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Determining the Value of Māori Nurses in Aotearoa

A thesis presented in the partial fulfilment of the requirements for the degree of

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He karanga

Karanga mai ra ki te mana o ngā tapuhi Māori, o ngā wāhine e whai oranga o tātou nei whānau
eeee!

He karakia

Kia hora te marino

Kia whakapapa poumanu te moana

Hei huarahi ma tātou i te rangi nei aroha atu aroha mai tātou i a tātou i ngā wa kātoa

Haumi e hui e taiki e

May peace be widespread

May the seas be like greenstone

A pathway for us all this day

Let us show respect for each other

For one another

Bind us all together!

He mihi

Hutia te rito

Hutia te rito o te harakeke

Kei whea te ko(ri)mako e ko

Ki mai ki ahau

He aha te mea nui

He aha te mea nui o te ao

Maku e kī atu

He tangata, he tangata,

He tangata, hei!

Ki ngā tapuhi ō mua i whakatakoto i te ara mō te atawhai, mō te whai aroha, mō te manaaki i hapaitia ai ō tatou nei whānau, kei te mihi.

Ki ngā mana wāhine, ngā mangai, ngā kaitiaki o te ūkaipotanga me te ora e whaiwhai ana mō o tātou nei whānau, he kōrero whakamihī tēnei mō āu mahi tino kaha, mō tō mana e whai oranga ai te hauora o ngā tāngata, otirā, ngā whānau o Aotearoa

Ki ngā mate tārūrū o ia whānau, o ia hapū, ngā mate o te mate urutā kua wehe atu ki te pō, moe mai rā i te korowai o Papatūānuku. Ki ngā hunga ora tēnā tātou katoa.

Ko ngā tapuhi Māori he purapura whetū. Koia nei ngā kāpehu e whakawhiti mai nei i te oranga mo ō tātau nei hāpori, whānau, hapū, iwi anō hoki.

Ki ngā tapuhi Māori, ngā kanohi o te aroha i aro pou nei te kaha ki ngā tāmitanga, ki te kaikiri ki ngā taupā anō hoki ki te iwi Māori i roto i te pūnaha hauora, ka maharatia koutou, tō mana, tō kaha, tō rangatiratanga, me anga mua tonu ngā mahi, kia puāwai.

Tino kore nei te iwi whānui e rata ana ki ngā taupā me ngā tāmitanga e kōrerohia nei, nā te kūare o ngā mana whakahaere i te rāngai hauora i pērā ai, ka mutu, nā te kore o rātou i mārama ki te

wairua kaikiri o ngā taupā. Tēnā, kua wheakohia rānei e koe ki ēnā taupā e aukati nei i ngā mahi a te tapuhi?

Kia whakairihia tēnei i konei, tīkina mai anō ā kō ake nei. E ngā mana, e ngā reo, tēnā kōutou kātoa. Kia uia mai ko wai rā ahau? Na reira tēnā kōutou kātoa

Thrive in the days destined for you, your hand to the tools of the Pākehā to provide physical sustenance;

If you remove the heart

Of the flax bush

From where will the Bellbird sing?

If you say to me

What is the most important thing?

In this world

I will reply to you

It is people, it is people,

It is people!

To the strong female leaders, the advocates, custodians of nurturing and life who have fought tirelessly for whānau, I thank you and recognise your hard work, your efforts to improve the wellbeing of the people of Aotearoa.

To those who have crossed over to the spiritual realm, from all hapū and iwi, those lives taken by Covid-19, rest in the embrace of our earth-mother.

Māori nurses are beacons of light. Star compasses which shine hope on the health of our communities, families, hapū and iwi.

To Māori nurses, the faces of care who have fought hard against inequities, racism and barriers against Māori in the health system, your efforts are appreciated and will never be forgotten, the work must continue so that we may thrive.

The wider community doesn't accept the barriers and inequities aforementioned, this is largely an issue caused by ignorance and unconscious bias. Have you ever experienced these barriers in nursing?

These are issues we will revisit shortly. To the prestige, to the voices, I acknowledge you all. Who am I?

Ko Whiria me Puhanga Tohora ngā maunga

Ko Ngatokimatawhaorua te waka

Ko Hokianga te moana, Ko Taheke te awa

Ko Te Whakarongotai, Taheke me Mahuri ōku marae

Ko Ngai Tu, Ngāti Ue, Ngati Whārara, Nga Pakau Nga Hapu

Ko Ngapuhi te iwi

I te taha o tōku māmā

He Engarihi, heKōtimana āhau

Ko Macdonald me Teal ngā iwi

Ko Tahlea, Jenaia, Sharlyse, Kenzie rātou ko Miki ōku tamariki

Ko Ripeka tāku teina ko ia te potiki o tāku whānau engari ko ia te tamati whangai o a mātou
whānau

Ko Miki Haddon tāku hoa rangatira

Ko Tracy Haddon ahau

He mihi mahana kia tātou

Tēna kōoutou

Tēna kōoutou

Tēnā tātou kātoa

Tuhinga whakarāpopoto: Abstract

This thesis examines the experiences of Māori Registered nurses within Aotearoa, New Zealand. This research offers an understanding of how Nursing discourse is embedded within legislation, regulatory bodies, and nursing practice and its direct impact on the health and well-being of Māori nurses. This discourse continues to marginalise and undervalue tikanga. As Māori nurse's workplace expectations of cultural responsibilities are undertaken over and above standard nursing practices. Māori nurses often get allocated what was coined 'difficult' or complex Māori patient and their whānau. Māori nurses must ensure whānau are kept culturally safe while navigating and advocating for whānau in health care organisations where 1 in 2 Māori nurses face racism and discrimination.

This thesis explored the experiences of Māori registered nurses using a kaupapa Māori, mixed-method approach. The survey was distributed during a two-week period during Covid-19. Five semi-structured interviews were completed, and responses were used to inform a survey of which there were 342 respondents. Once the data was cleaned, 333 valid responses were used to examine the perspective of Māori Registered nurses. Also identified were the experiences of Māori nurses and the impact on career advancement, use of tikanga in practice, cultural identity, professional development, and racism and discrimination within their work environment.

This thesis's findings validated the lack of leadership, opportunities, and responsive practices required to ensure Māori nurses are supported and valued not only within their profession but within their organisations honouring Te Tiriti o Waitangi requires creating real change for Māori nursing professionals to ensure they feel valued in their workplace, are fairly remunerated, and feel safe to identify and practice as Māori within their workplace.

Ngā tino kupu: Key terms

Māori nurses, valuing Māori culture, cultural competency, discrimination, racism, professional accountability

Te aronga a te kairangahau: Researcher's perspective

I have had many experiences that impacted my decision to choose nursing as a career pathway. The first was in 1990; my family had a car accident. There were nine whānau members involved in the accident. The only person severely injured was my father who became a person with tetraplegia as a result of the accident. At the age of twelve, I missed the Tongariro crossing for a school camp to visit him at Waikato Hospital. I remember how the nurses and staff at the Intensive Care Unit (ICU) looked after him and explained all his IV medication, burr holes, and spinal cord fractures. I remember nurses looking after 'us' in Taupō Hospital. It was these nurses that inspired me to become a nurse at such a young age. After my father's accident, life for us as a whānau changed forever. I was not able to cope with the changes and became a ward of the state. I lived with my amazing whangai whānau who have supported me, along with my Auntie Ali who, with their unconditional support, have guided me down a more positive path.

My story is important in setting the scene to this thesis as it gives the reader a glimpse into what inspired me to be a nurse and what it has felt like working within the nursing profession as Māori. It also helps to understand why it was important for me to share my own experiences. We need to make sure the environment is culturally safe for our Māori nurses so they can look at opportunities & flourish. We need to support their cultural journey & that the pathway to get there is mana enhancing and positive. We need to make sure that they are supported. We have an obligation as leaders to make sure our nurses are safe & their mana remains intact. We need to tell our stories, we need to be bold and courageous. This thesis enables me to tell mine from my perspective. I hope it inspires other Māori nurses to tell their own stories.

In 1997, I commenced my first year of study towards a Bachelor of Nursing at Manawatu Polytechnic and became the first intake into the Universal College of Learning, UCOL. At the same time, the hospital changed from a Crown Health Enterprise (CHE) to a District Health Board (DHB). Throughout my training, we had approximately 100 people in our class, and I was one of only five Māori nurses on my courses. This was the first experience I had of going into tertiary study. I remember sitting in the lecture theatre looking for the other brown faces. I remember wondering why there were so few of us on the course. I had never really stopped to consider being under-represented in group setting before. My sister were never really dark and my whangai sisters were even lighter but for me I really noticed it. I knew my friend Brenda was starting that day so we looked for each other. I remember us talking about it and sitting there counting how many we assumed were Māori in the room. This was the first time I had a real awareness of being a minority. We didn't get any special treatment or added support. We were pepper potted through the lecturer theatres. We all gravitated to each other in the breaks. We were not in the same classes from memory and only often met when we had our big lecturers. I do remember over time listening to their struggles and to their own stories of their whānau. We often shared similar stories, whānau narrative. We connected as Māori. We had two Māori lecturers who I now know are rare to come across. We were lucky that we had a Pasifika lecturer. I knew her son Jason, from Kia Toa rugby she looked after us and encouraged us to keep going. Moa was our clinical lecturer. I always felt supported by her. Over the years the number of Māori taira dropped off. I met my husband coming back from a rugby trip in Taradale and got hapū

(pregnant) with our first daughter Tahlea. Now I had to work a lot harder, and life impacted on my study. I nearly did not finish, I had to use my resilience and persevere. I knew that this struggle would be my way out and would help build a better future for my whānau. I managed to pull through and finished within the five year timeframe. I completed my degree and graduated in 2002. I completed my transition to practice in Operating Theatre and was given insight across all specialties and supported by amazing Registered nurses and Enrolled Nurses. In November 2001, I applied for a position in Nurse Entry to Practice Program and was lucky enough to be hired as a Nursing Intern. I remember sitting at the reception front desk looking for my results and realising I had passed. I placed in the top five of those who passed state finals. It was not until relatively recently that I realised that I might have been the highest-scoring Māori taura who sat state finals that year.

Over the years, when my mum and older sister passed away, I had to learn to navigate home care agencies, ACC, and hospital and community services. I found services hard to navigate and was aware of many barriers to accessing the care, support and treatment that dad deserved and our whānau needed. Having these life experiences has enabled me to shift my mindset from being just a new mum and a recent nurse graduate to learning how to advocate and be the voice of my whānau. I witnessed how hard it was to get the help you needed and the importance of understanding the complexities of whānau.

Furthermore, even though I was a skilled theatre nurse, I struggled in myself and with my profession as a Māori. Practices that happened in Operating Theatre did not align with my cultural beliefs. Clinical practices took priority over cultural practices. I realised that over the years, I had stopped singing. My passion for my mahi and who I am as a Māori did not align. I was often called on for things Māori, yet I never had opportunities to go to workshops. In the end, I did not bother to ask. I struggled to see any Māori leaders in the organisation. I felt that I had no career pathway or trajectory. There were no opportunities for me to advance even though I had completed a Postgraduate Diploma in Health Service Management completed in 2009.

I always found it challenging to balance family life and work life and felt like having a large family and our family dynamics may have impacted decisions made for me to advance professionally. It was really important for me to go back to my marae and reconnect or attend whānau events and important for my children to know where they stood, their tūrangawaewae. I also have to acknowledge that when I was first employed it was really hard to get a position here. When I worked on the floor we had low staff turnover, and although I didn't dislike the work or the people, I felt undervalued and culturally unsafe.

At MidCentral DHB, we were lucky enough to have Te Whare Rapuora opened in 1986 by Māori Women's Welfare League (MWWL). This was a place for whānau to stay and replenish while their loved ones were in hospital. I thought that was only for accommodation. I did not realise that they offered Māori health support as well. Oranga Hinengaro, our Māori Mental Health unit, was there, but I always saw this as separate. I never knew who to seek help from if you were Māori. In 2014, our very first General Manager Māori (GM Māori) role was advertised. This was the first time in my career that I had given my self permission to dream about my aspirations for a new career pathway, although I didn't apply for this role at the time. Later that year, I applied for the Inaugural Quality and Service Improvement Manager Māori role and was successful. I was very

emotional during the interview. Apart from having a new pēpi, I also came to a point in my mahi where I felt heavy. My wairua and mauri were depleted. This was also the first time in my life I had been interviewed with tikanga leading the way and where I was able to be Māori in a job interview. I was proud and anxious at the same time to say my whakapapa out loud. I was not used to hearing myself speak te reo at work let alone hear other people kōrero back to me in te reo!

This experience was the first time in my career when I was welcomed into Pae Ora Māori Health Directorate that my whānau (including my extended whānau) were made to feel welcome. As a student nurse, I trained at and was employed at MidCentral District Health Board (MDHB) since the early 2000s, and this was the first time that a pōwhiri or mihi whakatau welcomed us into our new working whānau Māori. This also felt like the first time having six amazing tamariki was considered normal. Most of all, this role enabled me to sing again, have karakia at the start and end of the day, and have permission to think and explore opportunities and choices for whānau to help them avoid or overcome barriers I had encountered in the health system. I felt I could be passionate, feel driven and be rejuvenated and safe to be Māori. The knowledge I brought as a Māori and as a nurse was valued. Our whānau were considered as important as we were.. Our duty to our hapū and whānau were deemed to be valuable and an asset to our team. We were encouraged to be innovative and not to be put in a box.

Reflecting five years later, I am glad we were able to learn, grow and carve our own path, and be supported to achieve our dreams and aspirations as Māori; which included our lived experience, our culture, and our clinical and cultural skills validated as best practice. Previous to this positive and uplifting experience, when people complimented me on ‘excellent work’ or said ‘well done Tracy’ I never felt like I had succeeded. because I struggled to know my value and worth as a Māori, like many other Māori nurses. This was glaringly obvious at my very first Indigenous Nurses Hui in 2016, where six Māori nursing leaders stood up in a room of approximately 300 Māori nurses and taura. This was the first time I realised how many Māori nurses were in leadership positions. How were we meant to make changes for Māori nurses or for whānau if we were not in positions to influence or have the conversations about what was important to whānau and for Māori staff. This left me to wonder why Māori were not valued enough or supported to be in leadership positions. I wondered whether other Māori nurses who worked on the floor had the same experiences as me. I wonder if they had felt unsupported. The next year at our Indigenous Nurses Conference when we went we were asked around how many had failed our Professional Development Recognition Potfolios (PDRP), again majority of the room raised their hand.

Since realising the value of being, thinking and feeling wholeheartedly Māori in my professional role, I have been able to implement new ways of working and embed bicultural models of care and practice within everyday contexts. I can influence the recruitment and retention of Māori staff and help develop pathways for taura. I always say, "It's everything I wanted as a new nurse that I can now help make happen". Being Māori is appreciated and valued. For that, I am grateful, and Māori are starting to create collective bodies to further their influence and aspirations.

I am connected to other Māori nurses both with Te Kahui Kāore Nama I te Kōrero – MidCentral DHB Māori Nursing and Midwifery Forum. I am connected to Māori Women's

Welfare League as Vice- President to No Ngā Hau e Whā (a peka, branch or group of the MWWL) of Māori nurses. I am connected with Te Rūnanga o Aotearoa New Zealand Nurses Organisation (NZNO). Te Rūnanga represents its Māori Health professionals. I sit as an active member of Te Poari NZNO Māori partnership board, and am Te Rōpu Kaiarahi Māori Advisor to Nursing Education Research Advisory Trust. I am supported by Māori and encouraged to be awesome. This research reminds me that others saw my potential when my mauri was at its lowest. This thesis has been healing for me to reflect on my own experiences, as I asked the participants to be reflective. I now feel that this research, combined with my professional experiences, expertise and networks puts me in a privileged position to advocate for our Māori nurses, both regionally and nationally, and to advocate for transformational change. I am one of many who walk the path to uplift the mana of Māori nurses.

This research is therefore, a way of giving back to Māori nurses. To ensure we have a voice and are valued as Māori, as nurses, as whānau, as māmā or pāpā. To explore how our cultural identity and practices are essential in determining our value and contributing to the health and well-being outcomes of whānau.

He Mihi: Acknowledgments

“Kimihiā te kahurangi; ki te piko tōu mātena, ki te maunga teitei,”

*“Seek above all that which is of highest value; if you bow your head, let it be to the highest
mountain*

This thesis is dedicated to all Māori nurses who tirelessly advocate for whānau, going over and above to ensure our whānau receive the best care possible. To those amazing Māori nurses who participated in both the interviews and surveys; I hope I have captured your kōrero, reflected your experiences, and told our collective stories with mana and aroha.

This was one of the hardest things I have done to date. I strive to finish my thesis as I reflect on my career as a nurse and my own experiences. It was a healing experience through self-reflection but one that bought sadness as I listened to the stories of other Māori nurses.

To my girls Tahlea, Ripeka, Jenaia, Sharlyse, Kenzie, and our only son Miki; I hope that I have inspired you to strive for your moemoeā and realise your potential through the knowledge you bring as Māori through whakapapa and having confidence in who you are. Through finishing my Master’s thesis, I hope that I have also inspired all my beautiful nieces and nephews to further their education. To my husband, Miki; this year has been a big year for you, and I am proud of your success. To my whānau thank you for your tautoko and words of encouragement.

To my Pae Ora whānau. I am forever grateful for your patience, waiata, karakia, and checking in on me and listening to me. I have learned so much from you all. Going to work for me is just like going to our whānau home. The concepts that I share I know work, because I have been part of an amazing team and organisation, who has been working hard over the past five years. I hope that I can continue to grow and share my experiences of having well-supportive Māori managers and Māori leaders, who understand the importance of ensuring whānau come first, the importance of being Māori, and the expectation that you are amazing and can do anything. You have given me more than you will know, including the confidence to know my self-worth. To my friend Wayne, my mentor, thank you for giving me a chance and seeing my potential. Thank you for your guidance, support, and your opinions. You challenge my thinking, and our conversations always make me question my how, never my why.

To my supervisors, Dr. Jason Mika and Dr. Farah Palmer, thank you for your encouragement and your time and your kōrero. This year has been different and challenging for all, and me, working full-time and studying full-time, I have gone off track, struggled, and you have been there to make sure I pass. Thank you for being there and supporting me. Thank you for your encouragement.

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He mihi mahana, he mihi aroha ki a kōutou, ngā mihi, Tracy

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Kuputaka: Glossary of terms

Please note that Māori words and terms have much fuller meanings than the definitions given here.

These brief definitions are used from the researchers own interpretation of the words and the Māori online dictionary.

āhuatanga	aspect
aronga	focus/perspective
awa	river
hanganga	structure
hapū	sub-tribes
hinengaro	spiritual Well-being
iwi	tribes
karakia	prayer or incantations
kairangahau	researcher
kaiwhakahaere	president
kaitiaki	guardians
kāore	no
karanga	call
kāumātua	respected elder
kaupapa	topic, policy, matter for discussion

kōrero	language
korero pakiwaitara	stories, cosmological narratives
kumara	sweet potato
kupu	word
maunga	mountain
mihi	greeting/acknowledgement
mirimiri	massage
mokopuna	grandchild/grandchildren
moteatea	poetry
oranga	well-being
poroporoaki	laments or farewells
ritenga	customary practices
rongoā	Māori medicine
tangata whenua	people of the land
tapuhi	nurse
tatai	lineage, arrange, plan
Tauparapara	phrases
te ao Māori	Māori worldview

tikanga	Māori customs and practices
tinana	physical Well-being
tino rangatiratanga	sovereignty, self-determination
tōhunga	expert or skilled person
tuhinga Whakapae	thesis
tuhinga Whakarāpopoto	abstract
tūpuna	ancestors
tūrangawaewae	place where one has a right to stand
wāhine	women
waiata	song
wairua	two waters, spirit
wairuatanga	spirituality
wero	challenge
whaikōrero	formal speech
wai	water
waiata	songs
whakapapa	family genealogy, outcome
whānau	family

whakatakotoranga laying down/placement

whakataukī proverb

whakawhanaungatanga connectedness

whenua land

Whakararāngi kupu rāpoto: List of acronyms

ACE Advanced Choice of Employment

ACN Associate charge nurse

APC Annual Practicing Certificate

CAP Competency assessment program

DHB District Health Board

EA Enterprise Agreement

EN Enrolled nurse\

ERA Employment Relations Act 2000

FTE Full-time Equivalent

HPCA 2003 Health Practitioners Competency Assurance Act 2003

HQSC Health and Quality Safety Commission

HRA Human Rights Act 1993

HRC	Human Rights Commission
ICN	International Council of Nurses
MECA	Multi Employer Collective Agreement
MidCentral DHB	MidCentral District Health Board
MWWL	Wāhine Māori Toko I te Ora, Māori Women's Welfare League
NCNZ	Nursing Council New Zealand
NESP	Nurse Entry to Specialist Practice
NETP	Nurse Entry to Practice
NPD	Nursing professional development
NNO	National Nurses Organisation
NZNO	Tōputanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisaiton
PDRP	Professional Development Recognition Portfolio
PTSD	Post Traumatic Stress Disorder
RM	Registered Midwife
RN	Registered Nurse
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
WHO	World Health Organization

Wāhanga 1 Whakatakinga—Introduction

Within Nursing, there are 51,700 nurses within New Zealand. Māori nurses make up 8% of the nursing population, 4136 Māori registered nurses practicing within New Zealand. (Nursing Council of New Zealand , January 2020) According to the New Zealand Nursing Council (2019), there were 57, 833 nurses within New Zealand, which saw an increase in the nursing workforce of 1,477 people from the previous year. The Nursing Council New Zealand published recent workforce data (as of 31 March 2019) titled ‘Te Ohu Mahi Tapuhi o Aotearoa/The New Zealand Nursing Workforce 2018-2019’. There were 4,206 Māori nurses, equating to 7.27% of the national nursing workforce, increasing by 1.27% in 8 years (Health and Quality Safety Commission, 2019). Historically Māori nurses have been undervalued within the nursing profession. Nursing is a predominantly female-gendered profession, with females making up approximately 90 % of the workforce (Nursing Council of New Zealand, 2011).

The impact of racism and discrimination towards this professional group has impacted career progression, professional development, occupational stress, and self-esteem. Māori nurses often experience multiple challenges both as students and as registered nurses. The systems and processes used to educate, provide wellbeing, and support professional growth and professional resilience are not conducive to Māori. Te ao Māori perspectives are not acknowledged, therefore undervaluing the importance of tikanga (Māori customs and practices) as an active contributor that links indigenous theory with clinical practice (McLachlan, 2017). Kerri Nuku, Kaiwhakahaere Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation [NZNO], is a Māori

nursing leader and advocates on behalf of Māori nurses. Nuku argues "For a health policy with an 'increased focus on equity,' the first thing we should see is a commitment to closing the 25% pay gap between Māori and Iwi providers and District Health Boards, a clear plan to grow the Māori nursing workforce, and a vision that ensures Māori nurse leadership (New Zealand Nurses Organisation, 2020).

Through my own experiences as a Māori nurse and through being involved within Te Rūnanga o Aotearoa, I have listened to taura and other Māori nurses talk about the system and the processes that discriminate against Māori nurses according to previous research and popular knowledge. (Health and Disability System Review, March 2020; New Zealand Nurses Organisation, 2020; Health and Quality Safety Commission, 2019). With this in mind, I wanted to research the value of Māori nurses in Aotearoa New Zealand.

It is important to acknowledge that this research was conducted under COVID-19 conditions, and the nurses who participated were also at the front-line of the country's and the world's response to this virus. The full impact of COVID-19 on Māori nurses and the nursing profession is still not understood as the implications amidst the pandemic have not been fully realized. However, it is essential to acknowledge all hard-working nurses, health care assistants, health care professionals, and all communities working together to ensure the health and well-being of communities including the nurses and their whānau globally who were impacted or lost their lives due to contracting COVID-19. It is acknowledged that this is new territory which has required extremely hard work on the frontline to ensure the safety of whānau. There has been

ongoing thanks and recognition to nurses for their ongoing commitment to whānau and the sacrifices made as nurses, as mothers, as fathers, as aunties, as uncles, brothers, sisters, as husbands, as wives, as partners as neighbors, as friends and invaluable members of communities, whānau (family), hāpu(sub-tribe) and iwi (tribe).

Ko te tatai kōrero o te hanganga: Background and rationale

“Kāore te kumara te kōrero mō tōna ake reka”

Kāumātua Moetatua Turoa says we misunderstand this whakataukī (proverb). The story we hear is about being humble. He refers to the whakataukī as "Kāore te kumara mō tōna ake māngaro." Māngaro refers to the white or the starch of the kumara. Often the kumara does not know when it is ready. Often other people, including whānau, acknowledge the person's achievements, skills, and attributes. Being able to talk about and accept their gifts and talents can be done in a way that does not lower their expectations, their abilities, or their potential. In a culture where Māori do not self-promote themselves, people need to encourage others to promote Māori to ensure they gain opportunities for leadership and career advancements.

Historically Māori nurses have been undervalued within the nursing profession (Cormack et al., 2020; Lynch, 2020; Hunter, 2019; McKillop, et al., 2013; Papps, E. & Ramsden, I, 1996; Mackay, 1901). The impact of racial discrimination towards this professional group has impacted career progression, professional development, occupational stress, and self-esteem (McLachlan, 2017; Haring, et al, 2015). As a result, Māori nurses often experience multiple challenges both as students and as Registered nurses. The systems and processes used to educate, provide wellbeing,

and support professional growth and resilience are not conducive to Māori wellbeing. Te ao Māori perspectives are not acknowledged, therefore undervaluing the importance of tikanga as an active contributor that links indigenous theory with clinical practice (McLachlan, 2017). Kerri Nuku, Kaiwhakahaere Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation [NZNO], is a Māori nursing leader and advocates on behalf of Māori nurses. Nuku argues "For a health policy with an 'increased focus on equity,' the first thing we should see is a commitment to closing the 25% pay gap between Māori and Iwi providers and District Health Boards, a clear plan to grow the Māori nursing workforce, and a vision that ensures Māori nurse leadership (New Zealand Nurses Organisation, 2020).

