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RESEARCH ARTICLE

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Understanding older Māori informal caregivers' experiences during the COVID-19 pandemic through Te Whare Tapa Whā

Tyrone Barnard[a], Shinya Uekusa[a], Suzanne Phibbs[b], Steve Matthewman[c], Christine Stephens[d], Fiona Alpass[d] and Marcus Tamaira[d]

[a]Department of Sociology and Anthropology, University of Canterbury, Christchurch, New Zealand; [b]School of Health Sciences, Massey University, Palmerston North, New Zealand; [c]School of Social Sciences, University of Auckland, Auckland, New Zealand; [d]Health and Ageing Research Team (HART), School of Psychology, Massey University, Palmerston North, New Zealand

ABSTRACT

Drawing upon Tā Mason Durie's Te Whare Tapa Whā model, this research explores the impact of the COVID-19 pandemic on the health and wellbeing of older Māori informal caregivers in Aotearoa New Zealand. Utilising information from 35 in-depth interviews conducted with Māori informal/whānau caregivers, this study identifies that the pandemic impacted the physical and mental health of Māori informal caregivers, facing challenges due to lockdown measures, limited access to support services and increased care responsibilities. However, the study predominantly highlights a range of positive aspects of informal caregiving during the pandemic, such as a sense of purpose and fulfilment in their role, enhanced appreciation for loved ones, and increased hononga and whanaungatanga. The study underscores the importance of cultural values and practices in maintaining the wellbeing of Māori informal caregivers and suggests the need for larger social changes to address structural injustices as well as inequalities. Overall, the study provides insights into the experiences of Māori informal caregivers and highlights the significance of recognising and addressing their health and wellbeing during times of crisis.

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Introduction

Aotearoa[1] New Zealand's formal response to the COVID-19 pandemic involved implementing measures such as physical distancing, social distancing and lockdowns (Cumming 2022). While generally lauded as a necessary public health measure, these nationwide protections also resulted in increased isolation, heightened anxiety, increased care demands and reduced support for informal (also termed unpaid, family, whānau and aiga) caregivers. Consequently, the experiences of informal caregivers during the pandemic in Aotearoa New Zealand and other countries are often understood as

CONTACT Shinya Uekusa shinya.uekusa@gmail.com

challenging and negative (Budnick et al. 2021; Ngamasana et al. 2023; Socci et al. 2024; Turpin et al. 2022). Studies identify that, as older populations already experienced higher levels of isolation prior to the COVID-19 pandemic (Steptoe and Rafnsson 2015), it was exacerbated by lockdown orders and other preventative measures implemented as part of the COVID-19 response in many countries (Losada-Baltar et al. 2021; Roci-Uribe et al. 2018; Schluter et al. 2022; Spiers et al. 2021). Research in Aotearoa New Zealand has reported reduced social contact, increased physical distancing and greater feelings of isolation for informal caregivers (Bristol et al. 2021; Parmar et al. 2021). However, other studies have identified positive aspects to informal caregiving during the pandemic such as increased social capital and lower rates of mental health issues compared to younger counterparts (Allen et al. 2022; Lightfoot et al. 2021; Tulloch et al. 2022). These contradictory findings may be attributed to an overreliance on positivist approaches and a lack of qualitative exploration of informal caregivers' subjective experiences during the COVID-19 pandemic (see, e.g. Allen et al. 2022; Kontrimiene et al. 2021). Although some research on the experiences of informal caregivers from minority backgrounds and underserved populations, such as Māori, the Indigenous people of Aotearoa New Zealand, is available (e.g. Schluter et al. 2022), studies specifically focusing on them remain scarce.

This study aims to explore the caregiving experience of older Māori informal caregivers during the COVID-19 pandemic. To our knowledge, there is little research focusing on the cultural needs and experiences of Māori informal caregivers during this period. Such studies are important for a variety of reasons, not least of all being that when Māori mobilise on their own terms, enacting culturally appropriate disaster responses, the results are remarkable (Cram 2020; Kenney and Phibbs 2015; Phibbs et al. 2022). A variety of actions to prevent the spread of COVID-19, including iwi checkpoints (Cram 2020) and the formation (or refocusing) of distributive networks (Davies et al. 2022) led to important outcomes. As McMeeking and Savage (2020) write: 'Māori infection rates from Covid-19 are perhaps the only example in Aotearoa New Zealand's contemporary history where Māori have achieved better social outcomes than non-Māori' (p.36). Existing research has yielded mixed findings regarding the nature of informal caregivers' experiences during the pandemic (Allen et al. 2022; Stephens and Breheny 2022; Stephens et al. 2024). Studies that focus on the Māori population often address specific experiences, not directly related to informal caregiving (Hokanson et al. 2018; Kiyimba and Anderson 2022; Racine et al. 2022). In response to this knowledge gap, our nationwide study employs Tā Mason Durie's Te Whare Tapa Whā (1985) framework to explore the caregiving experiences and wellbeing of Māori informal caregivers during the COVID-19 pandemic in Aotearoa New Zealand. Te Whare Tapa Whā model has been recognised for its ability to capture unique Indigenous experiences and has been found to benefit Māori and to work effectively with Māori in fields such as social work and psychology (McLachlan et al. 2017; Pihama et al. 2017). The model, which reflects a traditional Māori perspective of health and wellbeing through a 'four sided concept representing four tenets of life' (Durie 1985, p. 483) and linked to taha whenua (land, roots) (Durie 2023), provides a holistic analytical framework for understanding the caregiving experiences and wellbeing of Māori informal caregivers. We will elaborate on Te Whare Tapa Whā in the methods section.

