Ko e talanoa fekau'aki pea moe mo'ui kakato 'o e mātu'a Tonga nofo Nu'usila

The perspectives of wellbeing of Older Tongan people living in New Zealand: A qualitative study

By

Siaosi Fasi'apule Mafi

A thesis submitted to Victoria University of Wellington in partial fulfilment of the requirements for the degree of Master of Health Care

Victoria University of Wellington

2018

ABSTRACT

New Zealand's older adult population is gradually increasing, in line with global increases in the number of older people. Pacific populations living in New Zealand currently have the least number of people aged 65 years and older in New Zealand (2.4% or 13,944 people), however; this is projected to increase in the next 20 years by 160%. After controlling for multiple health risks, socio-economic and demographic variables, ethnicity has been shown to have an independent role as a predictor of health and wellbeing. Research on the wellbeing of older Pacific peoples in New Zealand is limited, with none having been published that involves or relates to older Tongan people. Therefore, research exploring the perspectives and experiences of the psychosocial factors of wellbeing of older Pacific peoples in New Zealand is required.

This thesis describes the perspectives and experiences of nine older Tongan people from the Wellington region, and their consideration of what contributes to their wellbeing. The research aimed to describe wellbeing based on the participants' own concepts of wellbeing, and also identify factors that either enabled or inhibited their wellbeing. A qualitative research design guided by Pacific models of the *Talanoa* methodology and the *Kakala* research framework was utilised. *Talanoa* were conducted with all participants, with the *talanoa* transcripts qualitatively analysed using content and thematic analysis.

The study found that wellbeing for older Tongan people is centred upon the quality of their *mo'ui kakato* (life in its entirety). It is multi-dimensional, interrelated and broader than just physical and mental health aspects. God was the overarching component, and their belief in God greatly influenced their views of wellbeing or their life as a whole. These findings will assist family members, churches, communities, health professionals and others to improve their practices and therefore support the improvement of older Pacific peoples' wellbeing.

ACKNOWLEDGEMENTS

embedded in my life such as *lotu fai ma'u pē*, *ngāue malohi, mamahi'i ngāue*, and *'oua 'e fiu ngofua*. These have strengthened my ability to commit and persevere despite the obstacles and setbacks. To my fifteen siblings, thank you for all your support during this research.

After all that has been said, my son's Dion favourite bible verse kept me going, Philippians 4:6: *Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God.*

Mālō 'Aupito

Siaosi Fasi'apule Mafi

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

GLOSSARY

Anga	*Habit, custom, nature, quality, characteristic, way*
Anga faka-Tonga	*Tongan culture; Tongan way of life*
Anga faka-fonua	*Culture*
Anga lelei	*Kind, tolerant*
'Atamai	*Mind, understanding, mental, intellect*
'Ātakai	*Environment, surroundings*
'Eiki	*Living God*
Faka'apa'apa	*To show deference or respect*
Fakamā	*Causing shame*
Fāmili	*Family*
Fatongia	*Duty, obligation*
Fenāpasi	*To occur at the same time*
Feohi	*To have fellowship or communion*
	Sharing, cooperating and fulfilment of mutual obligations
Fe'ofa'aki	*To love or be kind to one another*
Hounga'ia	*Appreciation*
Kāinga	*Relation, relative*
Laumālie	*Soul, Spirit, Holy Spirit*
Lototō	*Humility, showing deference toward other people*
Mālie	*Good, pleasing, admirable, commendable*
Mamahi'i me'a	*Perseverance, loyalty*
Mateuteu	*Well-prepared, Responsive*
Mātu'a	*Old or elderly person or elder*
Mātu'otu'a	*Comparatively old, older*
Mo'ui Kakato	*Life in its Entirety, Whole being*
Napangapangamālie	*To be all properly arranged and ready*
'Ofa	*To love, be fond of, be kind to*
'Ofa fe'unga	*Showing appropriate compassion and empathy*
'Otua	*Living God*

Poto he anga	*Knowing what to do and doing it well*
Sino	*Body*
Sino-mo'uilelei	*Physically healthy*
Talanoa	*To talk, to tell stories or relate experiences*
Tapu	*Forbidden, prohibited, unlawful*
Tauhi	*Look after, take care of, maintain*
Toka'i	*Respect for*
Vā	*Space between people, or attitude, feeling, relationship towards each other*
Tauhi Vā/Tauhi Vaha'a	*Maintaining relationships, loyalty, commitment*

CHAPTER ONE: INTRODUCTION

Despite the tremendous efforts targeted at improving the health and wellbeing of older people in New Zealand (NZ), disparities of health outcomes still exist and the deterioration in health and wellbeing outcomes for older Pacific peoples remains (Lotoala et al., 2014; Ministry of Health (MOH), 2016). The disparities in the health and wellbeing outcomes between different ethnic groups in NZ is to a large extent, explained by the differences in socio-economic status (SES) (Blakely, Tobias & Robson, 2005; Sporle, Pearce & Davis, 2002). Ethnicity plays a role in health and wellbeing, and in particular, being of Pacific ethnicity is found to negatively impact health and wellbeing (Lotoala et al., 2014). Although the effects were small, Lotoala et al. (2014) found ethnicity to be related to health and wellbeing over and above SES and health behaviours.

Background

This qualitative descriptive study explored the perspectives and experiences of nine older Tongan people, in relation to their understanding of wellbeing. The concept of wellbeing was chosen to recognise that Pacific peoples see the world differently with a holistic view that embraces all dimensions of life, when compared to scientific and biomedical models. Since wellbeing is an *English* concept, I consulted with Tongan academics and other members of the Tongan community to develop a Tongan translation for wellbeing as *mo'ui kakato.* As described in the *Fonua* model of health and wellbeing (Tu'itahi, 2009), these dimensions are inter-connected and all must be cared for to maintain holistic wellbeing. Therefore, the use of wellbeing in this study is to explore this multi-dimensional approach, including the ongoing relationships between different dimensions, and to demonstrate greater understanding of health and wellbeing from older Tongan peoples' perspectives.

Globally, people are living longer and are expected to live into their sixties and beyond. The proportion of the world's population aged 60 years and older is projected to nearly double from 12% to 22%, between 2015 and 2050 (WHO, 2016). In NZ, the number of people aged 65 and over is increasing (Ministry of Social Development (MSD), 2016). The majority of older people are NZ Europeans (88%), and while this majority will remain, other ethnic groups within this age group are projected to markedly increase in the next 20 years. The number of older Asian people is expected to increase from 43,000 to 156,000, a 260% rise, Pacific peoples from 19,000 to 50,000, a 160% rise, and Māori from 44,000 to 121,000, a 115% rise (MSD 2016; Statistics NZ, 2015).

Sixty-five years and older is the age range for older people which the MOH refers to in its Healthy Ageing Strategy, and it is also the age at which the entitlement to NZ superannuation is guaranteed. However, considering different factors such as the shorter life expectancy of Pacific peoples, poorer health outcomes (MOH, 2014), limitations in physical participation

and mobility typically associated with older Tongan people, as well as recent migration patterns of Pacific peoples to NZ, I chose to include people who were aged 60 years and older as participants.

Pacific peoples in New Zealand

Pacific peoples are a diverse population made up of cultures from many different Pacific Island nations. The Pacific peoples' ethnic group is the fourth largest major ethnic group in NZ, behind European, Māori and Asian ethnic groups (Pasefika Proud, 2016). Since 2006, the Pacific ethnic groups have grown in both number and proportion of the population. In the 2013 census, 7.4% of the NZ population (295,941 people) identified with one or more Pacific ethnic groups, compared with 6.9% (265,974 people) in the 2006 census (Pasefika Proud 2016; Statistics NZ, 2014a). In 2013, the eight main Pacific ethnic groups represented were Samoan (49%), Cook Islands Māori (21%), Tongan (20%), Niuean (8%), Fijian (5%), Tokelauan (2%), Tuvaluan (1%) and Kiribati (less than 1%) (Pasefika Proud, 2016).

Pacific peoples living in NZ are a youthful population compared to the total NZ population. In 2013, the median age of Pacific peoples was 22.1 years, compared with a median age of 38.0 years for the total population (Stats NZ, 2014a). More than one third (35.7%) of Pacific peoples were children aged 0–14 years in 2013, compared with just over one fifth (20.4%) for the total population. The majority (54.9%) of Pacific peoples were 25 years and younger (Stats NZ, 2014a). In the 2013 census, there were 60,336 Tongan people in NZ, the majority of whom lived in the Auckland Region (77.8% or 46,971 people). Similarly, within Pacific peoples in NZ, the Tongan population is a youthful population with a median age of only 19.4 years, compared to 18.6 years in 2006. In 2013, 14.3% of the Tongan population were aged 65 years and older. Tongans are highly religious, with about 88.1% (50,121 people) indicating affiliation with at least one religion. Almost all (96.6%) older people (65 years and older) were strongly affiliated with religion.

In terms of health outcomes, Pacific peoples have shorter life expectancies than for the total NZ population (MOH, 2014). Life expectancy is 78.7 years for Pacific women and 74.5 years for Pacific men, compared with 83.2 years for women and 79.5 years for men in the total NZ population (MOH, 2014; Statistics NZ, 2015b). According to the latest NZ health survey results (MOH, 2016), Pacific adults (15 years and older) have higher rates of health risks such as smoking, low intake of vegetables and fruit, physical inactivity and psychological distress than non-Pacific adults (MOH, 2016). The results of the latest NZ Health survey (MOH, 2016) highlight that those living in low socio-economic areas have significantly higher levels of most health risk factors than those living in high socio-economic areas.

Significance of the Study

Globally, in response to the pace of population ageing (WHO, 2016), countries including NZ are facing challenges to ensure that health and social systems are able to cope with this

demographic shift. The poorer health outcomes of Pacific peoples and the expected increase in Pacific populations will place elevated stress both on the Pacific communities as well as the health and social systems. This is likely to worsen substantially and will contribute to widening the gap of health disparities if current health trends across the Pacific populations for all ages continue and health issues are not addressed.

The review of the literature identified wellbeing and quality of life as two main qualities associated with successful ageing that are unique and essential in supporting older people to thrive. The factors that support each quality such as social support, cultural factors, happiness and optimism were universal, interrelated and overlapping, indicating that they are all important and common qualities of ageing especially for migrants and those in minority groups (Cené et al., 2016; Lewis, 2013; Maneze, DiGiacomo, Salamonson, Descallar, & Davidson, 2015; Waugh & Mackenzie, 2011). The findings of the literature review indicated limited research on the health and wellbeing of older Pacific people living in NZ, with no published research found on Tongan older people in particular. In addition, some of the published research studies identified did not utilise methodologies and approaches appropriate for Pacific peoples, nor were they conducted in accordance with Pacific research guidelines. Pacific research methods and methodologies are essential to extracting meaningful and relevant information about a Pacific person's view of their own health and wellbeing.

The lack of qualitative exploratory research on understanding wellbeing from the perspectives of older Pacific peoples in NZ implies a lack of effort in seeking older Pacific peoples' views and ideas on their wellbeing. There is also the sustained lack of understanding of the Pacific construct of health overall, therefore, it is likely that health and social systems, services and policies do not meet the demands of groups such as older Tongan people nor will they be able to do so in the future. This study is the first one known to contribute to the knowledge and literature base, in terms of providing insights into older persons' perspective of wellbeing from a Tongan perspective. This work supports communication of the perspectives of older Tongan people regarding wellbeing within their own context. The research findings from this thesis identified factors that both enabled or inhibited the wellbeing of Tongan older people in NZ. It is anticipated that the outcomes of this study will raise awareness of individuals, families and the Tongan community about factors that support wellbeing of older Tongan people. It is hoped that this research will also prompt dialogue in different communities and at different levels. For services and agencies, the findings will inform the development of strategies and intervention programmes aimed at improving Pacific older people's wellbeing.

My motivation as a reseacher

My motivation for carrying out this study originated from a profound personal and professional concern regarding the wellbeing of Tongan older people living in the Porirua

community. As a Tongan male, born and raised in Tonga with an elderly parent, I am concerned with the challenges that older Tongan people face here in NZ. Particularly the issues that are impacting their health and wellbeing, their ability to participate in decision making about their life, and the capacity or level of support available to them to maintain a good state of wellbeing or quality of life over time.

In 2015, the Tongan community in Porirua held their Annual General Meeting (AGM) which I was invited to attend. One of the agenda items for this meeting was the appointment of new officers to serve the Tongan community. The majority of members belonging to this community are aged 60 years and over. As a young Tongan male in my thirties, I was initially shocked and felt humbled to be elected as the president. I accepted the *fatongia* (responsibility) out of respect for my elders for placing their trust in me. In my role as the president of the Tongan community, I observed some older Tongan people to be lonely and commonly living without meaningful daily occupations. For some time, I contemplated this, and my interest in finding out how their health and wellbeing could be enhanced by addressing issues like loneliness and boredom was stimulated.

Improving equity and whānau wellbeing is one of the core responsibilities of my role as a Public Health Advisor for Regional Public Health. From a public health perspective, health and wellbeing are influenced or determined by a variety of factors such as housing, social support, income, culture and access to health and other social services. An important part of my role as a Public Health Advisor is to facilitate participation and action by the community to identify and address needs they have prioritised for themselves. My role as a researcher is to inform and facilitate individuals, families, communities, as well as health and social services to become aware of the participants' views of wellbeing and to make recommendations on how they can respond and address the wellbeing needs identified in the research.

Thesis structure

This introductory chapter gives a brief introduction and overview of the research project, including the significance of the study, its implication and my motivation as a researcher.

The second chapter is a review of the relevant literature. The first part of this chapter explores the literature around the definitions of three qualities that are significant to ageing: wellbeing, quality of life, and successful ageing. The second half of the chapter reviews the literature on factors that either enable or inhibit older people's wellbeing/quality of life and therefore their ability to age successfully.

The third chapter outlines the Tongan worldview, the research methodology, the method and the design chosen to conduct this study. This chapter also outlines the research process using the *Kakala* Research framework, ethical implications and my reflections as a researcher during the research process.

The fourth chapter presents the results of the analysis and the key research findings, including quotes from the participants. The findings capture the dimensions of wellbeing that participants thought epitomised their understanding of wellbeing and the factors that either enable or inhibit their wellbeing.

The fifth chapter discusses the results in light of the current literature, and presents the broader implications of the key findings of the study. The chapter ends with recommendations for future work and research with a concluding statement to the thesis.

CHAPTER TWO: LITERATURE REVIEW

There is considerable scientific literature published on the associations between socio-economic factors and health outcomes, however for the purpose of this Thesis, this review was limited to factors associated with Pacific peoples, migrants, Indigenous and minority groups that influence wellbeing, quality of life, and the successful ageing of older people. The literature review was conducted between August 2016 and October 2016 and was updated throughout the study to include recently published studies and reports available both in NZ and internationally.

Search strategy

Multiple online database searches of MEDLINE (OCLC FirstSearch), CINAHL Complete, and ProQuest Nursing and Allied Health were conducted separately to identify relevant publications using the following terms: (i) "aged/ageing/aging/old people/older people/elderly"; (ii) "wellbeing/well-being/well being OR quality of life AND ageing well/successful ageing"; (iii) "minority/migrants/immigrants/indigenous"; and (iv) "Pacific Island/Pasifika". The results from the first two searches were combined with (iii) or (iv). The initial search revealed 139 articles. These articles were briefly assessed based on titles and abstract content to establish their suitability to the research topic. After screening articles through titles and abstracts, 35 articles were assessed in detail of which 24 were finally selected for extensive analysis. Reference lists from these 24 articles were also reviewed and an additional seven articles added as a result. Figure 1 illustrates the literature review process. Each of the 33 articles were analysed and summarised in a table that contained information similar to the examples in Table 1 and Table 2.

Reports and papers from NZ health authorities were also searched and reviewed for statistical, demographic and other health related data relevant to older Pacific peoples here in NZ.
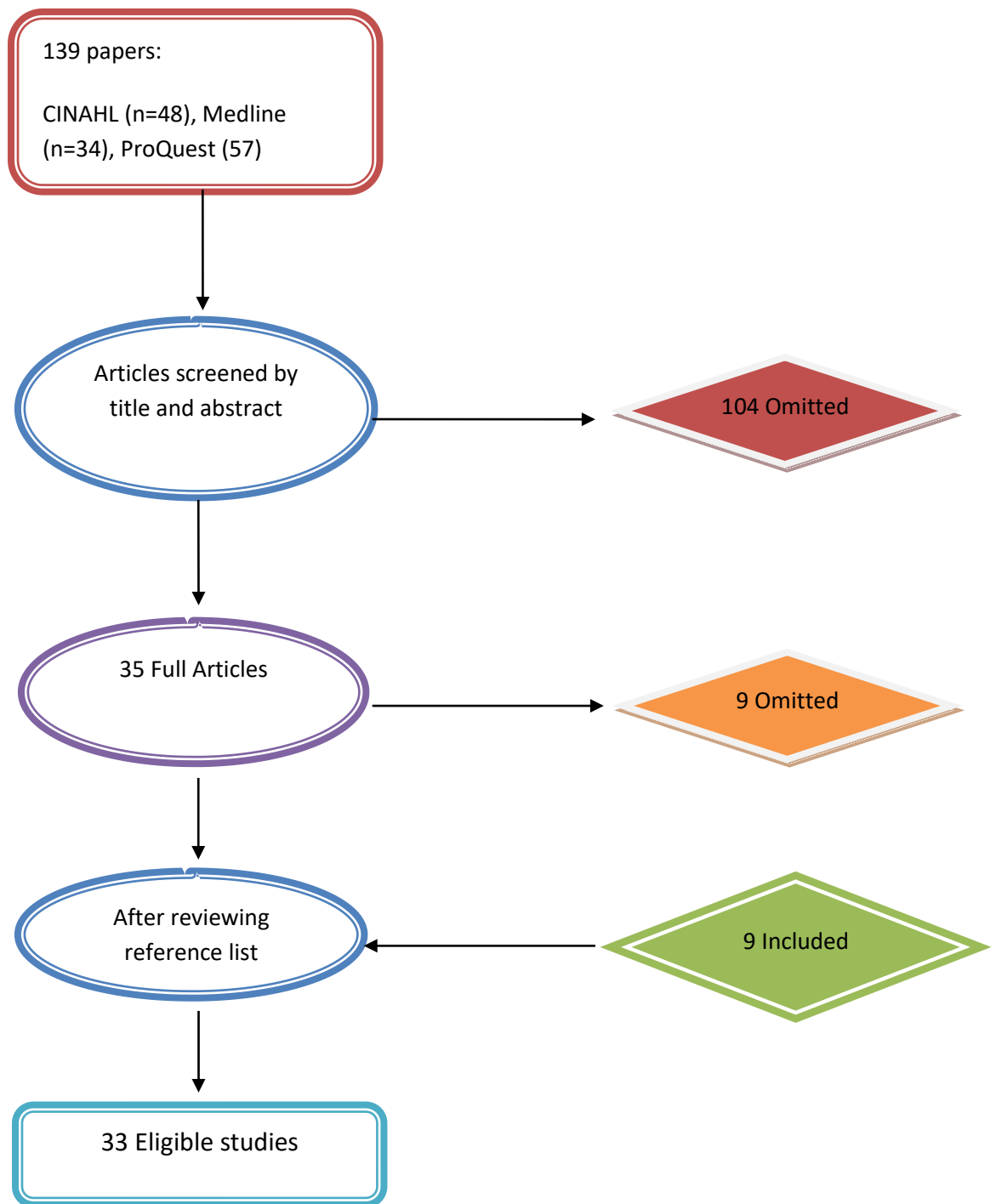
Figure 1: Flowchart outlining the Literature Review process undertaken for this Thesis

Table 1: Example of the initial analysis and summary of an article that was performed

TITLE	AGEING WELL FROM AN URBAN INDIGENOUS AUSTRALIAN PERSPECTIVE
Author/s	Elizabeth Waugh and Lynette Mackenzie
Publication Year and Place	2011 in Australia
Sample	6 Indigenous people aged 45 years and over living in Southwest Sydney, Australia.
Aim	This study wanted to understand the perspectives and experiences of older Indigenous people about what contributes to their health and wellbeing as they age.
Methodology	A qualitative exploratory study was conducted using data from face-to-face interviews Data were analysed using a phenomenological approach - what people experience in regard to some phenomenon and how they interpret those experiences.
Defining Health and Wellbeing Outcome/s	**Ageing well** refers to maintaining wellbeing and quality of life throughout the ageing process especially as life expectancy increases.
Result	**Theme 1: Identity** Educators of culture and tradition and being grandparents emerged as two important roles that the older Iindigenous people identified with. A strong sense of identity emerged as a significant foundation for the health and wellbeing of older Indigenous people and their families and communities. **Theme 2: Family** All participants talked about the importance of family connections and that a core role for older people is to ensure family cohesion. Grandchildren were viewed as a motivating factor in remaining healthy in terms of fulfilling their grandparent's role, as well as being a great source of happiness and satisfaction. **Theme 3: Community** All participants talked about the importance of the Aboriginal Medical Services because of the social avenues it provided to enable them to connect with each other and their culture and participate in health-promoting activities.

Table 2: Example of definitions and measures/indicators extracted from literature.

ARTICLE FOCUS	DEFINITION/S	MEASURES/INDICATORS
AGEING WELL *Exploring the perspectives of older indigenous Australians about what contributes to their health and wellbeing*	They referred to ageing well as maintaining wellbeing and QOL throughout the ageing process, especially as life expectancy increases.	A qualitative exploratory study was conducted using a phenomenological approach to examine the lived experiences of older Indigenous people within their personal context (Babbie, 2007; Curtin & Fossey, 2007; Starks & Trinidad, 2007). **Data were analysed using a Phenomenological approach** - what people experience in regard to some phenomenon and how they interpret those experiences.

After reviewing and analysing the literature collated from the search, wellbeing and quality of life (QOL) were identified as significant qualities that contribute to the ability of older people to age successfully. These two qualities which are composed of different dimensions in various studies, were found to be unique and essential to the capacity of older people to thrive, as ageing usually involves declines in functioning. These different dimensions and/or their predictors were identified and reviewed in the literature to establish their influences on the process of ageing. The multi-dimensional range of factors that influences both the qualities of wellbeing and QOL of older people (i.e. socio-economic factors, social support**,** optimism, happiness, depressive symptoms, behavioural variables, health-related variables, life satisfaction, physical functioning), were universal and interrelated, and impacted the ability of older people to live a happy life, and age successfully (Cené et al., 2016; Lewis, 2013; Maneze et al., 2015; Waugh & Mackenzie, 2011).

A large volume of literature that examined QOL amongst study participants considered wellbeing as a significant predictor of QOL and successful ageing (Cené et al., 2016; Maneze et al., 2015). The same applies to literature that investigated the successful ageing concept; some articles reported wellbeing and QOL, and physical functioning as significant components of ageing successfully (Cené et al., 2016; Hsu, 2011; Strawbridge, Wallhagen, & Cohen, 2002). The definition of these concepts will be discussed in the next section for clearer understanding of each term as well as components, predictors or factors associated with these connected concepts of ageing.

Defining essential qualities for older people to thrive

Health and/or Wellbeing

The definition of health has evolved over time from a biomedical perspective, where health was seen as a state of normal function that could be disrupted from time to time by disease, to a more holistic definition. Health was once defined as "a state characterised by anatomic, physiologic, and psychological integrity; ability to perform personally valued family, work, and community roles; ability to deal with physical, biologic, psychological, and social stress" (Stokes, Noren, & Shindell, 1982). However, in 1948, the World Health Organisation (WHO, 1948, No. 2, p. 100) proposed a more holistic definition linking health to wellbeing, in terms of "physical, mental, and social well-being, and not merely the absence of disease and infirmity".

In NZ, a variety of health and wellbeing models or frameworks have been developed to recognise and demonstrate greater understanding of health and wellbeing from different people's perspective including ethnic minority groups such as Māori (MOH, 2015a) and Pacific peoples (Tuitahi, 2009). These models and frameworks recognise that different population groups see the world differently. Therefore, it is important to provide tools that are culturally appropriate and effective for people from different population groups to improve and maintain health and wellbeing. One of the most recognised and extensively applied health models in the health system in NZ is the *Te Whare Tapa Wha* model. This Māori model of health and wellbeing was developed by Sir Mason Durie, who is highly respected and commended in academia and Te Ao Māori. This health model incorporates four cornerstones of Māori wellbeing: *taha wairua* (spiritual health), *taha tinana* (physical health), *taha whānau* (family health) and *taha hinengaro* (mental health) (MOH, 2015a). The model demonstrates that should one of the four dimensions be missing or in some way damaged, a person, or a collective may become unstable and subsequently unwell.

