

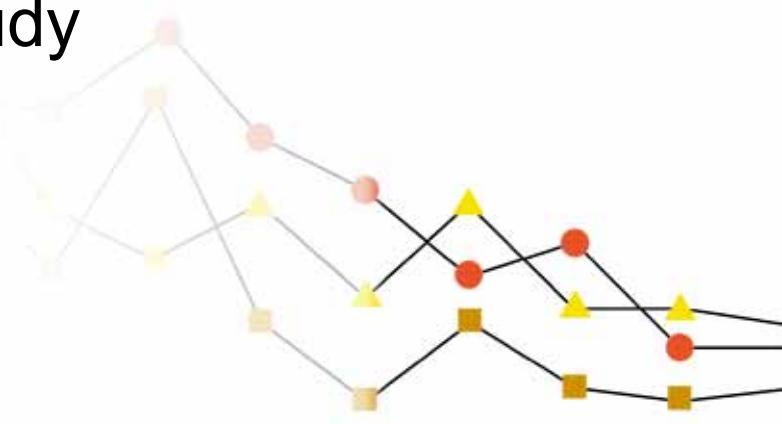


Occupational Health in Māori

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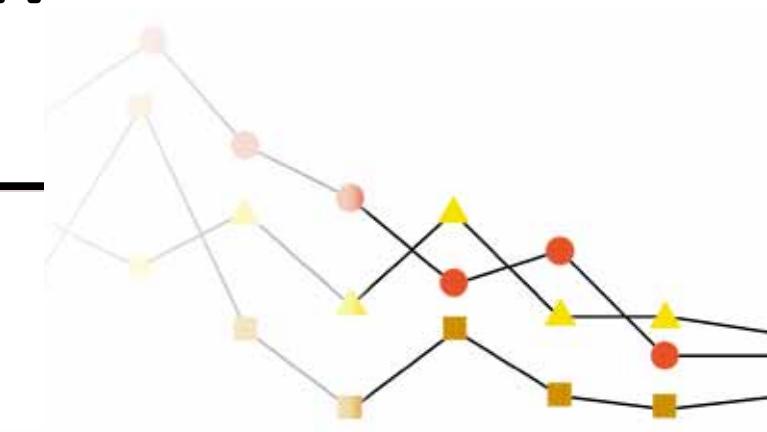
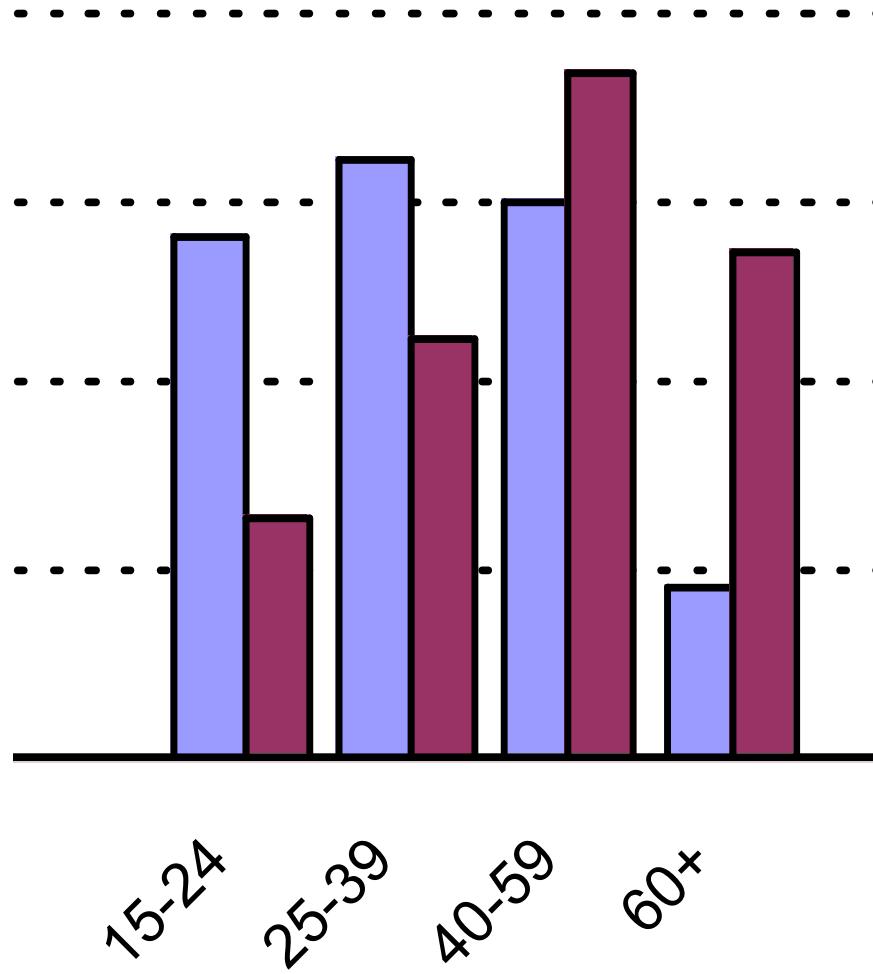
Background

