



Aniva Master of Professional Practice

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pacific perspectives



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First Edition

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Introduction

Noa'ia, Mauri, Ni Sa Bula Vinaka, Fakaalofa lahi atu, Tālofa, Kia orana, Mālō e lelei, Mālō nī, Talofa lava, Tēnā koutou katoa and warm Pacific greetings to you all.

It is a pleasure to present the Aniva programme as part of a special event to mark the International Year of the Nurse and Midwife. This report celebrates the achievements in our ninth year, and includes programme results and a snapshot of the research produced by some of our Masters students.

The results add to the evidence about the performance of the programme in improving the success in tertiary education of Pacific learners. Aniva learners make up around one in six (15%) of all Pacific health-related postgraduate and Masters enrolments, and two in five (39%) of Masters degree programme completions in New Zealand's tertiary education system. Aniva learners complete their programmes more than three times faster (with a cohort-based completion rate of 99% compared to 29%) than other Pacific learners.

The number of Pacific nurses with the qualifications, skills and knowledge for leadership in the health sector is growing on the back of these excellent results. Their research projects demonstrate how our graduates are applying learning to facilitate change in clinical practice and the way health services are delivered, to better meet the needs of Pacific individuals, families and communities.

The design and delivery of the programme has involved collaborative partnerships with nursing leaders Fuimaono Karl Pulotu Endemann, Dr Margaret Southwick, Adi Dr Alisi Vudiniabola, and Whitireia Polytechnic. We acknowledge also the unwavering support of Nursing leadership at the Ministry of Health and District Health Boards, and especially our Aniva alumni.

The year 2020 will be remembered for the impact of COVID-19 and the efforts of the health sector in responding to unprecedented challenges. Pacific nurses were at the forefront of the Pacific health sector COVID response in New Zealand, supporting appropriate language translations for government and public health communications, and contributing to culturally competent service delivery in community based testing centres, quarantine facilities, Healthline and contact tracing work. Much of this work is unrecognised. We would like to take this opportunity to acknowledge the commitment and dedication shown by Pacific nurses and midwives. It is a privilege to contribute to your leadership journeys.

We look forward to the future and working with you all to continue improving health and education outcomes for our Pacific communities.

Ma le fa'aaloalo



Dr Debbie Ryan

Principal

Pacific Perspectives

The Aniva Programme Leadership

The Aniva programme was founded in 2012 and co-designed and delivered by Fuimaono Karl Pulotu-Endemann, Dr Margaret Southwick and Dr Suitafa Debbie Ryan. Dr Southwick retired in 2017 and we welcomed Adi Dr Alisi Vudiniabola to the team.



**Fuimaono Karl
Pulotu-Endemann**

MNZM, JP, NZRPN,
NZRGON, Adv Dip Nsg

Fuimaono Karl Pulotu-Endemann is a Pacific health consultant and

one of New Zealand's best-known and most honoured fa'afafine. He has had a key role in raising community awareness of the issues for the LGBTQ community and supporting antidiscrimination and empowerment of these groups. The breadth of his service and influence extends to the education, justice and creative arts sectors. He has advocated for and represented Pacific people in governance roles in a range of health and community organisations. Fuimaono contributed to the establishment of important Pacific service and community organisations, for example, Lotofale Pacific Mental Health Service at ADHB, Pacific Islands AIDs Trust and Le Va. His significant contribution to indigenous knowledge, includes the ground breaking Fonofale model of health. This was developed for the mental health sector in the 1980s but is now used extensively in the health, education and social service sectors as a way of communicating a Pacific worldview. Throughout his career, he has maintained a leadership role in nursing as an educationalist, mentor and role model for generations of Pacific nurses.



**Dr Margaret
Southwick**

QSM, PhD, NZRN

Dr Margaret Southwick formerly Dean of Health and Social Science Faculty, Whitireia Poytechnic.

A respected nurse educator and academic she has championed the rights of Pacific learners and challenged traditionally negative norms within tertiary education. Margaret led the development of Pacific Nursing pedagogies, based on Pacific world views, which in turn led to the innovative Whitireia Bachelor in Nursing Pacific programme.

In a broader context, Margaret has demonstrated leadership in a range of different capacities. These roles include Chair of Nursing Council of New Zealand, a Reviewer and Assessor for the Health Research Council funding rounds, establishment of the Vaka Atafaga Pacific Neighbourhood Nursing Service in Porirua, and more recently a Member of the Health and Disability Review Panel.



**Dr Suitafa
Debbie Ryan**

MNZM, MPM (Dist),
MBChB, BSc, MInstD

Dr Debbie Ryan is the Principal of Pacific Perspectives, a policy and research consultancy

specialising in Pacific health that she established 12 years ago. Debbie has extensive experience in the health sector as a general practitioner, manager, senior public servant and researcher. She has served as a Ministerial appointment to numerous committees. Debbie's current work interests combine her commitments to Pacific health workforce development, and strengthening the evidence base for improving Pacific health in Aoteroa New Zealand. Recent projects include support for the Ministry of Health's Pacific COVID-19 Response, Review of the NZ Health System Response to the 2019 Measles Epidemic, and the report to the Health and Disability System Review: *Tofa Saili, A Review of Evidence about Health Equity for Pacific People in New Zealand*.



**Adi Dr Alisi
Vudiniabola**

PhD, MA, BA (Hons),
NZRN

Adi Dr Alisi Vudiniabola is an internationally regarded specialist in curriculum

development, programme analysis and management of educational change in developing countries. Dr Vudiniabola is the President of the Fijian Nurses Association and she has held a number of leadership roles in Fiji. As a founding Chair of the Fiji Nursing Council Education and Standards Committee, she developed competency frameworks for nursing education programmes and standards for institutions providing nursing programmes as well as the development of the current Bachelor of Nursing programme now taught at the Fiji National University. Dr Vudiniabola combines her work in the Pacific region with a leadership role with the Aniva programme. She is the first Fijian nurse to receive a Doctorate in Nursing.

