Cultural Safety for Tauira Māori on Clinical Placements

Introduction:

For many years, Te Oranga and New Zealand Medical Students Association (NZMSA) have been receiving anecdotal reports of racism and culturally unsafe experiences from Māori medical students across the motu. We identified a need to go beyond the annual medical student workforce survey in order to investigate this further.

The aim of the study was to gather experiences and perspectives from Māori medical student representatives regarding racism in clinical and training environments, and to gather suggestions to improve cultural safety.

We were conscious of a number of surveys recently undertaken by Māori medical students, and didn't want to add to this research burden by distributing another survey. Therefore it was decided by NZMSA and Te Oranga that a questionnaire would be sent to Māori medical student representatives only, to gather data that would inform the development and content of a face-to-face wānanga.

An invite was sent to representatives of the four regional Māori medical student organisations and the one overarching national body with some overlapping representatives (Te Oranga). National body representatives are elected via majority vote at annual general meetings, and volunteer themselves to take up representative roles on top of their studies in order to support Māori medical students through advocacy, and collegiality.

The Council of Medical Colleges (CMC) provided funding to NZMSA and Te Oranga to hold an in-person wānanga of elected Māori medical student representatives. It was agreed to report back to CMC at their Cultural Safety Day held in Wellington at the end of June and to also provide a report for wider distribution.

Due to time constraints, we were unable to conduct a fulsome literature review of the previous research in this space. We have drawn on recent work from experts in this field and in particular, would like to acknowledge Professor David Tipene-Leach, Associate Professor Donna Cormack, Professor Papaarangi Reid, Professor Joanne Baxter, Te Ohu Rata o Aotearoa (Te ORA), the Interdisciplinary Māori Advisory Group (IMAG) convened by the CMC, and the many Colleges for the hours that have already been put into this kaupapa.

We hope that this mahi will add to this existing body of work and help further improve clinical settings, not just for tauira Māori but for all students, staff, patients and whānau.

Method:

The questionnaire was based on preliminary input from Te Oranga and the NZMSA. The survey was sent to the 15 Māori medical student representatives in May 2024. An online questionnaire asked 19 questions on experiences of racism on clinical placement, and took approximately 30 minutes to complete.

Questions included asking about experiences of being treated with less courtesy, less respect, of people acting if the students were not smart, dishonest, being called names, insulted, threatened or harassed. There were also questions around any experiences of racism from less senior colleagues (resident medical officers) and fear of whether they would be assessed differently because they are Māori.

The Māori medical student representatives were also invited to attend an in-person wānanga, 12 came to the wānanga with 5 NZMSA representatives in Pōneke in mid-June over the course of two days.

At this wānanga facilitated by NZMSA, the 17 student representatives were invited to further expand on experiences with cultural unsafety and racism while on clinical placements, as well as to brainstorm solutions and prevention strategies.

There were also presentations with leading experts in the field of Cultural Safety and supporting Māori medical students: Dr Donna Cormack, Dr Papaarangi Reid, and Professor Joanne Baxter who offered insight into wider research and initiatives that support tauira Māori.

Findings:

A total of 15 responses to the questionnaire were received. The majority of respondents had observed the perpetuation of racist stereotypes by consultants over the past six months while on clinical placement, and felt pressure to appear and act 'less Māori' in order to perform better on a clinical run. Several respondents indicated that they actively hid their Māori identity from senior medical clinicians out of fear of mistreatment. Nearly half reported that they feared being marked or assessed differently because they were Māori.

A large proportion of respondents reported experiences of racism from consultants directed at patients and whānau. And a few respondents reported witnessing racism from Resident Medical Officers directed at patients and patients' whānau.

The questionnaire results helped inform the agenda and content of the two-day wānanga. The following is a brief thematic analysis of the experiences and perspectives collected from Māori medical student representatives during the wānanga.