Older Māori informal/whānau caregivers

The New Zealand government's caregiving policies favour supporting older people in their home environments and communities (Lay-Yee et al. 2017; Office for Senior Citizens 2015). Families, whānau, aiga, friends and neighbours play a significant role in providing unpaid labour, forming the backbone of the health system in Aotearoa New Zealand, as they support those who require care due to old age, disabilities, injuries, illnesses and other reasons (Lay-Yee et al. 2017). Informal caregivers in Aotearoa New Zealand tend to be older (Ministry of Social Development 2021), and, according to the 2018 Census, one in seven adults self-identified as being informal caregivers, equating to approximately 432,000 New Zealanders (Heyes and Grimmond 2022). Due to the gendered nature of caregiving (Goodhead and McDonald 2007; Lay-Yee et al. 2017), the majority of informal caregivers are women (Heyes and Grimmond 2022). However, despite the useful Census data, it is challenging to ascertain the actual number of informal caregivers and understand the characteristics of caregiving in Aotearoa New Zealand (Heyes and Grimmond 2022). Informal caregivers are undercounted, and their contribution to healthcare delivery in Aotearoa New Zealand has been underestimated.

Informal caregiving is particularly significant among people who identify as Māori and Pasifika Peoples (Heyes and Grimmond 2022). In Lapsley et al.'s (2020) study, Māori families provided a higher proportion of informal care than non-Māori families (p. e7; see also Alpass et al. 2014). This is partly because informal caregiving for Māori (and other minority groups including Pasifika and Asian) is perceived as a cultural value and responsibility, supported by Māori people's holistic approaches to life, emphasising whanaungatanga (significant family connections, kinship, social connectedness), manaakitanga (support, kindness, respect for others) and tiakitanga (guardianship, caring for, protecting) (Collins and Wilson 2008; Nikora et al. 2004).

It is essential to explore how cultural factors impacted Māori informal caregivers during the COVID-19 pandemic, as there is a significant knowledge gap in the literature. Hokanson et al. (2018) noted a need for further research on Indigenous, minority, minoritised and marginalised groups due to cultural and linguistic barriers, suggesting that research on these underserved groups is less developed due to the lack of culturally responsive research practices. Hence, there is an urgent need for research exploring older Māori informal caregivers. Additionally, Te Tiriti o Waitangi and the Treaty of Waitangi[2] play a significant role in New Zealand Government strategies and practices, reflecting cultural significance and providing guidelines for working with and for Māori (Kiyimba and Anderson 2022). One such guideline is the principle of participation in research, which entails involving Māori as partners in identifying problems and providing solutions for social issues. This study explores the unique challenges, needs and opportunities faced by Māori informal caregivers during the COVID-19 pandemic, enabling their experiences to contribute to improved health outcomes and wellbeing for Māori informal caregivers and care recipients in future pandemics, disasters and national emergencies.

Research method and methodology

To explore the experiences of Māori informal caregivers during the COVID-19 pandemic, we opted for an interpretative approach, using qualitative in-depth interviews and thematic analysis (Braun and Clarke 2006). We acknowledge the importance of positionality in conducting culturally responsive research. To avoid any confusion, we would like to clarify that the larger research team consists predominantly of Pākehā (European New Zealander) and tauiwi (non-Māori) who identify as tangata tiriti (partners of Te Tiriti o Waitangi) (see Bell 2024 for details). However, the two Māori scholars on the team—a Māori peer researcher and a Māori adviser (both are co-authors)—played crucial roles in ensuring that the part of our research concerning Māori participants was culturally and linguistically sensitive. To employ a culturally and linguistically responsive approach, most interviews with Māori participants were conducted in pairs by the Māori peer researcher and the first author, and both Māori scholars were involved in our analysis, interpretation and paper writing to ensure that this Māori centred research (Cunningham 2000) would be conducted with and for Māori. Between May 2023 and February 2024, as part of the larger research project ($n = 81$), we conducted 35 face-to-face interviews with Māori informal caregiver participants across Aotearoa New Zealand. After completing the data collection, we employed an inductive qualitative analysis of the in-depth interview data.

