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Kia Taupunga te Ngākau Māori

**Anchoring Māori Health Workforce
Potential**

Annemarie Gillies

Ngāti Kahungunu, Ngāti Awa, Te Whānau-a-Apanui, Te Arawa

2006

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**Anchoring Māori Health Workforce
Potential**

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HE POROPOROĀKĪ

E rere nei ko ngā roimata i āku mata, e tētere nei i āku kamo, e tātaka ana i taku kauwae.
Pā mai ana ko te matangi ki taku kiri, auwhi ana ko te ngākau e rite nei ki te āhao e whakakoi
nei i tāku manawa.

Auē, te mamae e papatu nei!

Nei ra taku reo karanga e rere, ki āku poutoko manawa, ki āku Manu Aute o te pō, o te
Awatea e rērere tonu mai i te poho o Ranginui, whirinaki ana i ōna parirau.
Tū mai ra Pukeko, tu mai ra Hokopu ki runga o Putauaki, karawhiua o mata ki Mataatua,
tētere rawa i te awa o Rangitaiki, pātata atu ki roto o Poroporo, karawhiua atu ki Wairaka. Rere
atu ra ki te tau o to ate e tū mai ana i te maunga o Whanganui— ā— Tara, karawhiua ana ngā
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Te Motu— o— Kura, kia tiketike te titiro, tārewa noa te mamae i ngā mokopuna kua waiho noa.

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‘Ehara taku toa i te toa takitahi engari he toa takitini’

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ABSTRACT

In New Zealand Māori are under-represented in the workforce across multiple sectors. This thesis explores this incongruity with regard to Māori health. A Māori perspective and philosophical foundation formed the basis of the methodological approach, utilising a case study research design to inform the study. This provided the opportunity to explore Māori health workforce development initiatives and their potential to contribute to improvements and gains in Māori health.

It was important that this work take into account social and economic factors and their impact on health, as well as the varying political climates of market oriented reform and a fiscal policy focus, because it has not only challenged Māori health development but also provided opportunities for increased Māori involvement and participation in health and New Zealand society. Therefore the thesis, while focused on health takes cognisance of and, coincides with the capacity and capability building efforts that have been a feature of overall Māori development, progress and advancement.

In the context of this thesis Māori health workers are seen as leaders within their whānau, hapū, iwi, and Māori communities. Consequently a potential workforce that is strong and powerful can lead to anticipated gains in Māori health alongside other Māori movements for advancement. The potential cannot be under-estimated.

This thesis argues that there are critical success factors, specific determinants, influencing Māori health workforce potential, and that these success factors have wider application. Therefore, as this thesis suggests Māori workforce development, especially in relationship to the health workforce, is dependent on effective Māori leadership, the application of Māori values to workplace practices, levels of resourcing that are compatible with training and development, critical mass, and targeted policies and programmes.

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THESIS DESIGN

The thesis is organised around ten chapters. Divided into various sections the chapters begin and end with an introduction and appropriate closing remarks, conclusions, reviews or summaries. There is no chapter dedicated solely to a review of the literature instead, each is imbued with its own strand of literature, at the same time though there is a fusion with other chapters.

Chapter 1 introduces and sets an historical backdrop and provides appropriate context and rationale for an exploration and understanding of Māori involvement and participation in health development and advancement. The chapter raises the impact of colonisation on Māori health and discusses strategies used to advance a Māori health workforce at the turn of the twentieth century. The key players, events, legislation and policies that had some influence on Māori health workforce development are discussed. The chapter supports the notion that there are distinct Māori approaches to Māori health workforce development and identifies a number of strategies that are not incompatible with broader goals for Māori development and advancement.

Chapter 2 outlines and presents a range of theoretical perspectives and methodological approaches that were explored to inform the assumptions, considerations and methods, and the processes utilised during this research programme.

Chapter 3 is concerned with contemporary Māori development and provides an overview of the position of Māori people in New Zealand with a particular focus on the period 1984-2004. It features Māori participation and involvement in a variety of initiatives across sectors, and in services provision. The chapter also presents data and information in relation to social and economic indicators which have served to impact on Māori adaptation, development, and progress. It also highlights distinct Māori developmental and advancement frameworks, concepts, tools and structures that have guided and led Māori initiative.

Chapter 4 reviews health workforce development generally, giving consideration to the contours that have shaped workforce development such as economic and labour market theories – demand and supply models used to determine inventories of ‘stock’ (people), stock

inflows and outflows, elasticity and inelasticity of stocks, and determining the value of stock piles. How organisations might use, train, up-skill and or educate their stocks, the influence of state policies on stock piles, and trends in stock management are discussed. Workforce development priorities and strategies, and leadership roles in health workforce developments are established.

Chapter 5 presents and examines Māori workforce responses to the impacts of urban migration, economic and social reform, and market conditions. It tracks the emergence and development of Māori workforce development and participation health services provision. The chapter identifies Māori capacity and assesses capabilities in health services provision, presents pertinent legislation in relation to increased Māori involvement in health, and the assurance of future Māori participation in health sector initiatives that include a Māori perspective.

Chapter 6 through to 8 provide details of the four case studies that contribute the data source for this research: Part I of chapter 6 presents Vision 2020 an accelerated Māori health professional workforce development initiative that intends to produce 500 Māori medical practitioners and 500 allied health professional by 2020. Part II presents environmental and health protection services, an exploration of an occupational vocation and potential destination choice for Māori. Chapter 7 contains the views and perceptions of Tipu Ora (a Māori health provider) organisation on workforce development in a Māori community and tribal context focused. Chapter 8 describes and presents Te Rau Puawai, a mental health workforce development initiative designed to facilitate access and enhance the academic qualifications of Māori community health workers.

Chapter 9 brings the perceptions and views of the participants from the four case studies together in an analysis that draws from previous chapters. The chapter reveals new knowledge and tools that will have practical application in Māori health workforce development initiatives and relevance to Māori health development and advancement generally.

Chapter 10 draws the thesis to a close. The chapter points to the contribution the study makes in the ongoing development of new knowledge, relevant methodologies and research tools and methods, and stresses six key contributions to advancing wider understandings of Māori health and Māori health workforce potential.