



Celebrating *our* Pacific Health Workforce

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pacific perspectives



Aniva students represent the diversity of Pacific cultures in New Zealand

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Foreword

It's a pleasure to present the Aniva Programme.
We believe the programme is making a
significant contribution to improving
Pacific health in New Zealand.

This booklet introduces Aniva; the programme leaders; results and achievements. Importantly it includes a brief overview of the research conducted by our first cohort of Masters students. This research contributes to increasing our understanding of Pacific world views and how understanding these can enhance clinical practice and health services.

Aniva's agenda for change focuses on the health workforce – increasing the number of Pacific nurses with the qualifications, skills and knowledge for leadership in the health sector; changing clinical practice and the way health services are delivered to better meet the needs of Pacific individuals, families and communities; and improving the success of tertiary education with Pacific learners.

We'd like to share some of the background to the Aniva Programme to help highlight how important these achievements are.

I'm extremely proud of the Aniva Programme and what our Aniva students have already achieved. I am even more excited about their future contribution to health services and the improvements they are going on to make for the individuals, communities, and workplaces they serve.



Dr Debbie Ryan
Principal, Pacific Perspectives

Introducing the Aniva Programme Leadership

Fuimaono Karl Pulotu-Endemann

MNZM, JP, NZRPN, NZRGON, Adv Dip Nsg



➔ Fuimaono Karl Pulotu-Endemann is a Pacific health consultant and a leader in Pacific health and social services. Fuimaono has advocated for and represented Pacific people in governance roles in a range of health and community organisations and has played a key role in 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. Fuimaono developed the ground breaking Fonofale model of health, based on a Pacific world view. Throughout his career, he has maintained a leadership role in nursing as an educationalist, mentor and role model for generations of Pacific nurses.

“What is required is a very strong, competent, Pacific workforce that is led by Pacific people, for Pacific people because in that lies, the relevance, the understanding, the emotions, the history and indeed the encapsulation of what those communities are. What someone does reflects that community and understands that community, because they are a part of that community... I am so proud of every one of those students where I have had the honour to be part of their journey to get to where they are. Not only that student, but all that they represent, their families, their culture. This is great for me, coming at the end of my career, that I can honestly say that I've passed on what I've learnt after all the years in the health sector to those new leaders coming through. I'm so incredibly, incredibly proud of them.”

Dr Margaret Southwick

QSM, PhD, NZRN



➔ Dr Margaret Southwick is Emeritus Dean, Whitireia Community Polytechnic. She is a noted nurse educator and academic, who has championed the rights of Pacific learners and challenged the traditional norms of tertiary education. Dr Southwick led the development of Pacific nursing pedagogies, based on a Pacific world view, which led to the innovative Whitireia Bachelor Nursing Pacific Programme. She has been the Dean of Faculty of Health Education and Social Sciences and served on the New Zealand Nursing Council for ten years, with five years as the Chairperson. Dr Southwick was awarded the Queens Service Medal for services to Pacific communities in 2009.

“The best part of being involved in Aniva has been the opportunity to bring together a team of experts who have been unstinting in their generosity to grow the leadership capacity and capability of our Pacific Nurses.

This initiative is significant because it moves past negative stereotypes and deficit models to produce the leadership skills we need in this workforce to build healthy and well communities in New Zealand. People come in to this programme with limited understanding of how successful they actually are and what a difference they can make. Seeing them come to realise that for themselves over a period of time is a privilege.

Dr Debbie Ryan

MPM, MBChB,
BSc, MNZIOD



➔ Dr Debbie Ryan is the Principal of Pacific Perspectives, a policy and research consultancy specialising in Pacific health that she established eight years ago. The organisation is now recognised for its leadership and contribution to policy, research, education and practice in Pacific health.

Dr Ryan has held prominent leadership roles in the Pacific health community and has extensive experience as a general practitioner, director, manager, senior public servant and researcher. Dr Ryan has qualifications in medicine, public management and company direction and is currently writing a PhD in public policy at Victoria University of Wellington. Dr Ryan was awarded the Victoria University of Wellington Prime Ministers Award in Public Management in 2016 and is a recipient of the Pasifika Medical Association Life Award for services to Pacific health.

“We believe in developing Pacific health as a specialty because our Pacific workforce needs more than technical knowledge about diseases and disciplines. To improve health outcomes for Pacific people our Pacific workforce needs to be prepared to lead change in how services are delivered and how health systems are run. Pacific Perspectives is leading a learning approach to working across sectors and strengthening the evidence for policy and practice and through this strengthening the investment approach to addressing the health needs of Pacific people.”

A strength of the Aniva Programme has been the inclusion of alumni as teachers and mentors. Safaato'a Fereti has had a key role.