Participants and recruitment

Participants across Aotearoa New Zealand were selected, using a purposive sampling method, ensuring that the demographic of older Māori informal caregivers could be captured. The following criterion were used to select participants: (1) self-identified as informal caregivers; (2) experienced informal caregiving during the COVID-19 pandemic; and (3) self-identified as Māori. Participants were recruited from the Health, Work and Retirement (HWR) database—a longitudinal study of people aged 55 years and over living in Aotearoa New Zealand—run by HART (Health and Ageing Research Team) at Massey University. Our larger research project had a sample of 81 participants aged 57–88. This article focuses on the 35 contributors who self-identified as Māori (aged 60–75). Of 35 older Māori informal caregiver participants, 12 were men and 23 were women, with 15 living in rural areas. At the time of the interviews, some participants were caring for multiple people simultaneously, but the majority of care recipients were their spouse/partners.

Interview process

Data was gathered through semi-structured interviews, which helped interviews to flow more like a kōrero (conversation), enabling study participants to share their caregiving experiences, concerns and challenges. Specific questions were developed based on Te Whare Tapa Whā model as well as more general questions relating to informal caregiving during the pandemic. The Māori peer researcher and the first author used a mix of closed and open-ended questions with prompts and follow-up questions, asking participants about their caregiving experiences during the pandemic, their social relationships, and environmental and cultural factors that may have influenced their experiences. A total of 34 face-to-face interviews were conducted, with one interview being conducted via Zoom. Interviews ran for approximately one hour with some interviews lasting two hours. While our focus was on participants' caregiving experiences during the pandemic, in most interviews, conversation went well beyond their immediate caregiving concerns. The range of topics canvassed by participants was mainly because: (1) caregiving was part of their everyday life, and (2) the interviews were conducted in the years following the onset of the pandemic which enabled participants to reflect on the impact of wider issues such as government vaccine mandates.

This research, classified as low risk, received ethics approval from the Health and Disability Ethics Committee (2022 EXP 13416) as of 22 October 2022. To protect participant's privacy, all identifiers were removed, and pseudonyms[3] were used in the analysis.

Te Whare Tapa Whā as an analytical framework

Tā Mason Durie's Te Whare Tapa Whā model of wellbeing (Durie 1985, 1999, 2023) was initially used in this study as an analytical framework to interpret and understand Māori informal caregivers' experiences of caregiving during the pandemic and the challenges, (cultural) needs and opportunities that they faced. This model conceptualises health and wellbeing as a whare (house) with four walls, each representing a dimension of Māori health and wellbeing. While we acknowledge that translating these concepts into English can lose the essence of what each taha embodies, the four walls include taha wairua (spiritual health), taha tinana (physical health), taha hinengaro (mental and emotional health) and taha whānau (family health and social wellbeing), all interconnected with whenua and the environment (Durie 2023). These dimensions co-exist and are interconnected, suggesting that an individual becomes unwell if any of these dimensions are missing, damaged or unbalanced (Durie 1985, 2001, 2006). The model incorporates aspects of te ao Māori (Māori culture, customs and protocols) and operates holistically based on Māori worldviews (Glover 2005).

While many core characteristics of wellbeing are shared universally, cultural influences inform how these characteristics are expressed (Segall et al. 1998). Western cultures often lack a worldview that harmoniously integrates self, others, place and spirituality, making the concept of the four walls appear as artificial divisions (Kiyimba and Anderson 2022). However, the metaphor of Te Whare Tapa Whā effectively illustrates how the entire 'whare' of health or wellbeing collapses if any one of the walls is not firmly in place (Durie 1985), reflecting a Māori way of conceptualising health and wellbeing.

The purpose of this study was to report key findings and analyses that reflect the experiences and needs of Māori informal caregivers during the COVID-19 pandemic. This included examining how Aotearoa New Zealand's COVID-19 response impacted these caregivers in order to provide recommendations to enhance caregiving experiences and the health and wellbeing outcomes of care recipients in future pandemic and disaster situations. Specifically, our analysis delved into the cultural needs of Māori informal caregivers across the four components of taha wairua, taha tinana, taha hinengaro and taha whānau, including ties to taha whenua, and how these dimensions interdependently contributed to caregiving experiences and overall wellbeing.

During the analytical process if researchers were unsure about the meaning behind a participant's accounts, the individual was contacted to clarify their statements. In addition, as mentioned above, the research team worked closely with the Māori scholars on the team to ensure that the analysis was conducted in a culturally appropriate manner, with interpretations reviewed by them. Findings from this research may also have relevance for Indigenous and other minority groups.

Results

This study found that despite Aotearoa New Zealand's nationwide implementation of policies such as social and physical distancing, Māori cultural values related to each component of Te Whare Tapa Whā were drawn upon to maintain balance for Māori informal caregivers during the pandemic. In line with the model's four cornerstones of health, the following themes emerged: (1) maintaining taha whānau by fostering connections to family, community and staying socially connected; (2) maintaining taha wairua through prayer, ancestral, environmental and spiritual connections; (3) maintaining taha hinengaro through mental strength and resilience; (4) maintaining taha tinana by engaging in physical activities and sharing food. While this model provides a valuable analytical framework, our analysis extends beyond it, incorporating caregiver experiences within wider social and political contexts.