STAFF



Jonathan Malifa is the programme and events manager at Pacific Perspectives and has contributed to the programme development since its inception. Jonathan is often described as the heart of Aniva. He

brings relationship management and organising skills to the team, with specific interests in relationship networks across the health and public sector, and machinery of government.



Harriette Kimiora joined the Pacific Perspectives team this year as a senior analyst. Harriette has experience in the private sector managing relationships with key partners and stakeholders, and providing process and performance based

analytical reports. She will provide administration support and linkages with the new Aniva Pacific Future Leaders programme that will support Pacific undergraduate nurses.

The Pan Pacific Nurses Network Association

A strength of the Aniva programme has been the support provided by alumni as teachers and mentors. Aniva graduates formalised their network with the establishment of the Pan Pacific Nurses Association (PPNA) in 2015. The Association has grown, supporting a national and international network of Pacific nurses and contributing to advocacy for Pacific health; with submissions to national health and social sector policy developments, such as the Health and Disability System Review, the MSD Consultation on Family Violence Assessment and intervention Guidelines, Nurse Practitioner education programme Standards and Competencies, National Screening for Healthier Futures, FASD Consultation, Health Research Strategy, and more recently the Pharmac proposal for funding two new diabetes medications. We acknowledge the leadership and support for the programme provided by Safaato'a Fereti and Abel Smith.

Safaato'a (To'a) Fereti is the Chair of the New Zealand Nursing Council, Clinical Nurse Director, Medicine & Clinical Support Services at Counties Manukau Health.

To'a is the first Pacific nurse to hold this role and leads a division of over 600 nurses. She is the president of the Pan-Pacific Nurses Association and is a doctoral candidate at the Auckland University of Technology.

Abel Smith holds a joint role across two District Health Boards in the Auckland Region as the Clinical Nurse Director – Pacific Health and Workforce at Auckland and Waitemata District Health Board. He is also the President of the Fiji Nurses Association NZ and contributes to the governance of a range of organisations including Pasifika Medical Association, the Pacific Nurses Section NZNO, and the Pacific Mental Health Professionals Organisation. Abel is currently completing a Doctorate of Health Science at the Auckland University of Technology.

Alumni who have contributed to programme delivery include Siufofoga Matagi, Aiva Kasimausi, Pauline Fuimaono Sanders, Manogi Eiao, Augustina Reid, Verenika Nabete, Augustina Reid, Ma'ukakala Ofa, Luisa Lilo, Alisa Ili, Tarani Lave, Doana Fatuleai, Sierra Faitua, Leuluaialii Arieta Muaulama Faapesolo, Loli Mesepa Channing, Thelma Fatafehi-Finau, Keleni Tupou-Mafile'o, Namulauulu Letitia Taihia, Apa Sonya Temata and Mere Kata.



About the Aniva Programme

The Ministry of Health commissioned the Aniva Programme in response to evidence of the low numbers of nurses achieving postgraduate tertiary qualifications. A key focus of the programme is to enable Pacific health workers to develop the technical skills and cross cultural understanding they need to contribute to improving the design and delivery of health services delivery for diverse Pacific communities in New Zealand. The Aniva approach serves this goal by offering a uniquely Pacific pathway to achieving NZQA approved postgraduate qualifications.

The Aniva Masters Pathway

The Aniva Masters pathway is shown in Figure 1. It involves a 3 year programme of study that combined staircase to a Master of Professional Practice qualification.

The teaching and learning involved in the qualifications is supplemented with clinical and cultural leadership mentoring and ‘wrap around’ activities and support that build and strengthen a Pacific health network.

We acknowledge the support of senior academics, community leaders, clinicians and policy experts who have contributed to the programme and building a network of Pacific health leaders with a common perspective on their capacity to influence the health system.

Key factors for success of the Aniva programme

An evaluation of the programme from 2014 to 2017, involved assessment of educational performance using tertiary education administrative data from the TEC and programme data; and research with programme participants about their experiences and the impact of the programme on personal, clinical practice and career development.

The evaluation reported key factors for success including:

- Collective knowledge, expertise and experience of the programme team. The academic, clinical and cultural expertise of the delivery team and the network of academics and community and clinical leaders who contribute to the programme support evidence based teaching that is grounded in the

theoretical concepts fundamental to examining Pacific health issues and outcomes.

- Programme design and delivery tailored to Pacific health workforce needs. Learners are understood within the broad context of genealogy, shared culture and worldviews, family and history; creating a space in which they are able to examine the leadership, professional, cultural and personal dimensions of Pacific identity and belonging in Aotearoa. A Pacific pedagogical approach is applied to building knowledge, awareness and understanding, in a safe, yet challenging learning environment.
- Formation and maintenance of effective partnerships. The longstanding partnership with Whitireia (and more recently including WelTec) to design and deliver a postgraduate education programme tailored for Pacific health workers requires attention to shared understanding of the objectives, expectations and quality standards of each partner.
- Commitment to meaningful stakeholder engagement and involvement. Proactive and inclusive stakeholder engagement has resulted in a programme guided and influenced by a range of different voices and perspectives. The collaborative approach is often complex and time consuming but contributes to a sense of ownership and investment in the programme (for employers especially) helping create a community of learning and support that spans all components of the Aniva programme.
- Establishment of networks. Connecting students with other networks has become an important feature of the programme. The Masters pathway

