The ‘Colonial Tax’: Cultural Loading of Māori Doctors

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ALLEN + CLARKE

TE OHU RATA O AOTEAROA MĀORI MEDICAL PRACTITIONERS Te ORA

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Executive summary

Description of the research

Te Tāhū Hauora / Health Quality and Safety Commission (HQSC) funded Te Ohu Rata o Aotearoa / Māori Medical Practitioners Association (Te ORA) to undertake this research in order to understand how Māori doctors experience cultural loading. The findings of the research will be used by Te ORA to inform its support and advocacy activities, and by HQSC when considering Māori staff development and opportunities to promote clinical education.

The research was undertaken using a mixed-methods approach. Data collection included four focus group discussions with Māori doctors who were at varying stages of their career, from prevocational training to fellowship. We also completed two individual interviews with doctors who were not able to attend a focus group hui. In total, we engaged with 23 participants from five medical colleges. The research also involved an online survey of Māori doctors from Te Ora, which sought quantifiable data on experiences of cultural loading and the impact it has on them and their whānau. The survey received 96 responses, approximately one third of Te ORA membership.

Summary of key findings

Cultural loading is defined here as additional duties, tasks or obligations that Māori doctors experience in their professional or community lives. Māori doctors were eager to engage in discussion on what cultural loading means for them. Research participants quickly confirmed that there is a difference between the cultural load as a ‘doctor who is Māori’ and cultural load as a ‘Māori who is a doctor’.

Participants defined the cultural load that they experience in their professional role as a ‘doctor who is Māori’. Doctors are subject to expectations that they are the experts in tikanga Māori, te reo Māori and te ao Māori, irrespective of their previous experience and the extent to which they are engaged in the Māori world. In this vein, they are frequently asked to sit on or to lead committees, boards or other groups, and are often asked to be the ‘Māori representative’ on that group. Māori doctors feel a duty to contribute to these kaupapa, and such expectations are placed upon them much earlier in their career than other non-Māori colleagues.

In their clinical roles, Māori doctors are frequently required to provide advocacy and support for Māori patients, Māori health and equity issues. Almost all participants felt a responsibility to enhance the experience of whānau Māori in the medical system. In the current time of increasing awareness of culturally safe medical practice, the load is increasing rather than easing.

Māori doctors experience personal and professional impacts of this cultural load, describing additional hours either placed on them or done by them in order to service that load. There is little professional or financial recognition of this, and that effort is often not acknowledged or valued in any substantial way. Activities to support hauora Māori, health equity, or culturally

safe practice are not always seen by the organisations they work for to be as important as clinical activities, and Māori doctors often find their advice is dismissed or not implemented.

While Māori doctors are, for the most part, pleased to be of use to their profession and in particular to support whānau, they are invariably stressed by this load and the work it entails – particularly as many expressed feeling ill-equipped and unsupported. The majority of research participants talked about the impact on their own whānau and family life, and many mentioned the impact on their mental health.

Some doctors have developed strategies to 'push back' against cultural loading, learning to be selective about what to take on as they became more senior. These strategies include considering the appropriateness of the request, their passion for the topic, ability to undertake the role, or potential to be impactful. Occasionally, it involves negotiating recompense in hours or remuneration.

Doctors talked about the importance of networks with other Māori doctors in professional circles, the creation of peer and tuakana-teina relationships, and the Te ORA networks. There is also an increasing recognition of the allyship of non-Māori colleagues who support them to mitigate cultural loading. However, this sat alongside incidents of cultural loading, racism or bias in which their other colleagues had been silent. Participants highlighted the need for education and upskilling of non-Māori colleagues, particularly access to useful resources, and recognition of their role as tangata Tiriti[1] allies.

Māori doctors made it clear that they view tasks associated with being a 'Māori who is a doctor' differently. While doctors are frequently requested to support their whānau, hapū, Iwi or communities, these responsibilities feel less like a 'load' to doctors.

Most of the doctors who participated in the research are asked by whānau for advice and assistance with medical inquiries, as well as to provide advocacy for whānau Māori and support to navigate the medical system. These requests often come from people who have had negative experiences with other doctors and are seeking the support of a whanaunga whom they trust. In addition, the skills of Māori doctors are often sought by their communities to provide medical leadership, undertaking duties such as setting up local clinics and supporting hapori during the COVID pandemic. As doctors become more senior, they find they are invited to take on leadership roles more broadly, such as being on marae committees, trust boards, and running hui and wānanga for hapū and marae.

These activities need to be fitted in around fulltime jobs, studies, and other roles. They generally do not take up as much time as work-related cultural loading. These roles are typically unpaid, but most doctors feel that their service is acknowledged and reciprocated by their whānau and community. To fully participate in marae, hapū and Iwi responsibilities, however, some doctors need additional support in reo and tikanga Māori, and they can struggle to set boundaries acceptable to their own whānau. Being able to support whānau,

[1] The term 'Tangata Tiriti' was coined by Sir Edward Taihakurei Durie in 1989 when he held the role of chair of the Waitangi Tribunal. It is used to refer to non-Māori who belong to this land by right of te Tiriti o Waitangi https://nwo.org.nz/resources/who-are-tangata-tiriti/

hapū, Iwi and community is seen as a chance to strengthen relationships with whānau and take up appropriate roles in the wider Māori world.

Recommendations

Based on the findings of the research, recommendations are summarised in the table below. Further detail on each recommendation is provided in section 5 of this report.

Recommendation	Who
Individual level recommendations	
1. Provide training for Māori doctors in governance and management skills	HQSC, medical colleges, employers (Te Whatu Ora and other health providers)
2. Support Māori doctors to upskill in te ao Māori, such as te reo Māori, tikanga, waiata, rongoā, kapa haka	HQSC, medical colleges, Te ORA
3. Formalise mentoring and tuakana-teina partnerships between Māori doctors	Te ORA, medical colleges
4. Provide guidance and life coaching to Māori doctors, including guidance on boundary-setting	Te ORA, medical colleges
Organisational level recommendations	
5. Formalise tasks related to te ao Māori, hauora Māori, health equity, and other Māori cultural duties in job descriptions and contracts, including an agreed time allocation, financial compensation and associated professional development support.	Employers and health unions (e.g. ASMS, RDA and STONZ)
6. Alternatively, Māori cultural tasks should be outsourced to professional providers.	Employers, health unions
7. Formalise processes to seek and implement Māori doctor contribution to kaupapa.	Employers
8. Develop internal policies and processes related to where staff can source support regarding tikanga, te reo Māori and te ao Māori.	Employers
Workforce level recommendations	
9. Support allyship training for non-Māori doctors and other non-Māori colleagues.	MCNZ, medical colleges, employers
10. Support processes to increase the number of Māori doctors in the workforce.	MCNZ, medical colleges, employers
Health ecosystem level recommendations	

Recommendation	Who
11. Ensure cross-system support networks are available to Māori doctors.	MCNZ, medical colleges
12. Investigate system-level structures for dealing with requests and allocating tasks.	MCNZ, medical colleges
13. Build on existing audit systems to require medical colleges to report on how they support Māori doctors to manage cultural loading, and how the college itself is implementing strategies to minimise unacknowledged and uncompensated cultural loading on Māori doctors.	MCNZ
14. Recognise (such as through CME) that cultural duties are valuable, and benefit whānau experience and health outcomes.	MCNZ, medical colleges, employers
Ways to support doctors in their whānau, hapū, Iwi and community roles	
15. Support greater understanding by whānau of the nature of work as a Māori doctor.	MCNZ, medical colleges, Te ORA

1 Introduction

"We call it the colonial tax. It means the other mahi that we have to do that's not part of the stuff that we love. Any extra work above and beyond my duties that I'm employed for."
– Māori doctor who participated in a focus group

Te Tāhū Hauora / Health Quality and Safety Commission (HQSC) has funded Te Ohu Rata o Aotearoa – Māori Medical Practitioners Association (Te ORA) to undertake this research to understand how Māori doctors experience 'cultural loading'.

Cultural loading is defined here as additional duties, tasks or obligations that Māori doctors experience in their professional or community lives. This work, as Cram (2021) reminds us, is influenced by *mahi aroha*; work Māori undertake as an expression of love for their people and community, and what has been referred to by Simmonds and Rauika Māngai (2024) as *hope labour;* work that is done now in the hope that there will be positive change in the future. These terms equate closely with the term *cultural taxation* which United States-based studies identify as extra academic work which is not listed in the job description nor remunerated in the salary offer and is thrust upon ethnic/cultural minority staff (Cleveland et al., 2018). The term *colonial tax,* which was articulated by one of our research participants, acknowledges the colonial context that gives rise to the additional expectations placed on Māori doctors.

In this study we distinguish between two types of cultural loading for Māori doctors:

a) Additional professional work that is experienced because they are a doctor who is Māori. These obligations are typically generated by doctors' workplaces or professional colleges.

b) Additional duties that are experienced as a Māori whānau, hapū, Iwi or community member who is a doctor.

The inequitably poor health status of Māori (Hogarth & Rapata-Hanning, 2022), the low representation of Māori doctors in the New Zealand medical workforce (Medical Council of New Zealand, 2024) and the recognition by the Medical Council of New Zealand of the need for cultural safety (Medical Council of New Zealand, 2019a, 2019b, 2020) have created a situation where such cultural load may increase. It is therefore timely that this research be undertaken. By shedding light on the experiences of Māori doctors in this regard, there is a great potential to contribute to change both structurally and in the nuances of relationships with non-Māori colleagues. We acknowledge Te Tāhū Hauora / Health Quality and Safety Commission (HQSC) for the opportunity to undertake this research.

The objectives of the research are:

1. To articulate how Māori doctors experience and perceive the cultural load they carry in their profession and in their private lives.

2. To establish what ‘gaps’ in the knowledge and skills of Māori medical practitioners are amenable to training.

3. To identify potential actions that could be taken to mitigate the impact of cultural loading on Māori doctors.

The findings of the research will be used by Te ORA to inform support and advocacy activities and may be used by Te Tāhū Hauora / HQSC to inform a proposed training programme for Māori medical practitioners.

2 Methodology

The research was undertaken as a mixed-methods approach, with data collection through qualitative interviews and focus groups, and an online survey. Ethics approval for this research was obtained from the Eastern Institute of Technology Research Ethics Approval Committee on 28 November, 2022.

2.1 Qualitative interviews and focus groups

The key data collection method for the research was qualitative engagement with Māori doctors. The research team conducted online focus groups and interviews to seek rich data to understand Māori doctors’ experiences, views and impacts related to cultural loading.

We conducted four focus groups with Māori doctors from the following organisations: the Royal New Zealand College of General Practitioners; the Royal Australasian College of Physicians, the New Zealand College of Public Health Medicine, and The Royal Australian and New Zealand College of Psychiatrists. We used a snowball method to recruit participants by identifying a key player within each of the medical colleges who then selected a range of other colleagues for participation.

Each focus group included between four and seven participants who were at varying career stages, including doctors in their prevocational training, vocational training, and those who were fellows. In addition, the research included individual interviews with two participants from the Royal Australasian College of Surgeons. In total, we engaged through interviews and focus groups with 23 participants across the five medical colleges.

The focus groups and interviews were undertaken between September 2023 and March 2024 and were based on a semi-structured interview guide (provided in Appendix A). The focus group hui lasted 90 minutes and were held online via videoconferencing. Each hui was attended by two members of the research team (one in the lead facilitator role and one as support facilitator). With consent, the focus groups and interviews were recorded and transcribed.

The transcripts were uploaded to NVivo software for coding and analysis. The raw data was coded using an open coding approach to sort the data into broad thematic categories. As the research team coded the transcripts, each new piece of data was compared to the previously coded data, looking for similarities and differences between the experiences of each participant group. The research team then reviewed and refined each theme, until agreement was reached on the key insights.