Safaato'a Fereti

RN, MNurs.
PGDipBus.



➔ Safaato'a (To'a) Fereti is the 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. To'a is a Ministerial appointment to the Nursing Council of New Zealand. She is the president of the Pan-Pacific Nurses Association and is a doctoral candidate at the Auckland University of Technology.

“I was in the 2012 cohort and so I have completed a Postgraduate Certificate and then a Postgraduate Diploma. The role I've played has been a support person and mentor, just someone to bounce ideas off, get together over coffee and just basically being there to support them through.”

All of the nurses are in full-time Senior Nurse Leadership roles, many are full time parents and they study as well. Understanding the challenges of trying to balance that as well as life in general, having gone through it I felt that was the best thing to do... and to be part of their journey.”

About the Aniva Programme

Like many other initiatives, the Aniva Programme began in response to a series of specific challenges.

Our health system provides excellent care for many people but, for too many Pacific people, it fails to meet their needs.

Not only do Pacific people fare poorly in assessments of health status compared with the total New Zealand population, they are also underrepresented in New Zealand's health workforce. The Aniva Programme was set up to help change this.

Aniva is the Samoan word for the galaxy, referencing the way our Pacific ancestors were guided by the stars as they mapped the Pacific.

It rejects a deficit-based analysis of Pacific issues and suggests there are uniquely Pacific ways of knowing and being that need to be integrated into our approach to health services, if we are to see sustainable successes for Pacific people.

Aniva combines a focus on the strengths of Pacific communities with an in depth understanding of Pacific pedagogies, the health issues affecting Pacific people, and supports Pacific health leaders to develop skills, knowledge and competencies required to drive real change in the delivery of health services.

The Aniva Programme was established in 2011 to address the shortage of New Zealand health and disability workers with an understanding of Pacific perspectives of health and Pacific culture. It offers Pacific nurses a uniquely Pacific pathway to achieving NZQA approved postgraduate qualifications through a three-year, part-time Masters-level qualification.

The Aniva Masters pathway is made up of three distinct qualifications that, combined, staircase to a Masters-level qualification. The three qualifications are the: Postgraduate Certificate in Specialty Care (Pacific Health), established 2011; Postgraduate Diploma in Specialty Care (Pacific Health), established 2015; and Masters in Professional Practice (Pacific Leadership) commenced in 2016.

The Aniva Programmes combine face-to-face workshops, online and self-directed learning approaches, with participants being required to attend all workshops, participate in online discussion boards and complete set assignments.

The Aniva Programme is funded by the Ministry of Health and delivered by Pacific Perspectives through Whitireia NZ. We are also indebted to a number of supporters including senior academics, researchers and Pacific community leaders from across New Zealand and the Pacific Islands, along with practitioners and policy makers who have contributed to delivering the programme and building a network of Pacific leaders with a common perspective on their capacity to influence the health system.

Being Pacific as a specialty

Improving Pacific health outcomes requires more than a narrow focus on illness and disease, and system change is required so that the wider web of relationships, circumstances and cultures that surround those in our care is recognised.

For many of our Aniva learners, working through this programme has been the first time they have felt able to integrate their cultural identity with their clinical practice. This is critical, if we are to identify and implement approaches to health practice that are not only culturally competent but also highly effective for Pacific people.

