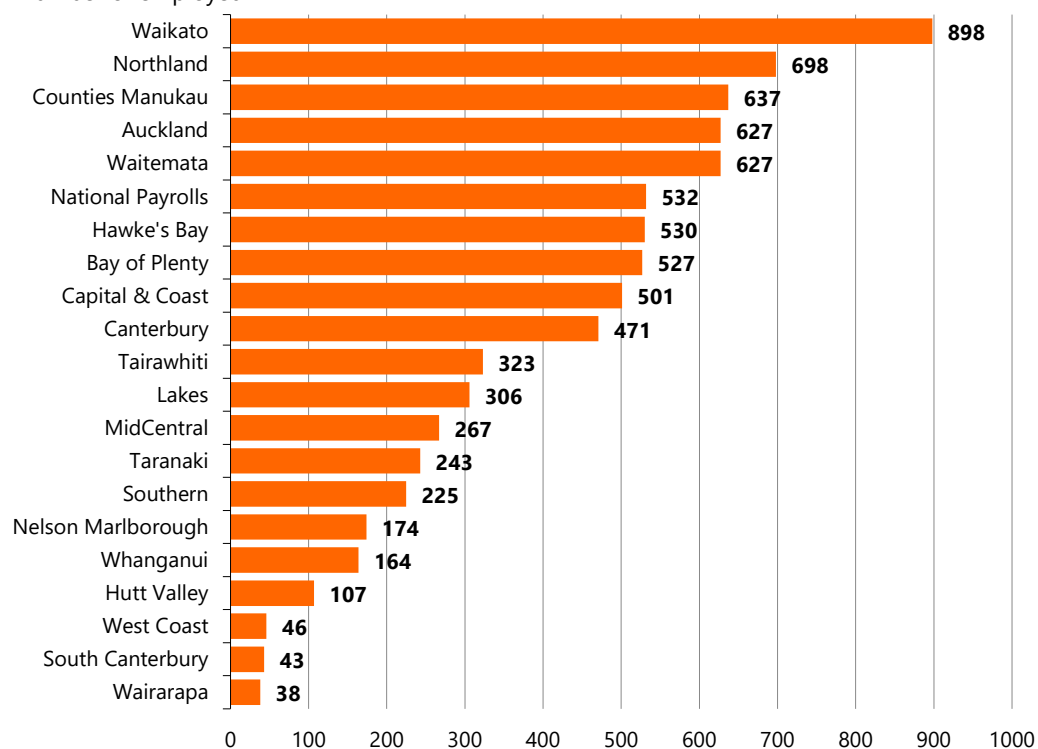
Source: Te Whatu Ora, Infometrics

Waikato had the largest Māori Te Whatu Ora workforce in terms of raw numbers (898 in December 2025), followed by Northland (698). Counties Manukau, Auckland and Waitemata had Māori workforces of around 620 to 640 (Chart 10). Te Whatu Ora Māori workforce planning should reflect the regions where most Māori work, while at the same time addressing regions where Te Whatu Ora has the furthest to go to achieve Māori workforce parity relative to local Māori population share.

Chart 10

Māori employed by Te Whatu Ora region

Number of employed



Source: Te Whatu Ora, Infometrics

Recruitment

Developing a health workforce that can respond to the needs of Māori tāngata whaiora (Māori seeking wellbeing/support) and their whānau requires the recruitment and development of health staff who understand their obligations under te Tiriti o Waitangi as expressed in He Korowai Oranga (Ministry of Health, 2014) and who can operate in culturally responsive ways.

Informal networks are an important means of filling vacancies in the Māori health workforce. Well over half (58%) of respondents said they heard about their current position through word of mouth. Half as many (24%) heard about it through online job boards such as Seek and TradeMe. This is worth recognising in recruitment processes.

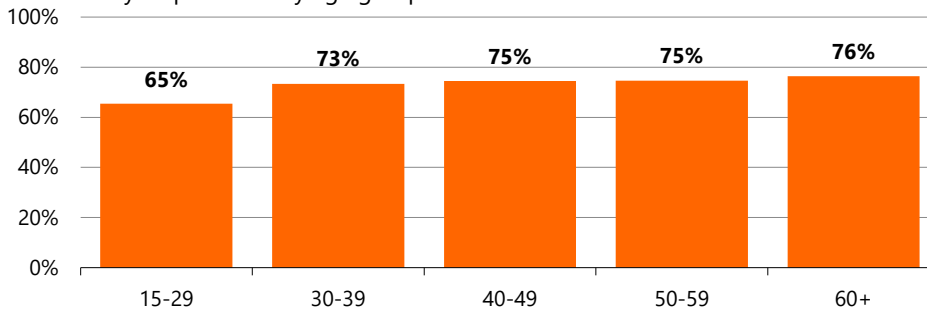
Te Tiriti o Waitangi

Almost three-quarters (74%) of respondents said they were asked about te Tiriti o Waitangi in their job interview, although the survey did not explore whether the assessment was meaningful, weighted, Māori-led or connected to the role. There was little difference across genders, but younger respondents were less likely to have been asked: 65% compared with 76% of Māori aged 60 or older (Chart 11), a pattern which is consistent with the 2018 survey.

Chart 11

Respondents who were asked about Te Tiriti o Waitangi in their job interview by age

% of survey respondents by age group



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,586

Cultural competence

Cultural competence was considered during recruitment for more than two-thirds (68%) of respondents, more so among tāne (75%) than wāhine (67%). There is little discernible difference across age groups. A similar gender disparity was evident in the 2018 survey, but the earlier survey showed that Māori aged 50 to 59 years were less likely than other groups to have had their cultural competency considered. As we will see later in the *Work settings, roles and experience* section p24, tāne are more likely to work in Māori services which could explain why they are more likely to have their cultural competence assessed during recruitment.

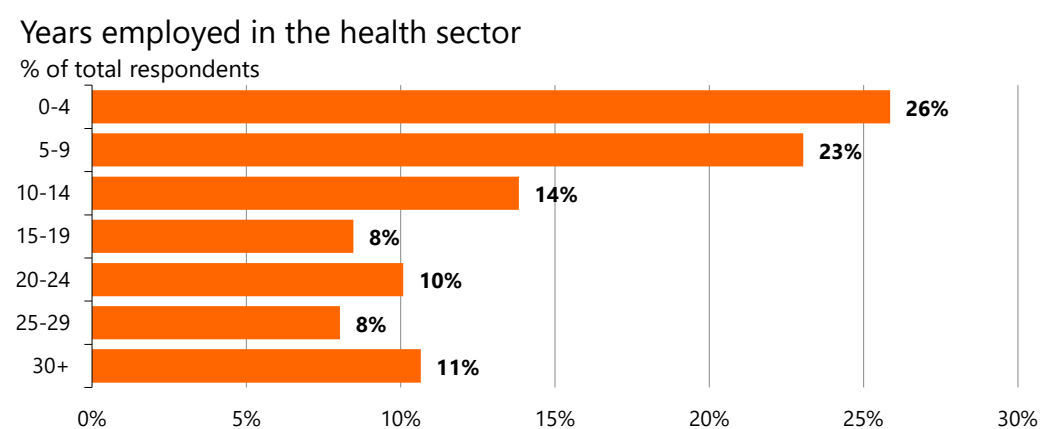
Drilling further into the survey results, 79% of Māori working at Hauora Māori services had their cultural competency assessed during recruitment compared with 72% of Māori working at NGOs and 63% of Māori working in public sector health services. This is worth monitoring. To increase equitable service provision, cultural competency needs to be further integrated into mainstream health services, not just Māori services.

Work settings, roles and experience

Health sector experience

Almost half (49%) of respondents have worked in the health sector for fewer than ten years, consistent with the 2018 survey. Fewer respondents reported 10-14 years of experience than adjacent experience bands. The survey cannot determine whether this reflects cohort size, entry patterns, attrition or differences in who responded. Just over one-third (37%) have 15 or more years of experience. Tāne respondents had, on average, fewer years in the sector than wāhine respondents.

Chart 12



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

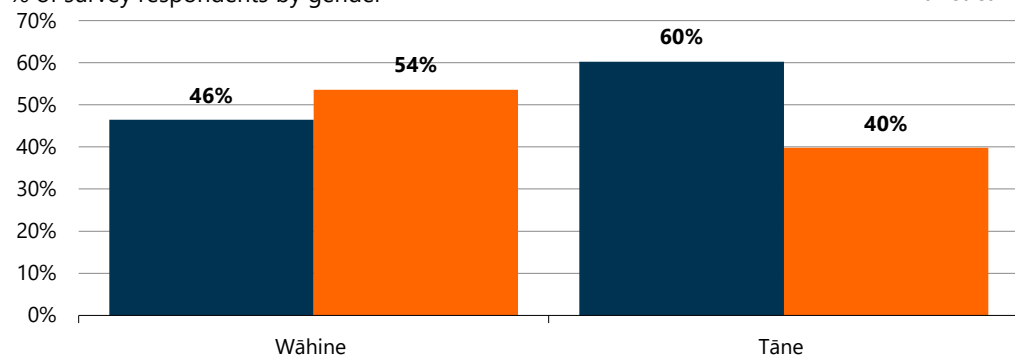
Service type

As with the 2018 survey, respondents in 2026 are employed across every type of healthcare workplace and sector, but they are concentrated in Māori services. Half (49%) of respondents work in Māori services, which reflects the critical role Māori workers play in kaupapa Māori and community-based care. Tāne are more likely to work in Māori services than wāhine (60% compared with 46%) (Chart 13). There was very little variation in service type across age groups.

Chart 13

Service type by gender

% of survey respondents by gender



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

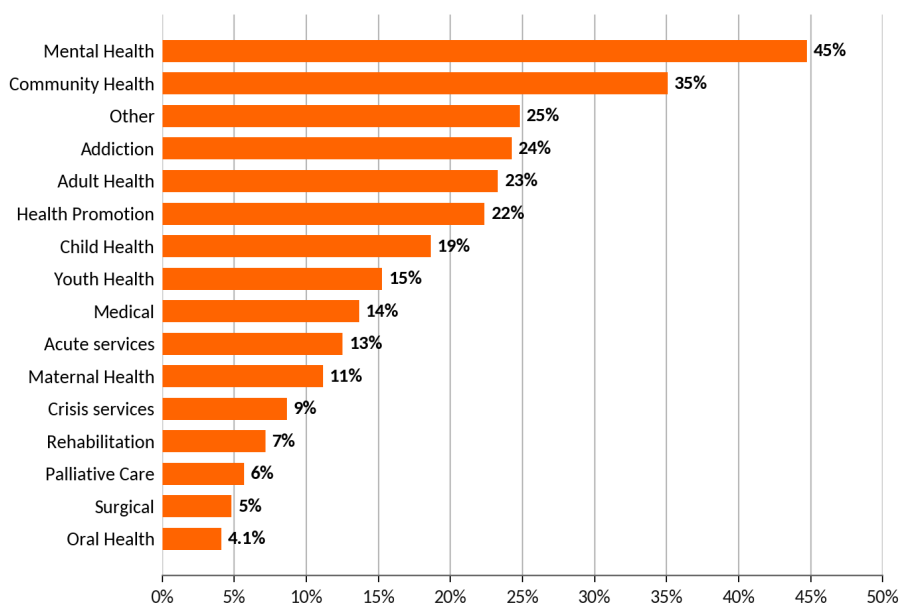
Workplace type

Mental health (45%) and community health (35%) are the most common practice areas. Just over half (56%) of mental health respondents work in Māori services, while almost two-thirds (63%) of community health respondents work in Māori services. Addiction (24%), adult health (23%) and health promotion (22%) are also common practice areas (Chart 14).

