The Pacific primary health care workforce in New Zealand:
What are the needs?

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ABSTRACT

AIM: To scope future needs of the NZ Pacific primary care workforce.

METHOD: Semi-structured interviews with key informants including Pacific primary care workers in both Pacific and mainstream primary health care organisations and managers at funding, policy and strategy levels. Qualitative thematic analysis using general inductive approach.

RESULTS: Thirteen stakeholders interviewed (four males, nine females) in 2006. Included both NZ- and Island-born people of Samoan, Tongan, Niuean, Fijian and NZ European ethnicities; age 20–65 years. Occupations included general practitioner, practice nurse, community worker, Ministry of Health official and manager representing mainstream and Pacific-specific organisations. Key themes were significant differences in attributes, needs and values between 'traditional' and contemporary Pacific people; issues regarding recruitment and retention of Pacific people into the primary health care workforce; importance of cultural appropriateness for Pacific populations utilising mainstream and Pacific-specific primary care services and both advantages and disadvantages of 'Pacific for Pacific' services.

CONCLUSION: Interviews demonstrated heterogeneity of Pacific population regarding ethnicity, age, duration of NZ residence and degree of immersion in their culture and language. Higher rates of mental disorder amongst NZ-born Pacific signpost urgent need to address the impact of Western values on NZ-born Pacific youth. Pacific population growth means increasing demands on health services with Pacific worker shortages across all primary health care occupations. However it is not possible for all Pacific people to be treated by Pacific organisations and/or by Pacific health workers and services should be culturally competent regardless of ethnicity of providers.

KEYWORDS: Pacific Islands, New Zealand, manpower, ethnic groups, Oceanic Ancestry Group, primary health care

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Introduction

As well as the indigenous Maori, Pacific peoples are a significant ethnic minority population of New Zealand (NZ). There are more than 22 different Pacific communities in NZ, each with its own distinctive culture, language, history and health status. Pacific peoples are New Zealanders who identify with, or feel they belong to, one or more Pacific ethnicities.[1] The seven largest Pacific ethnicities are Cook Island Maori, Fijian, Niuean, Samoan, Tokelauan, Tongan and Tuvaluan peo-

ples. Migration to NZ from these Islands, which mostly occurred in the 1970s, has been significant, with NZ communities exceeding the size of the 'home island' populations with respect to Tokelau, Niue and the Cook Islands.[2] For example, Niue's population was estimated as 1300 in 2003, whereas there were over 20 000 Niueans in NZ by 2001, 70% NZ-born.[3] Tokelauans, Niueans and Cook Island Maori are also NZ citizens and have the same rights as all other New Zealanders.

Pacific people make up 6.5% of the total NZ population, with 58% NZ-born. They are not evenly dispersed, living predominantly in the greater Auckland region (67%), followed by Wellington (14%), Waikato (5%) and Christchurch (4%).[4] NZ Pacific people are a very youthful population, with only 3% aged over 65 years. In 2001, 39% of the Pacific population were aged under 15 years, compared to 23% of the total population.[5]

Pacific peoples have poorer health status and lower life expectancy than other New Zealanders. Pacific adults have higher disease mortality rates and incidences of cardiovascular diseases and diabetes, with increased reporting rates of being overweight or obese, more sedentary, with diets low in vegetables and high in fat and increased use of tobacco.[6] Pacific men have higher rates of lung cancer and primary liver cancer, and Pacific women have higher rates of breast and cervical cancer than other NZ women. Infectious disease rates are also higher among Pacific peoples than other New Zealanders.[4] Pacific youth have higher rates of sexually transmitted infection such as chlamydia and gonorrhoea (25 Pacific males vs 12.1 non-Pacific males; 12.9 Pacific females vs 6.2 non-Pacific females) and higher pregnancy rates. Pacific people experience mental disorders at a higher rate than the general population and, of particular concern, NZ-born Pacific have a higher prevalence of any mental disorder (31%, 12-month prevalence) than those who migrated from the Islands (15%, 12-month prevalence) over the age of 18 years.[7]