Maintaining taha whānau—social connections and community support

Taha whānau (family and social wellbeing) is vital to Māori culture, serving as a cornerstone of support and connection. Robinson and Williams (2001) emphasise the importance of cultural obligations and reciprocity in Māori lifestyles, and participants in our study illustrated its significance through engaging in deliberate strategies aimed at reducing isolation. Michelle, a participant in her 60s living in a rural area and caring for her husband and brother-in-law, shared:

> My nephew and his daughter were over here at the time. So they were in lockdown with us. And my sister was here as well. So she was in lockdown with us. Then I had three friends who were single, they're all single women, they live on their own, so they were all in our bubble. So we got into a routine, so [my sister] was my helper every day and looked after my husband while I went for a walk to visit [my brother-in-law] and come back home. [My other single friend] was in charge of lunch so we would all have a cooked meal together during the day and then at the end of the day the three single women would go back to their own homes.

This support extended beyond familial ties, encompassing friends and community members. Establishing a collective routine combined with the act of sharing of kai (food) played significant roles in fostering connection and solidarity during the lockdown. Noah, another participant in his 70s caring for his grandchildren and partner's sister, also recalls neighbours and friends supporting each other through dropping off kai: 'I did not find [lockdowns] all that troublesome. I mean, the neighbours and friends were very good bringing kai in the early stages, you know? They came and dropped off food for us'. When he was asked what support he had during the pandemic, he continued:

> Neighbours obviously. And some more distant friends were dropping food and things. There is an outfit in, normally meets down in town where you take your veggies in, and if you've got a surplus of silver beet, or whatever it is we have got a lot of, you just take it in and people were doing that and dropping it off at one another's places.

Vanessa, a participant in her 60s caring for her husband, recalls a Māori social service organisation providing positive support in the pandemic:

> Without my daughter, I wouldn't have known [a Māori social service organisation]. After we got that sort of help, it was nice, you know? I mean, they started coming out, and it was just through [this organisation]. I mean, they started saying things like, 'oh, have you got this?' And then I got food parcels, and then they brought my mum a food parcel. You know, I felt, the word is grateful because you didn't feel quite alone, and I was starting to get that help for my husband.

These Māori informal caregivers in our study highlighted the importance of taha whānau, exemplifying how familial and social connections and community support played a vital role in participants' (caregiving) experiences during the pandemic. However, it is noteworthy that, while these social connections and community support were prevalent among Māori informal caregivers, non-Māori informal caregivers also engaged in forms of pre-existing and emergent social support.

Social distancing and lockdown measures, especially during the early phase of the pandemic, posed a significant challenge to maintaining taha whānau for many. However, among study participants, the use of social media technology played a pivotal role in mitigating the adverse effects of reduced kanohi ki te kanohi (face-to-face) social interactions and connections to whānau during the COVID-19 pandemic. As Nikau, a participant in his 60s caring for his family member, explained:

> Not having people coming over like family was hard. But, I have to say, you got to be safe. [Prior to the pandemic], family used to come over all the time, and, if it's not family, it was friends. So it was hard, it was isolating and a really strange thing. It was like a science fiction movie. But I stayed in touch with people via messenger and that sort of stuff. That really helped.

Ava, a participant in her 60s caring for her husband, also explained the significance of technology in maintaining taha whānau not only for her but also for her husband for whom she was caring:

> [The COVID lockdowns] just made [her husband who she was caring for] appreciate his family more, you know? I wanted him to have some level of self-sufficiency and to develop other relationships with other people so he wasn't heavily relying on us, we weren't so heavily weighted for his happiness, you know? I still want him to be able to have that. So I've sent a few people to the hospital, so he can have a man talk and I've hooked up a few ways so he meets with all the whānau outside of [this area] like in [a nearby large city] and that but I have to be there when we do the Zoom links and things like that so and I set up a Facebook page so they can see how he is doing and be updated that way. Yeah just for the wider whānau, so he has relationships with other people.

The use of technology for entertainment and to stay connected with loved ones while they could not be together during the pandemic was mentioned by several participants. Michelle, a participant in her 60s living in a rural area and caring for her husband and brother-in-law, highlighted her positive experience of caregiving during lockdown, mentioning access to entertainment, communication through phones and on-line technologies, as well as financial support from government assistance programmes, which contributed to their overall wellbeing:

> I wasn't short of people. We had phones and the internet you could keep in contact with people. There was nothing lacking in my life. I didn't feel really isolated. We were not struggling at that time. We were in forestry contracting, so my husband was able to get government assistance with it. So that helped us. We didn't feel like we were sort of, you know, at a real loss funding wise, and we were not isolated.

The above interview extracts help illustrate how participants drew upon whanaungatanga, coupled with stable employment and government assistance, to navigate the daily living challenges caused by COVID-19. It is also important to acknowledge that, while technology facilitated social engagement for participants, it did not fully replicate the physical dimension of face-to-face contact, which has cultural significance for Māori.

