Valuing Professional and Cultural Diversity in Support for Hand Therapists in Aotearoa New Zealand: An Interpretive Description Study

Josie L. Timmins *MHSc (Hons), PGDip, BPhty*
Auckland University of Technology, Auckland, New Zealand

Nicola M. Kayes *PhD, MSc (Hons), BSc*
Director, Centre for Person Centred Research, Auckland University of Technology, Auckland, New Zealand

Daniel W. O'Brien *PhD, MHSc (Hons), BHSc (Physiotherapy)*
Senior Lecturer, Department of Physiotherapy; Active Living and Rehabilitation: Aotearoa New Zealand, Health and Rehabilitation Research Institute, School of Clinical Sciences, Auckland University of Technology, Auckland, New Zealand

ABSTRACT

This study explored the experiences and perspectives of associate hand therapists' (AHT) support in Aotearoa New Zealand. The hand therapy workforce has a diverse professional mix of physiotherapists and occupational therapists and cultural representation, including Māori and Pasifika. Research into the support of this workforce is limited. Using an Interpretive Descriptive methodology, 12 participants were interviewed, including physiotherapists and occupational therapists who identified as Māori, Pasifika, Asian, or Pākehā. Reflexive thematic analysis was used to analyse the data. The four themes constructed were: (1) *Recognising and valuing the diversity of Aotearoa New Zealand hand therapy*, (2) *A therapist-centred approach to learning*, (3) *An accessible community*, and (4) *Hand therapy as a unified professional identity*. *Recognising and valuing the diversity of Aotearoa New Zealand hand therapy* was a prominent theme that spoke to the dominance of Pākehā and physiotherapy worldviews and the inequities faced by AHTs who fall outside these spaces. Educating Pākehā physiotherapists and establishing support processes that recognise and value the identity of occupational therapists, Māori, and Pasifika is needed. This would allow all hand therapists to feel safe bringing their whole selves to their practice, build confidence in their abilities, develop a sense of belonging to the community, and could lead to meaningful change for the profession and patients.

Timmins, J. L., Kayes, N. M., & O'Brien, D. W. (2023). Valuing professional and cultural diversity in support for hand therapists in Aotearoa New Zealand: An interpretive description study. *New Zealand Journal of Physiotherapy, 51*(1), 24–32. https://doi.org/10.15619/NZJP/51.1.04

Key Words: Hand Therapy, Inequity, Support, Training, Qualitative

INTRODUCTION

Hand therapy involves rehabilitation of the distal upper limb undertaken by both physiotherapists and occupational therapists. At present, Aotearoa New Zealand has 388 hand therapists, of which 98 are associate hand therapists (AHTs) (undertaking their training) (Hand Therapy New Zealand, 2022). Physiotherapists and occupational therapists undertake the same hand therapy training and registration processes, involving postgraduate education, clinical experience, and supervision (Hand Therapy New Zealand, 2018). Physiotherapists make up the majority of the membership at 73%, compared to occupational therapists at 27% (L. Egbers, personal communication, September 13, 2021). In Aotearoa New Zealand, most hand therapists work in private practice (136 private clinics compared to 20 clinics within District Health Boards, now known as Te Whatu Ora) (R. Simmons, personal communication, July 18, 2021) and are likely to receive most of their funding through the Accident Compensation Corporation (ACC). However, occupational therapists, unlike their physiotherapist colleagues, are still waiting for ACC to update policy frameworks to allow them to autonomously lodge initial claims (Hand Therapy New Zealand, 2020a), thus limiting their practice within hand therapy.

In Aotearoa New Zealand, 17% of the population identifies as Māori, and 8% as Pasifika (Stats NZ, 2019). There are no statistics published or kept by Hand Therapy New Zealand (HTNZ) on the ethnicity of members. However, the statistics from the Occupational Therapy Board of New Zealand and the Physiotherapy Board of New Zealand indicate significant underrepresentation of Māori and Pasifika compared to national figures. Māori make up 4% of all registered occupational therapists and 5% of all registered physiotherapists, while Pasifika make up 2% of the occupational therapy workforce and 1% of the physiotherapy workforce (Physiotherapy Board of New Zealand, 2020; Stokes & Dixon, 2018). The Occupational Therapy Board of New Zealand and the Physiotherapy Board of New Zealand recognise the importance of better cultural representation within their professions and that a culturally responsive workforce is crucial to increasing access and improving health outcomes for Māori and Pasifika (Physiotherapy Board of New Zealand, 2020; Stokes & Dixon, 2018).

A vital component of this change is to have a workforce representing Māori and Pasifika ethnicity (Pacific Perspectives, 2013). Increasing the number of Māori health professionals improves the service Māori patients receive and has led to positive changes in the cultural landscape of the health sector (Physiotherapy New Zealand, 2018). Furthermore, Pasifika health providers successfully improve access to primary health care for Pasifika by delivering health services that are culturally responsive to Pasifika families and communities (Pulotu-Endemann & Faleafa, 2017).