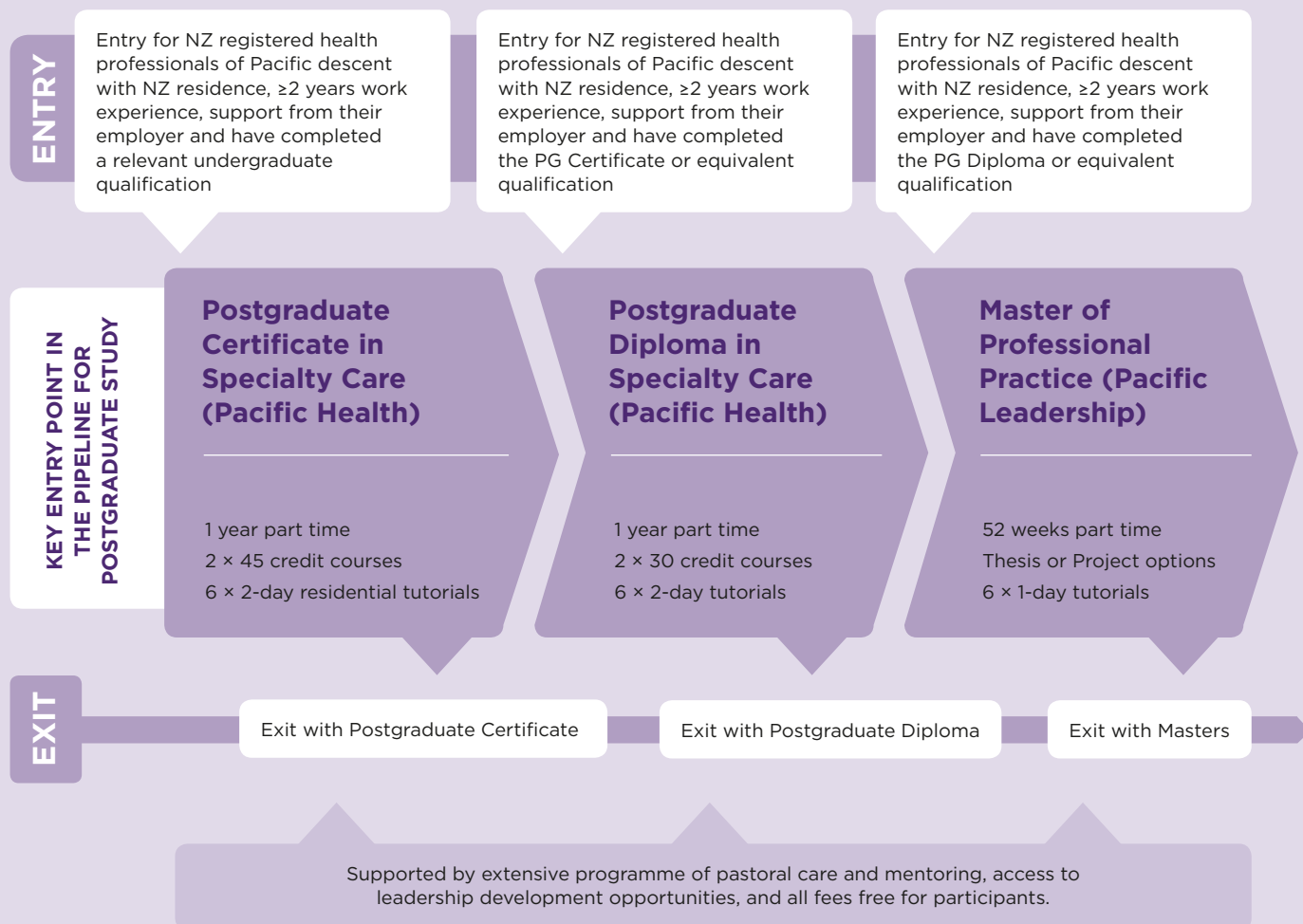
The programme enables graduates to acquire a uniquely Pacific capability by treating Pacific health as a specialty area with its own body of evidence, knowledge and skills, and considers how it can be applied to practice. It begins with approaches to tertiary education that identify the cultural identities of our Pacific nurses and their roles in their families and communities as strengths – understanding Pacific ways of being and knowing and mobilising Pacific networks are unique strengths we desperately need them to bring to New Zealand's health and disability workforce.

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 accredited for delivery through Whitireia NZ.

Each stage ends in a postgraduate level qualification and can be followed either by a pause in study or by continuing on to the next qualification.



We know there are high numbers of Pacific people with unmet health needs. We know that improving health outcomes is reliant on both the quality and the accessibility of health care information and services, yet the evidence for how to address these challenges through policy and service design and delivery is not yet well developed. In many cases, the technical and clinical expertise our people need is wrapped up within a system they find inaccessible. Our Aniva graduates want to change this.

2%

Pacific people made up just over 2% of the regulated health workforce in 2012



Aniva at a Glance

25%

Pacific people are 25% less likely to be enrolled in postgraduate study compared to the general population



Fewer Pacific postgraduate students progress through to a Masters-level qualification, and those who do, typically take longer to complete their programme than the general population

TO ADDRESS THESE NEEDS, THE ANIVA PROGRAMME:



Focuses specifically on nursing and supporting Pacific leadership in nursing



Makes postgraduate offerings more relevant by tailoring content to the needs of Pacific communities and the Pacific health workforce



Offers fees-free pathways that remove any financial barriers for learners and employers



Integrates clinical and management leadership opportunities with NZQA approved qualifications that are supported with extensive pastoral care and mentoring support



Is building a community of practice around a Pacific model of care for individuals and communities that is improving health outcomes for Pacific people

AS OF 2015, THE ANIVA PROGRAMME ACCOUNTED FOR:

1 in 6

Almost one in every six of all
postgraduate health enrolments
by Pacific people

1 in 4

Almost one in four of all
postgraduate level course
completions for Pacific people

SUCCESS RATES

95%

Aniva students are highly likely (95%) to
complete their target qualification within one
year (compared to the average postgraduate
completion rate of 25% for Pacific students)

87%

87% of Aniva's Masters-level students are forecast to
successfully complete their qualification, compared
to 51% qualification completion rates for Pacific
students in other Masters-level programmes

**AND, AS YOU'LL SEE IN THE COMING PAGES,
OVERWHELMINGLY POSITIVE FEEDBACK FROM
OUR STUDENTS WHO REPORT BEING:**

more confident and courageous in advocating for the needs
of Pacific patients and Pacific colleagues

more able to identify gaps in policy and practice that affect the
effectiveness and accessibility of services for Pacific people

more confident including their Pacific identity as a unique strength
they can bring to their health practice.