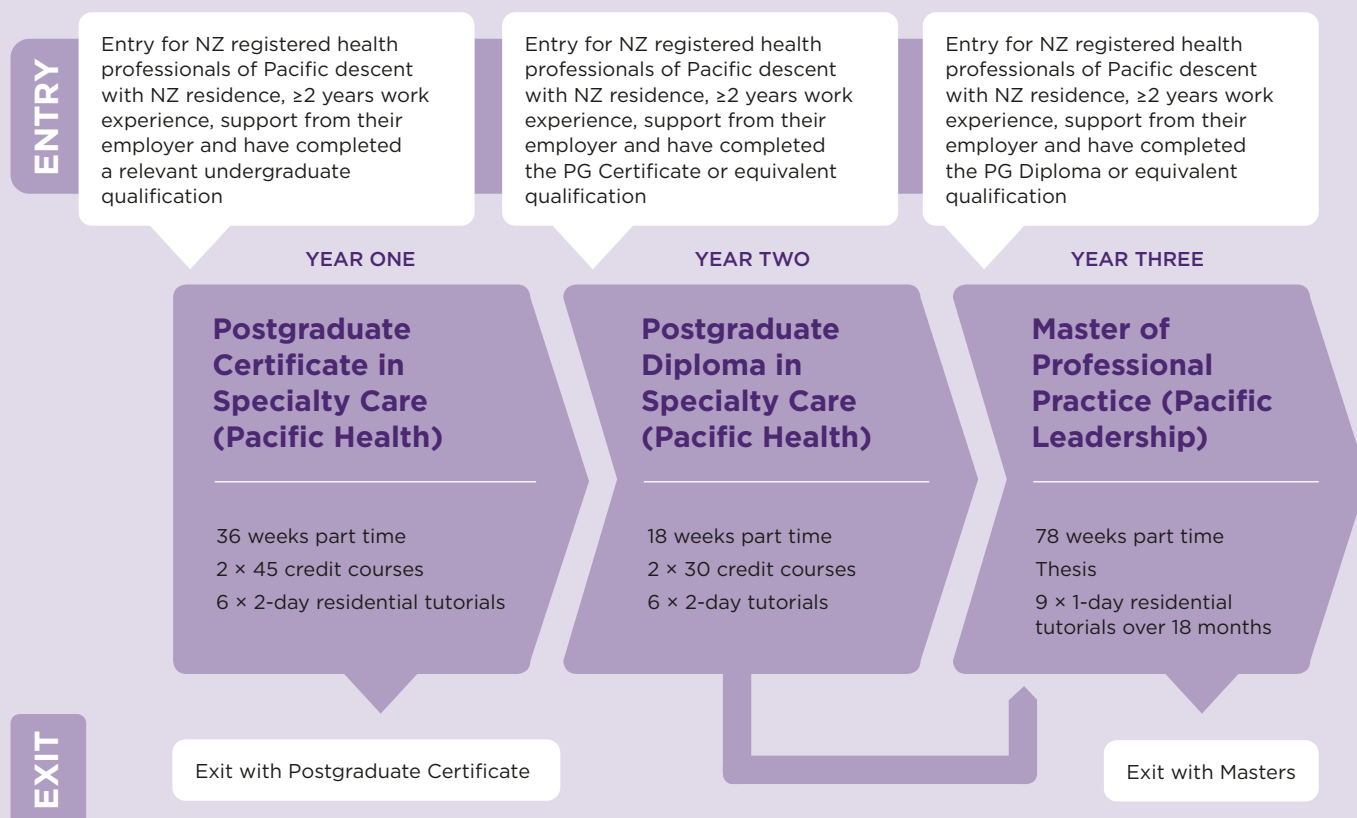
FIGURE 1

ANIVA MASTERS PROGRAMME

A pathway of postgraduate study for registered Pacific health professionals.

This three-step programme has approval from the Nursing Council of New Zealand and is NZQA accredited for delivery through Whitireia New Zealand.

Students are supported by an extensive programme of pastoral care and mentoring access to leadership development opportunities, and all fees are free for participants.



enables participants to realise the benefits of networks for testing ideas, problem solving, sharing opportunities and has led to the formation of formal and informal networks that are configured by workplace, DHB region and other points of connection spanning geographic distances across pan Pacific or ethnic specific groupings. Networks are a platform to collectively advocate for strategic and policy change.

- Providing tailored wrap around support. Tailored wrap around support and cultural and clinical mentoring are an integral component of the Aniva programme – and some of the most intensive. Given that it is not always possible to anticipate individual learner needs, this requires intensive investment and commitment by the core programme team, at all levels of the programme. This aspect of the programme is a continuous learning and improvement process.
- Navigating complex health and education systems. Maintaining the collaborative design and delivery approach across all aspects of the programme requires careful navigation within and between the health and tertiary education systems. Innovation and non-traditional delivery requires managing contextual constraints and effective relationships to progress the programmes objectives. The results highlight the success of the programme in addressing these challenges.

Pacific Results

Between 2012 and 2019 (inclusive) there were 250 enrolments as part of the Master's pathway offered through the Aniva programme.

The Master's programme introduced in 2016 attracted 45 enrolments between 2017 and 2019.

