A Maori medical model of cultural supervision

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ABSTRACT

A key goal of the Maori health workforce development strategy is to establish programmes by Maori for Maori. Maori health professionals will, it is hoped, contribute to improving Maori health principally by providing care which is clinically and culturally competent. Durie[1] describes cultural competence as the *'acquisition of skills to achieve a better understanding of members of other cultures.'* Matus[2] suggests cultural competency is *'the ability of any health care provider of any cultural background to effectively treat any patient of any cultural background.'* Cultural competence, therefore, concentrates on the ability of the health worker to integrate culture into the clinical context.

Maori doctors have consistently identified their need for culturally embedded continuing medical education.[3] However, the nature and detail of what cultural supervision is remains elusive. Accordingly, this project was started with the view of building on existing knowledge in order to formulate a paradigm for Maori medical supervision.

Key Words

Cultural supervision, medicine

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Literature review

In broad terms, cultural supervision can be seen as the vehicle by which cultural competency can be attained. However, there is a paucity of literature on Maori models of cultural supervision with most articles originating from the counselling and social work fields.[4,5,6] The development of cultural supervision has occurred alongside the nursing tradition of cultural safety[7] and while both share many similarities there is a didactic difference. Cultural safety centres on the experience of the patient and challenges staff to acknowledge the health impact of colonisation on those experiences. Cultural supervision focuses on enhancing the capacity of the health worker to integrate culture into the clinical interaction.

Although literature is scarce, what remains universal is the debate surrounding the nature of cultural supervision – what is it? Walker,[8] Hemara[9] and Smith[10] all maintain that a culturally competent framework must include Maori pedagogical principles. Certainly the concept of initiatives by Maori for Maori within the medical perspective is not new. Early last century, Princess Te Puea[11] created a Maori hospital in response to what she saw as failings of the Pakeha health system. Although it was later terminated by the public health authorities, this move was pioneering in that it embraced Maori health values. Within this setting the treatment of Maori by Maori was promoted.

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Recently, the Graduate Certificate in Clinical Teaching programme was established. As part of this initiative a mainstream health education programme was adapted to provide a culturally appropriate course in clinical training and supervision for Maori clinicians.[12] Conducted as a wananga-based programme, this course incorporates mainstream content within a Maori setting – the marae. By doing so the coordinators were able to follow Maori protocols and customs as well as involve a substantial residential component. It endorsed access to a Maori paradigm and tikanga Maori or Maori worldview, which includes language, traditions, customs, values and beliefs. Using the Maori proverb Hangaia to whare korero (construct your oration – speech house) as a metaphor for the construction of the course, clinical teachers were likened to the central post of the whare nui by which the Maori health workforce could be supported to meet the needs of the community.

Conceptual models provide a frame of reference to examine and speculate about. They have the *'basic purpose of focusing; ruling some things as relevant and ruling others out due*

to their lesser importance.'[13] Models of supervision derived from a Maori worldview are vital in establishing culturally appropriate content. It is not surprising, therefore, that Maori models of supervision are evolving from Maori models of practice including Te Whare Tapa Wha, Te Taiao/Te Ao Marama and whakawhanaungatanga. Kaupapa Maori supervision should involve a formal or informal relationship between members of the same culture, with the aim being to ensure that the supervisee is practising according to the values, protocols and practices of that particular culture. It is about cultural accountability and cultural development.[14]

Methodology

Sample

This part of the study included formal and informal participants. Informal contributors were approached as part of gaining a wider appreciation of how Maori working within the health domain view cultural supervision. In addition, feedback from participants in the Graduate Certificate of Clinical Teaching was also examined.

The chief criterion in selecting 'formal' participants in this study was to ensure the sample adequately represented Maori medical practitioners so that a range of experiences could be obtained. This study endeavoured to include as many and as broad a range of Maori doctors as possible.

A total of forty Maori doctors were selected from the Maori Medical Practitioners Association database – 20 junior (PGY1) and 20 senior (all others). Of these 24 responded (60% response rate). Fourteen were female (58 %) and 10 (42 %) male.

Most interviewees were in the age range of 20–30 years with a small number represented in the remaining age categories of 31–40, 41–50, and 50+ years. The response rates as per junior and senior categories were 85% (17/20) and 35% (7/20) respectively. The senior participants worked in the areas of general practice, psychiatry, public health and orthopaedics.

Procedure and data analysis

Key informants were interviewed either in person, by phone or were asked to respond to a simple questionnaire. Demographic details were obtained with no identifying information included. The interview data was subject to content analysis to identify key themes.