Chart 14

Workplace type

% of total respondents

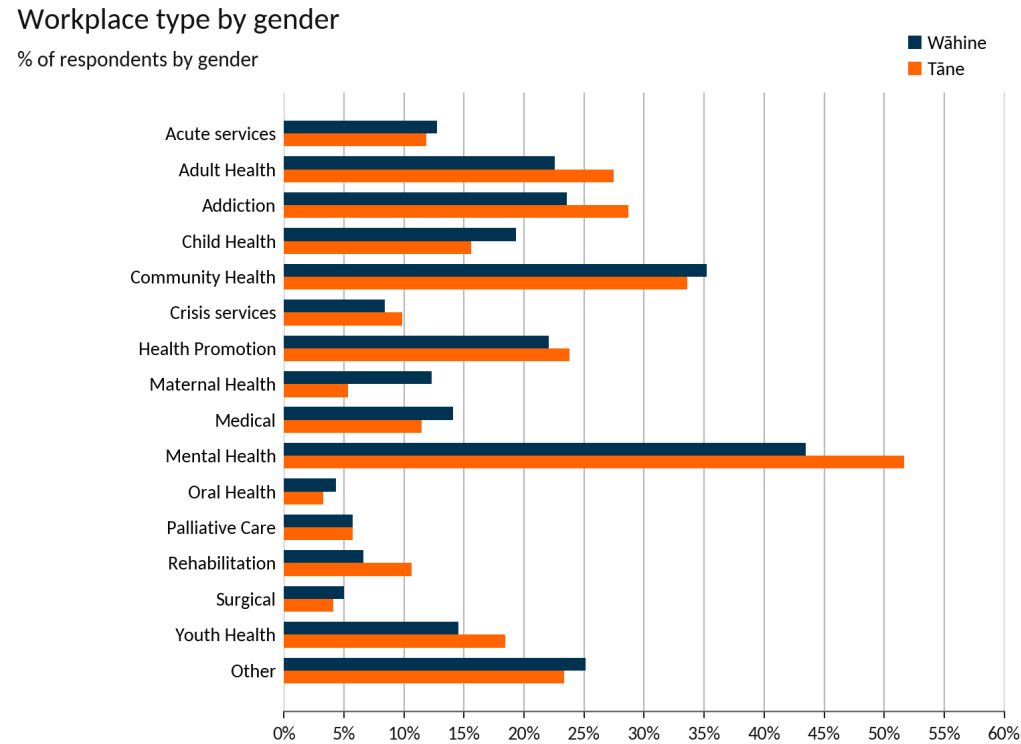


Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

Tāne are more likely to work in mental health, addiction, adult health, rehabilitation and youth health. Some 52% of tāne work in mental health compared with 43% of wāhine, in

addiction the respective proportions are 29% and 24%, in adult health 27% and 23%, in rehabilitation 11% and 7%, and in youth health 18% and 15%. Wāhine are more likely to work in maternal health (12% of wāhine compared with 5% of tāne) (Chart 15).

Chart 15



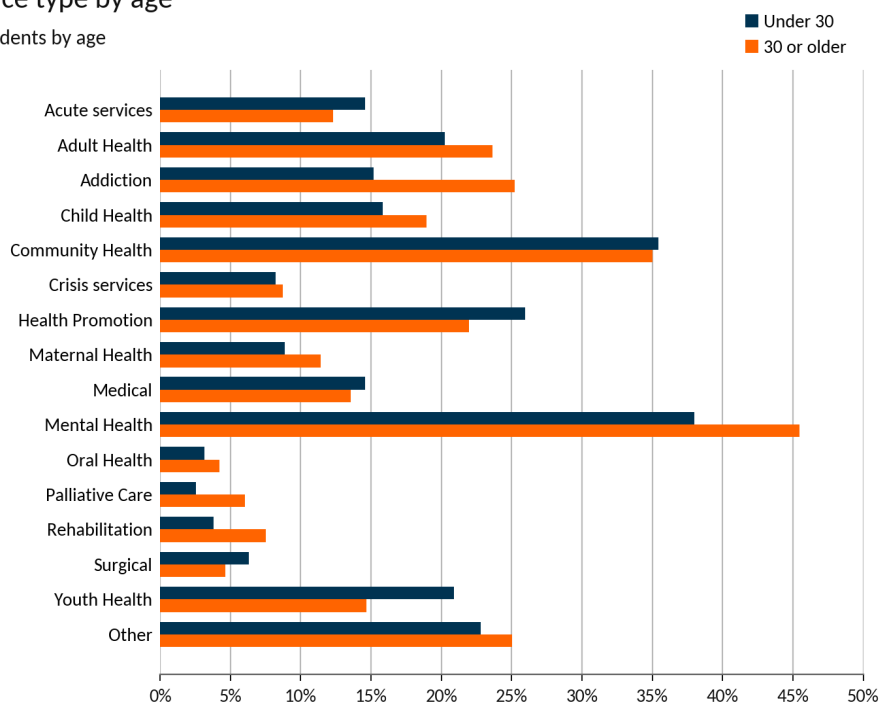
Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

Respondents aged under 30 are more likely than those aged 30 or older to work in youth health (21% compared with 15%) and health promotion (26% compared with 22%), and are less likely to work in addiction services (15% compared with 25%) and mental health (38% compared with 45%) (Chart 16). Younger respondents were less likely to be working in addiction and mental health services, though the survey cannot tell us whether that reflects career stage, entry pathways, or how roles were categorised.

Chart 16

Workplace type by age

% of respondents by age



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

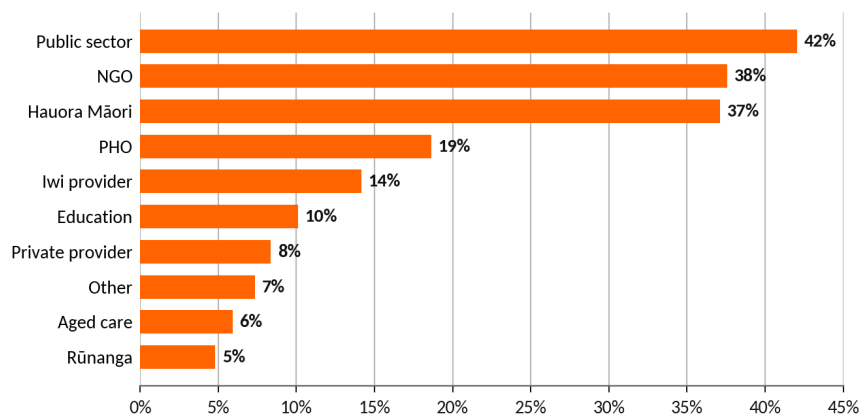
Sector/organisation setting

Public sector health services are the most common organisational setting among respondents (42%), followed by NGOs (38%) and Hauora Māori services (37%). Some 19% work at PHOs and 14% at iwi providers. Respondents could select more than one organisational setting, so percentages do not sum to 100%.

Chart 17

Sector/organisation type

% of total respondents



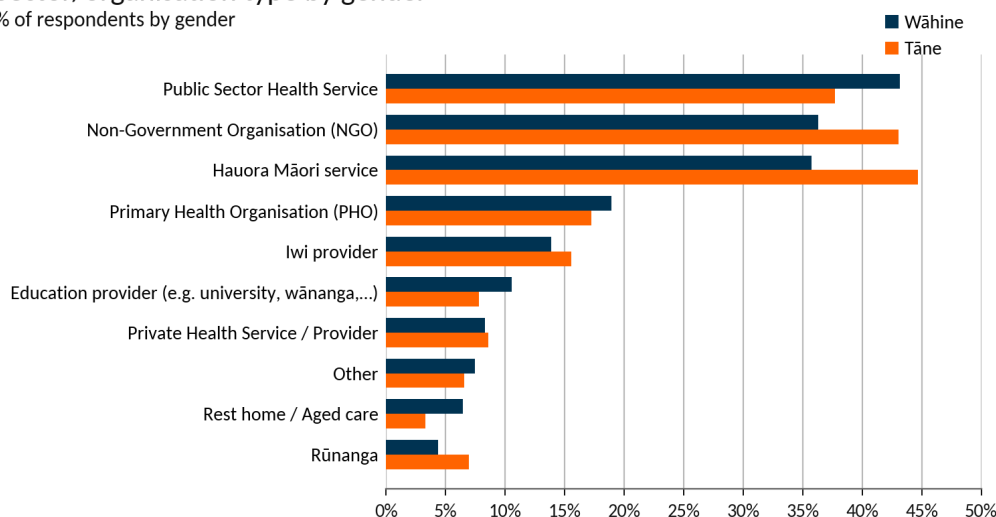
Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

Tāne are more likely than wāhine to work at Hauora Māori services (45% of tāne compared with 36% of wāhine) and NGOs (43% compared with 36%). Wāhine are more likely to work in public sector health settings (43% of wāhine compared with 38% of tāne). The slight gender imbalance in Hauora Māori service responses aligns with tāne being more likely to work in Māori services.

Chart 18

Sector/organisation type by gender

% of respondents by gender



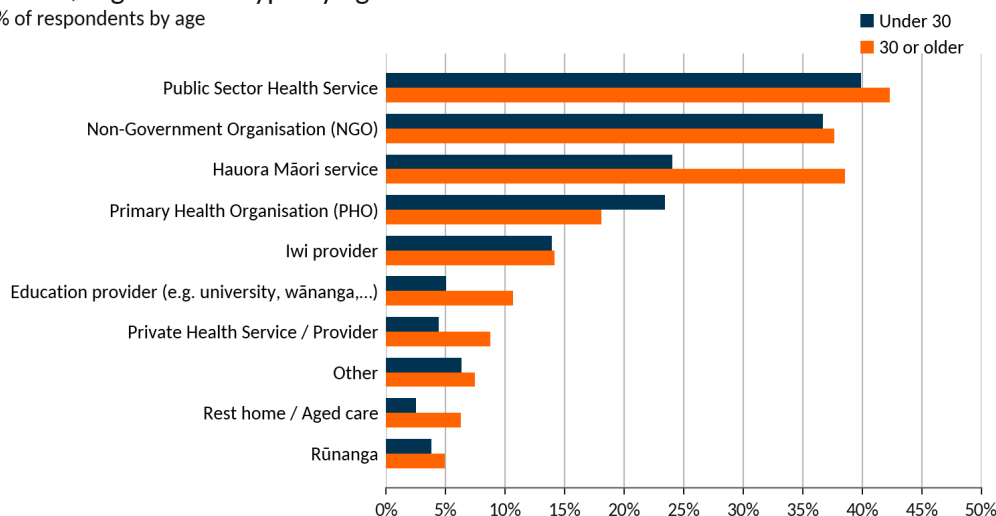
Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

Respondents aged 30 or older are much more likely than those under 30 to work in Hauora Māori services (39% compared with 24%). Respondents under 30 are more likely to work at PHOs (23% compared with 18% of those aged 30 or older) (Chart 19).