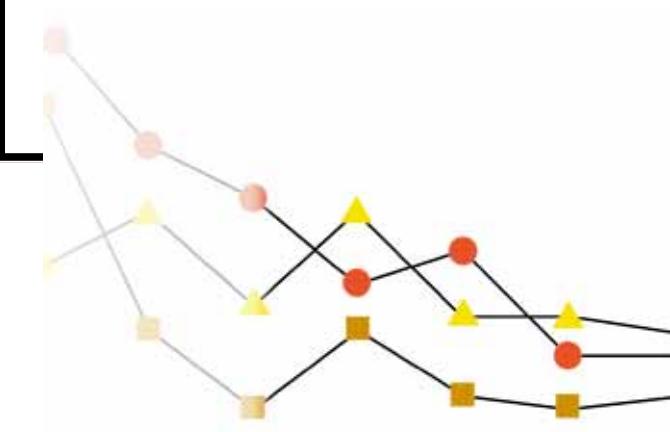
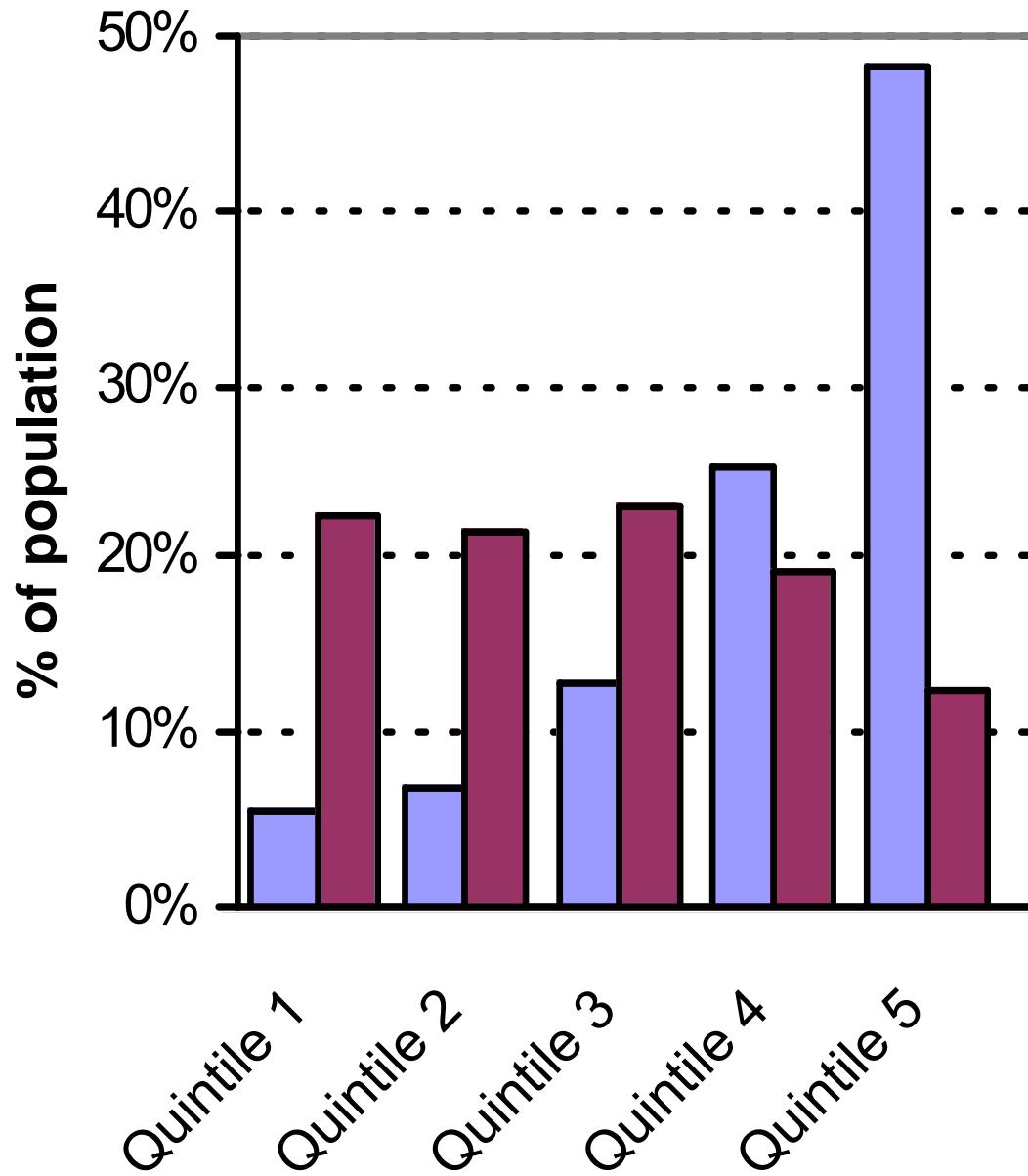
- Paucity of research data on Māori occupational health
- Literature base (Māori and indigenous) is thin
 - Coincidence of rural and indigenous
- Selwyn McCracken's work most comprehensive to date
 - Occupational injury
- New Zealand Working Life (Pilot) Study
- Māori Nurses Workforce Study

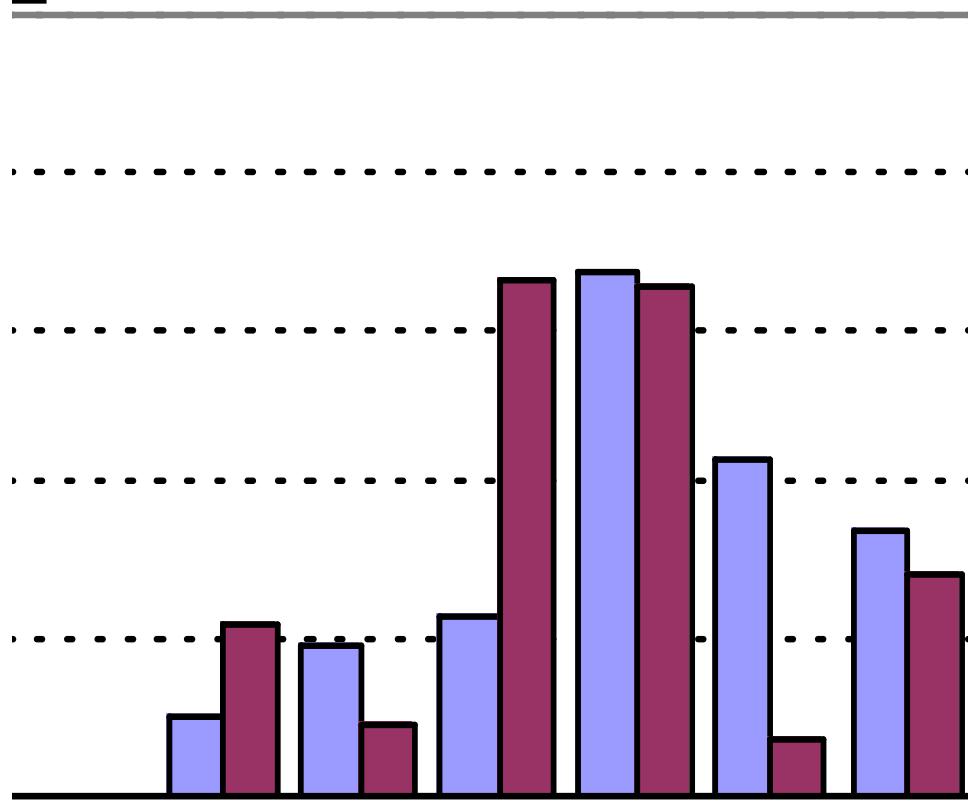


Expectation

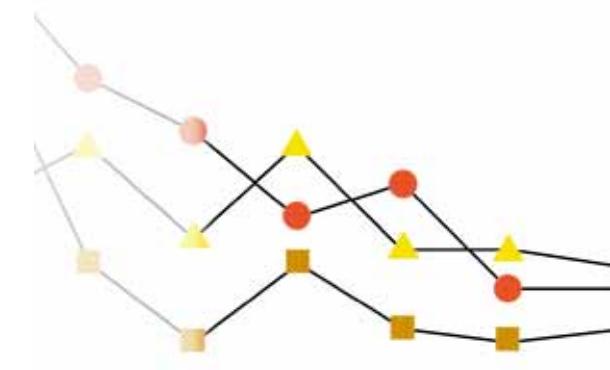
- Māori will carry the same risks as non-Māori
- Māori will have a higher relative burden
- Māori will likely carry multiple risks
- Known risks will explain most of the differences
but
- There will likely be a residual (a Māori effect)
- There will be intra-ethnic variation within Māori
- There will be Māori specific or cultural specific issues