Quantitative findings

A Cultural Supervision

- ***In your place of work are you currently receiving cultural supervision?***
  Seventy-one per cent of respondents indicated they received little or no cultural supervision in their current place of employment (76% of junior doctors and 57% of senior doctors).
- ***Perceptions of cultural supervision received.***
  Respondents who had received some cultural supervision were asked to rate their experience. Responses were chosen from a continuum ranging from dissatisfaction to being challenged by the cultural supervision provided. Eighty-five per cent of this cohort stated that they were either 'happy with some aspects' or 'satisfied'; 15% did not respond.

  All junior doctors within this group indicated they were either happy with some aspects or satisfied with the cultural supervision they had received. Only 60% of the senior Maori doctors agreed with these statements.

B. Cultural support

- ***Do you feel culturally supported in your place of work?***
  Most respondents (79%) felt they were getting some sort of cultural support. Senior colleagues felt more supported than junior doctors (86% vs 76%).
- ***Have you ever found yourself in a 'culturally complex' situation where you felt unsure of yourself with a Maori patient?***
  Most respondents (62%) stated they had been in a situation with a Maori patient where they had felt unsure of themselves culturally.

  Senior Maori doctors were more likely to have had such an experience (86%). In comparison, 53% of the junior Maori doctors reported having felt 'culturally unsure'.

C Cultural confidence

- ***Would you describe yourself as culturally confident?***
  Taken as a whole, 13% of respondents described themselves as culturally confident, 25% replied no to this question while the remaining 62% thought they were culturally confident 'sometimes'.
- ***What would help you feel more culturally confident?***
  Te Reo was identified as the most significant means of developing cultural confidence (88% junior and 86% senior). This result is consistent with that found in Kokiritia: An analysis of Maori doctors' training needs.[3]

Qualitative findings

Participants were asked to describe cultural supervision; who should provide it, what should it involve and how should it be assessed. The final question invited respondents to recommend how cultural supervision programmes should be supported.

A. What is cultural supervision?

A number of shared themes were apparent when analysing answers to this question. One of the most common responses centred on safety.

- *'Ensuring we are safe. Safety for us which helps us behave appropriately with Maori patients.'* – junior doctor

Support and being able to talk to others were also reciprocated answers in both groups.

- *'...supporting each other as we face barriers in mainstream organisations.'* – senior doctor

However, opinion differed when it came to prescribing the process of cultural supervision. Junior doctors preferred an informal approach. Some

were adamant a set programme of cultural supervision was impractical as there were 'not enough Maori health professionals'. The notion of being able to talk to someone when required was another reason why respondents felt cultural supervision needed to be informal. Typical comments included:

- *'Having someone to talk to when you have a question is important otherwise you can stew on it when you go home.'*
- *'...shouldn't be formal. I'm not into the formal thing. It...takes away from Maori to have formal korero.'*

Senior respondents favoured a more organised approach and supported the idea of a 'specific time and space for issues related to cultural aspects of professional work to be freely discussed'.

- *'...a regular, organised support process for trainees to reflect aspects of practice, training needs, clinical experiences and personal and professional development ...associated with the goal of supporting Maori clients.'*

B. Who should provide cultural supervision?

All respondents believed Maori should provide cultural supervision. Kaumatua/kuia, senior Maori doctors or other Maori health professionals were named as the most appropriate candidates for supervisory roles with most indicating that cultural knowledge as well as an understanding of the health system was crucial.

- *'Maori definitely, not necessarily a doctor; could be another senior health professional or lay-person as long as they are familiar with how the health system works to best understand the pressure we are under.'* – junior doctor

C. What should cultural supervision involve?

Tikanga and Te Reo were identified as the two most important aspects of cultural supervision.

- *'...tikanga, te reo and general stuff about what we are most likely to come across at work.'* – junior doctor
- *'Tikanga incorporating karakia, whaikorero, Te reo, mate, birth, haputanga, mate wairua mate Maori assessment.'* – senior doctor

A historical and political perspective of Maori was also recognised as an essential part of any programme.

- *'...we need a level of critique or political insight that gives us the skills to identify and respond to the barriers in mainstream which do not support us well.'* – senior doctor

Again many participants re-iterated the importance of being able to meet regularly to discuss, reflect and review practice. Junior doctors confirmed their preference for informality while senior doctors endorsed their desire for a wide-reaching formal model.

