

Is there a role for Rongoā Māori in public hospitals? The results of a hospital staff survey

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ABSTRACT

BACKGROUND: Rongoā Māori is the traditional form of healing for Māori. This investigation describes the results of an internet-based survey of staff at Waitemata District Health Board (WDHB) about their attitudes towards the placement of Rongoā Māori into the hospital system.

METHODS: An electronic survey was circulated to approximately 6,000 employees of the WDHB. Responders were asked questions pertaining to Rongoā Māori and issues relating to potential implementation of a Rongoā Māori service.

RESULTS: There were 1,181 responses (response rate 19.6%) of whom 80% were female, 87% aged between 20 and 60 years, 67% European ethnicity, 18% Māori and 66% worked as medical practitioners or nurses. Forty-six percent were familiar with Rongoā Māori, and 16% had used Rongoā Māori on themselves or whānau. About 32% of responders felt that Rongoā Māori should be available to patients and staff and that this service should be provided by a specially trained Rongoā Māori practitioners or WDHB staff member.

CONCLUSION: Nearly half of WDHB staff, who responded to the survey, had a knowledge of Rongoā Māori and just over a third of the total responders supported its availability within the hospital system. A larger feasibility study will consult with healer, staff and patient participants to ascertain the culturally appropriate and medically robust practices necessary for researching Rongoā Māori collaboration with medical treatment.

Rongoā Māori refers to traditional medical and healing treatments of Māori and includes medical interventions based on products of flora and fauna, massage and physical manipulation as well as practices aimed at enhancing spiritual well-being.¹ Rongoā Māori was practised prior to European contact and continued after colonisation. Traditionally, some Rongoā Māori is delivered by specially trained tohunga (defined as an expert, traditional Māori healer)² although many aspects, such as the use of karakia and certain health measures can be undertaken by any individual. In 1907, the Tohunga Suppression Act was passed to suppress tohunga practice and drove much of Rongoā Māori underground.² The Tohunga Suppression Act (1907) was

repealed in 1962 and superseded by the Māori Welfare Act (1962).³ However, analysis of the principles of the Treaty of Waitangi has emphasised that the second Article of the Treaty (the Rangatiratanga Principle) guarantees Māori control and enjoyment of resources and taonga (both material and cultural). This includes the practice of, and access to, Rongoā Māori.⁴

The potential for traditional medicine to positively contribute towards the health of indigenous peoples and to healthcare service delivery has been recognised by the World Health Organization (WHO).⁵ Traditional medicine can enhance patient access to health services, assist health services in delivering culturally appropriate interventions, increase awareness of health

promotion and reduce health costs. Consequently, the WHO promotes cooperation and information sharing between western medical practitioners and practitioners of traditional medicine, and supports the development of delivery models that include both traditional and western medicine in national health systems.⁵

Rongoā Māori is classified as a traditional medicine.^{6,7} The provision of Rongoā Māori is funded by the Ministry of Health⁸ and a number of Rongoā Māori providers now work in New Zealand, both independently and in conjunction with primary healthcare providers.⁹ In addition, all New Zealand district health boards have Māori Health Services to support and assist Māori patients and whānau. However, there is no consistent agreement between district health boards or hospitals on whether Rongoā Māori health services should be provided and what such a service would entail. This is in spite of the fact that compliance with the principles of the Treaty of Waitangi are integral to New Zealand's health service provision.¹⁰ Previous research has shown that patients¹¹ and Rongoā Māori practitioners¹² are interested in seeing Rongoā Māori services become more widely available. In addition, primary healthcare providers are also receptive to the integration of Rongoā Māori services within general practice.^{13,14} However, the attitudes of district health board-employed medical, nursing and paramedical staff to Rongoā Māori, and its possible integration into the public health system have never been assessed. This investigation describes the results of an internet-based survey of staff at Waitemata District Health Board (WDHB) ascertaining their attitudes towards the placement of Rongoā Māori within the hospital system.