There is a serious shortage of Pacific primary health care workers.[8-11] The NZ Health Strategy revealed that the Pacific health workforce is under-represented with a lack of Pacific people across all health occupations.[12] This mirrors international findings of shortages of ethnic minority health care professionals with difficulties with both recruitment and retention of the workforce.[13] This is a concern for international governments with minority populations rapidly increasing and 'current workforces not mirroring the growing linguistic and cultural diversity of the population needing health care'.[14,15] The ongoing need to attract more minority trainee doctors, nurses and community support workers into health care professions is well documented internationally.[16-19]

WHAT GAP THIS FILLS

What we already know: Pacific peoples are a significant ethnic minority population of New Zealand (NZ) with over 20 different Pacific communities, each with its own distinctive culture, language, history and health status. Some NZ communities exceed the size of their 'home island' population. Pacific peoples have poorer health status and lower life expectancy than other New Zealanders. There is a serious shortage of Pacific primary health care workers.

What this study adds: Pacific population growth means increasing demands on health services with Pacific worker shortages across all primary health care occupations. However, it is not possible for all Pacific people to be treated by Pacific organisations and/or by Pacific health workers, and services should be culturally competent regardless of ethnicity of providers.

Various strategies are employed both internationally and in NZ to deal with this workforce crisis. Research into the recruitment and retention of minority ethnicity primary care workforces has been particularly active in America,[14] Australia, Canada and the UK;[13] four countries with diverse ethnic populations and currently experiencing a severe shortage of nurses and other allied health care professionals.

For example, the 'Start Out' intervention, a US youth bridging programme aimed at youth aged 16 to 19 years from minority groups and low socioeconomic areas, with quota systems for minority peoples entering health-related fields, in particular medicine, aims to improve recruitment of minority peoples into the health workforce.[14] Although there is a philosophy that 'Minority physicians when compared to non minority physicians provide more care and more culturally appropriate care to poor and minority patients. Therefore, the shortage of minorities in medicine contributes to the medical care access problems facing minority populations', an American study found that the low representation of minority groups in health care professions indicated racial barriers to the pursuit of a medical career.[20]

In 2001, NZ introduced a Primary Health Care Strategy (PHCS) implemented through the development of Primary Health Organisations (PHOs).[21,22] This has dramatically changed the landscape of primary health care delivery in NZ. Changes include patients enrolled with practices,

subsidised funding through capitation, funding delivered via the District Health Boards (DHBs) and collaboration of general practices with many other community agencies delivering primary care. The new primary health care environment aims to have an increased focus on population health, wellness, community development, working across service boundaries, better (and supported) self-management of disease and health promotion.[22]

As a population group–specific action relating to the over-arching NZ Health Strategy,[12] the Ministry of Health released a Pacific Health and Disability Action Plan (PHDAP) in 2002. This document outlines the framework, strategic direction and actions for improving health outcomes for Pacific peoples and reducing health inequalities between Pacific peoples and other population groups. One of its six priority areas is 'Pacific provider and workforce development'. A subsequent Pacific Health and Disability Workforce Development Plan[8] identified that there are 'barriers to Pacific health and disability workforce development which affect recruitment, retention and development of Pacific health and disability practitioners' and provided a framework for health and education organisations to positively influence the pathways for Pacific peoples' participation in the health workforce.

The aim of this study was to scope future needs of the Pacific primary care workforce, by reviewing lessons learned from implementation of the PHCS at all relevant strata (from Clinical Services Directorate of the MOH through DHBs, PHOs to primary health care providers) through interviews with selected key informants.

Method

An extensive literature review was conducted of the international medical databases MEDLINE, EMBASE, the Cochrane Library, CINAHL and PsycINFO for peer-reviewed journal publications using the key words 'Workforce' plus 'Pacific Islands/ or Oceanic Ancestry Group/ or pacific people' plus 'Primary Health Care'. The search was limited to 'humans' and 'English language'. A record was kept of the results of each search. A broad range of grey literature from appropriate ministries, governmental agencies, DHBs and other organisations was accessed and reviewed. The literature review strategy also included hand-searching of key documents.