When searches are created in google scholar and ebsco host data base to identify or address the value of indigenous nurses or Māori nurses within Aotearoa New Zealand, there is a limited information regarding Māori nurses and value. Often the importance of nurses and clinical practice are interpreted by western ideologies (World Health Organisation, 2020; Hunter, 2019; McDonald, 2004). Models and toolkits are developed from non-Māori nurses' perspectives, which further marginalises the indigenous nurse and their worldview. Like other health professions, nursing continues to frame the nursing culture within the dominant western frame, and does not acknowledge the value of cultural efficacy. Cultural efficacy is about a person's ability to engage and connect with te ao Māori. It helps to strengthen a person cultural identify (Durie, 2008) and acts as a protective factor for Māori against Psychological Distress. Māori with a higher level of Cultural Efficacy showed greater psychological resilience. Muriwai (2015) identifies an increased contrast, increased rates of psychological distress by those who people who identified solely as Māori with lower Cultural Efficacy a 'culture-as-cure' perspective and indicates that increased

Māori Cultural Efficacy has a direct protective effect for those who may be at risk of negative psychological outcomes and associated risk factors. (Muriwai, 2015) ‘Māori with a higher Cultural Efficacy tend to experience lower levels of rumination, and a lower level rumination is, in turn, linked with increased self-esteem’ (Matika, 2017, p. 176). Both Muriwai (2015) and Matika (2017) support the concept of culture-as-cure kaupapa for Māori, and link active identity engagement and cultural efficacy with positive psychological and health outcomes for Māori.

Valuing Māori nurses in Aotearoa, New Zealand, requires the addition of Māori nurses to the workforce and an environment safe for Māori. Nursing as a professional body must not only acknowledge the unique skills set that involves applying and āhuatanga (aspects). Māori indigenous perspectives or experiences need recognition as an approach to whānau centered and holistic care. Māori nurses, when engaging with whānau, encourage the development of their health and wellness aspirations. Valuing a Māori nurse means respecting both their clinical skills and the value of their cultural identity.

For instance, the cultural identity of Māori nurses are tangata whenua (people of the land), through their connection to iwi, hāpu, whānau, maunga (mountain), awa (river), whenua (land), and whakapapa (family genealogy). Their clinical identity comes from holding a nursing qualification that makes them a skilled, knowledgeable health practitioner affiliated with a professional body. This thesis wants to explore whether combining both cultural identity as Māori with clinical identity as qualified nurses, adds value to the nursing profession and whānau.

Māori nurses' partner with whānau to ensure they are active contributors to their health care. They safeguard the delivery of care whānau receive by offering options and choices reflective of what whānau identify as important. Māori nurse's role model behaviours and engagement that create environments which encourage culturally responsive practices (Elder, 2008; Manna, 2003). However, an environment that is unresponsive to the needs of whānau leads to increased misunderstandings (Hinner, 2017), consequences, assumptions, lack of cultural confidence, conscious and unconscious biases, and an awareness of existing barriers for whānau. Māori nurse's commitment and sense of responsibility when serving their people allow their own Māori identity to become emerged within their practice. Tipa, et al., (2015) identify culturally responsive care as being grounded in how whānau see their world, Māori whānau realities, equity, social justice rights, and using a flexible approach that acknowledges whānau uniqueness and diversity.

Māori nurses work differently to non-Māori nurses, as kaitiaki (guardians) for oranga (health). Māori tikanga or cultural practices, such as whakawhānaungatanga (connectedness) and whakapapa (genealogy), are integral to whānau health and wellbeing. Cultural indicators such as karakia (prayer or incantations) language, and access to culturally significant places also enable security to know oneself (Elder, 2008).

Much of the 'value' of Māori nurses is anecdotal, or witnessed first-hand by the researcher in my professional and cultural capacity, but very little evidence has been gathered to understand more fully the experiences of Māori nurses who are trying to integrate their cultural and clinical

identities, and very little is known about the value of Māori nurses from within the health profession.

He pātai rangahau: Research question

This research attempts to address the following research objective: *Understanding the experiences and value of Māori nurses in Aotearoa New Zealand*. The research question driving the research is *how are Māori nurses and their mahi valued in the nursing profession in Aotearoa New Zealand?* Secondary research questions are:

1. How do Māori nurses integrate their cultural and clinical knowledge in their mahi?
2. What are the experiences of Māori nurses that add value to the profession and to whānau?
3. Are the Nursing Council monitoring the number of Māori and non-Māori not passing the cultural competency components? From whose perspective is the narrative interpreted?
4. Are Māori nurses supported or encouraged with career opportunities and leadership progression?
5. Are Professional Development Advisory Groups as well as those who mark the Professional Development Recognition Portfolio (PDRP) portfolio culturally competent?
6. Have all staff in positions of influence undertaken Te Tiriti o Waitangi and cultural competency within the last five years?

This study aims to shed light on the importance and value of Māori nurses. Māori nurses have cultural perspectives and practices that have the potential to contribute to whānau, hapū and iwi wellbeing. Their value is not just determined or limited to clinical skills and knowledge. The

purpose of this research is to set a foundation for further empirical enquiry establishing how the value of Māori nurses is understood and to explore the processes by which this is determined. Limitations, barriers, and challenges for Māori nurses in the health sector are also considered.

Ko te whakatakotoranga o te tuhinga whakapae: Thesis structure

Chapter one provides an overview and justification of the research and the importance of why there is a need to validate and value Māori culture and identity within the nursing profession. An attempt is made to set the scene regarding Māori nursing and to outline the potential value and importance of Māori nurses to themselves, to their organisations, to their profession and to whānau.

Chapter two reviews the literature and provides a historical overview of nursing, highlighting racism and discrimination which through legislation has systemically undervalued Māori nurses. The review of literature also highlights how Māori and indigenous nurses are doubly disadvantaged by ethnicity and gender.

Chapters three and four describe the data collection methodologies utilised and proceeds to the analysis of the results. These chapters highlight the value that Māori nurses bring to the nursing profession from their perspective, and these chapters also identify the contribution Māori nurses make to the health and wellbeing of whanau. There are also negative experiences reported in these chapters with regards to racism, discrimination, the lack of opportunity to advance their careers, and the impact of occupational trauma and stress on nurses and their whānau. Stories and narratives from Māori nurses add another layer of richness to the survey data obtained.

Chapter six concludes this thesis and seeks to address the research objective and specific research questions and attempts to make some concluding statements regarding the experiences and value of Māori nurses, and recommendations will be made with regards to organisational or professional responses to this research.

Wāhanga 2 Arotakenga mātātuhi—Literature review

This chapter will review the literature related to Māori nursing history and practice. It explores legislative, leadership, and workforce disparities that affect the value of Māori nurses while seeking to highlight organisational and systemic racism and also highlight some of the efforts being made to try and minimise these disparities and eliminate this racism.

The chapter begins with a discussion outlining the historical context of nursing and the implications that legislation had on Māori women, tōhunga, and the value of Māori health. This chapter is followed by a discussion on the relevant themes from the literature around ethnic and gender disparities and the impact on Māori nurses with the main focus on indigenous literature from Aotearoa, New Zealand. Overall, there are limited journal articles and published literature regarding the experiences of Māori nurses. Interviews and broadcasting media therefore, have also been reviewed.

Mana wāhine: Sacred feminine power

Māori wāhine (women) were seen as the connection to Papatūānuku, the creators and givers of life to new generations of whakapapa. Including the transfer of knowledge and skills, such as hauora (health) onto the next generation. Hence, it was the birthright of wāhine Māori to ensure the health and wellbeing of those they cared for. Due to the introduction of formal policies, such as the Nurses Registration Act 1901, the mana of wāhine to care for their whānau within rural communities was no longer recognised and in the law's eyes they were now considered unskilled and non-registered.

New Zealand saw the marginalisation of Māori women with these belief systems, and European-induced health problems brought Māori population numbers to near extinction. (Haddon, 2020).

In the early 1900s, the Nurses Registration Act of 1901 only used the female pronoun, stating, "Such register shall show the name and address and qualifications of each nurse entered therein, and where and when she was trained" (Mackay, 1901, p. 2). Training and education was undertaken within designated hospitals, and a medical officer led nursing practice. Consequently, nursing registrations excluded Māori whānau as they were deemed unfit for service. Here, Tooley (1906, cited in McKillop, et al., 2013, p. 268) states that the Nursing Council was using this process as a way of 'weeding out the unfit.' Hence, this led to Māori women omitting their Māori names when registering as nurses.

The earliest identified Māori nurse to register was Marion (Mereana) Hattaway (née Mereana Tangata, and sometimes anglicised to Marion/Marianne/Mary Ann Leonard). She was from Peria in the Far North and registered as a nurse around 1896. (Heritage, Ministry for Culture and, 2020). This was twelve years before Akenihi Hei who registered in 1908 and was the first nurse who identified herself as Māori (McKillop et al., 2013; Simon, 2006). Often, we only acknowledge the courage and strength of Akenihi Hei, who was openly Māori on her registration. To this day, her words are remembered, which stated:

"The suspicions natural to my people (especially the old ones) against European doctors and nurses do not exist against me. (Akenihi Hei, the first Māori registered nurse 1908" (Lange, 1999, p. 176, cited in Simons, 2006, p. 205). However, it is also essential to acknowledge that to

value Māori nurses; there needs to be acknowledgment of Mereana Tangata as the first known registered nurse. This needs to be accurately reflected in nursing history. In a time where women could not vote, had no voice, and were unable to openly register as Māori, Mereana also demonstrated courage and the ability to step forward as a Māori wāhine to take up the nursing profession.

In more recent times, non-Māori believed that Māori nurses would be successful in their nursing of their own people because they would have the breadth of knowledge and skills, as nurses and as Māori (McKegg, 1991). As such, they would bring their understanding of tikanga, "... the tools of thought and understanding ...packages of ideas that help to organise behaviour ...[and provide] some predictability" (Mead, 2003 cited in McKillop et al., 2013, p. 269). As registered nurses, they would also bring Western nursing knowledge and skills that had a better chance of effectiveness against epidemics, rather than traditional healing that had so far not proved successful (McKegg, 1991; McKillop et al., 2013).

Māori women always have been active in advocating for health reforms. For example, in 1929, Māori Women's Institutes were established in rural areas, with health committees formed from the mid-1930s onwards. These soon became branches of the Women's Health League, or WHL, or Māori Women's Health League which later became Te Rōpu Wāhine Māori Toko i te Ora (Maori Women's Welfare League Inc. -MWWL). As a result, these groups of women represented powerful embodiments of Māori women's conceptions of rangātiratanga. Wāhine Māori leaders in the nursing profession continue to fight for pay equity and pay parity while also

advocating for Māori male nurses. Rather than having an individual voice, theirs is a collective voice such as the land March in 1975, to leading out the current review on Oranga Tamariki that reflects and represents whānau as Māori. Many Māori women have had to stand in the political arena and advocate on behalf of whānau daily. Women such as Dame Whine Cooper, Te Puea, Eva Rickard, Hineraumoa Apatu, Prue Kapua, Annette Sykes, Jean Te Huia and Kerri Nuku. Every day they advocate to ensure the system and process of nursing held by professional bodies such as New Zealand Nurses Organisation (NZNO), Nursing Council New Zealand (NCNZ) or clear the voices of not only Māori women but that of indigenous nurses.

Within New Zealand health organisations, Māori nursing leaders have endured the assimilation of policies that do not allow them to be Māori or to speak te reo Māori. Instead, they had to use non-Māori names to become registered nurses in 1901, early nursing history to look after the health and well-being of whānau. Intergenerational trends meant that although Māori women were becoming nurses, there remained an intolerance towards Māori nurses including lack of tikanga in nursing practice until the introduction of Kawa whakaruruhau by Irihapeti Ramsden. Kawa Whakaruruhau, first introduced at a nursing leadership hui in 1989. The development of the Nursing Council continued, where the Nurses Act 1977 emerged, which set new standards for monitoring and regulating safe nursing care within Aotearoa, New Zealand. Nevertheless, it was not until 1992 that cultural safety became mandatory within nursing programmes (Papps & Ramsden, 1996).

Mana Wāhine is about strengthening the voice of Māori women who lead the conversations advocating for all Māori nurses. Māori wāhine nurses were at the forefront of the Wai 2575 which was initiated in November, 2016. Treaty claims investigating the impact that systems and structures had on nursing and their impact on their whānau.

In Aotearoa, there has been a slow but progressive regeneration of te reo related to political activism and major initiatives launched in the 1980s such as Kōhanga Reo movement, cultural reaffirmation, and strengthening cultural identity within nursing Māori nurses. However, their past struggles are still evident in today's practice, where Māori women continue to be undervalued, as well as underpaid. In addition, discrimination of Māori nurses has led to discrimination of Māori women, especially those who work within Iwi and kaupapa Māori services, which has resulted in unfair negative impacts.

As the above discussion shows, past institutional discrimination within nursing systems is deeply embedded in practice and continues to reside within policies and the perpetual elevation of Florence Nightingale where her teachings epitomised what 'good' nursing was all about meant that other cultures and ways of caring were not considered appropriate. These underpinning principles of hygiene sanitation did not uphold ideals regarding equity and non-oppression. As a result, Māori nurses are often forced to work in ways that dismiss their cultural knowledge and intelligence and which unfairly restricted their professional opportunities in a professional context.

Te ketekete o tā hitori tapuhi mai Aotearoa: Nursing history in Aotearoa

Māori health has been undervalued since the early 1800s. The *1907 Tōhunga Suppression Act* suppressed, colonised, and assimilated indigenous systems of healing. Tōhunga were discredited by implying they were frauds (Best Practice Journal, 2008). Parallel to this was the Quackery Prevention Act 1908 (Dow, 2001). The government tried to regulate medication and stated that there was no sale or promotion or medicine preparation allowed in New Zealand. (New Zealand Legal Information Institute, 2010). The Tōhunga Suppression Act 1907 grew out of Western ideology that tōhunga lacked training. Rongōā Māori (Māori medicine) was seen as unsafe. (BPAC, 2008). The Act undermined the value of Māori medicine and rongōā. Tōhunga or experts and the dynamic range of methods used as practitioners range from rongoa, mirimiri (massage), reciting karakia (prayers or incantations), and using wai (water) to make infusions for cleansing. The knowledge and skills as traditional healers in a symbiotic relationship with the taiao (environment) were forced underground and tōhunga were prosecuted. Rongōā Māori practice embedded in tikanga and culture, at one with the taiao, and understood by whānau, hāpu and Iwi (Woodard, 2014) only became spoken about within Māori communities and compromised what Māori were promised under article 2 of Te Tiriti o Waitangi:

‘WHEREAS designing persons, commonly known as tōhunga, practice on the superstition and credulity of the Māori people by pretending to possess supernatural powers in the treatment and cure of disease, the foretelling of future events, and otherwise, and thereby induce the Māoris to neglect their proper occupations and gather into meetings where their substance is consumed, and their minds are unsettled, to the injury of themselves and to the evil example of the Māori people.’
(New Zealand Legal Information Institute, 2010, p. 1).

Sir George Grey met Nightingale when he was the governor of Cape Colony, southern Africa in 1859. Having also spent time as the governor of New Zealand, he became concerned about the decline in Māori population numbers. Hence, he was the first to suggest charts to capture the mortality rate for Māori. Data specific to New Zealand's was not previously captured. However, the data being captured on a global scale showed that approximately twice as many 'native' children were dying compared to non-Māori (McDonald, 2004).

Florence Nightingale (18 May 1820 – 13 August, 1910), was born, into a wealthy and well-connected British family at the Villa Colombaia, in Florence, Tuscany, Italy, and was named after the city of her birth. She came from a Eurocentric culture and was what people considered to be a social reformer which were people who were brought into that brought about changes in the structure and processes of the society. Meanwhile, Florence Nightingale was being praised for her contribution to modern-day nursing. Her charts and data collection techniques are evident in modern-day run charts used in health care today. Nightingale wanted the aboriginal or native children to be "civilized." Māori were required to adapt to Western ways to enjoy the advantages of western science and medicine. There was no sensitivity to the cost or the pace of change. As McKillop et al., (2013) points out, "NZ was strongly influenced by Nightingale traditions of hygiene, cleanliness and impeccable comportment so that nursing recruits were disciplined and moral women." (p.268). Florence Nightingale was only concerned with the practical questions for people who usually went without, such as, "recognizing that rain runs off naked skin quickly and people can dry themselves easily at a fire, while with clothes on they are chilled and vulnerable to pulmonary disease" (Florence Nightingale cited in McDonald, 2004, p. 15).

The work of Florence Nightingale during Crimean War (1853-1856), her scholarly writings, hospital nursing reforms and the establishment of what was identified as Nightingale system of nursing education, influenced the development of a nursing workforce in many countries. New Zealand nursing was established and seen as an acceptable occupation for young women to enter (late 1800s). During the 1880s and 1890s, due to the influence of senior medical staff in Aotearoa New Zealand hospitals, and as part of broader reforms, they ‘recognised and argued for the benefit of female nurses trained in the Nightingale system’ (p. 23). Hospitals then recruited senior nurses from Britain and Australia, who were qualified from this system, to become their matrons and start schools of nursing. Woodward (2011) cited in Krisjanous, (2019) stated that “it was a desire that nurses be seen on a par with nurses from the ‘mother country, i.e. England’. (p. 23). The adoption of a British style of nursing was adopted within Aotearoa due to the influence of Florence Nightingale.

On 28 November 1893, New Zealand women became the first in the world to gain the right to vote. During the general election that year, approximately 84% of the female population were enrolled to vote (Hill, 2018), with 90,290 women casting their votes (5 Things You Didn’t Know About... New Zealand Elections., 2014). Māori women did not vote for three weeks after the landmark event on 20 December 1893. Māori women who voted were referred to as ‘half-cast’ or who owned land outright could only vote in the general election. (Ministry for Culture and heritage, 2019). Meri Te Tai Mangakahia led the voting rights for Māori women to participate in governance and to have the same rights as non-Māori women (Hill, J., 2018). In 1877, women’s rights were extended to include voting and standing for school boards or educational facilities (Tran, 2019):

The construction of Māori as Other was well illustrated in two contrasting late-19th-century European images of Māori. The first image was a Darwinian perspective, apparent in the Eurocentric, colonial response to the high death rate of Māori from infectious disease (McKillop et al., 2013).

As women advocated the right to vote, New Zealand also became the first country to have registered nurses, with the first nurse being Ellen Dougherty. She registered at Palmerston North hospital on January 10, 1902.

Te Tiriti o Waitangi: Treaty of Waitangi

The Human Rights Act 1993 identifies a number of specific grounds for ‘unlawful’ discrimination where discrimination is deemed unlawful (with some exceptions) on the basis of ‘sex’, ‘marital status’, ‘religious belief’, ‘ethical belief’, ‘colour’, ‘race’, ‘ethnic or national origins’, ‘disability’, ‘age’, ‘political opinion’, ‘employment status’, ‘family status’, ‘sexual orientation’ and ‘family violence experience’ (Human Rights Act 1993 cited in (Harris, 2018)). Māori, as indigenous peoples of Aotearoa New Zealand also have the right to freedom from discrimination. This is recognised in Te Tiriti o Waitangi 1840 and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) accepted on 10 December 1948 however, New Zealand was one of the nations that did not sign the UNDRIP initially. It is important to mention that treaty settlements which aimed to resolve claims, and provide some measure of redress to the descendants and claimant groups. did not start until the establishment of Treaty of Waitangi Act 1975.

Te Tiriti o Waitangi recognises that Māori have rights to collective self-determination, inclusive of these rights is the need for health care provision to reflect equitable health outcomes. Te Tiriti is critical for all practitioners both Māori and non-Māori and understanding Māori culture is important for understanding tikanga. Health Practitioners Competency Act 2003, principal purpose of protecting the health and safety of the public and ensuing that the mechanisms to that practitioners are competent and fit to practise their professions for the duration of their professional lives. (Manatu Hauora: Ministry of Health, 2018).

“Section 36, When authority may review health practitioner’s competence subsections (4) The responsible authority may at any time review the competence of a practitioner who holds a current practising certificate, whether or not—(a) there is reason to believe that the practitioner’s competence may be deficient; or(b) the authority receives a notice of the kind described in subsection (2).

(5) In conducting a review under this section, the authority must consider whether, in the authority’s opinion, the health practitioner’s practice of the profession meets the required standard of competence”. (Manatu Hauora: Ministry of Health, 2018)

Although Te Tiriti o Waitangi is referred to within the ACT the focus remains a clinical focus one around health and safety. There are no standards or accountabilities identified within the Act that identify the level of kawa whakarurhau, cultural competence that a health practitioner should have. . one could argue that currently majority of health professionals in

Aotearoa New Zealand including nurses are not meeting their obligations. If non- Māori nurses are practicing at a level of cultural competency that is identified as cultural unsafe does Section 34 Notification that practice below required standard of competence.

(1) If a health practitioner (health practitioner A) has reason to believe that another health practitioner (health practitioner B) may pose a risk of harm to the public by practising below the required standard of competence, health practitioner (Te Whare Tohutohu Paremata, Kāhore he rā).

The question remains would the Health Practitioners Competency Assurance Act 2003 hold the practitioners to account the same way they would respond to clinical health and safety or does the Health Practitioners Competency Assurance Act 2003 discriminate against Māori whānau and the need for health practitioners to be clinically and culturally competent as best practice?

Wai 2575 Health Services and Outcomes Kaupapa Inquiry which commenced at Turangawaewae marae in Ngāruawahia in November, 2018, The Waitangi Tribunal has found that Crown has breached the Treaty of Waitangi by failing to design and administer the current primary health care system to actively address persistent Māori health inequities and by failing to give effect to the Treaty's guarantee of tino rangatiratanga (autonomy, self-determination, sovereignty, self-government). (Manatu Hauora, 2020) These concerns regarding the alleged Treaty breaches by the Crown in regards to Māori health and wellbeing was organised into a three-staged approach:

1. Priority themes that demonstrate systems issues (Stage One)
2. Nationally significant system issues and themes that emerge (Stage Two)
3. Remaining themes of national significance, including eligible historical claims Stage Three).

Stage two of the inquiry is currently being undertaken which take into consideration three priority themes: Māori mental health, Māori with disabilities and alcohol, tobacco and substance abuse. The Māori mental health priority also includes self-harm and suicide.

Stage Three would cover the remaining significant issues nationally and eligible historical issues.

The Waitangi Report-Wai 2575 which was initiated in November 2018 with the first report released 1 July, 2019 identified significant inequalities for whānau Māori, and racism within the systems and workforce was identified. Māori nurses are having to be confronted with personal and institutional and also internal racism from those who are not culturally competent.

In 2016, Māori nurses were claimants to Wai 2575 Inquiry. The report argues that the crown undervalued and failed to deliver equitable health across health legislation and policy. There was limited recognition of accountability to Māori, recognising tino rangatiratanga, embedding equitable health outcomes for Māori while ensuring non- racist practices were being used in the development of the delivery of health care and service provision. The report also argues that a strategic focus is required to achieving improvements for Māori health.

The New Zealand Public Health and Disability Act 2000 requires the health sector to strive for equity. This can also be applied to recognition of indigenous nurses, the colonisation of nursing and the need to decolonise health but also acknowledges the right of the Māori nurse to have equitable opportunities and to self-determine what the profession looks like by valuing the skills and knowledge of indigenous nurses and the application of these practices for whānau.

The tribunal acknowledged the importance of Māori primary health care however, the constant under funding of primary health has disadvantaged Māori communities. The tribunal noted that

“NZ\$167 million (less than 1%) was allocated for Māori health care. The crown is aware of the need to change the current funding mechanism. Only NZ\$28.7 million was allocated to iwi and kaupapa Māori organisations for the provision of Māori specific primary health funding. (Came, et al., 2020).

The Waitangi Tribunal has identified that the Treaty principles are not responded to by the crown. The Kaupapa Māori Health Inquiry was referenced in the Health and Disability review and identified nurses as key system enablers to ensure more culturally safe and aware care to flow through the whole system to improve the equity of health outcomes.

There is clear evidence within the health and disability review that supports Māori nurses as key to these changes. The review identified the need to increase the number of Māori and Pacific

people both in clinical, non-clinical and governance roles at all levels which should be supported by system-wide workforce planning, modelling and investment across the pipeline, and pay equity. (Health and Disability System Review, March 2020).

In the Health and Disability review Heather Simpson articulates that the Māori Health Authority should lead the Māori workforce in the health and disability sector. The New Zealand Public Health and Disability Act 2000 requires the health sector to strive for equity and this can be applied to recognition of indigenous nurses, the colonisation of nursing and the need to decolonise health as well as acknowledging the right of the Māori nurse to have equitable opportunities and to self-determine what the profession looks like by valuing the skills and knowledge of indigenous nurses and the application of these practices for whānau.

The argument here is that Māori nurses as a professional body deserve mana motuhake over the Māori nursing profession.

Te tāmitanga ā pūnaha, iwi, ira me ngā hua ki ngā tapuhi Māori: institutional, ethnic and gender discrimination impacts on Māori nurses

Institutional discrimination within nursing has oppressed Māori nurses. It remains engrained in the Aotearoa, New Zealand nursing culture, in ways that *'unfairly restrict the opportunities'* (Cormack, et al., 2020). of Māori and privilege other groups who are racialised as superior in social systems of oppression. For instance, in 1920, the official First Chief nurse Hester McLean was

recorded within New Zealand's history was as the registrar and founder of Kai Tiaki Nurses journal. It was not until February 2019 (99 years after the inaugural Chief Nurse was appointed) that Margareth Broodkorn (Manatu Hauora, 2020) of Māori and Dutch whakapapa became the first Chief Nurse who identified as Māori.

In September 2009, an article in Pokaipū Hauora /Health Central reviewed nursing. The title was NZ nursing history:100 years of NZNO. It spoke of the first national voice for nursing being established in 1909. The historical account of nursing mentions Māori women or Māori nurses; however, a quote from the 1908 Kai Tiaki Nursing New Zealand Journal describes a member, Mrs. Kendall, being a surgeons wife who was "picturesque in black velvet and lace..her fair hair thrown into relief against the carved screen and tall white lilies" (Pokaipū Hauora /Health Central, 2009). Not once within the article's content or the historical timeline from 1901 until 2009 does it identify Māori nurses within New Zealand or their contribution as tangata whenua to the nursing profession or members of professional bodies or unions.