Māori students experience direct racism
Attendees reported direct experiences of racism from; non-Māori colleagues, from senior medical clinicians and from other training registrars. There were also some reported instances of racism from patients. Attendees reported feeling culturally unsafe in clinical situations, sometimes refraining from revealing their Māori identity.

"On one placement in relation to a Māori patient, a clinician read my name badge and asked if I was related to 'these people'"

"I was lectured on why 'equality is better than equity' in front of the whole theatre team during time out."

"My experiences include asking me why I speak te reo with patients or questioning my own whakapapa."

"I tend to hide my identity until I feel safe" This unfortunately highlights often I don't feel culturally safe."

Māori students witness racism towards patients and whānau
Attendees also shared experiences of witnessing racism directed towards patients and whānau, sometimes accompanied by the assumption that they will be complicit.

"I'm often exposed to racism towards patients and their whānau from clinicians who assume I'll agree with them. Recently, these are around assuming Māori patients are in gangs".

Peer support, allyship and advocacy are important for culturally safe environments
Māori medical student representatives who attended the wānanga expressed the importance of collegial support from non-Māori peers. This can be through speaking out about racist incidents, by amplifying the voice of Māori students, and through standing in solidarity to support Māori medical students. Many students indicated that when their peers and superiors voiced support for the important place Te Ao Māori, and Māori doctors have in our system, this was greatly encouraging. Allyship and advocacy of non-Māori colleagues is an important contributor to cultural safety.

Attendees reported finding solace and reprieve in being amongst other Māori medical students, where there is the opportunity to share, and to support each other, particularly at times when racism has been experienced.

"The best way to support us is publicly condemning racist attitudes or actions. Non-Maori organisations must stand in solidarity with Maori students."

"We don't come across as 'those angry Māori complaining again' because our message is told not just by us!"

"When facing racism, I think I've always found other Māori banding together to support each other most helpful."

Māori students report positive impacts of culturally appropriate care
Wānanga attendees spoke to their own experiences of seeing positive responses by whānau Māori when they receive culturally appropriate care. Māori patients and whānau appreciated hearing te reo, being asked about their whakapapa through an authentic whanaungatanga engagement, and finding personal connection based on culture. Attendees described the healing impacts of these experiences for whānau, which sometimes had a profound emotional impact.

"I've seen whanau cry because they heard te reo Māori being a spoken in the hospital. I've seen faces light up when being asked about their whakapapa."

“Seeing the healing effects of personalising your approach based on culture is the most helpful thing.”

Attendees also stated that they felt for many superiors it was not malicious intent that drove racist encounters but lack of understanding and education. While we recognise and uphold that this does not diminish the hurt that racism causes to our tauira Māori and to the wider medical field, we acknowledge that ignorance can be addressed through training and education to bring about awareness and transformative change.

Discussion and recommendations:

Racist behaviour can be exhibited at all levels of the health system, from patients all the way to senior medical clinicians. The discussion that took place at the wānanga highlighted Māori medical students’ considerable experiences of racism during clinical placements. Attendees reported negative experiences from their peers, from senior colleagues and also patients, largely as harmful discourse and comments. These findings are consistent with recent research from Cormack and colleagues (2024) who conducted a survey of 205 Māori medical students from 2021 to 2022 and found that 65.2% had directly experienced racism and 86.1 had witnessed racism in their medical education.[1]

Much of the focus of this discussion and recommendations are on experiences during clinical placements, and the behaviour of senior medical clinicians and training registrars, largely because these roles come with marked authority and responsibility over those they supervise and this is an area where the CMC can help lead change.

It is important to note that across the health system, everyone has a responsibility to call out racism and to engage in culturally safe practice. Individual clinicians, employers, regulatory bodies, and Colleges each have a responsibility to act when they witness unsafe behaviour.

