ADJUSTMENT TO CHRONIC ILLNESS AS INFORMED BY MĀORI

A qualitative synthesis of studies and best practice guidelines

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Abstract

Supporting equitable healthcare outcomes in Aotearoa New Zealand requires urgent attention. Several models of Māori health and wellbeing introduce elements and strategies that may be central to adjustment to chronic illness. This article conducts a literature review of Māori health and wellbeing models and best practice guidelines to identify what Māori see as central to illness adjustment and determine practical strategies to inform better practice in the context of chronic illness. Two overarching themes were identified as central to the adjustment process: dimensions of health and wellbeing, and whanaungatanga. In addition, five strategies to support adjustment to chronic illness were identified: developing culturally safe practices, involving a patient in their care, involving whānau in care, developing trusting relationships and collective responsibility. By acknowledging elements that Māori see as important to illness adjustment and committing to aligned strategies, healthcare practitioners can better support Māori in the context of chronic illness.

Keywords

Introduction

The impact of diagnosis and management of chronic illness can be associated with a raft of challenges and profound changes for a person and their whānau (Kidd et al., 2013). Chronic illnesses, such as diabetes and chronic obstructive pulmonary disease, are often progressive, do not resolve spontaneously and require ongoing medical management to curb rather than cure illness (Megari, 2013). Medical management itself has the potential to disrupt the life of a person and their whānau via processes such as invasive or time-consuming surgical/treatment requirements, increased health-related costs, reduced functional status, fatigue, increased mortality and psychological distress (Houghton & Duncan, 2003; Li et al., 2012).

Due to the systemic challenges associated with chronic illness, researchers have long sought to define adjustment to chronic illness (Hoyt & Stanton, 2018). Western researchers have offered conceptualisations of positive adjustment to chronic conditions that incorporate cognitive, emotional, behavioural, social and physical processes. These

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interrelated domains include (a) the successful performance of illness-related adaptive tasks (e.g. adherence to medical and behavioural regimens), (b) the absence of psychological disorders, (c) the presence of relatively low negative affect and high positive affect, (d) the maintenance of adequate functional status and social roles, and (e) perceptions of high quality of life (Hoyt & Stanton, 2018). Although these domains offer a framework for understanding adjustment to chronic illness, cultural dynamics involving the intersection of ethnicity identity, colonisation, socioeconomic status and experiences of discrimination as they affect illness-related adjustment have received minimal attention (Stanton et al., 2007).

In Aotearoa New Zealand, ongoing health inequities between Māori and non-Māori highlight the inadequacy of Western medical models and frameworks alone to deliver effective healthcare for Māori. Documented health inequities between Māori and non-Māori include increased incidence, prevalence, and disability and mortality from chronic illness (Kahukura, 2015). Despite higher instances of chronic illness, Māori are less likely to access primary care, be referred for specialist care or receive elective surgical interventions (Aumua et al., 2018; Grey et al., 2016). Once in the healthcare system, Māori are more likely to have negative experiences, including encountering racism, discrimination and marginalisation in interpersonal interactions and via institutional structures (Cormack et al., 2018; D. Wilson et al., 2021). In addition, Māori are more likely to experience adverse medical events and receive poorer quality care (Rumball-Smith et al., 2013) and are less likely to receive best practice treatment interventions (Rahiri et al., 2018).

The failure of the current health system to provide equitable care for Māori directly conflicts with guarantees made in New Zealand's foundational documents. Te Tiriti o Waitangi | the Treaty of Waitangi guarantees Māori and English subjects equal rights and protections (Rolleston et al., 2020). In the context of healthcare, this means that Māori are entitled to have their culture, values and worldview equally represented when being cared for. Despite this promise, since the signing of te Tiriti in 1840, there has been a persistent devaluation and denial of mātauranga Māori within healthcare as dictated by legislation, including the Tohunga Suppression Act of 1907, and the dominance of Western values within healthcare (Barton & Wilson, 2008; P. Reid et al., 2019). The failure of health systems in New Zealand to uphold Māori tino rangatiratanga has contributed to ineffective care and ongoing health inequities (Dyall et al., 2013; Levack et al., 2016).