The State Service Commission, cited in Manson (2012, p. 30), states that "structural (systemic) discrimination occurs when an entire network of rules and practices disadvantage less empowered groups while servicing at the same time to advantage the dominant group." This means that any information gathered for nursing has a bias that the information gathered would not reflect the true value of being a Māori Nurse or how this enhances the workforce. Section 58 n and section 56 of the State Sector Act 1988 (as of 7 August 2020) identifies an equal employment opportunities program aimed at the identification and elimination of all aspects of policies, procedures, and other

institutional barriers that cause or perpetuate, or tend to cause or perpetuate, inequality in respect to the employment of any persons or group of persons.

Policies such as the Public Service Act 2020, part 1 (Te Tari Tohutohu Paremata, Parliamentary Counsel Office, 2020), identifies the Crown relationship with Māori. Through its alignment with the New Zealand Bill of Rights Act 1990 (Te Tari Tohutohu Paremata, Parliamentary Counsel Office, 1990), where section 19, (1), and (2) acknowledge freedom from discrimination within the Human Rights Act 1993, which was repealed to now align with the Human Rights Amendment Act 2001. These changes enable the commission to make public statements concerning any matter affecting human rights, including statements promoting an understanding of, and compliance with, this Act or the New Zealand Bill of Rights Act 1990. There is a need to ensure equality, indirect discrimination, or institutions and procedures and complaints are dealt with appropriately under this Act commanded with dealing with unlawful discrimination. For Māori nurses, it is important to know and understand which legislations can support them when advocating for change.

The Human Rights Act 1993 (HRA) and the Employment Relations Act 2000 (ERA) help ensure all workplaces are safe and fair, free from discrimination, and identify that this includes sex or sexual orientation, skin colour and race within New Zealand. There is an identified pay gap within the female-gendered professions of 9.3 percent in New Zealand in June 2019 (Statistics New Zealand, 2019). Gendered pay equity gaps in New Zealand exist much wider than that for nurses.

Gender pay gaps are described in organisations as:

- more men at higher levels and more women at lower levels of an organisation
- more men in higher-paid occupations and more women in lower-paid occupations
- undervaluing work predominantly or exclusively performed by women. (Stats NZ, 2020, p. 5)

The World Health Organisation (WHO) identified women working in the health and social sector are undervalued. In 104 countries that were surveyed and analysed, female nurses made up 67 percent of the workforce. There was a systematic difference in genders with most males working as doctors, dentists, and physicians of that workforce. Male health practitioners were less likely to work part-time. Internationally, there is an average gender pay gap of around 28% within the health workforce. Once occupation and working hours are accounted for, the gender pay gap internationally is 11%. The WHO identified:

women's participation, gender-transformative policies are needed to address inequities and eliminate gender-based discrimination in earnings, remove barriers to access to full-time employment, and support access to professional development and leadership roles (Boniol, et al., 2019, p. 1)

Ethnicity and locations were also factors identified which contribute to pay differences. Women are further impacted as they are more likely to work part-time, on average, people in part-time work receive a lower hourly rate than those in full-time work. Women with dependents are even further disadvantaged by pay disparities when comparing those who have taken parental leave

or other extended breaks from work with those who have not. This can also impact a missed opportunity level and consequent in a lower pay rate with annual leave occurring the first year following parental leave. This means the legislation changes directly impact Māori nurses and nurses working in Māori and Iwi providers due to the government's funding mechanisms of health identified within the Public Health and Disability Act 2000.

Came et al., (2020) argue that "*Ethnic pay disparities are a pervasive and complex problem that have plagued the public sector for some decades*" (p.78). Their study highlighted the lack of Māori and Pasifika people being appointed into senior roles; therefore, resulting in an ethnic pay disparity. There are apparent discrepancies and identification of institutional racism regarding access to resources, cultural capital, and political power. To make institutional racism changes, there is a need to call out to identify the racism across all organisational levels.

Aotearoa New Zealand will need to address the persistent inequity of Māori in its nursing workforce by investing in the domestic growth of Māori nurses, as well as in Māori nursing leadership capacity and capability in order to better contribute to reducing Māori health inequity (Chalmers, L, 2020, p. 2).

The New Zealand Human Rights Commission agrees and goes on to state that "women, Māori, Pacific, ethnic minorities and people with disabilities into senior leadership positions, requiring that women are 50% of leaders in the state sector (New Zealand Human Rights, June 2018, p. 13).

Ngā kaiārahi Māori: Māori in leadership positions

A disparity gap analysis within literature identified that there was limited recognition of the value and contribution of Māori nurses and Māori leadership in Nursing. The application of Māori Health Models, strategies and the understanding of being whānau-centred creates a paradigm shift from non-Māori perceptions of patient-centric approaches currently deemed competent by Nursing Council New Zealand to one that is perhaps more accepting of alternative and indigenous approaches. This shift also highlights a deficit with kawa whakaruruhau, cultural safety and working in a bicultural context. The practice of nurses and health professionals has a direct impact on reducing inequities and affecting cultural change for whānau and minority populations. Baker (2011) support these claims that nurses, as the largest body of health professionals, are leaders in transforming care. Māori nurses are central to reducing disparities for whānau. Māori have a highly competent workforce; Māori nurses are dual practitioners, clinical and cultural competence are essential to reducing disparities for whānau.

The World Health Organisation cited in Sheridan and Hand (2011) state, "Māori nurses in governance roles could influence health performance, and the health system is well recognised as a determinant of health". (p. 182). Indigenous leaders globally are calling for the disparity gaps to be closed as current policies are not working. (Cargo, et al., 2019). There is a need to apply indigenous knowledge and evaluation to capture quality of life (Durie, 2006).

Leadership styles are also influenced by expatriated or internationally qualified nurses (Ncube, 2017). Despite these nurses being competent professional nurses, how they practice in their host society can have an unexpected reaction even if they have proven leadership qualities and styles. Connecting and exploring job satisfaction can also influence the success of Māori nurses. It is essential to acknowledge the limited number of Māori nurses in leadership positions.

Those in management or leadership positions are often not only non-Māori but are internationally trained nurses.

Often the perception of internationally trained nurses is through the lens of their own country. Nurse leaders influence how they work through the leadership and behaviors they exhibit. The model's ideas and frameworks that they bring with them are often implemented through a westernised model, a non-indigenous world view, or perception. Indigenous models are well researched within New Zealand such as Hua Oranga (Kingi, 1997), Te Whare Tapa Whā (Durie, 1998), Te Wheke (Manatu Hauora: Ministry of Health, 2017). These are often not implemented by professional nursing leaders as they are often unaware of these models or the relationship to cultural value in advancing the health and well-being of whānau.

Quality leadership also ensures the exchange and formation of relationships (Cummings, 2018). If the working environment is not positive, psychological distress, ischemic heart disease, obesity, and type 2 diabetes have been documented as detrimental conditions commonly effecting nurses (Lornad et al, 2015). Not understanding the Māori population and the disparities or realities faced by the Māori community can lead to occupational stressors that are often experienced differently to non-Māori colleagues (Stewart, & Gardner. 2015). It is essential to acknowledge that effective leadership and staff management promotes and develops a positive work environment where staff are motivated and engaged. (Ncube, 2017).

Māori face racial discrimination across cultural and social constructs. Discrimination can harm the person and their whānau (Harris., et al, 2018). Not only do Māori nurses experience occupational stress, but they also are discriminated against in an environment where those in positions of privilege are of the dominant group. In the workforce, Māori nurses experience what Harris et al., (2018, p. 3) identify as:

- ‘dual minority status’
- ‘Multiple stigmatised identities’
- ‘double jeopardy’

There is very little published around occupational stress for Māori (Stewart, L., & Gardner, D. 2015). Furthermore, the health profile of Māori nurses and the link to occupational stress and racism at work was identified as a gap within the literature review. What is the impact on their health and well-being, and is there an impact on their whānau as a consequence? Consideration was given and a gap identified by the researcher as to whether Māori nurses are at risk of psychological distress and being diagnosed with ischemic heart disease, obesity, and type 2 diabetes to work in culturally unsafe environments. As Reid et al., (2014) suggested, damage can occur through a cumulative process.

For Māori experiences were often related to their experiences of institutional racism (Borell, 2020; Came, et al., 2020; Discrimination alive and well in the workplace, 2020; Health and Disability System Review, March 2020; Lynch, 2020; New Zealand Nurses Organisation, 2020; Fitzsimons, 2019; Health and Quality Safety Commission, 2019; Hunter, 2019; Krisjanous,

2019; 2018; Government Inquiry into Mental Health and Addiction , November 2018; Haring, 2015; Woodard, 2014; BPAC, 2008). This institutional racism is often the result of conflict between Māori values and Western beliefs including government values, and already established education institutes (Stewart, & Gardner, 2015). Simon (2004) identified that for Māori nurses, occupational stress was directly related to increased workload and lack of cultural safety. Research previously completed by Sisley and Waititi (1997) and Ratima et al. (2007) identified job descriptions, inadequate remuneration, and differences in mahi (work) between Māori and non-Māori as additional unique stressors and contributors to occupational stress.

Mahi Oranga, a culturally responsive measure for occupational stress, was developed by Stewart, (2011) for the completion of a Masters of Arts in Industrial and Organisational Psychology which, focused directly on the health workforce of New Zealand. One hundred and eight respondents, of which 13 were Māori, were consulted in the development. These participants identified workplace constraints, role overload, and an increase in interpersonal conflict. Māori working in urban areas identified a higher work strain than those working in rural or kaupapa Māori environments. Those working in kaupapa Māori environments reported more organisation constraints and higher workloads than those working in non-kaupapa Māori environments. Despite the finding of the research, Māori remained "*optimistic about their work because they felt they were making positive contributions to advancing Māori client's needs*" (Stewart, L., & Gardner, D., 2015). Māori also felt that being supported by other Māori kaimahi (staff), taura (students) and being supported by whānau gave them the strength to persevere.

There are multiple pieces of work nationally that identify the importance of Māori staff in the health and well-being of whānau, these include: Health and Disability Review (2020); He Ara Oranga (Government Inquiry into Mental Health and Addiction, November 2018); Health and Quality Safety Commission (2019); He Korowai Oranga Māori Health Strategy (Manatu Hauora, 2014); and Whakapūawaitia Ngāi Māori 2030 /Thriving as Māori 2030, (Māori health Workforce priorities (September 2012). There are still limited numbers of Māori within the workforce. The latest statistics identify 4,206 Māori nurses, equating to 7.27% of the national nursing workforce, which had increasing by 1.27% in 8 years (Health and Quality Safety Commission, 2019). This has led to health and National Nurses Organisation (NNO) which results in the need to push to recruit internationally trained nurses to fulfill the shortage.

The next section Te Kaunihera Tapuhi o Aotearoa: Nursing Council New Zealand (NCNZ) identifies the accountability as the regulatory body. Their influence across tertiary and practice standards are critical in driving shaping and holding nursing to account and ensuring the safety of whānau. They are pivotal in ensuring nurses being recruited to New Zealand are competent and cultural safe and practice in accordance to kawa whakakaruruhau and Te Tiriti o Waitangi.

Te Kaunihera Tapuhi o Aotearoa: Nursing Council New Zealand

The Nursing Council of New Zealand (NCNZ) must collect specific data such as age, gender, ethnicity and geographic, distribution of registered nurses, employment settings and full-time equivalent (FTE) Loads of registered nurses, practice areas of registered nurses and qualifications of registered nurses. The Health Practitioners Competence Assurance Act, 2003 (HPCA), requires the Nursing Council to establish processes that ensure nurses are safe and competent to practice.

All nurses are required to make a statutory declaration at the time of annual renewal of their Annual Practising Certificate (APC) confirming that they are fit to practice, have completed the number of required clinical hours (450 hours over three years), that they have undertaken 60 hours of professional development over three years and that they are not under disciplinary or criminal investigation.

Under the Act, nurses may hold an APC when not practicing. However, after five years of not being in practice, the APC lapses and must be renewed through a process of competency assessment as part of its functions under the Health Practitioners Competence Assurance Act (2003). This data, provided by nurses as part of their annual practicing certificate application, is also utilised by the Ministry of Health for planning, policy, and research purposes. Nurses are also required to annually demonstrate cultural competence; cultural safety is core to this. Cultural safety is a vital concept that has gained global influence. The ability of whānau to provide input into the process determining cultural safety is currently limited within non-kaupapa Māori services. From the researcher's anecdotal experience as a registered nurse and as a quality and service manager Māori who is responsible for supporting whānau with the complaints process. I have learnt from listening and working alongside other Māori working within health is that whānau often do not participate in complaint processes through a fear they will be denied treatment. People and their whānau often feel that organisations will protect the staff instead of listening to their concerns about their healthcare services, treatment or experiences. When whānau don't feel listened to when advocating for their loved ones, they often feel staff nurses stereotype them as aggressive or argumentative. Whānau are unable to hold staff to account for practices that whānau deem culturally unsafe if nurses pass their professional development portfolio.

Therefore, you could argue that Māori must mark or identify a rubric for identifying a standard of cultural competency for staff. Are those who mark the Professional Development Recognition Portfolio (PDRP) portfolio culturally competent and the Professional Development Advisory Groups and have they undertaken Te Tiriti o Waitangi and cultural competency within the last five years? Are the Nursing Council monitoring the number of Māori and non-Māori not passing the cultural competency components? From whose perspective is the narrative interpreted when the majority of nurses within the nursing workforce are non-Māori and the HPCA has no rules around the regulation of cultural competency with health professionals even though there is an accountability under te Tiriti o Waitangi? There is uncertainty about whether there has been any research undertaken on the portfolio evidence or how it is measured. The Nursing Council identified 15,381 (26.4%) nurses with current Professional Recognition portfolios (PDRP). However, there is no breakdown in the available statistics that identify the proportion who are internationally trained nurses with current PDRP portfolios (Nursing Council, 2019). It is these portfolios that NCNZ are using to identify cultural competency and commitment to Te Tiriti o Waitangi therefore there are potentially 73.6% (36,318) have not had or do not have current PDRP portfolios.

Māori nurses have been targeted with derogatory comments through social media and nursing journals such as Kai Tiaki. A review of Kai Tiaki for the period 1908-1929 states that Mclean's misappropriation of the 'Māori word Kai Tiaki for her journal, as well as all advertising was "white-minded: with no obvious Māori message sources or inclusion of Māori providers or consumers'. It can be determined from the review of Kai Tiaki that Māori were considered to not be active participants in the dominant health market, despite their pressing health needs as a result

of colonisation and susceptibility to infectious disease. There was no inclusion of, or products specifically targeted to Māori (Krisjanous, 2019). Kai Tiaki now has the addition of Māori stories in approximately 2009. However, when examining the content in recent months it has appeared to be highlighting and enabling racism and discrimination against Māori nurses within the published journal through publishing stories and letters to Kai Tiaki editors that allowed other NZNO and nursing members to unfairly target Māori nurses (Ashdown, 2020) and target Te Rūnanga Aotearoa members and also unfairly targeted Kerri Nuku Kai Whakahaere. Māori nurses who were nominated for the NZNO Board of Director elections also had their names misspelled, There were articles and thought pieces within the Kai Tiaki from Māori nurses who actively spoke out about racism (Haddon, 2020;Teiho, 2020) also letters from the Kaiwhakahaere (Nuku, 2020) The co-editors needed to create a correction and apology in the August 2020, edition of Kai Tiaki where they misinformed the membership, caused great offence to members of te Rūnanga members involved and needed to work alongside the chief executive Memo Musa ‘to resolve the queries that have been raised and restore the mana of all concerned’ (Co-editors, 2020, p. 3).

There are strict rules and guidelines set down by the Nursing Council of New Zealand, which require all journalist to be respectful to Māori nurses and to respect the cultural needs and values of health consumers while recognising the health inequities. However, there is no accountability or specific focus on the racist behaviours of non-Māori nurses against Māori nurses, which undervalues not only Māori people but also the mana of their whānau and tūpuna.

For instance, on 29 January 2020, a Taranaki nurse who had her registration suspended because she made racist comments on social media, allegedly continued working while suspended.

Deborah Kathryn Hugill appeared before the Health Practitioners Disciplinary Tribunal facing two charges. She posted on a New Zealand Nursing Organisation (NZNO) Facebook page in May 2019, commenting on a news article about Māori voices missing from a mental health and addictions inquiry. The comment that Hugill made was, "Māori nurses were lazy, cunning and underhanded, that they got unfair handouts and spent a lot of time eating and going to meetings". The news article also reported that Hugill stated that "Māori receive unfair pay-outs and had made claims against Māori colleagues and called the New Zealand Nursing Council racist". Hugill responded that she "was not racist because her comments were based on her personal experience and therefore true". The next day when attending the disciplinary hearing, Hugill walked out during the karakia. "The practitioner failed to show a sustained and genuine understanding or remorse for her highly offensive and racist comments," said tribunal chair Maria Dew QC. Hugill's conduct fell below the expected standard of any health professional. (Lana Andelane, 2020).

This case was the first time the Nursing Council had acted against a nurse's racist behaviour. The concern is that the nurse only received a fine and two years of not practicing. To get her practicing certificate back, there will be strict requirements identified by WHO and only if Hugill chooses to complete a cultural confidence course in nursing, ethics, and code of conduct approved by the Nursing Council. However, this should be in fact a cultural competence course assessed by Māori whānau and nurses. Currently, there is no national cultural competency curriculum and those that teach the papers in tertiary providers and tend to be non-Māori, including professional development portfolio assessors.

Kai Tiaki needs to look at our own history and our Māori nursing history and it needs to be taught within schools. Steps need to be taken as they have just reported what society has felt. Racism in New Zealand is systemic and it shows how NCNZ fails Māori nurses. Kai Tiaki has contributed to shaping the current nursing profession and Kai Tiaki needs to report the truth which reflects how the health service fails Māori and Māori nurses. The power of storytelling impacts fundamental changes need to happen as those in power lead the narrative and leadership affects strategy and strategy affects power. This way that racist reporting is done needs to decolonise nursing it is a journey and not a destination. This reporting has also influenced nursing as a professional body and has ensured that white privilege has remained. Nursing institutes need to be proactive and tell the real stories of Māori and New Zealand nursing and the impact of that a British nursing has had on the healthcare system. There will be kick back to this as negative racism becomes hurtful and racism exist and these comments will become prolific. The perspectives of Māori were not being reported and there needs to be the voices of Māori being heard.

On the 30 November 2020, Stuff held itself accountable and released a national historic apology and introduced a new Te Tiriti o Waitangi based charter. Its internal investigation identified how the organisation portrayed Māori. The impact of stuff shaped and had an enormous impact on New Zealand. Boucher CEO Stuff says 'After doing a deep examination... the findings over time, there has been many instances that the work that our Papers produced could have perpetuated negative stereotypes or misconceptions against Māori' (Williams, 2020)

Te whai me te pupuri i ngā kaimahi: Workforce recruitment and retention

On 30 June 2018, New Zealand's estimated Māori population was 744,800; this was a 1.4 percent increase from the previous year's estimate. This represented 363,800 Māori males and 381,000 Māori females. Māori made up 16.5 percent of the total population. In 2018, 27.4 percent of people counted were not born in New Zealand (Statistic New Zealand, 2020). While New Zealand has an aging population, that of the Māori population remains a growing youthful population. These pressures of a growing population are also disproportionately over-represented in an increase in the incidence and impact of chronic diseases; and persistent health inequities.

Tucket et al, (2009 cited in National Nurses Organisation) [NNO] says that we should be taking a "population-based approach to health care emphasising prevention, education, health maintenance, well-being, and strengthening connections with other health agencies, social and community services, and Iwi". (p. 8.). Differences in health outcomes across populations are identified both globally and nationally within Aotearoa. These variations in care are not producing the expected outcomes for whānau Māori. This results in increased mortality rates and care that is perceived by whānau as clinically and culturally unresponsive. (Chassin, 2011; Edward, 2017; Schneider, 2017; Seddon, 2006). These health inequities are preventable. Adcock (2016) identify negative statistics and poor health outcomes of which those directly affected are over represented. Anecdotally, from my experience as a Māori quality and service improvement Manager, people who are charged with creating change, decreasing inequities, and improving Māori health outcomes often have limited or very little understanding of what changes are needed and that a multi-pronged approach is required.

Primary care has not been studied to the same extent as secondary care for variations in healthcare. However, it is increasingly becoming a focal point for international healthcare systems as they seek to respond to a rapidly changing and resource constrained environment for example family health practices and general practitioner (GP) shortages). Regardless of whether it is primary or secondary care there is a need to ensure appropriate resourcing and investment in Māori health. These priorities are seen as key for developing the nursing workforce. Therefore, to enhance the health and well-being of Māori, the nursing workforce should have a targeted approach to recruit and retain and prioritise Māori nurses.

Whakapūawaitia Ngai Māori 2030 states, “the proportion of Māori nurses doubled from 1991 to 2001 to 6 percent. By 2009 there were 2803 active Māori nurses in the health workforce” (Consultancy, Reanga New Zealand, 2012). This means between 1991-2020 (29 years) there has only been an increase of 1403 Māori nurses, an average of 43.3 people per year. There was no information about how many Māori nurses are in senior nursing management positions or non-nursing management positions. The NCNZ was approached regarding these statistics and providing the breakdown and they would get the data to the researcher as soon as possible however, at the completion of this thesis, the information had still not been provided by Nursing Council. Māori are significantly under-represented within the current healthcare workforce and within all health professions. It is often challenging to recruit and retain Māori, making it harder to grow and develop the future nursing workforce reflective of the New Zealand population (Wilson, et., 2011).

The NNO is a collective of New Zealand’s key nursing stakeholder organisations comprising representatives from employers, educators, professional bodies, the regulator, and the

Chief Nurse's Office. The group collectively led the development of data intelligence around new graduates, workforce planning, advanced practice development, and care capacity demand management in hospitals and other health care settings. A key goal of NNO was to develop a fit for purpose nursing workforce. As New Zealand's population changes, there is a demand to relook at the nursing workforce's composition. NNO identifies New Zealand as currently having a vacancy-driven employment model which means new graduate nurses find it difficult to gain employment. This continues to contribute to the reliance on recruiting internationally qualified nurses. This drive to recruit nationally was bought in historically due to the influence of Florence Nightingale as previously identified in Krisjanous (2019).

Recruitment and retention of internationally trained nurses have the investment and targeted funding and training provisions through nursing schools known as Competency Assessment Programmes [CAP]. There are clear criteria and assessment guidelines identified by the Nursing Council of New Zealand to ensure they are competent to practice within New Zealand. However, there is a limited commitment and lack of investment in the provision of Māori responsive training programmes by the Nursing Council and the Ministry of Health. Nursing institutions need to be held accountable for ensuring equitable funds for the development of programmes responsive to Māori.

Pay equity is also currently sought for within the NZNO. The value of nursing is being articulated. Māori nurses receive inequitable pay for the same professional skill set as a Registered Nurse within District Health Boards (DHB). (Nuku, 2017). This study ensures that Māori will have

a voice and be recognised, paving the way globally for other indigenous nurses to validate their self-worth within their own countries.

Brown (2014), considers the benefits that enterprise agreements [EAs] can bring to indigenous employees. This paper considers whether respectful cultural policies aligned with reconciliation and included in EAs can be achieved to close the gap in reducing indigenous disadvantage. A document analysis of EAs at eight Australian universities was conducted to conceptualise and compare information about indigenous staff needs including remuneration. Several sections relating to indigenous employment and cultural leave arrangements were identified, such as cultural language allowance if they were expected to converse in their native language. The study used a discourse analysis, analysing documents from 8 universities. It aimed to "consider the benefits that EAs bring to Indigenous employees" (p. 15). Any reference to indigenous rights, benefits, indigenous employment, and enterprise agreements were explored. Any discourse reflected the employment agreements and how they "support or hinder the cultural values and obligations of Indigenous people" (p. 15) were also considered. The EA can be seen as an opportunity to use this already identified framework to develop an employment agreement or multi-employer collective agreements [MECA], recognising and valuing Māori nurses. According to the Fair Work Act (2009), cited in Brown (2014), "pattern bargaining is prohibited by bargaining representatives from modeling or using templates from other EAs", Employment targets or clear goals are not clearly defined in the employment agreements (p 15). Māori nurses, as an indigenous group, often have a single system representation, such as democratic voting forced on them. It only focuses on an individual perspective and not of a collective whānau, hāpu, or Iwi. Often the regard to indigeneity remains undervalued and unrecognised (Brown, 2014).

Work assessment and interviews are being completed for 214 nursing roles across DHBs by NZNO (New Zealand Nurses Organisation, Tōpūtanga Tapuhi Kaitiaki o Aotearoa, 2020). This assessment looks at a generalised approach in the context of a nursing workforce. There are no comparisons between the updates that compare the value, importance, or uniqueness that Māori nurses contribute to nursing. The focus is on a mainstream approach which does not enable cultural or indigenous comparators. There is concern that this pay equity research results could have a negative effect on the current negotiations for Māori nurses working in Iwi and Māori providers and could compromise the pay equity settlement. It is crucial to ensure that the value of Māori nurses who have been historically undervalued or devalued in their work as professionals is no longer accepted. Social and cultural factors need to be acknowledged (New Zealand Nurses Organisation, Tōpūtanga Tapuhi Kaitiaki o Aotearoa, 2020).