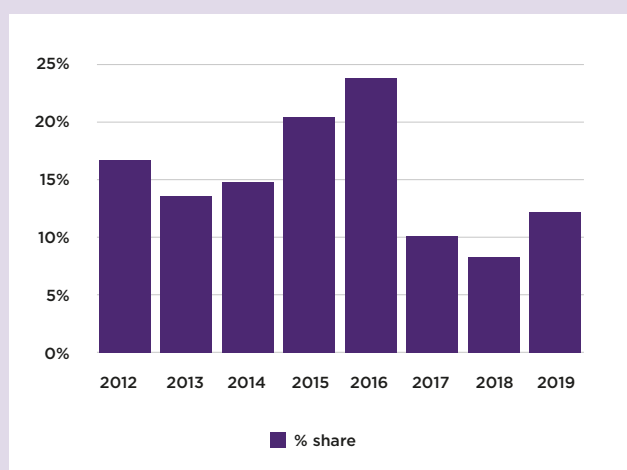
The number of learner enrolments averaged 31 per year between 2012 and 2019, within a range of between 23 and 53 over the period.

Aniva programme postgraduate enrolments accounted for an average of 15.0 per cent of all postgraduate enrolments in the detailed fields of study of 'Other Health', 'Nursing' and 'Midwifery' between 2012–2019 inclusive (see Figure 1). Aniva programme enrolments as a proportion of all such enrolments peaked in 2016 at 23.8 per cent or 53 out of 223 enrolments.

While not directly comparable, the 43 enrolments in the Aniva Master's programme between 2015 and 2019 (inclusive) accounted for 39.8% of the combined Aniva, 'Other Health', 'Nursing' and 'Midwifery' enrolments (108) over the period (MoE, 2020).

FIGURE 1: SHARE OF HEALTH-RELATED POSTGRADUATE AND MASTERS ENROLMENTS, 2012–2019

Aniva enrolments as a percentage of all Health postgraduate and Masters enrolments



Completions

Ministry of Education data showed that in 2019 around 230 Pacific people completed a postgraduate (i.e. at the PGCert and PGDip level) health qualification, up from 170 in 2015.

The overall number of completions of Pacific people have been increasing over time, with the number in the broad field of 'Health' increasing from 160 in 2015 to 230 in 2019.

Completions by Aniva programme learners accounted for around one in six of all such completions over the same period.

Completion rates (Master's programmes)

Ministry of Education data indicates that between 2016 and 2019, around 20 Pacific people completed a Master's level qualification in the broad field of study of 'Health'.

Aniva Master's level learners accounted for around two in five (39%) of those graduates over the same period.

Speed of completion

The proportion of Pacific people enrolled in any postgraduate programme between 2005 and 2019 who completed within one year was 29 per cent (MoE, 2020a).

By comparison, the rate for the Aniva programmes was 78 per cent.

Aniva Master's graduates also record faster completion than other Pacific learners. Ministry of Education data shows that 58 per cent of Pacific Master's level students complete within three years (MoE, 2020). The applicable rate for Aniva learners was 99% for the 2016 to 2018 cohorts.

Other indicators of value

Earlier analysis demonstrated that the Aniva programme delivers completions at a similar cost per completion as the mainstream tertiary education system, even when the additional funding provided by the Ministry of Health was taken into account*.

(*Mischewski, 2017).

Pasifika Peoples' Experiences and Awareness of Bowel Cancer



Tarani Lave

2016 MPP Cohort

“

The ANIVA programme has opened up avenues for Pasifika health professionals to support our Pasifika people in the community to understand their health concerns and promote health literacy. ANIVA has helped us network with other Pasifika health professionals using our cultural connections to support and engage with our people.”

→ There is a worldwide epidemic of bowel cancer and patient health outcomes are directly related to early detection and treatment. New Zealand has one of the highest rates of preventable bowel cancer deaths. An effective strategy for early detection is necessary and it is argued that routine screening programmes should be introduced.

Pasifika peoples face barriers that result in limited knowledge and awareness of the importance of comprehensive bowel assessments. However there are few studies available about Pasifika peoples' knowledge and awareness of available treatment options regarding bowel cancer; or about the barriers that Pasifika people face in getting the information and care they need about bowel cancer and early detection.

The purpose of this research was to identify the barriers to early diagnosis and treatment of bowel cancer from Pasifika people's perspectives. The findings provide insight and knowledge of barriers to care. This information can aid health professionals to enhance (or modify) their practice regarding Pasifika peoples specific needs, and in turn lead to providing appropriate culturally responsive care for Pasifika people.

Recommendations were identified that are applicable for health care services, health professionals and most notably the Pasifika communities. This is to ensure Pasifika people are well informed with appropriate information and advice to make safe decisions about cancer screening and treatment. There is a need for on-going research into the equity of access to cancer screening programmes and treatment options.

Exploring knowledge and cultural attitudes towards surgical termination of pregnancy (STOP) amongst Fijian women in New Zealand



Verenika Nabete

2016 MPP Cohort

“

In my role as a clinical nurse specialist, I work closely with Pacific individuals and families – raising their trust, confidence and empowering them to be fully knowledgeable/well informed in accessing the health care systems.”



This study explored knowledge and cultural attitudes towards surgical termination of pregnancy (STOP) using ‘talanoa’ to gain personal stories about the experiences of Fijian indigenous women living in New Zealand. STOP is commonly known as abortion. This research also explored the literature relating to the approach to abortion taken by different countries and cultures. It focused on women’s rights to access abortion as a health service and especially the challenges faced by vulnerable women who sought this service.

In this research, the Vanua Indigenous Research Framework was used to guide and inform the study, and ‘talanoa’ – a form of interview, was used as a qualitative method for collecting data. Pasifika people use talanoa as an acceptable way of exchanging and sharing information with another person or in a group.

The research found that indigenous cultural and religious beliefs are barriers to a woman’s choice to have an abortion. The reasons for this may vary, but it is argued here that health and indigenous communities need to act in a way that respects women’s values and choices towards abortion. Encouragement within indigenous communities to actively participate in health services improvement is a shared responsibility between health and indigenous communities.