The views of Pacific peoples on health and wellbeing are demonstrated using a number of different Pacific frameworks including the *Fonua* model developed by Sione Tu'itahi in 2007 (Tu'itahi, 2009) (Figure 2). The model was revised by Tu'itahi in 2017 and modified to include two additional dimensions, *Anga faka-fonua* (Cultural) and *Tu'unga fakaekoloa* (Socio-Economic) (personal communication, Tu'itahi, 14 February 2018). *Fonua* is a Tongan concept which means land and its people and their on-going relationship. *Fonua* is the framework through which Tongans view the full cycle of life – from birth to death, and from maintaining relationship (tauhi vā) to sustaining community and collective (tauhi fonua) (Tu'tahi 2009). The *Fonua* model, provides a socio-ecological approach to health and wellbeing with foundations of important Pacific values and cultural influences. The model articulates the cohesiveness and inseparability of humans and their environment (Tu'itahi, 2009). *Fonua Ola* has six dimensions: *Laumālie* (Spiritual), 'Atamai (Mental), Sino (Physical), *Kāinga* (Collective/Community), *Anga faka-fonua* (Cultural), *Tu'unga fakaekoloa* (Socio-Economic) and *'Ātakai* (Environment). These dimensions are inter-woven like a mat and all must be cared

for equally in order to maintain holistic wellbeing. *Fonua* has five levels indicating that holistic wellbeing, the successful maintenance of relationships (tauhi vā), peace and harmony and progress must be addressed and maintained at all levels. The levels are: *Taautaha* (Individual), *Fāmili* (Family), *Kolo* (Local/Village), *Fonua* (Nation) and *Māmani* (Global Society) (Tu'itahi, 2009).
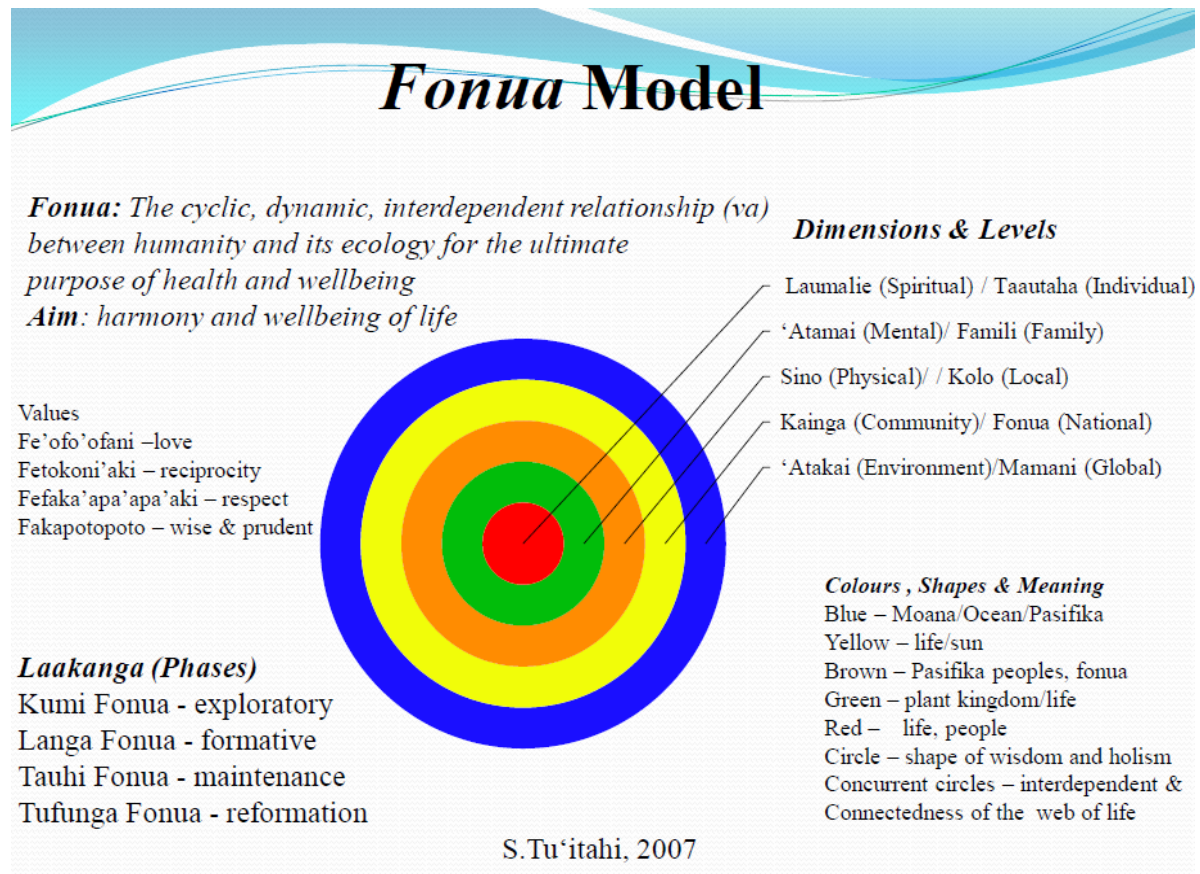
Figure 2: The original Fonua model by Sione Tu'itahi, 2007

Source: Tu'itahi (2009). *Utilised with permission from the Author*

There were very few definitions of health and wellbeing on ageing in the literature (Boston & Merrick, 2010; Carey, 2014; Cramm & Nieboer, 2015; Davy et al., 2016; Maneze et al., 2015). The majority of the papers discussed measures and indicators of health and/or wellbeing without actually defining what health and/or wellbeing is (Cené et al., 2016; Cummings, 2002; Graham, Scharlach & Wolf, 2014; Lewis, 2013; Lotoala et al., 2014; Norberg et al., 2015; Panagiotopoulos, Walker & Luszcz, 2013; Phillips, Siu, Yeh & Cheng, 2008; Richardson, Jatrana, Tobias & Blakely, 2013; Silveira & Brahim, 1998; Wangmo, 2011; White, Philogene, Fine & Sinha, 2009; Zdrenka, Yogeeswaran, Stronge & Sibley, 2015). However, it could be argued that measures of wellbeing are operational definitions of the wellbeing construct.

The studies that attempted to define wellbeing also had no consensus about whether the aspect of wellbeing should be defined objectively by others or subjectively by older people themselves or whether some components are necessary and/or sufficient. For example, Carey (2014) cited a number of definitions of wellbeing in their review including one which described wellbeing as being concerned with how one feels about one's life and whether it is meeting one's expectation. Cramm and Nieboer (2015) defined wellbeing using the *Social Production Theory*, which describes wellbeing as a broader measure than health status which encompasses individuals' overall perceived QOL. The systematic review by Davy et al. (2016) focussed on what keeps older Indigenous Australians strong and defined wellbeing based on the common themes that emerged from their review. Maintaining Indigenous identity, achieving independence, and receiving culturally safe care and services were reported as important qualities of wellbeing. Similarly, the review by Carey (2014) portrayed identity, self–determination balance and control as significant predictors of Indigenous wellbeing.

It became clear during the review that the terms health and wellbeing, health status, health perception, and health behaviours were commonly used to epitomise health and/or wellbeing or a combination of the components of health and wellbeing. Sometimes health was included as a component of wellbeing, and vice versa, other times wellbeing was a subset of health (e.g WHO definitions), or the terms were used collectively as in health and wellbeing. The implication of this is that health is accomplished when different components of wellbeing (i.e. physical, social, cultural and mental) interact in a complex, integrated and synergistic ways.

Quality of Life

Quality of Life (QOL) is defined by the WHO Quality of Life Group as an,

> Individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to prominent features of their environment. (World Health Organisation, 1997, p. 1)

There may not be consensus in terms of defining QOL but like the construct of health, the WHO definition of the QOL construct enables people to have a common understanding, to better assess the construct, and have more meaningful conversations or debate. The tools developed by the WHO and its collaborating centres for measuring QOL, are essential in terms of validity and consistency in measuring the QOL construct. Comparable to wellbeing, the subjective nature of QOL implies that it can be conceptualised diversely by different people who are influenced by a variety of factors including demographic and cultural factors.

Healthy/Successful Ageing

According to the WHO (2018), healthy or successful ageing is about older people having opportunities to do what they value in life. The WHO (2018) emphasises that healthy ageing is more comprehensive than just being free of disease or infirmity. Functional ability or the ability of a person to meet their basic needs; to learn, grow and make decisions; to be mobile; to build and maintain relationships; and to contribute to society are identified by WHO as key to successful ageing in older people.

The prevailing model by Rowe and Kahn (1997) defined successful ageing as having three components: absence or avoidance of disease and risk factors for disease, maintenance of physical and cognitive functioning, and active engagement with life (including maintenance of autonomy and social support). Some researchers have broadened the model to include more psychosocial elements. For example, Crowther, Parker, Achenbaum, Larimore, and Koenig (2002, p. 614), proposed strengthening the model by adding a fourth factor – "positive spirituality". These authors referred to positive spirituality as developing and internalising personal relation with the sacred or divine that is not bound by race, ethnicity, economics, or class and promotes the wellness and welfare of self and others.

Strawbridge and colleagues (Strawbridge et al., 2002), evaluated the efficiency of two different definitions of successful ageing. They assessed the definitions of successful ageing using (a) self-rating, and (b) Rowe and Kahn's (1997) components. Self-rated successful ageing was measured by asking participants a single question: How strongly did they agree or disagree with the statement "I am aging successfully (or aging well)"? The results show that the percentage of those rating themselves as ageing successfully using the self-rated measure was 50.3% compared with 18.8% classified according to Rowe and Kahn's criteria. Although absence of chronic conditions and maintaining functioning were positively associated with successful ageing for both definitions, many participants with chronic conditions and with functional difficulties still rated themselves as ageing successfully under self-rated measure; none were so classified according to Rowe and Kahn's criteria (Strawbridge et al., 2002). Their finding is consistent with the lay definitions of successful ageing elicited from Bowling and Dieppe's (2005) systematic review. Bowling and Dieppe found that many elderly people regard themselves as happy and well, even in the presence of disease or disability. The main themes that emerged from the theoretical review were the differences in the biomedical and psychosocial approaches. The biomedical models were consistent with Rowe and Kahn's (1997) measures where the emphasis was on the absence of disease and good physical and mental functioning. However, socio-psychological models emphasised life satisfaction, social functioning and participation, or psychological resources, and these were consistent with survey using self-rated measure.

Factors associated with wellbeing/quality of life of older people

Health variables and life events

Different health related variables such as health anxiety and psychological distress, health related behaviours, chronic conditions, and physical and mental functioning have been identified in the literature as having an impact on older people's wellbeing. Studies have shown that elevated health worries are highly associated with anxiety, depression, poor subjective health and low physical functioning (Boston & Merrick, 2010; Looper & Kirmayer, 2001; Taylor & Asmundson, 2004). Boston and Merrick (2010) investigated a cohort of older adults aged 65 years and over from community-based organisations and retirement village communities in Auckland. The aim of their study was to establish whether this cohort of older adults were overly health anxious; and determine which demographic and health factors predicted their health anxiety, and whether an aspect of the cognitive behavioural model of health anxiety was applicable to older adults. They found that older adults were not unduly health anxious; however, physical functioning was a significant predictor of increased health anxiety. With health worry being associated with depression, Ibrahim et al. (2013) found that depression is more significantly associated with a person's QOL than both physical or mental components which indicated that the higher the level of depression the lower the physical component and the mental component summaries of older people.

Studies have explored migrants' perceptions of their health and health behaviours as well as looking at other factors that affect the health and wellbeing of people living in a country they have been acculturated to (Lee 2007; Maneze et al., 2015; Wangmo, 2011;). Lee found that immigrants go through a process of acculturation whereby individuals learn about the behavioural characteristics of different people in their host country. This may also involve changes in identity, values, behaviours, cognition and attitudes. Lee (2007) and Maneze et al. (2015) found that actively seeking positive health behaviours was critical for good health. Personal factors such as healthy eating, regular exercise regimen, good social support networks, being motivated to maintain health, open-mindedness, and having knowledge of and access to health services and health resources were important enablers of health.

Cené et al. (2016), determined the correlates of overall QOL within each racial ethnic minority group in their study. These researchers examined a broad array of correlates of successful ageing among 1924 ethnic/race minority women aged 80 years and older in the United States of America, drawn from the Women's Health Initiative (WHI) study. Cené et al. found that overall self-rated health status was the only consistent and independent correlate of overall QOL ratings across all minority groups.

The impacts of chronic conditions and different life experiences on the wellbeing and the QOL of immigrants, Indigenous, minority groups and older people in general have been discussed in the literature (Boston & Merrick,2010; Cené et al., 2016; Cummings, 2002; Deshmukh et al., 2015; Silveira, Skoog, Sundh, Allebeck, & Steen, 2002; Waugh & Mackenzie, 2011). The

morbidity associated with chronic conditions and negative life events which are both common in older people, were found to be associated with increases in physical and mental limitations. Factors such as wellbeing and quality of life have been considered to be significant indicators of successful ageing (Cené et al., 2016; Hsu, 2011; Top & Dikmetas, 2012; Waugh & Mackenzie, 2011).

Hsu (2011) examined the health impacts of morbidity of chronic conditions and the incidence of life events on successful ageing among older people in Taiwan. Hsu (2011) used a comprehensive assessment of seven indicators of successful ageing which included basic and advanced physical function, depressive symptoms, cognitive function, emotional support, participation in productive activities, and life satisfaction. Hsu found that older people were able to maintain successful ageing for a longer period in basic physical function and cognitive function but were less likely to maintain success in engagement with productive activities and good emotional health. The loss of children increased the risk to physical health, psychological health, and life satisfaction, and being newly widowed was related to incidences of depressive symptoms. Hospital admissions were related to disability in basic and advanced physical function, depressive symptoms, and poor life satisfaction.

Physical functioning (usually measured through Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)) has also been identified as a key element of wellbeing and QOL components (Cramm & Nieboer, 2015; Cummings, 2002; Liu et al., 2015; Norberg et al., 2015; Silveira et al., 2002). Comparable to previous findings on the significance of physical functioning to wellbeing and QOL, similar results were found by Waugh and Mackenzie (2011). The physical health of participants was reported to affect the level of their desired functioning and how the participants viewed themselves. For instance, participants in the Waugh and Mackenzie (2011) study shared how declining health with age challenged their identity as independent and productive people.

In NZ different health variables have been identified as determinants of wellbeing and QOL of older people. The latest NZ Health Survey for adults (MOH, 2016), showed that health related behaviours were associated with health and wellbeing outcomes. People classified as highly engaged in unhealthy behaviours, were more likely to report poorer health and wellbeing. For example, Māori and Pacific adults were more likely to engage in unhealthy behaviours such as smoking (38.6%, 25.5%), hazardous drinking (31.1%, 23.6%), being physically inactive (17.6%, 20.3%) and psychologically distressed (10.5%, 11.3%) than non-Māori and non-Pacific adults. Pacific adults were also reported to have the highest rates of obesity at 67% (MOH, 2015). The outcome of this report resonated with and broadens the work by Lotoala and colleagues (2014). These later researchers examined the health and wellbeing of a community sample of older Pacific peoples in NZ compared to similar aged Māori and non-Māori samples. The findings of their study found that older Pacific peoples had poorer physical and mental health which was explained by their comparatively lower socio-economic status. However, health behaviours and health conditions were also found to explain the poorer health

outcomes of older Pacific peoples. For example, Pacific elders reported the least amount of exercise per week and there was a high proportion of smokers (16%). Older Pacific peoples were also reported to have the highest rates of diabetes (39.3%), respiratory conditions (21.1%), stroke (14.8%), ulcers (13.3%) and chronic kidney or urinary tract conditions (6.7%) (Lotoala et al., 2014).

Economic capital

Economic capital has been found to be associated with wellbeing and QOL of older people. Deshmukh and colleagues (2015) found that the mean QOL amongst older people in India was smallest among participants who were poorest, did not have a pension or health insurance. The same pattern of results was reported by Cramm and Nieboer (2015) amongst independently living Dutch older adults aged 70 years and older. They found that older Dutch people living in socially deprived neighbourhoods, reported poorer overall well-being and instrumental goals to achieving well-being compared to those that lived in less socially deprived areas.

In NZ, a similar pattern of health and wellbeing outcomes has been reported for adults living in low socio-economic areas compared to those living in the least deprived areas (MOH, 2016). The latest NZ Health Survey results (MOH, 2016) indicate that adults living in low socio-economic areas have significantly higher levels of most health risk factors, including smoking, hazardous drinking, inadequate vegetable and fruit intake, physical inactivity and obesity. This is consistent with the findings of the study by Lotoala and colleagues (2014), who investigated the role that socioeconomic factors play in the disparities in physical and mental health between older Pacific peoples and others. Lotoala et al. (2014), found that poorer health outcomes for older Pacific people, were least likely to have a post-secondary school qualification, as well as having the lowest assets, wealth, median income, and the lowest Economic Living Standards Index (ELSI).

Systems and policies of the host nations

The ability of host nations to accommodate older migrants as demonstrated by its policies and systems in place, is a significant indicator of migrants' health and wellbeing (Lee, 2007; Wangmo, 2011). The study by Wangmo (2011) on health perception and health behaviours of Tibetan elders living in India and Switzerland is a good example of how processes, policies and systems in place within a host country affect older people's health and wellbeing. The Tibetan elders who participated all went through the same life and immigration experience, but Switzerland was able to accommodate Tibetans elders better than India, which resulted in better health and wellbeing outcomes for its participants. All of the participants in Switzerland praised the policies of the Swiss government, which enabled them to receive both social security and pensions so as to maintain an income level that ensured their financial independence and good health and wellbeing outcomes.

Migrants experience different stressors as a result of adjusting to the life of their host nations through the process of acculturation. Lee (2007) reported the variety of stressors identified by the elderly Korean immigrants as a result of adjusting to life in the USA as being: language barriers, isolation and loneliness, fear of dependence upon their children, financial problems, transportation problems, discrimination, and fear of death.

Poorer health and wellbeing outcomes are reported for older Pacific peoples in NZ relative to other ethnic groups (Lotoala et al., 2014; MOH, 2015; Richardson et al., 2013). This indicates an exploration into the social, political and cultural positions of migrants, and the impacts of contemporary policies and systems on older migrants here in NZ and is warranted. In relation to the experience of the Korean and Tibetan migrants, it is likely that for older Pacific people living in NZ, being immigrants and in a minority group, they are exposed to a number of stressors including but not limited to language barriers and cultural changes, loneliness, and discrimination.

Identity and cultural factors

Identifying and relating to one's ethnicity and culture has been found to be associated with wellbeing and QOL of older people particularly for minority ethnic groups, migrants and Indigenous people, as well as for those perceived to be peripheral to the national identity (Davy, et al., 2016; Lotoala et al., 2014; Maneze et al., 2015; Panagiotopoulos et al., 2013; Zdrenka, Yogeeswaran, Stronge, & Sibley, 2015). This was seen by individuals as feeling a sense of belonging and pride in their ethnic group, being aware of the group's cultural roots and history, or exhibiting behaviours that were specific to the group. The level of attachment or devotion someone has to their country was also found to be significantly associated with wellbeing (Panagiotopoulos et al., 2013; Zdrenka et al., 2015; Waugh & Mackenzie, 2011).

Davy and colleagues (2016) conducted a systematic review to identify strategies and interventions that have been considered or developed by primary health and aged-care services to support the well-being of older Indigenous people in the world. Their research found that maintaining Indigenous identity, promoting independence and delivering culturally safe care were important supporting factors for the wellbeing of older Indigenous peoples in Australia.

Maneze et al. (2015) explored Filipino migrants' perceptions of facilitators and barriers to maintaining health in Australia. This study reported on open-ended responses that were part of a larger study that investigated acculturation and Health Seeking Behaviours (HSB) of Filipino Australians. The study found that spiritual faith in and intervention of the *Divine Being* were alluded to as facilitating factors in HSB for the deeply religious Filipinos. The use of traditional healing remedies commonly practised in the Philippines including herbal supplements and massage therapy was also reported as a facilitator in taking care of one's health. For Filipino migrants, cultural gatherings were also described as fostering cultural identity and increasing social networks in the new country.

In NZ, Zdrenka et al. (2015) examined the relationship between ethnic and national attachment and wellbeing for majority and minority groups of older people who were registered voters in the 2009 electoral roll. The results showed that no matter what ethnic group the older people belonged to, national attachment was indeed positively associated with wellbeing for all ethnicities with Māori reporting the highest mean level (6.19 ±SD 1.02) followed by Pacific peoples (6.09 ± 0.97), NZ Europeans (5.91 ± 1.00) and Asians (5.60 ± 1.11). However, for NZ Europeans and Māori, the results showed that ethnic identification did not contribute to wellbeing over and above their national identification. In contrast, Asian and Pacific peoples who identified themselves with their ethnicity group and who felt a sense of pride and belonging, had better wellbeing outcomes, although perceived as peripheral to the national identity. These results imply that ethnic attachment and identifying with one's culture is an important aspect of wellbeing for minority groups in NZ. However, the opposite observation was reported by Panagiotopoulos et al. (2013) in Australia. Panagiotopoulos et al. examined the well-being of older migrant widows from two groups in South Australia: British and Greek Australian women migrants who had been widowed for an average of 13 years. Panagiotopoulos et al. (2013) reported that the detrimental impact of widowhood on wellbeing was greater for Greek-born migrants who had retained their linguistic, cultural and religious practices and traditions despite residing in an English-speaking host country for several decades than British-born migrants. They concluded that it might also be possible that the clearly defined roles, cultural practices and beliefs associated with the widowhood experience for Greek widows specifically, do not facilitate wellbeing particularly when exisiting within a mainstream culture where they are viewed as peripheral.

Meaningful occupations/activities

The poor health status of Indigenous Australians demonstrated by high rates of morbidity and mortality compared with non-Indigenous Australians, prompted Waugh and Mackenzie (2011) to explore the perspectives of older Indigenous Australians about important factors and considerations in relation to their health and wellbeing as they age. Their role as experts of culture and tradition, their responsibilities as elders in the community, and as grandparents emerged as important roles that older Indigenous people identified with. Performing meaningful occupations to fulfil these roles such as being involved in community work were important in building their self-identity, providing a sense of purpose and pride in their lives which resulted in feelings of personal wellbeing.

The role of being a grandparent was strongly related to the health and wellbeing for some participants. Getting to meet and interact with their grandchildren was seen as a benefit and a motivating factor for maintaining health and wellbeing as well as a great source of happiness and satisfaction (Waugh & Mackenzie, 2011). The same was said about being involved in the community and the activities provided by Aboriginal Medical Services (AMS). Participating in community work and the services provided by AMS provided social avenues that enabled them to connect with each other and their culture.

Social factors

The majority of the literature reviewed reported a variety of similar social factors to be indicators of both wellbeing and QOL (Cramm & Nieboer, 2015; Cummings, 2002; Deshmukh et al., 2015; Graham et al., 2014; Hambleton et al., 2008; Ibrahim et al., 2013; Liu et al., 2015; Maneze et al., 2015; Lee, 2007; Panagiotopoulos et al., 2013; Phillips et al., 2008; Silveira & Brahim 1998; Wangmo, 2011; Waugh & Mackenzie, 2011; White et al., 2009). These factors included chronic social problems (Silveira & Brahim 1998), social cohesion and belonging (Cramm & Nieboer, 2015; Wangmo, 2011), and both quantity and quality of social support (Deshmukh et al., 2015; Ibrahim et al., 2013; Phillip et al., 2008; Wangmo, 2011; White et al., 2009).