For many Māori informal caregivers in this study, the pandemic also served as a time of reflection and coming together. Contrary to the commonly perceived negative impacts of the pandemic, the slower pace of life facilitated rest, relaxation and hononga (joining and connection) (Wilson et al. 2021) with both care recipients and extended family members. While the pandemic disrupted whanaungatanga aspects of taha whānau, it also provided an opportunity to nurture familial bonds with care recipients. Several participants highlighted the significance of the time spent with kaumātua (older persons of status within the whānau) during the pandemic as a positive aspect of taha whānau. For instance, Ariki, a participant in her 60s caring for her brother, shared: 'The lockdown actually gave us time to bond. It gave us time to do kai together because we had time. You know, like proper kai. We were at home all day'. Similarly, Harper, a participant in her 60s caring for her mother, expressed: 'It was a special time for me with mum. Yeah, during that period of time, I'm talking about, you know, whakapapa'. These important relationships with kaumātua were achieved through the sharing of stories and whakapapa. She continued:

> I think I was able to listen as mum shared a lot of her memories, whakapapa, whānau. Mum was doing my dad's 'check book' to look through. So all her stories, you know? She talks about the stories that you hear. I feel so fortunate and lucky to be able to sit with mum day after day after day and listen to her, you know? How she was brought up, I think that most of my siblings missed out on that. She started talking a lot about her whakapapa and her childhood, which was really interesting to listen to. I was lucky.

These anecdotes highlight the invaluable role of hononga forged through the sharing of stories and whakapapa, furthering understanding of cultural identity and belonging. Research by Hetaraka et al. (2023) underscores the significance of cultural literacies in transmitting specialised knowledge, mātauranga Māori, and identity. By sharing life stories, study participants not only established meaningful connections with kaumātua but also perpetuated cultural knowledge and whakapapa. The pandemic offered a unique opportunity for Māori informal caregivers in this study to strengthen whānau bonds, deepen cultural connections, and embrace a more contemplative way of life (see also Cumming 2022).

Maintaining taha wairua—spiritual health

Taha wairua constitutes an essential element within Te Whare Tapa Whā wellbeing framework. Although wairua carries numerous meanings, at a fundamental level, it is linked to ways of being, shaping relationships, beliefs, practices and values, with wai-rua meaning two streams, symbolising balance between human and non-human realms, as well as the interconnectedness of earth, ancestors and family (Hukarere et al. 2017). Amelia, a participant in her 60s caring for her partner, attested to the power of karakia (prayer) in navigating the adversities of caregiving during the pandemic: ‘I guess, you could say that lots of prayers get us through the challenges’. For many Māori participants, this encompassed rituals, traditions and connections to nature, ancestors and spiritual realms. Evelyn, a participant in her 60s caring for her mother-in-law, highlighted the importance of wairua from a cultural standpoint:

> I am quite spiritual. I normally do certain things, things that I’ve said to her and you know, it’s not my house. Māori spirit. I see things, hear things. And I love my cards. The therapeutic non-human contact is really so important, more important than what I would have thought.

Participants emphasised the importance of engaging with nature and visiting urupā (Māori burial ground) to nurture their spiritual wellbeing. Mia, a participant in her 60s living in a rural area and caring for multiple family members, also shared her personal practice: ‘probably just going down to the beach, often visiting our family urupā, it’s at the end of the road there, go down there a lot. That’s where I feel close to our ancestors and find strength’. This account underscores the profound connection between whakapapa (ancestors), the natural and spiritual worlds and engagement in practices that maintain balance, a fundamental aspect of Māori spirituality. Indeed, this emphasis on whakapapa, the interconnectedness of all beings, underscores the holistic nature of Māori spirituality (Hukarere et al. 2017).

Ultimately, spirituality holds diverse meanings and cultural significance for Māori informal caregivers in this study. Our findings align with previous research highlighting the centrality of spirituality in Māori caregiving contexts (Angelo and Wilson 2014), emphasising its multifaceted role in supporting emotional and spiritual wellbeing amidst the challenges of caregiving during the pandemic. Land and nature are essential aspects of wairua and in the following section participants’ talk about whenua (land) is detailed.

Maintaining taha whenua—connections to nature and the land

All four components of Te Whare Tapa Wha are linked to taha whenua through whakapapa, tūrangawaewae (sense of place, home) and mātauranga taio (environmental knowledge) (Durie 2023). Despite the challenges posed by lockdowns and physical distancing practices in Aotearoa New Zealand, many participants identified that reconnecting with taha whenua—their relationship with nature and the land (Durie 2023)—helped them maintain other dimensions of wellbeing such as taha wairua and taha hinengaro. In te reo Māori, whenua means land and the placenta, as both signify ancestral connection, nourishment, creating and giving life. Activities such as going for walks, getting fresh air, visiting urupā, caring for the birds and gardening emerged as common practices among the kaumātua that were interviewed.

When study participants were asked whether connecting with nature was important to them, Amelia, a participant in her 60s caring for her partner, responded:

> One day, [my husband] said, ‘right, let’s go, let’s have lunch out’. So we went down to the lake. We just walked through the bush and we went down to the lake. We made some soup and rolls, and we went down there. There were so many people down at the lake. And everyone just kind of shared the food, but in distance. Getting fresh air, being in nature, it felt good! So it was kind of quite a neat sort of thing.

