JOURNAL OF THE ROYAL SOCIETY OF NEW ZEALAND
2025, VOL. 55, NO. 1, 47–61
https://doi.org/10.1080/03036758.2023.2235303

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RESEARCH ARTICLE

Creating an environment to inform, build, and sustain a Māori health research workforce

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ABSTRACT

Ensuring the growth and development of the Māori health research workforce is key to achieving health equity for Māori and enabling positive change for all New Zealanders. The purpose of this study was to identify enablers and barriers to research for Māori staff in a large health organisation, and to understand how research is developed and undertaken. A Kaupapa Māori mixed-methods study was undertaken, using an electronic survey comprised of quantitative data and open-ended responses delivered to all Māori staff at the Waikato District Health Board. Following the survey were 10 one on one interviews. Survey data were analysed using descriptive statistics and open-ended responses summarised. A descriptive thematic analysis was undertaken of the interview data. Each of the interview responses was coded and five themes emerged. Frontline Māori staff affirmed their desire to conduct, design, and undertake health research. Challenges to staff included a lack of information on research opportunities, unclear processes for initiating research, and lack of support and resource. The evidence from participants provides insights into Māori health research priorities, considerations for those wanting to undertake research, and solutions for informing, building, and sustaining the Māori health research workforce.

Glossary of Māori words: Aotearoa: Māori name for New Zealand; āwhinatia i tāku hapū: help my hapū; hapū: sub-tribe; iwi: tribe; kaumatua: elder; Kaupapa Māori: Māori ideology incorporating the knowledge, skills, attitudes and values of Māori society; kia ora: greeting; koinā te whakamaatauranga nēra: power of knowledge; hohā: nuisance; hui: meeting; Kaitiaki: Māori cultural support team for patients; Kīngitanga: Māori King movement; Māori: Indigenous peoples of Aotearoa; marae: ancestral meeting house; mōhio ki tēra mahi: knowledgeable in that area; Te Ao Māori: Māori world view; Te Ika-a-Māui: North Island; Te Reo Māori: Māori language; Te Tiriti o Waitangi: The Treaty of Waitangi; Te Whatu Ora: Health New Zealand; whakahoki ki tāku marae: to go back to my marae; wānanga: workshop; whanau: family

ARTICLE HISTORY
Received 28 February 2023
Accepted 4 July 2023

KEYWORDS
Māori; health research; equity; workforce development; Kaupapa Māori

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Background

Māori health staff are known, in general, to develop rich relationships with Māori patients and their whānau, and to recognise through their own experiences the complexities of Māori realities and culture (Cram et al. 2003; Durie et al. 2018). Many Māori staff have a deep understanding of the health system, including the challenges around achieving equity and Māori health gain. Hence, Māori staff are uniquely positioned to contribute to the generation of research questions and development and implementation of research projects (Health Research Council of New Zealand 2010). Much Māori health research focuses on end-user experiences of health care (Jansen et al. 2008; Graham and Masters-Awatere 2020) and little attention has been paid to Māori health workers and their research ideas and experience. Best practice research ethics in Aotearoa requires Māori leadership and engagement at all levels (Hudson and Russell 2009; Hudson et al. 2010). Hilton and Anderson (2018) stress the need for staff to be included in health research to collaboratively identify inequity, design change, and evaluate outcomes of equity initiatives.

Māori research ethics are necessary to ensure that Māori cultural values, beliefs, and practices are respected and protected throughout the research processes (Smith 2015); and it is encouraging to see many Government agencies utilising Māori ethics or best practice guidelines (Health Research Council of New Zealand 2010; Hudson et al. 2010; National Ethics Advisory Committee Kāhui Matatika o te Motu 2012).