Nursing Leadership and Pacific Nurses in New Zealand



Abel Smith

FIJIAN

Clinical Nurse Director
– Pacific Workforce,
Waitemata and Auckland
District Health Board

 Auckland

Supervisors:

Adi Dr Alisi Vudiniabola & Dr Debbie Ryan

“

I now feel more confident and motivated to further my studies and am in the process of completing my enrolment for the Doctor of Health Science programme at AUT. It's also given me valuable insight into our Pacific nursing community and the opportunities and challenges we face in our leadership journeys. It's strengthened my resolve to strive to make things more approachable and achievable for my Pacific nursing colleagues.”



Equitable health outcomes for Pacific people in New Zealand can be achieved through the improved capacity and capability of the Pacific health and disability workforce. Pacific nurses make up the largest group of regulated health workers in New Zealand and investing in this group can help achieve improved health service outcomes for Pacific people. However, very little is known about the opportunities and challenges Pacific nurses experience in their leadership journeys in the New Zealand health context. This research explored whether Pacific nurses aspired to leadership roles, and if there were any differences in the way Pacific nurses viewed leadership compared with their western or New Zealand counterparts.

This qualitative study was guided by Carspecken's critical ethnographic framework. One-on-one in-depth interviews were held with six nurses using Talanoa. The data was analysed thematically.

The research found that Pacific nurses experienced opportunities and challenges relating to internal or personal factors and external or organisational factors during their leadership journeys. Internal factors including: family and other priorities; career planning and development; self-doubt; self-belief; academic preparation and achievement were articulated as personal opportunities and challenges. Organisational priorities and culture; mentorship and supervision; networking and having Pacific nursing champions were described by participants as external factors influencing their leadership journeys.

The research confirmed that Pacific nurses aspired to leadership positions and roles. The study ascertained a mixed response to the question of whether Pacific nurses viewed leadership differently from their Western counterparts.

The findings of this research were used to construct a “Framework for Developing Pacific Nurse Leaders”. The recommendations include: early identification of potential leaders; provision of mentorship and supervision; exposure to leadership practice and experience; support for postgraduate education; access to networking opportunities and support for aspiring Pacific nurse leaders to apply for leadership roles.

Pacific Peoples' Experience of Bariatric Surgery Including Presentation for Bariatric Weight Loss Surgery and Their Surgical Journey



Alisa Lilo-Ili

SAMOAN / TOKELAUAN

Acting Nurse Manager,
Counties Manukau Health

 **Auckland**

Supervisors:

Dr Margaret Southwick, Dr Kathy Holloway & Dr Debbie Ryan

“

It's not like we complete our studies and that's it – we've already initiated a Pan-Pacific Nurses Association and we're supporting each other to present back to the community, to our workforce. It's made all of us more confident to ask questions, not just think them. To step up and be a voice, both for other Pacific health workers and our communities as well. Aniva has given us the credibility to do that, and opportunities are starting to come as a result. I didn't ever think I'd have it in me before now.”



Bariatric surgery is an effective treatment for the serious health issues affecting individuals with morbid obesity, however, until recently it was only available in the private sector in New Zealand. While bariatric surgery is now provided through the public health system, the literature shows that people with obesity experience stigma and discrimination, and may face barriers to getting the treatment they require. Pacific people in New Zealand have the highest rates of obesity, yet Pacific people are not well represented in the number of patients undergoing bariatric surgery. Limited data available from the New Zealand Health Information Service suggests disparity in Pacific access to publicly funded bariatric procedures. Given the importance of this issue for Pacific health, the aim of this thesis was to contribute to understanding whether the low numbers of Pacific people undergoing bariatric surgery was due to the 'choices' made by individual Pacific people or to barriers to access associated with health system factors.

The research addressed two key areas, the first was to describe and critique the current Public Health response to providing a surgical response to obesity for Pacific people; and secondly, to describe the experience, knowledge and understanding of bariatric surgery of Pacific people who had the procedure; as well as the values and beliefs that may have influenced their decision making.