Change in this space is critical for Colleges and employers as workplace environments are a leading factor for decision-making around specialities by trainee doctors. The New Zealand Medical Schools Outcomes Database from 2011-2019 found that the leading factor influencing choice of specialty is atmosphere and the work culture typical of the discipline.[2]

We acknowledge that individual racism is situated in a societal and organisational cultural context, and therefore most of the recommendations put forward by this report are directed at College or organisational level. Making meaningful change at this level has the power to cause a follow-on culture shift in medicine as a whole.

While NZMSA and Te Oranga make recommendations in this report, we recognise that there is no one-size-fits-all approach to cultural safety. Many Colleges may already be doing things in this space that address some of these recommendations, however, we ask that each college takes these recommendations and works to incorporate what they can into their processes.

Inaction in the face of racism serves to perpetuate racism. This study has revealed considerable racism experienced by Māori medical students, and also presents some transformative change solutions suggested by those affected by these experiences.

Therefore we make the following recommendations for Colleges and other organisations:

1. Assess existing cultural safety training and reflect on efficacy and the need for standardisation across Colleges.

a. **Engage with the Hotspots tool at University of Auckland for better reporting of racist behaviour in wider College membership to support effective targeting of cultural safety training.**

This assessment can be done through a variety of means and should include consideration of complaints about behaviour, ability to implement culturally safe standards for both patients and students, and willingness to engage with future education.

b. **Ensure all medical staff receive quality up-to-date training around both cultural safety and cultural competence**.

Regular and compulsory training is vital to maintaining a safe environment. This includes training for international medical graduates. It is very noticeable from a student perspective who among the senior staff is and is not, culturally safe.

c. **Review facilitators who are delivering cultural safety education and training sessions to ensure that these are being run safely and to a consistent standard.**

Curriculum developers and trainers should be reaching out to people who are experts in the fields of Hauora Māori, Te Tiriti, cultural competence, and cultural safety and working with them to produce courses that are informative but also reflective. Seek feedback from college members about how they are engaging with teaching to ensure that they are having gaps in their knowledge addressed by said experts. We heard instances of unwilling or under-resourced Māori staff, and in some cases students, running or facilitating cultural safety training. This is cultural loading and is totally inappropriate. Simply being Māori is not a qualification, nor does it denote responsibility to speak on or teach about Māori health and culture.

2. Ensure there are consequences and accountability for consultants for racist behaviour

a. **Assess, review, and promote code of conduct and complaints processes.**

One of the largest barriers to understanding racism within members of the colleges is lack of a safe, anonymous, and accessible complaints process or knowledge of it. Fear of consequences stops many students from making formal complaints, and therefore, the issue is likely to be severely under-reported.

b. **Implement disciplinary and/or enforcement action by Colleges, Medical Council of New Zealand, and employers for repeated and consistent racism**.

Repeated culturally unsafe practices need to be treated as serious misconduct, with appropriate consequences that apply to all members including senior medical clinicians.

There is already plenty of anecdotal evidence to show that senior medical clinicians contribute heavily to unsafe cultures for their junior staff and students as noted in our findings. Consequences must include potential escalation to the Medical Council of New Zealand and loss of college affiliation, in extreme cases. These individuals must be removed from positions of power and training juniors.

There are obviously variations in levels of poor conduct, some of which can be appropriately addressed with education designed specifically for people who need more guidance around their actions, however, in serious cases, action must be taken.

c. Foster a positive and empowering culture around cultural safety and cultural competency training.

Training must be supported and delivered carefully to avoid reinforcing the idea that being sent into Māori spaces is a punishment, it is a privilege to be invited into Māori spaces. Utilising Māori educators and communities as a tool to address racist behaviour is ineffective and potentially unsafe for those facilitating. The colleges must lead by example and uphold anti-racist standards.

3. Resource and support safe spaces that include tauira.

a. Support Māori students, trainees, registrars and consultants to regularly come together for peer support.