The structures and supports for AHTs within the workplace are limited, with supervision being the only mandatory requirement set by HTNZ (Hand Therapy New Zealand, 2020b). Internationally, support is recognised as key to facilitating the development of future hand therapists (Short et al., 2020; Short et al., 2018; Valdes et al., 2022) and is primarily received through experienced clinicians passing on their skill and experience through supervision (Colditz, 2011; Short et al., 2018; Stanton, 2006). Research also indicates that a broad range of support is needed throughout all stages of a therapist's career to aid in competence, retention, and improved patient outcomes (Ellis & Kersten, 2001; Ellis & Kersten, 2002; Ellis et al., 2005; O'Brien et al., 2015; O'Brien & Hardman, 2014; Valdes et al., 2022; van Stormbroek & Buchanan, 2017).

Understanding AHT's experiences and perspectives of support, specifically from minority groups such as occupational therapy, Māori, and Pasifika, may be informative to strengthening support structures, making hand therapy's role visible and ultimately lessening inequities and strengthening the profession. The purpose of this study was to explore the experiences and perspectives of AHT support. We aimed to discover what supports are provided, how they are experienced, and how they can be improved.

METHODS

Design

We drew on Interpretive Description, an applied interpretive methodology aligned with the general tenets of naturalistic inquiry (Lincoln & Guba, 1985). Interpretive Description focuses on studying social phenomena in their natural setting, capturing subjective perceptions and understandings of a health-related experience, and interpreting them to inform credible and meaningful clinical understandings (Thorne et al., 1997). A flexible approach to methods selection is encouraged. It is acknowledged that a plurality of methods may be employed to address the aims and purpose of the research given the explicit focus on the development of findings that have high practice utility. Interpretive Description further acknowledges the theoretical and clinical knowledge the researchers bring to a study as essential to the scaffolding of the research. This clinical expertise is considered a platform to build or orientate the research, especially when the area of inquiry is yet to be evaluated in-depth. The primary researcher is a physiotherapist and hand therapist with over 10 years of experience in hand therapy practice. She has experienced training as an AHT in Aotearoa New Zealand and has supported other AHTs on their training journey. Understanding how to improve AHT support, especially in the professional minority (occupational therapy) and culturally diverse (Māori and Pasifika) groups, was fundamental to her interest in the research topic. Ethics approval was received from the Auckland University of Technology Ethics Committee (reference number 20/223) before study commencement.

Recruitment and sampling

Purposive sampling was used to identify potential participants as it allowed for targeted sampling of participants with the requisite knowledge and experience of being an AHT in Aotearoa New Zealand (Bradshaw et al., 2017). People were eligible to participate if they were Aotearoa New Zealand-trained hand therapists with a minimum of 3 months of experience as AHTs. We aimed for diversity in age, gender, ethnicity, undergraduate qualification, stage of registration, hand therapy experience, level of qualification, geographical area of work, and type of employer (government or private). These characteristics were important as they would have the capacity to capture the practice phenomena across time and context.

Advertisements through email to the HTNZ membership and hand therapy networks invited potential participants to participate. Those interested in taking part were asked to contact the research team directly or provide their contact details to receive the participant information sheet. Following initial and targeted advertising there remained a lack of ethnic diversity in the sample, particularly for Māori and Pasifika. Contact was made through hand therapy and Pasifika networks to see if any known Māori or Pasifika hand therapists could be identified and invited to take part. Potential participants who met all criteria were then contacted and invited to take part in an individual interview. Consistent with Interpretive Description, as the study progressed, theoretical sampling was employed to identify potential participants who could speak about issues identified in the emerging analysis or address aspects of inquiry that remained undeveloped or weak (Hunt, 2009).

Data collection

Data were collected through semi-structured interviews undertaken by the primary researcher. The interviews were offered via two mediums, in-person (for all those living in the wider Wellington region and all Māori and Pasifika participants living in Aotearoa New Zealand) or online via Zoom (all participants). Interviews used open-ended questions and followed an interview guide (see Table 1). The initial interview questions were constructed from the literature, disciplinary knowledge, and conceptual orientation held by the primary researcher. The initial questions consisted of general categories that were refined as the study progressed, highlighting the development of issues, emerging observations, and a deeper understanding of AHT support (Thorne, 2016). Discussion topics included participants' own experiences and journey as AHTs, their thoughts around hand therapy as a dual profession, cultural safety within the hand therapy community, and their views on the strategic direction of HTNZ.

All interviews were video-recorded and transcribed verbatim by the primary researcher. Supplementary field notes were written after each interview. Observations made during the interviews, such as reactions, nonverbal language, and annotations of emerging themes, were noted to help contextualise the data

during analysis and to maintain the integrity of the participants' stories (Thorne, 2008). A one-page summary of the key points from the interview was sent to participants within 1 week of their interview. Participants were invited to review the summary to ensure their main points were captured and provide the opportunity to add clarification or any missing statements. This process of receiving feedback from the participants allowed participants to contribute to developing the study findings (Thorne, 2008).

Data analysis

Data were analysed following the reflexive thematic analysis methods originally defined by Braun and Clarke (2006) and then further explicated by them (Braun & Clarke, 2019, 2021a, 2021b) and others (Terry & Hayfield, 2021). Reflexive thematic analysis is an interpretive analysis approach that positions the researcher as an active participant in knowledge production (Braun & Clarke, 2019), consistent with the epistemological assumptions of Interpretive Description. Braun and Clarke (2006) propose six iterative and recursive phases, including familiarisation undertaken through repeated engagement with the data, inductive coding and the development of latent codes, and theme construction. The primary researcher manually coded all transcripts. Theme development involved examining the codes and combining them into meaningful patterns. Provisional themes were developed by the primary researcher and presented to the research team for review and refinement. Support was also sought from a Māori researcher to ensure the interpretation of Māori data was culturally informed. Further, three hand therapists, recognised as experts in Aotearoa New Zealand hand therapy and representing the occupational therapy profession and Māori ethnicity, were presented with a summary of the themes and invited to provide feedback on their resonance and relevance to the field, consistent with Thorne et al.'s (2004) thoughtful clinician test. The primary researcher returned to the raw data and initial coding recursively throughout these processes before the final themes and theme names were decided. Participant quotes illustrative of constructed themes are included in the findings.