Chart 19

Sector/organisation type by age

% of respondents by age



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

Roles

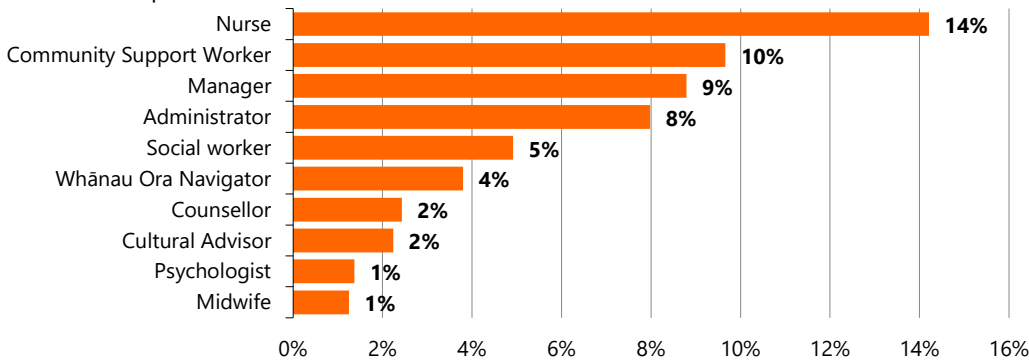
The most common roles among respondents are nurse (14%), community support worker (10%), manager (9%) and administrator (8%) (Chart 20). It is encouraging to see Māori represented in regulated professions and leadership roles, while community support workers and administrators remain essential to the health system. The pattern suggests uneven access to qualifications, recognised career pathways and pay progression, but it does not by itself establish a two-tier workforce. Roles in whānau ora navigation, cultural and tikanga advising, and tāngata whaiora advocacy may also be under-counted because these functions are often embedded within broader job titles.

Wāhine are more likely to be nurses, managers and administrators, while tāne are more likely to be community support workers. This may partly reflect the greater concentration of tāne respondents in community-focused and Māori service settings.

Chart 20

Top 10 current roles

% of total respondents



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

Te Whatu Ora workforce roles

Compared with their share of the total population, Māori are also under-represented in the Te Whatu Ora workforce, making up 8.8% of that workforce in December 2025 compared with 18% of the population (Health New Zealand, Employed Workforce Quarterly Report, Quarter Two 2025/26). However, there are early signs of progress at senior levels.

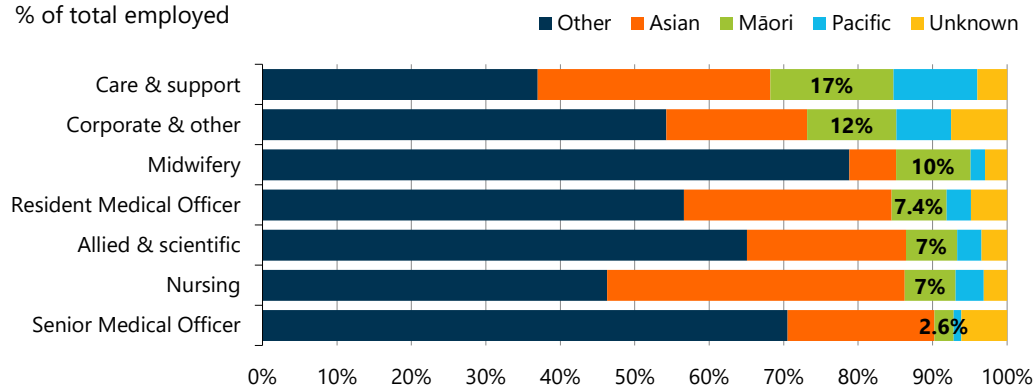
Health New Zealand data show that Māori make up a larger share of Resident Medical Officer roles (7.4%) than Senior Medical Officer roles (2.6%). Medical Council data also show that Māori doctors are younger on average than the medical workforce overall: 50% of Māori doctors in 2025 were aged 34 or under, compared with 27% of all doctors (Medical Council of New Zealand, 2025). The gap between junior and senior representation could narrow as today's junior Māori doctors progress, but this depends on retention, mentoring, culturally safe training environments and equitable promotion pathways.

Māori also remain well represented in care and support roles (17% of all staff), midwifery (10%), and corporate functions (12%) (Chart 21).

Chart 21

Te Whatu Ora occupation groups by ethnicity, Dec 2025

% of total employed



Source: Te Whatu Ora, Infometrics

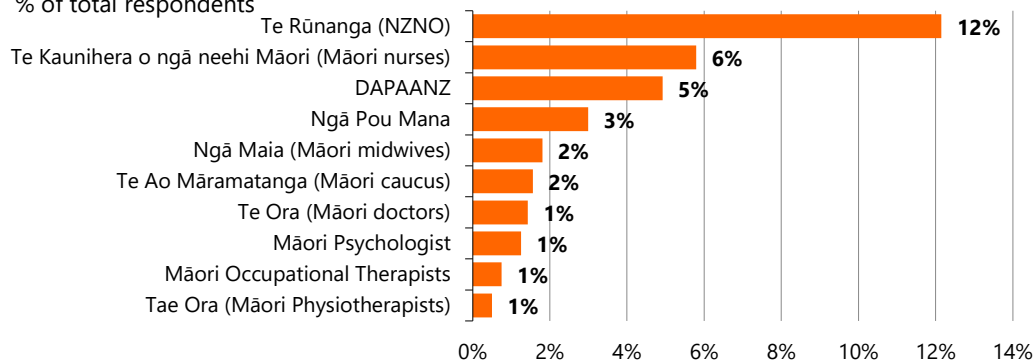
Professional associations

Among professional associations, Te Rūnanga (NZNO), Te Kaunihera o ngā neehi Māori (Māori nurses), DAPAANZ, and Ngā Pou Mana are the most frequently cited. The top two associations reflect nurses being the most common role among survey respondents.

Chart 22

Top 10 Māori health professional associations

% of total respondents



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

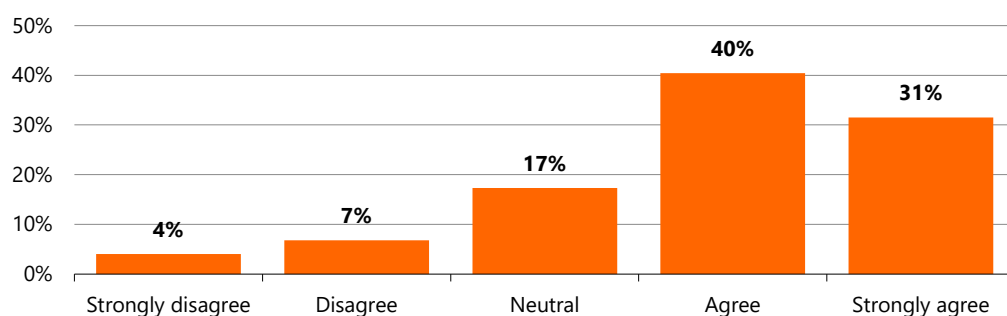
Workplace satisfaction

Despite major system disruption and pressure since 2018, respondents' workplace satisfaction has held up. Almost three-quarters feel valued in their workplace (Chart 23), and two-thirds are satisfied (Chart 24), broadly consistent with 2018. These results should not be treated as proof that workforce conditions are adequate. Commitment to kaupapa, whānau, identity, relationships and obligation can remain strong even where pay, workload, cultural labour and system support are unresolved.

Chart 23

Feel valued in their workplace

% of survey respondents

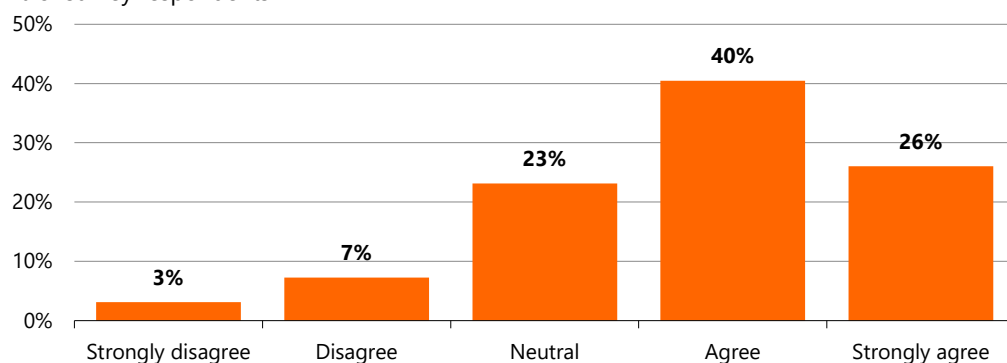


Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,490

Chart 24

Satisfied with their workplace

% of survey respondents



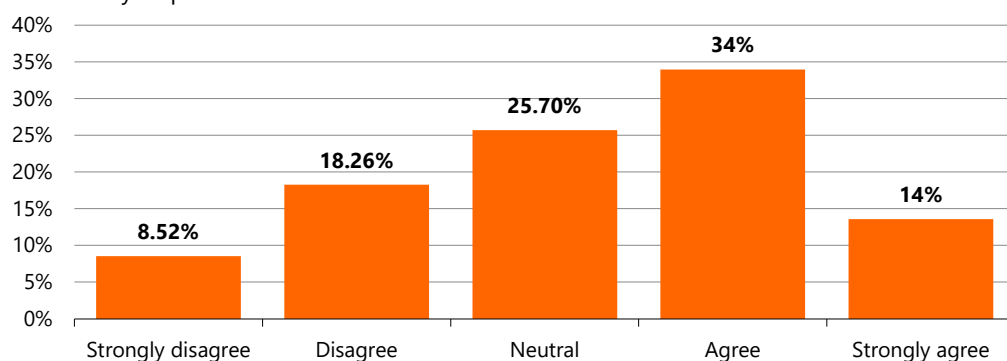
Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,490

Only 48% of respondents feel their salary or pay reflects their contribution (Chart 25). This sits below overall workplace satisfaction and feeling valued. High satisfaction should not minimise the importance of fair pay, particularly where cultural labour and wider responsibilities are not consistently recognised or resourced.

Chart 25

Feel their salary/pay reflects their contribution

% of survey respondents



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,490

Gender differences across feeling valued, satisfaction and pay were small and are not interpreted further here because the subgroup results are sensitive to question-level denominators.