A qualitative research design was used for this project. The findings of this research provide insight into the need for more Pacific research in the area of service provision. The participants actively sought treatment, but experienced barriers through primary care. The participants also reported that family support was important in their surgical journeys. A key finding of the project was that the persistent view that obesity is the personal responsibility of the individual, needs to be addressed to improve access to bariatric surgery for minority populations like Pacific people who face the double stigma of society judgement of their condition and the stereotypes about Pacific people.

The Lived Experience of Pacific Island Women diagnosed with Breast Cancer in New Zealand



Frances Vaitoelau Pedro

TOKELAUAN / SAMOAN

Capital Coast District Health Board

Wellington

Supervisors:

Dr Chris Walsh & Dr Margaret Southwick

“

Aniva taught me about the ‘va’ – the space we occupy and the quality of the relational space between us. On a professional level it taught me about being a nurse and knowing the space that I occupy as a nurse and what I can do in that space for my Pacific communities. It also taught me about courage – the courage to open up those spaces, to open up the ‘va’ in my workplace on a personal and professional level to ultimately benefit our Pacific communities. It’s encouraged me to step into positions where I can advocate more for Pacific needs. I can’t stay complacent, I can’t just sit where I am. I have to act. Aniva’s given me the courage to do that.”



Breast cancer is one of the leading causes of mortality for women in New Zealand and internationally. For Pacific women diagnosed with breast cancer in New Zealand the mortality rates are high in comparison to other population groups. This study explored the lived experience of Pacific women diagnosed with breast cancer in New Zealand. This research is unique in presenting the voices of Pacific women and their personal accounts of their breast cancer journeys.

Four Pacific women who had been diagnosed with breast cancer were interviewed for this study. Phenomenology underpinned the research approach taken. Themes developed from the data were ‘navigating uncharted ground’; ‘life hanging in the balance’; and ‘we’ve got your back’.

A significant contribution of this research is an enhanced understanding of the use of the Pacific concepts of ‘talanoa’ (the ‘talk’) and also ‘va’ (the ‘space’).

The stories that these Pacific women told described the ‘va’ spaces that they and their families and significant others negotiated during their journeys. The insights from these narratives were used to develop a framework to support culturally appropriate approaches to working with Pacific women diagnosed with breast cancer.

A Descriptive Study of the Experiences of Migrant Indo-Fijian Nurses Transitioning to Practice in New Zealand



Kevin Gounder

FIJIAN

Clinical Nurse Educator,
Alice Springs Hospital

Australia

Supervisors:

Dr Margaret Southwick & Fuimaono Karl Pulotu-Endemann

“

I see myself as an advocate for change through research, planning and, as a result of the Aniva programme, implementing programmes with a deeper and better understanding of our Pacific people and their health needs. My Masters study has equipped me with the knowledge, skills and innovative ideas to be a better leader and service provider.”



The migration of nurses is part of the global phenomenon of health worker migration. An emerging issue surrounding the phenomenon concerns nurses transition to practice in the destination country. The literature identifies two key issues: preparedness of the health system to receive migrant nurses; and the readiness of migrant nurses prior to leaving their home countries.

Indo-Fijian nurses have migrated to New Zealand in significant numbers as part of the exodus of skilled health professionals from Fiji since 1987. In New Zealand, the Competency Assessment Programme (CAP) is undertaken by overseas trained nurses to obtain Nursing Registration in New Zealand.

This thesis provides a descriptive study of the experiences of six Indo-Fijian migrant nurses transitioning to practice in New Zealand. The use of personal storytelling to guide the sharing of life experiences informs this study.

The research found that nurse's experience of the CAP was positive. However, they described subtle challenges including: language - the problem was not English proficiency but understanding the New Zealand accent; culture shock; cultural differences preventing nurses from questioning or seeking clarification of issues; social isolation; and workplace bullying of two strands – intra-Indo-Fijian, and that from the dominant white New Zealander to Indo-Fijian. The system failed to recognise the challenges faced by Indo-Fijian nurses and responses are inadequate. This study also documents cases of cross-cultural empathy in the workplace.

Recommendations are made about how mechanisms built on empathy may improve both ends of this migration phenomenon, so that the benefits of migration are maximised for the migrant nurses and the health system of the receiving country.

What are the Experiences of Pacific Women Utilising Gynaecology Outpatients, Surgical Services?



Lisa Purcell

SAMOAN

Clinical Nurse Manager,
Counties Manukau Health

 Auckland

Supervisors:

Dr Kathy Holloway, Dr Margaret Southwick & Dr Debbie Ryan

“

The Aniva Programme has given me huge confidence and strong networks to help build and provide support for our community. It's given me a strong understanding about what's important to our communities – now I'm passionate about removing barriers, reviewing processes, and doing everything we can to ensure they have access to timely and effective quality health care.”