Although this kuia (female elder) did not explicitly state that connecting with nature was significant from her cultural perspective, her account implicitly underscores the cultural importance of, and mental wellbeing associated with, ‘being in nature’ and sharing kai. Moreover, Isabella, a participant in her 60s living in a rural area and caring for her husband, highlighted the importance of engaging with nature during the pandemic:

> I think it’s incredibly important because one of the things that has occurred since we have gone lockdown is that we, as a whānau, try and get all our kids out. So once a month, we try and go for hike in the bush with them. And we hike, we talk, [my husband] is knowledgeable about trees. He tells the kids about what types of native trees there are. So we’ve gone a little bit more that way. Maybe it would have happened without COVID, but yeah, I feel like he helped me better connect with nature and whenua more.

Connecting with nature emerged as a source of holistic wellbeing, intertwining spiritual, psychological and physical dimensions and fostering a deeper connection to whenua, the land. This connection not only underscores the closeness of Māori to whānau but also highlights relationships with nature reflecting the cultural significance of taha whenua.

Maintaining taha hinengaro—positive mindset and emotional resilience

While caregiving during the pandemic posed challenges for whānau, many participants in our study demonstrated positive mindsets and psychological resilience, a theme that emerged consistently during the interviews. Mental strength and resilience align with the concept of taha hinengaro within the model of Te Whare Tapa Whā. When asked about the challenges they faced, Emma, a participant in her 60s caring for both her husband and mother-in-law, remarked:

> You’re probably not getting that much information from me because I was actually always quite positive about everything, even during the pandemic. I think most people were quite resilient and, especially in rural communities, they can figure out their own problems and work through it. I don’t know about the mental health problems, we don’t have mental health issues here. So there are always positives out of everything.

The mental strength displayed by this participant, who echoes the thoughts of other participants, extended beyond mere positivity to changes in routine that reduced stress. She also suggested:

> I do not think I got stressed. I am not a stressed person. No, I don’t. I can’t remember any extra stress through the lockdowns. If anything, it was probably the less stressful because you didn’t have to, you know, go out and do errands.

Acceptance was another mental health strategy that was used to cope with government mandates that were introduced during the pandemic. Jane, a participant in her 70s caring for her daughter, expressed:

> I just thought, well, there is nothing I can do about it. I just accepted the situation, you know? I tried to play by the rules and here we go. I didn’t have too many questions really

> because I think there's no answers for a lot of things that you don't know about. You just have to accept what's thrown at you and do your best. I was fine.

While previous research has yielded mixed results on informal caregivers' experiences during the pandemic (Allen et al. 2022; Lightfoot et al. 2021), Māori informal caregivers in this study consistently focused on the positive, despite challenges such as navigating health care systems, disruptions in support networks, financial difficulties and increased care needs. The concept of taha hinengaro refers to mental and emotional health in Te Whare Tapa Whā model, enabling a cultural focus on adaptability and positive mindsets among participants as components of wellbeing.

Western concepts of individual and community wellbeing in disaster contexts tend to focus on resilience (Ivanich et al. 2022; Uekusa and Matthewman 2022). In contrast, Boulton and Gifford (2014) argue that 'for Indigenous peoples, resilience as a concept fails to take into account the desire of Indigenous peoples to move beyond mere survival to a position of self-determination [rangatiratanga]' (p. 90). Over time, hapori Māori (Māori community, society) have come to associate rhetoric of resilience in disaster contexts with under-resourcing and withdrawal of services. For this reason, the terms adaptability (Mihaere et al. 2024) and resistance (Penehira et al. 2014) have been suggested as alternatives. Adaptability and resistance observed among Māori informal caregivers in our study is an indicator of a culturally driven process, where positivity and resourcefulness are cultivated within the context of robust community capability, whānau support and whanaungatanga. Here, we draw a connection that study participants displaying adaptability and a positive mindset is a communally-driven form of resourcefulness—part of taha whānau—as almost all Māori informal caregivers in this study emphasised the significance of whānau support and whanaungatanga. We argue that these forms of community adaptability and resistance to deficit-based narratives reflect a desire to move beyond mere survival towards rangatiratanga, as demonstrated in the acts and experiences of participants (see also Penehira et al. 2014).

Maintaining taha tinana—physical health

Despite past research linking caregiving to negative physical health outcomes (Baji et al. 2019; Hayashi et al. 2021; Steptoe and Rafnsson 2015), Māori informal caregivers in this study did not report any adverse physical health outcomes directly attributable to increased caregiving demands during the pandemic. They did not mention experiencing increased or emergent illness, disease, fatigue, pain or medication usage for themselves. However, like non-Māori participants in the wider study, they shared similar concerns and feelings of fear and anxiety regarding the health of their care recipients, especially the risk of them contracting COVID-19. For instance, when participants were asked about their worries concerning the health of their care recipient, Millie, a participant in her 60s caring for her partner, responded:

> Of course, I was worried that he'd get COVID. Well, I was worried he get it in a bad way … and in more intense way than what I had, you know? Because he has been on some pretty heavy chemotherapy, I was worried.

