

# Perceptions of Pasifika Caregivers on a Pacific Community Playgroup and Implications for Paediatric Physiotherapists

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## ABSTRACT

Inadequate cultural consideration in healthcare access and provision is one factor that contributes to health inequities for Pasifika in Aotearoa New Zealand. Creating a culturally responsive environment for Pasifika is a key consideration for physiotherapists as required by the Physiotherapy Board of New Zealand cultural competence standards. Cultural community groups, supported by healthcare professionals, may foster the relationship between health providers and Pasifika by creating safe, mana enhancing accessible/alternative health spaces. However, there is limited evidence exploring Pasifika's perceptions of what is culturally important in healthcare supported community groups in Aotearoa New Zealand. Semi-structured interviews using Talanoa dialogue were conducted in a health professional supported Pacific community playgroup in the Otago region, Aotearoa New Zealand, and data were analysed using a General Inductive Approach. One overarching theme of a 'sense of belonging' and of feeling connected to the Pasifika culture was determined. The community playgroup provides a safe environment where members of the Pacific Trust Otago can come together in a culturally meaningful way. Talanoa communication facilitates collaboration and co-design of a culturally responsive community group and is made possible through built relationships. This information may be used to foster the co-design of other healthcare supported community environments, strengthening trust and communication between Pasifika and healthcare providers.

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## INTRODUCTION

Pasifika are Pacific peoples who call Aotearoa New Zealand home but have heritage and cultural connections to the Pacific Island nations (Ministry of Education, n.d.b). Pasifika are a growing population in Aotearoa New Zealand and other western countries, representing 8.1% of Aotearoa New Zealand's 2018 population (Stats NZ, 2020), with the highest proportion of children (35.7%, 0–14 years) of Aotearoa New Zealand's major ethnic groups (Stats NZ, 2018). However, Pasifika still see health disparities with significant health inequities and disproportionate rates of risk factors, including obesity and physical inactivity, giving rise to an overall decreased life expectancy (Ministry of Health, 2020). Although the primary healthcare system provides levels of care that considers practical, scientific, cultural, social, and societal aspects, this current

system is not fully adequate to suit the needs of Pasifika (Walsh & Grey, 2019). It is noted that the health needs of Pasifika are not being met in Aotearoa New Zealand (Tiatia, 2008) and it has been suggested that implementation of cultural competence and exploration of Pasifika's perspectives may help to improve responsiveness and quality of care (Southwick et al., 2013). Despite this recommendation, the New Zealand Health and Disability System Review (2020) continued to report long-standing inequities in health outcomes between Pacific and non-Māori, non-Pacific peoples. These disparities reflect how inequities in the distribution of social determinants of health have negative effects on health and illustrate how a person's environment (where they are born, age, live, work, and learn) can influence their health and wellbeing (Centers for Disease Control and Prevention, 2021). Pasifika are disproportionately

affected by intergenerational poverty, are more likely to reside in high deprivation areas, live in crowded households, be unemployed, and have a lower median income than non-Māori and non-Pacific peoples (New Zealand Health and Disability System Review, 2020) – all of which are examples of social determinants of health that can increase health risks and influence health outcomes.

Inadequate cultural consideration in healthcare provision, including mismatched health beliefs and a clash in cultural worldviews, contributes to greater health inequities for Pasifika (New Zealand Health and Disability System Review, 2020; Ryan et al., 2019). Pacific health models conceptualise the health values and beliefs of Pasifika, with particular reference to specific Pacific cultures. For example, the Fonua model of health is a framework relating specifically to Tongan culture, whereas the Fonofale model of health is a framework that incorporates Tongan as well as Samoan, Cook Island, Niuean, Tokelauan, and Fijian peoples (Action Point, 2018). The two models are similar in their holistic approach, which reflects the fundamental orientation of a Pasifika point of view (Pasifika worldview), and encompasses spiritual, cultural, and environmental factors on health (Sopoaga, 2011). The Fonofale model is depicted as a traditional house (fale) with family as the foundation and culture as the roof. Four pillars hold up the fale, which represent physical, mental, spiritual, and other factors. Encasing the Fonofale are three interlinked concepts of time, environment, and context all of which influence the elements of health.

The cultural views and beliefs that Pasifika hold regarding their health influence their perceptions, access, and use of health services in Aotearoa New Zealand (Southwick et al., 2013). Mauriora Associates (2022), defines cultural competence as:

Individual values, beliefs and behaviours about health and wellbeing [that] are shaped by various factors such as race, ethnicity, nationality, language, gender, socioeconomic status, physical and mental ability, sexual orientation and occupation. Cultural competence in healthcare is broadly defined as the ability of health practitioners to understand and integrate these factors into the delivery of healthcare practice.

To provide culturally responsive healthcare, it is necessary for health professionals to understand the people they are working with and to choose the appropriate Pacific health model. Le Va (2022) advises that health services that connect culture and care for Pasifika people would lead to improved access, attendance, and satisfaction with services, leading to better health outcomes. Bula Satu, released in 2021 by the Health and Safety Commission of New Zealand, also recommends authentic engagement and partnership with Pacific communities to improve Pacific health (Health Quality & Safety Commission, 2021).