2.2 Survey

The research also included an online survey of Māori doctors. The survey sought quantifiable data on Māori doctors' experiences of cultural loading and the impact it has on them and their whānau. It also included some free text responses. The Survey Monkey tool was developed in consultation with senior Te ORA members and administered among the wider Te ORA membership of approximately 300, using the online e-Pānui service which accesses all Te ORA members. It was estimated to take approximately 10 minutes to complete and was available to be completed between February to April 2024. The survey instrument is provided in Appendix B.

A total of 96 responses were received to the survey, giving a response rate of approximately a third of the Te ORA membership. Of the 96 survey participants, 70% were fellows[2], 20% were registrars[3], 8% were RMOs[4] or non-training registrars, and approximately 2% were medical students. Descriptive analysis of the survey responses was undertaken using Microsoft Excel. The qualitative data from the free text questions was considered alongside the data from the focus groups and interviews.

[2] Fully trained and registered specialist medical practitioner
[3] Qualified medical practitioner undergoing specialist training in a medical college
[4] A Resident Medical Officer is a hospital-based qualified medical practitioner who has not yet entered specialist training

3 Findings

3.1 The cultural load as a doctor who is Māori

3.1.1 Defining the cultural load of a doctor who is Māori

During the survey and the focus group hui, Māori doctors were asked to describe the cultural loading that they experience as a doctor who is Māori, such as additional tasks they undertake in their professional role. The findings are presented in this section.

Māori doctors are expected to be expert in tikanga Māori, te reo Māori, and te ao Māori

The majority of survey participants and those who participated in the focus groups stated they are expected to be their workplace's expert in reo and tikanga. Māori doctors field requests to do karakia, blessing of kai, waiata, whakawātea, mihi whakatau, pōwhiri, and whaikōrero. Participants also reported being asked to translate words in te reo, provide guidance on correct pronunciation, and check kupu in written material.

> *I often get asked 'we need someone with a cultural lens', [or] 'can you provide some advice around tikanga on this pathway?'*

The context in which these requests are made is important. Māori doctors are typically happy to undertake cultural duties if they feel confident that the request is genuine and not tokenistic, and that the kaupapa will benefit (or at least not harm) Māori.

> *I'm always happy to help my colleagues if they run a kaupapa and they want a karakia. I'm very comfortable with that. It's not a big load to me to do that.*

However, participants also described a range of negative experiences, such as being asked to lead 'surprise karakia' (i.e., a last-minute request, without prior warning, often as the hui is starting). Others received requests that felt inappropriate or jarring. For example, one survey participant was requested to open a major conference with a mihi, despite not being a member of the department that was organising the conference. Another doctor had been asked to suggest a Māori name for a health service:

> *I was asked to provide an ingoa Māori for a service, when I don't whakapapa to this rohe. An email from someone in the team saying 'hey, would you mind giving us a Māori name for this', which was just outrageously inappropriate.*

Several doctors described discomforting experiences in which they were asked to deliver a karakia or mihi at hui that had subsequently not been conducted in line with tikanga or had involved discussion that was detrimental to Māori. This felt at best tokenistic, and at worst harmful to their wairua.

> *One of the most challenging things I have faced is turning up to hui and being asked by non-Māori to do a karakia, and then have to sit through a barrage of racism. It's offensive. It hurts.*

While some doctors feel comfortable undertaking roles that require knowledge of reo, tikanga, and te ao Māori, many feel they are unprepared for this, and that they do not have the skills and knowledge to fulfil the roles they are being asked to undertake.

> *[I've been asked to] lead a manuhiri group in a mihi whakatau or pōwhiri, despite never having this responsibility in my own whānau/hapū.*

> *I'm fortunate enough to have the reo component and some understanding of tikanga, but with that comes its own responsibilities. But I wonder how some of my other colleagues feel when they're getting these tono and they're not comfortable with that.*

These pressures assume that Māori doctors have the relevant capabilities, affecting both older doctors who may lack te ao Māori capability as well as younger or newer doctors who may lack experience navigating the health sector and its complex relationships.

In addition to being expected to be reo and tikanga experts, Māori doctors are assumed to be the expert on all other things related to hauora Māori, such as Māori health statistics, Māori data sovereignty, and Māori health strategic plans.

> *[I am] expected to fill roles such as Māori data sovereignty advisor, despite my lack of expertise.*

Māori doctors report being expected to teach their colleagues, other health professionals, and incoming trainees about equity, cultural safety, cultural competence, hauora Māori, and racism. Again, they often feel unprepared and are given little guidance or support.

> *[I was] automatically given the job of teaching the 'Māori health' segment in registrar teaching, with no indication of what the specific goals were for the session.*

The assumption of expertise in 'all things Māori' extends to requests to contribute to, or review, materials such as research applications which have a hauora Māori component or require Māori consultation, for example as part of ethics committee requirements. Survey participants referred to being asked to contribute 'Māori expertise' or 'a Māori view' to a range of documentation, fielding requests for letters of support for research; writing policies on equity and Māori health plans; reviewing publications and new policies; providing content for exams and magazine or journal articles; and contributing to indigenous frameworks for an organisation.

Māori doctors reported feeling stressed when asked to provide a 'Māori lens' on a topic they know little about, or when their advice is subsequently ignored or discarded, and no changes are made in response to the feedback they provide.

> *This is expectation that I will be an expert in te reo Māori, I'll be an expert on tikanga. Now I'm apparently an expert on equity. You must be the pou for all Māori in the system.*

The request for input often comes towards the end of a project, which leaves little room for meaningful contribution. For example, one doctor described being asked to review a large

document relating to a hauora programme, but only being given a small window of time. On further questioning, they found that there had been no prior Māori involvement in the project, which put them in an unsafe position.

> *I was the Māori voice to review this document and it was looking at a programme where you had to have Māori from the start all the way through, and it was an important kaupapa... so I had to start my review with 'this is not consultation with Māori, no Māori have been involved in this, that's a major error, that's not sounding like a Treaty partnership.'*

Focus group discussion indicated that this type of review work is often unpaid and needs to be done in personal time, or on top of an already full workload.

Māori doctors are frequently asked to sit on or lead committees, boards and other rōpū as a 'Māori representative'

This includes representing Māori interests on both community and professional committees, interview panels, clinical and academic committees, and establishing and leading equity and Māori committees. In some instances, the arrangements work well; members are financially compensated for their time and expertise, there are several Māori appointees, the rōpū is well-chaired, and advice is listened to and actioned.

> *I've been on a committee where Māori are paid, and through this I've seen actual change in health policy. So, I'm good with that. There is some sacrifice of personal time, but it's in hopes to create greater good.*

However, this set of circumstances is rare. Many participants have experienced feeling like the "token Māori so a box can be ticked". They described being ignored, or put in culturally unsafe situations, such as hearing biased, inaccurate or deficit-based discussions relating to Māori and feeling a responsibility to call out and challenge these views. Others feel unprepared for the requirements of sitting on committees or boards and stated that they do not have adequate training and experience to participate fully.

> *It's having the right words and how to talk about Māori health and Māori rights. It's a massive responsibility and I want to do it well. But I don't really have the strategic lens or the framework to do that. And so [I] end up being a token because you can't do your job well.*

> *I sit in to give advice for many meetings and am asked to speak up if there are any 'issues', though I'm given no context to the meetings, or whanaungatanga of who the meeting members are. [It's] not a safe place for me to speak up.*

Doctors who have several years' experience serving on various committees and boards noted a set of 'red flags' which include being the only Māori representative and being invited specifically to provide a 'Māori lens' rather than the full skillset and experience they can bring.

> *I've ended up in groups and thought, 'how the heck did I end up here?'. Despite all of the experience and knowledge I've gained on my journey in medicine, it was more about needing a Māori at the table.*
>
> *If I turn up and see that I am the only Māori person there, this is a red flag and I'm already unsafe.*

Doctors described techniques to avoid these situations, such as making efforts to find out who the chair and other group members are, insisting on having other Māori representatives on the rōpū, and declining to participate if these conditions cannot be met.

The load associated with sitting on committees and boards is increased by limited capacity within the workforce. Several participants discussed staying on committees for longer than they had intended to due to not having enough Māori fellows in their medical college or at senior levels in their workplace to take up the role.

Māori doctors are often required to provide advocacy and support for patients

The doctors who participated in this research are committed to hauora Māori and to increasing whānau health and wellbeing. Many discussed the privilege and responsibility that comes with being a Māori doctor and consider that putting in additional effort to deliver effective healthcare to whānau Māori does not feel like a load.

> *My reason for becoming a doctor was for Māori. And so you are already going with that load because that's your passion. So to me, it's an expected part of my mahi and I am mostly okay with that responsibility.*

Māori patients and whānau are often assigned to Māori doctors. These requests often come directly from patients, for whom Māori doctors are the preferred health professional, with some whānau highly reluctant to see a non-Māori doctor. This adds another level of responsibility for the Māori doctor and can lead to a heavy load of patient appointment requests. For doctors practicing in their own rohe, or in smaller rural communities, there can also be potential conflicts if patients wish to see a Māori doctor and there are pre-existing whānau or community connections.

> *I'll often be asked to see a whānau who is requesting a Māori doctor. But occasionally whānau come through who I recognise, and there's that professional boundary of not being involved in the care of your whānau. There's nothing to say that you're not going to bump into that person at the marae and how do you navigate that?*

While most doctors are happy to provide care to whānau Māori, these patients often have complex life circumstances and related health conditions. However, no additional support is provided to manage this extra load and complexity.

> *I probably take on extra work for my Māori patients in order to provide good quality treatment and continuity for patients who might not be able to navigate the health system effectively.*

The load becomes more pronounced when Māori doctors observe their non-Māori colleagues, or the broader medical environment or system, acting in ways that are unsafe for Māori patients. Doctors discussed feeling a sense of responsibility to support whānau Māori within the healthcare system, taking on tasks such as providing support for Māori patients, speaking for them in multidisciplinary meetings, and engaging with medical organisations to advocate for Māori patients and whānau. Many doctors spoke of the inability or reluctance to say no to requests, feeling compelled to meet whānau needs, and advocate for change.

Māori doctors feel responsibility to contribute to kaupapa that could enhance the experience of whānau Māori

Amongst Māori doctors, there is a strong sense of obligation to Māori and to hauora Māori, and recognition that this responsibility comes with the role of being a doctor who is Māori. Doctors feel compelled to become involved in activities that involve Māori patients or colleagues, to ensure that the activity is undertaken appropriately, with mana, and does not cause harm. This sense of responsibility makes it difficult to decline requests to contribute to kaupapa that affect Māori, even when they feel that they are not the appropriate person for the role or do not have time.

> *When you get asked, you can get quite resentful. I feel busy and tired. But at least it'll be done properly, it's something that's got mana and some kind of meaning. In some ways, you feel like you don't have a choice, so it's not often that I decline.*

This sense of responsibility is compounded by the low proportion of Māori doctors in most specialisations, meaning that the responsibility of ensuring that things are done appropriately falls to a small number of people.

> *There's a lot of things that we step up to because it's important. But also often there's not many of us, so we look around and think, 'well, no one else is going to step up. Who's going to go in there?'*

There is also a sense of needing to be on constant alert for things that may perpetuate harm for Māori. While non-Māori colleagues are able to be less 'active' when participating in a hui or asked to review a document, Māori doctors described needing to carefully consider and critique all kaupapa, as not doing so risked causing harm to Māori patients or colleagues.