Silveira and Brahim (1998) examined the associations between different chronic social problems such as low literacy skills in English, poor housing conditions, feelings of home insecurity, homelessness, perceived lack of social support by family and/or friends, and mental health and well-being amongst elderly people aged 60 years and over of Somali, Bengali and European origin in East London, UK. They found the overall social problems to be significantly correlated with Anxiety and Depression Scale scores among Somalis and Bengalis but not the Europeans. The disparity in the extent of migrants experiencing more chronic social problems once again might be a reflection of the ability of the host nations to accommodate migrants through their policies and systems. The same could be expected of the poorer health and wellbeing outcomes for Pacific older people in NZ.

Social cohesion and social belonging have been found to be associated with wellbeing of older people (Cramm & Nieboer, 2015; Wangmo, 2011). The study by Cramm and Nieboer described positive relationships between social cohesion, social belonging, and instrumental goals to achieving well-being among independently living Dutch community-dwelling older people, aged 70 years and older. The univariate analyses conducted showed that being born in the Netherlands, social cohesion, and belonging positively affected the well-being of older people in 2011. Two years later, a follow up study confirmed that social cohesion and belonging were related to the social and physical well-being of community-dwelling older adults in the Netherlands.

Social support has been identified as one of the dominant factors in predicting the physical health and wellbeing of everyone, including children and older adults. It has been shown that supportive relationships directly provide something that people need to stay healthy or adapt to stress (House, Umberson, & Landis, 1988). Studies have found that an expansive social support network (quantity) and the quality of interactions with families, friends and communities is correlated with wellbeing and quality of life in older people (Deshmukh et al., 2015; Ibrahim et al., 2013; Phillip et al., 2008; Wangmo, 2011; White et al., 2009). The satisfaction with support provided by family members was singled out as the most important correlate of wellbeing (Phillip et al., 2008). However a social network that extends beyond

one's family relationships is also a key correlate or protective factor of better general health among older persons (Ibrahim et al., 2013; Lewis, 2013; Phillip et al., 2008; Wangmo, 2011; White et al., 2009).

Phillips et al. (2008) explored the importance and the effectiveness of various types of support (family, friends, neighbours and the communities) for a sample of 518 older Chinese aged 60 and over, systematically drawn from a GIS-derived framework of housing districts in old urban areas and new towns in Hong Kong. The study examined the effects of objective measures of informal support (e.g., scope and occurrences of social networking) and subjective measures (e.g., satisfaction with the support received) on psychological well-being of older occupants in different household circumstances (i.e., living alone, with spouse or relatives, in old urban areas or new towns, in private or public housing). They found psychological wellbeing to be correlated to the measures of social support, and in particular size and the quality of the supporting network.

The significant contribution of social support to the QOL of older people was also highlighted in a number of other studies (Deshmukh et al., 2015; Ibrahim et al., 2013; Liu et al., 2015). Ibrahim and colleagues (2013) examined the role of social support (emotion/informational, tangible, affectionate and social interactions), and depression in predicting the QOL among 162 Malays aged 60 years and over living in a rural Federal Land Development Authority (FELDA). The study found that based on social support received, QOL among elderly people in this community was high, particularly with regards to the physical components of life. The multiple regression analysis showed that social support in the form of emotional/informational support was significantly associated with good quality of life in this particular community. The effects of family support in terms of living arrangements, children's education, and financial support was also examined by Liu and colleagues (Liu et al., 2015), along with different dimensions of health outcomes over an 8-year period. The quality of life aspect was assessed using 3 indicators such as incidence of cardiovascular diseases, abilities to perform daily activities (Activities of Daily Living), and self-rated health. Liu et al. (2015) found family support to play an important role in maintaining higher quality of life for the elderly people both in the short and middle terms in rural China.

Optimism

Optimism has been shown to be positively related to psychological characteristics associated with healthy behaviours and health related actions, physical functioning and with positive health and wellbeing outcomes (Brenes, Rapp, Rejeski, & Miller, 2002; Lewis, 2013; Smith, Young, & Lee, 2004). According to Brenes et al. (2002, p. 220), "Dispositional optimism refers to an individual's expectations of positive outcomes across situations and over time. Optimists are people who generally have a favourable outlook and expect things to go their way in the future". In their study examining whether optimism contribute to health and well-being among older women Smith et al. (2004) found optimism to be associated with better

general health and wellbeing, mental health and wellbeing, physical functioning, social functioning, vitality, emotional, physical role performance, and lower stress among older women in Australia.

Lewis (2013), discussed the importance of optimism amongst Alaskan native elders and its role in their ability to age successfully in Bristol Bay, Alaska. The four main elements of successful ageing that emerged were; emotional well-being, community engagement, spirituality, and physical health. Optimism was significant in the findings because elders in their study believed they were able to age successfully because they continued to be optimistic in every element despite the challenges they faced. For example, in terms of emotional wellbeing, participants were being optimistic by keeping a clear head and thinking through a situation before reacting. It was also important to avoid negativity in life. In terms of community engagement, participants were being optimistic by maintaining healthy relationships with others which enabled them to maintain a positive outlook on life.

Conclusion

The literature review reveals that wellbeing is complex and that health status, health behaviours, health perceptions were commonly used as a proxy for health and wellbeing components. Also, the lack of consensus in the definition and measures of wellbeing, and its subjective nature means it is viewed differently by different people. However, there was a consensus in the literature that wellbeing is a significant factor of how successfully people age. Wellbeing is broader and more holistic than health and does not focus on individuals only, as the concept recognises the importance of connection to family, community, land, culture, and spirituality. The concepts of wellbeing and QOL were both identified in the literature as significant but overlapping qualities that are essential to the capacity of older people to thrive and flourish as they age.

The dominant application of biomedical health models and the large volume of research on socio-economic factors of ageing have contributed to research focusing on different health-related variables and socio-economic factors and their impacts on wellbeing and QOL of older people. This review highlighted the significance and importance of qualitative research in terms of exploring the views and experiences of older people using their own criteria to describe their own wellbeing and QOL. For example, many older people who encountered one or more health conditions have embraced how little influence these can have on their wellbeing and QOL. Factors such as social support, social cohesion, identity and cultural aspects, fulfilling meaningful occupations and life purpose, as well as optimism were identified in the review as very significant to older people's ageing successfully especially for Indigenous, immigrants and minority groups in self-reported measures of successful ageing and wellbeing.

This review reveals a lack of research studies on wellbeing in the NZ context, particularly for older people, and little is known about the needs and views of older Pacific peoples in NZ in relation to their wellbeing or QOL. The poorer health outcomes of older Pacific peoples and the limited evidence available on their wellbeing highlights the magnitude of this problem with serious consequences for this population group in the future. Consequently, the expected growth in the older Pacific population will place greater demands on services that enable them to age well, such as housing, income, community and health services. Therefore, this evidence justified the need to undertake this study so as to provide primary insights into the perspectives and experiences of older Tongan people in relation to their wellbeing as being important.

CHAPTER THREE: RESEARCH METHODOLOGY

Introduction

This chapter describes the study methodology and methods chosen to address the research objectives. The aim of this research was to explore the perspectives and experiences of older Tongan people in relation to what contributes to their wellbeing. The following objectives were developed to address the research aim:

1. To describe older Tongan people's knowledge and understanding of wellbeing in their own context
2. To identify the factors that either enable or inhibit the wellbeing of older Tongan people
3. To provide information that will inform and support development of strategies and intervention programmes aimed at improving older Pacific peoples' wellbeing

This research utilised a qualitative descriptive design (Artinian, 1988; Fireman Kramer, 1985; Neergaard, Olesen, Andersen, & Sondergaard, 2009; Sandelowski, 2000, 2010). The decision concerning the best approach to achieve the objectives of the study, involved a review of existing qualitative designs and their application, as well as consultation with both academic and Tongan cultural mentors. The review of the relevant literature revealed there was no previous research on the wellbeing of older Tongan people living in NZ. Therefore, it was appropriate and fitting to employ a design that was appropriate and produced accurate information and descriptions, resulted in familiarity with the topic, and presented new knowledge and insights.

In selecting the design and methodology, it was essential that the approach and the research framework chosen were culturally appropriate and that cultural protocols were followed so that older Tongan people's *ngeia* (dignity) would be respected at all times and not violated through the research process. Tamasese et al. (2005) and Thaman (2008) noted that Pacific research should position itself within Pacific worldviews, beliefs, values, Pacific etiquette and cultural principles. In recognising the cultural values, beliefs and customs of the target population, two Pacific models were chosen to guide the research process. Specifically, the *Talanoa* approach (Otsuka 2005; Otunuku 2011; Vaioleti, 2006, 2011), and the research framework of *Kakala* (Thaman, 1997, 1999, 2016).

Tongan worldview

To complement and enhance the descriptive qualitative design and to ensure that the research process was culturally appropriate, it was imperative to consider and incorporate the cultural values and beliefs of the participants throughout the research process. Tongan society is guided by four core values known as *kavei koula 'e fā* (four golden themes) which

are central to the *anga faka-Tonga* (Tongan way of life). The core values are: *faka'apa'apa* (mutual respect), *feveitokai'aki* (sharing, cooperating), *lototō* (humility and generosity), and *tauhi vā* (maintaining relationship). These are the values that inform everyday practices but *'ofa* (to love, be fond of) is the foundation or the central concept that links all these values. *'Ofa* is based on the Christian values of loving God and loving people, the affections we have for each other and the ability to demonstrate *'ofa* through all these values. For example, *'ofa* is demonstrated in the values of *lototō* and *feveitokai'aki* by being generous, working alongside others as well as sharing and caring for one another.

The knowledge and understanding of these cultural values were important for understanding the participants' worldview and to ensure that their belief systems were valued and treated with respect. These values are inseparably linked to each other and play a meaningful role in defining the participants' sense of purpose, value, belonging and identity. The initial *Guidelines on Pacific Health Research* produced by the Health Research Council (HRC) (2005), fundamentally focus on the nature of an ethical relationship within a Pacific research context. One of the aims of the guidelines is to provide an ethical and operational guide for health researchers to ensure that research is culturally appropriate and conducted in an effective manner, and also contributes to the attainment of the highest level of health and wellbeing for Pacific peoples in NZ.

The latter HRC (2014) guidelines are framed around the Pacific cultural values of communal relationships, reciprocity, holism, and respect from beginning to the end. This is significant for a Pacific researcher conducting research that involves Pacific participants because it provides the foundation for *tauhi vā* or building and nurturing good relationships. Relationships are essential to the Tongan worldview and involves social organisation including principles and standards of what is sacred and what is not. For example, there is sacredness in the relationship between young and old in the Tongan society, and this sets how people should behave and communicate with one another. This plays a big part in what is known in the Tongan society as *poto he anga faka-Tonga* (knowing what to do and doing it well in the Tongan ways of life). As a young Tongan researcher, I endeavoured to uphold these values and display an attitude that was empathetic, respectful, caring, and supportive every time I engaged with the participants. These values or behaviours were essential to my engagement efforts and nurturing of relationships with the study participants during the research process.

As a Tongan researcher, I have a comprehensive knowledge of the Tongan cultural values and practices that underpin Tongan people's worldviews and perspectives on health and wellbeing. However, given the position of the participants and the significant role they play as older people in the Tongan society, I was aware of my limitations in terms of cultural knowledge, and I had to be cautious in my approach. Throughout my research journey, I was very fortunate to have the support of two cultural mentors (The late Rev. Samiuela Taufa and Mrs. Violani 'Ilolahia Wills) who were both seniors and respected leaders in the Tongan community in NZ. I got to know them through my work, community engagements, and in my

role as the president of the Tongan Association in Porirua. They were both experienced and confident with Tongan cultural values and protocols and they played a significant role during the research process particularly in preparation and conducting of the *talanoa* process. For example, both mentors provided advice on the most appropriate communication methods, the type of *me'a'ofa* (gifts or koha) for participants, the manner in which proper *talanoa* should be conducted that included ways of relating to participants, and continued support throughout the whole research process.

Research design

Qualitative research provides in-depth, detailed information that explores issues and context in their natural settings; it is useful for researchers to make sense of and interpret things in terms of the meanings people bring to them (Denzin, 2007; Holloway, & Galvin, 2016; Meyrick, 2006). Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher, participants and what is studied. They immerse themselves in the natural setting of the people being researched, and focus on the views of the participants, their perceptions, meanings and interpretations (Denzin, 2007; Holloway & Galvin, 2016). The qualitative approach was chosen for this study to obtain rich, detailed and in-depth descriptive data about participants' perspectives and experiences of wellbeing. The *Talanoa* methodology and *Kakala* framework are closely related to the qualitative approach because discussion and interactions are vital in these processes as they lead to understanding of the construct being researched. Also, using *talanoa* in qualitative research was appropriate for working with the participants because it fostered the development of a relationship based on equality and respect between myself as the researcher, and the participants as the older people (Bennett et al., 2013; HRC, 2014; Holloway & Galvin, 2016).

Qualitative descriptive approach

Qualitative description, according to Sandelowski (2000) follows the tradition of qualitative research, which provides an empirical method of investigation aiming to describe people's perception and experience of a phenomena or a construct (Neergaard et al., 2009; Sandelowski, 2004). To some researchers, such qualitative descriptive design does not exist as a methodology in its own right (Atkinson, & Delamont, 2006; Barbour & Barbour, 2003; Milne & Oberle, 2005). However, Sandelowski (2000) argues that qualitative description is a distinct method for enquiry that already exists, it is of equal standing with other qualitative methods, and especially relevant for research aiming to gain primary insights into a particular topic.

Qualitative description differs from other qualitative methods in several ways. In terms of analysis, the aim of qualitative description is to provide a rich and pure description of the researched topic depicted in easily understood language (Sandelowski, 2000). Qualitative description is found in the existing knowledge and tends to draw from the general principle of naturalistic inquiry, where there is a commitment to studying something in its natural state

(Sandelowski, 2000). Also, the use of qualitative description does not require a conceptual or highly abstract rendering of the data. Although no description is free of interpretation, qualitative description was chosen because it entails a kind of interpretation that is of low-inference, allowing myself as the researcher to stay as close to the data obtained from *talanoa* as possible with no in-depth conceptual description and pre-conceived theoretical framework (Sandelowski, 2000). This was important as the review of the relevant literature revealed no previous research about the wellbeing of older Tongan people living in NZ. To capture insights, obtaining rich and accurate description of the participants' perspectives and understanding of wellbeing in their own context, it was appropriate to use a qualitative description approach (Sandelowski, 2000, 2010).

Limitations of the methodology

Similar to other methodologies, the qualitative descriptive method has its limitations. While pure description of the data was aimed for, with no theoretical strings attached, qualitative description involves low-inference interpretation to some degree depending on the researcher's perceptions and inclinations (Sandelwski, 2000). The discussion and review of *talanoa* transcripts and data analysis with both the participants and my supervisors, generated credibility and easy consensus amongst us all which moderated my influence as a researcher. Qualitative description has also been criticised for its lack of rigour and for being flawed when it comes to judging its credibility (Neergaard et al., 2009). The rigour of this study was addressed using the strategies recommended by Milne and Oberle (2005) and the criteria introduced by Lincoln and Guba (1985). One of the major limitations of this design is that the findings cannot be generalised to the wider populations with the same degree of certainty that quantitative analyses can. This study however, does not claim to be representative of all older Tongan or Pacific peoples in NZ. The transferability of the results to other populations and people will be decided by the readers.

Talanoa

Talanoa as a concept is already well understood and entrenched in Pacific Island culture. The word *talanoa* is both a concept and a means of communication that is shared across the island nations including Fiji, Samoa, Solomon Islands, Niue, Hawaii, Cook Islands and Tonga to name a few. *Talanoa* is defined as, to talk, to tell stories or relate experiences (Churchward, 1959). The word *talanoa* is derived from the words *tala* meaning tell or communicate and *noa* meaning ordinary, nothing in particular or anything in general (Prescott, 2008; Vaioleti, 2006). However, *talanoa* should not be mistaken for merely talking or having a discussion. By describing it as simply talking minimises its credibility and effectiveness as a research method and methodology. Vaioleti (2011) described '*noa*' as the acknowledgement and neutralisation of the typical unspoken cultural boundaries/barriers, therefore creating the space and conditions for *talanoa* (Vaioleti, 2006). *Talanoa* is a mode of communication that is essential to the way in which many Pacific peoples share information, learn and relate to each other (Otsuka 2005; Prescott, 2008; Vaioleti 2006, 2011, 2013; Vaioleti, Morrison, & Vermeulen,

2002). Otsuka (2006) and Vaioleti (2006) described *talanoa* as a significant component of the Pacific culture in which oratory and verbal negotiation have deep traditional roots.

Talanoa – A research method

Vaioleti (2006) described *talanoa* as a Pacific research methodology belonging to the phenomenological family, along with qualitative research, grounded theory, naturalistic inquiry and ethnography. Prescott (2008) recognised Vaioleti's work and described *talanoa* as a data collection method in which its ontological roots are linked to the interpretative paradigm. Much of the literature on *talanoa* emerged following the *talanoa* sessions, facilitated by Dr Sitiveni Halapua, involving the political opponents to the 2000 Fijian coup (Halapua, 2003). However, over time *talanoa* has been discussed, proposed, and used as a Pacific research methodology and method (Fa'avae, Jones, & Manu'atu, 2016; Vaioleti et al., 2002; Otsuka, 2006; Otunuku, 2011; Prescott, 2008; Suaalii-Sauni, & Fulu-Aiolupotea, 2014; Vaioleti, 2003, 2006, 2011, 2013). Vaioleti (2013, p. 194) claims that while *talanoa* is somewhat similar in approach to narrative interviews, it is different in the sense that *talanoa* requires "cultural connectedness between those involved, and the researcher and participants are both involved in the *kaungā faʻu* (co- construction) of knowledge". The flexible nature of *talanoa* provides opportunities during conversation to probe, clarify and re-align (Vaioleti, 2006). Vaioleti (2006) argues that conducting *talanoa* requires an open format for participants to express their views, to story their issues, realities, aspirations and to raise any matter they feel relevant to the researched topic without having to be constrained like in a structured interview.

The *talanoa* research method is consistent with the *Pasifika Education Research Guidelines* (Anae, Coxon, Mara, Wendt-Samu, & Finau, 2001) and the *University of Otago Pacific Research Protocols* (Bennett et al., 2013). The protocols recommend that the best research methodologies for Pacific peoples are considerate of the existing Pacific contexts whether social or environmental, informed by a range of Pacific worldviews, and in accordance with Pacific ethical standards, values, and aspirations (Anae et al., 2001; Brunton et al., 2013). This is also consistent with the Pacific cultural values and research ethical principles listed by the NZ HRC, in particular, the principles of communal relationships, reciprocity, holism, and respect (HRC, 2004, 2014). As Prescott (2008. p. 130) stated, "the openness and flexibility associated with *talanoa* research is a product of the underlying trust relationship and sense of cultural connectedness between those involved". The trust exhibited in the relationships removes uneasiness, barriers, distance and power differentials that may exist between a researcher and a participant because *talanoa* involves a deep interpersonal relationship, the kind of relationship where most Pacific activities are carried out (Morrison, Vaioleti & Veramu, 2002).

Talanoa and qualitative description

The qualitative descriptive approach is able to use data from multiple sources like *talanoa* to describe participants' perspectives and experiences of the researched topic. Qualitative

description is closely related to the *talanoa* approach in the way that it allows both the researcher and the participants to interact, mutually engage, and influence one another while maintaining a good relationship. Both approaches are flexible and researchers are open to learning from the participant's understanding of the researched topic (Thorne, Kirkman, & MacDonald-Mes, 2004; Vaioleti, 2006). The knowledge created by the researcher with the data provided, and the contextual nature of human experience allows for sharing realities (Thorne et al., 2004; Vaioleti 2006). Similar to the *talanoa* research method, relationships and mutual obligations are also key to qualitative descriptive approach.

Kakala research framework – The research process

The *Kakala* Research Framework, which provided the blueprint for my research process, was used in conjunction with *talanoa*. Vaioleti (2011, p. 114) describes that a "cultural synthesis of knowledge, information, stories, emotions, agreements and theorizing made available by *talanoa* using the metaphor of *tui kakala,* can provide authentic knowledge and solutions to Pacific issues".

Kakala, is a research framework originally developed by Konai Heln Thaman (1997, 1999). *Kakala* is Tongan for fragrant flowers and leaves woven together in special ways according to the needs of the occasion. The process of fragrant garland making (*tui kakala*) is a special tradition and custom in Tonga that requires specialised skills and expertise. *Tui kakala* symbolises the process of gathering knowledge and information, analyzing and arranging the gathered information before applying it through gift-giving to address Pacific issues and concerns (Thaman, 2016; Vaioleti, 2011). It is based on Tongan values and principles such as reciprocity, sharing, respect, collectivism and context-specific skills and knowledge. As a metaphor for the stages of research, Konai Helu-Thaman relates the making of *kakala* into the research process of data collection, analysis, and presentation of findings. The original *kakala* framework developed by Helu-Thaman comprised three processes: *Toli* – Data collection; *Tui* – Data analysis; and *Luva* – Presentation of findings. In 2005, Taufe'ulungaki and Johansson-Fua (2005) revised and further developed the *Kakala* framework to include *Teu* – the Preparation stage which takes place before *Toli.* Researchers commonly refer to *Kakala* as having a four-stage approach to the research process.

Stage 1: *Teu* – Preparation stage

Teu is the stage where it is essential for the *Kakala* maker (in this case myself as a researcher) to familiarise themselves with the *taumu'a* (goal, purpose, intention) of the occasion for which the *kakala* (research) will be made. *Teu* allows time for preparation and planning of what *kakala* to pick for the appropriate occasion. In terms of my research, *teu* is associated with the development of the research proposal that communicated what I wanted to do my research on (the topic, the goal), the significance and relevance of my research, the selection of my research design, and my proposed methodology and methods. This stage also included

the review of literature and identifying the purpose of this research and its significance. *Teu* also involved selection of the sample (who, how, when, size), the recruitment process, and the preparation for *talanoa*.

Participants

For this research, I employed a purposeful sampling technique using maximum variation sampling (Sandelowski, 2000; Thorne, Kirkham, & O'Flynn-Magee, 2004). The goal of using purposeful sampling in this research was to maximise diversity in terms of gender, age and life experience, and obtain information-rich participants so as to provide valuable data to inform and address my research questions. There are no set rules in terms of sample size in qualitative research (Holloway & Wheeler, 2004), rather the sample size is informed by the study's rationale, purpose and methodology (Patton, 2002). The decision to have nine participants in this study was based on the study's rationale, the purpose, methodology and taking into account that this is a 90-point Master's thesis. As a researcher I wanted to understand how a diverse group of older Tongan people viewed wellbeing. The criteria for participants were that they must identify as Tongan, be aged 60 years and over, either born in NZ or in Tonga, and have lived in NZ for five or more years.

The utilisation of a maximum variation sampling method allowed me as the researcher to explore the common and unique manifestations of wellbeing across a broad range of highly experienced and demographically varied participants that maximised the diversity relevant to the research question (Sandelowski, 2000). The first eight potential participants that I approached by telephone, expressed strong interest verbally and consented to a meeting to discuss the research processes. The purpose of the study and its processes were explained to participants in Tongan, and a written information sheet was also provided. The information sheets and consent forms were made available in both *English* and *Tongan* languages (Appendix 1a, 1b; Appendix 2a, 2b) for participants to read, discuss with me, and sign to indicate their consent to participate in the study.

Preparation for talanoa

Vaioleti (2006) lists five principles related to the *anga faka-Tonga* which were necessary for me as a Tongan researcher to ensure that appropriate protocols were adhered to before and during *talanoa*. These fives principles were *faka'apa'apa, anga lelei, mateuteu, poto he anga*, and *'ofa fe'unga*. *Mateuteu* was most significant and a key component in terms of preparations to conduct the *talanoa* sessions. Being *mateuteu* as well as having knowledge and consideration of the other four principles was key in the ongoing development and maintenance of relationships of care and trust between myself and the participants and for obtaining profound and in-depth information during *talanoa*. As part of my preparation, I practised *talanoa* with one of my mentors before we co-developed the *talanoa* schedule. The *talanoa* schedule consists of indicative questions, probes and prompts that helped guide the *talanoa* sessions by ensuring that all key and relevant information was discussed and captured

for analysis. During two *talanoa* practises, I was challenged to let the *talanoa* flow as naturally as possible when incorporating prompts, probes or indicative questions. The practise runs helped me make sense of what I was trying to get out of *talanoa* in relation to my study objectives, and they generated the confidence and 'synergy' that Vaioleti (2006) was referring to.