FINDINGS

Twelve hand therapists were purposely recruited and consented to take part. Participants ranged from 26 to 56 years of age; nine were females, and three were males. Six participants identified as Pākehā (including people who identified as New Zealand European and European), two as Asian, two as Māori, and two as Pasifika. Four participants were occupational therapists, and eight were physiotherapists. Two were current AHTs and 10 were registered hand therapists. Qualifications included bachelor's degrees, postgraduate certificates, postgraduate diplomas, and master's degrees. Hand therapy experience ranged from 4 months to 30 years. Nine participants worked in urban areas, two in rural, and one in both. Eleven participants worked in private practice, and one in a District Health Board setting; five of those working in private practice were practice owners. Some participants in private practice

Table 1

Example Interview Questions

Topic	Interview questions/guideline
A bit about you	Can you tell me about how and why you became involved in hand therapy? Tell me about your current role in hand therapy
A bit about your workplace	Tell me about your place of work during your time as an AHT What support did you receive? What support is/was available at your workplace? (orientation/ training/continuing professional development/ supervision/ mentorship/funds)? Does the support differ between your time as an AHT and what you see happening now? What process did you go through to gain a registered hand therapist supervisor? If you need help with a patient, what/where could you seek help?
Reflecting on where things are at	Thinking of your time as an AHT and the support you received… What is working/worked well? What are things that you and your team are proud of? What aligned with your cultural worldview? What clashed with your cultural worldview? Did you feel like your cultural worldview was supported? What are/were the challenges? What have you learnt along the way? Is there anything you would want to change for new AHTs coming into the profession?
Telehealth	Do/did you provide telehealth appointments during the COVID- 19 pandemic? What did the support look like during this time? What worked well? What didn't work well?
Practice owners	Can you tell me about the support provided for your staff? Can you tell me about the challenges around provision of support?
Other	Is there anything else you would like to say about professional support for AHTs?

Note. AHT = associate hand therapists.

reported having previously worked in a District Health Board setting, where they completed their AHT training. All participants have been given pseudonyms.

Four themes developed from the data: (a) *recognising and valuing the diversity of Aotearoa New Zealand hand therapy*, (b) *a therapist-centred approach to learning*, (c) *an accessible community*, and (d) *hand therapy as a united professional identity*. Theme 1, the predominant theme depicting inequities found in Aotearoa New Zealand hand therapy, forms the focus of this paper.

Recognising and valuing the diversity of Aotearoa New Zealand hand therapy

This theme highlights the perceived professional and cultural bias in hand therapy communicated by participants. For clarity, we first present findings about professional bias, followed by findings about cultural bias.

Recognising and valuing occupational therapy practice in hand therapy

Occupational therapists found they routinely experienced operational and professional barriers from the structures and dominance of physiotherapy. Some participants felt an idea had appeared within the profession that physiotherapy knowledge and undergraduate training are more suited to the clinical area of hand therapy. As such, occupational therapy AHTs are perceived to need increased training to gain the required knowledge base. For example, "I'd say that it's because there's a lot more commitment of getting them [occupational therapists] up to speed with things that are innately taught at physio school but aren't at OT (occupational therapy)" (Ivy, physiotherapist [PT], Pākehā, Employer). Ivy also stated, "I would insist that they [occupational therapists] have probably done the HAUL program [hand therapy academic paper] 'cause they don't have enough knowledge um otherwise".

The culture of occupational therapy inferiority was so dominant that occupational therapist AHTs themselves started to believe it: " … because I was an occupational therapist, I felt that I needed to bridge a gap of understanding that was, that I didn't have" (James, occupational therapist, Asian).

Occupational therapists expressed frustration at the perceived bias of their physiotherapy colleagues, employers, and authority figures, particularly given this was also perceived to impact their employment opportunities.

> I have found it really hard as an OT (occupational therapist), ah, to, to get into the hand therapy world because it is very … there is a degree of discrimination within the industry. There totally is, whether they [physiotherapists] mean for it to be that way or not. There just is. And that is the culture I think. (Mary, occupational therapist, Pākehā)

Mary also stated, " …she um didn't want to sell her business to an occupational therapist and she, yeh she, she told me she wanted to sell her business to another physio".

Participants also felt surrounding structures perpetuated these inequities. A leading barrier came from the power held by funding agencies, such as ACC and the practice limitations placed on occupational therapists (as described in the introduction). These practice limitations continue to devalue the clinical expertise held by occupational therapists and mean that physiotherapists are more employable than their occupational therapist counterparts: "It isn't a physio-biased position [profession]. But I think what it is, is that um ACC has made it as such" (James, occupational therapist, Asian).