Culturally responsive healthcare seeks to meet the cultural needs of the person and acknowledges that they are the expert of their own life and their own needs (Minnican & O’Toole, 2020; Zwi et al., 2017). To gain this information, the New Zealand Ministry of Health reports that community assessments and mechanisms for community and patient feedback are crucial and may help to achieve systematic cultural competence (Tiatia,

2008); however, it has been found that Pasifika prefer discussion over written feedback (Southwick et al., 2013). Health professional collaboration with community-based organisations has been suggested as a vehicle for health care service provision to ethnic minority groups (Vu, 2008). One novel example of physiotherapy service delivery is illustrated by the partnership between the Pacific Trust Otago (PTO) and the School of Physiotherapy at the University of Otago. The PTO is a charitable community organisation supporting the provision of health, education, and social services to Pasifika (Pacific Trust Otago, n.d.), including community-based services such as a seniors’ wellness group, and an early childhood playgroup, both of which are frequently supported by physiotherapy students. The physiotherapy-supported PTO playgroup provides an opportunity to offer paediatric physiotherapy-related support and education to caregivers, such as identifying children at risk of developmental delay and providing early intervention referrals. Early identification of children who could benefit from paediatric support is an important consideration for Pasifika children who have disproportionately more exposure to risk factors for disease and illness. Pasifika children have a higher incidence of a range of conditions including, asthma, dental problems, and ear and skin infections, all of which may impact their health and development (Ministry of Health, 2020). Bula Satu also reports that only 59% of Pacific families of infants in their first year of life received all their Well Child/Tamariki Ora core contacts. This is in comparison with 81% of non-Māori, non-Pacific families, which indicates the need for greater paediatric support and screening (Health Quality & Safety Commission, 2021).

A study was undertaken in December 2020 to explore Pasifika caregivers’ perceptions of the PTO playgroup. The research question asked, what do Pasifika consider to be meaningful and important in a community playgroup? The research aims were to: 1) gather information to enable the culturally meaningful aspects of the Pasifika playgroup to be re-created in other healthcare environments and, 2) gather information to enable physiotherapists to enter community settings in a culturally safe manner to deliver health services. This study highlights the importance of culturally safe environments for wellbeing and illustrates that health service delivery is occurring in a setting that may not have been previously considered. The purpose of this paper is to illustrate a novel approach to meet cultural competence guidelines to help physiotherapists invite Pacific families to co-design services through their articulation of what is important to them and to shape more effective physiotherapy service delivery.

## METHODS

The study received ethical approval from the University of Otago Ethics Committee (reference number D20/340), following consultation with the Ngāi Tahu Research Consultation Committee.

### Research team

The research team consisted of five members with a variety of expertise. The primary (novice) researcher (DD) was of Papua New Guinea descent and undertaking a summer studentship research project focused on Pasifika health. He was supported by an experienced primary health physiotherapist and qualitative

researcher (MP), and three emerging qualitative researchers: a Samoan physiotherapist and Pacific community leader (OS) and experienced paediatric physiotherapists (LC & DS).

### Study design

This study involved thematic analysis of semi-structured interviews using a General Inductive Approach (Thomas, 2006). Semi-structured interviews followed a Pacific Island form of dialogue known as Talanoa, which is based around sharing knowledge and using storytelling to build connections between the participants (Vaiotei, 2006). Talanoa is steeped in the traditional decision-making processes of many Pacific Island cultures and provides contextual solutions to issues faced by Pacific Island communities (Vaiotei, 2006). The Talanoa model incorporates four aspects that influence conversation: *ofa* (love), *mafana* (warmth), *malie* (humour), and *faka'apa'apa* (respect) (Vaiotei, 2006). These were woven into the interview process. The General Inductive Approach analytic strategy provides an easy-to-use systematic set of steps to analyse qualitative data (Thomas, 2006) and was chosen to provide a straightforward analysis procedure for the primary (novice) researcher.

The Fonofale model of health informed the research question and research including recruitment, interpretation of the data during analysis, and dissemination. The Fonofale model was chosen because it encompasses a wide variety of Pacific cultures. Two researchers were of Pacific Island heritage; their perspectives added to the Pasifika interpretive lens to shape the research process. An intuitive epistemological constructionist approach, which assumes that an individual's understanding is based on their experience and background knowledge (Ültanir, 2012), was used to explore the opinions of the participants. This epistemological approach complimented the Talanoa dialogue of the semi-structured interviews and the General Inductive Approach.

### Participant recruitment

Information sheets outlining the study, and examples of interview questions were presented to attendees of the PTO playgroups. The PTO staff playgroup coordinator distributed the information sheets in person to ensure playgroup members felt no coercion to participate by the researchers. Information was provided in English only, as different language options were not required. Volunteers who indicated their interest were subsequently contacted via telephone by the primary researcher. Those who met the inclusion criteria of male or female caregivers who had attended the PTO playgroup two or more times over any period of time, identified as Pasifika, and were conversant in any language were invited to participate in the study. Paid caregivers not responsible for making guardian decisions were not eligible for inclusion. Signed consent was obtained from all those interviewed. Participants were given the opportunity to bring a support person to their interview and/or to have a member of the PTO available during their interview for support or interpreter assistance.