When times and venues were confirmed for *talanoa*, a *me'aofa* (gift) was organised and prepared for each home visit. These consisted of fruit, vegetables and biscuits that were shared with each family when visited. The *me'aofa* presented to participants represents the *laumālie* (spirit) of *feveitokai'aki* (sharing)*, hounga'ia* (gratitude), *toka'i* (respect), *poto he anga* (knowing what to do), and *'ofa fe'unga* (appropriate compassion). *Me'aofa* is a key element of Tongan etiquette and one means of appreciating the respect and consideration that the participants offered to me as the researcher.

Stage 2: *Toli* – Data collection

Toli involves the process of selecting and picking the different flowers and leaves required for making the *kakala* (Thaman, 2016). In this stage, a researcher should know exactly what kind of *kakala* they are making, who they are making it for, and what occasion they are making it for (Thaman, 2016). In terms of my research, *toli* equates with the stages where the final participants were chosen, consent forms were signed, and *talanoa* sessions were actually conducted with participants. The participants and I agreed to the time and location of the *talanoa*, which all took place in the participants' homes. There were eight *talanoa* sessions conducted in the Tongan language with one of the *talanoa* sessions involving a married couple who were both participants of the study. The *talanoa* lasted an average of three hours and were carried out over a 4-month period between March and June 2017. I also conducted follow up *talanoa* with every participant either by phone call or home visits to probe and clarify aspects of what the participants discussed or shared during the initial *talanoa*. All face-to-face *talanoa* were audio-recorded to capture actual accounts of the *talanoa,* and I also used my laptop to take notes during the conversations.

As soon as I entered the homes, the *me'aofa* was presented to the participants, and with that an acknowledgement was received as well as participants requesting an opportunity to lead the *talanoa* in prayer. After the prayer each *talanoa* commenced with the sharing of each other's (participants and I) personal background and stories as a way of finding connections and ensuring that both participants and I felt the *māfana* (warmth) to talk. Prior to commencing *talanoa*, I went over the information sheets with the participants to ensure they fully understood the purpose of the research and its processes, and to allow them to ask any questions they had before signing the consent form. The *talanoa* schedule (Appendix 3) included probes and prompts used during the *talanoa* for elaboration and/or to gain further clarity from the participants' responses. It also assisted both myself and the participants to

stay aligned with the purpose of the *talanoa*, keep track of the issues discussed and indicate the appropriate time to conclude and close the *talanoa*. The precise wording of the questions was not determined in advance and the order of questioning was not the same for every participant. At the end of every *talanoa* session, a verbal acknowledgement was offered to the participants before the session was closed with a prayer.

Stage 3: *Tui* – Data analysis

Tui is the process of making or weaving the *kakala*, and is typically done by special people, particularly women, who are expert in the making of *kakala* (Thaman, 1997; 2016). It involves the sorting, grouping and arranging of flowers and leaves by the *kau tui kakala* (those weaving the *kakala*) according to their cultural importance before the actual weaving (Helu-Thaman, 2016). *Tui* was a vital stage of my research as this is where the stories, spirits and emotions from *talanoa* encounters were arranged and analysed. Cultural and technical skills are important at this stage, as incompetent selection and synthesis of the rich information from *talanoa* can easily lead to invalid findings (Vaioleti, 2006).

Both qualitative content analysis and thematic analysis were used as analytic tools in this study. They were considered the most appropriate analysis strategies as they were compatible with the goals and objectives of this study (Braun & Clark, 2006; Nowell, Norris, White, & Moules, 2017; Sandelowski, 2000, 2010). The purpose of content analysis is to describe the characteristics of the content of the data by examining individuals and their comments on particular topics (Bloor & Wood, 2006). The content analysis in this study focused on the participants' descriptions of their wellbeing, and the factors that either enabled or inhibited their wellbeing.

Similar to content analysis, thematic analysis is also known to be data driven, meaning that codes are generated from the data themselves instead of using a pre-existing set of codes or my own analytical preconceptions as a researcher (Braun & Clark, 2006; Patton, 1990; Sandelowski, 2000). Thematic analysis is a method for identifying, analysing, organising, describing and reporting themes (Braun & Clarke, 2006). This study used an inductive analysis approach for both content and thematic analysis because of its flexibility, and its independence of theory and epistemology (Braun & Clark, 2006). Thematic analysis was useful for examining the perspectives of different participants, highlighting similarities and differences, and summarising key features (Braun & Clark, 2006).

The process of data analysis, content analysis (Elo & Kyngäs, 2008) and thematic analysis are demonstrated here using the six phases of analysis by Braun and Clarke (2006). Some of these phases are similar to the phases of other qualitative research, and not necessarily unique to thematic analysis. Data gathering and analysis for this study were conducted concurrently. The six-phased method is an interative and reflective process that develops over time and

involves a constant moving back and forth between phases (Braun & Clarke, 2006; Nowell et al., 2017).

Phase 1: Familiarising myself with the data

The use of multiple formats to collect and record data including audio recordings, transcriptions, follow up notes and field notes, allowed myself as the researcher to become familiar with the data and obtain a collective sense of the whole through accessing the same data using different formats. The interactive manner of *talanoa* and consistent follow up process meant that before the data was analysed, I already had some knowledge and initial associated analytical conclusions or thoughts. While time-consuming, the process of transcription provided an excellent way of familiarising myself with the data. Through constant re-reading of the transcribed materials in an active manner, I could look for meanings, patterns and note down anything of potential relevance in the data.

Phase 2: Generating initial coding

Once I read and familiarised myself with the data and noted its key themes or ideas, I moved onto the initial production of codes (Braun & Clarke, 2006). This phase involved coding features and concepts of the data systematically for each *talanoa* transcript, and other formats, before comparing and collating the emerged coding clusters together in relation to the entire data set. Coding was done manually by writing words or notes in short phrases that symbolically assigned summative, relevant and essence-capturing attributes for the whole data set. I then collated and merged data relevant to each code across the whole data set in a *Microsoft Word* document by using colour highlights to indicate each code and their extracted data (Appendix 4). These coded data were strongly linked to the raw data with no pre-determined coding frame or analytical preconceptions.

Phase 3: Searching for themes/topic areas

When all data had been initially coded and collated, the next stage involved sorting and collating all the potentially relevant coded data extract into themes (Braun & Clarke, 2006). This involved analysing the codes, and carefully considering how different codes could be combined to form themes or sub themes. A *Microsoft Word* template in a table format was developed for each data set and across the whole data set, where all the same coloured coded data were congregated or clustered under potential themes or topic areas. This phase ended with a collation of themes and topic areas with all extracts of data that had been coded relevant to each topic area or theme.

Phase 4: Reviewing the themes

The set of themes or topic areas generated from Phase 3 were then revised for their coherence to the collated coded data in Phase 2 (Braun & Clarke, 2006). During Phase 4, coded data extracts were reviewed by re-reading and examining to establish the extent to which

they formed a coherent pattern with the themes or topic areas. Firstly, if one or more of the themes or topic areas did not fit or match the coded data extracted, they were re-arranged by either creating a new theme or the data extracted was allocated to another theme that better encapsulated the extracted data. The credibility of each theme was also considered in relation to the whole data set. This was done by going back and forth to the whole data set to ascertain coherence to the themes, and to ensure that all relevant and important aspects of the data had been coded and collated. At the end of this phase, I had an indication of the different themes and topic areas, how they fit together and the overall story they created about the data.

Phase 5: Defining and naming themes

This phase involved defining and further refining the themes in Phase 4 by conducting a detailed analysis of each theme in relation to each other; to identify the essence of what was said, the stories that each theme tells, and how it fitted the overall story that I was trying to convey about my data, in relation to the research questions and the purpose of the study. During the refinement process, I discovered that some themes such as *Life in Threefold* contained sub themes comprised of *Physical*, *Mental* and *Spiritual* aspect which was useful for demonstrating the hierarchy of meaning within the data. Three main topic areas with numerous themes under each were developed to tell the full story about the wellbeing of the participants.

Phase 6: Producing the findings

Once I had fully established the overarching themes and sub-themes, and reviewed the coded extracted data, I wrote up the findings. The review and inclusion of quotes from participants was a key component of producing the findings to illustrate specific points and demonstrate the credibility and merits of the analysis.

Stage 4: *Luva* – Presentation of the findings

Luva is the final process of making a *kakala*. The *kakala* is given away as a gift or presented to someone for a special occasion such as festival, dance, birthdays, weddings, or any other special events. In the Tongan context, the values that underpin luva are *'ofa*, *faka'apa'apa* and *fetokoni'aki* (Thaman, 2016). In my research, *luva* is important as this is where the information is returned to participants, and shared with communities, scholars and people for whom this would be helpful and of relevance. Participants were honoured with this *kakala* by first and foremost presenting them with hard copies of the final thesis before I submitted it for marking.

Ethical implications

Ethical approval for this study was obtained from the Victoria University of Wellington Human Ethics Committee (Appendix 5). The research design, methods, and approaches were informed, first and foremost, by Tongan worldviews. This included obtaining cultural ethical approval and consent from key personnel in the Tongan community to inform them of the purpose of the study and to determine whether the study would be of value to the Tongan community. As the purpose of ethics in research is about respecting human dignity, it is critical that the research process is culturally appropriate for the participants (Vaioleti, 2006). It was important that my research protocols reflected Tongan worldviews underpinned by Tongan values and belief systems in order to keep synergy with the methodology and protect the integrity of the participants (Vaioleti, 2011). For this research, the protocol was based on *tō'onga* or *anga faka-Tonga.* The following values were applied throughout the research: *Faka'apa'apa*; *Anga lelei*; *Mateuteu*; *Poto he Anga*, and *'Ofa* (Vaioleti, 2006, 2011). These are consistent with the Pacific values (communal relationships, reciprocity, holism, and respect) discussed in the *Pacific Health Research Guidelines* (HRC, 2014) and *Pacific Education Research Guidelines* (Anae et al., 2001) which inform some of the ethical and conceptual approaches used in Pacific research. Framing this research in the context of these cultural values was important to ensure that the people who participated in the study were treated with respect and protected from exploitation.

Given the small size of the Tongan community in Wellington, and the smaller proportion of people aged 60 years and older, it was vital for me to protect the identity of the participants as the possibility of participants knowing each other was very high. Ensuring confidentiality also warranted there were no detrimental effects from the published findings for participants or those who are close to them such as family members. Therefore, the effect and potential impact on participants in terms of confidentiality and the sensitivity of the information shared were considered carefully. As a researcher, I ensured my conduct, behaviour and language would at all times be respectful to preserve and protect the participants' *ngeia* (dignity), *mōlale* (moral) and integrity and also making sure that the whole process was culturally appropriate and built upon the Tongan worldviews. At the beginning of every *talanoa* session, participants were invited to choose a pseudonym to protect their identity. During the *talanoa* I paid attention to any distress participants shared by reaffirming that they had the right to withdraw from the study with dignity and respect and did not have to share anything they had concerns with in terms of confidentiality.

Rigour of the study

There are different criteria used to assess the rigour of qualitative research, and while others (Tracy, 2010) have recently presented expansive and flexible markers of quality in qualitative research, I used the original and widely accepted criteria introduced by Lincoln and Guba (1985) to demonstrate the trustworthiness of this study. The following trustworthiness

criteria: *credibility, reliability, reflexivity* and *transferability* are briefly defined and then interwoven throughout a description of how I attempted to ensure the rigour of the study.

Credibility

Credibility refers to the believability of the findings or conducting the research in a believable manner (Lincoln & Guba, 1985), that addresses the fit between participants' views and the researcher's representation of them (Tobin & Begley, 2004). Lincoln and Guba (1985) argued that prolonged engagement, persistent observation, data collection triangulation and researcher triangulation can enhance the credibility of the study. For this research, the eight months I spent in the field building relationships, trialling *talanoa* with mentors and co-developing the *talanoa* schedule, conducting the actual *talanoa* sessions, following up either by home visits or phone calls, and ongoing communication provide evidence of prolonged engagement. This engagement ensured that I gained a full understanding of the participants' knowledge and understanding of wellbeing.

Credibility can also be enhanced with triangulation which uses several methods to study a phenomenon (Holloway & Wheeler, 2002). In terms of data triangulation, this study used more than one data source including field notes, observations, audio recordings, follow up *talanoa* either by face-to-face or a phone call, and *talanoa* scripts. These different methods of data collection ensured that the data collected were validated and provided an opportunity to uncover deeper meanings in the data. In terms of triangulation, the involvement of two research supervisors and two mentors (Reinharz, 1983) during the research process also contributes to the credibility of the study. In terms of reporting the data, the use of quotations as evidence of the participants' account supports the credibility of the findings.

Dependability and confirmability

Dependability is often compared to the concept of reliability in quantitative research and refers to the stability of the data (Tobin & Begley, 2004). Confirmability refers to the neutrality and accuracy of the data (Tobin & Begley, 2004), which is closely linked to dependability and the process for establishing both are similar. It is argued that the trustworthiness (rigour) of a study may be established if the reader is able to audit the events, influences and actions of the researcher (Koch, 2006). The dependability and confirmability of this study were achieved by outlining an audit trail of the decisions made throughout the research process including methodological and theoretical decisions (Houghton, Casey & Shaw, 2013; Koch 2006). Keeping records of the raw data, field notes, transcripts, and a reflective journal, helped me to systemise, relate and cross reference data, as well as the reporting of the research process. Quotations spoken in Tongan were translated into English and back translated to ensure they accurately reflected what was said. During the research it was vital for that as a researcher I continued to reflect and document my own values, views and pre-conceived ideas which could potentially influence the findings. A reflective journal was used to document these

reflections and to record the logistics of the research (Jootun, McGhee, & Marland, 2009; Koch 2006).

Transferability

Transferability refers to whether or not particular findings can be transferred or applied to another similar context or situation or population, while still preserving the meanings and inferences from the completed study (Leininger, 1994). It was my responsibility as the lead researcher to provide sufficient detailed descriptions for the reader to make informed decisions about the transferability of the findings to their specific context. The rich and rigorous presentation of the findings with appropriate quotations enhances transferability, but ultimately the reader will decide whether or not the findings are transferrable to another context.

Reflection

It was an enlightening, educational and very humbling experience for me to be given the opportunity to conduct this research and to spend time with some of the leaders in my community and listen to their stories and their experiences. While I had no preconceptions or commitment to any theoretical views or frameworks, that did not mean I was not influenced by theoretical frameworks or my own perceptions, inclinations, sensitivities and sensibilities. Considering that issues of a researcher's subjectivities can occur in almost all research (Denzin 2007), I took responsibility to address these issues by ensuring that my stance as a researcher was clearly defined in relation to the research topic and my participants.

I proposed *talanoa* as a data collection method because of its significance in gathering information and transferring knowledge in the Tongan society. A Tongan metaphor: *Fofola e fala kae talanoa e kāinga* (roll out the mat for the families to dialogue) captured the significance of *talanoa* as a mode of communication and collective interest. At the beginning of the initial *talanoa* sessions, I regularly found myself being anxious about the appropriate way of conducting *talanoa*, the quantity and the quality of the information shared, and its relevance to my research questions. However, the constant reviews of my early performances from conducting *talanoa*, and the synergy created during those *talanoa* with participants led to increased energy and inspiration, and to a positive state of connectedness and enlightenment (Manu'atu, 2002). When the *talanoa* was not influenced by my anxieties around the need to be conducted in a certain way, I found myself confident and able to participate more deeply with the *talanoa*.

Summary

This chapter presented a detailed description of the research methodology, and the method and design employed to address the objectives of the study. The qualitative descriptive design

in conjunction with the *Kakala* research framework, and the research method of *Talanoa* were selected together as being the most appropriate and suitable methodology. The methodology in this study was informed by Tongan worldviews that were underpinned by cultural values, protocols and practices. More importantly, being able to apply the Tongan worldviews underpinned by cultural values, protocols and practices throughout the research process, strengthened the research processes and findings for this study. The explanation of the research process for this study was demonstrated using the four stages of the *Kakala* research framework. Throughout the research process, ethical implications were constantly considered, discussed and reviewed. The limitations of the qualitative descriptive design were also briefly discussed within this chapter. Finally, the trustworthiness or rigour of the study was discussed and demonstrated using standard criteria. The chapter concluded with the researcher's personal reflections of the research process.

CHAPTER FOUR: FINDINGS OF THE STUDY

Introduction

This chapter presents the findings of the study from the views and perspectives of the nine older Tongan people (60 years of age and older) expressed during eight *talanoa* sessions with one involving a married couple. The participants' views were comprehensive and embraced diversity due to factors such as their experiences, values and beliefs, environmental influences, age and gender.

This chapter begins by introducing the participants who consented to participate in the study. It then presents the overarching theme of wellbeing from the participants' views and context; *Ko e Mo'ui Kakato* or *Life in its Entirety* which consisted of a series of components. The final section presents the factors that were identified to either enable or hinder the participants' wellbeing.

The participants

The participants are introduced in two ways. Firstly, they are introduced individually in the following paragraphs using their chosen pseudonyms in descending order of their age. Secondly, Table 3 summarises information about the participants' age, gender, marital status, years of living in NZ, living arrangements and country of birth.

Mafua-'i-Vaha is a 90 year old widower who was born, worked and lived in Tonga for most of his life before moving to NZ with his family approximately 27 years ago. *Mafua-'i-Vaha* and his late wife who passed away two years ago have two children and nine grandchildren. He is now living alone by himself. Both *Mafua-'i-Vaha* and his late wife were school teachers in Tonga for about 35 years before they retired and migrated to NZ. *Mafua-'i-Vaha* has the natural ability to care for and help others hence his passion for teaching. According to *Mafua-'i-Vaha* his faith in God has kept him well and alive over the years and he has found peace in God.

'Avetā is a 79 year old widow who was born and raised in Tonga before she moved to NZ 12 years ago. She lives with her daughter and her family in Wellington South. Before she retired and migrated to NZ, she was a teacher in Tonga for about 35 years. *'Avetā* migrated to NZ to obtain better health care for her long-term medical conditions. She has endured the complications of these conditions for years with the support of the NZ health care system, and her faith in God. Spending time with her children and grandchildren were identified as her happiest moments in life.

Fanakava is a 78 year old widow who has two of her young adult grandchildren living with her. She moved to NZ with her late husband and her two grandchildren about 13 years ago.

In Tonga, she enjoyed housework, sewing, handicrafts, weaving mats and making tapas. Her limited functional capacity and learning to make the adjustments necessary to living in NZ, has restricted her to weaving and knitting. *Fanakava* loves going to church and community events because of the opportunity to meet and socialise with other people.

Mo'ui-he-'Ofa is a 75 year old female who lives with her husband and their eldest grandson. She and her husband moved here eight years ago to be closer to family after spending some time living in both Samoa and in Tonga. She enjoys childcare, housework, as well as productive cultural and traditional activities such as handicrafts, weaving and knitting. She acknowledged God for his love and blessings over the years of her life and stated that her faith in God determines how she thinks about wellbeing and what it means to her.

Siu-ki-Moana is a 73 year old female who works as a health professional. *Siu-ki-Moana* migrated to NZ 52 years ago and has lived here ever since. She commenced training to be a nurse shortly after her arrival as a 20 year old. She has worked ever since and has become very passionate about influencing and making positive changes to the health and wellbeing of the Pacific community in NZ. She is very passionate about her job and is optimistic about life. She believes that there is still more that she could do to make a difference in people's lives.

Langakali and *Fisi'ihangale* participated in the *talanoa* as a couple. They shared their individual knowledge and experiences separately and also elaborated on each other's ideas and experiences. *Langakali* is a 72 year old male and his wife, *Fisi'ihangale* is 70 years old. *Langakali* was a school teacher in Tonga for many years while his wife *Fisi'ihangale* was a housewife. They moved to NZ 17 years ago to be with their son who moved to NZ a few years earlier. Their passion for teaching and helping young children is still evident through their long-term commitment to leading and being involved in their church's Sunday school.

Ha'alai is a 70 year old male who was born, raised and married in Tongan where he had four children before the family moved to NZ 29 years ago. He lives with his wife in the Eastern suburbs of Wellington central. In Tonga, *Ha'alai* enjoyed both semi-subsistence farming and fishing to provide for his family. The core of *Ha'alai's* life is centred on sharing and cooperation (feveitokai'aki) with others, something that he learned from his parents.

Ngalukilo is a 61 year old male who has lived in NZ for 15 years after having previously lived in the United States of America for several years. *Ngalukilo* is a full-time church minister who enjoys meditation and praying. He believes that through a sense of leading, purpose and growing commitment, he was called by God to serve his people as a church minister. Apart from practising his faith and his role as a church minister, *Ngalukilo* enjoys exercising and he is passionate about sustaining a positive level of physical health.

In summary, the study participants were comprised of five females and four males who lived in two geographical urban areas of the greater Wellington region: Porirua and Wellington

central. All of the participants were born, raised, and lived in Tonga before they migrated to NZ. The age of participants ranged from 61 to 90 years old, and the mean age was 74.22 years. The earliest migration to NZ happened 52 years ago in 1965 when *Siu-ki-Moana* arrived as a student. The most recent participant to migrate to NZ arrived 8 years ago in 2009. As seen in Table 3, eight of the nine participants have lived in NZ for more than 10 years and have an extensive experience of life in NZ. All participants said they were members of a church within the Wellington area, and that church is an important place for them to network and meet other people.

Table 3. Summary of participants n=9

CHARACTERISTIC	VALUE	NUMBER
Gender	Female	5
	Male	4
Age (years)	60 - 69	1
	70 - 79	7
	80 - 89	0
	≥90	1
Marital Status	Married	6
	Widowed	3
Country of Birth	Tonga	9
Time in NZ (years)	0 - 9	1
	10 - 19	5
	20 - 29	2
	≥ 30	1
Living Arrangements	Alone	1
	With spouses only	3
	With spouse, children and grandchildren	4
	With grandchildren	1

Before the participants migrated to NZ, they all participated, and added value to their local communities and the Tongan society either through their employment or other activities. Three of the participants were previously employed as school teachers, one was a construction contractor, and one was still a student at the time she migrated. The four participants who had not engaged in daily paid economic activity or employment in Tonga, had all been actively engaged in the subsistence or voluntary sector which involved primary

responsibility for childcare, housework, subsistence farming as well as productive cultural and traditional activities such as handicrafts, weaving and tapa making. In terms of living arrangement, five of the participants were living with their children or grandchildren; three were living with their spouses only, and one lived alone.

Quality of Mo'ui Kakato or life in its entirety

The use of the *talanoa* approach helped to elicit the meanings, nature and dimensions of wellbeing for the participants. For all nine participants wellbeing had a wider meaning than 'health'; it had many domains. In their view, wellbeing is very comprehensive and inclusive of different dimensions of their whole being*.* The participants held the view that wellbeing was about the quality of their **Mo'ui kakato** or **Life in its entirety.** This overarching theme conveys what participants shared when describing what wellbeing meant for them. As many spoke very similar words, these three quotations collectively draw attention to what was shared.

> *"Wellbeing for me is about the quality of our mo'ui kakato or being well in all aspects of life"* (Siu-ki-Moana)*.*

> *"For me it's about the completeness of life"* (Ha'alai)*.*

> *"It's about the quality of our whole being"* (Mafua-'i-Vaha).

There were many commonalities amongst what participants elaborated and shared concerning *mo'ui kakato.* The participants discussed many dimensions when they talked about *mo'ui kakato* in detail, and what it means for them to accomplish a state of wellbeing. Figure 3 illustrates the different aspects of *mo'ui kakato*.