Western research has had devastating consequences for Māori, and is often used as a tool for the benefit of the researcher rather than the researched (Smith 1999). In addition, research has been used to rationalise an inequitable health system premised on western biomedical culture, with an '… extended legacy of health research exploiting Indigenous Peoples' (Huria et al. 2019, p. 1).Health research can be a vehicle for driving change and creating positive health outcomes, services, and systems (Reid et al. 2017; Health Research Council et al. 2019). In Aotearoa, the New Zealand Health Research Strategy (NZHRS) describes research as an opportunity to facilitate and enable positive change for all New Zealanders (Ministry of Business Innovation and Employment and Ministry of Health 2017). Indigenous positioning in health research is crucial, as Curtis (2016) explains 'from an Indigenous perspective what we experience as real often differs from what the non-Indigenous world experiences as real' (p. 397). Indigenous frameworks for research provide a 'focal point for challenging approaches to research that prioritise non-Indigenous methods and values, and allow non-Indigenous researchers to claim expert status over Indigenous peoples, places and knowledges' (Hudson et al 2016, p. 157). Kaupapa Māori research (KMR) focuses on areas of importance and concern to Māori, prioritising Māori aspirations and self-identified needs (Eketone 2008). KMR is transformational, privileging Māori knowledge and ways of being, and upholding community aspirations, development and sovereignty (Smith 2017). To authentically undertake Kaupapa Māori research, Māori must be designing, conducting, and undertaking research. As Hudson et al. (2016) explains, Māori must be repositioned '… from being "subjects" of research to active researchers and creators of knowledge' (p. 158).

The NZHRS aims to ensure the ongoing development of the Māori health research workforce, including Māori participation and partnership in research governance. The

WDHB had mechanisms in place to support Māori research governance, such as working with: local iwi partners; Māori community representatives such as Māori providers; and Māori staff and patients. However, the sustainability of these relationships, and the extent to which they reflected genuine Māori partnership was unclear. To support the WDHB in its commitment to Te Tiriti o Waitangi and Māori health equity, we aimed to investigate the current research opportunities, enablers, and barriers, for Māori staff.

The WDHB services an area of more than 21,000 km^2 in the centre of Te Ika-a-Māui and includes the heart of the Kīngitanga, providing services for the largest Māori population in Aotearoa (approximately 110,000 or 24%) (Waikato District Health Board 2021).

The health workforce within each DHB contributes to the economic development of the region (Ministry of Health 2020). As of 30th April 2022, WDHB employed 8,465 staff, including 971 (11.5%) identifying as Māori. This Māori workforce includes: 42/1,004 doctors (4.2%); 369/4,040 (9.1%) nurses; 258/1551 (16.6%) management/administration; 70/401 (17.5%) support; and 232/1469 (15.8%) allied health (C. Dargaville, personal communication, June 13, 2022 Jun 13).

Whilst the WDHB encouraged high-quality research (Waikato District Health Board 2019), there has been no mechanism to explore WDHB Māori staff involvement nor experience in research. Our study (supported by a Health Research Council Activation Grant) explored the enablers and barriers to research for Māori staff, to then support the development and sustainability of the Māori health research workforce.

Methods

We undertook a Māori mixed-methods study, inviting Māori WDHB staff to participate using an electronic quantitative survey and subsequent semi-structured interviews.

Ethics

Ethics was approved on November 16th, 2021 through the University of Waikato Human Ethics Committee. Reference HREC (Health) 2021#79.

Data collection

Quantitative survey

In November–December 2021, an electronic survey was developed and disseminated to the email addresses of 842 self-identified Māori employees from the WDHB database, this was supported by the WDHB Māori workforce team. To maximise participation for those employees in support roles with limited email access, posters were placed in common areas with high staff foot traffic.

After reading information and consenting to participate, respondents' were invited to record their demographic information (ethnicity, age, gender, occupational group, employment status, and highest education level) based on the 2018 New Zealand census questionnaire. Respondents were asked about their research experience; interest in research; and barriers to, and enablers of, conducting and/or participating in research. Respondents were asked, 'have you been involved in health research while working at WDHB?' Those who answered 'no', were asked if they were interested in being involved in research and/or developing research skills. Those who answered 'yes', were asked questions about their role and the role of Māori within the studies they participated. The survey also included these open-ended questions:

(1) what are the barriers for you in developing your research skills?
(2) how could the DHB best help you develop research skills? and
(3) any other comments or ideas?

Participant's contact details were collected if they agreed to participate in an interview.

Qualitative interviews

Ten respondents who consented for further participation and described previous research experience were purposefully selected for the semi-structured interviews. To reflect the range of participants that completed the surveys, the age, gender, occupational group, employment status, and highest education level, varied amongst those selected for interviews. Interviewees were contacted by email with a participant information sheet and participant consent form. Due to ongoing COVID impacts online interviews were offered. Nine interviews were conducted via Microsoft Teams™ and one in a face-to-face interview.