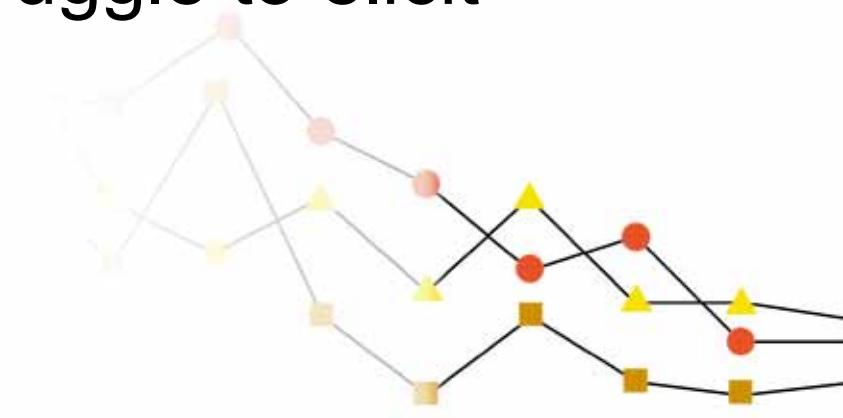


person alone
Sole parent/children
Couple/no children
Couple/children
Extended/whanau
Other



Research Expectation

- Māori specific research methods will encourage high participation
- Māori designed tools will help investigate intra-ethnic variation
- Population surveys will require booster samples
- Some mainstream tools will struggle to elicit analysable Māori responses
 - Diaries
 - Telephones



NZ Working Life (Pilot) Study 2002

- Dr Hilda Firth, Dr Chris Cunningham, Dr Peter Crampton, Professor Tord Kjellstrom, Professor Neil Pearce, Mr Peter Herbison, Associate Professor Anne-Marie Feyer, Dr Dorothy Broom, **Ms Rebecca Lilley**, National Environmental and Occupational Health Research Centre, Dunedin School of Medicine, University of Otago, *Work-related determinants of health, safety and well-being of New Zealanders*, 18 Months, \$284,312. (HRC)
- Pilot aimed for 600 participants
- 300 randomly sampled from the General electoral roll and 300 sampled from the Maori electoral roll.
- Aiming for a 50:50 split semi-rural and urban for each electoral roll sample.

Aims

- Test different methods: Telephone & Face to Face.
- Further refine the Face to Face methodology with an occupational history calendar.
- In total each sample was aiming for 100 participants in each group.

(telephone, face-face

& face-face / calendar)

- Identify barriers to participation in both samples.



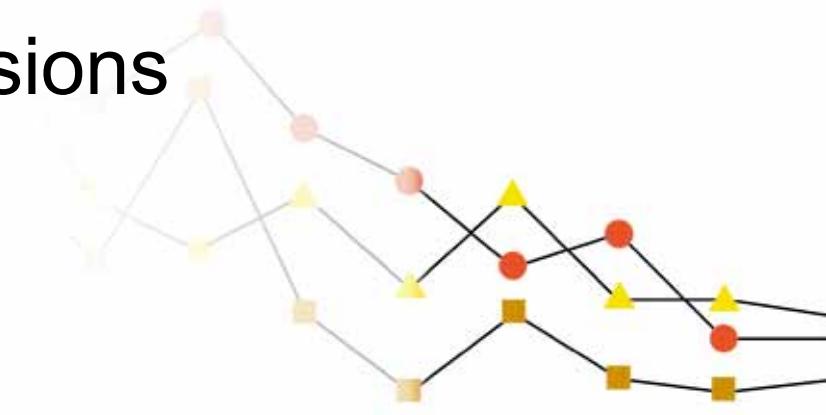
Health Dimensions

Health Outcome Dimensions

- Work-related injury
- Sickness absence – work-related and other
- Doctors/tohunga visits
- Musculoskeletal pain
- Physical health (SF-12)
- Psychological disorder/distress (GHQ-12)

Health-related Behaviour Dimensions

- Alcohol consumption
- Smoking
- Physical exercise



Occupational History Calendar

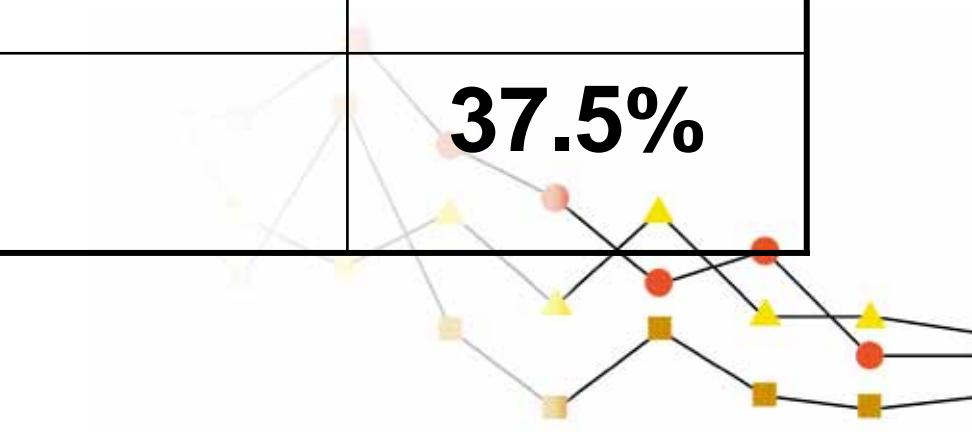
- Using visual cues and memory anchors rather than a set of questions.
- Historical events pre-tested for their ability to help people recall where they were at the time
- Occupational title, main tasks, industry, physical, chemical and biological hazard exposures, protective equipment use and any health effects due to work.
- Māori historical events added to the calendar for Māori.

Māori Dataset

- In addition to the questions on physical violence and intimidation we also asked about sexual and ethnic discrimination within the workplace.
- Additional cultural identity questions from Te Hoe Nuku Roa. These included:
 - Māori ethnic identity, ancestry, connection to marae & whanau, Maori land interests, Te Reo ability and contacts with other Maori.

