

# Cultural factors influencing uptake of pulmonary rehabilitation by Māori in New Zealand

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## Introduction

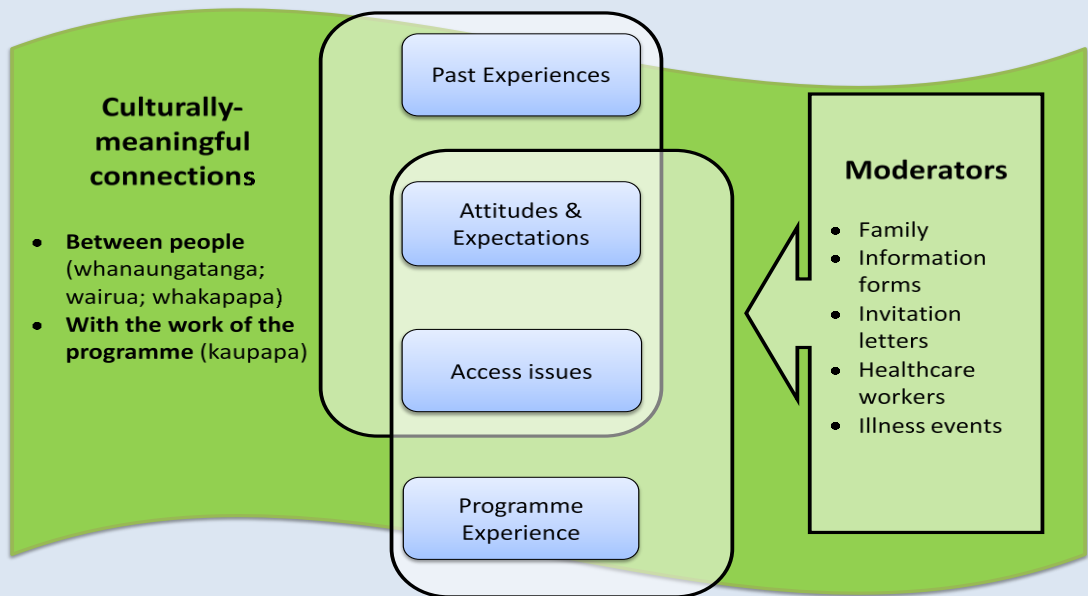
There is little research on experiences of rehabilitation among indigenous people in colonised countries (370 million people worldwide).<sup>1</sup> This New Zealand (NZ) study examined the influence of cultural factors on uptake of pulmonary rehabilitation (PR) – an intervention known to improve function and quality of life in people with chronic obstructive pulmonary disease (COPD).<sup>2,3</sup>

## Materials and Methods

Grounded theory nested within kaupapa Māori methodology (a research framework developed by Māori, the indigenous people of NZ). Transcripts were analyzed from interviews and focus groups with 15 Māori and, for comparison, 10 non-Māori with COPD who had attended either a hospital-based program, a community-based program designed 'by Māori, for Māori', or both.

## Results

Several factors were found to influence uptake of PR for all participants regardless of ethnicity, including: 1) past experiences of exercise and healthcare, 2) attitudes and expectations, 3) access issues (e.g. time, transport), and 4) initial program experiences. In addition, several cultural factors specific to Māori participants were also identified. Central to these was the concept of 'whakawhanaungatanga' (the making of culturally-meaningful connections with others). Whakawhanaungatanga is intimately connected with other core concepts in Māori culture: 'wairua' (spirituality), 'whakapapa' (genealogy), 'whanui' (extended family), 'kaupapa' (the principals of shared work) – see figure below. The degree to which such factors were acknowledged and incorporated in PR services influenced the meaningfulness of PR to the Māori participants, and therefore their willingness to engage.



*“That whanaungatanga time is very important – how everyone feels. It’s something personal to yourself... But it’s a kind of down to our level, and it’s good to bringing the tikanga aspect side of things, tikanga Māori, our waiata, how we do things, who with, and in a place that we feel good in being. (Quote from 65+ year old Maori woman about the Marae-based PR programme.)*

## Conclusions

All rehabilitation occurs within a cultural context. Lack of attention to culture in the provision of rehabilitation can impede its uptake by indigenous, minority ethnic groups. Indigenous-led or culturally responsive health care interventions for COPD may usefully address this issue.

**References:** 1) World Health Organization. 2014 Indigenous Populations. [www.who.int/topics/health\\_services\\_indigenous/en/](http://www.who.int/topics/health_services_indigenous/en/); 2) McCarthy et al. 2015. Pulmonary rehabilitation for chronic obstructive pulmonary disease. *Cochrane Database of Syst Rev.* 2: CD003793; 3) Puhan et al. 2011. Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease. *Cochrane Database of Syst Rev.* 10: CD005305.

**Full study report:** Levack et al. (2016). Whakawhanaungatanga: the importance of culturally-meaningful connections to improve uptake of pulmonary rehabilitation by Māori with COPD – a qualitative study. *Int J COPD.* 11: 489-501.