### Data collection

The semi-structured interviews were conducted face to face at the PTO in November 2020 with only the interviewee and researcher(s) present. Interpreters were not requested

or required, and the interviews were conducted in English. To facilitate the Talanoa dialogue within the semi-structured interviews, a member of the PTO ensured a formal introduction prior to the interview and the primary researcher shared their reasons for conducting the research project. Interviews began with preliminary conversation to facilitate *ofa* through a sense of the participant and researcher acknowledging and knowing each other. Talanoa was further facilitated through open-ended questions which promoted *mafana* through storytelling and opportunities for *malie*. The objectives of the interview schedule were guided by the research question, aims of the research, and the playgroup setting (see Table 1). *Faka'apa'apa* was woven throughout the interview process and reflected by the inductive nature of the interview, which acknowledged the expertise of the participant. All interviews were led by DD with DS or LC in attendance to provide support and guidance (but not required to contribute to the interview conversations).

**Table 1**

*Key Objectives of the Interview Schedule*

Interview schedule key objectives	
1.	Preliminary conversation and demographic questions
2.	Playgroup experiences and perceptions
3.	Culturally meaningful aspects of the playgroup
4.	Perceptions of the importance of play
5.	Co-development of the playgroup

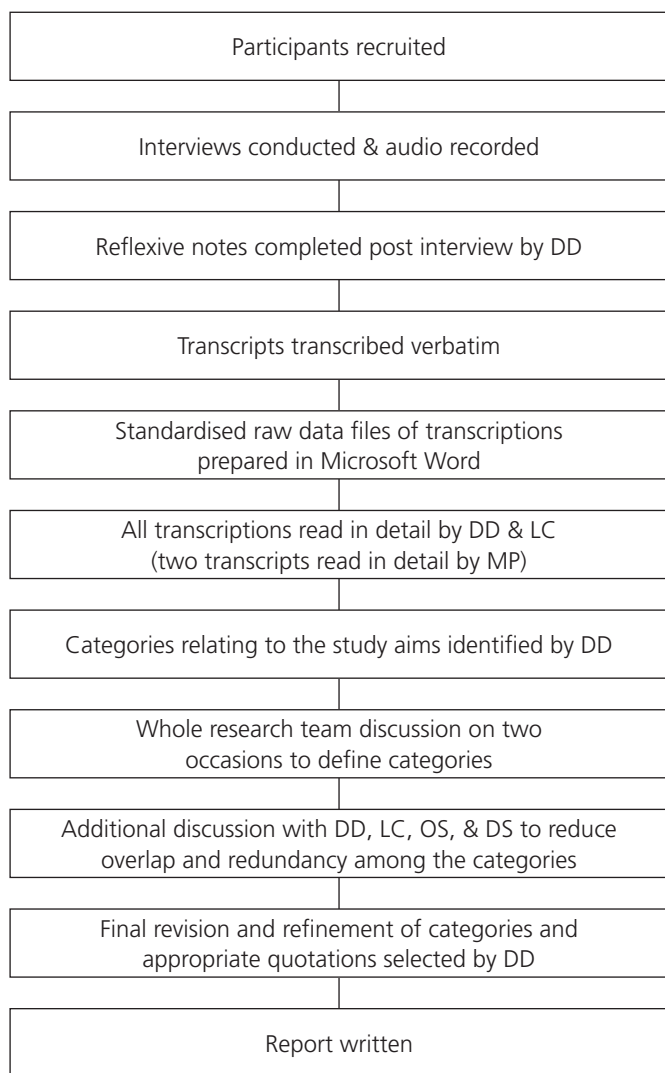
Demographic variables of caregiver ethnicity, age, number of children, and ethnicity of children were gathered to provide context for the data. Interviews were between 31–62 min duration and were audio recorded. Reflective notes were written by the primary researcher following each interview to aid in the interpretation of the data. Although not integral to the methodology, these reflections helped the primary researcher explore their own perspective and understanding of how concepts changed throughout the research process. The audio files were stored securely on the primary researcher's computer and only accessed by members of the research team via Microsoft Teams with password protection. The audio recordings were transcribed verbatim by DD and anonymised.

### Data analysis

The General Inductive Approach (Thomas, 2006) was followed for data analysis and is outlined in Figure 1. The constructionist lens of the Fonofale model of health underpinned a semantic General Inductive Approach for reading and coding interview transcripts. DD read and coded all transcripts using the Fonofale model to guide the semantic analysis. Qualitative data analysis tables were used in Microsoft Word to record initial categories and then themes alongside participant quotes. Exemplar quotes were chosen to demonstrate the richness of the data collected. In addition, LC and MP independently coded all transcripts and DD and LC read all transcripts prior to iterative discussion with the whole research team. Whole research team discussion occurred on two occasions at which time consensus was reached.