The seven dimensions of *mo'ui kakato* were the centre of discussion when participants discussed wellbeing in their own context, and how it related to the environment they were living in. These dimensions reflect what wellbeing looks like in real life and everyday practices for the participants, with each dimension acting and interacting in a way that contributes to the quality of the participants' *mo'ui kakato* or their whole being. The participants shared that all the dimensions must be *napangapangamāli*e (in harmony) for them (participants) to realise and accomplish holistic wellbeing.
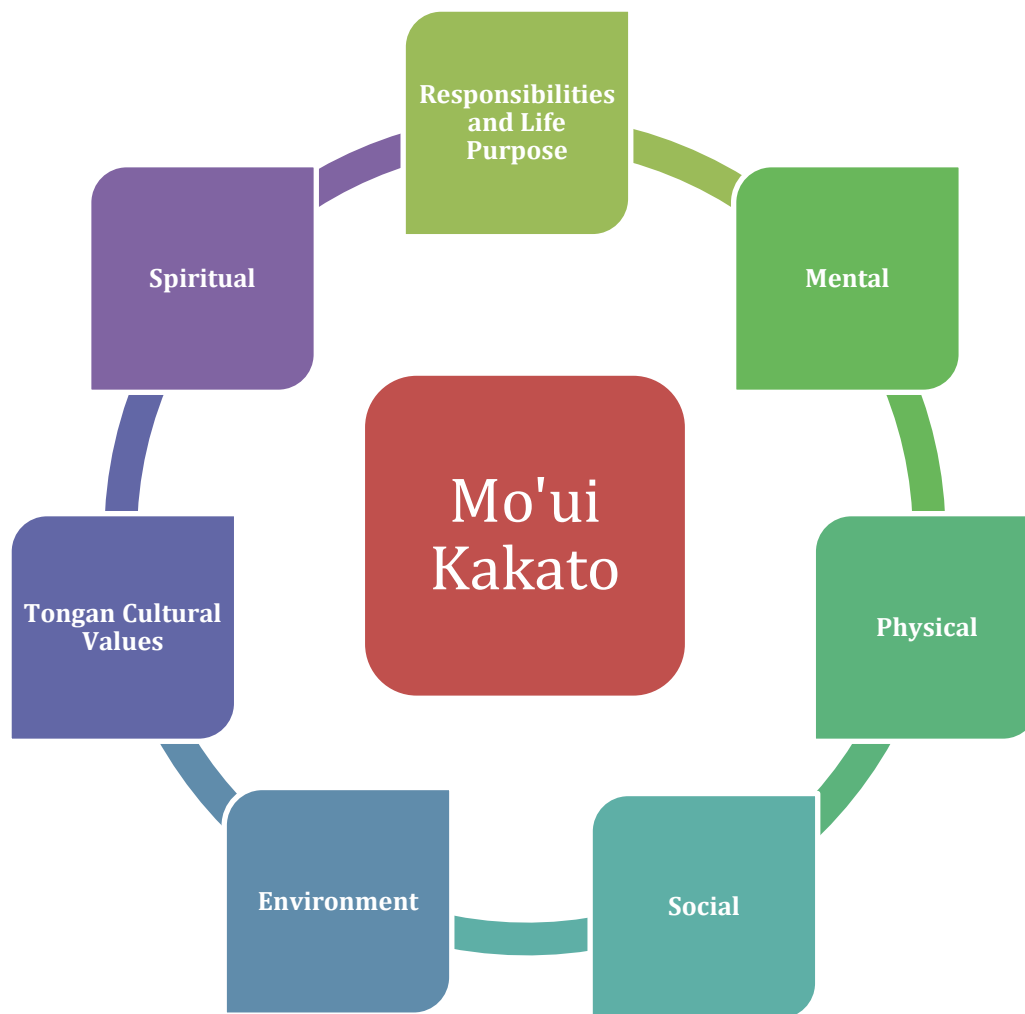
Figure 3: Schematic diagram showing the dimensions of mo'ui kakato or wellbeing of participants

Mo'ui Lōtolu: Life in threefold

All the participants described and aligned their understanding of *mo'ui kakato* with the Tongan life matrix of *mo'ui lōtolu*: Life in threefold. *Mo'ui lōtolu* is comprised of the three pillars of *Sino* (physical), *'Atamai* (mental) and *Laumālie* (spiritual life). According to the participants, their lives were totally complete and content when the three pillars of *Sino*, *'Atamai* and *Laumālie*, were in order, and were equally cared for.

> *For me it's the mo'ui lōtolu as it's in the body or physical aspects, mental or anything related to the mind and the spiritual aspect of our life. In the spiritual component, I still maintain a strong faith in God and I pride myself in my love of God and I continue to pray to God seeking help for me and my children. For my physical aspect, I personally rank attention to diet and advice from doctors among the priorities. As for mental aspects, I welcome any opportunity to broaden my views and stay mentally active as possible.* ('Avetā)

Participants spoke of how balancing these three aspects contributed to their wellbeing; *"I believe wellbeing is about Mo'ui Lōtolu: Sino* [body, physical] *'Atamai* [brain, mental] *and Laumālie* [spiritual aspects]. *For me, when these dimensions are napangapangamālie* [all the components are in balance]*, wellbeing is achieved"* (Fanakava). Achieving such a balance was seen as being within a person's control; *"With me having control of these three components* [sino, 'atamai, laumālie] *equates to a personal energized feeling and one just feels rejuvenated in achieving all three components* [physical, mental and spiritual]*"* (Mo'ui-he-'Ofa).

While all participants acknowledged all the above aspects of *mo'ui lōtolu*, some had additional aspects that they wanted to explicitly acknowledge as important to them, in order to achieve their wellbeing. These other aspects were also considered to be significant dimensions to the participants' wellbeing. *Mafua-'i-Vaha* considered in addition to the three pillars of *mo'ui lōtolu* that one's inner self or the soul as an important dimension of his wellbeing, which he thought to be separate but still related to the spiritual aspect of wellbeing.

> *We need to pay particular attention to these four different aspects as they are closely related and they need to be in harmony in order for one to achieve life to the full…Our soul is vital as a determinant of our character. In that our actions and our characters is primarily driven by what we aspire to….Our soul connects us to the very core of how we feel about ourselves, about others and about life itself. Our self-esteem is a reflection of our true inner sense of well-being which is the wellbeing of our soul.* (Mafua-'i-Vaha)

The social dimension of wellbeing in terms of the participants' ability to relate to and connect with other people was revealed by most participants as part of the physical dimension of their *mo'ui lōtolu*. For Ha'alai, however, it was separate and he expressed how significant the social aspect was in terms of socialising and sharing, to his life and to his wellbeing.

> *Wellbeing for me is about being able to be in control and making sure that the four main components of my life: Physical, Mental, Spiritual, and Social, are in order….The social aspect particularly in terms of socialising and sharing is something that I take pleasure in. I enjoy involving in community life and engaging on different learning opportunities. I feel it improves my mental and social wellbeing in terms of enhancing my self-esteem, social interaction, more active and involved in life.* (Ha'alai)

Tongan cultural values

The Tongan culture was a very important aspect of the participants' *mo'ui kakato*. The participants shared their thoughts on different aspects of their Tongan culture such as values, traditions, practices and protocol. In particular, participants placed significant value on the core values which are the pillars of Tongan society – *'Ofa* (love, care and kindness),

faka'apa'apa (showing respect and deference), *lototō* (humility), *tauhi vā* (maintaining relationships), and *feveitokai'aki* (sharing). All of the participants encountered and recalled inheriting cultural values from a very young age and stated that these values are now embedded in their lives and are a significant component of their *mo'ui kakato* and who they are.

> *Practising our Tongan culture is a pleasant experience as it takes me back to memories of my parents and my family and the way we were raised up. For me, I wouldn't practise or live it if I don't enjoy or value it. This is a valued asset for a Tongan as part of knowing oneself as well as what personifies us as Tongans. For example, one needs to know one's place in the family and one's role and responsibility. I for example am the youngest among the children, and that comes with specific roles which are duly executed through lifestyle and what I do.* (Siu-ki-Moana)

According to the participants, these values shaped the way they behave, their attitudes, and the way they nurture and uphold respectable and positive relationships with others through *tauhi vā.* Most believed that these are God-given values and no matter where they are in this world, it is important to hold on to these values.

> *Our core values as Tongans should be within us, it is part of who we are, and they are important to our wellbeing. It's worthy of us preserving these values especially by demonstrating it in the way we live every day. I believe these are God-given gifts and we must uphold it no matter where we are in this world. For example, if our faith and religion is not acknowledged and widely accepted here in NZ that is not to say that we stop practicing our faith.* (Mafua-'i-Vaha)

Physical, social and cultural environment

Recognition of the intimate interconnections between the physical, social and cultural environment and wellbeing was highlighted by some of the participants as key components of their wellbeing. Participants believed that being able to adjust to the physical and socio-cultural environment of NZ is vital to improving their wellbeing and the wellbeing of the Tongan society here in NZ.

> *I believe some aspects (like diet, traditional practices and protocols) of how we live here nowadays were only appropriate back in Tonga. We migrated and now living in NZ for so many years; we need to be integrated into the NZ socio-cultural environment, and to totally get involved and abide by its laws and its mandate. Like coming here and learning about healthy diets; we should be conscientious and move to a healthy diet.* (Mafua-'i-Vaha)

Fulfilling Fatongia and respective life purpose

The fulfillment of *fatongia* (duty and obligations) was also considered by some participants as a basis of their pride, contentment and wellbeing. According to these participants, *fua fatongia* is a key component of knowing oneself and *Tauhi Vā* in the Tongan culture, which is traditionally practiced in a reciprocal manner that benefits the collective. As one participant stated, "*knowing oneself is an important treasure and possession for a Tongan. In this I know my responsibilities…as the mother to my children and a wife to my husband*" (Siu-ki-Moana). Siu-ki-Moana also considered fulfilling her roles to her family as an important aspect of her holistic wellbeing.

> *My life is totally complete and content when spiritual, physical and mental aspects of my life are in order and enabling [me] to achieve[a] peaceful and a fulfilling life…Life is also complete for me when I am able to fulfill my fatongia to my family such as my husband and our children, to church, to the land and to the society….I am happy when I complete these responsibilities of mine, and I can say I have tranquility and comfort of this life.* (Siu-ki-Moana)

Participants described how each of us has a purpose, and a reason for being here in this world that should be meaningful, and how the completeness of their lives is connected with the fulfillment of its purposes or their reasons for existence. As Siu-ki-Moana stated, "*There is more I can do for people to fulfill the purpose of my life, I am not ready yet. I could still do a lot more for people.*" Ha'alai also expressed the significant influences of fulfilling the purpose of his life to accomplishing a state of wellbeing.

> *Life in its entirety for me is about fulfilling the purpose of my life which for me is about knowing and respecting God first, living a happy and independent life, being able to develop and maintain positive relationships with others, respecting everyone, share with others and achieved Godly peace and fulfillment, and to me that is the true meaning of life.* (Ha'alai).

Factors enabling participants' wellbeing

Participants were asked to identify and describe different factors that enable or support the quality of their wellbeing. These factors, as illustrated in Figure 4 were thought to be interrelated and considered by participants to be significant to maintaining and accomplishing their positive state of wellbeing.

Figure 4: Factors that contribute positively to participants' wellbeing

Note: Consent obtained from my family for inclusion of their photographs

Faith in God

God was viewed by participants as worthy, exalted, and inspirational. Faith in God was considered and discussed by participants as having the most positive influence on their wellbeing. They believed that their faith in God guided and directed their paths, and gave their life more meaning. According to the participants' accounts, their faith in God is demonstrated through prayer, meditation and reading the bible which provided them with hope and a positive outlook on life, making them happier, more resilient, and more proactive in life.

> *There is nothing better than a total trust in the Lord to provide spiritual guidance in the journey we are undertaking. It is important that we continue to pray and share all aspects of our lives with God. Our faith in God through prayer, meditation and reading the scriptures can elicit feelings of gratitude, compassion, forgiveness, and hope, all of which are associated with healing and wellness.* (Fanakava)

> *What is most rewarding for me is the special connection that I have with the Spirit of the Lord. The presence of the Holy Spirit in my life is influencing the way I think about my wellbeing, and this is what gives me joy and enables me to flourish….Spirituality is the one thing that my life dwells on daily. A significant amount of my life is spent reading God's word as I find it fulfilling knowing the love that Jehovah has for me….Although I am living alone, I am not in longing for I have total trust in God and God watches over me and gives me peace and comforts.* (Mafua-'i-Vaha)

46

Church was also identified as a source, having positive influences on their spiritual wellbeing as well as other components of wellbeing. *"The church that we go to plays an important role in terms of encouraging and supporting the improvement of all different components of our wellbeing"* (Mo'ui-he-'Ofa). The participants considered the churches played a significant role in bringing Tongan people together and supported the development of positive and meaningful relationships. The participants' faith in God was not only demonstrated through prayer, meditation and reading the scripture, but going to church and enjoying the fellowship of their church members. Church provides *"the foundation for us to not only worship God together but to also build rapport and love for one another. Going to church is among those activities that we are always looking forward to"* (Langakali & Fisi'ihangale).

The positive influence of families and others in the society

Family members such as children and members of the extended families were also identified as having a major influence on the participants' wellbeing. The role that children, family members and others play in terms of providing supportive relationships, and other forms of support were identified by some of the participants as playing a significant part in facilitating, supporting, and promoting the quality of their wellbeing.

> *My children are the closest to me; therefore, they have the greatest insights into my life and the greatest influences on my wellbeing. My children are very influential in terms on giving me advice, sharing information and taking care of my physical and mental wellbeing especially.* ('Avetā)

> *Family members can influence the wellbeing of older people in so many different ways and this is a good basis for older people's joy, confidence, and their ability to live a good life. Older people should still be given the opportunity to exercise their traditional role in a Tongan family including giving counsel to the children on various issues they have experienced or are skilled at. Children should spend quality time with their elderly parents here instead of just letting them be on their own as this will contribute to them feeling lonely and isolated.* (Siu-ki-Moana)

Apart from family members, satisfaction with the support of others in NZ society was also identified as an important indicator of subjective wellbeing for participants in this study. The influence of friends, acquaintances, health care professionals and others were also considered by participants to have positive effects on improving their wellbeing. The assistance by the NZ Government through *NZ Superannuation* as well as other Government supports were among the assistance named by some participants as contributing positively to their mental wellbeing, in particular alluding to the fact that it helps reduce financial related concerns or stress. The following excerpts highlight some of the examples shared during the *talanoa.*

I am so grateful to WINZ [Work and Income NZ] *for giving us the money that helps with the rent and covers bill payments, leaving us with no other concerns. This has a positive impact on my wellbeing because I don't have to worry about who is going to pay for my expenses nor rely on my children.* (Mafua-'i-Vaha)

The subsidised doctor's fees and the SuperGold card is very helpful…Through our community group here in Porirua, we are able to access free health checkups with a Tongan nurse whom not only can she speak our language but most importantly understands the anga faka-Tonga. (Mo'ui-he-'Ofa)

Networking and social interactions

Networking, social interactions or having an active social life was identified and shared by all participants as key for building positive and constructive relationships, maintaining a sense of belonging, and improving overall growth, development and wellbeing.

For the participants, spending quality time with their families strengthened their connection and social ties, as well as making them more engaged in life by participating in different activities together. Spending time with family members especially children and grandchildren was considered by the participants as being a happy time. "*It is my happiest time in my life when I get to see my fanga mokopuna* [grandchildren]" ('Avetā).

Our children and grandchildren bring us joy and happiness. It is one of the best times of our day when they are around. When they [grandchildren] *are around we are both very active and engaged in whatever they do whether its homework, playing the piano or just having conversations about their day at school or whatever they have been up to. We definitely love having them around and it's one if not the most productive part of our day.* (Langakali & Fisi'ihangale)

Participants discussed how active participation in social and community life is instrumental for their wellbeing because of the rapport and connections developed between them and others, as well as providing a great opportunity to learn from one another. According to participants, active participation in social and community life is strongly linked with positive feelings and functioning and helps develop social cognition and a sense of purpose and self-worth. The following quotes from two of the participants highlight the importance of social life to them.

Socialising with other people in our community is important in terms of shared learning and knowledge with other people in your community and empowering each other through sharing of meaningful intentions in our lives….It also helps develop and sustain our sense of belonging and strengthening our bond. (Mo'ui-he-'Ofa)

Any opportunity for us to socialise and meet other people in our community is of great benefit to my wellbeing. This helps develop our confidence, friendships and belonging. It is critical that we have an opportunity to meet and share information, experiences and our knowledge. We have some of our people here who are extremely knowledgeable and are experts on different aspects in life such as cultural and traditional practices....it is important to connect with and learn from their life experience and their knowledge. (Ha'alai)

Sharing and co-operation

Most participants talked about how they believed and recognised that acts of kindness towards other people gave them a sense of purpose and feelings of self-worth. Participants discussed how the values of sharing, cooperation and reciprocity strengthened their relationships with other people as well as creating positive feelings intrinsically and contributed positively to their wellbeing and improving their life satisfaction. *Siu-ki-Moana's* words summarise participants' views, *"I have more joy when somebody gets something from me. I find great pleasure in giving to others"*. *Ha'alai* also shared his view on how sharing and helping others in need is a significant part of his life and that of his family which gives meaning to their life.

I believe life is not just about being able to look after your own self and your family but being able to share and cooperate with others. As a family, we believe and know that we are blessed through sharing what we have with other people. This is not to boast or anything but understanding the word of God about generosity and sharing gives us guidance, confidence, leadership and directions. In the bible it says, "Love your neighbour as you love yourself. (Ha'alai)

Meaningful occupations and learning opportunity

Participants noted the importance for them to participate in meaningful occupations, and learning opportunities to develop social cognition, a sense of purpose and self-worth, and to be able to contribute to society in a meaningful way. Participants shared how continued engagement in meaningful occupations and activities prevented boredom, improved their self-esteem and gave them something positive to do which was essential to their wellbeing and supported positive ageing.

We need to have organisations where they provide programs and activities for our older people to engage in meaningful occupations and to contribute to the society. We need to be provided with opportunities to share our knowledge and our experiences with others especially our younger generations. It's important for us to learn from them [younger Tongan generations] *as well as others like health professionals in terms of different diseases, nutrition, exercise and such.* ('Avetā)

I enjoy housework such as cooking, cleaning as well as weaving mats. Back in Tonga I used to enjoy traditional handicrafts such as making tapa and weaving mats. I enjoyed the social aspect as much as the sharing of skills and knowledge. To be able to continue doing what I used to do in Tonga here in NZ gives me a sense of connection to my culture and traditional practices which are significant to my wellbeing. (Fanakava)

Emphasising physical health

Physical health such as proper diet, exercise and personal hygiene was identified by some participants as a factor to enabling physical, mental and social wellbeing. Participants' expressed the importance of looking after their physical health which for them, is a key component for maintaining and improving their overall wellbeing.

We need to make sure that we prioritise our physical health by going to our doctors' appointments and following their advice and recommendations. We should also be encouraged to be more physically active and eat well. Even though we are all going to die one day, this should never be an excuse for us not to look after our body. Our body is the temple of God and I am sure God wants us to look after our body. (Ngalukilo)

When you look good you feel good and…present a positive image of yourself to the world. I have seen a lot of older people in our community not being very hygienic. I know it may become a challenge considering that we seniors are more susceptible and become less capable over time but we need to maintain good hygiene to keep healthy and control our own destiny. (Ha'alai)

Jovial lifestyle and a positive outlook on life

A jovial lifestyle and living a life that is optimistic with a positive outlook were viewed by participants as being great contributors to living a better life with more meaningful experiences. Ha'alai talked about the importance for senior people to live a life full of happiness, free-spirited, as well as respecting others; "*At this age, nothing is more important than just being happy, free, and respecting everyone".* This included avoiding negative aspects in life. The following quotes highlight the participants' feelings about the significance of happiness, being hopeful and having a positive outlook about life as being important to their wellbeing.

To enhance our wellbeing, I think it's important to embrace experiences of happiness, peace and comfort, which in turn help improve and sustain our physical, mental as well as spiritual wellbeing. At the age we are in now, nothing else is important than being happy. (Mo'ui-he-'Ofa)

Staying positive is important to me. As far as I'm concerned, having a positive outlook for life and being optimistic contributes positively to my wellbeing….My love for life – There is more I can do. I could do a lot more for people. I have learned a lot in my life so why not use it. I know in my heart I can help people one way or another. (Ngalukilo)

Factors inhibiting participants' wellbeing

While the emphasis of the responses from the participants were on factors that had positive influences on their wellbeing, participants also acknowledged and described factors that occasionally inhibited or prevented them from enjoying their life to its full potential. In response to the question: "What contributes negatively to your wellbeing?", the following factors were identified as hindering participants' wellbeing.

Disability and ill health

Participants discussed how physical and cognitive disabilities and the burden of ill health have negative impacts on their abilities to carry out daily activities and chores. The burden of having to deal with the illnesses that elderly people are susceptible to, and limited functional capacity was acknowledged as having adverse effects on the participants' state of wellbeing.

Disability due to health issues or illnesses has an influence on my ability to do the things that I used to enjoy doing. Also, my husband's health has gone down rapidly so I am spending a great deal of time and energy trying to look after him at the same time. This obviously has adverse effects on both of our wellbeing. (Mo'ui-he-'Ofa)

Ill health has an impact on my wellbeing as it means I cannot carry out my responsibilities to my family, especially my husband should I become ill. I have to make sure that I look after the physical health component of my wellbeing by doing what the doctor and health professional says. (Siu-ki-Moana)

However, participants were very accepting of and recognised that as they got older their physical and mental function deteriorated, as well as expecting more frequent illness. They shared that although disability and illness hinders their wellbeing in some aspect; it did not in any way stop them from living peaceful and joyful lives, nor did it determine the quality of their life satisfaction overall. Having faith in God and following the advice from doctors and other health professionals were key as this gave them hope, courage and comfort.

While encountering disability and other health issues, it is important to remember that this doesn't stop me from living my life. I have a holistic view of health and I live by it. While I am acknowledging the impact of illnesses on my life as an older

person, it is more important for me to live a peaceful and joyful life. My wellbeing is not determined solely by the illness or my functional capability. (Siu-ki-Moana)

Unpleasant life events

Many of the participants stated the quality of their wellbeing is adversely affected when they or their families and friends are responsible for or are encountering unpleasant, upsetting, or life-threatening events. As Ha'alai stated and emphasised,

> *Don't forget we are all part of one big family* [as in God's family]. *If someone is going through rough times, we are all affected by it; therefore, we must have compassion for each other….I do find it upsetting when my children do something that is not proper and appropriate with the social order. It's the same when some unfortunate event befalls on my family and others which make me upset and depressed at times. All these things contribute to downgrading the quality of my life.* (Ha'alai)

Some of the participants also shared that being let down by others had negative impacts on their wellbeing either by not doing what they say they would do or not learning from what they have been told or advised to do.

> *What disappoints me most is when I carry out something for someone and they don't learn from it. When I see no match between what I see and what I think it should be, it disappoints me. Because I am proud of being a Tongan, it makes me sad when I see traditional rituals not being done properly.* (Siu-ki-Moana)

The negative influence of some cultural practises

Cultural values and tradition were closely linked and positively associated with the wellbeing of participants. However, the negative influences that some Tongan cultural practices have on wellbeing, prompted some participants to review the relevance of these aspects in relation to their wellbeing, the wellbeing of older Tongan people, and the Tongan community. For example, *Mafua-'i-Vaha* shared that he observed many Tongan people over commit themselves to events and activities like church donations, birthday and wedding celebrations while their children are missing out on education, sports and other opportunities in life. "*In my view, this is inhibiting our wellbeing and preventing our society* [Tongan society] *from living a more prosperous life*". *Ha'alai* also shared his view on other aspects of Tongan cultural practices.

> *This business of drinking kava needs to be done away with. It was used to welcome people whereas now it has extended its use for fundraising….This practice of wearing huge ta'ovala* [traditional woven mat wrapped around the waist] *in funerals also needs to be done away with too. Its fine in Tonga but our wellbeing*

in this foreign country calls for ta'ovala that is both clean and appropriate in size. (Ha'alai)

Lack of meaningful occupation and activities

Having a sense of purpose for life, something to do and being actively involved in society, have positive influences on the participants' wellbeing. The lack of meaningful occupations and activities to be involved in during the day has led to some participants expressing their boredom and loneliness from not being very productive. This was identified as having adverse effects on some of the participants' wellbeing.