Patient non-attendance (DNA) for booked appointments in secondary care is an ongoing health system challenge. Health reports identify that Pacific people have high and persisting rates of DNA, across a number of services. This research aims to describe Pacific patients' experiences of Counties Manukau Health's (CMH) gynaecological surgical services, to understand the factors that influence patients choices not to attend for clinical care.

This study will map the journey that a patient takes through the CMH gynaecological services, from the first specialist appointment through to surgical procedures, post-operative care and outpatient clinic services. How Pacific patients experience the care they receive at each of these different stages will be identified. The aim is to gain a better understanding of the barriers and enablers to attendance that Pacific patients experience and how this compares with theories in research literature, which have been developed in research with non-Pacific patients in other health services. These theories may include barriers to care such as lack of transport, lack of information, appointment scheduling, or patient motivation, for example, having other priorities, and risk tolerance.

The research will explore what Pacific patients need and value in gynaecological services' quality and delivery, and attempt to identify strategies that could improve access and utilisation of surgical services for Pacific patients. The intent is that this research will contribute to a better understanding of the issues faced by Pacific people accessing mainstream health services. Furthermore, it will provide strategies with which to engage Pacific people, decrease DNA rates, reduce health care costs and positively contribute to improved patient care and outcomes.

What are the Values and Beliefs that Influence Pacific People in their Decision-Making around Renal Replacement Therapy?



Manogi Taviliniu-Eiao

NIUEAN

Pre-Dialysis Clinical Nurse Specialist, Counties Manukau Health

 Auckland

Supervisors:

Dr Margaret Southwick & Dr Debbie Ryan

“

It's made me aware of how Pacific people are still trying to find our niche in society – whether we're in nursing, lecturing in universities, working in hospitals, or working in business, we are still trying to work our way through where we fit in the world. We can support Pacific people to find where they fit by helping tackle the challenges they face and to achieve optimal health, let alone excellent health. Aniva helped me appreciate that there's something I could do in my position to help our Pacific people.”



This research is focussed on the impact of Chronic Kidney Disease (CKD) on Pacific people within the context of Aotearoa, New Zealand. 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 to review and identify relevant literature about the demographics and risk factors of Pacific people with chronic kidney disease and to understand how the values and beliefs of Pacific people with a diagnosis of end stage renal failure (ESRF) supports their decision making related to treatment options.

A purposeful sampling approach was used in this qualitative study to identify participants able to provide narratives informing the research question. The inclusion criteria were participants: who had commenced renal replacement therapy for longer than 3–6 months; identified themselves as being of Pacific descent; male or female over the age of 18 years; and living within the upper Northern region in New Zealand.

This research provides an example of how phenomena can be interpreted from two different cultural perspectives. One is understanding the concept of ‘grief’ using the Kubler-Ross framework which is a western framework of knowing. The other is the use of metaphor, using pictorial representations, as a way of knowing for Pacific people.

This research makes a contribution to the body of knowledge that specifically addresses understanding health issues from a Pacific perspective.



Non-Adherence to Health Management of Chronic Illness: Is this simply a matter of poor health literacy?



Maoitele Silafau Lowen

SAMOAN

Registered Nurse –
Health Team Leader,
K'aute Pasifika Trust

● Hamilton

Supervisors:

Dr Margaret Southwick & Fuimaono Karl Pulotu-Endemann



It's given me the strength and the competence to draw on my culture to provide services that are appropriate for our people. We have boundaries in our code of practice but we still have to transfer that in an appropriate way that suits our own culture and acknowledges our people in their own right. Otherwise the system doesn't work for them – it hasn't worked and we need to change something so we provide services according to their needs. Aniva offers a way of learning from our own culture that encourages us to practice as Pacific nurses. It's already making a big difference – I'm already seeing change in non-attendance rates.”



The persisting poor health status of Pacific people, especially those who have a chronic illness, is often attributed to poor health literacy. This study takes a unique approach to investigating this issue, adopting a biography narrative. This involves recounting key events and facts about a person's life from a first person perspective. It is a biographical narrative described in chronological or logical sequence and includes an exploration of personal views and stories. The biography narrative methodology inspires review of significant and specific events in a person's journey with high blood pressure/chronic hypertension.

The objectives of this research were to:

- Explore health literacy in the management of high blood pressure/chronic hypertension in relation to Samoan people in the New Zealand context, utilising the author's own experiences as a consumer and as a Pacific nurse working with Pacific people in primary health services.
- Develop an understanding of the relationship between Samoan patients and their practices/behaviours to hypertensive medications using an exploratory design with a qualitative approach.
- Identify and analyse patterns of non-adherence behaviours, and evidence of research literature to validate this information.