**Figure 1**

Outline of Data Collection and Analysis Methods Following the General Inductive Approach (Thomas, 2006)



Note. DD = Duncan Drysdale; DS = Donna Smith; LC = Lizz Carrington; MP = Meredith Perry; OS = Oka Sanerivi.

## RESULTS

### Participant characteristics

Five caregivers (all mothers) who had attended the PTO with their child(ren) were included in the study, which allowed for in-depth qualitative interviews to be conducted in a timely manner. Participants were of Pacific Island heritage (Cook Island,  $n = 4$ ; Tongan,  $n = 1$ ), aged 24 to 41 years. Each mother had between one to nine children. Participants were either currently attending the playgroup with their child(ren) ( $n = 3$ ) or had previously been members of the playgroup and still contributed indirectly to the PTO playgroup by liaising with the playgroup organisers to provide advice regarding services and health and safety ( $n = 2$ ). The children's ethnicities were reported as Cook Island and New Zealand European ( $n = 5$ ), Cook Island and Irish ( $n = 1$ ), Cook Island and Māori ( $n = 7$ ), Tongan and Samoan ( $n = 3$ ), and Cook Island and Tongan ( $n = 1$ ). Of the 17 children reported by the participants, seven were currently attending the playgroup (parental work-related barrier,  $n = 2$ ; children now at school,  $n = 8$ ).

### Thematic analysis: Sense of belonging

The overarching theme derived from the data was the importance of a *sense of belonging*. Within this main theme were three subthemes consisting of: 1) *Cultural identity*, 2) *Connections and support*, and 3) *Playgroup social cohesion* (see Figure 2). These themes were interrelated and directly related to the overall research aims; sub-themes were further explored. Supplementary exemplar quotes are provided in Table 2.

#### Cultural identity

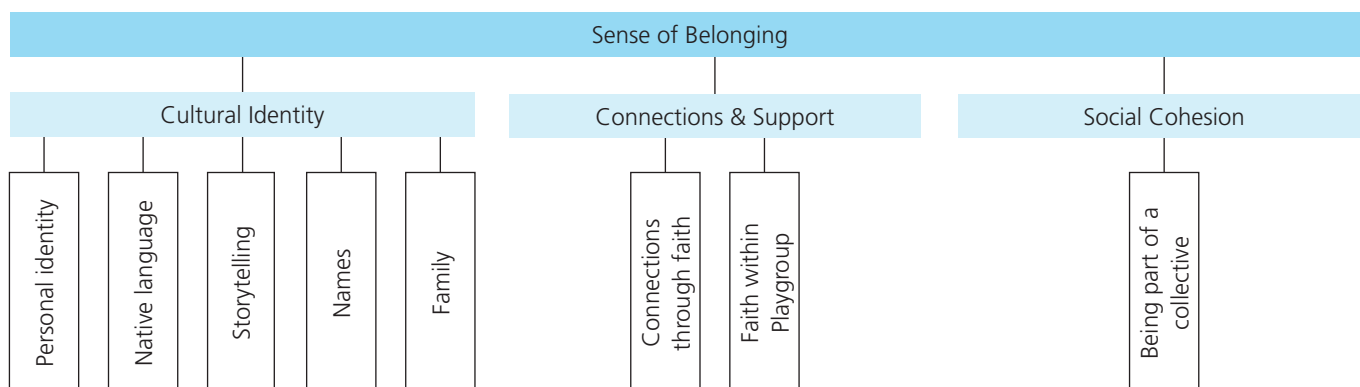
Cultural identity contributed to a *sense of belonging* and consisted of five elements: a sense of personal identity, the importance of native language, storytelling, significance of names, and family (see Figure 2).

#### Personal identity

Personal identity was strengthened through exposure to Pacific heritage. Participants felt their experiences of Pacific culture at the PTO fostered a strong sense of cultural identity in their children and helped to create a sense of pride in themselves and their ancestors. The playgroup was considered a safe environment in which the children could be immersed in their Pacific culture and the participants felt this helped negate the