The field study design was a qualitative study involving semi-structured interviews of key informants in NZ in 2006. Participants were selected from three groups: key personnel within the primary health care sector, Pacific peoples actively working in primary care in both Pacific and mainstream PHOs and Pacific primary health care specialists at funding, policy, strategy, and advocacy levels.

Regions with the highest density of Pacific health workers and/or Pacific populations were targeted. Participants were selected for diversity with respect to their position, age, ethnicity and gender.

A literature review and consultation with steering committee members helped inform the key questions directed to informants. These explored the positive and negative changes that have occurred in primary health care since the implementation of the Primary Health Care Strategy and the implications of these for the Pacific workforce.

Piloting of the interview schedule resulted in minor modifications to improve its clarity and usability. Ethics approval was obtained from the University of Auckland Human Participants Ethics Committee.

Telephone or face-to-face interviews were audio-taped using a digital recorder with the taped consent of the interviewees. Transcribed interviews were entered into a template for thematic analysis. Ongoing discussion and consideration occurred between the three researchers to identify emerging themes as the data accumulated. Interviewing finished once data saturation was reached and new themes ceased to emerge.

Free-form data response analysis used a general inductive approach with individual text responses analysed to identify themes. The data were collated into table form and analysed for emerging categories. Analysis involved independent coding of themes by the researchers and then adjudication until consensus was reached.

Results

Thirteen stakeholders were interviewed (four males, nine females) from the three groupings identified in the objectives. They included both NZ- and Island-born Pacific people; represented the ethnic groups of Samoa, Tonga, Niue, Fiji and NZ European; ranged in age from 20 to 65 years and resided in Auckland, Taranaki, Hawkes Bay and Wellington. Their occupations included general practitioner, practice nurse, community worker, Ministry of Health official and head of a Pacific primary health organisation (PHO). Both mainstream and Pacific-specific PHOs were represented.

Four key themes emerged:

1. That there are differences in the attributes, needs and values between Island-born and NZ-born Pacific people.
2. Issues regarding recruitment and retention of Pacific people into the primary health care workforce.
3. The importance of cultural appropriateness for Pacific populations utilising mainstream and Pacific specific primary care services.
4. Both advantages and disadvantages of 'Pacific for Pacific' services.

These themes, sub-themes and representative quotes are presented in Table 1.

It was strongly voiced that Pacific patients are better off with Pacific workers with whom they share language, culture and can communicate. Pacific people may understand the nuances of their own culture, whereas Pacific patients might tell non-Pacific workers what they thought they wanted to hear. However, it also emerged that some Pacific people do not want to have their health care provided by people of their own ethnicity. There was concern about the smallness and closeness of the communities, and apprehension about confidentiality in this environment.

Discussion

The key informant interviews illustrated the heterogeneity of the Pacific population and their health needs with respect to ethnicity, age, duration they or their families have resided in NZ, and the degree with which they are immersed in their culture and language.

The shortage of ethnicity minority primary health care workers is an international trend and affirmative action is being taken worldwide to address this issue. The needs of the Pacific population are increasing as the population grows and ages and is expected to place huge demands on the health and disability services. There is a shortage of Pacific primary care workers across all primary health care occupations. This lack of critical mass is the result of both a long timeline and a steep growing curve in the transition from student to practitioner.

Pacific people who come from the Islands may expect a different form of health care and be more likely to present to hospitals because of the health services structure in the Islands. These groups of people need to be educated about the NZ services and primary health care services need to be changed to suit this population. This is one area where Pacific for Pacific providers can assist. However, not all Pacific people can be, nor may wish to be, cared for by a Pacific health service. There is a need for mainstream and Pacific-specific services to work alongside one another providing services which are culturally appropriate.

Encouragement to consider working in the health sector needs to be provided in the school, home and community. A Pacific presence should be visible at all levels, including health care providers, management, and teachers in academic institutions.

General practice and other primary health care vocations by their nature are community-based, and primary health practitioners tend to have less distinction between their work and their community lives than their hospital-based colleagues. For Pacific workers, especially those employed in Pacific primary care practices, this may be even further compounded by living in the community in which they work. Pacific health professionals may be required to take up community roles of responsibility which impact on their personal and family lives and their continuing professional learning needs.