New graduate data revealed that Māori and Pacific nurses are slightly less likely to be employed due to lack of vacancies in their domicile areas compared to NZ European nurses. The Advanced Choice of Employment [ACE] program, which enables the electronic matching of Nurse Entry to Practice [NETP] and Nurse Entry to Specialist Practice [NESP] algorithm, has been used since 2012. According to the report, the ACE program has been *"Successfully operating since 2012"* (Kamini Pather, 2020, p. 4). Originally the recruitment process was used to place medical graduates. It has since then been used by New Zealand's 20 District Health Boards (DHB) to recruit new graduate nurses. The 2020 Mid-Year intake identified 483 complete applications, with only 47 applications being used in the electronic algorithmic match. Only 373 were completed appropriately. The ACE summary identifies only 342 positions as being submitted by employers

to be included in ACE matching. On 29 June 2020, 174 people were not matched. Those who were not matched remained in a manual talent pool where they were moved into a national talent pool. \

Out of the 473 applicants, only 77 or 16.3% were Māori applicants. The report indicates that one person applied from Te Whare Wananga o Awanuiarangi, 14 applicants were from Whitireia New Zealand. According to the data, only 16 people who applied to ACE were from Māori focused nursing programs; therefore, 61 Māori applicants were associated with other mainstream tertiary providers. However, this may not be an accurate interpretation of the data as ethnicity data sets have not been applied to:

- Tertiary providers
- Applicant employee preferences
- Applicant Clinical Practice Setting Preferences

Only 63 out of the 77 people identified as Māori as part of the ACE recruitment process were successfully matched. Ethnicity breakdown with data collection was also not identified in relation to applicants matched by the employee's preference. 14 Māori remained unmatched through the ACE program even though there is clear evidence that Māori nurses must be recruited. The percentage of Māori nurses must reflect that of the population. Out of the 174 unmatched applicants, the assumption is that the single applicant from Te Whare Wananga o Awanuiarangi remained unmatched. Only 3 out of the 11 applicants from Whitireia New Zealand were matched. Still, there is a lack of equity data that identifies:

- Unmatched Applicants by Employer Preference
- Unmatched Applicant by Clinical Practice Setting Preference Settings.

(Kamini Pather, 2020)

Therefore, one can argue how can the ACE program that is implemented across twenty DHB's be identified as "*successful since 2012*" (Kamini Pather, 2020) when there is limited Māori applying and Māori from Māori nursing taura or new graduates from Māori Bachelor of Nursing programs out of the 15 applicants only three were seen as employable. While it appears challenging to recruit Māori into nursing, positions identified within the ACE programs identify significant inequities for the pro-active recruitment and retention of a Māori nursing workforce. The breakdown of the data within the ACE Nursing, Algorithmic Match Report 2020 Mid-year Graduate Report also does not allow for breakdown of gender. Nursing, as previously identified, is predominantly a female-gendered profession. Therefore, there is an inequity with the algorithm for ensuring Māori are employed and prioritised in nursing recruitment and retention programs and strategies; gender equality also persists. This can be seen as a direct result of the Nurses Registration act 1901. The report shows the inability to ascertain of Māori involved in designing the ACE or if an equity lens was applied.

Māori nurses, as a professional body, can contribute to the research by being encouraged and supported to have a voice, be heard, and have their information retold in a meaningful way. Through having a collective voice collated through this research, we can provide substantial evidence and real-life examples highlighting the value of Māori nurses. Through these stories and experiences, Māori nurses can influence the research result and enable an environment where the research is not done to them, but they lead their research.

Te whaipanga mā roto i te tuakiri Māori: Valuing Māori and cultural identity

Cultural identity acts as a vessel for Māori and Non-Māori to communicate and respond appropriately to ensure effective outcomes. By understanding how Māori interventions are measured or identified by whānau, care and treatment can be redefined to focus on how and what works for Māori. “Māori nurses can best provide for their patients and demonstrate their professionalism when they can work within a Māori model of care and through a Māori world view that is acknowledged, accepted and honoured” (Walker L., 2015, p. 34). Cultural identity is vital to creating engagement, the right working environment, and culturally responsive practices. If these practices are not in place, it can lead to increased misunderstandings, consequences, assumptions, and biases.

Value is often defined from a non-Māori perspective as being well resourced. However, there is limited recognition of prioritising Māori nurses and valuing their contribution. Currently, the provision of funding allocated to Māori nurses is not equitable. Although there is political pressure to change the funding mechanism, Māori nurses have not been seen as a high priority by the Government. In the New Zealand Elections 2020 quick-fire debate, neither Jacinda Ardern nor Judith Collins could identify nurses’ starting wage. Kerri Nuku said, "The role of nurses through COVID-19 has been really key to keeping this virus at bay. To not know the starting wages of nurses - it was really disappointing" (Lynch, 2020).

Value differs from one culture to another and are often inter-related to a person’s behaviour or their sense of social justice (Boudon, 2017). Flaxman, Blackledge & Bond,

2011, cited in McLachlan et al. 2017, defined values as a belief that gives you purpose and guides your life directions. Values bring a sense of vitality, purpose, and meaning to life. Māori values however, are intrinsic and are often interrelated to tikanga and cultural beliefs; it is how Māori view the world as kaitiaki. Māori nurses are often unable to live their cultural values at work as they respond to the discrimination of whānau and work with allies to create culturally responsive services. (Hunter, 2019).

Wilson, Headship, and Jackson (2018) identify diverse challenges both globally and in New Zealand, for minority populations related to access to healthcare services and the quality of care received. There is a need to ensure clinical skill mix with cultural competence. There is often a mix-matched approach. Nurses and health professionals must be competent and respond in culturally significant ways. Māori registered nurses can directly impact on reducing inequities and further affecting cultural change for whānau Māori and minority populations (Hunter, 2019; Walker L., 2015).

From an indigenous perspective and not a westernised health context, fundamentals of care use a holistic approach to health and well-being. Westernised perspectives are patient-centric, illness, and disease-focused. A Māori world view flips the narrative to a wellness-focused, strength-based, whānau centered, tikanga inclusive approach (Mann, 2018). Māori practice in a way that uses mātauranga, indigenous knowledge, values, and practical applications. Being an indigenous nurse is about drawing on personal stories, realities, and whakapapa. Being an indigenous nurse is having lived experience and a real connection to the stories of whānau, similarities with language and an intrinsic need to be guided by

tikanga. A Māori nurse understands the complexities of whānau histories. They understand the impact of colonisation on tūpuna, the loss of land, the loss of language, and the loss of ritenga (customary practices) that are considered taonga (treasured) by Māori.

Māori nurses understand the importance of whānau, the need to build and maintain relationships with whānau, the community, hāpu, and Iwi. The importance of those relationships, the trust, the mutual regard for one, and the other is the unforeseen golden strand that connects wairua (spiritual well-being) and mauri (life force). Māori feel comfortable seeing people that look like themselves. They feel comfortable with people who also have a shared understanding as people and do not judge or discriminate based on their lifestyle because they identify as Māori.

Gerrard, cited in Longmore, March 2018, identified that people are unaware as to what extent Māori nurses practice differently however, it is clear from the literature that concepts such as whanaungatanga (connection), mātauranga (knowledge), whakapapa, tika (openness), pono (sincerity), aroha (empathy), kaitiakitanga (guardianship), relationship to taiao (environment), rangatiratanga (Māori acting with authority and independence over their own affairs) are the values that enable Māori to practice differently. "When you work with a Māori patient, they are not looking at how you dress or how you do their dressing, but at your heart and how genuine you are" (Gallagher T, 2016, p. 16). Simon (2006), identifies Māori nursing practice as being characterised by having five features: \

The promotion of cultural affirmation including cultural awareness and identity; the support of, and access to Māori networks; the adoption of Māori models of health; the enabling of visibility and pro-activity as Māori nurses; and, the validation of Māori nurses as effective health professionals. (Simon, 2006, p. 203).

Māori knowledge is based on an oral tradition and is expressed in a variety of forms such as karakia (prayers), korero pakiwaitara (stories), cosmological narratives, waiata (songs), moteatea (poetry), tauparapara (phrases), poroporoaki (laments or farewells) and whakataukī (sayings). It can also be expressed as a principle, kawa (laws), or tikanga (rules and practices). Māori knowledge has shaped and continues to shape the values, beliefs, customs and practices of Māori people. (Forster, 2003, p. 48).

Nursing practice is usually patient-centric and focuses on the nurse and their immediate patient's relationship. This care provision only focuses on providing the service (Denise Wilson and Stephen Neville, 2008). Māori nurses work in partnership with the person and their whānau using whānaungatanga to build and strengthen whānau centered partnerships. Whānau centered partnerships can be defined as a 'partnership that focuses not only on the person receiving direct care but also acknowledges and engages the whānau as active contributors of care'. The relationship changes to be a nurse-whānau relationship where the needs are focused on what matters to the whānau, the support they require, and

who they can be connected to within the community to ensure they remain successful in their recovery journey. Māori nurses can act as the voice for whānau and advocate for them when marginalised and discriminated against, focusing on the person as a whole and not only on their illness.

Māori nurses are often already engaged with whānau within their communities. These networks within the community, know and understand the person and their whānau; they know the circumstances of the whānau. It is of importance to acknowledge that these networks are essential not only to nurses but to Māori. Often whānau use a kumara vine; Dr. Cheryl Smith referred to this as kumara vine methodology, as whānau having conversations from one whānau to another. (Smith, 2020). Within nursing as a professional discipline, they discuss the need for privacy and confidentiality. However, those connections and those kumara vines are essential in re-engaging and connecting with whānau.

Clinicians are often desensitised to the perspective of the whānau. This occurs when health care professionals are consistently exposed to trauma or complex situations. To make sense of some of the cases, health care professionals become task orientated as a coping mechanism. This can make them become disconnected from the realities for whānau requiring health care. There is a need to increase education and professional development opportunities to translate what is already happening in practice by examining a persons own cultural identity, values, and beliefs with the realisation of how those personal beliefs can

impact the way whānau are cared for. Health care professionals need to look at self-care as a way to reprocess and debrief.

Whānau are often scared and fearful of situations that could arise when seeking help from health care professionals; therefore, the approach must be tailored. Cultural assessments can ensure the treatment is informed, appropriate, and inclusive of their identity. Mann (2018) argues that cultural identity is vital to creating engagement, the right working environment, and culturally responsive practices. If these practices are not in place, it can lead to increased misunderstandings, consequences, assumptions, conscious and unconscious biases. Currently there are no national frameworks developed to support what cultural competencies look like or what tools can be utilised to support culturally appropriate practices

Te mahi tapuhi i te ao hou: Nursing in contemporary times

In 2020, the health profession celebrated the ‘year of the nurse’. Additionally, it acknowledged the impact of the Covid-19 pandemic on the health and well-being of whānau. This global pandemic has highlighted the hard work, added stress, of those working directly on the frontlines to ensure the safety and care of people and families within communities. Leading the charge are nurses as they make up the largest professional workforce in the health sector. Acknowledgments have been made to nurses during the celebratory year of the nurse. There has also been sadness and frustration, and a profound disbelief that influential organisations (such as the World Health Organisation [WHO] and the International Council of Nurses [ICN] continue to exemplify

outdated and biased ideals of Florence Nightingale. Their insistence in doing so reflects poorly on the nursing profession as a whole. These ideals are offensive to many nurses, who no longer see them as appropriate in the context of modern medicine. Hence, nearly 200 hundred years after the birth of Florence Nightingale, the intrinsic cultural knowledge, skills, and ability of indigenous nurses were yet again overshadowed by reports that undervalued their participation in the health care profession. Additionally, these reports neglected to address indigenous rights, health inequities, or contributions to indigenous health research (Chalmers, 2020).

Chalmers (2020) argues that despite the progress made internationally through reports such as the ‘State of the world nursing report’, there is no recognition of the critical contribution that indigenous nurses make or identification of any gaps in the workforce relating to staff shortages, acknowledgment of indigenous education, indigenous nursing leadership programs, or policies. This is also evident through the lack of investment decisions required to develop and create policies that drive the regulatory authorities and create opportunities to embed system changes on a global scale. Hence, these elements remain unsupported and under-acknowledged (Chalmers, 2020; World Health Organisation, 2020).

Whakatepunga Kōrero: Summary

Legislative acts impacted women. Māori were not being recognised for the important role they have in ensuring the health and well-being of whānau and their communities. These very legislations removed the right for Māori to be acknowledged by their Māori name, removed, assimilated and acculturated the knowledge and indigenous healing practices that tōhunga provided. Māori women historically were at the forefront of advocating for health and wellbeing

for whānau and continue to challenge the systems that create barriers. Through defining Māori nurses, there is acknowledgment around the importance of intrinsic knowledge, connections, and the interweaving of tikanga in practice to advance Māori health gains for whānau.

Wāhanga 3 tukanga—Methodology

This chapter identifies the research design as mixed-methods, using both qualitative and quantitative data collection and analysis. The chapter highlights the research philosophy, method of data collection, and participant recruitment.

Te Tūāpapa me te tirohanga rangahau: Background and research philosophy

The research was guided by tikanga Māori to support those participating in the study, including Māori ethical principles and mātauranga Māori. Recognition of nursing as a kaupapa whānau, as well as recognition of whakapapa, was acknowledged through exchange of pepeha (reciting of whakapapa). A kaupapa Māori whānau is one not related through blood ties but through membership of a common interest group within the community. There is a shared recognition of the contribution Māori nurses make to Māori communities through social support, tikanga, and te reo. A Māori worldview or Māori lens ensured that tikanga and Māori processes and frameworks such as powhiri process underpin engagement within the interview process.

Kaupapa Māori theory is uniquely Māori. Kaupapa Māori research [KMR] is a theory that is a *'theory and approach that encompasses Māori controlled and collective processes for generating knowledge'* (Borell, 2020). It is an approach that enable a Māori lens or worldview to be applied thus ensuring that the research is for Māori by Māori. KMR enables a *'fixed gaze'* (Borell, 2020, p. 198) which can grow and develop Māori focused outcomes through legitimising and strengthening a Māori approach to research. Borell (2020) describes KMR as an approach that identifies Māori experiences, that either a limited amount

of opportunity for developing new approaches, or can reveal and illuminate new knowledge from a te ao Māori world view. Graham Hingangaroa Smith cited in White (2017), identified key principles of KMR. Other Kaupapa Māori theorists such as Linda Smith and Leonie Pihama, amongst others. These principles guide Kaupapa Māori researchers undertaking research. The key principles are identified were;

1. ‘tino rangatiratanga—self-determination
2. taonga Tuku Iho—cultural aspiration
3. ako Māori—culturally preferred pedagogy
4. kia piki ake i ngā raruraru o te kāinga—Socio-economic mediation
5. whānau—extended family structure
6. kaupapa—collective philosophy
7. Te Tiriti o Waitangi—The Treaty of Waitangi
8. Aata—growing respectful relationships’.

(White, 2017, p. 20).

Kaupapa Māori research enables recognition of Māori cultural values and systems through challenging non-Māori values and systems. It enables the fundamental values and or concerns of Māori to be prioritised and interpreted from a Māori perspective (Jackson, 2015; Walker, 2006) and for Māori voices and stories to be heard (Tuhiwai Smith, 2012) Critical discourse analysis takes linguistic and psychosocial approaches and goes beyond just an

analytical stance. It enables the analyses to examine the discourse – the social ‘story’ at play in the investigation and looks at why a particular person is relating that particular tale. Discourse analysis not only captures the social world, but also plays a key ethical and political role in showing how social phenomena are discursively constituted. It enables a review look at the past and also identifies opportunity for a different future and demonstrates where and it demonstrates how things could be different, therefore, showing the opportunity to change. The critical discourse analysis from a mana wāhine perspective and not a solely feminist perspective has enabled theoretical and methodological frameworks to contribute to such a broad kaupapa. The frameworks are connected through critical theory. This approach to research enables tino rangatiratanga (chieftainship) and, most significantly, actualizing social change through raising the voice of Māori women and Māori nurses. Kaupapa Māori theory enabled a Māori-focused research approach that can further advance the aspirations of the Māori nursing communities.

Valuing Māori nurses is a kaupapa Māori research because it is research by Māori for Māori on a matter of importance to Māori. Māori nurses were interviewed as the main participants in this research. The opportunity to engage through kanohi ki te kanohi (face-to-face) was not possible due to Covid-19 restrictions by the Massey University in 2020. However, engaging via Zoom was used to conduct interviews instead.

Whakanōhanga: Positionality

Research perspectives are often influenced by life experiences, personal perspectives, and values of the researcher. This can be through concepts such as insider/outsider research. (Rewi, 2014; Smith,1999a) offers the view that “Kaupapa Māori is the development of ‘insider’ methodologies that incorporate a critique of research and ways for carrying out research for Māori, with Māori and by Māori” (p.1). “It can also be understood through a broader range of complex intersectional categories such as ethnic and class background, and gender” (Fasavalu, 2019, p. 11). This understanding influences how the researcher interprets the information from a Māori nurse’s perspective, a Māori woman, and part of a wider whānau, both whakapapa and kaupapa whānau. As an outsider the researcher is often removed from the research. The main difference is that an insider lives with the consequences of their actions while the outsider maintains a safe distance and may not be affected in the same way or be held accountable at the same level for their actions. (Rewi, 2014) As the researcher, my perspectives and opinions are driven by my passion for developing and enhancing the Māori nursing workforce. This research made me reflect on my nursing journey and the impact it has had on my career and well-being. There has been an effect on both my whānau life, and my professional life. I am grateful for my friends and nursing colleagues who have supported me in growing, developing, and finding my voice. While it is important to acknowledge my position in Māori nursing, it is also vital for me to acknowledge that this conflict of interest was identified within my ethics application. Measures were put in place to mitigate any risks to participants.

Smith cited in Rewi (2014) identifies that western researchers suggest that you should remain impartial to your research. Others agree (Rewi, 2014; Smith, 1999a) that you add an extra layer of richness because you share a commonality and understand the participants' experiences. This was important to the Māori nurse participants. In response to both the interview and survey, I received emails asking how I understood what they experienced and whether I was Māori. As the researcher, I have been able to reflect on my experiences as a nursing student, the impact on my whānau, and my experiences nursing in an environment where clinical safety was overshadowed by cultural safety. How you can be confident in who you are if you are given a chance to thrive and be you, when given the right support in an environment that embraces being Māori?

Tikanga rangahau: Research ethics

Ethical considerations have been considered through the lens of the New Zealand Nurses Organisation Code of Ethics (New Zealand Nurses Organisation , 2019) and the Massey University Code of Ethical Conduct for Research. The western ethical principles of autonomy, beneficence, non-maleficence, justice, confidentiality, veracity, fidelity, guardianship of the environment and its resources inclusive of professionalism were considered (New Zealand Nurses Organisation , 2019). Consent and information forms were utilised (refer to kupu āpiti-appendix 2 & kupu āpiti - appendix 5. Participants has the opportunity to consider the research and had the opportunity to withdraw during the research. No participants withdrew from the research after completion and only person did not consent to their data being used for research purposes Six nurses were canvased through a non- formal discussion and peer engagement before the research was undertaken to ensure the research would not add stress or additional harm during Covid-19.

The research allowed Māori nurses to articulate their value from their perspective, which aims to lift their status, consistent with kaupapa Māori theory. Interviews were conducted using whānaungatanga. The online Māori dictionary define whakawhānaungatanga as ‘**(noun)** relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship’. (Moorfield, 2020). Whānaungatanga was used as a principle to develop a relationship based on the sharing of tūpuna knowledge where pepeha and whakapapa were shared prior to the commencing the interviews. Tikanga support was sought to ensure that the design and development of the

research was responsive to whānau and consideration had been given to ensure that Māori principles and approaches were used not only within the research design but the engagement processes. It was important as the researcher to engage and check kaupapa tikanga processes in partnership with tikanga and cultural experts through consultation which included a letter of support for the research. The research has potential to validate a co-designed framework by Māori nurses for the nursing profession. The purpose of this framework is to create a platform for non-Māori or those working within organisations with Māori workforces to have a baseline framework developed using Māori narrative and themes identified through evidence based research to help create positive change. Manakitanga was shown by being respectful, by being sincere and through building trust which ensured that participants had a safe environment to enable their views and perspectives to be heard. Māori processes of engagement reflective of the powhiri process were utilised. The karere was used at very beginning, to start the conversation prior to face to face kōrero taking place. This enables the discussion around when, what the kaupapa or purpose is, background information and other important information. Karanga process enables acknowledgement of the past, present and future and enables the ability to define the objectives at the start of the engagement. The Whaikōrero enables the ability to engage in discussion around the identified kaupapa. It enables a space to acknowledge the past and how the kaupapa came to be. Following the Whaikōrero the blueprint for action is defined. The Kaupapa component gives life to the blueprint and is the practical implementation of the outcomes. Kai is an important process of engaging in sustenance and nutrition that takes us from the conceptual into the practical from the tapu to noa, grounding us and keeping it real. Poroaki is used as a reflection process to evaluate how the session and interview went and enabled the interviews to be closed with a karakia.

Te Tiriti o Waitangi (Treaty of Waitangi) underpins nursing. As Māori nurses, the methodology is reflective of the expression of te Tiriti o Waitangi and articles defined by Whakamaua Māori Health Action Plan 2020-2025: Article 1 Kawanatanga (Partnership); Article 2 Tino rangatiratanga (Protection); Article 3 Oritetanga (Participation); Article 4 Ritenga (Māori customary rituals) (Manatu Hauora, 2020). It is essential to consult and engage with Māori throughout research. Consultation occurred to ensure the protection of the Māori nurse's contribution to the research and tikanga. Partnering gives Māori, the ability to exercise tino rangatiratanga and mana motuhake in designing a values-based workforce accountability framework. Protection of Māori nurses' rights to have the data reported in a way that protects the mana of Māori nurses.

A Full ethics application was required and was granted by the Massey University Human Ethics Committee: Human Ethics Southern B Committee at their meeting held on 4 August 2020 (application number: 4000022385).

Raraunga uiui: Interview data collection

In this research, the data collection occurred with the interviews taking place before the survey. As such, some of the information gained from the interviews was utilised to inform the survey questions. The main focus was on the survey findings. The narrative and the experience of the interview participants has been used to support the quantitative data. As outlined in the Wahanga 3 tukanga -Methodology chapter, semi-structured interviews were conducted to provide in-depth, rich data presented in this chapter. Due to ensuring the safety of participants interviewed, it is important to make sure that the data presented in anonymised

to ensure the participant's rights to remain anonymous. As there are very few Māori nurses all identifiable informations such as specialty areas, demographics, ward, role specific and locality information has been removed as there may only be one Māori nurse in which makes them easily identifiable.

In total, five Māori nurse participants were interviewed via zoom. All participants were female. Three were identified as Māori nursing leaders and two who worked directly with whānau on the floor. All were registered nurses, and two held dual registration, alongside a midwifery registration. Across all five, the commonality was that they all worked for the betterment of whānau. The interview comments and perspectives are reported before the survey data. Some of the findings helped develop and enhance the survey questions. These interview participants are identified within the study's body by using native plants that are used for rongoā, Koromiko, Mānuka, Kowhai, Kawakawa, Kumarahou.

It was clear that through the shared understanding and rapport developed through whanaungatanga and the commonality as Māori nurses as the researcher and the participant, we were able to also share in experiences and discussions through a professional and cultural understanding. This engagement enabled a lighter conversation and a more relaxed atmosphere to share in chat and discuss peer experiences. This process could be seen as having a biased approach to research. However, it was essential to the nurse participants to be spoken with and not spoken to, and for the researcher to understand the shared realities that Māori nurses experience within a New Zealand context.

Ngā uiuinga: Semi-structured in-depth interviews

Data was collected through the use of semi-structured interviews (see Appendix 1 for a copy of the interview schedule, Appendix 5 for the information sheet and Appendix 2 for the consent form). The interview questions explored the participant's perspective around the value of Māori nurses and the contribution that they bring that is unique to the health and well-being of whānau. Also explored was the support or lack of support and how Māori nurses perceived their contribution within their organisations. Interview questions were carefully developed and occasionally reworded to reflect the uniqueness of the nurses' work environments.

In all interviews, the participants were offered the opportunity to open the interview with karakia and whanaungatanga by acknowledging and sharing pepeha, whānau, and tribal affiliation. Due to receiving multiple email enquiries from prospective participants around the researcher's position, it was essential to be open and transparent with the participants regarding the researcher's role and the shared commonality as Māori and as Māori nurses. This enabled trust and understanding throughout the interview process to be established.

Interviews were recorded and consent was confirmed at the start of the recording. Interviews were transcribed and listened to by the researcher to ensure an accurate reflection of the interviewee's conversation was captured. Participants were able to share their views on their experiences as Māori nurses freely and frankly in a confidential and comfortable setting. The extracted data from the survey and interviews underwent two cycles of coding.

During the first cycle of coding, descriptive coding was used to identify the basic focus for each comment and narrative. All comments were identified and screened. This was to understand and gain insights into the experiences of Māori nurses. The second cycle of coding, themes were aligned to the context of the themes identified within the survey questions and consideration was given as to how they applied to Māori models and strategies. Interview based statements have been aligned to the themes identified within the surveys. The quotes captured from the experiences of the interview participants the voices of Māori nurses which add an extra depth to Wāhanga 4 Ngā Hua - Chapter 4 Findings and Wāhanga 5 Whakawhitinga Kōrero - Chapter 5 Discussion.

Te whai kaiwhakauru: Participant recruitment for the survey

Participants were recruited through professional nursing networks and via social media. was essential to circulate the study through a targeted approach to ensure many Māori registered nurses captured by the survey. As previously stated the survey was undertaken alongside semi-structured interviews which were commenced first and some of the knowledge gained from the interviews was used to construct the survey questions. Permission was gained from NZNO, as the largest health care union and professional body to share the survey with Māori nurses. from the kaiwhakahaere through a permission to enter he institution (Appendix 4) A questionnaire was developed based on the literature review and distributed to Māori nurses via Te Runanga o Aotearoa Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation [NZNO] Māori membership sections of NZNO. as well through social media platform – Te Runanga o Aotearoa Central Regions Facebook page, and through emails to organisations and networks that engage with Māori nurses such as Ngā Manukura o Apopo.

Participant recruitment was also identified as a potential conflict of interest, as the researcher is a Māori nurse. To manage and mitigate the risk of coercion, it was important to identify within ethics that as the researcher, I had no access to the NZNO member's database and that an NZNO administrator would circulate this. This enabled the participants to remain anonymous to the researcher and ensured freedom to complete the survey.

Wāhanga 4 Ngā Hua —Findings

Raraunga tatauranga: Survey data

The survey data collected was distributed via Qualtrics which opened on the 7 September 2020 and closed on 21 September 2020v during level 2 Covid -19 lockdown. Prime Minister Jacinda Arden has coined as level 2.5 for those in Auckland (Te Ao Māori news, 2020) and opened for two weeks. Within the two weeks, there were 342 surveys completed and five partial responses. Of those responses, 95% of participants identified as female, 4% identified as male, and 1% preferred not to say. Of the 342 participants, 311 identified as registered nurses with current practicing certificates [APC], 11 were registered and no longer had current APCs, two held dual registration as a registered nurse [RN] and registered midwife [RM], and of the two who identified with dual registration, only one had a current RM APC. Fourteen or 4% of the respondents who completed the survey, did not identify as a Māori registered nurse. 99.7% of survey participants consented to their survey responses being used for this research study. This data was excluded from the results as one person did not identify as Māori and the other participants were not registered nurses. One person identified as an enrolled nurse. For the purpose of this study the focus was on Māori who were or had been registered nurses.