**Figure 2**

Overarching Theme of Sense of Belonging with Subthemes Described Below



**Table 2***Supplementary Exemplar Quotes from Participants*

Cultural identity	Example quote
Personal identity	<p>P1: I would like to teach my children certainly my 18-year-old to you know, own who you are, be free and don't let others you know try and shape you or mould to something different, and I think coming here on a Monday and being part of the Pacific playgroup that is just the norm.</p> <p>P3: Yeah, I just think, like I've grown up knowing a little bit of culture like, a little bit of culture and I think it's good that [daughter] is starting that. Um, I think it is a good thing to say that I'm Cook Island and I know my culture basically.</p> <p>P5: I just felt welcomed you know, and I felt like I could be myself and that I didn't have to try and put on an act.</p>
The importance of native language	<p>P1: Oh for us language, so um, you know language is so rich and being able to speak in our language and it just totally be normal and accepted ... and treasured and acknowledged and ... um celebrated is a big ... is a big deal for me.</p> <p>P2: So they can learn a bit more and, cause usually when there is a Samoan or a Tongan family and they speak their language, my ones usually just sit there and stare at them like, wow, I wish mum could do that, and I'm like I can't do that ... I wish but I can't sorry, cause usually they ask what are they talking about? And I'm like I don't know sorry, I don't know what they are talking about, but you can go ask them though.</p> <p>P2: ... just listening to them talk in our language, it is quite overwhelming and it's like I wish I knew what they were saying but, I can't. It, it ... inside me just feels quite, quite warming and it just quite calming just to even hear all the mamas and the papas talk in that language even though I don't really know what they were saying.</p> <p>P3: Yeah, I think so. Um, yeah I mean it would be nice if maybe, could speak to her but in Cook Islands, but I can't so.</p> <p>P5: That's what I liked about it, they offered Cook Island songs and Samoan and Tongan.</p>
Storytelling	<p>P2: Of the past history of my culture, I would pass it on, but um, my mum hasn't really shared much stories, it was usually my grandparents but my grandparents aren't here anymore ... if my grandparents were here I'd love to learn more and share it with my children of the values of being a Cook Islander.</p> <p>P4: And names over the years just kind of get built on and there becomes more stories to tell of the name.</p>
Significance of names	<p>P1: We are often named after a place or an event, or something you know, that has gone down in history so it, it deserves to, ... let's try.</p> <p>P4: It's actually quite interesting actually people's names. He's named after my Dad ... I remember that I fought with my brother, my older brother because he was the first one out of all of us to have kids. And I'm gonna name this one that, and I'm like no you are not, that is my name.</p>
Family	<p>P2: Yup, she [Grandmother] teaches them new songs, and sometimes reads parts of the Bible to them or if, there is a Cook Island book at home and she's come over they will ask if she could read it to them, and she'll happily reads it to them and then they will try their best to read it back.</p> <p>P3: So my Dad is um, full Cook Island and was born in the islands and come here when he was young, when he was a kid ... but yeah he's got all of his family here and his sisters and his parents here before they passed on. So yeah he sees quite a lot of them sometimes, um we see quite a lot of them ... he [Dad], he's still fluent in Cook islands and so he teachers my daughter words and songs which is quite good cause I never got taught that so it's nice to see him teaching her that.</p> <p>P4: He's [Grandfather] trying to teach him into that and that's really cool. But he's trying to pass on what he knows from the from the, from growing up in the islands and just you know, how to live on [the] land.</p> <p>P5: We were all very close when my Dad was here, and yeah the oldies slowly started passing away and we don't hang out like we used to.</p>

Connections and support	Example quote
Connections through faith	<p>P1: Obviously prayer is well you know ... the being together the unity and ... yeah, it's a pretty special place ... yeah ... no one is really afraid to just be themselves if that makes sense.</p> <p>P1: ... so straight away you know their connection ... we need to find our people, and that is wherever the church is.</p> <p>P4: Like, I just feel even if they grow up and it's not for them. I feel like, the church, like through faith and through church I've grown my community that way.</p> <p>P4: And that's what I like about our religion but it's like, yeah, regardless what we are doing at church and stuff we still try to incorporate our um, our culture and our language.</p>
Faith within playgroup	<p>P1: They do say prayer and, in Samoan and Cook Island, um that's good and I guess she's [daughter] listening to that and is taking that all in.</p> <p>P2: Probably [what is valued the most in the playgroup is] learning like some of the prayers cause sometimes the prayers in the morning and when we finish are different, and it, it just amazes me as it's like ... wow there are different kind of prayers that they do, that they share with us, and ... I try and remember some of the words ... or try and incorporate what they are saying and ... put it in a way that I would be able to link it back to my children.</p> <p>P4: I think it's the prayers really [that is the most valued aspect of the playgroup]. The prayer at the start, the prayer before eating and the prayer at the end.</p>
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Social cohesion	
Playgroup social cohesion with the Pasifika community (being part of a larger collective)	<p>P1: And we interact with the wider Pacific community as well ...</p> <p>P1: I still think the Dunedin Pacific community is still very divided ... the playgroup is probably one of the very few places where it's not ... and so for our family we, we love that.</p> <p>P2: I probably wouldn't actually attend another playgroup, even if there was one, even if it was just Pākehā. I'd probably only go to some of them but not as ... many as what I would come to as a Pacific one.</p> <p>P2: ... and actually learning from them [the elders at the PTO] ... what they've learnt, and what they can actually teach the younger ones.</p> <p>P3: I mean we don't really ... have too much to do with the Pasifika community here in Dunedin, so it is nice, and ... she's [daughter] met other kids now that she's quite familiar with and quite comfortable with now ... so yeah it's good in that aspect like, definitely connecting with other Pacific Islanders.</p> <p>P5: From me what I took away from it was a sense of belonging, a sense of [feeling] welcomed, no judgement from other mothers and friendship.</p>
<hr/>	
Playgroup development	
Suggestions for playgroup development	<p>P1: It would be good to ... do more reading ... but I know, I know that ... we are more oral, like we do more storytelling and, and such, but it would be great, national libraries are a huge resource, they got thousands of books in Pacific languages sitting around collecting dust, they have those big ones to do some actual physical reading with a book ... so if they could get some of that here even in ... in their own language that would be really really cool.</p> <p>P2: I think ... maybe if they had some books here.</p> <p>P4: ... maybe have little wee posters saying chair, or, and you can have it in different languages ...</p>

Note. P = participant.

feeling of prejudice that their children were exposed to in other parts of their life. The diversity of ethnic heritage exposed the participants to a variety of Pacific influences and created a diverse and inclusive environment that valued each Pacific culture.