Despite these feelings of fear and anxiety, study participants often described their overall caregiving experience during the pandemic as positive, with limited adverse effects on their physical and mental health. As discussed above, their improved physical health was attributed to various factors including improved mental wellbeing derived from engaging with nature, including getting fresh air, exercise and gardening, as well as strengthened connections with whakapapa and whānau. Kenney and Phibbs (2015) also identified that disasters may lessen modern demands on whānau Māori enabling time to pleasurably (re)engage in traditional Māori practices (see also Cram 2020; Phibbs et al. 2022).

While health conditions of caregivers varied in seriousness, they had implications for caregiving. Previous research has reported that the caregiving role may impact on caregivers' health (see e.g. Schulz et al. 2012; Socci et al. 2024). Informal caregivers in this study often recounted having their attention and concerns focused in the present moment and on caregiving for the care recipient, meaning that they did not think about the implications on their own physical health. Amelia, a participant in her 60s caring for her partner, highlighted insufficient attention to self-care in their COVID-19 experience:

> I didn't have time really to feel any emotion, which was purely just, you know, just the next thing, you know, keep banging stuff out to get done. I know that I felt physically and mentally tired. I don't think, you know, I had enjoyed my work very much and, you know, enjoy our property, so I don't think I felt negative emotions. It was just there's just so much to do, and it was like I constantly had an eye on the ball as I juggle stuff. Now that I've stopped working, I wonder how on earth I managed to do everything.

The following account from Adam, a participant in his 60s living in a rural area and caring for his brother-in-law, also shows that caregivers concerns during COVID-19 focused on keeping the care recipient safe through not being the one to spread the virus to them:

> No concerns for ourselves really because they [wife and wife's sister] were every day they went around, they're worried that because [caregiver name] was in retail, even though she followed all the restrictions, you could take the bug back to him [care recipient]. There was always that possibility of being the one that got him sicker.

The attention of caregivers is often on those they are looking after, and the above accounts from participants reflect this focus. During the interviews, study participants often talked about prioritising keeping susceptible care recipients safe over their own physical and mental health needs.

Galea et al. (2020) suggest that the physical distancing measures implemented during the pandemic modified typical patterns of behaviour, potentially impacting health outcomes. This study also found that study participants had health needs, which impacted their caregiving experiences and wellbeing. Michelle, a participant in her 60s living in a rural area and caring for her husband and brother-in-law, shared:

> I've not always been a very healthy person, and my health has really suffered during the pandemic. Probably the past year, I had everything go wrong with me but more than I've had for my whole lifetime … that made it difficult.

Many Māori informal caregivers in this study navigated these challenges by maintaining positive mindsets, resourcefulness and engaging in practices and activities that nurtured their wairua, hinegaro, whānau and whenua, yet their own taha tinana created some stressors and constraints, especially during the pandemic. Informal caregivers sometimes needed to deal with maintaining their own health conditions. However, it was rare for study participants to focus on personal health issues; instead, they tended to centre their care recipients in our discussions, possibly reflecting their strong cultural values.

External shocks: Māori informal caregivers in wider social contexts

While Te Whare Tapa Whā emphasises tikanga Māori and te ao Māori, illustrating how Māori participants—individually and collectively—coped with the increased care burden, limited support availability and other challenges posed by the pandemic and subsequent prevention measures, we now extend beyond this analytical framework. Specifically, we explore how pandemic-induced social changes, statutory measures and pre-existing social injustices, that lie outside the scope of Te Whare Tapa Whā model, influenced participants' experiences.

Te Whare Tapa Whā acknowledges that poor health reflects a lack of harmony within and between an individual and their environment; however, greater attention to broader external factors is needed (Glover 2005) as illustrated by the pandemic. To avoid any confusion, we clearly recognise that, in its framework, Te Whare Tapa Whā considers the impacts of socioeconomic status (SES) and social injustices on psychological stress (Wilson et al. 2021), but it does not fully account for the contextual nature of individual wellbeing and the impact of large scale external shocks.

While not many, some participants in our study faced significant difficulties that they could not manage, using their own psychological, family and community resources alone. For example, Hannah, a participant in her 60s caring for her old flatmate, shared their financial struggle, which might have had significant impact on her and her care recipient's taha hinengaro and taha tinana:

> We've had to skip meals. There's thousands of people like us. We can only eat once a day because you just can't afford the food. We can't. So I make sure [her flatmate] has one meal a day which is lunch, and she has her medication. That's it.

She continued:

> You sitting here, listen to the clock, because you're too scared to use a TV because of the bloody power. What if you're home all the time, you're going to have a heater on? You're going to have the TV on? She [her flatmate] had the TV on 24/7. You have to find a different way to live, not like everybody else. I had to find a different way to entertain ourselves without using power.

