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Exploring anti-racism within the context of human resource management in the health sector in Aotearoa New Zealand

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Abstract

Compelling evidence continues to demonstrate that racism is a modifiable determinant of health inequities. Despite growing recognition of this, it is less clear from a human resource perspective how to engage in effective anti-racism. Through a review of human resource and anti-racism literature, the white, Indigenous and racialised authors examined existing approaches to anti-racism applicable to the health system in Aotearoa. Two systemic organisational approaches were identified: diversity training and dismantling institutional racism. Recruitment processes, talent management and retention were human resource specific sites for interventions. Insights from anti-racism scholarship include upholding te Tiriti o Waitangi and engaging in decolonising to enable transformative change. Power sharing remains at the heart of an anti-racism praxis. A health sector response needs to be co-created with Māori and those with the political will to enable transformation. Given racism has a geographic specificity, solutions need to be informed by the cultural, political, social and historical context.

Keywords

anti-racism praxis; human resource development; Indigenous; health; te Tiriti o Waitangi; decolonisation

Evidence of systematic and troubling health inequities between Indigenous and non-Indigenous populations are evident worldwide (Anderson et al., 2016). There are disparities in communicable and noncommunicable diseases and life expectancies. Research suggests that access to healthcare that is culturally congruent, honours Indigenous healing practices, and mitigates miscommunications is imperative to Indigenous wellbeing (Charbonneau-Dahlen & Crow, 2016).

The current global pandemic has drawn attention to racism and ethnic inequities in the burden of disease and inequitable access to health care. For instance, in the United States, Hatcher and colleagues (2020) found that the overall COVID-19 incidence among Native American and Indigenous persons was 3.5 times greater than that of white people. Historical trauma and enduring racial inequities have perpetuated disparities in health and socioeconomic factors, adversely affecting Indigenous communities (Reid et al., 2019). This is likely to have contributed to the elevated incidence of COVID-19 among these populations.

Evidence of employment-based racial discrimination is also well established (Heath & Di Stasio, 2019; Wingfield & Chavez, 2020). Racism can occur during recruitment, promotion applications, during change management processes, and within the very culture of an organisation (Livingston, 2020; Pager et al., 2009). When ethnicity data is systematically collected, evidence of discrimination (or the absence of discrimination) can be found in organisational employment data (Leslie et al., 2008). Workplace surveys, formal independent reviews, reporting and complaint processes can support efforts to quantify racial climate (Hurtado, 1992) and experiences of workplace discrimination (Human Rights Commission, 2013).

There is a multiplicity of ways to conceptualise racism, including personally mediated racism, cultural racism, historical racism, internalised racism, and institutional racism. Berman and Paradies (2010) noted that racism can be expressed through stereotypes (racist beliefs), prejudice (racist emotions/affect) or discrimination (racist behaviours and practices). They note definitions of racism often include prejudice, power, ideology, stereotypes, domination, disparities and/or unequal treatment. Racism can manifest as microaggressions, through to physical and structural violence and many nuanced shades of racism in between. Crenshaw (1991) notes that experiences of racism have culminative effects and are compounded by the intersections of other forms of oppression such as patriarchy and heterosexism.

Alongside the systemic disadvantaging of racism there also exists systems of inherent advantage manifested as white privilege (Borell et al., 2017). Such advantage manifests in unearned power, assumptions of norms, and a range of other systemically embedded opportunities (Flagg, 1997). Whiteness has been and continues to be embedded into structures which systematically disadvantage marginalised bodies.

In the context of this article, anti-racism is the art and science of disrupting, minimising, preventing, and eliminating racism. It takes a multiplicity of forms but centres around solidarity, an analysis of power and a commitment to reflective practice and strategic dialogue with those targeted by racism.

Context of Aotearoa

Unique to Aotearoa (New Zealand) is te Tiriti o Waitangi (te Tiriti—the Māori text), a treaty negotiated in 1840 between hapū (Māori nations) and the British Crown. This treaty is foundational to public policy in Aotearoa and defines the relationship between Māori (the Indigenous peoples of Aotearoa) and the Crown. Article 3 guarantees Māori the same rights and privileges as British

subjects. Disappointingly, successive governments have failed to fulfil their te Tiriti responsibilities to protect Māori interests (Cabinet Office, 2019).