For my babies to be able to look around the room and see themselves ... So be around other brown children and brown people ... and just a whole range of different people right ... on an everyday basis, you know in terms of diversity, where

they go ... the majority is ... pākehā, Pālangi and ... coming here they just ... it just feels like home. (Participant 1)

#### *Native language*

Native language contributed to cultural identity. All participants indicated they would like their child(ren) to know their native language and felt this knowledge would strengthen their child's personal cultural identity. The participants of the playgroup were exposed to diverse languages, predominantly Samoan, Tongan, te reo Māori, Cook Island, and English. Participants with limited

ability to speak their own native language ( $n = 2$ ) expressed concern that their children may not have the opportunity to learn their language. For example, Participant 5 reflected:

... now it's quite sad cause I can understand it but I can't speak it. So it's lost to my generation and my children will probably never learn unless they learn it themselves or if something becomes available in the community.

Participants also had insight into the importance of language and described reliance on other resources including the playgroup as a space to expand both their own and their child's native language knowledge. For example, Participant 2 stated that:

... probably [one] reason why I ... come to the playgroup is just to learn more about my culture, because I actually don't know how to speak the language anymore, and I would like my children to ... learn the language as well.

### Storytelling

Storytelling added to cultural identity by educating younger generations about traditions and values connected to the participants' homelands. The participants felt that storytelling, often by grandparents and elders, provided a platform for communication and helped to shape the worldview and cultural attitudes of their children. Furthermore, storytelling helped them to maintain their traditions and other teachings, as written text is often not passed down, compared to song, dance, and stories. This was illustrated through quotes such as "telling stories and teaching them about where we come from, what were the people like, who we come from, um cause where and who are, [are] sometimes the same thing and can sometimes be quite different as well" (Participant 1).

### Pasifika names

Pasifika names were significant and linked to cultural identity as they often connected family lineage. One participant recalled her experience at a non-Pacific playgroup where most people struggled with the pronunciation of her children's names. She expressed appreciation that this did not arise at the Pacific playgroup. Correct pronunciation reinforced the value and significance of the name and added to a sense of belonging. For example, Participant 1 stated, "we were named after ... someone who was this person and carried this [mana], and this is what it means to our family and it's important that you try and pronounce our names correctly".

### Family

Family connections strengthened cultural identity by fostering Pacific heritage knowledge. Grandparents and elders in families and communities were noted as being particularly significant in imparting knowledge and were reported to share native language and cultural traditions.

I'd like them to learn like the value of respecting our, the older people and our culture and yeah and actually being respectful to the older ... generations and actually learning from them as well, what, what they've learnt, and what they can actually teach the younger ones. (Participant 2)

### Connections and support

Connections and support emerged as the second subtheme of

the overarching theme of 'sense of belonging'. Connections established relationships within the community, which in turn provided support to the individuals. For example, Participant 5 stated, "...what I took away from it was a sense of belonging, a sense of [feeling] welcomed, no judgement from other mothers and friendship".

The most important connections for playgroup members were identified as those stemming from shared cultural and religious *faith*. Ideals around faith varied but all participants agreed that faith was a fundamental aspect of Pacific culture. All participants felt that faith created connections with others, either at church or in the wider community, and led to provision of help and support. For example, two of the five mothers were introduced to the playgroup by members of their church. Participants felt the cultural immersion at church was beneficial for their child(ren) because their church incorporated native language, singing, and other traditions, as well as enabling them to be around their immediate and extended community 'family'. For example, Participant 1 commented that "it is a huge connector, it is massive, um for a lot, for Pasifika in general, God is the foundation of everything".

Faith was integrated into the playgroup through prayer at the beginning and end of each session and prior to kai time (morning tea). When asked what they appreciated most about the playgroup, three mothers responded that it was the incorporation of faith and prayers in the playgroup and felt this integration of faith was a powerful way of bringing people together and making deeper connections with God and others.

