

*Prepared for PNZ
Business
Symposium 2021*

Cultural Safety *in Rehabilitation*

Emma Webb, Studio Atawhai



STUDIO ATAWHAI

Ko Wai Au

Ko Emma Webb tōku
ingoa.



Ko Ngapuhi, me Te
Rarawa ōku iwi.

I am also Pākehā by
whakapapa



Nō Hokianga au.

This is the harbour by which
me and my tupuna were
raised.

We left Hokianga for
Tāmaki Makaurau where I
was the first of my
generation to go to
University.

I have now worked as a
Physiotherapist for 11 years
across private practices, a
DHB, Aotearoa and
Australia.

Purpose of the presentation

- » In this presentation, I lean into **vulnerability** and share with you my **story**. This story is just one perspective that adds a **depth** to the data and barriers around **Māori health** stats and provides a specific lens for cultural safety.
- » Stories have been used for years beyond measure by Māori as maps, for recording history, for charting stars and seasons. They are a **powerful tool** for conveying a message or a concept.
- » My current story is situated in the context of private rehabilitation where my clients are funded by ACC, other insurance companies or directly by employers.
- » I hope that by sharing this story we can see **similarities** and common struggles so that we as a **physio community** are less likely to “other*” Māori when we see the data, stats and barriers.

*to “other” is to talk about ethnicities, or genders, or able/disable in an “us and them” way instead of being inclusive.



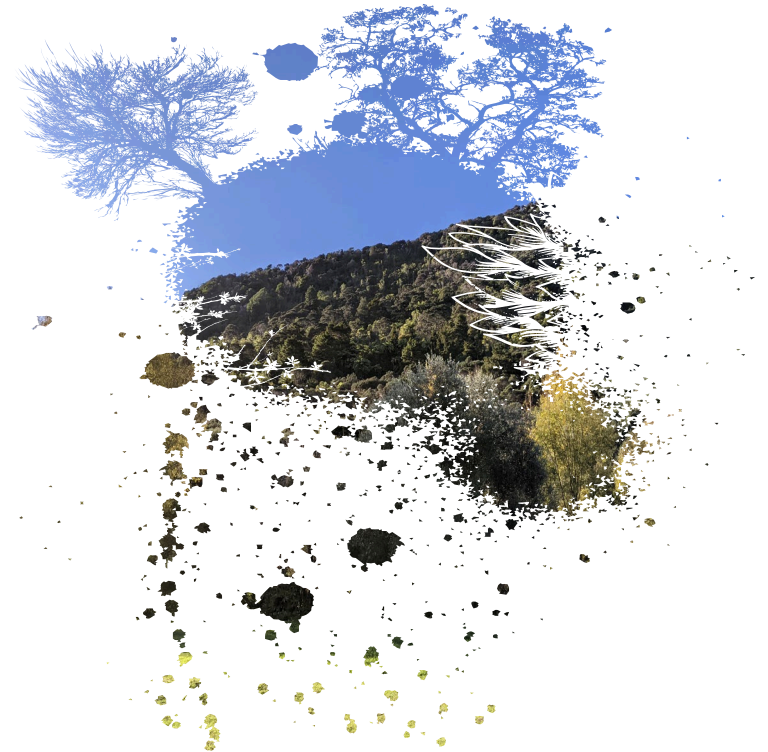
My Story...

Hokianga whakapau karakia.

- » **Story:** I was raised in the far north on a (mostly) self-sustainable farm beside the Whirinaki river which backed onto the Waima ranges.
- » I was barefoot all summer, we hiked barefoot the length of the ranges (3 days 2 nights) I was 13. We worked in the gardens and swam in the river. It was pretty idyllic.
- » **Client Cultural safety:** *Have you ever been to a hospital, GP or physio practice where everything was so clean it made you **ashamed** of your cracked heels and ingrained dirt on your feet? I often felt we were being judged for being poor and dirty and therefor possibly a bit stupid.*



STUDIO ATAWHAI



Whakaaro: What can we do to make our clients feel more comfortable in the clinic?

Is there something they might feel ashamed of that we brush off?

Suggestion; Listen to them, validate them.