Interviews were recorded and were then transcribed. Participants were sent their transcript to review, including highlighted sections that may be used within the final publication write up. This process supported the accuracy of data analysis, as well as adding another layer of consent by ensuring that participants felt comfortable about how, and what, information may be used in the research outputs. Participants were informed they would be given a pseudonym to ensure anonymity.

Data analysis

Data analysis was led by NB and facilitated by collaborative hui (meetings) and discussions with remaining authors. Quantitative survey data were analysed using descriptive statistics. Open-ended responses were summarised and listed in order of most frequent responses to less frequent responses. Respondents could skip some questions, resulting in differing levels non-response levels across the survey. Some respondents left the survey before completion (possibly due to technical error or respondent choice). All responses were included in the analysis. Based on the responses, 10 participants with varying demographics were purposefully selected to participate in a subsequent one on one interview.

Qualitative data were analysed using a descriptive analytical frame. NB facilitated the interviews. NB and RM transcribed and began the initial coding of each transcript. Wānanga (workshops), hui, and discussions were then undertaken with remaining authors and five key themes emerged. Direct quotes were highlighted in each transcript to signal what information would be used in the manuscript. Although anonymity of each participant was assured, completed transcripts including the highlighted passages were returned to participants to ensure accurate interpretation and consent.

Results

Survey results

Demographic information

One hundred and sixty-eight Māori staff completed the survey, this was 17% of the WDHB Māori workforce. Table 1 shows that respondents varied across occupation groups: 'Other' (not specified) (*n* = 37); allied health (*n* = 35); management/admin (*n* = 34); and nursing (*n* = 33). The majority of respondents, (126% or 75%) identified as female and 120 (71%) reported full-time employment status. Respondents were aged between 26–35 years (*n* = 42), 36–45years (*n* = 42), and 46–55 years (*n* = 36). The most common duration of WDHB employment was 1–3 years (*n* = 47 respondents) and respondents commonly reported having a Master's/postgraduate qualification (*n* = 39) or a Bachelor's degree (*n* = 38). Respondents noted affiliation with 62 different iwi/hapū spanning the breadth of Aotearoa.

Previous, current and future research experience

Twenty-four (14%) Māori respondents reported that they had been involved with research; of whom 14 had been involved in one research study, 7 in two studies, and 3 in three or more. Of the 45 studies identified, respondents had been involved in the following roles (some identifying multiple roles): data collection *n* = 14, participant *n* = 12, recruiting participants *n* = 10, advisor *n* = 8, principle investigator *n* = 7, named investigator *n* = 5, and other *n* = 5.

The remaining 117 (70%) respondents indicated they had not been involved in research at WDHB (19 did not respond to the question). Of these 117 respondents, 40% indicated an interest in research. Over half (53%) of respondents indicated they would like to develop their research skills. Twenty-seven (16%) respondents indicated 'unknown' or did not answer this section of the survey.

Of the 121 respondents who completed the survey section on future skill development, 75% indicated a desire to develop Māori health research skills.

Summary of open-ended questions

Within the 80 responses for the question, 'what are the barriers for you in developing your research skills?' the following themes were identified. 'Lack of time, resource, and/or workload' (*n* = 46) was commonly described by respondents. Juggling workload and not having dedicated time to conduct research was described as a another main barrier. Other barriers identified included the need for 'more training or information about research' (*n* = 13); 'other commitments' (*n* = 8); 'no incentive to undertake research' (*n* = 5); 'not interested in research' (*n* = 3); 'a lack of cultural confidence' (*n* = 3); and 'unsure' (*n* = 2).

When asked 'how could the DHB best help you develop research skills?', the 82 respondents identified 'Workshops, trainings, or research support' (*n* = 28); 'financial

Table 1. Demographic information of survey respondents.

Demographic results of respondents $n = 168$		
Gender	Female	126
	Male	22
	NR*	19
	Prefer not to say	1
Age	Less than 25 years	12
	26–35 years	31
	36–45 years	42
	46–55 years	36
	Over 56 years	29
	NR	18
Education Level	PhD	1
	Masters/Postgrad	39
	Bachelors	38
	University entrance	23
	NCEA Level 1/school	17
	Other	19
	Prefer not to say	12
	NR	19
Occupation group	Other	37
	Allied Health	35
	Management/Admin	34
	Nursing	33
	NR	18
	Support	5
	Medical RMO	5
	Medical SMO	1
Employment status	Full time	120
	Part time	20
	NR	20
	Other	8
Length of time at WDHB	Less than a year	28
	1–3 years	47
	4–7 years	30
	8–10 years	13
	Over 11 years	31
	NR	19

*NR: no response.

contribution toward time off work' ($n = 26$); 'connection with established researchers' ($n = 7$); 'encourage participation in research' ($n = 7$); 'not sure' ($n = 6$); 'cultural support' ($n = 5$); 'not interested' ($n = 2$); and 'financial contribution toward qualification' ($n = 1$).