The findings of this research add to the existing literature that poor adherence to health management of high blood pressure/chronic hypertension is due to varied factors that include cultural practices, traditional beliefs, personal fears, and poor health literacy. Recommendations from this study are for on-going promotion and continuous education about high blood pressure/chronic hypertension with Samoan people in New Zealand.

The Effects of Internet Use on the Mental Well-being of Pacific Island Youth Living in New Zealand – Family Perspectives



Mireka Ford-Aloiai

COOK ISLANDS

Registered Nurse,
Raukawa Charitable Trust

 Tokoroa

Supervisors:

Dr Chris Walsh & Fuimaono Karl Pulotu-Endemann

“

I found myself and my culture. I realised that I am not only a registered nurse, I am a proud Pacific Island nurse with a voice that I can use to advocate for my people and those who don't have a voice in the health sector. I am the first of my generation to complete university and I want kids in my town to know that if I can do it so can they.”



Having a sense of belonging and connectedness to family, culture and community is a protective factor for many Pacific youth. However, we live in an era where belonging and connectedness has taken on a new meaning for this youthful population because of advancements in technology. Youth and adolescents born in this century are provided with opportunities to use a range of technological methods to communicate. It is expected that they are familiar with cell phones, computers and the internet. These youth have developed their own language, culture, belonging and interconnectedness to virtual worlds that take them away from their families and traditional points of cultural connectedness that many older Pacific people are familiar with.

This phenomenological study will explore the meaning of excessive internet use from the perspectives of families of New Zealand born Pacific youth. The use of the internet includes: checking emails; using the internet for school work; text messaging; surfing or browsing; playing online games; using social media sites; watching movies or listening to music online.

The aim of the study is to raise awareness about how use of the internet is affecting Pacific youth. Recommendations for future study could include a greater focus on assessing this phenomenon from different generational perspectives.

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



Pauline Fuimaono Sanders-Telfer

SAMOAN/CHINESE & ENGLISH/IRISH

Nurse Leader,
Alliance Health Plus PHO

 Auckland

Supervisors:

Dr Margaret Southwick & Dr Jane O'Malley

“

Being Samoan-Chinese on one side and English-Irish on the other, I never really felt ‘Pacific’ enough to speak up as a Pacific person. The Aniva Programme has given me ownership of being Pacific. It’s something I now stand strong in and, as a senior Pacific nurse, that makes me part of the solution. There are so few Pacific nurses working at a senior level, especially in primary health care. That gives us a greater responsibility but it’s something I can now step up to.”



There is a notable absence of Pacific nurse leadership in Primary Healthcare at the governance and strategic levels that make decisions affecting how services are structured and delivered to support Pacific families. This research seeks to explore what leadership means to Pacific nurses working in Primary Healthcare and how it is applied in practice.

The current literature on nursing leadership and health outcomes has a positive association however, the research has been largely based in the hospital settings and focused on non-minority nurse leaders. Therefore, there is a gap in literature on Pacific nurse leadership, the effect of Pacific nurse leadership on Pacific health outcomes and in the Primary Healthcare setting. The research will use semi-structured interviews with five Pacific nurses working in Primary Healthcare including a mix of Pacific born and trained Pacific nurses, and New Zealand born and trained Pacific nurses from three Pacific Island nations. The work settings include a Charitable Trust, private business, Pacific and mainstream providers.

This research will explore what leadership means to Pacific nurses in Primary Healthcare and articulate why there is an absence of Pacific nurses participating in leadership activities with an intention of increasing the engagement of Pacific nurses in leadership activities that influence health service delivery and system design.

Exploring Pacific People's Experiences Preventing their Uptake of Palliative Care Services



Sierra Faafouina-Faitua

SAMOAN

Charge Nurse Manager,
Discharge Lounge,
Counties Manukau Health

 **Auckland**

Supervisors:

Dr Margaret Southwick & Dr Debbie Ryan

“

In hospital all we see is sick people, and when they're well we send them on their way – it's easy to forget they're going back to the same circumstances and conditions that brought them here. And then we see them again. Aniva's opened my eyes that our work is not just in the hospital but also in the community – we need to make changes that will stop the revolving door. It's about working alongside people, not belittling them or taking their power away.”



The utilisation of palliative care by Pacific patients and their families is considerably lower than other populations in the New Zealand context. This may be due to Pacific cultural expectations, practices and beliefs. A search of the literature failed to identify research on the meaning and understanding Pacific patients and their families have of palliative care, particularly when dealing with issues of dying and death in acute care settings.