Strengths of this study

The study involved an extensive review of both academic and grey literature, a diverse sample of interviewed stakeholders, a rich dataset obtained through taping and transcribing, and rigorous processes for data collection and analysis.

Limitations

A systematic review of the total sum of the grey literature on this topic could not be conducted. The literature relating to this topic is boundless, hence not all literature can be referred to. A number of documents are 'in house' and/or unpublished. The qualitative approach of the field study prevents generalisations to be made from the findings.

Implications

It is important to recruit and retain a Pacific primary health workforce in all vocational areas and at all levels.

Pacific peoples needs are diverse. The higher rate of mental disorder amongst NZ-born Pacific

compared with Island-born signposts an urgent need for further research to address the impact of Western values on NZ-born Pacific youth.

Given its qualitative nature, this research could only explore workforce issues relating to the primary health care roles of GPs, nurses and community workers of the predominant Pacific ethnicities in NZ. While many issues uncovered may be generalised to other professions and other ethnicities, further research would assist in broadening understanding in these regards.

The implementation of the PHCS has assisted in fostering a Pacific primary care workforce and Pacific PHOs. In particular, the community-based and team approach fits well with Pacific needs and orientation. However it is not possible for all Pacific people to be treated by Pacific organisations and/or by Pacific health workers. It is important that Pacific faces are visible as workers in mainstream PHOs. Along with considerable development of the Pacific workforce, it is important that services are culturally competent regardless of the ethnicity of the provider.

Table 1. Pacific workforce study themes, sub-themes and quotes

THEME	SUB-THEME	QUOTES
1. Traditional versus contemporary values/attributes	**(a) NZ versus Island-born**	'There are some NZ born who are quite okay with the culture… There are others who are not really culturally competent.' (C1)
		'The ones born here don't understand, they're very much like, unless they've lived in the Pacific Island community.' (B5)
		'How many generations away from your original country of origin do you have to be before you can't call yourself Niuean or something?' (A1)
	(b) Old versus young	'So instead of stopping them doing those little things, you know, just make them do it… You know it's good for the mind, good for the body and yeah. And it's oh no she's rude, she gets her mother to make her a cup of tea.' (B7)
		'A respect like some older people feel that I'm too young to talk to them.' (B1)
		'What we need to do as older workforce and as elders of the community, is take into account the young people's perspectives, infuse it into ours.' (B3)
	(c) Immersed versus not immersed in culture	'And they need to have that at grassroots, they need to have that. I feel that they need a lot of our young people to work alongside with the old, not old people, but those who have done it before. That's how I feel.' (B4)
	(d) Practical versus academic standards	'Because their practical work is excellent and plus they have the language.' (B1)
		'And that's the other thing, the more experience that you have, practical, not only piece of paper.' (B4)
		'And doctors who are doctors, but not registered in New Zealand… Fiji's qualifications is not recognised.' (C3)
		'Because if I look back to those days when I did nursing in the Islands, I tend to learn from practical right up to medicine. You have to train and have your piece of paper. They never recognised any of the experience, or any of the things that I had done at home.' (B4)