> *Other people just get to go to hui and have a nice time as opposed to being 'on'. When you're Māori, you actually can't sit back. You've got to critique everything.*

> *The bare minimum for me is ensuring that our whānau have their rights afforded to them. I can't take my eye off the ball, I have to be there for our tangata whaiora Māori, and so I do feel like I am stretched.*

Several Māori doctors identified that much of this load is related to the 'moral injury' of working in, and being part of, a health system that is not working for Māori. Research participants described moral injury as 'coming to a realisation that they are part of a system that is not delivering equity for Māori, and in some cases is causing harm'. Doctors

discussed reacting to this awareness by trying to fill the gaps they saw, and to be the solution to the inadequacies of the health system.

> *You see poor care happening all the time, and that moral injury load of having to work in that system is overwhelming.*

> *It's knowing what the best thing to do is, but not actually being able to do that because of the systems and the resources that you have access to. I think that's what I experience a lot as a Māori doctor, this kind of cultural moral injury where I'm working in this racist structure.*

Some doctors experience a sense of cognitive dissonance in continuing to be part of the system, feeling to some degree culpable for being part of an institution that often does not act in alignment with their beliefs and values.

> *There's an argument that by continuing to prop it up, we give it validity and have become part of the problem. So that's a heavy thing to carry.*

Māori doctors often have higher expectations placed on them early in their careers

The sense of accountability that Māori doctors feel and the small numbers of Māori within most workplaces and medical colleges mean that Māori doctors are pushed to take on responsibilities at an earlier stage in their career than their non-Māori colleagues.

This often starts in undergraduate or prevocational medical training, with Māori trainees asked to provide a Māori perspective on issues, or to educate their peers on te ao Māori concepts and worldviews. Māori trainees are sometimes placed in unsafe situations, being asked to comment on topics outside of their expertise or being put 'on the spot' without prior discussion.

> *On the ward round as a junior, I remember being turned to by one of the surgical consultants and being told, 'tell me all about Māori health'. So being expected to be an expert about everything to do with Māori from the junior stage.*

Once in their medical specialisations, Māori doctors find themselves being asked to take on leadership roles earlier in their careers than their peers. While still junior doctors, participants have been asked to lead clinical care provision to whānau Māori with complex needs, sit on advisory committees, or provide a voice for Māori in clinical discussions. This causes discomfort as junior doctors do not always feel that they have enough experience to fulfil the requirements of these roles and are not given adequate support.

> *You're not necessarily backed up by how senior you are. I get asked, "can you do a Māori clinic and we'll just put all the Māori patients in your clinic?". But like, you don't necessarily have the confidence in your clinical skill to back that up.*

> *At a younger age, we get asked to fill those advisory positions, I find it hard being that clinical voice for Māori. I have the subject matter expertise and that's enough a lot of the time, but often I feel inadequate.*

The recent emphasis on culturally safe medical practice can lead to additional loading on Māori doctors

Recent changes in the broader medical sector include increased requirements for cultural competency and culturally safe practice in medicine. This includes the Medical Council of New Zealand's 2019 *Statement on Cultural Safety* (Medical Council of New Zealand, 2019a), the 2023 release and subsequent implementation of New Zealand Council of Medical Colleges and Te ORA's *Cultural Safety Training Plan for Vocational Medicine in Aotearoa* (Simmonds et al, 2023), as well as greater emphasis in recent years on hauora Māori, equity, cultural competence and cultural safety in undergraduate medical education.

> *One of the things I'm really aware of, and I'm just so excited, with the younger ones and students coming through, is what they're learning at undergraduate and new graduate level. It has changed so much and it's so exciting.*

Participants discussed how their non-Māori colleagues have become more interested in learning te reo, correctly pronouncing names and other kupu Māori, wanting to learn their pepeha, and better understand tikanga for interactions with whānau Māori. Māori doctors described this as positive in many ways, but several participants noted that it has often increased loading of Māori doctors. Non-Māori colleagues are asking for support, advice and assistance to develop their own cultural competencies. The doctors who participated in this research have mixed feelings on this; both pleased to see their colleagues' interest in tikanga and te reo Māori but frustrated by the additional load this places on them.

> *I do ten minutes of te reo teaching each week for the doctors to help improve their pronunciation. I love the results. I love it that my colleagues love it. But it's an extra thing. I coordinate, I provide a lot of the teaching, and I get a lot of questions. That's all extra.*

> *We get all excited and say 'I would love to do a karakia at the start of this meeting' because we don't normally get to do karakia and that's supposed to be progress, and then it inevitably falls back on our people to do that.*

Māori doctors are particularly frustrated when their non-Māori colleagues expect them to assist when there are plenty of resources and support available to them, such as asking them to teach te reo when there are courses available or requesting assistance to learn their pepeha without first doing background research. Māori doctors report being asked to lead cultural competency-building initiatives without payment or compensation, despite there being professional services available to deliver these activities.

> *Someone approached me and said, 'can you come and talk to us about cultural safety.' I have some skill and knowledge in that area. But I'm of two minds about it, because of how much I would have to invest in it to teach them, rather than them contracting someone to come in and roll it out.*

These requests to increase the cultural competence and cultural safety of colleagues do not acknowledge the multiplicity of experiences and backgrounds that Māori doctors bring or consider where they might be on their own journey of reo and tikanga learning and reclamation.

Māori have different experiences in terms of what they've grown up with, and what they've been able to do in terms of connecting to their whakapapa.

We get the questions 'can you do some like tikanga teaching?' And a lot of people, my colleagues, say yes to things that feel out of their depth because they don't feel like they can say no.

Several participants spoke to the impacts of colonisation on Māori doctors' capacity and knowledge in reo, tikanga and on their identity, causing whakamā and feelings of inadequacy.

The whakamā that comes with not being a proficient te reo speaker is a big issue. It is presumed because you are Māori that you have these tools in your kit.

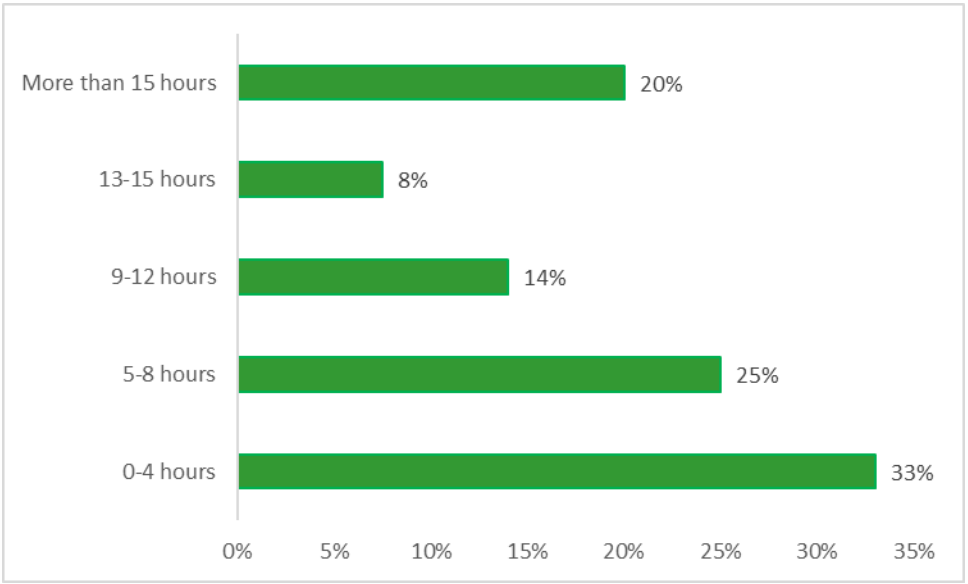
I load myself with feelings of inadequacy in reo or karakia and waiata, which are best supported by wānanga and practice to learn those.

3.1.2 The impact of the cultural load on doctors who are Māori

The time that Māori doctors devote to additional tasks related to cultural loading is variable

When asked to estimate the number of hours per month spent on tasks associated with cultural loading as a doctor who is Māori, approximately a third of survey participants stated between 0-4 hours and a quarter spent 5-8 hours. One fifth of participants estimated they spent more than 15 hours per month on tasks that come their way because they are a doctor who is Māori (see Figure 1).

Figure 1: Hours per month that survey participants spend on additional tasks associated with cultural loading as a doctor who is Māori



The qualitative data indicated that those doctors who have a lower time burden due to cultural loading were often those who feel able to refuse to take on additional tasks.

> *It took a long time to realise that I have some discretion about what I need to participate in. I'm diplomatic, but I've learnt to say no to things.*

> *Nothing. [I] have actively avoided being asked to do anything extra.*

Some found it very hard to quantify the time spent on tasks related to cultural load, particularly later career doctors who have become used to being asked to undertake additional work and find it difficult to distinguish this from other parts of their role.

> *I hardly recognise when I am being culturally loaded any more, it has become part and parcel of my workload. It doesn't seem 'extra' or 'additional'.*

For others, the additional tasks mean that they worked late into the evenings or in weekends, often compromising time with whānau or their own wellbeing.

> *Probably there's not been a weekend for the last couple of years that I haven't done four or five hours work on a Saturday and four or five hours work on a Sunday. And it's not clinical, it's all the other stuff…it's probably not sustainable.*

Māori doctors receive little or no financial compensation for their additional duties

Just 8% of survey participants said that they are financially compensated for the additional cultural responsibilities that come as a doctor who is Māori. These additional responsibilities are often 'invisible' to non-Māori colleagues yet create work beyond the scope of what Māori doctors are employed and remunerated for within their role. Open text responses to the survey indicate that most doctors receive no or little FTE allocation, support, training, or remuneration for the additional tasks that they undertake.

> *Compensation I receive is ad hoc, and definitely not the same weighting as other experts.*

> *Thanked by management. As in, literally thank you, not actually financially compensated.*

> *Because we care, we end up doing everything in the organisation that's got anything to do with Māori. Suddenly the role that you're employed to do is fattened with all this other stuff.*

When doctors make requests to be financially acknowledged for their contribution, these are often ignored or met with resistance.

> *When I asked the [organisation] to provide appropriate compensation for the Māori health expertise I provided I was met by refusals, barriers, anger and other emotional transference.*

In some instances, doctors are appointed to roles that specifically include a hauora Māori or health equity component but are not being allocated any additional time or financial compensation for this component of the role. Doctors are expected to undertake the same clinical duties of their peers, as well as additional work related to health equity. They end up using their own time to undertake these responsibilities, which often leads to a backlog in their work. One doctor noted that this caused stress and pushed them into being constantly in 'catch up mode.'

> *One of the key things that was advertised about this job was carrying a role for equity and that was something I'm so passionate about. It took me time to realise there's no allocated FTE for any of that. It was a hugely important component of the role, but there's no allocated time for it.*

Participating in various kaupapa requires trade-offs, which often include a financial sacrifice. Doctors spoke about receiving requests to attend hui when they have clinical activities scheduled, and the need to either reschedule patients or miss the hui. For example, one surgeon in private practice stated that they were often invited to attend hui during weekdays, which required cancelling scheduled operations, and forgoing the substantial income that would have been achieved. A survey participant reported that:

> *The committee pay didn't compensate for my absence from my practice, barely paid the Locum, and on my return, I had to catch up all the patients who wouldn't come in because I wasn't there.*

There are also trade-offs in terms of career progression. Time put into tasks such as those that support Māori health equity can be seen as less 'valuable' than clinically focused activities, and for some doctors dedicating time to these activities has come at the cost of career progression.

> *There is a lack of respect for this from some people, and I am not considered competent outside of te ao Māori. [I] have been overlooked for other roles.*

> *It does mean that we 'miss out' [on] other opportunities in the organisation for acknowledgement, or compensation in other areas – limiting progression and promotion.*

Several doctors mentioned the logistical and financial challenges of engaging in te ao Māori, and in some instances, being actively prevented from this.