Methods

An electronic survey was designed using the Survey Monkey platform.¹⁵ The survey was structured in three parts. Four initial demographic questions established the respondent's gender, age band, ethnicity and profession. Responders were then asked if they understood what Rongoā Māori meant. Those who responded affirmatively to this question were directed to a series of further questions to establish the

extent of their knowledge of, and use of, Rongoā Māori, as well as questions around potential implementation of a Rongoā Māori service, within a district health board structure. Responders who indicated that they did not have an understanding of Rongoā Māori were directed to a series of questions assessing their understanding and use of complementary and alternative medicines (CAM) and the potential for implementation of a CAM service within a district health board structure.

Prior to full circulation the survey was trialled on 20 members of the Department of Surgery at North Shore Hospital and a number of changes made to enhance the clarity of the questions and to make the survey easier to complete. The study protocol was reviewed by the Northern Regional Ethics Committee and approved as an audit as per the New Zealand National Ethics Committee Guidelines.¹⁶ Circulation of the survey to Waitemata District Health Board (WDHB) staff was approved by the Chief Medical Officer, the Director of Nursing and Midwifery, the Director of Allied Health and the Māori Health Service.

The survey was circulated in an email to all WDHB staff with a hyperlink to connect to the survey questions. This email also contained contact details of the primary investigator for responders to contact with questions or concerns. A six-week period was available to complete the survey and reminder emails were sent at two and four weeks following the initial invitation. Responses were collated electronically and summarised at the survey's close.

Results

The survey was sent to 6,000 individual staff email addresses at Waitemata District Health Board and there were 1,181 responses (response rate 19.6%). The demographics of the responders are summarised in Table 1. Five hundred and forty (response rate 45.7%) of responders felt they knew what Rongoā Māori was and 641 (54.3%) did not know what constituted Rongoā Māori. All responders answered this question. The survey was structured so that the 540 positive responders then answered a number of more detailed questions on Rongoā Māori and their responses are summarised in Table 2. Twenty-five

Table 1: Summary of the demographics of responders to the survey.

	Response count	Response percentage	Did not respond
Gender			
Male	191	16%	244 (21%)
Female	746	63%	
Age range			
<20 yrs	5	0.5%	243 (19.5%)
21–30 yrs	118	10%	
31–40 yrs	185	16%	
41–50 yrs	246	21%	
51–60 yrs	269	23%	
>60 yrs	115	12.3%	
Ethnicity			
European	558	47%	223 (19%)
Māori	153	13%	
Pacific Island	36	3%	
Asian	86	7%	
Other	125	11%	
Occupation			
Medical practitioner	123	10%	232 (20%)
Nursing	314	26%	
Physiotherapy	24	2%	
Occupational therapy	27	2%	
Social work	55	5%	
Nutrition	12	1%	
Management	89	8%	
Orderly	6	0.5%	
Other*	299	25%	

*Includes healthcare assistants, engineering and building support staff and clerical staff.

responders felt that there was no place for Rongoā Māori in a DHB setting primarily due to difficulties in developing and structuring its introduction and uncertainty over how such a service would be monitored and funded. The 641 responders who were unsure of what constituted Rongoā Māori were then directed to a separate part of the survey where the questions on CAM were presented. The responses to this part of the survey are summarised in Table 3.

Discussion

This survey was undertaken to assess the attitudes and knowledge of DHB staff to Rongoā Māori and CAM with a view to later investigations exploring possible structures

and mechanisms for collaboration between Rongoā Māori and medical treatment in New Zealand's hospital-based public health system. An email-based survey format was chosen since this enabled all responders to remain anonymous and allowed the survey to be sent to all WDHB staff. Over 1,000 responses were received although this represents a WDHB response rate of only 20%. Demographic analysis showed that the majority were female, part of the medical or nursing workforce, aged between 51–60 years, which may be a reflection of the WDHB staff profile where nursing and medical staff form the largest employment grouping. Two thirds were of European ethnicity and 18% were Māori, which

Table 2: Summary of responses to detailed questions regarding Rongoā Māori in 540 responders who understood what Rongoā Māori is.