D. How do you think it should be assessed?

Nearly all junior doctors favoured feedback by peers and service users as a means of assessing any proposed programme of cultural supervision. This correlates with the sentiment that cultural supervision should be an informal non-threatening process.

- *'Feedback and informal discussion about what worked and what didn't.'*

Most senior respondents preferred a more purposeful form of assessment.

- *'...on two levels: (1) the patient and doctor perspective (i.e. assessing the process) and (2) how it works in the health sector (i.e. assessing the outcomes).'*
- *'Presentation of knowledge gained and where implemented into our practice to a panel of Kaumatua.'*

E. How can cultural supervision be supported?

Both groups agreed forming cultural support networks and/or sharing known networks was valuable. Junior doctors in particular felt 'advertising' who and what was available and making that readily accessible was essential.

- *'Publicising what and who is available to help.'* – junior doctor
- *'Have networks amongst ourselves.'* – senior doctor

The theme of appropriate funding had many respondents indicating employing authorities and clinical training agencies should finance programmes.

- *'DHBs, CTA or other organisations should fund it so we can achieve what we want to.'* – junior doctor
- *'Funding from the government or CTA.'* – senior doctor

Junior doctors also identified making cultural supervision a clinical priority as a means of supporting any initiatives.

Senior doctors identified a collective role that Maori doctors as a group could play by ensuring others are aware how cultural competence impacts on quality of care, and by actively promoting or participating in cultural supervision.

- *'...management level lobbying of its importance.'*
- *'Accept, adopt, and adjust. Accept: take on the role of a supervisor. Adopt: mainstream programmes. Adjust: those programmes to meet our needs.'*

Discussion

Currently debate continues about what 'cultural supervision' is, with many organisations stating that all staff need to receive culturally appropriate supervision whether Maori or non-Maori. However, there exists considerable misunderstanding around the term 'cultural supervision'. In developing a model we need to be aware of supervision as an instrument of compliance as well as the restrictive potential of labelling.[15] Indeed, many informants in this study expressed reservations about the word 'supervision'.

Some were concerned the 'process of supervision' did not adequately describe the ahua* of what informants felt were important aspects. The word

* 'ahua' – form/appearance/character.

'mentoring' did not find universal acceptance either with some of the informal participants stating that a Maori expression needed to be found in order to 'lay a proper foundation'.[16] Coupled with this is the fact that whatever is decided upon must correspond to mainstream programmes. For this reason, the work already underway in the Graduate Certificate in Clinical Teaching (Maori) course must be applauded. Perhaps the most important investment that can be made is to ensure that there is a well-skilled, competent and innovative group of Maori clinical teachers keen to train and mentor others as clinical teachers.[14] The recommendation that we 'accept, adopt and adjust' is therefore a prudent one.

Two issues have become apparent during this process. Firstly, formulating a Maori medical model of cultural supervision is vital. A significant number of respondents reported that they were receiving little or no cultural supervision in their current place of employment. In addition, the number of Maori doctors who have found themselves either in a 'culturally complex' situation when working with Maori patients or described themselves as not culturally confident is concerning. Cultural supervision as a vehicle towards cultural competence has been identified as part of becoming 'the best health professional we can possibly be'. Indeed, all participants felt cultural and clinical competence were of equal importance.

Secondly, formulating a Maori medical model of cultural supervision is not easy. It needs to capture a number of qualities – formality and informality, a sense of nurturing cultural confidence and competence, safety and accessibility, Maori history, personal and professional growth and development, a supportive culturally-safe environment and culturally appropriate content. It also needs to be open and non-threatening to Maori clinicians.

Cultural supervision with the aim of developing cultural competence might be seen as both an internal and external journey whereby what is learnt is then carried and shared with others. The Maori expression 'awhi mai awhi atu'† allows inclusion of all the above attributes and is flexible enough to accommodate change when and as required.

The korowai‡ can also symbolize the essence of awhi mai awhi atu. The many layers of the korowai represent the multiple aims of cultural supervision. These layers may denote the different levels of cultural confidence or competence offered under this model as well as different support networks that supervisees can access. It may also describe both formal and informal discourse within the ongoing process of a Maori model of cultural supervision in the medical field. Like the korowai which is woven before the taniko is added it is important to construct a model of cultural supervision before we refine the details.

Competing interests

None declared.

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† 'awhi mai awhi atu' literally meaning to be embraced, and to embrace, suggests reciprocity as well as support.
‡ Traditional cloak, woven from the fibre of the flax plant then embroidered and decorated.

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