Under the Public Service Act 2020, Crown agencies in Aotearoa have obligations to be good employers; these obligations include recognition of the aims and employment aspirations of Māori. There is also a requirement under the Act to engage with Māori, understand Māori perspectives and uphold te Tiriti. The public service also has longstanding commitments to equal employment opportunity (EEO) programs (Jones & Torrie, 2009).

Despite these legislative and policy imperatives, racism persists within the health system, and more specifically, within health organisations (Waitangi Tribunal, 2019). This racism manifests as systemic monoculturalism; a legacy of embedded colonial whiteness that privileges Pākehā (white settlers; Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1988).

The urgency to address racism within the health sector in Aotearoa has been amplified by the findings of a series of high-level reports. The Waitangi Tribunal's Wai 2575 report (2019), and the Māori Affairs Select Committee (2020) both recognised the need to address systemic racism as a pathway to address chronic health inequities. Racism has also been recognised by the Quality, Health and Safety Commission (2019), Health and Disability Review (2020) and the Ministry of Health (2018, 2020). These reports reflect an important consensus within the health sector that racism is a determinant of health and that there is racism within the administration of the health system.

The health sector has long experienced under-representation of Māori across health professions (Waitangi Tribunal, 2019). The resulting lack of cultural concordance between patients and health practitioners has been linked to reduced patient satisfaction, access and adherence to treatment (Lee et al., 2020). The drivers of this shortage of Māori practitioners have been associated with historical, political, demographic, cultural, academic and financial factors (Ratima et al., 2007).

Some of this responsibility lies across the education pipeline. Curtis et al. (2012) identified that acknowledging and incorporating Indigenous perspectives and values are beneficial in recruiting and retaining students in the tertiary education sector, alongside community involvement, mentoring, role modelling and an institutional vision inclusive of a commitment to Indigenous development. Research by Cormack et al. (2018) identified implicit bias in medical students towards Pākehā (settler) healthcare workers that was echoed in international literature. Bias in health workers has an impact on healthcare students, causing Indigenous students to struggle with the competing demands of academic expectations and Western practices, juxtaposed with cultural values and ways of being (Cormack et al., 2018).

The right to work, and more specifically, the favourable conditions of work, are enshrined in the Universal Declaration of Human Rights (United Nations, 1948); it is incumbent on signatory states to ensure these rights are upheld. However, once Māori are recruited into the health workforce there are systemic inequities and biases experienced that include ethnic pay disparities and limited advancement opportunities. Came et al. (2020) have exposed evidence of the under-representation of Māori and Pacific people in senior levels of the core public sector and district health boards (DHB) in Aotearoa. Quantitative findings show that Māori and Pacific workers were more likely represented in the lower paid roles within the health sector. Qualitative research by Haar (2019) around Māori experiences of the public sector sheds light on these disparities. He identified managers as key factors in maintaining and potentially disrupting ethnic pay disparities.

Haar (2019) also noted attempts at inclusion and addressing unconscious bias and ethnic differences in approaches to pay negotiation may also contribute to increased parity.

Drawing on human resource and anti-racism scholarship, this article addresses a gap in the literature by considering what might be key elements of a human resource-led response to anti-racism.

Methodology

To identify key elements, we undertook a review of the literature in August 2020, searching relevant databases (Web of Science, Scopus, EBSCOhost SocIINDEX). Records were screened and initial themes were identified that would provide specific areas for follow-up. We identified the relevance of each record to anti-racism policy and practice, and training within human resources, workplace administration and organisation structures. Relevant records would include references to and analysis of diversity, multiculturalism, cultural sensitivity, affirmative action and anti-racism practices. From the included records, a further review and analysis was conducted of the development, implementation and ongoing transformation toward effective anti-racist practice within human resources and beyond; drawing on the specialised knowledge the authors held of grey and nonindexed literature.