To adequately address inequities in healthcare in Aotearoa and uphold promises made in te Tiriti o Waitangi, it is paramount that research and subsequent frameworks of health are directed by Māori worldviews and values (Graham & Masters-Awatere, 2020; Rolleston et al., 2020). In the context of chronic illness, it is fundamental that Māori are empowered to self-determine what adjustment to chronic illness looks like and what is needed to achieve adjustment from within a Māori cultural value system rather than being constrained by Western medical and scientific parameters. Knowledge generated in this manner provides an opportunity to better understand, acknowledge and educate the healthcare workforce on culturally different ways of thinking, interacting and supporting individuals and their whānau with chronic illness, and ultimately support the delivery of better healthcare.

A lack of literature on how Māori define adjustment to chronic illness creates the need for systematic research to help operationalise this construct. A literature review of Māori health and wellbeing models will help identify elements that Māori see as central to illness adjustment. There are three core benefits of conducting such a literature review. First, it will help to set the necessary foundations for future research to validate what Māori see as central to the adjustment process. Second, it will inform future research that aims to conceptualise how Māori define adjustment to chronic illness. Third, it will outline several strategies healthcare practitioners can adopt to better support Māori in the context of chronic illness.

This literature review has two aims:

1. Identify what Māori see as central to illness adjustment in the context of chronic illness.
2. Identify practical strategies that practitioners can adopt to better support Māori in the context of chronic illness.

Aim 1: Methods

The first aim involved three stages: (a) identification of key themes and word searches as guided by Māori model or framework of health; (b) identification of relevant qualitative and quantitative studies to support review aims; and (c) collation, summarisation and reporting results.

Identification of key themes and word searches

D. Wilson et al.'s (2021) review provided the foundations for the identification of core themes related to what Māori see as central to illness and adjustment. Specifically, D. Wilson et al. (2021) identified 10 papers that outlined nine unique Māori models or frameworks of healthcare. A thematic synthesis was adopted to combine and identify key themes according to the first aim of their review (Thomas & Harden, 2008). Two overarching themes captured core cultural concepts and values relevant to what Māori may see as central to illness adjustment. These themes were (a) dimensions of health and wellbeing and (b) whanaungatanga. During this process, two reviewers conferred and agreed on the key themes (see Table 1), which guided keyword searches.

Identification of relevant studies

Key themes guided keyword searches related to dimensions of health and wellbeing (e.g. "wairua", "whānau", "hinengaro", "tinana") and whanaungatanga (e.g. "whakapapa," "whenua" "tikanga", "mana", "aroha," "colonisation," "marginalisation"). Considering that literature on Māori perspectives is often not indexed in databases, a review was conducted across academic repositories. The following databases were searched: Medline, Embase, Google Scholar and the University of Auckland Library. No timeframe was specified in the search, as mātauranga Māori and Kaupapa Māori do not begin and end at a particular time. Papers written in English and te reo Māori were considered for inclusion in this review, although no search results in te reo Māori were returned. Papers that aligned with Kaupapa Māori or those developed with Māori involvement were prioritised.

Collation, summarisation and reporting results

Qualitative and quantitative research yielded from keyword searches was sorted and mapped to core themes to address the first aim.

Aim 2: Methods

The second aim involved two stages: (a) identification and collation of best practice guidelines in New Zealand, and (b) identification of case studies and examples of applications of strategic themes.

Identification of best practice guidelines in New Zealand

Databases used to address the first aim were again consulted. In addition, publications available via the Ministry of Health and Te Whatu Ora Health New Zealand, the national public health agency, were reviewed. Literature needed to outline strategies or recommendations at the individual/community level in the context of New Zealand healthcare. In addition, guidelines needed to be authored or supported by Māori consultation and involvement. Five articles met the criteria for inclusion. Four overarching individual and organisational strategies were identified from these (see Table 2). Two reviewers conferred and agreed on the key themes.

Identification of relevant application of strategies and summary of results

Keyword searches related to these strategies were subsequently conducted to identify current applications and examples of strategies in practice within New Zealand. The identified literature was sorted and mapped to core themes to address the second aim.

Aim 1: Results

The results for Aim 1 are organised into two subsections. The first subsection reviews dimensions of health and wellbeing that may be crucial in illness adjustment. The second subsection considers the importance of whanaungatanga in the context of adjustment to chronic health.