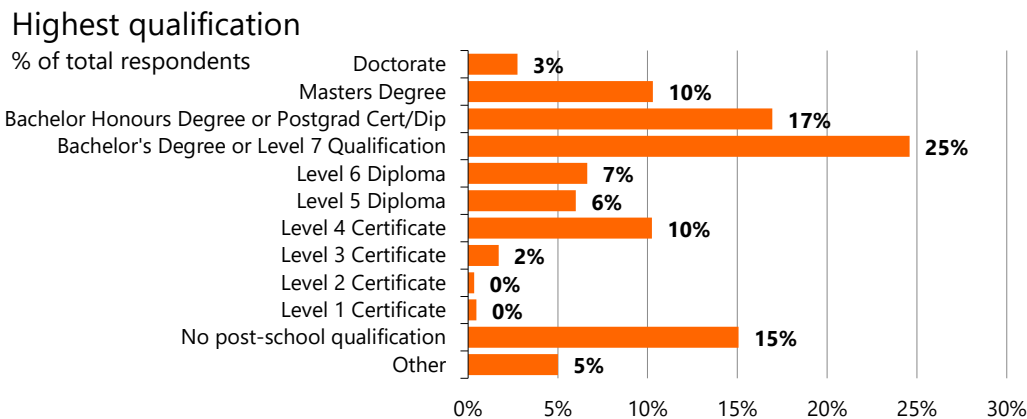
There was no clear age pattern across satisfaction, feeling valued or whether pay reflected contribution.

Qualifications and studying

Highest qualification

Respondents are much more highly qualified than the Māori population as a whole. A quarter have a bachelor's degree, the threshold commonly required for professions such as medicine, nursing and allied health (Chart 26). Another 30% hold a postgraduate qualification, and 13% have a level 5 or 6 diploma. By comparison, 8.4% of all Māori aged 15 or older held a bachelor's degree and 4.4% held a postgraduate qualification in 2023 (Stats NZ, 2023 Census of Population and Dwellings).

Chart 26



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,700

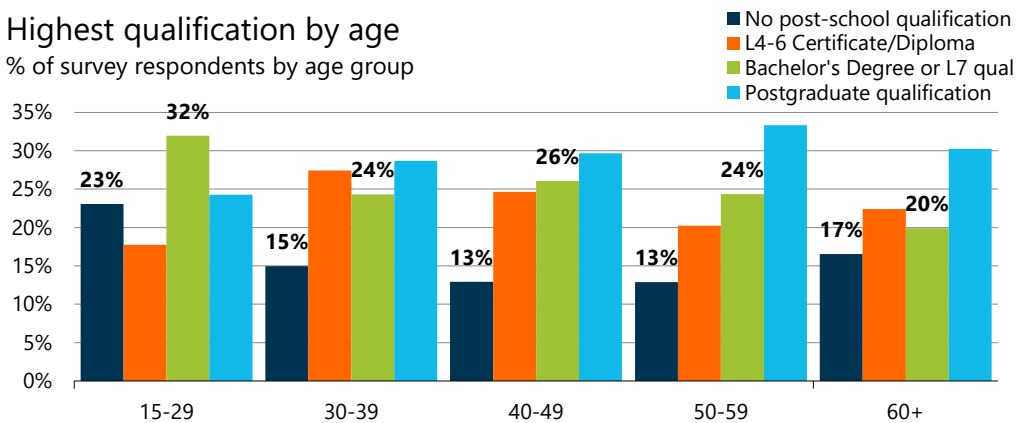
Almost a third (32%) of respondents aged under 30 hold a bachelor's degree, compared with 25% of those aged 30-59. This could strengthen the workforce's overall qualification profile if younger kaimahi are supported to complete study and progress into roles that use their qualifications.

The same age group also shows uneven qualification outcomes. Some 23% of respondents aged under 30 have no post-school qualification, compared with 13% of those aged 30-59, and young tāne are more likely than young wāhine to be in this group. This is a possible risk to equitable progression, not evidence that a two-tier workforce is already established. A quarter of respondents also say they work in a role for which they do not hold a qualification. This may reflect shortages, varied qualification requirements, alternative pathways, or roles where lived experience, cultural expertise and relational skills are not captured through formal credentials.

Chart 27

Highest qualification by age

% of survey respondents by age group



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,700

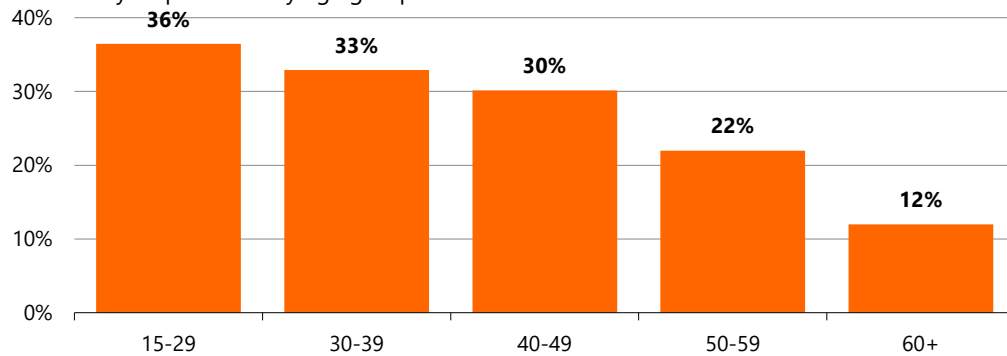
Currently studying

Respondents without a post-school qualification are less likely to be studying. Some 36% of respondents aged under 30 are currently enrolled, but only 21% of respondents with no post-school qualification are enrolled, compared with 26% of those who already hold one (Charts 28 and 29). Funded training pathways, paid release, scholarships, pastoral support, bridging options and clearer career pathways could improve progression for this group.

Chart 28

Currently studying by age

% of survey respondents by age group

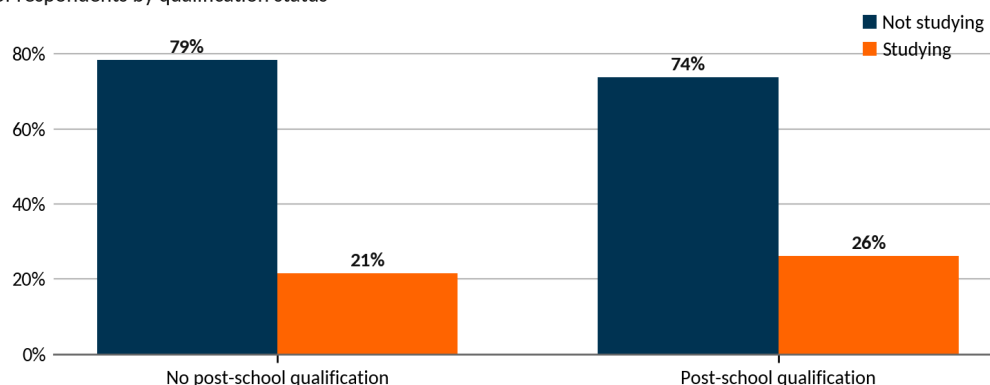


Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,708

Chart 29

Study status by post-school qualification

% of respondents by qualification status



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,708

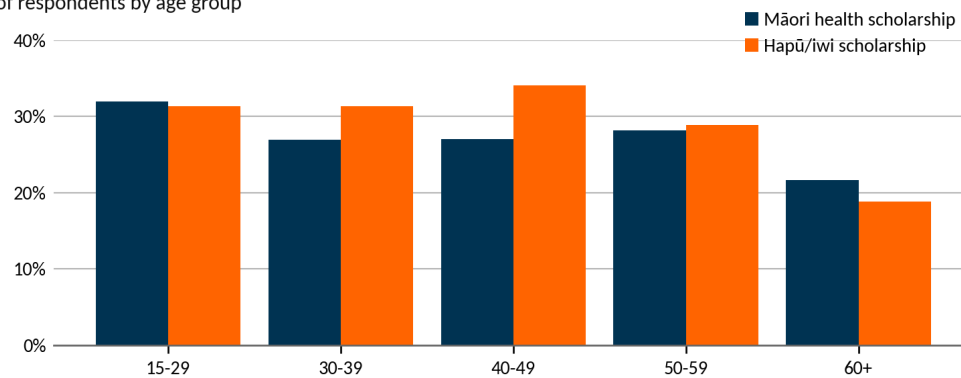
Compared with the Māori population as a whole, respondents aged 30 and over are much more likely to be studying, which may help explain the higher share with postgraduate qualifications. In 2023, 30% of all Māori aged 15-29 were studying, compared with 36% of survey respondents. The gaps are larger in older age groups. These comparisons should be treated cautiously because the survey sample is not representative.

Scholarships

Scholarships are one way for Māori to reduce the cost barrier to education. However, scholarships alone do not address wider barriers such as time, paid release, placement costs, whānau responsibilities, travel, and culturally safe learning environments. As in 2018, recipients are spread across all age groups (Chart 30), though uptake is lower among older respondents - possibly because scholarships were less common when they were studying. Tāne are about as likely as wāhine to have received a scholarship.

Chart 30

Scholarship recipients by age
% of respondents by age group



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,691

Professional development and leadership opportunities

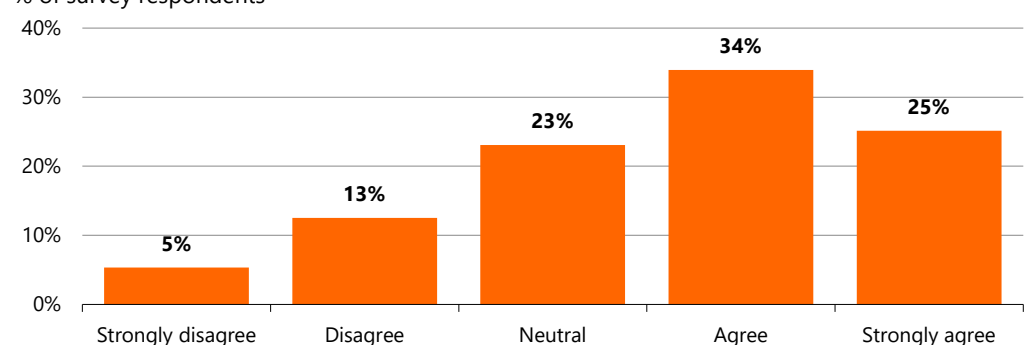
Professional development

Most respondents report access to professional development, and many see leadership pathways. Six in ten have a professional development plan (Chart 31), and about half say it includes leadership development (Chart 32). The broad pattern is similar across age groups and genders.