> *The lack of meaningful activities and events to be involved in during the day lead to us getting bored and found ourselves not very productive. We are like being housebound every day, and we find this disheartening and not supporting our wellbeing at all. We like to see ourselves as still having a purpose in life to still work for and actively participate in the society.* (Langakali & Fisi'ihangale)

> *A lot of the daily occupations that I enjoyed doing in Tonga is not very practical here in NZ like weaving mats and making tapa. My current living arrangement [spending most of the day at home by herself at home], not being able to drive, language barrier, and the fact that I have some functional disability means that I often found myself not being very productive with my time, and house-bound. At times like this, I miss my late husband in particular because I'm used to having him around, the conversations we had and doing things together. The more I experience this feeling, the more I feel stressed out about it, and feel so lonely and isolated.* (Fanakava)

Summary

The nine participants described their understanding of wellbeing and what it meant for them within their own context as ***Mo'ui Kakato or Life in its Entirety.*** Participants identified and described different components that shaped the nature of their mo'ui kakato: mo'ui lōtolu, cultural values, social and cultural environment, fulfilling fatongia, and their respective purpose of life. Participants shared information on what supports or enables their wellbeing: faith in God, networking and social interactions, sharing and co-operation, putting emphasis on the importance of physical health and living a cheerful lifestyle and a positive outlook in life. They also identified experiencing disability and ill health, encountering unpleasant events, negative influences of cultral practices and lack of meaningful occupation and activities to be involved with as inhibiting their wellbeing and wellbeing of older Tongan people in NZ.

CHAPTER FIVE: DISCUSSION

Introduction

This chapter discusses the key findings of this study. The findings give insight into the perspectives and experiences of older Tongan people in relation to their *mo'ui kakato*. To the author's knowledge, this is the first known study to explore older Tongan people's experiences and perceptions of wellbeing. The capacity and relevance of the research methodology has facilitated an in-depth exploration of the insights of the participants' that highlights their wealth of knowledge and understanding of wellbeing and validates the significance of this study in describing and demonstrating the complexity and subjective nature of wellbeing as described by the participants. The key findings from the analysis of the *talanoa* are that wellbeing is about the quality of their *mo'ui kakato*, which is multi-dimensional and; could be influenced either positively or negatively by different factors. Following the discussion of the findings, the final section of this chapter provides a closure to the thesis by discussing my personal reflections on the research journey, describing the strengths and limitations of the study, and presenting implications for policy and co-ordinated actions as well as recommendations for future research.

Components of Mo'ui Kakato

Researchers have discussed measures and indicators of wellbeing, and often used these measures and indicators as operational definitions of the wellbeing construct (Cené et al., 2016; Cummings, 2002; Graham et al., 2014). However, it is known that wellbeing is concerned with how one feels about one's life and relates to aspects such as QOL, positive and negative affect, happiness and life satisfaction (Cramm & Nieboer, 2015; Diener, 2006, 2009). This is related to various types of evaluations, both positive and negative that people can make of their lives and the circumstances in which they live. After analysing the information collated from the *talanoa* sessions, it was found that wellbeing was described comprehensively and comprised of different components understood to be related to and contributing to the quality of the participants' life as a whole or *mo'ui kakato*. The variety of components perceived to be significant to maintaining and improving the participants' quality of *mo'ui kakato* or *life in its entirety* encapsulated the essence of the participant's overall perceived wellbeing or QOL.

The dimensions of *Fonua* (Figure 2, pg 11) were relevant to and reflected the participants' understanding of their wellbeing. The components of the participants' *mo'ui kakato* (mental, spiritual, spiritual, social, cultural values, environment, responsibility and life purpose) illustrated in Figure 3 (page 42), were thought to act and interact in a way that contributes to the quality of their life as a whole and significant to accomplish a state of wellbeing. As demonstrated in the *Fonua* model, the wellbeing of participants in this study was connected

to the wellbeing of the collective, in that people are seen as interconnected and interdependent with the rest of the ecology. Rather than subject to normative assessment of success or failure on each component of their life, the participants' thought of their wellbeing as an ideal state in life where they were satisfied and have peace in their mind about all these dimensions, no matter the hindrances on some aspects. For example, they regarded themselves as being happy and well, even in the presence of disease or disability.

Factors enabling participants' wellbeing

God was discussed and believed to be the primary source of the participants' wellbeing. God is the pivotal factor and the overarching component which holds all the power and influences, and around which every other aspect of their life revolves. The belief in God gave participants great hope for a wonderful eternal life so developing an internalising personal relationship with God through prayer and meditation, reading the bible and sharing it with others, and good deeds were key to maintaining their faith. For example, participants described how having faith in God helped them to be more hopeful, more tolerant of life's uncertainties and setbacks, provides good emotional health and improves their ability to cope with incidences like being widowed, sickness and disability. Their faith in God constructively influenced their aspiration or hope to live a happy and independent life, developing and maintaining positive relationships, and living a life of reciprocity.

These findings provide further evidence that the church can be a village away from the Islands (Spoonley, Pearson, & Macpherson, 1996) where Pacific families can maintain social connections, social support and fulfil religious and cultural needs (Anae, 2001; Tiatia-Seath, 1998). For example, participants shared how much they enjoy meeting other people in the Tongan community at church and being able to communicate in their native language. Church was a secure setting where they were comfortable with their own identity and with expressing themselves, and at the same time were exposed to cultural and religious practices. Church plays a significant role in terms of creating supportive environments and conditions that support and stimulate the participants' wellbeing, as well as protecting them from factors that can hinder the quality of their wellbeing. For example, church activities like *kalasi 'aho* (prayer or bible study group), health and housing workshops as well as other educational programmes provide participants with opportunities to be involved and empower each other to have control of factors that influence their wellbeing.

Maintaining one's identity and culture is known to be associated with wellbeing and quality of life of elderly people particularly for minority ethnic groups, migrants and Indigenous people (Davy et al., 2016). A significant component of the participants' wellbeing in this study was related to who they are as Tongans. A heavy emphasis was placed on the influence and the effects of the Tongan core values (*'ofa*, *faka'apa'apa*, *lototō*, *tauhi vā*, and *feveitokai'aki*) in the participants' wellbeing. These values are highly held as a Tongan *koloa* (treasure), and are fundamental to the Tongan way of life. They were embedded in the way the participants'

described their lives and have influenced the way they *faka-fōtunga* (behave and act) *and* have informed daily activities. For example, the *faka'apa'apa* between a brother and a sister was discussed by some participants as very significant to the Tongan traditions and systems. A *tapu* or sacredness through traditions and rituals is practised between a sister and a brother to instil or prevent unwanted relations so that *faka'apa'apa* would not be lost. The key to *faka'apa'apa* and these other core values is knowing oneself - knowing one's place in the family and one's roles and responsibilities. This was discussed as a key element of being a Tongan as it allows individuals to live these values with no impediments.

Being able to adapt to the physical, social and cultural environment of NZ and satisfaction with the NZ society was also acknowledged as an important factor that contributes to maintaining and enbling the participants' state of wellbeing. The *Fonua* model posits change as normal and an important aspect of the natural cycle of life. This coincides with the need for adaptability and change that participants described in this study. Lee (2007) describes a process of acculturation that immigrants go through whereby individuals learn about the behavioural characteristics of a certain group of people, and that involves changes in identity, values, behaviours, cognition and attitudes. Similarly, in my study, the participants conveyed the importance of constant shared learning and learning from other cultures, as well as the need to adapt to the physical environment and integrate into aspects of NZ's social and cultural environment, to maintain and improve their wellbeing, the wellbeing of their families, and the wellbeing of the Tongan society here in NZ.

As reported (Cramm & Nieboer, 2015; Cummings, 2002; Deshmukh et al., 2015; Graham et al., 2014; Ibrahim et al., 2013; Phillip et al., 2008; Wangmo, 2011), social support, social cohesion and social belonging were found to be important indicators of wellbeing in this study. Social support especially from family members was identified as one of the most influential predictors of the health and wellbeing of the participants. The dimension of the *Kāinga* in the *Fonua* model is commonly referred to as extended family or collective in the Pacific world. *Kāinga* was described by participants as one of the foundations and a building block for their wellbeing. For example, through their words and actions, the participants' parents and elders in the extended family were noted to be the first teachers and the first leaders who led by example. *Siu-ki-Moana* talked about how her parents, uncles and aunties were very influential in her life in terms of instilling cultural values, cultural practices and broadening her views of wellbeing. From a Tongan Indigenous perspective, because members of the *kāinga* are no longer living in one place, *kāinga* has broadened to include the Tongan community in a particular church, area, region or nation. Participants expressed peace and contentment and a feeling their life was complete just by fulfilling their duty and obligations to their respective *kāinga*. This highlights the significant roles that *kāinga* (collective) play in terms of supporting and nurturing different aspects of the participants' wellbeing. For example, the participants did not feel they were achieving their own wellbeing in the absence of supporting their families' or kāinga's wellbeing. This is a reflection of the Tongan values of

fe'ofo'ofani, *faka'apa'apa*, *fetokoni'aki* and *tauhi vā* which are exhibited in the *Fonua* model and other values of happiness and security in relation to the family.

Studies have found that expansive social support networks (size) and the quality of such interactions is correlated with the wellbeing and quality of life of older people (Deshmukh et al., 2015; White et al., 2009). In my study, social networks extended beyond participants' family relationships to include close friends, neighbours, and church community were described as being essential to their wellbeing and strongly linked with positive feeling and functioning, social recognition, and a sense of purpose. Socialising and networking were key for building positive and constructive relationships, improving overall growth and development, development of self-confidence, maintaining a sense of belonging, and a positive outlook of life. The participants also discussed how social interactions provided opportunities for them to practise and learn from each other about the significance and benefits of Tongan values to sustaining and improving their wellbeing.

Disparities in the health and wellbeing outcomes between different ethnic groups in NZ is to a large extent explained by the differences in socio-economic status (Blakely et al., 2005; Lotoala et al., 2014; Sporle et al., 2002). Even though this study did not focus on the impacts of socio-economic factors, participants acknowledged the support of The NZ Government in particular through its social security system, state housing, subsidised doctor's fees and pensions as contributing to improving the socio-economic component (*koloa*) of their wellbeing as in the *Fonua* model. For participants, the socio-economic component of their wellbeing is about being financially independent and having access and control of the material and economic resources that are essential for them to acquire goods and services required to meet their needs and maintain an acceptable standard of economic wellbeing.

Factors inhibiting participants' wellbeing

The impacts of chronic conditions and different life experiences on the wellbeing and the quality of life of immigrants, Indigenous, minority groups and older people in general have been discussed in the literature (Boston & Merrick,2010; Cené et al., 2016; Cummings, 2002). Participants in this study accepted that physical and cognitive disabilities, and deterioration of health were undesirably impacting their wellbeing, however; they felt these impacts are virtually inevitable in old age and did not prevent them from enjoying their lives. Studies have shown that elevated health worries due to deteriorating health status and functional disabilities are associated with anxiety, depression, and poor subjective wellbeing (Looper & Kirmayer, 2001; Taylor & Asmundson, 2004). Similar to the findings by Boston and Merrick (2010), participants in this study were not overly health anxious. However, not being able to perform daily chores and participate in meaningful activities due to sickness or disability was considered to be an occasional hindrance to their wellbeing.

It is known that distressing life events or experiences undesirably affect the quality of life of older people (Hsu, 2011). The quality of the participants' *mo'ui kakato* was also adversely affected when some unpleasant or a life threatening event occurred involving them, their families and friends or people they were close to. These events increased the incidence of depressive symptoms, and increased the risk to physical health, psychological health, and life satisfaction for participants in this study. For example, *Fanakava* talked about the recent loss of her late husband made her feel lonely, isolated and depressed at times, especially when she spends most of the day by herself at home with nothing to occupy her time.

The negative influence that some Tongan cultural practises have on the wellbeing of the Tongan people, prompted the participants to review the relevance and applicability of these practises here in NZ and their impact on wellbeing. For example, the practice of *misinale* (church donations) that have become competitive in nature, have intrigued some participants to feel that Tongan people sometimes feel the pressure of the occasion and ought to give more than they have while missing out in other opportunities in life that would make them live a better and more prosperous life. The traditional belief that the more you give enriches God's blessing was also shared, however; this belief was not held by most participants, and they spoke of it as being deceived and misled.

Researcher's reflections

Respect is an expected behaviour in the Tongan society including the respect of elders. Although some of the participants may not have held an official position of authority here in NZ, an elder in the Tongan society is respected no matter what. As a Tongan researcher, my appreciation for knowledge of how much older Tongan people are valued, admired and respected in the Tongan society here in NZ has been reinforced. The values of *fetokoni'aki* (reciprocity), *tauhi vā* (maintaining relationships), and *anga-fakapotopoto* (wisdom, prudence) were the foundations for the participants' willingness to participate in the research and greatly helped a young Tongan researcher like myself gain insights into the research topic. They were also very grateful and appreciative of my thoughtfulness in choosing a topic that is so valuable for them. I was overwhelmed and humbled by the warm response from the participants and their willingness to take part in my research. Even though I am Tongan, I learned a lot from the participants about my own culture during the research process. These Tongan community leaders reinforced and made me more aware of some aspects of my cultural values, protocols and practices.

Strengths and limitations of the study

The descriptive exploratory design and *talanoa* methodology helped me gain first-hand knowledge of the participants' perspectives and experiences regarding wellbeing. Both the design and the method enabled me to engage people in conversations rigorously while remaining open to all possibilities. The fact that *talanoa* were conducted and analysed in the

Tongan language meant that I was able to convey Tongan concepts and metaphors that are familiar to Tongans and ensured that they did not lose their meaning when translated into English was another strength of this study. The participants' wealth of knowledge and experiences, the diverse age group (60-90), and a good representation of both genders were also strong components of this study.

The participants selected to participate in this study are a good representation of older Tongan people in NZ in relation to their age, gender and experiences. However, given its small sample size and scope, the study never reached saturation so interpretation and transferability of the results to other settings and groups must be done with caution. The small scope of the study also means that the selection of participants for the study was limited to older people in one geographical area of NZ.

Implications

The findings of this study provide insight into the multi-dimensional and holisitic concept of wellbeing of the participants, as well as an approach to life that is broader than merely physical and mental functioning. The multi-dimensional nature of wellbeing and the inter-connections between dimensions implies the participants' holistic view of wellbeing, including the notions that their wellbeing is connected to the wellbeing of others or the kāinga, and with the environment. To maintain holistic wellbeing, all dimensions must be cared for, and co-ordinated action is required at multiple levels as expressed by the *Fonua* model with important Tongan values at the centre. These findings also provide an opportunity to review the relevance and use of existing wellbeing indicators or measures, and the methods of collecting information relating to older Pacific peoples' wellbeing, or older Tongan people in particular.

Participants emphasised the need to participate in meaningful occupations and learning opportunities so as to contribute to the society in a meaningful way. *Fanakava,* was one of the participants who shared how the lack of participating in meaningful daily activities made her feel lonely and isolated at times. Some of the risk factors identified to be contributing to her feeling of loneliness and isolation were disabilities, the loss of her husband, transportation issues, and language barriers. The implication of *Fanakava's* situation is that the needs of older people like *Fanakava* is underestimated and to some extent, assumed to be part of *being old*, and the changing environment. According to the *Fonua* model, building a nation begins with the kāinga or extended family as this is the foundation, and most important building block of society. This implies that any intervention, programme or actions aimed at improving the wellbeing of older Tongan people should involve individuals, families, churches and community associations in the design.

It is also important to create a supportive environment where these issues can be raised and discussed: in church, the community, and at different levels. The Tongan churches can play a

significant role in creating a supportive environment and providing conditions that stimulate the wellbeing of older people in Tongan communities. Churches could be supported to explore the opportunities for developing their ability to organise themselves, and to respond to problems using their own people's expertise. The expansion of the churches' scope to include social services in particular would benefit people like *Fanakava*, by providing social support and empowering older people to take control of different aspects of their life, and access information, resources, life skills and opportunities for maintaining a good state of wellbeing.

Considering my role as the president of the Tongan community in Porirua, the knowledge I have gained from this research has inspired me to take leadership and advocate for the recognition and acknowledgement of the participants' views of wellbeing by key stakeholders. It has presented implications for me to use my influence for positive change and ensure that existing values, institutions and practices cater adequately for the needs and aspirations of the Tongan community, especially older people. Given that families are now more geographically spread with work and other commitments, as a collective approach, Tongan families, churches and community associations also have the opportunity to take informed action to help maintain the wellbeing of older people.

Recommendations for future research

Further research is needed to build on this study's findings and to better understand the concept of wellbeing in other ethnic Pacific contexts. Research is needed to expand the scope of this study to include participants from other Pacific ethnic groups and from other regions of NZ.

Conclusion

The wellbeing for older Tongan people is about the integration of physical, mental, spiritual, cultural, social, emotional, environmental, economical, occupational aspects of life, and fulfilling one's life purpose. Wellbeing is comprehensive and inclusive of different dimensions of older people's whole being or life in its entirety. It was central to the participants' wellbeing or quality of their *mo'ui kakato* that the dimensions are in order and equally cared for without having to focus on one, two or a few particular dimensions. In light of these findings government and non-government agencies need to review current systems, models, service and policy approaches to ensure that they are shaped to accommodate aspects such as God, the spiritual dimension and other factors that are interconnected and facilitate and supports the quality of the participants' *mo'ui kakato* when they are equally cared for. Using Pacific models such as *Fonua* and *Mo'ui kakato* demonstrated in this study will help agencies develop tools and approaches that are culturally appropriate and effective for improving the wellbeing of older Tongan and Pacific people*s*.

APPENDICES

Appendix 1A: Participant information sheet

TE WHARE WĀNANGA O TE ŪPOKO O TE IKA A MĀUI

VICTORIA
UNIVERSITY OF WELLINGTON

Wellbeing of Tongan older people in New Zealand

Date: 28 February, 2017

Mālō e lelei

My name is Siaosi Mafi; I was born and raised in Tonga for 21 years before I came to New Zealand. I am a student at Victoria University of Wellington. As an older person in our Tongan community living here in New Zealand, you are warmly invited to take part in this research project. The aim of the study is to explore the perspectives and experiences of older Tongan people concerning what contributes to their wellbeing. Currently, I work as a Public Health Advisor for School and Early Childhood for Regional Public Health at Hutt Valley District Health Board. This research, which is undertaken as part of my Masters of Health Care, is conducted on a part-time basis with funding provided by both the Ministry of Health (Aniva Scholarship) and Regional Public Health (Pacific Scholarship).

Why is this study important?

My decision to carry out this study came about from a profound personal and profession concern regarding the wellbeing of Tongan older people in the Porirua community. As a Tongan, born and raised in Tonga with an elderly parent, and having lived here in New Zealand for almost 10 years, I am concerned with the challenges that Tongan older people are going through in terms of adjusting to the new environment and culture of New Zealand. In my role as the president of the Tongan community, I have an on-going relationship with older Tongan people, and wish to know more about their needs and the factors that influence their wellbeing during the ageing process.

The Pacific population in New Zealand is small and relatively young but it has grown in both numbers and proportion (Statistics New Zealand, 2014). In 2013, 7.4% of the New Zealand population (295,941 people) identified with one or more Pacific ethnic groups, compared with 6.9% (265,974 people) in 2006. The Samoan ethnic group still remained the largest Pacific

ethnic group in 2013, at 48.7% of the Pacific population (144,138 people). Other Pacific ethnic groups with large populations included: Cook Islands Māori at 20.9% (61,839 people), Tongan at 20.4% (60,333 people) and Niuean at 8.1% (23,883 people) (Statistics New Zealand, 2014). Pacific peoples remain a youthful population with the majority (54.9%) of the population in 2013 younger than 25 years old. The median age for Pacific peoples in 2013 census was 22.1 years, (slightly increased from 2006 when it was 21.1 years), compared with 38 years for the total population (Statistics New Zealand, 2014)

The number of people aged 65 years and older is increasing in New Zealand. In 2013 census, New Zealand had 607,032 people aged 65 years and over, an increase by 22.5% since 2006. This number is projected to reach 1.28 million which is more than double by 2036 (Statistics New Zealand, 2015). Of the total population aged 65 years and over in the 2013 Census; 87.8% (508,506 people) were identified as NZ European, 5.6% as Māori (32,181 people), 4.7% as Asian (27, 312 people) and 2.4% (13,944) were Pacific. While the majority of older people in New Zealand are NZ Europeans, other ethnic groups are projected to increase in the next 20 years at much higher rates including older Pacific peoples at 160% increase (Statistics New Zealand, 2015).

In the future, the anticipated increased number of older Pacific populations will place great demands on services that can enable them to age successfully. Therefore health, social and other services must understand and respond to the needs and cultural values of the older members of the Pacific community so as they can provide a quality and meaningful service. Despite the efforts targeted at improving the health and wellbeing of older people in New Zealand, the deterioration in health and wellbeing outcomes for older Pacific peoples remains. I believe this proposed research work is a timely opportunity to initiate a qualitative study that will be instrumental in contributing to the knowledge and literature base and will support communication of the perspectives of older Tongan people concerning the actual meaning of wellbeing to them. It is anticipated that the outcomes of this study will raise awareness and support the rest of the Tongan community on improving the wellbeing of older Tongan people. It is hoped that this research will prompt dialogue in different communities and different levels. For services and agencies, it will inform the development of strategies and interventions programmes aimed at improving Pacific older people's wellbeing. The results of this study will contribute to my Master of Health Care thesis and will be presented at conferences and published. This research is being supervised by Dr Kathy Nelson and Dr Dianne Sika-Paotonu.

The Process
You are invited to take part in a *talanoa* session in the Tongan language to be held at any place of your choice including your home. The session can be with just you or with other older Tongan persons in your household like your spouse. The session will involve sharing your perspectives on what wellbeing means to you as a Tongan older person living here in New

Zealand, and what are the influences and experiences that contribute to your wellbeing here in New Zealand. As a participant, you will determine the time and location of the session. The *talanoa* session will be facilitated by me, and it will be audio-recorded. You can stop the session anytime you want without giving a reason. The *talanoa* sessions will take place between March and May, and the study will be completed by December 2017.

Participation

Your participation is completely voluntary. If you wish to take part, you will be asked to sign a written consent form. After the *talanoa* session, if you wish, you will be provided with a transcript of your session and you can amend this by adding, deleting or commenting on material. It is fitting for you to know that you have the right to withdraw from the research up to two weeks after the *talanoa* session.

Confidentiality

The information you provide in the *talanoa* sessions will be accessible only by the researchers involved in the study (Mr Siaosi Mafi, Dr Kathy Nelson & Dr Dianne Sika-Paotonu) and will not be disclosed in a form that may identify you to any other person. You will be invited to give a pseudonym to protect your identity. There is a possibility that I might use someone to transcribe the *talanoa* sessions. If this happens he/she will be required to sign a confidentiality agreement to ensure that your identity and stories are protected and not disclosed.

Storage of Information

Information and material - excluding consent forms - produced during the course of this research will be stored securely at Graduate School of Nursing, Midwifery and Health and at Regional Public Health Wellington. The consent forms will be stored securely in a separate location. All identifying information will be removed from the collected materials, password protected if electronic, and in an enclosed filing cabinet if paper-based. Any transcribed materials will be destroyed after two years from the completion of the research. Field notes and audio-recordings will be destroyed on completion of the research.

Other Information

Please consider the facts in this information sheet carefully. If you decide that you would like to take part in the research, you will be asked to complete and sign a form consenting to your participation prior to the start of the *talanoa* session. This study has received ethical approval from the Human Ethics Committee at Victoria University of Wellington. Information gained during the course of this study will be collated by the researchers on completion of the process and it is anticipated that publication of the results will occur.

If you have any questions or problems, who can you contact?

If you have any questions, either now or in the future, please feel free to contact either:

Prinicipal Researcher

Mr Siaosi Mafi

Graduate School of Nursing, Midwifery & Health

Email**:** mafisiao@myvuw.ac.nz or

Supervisors

Dr Kathy Nelson

Senior Lecturer

Graduate School of Nursing, Midwifery & Health

Phone: (04) 463 6138

Email: kathy.nelson@vuw.ac.nz

Dr Dianne Sika-Paotonu

Lecturer

Graduate School of Nursing, Midwifery & Health

Phone: (04) 463 6150

Email: dianne.sika-paotonu@vuw.ac.nz

Human Ethics Committee information

If you have any concerns about the ethical conduct of the research you may contact the Victoria University HEC Convener: Associate Professor Susan Corbett. Email susan.corbett@vuw.ac.nz or telephone +64-4-463 5480.