Cost of treatment

Barrier

- » **Story:** I remember, one year, after mum completed the taxes by candle light at the kitchen table she announced that we had lived off \$8,000 that year after expenses. We ate from the garden, our luxuries were meat and ice-cream.
- » **Client Cultural Safety:** *Cost of treatment and cost of travel is a barrier to rehabilitation for our Māori clients* (ACC, 2018).
- » **Clinician Cultural Perspective:** *How uncomfortable did you feel as a new grad charging someone \$25 for a physio session and booking them in again that week, that's \$50 a week on physio! Yet they say "value your time, your worth as a therapist..."*



Story: To go to the shops in Kaikohe we drove 45min one way on bumpy Northland roads, the closest physio was also in Kaikohe.

Whakaaro: what can we do to reduced these barriers?



Whaakaro: growing up I observed a culture of prioritising 'getting the job done' over safety. Even as kids, we would pride ourselves on being tough, we didn't need gloves, or earmuffs, we would climb really *really* tall trees with no harness. These were my Pākehā cousins. **Risk culture doesn't necessarily have an ethnicity.** It is likely more to do with the number of people working in risky situations.



Serious Injury

Statistics

- » **Story:** Mum and Dad both worked hard manual jobs. Mum at home, digging gardens, hand washing the clothes, cutting firewood, usually all with a baby in the backpack (there are 8 of us siblings).
- » Dad worked in forestry, planting, pruning and milling. One of my uncles got squashed by a trailer of a truck and damaged his liver (there were pâté jokes!), another lost a few fingers.
- » **Data:** *Māori are 2.5 times more likely (that's more than double!) to sustain a serious injury, yet do not access ACC as much as non-Māori. (ACC 2018)*

Serious Injury

Social component

- » Serious injury is bigger than Physiotherapy – it is effected by social constructs too.
- » If we look at the MBIE graph below, there is a higher percentage of the Māori population in Labouring and Plant which will likely carry a higher risk for serious injury.
- » **Client Cultural Safety:** *once sustained, are we able to provide accessible rehabilitation for our rural Māori clients with serious injury?*
- » **Whakaaro:** Are there things we can do as a physio community to influence occupational trends? One thought would be to support organisations like Kia Ora Hauora and Puhoro that work to support Māori high school students into health and STEM careers.