This research aimed to understand Pacific people's experiences of palliative care in an acute hospital setting. A focus of this study was to identify any barriers that participants indicated influenced their decisions regarding their uptake of palliative care services.

The research sought to discuss with, listen to, and understand the in-depth experiences of participants. This qualitative research included use of the talanoa process as an approach to interviewing five participants as it is 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 intent is that this will enable service providers to gain a better understanding of how to provide palliative care for Pacific people that is culturally appropriate and effective and that will lead to increased utilisation of these services by Pacific patients and their families.

Samoan Mothers and the Impact of the Midwifery Model of Care on Fa'aSamoa



Siufofoga Mary Matagi

SAMOAN

Midwife, Self-employed

 Auckland

Supervisors:

Adi Dr Alisi Vudiniabola & Dr Debbie Ryan

“

You join Aniva as strangers and leave as family. It's put the heart back into our health practice. In Samoan culture you bend over backwards to accommodate anybody – there are no conditions when it comes to that generosity of spirit. That's missing in the mainstream paradigm. For us, work doesn't just start at 7.30 and finish at 3.30. It's given me pride in my cultural identity – the humility, generosity, kindness, and uniquely Pacific humour we bring that breaks down barriers while respecting the relational space between us. Although we are a minority in the mainstream environment, we have so much to offer to enhance the wealth of knowledge we have and really make a difference for our vulnerable families. They won't care what we know, until they know that we care.”

→ This qualitative study describes the experiences of three Samoan mothers from Palmerston North, Aotearoa New Zealand. The impetus for this thesis was maternity data that highlighted the persistent late registration of Pacific mothers with maternity services, despite a state-funded public health service.

The aim of the study was to understand whether the midwifery-led model of care complimented how Samoan mothers viewed pregnancy from their own world view and perspectives. To achieve this goal, two main objectives were identified: a) to provide a contextual understanding of how midwifery services are delivered in Aotearoa New Zealand, including the partnership model, and b) examine Samoan mothers' narratives of the childbearing continuum.

The study was conducted through one-to-one, semi-structured interviews to establish how the Samoan mother's felt about the care they received, under the universal maternity service in New Zealand. The mothers who participated in this study were born and raised in Samoa, had children in Samoa and subsequently gave birth in New Zealand during the previous 12 months. The participants were recruited through purposive sampling.

In conducting this investigation, Pan-Pacific and Samoan epistemological frameworks were considered appropriate given the ethnicity of the participants and the researcher. These included Talanoa and Talanoaga respectively.

The overall aim of this research was to bring to the foreground the voices of Tinā Samoa and how they constructed and self-defined their own meanings of being pregnant. It has illuminated the influences of societal, family expectations and the fa'aSamoa in shaping how the participant Samoan mothers view themselves in Aotearoa, New Zealand.

Pasifika Peoples' Awareness and Experiences of Bowel Cancer



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There's still a lot of education we need to give to our Pacific people, and others, to help improve their health literacy. It's about communicating with them in their language, their way. Aniva helped me recognise that, as Pacific nurses, we're in a unique position to do that."



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 and government policy recognises the importance of an effective strategy for early detection.

Health reports show that Pacific people have high risk factors and increasing rates of bowel cancer. There are limited studies available on Pacific people's knowledge and awareness of available treatment options regarding bowel cancer or studies that examine barriers to Pacific people 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 the perspectives of Pacific people in New Zealand. This qualitative research used talanoa to explore and describe the experiences of six participants. The participants were purposively recruited for their personal or family experience with bowel cancer. An interpretive descriptive approach was used to analyse the data.

A key finding of the research was the need to ensure that Pacific people are provided with appropriate information and advice to make safe cancer decisions. The research also identified 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



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“

Aniva integrated my culture with palagi culture – I felt like the programme invited me to embrace my culture alongside modernised practice and concepts of learning. By helping us bridge the gap between our culture and western ideation we are able to empower our people and help them make more active, more informed choices for themselves.”



This study explores 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 discusses the literature relating to the approach to abortion taken by different countries and cultures. It focuses on women’s rights to access abortion as a health service and especially the challenges faced by vulnerable woman who seek this service.

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. Pacific people use talanoa as an acceptable way of exchanging and sharing information with another person or in a group. Talanoa was conducted and transcribed in the indigenous Fijian language, then translated to English.

A key finding of the research is the participants’ beliefs, either religious or cultural or both, that abortion is wrong; while at the same time affirming women’s right to health services (which include abortion). This paradox is identified and articulated in this research. Given this knowledge, encouragement of indigenous communities to actively participate in health services improvement is a shared responsibility of the health system and indigenous communities.



2015 Postgraduate Certificate and Postgraduate Diploma students

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