Data was only used once it had been cleaned and filtered removing participants who did not meet the criteria from Qualtrics, and the analysis was transferred to Excel. The analysis focused on the responses from Māori registered nurses. Participants were asked to self-identify demographically. Answering the survey required participants to give consent before proceeding. All other responses were optional, and therefore, some questions were

unanswered. However, the response rate means there are sufficient participants to provide good results for analysis. The qualitative data has been identified as Survey Respondent. Each survey respondent will be assigned a number with each number corresponding to a new survey respondent. Depending on the number of respondents whose comments were reported and analysed the number will increase accordingly. Free-text comments were captured and reflected alongside the survey data findings this was to ensure that their experiences added a depth, a voice and lived experience to numbers and enabled a richer more personalised story to be captured

Figure 1 identifies the spread of participants throughout New Zealand and also across to Australia. The majority of respondents reside in the North Island of New Zealand.

Figure 1 Locality and Distribution of Participants



Kaiuru tapuhi Māori rēhita: Māori registered nurse participants

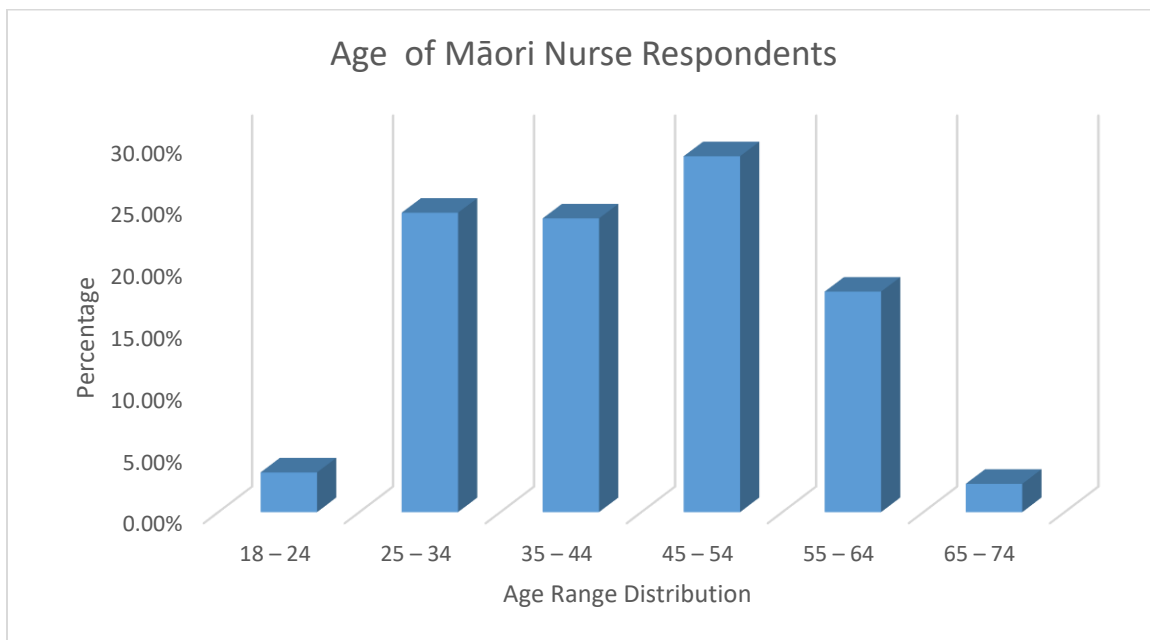
Within nursing, there are 51,700 nurses within New Zealand. Māori nurses make up 8% of the nursing population, 4136 Māori nurses practicing within New Zealand. (Nursing Council of New Zealand , January 2020) The sample size of Māori nurse respondents was calculated

based on a 95% confidence level, Māori nursing population size, and an allowance of 5% for the margin of error.

Te pakeke o ngā kaiwhakaurtu tapuhi Māori rehita: Age distribution of Māori registered nurses

Figure 2 identifies that the majority of Māori Registered nurses are aged 45-54 years, with only 3.2% being under the age of 25. The NCNZ identified the age profile of Registered nurses as 41% aged 50 or older (Nursing Council of New Zealand, January 2020). Therefore, the data collected matches the age profile identified by NCNZ.

Figure 2 Age of Māori Nurse Respondents



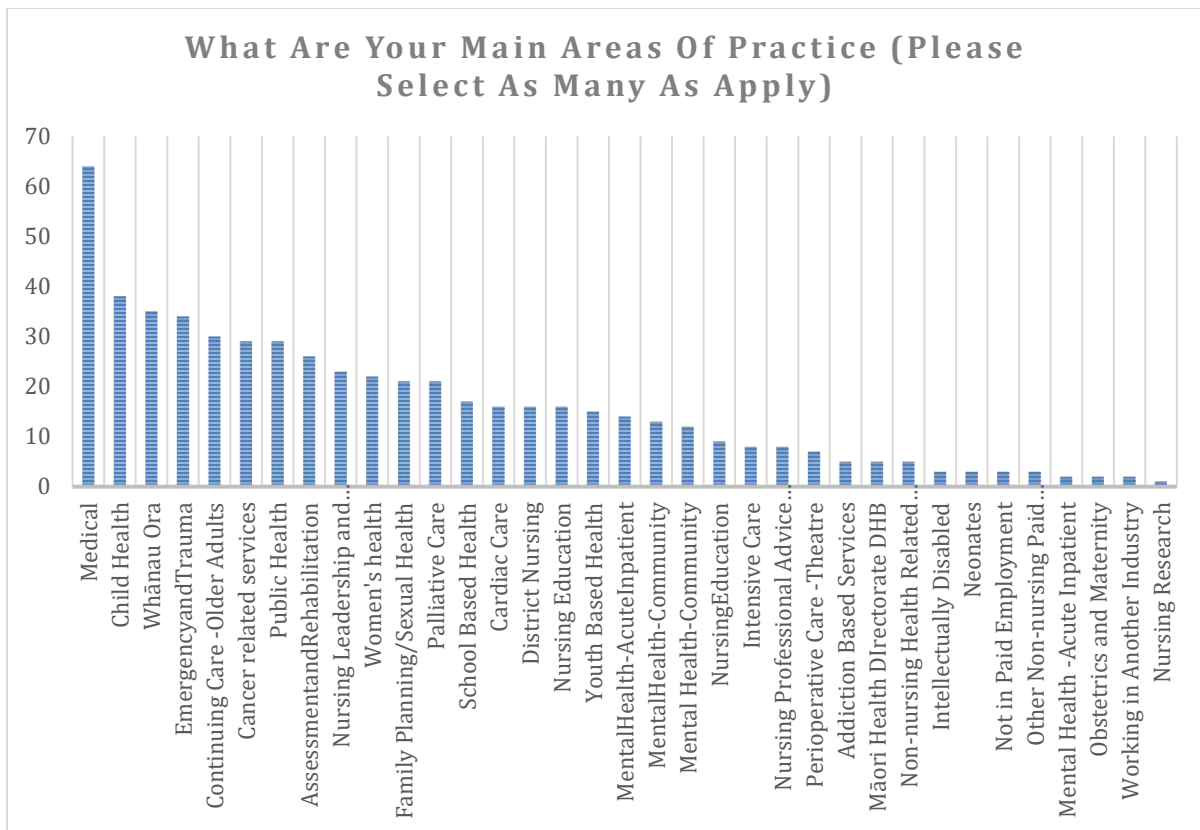
Mahi matua: Main area of practice

Māori nurses were asked to identify their primary areas of practice in their current role Figure 3 identifies the top five areas identified by Māori nurse's.

- Medical

- Child health
- Whānau ora
- Emergency and trauma

Figure 3 Main areas of Practice



Participants were asked whether or not they worked a second job. Six people responded identified Public DHBs as being their secondary employer. Other types of job types that were identified as next main place of employment were identified as

- Education Institution

- Public Community Service DHB
- Self Employed
- Primary health care PHO non DHB
- Māori health service provider
- Pasifika health service provider
- Private

Māori nurses have held jobs between working in kaupapa Māori services while remaining on the casual pool and district health boards to supplement their salary and have opportunities to access funding and organisational study days.

During the interviews, one participant who worked within an iwi provider acknowledged that this was not the case that Māori nurses worked for iwi providers and held secondary jobs at DHBs (figure 7).

Figure 4 Interview commentary on workloads

Interviewer: Do you find that some of the staff work between iwi providers in the day or do they go seeking jobs as a way to top up their salaries?

Manuka: No, that is not the case at all here but, what we do want is that they flip between here and the DHB. They might work here for a few years and then they go to the DHB for

a few years and then they come back to the iwi provider, once they're sick of the DHB. Like if you're working on the ward like I was before I came here, doing shift work and just- I felt very unsafe here, very unsafe, clinically unsafe that with the patient load was just so big and you're running pretty much like a headless chick the whole time to try and keep on top of your tasks. That's when you like led to make a mistake, a medication error. To be honest, I couldn't get out of there quick enough. That is why I took the job here even though it was grossly underpaid, I just didn't feel clinically safe at the DHB, not with the patient loads that we were carrying.

If the Māori nurse's second job was not identified, they were asked to specify. This was important to acknowledge as it shows Māori nurse have additional paid and unpaid roles over and above their primary role. The reasons for this were not asked explicitly, these jobs were identified as

- Bouncing
- Kitchen hands
- MIF & CBAC
- NGO
- PDRP
- Research
- Academic supervisor
- Run a charity for sexual abuse and trauma counselling

- Self-employed
- Volunteer for hauora for marae
- Virtual and telehealth

Te koununga o te reo: Proficiency in te reo

More than half (56%) of Māori Registered nurse respondents identified their fluency in te reo Māori as 2 or less on a 1-5 scale. Respondents' comments indicate te reo pronunciation and performance of karakia as additional responsibilities. This highlights the high level of expectation on Māori nurses given the national state of te reo Māori revitalisation. While proficiency is low in te reo there is a universal expectation within public service professions that the existing workforce enhances their te reo capabilities and highlights an important area to offer professional development opportunities.

However, so far, te reo Māori has not been seen as an appropriate professional development as it has not been seen to align with essential clinical skills and technical competency-based outcomes. Learning te reo Māori was seen as something that could be learned or developed within their own time and often seen as unrelated to nursing practice and the nurse's role.

Figure 5 identifies the level of self-identified proficiency of te reo by Māori nurses.

One hundred Māori nurses saw themselves as having a beginner level of proficiency.

Figure 5 Female Māori nurse's self-identified proficiency of te reo

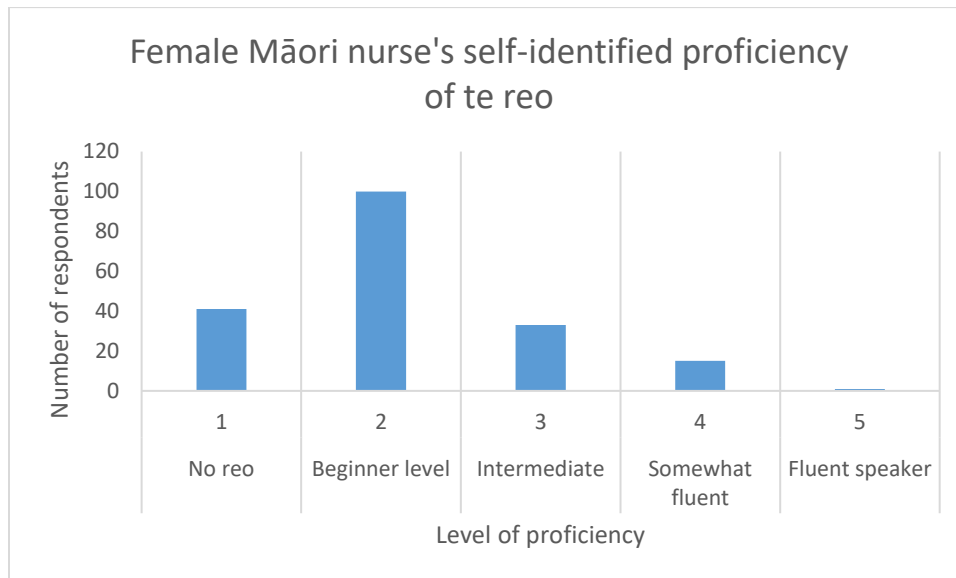
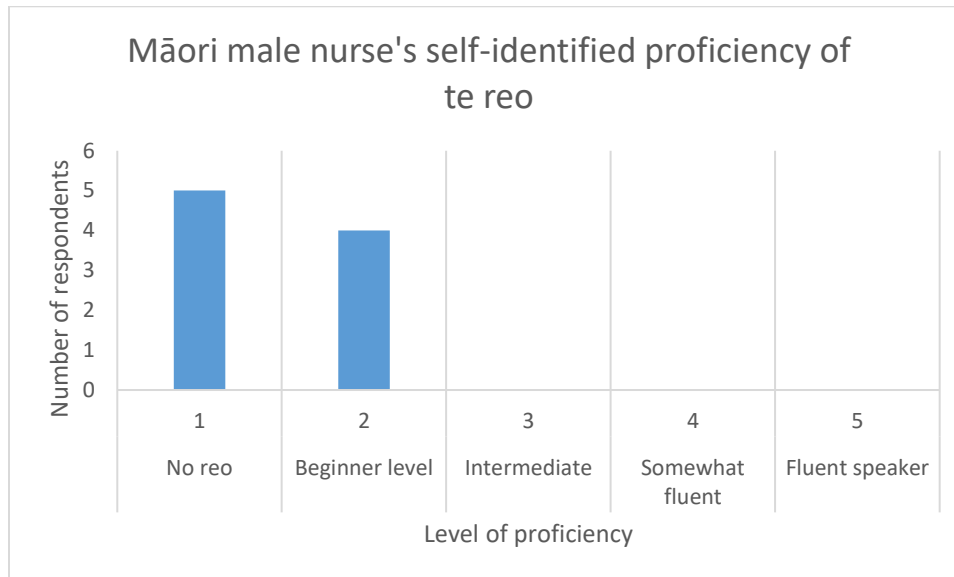


Figure 6 identifies the self-identified proficiency of male Māori nurses, five people identified themselves as no reo and four identified themselves as being at a beginner level of fluency.

Figure 6 Māori male nurse's self-identified proficiency of te reo



Te mōhio ki ngā tikanga: Knowledge of tikanga

Māori Registered nurses were asked to indicate where they see themselves on the slider scale identifying how knowledgeable they were about tikanga from 1 having no understanding to 5 being knowledgeable about tikanga. The mean of 3.61 shows a moderate level of self-measured Figure 7 identifies the self-identified proficiency of male Māori nurses of where

majority of those surveyed saw themselves as being somewhat knowledgeable about tikanga Māori.

Figure 7 self-identified level of knowledge of tikanga and Māori culture

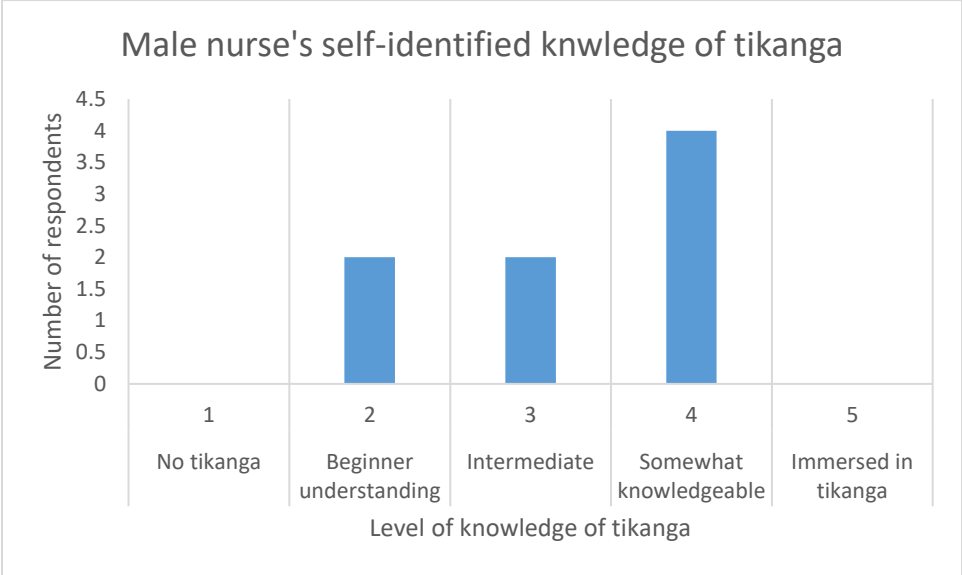
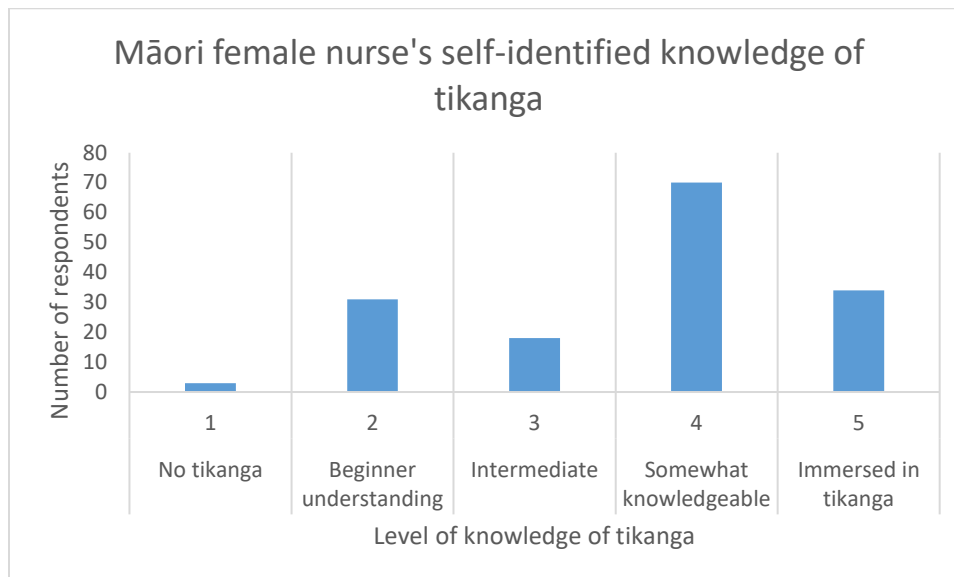


Figure 8 identifies where female Māori nurses self-identify their knowledge of tikanga. Seventy see themselves as somewhat knowledgeable about tikanga and thirty-four Māori nurses identify themselves as immersed in tikanga.

Figure 8 Māori female nurse's self-identified knowledge of tikanga



The respondents strongly agree that they love being Māori nurses. It enables them to use the reo of their tūpuna and have a strong cultural identity as Māori. Being a Māori nurse enables them to connect to their tūpuna and their culture. It enables them to use tikanga and mātauranga Māori to give back to whānau, hapū, and Iwi in a way that is clinically and culturally responsive as best practice. With this knowledge, Māori nurses have a shared connection with clients, often through whakapapa. Māori nurses based on the survey data interpretation understand the lived realities, making it easier for them to support whānau. Being a Māori nurse means that they value the health and well-being of whānau and can make a difference when providing culturally safe care.

Māori nurses often practice as bicultural practitioners with dual competencies walking in both the Māori and non-Māori world; their perspective has a dual perspective when providing culturally safe care for whānau. Below are some comments from Māori

nurses as they share their experiences of what their cultural identity means to them when they partner with whānau Māori.

I work for a DHB. I feel like I walk in two worlds in more than one sense of the word. I identify as Māori and have strong connections to my culture. However, I am fair-skinned, and this part of me is not always acknowledged. I feel undervalued and tired, but I continue to give of myself to provide my patients with a safe environment. (Survey Respondent 15, 2020).

I feel that the more I treat patients and they learn about my background this helps build trust and freedom to speak frankly (sometimes/and within respectful boundaries) - now as a 43yr woman I feel empowered as a Māori - I was brought up in a Pākehā whānau but always encouraged to identify my cultural heritage. Thank you for creating this survey - it was very thought-provoking, 2020 focused and made me feel good around the way the questions were written. (Survey Respondent 16, 2020).

I am both Pākehā and Māori and am learning more and embracing my Māori side of me as I grew up not knowing, and because I don't look "Māori" then I get people questioning me as if I'm not Māori. I wear my precious Taonga and this often opens the door to talk with my Māori patients. I have never had a Māori patient question my belonging. (Survey Respondent 17, 2020).

*I work in operating theatres, which I find there are not many of us Māori nurses.
I believe Māori patients appreciate and feel more comfortable when they see me
as their nurse in operating theatre. (Survey Respondent 18, 2020).*

Whanaketanga Umanga: Career Advancement

Figure 7 identifies opportunities for career advancement which identified in survey question 16 (see survey kupu āpiti-appendix 6 for survey questions).

Figure 9 Career Advancement

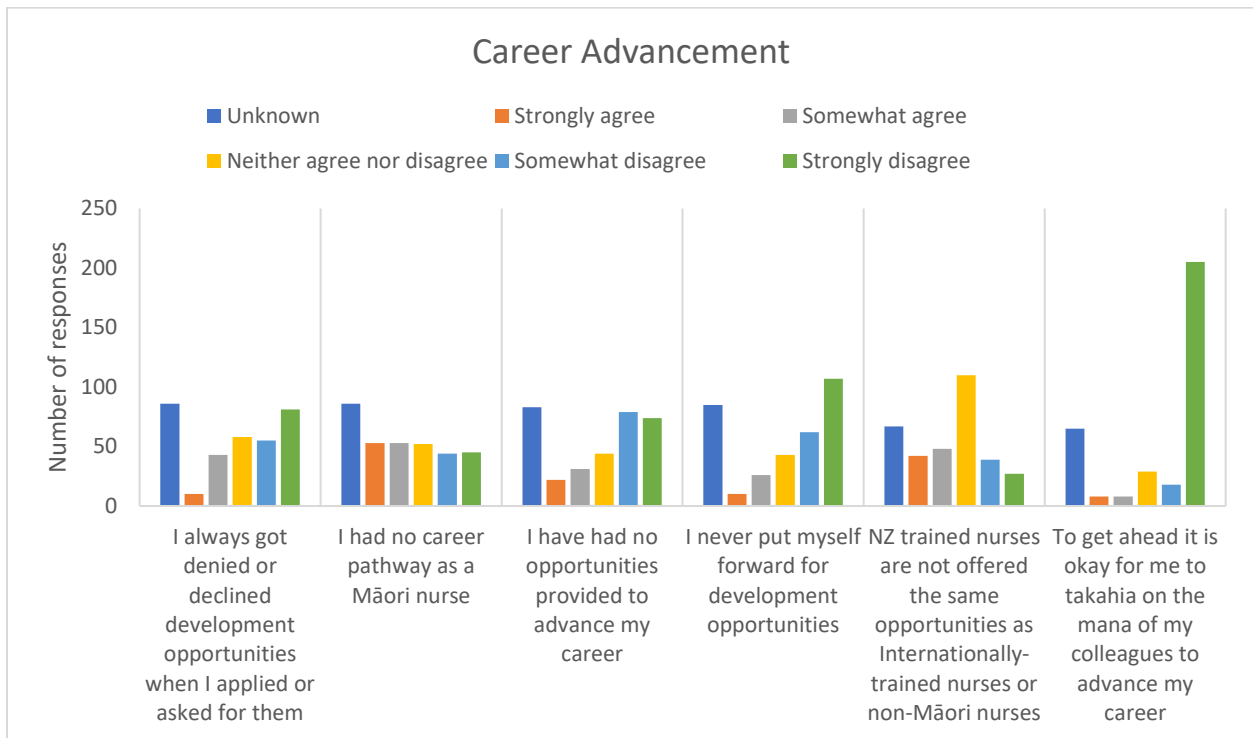


Figure 9 suggests that Māori nurses do not have opportunities made available to them to advance their careers. There have been varied experiences for Māori nurses when seeing a career pathway related to the lack of Māori in leadership positions or specialist nursing roles. More than half of Māori nurses do not put themselves forward when career opportunities arise. When asked whether they thought they were offered the same opportunities as New Zealand trained nurses compared to internationally trained nurses, Māori nurses were unsure whether this bias existed. It is very

clear from the data that Māori nurses would not put themselves forward to advance their careers or professional development opportunities if it meant their mana or integrity would not remain intact. The responses also showed consensus that they were not supportive of pursuing opportunities when this is detrimental to colleagues. In Figure 11, while very small, there is a number of respondents who strongly agree that it's okay to takahi i te mana o ngā colleagues to get ahead. That may be a misinterpretation of the question, which is probably common, because for a Māori nurse or any Māori person to strongly support mana-diminishing behaviour seems cultural antithetical, but could well be true for those respondents, which we must accept as their truth. It is important to acknowledge that as the whakatauki *kāore te kumara e kōrero mō tōna ake māngaro* refers to the concept that peers or managers may be better placed to identify potential career development and should be advocating on behalf of others to ensure growth opportunities are offered.

There is no REAL opportunity to grow and develop as a Māori nurse, which is very saddening. We are just the little people at the bottom, and we have no TRUE place to provide the best care as it is really like a business. (Survey Respondent 3, 2020).