General Sample Response Rates

	Semi-rural	Urban	Total
Face to face	38%	36%*	37%
Telephone	38%	39%	38%
			37.5%



Māori Sample Response Rates

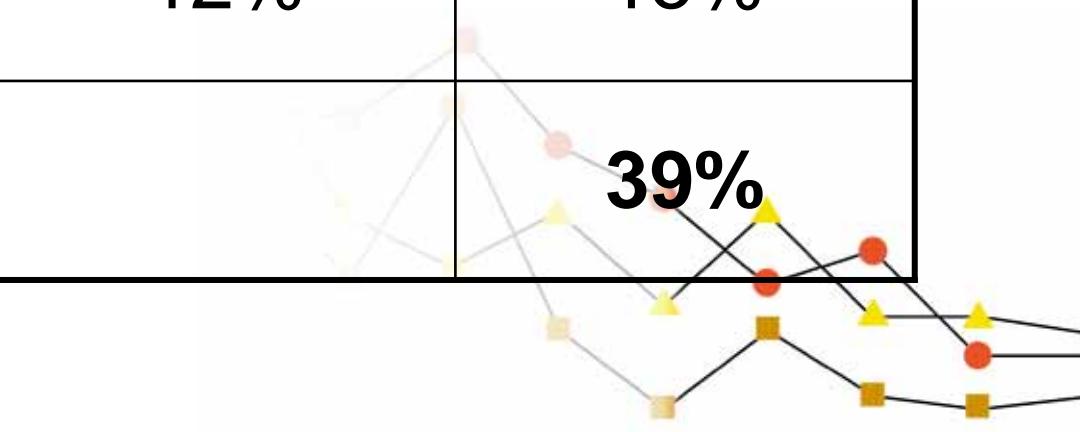
	Semi-rural	Urban	Total
Face to face	36%	30%	33%
Telephone	12%	12%	12%
Total			23%



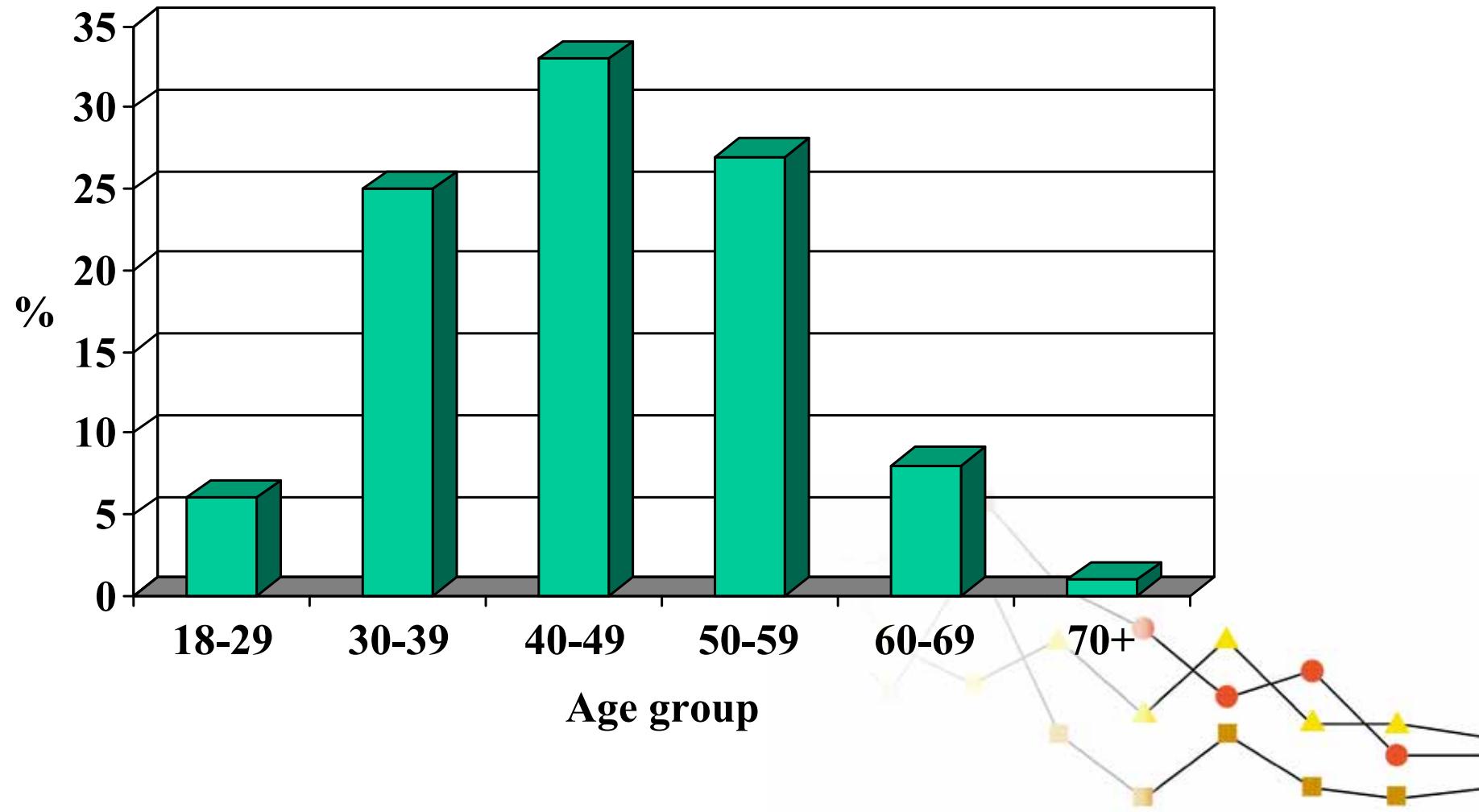
Maori Sample

Response Rates: whanaungatanga method

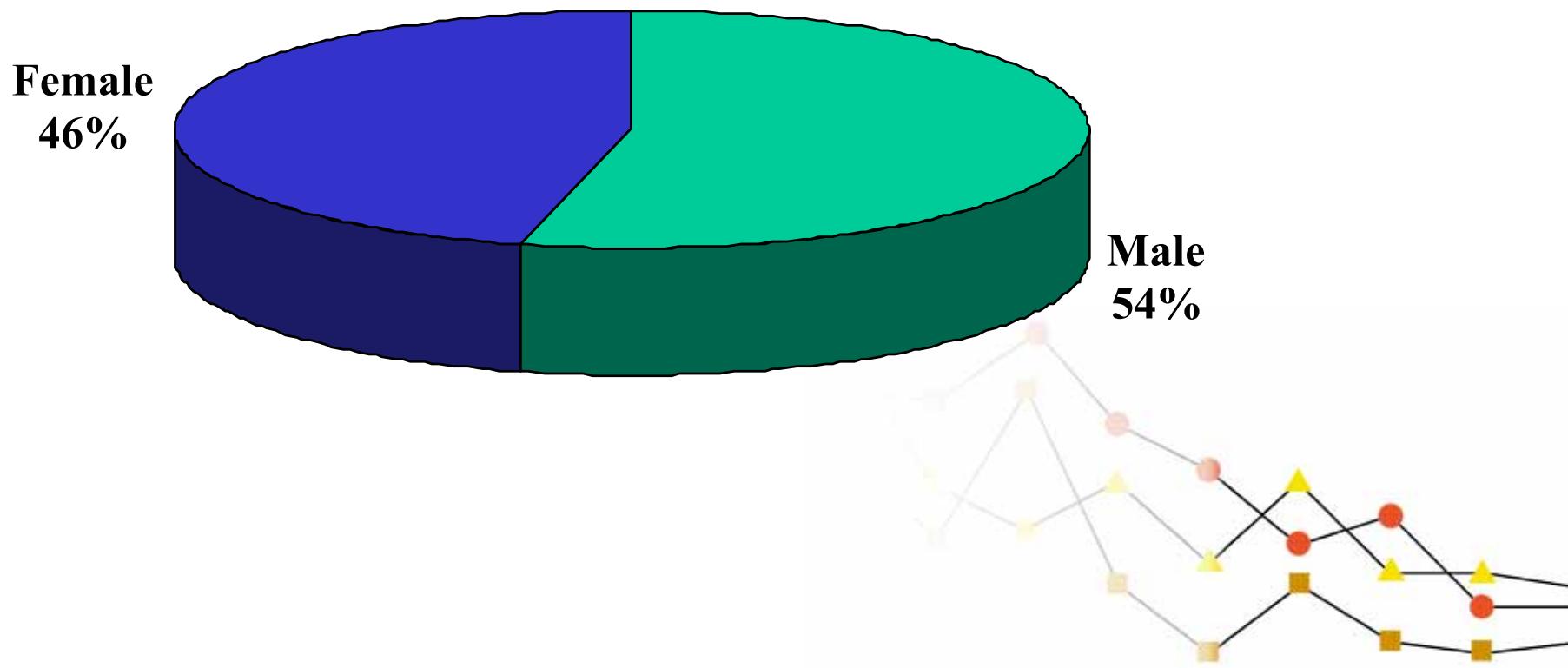
	Semi-rural	Urban	Total
Face to face	69%	62%	65%
Telephone	14%	12%	13%
Total			39%



