

Māori experience of anaesthesia in the perioperative setting

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Purpose

Māori experience disparities in access to care, inequity in health outcomes and barriers to culturally safe care in Aotearoa, New Zealand. Little is known about Māori experiences of anaesthesia and factors promoting or impeding interactions between Māori patients and Anaesthetists in the perioperative setting. Giving focus to Indigenous health and Indigenous health outcomes is an emerging area of research and priority in anaesthesia and the perioperative environment.

Methodology

This research is underpinned by Kaupapa Māori (Māori centred) research methodology and aims to undertake an in-depth exploration of Māori patients' experiences of Anaesthesia to identify factors promoting and impeding interaction with Māori patients in the perioperative setting, and to synthesise this information into recommendations for improving future practice.

Key projects designed to meet these aims include a qualitative systematic review of Māori experiences of hospital care and conducting patient surveys and interviews.

Results

The systematic review was published in *Alternative* in 2022.

135 patient surveys and fifteen interviews completed. These projects required development of culturally appropriate assessment tools.

The qualitative analysis of the interviews is in progress. Two of the themes identified are presented for discussion; *Confrontation with the system* and *Positionality*.

Conclusion

Multilevel interventions are needed to address the inequitable care and disparate outcomes afforded to Māori in NZ. Qualitative research allows us to consider how to translate these findings into the subspecialty care setting ie. anaesthesia and the wider perioperative environment where our practice might be adjusted to facilitate cultural safety and contribute towards equitable health outcomes for Māori patients.

Resources

Thomas, C., Weller, J., Rahiri, J.-L., Harwood, M., & Pitama, S. (2022). Māori experiences of acute hospital care. *AlterNative*, 18(3), 327-334. <https://doi.org/10.1177/11771801221114385>