Figure 10 Professional Development & Growth Opportunities



Māori nurse’s respondents were asked to comment on the statements identified in Graph 2 around their professional development experiences and growth opportunities. The data highlights that Māori Professional Development Recognition Portfolios (PDRP) frameworks are not promoted or appear to be remunerated at the same rate as non-Māori PDRP. PDRPs are led out nationally by PDRP advisory committees and are used to meet the competency assessment component of the HPCA Act 2003. It is a national program completed at a regional level within

organisational programs that recognise and rewards the valuable contributions of nurses to patient care outcomes. The value of Māori being able to integrate tikanga and Māori world views in their professional careers and providing care for whānau when aligned to clinical competencies are substandard. Only 19% of Māori nurses either strongly agree or somewhat agree that they are offered the opportunity to complete Huarahi Whakatu is an e-online dual competency portfolio Nursing Council accredited professional development and recognition program specifically tailored by and for Māori Registered Nurses. The program is coordinated by a Māori Registered Nurse, guided by a cultural and clinical governance board with access to Mentors and Māori Assessors. Furthermore, only 3% of nurse are remunerated for completing a Māori focused PDRP portfolio. This impacts directly on Māori nurses aspiring to advance their professional careers, as a senior registered nurse a PDRP portfolio must be completed to apply for senior nursing leadership positions such as nurse educators, clinical nurse specialist, charge nurses, and director of nursing positions. However, non-Māori PDRP portfolios are remunerated by all DHBs as identified within the Multi Employment Collective Agreement (MECA).

Further to being offered the opportunity to complete Māori specific professional development opportunities, only 13% of respondents strongly agree that these opportunities are available.

Māori nurses are not encouraged to do postgraduate papers or courses that I identify as being able to contribute to nursing practice and the health and well-being of whānau” (Survey Respondent 19, 2020) or “given opportunities to

advance their learning, professional development impacts on career advancement within the nursing profession. (Survey Respondent 20, 2020).

Sadly, there isn't an additional remuneration element, that it recognise the value add that Māori have in terms of the tools and the experience and the skills and abilities. (Interview participant, Kawakawa, 2020).

That's recognised through that process, but that doesn't easily translate or equate to a remuneration factor. I suppose sadly, no. I think that was part and parcel of why Huarahi Whakatu was developed to recognise that those elements had been identified and were being recognised in a framework where Māori could be recognised for the contributions that they made outside of an academic or a clinical perspective. It doesn't directly translate, but I think there's a link to and the fundamentals of how Huarahi Whakatu and to some extent, the Takarangi framework was developed to recognise the abilities and the skill sets. (Interview participant, Kawakawa, 2020).

Māori nurses would benefit from in terms of professional development the preceptorship, the mentorship, exposure to good role models, scholarships that will support them financially in terms of their endeavours, postgraduate study and I think about the Ngā Manukura o Apopo program where that program was developed as a marae-based and Māori-focused leadership program. (Interview participant, Kawakawa, 2020).

For those Māori nurses who were interviewed and held dual registrations, they found it difficult to uphold dual competencies even though they were practising as health care practitioners with whānau. One statement identified that:

It's hard to maintain both APC [Annual Practising Certificate], which really disadvantages Māori in the sense that if you've got a nurse, Māori nurse or Māori midwife that's got dual registrations, then it's hard if they want to work with their people, then for a period of time then they have there's so much education around it they have to uphold, to practice. (Interview participant, Koromiko, 2020).

Of those Māori nurses who wanted to add additional comments, some had completed masters and postgraduate study, which enabled them to advance their competence level when applying for more senior professional roles. Many Māori nurses had not heard of or had not been supported to complete Huarahi Whakatu. This study was the first time they had heard of it, and they were going to find out more. Those who were aware of Huarahi Whakatu still felt their organisation prioritised non-Māori PDRP portfolios that only valued clinical competency.

One survey respondent replied:

Have not had Māori PDRP explained to me, have not been offered extra opportunities as a Māori RN [registered nurse] even the extra bits I do, I am taken off them as other ACNs [Associate charge nurse]do it instead. It was suggested in my NPD [Nursing professional development] course I do a leadership course after this, this was never offered to me. I feel I am excited and keen to learn and take on new things and encouraged to but also not really given the opportunity to. (Survey Respondent One, 2020).

'As a Māori nurse I am often left feeling inferior to my non-Māori counterparts. Although I have used this feeling to fuel my passion for further study, I still am left feeling like I am never clinically good enough! I have a PG Dip [Postgraduate diploma] in advanced nursing and am starting my Master's degree next year on the NP [Nurse Practitioner] pathway and yet when working alongside non-Māori colleagues I am still left feeling inadequate. I choose now to work only within a Kaupapa Māori space as this is where I feel most safe and valued. I also feel we undervalue each other as Māori nurses and its time to change this. (Survey Respondent Seven, 2020).

Kaiārahi Tapuhi: Nursing leadership

This section presents findings on Kaiarahi tapuhi: nursing leadership, covered by questions 10 in the survey (see kupu āpiti-appendix 6 for the survey).

Figure 11 Nursing Leadership

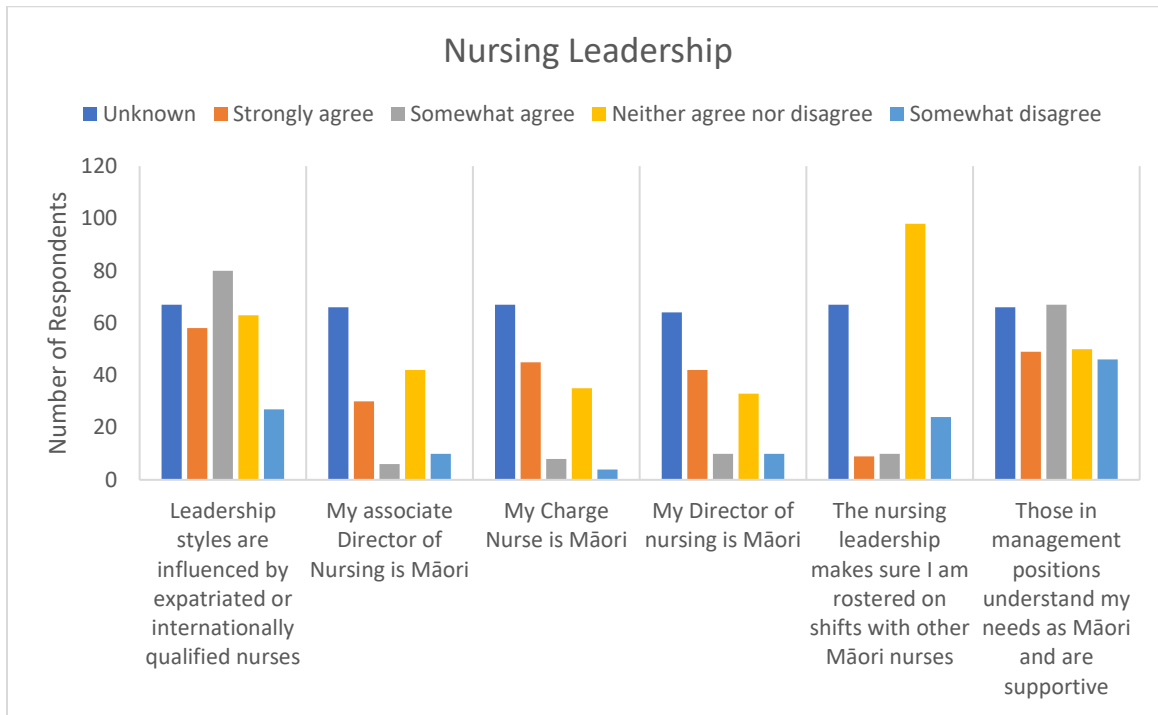


Figure 11 identifies that Māori nurses do not agree on the impact of leadership styles influenced by internationally qualified nurses. Over 50% of respondents agree that their senior leadership team comprises the director of nursing, associate director of nursing, and charge nurse as being Māori. Throughout the interviews and reflected within the literature review, clear information identifies the lack of Māori in leadership positions; this is reflected within the survey respondent and interviewee comments.

Of interest, Māori nurses feel that nursing leadership and those in management positions do not understand the needs of Māori nurses or what they need to support them to ensure they remain culturally safe within their work environment. One identified protective

factor is through Māori valuing whānau, which can be related to their work whānau. Only 32% of respondents identified that they were rostered on with other Māori nurses. Being rostered on with Māori nurses ensures they can provide continuity of culturally responsive care for whānau in a way that keeps the nurses and the whānau safe through the shared understanding as Māori.

I am a Māori male Nurse who was in a significant leadership/management position and was made redundant where other non-Māori nurses were reinstated. I have always had an excellent performance record (Survey respondent 10, 2020).

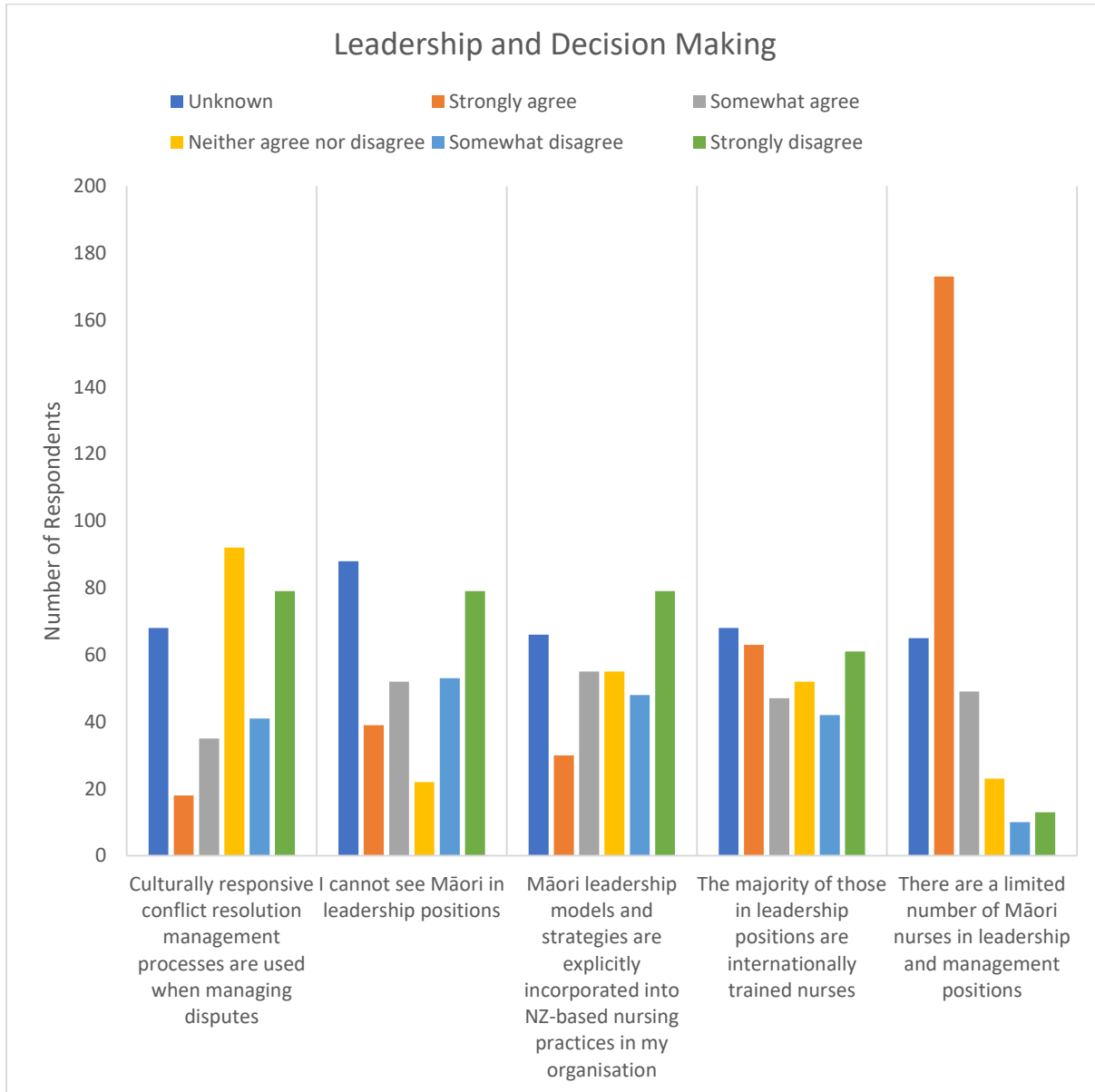
Māori nursing leadership is well underrepresented and very few opportunities are made available. Māori nurses often don't make short listings for leadership positions (Survey Respondent 11, 2020).

I feel culturally unsafe in my workplace due to having non-Māori in top management roles (Survey Respondent 14, 2020).

Te mana whakataau: Leadership and decision making

This section presents findings on nursing leadership and decision making, covered by questions 10 in the survey (see kupu āpiti-appendix 6 for the survey).

Figure 12 Nursing leadership and decision making



The responses on the presence of Māori in nursing leadership in Figure 9 present a somewhat contradictory view. Over half of the respondents (66.6%) find that there are a limited number of

Māori in leadership positions, whereas 40% of respondents also strongly disagree that they can see Māori in leadership positions, which is the direct opposite of the results to the statement ‘I cannot see Māori in leadership positions’ in Figure 9. Māori nurses identify that Māori leadership models and strategies are not explicitly incorporated within the way that nurses in Aotearoa practice. They also find that those in leadership and management positions are unable to use culturally responsive resolution practices when working with Māori, whether it be the person and their whānau or with Māori nurses or other Māori kaimahi. There is uncertainty as to whether those in leadership and decision making positions are internationally trained. Further research is required to ascertain whether bias toward Māori nurse advancement among managers is related to ethnicity or other factors. The health care organisations are accountable for ensuring safe service that delivers with and for Māori and that there is commitment to support Māori leadership and decision-making in these organisations. However, given that few Māori nurses are in leadership and management positions, means that decisions about tikanga and culturally safe care to whānau, are often based on a Western, non-Māori perspective. The focus is likely to be on ensuring clinically safe care. This also affects how nurses are managed and directly affects the retention and employee satisfaction.

One Māori nurse spoke of their experiences of and conflict of being Māori and having to use Pākehā frameworks and having to realign their thinking of safe practice.

“I have been blessed with being raised on one of my Marae with both my maternal and paternal whānau, visiting my other marae for whānau hui or

gatherings was just a way of being, so being Māori is just the way I am, I have never asked for permission to be myself and I felt confused and offended when I need to turn my way of being into a process or model so I can tick Pākehā boxes and try to align my thinking to a Pākehā framework just so they can say I am a clinically safe nurse and I am meeting all of my legal requirements” (Survey Respondent 12, 2020).

“When you know your community and their needs and your team leaders change it to suit the organisation needs. People were causing Māori patients to miss out on a service” (Survey Respondent 14, 2020).

Haepapa whakahaere: Organisational accountability

This section presents findings on haepapa whakahaere: Organisational accountability, covered by questions 7 in the survey (see kupu āpiti -appendix 6 for the survey).

Figure 13 Organisational Accountability

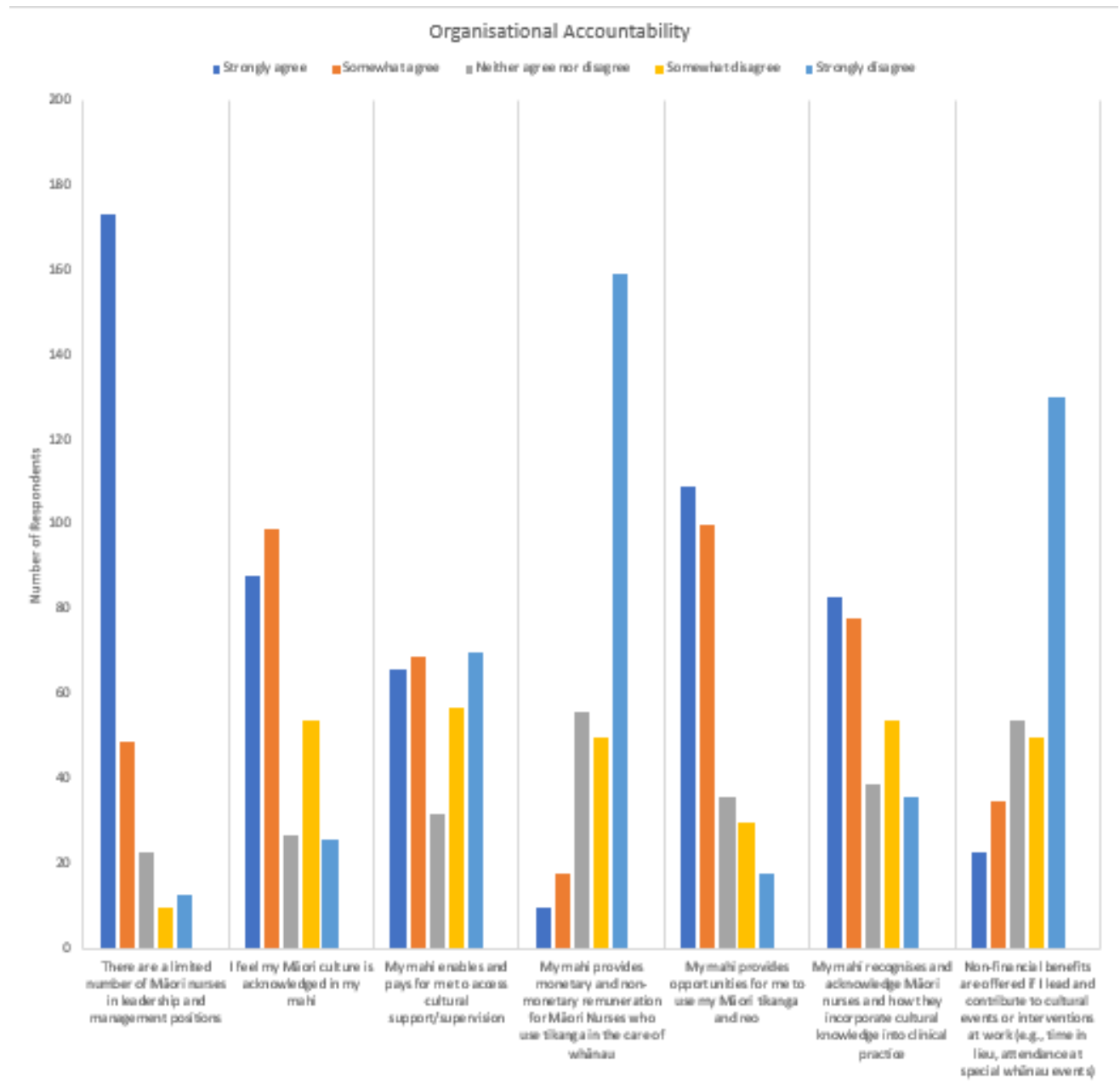


Figure 11 highlights data related to organisational accountability. Clinical supervision is seen as a relatively standard process, especially when working within mental health-related areas. It is usually funded and is often recommended by nursing leadership and nurse managers. Often overlooked is the need to ensure that there is access to cultural supervision. This is validated by the data, of which 41% of respondents agree. It is vital to understand how cultural supervision is being accessed, whether through Health Workforce New Zealand Funding (HWFNZ) for postgraduate education or funded by the organisation for staff health and well-being and supporting good clinical practice.

Very few respondents strongly agreed (8%) that they were remunerated for using tikanga skills with whānau. Very few felt that they were remunerated for these skills. Currently, there is no provision within the nursing MECA to remunerate these skills. However, some institutions do remunerate these competencies such as Massey University and Te Puni Kokiri.

The majority of Māori nurses believe that cultural knowledge is recognised and acknowledged within the clinical practice. However, there is a need to translate these skills into monetary acknowledgment. This remains inconsistent with the results obtained through this current research on how their organisation recognises and acknowledges Māori nurses and how they incorporate cultural knowledge into clinical practice.

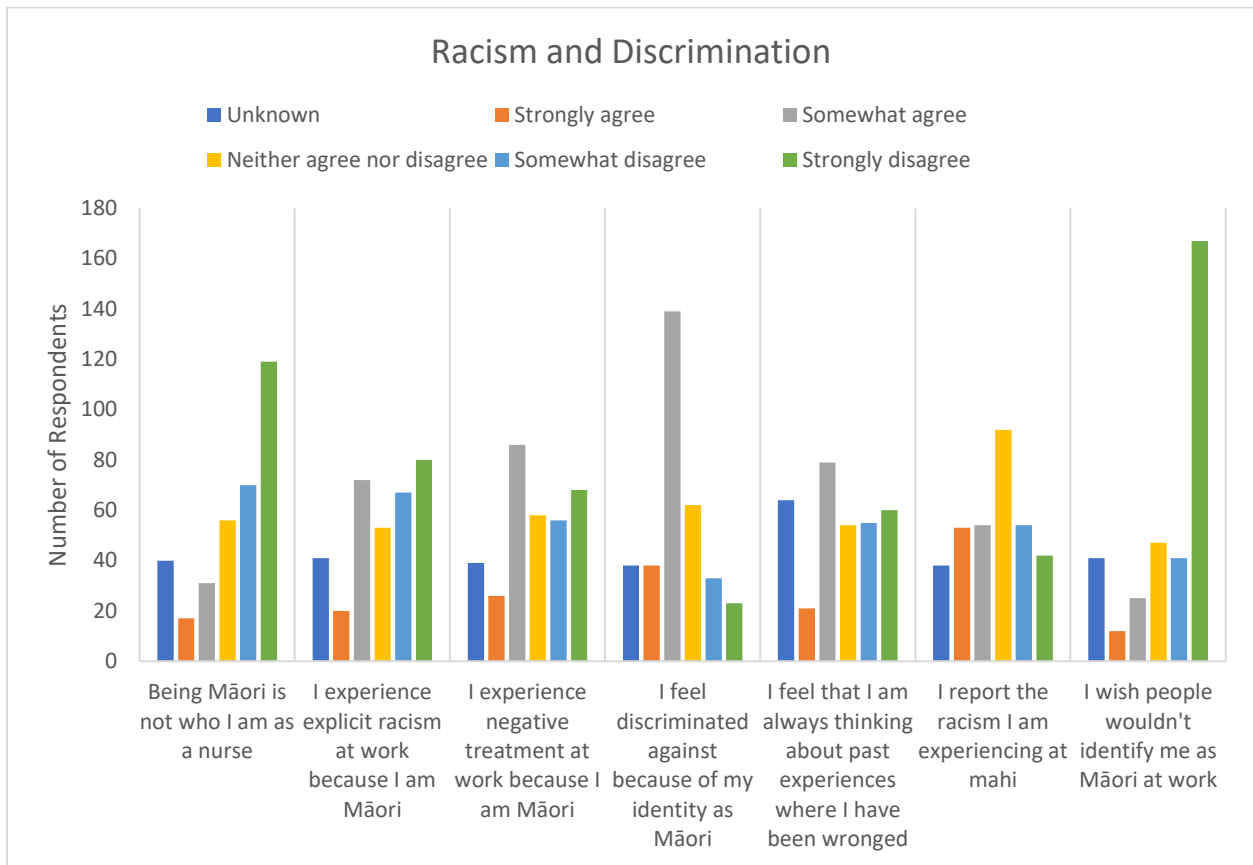
The majority of respondents (70%) agreed with this statement: ‘I feel included and a sense of belonging within my mahi’. Often, when looking at staff well-being and their sense of belonging within the organisation, it is not necessarily the organisation as a whole but the team they work within daily. It is essential to recognise that although there appears to be limited opportunities to use tikanga within an organisation, staff still felt a sense of belonging.

“There is both discrimination/bias and racism in my workplace but also benefits, encouragement and support. I am trying to build my own cultural competence and those around me and this is recognised by the management who seeks me out for guidance relating to tikanga. This puts me in an awkward position and we need outside resources to advise us but they are extremely under-resourced making getting in touch with them and continuing that relationship difficult. The DHB need to prioritise the Māori health development Unit so they can support the clinical staff to change practise. But the funding is not there and so this makes practise change difficult” (Survey Respondent 4, 2020).

Te kaikiri me te tāmitanga: Racism and discrimination

This section presents findings on Te Kaikiri me te tāmitanga, covered by questions 5, 8, to 9 and questions 11 to 12 in the survey (see Appendix 6 for the survey).

Figure 14 Racism and discrimination experienced at work by Māori nurses



Three hundred and thirty-three Māori nurses participated in the survey. Fifty-seven percent of respondents either strongly disagreed (36%) or (21%) somewhat disagreed that being Māori is not who they are as a nurse. Of those respondents, 18% either strongly agreed (12%) or (6%) somewhat agreed that they had experienced explicit racism, which equates to 1:5 Māori nurses. Additionally, a third of respondents agree that they experience

negative treatment at work due to their race. Māori nurses feel personally discriminated against because they identify as Māori (53%) or 1:2 Māori nurses. Thirty-five percent or 7:20 respondents stated they do not dwell on past wrongdoings of others. Only 29% of respondent's report racism they are experiencing at mahi strongly agree (13%), somewhat agree (16%). Half of the responses strongly disagreed that they would not like to be identified as Māori during work (1:2 people). Registered nurses experiencing racism and discrimination remain unreported within the work environment. This does not only stem from the organisation but could also stem from patients, residents, or clients.

“I work in Aged-Care and, I feel most of the discrimination comes from residents, not staff. Our staffing is very diverse, so we treat each other with a lot of respect and work well as a team. I feel we all have something to contribute to enable the best outcome for our residents. But yeah, some residents do not hold back on their opinions of not just Māori but Indian, island, and other ethnic groups. This can affect the care we provide if they are not open to who we are as people of colour”. (Survey Respondent 2, 2020).

Another perspective held by a Māori nurse was:

I've never worked for an iwi provider before. I came from the DHB, worked there for eight years, and then came over here for the last year and a half and did not know how iwi providers' work. I do feel valued and I like the camaraderie of my work colleagues and I enjoy my interacting with the patients that I work with,

with the clients. I don't feel valued by the DHB who our funding comes from. It comes down from MoH. It's vaulted down to Mahitahi or the PHE; whatever they want to call themselves now, it comes down to the iwi provider. By the time it gets to the iwi provider, it's been watered down so much that the funding is going from that big that iwi provider gets that much of the funding. We're underpaid, we're under-resourced, but I don't blame the organization, I blame the Ministry of Health where the initial funding comes from. That's where I feel undervalued. When I started here a year and a half ago, like we go out to visit our clients and then you get your equipment, that's like holy heck. It was the cheapest, craziest resources. It was like they just went out to the \$2 shop almost and bought the cheapest of everything and expect you to go out, then do a good job with cheap work materials. That's where I feel undervalued "One of our biggest barriers here was that we're understaffed and the whole year and a half that I've been here, we've almost been understaffed the whole time. It's because the funding is so poor that nobody wants to come work for us because you know it's like peanuts" (Interview participant, Kumarahou 2020).