Chart 31

Have a professional development plan in place

% of survey respondents

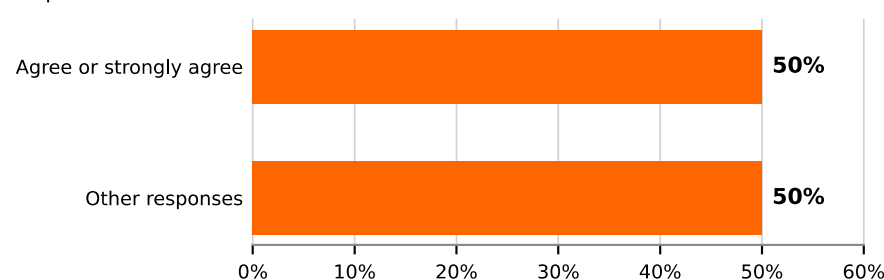


Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,503

Chart 32

Professional development plan includes leadership development

% of survey respondents



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,503

The exception is the public sector. Respondents in public sector health services are consistently less likely to have access to professional development (54%) than those in NGOs (62%) or Hauora Māori services (59%). The same gap appears in leadership development opportunities - 45% in public sector health services compared with 55% at NGOs and 53% in Hauora Māori services. Given that public sector health services employ the largest share of Māori health workers, closing this gap matters.

Leadership opportunities

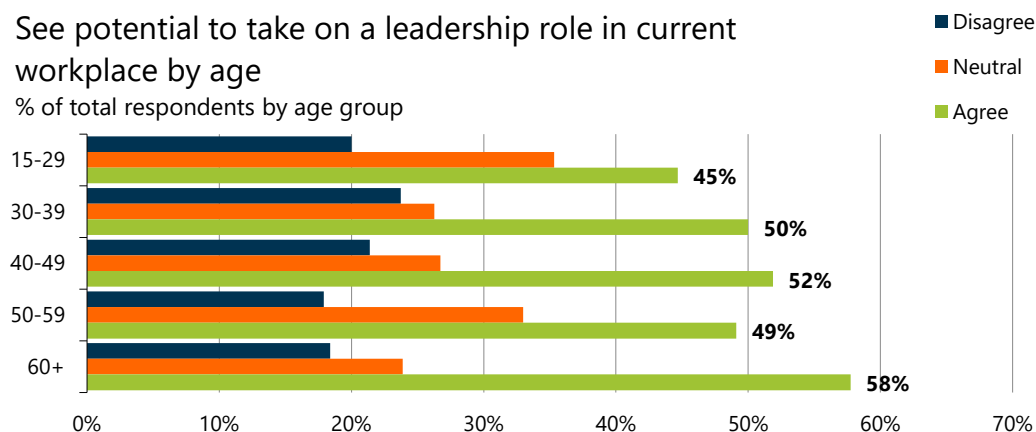
More than half (51%) of respondents see potential for them to take on a leadership role in their organisation. Here, there are some differences across demographics. Tāne are more likely to see opportunities than wāhine – 61% compared with 50%, and older Māori are more likely to see opportunities than younger Māori – 45% of Māori aged 15-29 see potential to take on a leadership role compared with 58% of those aged 60 years or older (Chart 33).

The public sector reports fewer leadership opportunities than NGOs and Hauora Māori services. Because wāhine respondents are more likely to work in public sector settings, workplace setting may partly reflect the gender difference in perceived leadership opportunities.

Chart 33

See potential to take on a leadership role in current workplace by age

% of total respondents by age group



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,503

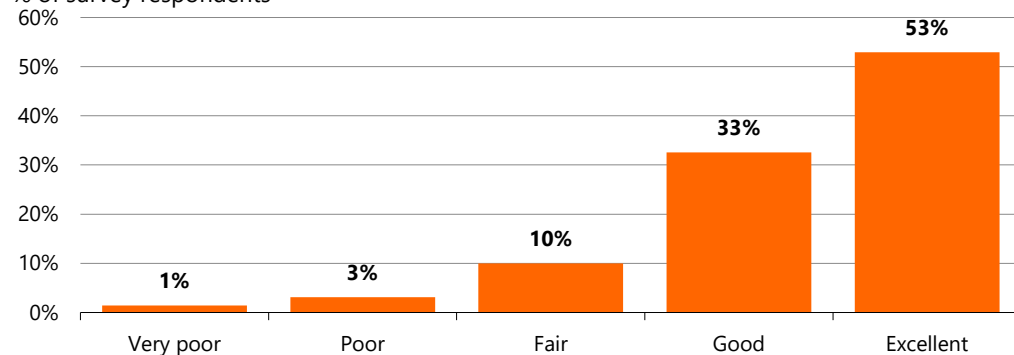
Internet access and computer literacy

Most respondents report strong access to the internet and digital tools. Eighty-six percent have good or excellent internet access at their worksite for professional development and training (Chart 34), and 87% rate their computer literacy as good or excellent (Chart 35). This is a positive baseline for digital delivery, while training design should still account for different levels of confidence and support needs.

Chart 34

Workplace internet access

% of survey respondents

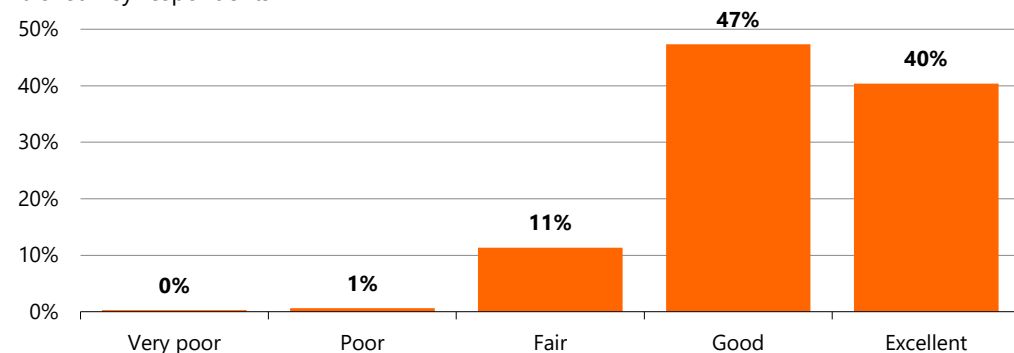


Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,541

Chart 35

Computer literacy

% of survey respondents



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,541

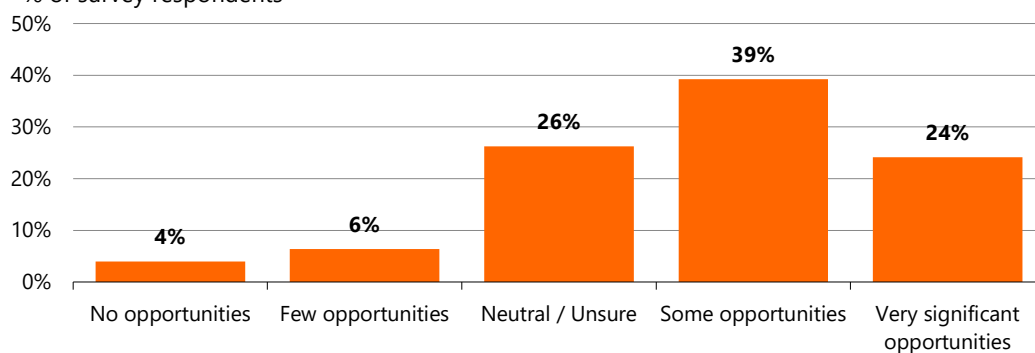
Artificial intelligence

Respondents see artificial intelligence (AI) as both an opportunity and a threat. Almost two-thirds (63%) report some or very significant opportunities for AI to enhance their mahi within Māori health contexts, including data analysis, whānau care, administration and planning (Chart 36).

Chart 36

Opportunities for AI to enhance mahi in Māori health

% of survey respondents



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,521

However, 60% see AI as a threat to Māori data sovereignty. The same proportion see the potential for cultural bias in AI systems. Almost half (47%) are concerned about AI displacing or reducing Māori workforce roles, and more than two-thirds (68%) believe Māori do not have enough authority over AI design and governance. This matters most because greater Māori authority across AI design, procurement, governance, implementation and monitoring would help address concerns about data sovereignty, cultural bias and workforce impacts.

Cultural support and development

Most respondents report access to some cultural support, but availability varies sharply by workplace and cultural supervision remains under-resourced.

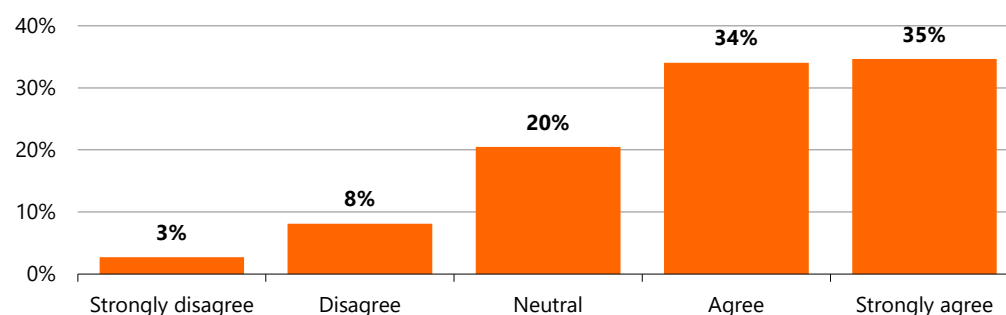
Support to learn and engage

Over two-thirds (69%) of respondents are supported by their workplace to learn te reo me ōna tikanga (Chart 37), and a similar share (62%) are supported to engage with their local marae, hapū, iwi, kaumātua, and kuia (Chart 38).

Chart 37

Workplace support to learn te reo me ōna tikanga

% of survey respondents

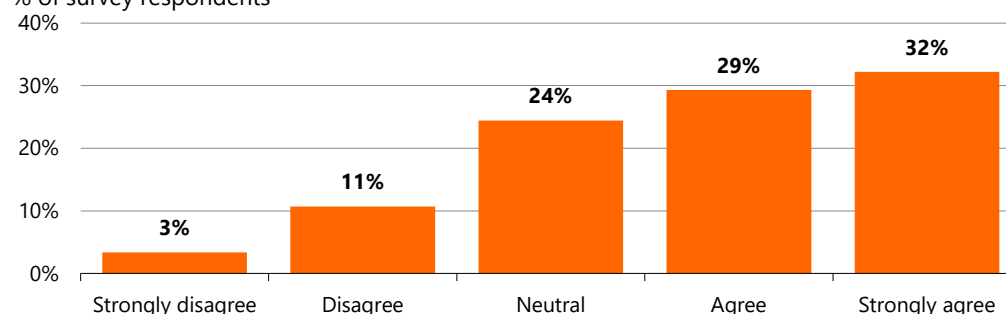


Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,515

Chart 38

Workplace support to engage with the local marae, hapū, iwi, kaumātua, kuia

% of survey respondents



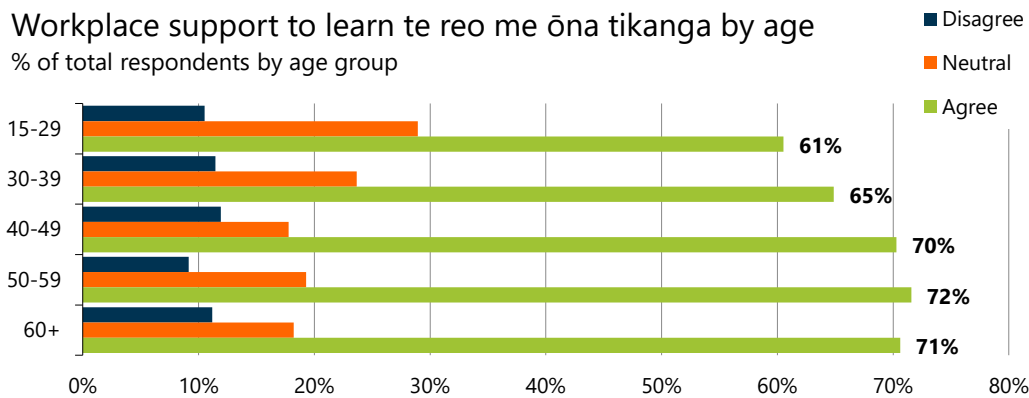
Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,515

Tāne are more likely to get both kinds of support than wāhine. Some 76% of tāne are supported by their workplace to learn te reo me ōna tikanga compared with 68% of wāhine, and 69% of tāne are supported by their workplace to engage with their local marae, hapū, iwi, kaumātua, and kuia compared with 60% of wāhine.