The experiences of Tongan women diagnosed with breast cancer in New Zealand



Keleni Tupou-Mafileo

2018 MPP Cohort



Aniva really helped me to move out of my comfort zone. I am now in a senior position where I am able to make a difference to our Pacific communities and also to the organisation.”



Breast cancer is the most common type of cancer affecting Pacific women in New Zealand.

Literature suggests that inequity of access to services has impacted on delayed treatment and breast cancer diagnosis. This has contributed significantly to disparities in health outcomes for Pacific women. Although breast cancer rates are lower for Pacific women in comparison to other ethnic groups, literature indicates Pacific women have higher mortality rates. This research sought to explore the knowledge, beliefs and attitudes of four Tongan women diagnosed with breast cancer living in Auckland New Zealand.

In capturing the essence of their lived experiences, I used the Pacific research methodology, Talanoa to bring forth Tongan concepts and cultural values that are more culturally aligned with Tongan and other Pacific worldviews and perspectives. Due to the sensitivity of the topic, Talanoa created a safe space and environment for the participants and researcher to have the conversations without any boundaries. This approach led to the collection of in-depth rich information.

The analysis of the talanoa revealed five significant themes. First, Vā (relationship) maintaining and nurturing of relationships; second, breast cancer awareness and early detection of cancer; third, the emotional and psychological impact of breast cancer; fourth, using simplified English and lea faka-Tonga to communicate; and finally, cultural beliefs and values vs knowledge, beliefs and experiences of Tongan women with breast cancer. The findings revealed that breast cancer awareness and cultural beliefs influenced the participants' knowledge and health seeking behaviour. This included the need to implement culturally responsive services and resources which are applicable and acceptable to the Tongan community.

Kidney failure & Pacific people



Manogi Taviliniu-Eiao

2016 MPP Cohort



Being an Aniva Alumni, I feel confident to express myself from my perspective as a Pacific woman with a nursing background. The Aniva program has allowed me to network with other Pacific people I may not have encountered otherwise. I have also been involved in making submissions to policy consultation documents, which I have found to be rewarding.

Having a voice to encourage new Pacific nurses to feel confident and appreciate their chosen career/calling to care for others. Aniva has provided a platform for Pacific Nurses and Midwives to embrace academia by having the credentials, credibility and courage to use this effectively and wisely in their specialty fields. Fakaaue Lahi!”



The aims of this research were to identify the values and beliefs that influence Pacific people in their decision making around Renal Replacement Therapy. The main objectives were: first, to review and identify relevant literature about the demographics and risk factors associated with Pacific people with chronic kidney disease; second, to understand how the values and beliefs of Pacific people with a diagnosis of end stage renal failure (ESRF) supported their decision making related to treatment options; and third, to use the findings to influence and make recommendations to improve health literacy for Pacific people with Chronic Kidney Disease (CKD) which can lead onto ESRF.

The background to my research is that having worked in the Renal Service for many years, I wanted to understand why people chose particular treatment options and how this was influenced by their values and beliefs. I collected information about participants demographics, and conducted in depth interviews. My findings included the differences in grief from Western and Pacific perspectives. I made recommendations about how renal services for Pacific people can be improved.



Experiences and Perceptions of Tongan people diagnosed with gout living in South Auckland



Thelma Fatafehi-Finau

2018 MPP Cohort

“

The ANIVA programme has positively contributed to me developing professionally and becoming more confident in practising as a Pacific Registered nurse in the area I am currently working.”



This presentation will share the findings of my research about the experiences and perceptions of Tongan people living in South Auckland who have been diagnosed with gout. The research explored whether their experiences influenced their behaviour in seeking medical attention for gout.

Gout continues to be on the rise internationally, in the Pacific and in New Zealand. South Auckland is known to be the “gout capital in the world” (Winnard et al., 2008).

Ten participants were recruited for this research with seven men and three women. For data collection, the two main talanoa methods used was the talanoa faikava and talanoa faka’eke’eke. During the talanoa sessions, talanoa faka’eke’eke, talanoa vave and talanoa usu were used interchangeably. Findings were analysed using the thematic analysis and as a result four themes were constructed.

The four themes from this research included: (1) participants’ initial perception and experience of gout, (2) Impact of gout, (3) Health literacy around gout and lastly (4) barriers to effective engagement with health professionals. Recommendations included: national level action to support increased awareness of gout, and support for health professionals to understand Tongan perspectives and demonstrate cultural competence in providing care. The faa’i kavei koula and a Tongan proverb: ‘Taki Taha Tauhi Hono Vaha’angatae’ were introduced as a guide to support health professionals’ nurture their relationship with gout clients with the aim of achieving better gout management amongst the Tongan community.

Exploring Pacific People's experiences in their uptake of Palliative Care Services



Sierra Faaouina-Faitua

2016 MPP Cohort

“

The Aniva programme has helped me expand my way of thinking especially in the area of Pacific Health. The programme led me to understand that it's okay to strive for changes for the benefit our Pacific population.”



The utilisation of Palliative care by Pacific patients and their families is considerably lower than other populations in the Zealand context. This may be due to Pacific cultural experiences and beliefs. This qualitative research included the use of the talanoa process, as an approach to interviewing five participants, as it a culturally familiar way for Pacific people to share their stories. The significance of this study was to provide an insight into the experiences of Pacific patients and their families who have had to deal with death and dying. The research sought to discuss with, listen to, and understand the in-depth experiences of participants. The intent was that this will enable service providers to gain a better understanding of how to provide palliative care that is culturally appropriate for Pacific people.