One other nurse spoke of not being able to use digital platforms for patient acuity as workloads as not being used to capture cultural interventions as well as clinical interventions such as:

"There is a tool used to staff units used in most DHBs called Trendcare. In it is a section simply called culture and although I only use Māori models of health

with everyone I was told all Nurses nurse culturally. I was told to not tick this box unless I am praying with them for an hour or singing songstrue story” (Survey Respondent eight, 2020).

“I have been asked to conform to the European way of life as it makes for better work relationships. I said NO”. (Survey Respondent 9, 2020).

As these comments demonstrate the lived realities faced by Māori nurses within their work and their experiences. Adding their stories adds an important layer of understanding through their eyes, their world view and the impact it has on them, their whānau and the wider environment. Racism and discrimination also transfers into the treatment choices and options offered to whānau. A Māori nurse commented within the survey that:

“The state of nursing and the DHB is in disarray secondary to the influence of management and funding. While my DHB May state that they are prioritising Māori I believe this to be in a theoretical sense only. Medical colleagues often dismiss Māori and just today I had hospice dismiss a whānau as being “hard work” in relation to their request for support for the care of whānau at end of life”. (Survey Respondent 12, 2020).

Te whakamihi me te wāriu: Recognition and value

This section presents findings on te whakamihi me te wairu, covered by questions 5 and 7 in the survey (see Appendix 6 for the survey).

Figure 15 **Recognition and Value**

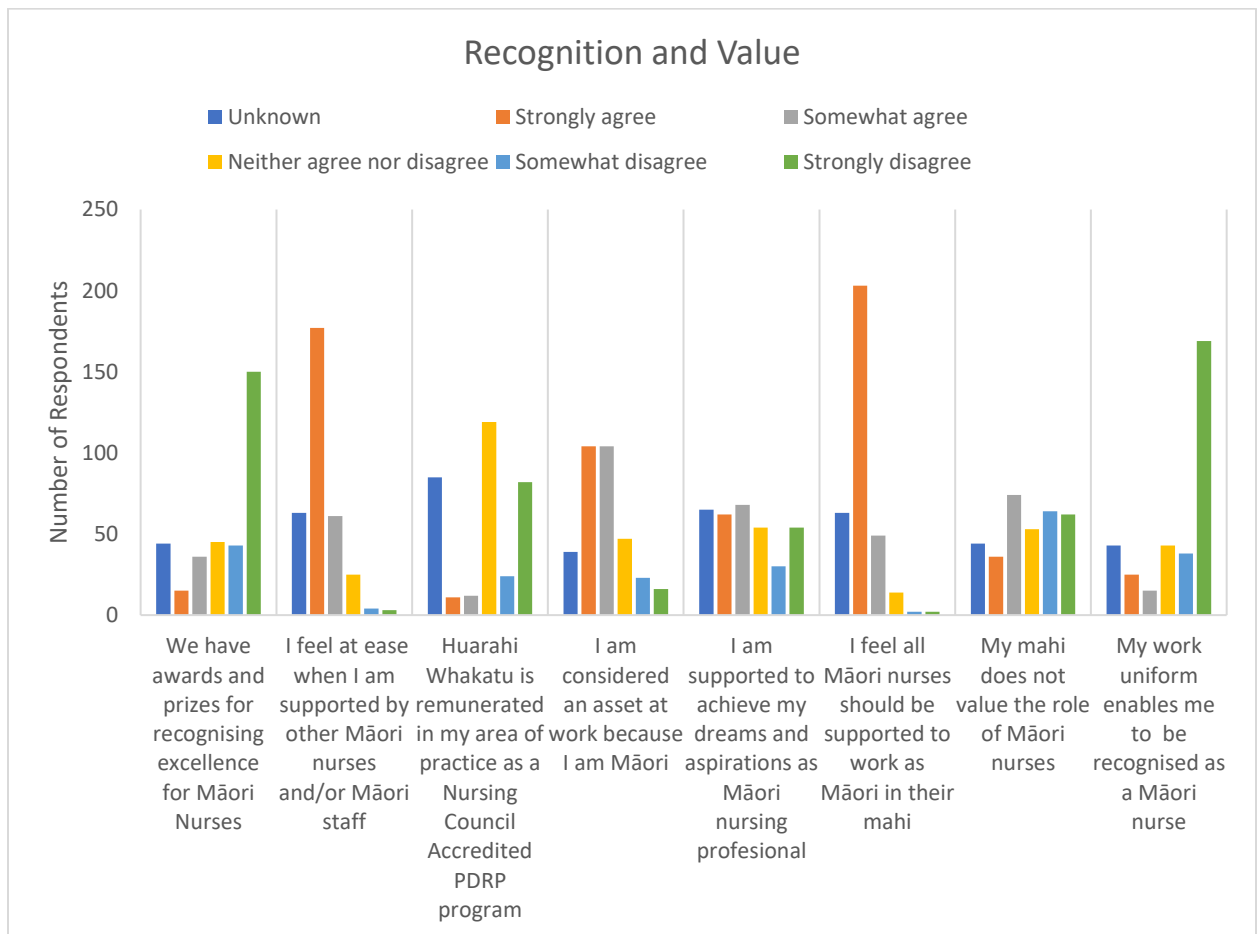


Figure 15 shows that only 8% agree their excellence and value as Māori nurses is recognised through awards. The majority of Māori nurses ‘feel at ease when other Māori nurses and Māori staff support me. Working alongside other Māori made Māori nurses feel

at ease. An astounding 39% of respondents believe ‘I am supported to achieve my dreams and aspirations as Māori nursing professional’. All though this finding appears good except that it also means that 41% of Māori nurses feel unsupported or less supported. This appears to be related in the data to the limited opportunities for career progression or Māori-specific professional development opportunities.

An astounding 11.71% of respondents believe they are ‘supported to achieve my dreams and aspirations as Māori nursing professional’. ‘I feel all Māori nurses should be supported to work as Māori in their mahi’ was identified 75.67% of the respondents within the survey however, the data clearly depicts that 88.29% of Māori nurses are not supported to acheive their goals as Māori nursing professionals.

The results to this statement are relatively evenly split with 33.3% strongly agree and somewhat agree and 37.8% of Māori nurses who either agree or disagree that their ‘mahī does not value the role of Māori nurses’. Fifty-one percent of Māori nurses responded that their ‘work uniform enables me to be recognised as a Māori nurse’ Which means that 49% of Māori nurses do not want to recognised as Māori within their place of work.

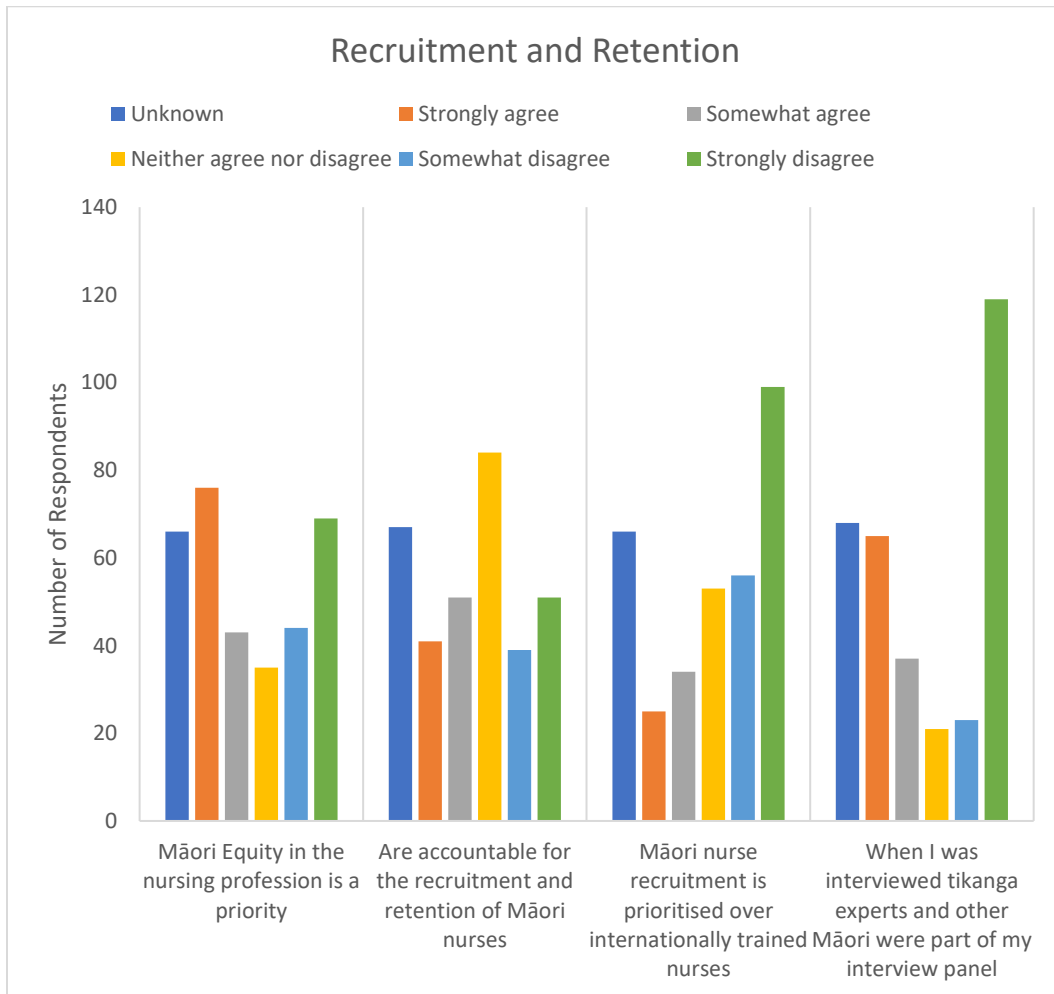
“I feel that mainstream workplaces use the Treaty of Waitangi principles to determine and measure the worth of Māori nurses, completely disregarding what Te Ao Māori means to individuals. I would also like to mention that there is discrimination between Māori health leaders and Māori nurses as well.....there is a saying ‘Māori nurses eat their own’” (Survey Respondent, 6).

This creates an interesting point within the findings, however, a more targeted approach would need to be used to understand this perspective held by survey respondent 6 ‘Māori nurses eat their own’ and whether this experience is unique to the individual or more widely felt within Māori and iwi services.

Te whai me te pupuri i ngā tapuhi Māori: Recruitment and retention of a Māori nursing workforce

This section presents findings on Te whai me te pupuri i ngā tapuhi Māori: Recruitment and retention of a Māori nursing workforce, covered by questions 10 in the survey (see Appendix 6 for the survey).

Figure 16 Recruitment and retention of Māori nurses



The is a split in views in Figure 16 around whether or not ‘Māori equity in the nursing profession is prioritised.’ There is no drilling down in this data that acknowledges what is meant around Māori equity within the recruitment retention process. Further work to identify and break down what recruitment and retention practices look like from a Māori nursing perspective is recommended. Eight percent of Māori nurses strongly agree that Māori nurse recruitment is prioritised over internationally trained nurses.

“I feel that the needs of the organisation are 1st and the needs of the nurse are 2nd. This results in the nurse leaving (even after many years of service) because her Mana isn’t recognised, this is sad as she takes with her the connections with the community, her wealth of knowledge and ideas, and leaving the remaining Māori nurses feeling more undervalued as they often discuss their unhappiness with the wider team (privately away from management) and this really saddens me.... I’m one of those statistics”. (Survey Respondent 13, 2020).

Ngā tapuhi Māori hei kaiurungi: Māori nurses as navigators

This section presents findings on Ngā tapuhi Māori hei kaiurungi: Māori nurses as navigators, covered by questions 6 and 7 in the survey (see Appendix 6 for the survey).

Figure 17 Partnering with whānau for optimal health outcomes

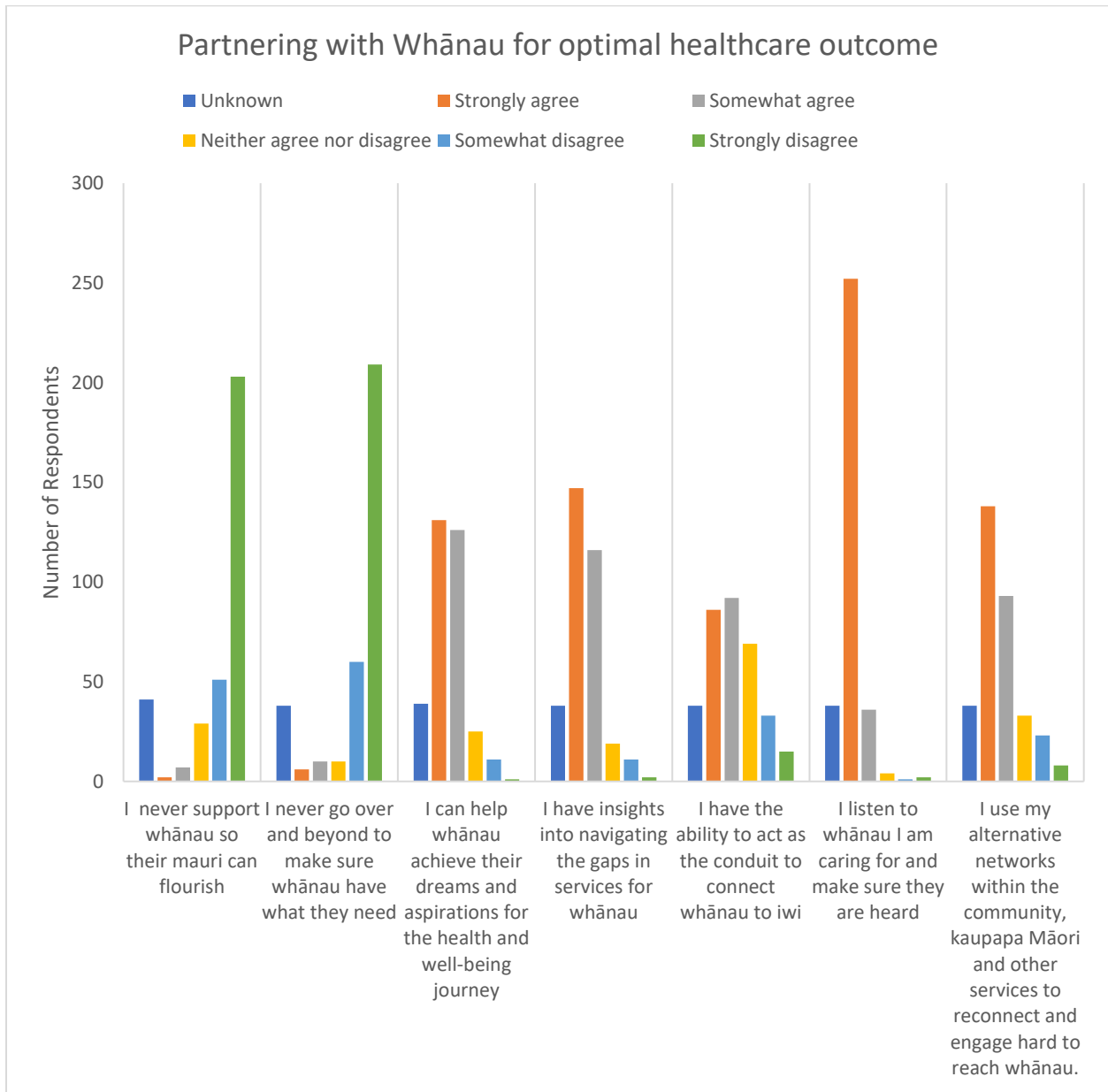


Figure 17 had two statements that were asked in reverse one was that ‘I never support whānau so their mauri can flourish’ and the other was that ‘I never go over and beyond to make sure whānau have what they need’, the responses show 76% of Māori nurses strongly disagreed or somewhat disagreed suggesting they in fact do support ‘whānau so their mauri can

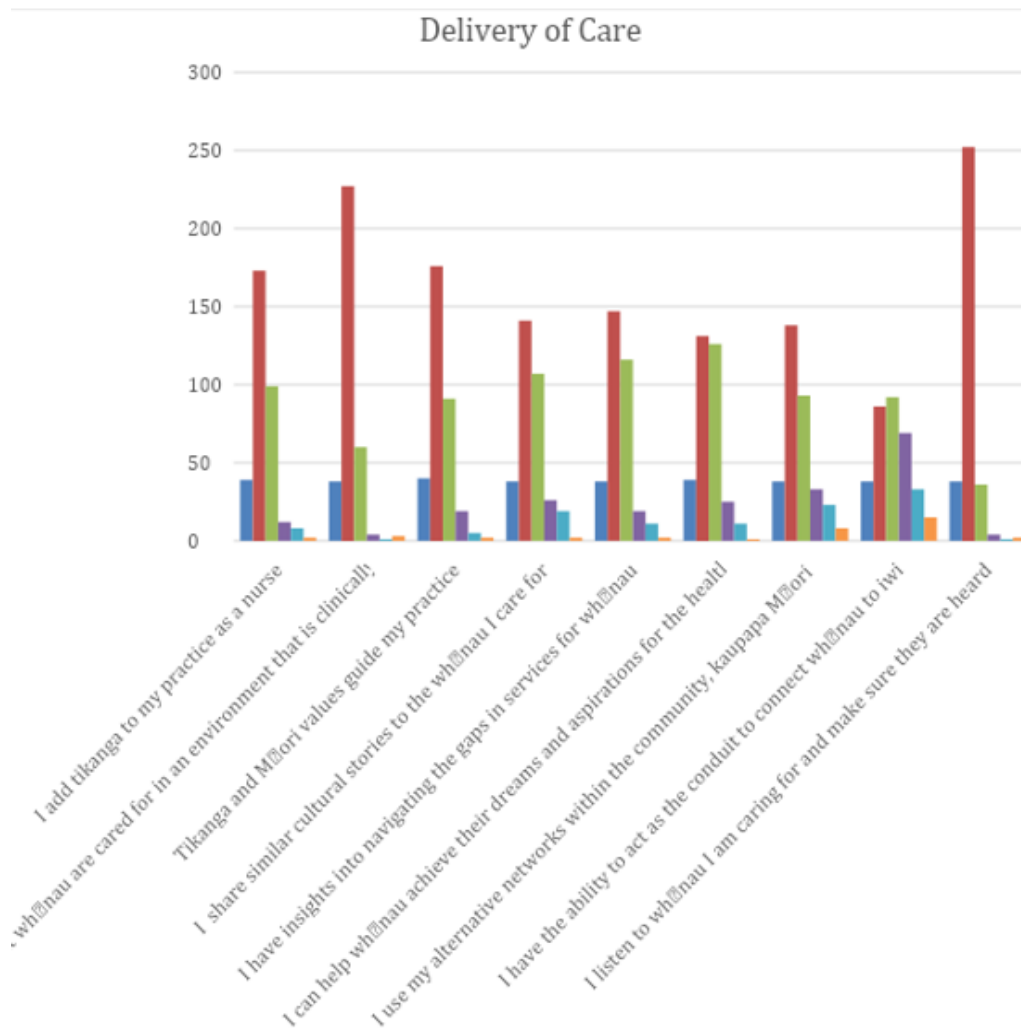
flourish’. Eighty-one percent of respondents also identified they go over and beyond what is required of them to make sure that whānau have what they need. Seventy-seven percent of respondents strongly agreed or somewhat agreed they ‘could help whānau achieve their dreams and aspirations for the health and well-being journey’. Of all Māori nurses, 79% strongly agreed or agreed they have ‘insight into navigating gaps in services for whānau’. Sixty-nine percent of all Māori nurses strongly agreed or agreed they ‘use alternative networks within the community and kaupapa Māori and other services to reconnect and engage hard to reach whānau’. Fifty-four percent of participants ‘act as conduits to connect whānau to iwi’. Eighty-one percent of participants strongly agreed or agreed they ‘listen to the whānau they are caring for and ensure they are heard’.

“It’s hard. It’s hard. I do a lot of home visits because I know it’s easier for whānau, and I know for myself it’s easier for me just to swing in, and see them and to see the whānau together. I’m trying to think of how many hours I’ve done this week. It is hard to quantify. It’s something that you just do, and you don’t think about it. You don’t roll your eyes when whānau-- when it becomes difficult. You just do it, because you know at the end of the day, it’s going to make an easier process for the whānau at the other end, and they’re not going to be judged, they’re not going to be disadvantaged. You just make it seamless for them so that when they get to the other end of their journey, the job’s done, and all they have to do is focus on themselves and just doing what they need to do”.

(Survey respondent 21, 2020).

Practicing as Māori nurses

Figure 18 Māori Nurses delivering care



One Māori nurse through their experiences believed that,

“What is the value that Māori provide and are able to offer and bring to the practice, there’s also this other aspect around the expectations of Māori nurses. We’re put into a bit of a box around, “Well, you’re Māori and you should know

what the answers are in the space." I think that that's an important thing to note because it's around, we also need to be really careful that we don't cause harm by expecting Māori nurses to be everything to everybody". (Interview participant, Kawakawa, 2020).

When we look to value the contribution that Māori nurses make, we also need to be really careful around the pressure that we put on our Māori nurses as well". (Interview participant, Kawakawa, 2020).

One Māori nurse's experience of the importance of time and the power of the unspoken word,

"When working with Māori, both patient and colleagues, the power of the unspoken word cannot be underestimated. However, we are in western society, and to even te reo so that I can use one-word phrase or facial expression can be difficult. Lack of time in a busy clinical setting has huge implications for patient's whānau and nurses. It is not understood why time is needed just to be with each other and I think is also undervalued and seen as special treatment!"
(Survey Respondent 15, 2020).

“I think we have the ability to relate to women, to whānau. We understand the realities, so we’re a lot more compassionate, and we practice what I call mahi aroha, where we give more than what we would be paid for. We go beyond the pay packet because we want our whānau to be well. We push those boundaries, not so much bad in terms of clinical boundaries that it would become unsafe, but we push those boundaries where we know and we understand where they’re coming from. We understand whakapapa and we understand the historic issues that are faced by Māori, and we want to fix it. We can’t fix it globally or nationally, but we can make a difference just to the people that we’re working with...I am being an advocate for whānau. Going through the whole process, navigating them through the health system so that you’re there and that you act as a kaitiaki for them so that they are safe and that they’re getting the full care that they’re entitled to...the skills that we have is to understand where we come from and that that should be valued in its first instance. That we’re Māori nurses and Māori midwives. Apart from our clinical schools that we have, we recognise the needs of our whānau, and that’s not being recognized. Also, for our Māori whānau, or our Māori nurses, we should recognize the skills that we have as well as our whakapapa, our tūpuna, our Iwi hapū. That doesn’t seem to come into the conversation”. (Interview participant, Koromiko, 2020).

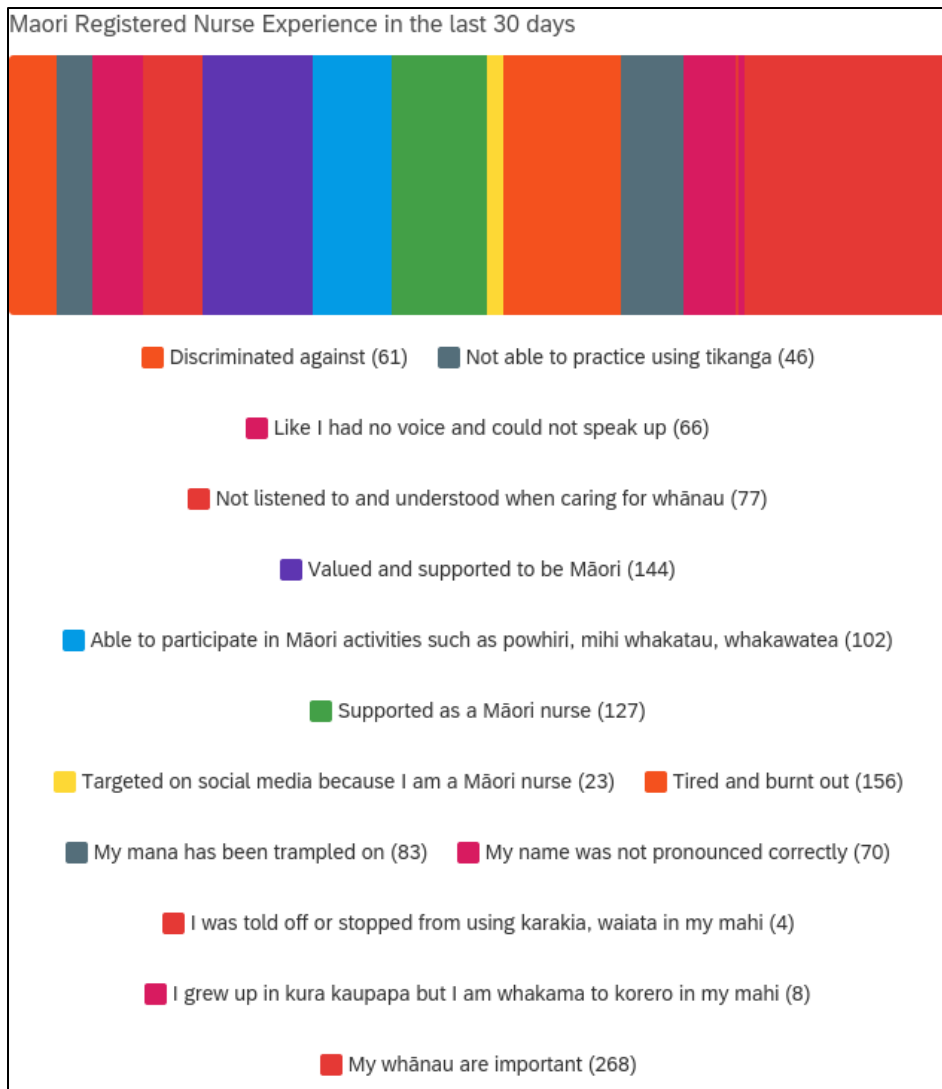
“I’ll backtrack, and I’ll go and find them. I’ll transport women to the hospital. If they’re calling me out of hours, and they need stuff, then I make sure that they get it through, or it’s prescription-- Often I find that women, when they go to their scan appointments, they’ve left behind their forms and stuff like that. I make

sure that whatever I'm doing at the time, I just drop it in, I just send it off to them so they're actually getting it". (Interview participant, Koromiko, 2020).