> We [occupational therapists] don't have quite the same power, even the fact that we, we can't, we're not supposed to fill in the [ACC]45s, you know, when we're doing exactly the same job. Um, you know, it does feel a little bit like we are underrated. (Kathleen, occupational therapist, Pākehā)

> [Relaying an interaction with a physiotherapist employer] Oh, um it would be handy to have someone, another hand therapist um in our clinic. But how would you possibly fill in the ACC45 forms? No, I don't think this, that would work for us. We would need another physio. (Mary, occupational therapist, Pākehā)

The awareness of a higher standing for physiotherapy knowledge was also perceived during completion of the hand and upper limb paper (an academic component of the hand therapy training). Occupational therapy participants found that the paper was aimed at the physiotherapy profession and favoured physiotherapy views and knowledge. Kathleen (occupational therapist, Pākehā) conveyed that "there's a lot more physio stuff than OT (occupational therapy) stuff in that course. And so, I think if you're going in without anything, it's probably quite bamboozling".

This perceived bias was found to be reinforced by hand therapy lecturers.

> She [lecturer] started off saying OTs (occupational therapists), you're going to struggle with that and then the entire way through the lecture was saying about how 'oh, physios you can do this' and almost ignored the OTs … I just thought that as a hand therapist, she should have known better to you know, make allowances for both um, rather than just for, basically just saying I'm only just going to speak to the physios and just help them learn and just leave the OTs behind. (Kathleen, occupational therapist, Pākehā)

These findings show how occupational therapist hand therapists are not fully recognised or valued within the physiotherapy dominant hand therapy sector. These sentiments are similar for Māori and Pasifika hand therapists regardless of professional background.

Recognising and valuing the diversity of Māori and Pasifika hand therapists

Inequities for Māori and Pasifika were most notably seen through their low workforce numbers and the overall lack of cultural lens through all levels of Aotearoa New Zealand hand therapy. The hand therapy workforce shortage of Māori and Pasifika therapists was noted by participants, regardless of their ethnicity, as detrimental to hand therapy practice. It is thought few Māori and Pasifika hand therapists work in Aotearoa New Zealand, with only five hand therapists who offered to participate identifying as Māori or Pasifika after wide-ranging advertising and networking.

> I think ultimately being able to get more people of um different backgrounds into any profession is a good thing. But, like when you asked me whether I um knew of any other um Māori or Pasifika hand therapists, I really don't, and that like that's not great. (Rose, physiotherapist, Pasifika)

During the interviews, experiences and perspectives were specifically sought on cultural support. However, participants found it challenging to provide detail about this as they viewed cultural support within hand therapy as severely lacking: "I don't know if I'm aware of any cultural hand therapy stuff, to be honest" ("William", physiotherapist, Pākehā) and "I think that both you and I know there's no really specific thing about um culture and cultural support" (Mia, physiotherapist, Māori).

A lack of cultural support and guidance made hand therapists feel apprehensive about ensuring appropriate engagement with cultural practices.

> So many hand therapists would go 'Oh, I would like to use a greeting in my um, you know, my emails. But I don't want to get it wrong, and I don't want to offend'. Or 'somebody sent a greeting and I want to greet them back and I didn't know what to say. But I just felt like, you know, I might be overstepping the mark.' There's so much fear out there, that, and it comes from, you know, the fact that we are just amazingly lovely people, and we don't want to offend anybody. (Mia, physiotherapist, Māori)

Where cultural support in hand therapy was recognised, it was reported as a more recent development. The growth of cultural support in hand therapy was attributed to organisations such as Tae Ora Tinana, Māori leadership in HTNZ, and the openness and desire of the hand therapy community to embrace te ao Māori.

> My cultural needs were not even thought about, you know 10, 11 years ago. It just wasn't something that anybody thought 'Oh, she's Māori, I wonder if she's got any sort of particular needs or she can give us some, you know, some thoughts about cultural safety. But certainly, the organisation that I contracted to, really took on a lot and, and, you know, not because of me, but just because they've evolved in that cultural sense. (Mia, physiotherapist, Māori)

> There was no cultural support whatsoever. Um, and certainly with Tae Ora Tinana now we've got, we've got some more bridges between those new grads um coming through and trying to sort of and, and trying to make sure we monitor their cultural needs. So, Tae Ora Tinana are doing a really good job of that. And that's developing more and more as well. So that's, you know, I see things as becoming more positive in terms of cultural support for associates. (Mia, physiotherapist, Māori)

Participants reported that cultural practices were enthusiastically accepted and engaged with when cultural support was available and hand therapists were guided appropriately. Māori participants appreciated feeling connected as Māori through the engagement of culturally based activities by their peers. This engagement also allowed Māori practices to be visible and normalised in the environment.

> The pleasure that I get from hearing where you're from and hearing you say your pepeha is just phenomenal … (pause) and I was just so overwhelmed … (pause) it was just such a gift for us. Um, and, and we really feel like it's a real treasure that people make the effort. (Mia, physiotherapist, Māori)

When Māori and Pasifika hand therapists did receive individualised cultural support, this was primarily through mentoring and supervision relationships. Māori and Pasifika participants valued these supportive relationships built on whanaungatanga (friendships), kaitiakitanga (guardianship and protection), and manaakitanga (hospitality, welcoming into a new environment). Mia (physiotherapist, Māori) stated "I think it's about having a really positive, supportive, nurturing contact that's going to really sort of raise these people up and support them and identify problems before they become an issue" (PT, Māori). A similar sentiment was expressed by Rose (physiotherapist, Pasifika): "Having a mentor, having a person who's then assigned to you from the beginning that you then work with them through, that you learn from, I think that would be really helpful" (Rose, PT, Pasifika).

