

Whānau room rejuvenation: Valuing whānau as an integral dimension of Hauora for patients at Auckland DHB

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ABSTRACT

In 2003 Auckland City Hospital's new building included a Whānau Room in each inpatient ward to provide space for whānau (extended family) to gather around the patient as is customary in Te Ao Māori (the Māori world). However, under the pressures of an acute hospital, the Whānau Rooms' purpose became diluted, with many used for clinical or storage needs or falling into disrepair. The Whānau Room Rejuvenation Project, initiated in 2018, aims to re-establish the kaupapa (purpose) of these spaces and renovate them to be fit for purpose. Using a co-design approach, patients, whānau, staff and architects worked collaboratively to understand the needs of whānau and the ward context and develop design solutions. Participatory design enabled Te Tiriti o Waitangi (Treaty of Waitangi) principles to inform the process and designs. Methods honouring bi-cultural values are especially relevant in public health care, as government bodies recognise our colonial history and work to change its legacy of inequitable health outcomes for Māori.

Author Keywords

Co-design; Māori health; Tikanga; Health equity; User engagement; Whānau; Hospital design; Treaty of Waitangi

INTRODUCTION

In Aotearoa New Zealand, Māori concepts of hauora (health and wellbeing) are holistic, and whānau is integral; when a loved one is unwell it is important for whānau to be near them and each other. When a loved

one dies it is tikanga (customary practice) the tūpapāku (body of the deceased) is never left alone. Auckland City Hospital, as is currently typical of public hospitals in New Zealand, is not well designed to accommodate cultural practices that do not conform to the modern Western bio-medical model. New Zealand's indigenous Māori population experience a disproportionate burden of health inequity [1][2][3][4]. Differential access to the determinants of health contributes to inequities in health outcomes, a well-documented fact that is both unfair and unjust [1][4]. While health inequity for Māori is a complex issue which requires addressing at every level of our health system and society, this project is one way Auckland District Health Board (DHB) is working to make changes. At the new hospital build in 2003, Dame Naida Glavish the Chief Advisor Tikanga championed the integration of 45 Whānau Rooms; providing space for whānau to gather, affording recognition and respect to Māori customs around hauora. However, due to pressure on resources and lack of protection of purpose, these rooms may no longer be fit for use or available for whānau. This project, initiated in 2018 by Auckland DHB and advised by Dame Naida Glavish as the subject matter expert, restores the kaupapa of these rooms through participatory design, creating a practical and meaningful solution that serves our Māori patients and whānau.

BACKGROUND

Te Tiriti o Waitangi is the founding document of Aotearoa, a treaty signed by Māori tribes and the British Crown, in 1840, that affirmed Māori sovereignty and formalised the agreement that the Crown would protect Māori authority over their land and taonga (treasures), including their health, and recognises equity with British peoples. Though still controversial and contested, Te Tiriti is recognised by international law and is

the basis for New Zealand’s bi-cultural framework [5]. As a public institution, Auckland DHB has a legal and moral obligation to uphold the protection and equity of Māori health, yet there is much work to be done to realise this goal. The Whānau Room Rejuvenation Project is a step towards reaching health equity, and importantly participatory approaches like co-design can be a mechanism for addressing Māori health equity by honouring Māori Tino Rangatiratanga, or self-determination as set out in te Tiriti o Waitangi [5]. Auckland City Hospital sits on a site of historical significance. In 1845 Ngāti Whātua, one of the mana whenua (territorial owners) of Auckland, gifted the land to the Crown, to provide a base for the New Zealand government and to protect the customary rights and wellbeing of Ngāti Whātua [6]. The Whānau Rooms value and enable the contribution whānau make to the hauora of Auckland DHB’s patients, and acknowledge the spirit of generosity with which the land was gifted.

PROJECT DESCRIPTION

This project followed a loose alignment to the double diamond framework for innovation [7] overlaid by co-design principles for health [8]. Participation of all stakeholders at all stages of the design process, including defining the ‘problem statement’ is central to the co-design ethos employed. Participants included patients; whānau; charge nurses; hospital architects (Chow Hill); specialist Māori architects (TOA) and Ara Manawa, Auckland DHB’s design team. The interplay of Chow Hill and TOA was critical to the success and integrity of the project, ensuring a Māori perspective was present throughout the process and articulated in the design outcomes. Likewise, the participation of patients and whānau, along with representatives of several cultural groups brought perspectives of lived experience of hospital care, deepening the understanding of what was needed of these rooms.