In terms of researcher standpoint (Harding, 2005), the authors are a Pākehā activist scholar specialising in anti-racism with a professional background in public health; a Canadian racialised activist scholar whose expertise lies in uncovering systemic injustice, specifically institutional racism and its application for racialised and Indigenous communities; a Māori PhD candidate whose focus is on giving voice to Māori women's experiences by prioritising Māori ways of knowing and being; and a white settler United States leadership scholar, whose work focuses on diversity, equity, inclusion and decolonialisation practices. We note each of our positions as a way to acknowledge the values we bring, but also the perspectives and practices that inform our positions as researchers.

Ethical approval was not needed for this research.

Analysis of the literature

Across the literature we found material about systemic organisational programmes to disrupt racism. We identified human resource specific sites for anti-racism interventions –recruitment, talent management and retention. We also isolated useful approaches from anti-racism scholarship including engaging in decolonisation and working with te Tiriti. These are considered below.

Systemic organisational programs

Our review identified two types of systemic organisational programs: (1) diversity training and (2) undoing and dismantling racism programs.

Diversity training

Among the most popular education interventions to improve race relations is some form of diversity training. Merriweather-Hunn (2004) argued that diversity training is a tool to "encourage all whom we serve to bring with them to the site of practice their heritage, culture and history" (p. 73). Literature tends to discuss two main approaches to diversity training. One approach helps

participants value differences by building awareness that the skills of a diverse workforce can increase an organisation's competitive edge. The second approach focuses on managing diversity by teaching participants skills to work successfully in a multicultural environment (Monaghan, 2010). The latter approach emphasises the sameness among diverse groups, causing what Hammer et al. (2003), call "minimisation"—the state in which elements of one's own cultural worldview are experienced as universal.

Both of these diversity training approaches strive to increase awareness and assume that behavioural changes will follow naturally. However, internationally, there is a dearth of empirical evidence of the effectiveness of diversity education beyond the immediate experience of the training. Regrettably, Monaghan and Cervero (2006) have demonstrated that diversity training can reinforce existing values and beliefs rather than be transformative if the intervention is short term. Despite its intention to create more inclusive workplaces, institutional notions of diversity can often have the opposite effect.

Ahmed (2012) has argued that "white" institutions create diversity statements and training as a safe and manageable way to respond to institutional whiteness and the uncomfortable racist experiences that occur within organisations. Tuck and Yang (2012) proposed that this is an attempt to deflect a settler identity while continuing to enjoy settler privilege. These diversity endeavours can become the bureaucracy of "doing diversity" as opposed to actioning the transformation potential diversity is intended to. As a result, "diversity" through its statements and trainings can pacify change, subdue conflict and maintain whiteness, which is the antithesis of anti-racism action (Wilkerson, 2020).

Gorski (2008) maintains the goal of diversity work is to centre enhancing equity and social justice. Diversity training needs to acknowledge the racial power dynamics and be mindful not to reinforce and or maintain dominance by one (white) cultural group. Furthermore, systemic change will not follow a single organisational training or policy but requires a dismantling of systemic racism.

Un-doing and dismantling racism

Dismantling and un-doing racism programs are a global phenomenon. They usually involve a systematic planned intervention to address ethnic inequities that recognise complexity and address upstream and downstream drivers of racism (Griffith et al., 2007). Such programs often take a systemic social change approach (Stroh, 2015). This might involve securing organisational commitment, establishing a change management team, mapping the racism, implementing anti-racist interventions, and engaging in reflection and evaluation before repeating the cycle. Critical to the success of programs is organisational readiness and the engagement of courageous individuals with the desire to change systems and to use their power beyond the point of empathy to take action. Figure 1 presents an outline of a dismantling racism approach to anti-racism.