Fourteen respondents answered the question, 'any other comments or ideas?'. Themes included 'Need for more support and resource to undertake research' ($n = 5$); 'barriers of working within WDHB' ($n = 4$); 'importance of Māori in research–as participants and researchers' ($n = 4$); and 'research areas of interest' ($n = 1$).

Interview results

The 10 interview participants identified that they were from the following occupation groups: management/administration $n = 3$; nursing $n = 3$, other $n = 2$, allied health $n = 1$, and medical $n = 1$. Of these 10 participants, 8 were female, 7 were employed full-time, and 6 had been employed at WDHB for 1–3 years. These were similar proportions to the survey respondents.

Staff positively reflected on their research experiences and also identified a range of improvements that were needed. Findings from the interviews were categorised into the following five themes acknowledging the need for further exploration of these themes in future studies: (1) why research is important; (2) priority research considerations to conduct Māori health research; (3) communication; (4) barriers for staff; and (5) solutions to sustain a quality Māori research environment. These themes are discussed in detail below.

Theme one: why research is important

Participants' motivation and reasons for conducting research came through strongly in all the interviews. Several responses centred on the need to do research to better health or access to healthcare for whānau, hapū and iwi.

> [Research] is rewarding and it does have some bad days, but most of the days it's pretty good. You know if you help someone to achieve where they want to go or how they would like to have whatever services … you see, you even hear, the voices they're so grateful and happy, you know you've done something good for that person, that whānau.
>
> *Aroha.*

Another participant shared similar sentiment, describing the value and importance of research for their whānau, marae and hapū.

> It was a wonderful experience for me. I enjoyed the road to research because it was all about collaboration. It was working in partnership with the clinical side, but also with whānau … a lot of learning to be done … lots of training, which is good, because 'koinā te whakamātauranga nēra' that's all about the power of knowledge. Knowing that when you get into the that space or that platform you're 'mōhio ki tēra mahi' [knowledgeable in that area] … And I believe it's all about the engagement, rather than the documentation. With all of this learning, I believe that I've been able to go home and help my family, my whānau, 'whakahoki ki tāku marae' to go back to my marae and 'āwhinatia i tāku hapū' and helping my hapū.
>
> *Āria.*

Participants identified that Māori involvement in all levels of research was important, with Māori perspectives seen as being needed to make positive change.

> Participating [in research] gives us that voice to be able to speak out and to share our experiences and our feelings and our work life and how it's going for us and hopefully it will create improvements within our area. You know that we can improve the processes for our people … [and its] really great being a part of the research studies and to be able to voice our experiences and our opinions, and it feels like we've been heard, someone actually listening.
>
> *Maria.*

Across each of the interviews, participants acknowledged an excitement and passion when they shared their research journey. Contributing to positive change for Māori health and wellbeing was a strong underlying motivation for why the Māori staff interviewed engaged in research.

Theme two: priority research considerations to conduct Māori health research

Participants recognised that Māori health research is needed to address health inequities. Participants identified three priority areas within Māori health research; (1) researcher attributes, (2) appropriate research design, and (3) a responsive environment.

Researcher attributes related to the personal characteristics and qualities that researchers need to undertake effective health research for the betterment of Māori. Passion was identified as a key characteristic.

> You've got to be passionate about it [undertaking research]. You just have to be otherwise your energy isn't there, it's just something you got to do as opposed to something I really want to get involved with. I want to see what the outcomes are. I want to make sure that there is priority changes in the future. So passion, passion is something that you have to have.
>
> *Nīkau.*

Participants recognised that Māori researchers have a dual responsibility that goes beyond traditional Western academic views of researcher obligations. Māori researchers were described as having two roles: as researcher *and* as a whānau advocates. These dual roles amplify the voice of participants particularly to wider research team members or stakeholders that are removed from te ao Māori understandings.