It was important and valuable for Māori and Pasifika therapists that the mentor or supervisor understood their learning style and needs and could teach them in a way that made sense and suited their learning style: "I think it would be really understanding how people learn and then being able to teach them in the way that really makes sense to them" (Linda, physiotherapist, Māori).

Culturally aligning the supervisor and AHT appeared to allow a safe relationship with more holistic support. A Pasifika participant (Rose, physiotherapist) shared an example of a positive therapist-centred learning approach. Although the example is not based on a clinical situation, the sentiments and views the participant relays are applicable. Rose recognised the need to truly understand and relate to her mentee's culture.

> We did a lot of stuff with food, we'd go out for dinner, we'd go out for, um and we went to the gym, and I found that when she was in those situations, we would then, she'd open up a lot and be able to um, to kind of talk about her concerns and what was going on at school and, and why she was finding it difficult. So, I think if you apply that to kind of hand therapy, work stuff, if you've got an associate who's learning and they're not um, necessarily doing well with the, the structure of the way that it would normally work, I think try to figure out how to get them to, to learn and to take that information on in a way that suits them … I think some of that was definitely a cultural thing … I kind of had, I kind of had to get through to her to be able to, to really, for her and I to be able to move forward with things.

The cultural inequities presented in these findings highlight that Māori and Pasifika have limited opportunities to engage with their own identities in hand therapy practice. Māori and Pasifika work within a Pākehā world, limiting their ability to bring their whole selves to their practice.

DISCUSSION

Our study explored the support for AHTs in Aotearoa New Zealand; this paper focuses on themes about the perspectives

and experiences of minority professional and cultural groups. The findings highlighted that hand therapy appears to privilege Pākehā and physiotherapy approaches with training and support structures that appear to align with them.

Recognising and strengthening occupational therapist hand therapists

Inequity was perceived to be widespread and ingrained into the culture of hand therapy and was attributed to the dominance of physiotherapy, both in workforce numbers and disciplinary perspectives. Participants described inequity within Aotearoa New Zealand hand therapy, notably as prejudice against hand therapists who had entered the practice with an occupational therapy background. Most participants referred to the widely regarded belief that foundational physiotherapy knowledge was superior to the foundational knowledge held by occupational therapists. This finding was reflected by employers and physiotherapist hand therapists and even believed by some occupational therapy hand therapists. This belief led to feelings of inferiority among occupational therapy participants.

The idealisation of physiotherapy knowledge has also been demonstrated within hand therapy internationally with the biomedical healthcare model, which commonly underpins physiotherapy knowledge more often employed in both hand therapy practice and hand therapy literature (Fitzpatrick & Presnell, 2004; Robinson et al., 2016). The biomedical view tends to be provider-centred and places value on objective measures to demonstrate health and wellbeing improvements (Robinson et al., 2016). In comparison, the occupation-based view, formed from the biopsychosocial model of health, is more holistic, patient-centred, and focuses on enabling occupation (Fitzpatrick & Presnell, 2004; Wilding & Whiteford, 2008). Research shows that the dominance of the biomedical view and lack of knowledge and acceptance of the occupation-based model of care has limited the practice and identity of occupational therapist hand therapists (Fitzpatrick & Presnell, 2004; Robinson et al., 2016).

The ongoing belief about the superiority of physiotherapy foundational knowledge further drives the inequity experience for occupational therapist AHTs. This inequity was demonstrated in the findings as some employers preferred to employ physiotherapy AHTs over occupational therapy AHTs and suggested that occupational therapy AHTs should complete the hand and upper limb paper before undertaking clinical work. These two findings highlight an underlying belief that occupational therapy training is inadequate for therapists who want to train as AHTs. These findings are similar to those by Short et al. (2018), who report that hand therapy clinical supervisors in the United States of America felt that the base knowledge of occupational therapy hand therapy students was insufficient and limited the occupational therapists' chances of securing a clinical training placement. However, occupational therapy professional educators refuted these findings. Instead, they argued that the holistic occupation-based model of care was more valuable in the preparation of occupational therapists wanting to train in hand therapy (Short et al., 2020).

Participants also described how ACC policies and procedures contributed to inequity between occupational therapy- and physiotherapy-trained hand therapists. Colaianni and Provident (2010) report that American-based hand therapists who employed occupation-based models of care experienced problems with reimbursement from insurance companies due to occupational-based models of care having limited evidence-based research. To compensate for this, occupational therapist hand therapists were found to have relinquished their occupational-based model of care and adopted biomedical practices to ensure ongoing payments, further diminishing their belief in their practice and standing as hand therapists.

The issues occupational therapist hand therapists face are further exacerbated by their lower numbers compared to physiotherapist hand therapists in Aotearoa New Zealand, with approximately 73% of hand therapists being physiotherapists. Having a majority profession dominate hand therapy practice has been recognised as a concern as hand patient outcomes are optimised with inclusiveness and bringing together the foundational knowledge of both professions (Keller et al., 2016; MacDermid, 2019). Furthermore, without the dual profession, hand therapy might lose the support and advocacy gained by having two parent organisations and reduce the credibility and specialty of having an interprofessional group with expertise and competency from two professions (MacDermid, 2019).