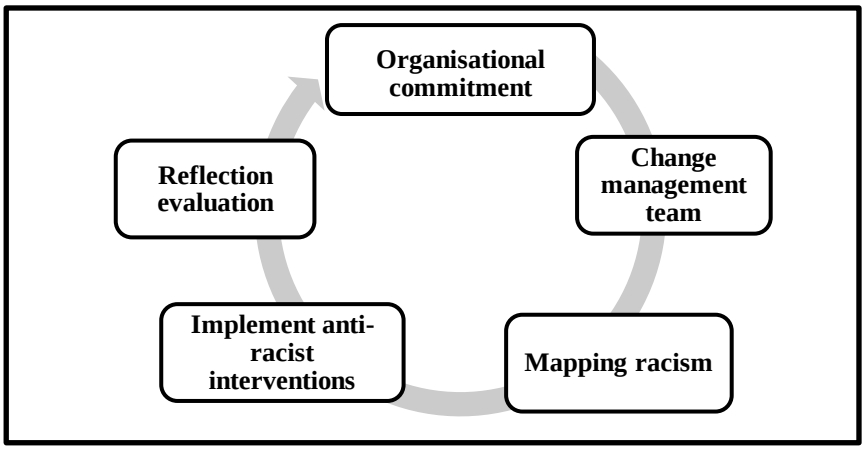

Figure 1. Outline of a dismantling racism approach to anti-racism.

In the context of schooling, Miller (2020) has found that un-doing racism programs can make a positive difference to race relations through reframing problems, ameliorating conflicts and informing strategies. While his work centred on schools, Miller observed that leaders can secure institutional buy-in and influence practices beyond their organisation. To be effective, leaders need to be able to speak confidently about racism, be able to respond and embrace the demographics of their institution or community, address discriminatory practices, and build racially inclusive processes, structures and cultures.

Griffith et al. (2007) have applied systems change to dismantling racism work within the health sector. They emphasised that the approach relies on increasing accountability of individuals and systems for monitoring the reduction of inequities and racism, and the reorganising of both formal and informal power. In this context, power is exercised through overt decision making, agenda setting, prioritisation, and shaping meaning, ideology and worldviews (Lukes, 2005). Similarly, Yonas et al. (2006) utilised a fusion of community-based participatory research within an un-doing racism process to develop a racial equity intervention in the context of breast cancer care. They emphasised the importance of cultural humility (Tervalon & Murray-García, 1998), cultural safety (Wepa, 2015), and reflective practice (Schon, 1983). Managing power relationships was challenging, so they recommend patience, transparency in decision making, and expertise within the group in negotiating the dynamics of conflict.

Within the United Kingdom under the Equality Act 2010 it is a requirement for employers to have racial equity policies to address discrimination. Informed by these imperatives, the Institute of Personnel Development (2020) proposes using a systems change approach that (1) sets the clear expectation of zero-tolerance to racism, and (2) co-creates a systemic approach to scrutinising all operational process, ways of working and people management policies. It also involves: (3) getting high-level leadership to a long-term plan of action, and (4) critical appraisal of organisational people management from end to end. As such, organisations need to: (5) connect people in safe places to learn and plan, ensuring employee voice within planning, and (6) engage in two-way communication with workforce and wider stakeholders about key messages and walking the talk.

Human resource-specific sites

According to De Simone et al. (2002), human resource development encompasses the realms of recruitment and retention, training and development, career development, and organisational development. Here we focus on recruitment, talent management, and retention.

Recruitment strategies

A good place to start with anti-racist hiring practices is job descriptions (Woods, 2018). Bias and discrimination can manifest in job descriptions, ultimately influencing not only the hiring decision, but who applies and why. One strategy to address this is to review job descriptions, noting and amending any exclusionary wording. If job descriptions do not actively engage diverse populations, they will not attract diverse applicants.

Burrell (2016) observed that the most common criteria for moving candidates forward had to do with the perception of communication skills (referred to as "polish") and cultural fit. Hiring committees can often employ implicit bias, however, judging criteria differently depending on the race, ethnicity or gender of the candidates. For example, "Black and Hispanic men were seen as needing polish and moved to the reject pile, even when they were strong in other areas, whereas white men who lacked polish were deemed coachable and kept in the running" (Burrell, 2016, p. 72). To mitigate this discrimination, impartial hiring tactics such as blind applications and resumes where names and demographic information are removed, having essay "interviews", and benchmarking demographic and categorical data as tactics to help hold organisations accountable in their hiring practices. Hiring committees who understand, name and address their implicit bias will also serve to limiting discriminatory practices.