> *They are happy to use cultural expertise but will attempt to decline you from taking time to live in te ao Māori, e.g. hura kōhatu, hui ā-iwi, kura reo.*

A few survey participants referred to an improvement in support received and recognition from some colleges and organisations in recent years. Some spoke of belated recognition for their work, and subsequent changes to roles in response to the additional load.

> *My department has helped structure my role to recognise the extra work. I have to seek support from outside my department.*

I am only now paid for it ... ALL the work over the last 8 years has not been compensated.

Activities that contribute to hauora Māori and health equity are not always acknowledged or valued

The survey found that there are evenly mixed views on the extent to which doctors are acknowledged for tasks related to cultural loading. Just under half of the survey participants agreed that they are acknowledged for their additional cultural responsibilities. Most, however, did not consider they receive adequate support for these duties. Only one fifth agreed that they receive good support.

Despite being asked to take on additional roles and responsibilities, often unpaid and in their own time, Māori doctors stated that those same activities to support hauora Māori, health equity, or culturally safe practice are often not valued by the organisations in which they work. Participants discussed incidents such as being asked to run a hui in line with tikanga, but then being told that too much time had been dedicated to whanaungatanga. Taking time to build relationships with Māori patients and whānau does not always fit within time-limited consultations, and doctors have been chastised for taking too much time for these activities, without acknowledgment that this is likely to make subsequent interactions smoother.

I wish that there was a bit more acknowledgement of the different skills and different ways that we work. Like relationship building and having cups of tea before getting down to the kaupapa instead of working in a 'cut and dry' way. We're coming in with a different world view, a different way of working, and coming up against criticism because of that.

Participants were also concerned that many of the requests that they fielded, such as sitting on committees or providing a 'Māori lens' to documents, was motivated by the need to 'tick the box' rather than genuine desire to do better for Māori. There are instances where doctors' contributions felt like tokenism. One doctor gave an example of being asked to lead karakia during a multi-day course. After leading the karakia tīmatanga on the first day, the course finished at the end of the day without a karakia whakamutunga, and without subsequent days including karakia at all.

They invited me into this space, but I had no leadership position or control over what was happening. And then it didn't follow how I would want to run it, and I had no control of it.

Not only was the request for karakia tokenistic and placed the doctor in an uncomfortable position, but it also generated further work for the doctor, who subsequently wrote a letter that set out expectations for karakia to be included within future hui agenda so that it is not missed and so that tikanga is maintained.

Even when tikanga is upheld in specific kaupapa, it does not necessarily mean that organisational practices will change overall, or the learnings are carried through into subsequent projects. A doctor described a curriculum review process through a tangata Tiriti-tangata whenua partnership model, which worked well and received positive feedback from all involved. However, this was not carried through into other kaupapa, causing

frustration that "*the process is there, but the system doesn't learn from the things that we've already done.*"

Other doctors described being invited to hui, to be on a committee, or to be part of a research team but then not being invited to actively contribute. This wastes doctors' time and makes them feel that they have only been invited "*to tick the 'Māori involved' box*".

> *The bit that annoys me the most is I get asked to be on things and a lot of those go nowhere. They've got nothing to do with Māori. They just feel that they need to have a Māori on the board.*

Participants noted that tokenism occurs when Māori doctors are invited onto a committee but find that their views and advice are only sought in relation to cultural issues.

> *I think cultural loading is a lot of tokenism, a lot of colonialism. I feel at times we're tokenised because we're indigenous, and the kōrero that we provide is only taken into consideration if it's the cultural aspect.*

> *It's not recognised [by the organisation] that having a Māori role and view can be central and be a necessary core to the purpose of the group, not an 'add on'.*

> *You think you're coming for your clinical expertise and then they just want some tikanga advice. I say no, you need a kaumatua for that.*

In other instances, advice is sought but then ignored, rejected, discarded, or considered too difficult to implement. Some research participants were of the view that within Western/Pākehā organisations, Māori views are sought as long as the status quo is not challenged too much and that, if the advice given does not align with existing views and practices, it is likely to be ignored or an alternative opinion sought.

> *Sometimes I say, 'well, actually, I don't agree with that. This is my recommendation'. But then you look at the paperwork later and only snippets are taken or it's not [heeded].*

> *And then, of course, there's the 'Māori shopping'. That's problematic when they don't get from us what they want, they'll go to the next Māori until they hear what they want.*

Advice and recommendations are sometimes accepted in principle, but then not resourced adequately or not progressed.

> *I've been told that yes, equity is important. But when I say 'here is something we can do' there's always the excuse that it's too much mahi.*

> *They only want to do the bit that they're happy with, if it all gets too hard, then suddenly they're not actually so interested. It makes me feel like they don't really want to do equity, you know?*

These experiences make Māori doctors feel undervalued and unsafe, particularly when contributing to rōpū that are predominantly non-Māori. It demotivates and discourages Māori doctors from contributing to kaupapa, knowing that their contributions are unlikely to be accepted in the Eurocentric and racist system in which they are operating.

> *You feel, should I pipe up and address what's being said? But then, at what point is that [heeded]? At what part do they listen?*

> *They want you to come up [with] a brown lens on a white kaupapa, and if you're not doing that, you're incompetent. And that feeds into imposter syndrome because you're not being a good Māori, telling us what we need or want.*

> *Many times I've stood up in front of a meeting and given my opinion and laid my heart on the table. And you know you are the only one who feels that way, you are alone in that situation. That sucks it out of you.*

Several participants discussed the struggles they experience in trying to resolve the tension between wanting to make things better for Māori but being reluctant to contribute to projects in which they may be tokenised or ignored. Some feel like it is a 'no win' situation.

> *If you say no, it's like 'well, we asked those Māoris and they said nah they wouldn't help us'. But then if you do, it becomes very performative. That's not great either.*

Despite these concerns, and the cultural loading they experience, nearly all of the doctors who participated in this research continue to undertake work towards improving the health system for Māori in the hope that they can make a difference.

> *Maybe they've just ticked the magical box and it puts my name in a report somewhere and then that's their problem solved. Or maybe it will lead to more. Maybe I'll trigger something and help identify that they have more learning to do.*

While Māori doctors are pleased to be of use to their profession, they experience stress due to taking on additional tasks and responsibilities

Survey participants were asked how they feel about this cultural load. When asked about the extent to which they agreed with the statement that they are pleased to take on cultural responsibilities to be of use to their profession, over half agreed and a further third felt neutral. Very few disagreed with this statement. However, almost three quarters of survey participants indicated that it causes stress to take on additional cultural responsibilities for their profession. Concerningly, nearly half indicated that they feel burnt out from taking on additional cultural responsibilities.

Qualitative engagement through the focus group interviews also found mixed feelings amongst Māori doctors. There are times when Māori doctors' contribution feels genuinely sought and valued, and the kaupapa results in health system improvements for Māori.

It varies. On one hand, you go to the local Māori community cancer hui because you are the Māori doctor and have been asked to speak, and you feel joy in this. On the other hand, if the reason you have been asked is unacceptable or you are in a situation where you have been exposed to racism, that's awful.

When I'm feeling great and on top of the world, I say that it's a privilege and I think it is a privilege. When I'm tired you're like, well, why me?

Participants also spoke about these additional tasks causing stress and burnout. For many, the issue is not the time taken by each individual task, but the cumulative impact of the requests, and the emotional weight of being alone in shouldering the responsibility for speaking up for Māori.

I feel like I am juggling a lot of balls.

I am often a sole voice fighting against an overwhelming tide of racism and bigotry.

The work is trying to break my spirit.

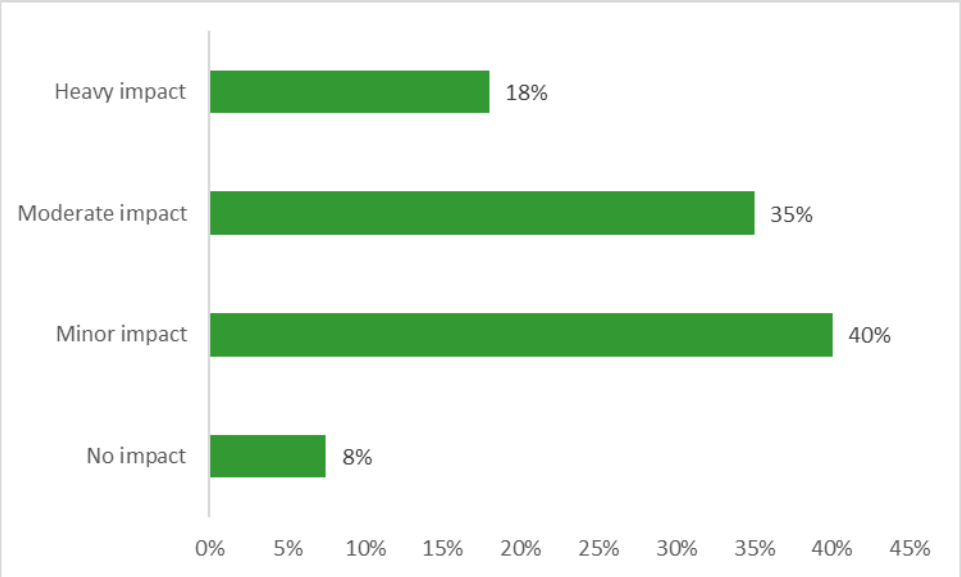
Some spoke of the conflict and moral quandary this causes, experiencing both pride in being able to deliver appropriate care for Māori but also the weight of responsibility.

It can be a blessing, a taonga to have this responsibility. It can also be a curse and disempowering. When it's within my control it is empowering to be proudly Māori and speak up for patients and workforce issues. It's wearying and hōhā when it's expected and imposed by others. That's when I feel colonised and experience the shame that can come with cultural loading.

Māori doctors experience considerable impact on themselves and their whānau

Survey participants were asked to what extent cultural loading impacts the life of themselves and their whānau. Over half said it had a moderate or heavy impact (see Figure 2).

Figure 2: Impact of cultural loading as a doctor who is Māori on survey participants and their whānau



Doctors spoke to the ways in which they and their whānau and friends are affected by time away, and the opportunity cost of spending time on culturally loaded tasks and responsibilities. Many referred to the level of stress experienced, and the emotional and personal costs on themselves, their relationships and whānau.

> *Most work happens after hours. The kids don't see this as Māori work, they see it as Mum being in the office away from family. [It] comes at the expense of whānau or personal time. We accept it because we worry about what will happen if we don't do it.*

> *It takes me away from doing other roles like hapū member, family person, husband, and there is little to no reward except the ephemeral hope that this contributes to the wider Māori health good.*

Some have pulled back from duties and are reconsidering their direction. Some are considering leaving the profession altogether, and others contemplating leaving Aotearoa.

> *I was extremely fed up with not getting paid to do work that is not appreciated, so I quit in frustration.*

> *I felt disenfranchised about medicine and had thoughts about leaving the field. I felt really disillusioned. Those are uncomfortable and horrible feelings to have, but they do come when cultural loading gets to the point of burnout.*

> *The hospital is burning out all the Māori workers and they are leaving to Australia and private.*

3.1.3 How Māori doctors respond to the cultural load

Some doctors have developed strategies to 'push back' against cultural loading

There are few mechanisms within the health system to manage the additional requests that Māori doctors are subject to. Māori doctors stated that it is vital to be strategic regarding which additional tasks and responsibilities they accept, and that accepting all requests is likely to result in burnout.

> *There's so many invitations that you do, you end up having to be quite selective. Because otherwise you know you end up spread too thin, you might end up resenting it. You really have to think about where to put your effort.*

Setting boundaries around what tasks Māori doctors agree to undertake can help lessen the impact of cultural loading. Strategies discussed by doctors include agreeing to participate only in kaupapa that they are interested in, are likely to have a positive impact, in which they are confident their input will be valued, and for which they are supported and compensated.