Older respondents are more likely to report workplace support to learn te reo me ōna tikanga and to engage with marae, hapū, iwi, kaumātua and kuia. This may partly reflect

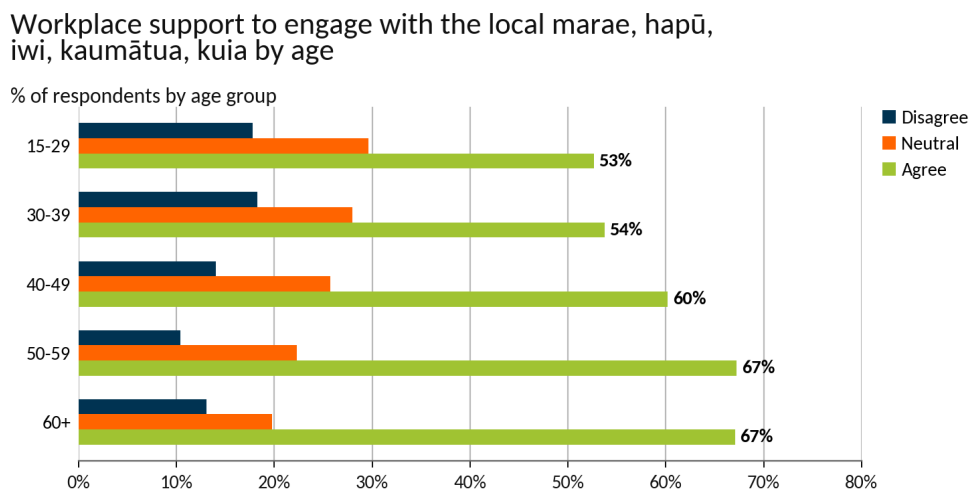
the higher concentration of older respondents in Hauora Māori services (Charts 39 and 40).

Chart 39



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,515

Chart 40



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,515

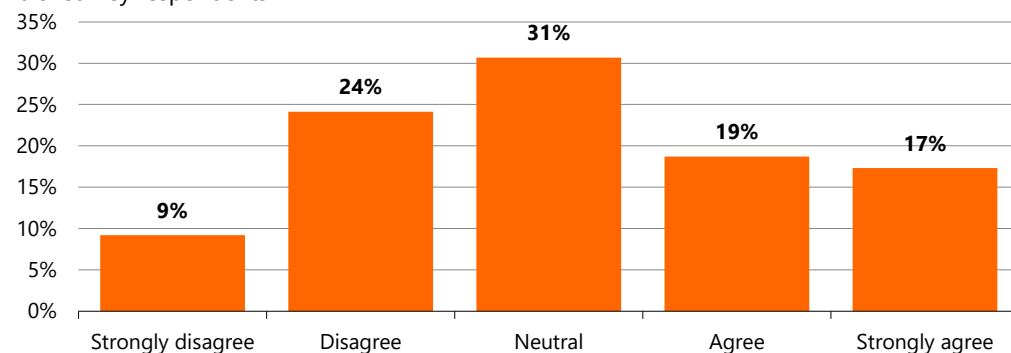
Cultural supervision

Just over a third (36%) of respondents have a cultural supervision plan in place. Tāne are more likely than wāhine to report this support, and respondents in the oldest age group are more likely than those under 30. These differences may partly reflect the higher concentration of tāne and older respondents in Hauora Māori services.

Chart 41

Have cultural supervision in place

% of survey respondents

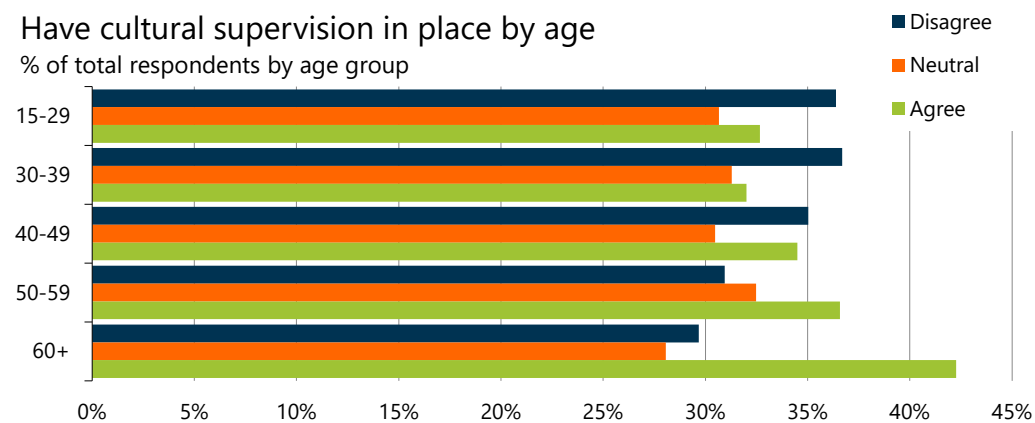


Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,503

Chart 42

Have cultural supervision in place by age

% of total respondents by age group



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,503

The gap between public sector health and other settings is substantial. Support to learn te reo me ōna tikanga is reported by 79% of Hauora Māori respondents and 77% of NGO respondents, compared with 58% in public sector health. The same pattern appears for marae and iwi engagement. Cultural supervision is less embedded everywhere, but 43% of Hauora Māori and 44% of NGO respondents report a plan, compared with 26% in public sector health.

For respondents in public sector health settings, cultural support is less consistent than in NGOs and Hauora Māori services. Combined with weaker professional and leadership development results, this points to a public sector accountability gap.

Mātauranga hauora

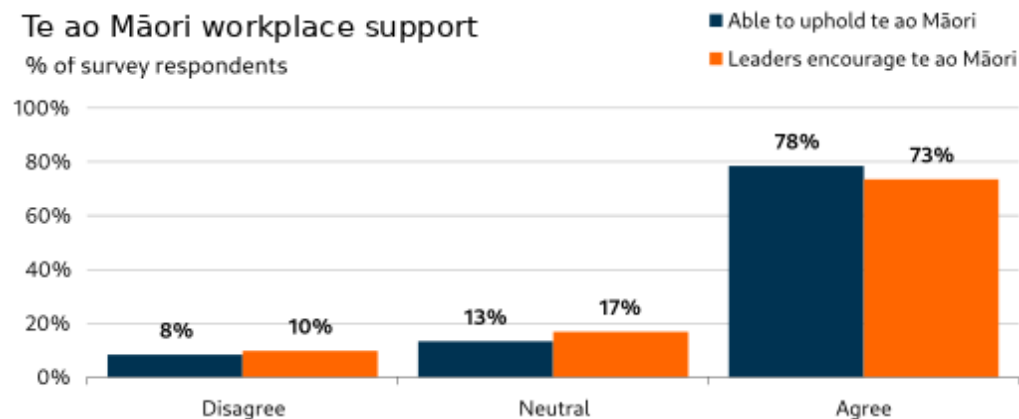
The results show that te reo Māori and Māori health models remain important within health services, with strong capability among younger respondents and active workplace support in many settings.

Te ao Māori

A strong majority of respondents feel they can uphold te ao Māori in everyday work and that leaders support them to do so. Fairness, cultural safety and protection from racism and discriminatory behaviour are also commonly reported, though less consistently. Clear differences remain between public sector health, Hauora Māori and NGO settings.

More than three-quarters (78%) of respondents agree that their workplace creates an environment where they can practise as Māori and uphold te ao Māori in their everyday work, including using te reo Māori, karakia, tikanga, and Māori health models. Only 8% disagreed. A similar proportion (73%) agree that leaders in their workplace actively encourage and stand behind te ao Māori approaches. Only 10% disagreed (Chart 43). This is a strong result and speaks to the high levels of satisfaction that many respondents feel about their work, despite disruptions, disappointments and pressures that exist in their broader environment. For example, 80% of respondents who agreed that leaders in their workplace actively encourage and stand behind te ao Māori approaches also agreed that they were satisfied with their workplace.

Chart 43



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,547

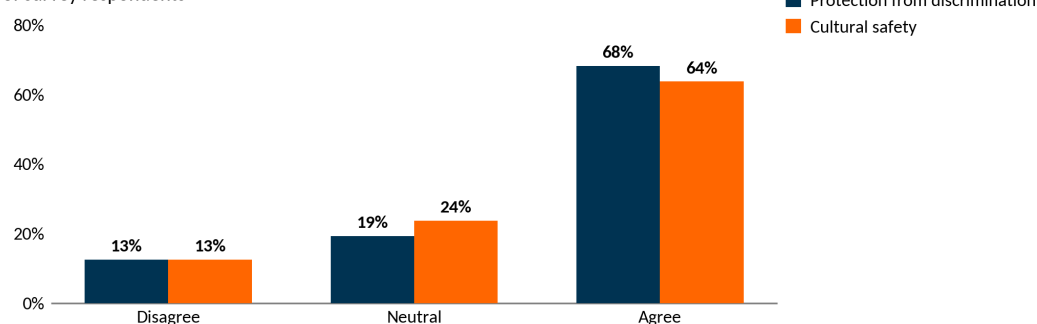
However, only 69% of respondents working in public sector health services agree that their workplace creates an environment where they can practise as Māori and uphold te ao Māori in their everyday work compared with 85% at NGOs and 87% at Hauora Māori services. A similar disparity exists in regard to workplace leaders actively encouraging and standing behind te ao Māori approaches – the figures being 63% in public sector health, 80% in NGOs and 81% in Hauora Māori services. The gap with Hauora Māori services underlines what is possible in the public sector with the right commitment from leadership.

More than two-thirds (68%) of respondents agree their workplace actively upholds fairness and protects Māori staff from racism and discriminatory behaviour. Only 13% disagreed. Just under two-thirds (64%) feel the level of cultural safety in their workplace makes them want to stay and build their future in the health sector, and 13% disagreed (Chart 44). Some 80% of respondents who agreed that the level of cultural safety in their workplace makes them want to stay and build their future in the health sector also agreed that they were satisfied with their workplace, which speaks to the importance of these issues to staff wellbeing and retention.