Affirmative action is a structural mechanism that can improve workforce diversity and fair selection procedures and decision making, by focusing organisational resources to address discrimination on the basis of things such as gender or ethnicity (Crosby et al., 2006). Curtis et al. (2012), in their study of "best practice" for recruitment into tertiary health programs, identified evidence-based principles that may have applicability within the health sector. These included:

1. ensuring recruitment initiatives are framed within an Indigenous world view that incorporates Indigenous realities, values and priorities;
2. a tangible institutional commitment to equity reinforced by policies and processes;
3. identifying barriers and address them within a localised recruitment strategy, and considering a recruitment pipeline from secondary to tertiary (and into the health sector);
4. engaging whānau (families) and Indigenous communities around recruitment;
5. the need for high quality data collection and evaluation of recruitment activities.

There have been various local attempts to develop and implement Indigenous recruitment initiatives supporting pathways into health careers. These range from generalised initiatives promoting broad health careers (Andrews et al., 2018) to targeted recruitments within secondary schools (Rangatahi Programme, 2018) and affirmative action schemes for Māori and Pacific medical students (Curtis et al., 2012). Bryers et al. (2021) also found the inclusion of *whānau* (extended family) and *whakawhanaungatanga* (active relationship building) supported student recruitment and cultural identity.

EEO programs recognise the significant disadvantage, historical inequities and potential discrimination among some groups when it comes to employment (NZSTA, 2021). The Health Workforce Advisory Committee (2003) has made specific recommendations to DHBs to include specific strategies to increase the Māori workforce, to provide ongoing education and development for existing Māori staff, and to consider a range of other health education initiatives.

To achieve the best health outcomes for diverse populations, it is critical that healthcare practitioners reflect the communities they serve. Crear-Perry (2020) notes: "There must be a

paradigm shift such that health-care providers are trained to legitimate and incorporate anti-racist models into their practice which recognise these structural determinants of health" (p. 453).

Not only is adequate and diverse representation required, service providers and the organisations they work within must nurture an anti-racist praxis that seeks to rectify the imbalances of colonialism that normalise Eurocentric ways of knowing. Both affirmative action and EEO initiatives need to be mindful of underlying power dynamics and be resilient enough to address possible political backlash from those who believe addressing racism is providing special unearned privileges to Indigenous and ethnic minorities.

Talent management and retention

Once recruited into the health sector, the challenge for providers and institutions is to build an environment where Māori and/or ethnic minorities can thrive. Harris et al. (2006), through an analysis of nationwide survey, found Māori were significantly more likely to report verbal and physical abuse and unfair treatment at work than non-Māori. Huria et al. (2014b) also found consistent experiences of racism by Māori nurses through their training and professional lives. The nurses reported adverse experiences and extra responsibilities when advocating for Māori patients in frequently hostile clinical environments.

Huria (2014a) found the lack of recognition of the dual cultural and clinical competencies for Māori nurses was a source of frustration. Sometimes Māori nurses found their cultural approach to patients judged by their colleagues as being unprofessional. Furthermore, Māori nurses who were utilised as Māori specialists by colleagues in their workplace want to be institutionally recognised and valued for their dual competencies. There are also systemic factors that reduce the satisfaction of diverse employees, lead to burnout, and eventually cause them to exit the organisation.

To retain Māori and ethnic minority staff requires building culturally responsive workplaces and addressing both personally mediated and institutional racism. Hooker (2015) found that for Māori employees it is important to support the implementation of cultural values in the workplace—values such as whanaungatanga, *manaakitanga* (respect and hosting), and *mauri* (the essential quality and vitality of being). Caron et al. (2020), in their Canadian study, found it is necessary to reach a critical mass of Indigenous employees to ensure a good work climate by breaking the feeling of isolation and increasing motivation and wellbeing. Indigenous employees welcomed access to cultural leave and mentoring and training programs.

Lessons from an anti-racism praxis

If white people are to address racism, it will require doing personal (and collective) development work. This includes knowing one's own racial and cultural identity, and the cultural assumptions they bring to the workplace (Huygens, 2004). This is a requirement of cultural safe practice for all health practitioners and managers but is also essential for an anti-racist praxis (Wepa, 2015). The skills of conscientisation, critical reflection and embracing allyship are all foundational to an anti-racism praxis. In the context of Aotearoa, this also involves deep and consistent engagement with te Tiriti. In colonial settings it also involves robust and ongoing engagement with decolonisation, whereby Māori cultural practices become normalised.

