

PONZ Worksop (Psycho Social Oncology) Conference Notes

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Date: 24 November, 2016: **Venue:** Wellington Otago Medical School

Workshop theme: Māori palliative care health literacy & working with diverse Māori whanau

NB: Feedback to registration bodies as these are legal entities charged with the responsibility to ensure their practitioners are practicing in accordance with the principles of the Treaty of Waitangi and their ethical obligations.

Questions addressed in workshop:

1. What are the challenges that health professionals face supporting the informational exchange of health and palliative care of knowledge with ethnically diverse Māori patients and whānau?
2. What do health professionals need to help them participate in strengthening the palliative care health literacy of diverse Māori patients and whānau about palliative care?

Responses: *Health providers and palliative care professionals identified some key challenges and a range of areas where support is needed to help them effectively engage with Māori patients and whānau to strengthen their **health and palliative care literacy capacity** [exchange informational health knowledge]:*

Structural barriers

- a. Health care system constraints [i.e. Western model of health versus psycho social model of care – holistic]
- b. Health providers currently work in silos - disconnected
- c. Health professionals lack cultural capacity to develop relationships with Māori [“unable” to connect with Māori health providers]
 - a. The voluntary workforce provides important service but they also act as a barrier [“untrained”].
 - i. “We noted that volunteers held power in that they provide an important service yet are able to uphold ill-informed values reflective of their often rural and traditional backgrounds as they are not involved in any continuing professional development or other initiatives”).

Suggested improvements – Structural issues

- a. How do health providers/professionals go about building relationships with Māori?
- b. Need help “to network with Māori health providers”
- c. Need support “to link us to local Māori communities”
- d. Education of volunteer workforce

- e. The voluntary workforce could benefit from interventions aimed at improving their awareness of the benefits of change. We speculated that attitude change among staff could powerfully inform the improvements in physical environment and services:
 - i. Education of volunteer staff in NGO needed as they can act as a barrier to changing system/structures preventing informational growth and development among communities
 - ii. A clear statement of organisational recognition/acknowledgment of Māori cultural diversity and the implications of this for service provision (NGO sector in particular)

Timing issues

- a. Developing rapport with Māori whānau takes time and skill to build trust. The current system and work time frames do not allow enough flexibility to connect [and] develop genuine whanaungatanga/ rapport [with Māori]
- b. Informational knowledge exchange] is very difficult to achieve in a short timeframe and requires skill to implement medical interventions.

Suggested improvements – Timing issues

- a. Build in more time to meet with patient and whānau to increase likelihood of rapport with patient/whānau leading to greater informational exchange.

Spatial issues

- a. Space is pivotal for establishing rapport and fostering trust/safety with Māori; not enough space in clinical areas to work with whānau
- b. Appropriate environment/spaces in which to meet with patients and whānau are needed – both inpatient and outpatient
- c. Space is very limited currently and not always thought of when spaces that have been available have been turned into offices
- d. Staff feel embarrassed about the impact of the physical setting which they feel is disrespectful “especially for women patients facing gynaecological cancers”
- e. More generally, “there are shortcomings of the DHB’s physical setting, which despite having a rhetoric of inclusivity and access, has a physical setting which is inadequate to accommodate whānau groups supporting family members at hospital outpatient clinics”
- f. Home visits are considered the best place to give/receive information but this takes time and resources
- g. The initial home visit [in a private space] is helpful for first introductions/meetings as this enables the patient to determine the terms of the meeting in some measure [ie cultural safety]

Suggested improvements – Spatial issues

- a. Develop and improve spaces within DHBs and the acute hospital environments will support staff to have sensitive conversations with Māori
- b. Increased opportunity to do home visits.

Workforce development expansion, extension, excellence

- a. Increase Māori capacity within cancer [palliative care] workforce
- b. Need for Māori cancer coordinators to support informational knowledge exchange
- c. Lack of resource person/resources available to support this work; [a go-to cultural site for cultural information]

Suggested improvements – Workforce development

- c. Increase the Māori workforce competency, capability and skill in cancer and palliative and end of life care

Professional Development - Cultural Training

- d. Health professionals want to “**connect and establish genuine connections**” with Māori but are constrained by lack of cultural knowledge, operating within a Western health model and being bound by professional boundaries (“we are not allowed to share too much about ourselves [boundaries] not allowed to touch people etc”).

Suggested improvements – Professional Development – Cultural Training

- e. Professional acceptance of psychosocial model of care
- f. Increased collaboration with Māori health providers is needed as health professionals do not know how to connect with Māori health providers
- g. Assistance to help bridge the non-Māori – Māori provider gap (kaitiaki, link person, navigator); Improved interaction/collaboration between NGOs and health services and Māori health providers – avoid duplication of assessments etc and inconsistent advice, levels of follow-up etc.
- h. Māori culture training packages [workshops]. Professional communication training to support “all of us to be braver and more courageous in our communication with Maori patients and whānau”
 1. Health professionals need to learn how to build relationships with Māori workforce
 2. Increased cultural capacity and competency of health professionals to work with whānau to “More quickly and to completely connect with people to carry dignity and healing which is best for client”

3. “We need to be better at establishing what the person/whānau expect/want at that 1st meeting; EG. How do we establish who the spokesperson is for the whānau; who do they want present at meetings?”
4. “How to connect to whole person; develop relationship of spiritual connection”
5. Maintaining dignity (patients may not wish to undress/be naked in front of health professionals [tapu] – this can be different from a non-Māori worldview – more stoic
6. Training to establish the dynamics within the family
7. Support to increase knowledge “to deal best with” conflicting family views
8. Helping patients to put their own treatment first – patient support for other whanau [may take priority]
9. “What can we do to redeem [the service/ourselves] if we have offended the whanau/client?”
10. Training to equip health professional “Not filling the silence – be comfortable in the silence”
11. Use of language, correct pronunciation of names, learn not to assume anything about identity (EG colourism)
12. How to find out what the patient needs, sometimes they don’t know yet themselves
13. Better knowledge and awareness of how to traverse culturally diverse values in regard to family dynamics, independence (patient’s wish for privacy) vs dependence of family members when unwell and being cared for by others
14. Health professionals would like to learn basic te reo – key points about ancestry, tribes, identity, traditions
15. Cues, signals [about ethnicity] to help them with informational engagement
16. Guidance and advice around how to enter into sensitive conversations from a culturally appropriate perspective – eg; discussions around sexuality and fertility, palliative care and end of life planning
17. “Don’t be the gatekeeper – don’t use assumptions [about Maori identity]”.

Māori cultural assessment tools development

- a. Cultural education and assessment tools are needed to support health professionals engage effectively with Māori
- b. Tools to help establish how the Māori client wants to identify culturally
- c. Cancer society needs to develop cultural policy [and training]
- d. Use and availability of technology to connect with patient/whānau.

Suggested improvements – cultural assessment tools

- a. “A way of connecting all the good and emerging work that is being done both in research and within practice nationally”

b. Cultural assessment tools

c. Tools to improve effective communication - the first steps to engagement [NB: "We were a group that all worked in the acute secondary care sector and with that in mind we are often in situations where we have minimal time to build up rapport and trust and the situations can be rapidly changing"].