Dimensions of health and wellbeing and adjustment to chronic illness

> Holistic wellbeing—that is what it means to be Māori. (Ministry of Health, 2020, p. 21)

Indigenous perspectives on wellbeing commonly draw on the unity of mind, body and spirit as a way of understanding health and wellbeing (Mark & Lyons, 2010). From a Māori perspective, health is invariably holistic, and includes wellbeing across wairua, whānau, hinengaro and tinana (Barton & Wilson, 2008; Durie, 1998). While tinana is the primary focus of the majority of healthcare services in Aotearoa (P. Reid et al., 2019), a holistic view of health suggests all elements are important to the wellbeing of a person and their whānau (Durie, 1998). Although these elements are not truly separable or independent in holistic thinking, in order to highlight the possible importance of each element in terms of adjustment to chronic illness, each is discussed in turn below.

TABLE 1   Summary of key themes within Māori models of health and wellbeing

	Hui process[1]	Kapakapa Manawa framework[2]	Meihana model[3]	Te Hā o Whānau[4]	Te Kapunga Putohe[5]	Te Punga Oranga[6]	Te Whare Tapa Whā[7]	Te Wheke[8]	Te Whetu[9]
Dimensions of health and wellbeing									
Wairua			*		*	*	*	*	*
Whānau	*		*	*	*	*	*	*	*
Hinengaro						*	*	*	
Tinana			*			*	*	*	*
Whanaungatanga									
Connections	*	*	*	*	*			*	*
Sociopolitical			*						*
Whakawhanaungatanga		*	*	*	*			*	

Note: 1 = Lacey et al. (2011); 2 = Robinson et al. (2020); 3 = Pitama et al. (2007); 4 = Stevenson (2018); 5 = Barton and Wilson (2008); 6 = Murray (2010); 7 = Durie (1998); 8 = Love (2004); 9 = Mark and Lyons (2010).

TABLE 2   Summary of key strategies proposed to support Māori health

	Cram (2014)	bpac^NZ (2008)	Te Aka Whai Ora and Te Whatu Ora Health New Zealand (2022)	Te Whatu Ora Health New Zealand (2022)	Ministry of Health (2020)
Developing culturally safe practices	*	*	*		*
Involving a patient in their care	*	*	*	*	*
Developing trusting relationships	*	*			
Collective responsibility	*	*	*	*	*

Wairua

Prior literature indicates that wairua is a fundamental component of meaningful interactions with healthcare practitioners (B.-J. Wilson et al., 2022). Wairua can be defined as a person's spirit or soul that exists prior to a person's birth and extends beyond death (D. Wilson et al., 2021). Wairua is intertwined with identity, mauri, the universe and the cosmos (Kiyimba & Anderson, 2022). It is sometimes translated as "spirit" or "spirituality", with the understanding that all things embody this quality and that it can be affected by different activities, enhanced by karakia and disrupted by transgressions of tapu (Elder, 2017). Damage to wairua via illness or injury activates a series of culturally determined responses (Tate, 2012). People within whānau and whakapapa are recognised as having access to the most salient cultural resources because they are most closely linked via their wairua (Elder, 2013). Beyond whānau, healthcare practitioners and contexts can affect wairua and may play an important role in facilitating the wairua of a patient and their whānau (Pitama et al., 2014).

More specifically, when practitioners offer appropriate space and support around spirituality, religious beliefs, special attachment to people, places and taonga, the wairua of a person and their whānau can be better supported within healthcare contexts (D. Wilson et al., 2021). In line with this notion, recent qualitative research that interviewed bereaved families following the death of a loved one indicated that cultural and spiritual support for palliative patients was associated with a deep sense of comfort for patients and their whānau (Gott et al., 2019). Furthermore, being able to conduct spiritual customs in healthcare settings, either with or without healthcare professionals present, appeared to be integral in supporting patients and whānau, especially during challenging times (Moeke-Maxwell et al., 2020). Adjacent literature suggests that Māori palliative care workers emphasise respecting and enabling tikanga such as waiata and karakia to enhance the quality of care and facilitate wellbeing (Oetzel et al., 2015). While research has yet to explore the importance of wairua to Māori with chronic health conditions, research considered above suggests that wairua may be important for wellbeing and adjustment.