Brazilian educationist Paulo Freire (2000) developed a unique emancipatory approach to anti-racism training. It involved achieving transformation and empowerment through emphasised

collaborative problem-solving processes of naming, analysing, exploring solutions and critical reflection. He coined the expression “conscientisation”, which describes the process of seeing unequal power relations and having the confidence and motivation to mobilise around an issue of injustice. His approach has consistently proven effective in exposing unfair or oppressive systems and structures such as racism (Travers, 1997). In this approach, teachers remove themselves from the role of expert, instead becoming a facilitator and advocate, working with people to reflect on their experiences to explore the social roots of problems.

Critical reflection is essential to an anti-racism praxis. Simmons et al. (2008) recommends the use of structural analysis in anti-racist training. This is as an entry way into anti-oppression practice that applies *tikanga* (Māori practices) and whole person-soul learning to prepare students for bicultural practice in line with te Tiriti responsibilities. Berman and Paradies (2010) argued that anti-racist programs need a critical reflective lens on institutional practices and policies that educate, demythologise and, importantly, do not relegate anti-racism to a predominantly complaints-based legal framework (Berman & Paradies, 2010). Bohonos (2019) recommended utilising critical whiteness studies as an effective way of creating change within organisations. This involves examining the concept that “white people participate in the maintenance of white supremacy whenever we impose white norms without acknowledging their whiteness” (Flagg, 1997, p. 222).

Came (2014) has developed a method of mapping evidence-based sites of racism that can be used in the context of public policy but also across other domains. In the context of anti-racism training, this method allows practitioners’ expertise and insights to be shared and the collective development of ideas to disrupt identified sites of racism. Critical to this is a mana-enhancing approach that avoids blame, guilt and shame at the baseline racism within the organisation. In addition, influenced by Freirean ideas of emancipatory practice, Kidd et al. (2021) have developed an approach to using stories of racism to generate collective analysis of sites of racism and co-create anti-racism interventions. These approaches can usefully be integrated into a systems-change and/or action-research approach to strengthen organisational anti-racist initiatives.

Margaret (2013) notes that allyship is a longstanding tradition within anti-racism praxis. Frey (2020) argued that effective allies are people who use their privilege to advocate for marginalised groups. The support is usually long-term and relational. She makes the distinction between true allyship and performative allyship where the support is public and superficial and avoids sharing power and any substantive work. Frey (2020) identifies a range of anti-racist actions that can inform allyship, such as conducting a baseline audit of organisations’ practices and programs. Examples comprise: an ethnicity analysis of clients, reviewing marketing materials, developing a position statement about racism, ensuring the workforce is diverse, recognising racism as a trauma, supporting leaders making change, developing a plan, being bold and specific in organisational actions, and incorporating an evaluation strategy.

Hiranandani (2012) proposes health providers, like any other organisation, should enable an environment where potential allies can question the status quo and push for the redistribution of power. Furthermore, calling out racism in the workplace is a way for allies to help portray racism as a problem beyond those it targets.

Beyond individual acts of allyship, organisations such as health providers can enter into collaborative relationships with Māori and/or minority organisations and networks to establish clear accountability lines. Accountability is critical to anti-racism action and rebalancing power relations. Alfred-Taiaiake (1999) argued Indigenous leaders are critical to decolonising the heath system

and re-establishing Indigenous health and wellbeing. If Indigenous and Māori leaders are well placed in various senior organisational positions, with budgets and a clear mandate for change, this could begin to address ethnic health inequities and dismantle racism through systems change.

Decolonisation and te Tiriti o Waitangi

Unique to Aotearoa, te Tiriti is a power-sharing treaty negotiated between hapū and the British Crown. The existence of ethnic pay disparities and the under-representation of Māori in senior leadership roles and/or under-representation within health professions all suggest a failure to consistently uphold te Tiriti. The ethical imperative to engage with te Tiriti to eliminate structural and institutional racism has been argued extensively elsewhere (Berghan et al., 2017; Waitangi Tribunal, 2019).

