

Debating 'safe haven' versus 'institutional reform'. Why Māori and Pacific student's need 'safe' spaces to achieve tertiary success in health professional training.

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Understanding the distinctive worldviews of indigenous students is critical to the knowledge base that drives teaching and learning practices including the creation of teaching and learning spaces to support success. This project explores Māori student success in degree-level tertiary health education in New Zealand by exploring (1) What teaching practices in non-lecture contexts helped or hindered Māori success in degree-level study in nursing, pharmacy, medicine and health sciences? (2) What changes were needed to teaching and higher education practices in order to best support Māori success in degree-level study designed to prepare students for work in the health professions. This qualitative study utilised indigenous Kaupapa Māori Research methodology (Smith 1999) using the Critical Incident Technique (Flanagan 1954) via interviews with 41 Māori students currently enrolled in or recently graduated from medicine (17), nursing (7), pharmacy (3) or health sciences (14) at the University of Auckland. A total of 1,346 critical incidents were identified. Sixty seven percent (n = 898) of all identified incidents helped and 33% (n = 448) hindered Māori student success. The majority of student stories (n = 789, 59%) were related to the provision of Māori Student Support Services (69% helpful, 31% hindering) with a key focus on the provision of culturally space spaces. The second context (n = 375, 28%) related to the Undergraduate Programme with a mixed picture of helpful versus hindering incidents (53% versus 47%). The third context (n = 182, 14%) represented stories associated with Māori Student Whanaungatanga (family bonding) with most stories being helpful rather than hindering (87% versus 13%). Thirteen sub-categories describe incidents as being associated with: MAPAS/Tuākana Tutorials, Resources (including space), Academic Transitioning, MAPAS staff and Māori academic Staff, Māori Mentoring and Role Models, Racism / Stigma Towards Māori, Teaching Staff Characteristics, Programme Organisation, Linking Theory to Practice, Programme Incorporation of Māori Cultural Values, First Year Health Study Competition, Supporting Whakawhanaungatanga or Group Learning. Our findings support the need for tertiary institutions to provide additional Māori student support services, with a particular focus on the provision of safe spaces that allow for the fostering of cultural bonding between students and their peers. Of concern, the undergraduate programme and teaching and learning environment was at times unsafe and hindering to Māori student success. Overall, our findings support the need to explore notions of a hidden curriculum that may be operating

within clinical and non-clinical health professional training programmes (Hafferty 1998). Debating the need to create 'safe havens' versus 'institutional reform' to eliminate student experiences of racism within their learning spaces will be provided. Based on our findings, quality tertiary teaching for Māori students within health programmes should: (1) Use effective teaching and learning practices, (2) Provide academic support that is culturally appropriate, (3) Provide pastoral support that is culturally appropriate, (4) Provide a culturally safe learning environment, and (5) Encourage cohort cohesiveness.