Whānau

The importance of whānau in healthcare provisions is commonly agreed upon (Elder, 2013; Kidd et al., 2013; Slater et al., 2013; D. Wilson et al., 2021). Whānau typically refers to an immediate and extended family network. Importantly, whānau exemplifies that Māori do not operate in isolation; rather, they exist within the collective whānau or community (Pitama et al., 2014). This collective orientation highlights the importance for healthcare practitioners to include whānau in the care of a person (B.-J. Wilson et al., 2022). Supporting this notion, several studies have indicated that patients value whānau as an important part of their health journey (Elder, 2013; Kidd et al., 2013; Slater et al., 2013; D. Wilson et al., 2021). A similar sentiment is reflected by Māori healers, who see whānau/whakapapa as an essential element in wellbeing and the healing journey (Mark & Lyons, 2010; Wirihana & Smith, 2019). Amongst other things, whānau have been described as important for health as they enable practical, informational, emotional and spiritual support (Elder, 2013; Kidd et al., 2013; Slater et al., 2013; D. Wilson et al., 2021). Considering that whānau is widely recognised as an important element of Māori health, it seems likely that the inclusion of whānau in healthcare that is oriented towards supporting chronic illness may share a similar importance.

Hinengaro

Hinengaro commonly refers to the mental or emotional dimension of an individual and can include thoughts, feelings and behaviours (Broughton et al., 2013). The diagnosis and management of chronic illness can put considerable strain on a person's hinengaro. For example, different medications and treatments may render someone unconscious, alter cognitions and feelings, and contribute to experiences of psychological distress (Fia'Ali'i et al., 2022; Lyford & Cook, 2005). Other elements that may strain a person's hinengaro include having to receive care in foreign environments, isolation from whānau during treatment, and complex and ongoing treatment information and requirements (Wepa & Wilson, 2019; D. Wilson, 2008). When hinengaro is strained, it may be particularly important for whānau and wairua to be involved to strengthen overall wellbeing (McNatty & Roa, 2002). Whānau may further be able to support hinengaro by helping to process health and treatment information, collaborate on decisions, and navigate foreign healthcare environments (Slater et al., 2013).

Being entrenched in healthcare systems, practitioners, too, have a unique opportunity to support hinengaro. Research indicates that Māori and their whānau typically find healthcare environments unfriendly and culturally foreign (Wepa & Wilson, 2019). In addition, Māori whānau report

not knowing the rules for engagement with healthcare practitioners (D. Wilson, 2008). In addressing these struggles, research suggests that Māori and their whānau value when practitioners take time to develop a relationship with them, keep whānau involved and informed with information, are clear with communication about treatment and medications, and respect knowledge generated from patients and their whānau (Carlson et al., 2019; Kidd et al., 2018). Overarching these processes, it is important to note that diversity in worldviews and needs exist among Māori. Thus, fundamental to the provisions of care is meaningful person-centred dialogue with Māori and their whānau (D. Wilson, 2008). In the context of chronic illness, person-/whānau-centred care may be particularly important, as patients are likely to interact with practitioners and healthcare systems regularly (Slater et al., 2013).

Tinana

Tinana commonly refers to a person's physical dimension. In te ao Māori, tinana is intricately linked with whakapapa, wairua and hinengaro (D. Wilson et al., 2021). Thus, the body can be viewed as a sacred shelter (tapu) and a source of substance for a person's health. Tapu involves a degree of sacredness and restriction. Its opposite, noa, is a state without restrictions (Russell, 2007). The status of bodily tapu often needs attending in medical contexts. Specifically, certain procedures, medications and environments may violate sanctions of tapu (Hart, 2013). Thus, to protect tapu, individuals and whānau may engage in processes and procedures to bring the body into a state of noa so that specific treatments may occur (Russell, 2007). Dedicated rongoā Māori practitioners and Māori health teams may also help safely navigate tapu and noa in medical contexts (Beaton et al., 2019; Gott et al., 2019; Lyford & Cook, 2005).