In spite of this, the obligation of the Crown to protect Māori interests is rarely discussed, specifically in the context of human resource literature. Yet te Tiriti responsibilities fall on all Crown agencies (Cabinet Office, 2019) and those that receive public monies, which is the majority of the health sector in Aotearoa. Table 1 shows areas that agencies might address to progress their te Tiriti responsibilities.

Table 1. Fulfilling te Tiriti o Waitangi responsibilities

Elements of te Tiriti	**Te Tiriti indicator**
Preamble	Agencies have developed positive constructive relationship with hapū and other Māori.
Article One—kāwanatanga (honourable governance)	Processes, actions and decision making within the agency are informed and shaped by Māori.
Article Two—tino rangatiratanga (absolute sovereignty)	The agency pro-actively supports Māori-led processes, actions and decision making through restoring power and resources.
Article Three—ōritetanga (equity)	The agency is undertaking specific planned actions to ensure equitable outcomes for Māori.
Oral Article Four—wairuatanga (spiritual domain)	Māori worldviews, values and wairuatanga (spirituality) are present in all aspects of the work of the agency.

Note: Adapted from Berghan et al. (2017) and Margaret (2016).

In her book on te Tiriti application within organisations, Margaret (2016) used the metaphor of a *waka* (canoe) journey. She maintained that te Tiriti engagement is a lifelong enterprise that starts with an agency being clear about why they are making the journey, reaching agreement about how they understand te Tiriti, what structures they need to have in place, what resources they require, whom do they need on board, and where are they heading. Further into the process, decisions need to be made about how to embed te Tiriti, how to navigate challenges and how to sustain the journey.

Māori tino rangatiratanga or self-determination, as outlined in te Tiriti, requires both a departure from the white social contract and direct investment in Māori organisations, kaupapa Māori approaches and *mātauranga Māori* (Māori knowledges). One pathway to achieve this is the forthcoming establishment of a Māori health authority (Came et al., 2021) in Aotearoa. If

sufficiently resourced, this group could enable a significant shift in power relations in the funding, contracting, and delivery of health services through Māori leadership and implementation of te Tiriti responsibilities.

Came et al. (2021) maintain that once te Tiriti compliance and/or engagement is achieved, organisations are less likely to see indicators of racial discrimination against Māori. Te Tiriti is a key step in dismantling white supremacy, and upholding this agreement will likely have a downstream effects for society at large. This is also likely across a global context where colonial nations must prioritise parallel agreements with Indigenous populations to achieve transformative change.

Due to the limited literature in Aotearoa related to the impact of integrating bicultural practices across recruitment processes, further research needs to be done. Research is needed that considers: the differences in having *kaumatua* and *kuia* (Māori elders) involved in all aspects of recruitment; how the cultural competencies of the interview panel and their understanding of *te reo me ōna tikanga* (Māori language and cultural protocols) influence applicants and appointment decisions; and how the framing of advertisements encourage or deter Māori applicants.

Decolonisation is central to an anti-racist praxis within colonial contexts. Decolonisation is both an individual and collective process of revealing and analysing the historic and contemporary impact of colonisation, monoculturalism and institutional racism, combined with political commitment towards the recognition of Indigenous sovereignty. Tuhiwai Smith (2012) describes it is as a "long-term process involving the bureaucratic, cultural, linguistic and psychological divesting of colonial power" (p. 98). Over the long term, decolonising requires the returning of stolen lands, constitutional transformation (Came et al., 2021; Matike Mai Aotearoa, 2016) and honouring historical commitments as a necessary component of any reconciliation and substantive anti-racist transformation. As a result, it will be crucial for organisations to consider their role in this long-term goal and develop a plan to action this transformation.

Discussion

Looking across critical human resource and anti-racism scholarship, there appears to be little integration of these two fields. In a review of 600 human resource development articles, Bierema and Cseh (2003) found limited literature on social justice, sexism, racism and violence, or advocacy for change. To strengthen anti-racism practice, critical areas need to be addressed, such as the impact of human resource practices on reproducing power relations, exploration of who benefits from current human resource practices, and how human resource practices can address racial equity. Organisations who want to address racism are encouraged to develop actionable strategies that consider formal policies, informal cultural norms and the attitudes of staff (Livingston, 2020), and embrace Indigenous knowledge (Walle, 2010).