> *I will only choose to do cultural loading when it is personally fulfilling and likely to be impactful, not when it is about trying to get further up the promotion ladder.*

> *I only take on such roles now if I am to be acknowledged and compensated. I set my own fee. I explain that this fee is to remunerate my time and unique expertise as a Māori doctor.*

Participants spoke of making mental assessments of the value of contributing their time to various kaupapa, and the likelihood that the situation would be safe for them.

> *You have to make assessments about the why you're being asked. Is this really important? Is the request genuine?*

> *The challenge is figuring out what is going to create a change, and will be worth my time, and what things I need to say no to. At first, I said yes to everything and became overwhelmed, but now I only create space for things of value.*

Even in situations where doctors are confident that their contribution will be impactful and valued, they discussed the importance of having clear parameters for engagement and being willing to walk away if these are not met, or if they feel unsafe.

> *I put really tight conditions so that they can't say 'we've now got the approval of Māori'. If I give you feedback, how is my feedback going be implemented? And so being really careful in defining everything.*

> *I always have the option to resign from a committee in my back pocket. I have a low threshold for extracting myself and protecting my mental health.*

Several doctors stated that over the course of their career they have become more astute at identifying which requests are likely to put them in an unsafe situation, and more confident to decline these.

> *In the past it has got in the way of me spending quality time with my whānau, particularly in the evenings after work, but I am now very good at saying no.*

Doctors also emphasised the importance of refusing spurious or tokenistic requests. One doctor gave an example of being asked by their college to provide evidence that cultural safety works to improve health outcomes. Team members had begun to gather evidence on this but were then directed by the doctor to decline the request, noting that there was ample evidence on this topic and that the onus should be on those making the request to look to the evidence base.

> *We feel we have to justify, we have to provide the evidence, because it's something we all care about. It's just like, no. We don't have to answer this or waste any time thinking about this*.

Peer networks with other Māori doctors are an important source of support

For many doctors who participated in this research, the support of their Māori colleagues is vital in helping them to navigate the cultural load. This is often provided informally through peer networks, with doctors developing support groups with colleagues who they can contact for advice and support.

> *One thing that has helped has been able to listen to others. Reaching out to like-minded people and having that kind of support is important.*

> *I get a lot of support from just being able to go to a hui where we can all just unload stuff. Sometimes just listening to those conversations, you start to take away a few other ideas that can help you too.*

> *I love our 'brown boys' network' cause I don't have an 'old boys' network' from med school. I can get on the phone to [Māori colleagues] and go 'I've got myself in trouble on this committee'. I need someone who's going to say, 'here's some support'.*

Tuakana-teina support and mentoring is also valued. Junior Māori doctors discussed how much they appreciate their senior Māori colleagues providing support to help them identify cultural loading, and to refuse requests where appropriate. Several research participants talked about older colleagues and mentors giving them 'permission' to decline cultural tasks.

> *I had a colleague I used to ring up, and he would say 'You know, you need to get good at being a doctor before you start getting distracted, and you just tell them no.' And so he almost gave me permission to refuse some of these things.*

Similarly, senior doctors note the importance of encouraging their younger colleagues to develop their clinical skills first, before taking on additional cultural responsibilities.

> *As more senior doctors, we need to support our younger ones. They get asked to do things, and I'm like, 'hang on a minute. You're a second-year registrar. You don't need to be doing that right now. They're not asking the Pākehā doctors to write the financial policy, so it's not okay to put this on you.'*

As well as providing a source of support, networks offer a way to share knowledge regarding which committees or rōpū are known to be tokenistic or not value Māori input.

> *We've got a bit of a list of black marks against various committees; 'do not go on this committee, because this is waste of space.'*

Doctors also highlight the importance of formal networks such as Te ORA and Māori networks within medical colleges in assisting them to connect with others and develop techniques to mitigate against cultural loading.

> *And I think the support that I get from Te ORA has been good, particularly having that opportunity to share experiences and knowledge as we go through.*

> *We've managed to bring together our Māori registrars this year, and that was something that a number of us really wanted. We got together at the beginning of the year, where we can whakawhirinaki tātou i ā tātou anō.*

Non-Māori allies need to support Māori doctors in addressing cultural loading

Doctors noted that addressing the cultural load cannot sit only with Māori. It was suggested that an important strategy is to draw on 'allies'; that is, non-Māori colleagues who are aware that cultural loading can negatively impact Māori doctors and are willing to be actively involved in mitigating the issue.

> *We need our allies. We can't be doing all this mahi ourselves.*

> *There are a hell of a lot of good doctors out there who really want to help and some of them are incredibly good at it already.*

Participants provided examples in which non-Māori colleagues had supported them to mitigate cultural loading, for example by speaking up when they noticed unreasonable expectations and calling out tokenism.

> *[Non-Māori colleague] would continually say 'hang on a minute, when there are so few Māori around, you can't expect that they are going to do that' and would bring others around to support us.*

> *Sometimes I'm finding when I am on these clinical governance committees or boards the Pākehā in the room are good at speaking out for equity. Non-Māori were the ones that were speaking up and saying, this is not okay, Māori have the right to health outcomes that are excellent. I feel like there's definitely hope.*

However, this is not happening consistently. Many research participants also described experiences where they were the lone voice speaking for Māori, and incidents of cultural loading, racism or bias in which their colleagues had been silent.

Research participants highlighted the need for education and upskilling of non-Māori allies, particularly access to useful resources, recognition of their obligations as Tāngata Tiriti, acknowledgement of the additional cultural work that Māori undertake, and the importance and value of this mahi. It was suggested that non-Māori allies confident to lead in this space could undertake activities such as writing papers or guidance materials and lead peer training sessions about being an effective ally.

> *I'd love a paper for Pākehā doctors who are keen to learn about how to hold space for Māori without taking the space, but also how to take away some of this mahi. They can teach each other the racism stuff, it's pretty simple.*
>
> *There should be anti-cultural load training to non-Māori. They can do training on how to be a good ally, how to be anti-racist and how to be culturally safe, culturally competent and all the rest of it.*

3.2 The cultural load as a Māori who is a doctor

3.2.1 Defining the cultural load as a Māori who is a doctor

During the survey and focus group hui, Māori doctors were asked to describe the cultural loading that they experience as a Māori who is a doctor, such as additional tasks as a Māori whānau, hapū or community member. These arise from both 'close to whānau' medical issues and wider medical and community leadership roles. The findings are presented in this section.

There is a substantial difference in how doctors view extra work derived from whānau and community sources, compared to workplace-sourced cultural load

Our participants were very clear that, despite the similarities in the nature of extra work that arose in workplace and whānau/community situations, the workplace load was indeed a 'load' whereas the extra work arising from whānau and community was more a responsibility, at times a privilege.

Doctors who are Māori are regularly asked for advice and to help whānau with medical issues

Most Māori doctors get regular requests for medical advice from whānau, friends, non-medical colleagues and sometimes strangers. Participants described being asked by whānau and friends to advise on medical issues they are experiencing, to provide a second opinion on advice they have been given by other medical professionals, or to facilitate access to medication. These are often complex and urgent situations, such as in mental health and addictions contexts, and some of these requests act as a form of triage to determine the urgency of medical care.

I was sitting having coffee with [doctor colleague] the other day, and she's getting sent pictures of rashes, and I'm getting text messages on 'what's this new medicine the doc's trying to put me on?'. It's just like 'you're a doctor. What do you think of this stuff?' that comes from whānau.

Sometimes these requests are made in public, or online through social media, which needs to be carefully managed. Doctors also report being asked to 'pull strings', such as broker access to medication or appointments.

People have no professional boundaries, they approach me at the supermarket, marae, at the beach for advice and second opinions. People expect me to subvert the practice's booking policies, especially when there is a shortage of appointments.

It's the constant 'Can you do me a script for this?' 'Can I just come see you?'

These requests can cause internal conflict for doctors, who want to meet whānau needs but note that treating family members is actively discouraged by the Medical Council. Some research participants stated that whānau themselves often don't realise the difficult position this places Māori doctors in.

Younger Māori doctors have high expectations put on them. Some commented on the assumption of whānau that their knowledge is 'that of a consultant' while still being in a junior position, and whānau not really understanding their work, leading to demands higher than their current knowledge and expertise.

Māori doctors provide advocacy and system navigation

Distrust of the health system leads to increased demands on Māori doctors, with whānau or community members who have experienced negative interactions with doctors wanting to seek the advice of someone they trust. Sometimes doctors are asked to make recommendations to whānau regarding whether they should see or trust other medical practitioners.

I frequently get calls from friends and whānau members who are worried that their loved one isn't getting fair care, or the same care as non-Māori.

Doctors can be called upon to be a 'translator' for whānau to help navigate the system, accompanying whānau to appointments and acting as spokesperson. For example, one doctor described an incident in which an elderly relative had been admitted to hospital, but "*couldn't quite get a sense for what was going on and what their aims were*". The doctor made a series of phone calls to find out why their relative had been admitted, and then acted as the 'go between' to assist their whānau member to understand the care they were receiving.

In other instances, doctors are requested to provide advocacy and support when things are not going well, such as de-escalating miscommunication from other doctors to Māori patients. For some, this feels like an additional clinical workload on top of their formal role.

You do your clinical ward rounds and then you do the rounds of whānau and friends. People who are being mistreated by the service, who need to be de-escalated or made to feel as important as they should be. It's just an additional clinical load. Another load our colleagues don't have to do.

Māori doctors are called upon to take medical leadership amongst their whānau and communities

Doctors are often asked to use their medical knowledge to support their community, such as by being a medical volunteer for kōhanga, kura and other school events. Some spoke of providing services that are lacking in their community, such as running a free clinic for Iwi (and personally covering the costs of transport and tests). Others have been instrumental in setting up marae health clinics.

Some doctors took a lead role in their whānau or community during the COVID pandemic, teaching hapū and communities about COVID protection protocols, or encouraging whānau to uptake vaccinations.

Suddenly during COVID when it was all about saving our people, most of us backed into our Iwi and worked our arses off for the most important thing to us.

Because I'm a doctor I was asked to attend a hui at an urban marae, that was attended by some who told me that vaccines were bullshit. They wanted to know what was an mRNA, and I ended up talking to them about it all thinking it wouldn't help. But it did, leading them to get vaccinated.

Doctors also noted that they may be requested by their whānau or community to work in areas of high need for Māori, or experience pressure to return home to work as a medical practitioner.

Māori doctors are often requested to take on whānau, hapū, Iwi and community leadership roles

Outside of the medical sphere, doctors remain highly thought of, and are asked to do tasks that support whānau, hapū and Iwi such as attend pōwhiri and tangi, teach reo and waiata, lead karakia, and run hui and wānanga at the hapū and marae levels. Many hold positions of responsibility such as marae committee member, trustee, treasurer, or chairperson, or have acted as an expert witness in a Waitangi Tribunal claim.

I am asked by my whānau to do duties that require high trust.

I find it uncomfortable to call it a 'load', but there are the needs that community has of us. Many of us are getting more senior and getting the leadership pōtae for that.

Doctors noted that, while these duties take up time and energy, they typically consider activities that contribute to whānau, hapū and Iwi as a priority and stated that these tasks do not feel like a 'load' or a burden.

Like you know, your Treaty claim for your Iwi might be important. What are your priorities and where do you want to put your energy?

At the wānanga or back home, if someone says, can you do the karakia and it's like, 'yeah, absolutely'. It's an honour to be asked.