I think [the most valuable part of playgroup is] the prayers really. The prayer at the start, the prayer before eating and the prayer at the end. ... Even if they grow up and it's not for them ... I feel like through faith and through church, I've grown my community [connections] that way. (Participant 4)

### Playgroup social cohesion

Social cohesion between the playgroup and wider Pasifika community added to the participants' sense of belonging. Participants felt the playgroup extended further than being simply a place to facilitate play and learning. Participants referred to the variety of services for Pasifika provided by the PTO, including food care packages, exercise classes for the community, senior sessions, and the PTO van that provided free transportation to improve access to these services. Participants valued the opportunity the playgroup provided to access the wider Pasifika community in Dunedin, such as the occasional integration of Pacific elders to the playgroup. Participants felt welcomed and encouraged to attend other events at the PTO and thus felt valued as part of a larger collective. Some participants also felt empowered to support other families at the PTO, giving them a sense of fulfilment and contribution to their community. For example, Participant 1 reported, "I think when I come to playgroup, it's definitely for my babies, but ... my contribution would be to take a little bit of the burden off some of the people, and I am able to do that".

### Playgroup development

Discussion regarding participants' needs and wants for the development of the playgroup revealed a common theme of expanding the playgroup resources, particularly those relating to

language and cultural development. Language resources were particularly important to those participants not fluent in their native tongue, and they considered such resources beneficial for both themselves and their children. Books written in different Pacific languages were specifically requested.

## DISCUSSION

This study aimed to explore ways in which a physiotherapy-supported Pacific-focused playgroup was perceived as culturally meaningful and to use these findings to improve physiotherapists' cultural responsiveness when supporting co-design of community-based accessible/alternative healthcare services. The findings revealed that participants valued the sense of belonging the playgroup provided, which was evident through their perceptions of cultural identity, connections, and support, and playgroup social cohesion with the Pasifika community. These culturally meaningful aspects of the playgroup experience were interwoven and, when related to the Fonofale model of health, revealed holistic health benefits occurring within this community group.

As depicted in the Fonofale model of health, family is the foundation for Pacific culture (Manuela & Sibley, 2013) and is encapsulated by the environment. Family is a core construct founded on relationships for Pasifika and is therefore not limited to blood kin. The playgroup's physical environment facilitated the participants' cultural identity through photos of PTO activities and traditional decorations on the walls, as well as the use of tapa cloths during kai time. The environment was made accessible by the free van transportation provided by the PTO and by the nominal gold coin donation suggested for attendance. The culturally safe playgroup environment assisted with the New Zealand Ministry of Social Development's (2016) concept of social connectedness by increasing 'trust in others'. Participants felt their children could safely 'be themselves' without fear of being marginalised or misunderstood, which enabled them to build strong relationships leading to kinship and ultimately a sense of family connection.

The Fonofale core construct of 'family' relates not only to immediate and extended family but also to kinship and partnership (Mana Services, n.d.). It is acknowledged that building a wider 'family' is critical to sharing language and cultural teachings (Pulotu-Endemann, 2001) and is a priority for Pacific people (Salesa, 2017). Family kinship was also created through participants' shared faith, which was a valued feature of the playgroup and an element of the spirituality pillar of the Fonofale model of health. The church setting has been considered by some to be a village away from the islands (Macpherson, 1996) and the playgroup may work in a similar way by providing social connections, support, and culture. Faith and spirituality are often interlinked, expressed in day-to-day living (Manuela & Sibley, 2013) and influence health and wellbeing in the Fonofale model, and as such are important considerations for healthcare services for Pasifika.

The participants' sense of belonging was further underpinned by identification with their Pacific culture, another important aspect of the Fonofale model of health. Identity and wellbeing are strongly linked (Yip & Fuligni, 2002), which was apparent in the participants' perceptions of the playgroup facilitating

their children's cultural connections, thereby strengthening their cultural identity and influencing wellbeing. Language also contributes to Pacific identities (Mila-Schaaf 2010; Tiatia & Deverell, 1998) and exposure to native languages within the playgroup was valued. Similarly, fluency with Pacific names by members of the playgroup supported cultural identity and genealogical connections, with names often representing stories, history, and family heritage. In the Fonofale model of health, culture is represented as the roof of the fale, covering all other key elements. Identification with one's culture can provide the opportunity to feel part of a larger collective, which may be of particular importance as participants expressed a feeling of dislocation from their 'homelands'. Such a disconnect has the potential to undermine health and wellbeing and may account for some of the poor health outcomes for Pasifika reported in the literature (Statistics New Zealand and Ministry of Pacific Island Affairs, 2011). Cultural support and connections may have been further facilitated through the inherent cultural values in the playgroup and subsequent diminishment of potential barriers to social connectedness including language differences, high levels of inequality, and tensions between ethnic groups (Ministry of Social Development, 2016). The playgroup also provided a place of reciprocity, of gaining knowledge and support, and then giving back, to keep growing the community and strengthening connections. Participants were empowered to work together to build and facilitate the playgroup and add their own culture.

## Strengths and limitations

This study explores cultural competency for physiotherapists working in a novel environment in Aotearoa New Zealand. A limitation of this study was the restricted timeframe and sample size due to the nature of the summer student scholarship. Exploration of the participants' experience of physiotherapy within the PTO playgroup and discussion would have been valuable to gain insight on how current and past attendance may have impacted perceptions. However, despite the study limitations, a strong cultural connection was formed between the Pacific researcher and the participants, allowing for meaningful conversations, which was a strength of this study. Pacific members of the research team were also able to provide a critical cultural lens through which to analyse the data and to consider the implications.