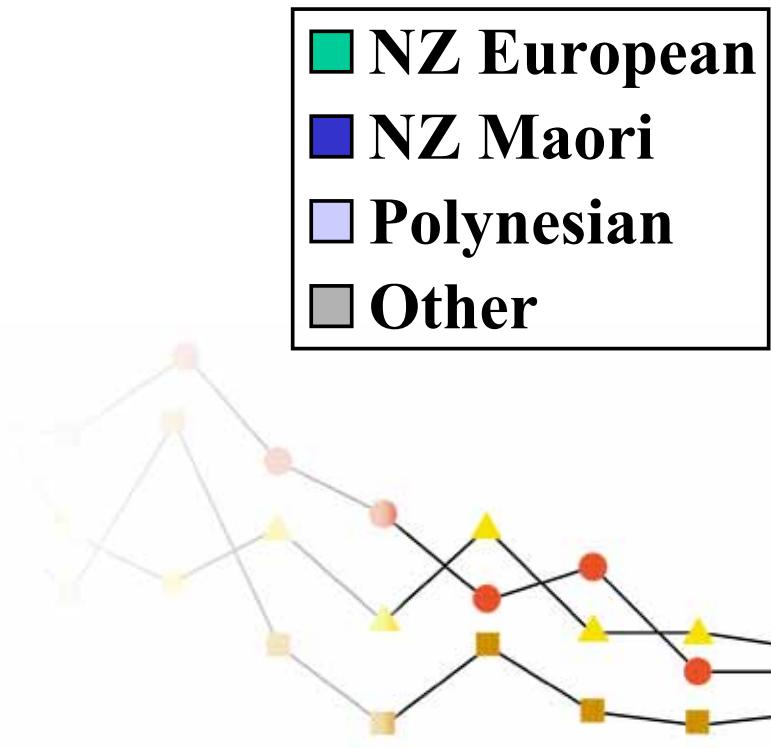
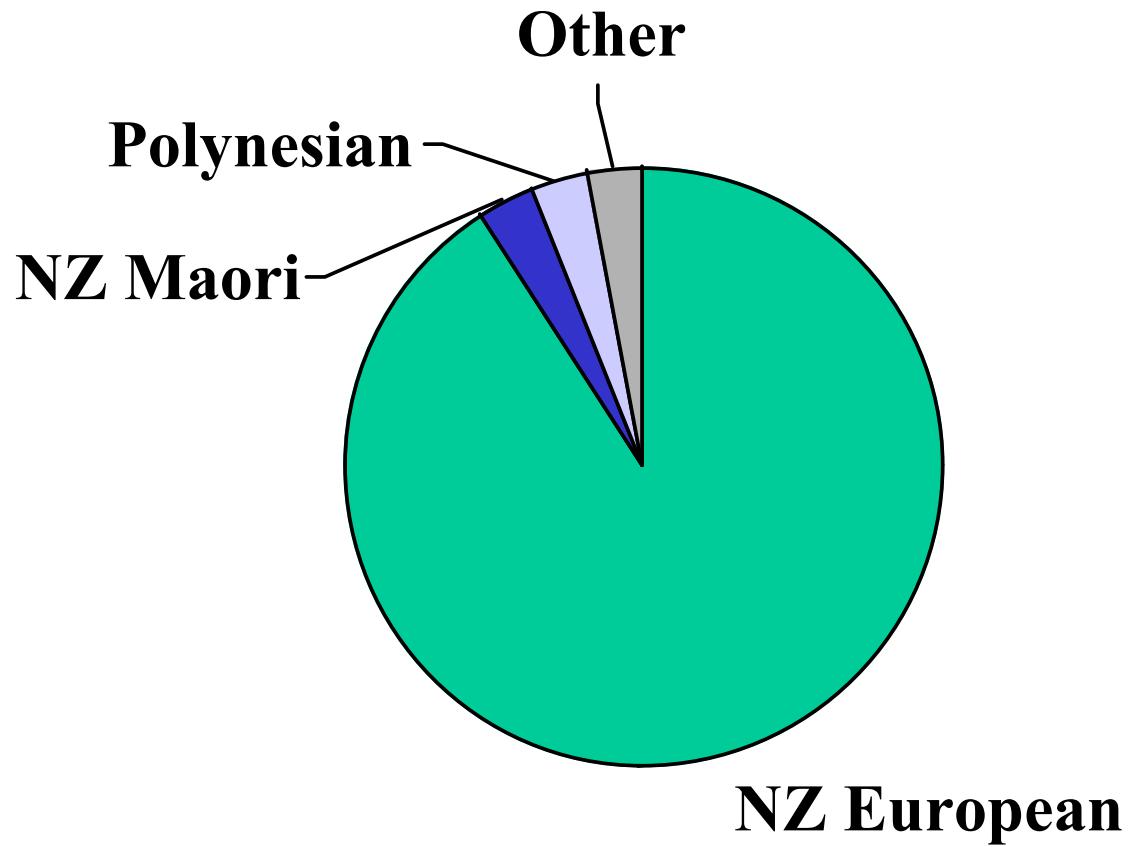
General sample: Age



