

**Student:** Miriarangi Kapa

**Title:** Understanding the modifiable factors contributing to acute hospital admissions for Nurse Maude’s Māori Clients.

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**Sponsors:** Nurse Maude, Māori Indigenous Health Institute (MIHI)

**Introduction**

The title and aim of this project has change from data analysis of Nurse Maude long term Māori clients and CDHB acute hospital admissions to conducting a systematic literature review investigating what modifiable factors contribute to Māori kaumātua<sup>1</sup> experiencing inequitable or equitable access to Older person health care services.

**Methods**

This systematic literature review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement (PRISMA) (1). Key search terms combined the concepts of Maori, Older person healthcare and equity (Table 1). An electronic literature search was conducted December 11, 2017 for quantitative and qualitative studies published between 2012 and 2017 evaluating the experiences between Māori and Non Maori elderly accessing Older person health care setting.

|                      |  |                           |
|----------------------|--|---------------------------|
| Māori                | Older persons healthcare   | Equity                    |
| Māori<br>New Zealand | Home based care<br>Older persons health<br>Informal care<br>Age related care | Equit*<br>Fair<br>Justice |

Table 1. Key search terms

Interpretive synthesis (2) was used to explore potential modifiable factors for Māori experiencing inequitable access to Older persons healthcare services. The synthesis was completed in two phases;

1 - A data matrix summarising the purpose of the study, relevant key findings.

2 - Analytical categorisation of the findings into key themes which were included in the matrix.

**Results**

The literature search identified 1157 records in the initial database search, of which 15 met the inclusion and exclusion criteria. Study selection summary is shown in the PRISMA flow diagram (Figure 1).

A majority of the studies were published in New Zealand between 2012 and 2017. The population characteristics included male and female participants from three particular groups including kaumātua and elderly patients, whānau and family members acting as informal carers, health professionals or staff. The age of the participants was variable due to the three different groups, however the age of the elderly participants ranged between 55 and 90. Ethnicity included Māori and Non-

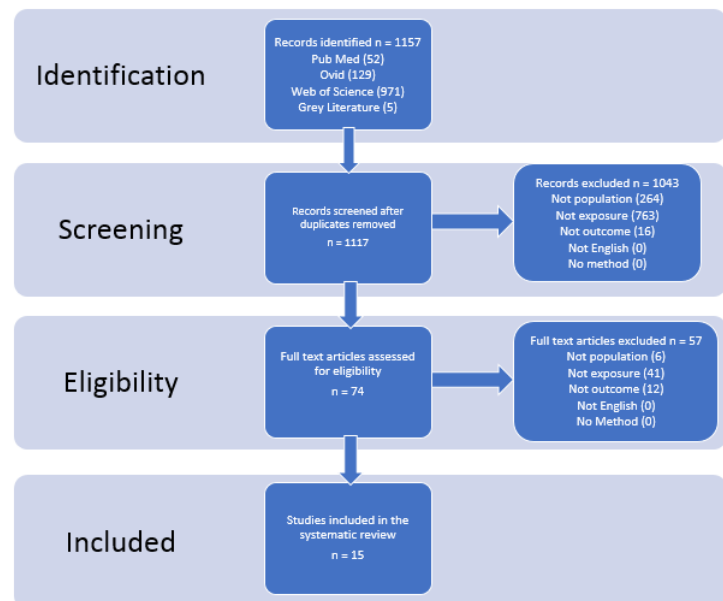


Figure 1. PRISMA flow diagram

<sup>1</sup> Maori elderly

Māori, it should be noted that Non Māori included New Zealand European, Pasifika and Asian participants. The setting varied from community level including primary health care notably Māori Health organizations, Home based care, Palliative, Hospice and Secondary level healthcare.

### Interpretative synthesis

Themes arising from interpretive synthesis were barriers to access healthcare that effected relationships with Māori (systemic communication issues, racial discrimination and standardised assessment tools), the importance of whānau, the effects of informal caregiving, and access to healthcare services delivered by Māori for Māori.

### **Conclusion:**

The aim of this systematic literature review was to investigate what modifiable factors contribute to Māori kaumātua experiencing inequitable or equitable access to older person healthcare services. The research has demonstrated that Māori do experience inequitable access to older persons healthcare. It is therefore our responsibility as the future health system and health professionals to modify these factors by reducing the barriers to healthcare access in order to foster and sustain long term relationships with Māori kaumātua and whānau, acknowledging the role whānau play as informal carers by providing practical information and support to alleviate the responsibilities and prevent the effects of informal caregiving and finally acknowledging the invaluable role Kaupapa Māori has in healthcare by providing this choice to empower the independence of Māori Kaumātua and integrity of their whānau. Implementing these modifiable factors will encourage Māori kaumātua and their whānau equitable access to older person healthcare services.

### Reference.

1. Moher D, Liberati A, Tetzlaff J, Altman DG, Group P. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS medicine. 2009;6(7):e1000097.
2. Saldaña J. The coding manual for qualitative researchers: Sage; 2015.