## Physiotherapy recommendations and implications for practice

Physiotherapists in Aotearoa New Zealand are required by the Board of Physiotherapy New Zealand to be culturally competent in their practice with the understanding that this will contribute to improved and equitable outcomes for health consumers (Physiotherapy Board New Zealand, 2018). The findings from this study may be used by physiotherapists to improve engagement with Pasifika, better understand their needs, foster co-design of services, and help physiotherapists demonstrate the Physiotherapy New Zealand core competencies of cultural awareness and knowledge, attitudes, and skills (Physiotherapy Board New Zealand, 2018).

To demonstrate awareness and knowledge of culture, it is necessary to understand other cultures' definitions of health (Physiotherapy Board New Zealand, 2018). Therefore,



physiotherapists in Aotearoa New Zealand working with Pasifika communities must be aware that there are a variety of Pacific models of health and work to apply the relevant model. With the understanding that each Pacific culture has its own unique set of health influences and priorities, the physiotherapist needs to build relationships to understand their patients' culture and holistic influences to apply the appropriate model of health. In this study, the participants' definition of health extended beyond simply physical status, with family, culture, and spiritual elements of the Fonofale model strengthening the participants' sense of belonging. Fostering relationships helps to ensure collaborative/shared decision-making and the delivery of person-centred care.

Relationships help to build trust and engagement and allow for the culturally safe practice of a two-way dialogue where knowledge is shared (Martin, 2014). As seen in this study, a two-way conversation between the research team and members of the Pacific playgroup community occurred through the process of Talanoa. Vaioleti (2006) describes the Talanoa process of communication as "a personal encounter where people story their issues, their realities and aspirations" (p. 21). Talanoa enables physiotherapists to establish a rapport and has been noted to build and strengthen relationships with stakeholders and communities (Ministry of Education, n.d.a). Talanoa provides a powerful method of enquiry, which is encouraged for physiotherapists working in Pacific community groups. Taking time to build relationships allows for the subsequent exploration of stakeholders' thoughts and perceptions and demonstrates the physiotherapist's commitment to developing cultural awareness and a culturally competent attitude. Cultural safety requires partnership between parties and an acknowledgment of the patient's cultural knowledge, their values, and an understanding of their cultural practices (Kearns & Dyck, 2015). Through relationships fostered within safe environments and open conversations, co-design may be accomplished and feedback may be gathered from those using the service, which allows for reflexive changes as required, thereby adding to cultural competency skills of the physiotherapist.

Cornerstones of Pasifika cultural identity, as seen in this study, are native languages, shared heritage, and shared experiences. Physiotherapists should seek guidance to understand these elements in the communities they are working with to improve their contextual cultural awareness, their cultural sensitivity, and ultimately their cultural safety (Martin, 2014). Language has been identified as a critical part of Pacific people's identity and sense of belonging in the world and a crucial marker for their long-term wellbeing (Samu et al., 2019). Physiotherapists should promote native language in their interactions with Pasifika communities. Examples may include the normalisation of Pacific greetings, common phrases and instructions, and, as seen in this study, the correct pronunciation of names. In contexts such as community group classes, physiotherapists may ask members of the group to share prayers in their native language, which also respects the importance of faith for Pasifika. Language acquisition may be further encouraged through inclusion of the wider community, a cultural competency skill of Physiotherapy New Zealand. In this study, the inclusion of elders was highly valued by the participants and was seen to strengthen social

cohesion. Interactions with elders provided a platform for sharing oral heritage via storytelling, which may be of particular importance as exposure to language at an early age is critical (Samu et al., 2019). Benefits may also prevail for both the younger and older generations through influences on mental, spiritual, cultural, and family areas of the Fonofale model of health and wellbeing.

While every community group context might be different, physiotherapists working in early childhood environments may consider inclusion of traditional songs and music and deliberate inclusion of language and prayers as elements of importance. The findings from this study may also translate to other community settings and ethnic groups and guide culturally competent healthcare.

### KEY POINTS

1. A healthcare-supported Pacific-focused community group provided holistic benefits for its members through creation of a sense of belonging. This fostered cultural identity, connections and support, and social cohesion with the wider Pacific community.
2. Talanoa communication provides an opportunity for physiotherapists to engage with Pasifika through storytelling and the sharing of knowledge, and supports a culturally safe environment.
3. Understanding the meaningful aspects of a culturally safe environment for Pasifika will allow physiotherapists to *enter these environments* to build and maintain relationships or to *re-create culturally safe settings* in which to deliver healthcare services.
4. Physiotherapists working in Pacific community groups must take the time to understand the appropriate Pacific model of health and holistic values of the people they are working with and appreciate that a mismatch of ideas or priorities can undermine the therapeutic alliance if not respected or carefully considered.

### DISCLOSURES

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### PERMISSIONS

This study was approved by the University of Otago Ethics Committee (reference number D20/340).

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