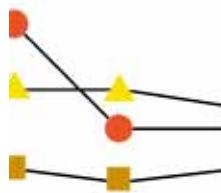
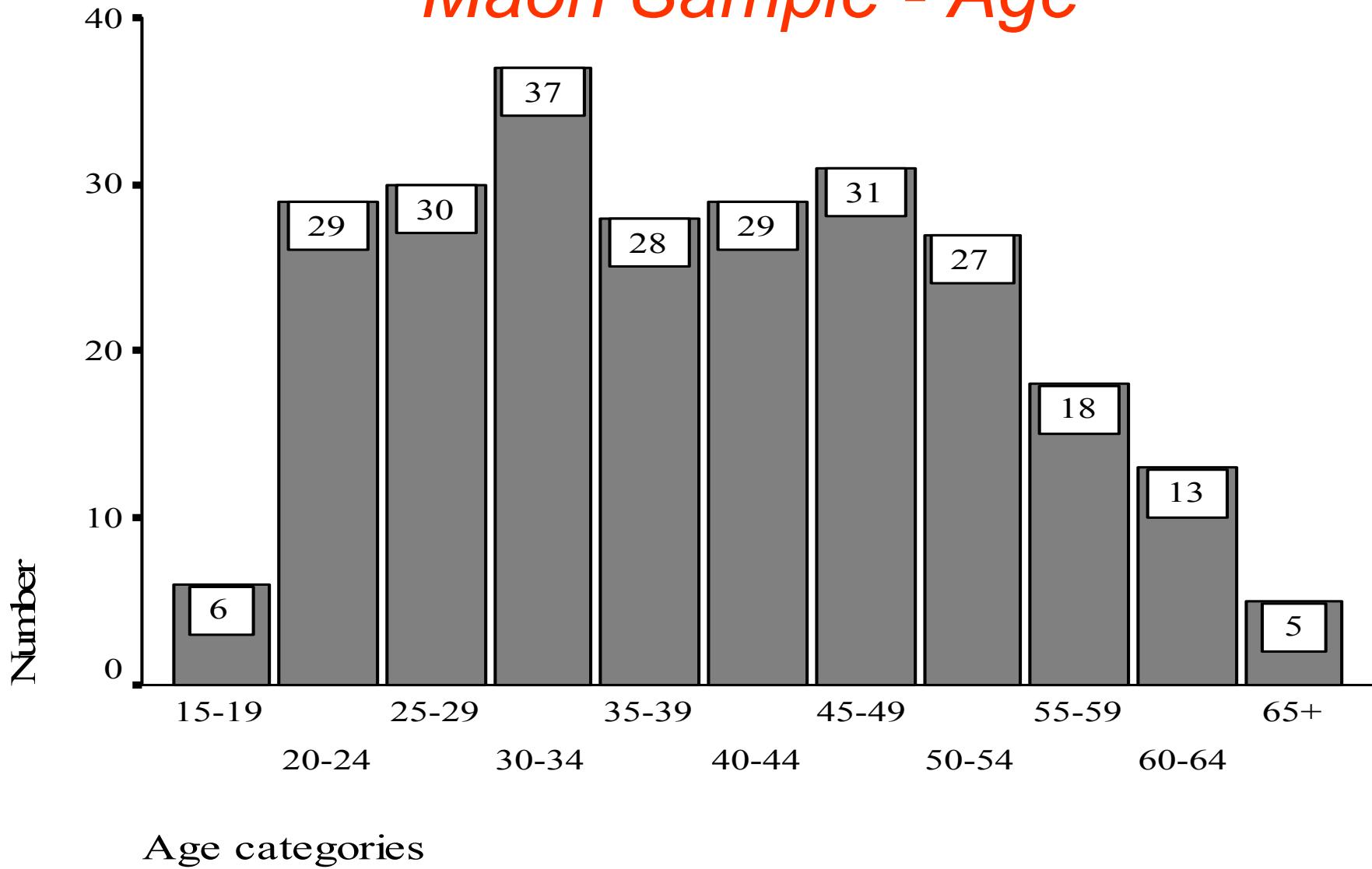
General Sample: Gender



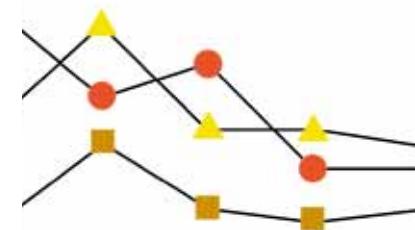
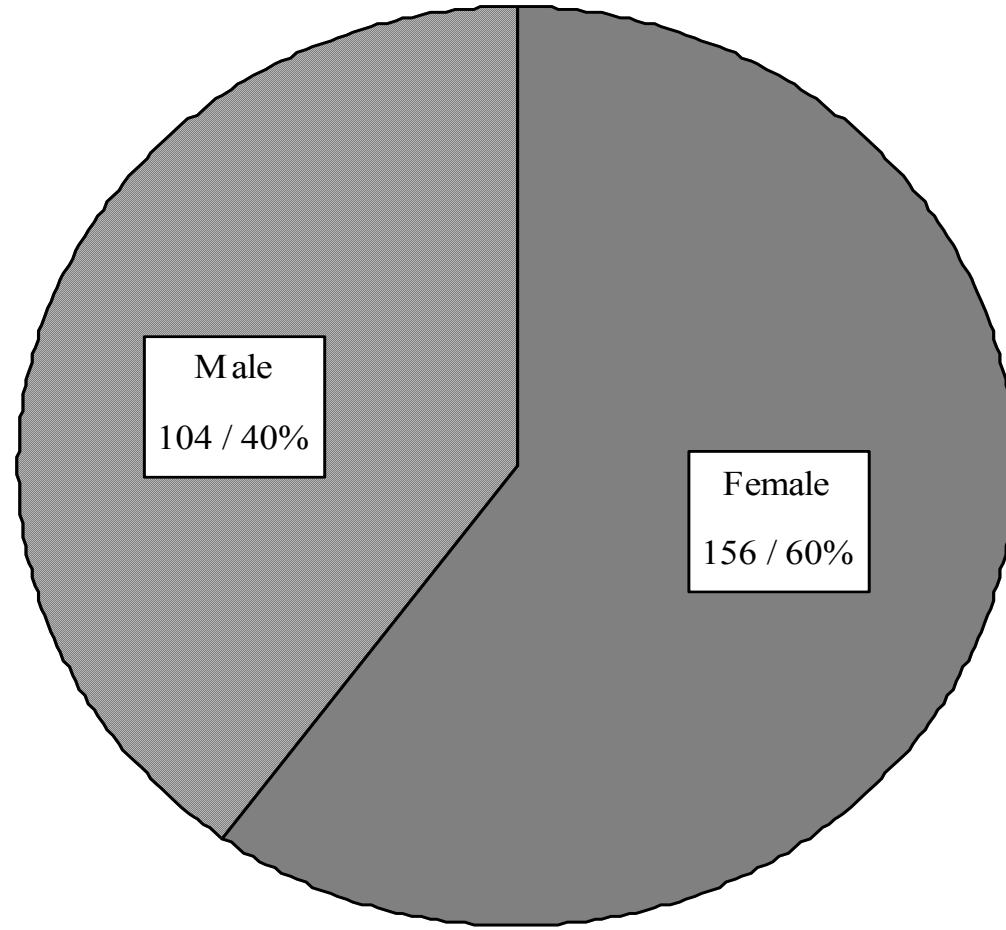
General Sample: Ethnicity