Similarly, when participants were asked if they had any financial pressures during the pandemic, Daniel, a participant in his 60s living in rural area and caring for his wife, answered:

> Things were still tight, but we were able to, you know, just stay afloat with the two of us [him and his wife]. I think it got harder after COVID. Things seemed to get worse after COVID for us because work has really slowed down.

These anecdotes of struggle raise an important question: What happens when the whare (a metaphor for whānau health and wellbeing) cannot withstand the pressure of 'external shocks' such as extreme poverty, natural hazard events and lockdown measures that are beyond individual or community control? The above participants' experiences of skipping meals and being unable to afford basic needs like electricity and heating demonstrates how external socioeconomic factors can exacerbate health issues, making psychological and community resources alone insufficient. Similarly, the extract from the rural participant emphasises that while Daniel and his wife managed to 'stay afloat', the worsening financial pressures after the pandemic further strained their wellbeing. In reality, various factors such as the health conditions of care recipients, SES, employment status/stability, institutionalised racism, rural inequities and other structural issues must be considered when exploring the experiences of informal caregivers (see also Allen et al. 2022; Pool 2016; Rua et al. 2023). Research suggests that, even prior to the pandemic, Māori informal caregivers were at greater risk of poor mental health outcomes, partly due to health inequalities and structural violence in Aotearoa New Zealand (Alpass et al. 2013).

The Inverse Response Law (Phibbs et al. 2018) recognises that underserved communities, who tend to be disproportionately impacted in a disaster, are most likely to receive the least help and to a lesser standard. It considers how structural inequalities increase susceptibility to disaster as well as the role of public policy in creating or ameliorating risk. Research shows that Māori are more likely than other groups in Aotearoa New Zealand to experience discrimination and racism in healthcare services (Cormack et al. 2018; Wepa and Wilson 2019). The Waitangi Tribunal's WAI2575 report (2019) highlighted how colonial structures in Aotearoa New Zealand's healthcare system negatively impact equitable health outcomes for Māori and their kaumātua. Insights into the role of social injustice in disaster contexts, highlighted by the Inverse Response Law, suggests that the Meihana Model (Pitama et al. 2007), which incorporates wider social structural issues that influence whānau and their social environment, may be a particularly useful analytical tool in this regard. While many participants coped by engaging with their support systems, cultural ways of being and personal/familial/communal resources, there must be additional layers of protection for underserved Māori communities. This can be achieved through improved support for Māori informal caregivers as well as societal strategies and policies aimed at reducing structural injustices.

Conclusion

This study explored the experiences of 35 Māori informal caregivers during the COVID-19 pandemic in Aotearoa New Zealand, drawing upon the Māori Te Whare Tapa Whā model. The findings identified that, despite the challenges posed by the pandemic, Māori informal caregivers in this study maintained balance and wellbeing. The model of Te Whare Tapa Whā enabled understanding of participant experiences, with this study highlighting the importance of social and spiritual connections, a positive mindset and emotional wellbeing for Māori informal caregivers. Unforeseen positive implications of the pandemic were also documented such as enhanced connections with care recipients and strengthening of cultural identity through engagement in traditional Māori practices. These findings contribute to a gap in the literature related to understanding the experiences of Māori informal caregivers during the pandemic, including how cultural values and practices helped participants maintain wellbeing. However, the findings also suggest that there is a need for greater attention to the structural and systemic issues, such as financial instability, which can undermine adaptability at both individual and community levels during times of crisis. This highlights the importance of integrating contextual factors into holistic wellbeing models such as Te Whare Tapa Whā to fully understand the impacts of external shocks like the pandemic. Therefore, while enhancing culturally responsive whānau-focused support systems is crucial to enhance taha whānau and whanaungatanga, this needs to be accompanied by larger social changes in areas such as economic, labour market, rural, educational and health inequities as well as other forms of social injustice such as institutionalised racism, ageism, political disenfranchisement and gender oppression.

Notes

1. Economic and Social Research Aotearoa (the group discontinued) wrote:

    > the use of 'Aotearoa' indicates this land before colonisation, or a fully decolonised place, or the intention to live in accordance with He Whakaputanga and Te Tiriti o Waitangi as tangata whenua or in relation to tangata whenua and these lands and waters, or to work towards that alternative future—and so it should be reserved for such contexts. 'New Zealand' indicates a colonised place, particularly in relation to the hegemony of the current dominant system. 'Aotearoa New Zealand' suggests these two meanings in tension (please see the Counterfutures website at https://counterfutures.nz/CF%20style.pdf).

2. Te Tiriti o Waitangi and the Treaty of Waitangi are not the same documents, and this elision is profoundly problematic for social justice in Aotearoa New Zealand.
3. We assigned Anglophone/English pseudonyms to Māori participants whose real names are also Anglophone/English.

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ORCID

Shinya Uekusa http://orcid.org/0000-0003-2694-5144
Suzanne Phibbs http://orcid.org/0000-0003-4168-1415
Steve Matthewman http://orcid.org/0000-0002-7497-5877
Christine Stephens http://orcid.org/0000-0003-1325-3579

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