Beyond these specialist providers, all health professionals have an important role in acknowledging and upholding tapu in the context of healthcare. In particular, the utmost respect must be afforded to patients when engaging in bodily care (Broughton et al., 2016). In addition, it is vital that practitioners are aware of and implement appropriate tikanga in the context of a hospital and clinics by, for example, setting aside specific pillows for the head and others for the body (Waitemata District Health Board, 2003). Implementing appropriate tikanga may be particularly important in the context of chronic illness, as individuals are often exposed to invasive medical procedures such as dialysis or chemotherapy that may violate sanctions of tapu.

Whanaungatanga in adjustment to chronic illness

The notion of whanaungatanga or connectedness is a common theme in Māori models of health and wellbeing. Whanaungatanga conceptualises the relational aspect of Māori culture where health can be influenced by connections with whakapapa, whenua and whānau (D. Wilson et al., 2021). These connections highlight the importance of balancing the overall wellbeing of whānau members and their connection to each other, their wider community, ancestors and land with the physical, emotional and spiritual health of the individual living with a chronic illness (Kara et al., 2011). Hence, for Māori, adjustment to chronic illness is likely reflective of the wellbeing of their connections as a whole. Despite the importance of whanaungatanga, few mainstream healthcare services acknowledge or are oriented to meet these more systemic needs (Greaves et al., 2021).

An important area of whanaungatanga that is commonly overlooked in the context of healthcare is the influence of the sociopolitical health context on health and wellbeing. As introduced, whanaungatanga encompasses a broad range of connections and can include how Māori relate to events of the past and future (Lyford & Cook, 2005). Historical events and their current-day implications, including colonisation, migration, racism and marginalisation, affect adjustment to illness in a variety of ways, including access to resources, socioeconomic status, employment conditions, education opportunities, quality of housing and the financial ability to engage with the health system (D. Wilson et al., 2021). Thus, to support illness adjustment, practitioners must explore sociopolitical factors that whānau see as central to health. In addition, it is vital to acknowledge that institutional, organisational and procedural elements of healthcare may perpetuate deficit stereotypes, inequities and bias in clinical decisions (Pitama et al., 2014). In particular, it is pertinent to consider that healthcare systems are not culturally neutral; rather, they are embedded and often privilege Western worldviews (Simpson et al., 2022). To shift factors that perpetuate inequity, there is an enhanced need to integrate Māori expertise with non-Māori knowledge to better support illness adjustment (Macfarlane & Macfarlane, 2019; Simpson et al., 2022).

An aspect of whanaungatanga that has received more attention in healthcare is procedural elements

of establishment and maintenance of connections between kaimahi and patients and their whānau (Greaves et al., 2021). Elements central to building relationships include tikanga to ensure everyone's mana is acknowledged within the relational space (Stevenson, 2018). For this to occur, healthcare practitioners must be familiar with the fundamentals of te ao Māori along with their own worldview (D. Wilson et al., 2021). In addition, it is essential that practitioners act with aroha and manaakitanga, and in ways that acknowledge and uplift mana (Le Grice et al., 2017). Supporting this notion, the process of whanaungatanga has been cited as an important element of care of several chronic conditions, including cancer (Slater et al., 2013), cardiovascular disease (Carlson et al., 2019), end-stage renal failure (Kidd et al., 2013) and chronic obstructive pulmonary disease (Levack et al., 2016). Considering the widespread support for the importance of whanaungatanga in the provisions of healthcare, it seems likely whanaungatanga plays an important role in adjustment to chronic health.

Aim 2: Results

> Ka pū te ruha, ka hao te rangatahi.
> *The old net is cast aside while the new net goes fishing.* (Elder, 2020, p. 159)

Thus far, the literature review has revealed several elements that Māori may see as central to illness adjustment. Yet, despite this information being widely available, health inequities for Māori continue to persist (Kahukura, 2015). One factor that may contribute to ongoing disparities is a breakdown in the operationalisation of research. While the need to address systemic factors contributing to inequities cannot be overstated (Ministry of Health, 2014; J. Reid et al., 2014), every person working in healthcare has the opportunity to act in ways to bridge the gap in inequities faced by Māori. To support healthcare professionals to translate the reviewed research into everyday actions, five strategies are outlined below.