THEME	SUB-THEME	QUOTES
	(e) Language versus no language	'I don't think that you necessarily have to have language, for example, in order to be able to work for your community.' (B2)
		'Even the language as well, the language is more important to, so our people will understand. I know English is our second language, but if we use our own language and then others understand. We know also that it's not easy for them to be thinking whatever you tell them.'
2. Pacific health workforce recruitment and retention	**(a) Early education, promotion, role models in schools**	'Starting at medical school, but even further down in the secondary schools, trying to promote doctoring... promote healthcare work as a career option to young people.' (A1)
	(b) Encouragement, support, endorsement from family, community	'Not just through schools, or careers advisers, but it's them working with the Pacific community... and then looking at the support within the training institutions.' (A3)
		'And also with our Pacific Island trainees, with the nurses when they come. You encouraging them to get their NZ qualifications. To retrain themselves to get that qualification, get into the career that they are good at.' (B7)
	(c) Ethnic specific training, scholarships, quota, bridging courses/placements	'So the MAPAS scheme and similar types of support for students so that you don't lose them, once you've managed to find a way in and scholarships and things are required.' (A3)
		'There's scholarships that the Ministry have put out which the Health Research Council have administered over the years.' (C1)
		'We've got a sort of compromise where they're going to be able to earmark some places for GPs who are interested in working in areas, ethnic areas. Doesn't actually say these are reserved for Maori doctors. So if you've got a South African doctor who said they were fluent in Te Reo and things like that, they would have an equal chance of getting that, rather than having a specific.' (A1)
	(d) Need for career pathways	'They need to be able to see that there's possibilities for advancement beyond just the lowest level of, the lowest rung of the ladder sort of thing.' (A3)
	(e) Need DHB, MOH and Pacific manpower to buy in	'I think DHBs and ministries should work together to try and recruit more Pacific Island people to join the workforce.' (A2)
		'I know that all DHBs in NZ must have a mandate for cultural appropriateness, whether it actually goes any way to making services more culturally appropriate I think are questionable.' (B2)
	(f) Pacific presence in academia	'We need to really invest in is actually the lecturers. We're trying to increase the number of Pacific nurses from 2% of the population to about 6%. And we have in NZ 5 lecturers. The positions are about $60,000 for the lecturer. If you put that $60,000 there and there is a person there to support the students, in comparison to the scholarships, you need that.' (C1)
	(g) Pacific recruitment drive	'They're recruiting from Europe, from Australia. And I think that Pacific, our homeland, deserves to be recognised in that manner and recruit from there.' (B3)
	(h) Sharing Pacific manpower and knowledge	'Say 1 day a week a Samoan doctor from [another PI PHO], for example would come and work here and we'll send our Tongan doctor there.' (C3)
		'It's a good idea to share networking along each organisation.' (B4)
	(i) Less pay in PI organisations	'I guess it's just money, yeah that's what attracted me to mainstream.' (B6)
		'You know the sacrifice yourself, but look at the long run, the benefit of the long run. And because they'll be working factories and that is not where they, this the money that is stopping them from going to retrain.' (B7)
		'The income from those services, the income needs to be high enough to pay our Pacific staff to remain.' (C1)
	(j) Increased workload, duties extend into community, >9-5	'Because when you work in the mainstream, you are so, so comfortable with the procedure, every day looking after your patients. And after your day's work is over, there is no worries for you, except when you come back the next duty.' (B1)
	(k) Lower standards of care in PI PHOs	'There may be a tendency to have lesser standards.' (A2)
	(m) Management, structural and hierarchy issues	'Mainstream services like the governance are well structured, the management of the organisations are good, are sound.' (C1)
		'If we don't put in place enough indicators, or monitoring systems to make sure that the service provider is in fact at the quality that it should be.' (C2)
		'Have legitimacy in the system. And therefore they have more ability to make their own decisions about the way the funds are distributed, and the way services are delivered.'