Doctors also contribute to a range of community roles, such as writing policies for kura and kōhanga, writing funding proposals, delivering talks to community groups, schools and hapū, facilitating strategic planning and engaging with media. Some research participants stated that, even when they are contributing to entities in their capacity as a community member – rather than as a doctor – they often end up leading discussions related to health and/or equity for Māori.

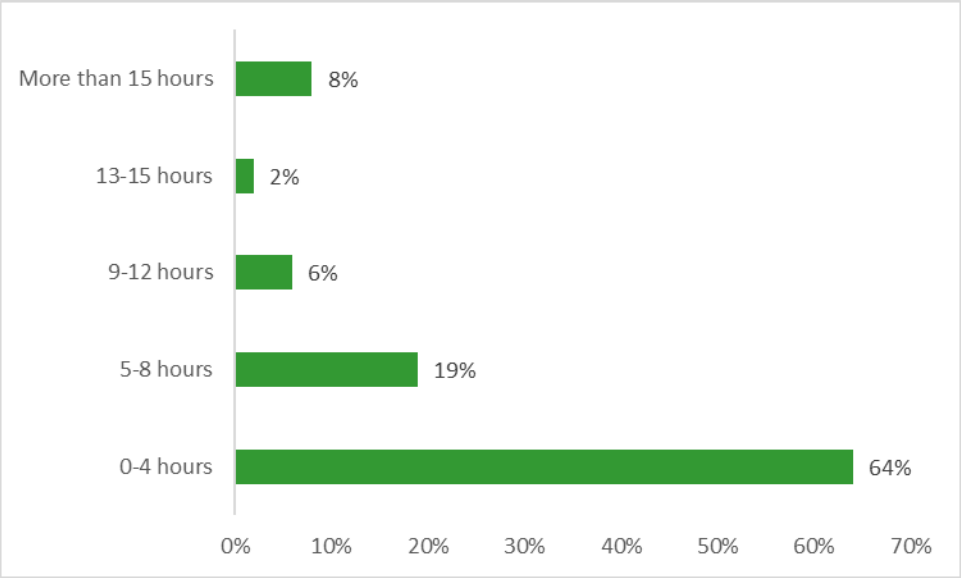
I recall going on the school board and I was trying to discuss all the challenges in looking at equity for Māori students. So you're in the education system and that's different to health, but you're still looking at equity and dealing with a lot of the same issues.

3.2.2 The impact of Māori doctors' additional whānau, hapū, Iwi and community roles

Māori doctors typically devote around four hours a month to additional tasks related to community cultural responsibilities

Survey participants were asked to estimate how many hours per month they devote to tasks associated with their whānau, hapū, Iwi and community roles. The majority estimated between 0-4 hours per month, but one in ten spend half a day a week or more doing such tasks. Overall, the amount of time that doctors spend on these roles (see Figure 3) is substantially lower than the amount of time spent on work-related cultural tasks (cf. Figure 1).

Figure 3: Hours per month that survey participants spend on tasks associated with whānau, hapū, Iwi and community roles



While these activities need to be fitted in around their fulltime job, studies and other roles, they generally do not take up as much time as work-related cultural loading, and doctors are often pleased to contribute time to their whānau, hapū, Iwi and community.

For many doctors, the difficulty is not the time that these duties required, but the fact that their other (professional) duties prevent them from devoting as much time as they would like to their community and whānau.

> *It would be nice to have more space to be able to fulfil those expectations. I want to be able to say yes to these things, and they are more of the 'big yeses' for me.*

Māori doctors largely do not expect or receive financial compensation

Most research participants stated that they are happy to contribute, and do not expect financial compensation from whānau and community, although some mentioned receiving koha or taonga on occasion. Only a very small proportion indicated that they receive financial (or other) compensation for the additional cultural responsibilities they carry out as a Māori whānau, hapū or community member who is a doctor. Others mentioned they paid for some aspects of this contribution themselves.

> *Often I contribute financially from my own pocket.*

Doctors feel that their service is acknowledged and reciprocated

Over half of the survey participants agreed that they are acknowledged for the cultural responsibilities they carry out as a Māori whānau, hapū or community member who is a doctor. The qualitative engagement found that doctors generally consider that they receive good acknowledgement for undertaking these duties.

> *Acknowledgment [of the community] is much better than the [health] organisations.*

> *You feel rewarded from knowing you are contributing to the collective. It can be hard and stressful at the time, but afterwards usually comes a time of enormous gratitude for being the person that the community is comfortable reaching out to.*

Doctors also appreciate being able to contribute to their whānau and communities the skills and talent that they have and consider that whānau and communities reciprocate by sharing their unique skillsets.

> *Just like many other whānau, hapū and Iwi members, we contribute what we can with the skills that we have. The builder, plumbers, cooks, tohunga, kaikaranga in the whānau do the same.*

Some commented on whānau being understanding and accommodating, and less likely to place pressures on Māori doctors than workplace and organisations.

Iwi and whānau are more considerate of my time and personal space, so there is less of an 'abusive' type of feeling.

Some doctors would like support to carry out cultural responsibilities that require knowledge of te reo and tikanga Māori

About one fifth of the survey participants indicated they receive good support to carry out cultural responsibilities as a Māori whānau, hapū or community member who is a doctor. Some mentioned being supported by mentors and kaumātua. Nearly half felt neutral about receiving support to carry out cultural responsibilities in their community, and one third indicated that they do not get good support.

Discussion in focus groups and the survey open text responses showed that some doctors feel ill-equipped to take on some of the tasks requested of them, and need support to fully participate in marae, hapū and Iwi roles. This is particularly in relation to roles that required knowledge of reo and tikanga Māori.

Probably the most challenging for me is understanding the marae politics. That is a world that I really felt unprepared for and still struggle to understand.

I am reluctant to take on hapū roles as I don't have an adequate command of the reo.

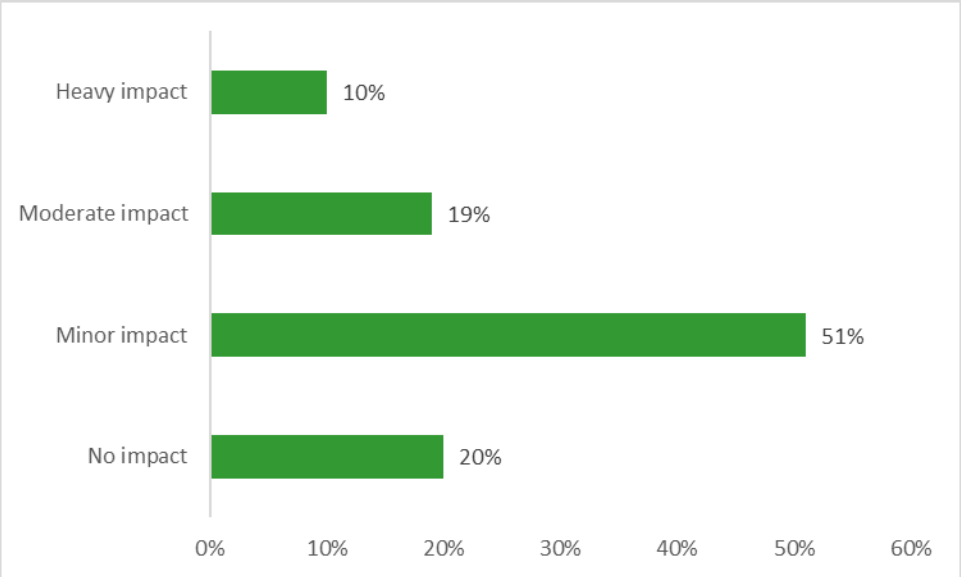
One survey participant highlighted that, in contrast to the training and support they receive in their professional role, specific training is generally not available for their community roles.

I think the dual role of being a Māori who is a doctor and a doctor who is Māori is really hard ... I have formally trained for seven years in one and have never had 'formal training' in the other.

Māori doctors experience satisfaction and pride from serving their whānau, hapū and Iwi

The survey asked participants about the extent to which cultural loading related to their community roles impacts on themselves and their whānau. The results show that the impact of these duties is generally lower than for the load associated with professional duties; about three quarters of the doctors who responded indicated that this has only a minor or no impact at all (see Figure 4).

Figure 4: Impact of tasks associated with whānau, hapū, Iwi and community roles on survey participants and their whānau



The survey results also show that about three quarters of survey participants agreed that they are pleased to take on cultural responsibilities to be of use to their whānau, hapū and community. Many doctors indicated they enjoy this aspect of their work and find it satisfying. Being of service to their whānau and community comes with a sense of pride and self-satisfaction.

> *It's the sort of thing you really do want to help with. You know, it's in many ways a high point of my week. We just had a noho, which was exhausting, but fantastic.*

> *I'm on two Iwi commercial boards. I find it incredibly renewing and rejuvenating because I'm with my cousins and we're thinking broadly about radically changing the future for our people. It's actually been a rongoā for me.*

Some of the benefits of this mahi include strengthening relationships with whānau, and a chance for doctors to reconnect with their Māoritanga.

> *Keeping grounded with visits to the marae and ancestral lands has changed my life. Being Māori is real and tangible, rather than an abstract concept. I have the confidence to stand in my power, to have loving boundaries with whānau and mahi (always being tested by me and others!) and to have the language to explain my experience.*

> *The kāinga for me is the place where I find the resolve to continue. Back home and being with the whānau, going back to my awa and to my maunga are ways that I continue to keep going. Because man, it's tough out here.*

Some doctors noted that they feel a sense of obligation to their whānau, hapū and communities, and this can make it difficult to set boundaries.

A request from your Iwi? That's impossible to refuse. I've got no answers to that. If anyone has answers on how to say no to your uncles and your cousins and your aunties then teach me please, because I've got no ability to do that.

I struggle to set boundaries with my whānau ... I'm still so exhausted from a day's work that I don't have the capacity to be even having these types of conversations with my whānau.

This sense of obligation is compounded by the potential severity of consequences if doctors do not provide medical advocacy and support to their whānau and communities. Coupled with tiredness, this can cause tension and stress.

We just do this because we have no other choice. A number of my whānau would have died had I not intervened with the racist health system on their behalf.

Being part of Māori hapori, they have these expectations of you, you know: you are us. You represent us. You need to fight this battle. You need to fix things. And when you're one player within a system, that's really difficult.

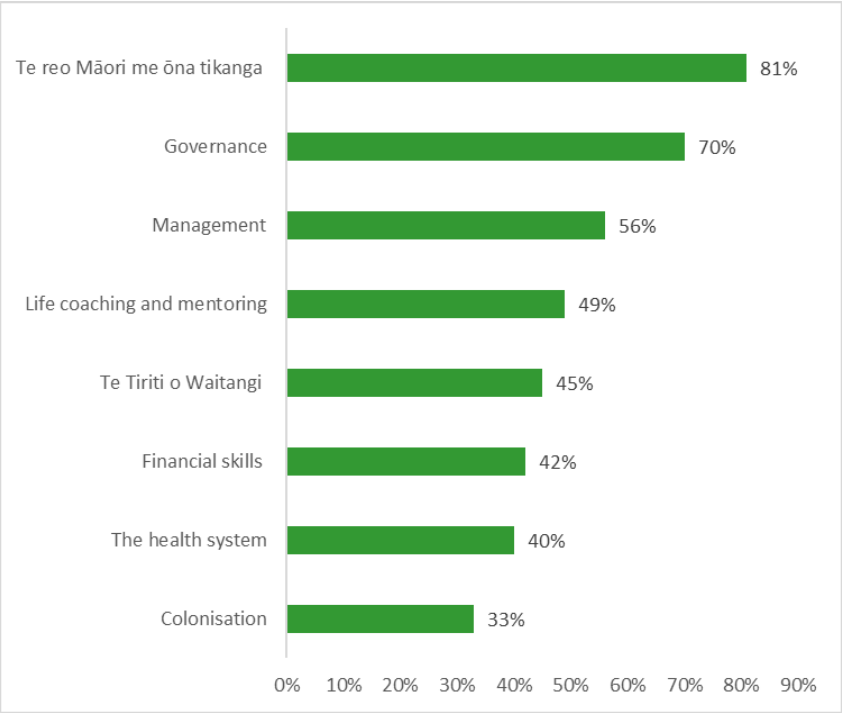
However, overall doctors are of the view that the impacts of these cultural duties are largely positive, and negative impacts are generally mitigated by the satisfaction they gain from contributing to whānau, hapu, Iwi and communities.