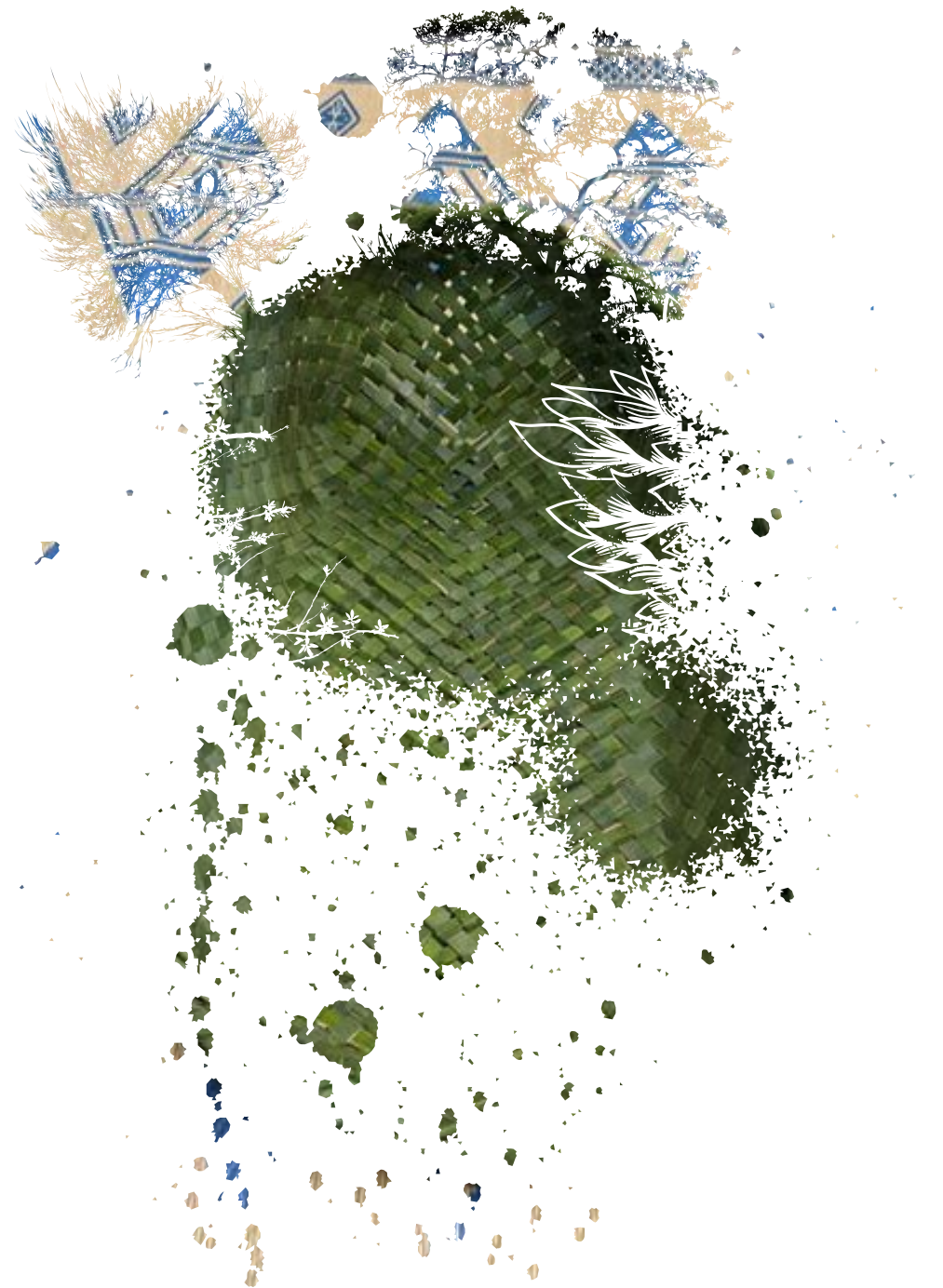




*My experience as a
Māori Physiotherapist*

The cultural commute

- ❖ **Story:** Coming to work means leaving my culture at the door. I have done that since I left Hokianga, without even realising (until reading indigenous stories similar to mine). I quickly adapt to the clinic culture and don appropriate behaviour... then wonder why I get frustrated! 😊
- ❖ One thing that gets me frustrated is the “switch”. One day I am busy teaching Te Whare Tapa Whā to my colleagues and espousing the **interconnectedness** of everything. Then have to get into medical-legal conversations with case managers and the world view becomes narrow and **dissects the body muscle from bone** to prove that the issue, the pain, the disability sits **OUTSIDE** the scope of funding.



The cultural commute

Its not just me...

- » I have had not one negative comment when discussing the holistic nature of Māori health models, from clinicians, funders or managers as we touch on some **basic human experiences**, truths if you will.
- » Everyone 'gets it'. If we could now embed it into our institutions under a true partnership of Te Tiriti o Waitangi so it **becomes the mainstream** rather than alternative, I believe everybody would benefit.



Māori Physio Retention

Māori workforce

- ❖ **Story:** Most of the time in private practice, treatment and discharge works well, but after a while even one or two cases that go pear shaped are enough to trigger the underlying frustration and make me jump on the internet to look for another job outside of physiotherapy.
- ❖ We physios have the knowledge and skills to be able to support clients as part of an amazing interdisciplinary team. However, when that ability to provide a great service gets limited by the funding structure or by restricted time, or, even by the lack of acknowledging the spiritual/ emotional component... it feels like I am betraying my culture to stay in my professional lane.



The richness of traditional ways

Mirimiri is not massage.

- » Physios have been debating functional retraining vrs hands on treatment of recent.
- » I would like to add another lens to that debate and observe that the time we allow (e.g. 20min ACC Med Fees, possibly 30min in the DHB) and the clinical setting, is not allowing us to make a meaningful gain with the hands on treatment we do.
- » Comparing this to my experience of mirimiri (one expression of traditional Māori healing) which allows for **intuition, spiritual connection** and some **deep tissue agitation**, Physiotherapy in its most common form appears to be selling itself short, and sometimes failing to get results.



The richness of traditional ways

Mirimiri is not massage

- » Talking in general terms, I have seen first hand examples in the last 12 months where allied health rehabilitation has supported a person back to partial duties, or close to full hours, however after 2-3 traditional Māori healing sessions the whai ora (client) was able to return fully to work, or had reduced pain, or increase range of movement. **I observed that these whai ora were discharged earlier because of mirimiri services.**
- » One thing that traditional Māori practices address differently to allied health is **spirituality**. And I don't just mean your passion, sense of purpose or feeling a part of something bigger. But also an intuition, non-verbal communication about what requires treatment. Also a belief in communicating with the unseen, our ancestors, our atua, the mountains, rivers and trees. But that is a whole other wananga!





Where to from
here?

Some practical steps

Mahia te mahi.