Tauira need to be able to externalise unsafe experiences with guidance and support from Māori consultants and registrars. Provide resources for trainees to hold hui where Māori students and trainees come together to kōrero about their experiences, including those of racism and discrimination. This gives them the opportunity to form connections, receive support from others who may have similar experiences, and to identify trends in the behaviour of others that might encourage reporting.

b. Facilitate safe spaces for tauira to discuss their cultural safety experiences in clinical settings.

Personal testimony from Māori student representatives indicate that tauira often do not file complaints out of fear of repercussions and a lack of support. Facilitating safe spaces will not only provide emotional backing for affected students but may also allow these issues to be properly reported and brought to light. Without strength in unity of shared struggles, these issues will likely remain invisible.

4. Ensure that consultants and trainees are supported and given the time to undertake individual engagement with Māori spaces and communities.

a. Actively encourage consultants and trainees to attend cultural events around the hospital, e.g. pōwhiri, karakia, reo, waiata sessions.

Engagement with Māori spaces and communities is the best form of cultural education. While it is not possible to mandate attendance at every one of these events, Colleges and employers should celebrate those who do attend and hold them up as positive examples to their peers.

b. Actively encourage authentic engagement with dedicated Māori health staff

As well as engaging in cultural events, engaging with dedicated Māori health staff such as kaumātua, kaitakawaenga, or rongoā practitioners in clinical practice speaks volumes. Using and valuing these initiatives around hospitals shows an appreciation of the underlying reasons for their existence. The best way to improve practice is to be immersed and engaged with Te Ao Māori **at a local level.** Students look to their consultants not just for guidance and instruction around medicine, but around how to behave as a doctor. They notice when senior medical clinicians utilise and engage with Māori resources. For our non-Māori tauira, this is inspirational, and for tauira Māori it is reassuring to see senior members of their profession acknowledge the place of Te Ao Māori in our healthcare system.

5. Promote a training environment that recognises that Tauira are Taonga.

a. **Support training and team environments that value the experience of Māori students.**

Māori students have skills in engaging and meaningfully communicating with patients and their whānau. Creating an environment that openly invites expression of differences and values diverse experiences (without taking advantage), students are more likely to feel comfortable sharing their abilities with the team and using them to benefit shared patients. Māori medical student representatives had stories of how they were able to help engage the patient from a cultural lens to improve relationships between the medical/surgical team and the patient and their whānau.

b. **Avoid making assumptions about the skills of tauira, instead promote an environment where they are comfortable sharing what they can do.**

Not all Māori medical students have the same connection to Te Ao Māori or the same experiences. Instead of pushing students to act as the 'token Māori', make space and allow them to demonstrate what they are comfortable with.

c. **Encourage the practice of self-review in Colleges and amongst clinicians to support recognition of personal limits.**

There are skills and learnings that students bring that other clinicians may not have. Judge their clinical behaviour on outcomes, not solely against personal beliefs and ensure that definitions of professionalism are rooted in Pae Ora, not eurocentric standards.

6. Continue ongoing relationships with the appropriate Māori medical representative organisations including Te Oranga.

Conclusion:

This study has revealed experiences of racism for Māori medical student representatives, but has also sought practical suggestions for transformative change from those most affected.

A lot of time and effort has been put into this document by students who contribute to this space in a volunteer capacity. Like many issues, it is those who bear the burden of the problem who most often carry the weight of finding solutions. We ask that you respect the

mahi and sacrifice put into this kaupapa by our tauira Māori, and seriously consider the recommendations put forward.

NZMSA and Te Oranga are available and happy to work with Colleges to discuss how recommendations can be better tailored, and are happy to answer questions about our mahi.

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Tumuaki o Te Oranga

References

[1] Cormack D, Gooder C, Jones R, et al. Māori Medical Student and Physician Exposure to Racism, Discrimination, Harassment, and Bullying. *JAMA Netw Open.* 2024;7(7):e2419373.
[2] New Zealand MSOD Steering Group. National report on doctors 3 years after graduating from NZ medical schools in 2011–2019. May 2024. Available at: www.otago.ac.nz/NZMSOD