Embracing culture to empower Māori and Pasifika hand therapists

Participants recognised inequity for Māori and Pasifika hand therapists through the lack of ethnic diversity in the workforce and the lack of a cultural lens in hand therapy. Furthermore, in this study, Māori and Pasifika hand therapists reported difficulty in bringing their own identities to hand therapy practice. Reid and Dixon (2018) report similar findings from Māori and Pasifika physiotherapists in areas of low cultural integration who relayed ethnic bias, loneliness, and the need to remove their culture to survive in their roles.

Participants saw cultural support for Māori and Pasifika AHTs as incredibly important to improving workforce numbers and the overall AHT journey. However, even though there was willingness from their non-Māori and non-Pasifika peers to engage in cultural practices, this was not commonly actioned.

Participants also recognised that cultural support was required for all hand therapists to improve the support for Māori and Pasifika AHTs. This concept recognises that to fully support the development and journey of Māori and Pasifika AHTs, cultural support needs to be ingrained into the organisational and professional aspects of hand therapy and individually provided to all hand therapists irrespective of their ethnic background. This is consistent with Reid and Dixon (2018), who report the need to integrate cultural competency, particularly understanding of tikanga throughout physiotherapy education and practice, to allow Māori and Pasifika to feel accepted within the profession. The extended use of tikanga and culturally competent practice in health services was also recommended to improve health inequities for Māori consumers. Furthermore, improvement in cultural safety throughout professions and organisations can aid in health equity and help Māori feel confident and safe bringing their culture to their practice (Curtis et al., 2019; Main et al., 2006).

Supporting Māori and Pasifika AHTs through culturally-aligned supervision

The findings showed that supervision is a core support system for AHTs, which works well when there is a strong supervisor-supervisee relationship. Short et al. (2018) describe the importance of a supervisory relationship with an expert hand therapist in developing training hand therapists. Furthermore, recognition of a more comprehensive supervision practice has also been found, with Stanton (2006) stating that mentoring and collaborative relationships ensure hand therapists maintain clinical competency.

Participants, particularly Māori and Pasifika, commented on the potential benefit and value of aligning cultures between the supervisor and supervisee. They reported feeling more comfortable in their environment and more likely to engage with the support of someone from their own culture. Likewise, when participants spoke of their time in a supervisor role, they felt more connected, understood, and able to help those of a similar culture. These findings are consistent with Wallace (2019), who showed that Māori social workers valued and desired culturally aligned supervision. This alignment allowed social workers to receive the full support they required and felt was lacking with Pākehā supervision models. In contrast, international research found that matching characteristics (including ethnicity) did not significantly affect supervisee satisfaction (Cheon et al., 2009). Furthermore, Soheilian et al. (2014) and Watkins and Milne (2014) found that focusing on improvements in cultural safety between supervisor and supervisee helped supervisee satisfaction more than cultural alignment. Despite the conflict between the findings of this study and those seen elsewhere, these findings suggest there may be value in culturally aligning supervision in the Aotearoa New Zealand context, particularly for Māori and Pasifika. Furthermore, asking supervisees their preferences before making a match would ensure no assumptions are made.

Strengths and limitations

A strength of this robust Interpretive Description study was the extent to which a diversity of perspectives was achieved. Inclusion criteria were amended to include Pasifika hand therapists' perspectives, as this perspective was missing initially. However, extending recruitment to people who have left the profession may have added additional insights that could be explored in future research. A further key strength was the insider positionality held by the primary researcher. The researcher's experiences and perspectives of being an AHT in Aotearoa New Zealand and her additional understanding of the processes and procedures of HTNZ through her volunteer work on its executive committee aided in building the scaffolding of the research. However, the primary researcher was also a novice Pākehā researcher, which can limit access to and interpretation of the voices of Māori and Pasifika participants. Although multiple and comprehensive avenues of cultural consultation were sought, further insights could be gained through Māori or Pasifika researchers using kaupapa Māori or Talanoa methodologies. Furthermore, the primary researcher has a physiotherapy background, and while this aids insider positionality, further insights may have been gained from a researcher with an occupational therapy background.

CONCLUSION

This study is the first to delve into the experiences of AHTs in Aotearoa New Zealand. It has identified several factors that have positive and negative influences on AHT support. Furthermore, these findings highlight several challenges for AHTs and hand therapy practices that can, and should, be addressed. Most notably, they highlight the lack of diversity within hand therapy and the multilayer inequities that continue to enable the dominance of a Pākehā physiotherapy worldview within the profession. Strengthening support mechanisms for occupational therapists and Māori and Pasifika AHTs who experience barriers to accessibility alongside other inequities could lead to meaningful change for the profession and patients. Simple changes, such as recognising occupational therapist skills by ACC and providing holistic support and culturally aligned supervision, especially for Māori and Pasifika therapists, could begin to resolve some of these barriers and enhance hand therapy practice in Aotearoa New Zealand.

KEY POINTS

1. Inequity is alarmingly present in Aotearoa New Zealand hand therapy for the minority groups of occupational therapists, Māori and Pasifika.
2. Physiotherapists need to critically reflect on how they might contribute to the disparities experienced within hand therapy and their role in recognising and valuing the unique contribution occupational therapists make to the hand therapy profession.
3. To support developments towards a more culturally responsive profession, all hand therapists need to engage in cultural practices and integrate these practices throughout all areas of the profession.
4. Therapist-centred supervision is a key support for AHTs. Cultural alignment of supervisors may improve Māori and Pasifika engagement and supervision experience.