Chart 44

Workplace protections and cultural safety

% of survey respondents



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,547 (protection from discrimination), n=1,516 (cultural safety)

Again, the public sector lags behind. Only 54% of respondents working in public sector health services agree that their workplace actively upholds fairness and protects Māori staff from racism and discriminatory behaviour compared with 75% at NGOs and 76% at Hauora Māori services. The gap in cultural safety is equally as stark– the figures being 52% in public sector health and 71% in NGOs and Hauora Māori services.

The results suggest there is more room to improve protection from racism and cultural safety than support for te ao Māori. This may indicate that organisational accountability and everyday practice are harder to shift than stated support. The repeated public sector gap across these measures points to a systemic issue requiring specific attention.

Te reo Māori

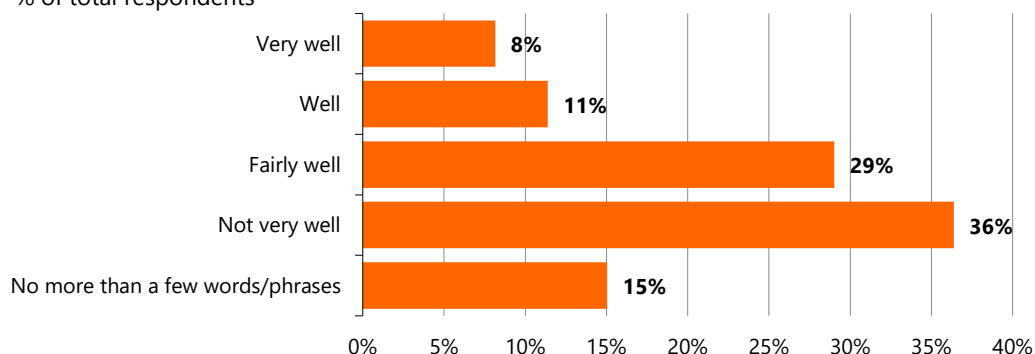
One-fifth of respondents can speak te reo well or very well (Chart 45). A quarter of respondents aged under 30 report this level of fluency, the highest share of any age group (Chart 46). In 2018, the oldest respondents were the most fluent. Differences in sample composition mean this should not be read as a direct cohort trend.

Tāne tend to be more fluent than wāhine, which aligns with tāne being more likely to work in Hauora Māori services. Future research could explore how Hauora Māori settings value, require, support and build te reo capability over time.

Chart 45

Ability to speak Māori

% of total respondents

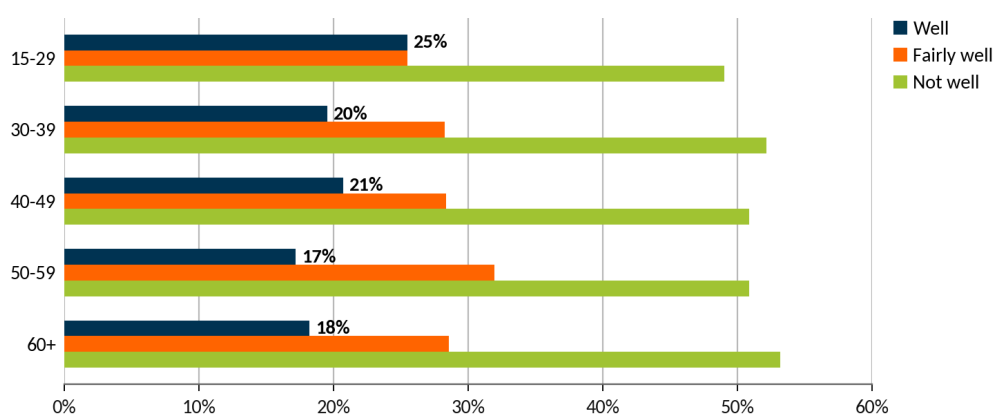


Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,581

Chart 46

Ability to speak te reo by age

% of respondents by age group



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,581

Comparing the 2018 and 2026 survey results, however, gives pause. Around half (49%) of all respondents said they could speak te reo fairly well, well, or very well in 2026 - down from almost two-thirds (65%) in 2018. This comparison should be treated with caution because some of the gap might reflect differences in who responded to each survey rather than a genuine decline. But it is a finding worth monitoring closely, particularly as te reo becomes more central to kaupapa Māori care.

Māori health models

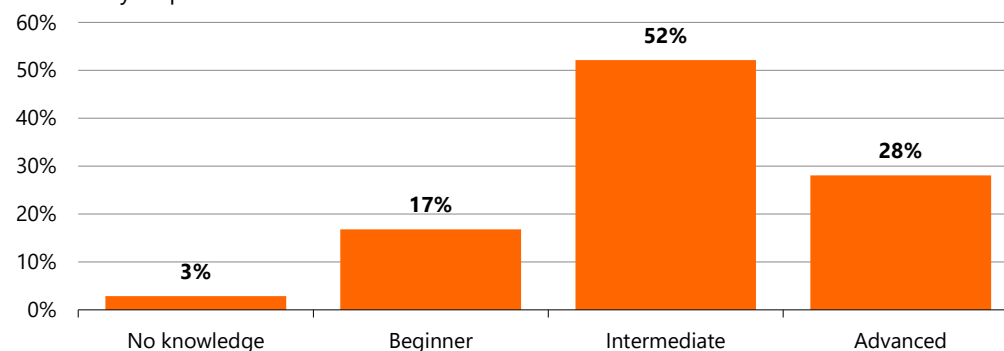
Knowledge of Māori health models is more broadly held. Four-fifths of respondents have either an intermediate (52%) or advanced (28%) understanding (Chart 47). Older workers are more likely to have advanced knowledge, younger workers intermediate – 59% of Māori aged 15-29 have intermediate knowledge compared with 43% of those aged 60 or older, 41% of those aged 60 or older have advanced knowledge compared with 21% of those aged 15-29 (Chart 48). This pattern makes sense given that knowledge may deepen with experience, but this should be supported through

intentional training, supervision, mentoring and opportunities to apply Māori health models in practice. The question is whether the systems and pathways exist to deepen that knowledge as younger Māori progress through their careers.

Chart 47

Knowledge of Māori health models

% of survey respondents

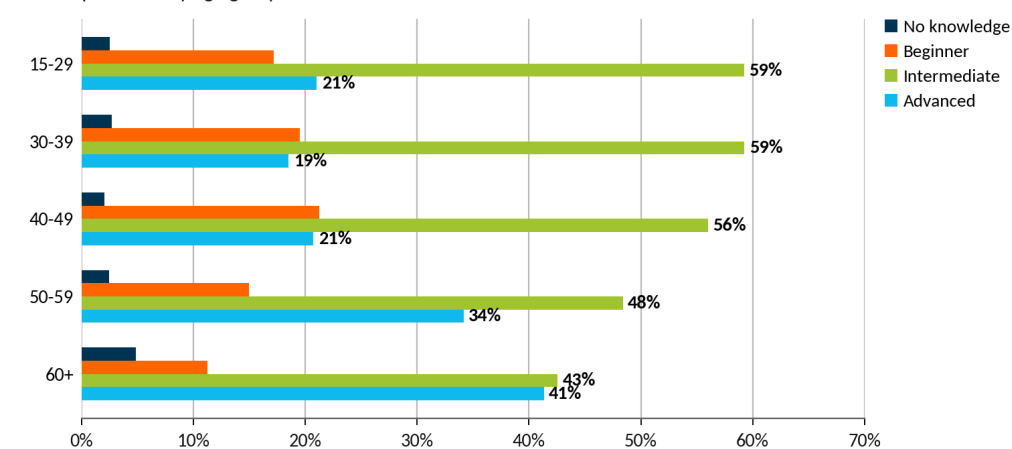


Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,581

Chart 48

Knowledge of Māori health models by age

% of respondents by age group



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,581

Appendix 1: Survey methodology

Te Iti me te Rahi: Everyone Counts 2026 was open to Māori adults aged 18 and over who worked in health. A total of 1,769 people took part. Following the 2018 approach, respondents who skipped more than 20 per cent of questions were excluded, leaving an analytic sample of 1,751 respondents. For context, Health New Zealand employed 7,984 Māori in December 2025 (Health New Zealand, Employed Workforce Quarterly Report, Quarter Two 2025/26), and Infometrics estimated that 19,414 Māori worked across the wider healthcare sector in the year to March 2025 (Infometrics).

Questionnaire development

The questionnaire was developed through a collaboration led by Te Rau Ora and supported by Infometrics Ltd. It followed the structure and content of the 2018 questionnaire as closely as possible while adding questions relevant to the 2026 context. The full questionnaire is reproduced in Appendix 2.

Procedure

Te Rau Ora administered the survey through SurveyMonkey over twelve weeks in early 2026. Recruitment used professional bodies, social media, hui attended by Te Rau Ora kaimahi, sector networks and a built-in option for respondents to share the survey with known contacts. This approach was grounded in tika, pono, aroha and whanaungatanga while maintaining respondent anonymity.

Participation was anonymous. Respondents could separately enter a prize draw, with contact details stored apart from survey responses in keeping with koha mai, koha atu. Te Rau Ora provided the anonymised data to Infometrics for analysis.

Limitations

Recruitment was active and included snowball sharing through professional and community networks. The resulting sample was self-selected rather than probability-based. It should not be treated as representative of the Māori health workforce, and no population margin of error is reported.

Percentages are based on valid responses to each question, so denominators vary across the report. Questions that allowed multiple selections can total more than 100%. Comparisons between 2018 and 2026 may reflect genuine change, differences in survey reach, or differences in who responded.

Subgroup differences are descriptive unless the report explicitly states that statistical testing was undertaken. Small groups and sparse response categories should be interpreted cautiously.

The questionnaire retained a 15-19 age response category for comparability with earlier survey work, but eligibility was limited to adults aged 18 and over. Any respondent in that category was therefore aged 18 or 19.

Eighteen respondents (1.02%) used the self-describe gender option. This group was too small to report separately without increasing identification risk, so gender comparisons are limited to tāne and wāhine. A self-describe option is not a direct measure of

takatāpui or gender-diverse identity; future surveys should consider how to make these kaimahi visible in the data safely.