That's not the cultural load that we're worrying about. People say, 'it must be so hard doing all the things you have to do looking after your whānau.' It's like 'no, that's the stuff we do for love.'

3.3 Māori doctors' suggestions to address cultural loading

Research participants were asked what would help with the cultural loading they experience. In particular, the study focused on what training could be provided to support Māori doctors. Survey participants were asked which areas they would like leadership training in. Of those who responded to this question, four out of five stated that te reo Māori me ōna tikanga would be valuable. Training in governance, management skills, life coaching and mentoring, and Te Tiriti o Waitangi are also of interest to doctors (see Figure 5).

Figure 5: Topics in which survey participants would like training



The desire for training in te reo Māori and tikanga Māori also came out strongly in the qualitative discussions. Doctors pointed out that they are expected to be leaders and teachers in this area but are not provided training and support to develop their own skills in this area.

> *[I need] more support to train and upskill in areas I've been asked to perform, continue my own reo and tikanga study, so I can be the best leader I can for Māori in our department.*

> *As someone who is Māori but not immersed in tikanga me te reo since childhood, I need upskilling.*

Governance and management training was also highlighted as important. Given Māori doctors are called upon to contribute to organisational governance and decision making early in their careers, it is important to provide training on how to do this well.

Life skills and mentoring were also seen as important, with a particular focus on techniques to manage stress, set boundaries, resolve conflict and improve communication skills, such as how to convey differing opinions in a way that will be heard.

4 Discussion

In 1994, the term 'cultural taxation' was coined for the additional responsibilities and burdens placed on minority group academics in United States tertiary educational institutions and the subsequent increase in workload and difficulty securing tenure (Padilla & Amado,1994). Twenty-seven years later, Indigenous health professionals have been described as 'serving as unofficial diversity consultants' (Pettersson et al., 2021). In Aotearoa, the term *he aronga takirua* (cultural double-shift) refers to the cultural load carried by Māori scientists (Haar & Martin, 2021). In Australia, this phenomenon has been labelled by an Indigenous health network as 'colonial load', inferring that this particular load should be carried by non-Indigenous (colonial) people (Weenthunga Health Network, 2023). We have adopted the term 'colonial tax', drawn from one of our study participants, for the title of this paper.

The findings from our focus groups, interviews and survey results on the cultural loading of Māori doctors provide valuable insights into the additional responsibilities and challenges faced by Indigenous medical practitioners in Aotearoa New Zealand. This study confirms the two distinct types of cultural loading which we had previously surmised. It distinguishes between professional cultural loading at work and extra privately generated responsibilities to whānau and community. The cultural loading of a 'doctor who is Māori', (the colonial tax) arises from the perception or expectation that the Māori doctor has expertise in 'all things Māori', including performing cultural rituals (such as karakia, mihi or waiata), representing Māori opinion (through sitting on committees, providing cultural advice, and advocating for Māori patients) and assisting non-Māori colleagues to navigate the Māori world (including requests to help engage with Māori patients, to lead 'outreach to Māori' programmes and to review proposals or take part in research projects, often in an untimely manner). This additional workload is largely unremunerated and often unrecognised, but most Māori doctors accept the load because they feel a responsibility for Māori health and respond accordingly.

The impact of the extra load that arises from the workplace is significant, with approximately 20% of our survey participants estimating that between 9-15 hours a month was added to their workload and, for another 20%, more than two days a month was added to their work. Many of our participating doctors are reporting stress, burnout, and negative effects on their personal lives and whānau. This echoes findings from other studies on Indigenous health professionals in both Aotearoa and other countries, which have documented similar experiences of cultural burden and its toll on wellbeing (Dwyer et al., 2004, Haar & Martin., 2021, Komene et al., 2023). Although some Māori doctors have developed 'push back' mechanisms when approached to do this extra work, most take on the cultural load. We note that there are both historical reports overseas (Padilla & Amado, 1994) and contemporary reports here in Aotearoa (Haar & Martin, 2021) of career disruption created by this 'colonial tax'. Not surprisingly, peer networks are the main source of support for Māori doctors, and tuakana-teina relationships help immensely. Ironically, the recent move towards the mandate of culturally safe practice across medical institutions may well increase the cultural loading of Māori doctors as non-Māori doctors seeking cultural safety guidance may contribute further to their Māori colleagues' load.

With regard to the other form of cultural loading, as a 'Māori who is a doctor', Māori doctors are often the first line of medical advice for whānau and hapū members. Regarded as

sophisticated professional people, they are often thrust into extra community duties, both medical and non-medical, and often those requiring high trust. This latter form of load is viewed more positively by our participants, with many considering it a privilege rather than a burden. Although responsibilities related to whānau, hapū and Iwi take up time and can be stressful, it imbues a sense of satisfaction and pride. This nuanced perspective adds depth to our understanding of cultural loading, highlighting the importance of contextual and personal meaning in how additional responsibilities are perceived. While this type of community cultural load entailed a smaller number of additional hours than professional cultural load, this may well be underestimated because of its less exploitative nature. It is possible that there is a protective effect at play here where it feels less like load and more like community connection and that workplaces appear to not provide the same sense of community or connection and so the load seems more taxing. Finally, study participants expressed that the concept of 'loading' did not seem appropriate in this context, and it may in fact be so different to professional cultural load as to warrant a name of its own.

This study also highlights the ongoing impacts of colonisation on the healthcare system, the fallout in terms of inequitable Māori health outcomes, and the 'moral injury' experienced by Māori doctors working within it. This underscores the importance of a broader approach to healthcare, as articulated by scholars such as Tuhiwai Smith (2013), McGibbon (2019) and Reid et al., (2019), who advocate decolonisation efforts that involve acknowledging and addressing historical impacts of colonisation on health outcomes. Similarly, Paterson et al., (2024) state that the incorporation of restorative approaches and cultural safety training can dismantle oppressive structures and promote health equity.

The research method in this study, combining qualitative focus groups with a quantitative survey which included some free text responses, provides a comprehensive view of the situation for Indigenous doctors in Aotearoa. The interviews provided a range of perspectives drawn from across Māori medical practitioners from five of the larger colleges to include GPs, psychiatrists, physicians, surgeons and public health practitioners. The survey, which recruited only from the membership of Te ORA, had a sample size of 96 - approximately a third of its membership. This is an acceptable response rate, particularly given that its results were analysed alongside rich qualitative data (Holtom et al., 2022). Possible limitations of this research are that members of the other medical colleges were not included in the focus groups and interviews and that the survey did not recruit from non-Te ORA members.

The recommendations allude to two culturally restorative pathways. Firstly, the pathway more immediately recognised by participants assumes that Māori doctors will still be culturally loaded in the short-term given that many will feel the need to undertake these tasks, and thereby seeks to empower them with training and support that make the load more manageable. This includes governance and management training, life skills and boundary-setting, Tiriti o Waitangi training and, in most demand, te reo Māori me ōna tikanga. The other pathway is a systematic approach within the healthcare ecosystem including employers, unions, colleges and accreditation bodies that sees the load lifted from Māori doctors and placed more appropriately into resourced positions which fill the cultural gap. Where Māori doctors do undertake these cultural load tasks, it is carefully negotiated into their job descriptions, fully supported, and appropriately recognised and compensated. This pathway also includes training of non-Māori colleagues as tangata Tiriti allies. Major

system engagement processes are required for both pathways to be effective, and clear definition is required around who would be accountable for the implementation, resourcing, monitoring and quality improvement.

The implications of this research are significant for medical education, continuing professional development, and workplace policies and practices. Clearly, training in governance, te reo and tikanga Māori, and professional life management skills are practical steps that could support Māori doctors in the cultural load that they experience both professionally and in their private lives. More importantly, the findings point to a need for systemic change at the organisation level, including formal recognition by job description and compensation for cultural duties by Multi-Employer Collective Agreements (MECA), the outsourcing of Māori cultural expertise when needed, and increased support from and training of non-Māori colleagues, without adding to the cultural load of Māori doctors. Our participants expressed the need for ‘allyship’ from non-Māori colleagues. This aligns with recent literature on cultural safety in healthcare, which emphasises the responsibility of all practitioners to create equitable health systems (Curtis et al., 2019).

In conclusion, this research makes a valuable contribution to our understanding of the experiences of Indigenous medical practitioners contending with cultural load – labelled by this study as ‘colonial tax’. It highlights the complex interplay between professional responsibilities, cultural obligations, and personal and whānau wellbeing. The findings call for urgent action to fully support Māori doctors, both through individual-level interventions and through systemic transformations that recognise and value their unique contribution to healthcare in Aotearoa New Zealand.

5 Recommendations

We present the recommendations made by the Māori doctors themselves as well as those drawn from the collated and analysed data by the research team. Suggestions and recommendations are provided at four different levels: individual, employer/organisation, workforce, and the wider healthcare ecosystem. In addition, we make a recommendation around supporting doctors in their community roles. The organisations deemed appropriate to action the recommendations are in brackets.

Individual

At the individual doctor level, the research has identified the following suggestions:

1. **Provide training for Māori doctors in governance and management skills (**HQSC, medical colleges, employers (Te Whatu Ora and other health providers)

This training should be kaupapa Māori rather than Western governance training and should include a focus on how to be safe as Māori in Western/Pākehā governance spaces.

2. **Support Māori doctors to upskill in te ao Māori, such te reo Māori, tikanga, waiata, rongoā, kapa haka** (HQSC, medical colleges, Te ORA, employers)

Māori doctors expressed a need and desire to enhance their knowledge of various aspects of te ao Māori through mechanisms such as participation in kura reo and wānanga, either online or in-person to suit the individual's needs and context. This could include kaumātua mentoring for access to advice and guidance on tikanga and reo.

3. Formalise mentoring and tuakana-teina partnerships between Māori doctors (Te ORA, medical colleges)

Formal mentoring, particularly support from older Māori doctors to more junior colleagues, could help transmit guidance, knowledge and support on how other Māori doctors experience and manage cultural loading.

4. **Provide guidance and life coaching to Māori doctors, including guidance on boundary-setting** (Te ORA, medical colleges)

This may be included as part of training and mentoring but, given the volume of requests experienced by Māori doctors, it is important that there is a specific focus on supporting Māori doctors to set boundaries and refuse requests as needed.

Organisational

At the organisational or employer level, the research has identified the following suggestions:

5. **Formalise tasks related to te ao Māori, hauora Māori, health equity, and other Māori cultural duties in job descriptions and contracts, including an agreed time allocation, financial compensation, and associated professional development support** (Employers and health unions [e.g. ASMS, RDA, and STONZ])

This would formally recognise the importance and value of this mahi at an organisational and management level. Having personnel explicitly hired to undertake these duties and resourced and supported to do them well, would minimise 'shoulder tapping' people to undertake these duties in addition to their clinical roles. Make provision in job descriptions and professional development plans for the ongoing development of these skills.