Appendix 1B: Participant information sheet in Tongan

TE WHARE WĀNANGA O TE ŪPOKO O TE IKA A MĀUI

VICTORIA
UNIVERSITY OF WELLINGTON

Mālō e lelei

Ko hoku hingoa ko Siaosi Mafi pea ko 'eku lele mai mei he Kaliloa (Hamula) pea moe Kali ko Mavaetangi (Ha'asini) 'i Tongatapu. Na'e fa'ele'i peau 'i Tonga peau tupu hake pe ai. Na'a ku ako 'i he GPS Ha'asini mo Hamula, na'a ku hu mei ai ki he Ako Ma'olunga 'o Tonga mei he 1995 – 2000, pea toki fakakato 'aki 'eku hu kihe foomu 7 koia e Pule'anga he 2001. Na'e hoko atu leva e feinga ako mei heni ki he Ako Tipiloma 'a e Ako Ma'olunga 'o Tupou mei he ta'u 2002-2003. 'I he ta'u 2004 na'e ma'u ai ha sikolasipi mei he Pule'anga Tonga keu lava mai ai o fakakakato hoku mata'itohi he tafa'aki Pisinisi 'i he univesiti Vikatolia 'i Uelingatoni.

'Oku makatu'unga e faka-hoha'a ni koe kole pe ha faingamalie pe teke loto lelei kake kau mai 'i ha fekumi 'oku 'amanaki keu fakahoko 'o fekau'aki pea moe mo'ui lelei fakalukufua 'a e kakai Tonga ta'u 60 'o fai hake ki 'olunga oku nofo Nu'usila. Koe feinga ako ko 'eni 'oku fakataumu'a ia ke fai hano vakili pea mo faka-'uhinga'i e mo'ui kakato 'o fakatatau ki ha'o fakamatala fekau'aki pea moe anga ho'o mo'ui pea mo ho'o ngaahi taukei kehekehe pe. 'I he lolotonga ni, 'oku ou lolotonga ngaue 'i he Hutt Valley Distict Health Board koe Public Health Advisor kihe ngaahi Ako lautohi pea moe ngaahi Ako Pasifiki ma'ae fanau sii hifo koia he ta'u nima. 'Oku lava 'o fakahoko e feinga ako koeni 'i he tokoni faka-pa'anga 'a e Potungaue Mo'ui pea mo'eku ngaue'anga 'a e Hutt Valley District Health Board.

Koe ha e mahu'inga 'o e fakatotolo 'oku 'amanaki ke fai?

Ko e fakakaukau ke fakahoko e fakatotolo ko 'eni nae makatu'unga ia 'i ha'a ku toe fie'iloange ki he to'onga mo'ui pea moe tu'unga mo'ui lelei fakalukufua 'a 'etau matu'a Tonga ta'u 60 o fai hake ki 'olunga 'aia oku nofo 'i Nu'usila ni. Koe lava 'aki eni meimei ta'u 'e 10 'eku nofo 'i Nuusila ni. Ko 'eku ongomatu'a 'aia 'oku na 'i he ta'u 75 o fai ai ki olunga, 'oku na nofo pe 'i Tonga ka 'oku na meimei folau mai tu'o 1 pe 2 he ta'u kotoa.'I he vaha'a taimi ko'eni talu 'eku hiki mai ki Nu'usila ni, oku ou ako 'a e me'a lahi fekau'aki pea moe to'onga mo'ui 'a e matu'a Tonga 'i Nu'usila ni. 'Oku faka-tautautefito 'eni ki he ngaahi faingata'a 'oku nau fetaulaki moia lolotonga 'a e kei faka-angaanga koia 'enau mo'ui pea mo faka-taukei ki he 'ātakai fo'ou pea moe to'onga moui fo'ou 'o Nuusila ni. 'I hoku fatongia koia koe Palesiteni 'o e kainga Tonga 'o Porirua, oku ou fengaue'aki vaohi pea moe matu'a Tonga ta'u 60 'o fai hake ai ki 'olunga pea oku ou ako e me'a lahi meite kinautolu. 'Oku fakatupulekina ai heni 'eku faka'amu ke fai ha fakatotolo pea moha fekumi fekau'aki pea moe ngaahi fiema'u koia 'etau ngaahi matu'a lolotonga 'enau faka-tōtōla'ā he fonua ni.

Ko hotau matakali Pasifiki 'i Nu'usila ni 'oku 'alu pe taimi mo'ene toe tokolahiange, neongo 'oku kei tokosi'iange peia 'o fakatatau ki he 'u matakali kehe. I he tohi kakai koia 'o e 2013, ko e peseti ai 'e 7.4 'o e kakai 'o Nu'usilani, koe kakai Pasifiki pe koe toko 295,941 ia. 'Nae tokolahiange eni fakatatau ki he tohi kakai koia 'o e 2006 'aia na'e peseti ia 'e 6.9% pe ko e kakai 'e toko 265,974. Oku kei tokolahi taha pe kau Ha'amoa 'aki e kakai e toko 144,138, pea koho kiai e kakai Kuki Ailani ko e toko 61,839, pea hoko hake ai 'a kitautolu Tonga ko e toko 60,333 pea mo Niue koe toko 23,883 (Statistics New Zealand, 2014). Ko hotau kainga Pasifiki 'i Nu'usila ni 'oku tokolahiange 'a kinautolu koia 'oku ta'u iiki 'o fakatatau kiate kinautolu 'oku matu'otu'a ange. Koe peseti ia meimei 55 'a hotau kainga Pasifiki 'o kitautolu he tohi kakai koia he 2013 na'e tau 25 ia 'o fai ai ki lalo. 'Aia koe fakafuofua koe vaeua e kakai Pasifiki 'i Nu'usilani he 2013 na'e tau 22 'o fai ai ki lalo pea koe vaeua leva ia na'e ta'u 23 'o fai hake ai.

'Oku 'alu pe taimi pea mo e toe tokolahiange 'a kinautolu 'oku ta'u 65 'o fai hake ki 'olunga. 'I he tohi kakai koia 'i he 2013, nae toko 607,032 'a kinautolu koia 'i Nu'usila ni na'e ta'u 65 o fai hake ki 'olunga. 'Oku 'iai foki moe fakafuofua ia 'e toe meimei liunga ua e foi tokolahi ia ko 'eni 'o a'u ki he taha miliona uakilu tupu ki he ta'u 2036. 'I he 2013, koe peseti 'e 87.8 pe koe toko 808,506 'a e kau palangi, peseti e 5.6 pe koe 32,181 kau Māori, peseti 'e 4.7 pe koe 27,312 kau Esia, pea peseti leva 'e 2.4 pe koe toko 13,944 hotau kainga ne ta'u 65 o fai hake ai. Neongo na'e tokosi'i hotau matakali 'o fakatatau ki he ngaahi matakali kehe ka 'oku fai 'e fakafuofua e toe tokolahi hake hotau kakai he ta'u motu'a ko 'eni 'aki 'a e peseti ia e 160 o fai hake ai ha 'osi ha ta'u 'e 20 mei heni.

Ko e 'uhia ko e fakafuofua 'e toe tokolahiange 'a kinautolu 'oku ta'u 65 'o fai ai ki 'olunga ki he kaha'u, 'oku mahino 'e toe lahiange aipe ia mo 'enau ngaahi fiema'u he ngaahi tafa'aki kehekehe pe. Ko e pole leva ia ki he Pule'anga Nu'usila ni pea pehe ki he ngaahi kautaha kotoa pe 'oku nau fengaue'aki mo tokonia 'a kinautolu 'oku ta'u 65 'o fai ai ki 'olunga, kenau toe feingaange ke mahino'i pea mo feauo 'a e ngaahi fiemau 'a e matu'a Pasifiki ta'u 65 o fai hake ai ki 'olunga 'i he kaha'u. Neongo e malavalava e ngaahi ngaue kotoa pe kuo fakahoko ke toe fakalakalaka ange 'a e moui lelei 'a kinautolu 'oku ta'u 65 o fai hake ai, 'oku 'iai ngaahi fakamo'oni pau ia 'oku ne fakaha mai koe mo'ui lelei ia 'a hotau kainga Pasifiki 'oku ikai pe ke 'iai ha'ane fakalakalaka ia 'a'ana ki mu'a.

Koia ai 'oku ou tui lahi koe faingamalie lelei 'eni ke fai ai ha fakatotolo ke toe tanaki mai ha fa'ahinga ilo fo'ou ki he ngaahi poto'i 'ilo oku tau 'osi lave'i. Oku 'iai e 'amanaki 'e hoko e ngaahi 'ilo fo'ou 'e toe tanaki mai meihe fakatotolo ko'eni koha me'a ia tene faka'ai'ai ha talanoa pea mo ha felafoaki 'i he ngaahi fungavaka kehekehe pe. 'E lava heni ke toe faka'ilo ki hotau kainga Tonga ha ngaahi fakakaukau, taukei mo ha ngaahi a'usia fekau'aki mo hono toe faka-tupulekina e moui lelei faka-lukufua ma'a kinautolu Tonga koia oku ta'u 60 'o fai hake ki 'olunga 'i hotau kainga Tonga nofo 'i Nuusila ni. 'E lava foki e fakatotolo ko 'eni ke toe tokoni kihe ngaahi kautaha oku nau fengau'aki mo kinautolu 'oku ta'u matu'out'aange i Nuusila ni ki hano fa'ufa'u ha ngaahi polokalama mo ha sevesi 'e tokoni ki hono faka-tupulekina pea mo

faka'ai'ai ke toe fakalakaange 'a e mo'ui lelei fakalukufua 'a e kainga ko en ki mu'a. Koe ola 'o e feinga ko 'eni 'oku fai 'e tokoni ia ki hano fakakato 'a hoku mata'itohi Master 'i he Health Care. Koe fakatotolo ko eni, oku ou ma'u fale'i mei he ongo mataotao e toko ua aia 'aia ko Dr Kathy Nelson moe fefine Tonga ko Dr Dianne Sika-Paotonu.

Koe Founga 'e fakahoko 'aki e fakatotolo
Ko e fakatotolo ko'eni 'e fakahoko ia 'i ha'a ta fepotalanoa'aki 'i he lea faka-Tonga pe. Ko e fepotalanoa'aki ko 'eni 'e malava ke fakahoko totonu peia pea mo koe, pe ko ha toe taha matu'out'a kehe pe hange ko ho'o mali. 'I he fepotalanoa'aki ko 'eni, 'e to e faka-mamafa ki hano vakili pea mo hono feinga'i ke fakamatala'i 'a ho'o mahu'inga pea mo ho'o uhinga'i e mo'ui lelei fakalukufua kiate koe, pea mo hono vahevahe 'a e ngaahi mea kotoa pe oku ke pehee oku ne uesia a ho'o moui lelei faka-lukufua fakatatau ki ho'o mo'ui pea moe tauke 'oku ke ma'ui. 'Oku fai e faka'amu ke fakahoko e fepotalano'aki ko 'eni mei Fepueli ki Me 'o e ta'uni (2017) pea koe faka-taumu'a ke faka-kakato pea faka-ma'opo'opo e fakatotolo ki Tisema'o e 2017.

Faingamalie keke tokoni pea mo poupou mai
Ko ho'o tokoni mo ho'o poupou mai ki he fakatotolo ko'eni, 'e makatu'unga ia 'i ha'o fili tauataina pe 'a koe. Kapau teke loto mo'oni keke poupou pea mo tokoni ki hono fakahoko e fakatotolo ko'eni, pea ke kataki mu'a kake faka-mo'oni ange he foomu koia ki hono "Fakaha ho loto lelei keke tokoni mo poupou ki he fakatotolo". 'I ha lava hano hiki tatau e mea na'e fai kiai e fepotalanoa'aki, pea 'e lava leva ke tuku atu ha'o tatau 'i he hiki tohi 'o kapau teke fiema'u keke sio kiai na'a oku iai ha me'a kehe 'oku ke toe fie tanaki kiai pe ko ha me'a oku ke loto ke 'oua e fakakau ia.

Fakapulipuli pea mo hono tauhi malu 'o e ngaahi ma'u'anga fakamatala kotoa pe
Ko e ngaahi me'a kotoa pe teke vahevahe lolotonga e fepotalanoa'aki 'e fai, 'e ngaue'aki ma'ata'ata peia ki he taumu'a pea moe fiema'u 'o e fakatotolo. Ko kimatolu pe koia oku mau faka-kaungatamaki he fakatotolo ko'eni (Siaosi Mafi, Dr. Kathy Nelson & Dr. Dianne Sika-Paotonu) temau lava 'o sio pea mo ngaue'aki e ngaahi ma'u'anga fakamatala ko'eni. 'E tauhi malu ia pea mo fakapulipuli'I ke 'oua na'a ilo kiai ha taha kehe. Neongo 'e ngaue'aki e ngaahi fakamatala na'a ke vahevahe 'i he lolotonga e fepotalanoa'aki e fai ki he fakatotolo, 'e ikai pe 'iai ha taimi 'e ngaue'aki ai ha fa'ahinga fakamatala 'e lava ai ke 'iloi pe ko hai koe. 'E tuku atu pe faingamalie he kamata'anga keke fakakaukau ai ki ha fa'ahinga hingoa fakapulipuli teke loto keke ngaue'aki lolotonga kimu'a pea fakahoko e fepotalanoa'aki. Ka faifaiange peau ngaue'aki ha taha kehe ke hiki tohi e fepotalanoa'aki e fai, pea e pau leva ke fakamo'oni e tokotaha ko'eni ha foomu fakapulipuli e fakamahino ai 'ae ikai ngofua kene toe tuku atu pe fakaha e me'a nae fai kiai e talanoa ki ha toe taha kehe.

Ko hono tauhi pea mo tokanga'i e ma'u'anga fakamatala kotoa pe

Ko e ngaahi fakamatala kotoa pe fekau'aki mo koe pea moe ngaahi me'a kotoa na'a ta talanoa kiai, 'e tauhi malu peia 'i he 'Univesiti Victoria 'i Wellington 'i he tafa'aki koia 'o e Graduate School of Nursing, Midwifery and Health, pea mo'eku ngaue'anga pe 'a e Regional Public Health. Ko e ngaahi me'a kotoa pe nae hiki tohi mei he hiki tepi nae fai lolotonga e fepotalano'aki na'e fai, 'e tauhi peia o faile 'o a'u ki ha ta'u e 2 pea toki faka'auha. Ka ko e ngaahi fakamatala kotoa pe na'e hiki tepi pea moha toe fakamatala kehe nae hiki lolotonga e fepotalanoa'aki, 'e faka'auha peia 'I ha lava hano fakakato e ngaue kotoa ki he fakatotolo.

Ngaahi me'a makehe

Kataki 'o lau keke mahino'i e ngaahi fakamatala kotoa pe pea moe fakahinohino he pepa ko 'eni. Kapau ko ho'o loto mo'oni ia keke kau mai o tokoni mo poupou ki he fakatotolo 'oku fai, pea ke kataki 'o fakamo'oni mu'a he foomu - "Fakaha ho loto lelei keke tokoni mo poupou ki he Fakatotolo". Kapau 'e 'iai ha me'a teke ta'efiemalie kiai pe 'ikai fu'u mahino lolotonga ho'o kau mai ki he fakatotolo, pea oku 'ataa pe keke fetu'utaki 'o talanoa ki he 'eku ongo Supavaisa, Sea koia e komiti Human Ethics, pe ko ho'o fetu'utaki hangatonu maipe kiate au he ngaahi fika telefoni pea moe email kotoa oku 'oatu 'i lalo. Koe fakatotolo ko 'eni nae tali ia pea mo faka-paasi 'e he komiti Human Ethics koia 'a e Univesiti Vikatolia 'i Uelingatoni. Koe ngaahi fakamatala kotoa pe e tanaki lolotonga e fakatotolo 'e faka-taumu'a kotoa peia ki hano faka-kakato 'aki e ngaahi fiema'u e fakatotolo pea mo hano pulusi aki 'a hono ola 'i ha lava hono faka-ma'opo'opo.

Kataki 'o fetu'utaki mai ke ta talanoa 'o kapau 'oku toe 'iai ha mea kehe teke tokanga kiai fekau'aki pea moe fakatotolo ko'eni. Oku ou fie 'oatu heni ha fakamalo lahi kiate koe 'i ho'o tuku taimi kake lau ai e ngaahi fakamatala pea moe fakahinohino fekau'aki moe fakatotolo 'oku 'amanaki ke fai.

Principal Researcher
Mr Siaosi Mafi
Graduate School of Nursing, Midwifery & Health
Email**:** mafisiao@myvuw.ac.nz

Supervisors

Dr Kathy Nelson	Dr Dianne Sika-Paotonu
Graduate School of Nursing, Midwifery & Health	Graduate School of Nursing, Midwifery & Health
Telefoni (04) 463 6138	Telefoni (04) 463 6150
Email: kathy.nelson@vuw.ac.nz	Email: dianne.sika-paotonu@vuw.ac.nz

Appendix 2A: Consent form

TE WHARE WĀNANGA O TE ŪPOKO O TE IKA A MĀUI

VICTORIA
UNIVERSITY OF WELLINGTON

Wellbeing of Tongan older people

Consent Form for *Talanoa* session

Principal Researcher: Siaosi Mafi, Graduate School of Nursing, Midwifery and Health

As a Master of Health Care student at the Graduate School of Nursing, Midwifery and Health, Victoria University of Wellington, I am inviting you to participate in this study. This research aims to explore the perspectives and experiences of Tongan older people concerning what contributes to their wellbeing.

As the principal researcher, I will ensure that no other person, other than the transcriber and my supervisors (Dr Kathy Nelson & Dr Dianne Sika-Paotonu) will hear the recordings. I will not discuss any aspect of the recordings with the transcriber or anyone else apart my supervisors. I will ensure that my computer is password protected and no other person can access it. I will also delete the audio files from my computer once the transcriptions have been completed.

Please indicate your agreement by placing a tick next to each statement

	I have read and understood the information provided about this research in the information sheet dated 28 February, 2017.
	I have had an opportunity to talk to the researcher, ask questions and have them answered.
	I understand that the *talanoa* session will be audio-recorded, transcribed, and notes might be taken.
	I understand that I may withdraw myself or any information that I have provided for this research at any time prior to 2 weeks after the *talanoa* session.
	I wish to review the transcripts of the *talanoa* session I participated in.
	I agree that the researchers may publish documents that contain quotations by me.
	I agree to take part in this research.
	I would like a copy of the final report at the end of the research.

By signing this consent form, you are indicating that you understand the above information and agree to participate in this study.

Participant's signature_____ Date: _____

Researcher's signature: _____ Date: _____

This research has been reviewed and approved by the Victoria University Human Ethics Committee. If you have any questions or concerns about the ethical conduct of this research you may contact the Victoria University HEC Convener: Associate Professor Susan Corbett. Email susan.corbett@vuw.ac.nz or telephone +64-4-463 5480.

Appendix 2B: Consent Form in Tongan

TE WHARE WĀNANGA O TE ŪPOKO O TE IKA A MĀUI

VICTORIA
UNIVERSITY OF WELLINGTON

Mo'ui kakato 'o e mātu'a Tonga nofo Nu'usila

Fakahā ho loto lelei keke tokoni mo poupou ki he fakatotolo

Tokotaha Fakatotolo: Siaosi Mafi, Graduate School of Nursing, Midwifery and Health

'Oku ou ma'u 'a e loto faka'apa'apa lahi mo'oni kiate koe pea 'oku ou fakatauange pe 'oku lelei pe 'a e me'a hono kotoa. 'Oku makatu'unga 'a e fakahoha'ani ko hano kole pe teke faingamalie mu'a ka ke kau mai 'i hono tokonia mo poupou'i hono faka-kakato 'a 'eku fakatotolo 'oku fai. Koe fakatotolo ko 'eni 'oku fekau'aki pea moe mo'ui lelei faka-lukufua pe koe tu'unga koia e mo'ui lotolu (wellbeing) 'a e matu'a Tonga nofo Nu'usila 'oku ta'u 60 pe toe motu'aange.

'I hoku fatongia koia koe taki fakatotolo, oku ou loto ke fakamahino atu heni, koe ngaahi me'a kotoa pe 'e hiki tepi he lolotonga e fepotalanoa'aki e fai, 'e tauhi malu ia pea mo fakapulipuli'i ke 'oua na'a toe 'ilo pe fanongo kiai ha taha kehe tukukehe pe au mo'eku ongo pule kaeuma'a 'a e tokotaha koia tene fai hono hiki tohi. Ka neongo ia 'e ikai pe iai ha taimi teu talanoa ai fekau'aki pea moe hiki tepi na'e fai pea moe tokotaha tene fai hono hiki tohi e talanoa.

	Na'a ku lau pea mahino kiate au 'a e ngaahi fakamatala kuo tuku mai fekau'aki pea moe fakatotolo 'oku 'amanaki ke fai 'oku ha 'i he Pepa Fakamatala 'o e 'aho 28 'o Fepueli, 2017.
	Na'a ku 'osi ma'u ha faingamalie keu fepotalanoa'aki ai pea mo 'eke ha ngaahi fehu'i fekau'aki pea moe fakatotolo ki he tokotaha fakatotolo.
	'Oku ou mahino'i ko e fepotalanoa'aki 'e fai hano hiki tepi pea mo hono hiki tohi.
	Oku mahino pe kiate au 'e malava pe keu malolo au he fakatotolo 'oku fai 'i ha fa'ahinga 'uhinga pe, pea 'e faka'auha e me'a kotoa pe na'a ku talanoa kiai pe ko ha ngaahi fakamatala fekau'aki moau.
	'Oku ou faka'amu ke ma'u ha tatau hiki tohi 'o e talanoa na'a ku kau kiai, pe ko ha toe faingamalie keu toe sio ai ki he ngaahi me'a nae fai kiai e talanoa.
	'Oku loto lelei ke pulusi pe ko hano paaki 'e he tokotaha fakatotolo ha fa'ahinga mea 'e ala 'asi ai ha talanoa pe ko ha lea naa ku fai
	Ko hoku loto ia keu kau atu 'i hono poupou'i e fakatotolo 'oku fai

	'Oku ou loto ke ma'u mai ha'a ku tatau he lipooti 'o e fakatotolo 'oku fai 'i he lava kakato 'a hono fakama'opo'opo.

I ho'o fakamo'oni 'i he foomu ko 'eni, 'oku ke fakaha ai 'a ho'o mahino'i e ngaahi me'a kotoa pe na'e fakamatala atu 'i olunga pea mo ho'o loto lelei keke kau mai 'i hono poupou'i e fakatotolo oku fai

Fakamo'oni 'a e tokotaha oku fiema'u ke kau mai ki he fakatotolo

_____ 'Aho: _____

Fakamo'oni 'a e tokotaha 'oku ne tataki e fakatotolo

_____ 'Aho: _____.

Koe fakatotolo ko 'eni nae tali ia pea mo faka-paasi 'e he Komiti Human Ethics koia 'a e Univesiti Vikatolia 'o Uelingatoni. Ka 'oku iai ha'o fehu'i pe ko ha me'a 'oku ke tokanga kiai fekau'aki pea moe fakatotolo ko'eni, pea ke kataki 'o fetu'utaki kia Palofesa Susan Corbett, koe Sea ia 'o e Research Ethics Committee, 'i he fika telefoni koe (04) 463 5480 pe koe e-mail koe susan.corbett@vuw.ac.nz.

Appendix 3: *Talanoa* schedule

Project Title: *Wellbeing of Tongan older people in New Zealand*

Project Supervisor: *Dr. Kathy Nelson & Dr. Dianne Sika-Patonu*

Researcher: *Mr. Siaosi Fasi'apule Mafi*

1. PRAYER

2. ACKNOWLEDGEMENT

3. INTRODUCTION

Introduce myself - My name and where I am from in Tonga; my parent's name and their villages; the school I went to; what church I go to and my job

Engage in Small Talk - Let the participants talk about themselves

- Allow the participants to talk about their past (life in Tonga) and their life now in New Zealand
- Identify what have changed over the years and how does that impacts their life

4. INTRODUCE THE RESEARCH, EXPLAIN THE PURPOSE OF THE STUDY AND THEIR INVOLVEMENT

- discuss the information sheet and consent form
- reassure confidentiality and request the permission to record

5. BEGINNING THE *TALANOA*

What does wellbeing mean for older Tongan people living in New Zealand?