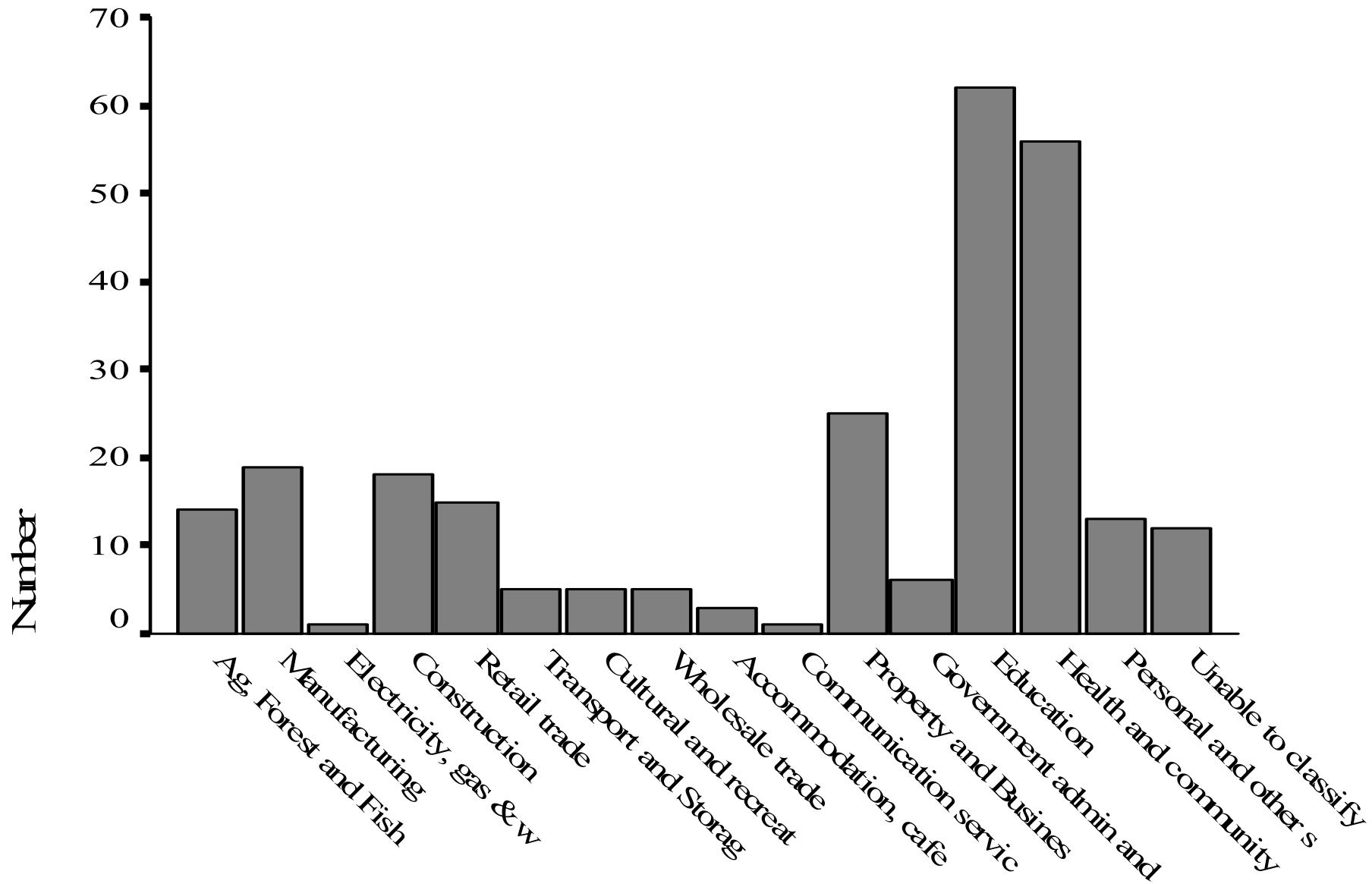
Māori Sample - Age

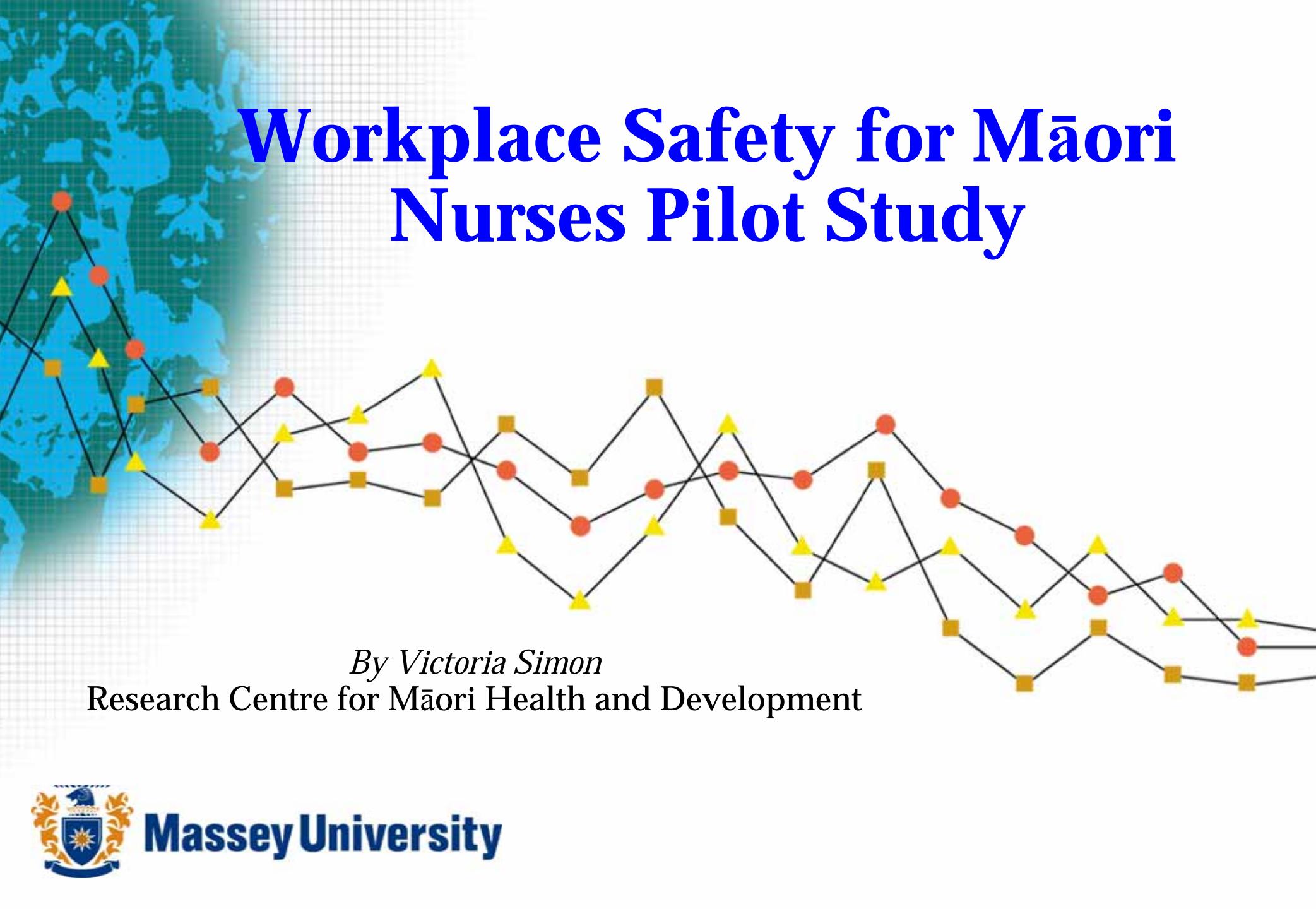


Māori Sample - Gender



Māori Sample - Industry





Workplace Safety for Māori Nurses Pilot Study

By Victoria Simon
Research Centre for Māori Health and Development

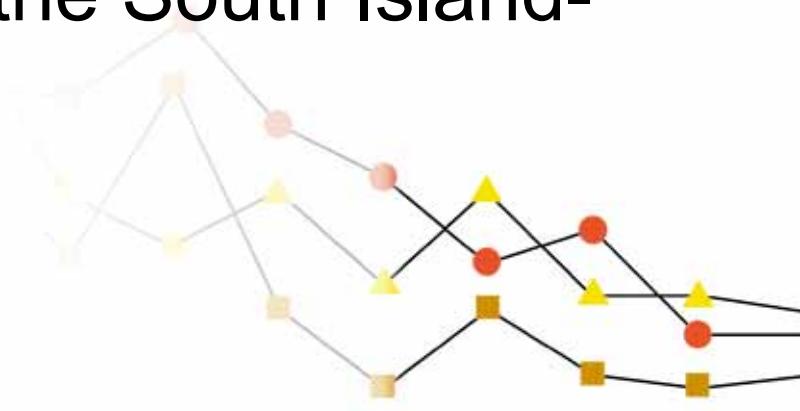


Massey University

Workplace Safety for Māori Nurses

National study

- The Study aimed for 400 Māori Nurses.
- Randomly sampled from the electoral rolls and Nursing Council database.
- Northland-Whangarei, Auckland, Lakes-Rotorua, Waikato-Hamilton, Manawatu-Whanganui-Palmerston, Hutt, Wellington and the South Island-Christchurch.



Workplace Safety Dimensions

Top three health and safety concerns

- 360 - stress and overwork.
- 132 - on the job assault, and
- 131 - infection

- 99 said a disabling back injury,
- 78 said a fatigue related accident
- 59 said a needle stick injury.
- 361 nurses have job satisfaction while 44 nurses are dissatisfied with their job.

Summary – Workplace Safety

- 100 nurses said their workplace was very safe, 282 said moderately to somewhat safe, and 23 said not safe at all.