DISCLOSURES

The study costs were funded by a Hand Therapy New Zealand scholarship. There were no conflicts of interest that may be perceived to interfere with or bias this study.

PERMISSIONS

Ethical approval was obtained from Auckland University of Technology Ethics Committee (reference number 20/223). Ongoing, informed consent was obtained from all participants. No other permissions were required.

ACKNOWLEDGEMENTS

The authors wish to acknowledge the 12 participants for their time and valuable insights into Aotearoa New Zealand hand therapy and Bobbie-Jo Wilson for her guidance and wisdom in te ao Māori and the cultural aspects of the research.

CONTRIBUTIONS OF AUTHORS

Design, conceptualisation and methodology, JT NK and DOB; Project administration, investigation, and data curation, JT; Supervision, NK and DOB; Formal analysis, JT, NK and DOB;

Writing – original draft preparation, JT. Writing – review and editing, JT, NK, and DOB.

ADDRESS FOR CORRESPONDENCE

Josie Timmins, Auckland University of Technology, Auckland, New Zealand
Email: josietimmins@outlook.com

REFERENCES

Bradshaw, C., Atkinson, S., & Doddy, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research, 4*. https://doi.org/10.1177/2333393617742282

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2021a). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research, 21*(1), 37–47. https://doi.org/10.1002/capr.12360

Braun, V., & Clarke, V. (2021b). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology, 18*(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238

Cheon, H.-S., Blumer, M. L. C., Shih, A.-T., Murphy, M. J., & Sato, M. (2009). The influence of supervisor and supervisee matching, role conflict, and supervisory relationship on supervisee satisfaction. *Contemporary Family Therapy, 31*, 52–67. https://doi.org/10.1007/s10591-008-9078-y

Colaianni, D., & Provident, I. (2010). The benefits and challenges to the use of occupation in hand therapy. *Occupational Therapy in Health Care, 24*(2), 130–146. https://doi.org/10.3109/07380570903349378

Colditz, J. (2011). The legacy of giving—IFSHT president's lecture. *Journal of Hand Therapy, 24*(1), 1–5. https://doi.org/10.1016/j.jht.2010.09.071

Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health, 18*, 174. https://doi.org/10.1186/s12939-019-1082-3

Ellis, B., & Kersten, P. (2001). An exploration of the developing role of hand therapists as extended scope practitioners. *Hand Therapy, 6*(4), 126–130. https://doi.org/10.1177/175899830100600403

Ellis, B., & Kersten, P. (2002). The developing role of hand therapists within the hand surgery and medicine services: An exploration of doctors' views. *Hand Therapy, 7*(4), 119–123. https://doi.org/10.1177/175899830200700402

Ellis, B., Kersten, P., & Sibley, A. (2005). A Delphi study of the role parameters and requirements of extended scope practice in hand therapy. *Hand Therapy, 10*(3–4), 80–86. https://doi.org/10.1177/1758998305010003-402

Fitzpatrick, N., & Presnell, S. (2004). Can occupational therapists be hand therapists? *British Journal of Occupational Therapy, 67*(11), 508–510. https://doi.org/10.1177/030802260406701107

Hand Therapy New Zealand. (2018). *The rules of Hand Therapy New Zealand*. https://www.handtherapy.org.nz/application/files/4015/3850/6027/HTNZ_Rules_2018.pdf

Hand Therapy New Zealand. (2020a). *Annual report 2020*. https://www.handtherapy.org.nz/application/files/9416/2547/3778/HTNZ_Annual_Report_2020.pdf

Hand Therapy New Zealand. (2020b). *Supervision standards and guidelines for registered hand therapists supervising associate members on the ACC hand therapy services contract*. https://www.handtherapy.org.nz/application/files/9416/0209/7956/HTNZ_Supervision_Guidelines_2020.pdf

Hand Therapy New Zealand. (2022). *Annual report 2022*. https://handtherapy.org.nz/application/files/7116/6251/6064/HTNZ_Annual_Report_2022_Final.pdf

Hunt, M. R. (2009). Strengths and challenges in the use of interpretive description: Reflections arising from a study of the moral experience of health professionals in humanitarian work. *Qualitative Health Research, 19*(9), 1284–1292. https://doi.org/10.1177/1049732309344612

Keller, J. L., Caro, C. M., Dimick, M. P., Landrieu, K., Fullenwider, L., & Walsh, J. M. (2016). Thirty years of hand therapy: The 2014 practice analysis. *Journal of Hand Therapy, 29*(3), 222–234. https://doi.org/10.1016/j.jht.2016.02.011

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

MacDermid, J. (2019). OT and PT are equally foundational to hand therapy. *Journal of Hand Therapy, 32*(4), 409–410. https://doi.org/10.1016/j.jht.2019.10.002

Main, C., McCallin, A., & Smith, N. (2006). Cultural safety and cultural competence: What does this mean for physiotherapists? *New Zealand Journal of Physiotherapy, 34*(3), 160–166.