Plan to develop culturally safe practices

> Poipoia te kākano kia puāwai.
> *Nurture the seed, and it will bloom.*
> (Elder, 2020, p. 23)

Change does not happen by accident. It needs a plan. To effectively support adjustment to chronic illness, kaimahi should plan to develop culturally

safe practices. A simple plan to review Māori health models and appropriate tikanga within healthcare contexts can help set the foundations for practising in ways that enable patient-led change and better health outcomes (Ministry of Health, 2020). Further, it is vital that practitioners reflect on who they are and their own culture. Conscious and nonconscious culture-based expectations can influence interactions, thoughts and decision-making. Thus, being familiar with who you are and your cultural views and expectations can help to identify and shift automatic responses that may perpetuate unhelpful ways of interacting and decision-making (McClintock & McClintock, 2018). A powerful quote collected in the recent *Whatua* report echoes the importance of genuine engagement in cultural safety: "Tick boxes no longer work, we want action" (Ministry of Health, 2020, p. 19). An organisation that offers a range of courses that are aimed at strengthening cultural safety for both Māori and non-Māori practitioners within the mental health and addiction sector is Te Rau Ora (n.d.). Providers such as these should be a point of reference for kaimahi across all sectors to upskill their cultural competency.

Ensure patients have the opportunity to be part of their treatment

> Nā te iho ko te korero, nā te whakairo nui ko te mūmū.
> *Talking comes naturally, silence comes from wisdom.* (Elder, 2020, p. 187)

"We hoped that by telling our story about our concerns, then there would be someone to hear us—truly hear us. A place that doesn't hear our stories is a place that doesn't allow us to hope" (Wepa & Wilson, 2019, p. 4). To ensure care is individualised and patient-centred, it is important that kaimahi allow the space for patients to express their views, concerns and treatment preferences (Wong et al., 2022). Further, it is essential that formulation around illness and treatment planning is a collaborative process that is sensitive to diverse realities and needs (Ministry of Health, 2020). Supporting this notion, Dr Rawiri Tipene-Leach, a Māori general practitioner, has stated, "As a clinician, your skill is to reflect that anecdotal evidence and incorporate both views into a management plan—your view which includes the clinical and scientific perspective and that of your patients which may have a particular cultural slant" (bpac[NZ], 2008, p. 12). As part of the collaborative care process, there may be

times when patients express a desire for culturally specific care. To support this desire, it may be pertinent to consider a referral to services that are equipped to support cultural needs (Ministry of Health, 2020). Several marae services, including Te Manu Aute Whare Oranga (Manurewa Marae, n.d.) and Te Whare Marie (Te Whatu Ora Health New Zealand, 2021), offer healthcare embedded in a te ao Māori perspective. In a recent move, ACC (2023) has paired with several rongoā Māori services to provide funded services entrenched in mātauranga Māori as part of rehabilitation.

Involve a patient's whānau in care

> Ki te kotahi te kākaho, ka whati; ki te kāpuia, e kore e whati.
> *If a reed stands alone, it can be broken; if it is in a group, it cannot.* (Elder, 2020, p. 119)

"Whānau are the ultimate kaitiaki for Māori health and wellbeing" (Te Whatu Ora Health New Zealand, 2022, p. 56). As indicated throughout this review, whānau is an integral component of health, wellbeing and adjustment. The Ministry of Health (2014, 2020) has long documented the importance of embracing whānau, hapū, iwi and community involvement within care. In particular, it has been noted that a collaborative approach enables Māori to connect with strengths and develop their own initiatives that are tailored to meet their own health needs (Ministry of Health, 2014, 2020). An example of a successful programme that leveraged whānau involvement to support the management of diabetes is He Pikinga Waiora Kimi Ora. Specifically, the programme invited clients with either pre-diabetes or type 2 diabetes to participate in an 8-week programme that focused on support around nutrition, meal planning, budgeting and exercise. Importantly, participants were encouraged to include whānau (whether in the same household or not). Post-intervention results were promising, with 100% of participants being retained. Further, results showed an average reduction in weight, waistline measurements and body mass index, along with reports of participants feeling improvements in their physical health and energy levels. These results offer a stark comparison with the poor uptake of interventions that focus on individuals while ignoring whānau (Masters-Awatere et al., 2021).