> There were two roles [I had] as a researcher, but also as whanaugatanga [connection] and when I talk about the different ideologies, or the philosophies, it was that I have two whereas others might just have one … because we live in two worlds, if you know what I mean. And the two worlds take us into many places. And sometimes the spaces that we work in, don't get us. And so that's when we probably end up by breaking barriers. And trying to make them see there's another, we have a third eye I suppose.
>
> *Āria.*

Respondents identified that there were low Māori participation rates in research with inappropriate research design identified as a contributing factor. One interviewee explained their role in guidance and review of research, and discussed how they specifically considered whether research was equity positive, neutral, or negative. The following is an example of language used when recruiting Māori participants can be offensive and deter Māori from participation.

> … Pākehā explain to Māori about their [Māori] culture and what they are allowed to do, [e.g.] you can go and talk to a kaumatua. And it's like, you don't tell us how we're going to process this.
>
> *Mahuta.*

The same participant explained how appropriate research design can encourage Māori participation.

> One of their [non-Māori researcher's] reasons for not recruiting Māori is, oh they don't want to. That's where we say 'well what are you doing to bring Māori on board because I can't see one Māori word in this' [participant information sheet]; a simple 'kia ora'. We look through the participation sheet to see if they've asked whether they can bring whānau, whether they have said 'please talk to whānau before', 'whānau are invited to come along'.
>
> *Mahuta*

Finally, participants highlighted the need for a responsive environment that enables whānau Māori to engage in research, and how this is typically challenging in the health system.

> [The] whole hospital system is very clinical … You walk in there and it's quite scary and unknown and you don't see any Māori whānau there and you're expecting Indigenous people to walk into this unknown environment to be greeted by I guess people from the colonisation world from years ago that were cruel to our ancestors. And you're expecting us to go in there and trust them with our health and our sickness and operate on us and do scary procedures and then some people die and don't even come out of there and you hear all these horrible stories, how can you expect our people to want to go into an environment like that? If we had Māori at every reception desk greeting people, we had kaitiaki [Māori cultural support team for patients] at every outpatient clinic that could meet and greet whānau could assist them into their appointment. Follow them up. See how they're going, you know, provide them with that support and services that they need. Even with education as to why they need to be there in there, the importance of that and giving the power back to our people to make choices …
>
> *Maria.*

The three priority considerations for conducting Māori health research; researcher attributes; appropriate research design; and a responsive environment were the main themes. Participants also identified further points when undertaking Māori health research and/or research with Māori. These included the need for Māori in leadership positions and ensuring that research contributes to the wider knowledge base and is readily accessible. Respondents were interested in ensuring that research findings were translated into practice, and that a process for this translation is in place before the research begins.

Theme three: communication

Participants identified specific areas of communication that needed strengthening. A lack of clear, timely, and accurate communication to staff about research opportunities was a common theme. The need for communication on how to develop and implement research was also conveyed strongly amongst participants.

> I'm trying to get involved in research at the moment. But then it's because I don't have that background knowledge of how to do it, it's really hard to kind of do it myself … I am keen, it's just that I've never really had that opportunity to kind of learn it [research].
>
> *Mikaere.*

Mikaere continues to highlight the lack of information on what research opportunities are available.

> Knowing what is actually available 'cause, I know that each DHB have their own systems and their own resources for it. But it's not obvious.

WDHB processes were reported as being unclear and seemly 'ad hoc'. As Maria explains,

> [for staff wanting to be involved in research] … it's only when you're asked [are you involved in research] cause otherwise you don't know what's going on within the DHB. It's such a massive organisation and unless you're approached and asked to participate you don't know what studies are going on.
>
> *Maria.*

A consequence of unclear research protocols, their timeframes and complexities were described as missed opportunities for Māori participation in research.

> The mistake we made is that we had already spoken to families who were interested in wanting to be part of this research project, then we were told that we couldn't do [project] without ethics approval. We had to tell these families you're going to have to wait a while to go through this process, which took six months. So by that time these families were sort of 'nah'. It was difficult because a lot of those families we had waiting, a majority of them were Māori. And when we went back again to see if they wanted to continue they were like no. Hōhā [nuisance]!! The only families that were willing to were non-Māori.
>
> *Nīkau.*

Interviewees noted that a lack of clear processes resulted in confusion on who to approach for guidance; resulting in Māori staff being used as 'cultural research support', beyond both their work role (without recognition) and (in many instances) outside their area of expertise.