Exploring how Pacific Parents/ Caregivers make decisions about the health of their child in the Neonatal Intensive Care Unit (NICU)



Anevili Brown Purcell

2018 MPP Cohort

“

I feel grateful for the Heavenly Fathers blessings and that I was able to utilise what I have learned through the ANIVA programme to implement cultural changes within our neonatal units to provide Family Centred Care model'. These changes reflect the importance of Pacific world views and the impact it has on the delivery of care for our Pacific matua (parents), aiga (family) and their newborns.”



This study focused on exploring how Pacific parents/caregivers made decisions in the Neonatal Intensive Care Unit (NICU). My research question was about how cultural factors impacted the way medical information was received and shaped the decisions made by parents. The study involved 4 parent-groups of Pacific ethnicity. Parent-groups were Samoan, Tongan and Fiji-Indian.

Overall, this research found seven (7) common areas or themes that impacted Pacific parents experiences within NICU, these were: spiritual and religious beliefs, cultural differences, attitudes and behaviours, language and communication, challenges of being a caregiver, parental choices and challenges, and unprofessional attitudes of health professionals. Together these areas highlighted the need for healthcare professionals to understand and acknowledge the importance of Pacific perspectives and epistemology and how this impacted the way in which information was received. Furthermore, the findings of this study indicated a great need to implement Pacific cultural-knowledge within context of care of a NICU that serves the majority of the Pacific population in South Auckland.

Pacific Peoples Experience of Bariatric Surgery - Including Presentation for Weight Loss and their Surgical Journey



Alisa Ili

2016 MPP Cohort

“

As an Aniva Alumni, I have grown professionally and clinically as a Pacific nurse leader. I have confidence in the purpose for Pacifica health but also for the service I currently work in. My Pacifica nursing network continues to grow, as well as my involvement in our nursing future... with a focus on Pacifica and Māori.



Obesity has become an increasingly serious issue impacting on the health of people throughout the developed world, affecting both adults and children. Within the New Zealand context, this is particularly so for the Maori and Pacific populations.

The aim of this research was to address two key areas, the first to describe and critique the current Public Health response to providing surgical treatment for obesity and second to describe the experiences of Pacific people who have had bariatric surgery, including their values and beliefs that may have influenced decision making about treatment. The research also describes Pacific people's knowledge and understanding of Bariatric surgery as a service available to them as a health treatment for Obesity and their experience of the outcome.

A qualitative research design was used for this research. Purposeful sampling was used to recruit participants. Inclusion criteria were adult Pacific patients who have had Bariatric Weight Loss surgery, are English speaking and New Zealand residents living in the Auckland region.

Findings include the need for more research into population specific health in specialised areas, and the need for population health improvement in specific areas of disparity. We need to ensure all myths are eliminated – for example, the stigma of individuals taking responsibility for themselves and problems not being society responsibility.

The Surgical journey experience of the Samoan patient whose primary or preferred language is Samoan



Luisa Lilo

2018 MPP Cohort

“

The Aniva programme has helped me gain the confidence to take on a leadership role that can influence change for our families and communities.”



This qualitative study provided insight into the experiences of Samoan people in New Zealand, whose primary language is Samoan and their experiences of the hospital environment when they were at their most vulnerable. It focused on exploring the patient and their family perspectives of their hospital admission journey, when they have required a surgical procedure. It also looked at the perspectives of Registered Nurses that have looked after Samoan patients who have had surgery.

The study identified the need for healthcare services in New Zealand to address the strengths and weaknesses of the interpreting services and to look at devising policy and guidelines that incorporate cultural Pasifika values and practices. In order for organisations to see the efficiency or ‘inefficiency’ of service delivery to our communities and address the health disparities that exist, appropriate comparative population data collection is required from all areas of the healthcare system.

Pacific Nurse Leadership in Primary Health Care – where are you?



Pauline Fuimaono Sanders

2016 MPP Cohort

“

The Aniva Programme has provided the opportunity to connect with other Pacific Nurses in NZ and internationally. This programme developd my confidence to stand in the space of Pacific Health in a mainstream health system to influence change across the system both horizontally and vertically. Aniva has also positively influenced my personal growth to stand in my own experience, space and knowledge as a Samoan woman.”

→ Pacific nurse leadership has been identified as a key enabler to positively contributing to Pacific health outcomes in New Zealand. However, there is low Pacific nurse leadership representation at a time when Pacific health disparities in health outcomes are highest.

A qualitative, interpretive approach utilised the talanoa interview method to support this process. Purposive sampling was used to ensure appropriate participants were invited to participate. Participant criteria included Pacific nurses with a minimum of one years' experience working in Primary Health Care in either a trust or small business setting.

The key findings from the participant responses included the priorities of culture, family, religion and the impact these have on leadership participation. A fundamental understanding that leadership was through team selection not self-selection was highlighted.

Key influencing factors in leadership participation for Pacific nurses in Primary Health Care were a self-perceived lack of leadership skills, experience and lack of confidence among participants; coupled with variable organisational support.

This research will support nurses, in particular Pacific nurses, and organisations in supporting Pacific nurse leadership development. There is also an opportunity to explore the emergent themes that have been highlighted through this research as a contribution to Pacific nursing literature.

Factors influencing Niuean parents to have discussions with their adolescent children about sexual health



Aiva Kasimausi

2018 MPP Cohort



I would like to acknowledge Pacific Perspectives for providing this opportunity to participate in the Aniva Programme that enabled me to achieve what once was a dream.”