Build trusting therapeutic relationships

> Waiho i te toipoto, kaua i te toiroa.
> *Let us keep close together, not wide apart.* (Alsop & Te Rau Kupenga, 2016, p. 75)

Relationships are central to te ao Māori and play an important role in individual and collective wellbeing. Used in healthcare, relationship building is an important step in creating helpful care experiences for Māori. Amongst other things, trusting relationships can help to manage power imbalances inherent in relationships between kaimahi and patients and their whānau. In turn, reducing relational power can help Māori to navigate healthcare services more easily (Mitchell, 2014) and enable Māori and their whānau to fully participate in their care (D. Wilson et al., 2011). As discussed earlier in this article, whanaungatanga, tikanga, aroha and manaakitanga are important elements in building trusting therapeutic relationships (Le Grice et al., 2017). In addition, it is valuable to clearly outline the purpose and process of interventions or treatments. This explanatory practice can offer opportunities to clarify the "why" and "how" of treatment along with preferences and expectations between kaimahi and patients and their whānau. Communicating this way can help break down barriers related to medical jargon, complex treatments and cumbersome self-management expectations (Carlson et al., 2019).

Take on the wero

> Ehara! Ko koe te ringa e huti punga!
> *Yes, yours is the arm best suited to pull up the anchor!* (Elder, 2020, p. 59)

The road to change may be difficult, with systemic barriers entrenched in a medical system built on the oppression and marginalisation of Māori. Change also stirs barriers from within that stem from a lack of awareness, engagement, reflection and powerful emotions such as whakamā. Yet, progress must be achieved in the face of challenge; and now, more than ever, there is a call for change. So, wherever health practitioners are in their journey, now is the time to commit to developing their skills to act in ways that support Māori adjustment to chronic illness.

Limitations

Being scoping in nature, the current review did not include an appraisal of the quality of the papers

included. Furthermore, there is potential for bias in paper and theme selection; although there was input from two reviewers, independent analysis was not conducted. To ensure the cultural relevance of findings, a cultural review process was followed when writing out this manuscript with Māori practitioners, fluent Māori speakers and experts on Māori health.

Conclusion

This review has highlighted several elements that Māori view as important in illness adjustment, including the dimensions of health and wellbeing and whanaungatanga. While there remains a need for future research to explore how Māori define adjustment to chronic illness and to validate the current findings, the current review offers a platform for practitioners to better understand wider determinants of adjustment to illness from a Māori perspective. Further, it signals five strategies for healthcare practitioners to adopt to better support Māori in the context of illness adjustment. Finally, in a context of ongoing health inequities, the current review offers a call to action for all healthcare professionals to commit to the ongoing journey of developing the skills, competency and necessary reflection to better support Māori in the context of chronic illness.

> Kua tawhiti kē to haerenga mai, kia kore e haere tonu. He nui rawa o mahi, kia kore e mahi tonu.
> *You have come too far not to go further; you have done too much not to do more.*
> — Tā Himi Henare

Acknowledgements

Glossary

aroha	empathy and compassion
hapū	subtribe
hinengaro	mind, thoughts, consciousness
hui	meeting
iwi	tribe
kaimahi	health practitioners
kaitiaki	guardians, stewards
karakia	prayers, chants
Kaupapa Māori	Māori based topic/event/ enterprise run by Māori for Māori
mana	status, power
manaakitanga	kindness and generosity
marae	tribal meeting grounds
mātauranga Māori	Māori knowledge, wisdom
mauri	life force
noa	a state without restrictions
rangahau	research
rongoā Māori	traditional Māori medicine
Tā	Sir
taonga	treasure, anything prized
tapu	sacred/state of restriction
te ao	Māori worldview
te reo	the Māori language
tikanga	correct procedure, custom
tinana	physical health
tino rangatiratanga	self-determination
waiata	songs
wairua	spirt, soul, spirituality
wero	challenge
whakamā	embarrassment/shame
whakapapa	genealogical connections, descent
whakawhanaungatanga	building relationships
whānau	extended family
whanaungatanga	connectedness
whenua	land, familiar land

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