> People who genuinely want to do a collaboration with Māori don't know where to go or actually who to talk to … non-Māori don't know how to access iwi, if they need that sort of support … from a practical sense [we need] a process, like an actual process for research … instead of this sort of ad hoc, hey, you're a Māori, can you help me? It just comes down to a process, a robust process and communicating that.
>
> *Mahuta.*

Theme four: barriers for staff

Several participants noted a lack of support and resource from the wider WDHB system and management.

> … there's heaps of improvements that Joe Bloggs on the floor could think about, but that's in the too hard basket, I don't know how to do it, but I work my 40 hours, I just scraped through the end of my 8 hours but you know it would be cool one day to be able to this, do that, but I don't know what to do, who to go to, how to do it, time off.
>
> *Amara.*

Manaaki noted a lack of access to research resources and described how their team relied on a bartering system to acquire materials for whānau.

> … it's very difficult to get a hold of some resources as we often have to rely on other people … it's not really a money exchange, it's more of a you scratch my back, I'll scratch your back situation and that can come with its own issues … [for example] even getting the psychiatrist down from Auckland. Well if you come down and you help us to assist our patients we can give you access to Waikato DHB databases, which you need for your studies.
>
> *Manaaki.*

A lack of clarity regarding whether research findings would be implemented into WDHB processes, and if staff roles would continue at the conclusion of the research, was identified as a concern by participants.

> I'm hoping [to keep my role as an ongoing piece of work] so but there's nothing in writing to say that it's going to continue.
>
> *Nikau*

Theme five: solutions to sustain a quality Māori research environment.

Several participants described their research journey as a positive experience, in part due to the support and encouragement of their line manager who was described as an important component of a supportive research environment.

> We had a really strong leader in our team which was really good. She very much just goes out, gets it done, whereas I'm probably a little bit more hesitant about rocking the boat. Or are we doing this right? I don't want to upset people. So, it was good to work with someone like that. To help my confidence.
>
> *Mania.*

Interviewees identified other solutions to build and sustain a quality Māori research environment, including dedicated Māori support teams, and that solutions need to be readily available and accessible to all Māori staff.

> Amongst other Māori we have a good support of each other. But I think wider than that, there's not a good support for Māori to go into other areas to research. [My team provides] a good supportive network. That's actually, a bit niche and almost elite because not everyone has access to that. It could be more supportive, but I think that people don't know about the support available.
>
> *Mahuta.*

This collegiality of Māori employees supporting one another is working well in departments with high Māori staff but is lacking in other areas of the WDHB. A need for a dedicated research team to support all Māori staff to conduct and be involved in research was a recurring theme.

> Having a team to go to like Dragon's Den … having a research team to guide you … someone like a nurse might be on the floor [thinking] hey we could do this better, but they've never ever done research officially … we've got this issue on the ward and we want to make improvements and enhancements, what's the best way to go about that? Something like a team to mentor and guide them … not only align a Dragon's Den for projects, but also for cultural support around it. Might be having some resourcing. Some positive resource, time off, resources, if that person was to drive it or say to the Dragon's den, here's this thing we have been struggling with- you guys go do it.
>
> *Amara.*

Summary of research findings

Findings from this study indicated that most Māori employees who responded to our survey had not been involved in research, and most expressed interest in opportunities to develop their research skills. This affirms that all Māori staff should be afforded the opportunity to participate in health research. Respondents who indicated previous experience in research expanded on reasons for their involvement and expressed potential drivers for future engagement. Findings from this paper demonstrate that while WDHB has declared an intent to foster a supportive research environment, current processes are not responsive to Māori health researcher needs and that more needs to be done to enhance the development of Māori researcher capacity and capability.

Participants described the need to prioritise Māori needs, understandings, and aspirations in research. Low participation rates of Māori in research were identified by some respondents and could be dependant on who is leading the research or what type of methodology is being used. Therefore, participants articulated a need for Māori involvement in all levels of research to ‘give us the voice’ and make positive changes.