The following discussion is framed around the contributions to an anti-racism praxis from human resource management, anti-racism praxes, decolonisation and te Tiriti.

Contributions from human resource management

Systemic organisational programs are a potentially proactive way of improving racial climate, ethnic outcomes and addressing racism. While diversity training can increase cross-cultural understanding for some, the evidence shows that unless there is a clear focus on equity and social justice it can also risk entrenching existing stereotypes. Dismantling and undoing racism programs

seems a more promising approach. Evidence suggests systems change programs can mobilise staff and increase their awareness, knowledge and confidence to take anti-racism action. These programs need to be more substantive than one-off educational interventions and need to ensure that policies, procedures and structural mechanisms are in place so change can be sustained. The formation and resourcing of a change team is critical as well as the development of a networks of people committed to the vision of dismantling racism.

Human resource practices need to be regularly scrutinised to identify where racism is present across this scope of practice. If there are low numbers of Māori and/or racialised practitioners and managers, recruitment processes need urgent attention. These practices need to be reviewed to ensure they are inclusive and reflect a meaningful commitment to bicultural praxis. In addition, investigating how te reo me ōna tikanga is embedded into recruitment and into the organisational culture in an authentic and meaningful way is essential. This may also involve exploring how Māori employees can feel more welcome, so Māori cultural practices are renormalised.

Affirmative action and EEO programs are significant anti-racist responses to historical racial discrimination within human resource practices. As well as supporting human resource practitioners to be anti-racist in their practice, proactive mechanisms need to be in place to manage potential backlash that is often associated with such programs.

Contributions from an anti-racism praxis

An anti-racism praxis is about a serious, prolonged commitment to power sharing to reconfigure racial power dynamics. This work requires practitioners to reflect on who we are, where we have come from and what privilege we wield. Ongoing critical reflection is essential to inform the refinement of anti-racist strategies. Interventions must be tailored to the local socio-political and historical context. So, it is important to be wary of uncritically importing programs from other contexts.

In addition, an anti-racism praxis is best pursued collectively so there is shared understanding of where the racism resides, and anti-racist solutions are co-designed with those with lived experience of racism. Māori practitioners' ability to supplement these approaches with their potential dual competencies should also be acknowledged. With potential experiences of [identifying] racism and understanding the workplace environment, Māori can provide invaluable contributions to the successful navigating of an anti-racism policy. Energy is built through collectively organising, and the work produced is likely to be more sustainable.

It is useful to have accountability mechanisms in place as harmful backlash is often directed at Māori and racialised actors rather than white people engaging in anti-racism. Allyship involves establishing trust over an extended period of time. It is an ongoing process and commitment developed over the course of a relationship.

Decolonisation and te Tiriti o Waitangi

Te Tiriti is fundamental to an anti-racism praxis in Aotearoa, and it gives a structural leverage for Māori leadership within public policy and the administration of the public and health sectors. The colonial project deliberately involved the transfer of land and resources to white settlers and the supplanting of Indigenous process and systems around education, healthcare and justice. As articulated by Linda Tuhiwai Smith (2012), decolonisation requires the systematic winding back of colonial influence and the alleviating and centring of Indigenous knowledge and values. Everyone

across Aotearoa will gain from decolonising action, as it rebalances our commitment and relationship with communities and land. A meaningful engagement with te Tiriti can serve as a model for other white settler contexts.

Conclusion

Human resources management has not been at the forefront of an anti-racism praxis. There are limited connections between the two fields. If we are to successfully dismantle racism within the health sector, a partnership needs to be forged between these two fields. The challenge before us is complex and needs a multilevel, nuanced response tailored to the local cultural, socio-economic and historical context.

Systemic organisational programs need an analysis of power if they are going to be effective in transforming structures, systems, and hearts and minds. Practitioners and organisations need the moral courage to confront and map the racism within their organisations and co-create iterative solutions with those who experience racism. Anti-racism is a process of lifelong learning, interventions, reflections and action.

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