THEME	SUB-THEME	QUOTES
3. Cultural appropriateness of health service	**(a) PI patients better with PI workers—language, communication, understanding of cultural values and practices**	'I think you feel much more comfortable if your health workforce looks, sounds and speaks like you.' (A1) 'People feeling comfortable with people from their own cultural backgrounds, and feeling comfortable with actually going to see them or having them come into their homes.' (B2) 'By having a Pacific workforce in place it's a huge attraction for people to turn up early.' (C3)
	(b) Better delivery of services (by PI for PI)	'When you have an ethnic specific services targeting the needs of Tongans, its run by Tongans for Tongans, then there is actually a better delivery of health services.' (C1) 'They have the clinical skills, as well as the cultural skills.' (C1)
	(c) Moving health care beyond practice into community and churches	'So they are quite creative in taking the initiatives and looking at our whole community. We have a better understanding of our communities and therefore would come up with strategies that better meet the needs of Pacific people.' 'More Pacific health providers out there and they've actually going one step closer from the community into the churches.' (B6) 'They allow us to come and pray with our families in the hospital and yeah, because it was not allowed before' (B1) 'Taking the health services to the community, rather than waiting for the community to come to them.' (A2)
	(d) Need for mainstream cultural competency and understanding, including requirement to meet spiritual needs	'One would like all the health workforce able to deal with the whole of the population of New Zealand. We are melding, we are mixing and we need a workforce that is suitable for the whole of New Zealand.' (A1) 'Difficulty with some of those initiatives in terms of cultural competency is that we haven't quite agreed what is actually culturally competent, what does it actually mean.' (C1) 'We also need to utilise the mainstream pool of resources that will be useful for Pacific training.' (B3) 'We need to try and encourage all providers to be able to be appropriate to the culture of the people that they're serving.' (A3)
	(f) Teamwork appropriate	'Pacific groups have done well, which is the team approach ... seem to be much more cohesive population. And their team approach, whether they are trained professionals, church workers or, you know, a friendly person down the street, they're much better at reaching.' (A1) 'How well the Pacific community rallies around and looks after its own constituents.' (A2)
	(g) Understanding of hidden cultural beliefs	'You know you can get a feel for whether they are happy, or unhappy, or if they have some unresolved questions.' (C2) 'I know English is our second language, but if we use our own language and then others understand. We know also that its not easy for them to be thinking whatever you tell them.' (B4) 'Because it's quite daunting for some people, having to turn up to a palangi doctor who can't speak the language, who may not understand why she or he lies about what she/he ate for breakfast. And it's kind of, saves the patient the embarrassment.' (C3)
	(h) Important not to have segregated workforces	'I don't think we want a health system that is sort of segregated...that is one sort of thing for one group of people and totally different one for another. But you need to have options for people.' (A3)
4. Ethnic specific versus mainstream organisations	**(a) Disadvantage of Pacific specific**	'Enormous amount of pressure from the community on Pacific doctors and Pacific nurses.' (C2) 'Patient confidentiality, that's the... only thing. You know when you go to a Pacific Island provider you're probably looking after your family members, or church members.' (B6) 'Confidentiality, so they think that we'll go and tell.. other people about them.' (B7)
	(b) Ethnic differences —language, practices, family duties, hierarchy	'Sometimes our Pacific leaders use their status in our culture to... deliver their decisions instead of decisions being made in an inclusive and collective environment.' (B3) 'Our cultures are so different. We speak different languages. Look at the Cook Island people. They have 15 dialects.' (B1) 'When we do things under the name Pacific, we tend to have participation from Samoans, Cook Islands and Tongans, and maybe Niuean. But we need to make extra efforts to get to the Fijians, the Tokelauans, the Tuvaluans and the smaller groups.' (C1) 'There's always been a thing down our way, not another bloody Samoan. There are strong views from different ethnic groups.' (B3)

THEME	SUB-THEME	QUOTES
	(c) Maori initiatives not always appropriate for PI, no driving force, Pacific workforce fragmented	'In regards to Maori initiatives that may work well for PI populations...We need to develop our own.' (B3)
		'If we were able to organise ourselves so that we were in better contact and ... had a higher profile, I think that would help us put pressure in the right areas. That would help us move forward.' (B2)
		'Also by having more Pacific workforce in place, it can be used as a good vehicle to lobby for better initiatives in terms of this is how Pacific health should be done this way, rather than your way, yeah? But when there is a very limited workforce, it's quite difficult to tell people that this is better than their way.' (C3)
		'Oh I think it would be important to be done in a cohesive manner. I think if you have multiple groups doing the same thing you can be duplicating services and missing out on others. So I think, you know, having some ideal about what's going on a national scale would be useful.' (B2)
		'I think the issue is whether or not it's affordable, or possible to have ethnic, I mean clearly it's not going to be possible... I believe that the Pacific peoples' issues, socioeconomic issues, cultural issues, you know, are common across most of them.' (C2)
		'They do have their own specific ones, but they also have the commonalities as well. And most of the issues are common right across.. the main issue for me is not really their differences, whether they're Samoan, Tongan... that they are Pacific doctors, Pacific nurses. Because that's the immediate one. In the long run we can look into the different ethnicities and stuff. But for now, I'd rather concentrate on getting Pacific, it's the best option that we have.' (C3)

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COMPETING INTERESTS
None declared.