

# Establishing research tikanga to manaaki research participants in a pandemic

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The need for, and importance of, kaupapa Māori methods in science and health research is now clearly articulated in best practice guidance<sup>1,2</sup> and is increasingly recognised as important by research funding bodies.<sup>3</sup> In this article we discuss the formation of a research partnership between two Māori-led and -governed health organisations and the planned, intentional application of agreed kaupapa Māori research principles and practices<sup>4,5</sup> before the research had even commenced. This has supported our ability to quickly make decisions and pivot in approaches while continuing to show manaaki (care, respect) to research participants during the COVID-19 pandemic.

In October 2020, Ngā Kaitiaki o Te Puna Rongoā o Aotearoa – The Māori Pharmacists' Association (MPA) and The National Hauora Coalition (NHC) formed a partnership to develop a research proposal and grant application to explore how pharmacists can better support equitable access to medicines for Māori. The major focus of the research was to explore this question through the experiences and perceptions of whānau Māori. Fifteen wānanga, involving a brief presentation from facilitators, in-depth discussions between participants and facilitators and completion of a survey with Māori, were to be undertaken in six regions of Aotearoa. Two facilitators would support each wānanga and it was proposed that six to eight participants would attend each wānanga. Our grant application was successful, and in May 2021 we started the research titled *Te Puna Rongoā: Achieving medicines access equity for Māori – Pharmacists' role* funded by the Health Research Council and PHARMAC (HRC: 20/1466).

In developing the grant application and subsequent study protocol we discussed the application of kaupapa Māori practices within our work. Although there were seven core kaupapa Māori research practices articulated and applied in our work,<sup>5</sup> we have presented three of these

here: kanohi kitea, manaaki ki te tangata and kia tupato.

**Kanohi kitea** speaks to being present, engaging face-to-face with people and communities providing a sense of familiarity. Our research team members, who are all Māori and majority front-line health workers, were known locally and had responded to, and supported, their communities, which spanned six regions in Aotearoa, during multiple lockdowns. Our researchers are also involved in their Māori communities. For example, with kura (school), kōhanga reo (total immersion Māori early childhood centres) and marae committees and within Māori health networks. The concept of being known in the community was extended and applied at an organisational level. MPA and NHC are organisations where Māori health equity is central to all levels of work including vision, strategy and decisions. Both organisations are known and trusted within various Māori communities. Extending the practice of kanohi kitea to these particular organisations was intentional and strategic, and offering alternatives may have altered community perceptions if, for example, the researcher organisations were larger, non-Māori-led and non-Māori-governed organisations.

In our research approach, we chose to privilege in-person recruitment, consent and participation methods. However, we had made provisions for online participation in the case of escalated COVID-related restrictions. The potential for online engagement was enhanced by researchers being known faces in their communities, with past in-person engagement with potential participants.

**Manaaki ki te tangata** speaks to being caring to those involved in research, honouring reciprocity in the research relationship, and being responsive to the varying needs of those who may be potential participants in the research. Our initial ethics application was made in May

2021 when Aotearoa had reported few community cases of COVID-19 for months. However, we understood that further community outbreaks of COVID-19 could happen at any point. Our study protocol included specific strategies for managing COVID-19 implications and restrictions within our research project, including the potential to utilise online recruitment, consent and data collection methods. Online methods have been used in other kaupapa Māori research<sup>6</sup> and gave us further confidence that tikanga Māori could be upheld. There are inequities in access to digital technology in Aotearoa with Māori having reduced access compared to non-Māori,<sup>7</sup> which could be a barrier to participation for some whānau. However, there are also potential opportunities such as increased participation for those who may find it difficult to attend in-person events. Having established kaupapa Māori practices in our research partnership allowed our research team to quickly pivot from planned, in-person wānanga (discussions/focus groups) to online options when prolonged high Alert Level restrictions were in place during August to December 2021. To further manaaki participants, the option to participate in-person and at a later date was also given. Although these options for participation were driven by COVID-19, our team believes options should be provided in all research, independent of COVID-related restrictions, to manaaki participants to contribute in a way that suits them.

The practice of **kia tupato** means that a cautious approach is taken in research. We decided as a research team that we would operate at a higher level of caution than what was mandated by government, to support protection of Māori communities given inequities in pandemic-related outcomes for Māori being demonstrated historically and predicted (and since realised) within the current pandemic.<sup>8</sup> This cautious approach has been articulated by others, including Pihama and Lipsham, who discuss it in relation to responses by iwi and Māori organisations,<sup>9</sup>

and Kvalsvig et al, who frame the discussion in the context of inequities in health which disproportionately impact Māori.<sup>10</sup> We made decisions that inter-regional travel would not occur between areas at different Alert Levels.<sup>11</sup> For example, to uphold the principle of kanohi kitea (and to support less experienced researchers), the principal investigator may have travelled to support local researchers and communities with regional dissemination of study findings. On 4 October 2021, the government announced a roadmap into the future for living in Aotearoa that relied heavily on vaccination. The following day, the research team made the decision by consensus that we would only have in-person data collection as an option for those who were double-vaccinated. An ethics amendment was sought, and granted, to allow us to ask this question. Online participation options were still in place for those who were unvaccinated, chose not to disclose their status or preferred to participate online. We also decided that in-person wānanga would only occur if the local researcher felt it was appropriate. Having researchers located within research communities allowed us to understand local comfort levels, policies and practices regarding in-person gatherings and respond accordingly. The practice of *kia tupato* was also important to protect local communities, as a number of our researchers continue to work as health professionals in face-to-face services.

The practices discussed here extend past the research, and as a team we have an understanding that the responsibility of our members to serve their community in the COVID-19 response will always come above the need to undertake research. Establishing a kaupapa Māori principles-based research partnership between our two organisations, and the application of kaupapa Māori research practices, allowed for an agile response within the setting of a pandemic and supported our commitment to uphold mana whānau and mana Māori.

**COMPETING INTERESTS**

Nil.

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