- Tell me what does wellbeing mean to you?
- What is your understanding of wellbeing?
- What does wellbeing look like to you?

What are the factors that supports and hinders the wellbeing of older Tongan people living in New Zealand?

- Who in your life influences your thought/ideas about wellbeing?
- What contributes positively to your wellbeing and why?
- What contributes negatively and why?
- In what ways could your wellbeing be enhanced?
- How do you rate your wellbeing based on the above and why?

6. ACKNOWLEDGEMENT

7. PRAYER

PROBING QUESTIONS

- Can you give me some more examples?
- Can you please tell me about what you have just told me?
- What happened, When did it happen, and How did it happen?

PROMPTS for ALL Questions:

Wellbeing – Mo'ui Kakato

Health – Mo'ui lelei fakaesino

Mental – Faka-'atamai

Spiritually/church – Faka-laumālie, Fakalotu pea kau aipe kiai moe Siasi

Family – Fāmili moe Kāinga

Culture – Anga faka-fonua

Resources – Fakaekoloa

Social Interactions and Engagement - Feohi faka-sosiale

Appendix 4: Coded data extracted

| Ko hai nai ha ha taha 'i ho'o mo'ui oku tokoni ofi kiate koe, pea iai mo haane faahinga influence he anga koia ho'o fakakaukau kihe wellbeing?

KEY
Family – Purple
Friends – Red
God & Church – Green
NZ Government - Blue | Ko u pehe ko eku fanau pe moe fanga mokopuna oku nau fuu tokoni ofi aupito kiate au he ngaahi mea kotoa pe. Ko hoku fanga tokoua oku mau vaofi aupito pea oku nau tokoni ofi mai he ngaahi mea kehekehe pe. **(Fanakava) In my case, it is my children and the grandchildren that are closest and helping me with various things.**

Oku 'iai foki mo hoku ngaahi friends 'oku nau tokoni ofi mai ki hono langa hake koia 'eku moui faka-lukufua. For example, oku iai hoku friend ia ooku koe lava aki eni ia e tuo 5 ene lau e ia e tohitapu pea oku ne talamai ko ene fakaamu ke au o tuo 10, koe ngaahi mea pehee oku ou ako lahi mei ai you know to do good. Oku lahi mo eku falala ki he kau faifekau moe kau taki lotu oku mau vaofi pe. 'Oku ou kole pe kiate kinautolu ke lotu mai maaku mo 'eku fanau **(Aveta). I also have friends that are close to me and helpbuild up my life overall. For example, I have a friend who had read the bible 5 times and tells me a wish to read the bible 10 times, things like that which I have learned a lot from, you know to do good. I have a lot trust towards some church mnisters and church leaders that I am close to. I do ask them to pray for me and my children,**

Ko hoku kaumea ofi pe taha pe oku ou falala mo'oni kiai 'a e Eiki. Oku kau aipe heni mo emau kii kainga lotu. Oku mau felotuaki pea mo fepoupou'aki koe mea ifo mooni ia **(Semisi). My sole companion and whom that I truly trust is The Lord** Koe laumalie pe koe mea peia oku nofo ai eku moui he aho kihe aho. Ko e taimi lahi ia o eku moui koe lau folofola pe he oku ifo kiate au 'a 'ete lau o ilo a e ofa a Sihova oku fai mai kiate au **(Mafua-'i-Vaha). Spirituality is the one thing that my life dwells on daily. A significant amount of my life is just spend reading God's word as I find it fulfilling knowing the love that Jehovahit has for me.**

Ko e ngaahi tokoni koia e pule'anga NZ I he mau koia e kii vahe pea pea pehe foki ki he ngaahi mea kehe pe hange ko hono holoki e totongi sio toketa kihe kau vaivai **(Fanakava). The various assistance from the NZ Government in the small allowance and other things like the subsidising doctors' consultation fees for the elderly.** |

Appendix 5: Ethics approval

TE WHARE WĀNANGA O TE ŪPOKO O TE IKA A MĀUI

VICTORIA
UNIVERSITY OF WELLINGTON

Phone 0-4-463 5480
Email susan.corbett@vuw.ac.nz

MEMORANDUM

TO	Siaosi Mafi
COPY TO	Dianne Sika-Paotonu Kathy Nelson
FROM	AProf Susan Corbett, Convener, Human Ethics Committee

DATE	3 March 2017
PAGES	1

SUBJECT	**Ethics Approval: 23957** Wellbeing of Tongan older people in New Zealand

Thank you for your application for ethical approval, which has now been considered by the Standing Committee of the Human Ethics Committee.

Your application has been approved from the above date and this approval continues until 31 December 2017. If your data collection is not completed by this date you should apply to the Human Ethics Committee for an extension to this approval.

Best wishes with the research.

Kind regards

Susan Corbett
Convener, Victoria University Human Ethics Committee

REFERENCES

Anae, M. (2001). The new Vikings of the sunrise: New Zealand-born in the information age. *Tangata o Te Moana Nui: The Evolving Identities of* Pacific peoples *in Aotearoa/NZ. Palmerston North*, 101-121.

Anae, M., Coxon, E., Mara, D., Wendt-Samu, T., & Finau, C. (2001). *Pasifika Education Research Guidelines.* Wellington: University of Auckland.

Artinian, B. A. (1988). Qualitative modes of inquiry. *Western Journal of Nursing Research*, *10*(2), 138-149.

Atkinson, P., & Delamont, S. (2006). In the roiling smoke: Qualitative inquiry and contested fields. *International Journal of Qualitative Studies in Education*, *19*(6), 747-755.

Barbour, R. S. & Barbour, M. (2003). Evaluating and synthesizing qualitative research: The need to develop a distinctive approach. *Journal of Evaluation in Clinical Practice, 9*(2) 179-186. https://doi.org/10.1046/j.1365-2753.2003.00371.x

Bennett, J., Brunton, M., Bryant-Tokalau, J., Sopoaga, F., Weaver, N., & Witte, G. (2013). Pacific research protocols from the University of Otago. *The Contemporary Pacific, 25*(1), 95-124.

Blakely, T., Tobias, M., Robson, B., Ajwani, S., Bonné, M., & Woodward, A. (2005). Widening ethnic mortality disparities in New Zealand 1981–99. *Social Science & Medicine*, *61*(10), 2233-2251.

Bloor, M., & Wood, F. (2006). *Keywords in qualitative methods: A vocabulary of research concepts*. London: Sage Publications.

Boston, A. F., & Merrick, P. L. (2010). Health anxiety among older people: an exploratory study of health anxiety and safety behaviors in a cohort of older adults in New Zealand. *International Psychogeriatrics*, *22*(04), 549-558.

Bowling, A., & Dieppe, P. (2005). What is successful ageing and who should define it? *BMJ, 331*(7531), 1548-1551.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Brenes, G. A., Rapp, S. R., Rejeski, W. J., & Miller, M. E. (2002). Do optimism and pessimism predict physical functioning? *Journal of Behavioral Medicine*, *25*(3), 219-231.

Carey, T. A. (2014). Defining Australian indigenous wellbeing: Do we really want the answer? Implications for policy and practice. *Psychotherapy & Politics International*, *11*(3), 182-194. doi:10.1002/ppi.1305.

Cené, C. W., Dilworth-Anderson, P., Leng, I., Garcia, L., Benavente, V., Rosal, M, & Bell, C. L. (2016). Correlates of successful aging in racial and ethnic minority women age 80 years and older: Findings from the Women's Health Initiative. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, *71*(Suppl 1), S87-S99.

Churchward, M. (1959). *Dictionary. Tongan – English and English – Tongan*. London: Oxford University Press.

Cramm, J. M., & Nieboer, A. P. (2015). Social cohesion and belonging predict the well-being of community-dwelling older people. *BMC Geriatrics, 15*, 30. doi:http://dx.doi.org.helicon.vuw.ac.nz/10.1186/s12877-015-0027-y.

Crowther, M. R., Parker, M. W., Achenbaum, W. A., Larimore, W. L., & Koenig, H. G. (2002). Rowe and Kahn's model of successful aging revisited positive spirituality—the forgotten factor. *The Gerontologist*, *42*(5), 613-620.

Cummings, S. M. (2002). Predictors of psychological well-being among assisted-living residents. *Health & Social Work, 27*(4), 293-302. Retrieved from http://search.proquest.com.helicon.vuw.ac.nz/docview/210549592?accountid=14782

Davy, C., Kite, E., Aitken, G., Dodd, G., Rigney, J., Hayes, J., & Van Emden, J. (2016). What keeps you strong? A systematic review identifying how primary health-care and aged-care services can support the well-being of older Indigenous peoples. *Australasian Journal on Ageing*, *35*(2), 90-7.

Denzin, N. K. (2007). Qualitative methodology. In Bryant D, & Peck, L. (Eds). *21st Century Sociology* (pp 1 – 98). California, USA: Sage Publication Inc.

Deshmukh, P. R., Dongre, A. R., Rajendran, K. P., & Kumar, S. (2015). Role of social, cultural and economic capitals in perceived quality of life among old age people in Kerala, India. *Indian Journal of Palliative Care*, *21*(1), 39.

Diener, E. (2006). Guidelines for national indicators of subjective well-being and ill-being. *Journal of Happiness Studies*, *7*(4), 397-404.

Diener, E. (2009). Subjective well-being. In *The science of well-being* (pp. 11-58). Netherlands: Springer.

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1: 107-115.

Fa'avae, D., Jones, A., & Manu'atu, L. (2016). Talanoa'i'a e talanoa-talking about talanoa: Some dilemmas of a novice researcher. *Alternative*, *12*(2), 138.

Fireman Kramer, R. (1985). An overview of descriptive research. *Journal of the Association of Paediatric Oncology Nurses*, *2*(2), 41-45.

Graham, C. L., Scharlach, A. E., & Wolf, J. P. (2014). The impact of the "village" model on health, well-being, service access, and social engagement of older adults. *Health Education & Behavior*, *41*(1 suppl), 91S-97S.

Halapua, S. (2003, July). Walking the knife-edge pathways to peace - commentary including excerpts from Peace conflict and development: walking the knife-edge pathway in multiculturalism to peace. *Address delivered at the Inaugural Public Lecture of the Ratu Sir Kamisese Mara Friendship Foundation*.

Hambleton, P., Keeling, S., & McKenzie, M. (2008). Quality of life is...: The views of older recipients of low level home support. *Social Policy Journal of New Zealand*, *33*, 146.

Health Research Council of New Zealand. (2005). *Guidelines on Pacific Health Research.* New Zealand: Author.

Health Research Council of New Zealand. (2014). *Pacific Health Research Guidelines.* New Zealand: Author.

Holloway, I., & Wheeler, S. (2002). Ensuring trustworthiness and quality. In *Holloway I, Wheeler S. Research in nursing 2nd Ed* (pp. 250-63)*.* India: Blackwell Publishing.

Holloway, I. & Wheeler, S. (2004). *Qualitative research in nursing* (2nd Ed.). Oxford: Blackwell Science.

Holloway, I., & Galvin, K. (2016). *Qualitative research in nursing and healthcare*. West Sussex UK: John Wiley & Sons.

Houghton, C., Casey, D., & Shaw, D. (2013). Rigour in qualitative case-study research. *Nurse Researcher 20*(4), 12.

House, J. S., Umberson, D., & Landis, K. R. (1988). Structures and processes of social support. *Annual Review of Sociology*, 293-318.

Hsu, H. (2011). Impact of morbidity and life events on successful aging. *Asia-Pacific Journal of Public Health / Asia-Pacific Academic Consortium for Public Health, 23*(4), 458-469. doi:http://dx.doi.org.helicon.vuw.ac.nz/10.1177/1010539511412575.

Ibrahim, N., Din N. C., Ahmad, M., Ghazali, S.E., Said, Z., Shahar, S., . . Razali R. (2013). Relationships between social support and depression, and quality of life of the elderly in a rural community in Malaysia. *Asia-Pacific Psychiatry*, *5*, 59-66.

Jootun, D., McGhee, G., & Marland, G. R. (2009). Reflexivity: Promoting rigour in qualitative research. *Nursing Standard*, *23*(23), 42-46.

Koch, T. (2006). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing*, *53*(1), 91-100.

Lee, Y-M. (2007). The immigration experience among elderly Korean immigrants. *Journal of Psychiatric and Mental Health Nursing*, *14*(4), 403-10.

Leininger, M. (1994). Evaluation criteria and critique of qualitative research studies. *Critical Issues in Qualitative Research Methods*, *95*, 115.

Lewis, J. P. (2013). The importance of optimism in maintaining healthy aging in rural Alaska. *Qualitative Health Research*, *23*(11), 1521-1527.

Lincoln, Y. S. & Guba, E. (1985). *Naturalistic Inquiry.* Sage, Thousand Oaks, CA.

Liu, H., Xiao, Q., Cai, Y., & Li, S. (2015). The quality of life and mortality risk of elderly people in rural China: The role of family support. *Asia Pacific Journal of Public Health, 27*(2), NP2232-NP2245.

Looper, K. J., & Kirmayer, L. J. (2001). Hypochondriacal concerns in a community population. *Psychological Medicine*, *31*(04), 577-584.

Lotoala, F., Breheny, M., Alpass, F., & Henricksen, A. (2014). Health and wellbeing of older Pacific peoples in New Zealand. *New Zealand Medical Journal*, *127*(1407), 27-39.

Maneze, D., DiGiacomo, M., Salamonson, Y., Descallar, J., & Davidson, P. M. (2015). Facilitators and barriers to health-seeking behaviours among Filipino migrants: Inductive analysis to inform health promotion. *BioMed Research International, 2015*, 506269.

Manu'atu, L. (2002). Pedagogical possibilities for Tongan students in New Zealand secondary schooling: Tuli Ke Ma'u hono Ngaahi Malie. Unpublished EdD thesis. University of Auckland.

Meyrick, J. (2006). What is good qualitative research? A first step towards a comprehensive approach to judging rigour/quality. *Journal of Health Psychology*, *11*(5), 799-808.

Milne, J., & Oberle, K. (2005). Enhancing rigor in qualitative description. *Journal of Wound Ostomy & Continence Nursing*, *32*(6), 413-420.

Ministry of Health. (2014). Tagata Pasifika in New Zealand. Retrieved from http://www.health.govt.nz/our-work/populations/pacific-health/tagata-pasifika-new-zealand

Ministry of Health. (2015). New Zealand health survey: *Annual update of key results 2014/15.* (ISBN 978-0-947491-49-9) [Online]. Wellington: Author

Ministry of Health. (2015a). Māori health models – Te Whare Tapa Whā. Retrieved from http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha

Ministry of Health. (2016). New Zealand Health Survey: *Annual Update of Key Results 2015/16.* (ISBN 978-0-947515-91-1) [Online]. Wellington: Author

Ministry of Social Development. (2016). *Key Statistics: Our Ageing Population* [Online]. Wellington: Office for Seniors. Retrieved from http://www.superseniors.msd.govt.nz/about-superseniors/media/key-statistics.html

Morrison, S. L., Vaioleti, T. M., & Veramu, J. (2002). *Proceedings of Adult Education/PRA Training for Trainers Workshop for the Croppro Project, 26 - 30 August 2002*. Hamilton: University of Waikato.

Neergaard, M. A., Olesen, F., Andersen, R. S., & Sondergaard, J. (2009). Qualitative description–the poor cousin of health research? *BMC Medical Research Methodology*, *9*(1), 52.

Norberg, A., Lundman, B., Gustafson, Y., Norberg, C., Fischer, R. S., & Lövheim, H. (2015). Self-transcendence (ST) among very old people – Its associations to social and medical factors and development over five years. *Archives of Gerontology & Geriatrics*, *61*(2), 247-253. doi:10.1016/j.archger.2015.04.003

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, *16*(1), 1609406917733847.

Otsuka, S. (2005, November). Talanoa research: Culturally appropriate research design in Fiji. *International Education Research Conference, Melbourne Australia.*

'Otunuku, M. (2011). *How can talanoa be used effectively an an indigenous research methodology with Tongan people? Pacific-Asian Education, 23*(2), 43-52.

Pasefika Proud. (2016). *The profile of* Pacific peoples *in New Zealand* (978-0-9941414-1-5 (online). Retrieved from http://www.pasefikaproud.co.nz/assets/Resources-for-download/PasefikaProudResource-Pacific-peoples-paper.pdf

Panagiotopoulos, G., Walker, R., & Luszcz, M. (2013). A comparison of widowhood and well-being among older Greek and British-Australian migrant women. *Journal of Aging Studies*. *27*(4), 519-28.

Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Thousand Oaks: Sage.

Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks: Sage.

Phillips, D. R., Siu, O. L., Yeh, A. G., & Cheng, K. H. (2008). Informal social support and older persons' psychological well-being in Hong Kong. *Journal of Cross-cultural Gerontology*, *23*(1), 39-55.

Prescott, S. M. (2008). Using talanoa in Pacific business research in New Zealand: Experiences with Tongan entrepreneurs. *AlterNative: An International Journal of Indigenous Scholarship*, *4*(1).

Reinharz, S. (1983). Experiential analysis: A contribution to feminist research. *Theories of Women's Studies*, 162-191.

Richardson, K., Jatrana, S., Tobias, M., & Blakely, T. (2013). Migration and Pacific mortality: Estimating migration effects on Pacific mortality rates using Bayesian models. *Demography*, *50*(6), 2053-2073.

Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *The Gerontologist*, *37*(4), 433-440.

Sandelowski, M. (2000). Focus on research methods-whatever happened to qualitative description? *Research in Nursing and Health*, *23*(4), 334-340.

Sandelowski, M. (2004). Using qualitative research. *Qualitative Health Research*, *14*(10), 1366-1386.

Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing & Health*, *33*(1), 77-84.

Silveira E. R., & Ebrahim, S. (1998). Social determinants of psychiatric morbidity and well-being in immigrant elders and whites in east London. *International Journal of Geriatric Psychiatry*. *13*(11), 801-12.

Silveira, E., Skoog, I., Sundh, V., Allebeck, P., & Steen, B. (2002). Health and well-being among 70-year-old migrants living in Sweden--results from the H 70 gerontological and geriatric population studies in Göteborg. *Soc Psychiatry Psychiatr Epidemiol, 37*(1):13-22.

Smith, N., Young, A., & Lee, C. (2004). Optimism, health-related hardiness and well-being among older Australian women. *Journal of Health Psychology*, *9*(6), 741-752.

Spoonley, P., Pearson, D. G., & Macpherson, C. (Eds.). (1996). *Nga Patai: Racism and ethnic relations in Aotearoa, New Zealand.* Dunmore Press.

Sporle, A., Pearce, N., & Davis, P. (2002). Social class mortality differences in Maori and non-Maori men aged 15-64 during the last two decades. *New Zealand Medical Journal*, *115*, 127-130.

Statistics New Zealand. (2014). *Projected Population of New Zealand by age and sex, 2014 (base) – 2068.* [Online]. Government Department.

Statistics New Zealand. (2014a). *Census QuickStats about culture and identity* [Online]. Government Department**.**

Statistics New Zealand. (2015). *2013 Census QuickStats about people aged 65 and over* [Online]. Government Department.

Statistics New Zealand. (2015b). *New Zealand Period Life Tables: 2012–14.* [Online]. Government Department.

Stokes III, J., Noren, J., & Shindell, S. (1982). Definition of terms and concepts applicable to clinical preventive medicine. *Journal of Community Health*, *8*(1), 33-41.

Strawbridge, W. J., Wallhagen, M. I., & Cohen, R. D. (2002). Successful aging and well-being: Self-rated compared with Rowe and Kahn. *The Gerontologist*, *42*(6), 727-733.

Suaalii-Sauni, T., & Fulu-Aiolupotea, S. M. (2014). Decolonising Pacific research, building Pacific research communities and developing Pacific research tools: The case of the talanoa and the faafaletui in Samoa. *Asia Pacific Viewpoint*, *3*(55), 331-344.

Tamasese, K., Peteru, C., Waldegrave, C., & Bush, A. (2005). Ole Taeao Afua, the new morning: a qualitative investigation into Samoan perspectives on mental health and culturally appropriate services. *Australian & New Zealand Journal of Psychiatry*, *39*(4), 300-309.

Taufe'ulungaki, A., & Johannson-Fua, S. (2005). Hardship, poverty and education in Pacific Island Countries. Project Report. Suva: IOE/USP

Taylor, S., & Asmundson, G. J. S. (2004). *Treating health anxiety: A cognitive-behavioral approach*. USA. Guilford Press.

Thaman, K. H. (1997, September). Kakala: A Pacific concept of teaching and learning. In *Keynote address, Australian College of Education National Conference, Cairns*.

Thaman, K. H. (2008). Nurturing relationships and honouring responsibilities: A Pacific perspective. *International Review of Education*, *54*(3-4), 459-473.

Thaman, K. H. (2016). Culture matters in teaching and learning: The International education of a Tongan woman. *New Zealand Aronui Lecture Series.* Wellington, New Zealand: The Royal Society of New Zealand.

Thorne, S., Kirkham, S. R., & MacDonald-Emes, J. (1997). Focus on qualitative methods. Interpretive description: A non-categorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health*, *20*(2), 169-177.

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.

Tiatia-Seath, S. (1998). *Caught between cultures: New Zealand-born Pacific Island perspective*. Christian Research Association.

Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing,* 48(4), 388-396.

Top, M., & Dikmetaş, E. (2015). Quality of life and attitudes to ageing in Turkish older adults at old people's homes. *Health Expectations*, *18*(2), 288-300.

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, *16*(10), 837-851.

Tu'itahi, S. (2009). Fonua: A model for Pacific health promotion. In Editor (Ed.), *A collaboration between Pasifika@Massey and the Health Promotion Forum of New Zealand*. Wellington: Health Promotion Forum. Retrieved from http://www.hauora.co.nz/resources/FonuaaPasifikmodel.pdf

Vaioleti. (2003). Cultural Motivation for Learning. *Paper presented at the Inaugural Pacific Research: Education Symposium.* University of Waikato.

Vaioleti, T. M. (2006). Talanoa research methodology: A developing position on Pacific research. *Waikato Journal of Education*, *12*(1).

Vaioleti, T. M. (2011). Talanoa*, manulua and founga ako: Frameworks for using enduring Tongan educational ideas for education in Aotearoa/New Zealand*. Doctoral dissertation, University of Waikato.

Vaioleti, T. (2013). Talanoa: Differentiating the Talanoa research methodology from phenomenology, narrative, Kaupapa Maori and feminist methodologies. *Te Reo*, *56*, 191.

Vaioleti, T. M., Morrison, S. L., & Vermeulen, W. (2002). Training for trainers in participatory learning in Samoa: Commissioned report for the European Commission, METI. *Apia, Western Samoa*.

Wangmo, T. (2011). Health perception and health behaviors of elder Tibetans living in India and Switzerland. *Journal of Cross-Cultural Gerontology*, *26*(4), 331-348.

Waugh, E., & Mackenzie, L. (2011). Ageing well from an urban Indigenous Australian perspective. *Australian Occupational Therapy Journal*, *58*(1), 25-33.

White, A. M., Philogene, G. S., Fine, .L. & Sinha S. (2009). Social support and self-reported health status of older adults in the United States. *Am J Public Health, 99*(10):1872-8. doi: 10.2105/AJPH.2008.146894.

World Health Organisation. (1948). Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. Retrieved from http://www.who.int/about/definition/en/print.html

World Health Organisation. (2016). *Ageing and health: Fact sheet N°404*. Retrieved from http://www.who.int/mediacentre/factsheets/fs404/en/

World Health Organisation. (2018). *Ageing and life-course*. Retrieved from http://www.who.int/ageing/healthy-ageing/en/

World Health Organization. (1997). *WHOQOL Measuring quality of life*. Retrieved from http://www.who.int/mental_health/media/68.pdf

Zdrenka, M., Yogeeswaran, K., Stronge, S., & Sibley, C. G. (2015). Ethnic and national attachment as predictors of wellbeing among New Zealand Europeans, Māori, Asians, and Pacific Nations peoples. *International Journal of Intercultural Relations*, *49*, 114-120.