Question	Yes	No	Did not respond
What is Rongoā Māori to you*			220
Karakia	258		
Rongoā rākau	200		
Pure	95		
Mirimiri	197		
Komirimiri	83		
Romiromi	103		
Wai	138		
Matakite	97		
Wairua	227		
Other	120		
Have you or your whānau used Rongoā Māori	194	205	141
Have you or your whānau provided Rongoā Māori for others	121	270	149
Do you think there is a place for Rongoā Māori in the district health board setting	381	25	134
Who should be offered Rongoā Māori in the district health board setting*			159
All patients	146		
All Māori patients	171		
Self-nominating patients	237		
Whānau	168		
Staff	154		
Who would assess, prescribe and administer Rongoā Māori in the district health board setting*			151
Rongoā Māori practitioner	324		
Specially trained DHB staff	218		
Patients	66		
Whānau	142		
Other	52		
Would you be interested in being interviewed on the topic of Rongoā Māori in the district health board setting	101	305	134
Would you be interested in receiving more information on Rongoā Māori	455	85	0
How would you like to receive more information on Rongoā Māori*			0
Seminar	137		
Rongoā Māori course taught in the hospital	149		
Online course	252		
Dedicated intranet website	194		
Other	13		

DHB: District Health Board; * multiple responses permitted.

Table 3: Summary of responses to detailed questions regarding complementary and alternative medicines (CAM) in 641 responders who did not understand what Rongoā Māori is.

Question	Yes	No	Did not respond
Do you think there is a role for CAM in the DHB environment	477	106	58
Have you or your whānau used CAM	160	384	97
Have you or your whānau provided CAM for others	39	498	104
Who should be offered CAM in the district health board setting*			193
All patients	326		
All Māori patients	41		
Self-nominating patients	129		
Whānau	62		
Staff	161		
Who would assess, prescribe and administer CAM in the district health board setting*			197
CAM practitioner	301		
Specially trained DHB staff	314		
Patients	29		
Whānau	56		
Other	22		

DHB: District Health Board; * multiple responses permitted.

is similar to the Aotearoa/New Zealand ethnicity demographic profile. In addition, significant numbers of responders did not provide answers to some questions. This may indicate that the responders are unfamiliar or uncomfortable with providing a response.

This survey can be criticised since it relied on an internet response and did not permit responders to elaborate and provide in-depth answers to questions. However, responders were asked if they wished to take part in staff focus groups addressing questions raised in the survey. This constitutes the second part of this research project and is almost complete. Similarly, only two email reminders were sent to remind responders to complete the survey. More frequent reminders were considered; however, we were conscious that WDHB staff are busy and we did not wish to create responder fatigue. Finally, because of the anonymous nature of the survey it is likely that responders with strongly negative feelings would reply. Overall, we wished to assess the sentiment of WDHB staff toward Rongoā Māori and the survey was circulated to all staff. The response rate of over

1,000 was heartening but does represent a response rate of only 20%. However, we believe that the survey gives an accurate representation of the diversity of views of WDHB staff toward Rongoā Māori.

Just under half of responders (46%) indicated familiarity with Rongoā Māori. The response rate for this question was much higher than subsequent questions pertaining to more comprehensive knowledge of Rongoā Māori, possibly indicating little detailed knowledge of the components of Rongoā Māori. However, one third of responders (n=381) indicated that there should be a place for Rongoā Māori within the DHB and ideally this would be provided by specially trained practitioners (either Rongoā Māori providers or trained DHB staff). Responders also felt this service should be made available to both patients and staff. Configuring a Rongoā Māori service for public hospitals is an attractive prospect. Durie 2004¹⁷ has emphasised that Māori knowledge and western science should simply respect each other, not attempt to change or compromise each other and could simply co-exist within