Sexual health discussions, between parents and adolescents, have proved beneficial in equipping adolescents with the knowledge to make responsible decisions regarding their sexual health wellbeing. However, parents and adolescents are avoiding having these challenging conversations. This study has highlighted that little is known about Niuean sexuality and sexual health wellbeing. In order to improve how Niuean parents and adolescents engage in sexuality and sexual health discussions, the study examined parent's perceptions, attitudes, beliefs and knowledge around sexuality, sex and sexual health.

This qualitative study sought to explore factors that influence Niuean parents to have sexual health discussions with their adolescent children.

The study included Niuean couples with adolescent children between the 10-19 years age group. Phenomenology, as a qualitative research design suitable for this study was selected and Talanoa, a culturally appropriate tool for data collection was used to record lived experiences of participants

It was evident from the findings of this study that providing sexual health education in the Niuean context was never the role of parents, however, Niuean parents living in New Zealand are talking to their adolescent children, overcoming some of the traditional beliefs around relationships, and communication about sexuality and sexual health of adolescents. Niuean parents living in New Zealand have to re-learn the art and culture of talking to their children and preparing them for life and this includes sexual health awareness. It was found that parents often use humour through jokes and teasing when discussing sexual health topics with their children.

Samoan mothers and the impact of the NZ Midwifery Model of Care on Fa'aSamoa – an overview of findings



Siufofoga Mary Matagi

2016 MPP Cohort



You join Aniva as strangers and leave as family. It's put the heart back into our health practice. It's given me pride in my cultural identity – the humility, generosity, kindness and uniquely Pacific humour that we bring that breaks down barriers while respecting the relational space between us”.



The momentum behind this thesis emerged following maternity data highlighting the persistent late registration of Pasifika mothers with maternity services, despite a state-funded public health service.

This study investigated how Samoan mothers perceived their pregnancy and the influences that impacted on them deciding when to access midwifery services in Aotearoa New Zealand. The project set out to provide an understanding of how midwifery services are delivered inclusive of the partnership model in Aotearoa New Zealand and to examine Samoan mothers' narratives of their childbearing continuum.

The research drew on a qualitative research approach utilising the Pan Pacific Fonofale Model of Health as a conceptual framework to illuminate a better understanding of the Fa'aSamoa. To capture the richness of the participants stories, Talanoa (dialogue) was employed as a fundamental component of the data collection.

All participants were born and raised in Samoa, had children in Samoa and consequently gave birth in Aotearoa New Zealand, over the 12 months prior to the study.

The research approach emphasised the lived experiences of three Samoan mothers and their journey through Aotearoa new Zealand's maternity system. The findings were that, although the philosophical underpinnings of Midwifery complemented the Fa'aSamoa way of being and knowing in principle, there was a degree of conflict which within this space. These experiences impacted the way that the participants perceived maternity services – specifically regarding access and choice.

Aniva Alumni

Aniva Postgraduate Certificate in Specialty Care (Pacific Health) Graduates

Abel Smith	2012	Atatose Canty	2013
Aloma AhMu-Wehi	2012	Elenoa Havea	2013
Ana Liki	2012	Evivi Cirikiwai	2013
Atelaite Luma	2012	Fonofili Sa'e	2013
Barbara Vardey	2012	Janet Filipo	2013
Emma Pritchard	2012	Jenifer Tuagalu	2013
Filoi Genevieve Togiaso	2012	Lavinia Ma'u-Pohiva	2013
Fiona Tautua	2012	Leilani Jackson	2013
Frances Oakes	2012	Loloahi Simanu	2013
Frances Akaruru	2012	Lorna Kunitau	2013
Helen Talamaivao	2012	Manogi Eiao	2013
Jannette Hennings	2012	Maoitele Lowen	2013
Josephine Samuelu	2012	Mesepa Channing	2013
Juliet Pati Pati	2012	Metuamaru Daniel-Atutolu	2013
Kevin Gounder	2012	Mireka Ford-Aloiai	2013
Lanola Teu	2012	Nancy Lewanavanua	2013
Latasia (Sia) Uili	2012	Pauline Lolohea	2013
Ma'ukakala Ofa	2012	Susi Tameifuna	2013
Mary Tavita	2012	Unaisi Wainivetau	2013
Siufofoga Mary Matagi	2012	Verenika Nabete	2013
Mary Roberts	2012	Vunirewa Uluilakeba	2013
Nathalie Esaiha-Tiatia	2012	Agnes McKay Vucago	2014
Pauline Fuimaono Sanders	2012	Alisa Loimata Lilo Ili	2014
To'a Fereti	2012	Doana Fatuleai	2014
Tuliana Guthrie	2012	Eseta Naidu	2014
Vaiola Ha'unga	2012	Esther Pereira-Saena	2014
Vasiti Taserenavanua	2012	Frances Vaitoelau Pedro	2014
Ana Waqairawaqa	2013	Ioana Viliamu-Amusia	2014
Aneta Nawainilaga	2013	Kalisi Mahina Talakai	2014

Kelera Kaloumailagi Batiwale	2014
Lesieli Polutele	2014
Lima Lestro	2014
Linon Nanai	2014
Lisa Purcell	2014
Mary Kata	2014
Matagi Sione	2014
Matthew Southwick	2014
Paengakovi Lauaki	2014
Rochelle Avatea	2014
Sameli Tongalea	2014
Sierra Faitua	2014
Sonya Temata	2014
Suitafa Laufili	2014
Tarani Lave	2014
Vicky Maiava	2014
Aiva Kasimausi	2015
Alena Naiqiso	2015
Arieta Mu'aulama-Faapesolo	2015
Augustina Reid	2015
Edlyn Hetutu	2015
Fane Uasi	2015
Fiona Atoni	2015
Helen Malu	2015
June Ah Wong	2015
Luisa Qeisene	2015
Margaret Tuala	2015
Mele Vaka	2015
Palu Toronibau	2015
Pilimilose Ofanoa	2015
Seruwaia Kolibasoga	2015
Silina Niulevu	2015
Siupolu Tavui	2015
Taofimalo Sapolu	2015
Temukisa Alao-Snyder	2015
Thelma Fatafehi	2015
Varanisese Serevi-Dawai	2015