Phase one involved gaining a contextual understanding of the current state of the Whānau Rooms, how they function in an acute hospital, the intended and unintended purposes they serve, and the range of stakeholders who are engaged in their use. This included a literature review; audit of current conditions; surveying charge nurses; reviewing online patient experience data and policy documentation; analysing information on ward specific patient cohorts and investment logic and benefits mapping.

Phase two entailed user engagement and design. Finding collaborative and generative methods for engagement was an iterative process as we explored what meaningful engagement could look like within organisation that typically employs limited consultation methods [9].

Engagement and purpose	Involved
8 Co-design workshops - a facilitated process exploring purpose, current use, and potential future states. These were held over the life course of the design phase, enabling design iterations to be held to account by participants	Patients, whānau, charge nurses, hospital architects (Chow Hill), Māori specialist architects (TOA)
13 In-depth interviews - targeting voices not otherwise heard due to constraints of the workshops (time commitment, hospital location etc.)	Charge nurses and Māori whānau
2 Focus groups - health support workers who often use the whānau rooms and support whānau	Kaiatawhai Māori health support team Asian, New Migrant and Former Refugee health workers
5 Community engagement pop-ups – seeking feedback on concept designs and a whānau support survey in a context outside the hospital	Held at: Pa Rongorongo, Central City Library, Mt Roskill Library, Ellen Melville Center

Table 1. Engagement methods and participants

DISCUSSION: Translation into ward environments

TOA architects distilled early insights generated by participants into guiding visions and values that acted as a reference point throughout the design process.

Our vision:

1. To facilitate the expression of whanaungatanga (kinship and connection) by whānau
2. To facilitate the expression of Tikanga Best Practice
3. To embody the spirit of manaaki (hospitality,

kindness, generosity) as expressed by Ngāti Whātua

Our values:

1. Kaitiakitanga – guardianship of the space, enacted by custodians
2. Whanaunga – relationship, kinship, family connection, shared experiences; working together, belonging
3. Manaakitanga – hospitality, kindness, generosity, support, respect, generosity and care for others.

Findings from our user engagement resulted in five key design elements to be included in each ward’s Whānau Room:

Design Element	Examples of application
Welcome / way finding support	Mural on the outside wall in the corridor to identify the space as Māori and assist orientation.
Entry/ lobby – a sense of change of space and function	Transition in flooring from clinical to wood-look vinyl, inviting a moment of pause and identifying a non-clinical environment
Sitting, sleeping - support	Modular furniture, that can support rest and rejuvenation, textured vinyl to create a more homely sense
Positive distraction	Printed ceiling-scapes, planted room dividers, nature murals
Interior environment	Natural elements in interior, connection to the outdoor environment (diurnal lighting)

Table 2. Key design elements and examples

Flexibility in design outcomes was necessary to fit the specific needs of each ward. A ‘kit of parts’ for progressive refurbishment will allow charge nurse and other staff to be involved with the design of their ward’s Whānau Room while maintaining design consistency. Their involvement in final designs, along with an educational workshop prior to refurbishment, enables participation of users to continue beyond the project’s initial phase and increases the sense of ow-

nership and guardianship of the rooms. Protection of the rooms’ purpose at policy level is underway to ensure their redefined kaupapa in not lost again amongst other hospital demands. Operational decisions and executive level engagement was required to make implementation feasible, along with funding driven by charity Auckland Health Foundation.

Equity for Māori and partnership with users, including patients, whānau, clinical staff and designers, were core values driving this project; the participatory framework of co-design and emphasis on considered process enhanced the value of the design outcome. Auckland DHB’s goal to work more in partnership with users, particularly Māori, enabled this project; however challenges arose from current realities of fiscal restraint and a need to regain trust from a community that is has historically not served well [7]. Additionally, the length of time required for authentic co-design lies philosophically in conflict with the requirements of business processes in a public institution where assurance on public spending is required at the outset. Despite these constraints encountered the Whānau Rooms’ rejuvenation will better equip Auckland City Hospital to enable cultural expression of hauora, making a practically meaningful and symbolically potent step toward health equity for Māori.

CONCLUSION

The Whānau Room Rejuvenation Project used co-design as a framework for authentic participation with Māori and other stakeholders to generate designs that will ensure clinical and cultural needs are met. This participatory approach was crucial to a meaningful outcome, embodying te Tiriti principle of partnership. Not only will the refurbished Whānau Rooms contribute to Auckland DHB’s goal of health equity for Māori, but also the process of developing capability in co-design paves the way for future projects to incorporate participation and expand our healthcare landscape to include Māori expression of hauora.

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