- 86% nurses in Auckland said stress an issue compared to 98% in Manawatu/ Whanganui and 77% in Rotorua.
- 34% nurses in Auckland said assault an issue compared to 56% in the Hutt and 13% in Manawatu /Whanganui.
- 32% nurses in Auckland said infection an issue compared to 47% in Rotorua and 13% in Manawatu /Whanganui.

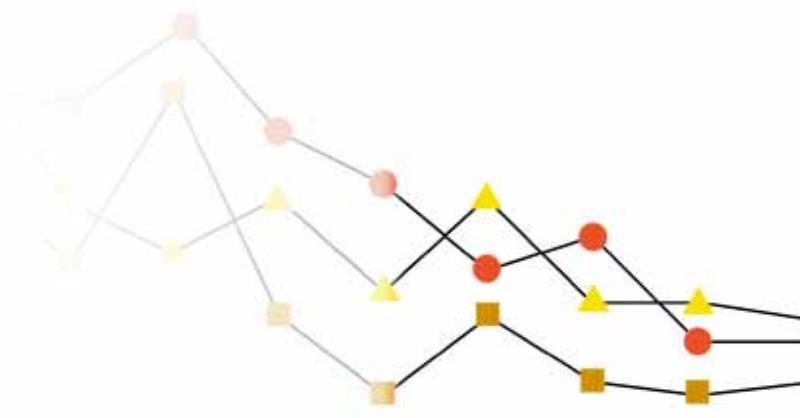
Health Outcome Dimensions

Work-related injury

- 56 nurses had been injured at work

Sickness absence – work-related and other

- 109 nurses had been sick within the last year



Safety/Cultural Safety Dimensions

Workmate verbal abuse

- 81 nurses have experienced workmate verbal abuse.

Client physical and verbal abuse

- 180 nurses experienced client physical violence and 312 nurses experienced client verbal abuse.
- 306 nurses are aware of *intimidation* in the workplace, 240 nurses are aware of *sexual discrimination* and 278 nurses said they are aware of *ethnic discrimination* in the workplace.

Workplace Safety for Māori Nurses Pilot Study

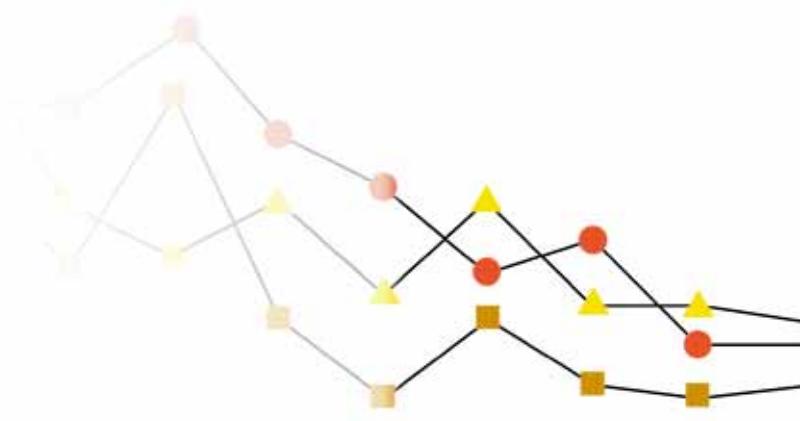
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Occupational Exposures and Occupational Health in Māori



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