- » You can employ Māori in the healthcare workforce and upskill them. Create a pathway to management, governance or higher level education.
- » Write equity into your business strategy. Availing the appropriate resources for those who need it most, this will not just benefit Māori but all those that are struggling in the healthcare system.
- » If you have low numbers of Māori through your clinic door, ask why. Is it advertising? Location? The look and feel of the clinic? What images do you have on the walls? Art? Music on the station?
- » Employ staff who are going to be at ease in the Māori community to make a connection, make a change.
- » Survey your Māori clients, seek their feedback, make changes and then seek feedback again.



Studio Atawhai

Further support.

- » Let me introduce you to my (small) business Studio Atawhai, which aims to create safe spaces for conversations around Māori Cultural Safety in Healthcare.
- » I deliver an introduction to Māori Cultural safety for health professional in an online webinar/ discussion based format.
- » Atawhai means kindness and it is with that ahua (character) that I lead my sessions.
- » My experience has been positive, conversations have been constructive and raw.
- » If you are interested, you can find out more on my facebook page
<https://www.facebook.com/studioatawhai/>
- » Or email me: emma@studioatawhi.co.nz



Resources

Springboard to your further education!

- » Health Promotion Forum NZ: <https://hauora.co.nz/workshops/>
- » Differences in the Treaty text: <https://nzhistory.govt.nz/politics/treaty/read-the-Treaty/differences-between-the-texts>
- » He Tohu: Treaty of Waitangi, Declaration of Independence interviews: <https://natlib.govt.nz/he-tohu>
- » Wai2575: <https://www.health.govt.nz/our-work/populations/Māori-health/wai-2575-health-services-and-outcomes-kaupapa-inquiry>
- » Email Te Reo: <https://lianza.org.nz/wp-content/uploads/2019/06/M%C4%81ori-Greetings-Signoffs-for-Letters-Emails.pdf>



Resources

Springboard to your further education!

- » Tina Ngata has a very informative current events blog: <https://tinangata.com/>
- » Great Indigenous podcast about leaders in different fields: <https://indigenous100.com/>
- » More great leaders all of whom are wahine Māori: <https://nukuwomen.co.nz/>
- » Podcast Brene Brown and Aiko Bethea Anti-racism <https://brenebrown.com/podcast/brene-with-aiko-bethea-on-inclusivity-at-work-the-heart-of-hard-conversations/>
- » Atua Matua Māori Health Framework <https://toitangata.co.nz/wp-content/uploads/2020/11/Atua-Matua-Health-Framework.pdf>
- » Meihana Model (Māori Health model) <file:///C:/Users/emmaw/Downloads/NZMJImprovingMāorihealththroughclinicalassessment1.pdf>



Texts used in the development of this presentation

Accident Compensation Corporation (2018). Statement of intent 2018-2022. Downloaded from <https://www.acc.co.nz/about-us/corporate#statement-of-intent>.

Graham, R. Masters-Awatere, B. (2020). Experiences of Māori of Aotearoa New Zealand's public health system: a systematic review of two decades of published qualitative research, *Aust NZ J Public Health*; 44:193-200; doi: 10.1111/1753-6405.12971

Lloyd, T. (2018), He oranga mo Aotearoa: Māori wellbeing for all. In State of the state New Zealand. Deloitte; Article 9.

Lee, J. (2009). Decolonising Māori narratives: Pūrākau as a method. *MAI Review*, 2, Article 3.

Ministry of Business, Innovation & Employment (2021) Māori in the Labour Market - June 2021 Quarter (unadjusted). Downloaded from <https://www.mbie.govt.nz/dmsdocument/16892-Māori-in-the-labour-market-june-2021-quarter-unadjusted>

McCarty, G.K., Wyeth, E.H., Harcombe, H., Davie, G., & Derrett, S. (2018). Māori injury and disability information sheet. Ngāi Tahu Māori Health Research Unit: Dunedin, New Zealand.

Oschman, J.L. Chevalier, G and Brown, R. (2015). The effects of grounding (earthing) on inflammation, the immune response, wound healing, and prevention and treatment of chronic inflammatory and autoimmune diseases. *Inflamm Res*. 8: 83–96. Published online 2015 Mar 24. doi: [10.2147/JIR.S69656](https://doi.org/10.2147/JIR.S69656) Downloaded from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4378297>

Wren, J. (2015). Evidence for Māori under-utilisation of ACC injury treatment and rehabilitation support services: Māori Responsiveness Report 1. ACC Research, Wellington New Zealand. August 2015