O'Brien, K., Broom, L., & Ullah, M. M. (2015). Outcomes and participant experience of an online train-the-trainer program for Bangladesh health professionals: A case study evaluation. *Journal of Continuing Education in the Health Professions, 35*(1), 46–56. https://doi.org/10.1002/chp.21262

O'Brien, L., & Hardman, A. (2014). Developing hand therapy skills in Bangladesh: Experiences of Australian volunteers. *Journal of Hand Therapy, 27*(1), 30–37. https://doi.org/10.1016/j.jht.2013.09.006

Pacific Perspectives. (2013). *Pacific health workforce service forcast: Report to Health Workforce New Zealand and the Ministry of Health*. https://www.health.govt.nz/publication/pacific-health-workforce-service-forecast

Physiotherapy Board of New Zealand. (2020). *Annual report 2020*. https://www.physioboard.org.nz/wp-content/uploads/2020/08/Physio-Annual-Report-2020_FINAL.pdf

Physiotherapy New Zealand. (2018, December). *Tackling Māori health disparities.* Physio Matters. https://pnz.org.nz/Attachment?Action=Download&Attachment_id=1026

Pulotu-Endemann, F. K., & Faleafa, M. (2017). Developing a culturally competent workforce that meets the needs of Pacific People living in New Zealand. In M. Smith & A. F. Jury (Eds.), *Workforce development theory and practice in the mental health sector* (pp. 165–180). IGI Global. https://doi.org/10.4018/978-1-5225-1874-7.ch008

Reid, A., & Dixon, H. (2018). *M4king sen5e of 7he numbers: Analysis of the physiotherapy workforce*. https://pnz.org.nz/Folder?Action=View%20File&Folder_id=1&File=PNZ%20Workforce%20Issues%20December%202018.pdf

Robinson, L. S., Brown, T., & O'Brien, L. (2016). Embracing an occupational perspective: Occupation-based interventions in hand therapy practice. *Australian Occupational Therapy Journal, 63*(4), 293–296. https://doi.org/10.1111/1440-1630.12268

Short, N., Bain, J., Barker, C., Dammeyer, K., Fahrney, E., Hale, K., & Nieman, C. (2020). Inclusion and perception of hand therapy content in occupational therapy programs: A mixed-method study. *Journal of Hand Therapy, 33*(1), 112–118. https://doi.org/10.1016/j.jht.2018.07.005

Short, N., Sample, S., Murphy, M., Austin, B., & Glass, J. (2018). Barriers and solutions to fieldwork education in hand therapy. *Journal of Hand Therapy, 31*(3), 308–314. https://doi.org/10.1016/j.jht.2017.05.013

Soheilian, S. S., Inman, A. G., Klinger, R. S., Isenberg, D. S., & Kulp, L. E. (2014). Multicultural supervision: Supervisees' reflections on culturally competent supervision. *Counselling Psychology Quarterly, 27*(4), 379–392. https://doi.org/10.1080/09515070.2014.961408

Stanton, D. B. (2006). Building collaborative partnerships: ASHT presidential address at the annual meeting, San Antonio, September 2005. *Journal of Hand Therapy, 19*(1), 50–54. https://doi.org/10.1197/j.jht.2005.11.010

Stokes, F., & Dixon, H. (2018). *The occupational therapist workforce: M4k1ng sen5e of 7he numbers*. Occupational Therapy Board of New Zealand. https://www.otboard.org.nz/document/4797/OTB-18299-Making-sense-of-the-numbers-report-WEB.pdf

Statistics New Zealand. (2019, September). *2018 Census population and dwelling counts*. https://www.stats.govt.nz/information-releases/2018-census-population-and-dwelling-counts

Terry, G., & Hayfield, N. (2021). *Essentials of thematic analysis*. American Psychological Association. https://doi.org/10.1037/0000238-000

Thorne, S. (2008). *Interpretive description* (Vol. 2). Left Coast Press.

Thorne, S. (2016). *Interpretive description: Qualitative research for applied practice* (2nd ed.). Routledge.

Thorne, S., Kirkham, S. R., & MacDonald-Emes, J. (1997). Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing and Health, 20*(2), 169–177. https://doi.org/10.1002/(sici)1098-240x(199704)20:2<169::aid-nur9>3.0.co;2-i

Thorne, S., Kirkham, S. R., & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Methods, 3*(1), 1–11. https://doi.org/10.1177/160940690400300101

Valdes, K., Short, N., Gehner, A., Leipold, H., Reid, M., Schnabel, J., & Veneziano, J. (2022). Developing a student competency exam for hand therapy clinical experiences: A cross-sectional survey of hand therapists. *Journal of Hand Therapy, 35*(1), 3–10. https://doi.org/10.1016/j.jht.2020.10.008

van Stormbroek, K., & Buchanan, H. (2017). Novice therapists in a developing context: Extending the reach of hand rehabilitation. *Hand Therapy, 22*(4), 141–152. https://doi.org/10.1177/1758998317720951

Wallace, E. (2019). Ngā aroro and social work supervision. *Aotearoa New Zealand Social Work, 31*(3), 20–31. https://doi.org/10.11157/anzswj-vol31iss3id645

Watkins, C. E., & Milne, D. L. (2014). *The Wiley international handbook of clinical supervision*. John Wiley & Sons, Ltd.

Wilding, C., & Whiteford, G. (2008). Language, identity and representation: Occupation and occupational therapy in acute settings. *Australian Occupational Therapy Journal, 55*(3), 180–187. https://doi.org/10.1111/j.1440-1630.2007.00678.x