6. **Alternatively, Māori cultural tasks should be outsourced to professional providers** (Employers, health unions)

There are an increasing number of private providers that offer training and advice on topics such as hauora Māori, Te Tiriti o Waitangi, tikanga Māori, cultural safety and cultural competence. If it is not feasible to formally allocate these duties as an FTE allocation of workforce roles, they should be sourced and compensated through a consultancy model.

7. **Formalise processes to seek and implement Māori doctor contribution to kaupapa** (Employers)

This would involve organisations and employers developing processes to ensure that requests for Māori doctors' contribution to committees, research and other kaupapa are systematically managed, and that advice and recommendations are thoroughly considered and implemented.

8. **Develop internal policies and processes relating to where staff can source support regarding tikanga, te reo Māori and te ao Māori** (Employers)

This may include documenting roles and responsibilities, resources and training that are available, and providing guidance on when staff may need to seek the services of a kaumatua or identify and contract expertise.

Workforce

At the workforce level, the research has identified the following suggestions:

9. **Support allyship training for non-Māori doctors and other non-Māori colleagues** (MCNZ, medical colleges, employers)

Providing resources, guidance and training to non-Māori in the medical workforce is important because it shifts the responsibility of mitigating cultural loading from Māori doctors only to all doctors. It is an issue all need to have a role in.

10. **Support processes to increase the number of Māori doctors in the workforce** (MCNZ, medical colleges, employers)

This is a long-term goal, but an important means of reducing the cultural load. Having more Māori in the medical workforce will provide increased capacity and thereby reduce burden on individual doctors.

Healthcare ecosystem

At the healthcare ecosystem level, the research has identified the following suggestions:

11. **Ensure cross-system support networks are available to Māori doctors** (MCNZ, medical colleges)

The role of Te ORA in supporting Māori doctors is seen as critical, with a recommendation for an increased resource to provide a greater support structure. Participants also suggested a support network for Māori doctors at similar stages in their careers, and local support networks.

12. **Investigate system-level structures for dealing with requests and allocating tasks** (MCNZ, medical colleges)

This might include, for example, cross-college structures for dealing with requests for research input and review, or contribution to governance structures. This would mean that requests could be considered and allocated at the system level, rather than Māori doctors dealing with multiple individual requests.

13. **Build on existing audit systems to require medical colleges to report on how they support Māori doctors to manage cultural loading, and how the college itself is implementing strategies to minimise unacknowledged and uncompensated cultural loading on Māori doctors** (MCNZ)

Medical colleges are currently required to report to MCNZ on how they meet Te Tiriti o Waitangi obligations and their commitments to cultural safety and cultural competence. This could be expanded so that colleges are also required to report on how they support their Māori members to manage cultural loading, such as whether roles advising colleges are formal and paid, and whether training is provided.

14. **Recognise (such as through CME) that cultural duties are valuable, and benefit whānau experience and health outcomes** (MCNZ, medical colleges, employers)

There need to be systems in place that value cultural expertise and skills as commensurate with clinical skills, such as recognising cultural development through CME, and providing full support for doctors to grow and develop these skills.

Ways to support doctors in their whānau, hapū, Iwi and community roles

Doctors were also asked what could be done to support them in the duties they undertake in the whānau, hapū, Iwi and community. Almost all of the training topics that were identified in the previous sections **Error! Reference source not found.**are also relevant here, particularly te reo and tikanga Māori, governance and life skills and mentoring. One further recommendation was identified through the research:

15. **Support greater understanding by whānau of the nature of work as a Māori doctor** (MCNZ, medical colleges, Te ORA)

Several doctors commented that their whānau had little understanding of the complexities and pressures of the role and they wanted a way to demonstrate this to whānau. An event for whānau of doctors was suggested, with the opportunity to discuss and share the unique experiences and how they have supported each other.

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Appendix A: Focus group and interview guide

Karakia timatanga

Mihi and whanaungatanga

Defining the 'cultural load'

1. What does 'cultural load' mean in your life?

2. What does it 'look like'? What activities or responsibilities contribute to your cultural load? How much time? How much responsibility?

3. How much of the cultural load comes from your professional responsibilities?

4. How much of the cultural load comes from your whanau, hapu, Iwi, community responsibilities?

Impact of the cultural load

5. How do you feel about this load? Is it something that you enjoy or does it feel like a burden?

6. What impact does cultural loading have on your life?

Responding to cultural loading

7. Should we be 'getting rid of' 'making room for' cultural load or 'better preparing' Māori doctors to deal with it?

8. What system changes would help you to deal with cultural loading? (e.g. change to organisational policies, remuneration and recognition built into roles)

9. What individual support might help with cultural loading? (e.g. training, mentoring, peer support)

10. What aspects of training might you want to see in a Leadership Programme that would help you cope with cultural loading?

Karakia whakamutunga

Appendix B: Cultural load survey

Kia ora

You are invited to participate in a survey about your experiences of 'cultural loading' as a Māori doctor. You have been sent this survey invitation because you are a member of Te ORA.

The survey is part of research that aims to describe the cultural load among Māori medical practitioners, so that Te ORA can fully articulate this aspect of your lives and Te ORA and the Health Quality and Safety Commission can identify what changes and support are needed for Māori doctors.

This research is led by Dr David Tipene-Leach (Ngāti Kere, Ngāti Manuhiri). The research team includes Shirley Simmonds (Raukawa, Ngāpuhi), Dr Tania Te Akau Riddell (Ngāti Porou, Te Aitanga a Mahaki) Dr Helena Haggie (Waikato, Te Arawa, Tūwharetoa), Virginia Mills (Ngāti Pākehā) and Marnie Carter (Ngāti Pākehā).

We have distinguished two 'types' of cultural loading which can be described as extra professional work that comes your way because you are:

1) a doctor who is Māori

2) a whānau, hapū or community member

The survey is **anonymous**, and completion is **voluntary**. By completing the survey, you are giving your consent for your responses to be used in the research project on cultural loading. Your responses will be combined with others, and it won't be possible to identify you in the research report, and at no stage will Te ORA know whether you have completed the survey.

We expect the survey will take **approximately 10 minutes**. If you want to change any of your answers, use the 'Previous' and 'Next' buttons at the bottom of the survey. Please **DO NOT** use the back button on your web browser; otherwise, you will lose the content of your answers.

Your answers will be submitted at the end when you click the 'Submit' button.

If you have any queries or technical difficulties completing the survey, please contact Marnie Carter by email on mcarter@allenandclarke.co.nz

Cultural loading that you experience as a doctor who is Māori

This set of questions asks about your experiences of undertaking extra professional work in your role as a doctor who is Māori.

Q1	At what stage of your career are you at?	
	Please select one answer	
	I am a medical student	
	I am a Resident Medical Officer (RMO) or non-training Registrar	
	I am a Registrar in a Training Programme	
	I am a Fellow	

Q2	Can you name some of the roles, tasks, requests and expectations that come your way because you are a doctor who is Māori? *This might include things like being asked by your organisation to sit on committees, to perform karakia, or to provide advice on Māori health.*
	_____ _____ _____ _____ _____

Q3	On average, how many hours per month do you devote to additional roles, tasks, requests and expectations that come your way because you are a doctor who is Māori?	
	Please select one answer	
	0-4 hours	
	5-8 hours	
	9-12 hours	
	12-15 hours	
	More than 15 hours	

Q4	To what extent do you agree with the following statements on how you feel about this load?					
	Please select one answer					
		Strongly agree	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**

Q4	To what extent do you agree with the following statements on how you feel about this load?					
	I am pleased to take on cultural responsibilities to be of use to my profession as a doctor who is Māori					
	It causes me stress to take on additional cultural responsibilities for my profession as a doctor who is Māori					
	I feel burnt out from taking on additional cultural responsibilities for my profession as a doctor who is Māori					

Q5	To what extent do you agree with the following statements about the support you receive for the additional cultural responsibilities that come your way as a doctor who is Māori?					
	Please select one answer					
		Strongly agree	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
	I am acknowledged for the additional cultural responsibilities that come my way as a doctor who is Māori					
	I am financially compensated for the additional cultural responsibilities that come my way as a doctor who is Māori					
	I receive good support to carry out additional cultural responsibilities related to my role as a doctor who is Māori					

Q6	Can you provide further detail regarding acknowledgment, compensation, or support (or lack thereof) for cultural responsibilities related to your role as a doctor who is Māori?
	_____ _____ _____ _____ _____

Q7	Overall, to what extent does cultural loading related to your role as a doctor who is Māori impact on the life of you and your whānau?			
	Please select one answer			
	No impact	**Minor impact**	**Moderate impact**	**Heavy impact**

Q8	Can you tell us more about the impact the cultural loading you experience as a doctor who is Māori has on the life of you and your whānau?
	_____ _____ _____ _____ _____

Q10	What would help with cultural loading you experience as a doctor who is Māori?
	_____ _____ _____ _____ _____

Cultural loading that you experience as a doctor who is Māori and member of a whānau, hapū or community

This set of questions asks about your experiences of undertaking roles, tasks, requests and expectations that come your way as a Māori whānau, hapū or community member who is a doctor.

Q11	**Can you name some of the roles, tasks, requests and expectations that come your way as a Māori whānau, hapū or community member who is a doctor?** ***This might include things like being asked for medical advice from whānau, or being asked to take on roles at the marae (such as treasurer).***
	_____ _____ _____ _____ _____

Q12	**On average, how many hours per month do you devote to additional roles, tasks, requests and expectations that come your way as a Māori whānau, hapū or community member who is a doctor?**	
	Please select one answer	
	0-4 hours	
	5-8 hours	
	9-12 hours	
	12-15 hours	
	More than 15 hours	

Q13	**To what extent do you agree with the following statements on how you feel about this load?**					
	Please select one answer					
		Strongly agree	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
	I am pleased to take on cultural responsibilities to be of use to my whānau, hapū and community					
	It causes me stress to take on additional cultural responsibilities for my whānau, hapū, and community					
	I feel burnt out from taking on cultural responsibilities for my whānau, hapū, and community					

Q14	To what extent do you agree with the following statements about the support you receive for additional responsibilities you carry out as a Māori whānau, hapū or community member who is a doctor?					
	Please select one answer					
		Strongly agree	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
	I am acknowledged for the cultural responsibilities I carry out as a Māori whānau, hapū or community member who is a doctor					
	I receive financial (or other) compensation for the additional cultural responsibilities I carry out as a Māori whānau, hapū or community member who is a doctor					
	I receive good support to carry out cultural responsibilities I carry out as a Māori whānau, hapū or community member who is a doctor					

Q15	Can you provide further detail regarding acknowledgment, compensation or support (or lack thereof) for additional responsibilities as a Māori whānau, hapū or community member who is a doctor?
	_____ _____ _____ _____ _____

Q16	Overall, to what extent does cultural loading related to your role as a whānau, hapū or community member who is a doctor impact on the life of you and your whānau?			
	Please select one answer			
	No impact	**Minor impact**	**Moderate impact**	**Heavy impact**

Q17	Can you tell us more about the impact of the cultural loading you experience as a whānau, hapū or community member who is a doctor?
	_____ _____ _____ _____ _____

Q18	What would help with cultural loading related to your whānau, hapū and community roles?
	_____ _____ _____ _____

Leadership training

Q19	One of the aims of this research is to develop leadership training for Māori doctors. What areas would you like extra training in?
	Please select all that apply
	Governance
	Management
	Financial skills
	Te Reo Māori me ōna tikanga
	Te Tiriti o Waitangi
	Colonisation
	The health system
	Life coaching and mentoring
	Other, please specify _____

Q20	Do you have any other comments or experiences related to cultural loading (in either your professional or whānau, hapū and community roles) that you would like to share?
	_____ _____ _____ _____ _____

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TE OHU RATA O AOTEAROA
MĀORI MEDICAL PRACTITIONERS
TeORA