Considerations for the next survey

- In the 2026 survey, respondents were asked whether they were asked about the Treaty of Waitangi in their job interview. A future survey could explore whether that assessment was meaningful, weighted, Māori-led and connected to the role.
- We could also explore whether Tiriti capability is embedded in ongoing development, leadership expectations, supervision, accountability and organisational support.
- We could explore replacing the term 'cultural competence' with 'cultural safety' or other terminology that reflects more broadly the organisational processes required to ensure equitable service provision.
- We could use more specific sector terminology by replacing 'Public Health Service' with 'Public Sector Health Service' or 'Health New Zealand service'.
- We could explore ways to ensure roles in whānau ora navigation, cultural and tikanga advising, and tāngata whaiora advocacy are captured in survey responses, even if these functions are embedded within other roles and therefore under-captured under other job titles.
- We could explore what factors contribute to respondent satisfaction/dissatisfaction levels.
- We could explore the underlying reasons why some respondents say they are working in a role for which they don't hold a qualification.
- We could explore the barriers that younger Māori health workers without post-school qualifications face that make engaging in study more challenging, and the support needed to overcome these barriers.
- We could explore the underlying reasons for the gap between Māori services and the public sector in terms of access to professional development, support to learn te reo me ōna tikanga, support to engage with marae and iwi, cultural supervision, ability to uphold te ao Māori in everyday work and support from leadership to do so, fairness, cultural safety, protection from racism and discriminatory behaviour, cultural support, and leadership role opportunities, and ways to address the gap.
- We could explore how knowledge of Māori health models could be best supported and developed through intentional training, supervision, mentoring and opportunities to apply Māori health models in practice.
- By the time the next survey is carried out, AI may be more embedded in health-sector practice. Questions about respondents' lived experience with AI could then sit alongside the existing questions about perceptions.

Appendix 2: Survey Questionnaire

Demographics

1. Age *

- | | |
|-----------------------------|-----------------------------|
| ☐ 15-19 | ☐ 20-24 |
| ☐ 25-29 | ☐ 30-34 |
| ☐ 35-39 | ☐ 40-44 |
| ☐ 45-49 | ☐ 50-54 |
| ☐ 55-59 | ☐ 60-64 |
| ☐ 65+ | |

2. Gender *

- | | |
|---|------------------------------|
| ☐ Male | ☐ Female |
| ☐ Prefer to self describe | |

3. Which iwi region do you affiliate to? *

Mark all that apply.

- ☐ Te Tai Tokerau / Tāmaki Makaurau (Northland/Auckland) Region Iwi
 - ☐ Hauraki (Coromandel) Region Iwi
 - ☐ Tauranga Moana / Mātaatua (Bay of Plenty) Region Iwi
 - ☐ Waikato / Te Rohe Pōtae (Waikato/King Country) Region Iwi
 - ☐ Te Arawa / Taupō (Rotorua/Taupō) Region Iwi
 - ☐ Te Tairāwhiti (East Coast) Region Iwi
 - ☐ Taranaki Region Iwi
 - ☐ Te Matau-a-Māui / Wairarapa (Hawke's Bay/Wairarapa) Region Iwi
 - ☐ Whanganui / Rangitīkei (Whanganui/Rangitīkei) Region Iwi
 - ☐ Manawatū / Horowhenua / Te Whanganui-a-Tara (Manawatū/Horowhenua/Wellington) Region Iwi
 - ☐ Te Waipounamu / Wharekauri (South Island/Chatham Islands)
- Other — specify iwi:
-

Education History

4. In what year did you attain your highest qualification? *

5. Are you currently studying? *

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

6. Apart from secondary school, do you have another completed formal qualification? *

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

7. What is your highest qualification? *

- | | |
|--|--|
| ☐ Level 1 Certificate | ☐ Level 2 Certificate |
| ☐ Level 3 Certificate | ☐ Level 4 Certificate |
| ☐ Level 5 Diploma | ☐ Level 6 Diploma |
| ☐ Bachelor's Degree or Level 7 Qualification | ☐ Bachelor Honours Degree or |
| Postgraduate Certificate/Diploma | |
| ☐ Masters Degree | ☐ Doctorate |
| ☐ Other Qualification | |
| Other (please specify): | |
-

8. Have you ever received a Māori health scholarship to further your education? *

e.g. Te Pitomata Grant or other financial support scholarships for Māori students in health-related study or training.

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

9. Have you ever received a whānau / hapū / iwi scholarship to further your education? *

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

Employment History

10. Total years employed in the health sector *

- | | |
|-----------------------------|-----------------------------|
| ☐ 0-4 | ☐ 5-9 |
| ☐ 10-14 | ☐ 15-19 |
| ☐ 20-24 | ☐ 25-29 |
| ☐ 30+ | |

11. Sector / organisation type *

Mark all that apply.

- ☐ Primary Health Organisation (PHO)
 - ☐ Private Health Service / Provider
 - ☐ Public Health Service
 - ☐ Non-Government Organisation (NGO)
 - ☐ Hauora Māori service
 - ☐ Iwi provider
 - ☐ Rūnanga
 - ☐ Rest home / Aged care
 - ☐ Education provider (e.g. university, wānanga, training organisation)
- Other (please specify):
-

12. Current workplace *

Mark all that apply.

- | | |
|---|---------------------------------------|
| ☐ Acute services | ☐ Adult Health |
| ☐ Addiction | ☐ Child Health |
-

- | | |
|---|--|
| ☐ Community Health | ☐ Crisis services |
| ☐ Health Promotion | ☐ Maternal Health |
| ☐ Medical | ☐ Mental Health |
| ☐ Oral Health | ☐ Palliative Care |
| ☐ Rehabilitation | ☐ Surgical |
| ☐ Youth Health | |
- Other (please specify):
-

13. Are you working in a role for which you do not hold a qualification? *

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

14. Current service *

- | | |
|-----------------------------|----------------------------------|
| ☐ Māori | ☐ Mainstream |
|-----------------------------|----------------------------------|

15. How many days per week are you currently employed in your position? *

- | | |
|-------------------------------|-------------------------|
| ☐ Up to 1 | ☐ 2 |
| ☐ 5 | ☐ 6 |

16. Which Te Whatu Ora (Health NZ) region do you work in? *

- | | |
|--|--|
| ☐ Northland | ☐ Waitematā |
| ☐ Auckland | ☐ Counties Manukau |
| ☐ Bay of Plenty | ☐ Waikato |
| ☐ Lakes | ☐ Tairāwhiti |
| ☐ Taranaki | ☐ Hawke's Bay |
| ☐ Whanganui | ☐ MidCentral |
| ☐ Wairarapa | ☐ Hutt Valley |
| ☐ Capital & Coast | ☐ Nelson Marlborough |
| ☐ West Coast | ☐ Canterbury |
| ☐ South Canterbury | ☐ Southern |

17. Current position / role *

- | | |
|--|--|
| ☐ Administrator | ☐ Community Support Worker |
| ☐ Consumer Advocate | ☐ Counsellor |
| ☐ Cultural Advisor | ☐ Dentist |
| ☐ Dental Assistant | ☐ Dental Therapist |
| ☐ Doctor | ☐ Iwi Support Worker |
| ☐ Kaumātua | ☐ Manager |
| ☐ Midwife | ☐ Nurse |
| ☐ Occupational therapist | ☐ Optometrist |
| ☐ Pharmacist | ☐ Physiotherapist |
| ☐ Project Manager | ☐ Psychotherapist |
| ☐ Psychiatrist | ☐ Psychologist |
| ☐ Residential carer | ☐ Radiologist |
| ☐ Social worker | ☐ Tangata whaiora advocate |
| ☐ Tikanga advisor | ☐ Whānau Ora Navigator |
- Other (please specify):
-

18. Are you a member of any of these professional groups? *

Mark all that apply.

- | | |
|--|--|
| ☐ DAPAANZ | ☐ Māori Occupational Therapists |
| ☐ Māori Pharmacists | ☐ Māori Psychologist |
| ☐ Māori Psychotherapists | ☐ Ngā Maia (Māori midwives) |
| ☐ Ngā Pou Mana | ☐ RANZCP (Psychiatrists) |
| ☐ Te Ao Mārama (Oral health caucus) | ☐ Te Ao Māramatanga (Māori) |
| ☐ Te Kaunihera o ngā neehi Māori (Māori nurses) | ☐ Te Ora (Māori doctors) |
| ☐ Te Rūnanga (NZNO) Physiotherapists) | ☐ Tae Ora (Māori |
| ☐ No | |
- Other (please specify):
-

Recruitment

19. Where did you hear about your current position? *

Mark all that apply.

- | | |
|--|---|
| ☐ Newspaper | ☐ Tertiary institute |
| ☐ Newsletter | ☐ Word of mouth |
| ☐ Social media | ☐ Seek |
| ☐ Trade Me Jobs | |
- Other (please specify), e.g. Website:
-

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

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

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

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

Cultural Understanding

22. How well are you able to understand and express yourself in spoken te reo Māori? *

- ☐ Very well (I can understand and express myself confidently in te reo Māori)
- ☐ Well (I can understand and express myself about many things in te reo Māori)
- ☐ Fairly well (I can understand and express myself about some things in te reo Māori)
- ☐ Not very well (I can only understand and express myself in simple/basic te reo Māori)
- ☐ I can understand and express no more than a few words or phrases in te reo Māori

23. What is your level of understanding of Māori health models? *

e.g. Te Whare Tapa Whā, Paiheretia.

- ☐ No knowledge
- ☐ Intermediate

- ☐ Beginner
- ☐ Advanced

Cultural Safety

24. My workplace creates an environment where I am able to practise as Māori and uphold te ao Māori in my everyday work, including using te reo Māori, karakia, tikanga, and Māori health models. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

25. My workplace actively upholds fairness and protects Māori staff from racism and discriminatory behaviour. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

26. When Māori cultural responsibilities are part of my role, I am given enough time, support, and recognition to carry them out in a sustainable way. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ N/A

27. Leaders in my workplace actively encourage and stand behind te ao Māori approaches. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

28. The level of cultural safety in my workplace makes me want to stay and build my future in the health sector. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ N/A

Education and Training Support Tools

29. At your main worksite, how do you rate your access to the internet specifically for professional development or training tasks? *

- | | |
|---------------------------------|----------------------------|
| ☐ Excellent | ☐ Good |
| ☐ Fair | ☐ Poor |
| ☐ Very poor | |

30. How do you rate your computer literacy? *

- | | |
|---------------------------------|----------------------------|
| ☐ Excellent | ☐ Good |
| ☐ Fair | ☐ Poor |
| ☐ Very poor | |

AI — Artificial Intelligence

31. Do you see opportunities for artificial intelligence (AI) to enhance your mahi within Māori health contexts? *

e.g. data analysis, patient care, administration, or planning.

- | | |
|--|--|
| ☐ Very significant opportunities | ☐ Some opportunities |
| ☐ Neutral / Unsure | ☐ Few opportunities |
| ☐ No opportunities | |

32. What potential implications do you see with the use of AI in Māori health settings? *

- ☐ Threats to Māori data sovereignty
 - ☐ Cultural bias in AI systems
 - ☐ Displacement or reduction of Māori workforce roles
 - ☐ Lack of Māori involvement in AI design and governance
- Other (please specify):
-

33. How might AI be applied effectively in your role or organisation?

Local Knowledge and Support

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

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

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

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

Professional Development

36. A professional development plan including performance appraisal is in place for me and is supported by my employer. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

37. A cultural supervision plan is in place for me and is supported by my employer. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

38. My professional development plan includes leadership development and is supported by my employer. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

39. There is potential for me to take on a leadership role in my current workplace. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

Workplace Satisfaction

40. I feel valued in my workplace. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

41. I feel my salary / pay reflects my contribution. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

42. I am satisfied with my workplace. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree
-

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