Few respondents in this study had experience of research leadership as principal investigators, or even as named investigators in the research projects that they described. Participants more common described their involvement as being research support or cultural ‘advisory’ role. These roles were unrecognised by their employer and sat outside the scope of their regular WDHB functions. This is a common expectation of Māori staff in health and academia where Māori staff are often used as surrogates to fill the void (McAllister et al. 2022). At a systems level, the WDHB, and broader health system, need to put in place initiatives to ensure that resources and supports required to carry out authentic Māori health research are readily available.

Respondents identified several barriers to getting involved in research including; communication, the clinical environment and the need for dedicated time. One respondent repeatedly emphasised that a lack of clear and transparent communication amongst employees, managers, and other departments, resulted in missed opportunities to engage in research. Research opportunities were seen to be dependent on supportive managers. Some participants noted they missed out on opportunities to be involved in research due to managers intentionally withholding invitations to participate in research. Ineffective communication from high managerial positions or between departments was identified as a barrier by participants.

As signalled earlier, many respondents indicated an interest in developing their research skills, but noted a lack of time, resources, and workload as barriers to undertaking research. Respondents identified financial support for dedicated research time as an enabler for building the Māori health research workforce. Workshops, research trainings, and cultural support to undertake research were identified as opportunities to build Māori research capacity and capability.

Finally, participants reported frustration in the failure to implement findings into transformational difference in people’s lives. This is at odds with Māori research guidelines and Indigenous frameworks that identify knowledge translation to end-users as a core component of undertaking research (Smith 1999; Oetzel et al. 2018) as well as the motiviation for why participants became involved in research in the first place. Participants from this study suggested that Māori involvement in developing research proposals and leading research processes would enhance the likelihood of translating research findings into much needed action, resulting in greater hauora gain for whānau Māori.

Discussion

This paper addresses a considerable gap in the designing and undertaking of health research in Aotearoa, by focusing on the experiences of Māori frontline staff. The five themes identified in this paper affirms that Māori frontline staff have a vested interest in health research, and when afforded the opportunity, can make transformational contributions for the betterment of whānau, marae, hapū, and iwi.

To achieve Pae Ora (Department of the Prime Minister and Cabinet 2022) and the aims of the NZHRS (Ministry of Business Innovation and Employment and Ministry of Health 2017); Māori research and innovation in combination with the Māori health workforce is needed. A KMR approach draws these two components together and provides a framework for organising, conducting and evaluating Māori research (Smith 1999).

KMR is active in building research and evaluation capacity. Māori health research is a vehicle for progressing Māori career advancement. However, with the relatively low number of Māori academics (McAllister et al. 2022) and Māori health workforce (Sewell 2017) in high leadership positions compared to non-Māori, a planned and intentional change is needed to build, maintain, and grow the Māori health research workforce. The emergence of Te Whatu Ora and Te Aka Whai Ora provides an opportunity to much needed change.

Limitations

Less than 20% of all Māori WDHB staff responded to the survey, in part because of the reliance on email access. Also, WDHB human resource management system did not have up-to-date records and accurate ethnicity data.

It is possible that the inability of Māori staff to access research opportunities was also, ironically, a barrier to participation in this research. Although we tried to ensure that it was open to all (research experience or not), the challenges of Māori being unable to 'see themselves' in research may have also reduced our response rate.

Conclusion

This paper illuminates the experiences of frontline Māori health employees in research and affirms that Māori who work in healthcare settings have a desire to conduct, design, and deliver health research, particularly when the research has the potential to be transformational for Māori. Māori health workers told us their reasons for undertaking research were an ability to improve whānau, hapū and iwi health, and ensure that Māori are authentically represented in health research. Based on our findings we recommend that Te Whatu Ora Waikato and the wider health system implement a set of 3 actions to help ensure transformational change for the Māori health research workforce.

(1) Establish a dedicated Māori research engagement stratgey and team at a national, regional, and local levels,
(2) Provide Māori staff with opprtunities and training to undertake research, and
(3) Develop clear systems and processes to support Māori staff involved in research and support them into further research leadership positions.

Acknowledgements

Ngā mihi ki a koutou katoa. Thank you to the staff who completed the surveys and took part in interviews. Your input was invaluable and will contribute to the development and support of the Māori health research workforce. Thank you to the Health Research Council of New Zealand for funding this work, and Te Whatu Ora (formerly Waikato District Health Board) and the University of Waikato for supporting the team.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

lThis work was supported by Health Research Council of New Zealand [grant number 20/1179].

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