the health system, allowing the integrity of each to be preserved.¹⁸ A Rongoā Māori service could therefore involve Rongoā Māori practitioners and western medical practitioners working side-by-side as part of a multi-disciplinary team providing patient and staff care and there is evidence that this approach is successful in primary healthcare.^{9,10} Consideration could also be given to providing training for selected New Zealand medical undergraduates in Rongoā Māori, developing a workforce that is proficient in both western medicine and Rongoā Māori. It must be emphasised that knowledge of Rongoā Māori is privileged and must remain under the care and control of Māori. However, both India and China have health systems that have integrated traditional and western medicine by teaching both methods of treatment to their undergraduates and now incorporate both methods into health delivery for patients within a hospital system,¹⁹ and there is evidence that this approach can optimise patient outcomes.²⁰

Twenty-five responders felt that there was no place for Rongoā Māori within the DHB and highlighted issues of governance, accreditation and fundamental incompatibility between western medicine and traditional medicine. These issues have been noted previously^{6,10,13} and solutions have been suggested including allowing Rongoā Māori practitioners to administer and set regulations for their healing practice, and for DHBs to partner with local Iwi in the provision of a Rongoā Māori service.⁶ The response to this survey suggests that many DHB staff do not feel that Rongoā Māori and western medicine are incompatible.

This survey also supports previous research demonstrating that Rongoā Māori use is common, particularly among Māori.²¹ Māori report that Rongoā Māori provides a comprehensive and holistic way of treating mental and physical conditions that is in direct contrast to many of the treatments available from western medical practitioners. Interestingly, in this survey, the numbers of self-nominated Rongoā

Māori users (n=194) exceed the numbers of responders with self-nominated Māori ethnicity (n=153) indicating that non-Māori are also using Rongoā Māori.

There were 54% of responders who were not familiar with Rongoā Māori and who were directed to series of questions on CAM. Of the CAM responders, there were similar findings with nearly one third using CAM, nearly three quarters feeling that CAM services should be available within the DHB, and these services should be provided by trained CAM practitioners or DHB staff.

Collectively the survey demonstrated that 10% of responding staff felt there was place for CAM within the DHB while only 6% felt this was appropriate for Rongoā Māori. This finding may be the result of a lack of awareness about Rongoā Māori components, such as massage, which was the modality most used and provided by CAM responders. Since the majority of responders to this survey were female, between 51–60 years old and involved in nursing, this demographic may provide a potential pathway for Rongoā Māori/medical collaboration since other investigators have shown that nurses are more inclined to discuss traditional medicine between themselves and patients.²²

For any potential future Rongoā Māori/medical collaboration there are significant issues around accreditation, quality assurance, monitoring, resourcing, and medical management of patients. However, a first and initial step would be provision of Rongoā Māori education for staff who indicated an openness and desire for more information. A need for further research exploration on Rongoā Māori evidence was also noted.

Conclusion

Nearly half of DHB staff surveyed had some knowledge of Rongoā Māori and a third supported its availability within the hospital system. A larger feasibility study is in progress to explore the issues around collaboration between Rongoā Māori and medical treatment and a detailed report summarising the survey findings will be circulated.²¹

Competing interests:

Nil.

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REFERENCES:

- Ahuriri-Driscoll A, Boulton A, Stewart A, Potaka-Osborne G, Hudson M. Mā mahi, ka ora: by work, we prosper – traditional healers and workforce development. *NZ Med J* 2015; 168:34–44.
- Voyce M. Maori healers in New Zealand: The Tohunga Suppression 1907. *Oceania* 1989; 60:99–123. Doi. [org/10.1002/j.1834-4461.1989.tb02347.x](http://dx.doi.org/10.1002/j.1834-4461.1989.tb02347.x)
- <http://nzhistory.govt.nz/politics/treaty/treaty-time-line/treaty-events-1950> Accessed 1 September 2019.
- <http://teara.govt.nz/en/treaty-of-waitangi/page-1WorldHealthOrganization>. WHO traditional medicine strategy 2014-2023. Accessed 1 September 2019
- http://apps.who.int/iris/bitstream/10665/92455/1/9789241506090_eng.pdf?ua=1. Accessed 20 May 2019.
- Ahuriri-Driscoll A, Baker M, Hudson M, Bishara I, Milne M, Stewart M. Nga tohu o te ora: Traditional Māori healing and wellness outcomes. New Zealand Institute of Environmental Science and Research 2009. Porirua, New Zealand. http://researchcommons.waikato.ac.nz/bitstream/handle/10289/9479/Nga%20Tohu%20o%20te%20Ora%20Research%20Report%20June%202012_FINAL%20pdf.pdf?sequence=2&isAllowed=y Accessed 1 September 2019.
- Reinfeld M, Pihama L. Matarākau: Ngā koreo mo ngā rongoā o Taranaki. Foundation for Research Science and Technology. Health Research Council. 2007 Taranaki.
- Ministry of Health. Rongoā Māori: Traditional Māori healing. http://www.hauhake.auckland.ac.nz/search/*?Authors=%22Reinfeld%2C+Mahinekura%22 Accessed 1 September 2019.
- <http://www.health.govt.nz/our-work/populations/maori-health/rongoa-maori-traditional-maori-healing> Accessed 1 September 2019.
- Jones R. Rongoa Maori and primary health care. Masters thesis. The University of Auckland. http://bpac.org.nz/BPJ/2008/May/docs/bpj13_rongoa_pages_32-36.pdf Accessed 1 September 2019.
- <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/treaty-waitangi-principles> Accessed 1 September 2019.
- <http://www.hrc.govt.nz/news-and-media/media/m%2C%81ori-keen-doctors-and-healers-work-together-0> Accessed 1 September 2019.
- Mark G. Rongoā Māori (traditional Māori healing) through the eyes of Māori healers: Sharing the healing while keeping the tapu. Doctoral thesis. Massey University.
- Stewart A, Hudson M, Brown B, Mark G, Timutimu T, Harre-Hindmarsh J. Developing a collaborative approach to health service delivery involving rongoā practitioners and medical clinicians in Te Tairāwhiti. 2014 Final research report. <http://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/QA-2014-Tairawhiti-DHB>.

- pdf Accessed 1 September 2019.
15. www.surveymonkey.com accessed 20 May 2019.
 16. Ministry of Health. NEAC, editor. Ethical Guidelines for Observational Studies : Observational research, audits and related activities. Wellington. Revised edition 2012. <http://neac.health.govt.nz/system/files/documents/publications/ethical-guidelines-for-observational-studies-2012.pdf> Accessed 1 September 2019.
 17. Durie M. Exploring the interface between science and indigenous knowledge. Paper presented at the 5th APEC Research and Development Leaders Forum, Christchurch, New Zealand. <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.507.6505&rep=rep1&type=pdf> Accessed 1 September 2019.
 18. Mark G, Chamberlain K. Māori healers' perspectives on cooperation with biomedicine. *The Australian Community Psychologist* 2012; 24(1):92–100.
 19. Patwardhan B, Mutalik G. Search of novel model for integrative medicine. *Chin J Integrative Med* 2014; 20:170–178.
 20. Diorio D, Salena K, Ladas E, et al. Traditional and complementary medicine used with curative intent in childhood cancer: A systematic review. *Pediatr Blood and Cancer* 2017; 64:1–8. doi.org/10.1002/pbc.26501
 21. Mark G. Huarahi Rongoā ki a Ngai Tātou: Māori views on Rongoā Māori and primary health. Whanganui: Whakauae Research for Māori Health and Development.
 22. Langwick SA. Articulate(d) bodies: Traditional medicine in a Tanzanian hospital. *American Ethnologist* 2008; 35:428–439.
 23. Mark G, Koea J. Knowledge and attitudes of health professionals on Rongoā Māori in hospitals. Health Research Council of New Zealand, Auckland 2019, 58 pages. ISBN: 978-0-473-47937-4.