Ana Paongo	2016
Anevili Purcell	2016
Angelina Tuialii	2016
Billie Slater	2016
Foloi Faletui	2016
Grace Lino	2016
Helen Bretherton	2016
Judy Ikihele	2016
Keleni Tupou	2016
Lalesh Deo	2016
Lani Ioelu	2016
Letitia Taihia	2016
Luisa De Seymour	2016
Luisa Lilo	2016
Miliama Tupuse	2016
Ngatepaeru Marsters	2016
Nunia Fahamokioa	2016
Richard Sihamau	2016
Salanieta Ganilau	2016
Sulusamoa Samu	2016
Theresa Lavakula	2016
Vaimoana Manukia	2016
Vilimaina Qeisene	2016
Aliti Tawake	2019
Elizabeth Kanivatoa	2019
Fa'afana Temese-To'omaga	2019
Fusi Fe'iloakitau	2019
Gina Ellia	2019
Helen Patea	2019
Judith Niuelua	2019
Kaloni Savieti	2019
Lena Emani	2019
Lesieli Tameifuna	2019
Lillian Uluilakepa	2019
Lisa Suapopo	2019
Elisapesi Wolfgramm	2019
Louise Robertson	2019

Lupe Helu	2019
Maria Bartley	2019
Penina Fitisemanu	2019
Therese Stowers	2019
Tia Minnoch	2019
Viliame Tuisawana	2019
Adorabella Letimanu	2020
Alice To'oala	2020
Anne Tuliakiono	2020
Denise Gago	2020
Fiona Reid-Tuikolovatu	2020
Giovanna Parker	2020
Hayden Erick	2020
Hulita Allen	2020
Iemaima Niu	2020
Darren Glassie-Rasmussen	2020
Kaye-Marie Feyzabadi	2020
Loreen Makata	2020
Mapui Tangi	2020
Mirella Simpson	2020
Nola Tupa	2020
Peti Taufu	2020
Savaira Vuidreketi	2020
Sheikh Taslim Sahib	2020
Susan Fuiavailili	2020
Vailima Tuakoi	2020

Aniva Postgraduate Diploma in Specialty Care (Pacific Health) Graduates

Abel Smith	2015
Barbara Vardey	2015
Kevin Gounder	2015
Siufofoga Mary Matagi	2015
Pauline Fuimaono Sanders	2015
To'a Fereti	2015
Vaiola Ha'unga	2015
Atatose Canty	2015
Manogi Eiao	2015
Maoitele Lowen	2015
Mesepa Channing	2015
Mireka Ford-Aloiai	2015
Verenika Nabete	2015
Vunirewa Uluilakeba	2015
Alisa Loimata Lilo Ili	2015
Frances Vaitoelau Pedro	2015
Lisa Purcell	2015
Sameli Tongalea	2015
Sierra Faitua	2015
Tarani Lave	2015
Vicky Maiava	2015
Leilani Jackson	2016
Agnes McKay Vucago	2016
Doana Fatuleai	2016
Matthew Southwick	2016
Alena Naiqiso	2016
Arieta Mu'aulama	2016
Augustina Reid	2016
Fane Uasi	2016
Fiona Atoni	2016
Mele Vaka	2016
Silina Niulevu	2016
Metuamaru Daniel-Atutolu	2016
Evivi Cirikiwai	2017



Ioana Viliamu-Amusia	2017
Aiva Kasimausi	2017
Helen Malu	2017
Margaret Tuala	2017
Siupolu Tavui	2017
Thelma Fatafehi	2017
Ana Paongo	2017
Anevili Purcell	2017
Angelina Tuailii	2017
Foloi Faletui	2017
Judy Ikihele	2017
Keleni Tupou	2017
Lalesh Deo	2017
Letitia Taihia	2017
Luisa Lilo	2017
Miliama Tupuse	2017
Ngatepaeru Marsters	2017
Theresa Lavakula	2017
Josephine Samuelu	2018
Tuliana Guthrie	2018
Kelera Kaloumailagi Batiwale	2018
Mary Kata	2018
Rochelle Avatea	2018
Sonya Temata	2018
Palu Toronibau	2018
Helen Bretherton	2018
Sulusamoa Samu	2018
Jubeda Shah	2018

Aniva Master in Professional Practice (Pacific Health) Graduates

Abel Smith	2016
Kevin Gounder	2016
Siufofoga Mary Matagi	2016
Pauline Fuimaono Sanders	2016
Manogi Eiao	2016
Maoitele Lowen	2016
Mireka Ford-Aloiai	2016
Verenika Nabete	2016
Alisa Loimata Lilo Ili	2016
Frances Vaitoelau Pedro	2016
Lisa Purcell	2016
Sierra Faitua	2016
Tarani Lave	2016
Agnes McKay Vucago	2017
Arieta Mu'aulama-Faapesolo	2017
Augustina Reid	2017
Doana Fatuleai	2018
Evivi Cirikiwai	2018
Aiva Kasimausi	2018
Margaret Tuala	2018
Thelma Fatafehi	2018
Anevili Purcell	2018
Keleni Tupou	2018
Luisa Lilo	2018



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