

Table 1: Inclusion criteria for studies in the systematic review.

1. Empirical qualitative research design
2. Written in English
3. Participants need to be adult Māori
4. The study addressed the lived experience or interpretation of pain for Māori, experiences of healthcare for pain, or preferences for pain management

Table 2: Characteristics of the included studies.

Study	Participants	Methodology	Participant demographics		
			N Total	Age (mean or range)	Gender (% female)
Awatere 2018 ⁹	Kaumātua with osteoarthritis	Kaupapa Māori	20	55+	not stated
Baker 2018 ¹⁰	Urban Māori adults with long-term musculoskeletal pain	Kaupapa Māori	6	40–60	4 (67%)
Devan et al. 2021 ¹¹	Kaiāwhina who support whānau Māori with chronic pain	Kaupapa Māori	13	23–65	13 (100%)
Magnusson and Fennell 2011 ¹²	Kaumātua and Māori health-care providers	Qualitative descriptive	33	33–87	23 (70%)
McGavock 2011 ¹³	Māori with chronic pain	Kaupapa Māori	7	26–52	5 (71%)
McGruer et al. 2019 ¹⁴	Māori with osteoarthritis	Kaupapa Māori	7	44–71	7 (100%)
Morunga et al. ¹⁵	Kaumātua	Kaupapa Māori	14	60–83	11 (79%)

Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram documenting literature search and study selection.

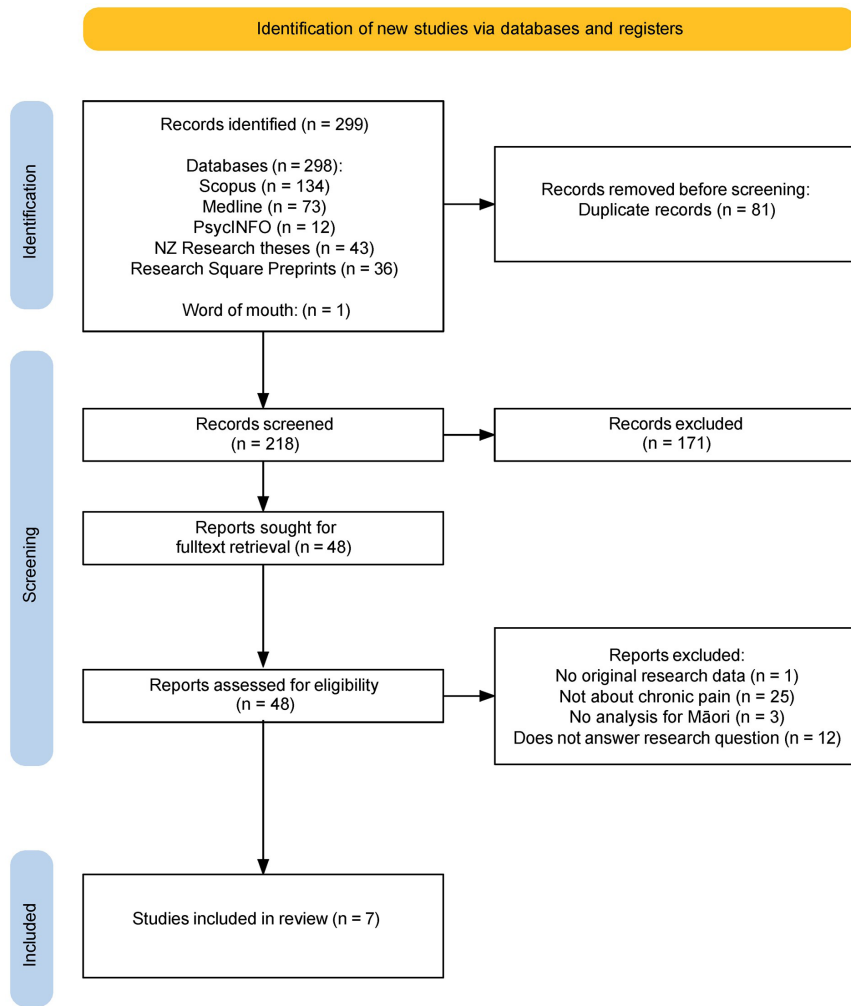


Table 3: Clinical recommendations based on review findings.

Theme	Clinical recommendations
1. A multidimensional view of pain and pain management	<p>Use culturally appropriate pain assessment tools that explore the physical, emotional, spiritual and social aspects of pain experience.</p> <p>Provide treatments that address the multidimensional (e.g., emotional, social and spiritual) aspects of the pain experience.</p> <p>Provide appropriate access to traditional Māori therapies (e.g., Rongoā).</p>
2. A responsibility: respectful tikanga-informed care	<p>Identify and remove barriers to referral and attendance at pain services. Establish links and inform possible referrers about pain services.</p> <p>Welcome patients with manaakitanga and use whakawhanaungatanga and/or the hui process (mihi, whakawhanaungatanga, kaupapa and poroporoaki) to build relationships.</p> <p>Incorporate tikanga into clinical practice (e.g., karakia, use of te reo Māori, respect tapu/noa, manaakitanga, provision of kai, welcoming whānau, recognising patient/whānau strengths and enhancing mana).</p>
3. Tino rangatiratanga: a desire for knowledge, choice and autonomy in pain management	<p>Develop and provide culturally appropriate and empowering pain education resources/strategies.</p> <p>Provide patients and whānau with treatment options to empower autonomy in treatment decisions.</p> <p>Respect stoicism and mana by taking patients' pain reports seriously, be aware of underreporting of pain.</p>