Ngā wheako a ngā tapuhi Māori rēhita: Māori registered nurses experience

This section presents findings on Ngā wheako a ngā tapuhi Māori rēhita: Māori registered nurses experience covered by questions 8 to 9 in the survey (see Appendix 6 for the survey).

Figure 19 Māori nurses experience for the 30 days preceding 7-21 September 2020

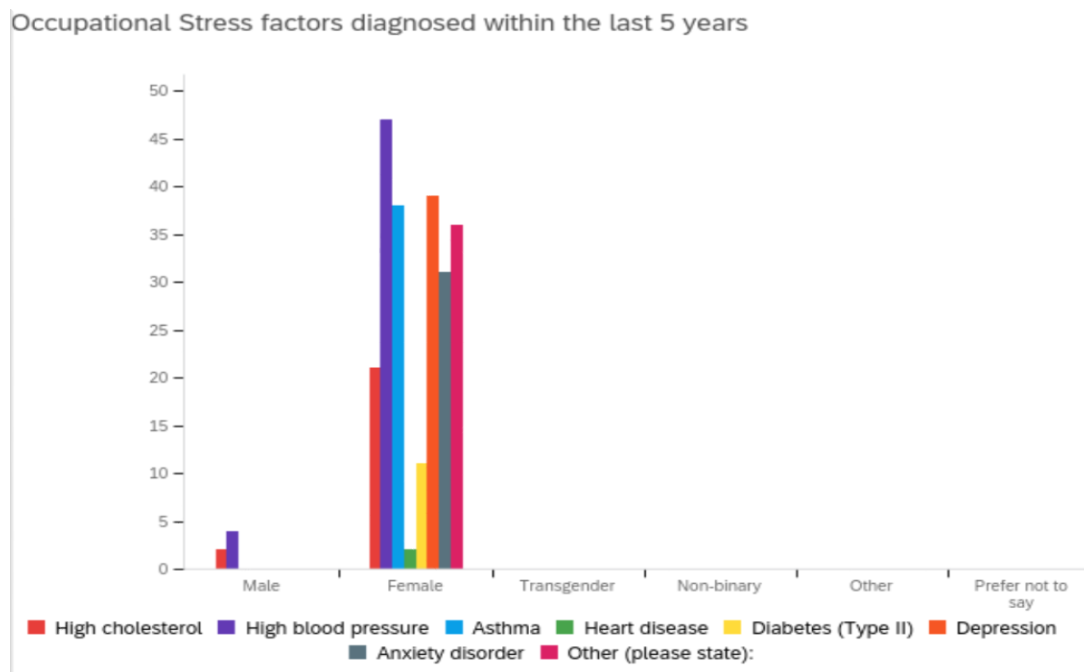


Māori nurses were asked to comment on their experiences within their last 30 days of practice. They were asked to choose from a predefined list of experiences they had encountered in the 30 days preceding the survey. There was no limit on the number of experiences Māori nurses were able to report.

Te Kohuki wāhi mahi: Occupational stress

Māori nurses were asked to comment on whether they had any diagnosed health-related conditions within the past five years. This question was optional. Examples given were related to the findings within the literature review which identified a link between occupational stress and the diagnosis of health conditions. This is not an exhaustive list in Figure 20. Participants were also given the opportunity to comment to identified any other health problems. Findings were presented in question 18 to 19 in the survey (see Appendix 6 for the survey).

Figure 20 Occupational stress and health conditions diagnosed within the last five years



Out of the nine respondents who identified as male, six responded to the health question. Of those respondents, two identified themselves as having high cholesterol, and 4 identified

themselves as having high blood pressure. The top health conditions diagnosed within the past five years were high blood pressure, depression, and asthma for the female Māori nurses.

For Māori who are already overrepresented in negative health statistics, it is important to acknowledge that the added stressors from working in a high-paced environment can directly impact staff's health and well-being. Staff wellness incentive schemes also need to consider the health inequities and ensure wellness packages are tailored.

Two Māori nurses had been diagnosed with different conditions before starting as registered nurses: one was depression which they no longer experience, and the other related to a well-controlled childhood illness. Others identified back strain and burn out. Discrimination and racism were identified as conditions that impacted the stress of Māori nurses.

Comments were not themed, but the nurse's voice is acknowledged by highlighting the important comments and raised concerns.

I am an ICU and flight nurse; I also work casually in the Emergency Department. I am absolutely baffled that no clinical supervision is available to me. I worked many years ago as a Mental Health Nurse and received Clinical Supervision in that environment and so recognize its value. (Survey participant, 29).

Some Māori nurses were aware of the need to keep themselves well, and proactively look for opportunities that value their health and well-being. One respondent used counselling, whereas another identified mirimiri, karakia.

One respondent wrote:

“I do accept that I get stressed, anxious, tired, and feel like quitting at times. I have to fine-tune myself cares to maintain a sense of balance between work and the rest of my life. I am very passionate about the work that I do, so I know that for as long as I am able to keep Nursing, I will remain in the profession.”(Survey Respondent 25, 2020).

It was clear from respondents’ comments that some were considering leaving the profession. Some Māori nurses felt they needed to remain to advocate for whānau. While one had been injured at work by a patient and now lives with a personal injured as a result. The impact of occupational stress also impacts on respondents’ whānau.

“Honestly I feel as a solo mother that got here on my own, my own babies are missing out as I’m trying to upkeep with nursing that my own whare tapa whā is on the verge of falling down and I’ll admit over these past 3 years I’ve been

close to throwing it all in and going back on the benefit". (Survey respondent 26, 2020).

Another respondent identified that they:

I have had considerable time off due to family violence, intergenerational dynamics, child care and family court considerations, land court and whānau responsibilities that draws on capacity and level of self-care and mental health 'days off'. (Survey Respondent 27, 2020).

The Māori nurse also identified that the Bachelor of Nursing program as providing a platform for resilience training to minimise burnout, but some additional thinking and Māori considerations such as whānaungatanga, cultural supervision and strengthening their cultural identity as Māori could be incorporated to further aid the quality of Māori nurses. However, there also needs to be an accountability from organisations and reflected in employment agreements that identify opportunities where a nurse could seek support or identify.

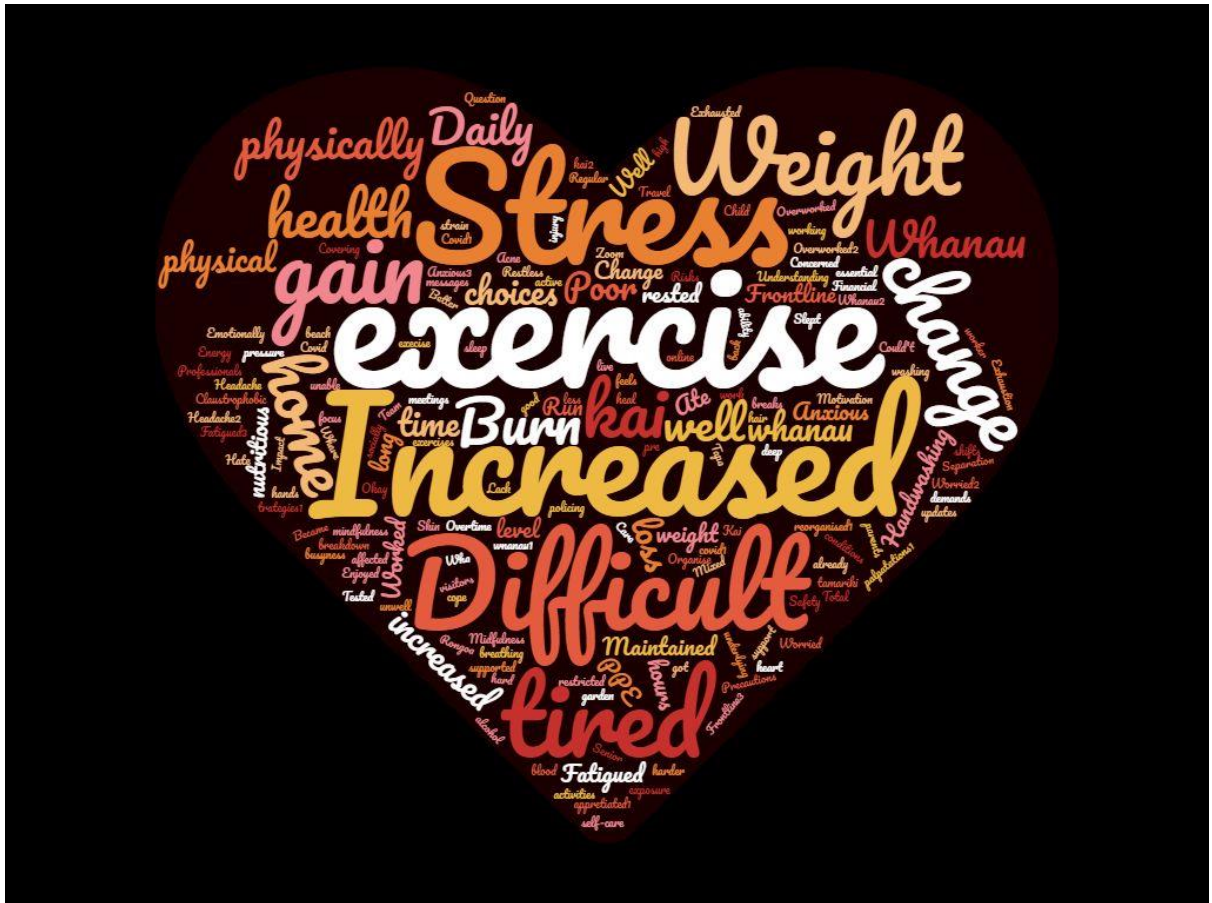
Ngā aupēhitanga o te mate urutā ki ngā tapuhi Māori—COVID- 19 and the impact on Māori registered nurses

As this study was being undertaken during the midst of Covid-19, it was essential to ensure that Māori nurses' voice and values were captured to reflect their experiences. These questions were based on Te Whare Tapa (Durie, Whaiora : Māori health development, 1998), a Māori model of care identified by Ta Mason Durie. Three main topics were identified:

- Covid-19 – Impact on Individual
- Covid-19 – Impact on whānau
- Covid-19 – Impact of work

Covid had impacted on the majority of the respondent's lives'. A word cloud visualisation was created alongside quotes from the comments and interviews regarding the impacts and experiences reported by Māori nurses. The word cloud created from the original quotes collected from the participants' reflected current practice and experience with Covid-19. Font size correlates with the greater frequency of the word used in the interview, 2020).

Figure 21 Taha tinana responses



Due to the need for stricter infection control protocols there was additional stress which added and increase on demands and facilitation of additional people. One Māori nurse describes their experiences as:

“the stress made it harder to cope with higher than usual demands of patients at work and management requiring us to police our teams, visitors and other people entering the facility, so I got headaches daily which were sometimes

paralysing so needed to stay home, I lost weight because there was too much to do” (Survey Respondent 26, 2020).

Whakatepenga—Summary

Being Māori adds strength to the health and well-being of whānau. It embodies the strengths and positive attributes that Māori nurses have. It reinforces the importance of whānau and connection to te ao Māori and the importance of the differences in practice of non-Māori by going over and beyond to make a difference to the health and well-being of whānau.

Being Māori also presents itself with challenges and barriers and exposes Māori nurses to occupational stress, discrimination, and racism. The findings highlight the impacts these experiences have on career progression and lack of professional development opportunities. Being together as Māori within work or mahi creates a sense of whānau, a sense of belonging and to be Māori unapologetically, and be able to whakatau through waiata, shared experiences, and jovial laughter, thus creating resilience through whanaungatanga.

Wāhanga 5 Whakawhitinga Kōrero—Discussion

He Oranga Ngākau He Pikinga Wairua

Positive Feelings in Your Heart Will Raise your Sense of Self-Worth

The purpose of this research was to recognise and understand the value of Māori nurses and to gain historical overview of the impact of colonisation, policy, and legislation that has shaped and influenced nursing within Aotearoa. An attempt is made to understand how those system impacted not only on Māori nurses but, their ability to feel culutrally safe, and valued as Māori within health. This research has highlighted the experiences, challenges, and barriers Māori nurses face in being recognised and valued. The data indicates Māori nurses are consistently undervalued in health organisations and in the health system in Aotearoa New Zealand. Building upon historical experiences of racism and discrimination experienced, the research indicates a lack of accountability and a lack of investment in the Māori nursing workforce.

Institutional discrimination within nursing systems and structures appears to be deeply embedded due to policies and the elevation of Florence Nightingale. The effect is that the voice of Māori nurses continues to be undervalued. This under valuing is engrained in nursing culture in ways that unfairly restrict opportunities for Māori and privilege others who are racialised as superior within social systems of oppression (Cormack, et al., 2020). This

chapter will discuss the findings (Chapter 4) and acknowledges previous chapters—research justification (Chapter 1); literature review (Chapter 2); and methodology (Chapter 3). This chapter seeks to advance the narratives and experiences of Māori nurses to provide insight and propose opportunities that value and grow the Māori nursing workforce.

As outlined in Wahanga 1 whakatakinga—Introduction a broad research objective—*understanding the experiences and value of Māori nurses in Aotearoa New Zealand* was used to shape and develop the research with the aim is to explore specific research questions that addressed:

1. How are Māori nurses and their mahi valued in the nursing profession in Aotearoa New Zealand?
2. How do Māori nurses integrate their cultural and clinical knowledge in their mahi?
3. What are the experiences of Māori nurses that add value to the profession and to whānau?
4. Are the Nursing Council monitoring the number of Māori and non-Māori not passing the cultural competency components? From whose perspective is the narrative interpreted?
5. Are Māori nurses supported or encouraged with career opportunities and leadership progression?
6. Are Professional Development Advisory Groups as well as those who mark the Professional Development Recognition Portfolio (PDRP) portfolio culturally competent?
7. Have all staff in positions of influence undertaken Te Tiriti o Waitangi and cultural competency development within the last five years?

Ko wai au? He Māori tuatahi, He tapuhi tuarua: Self identity and cultural identity

Public policy and colonisation have influenced the way in which Māori identify themselves as Māori and as Māori nurses. Historically, the ability to self-identify as Māori meant you were not able to practice under their Māori name as the Nurses Registration Act 1901 as they deemed to be weeding the unfit from nursing which undermined the value of not only Māori but due to women being used within the Act it out ruled Māori women who were seen as the natures and those who transmitted knowledge onto whānau, hapū and iwi.

Florence Nightingale's influence with the commencement of nurses' training programs meant that the system reflected a British influence which was taught and supported by medical doctors. This British model based on the teachings of Florence Nightingale established in Aotearoa and the health's racist policies Tōhunga Suppression ACT 1907 (BPAC, 2008) and Quackery Prevention Act 1908 (Dow, 2001) excluded rongoā Māori. Māori were not able to self-identify as tōhunga, and therefore, were unable to practice as Māori. At the same time there for nursing Māori culture was excluded from the nursing curriculum. When Irihapeti Ramsden introduced Kawa Whakauruhau, cultural safety (Papps, E. & Ramsden, I, 1996), the Nursing Council of New Zealand had only ensured that these nursing programs were accountable to teach a small percentage (approximately 20%) of the program with a focus on caring for Māori as tangata whenua.

There was evidence in the literature and the finding that Māori nurses can directly influence how whānau are cared for because the nurses are Māori. Māori nurses connect using their whakapapa, and cultural identity. The more grounded and confident in who they were as Māori meant they were more dedicated to creating and navigating services for whānau. This was based on the ideology that being Māori meant there was a connection as Māori or shared whakapapa. as people and an understanding of the lived realities of the whānau they were providing. This relationship established through whānaungatanga enabled Māori nurses to provide care in a way that whānau also valued. For whānau this meant they could engage with someone that identified like them and often provided an instant engagement.

The unspoken word, non-verbal communication through body language and the connection through the power of the unspoken word, connecting on a wairua level cannot be underestimated. However, we are in Western society, using one-word phrase or facial expression can be difficult often the body language does not reflect what is being said and can often be offensive. Lack of time in a busy clinical setting has huge implications for patient's whānau and nurses means that whānau will not ask for help because they feel they are causing too much trouble or they do not want to bother the staff as they can see they are busy. This often leaves treatment not being sought when required. The way in which a Māori nurse works is that Māori nurses go over and beyond to do what is required because they see whānau or patients as an extension of their own whānau due to having whakapapa as Māori.

Māori nurses are often expected by their charge nurses, peers, their profession and often their organisation to utilise skills connecting their cultural identity and values as a buffer between whānau and the nursing profession. Māori nurses reported that they get given the ‘difficult Māori patient’ or the large ‘Māori whānau’ because you are Māori and, therefore, should know how to look after them. The value of cultural interventions used by Māori are framed from the nursing profession’s Western dominant perspective based on a British nursing system. These historical and contemporary encultured beliefs based on the elevation of Florence Nightingale, were again influenced by the Nurses Registration ACT 1901. Due to the majority of nurses being of non-Māori descent or internationally trained nurses their beliefs and values or nursing operating models of care are based off their own experiences, perspectives and beliefs. These same perspectives are also what focuses on the universality of values and denial of the uniqueness of Māori nurses. If the uniqueness of Māori values were acknowledged, then there would be a reduction in “treatment disengagement, treatment failure, or culture-related stereotypes” (McLachlan, 2017, p. 48).

It is important to acknowledge that due to colonisation and historical trauma that not all Māori speak or understand te reo Māori, or have an in-depth understanding of tikanga. Historical trauma has also led to internalisation of ‘negative views’ of Māori ways of being. Māori can feel whakama and not feel supported to engage in tikanga or cultural activities until healing has occurred. This lack of confidence can also impact how Māori nurses value their own self-worth and put themselves forward for growth opportunities (McLachlan, 2017).

As long as Māori nurses are experiencing challenges and barriers within their work environment, there is a need to consider anti-racism praxis. Anti-racism praxis is a process to educate and create tools and processes to enhance “awareness of cultural differences, reduce prejudice, evoke individual growth and transformation and increased activism” (Came, 2018, p. 181). A study by Kelaher et al. (2016), cited in (Came, 2018, p. 182), has established that anti-racism interventions can also “produce positive mental health effects for participants.” Through an informal conversation with Whaea Moe Milne a well-known Mental Health nurse, educator and Ngāti Hine kāumātua on a recent trip to Whangarei, she described the concept of reo trauma refers to not wanting to speak te reo Māori due to intergenerational effects on not being able to speak Māori. Whaea Moe says, “that it is our right as Māori to use te reo and no one can take that away from us as Māori.” This conversation leads the researcher to contemplate the impact of historical trauma posed within institutions and the implications for occupational trauma and the relationship of long-term exposures to occupational stress within the workforce, professional practice, care delivery. McClintock, Haereroa, Brown & Baker (2018), suggest these impacts on Māori nurses are “Situational Trauma, Cumulative Trauma, and Institutional Trauma” (p. 6). A long-term effect of historical trauma is that the affected person may not want to be identified as Māori or a Māori nurse. They do not feel like they can practice as a Māori nurse. The implications often manifest as assimilation of Western professional nursing ideologies and not wanting to or being able to practice in a way that acknowledges tikanga and te reo Māori as valid contributions to whānau health well-being. Instead, Māori nurses often become deprived and disconnected from their identity, impacting on self-esteem, and languishing mauri. The effect of assimilation and this cultural void on Māori nurses’ taha hinengaro (emotional well-

being), their taha tinana (physical well-being), taha wairua (spiritual well-being), and taha whānau (family) often go unseen. However, these are valid forms of mental and emotional stress that need to be addressed. Discriminatory behaviours are often not overt, but subtle. The impact of working within a racist or discriminatory work environment is extremely harmful, leading to psychological scarring and diminishing an employee's mana.

The Nursing Council, which regulates tertiary providers and nursing registrations, must ensure mechanisms are in place to keep Māori nurses safe both as students and as registered nurses (Te Kaunihera Tapuhi o Aotearoa, Nursing Council of New Zealand, 2020). Cultural Safety is not only a term used for patients who feel unsafe within the health care system, but applies also to staff. The research found that Māori nurses victimised in the workplace which included racism, experiences of discrimination, lack of opportunities and career progression. Some of the ways in which this occurs, include Māori nurses providing care for whānau should not be victimised in their workplace. Over half of those who completed the survey feel discriminated against within their work environments. According to the research results 1 in 5 Māori nurses are exposed to explicit racism. Māori nurses experience negative treatment and racism at work. The findings identified that half of Māori nurses do not want to be recognised as Māori within their work environment, and 71% of a Māori nurse's experiences of racism and discrimination go unreported.

Te kaikiri me te tāmitanga i ngā waiora: Racism and discrimination in the workplace

Māori nurses experience a high degree of discrimination in the workplace, with one in two Māori nurses personally discriminated against at work in the last twelve months.

Māori nurses should not feel discriminated against or made to feel that they have no voice or are unable to speak and advocate for whānau when required. If Māori nurses speak up, they should not be targeted for being disruptive or causing conflict when they connect, listen to, and co-create a care plan with the whānau at the centre of care delivery. Māori nurses are often the only Māori professional within the clinical area. Therefore, Māori nurses are often approached for advice when working with whānau because the nurse identifies as Māori. When Māori nurses advocate for whānau and stand their ground on what they believe to be tika (correct), they may become labelled as being a bully, being obstructive, and uncooperative.

Māori nurses are also often responsible for interpreting and translating health professionals' advice, information and decisions, encompassing tikanga and respect. Māori nurses ask whānau what they are good at; they ask what skills they have as a whānau and what support they feel they require. Māori nurses listen to the whānau, and hear what whānau have to say. The way Māori nurses talk, their assertiveness comes from deep within wairua and passion for whānau being offered treatment choices and options.

He taiao whakaruruhau: Culturally safe work environment

The findings of this research identifies a correlation between the impacts of racism and prejudice as having a long-term effect on Māori nurses, career aspirations, and professional development. Ethnic disparities and inequities affect the person's self-esteem, personal safety, economic security, and directly impact occupational stress levels, and ultimately life expectancy (Stewart, 2011). These factors impact career progression, professional development opportunities, recruitment and retention of Māori nurses. Came (2014) cited in Hunter (2020) identifies that health systems are designed within a Western biomedical model of governance and delivery which serve non-Māori better than Māori. This means that Māori who engage with health services are more likely to receive poorer quality health care, including, the care delivered by some nurses. Across the health sector, a gulf commonly exists between a health care organisation's espoused commitment to culturally safe practice and what happens in reality (Hunter, 2019). The impact of ideologies informed by Western perspectives must not continue to have an intergenerational impact on the Māori nursing workforce and the whānau being cared for. Organisations must create system change through Human Resource processes, policy, working or advisory groups, resources, funding, and investment in oranga. This is not to say that all western models are bad however the way they are translated an applied to an Aotearoa context can inhibit oranga for Māori.

Employment Assisted Programmes (EAP) are often the only support schemes offered for staff who experience distress. EAPs provide employees and the employee's family a professional and confidential resource to address various social, mental, emotional, and health care concerns. Haring (2011). cited in Haring (2015, p. 17), states that EAP also covers "co-worker conflict,

stress, substance misuse, marital distress, trauma, and other issues that may affect the individual, family, or community.”

Based on the literature review Māori have different needs, therefore, they require a model of practice for both nursing and for helping employees address personal wellbeing or distress (Stewart, 2011) that includes the discussion of historical trauma, communication skills, confidentiality, and environmental issues (McClintock, 2018). To respond effectively, EAP would need to promote Māori theories of *oranga*, cultural efficacy and *tikanga* to promote cultural resilience and *tino rangatiratanga* with the employees’ health and well-being. It is important to acknowledge the *whakapapa* of the any event that has impacted on the Māori nursing professional or the Māori nurse. Whaea Moe Milne (Milne, 2020) identifies *whakapapa* events as a concept called *Tatai Hono*. *Tatai hono* refers to logical, sequential events that manifest as *whakapapa* or causes and effects. *Tatai hono* is the ability to retell the events to ensure *oranga* (well-being). The *wero* or challenge is for Māori nurses to change the *tatai*. Changing the *tatai* means changing the story to one of *oranga* thus creating *rangatiratanga*.

Te kawekawe o te waiora kāore e whakaruruhau: The impact of culturally unsafe work environments

Within New Zealand there has been a movement to recruiting nurses globally, which appears successful as over 26% of New Zealand’s nursing workforce comprises internationally qualified nurses (IQN) (Nursing Council of New Zealand, January 2020). Often, organisations support these nurses’ relocation and welcome them to Aotearoa. There are also targeted programmes within

tertiary nursing providers for Competency Assessment Programmes (CAP) with prioritised placements and recruitment opportunities. This means that instead of building the capability and capacity to recruit and build on the knowledge of Māori nurses through a targeted recruitment process or initiatives the drive is to recruit internationally. The shortage of Māori nurses coming into the profession is potentially related to the institutional racism with nursing tertiary providers and the lack of support taura experience.

Only 31% of Māori nurses identified that they had any ‘tikanga experts and other Māori’ as part of their interview process. It is important to acknowledge that Māori feel more comfortable when other Māori are part of the interview panel (Stewart, 2011). There is the opportunity to open and close interviews with karakia and develop connections through whanaungatanga and commonality as Māori. As expressed in the introduction’s whakatauki “Kāore te kumara mo tonokake māngaro’ when being interviewed Māori, interviewees can often feel whakama, and it is difficult for Māori job or promotional applicants to talk about themselves. In this case, Māori nurses can offer opportunities to reframe or understand the views and perspectives of whānau applying a te ao Māori lens. Māori nurses are often considered to be bicultural practitioners as they practice with both a non-Māori and Māori worldview. When on an interview panels Māori nurses can translate between clinical and cultural practice for the rest of the interviewing panel. And act as a buffer for the interviewee by ensuring the interview is culturally safe.

There is a need to undertake further investigations and take a deep dive to understand the relationship between Māori health practitioners and the impact on occupational stress across

practice settings, age and gender to understand the impact on the person and their whānau and whether redesigning life-work balances can decrease the impact that occupational stress has on employees. All nurses who experience increased stress, anxiety, and burnout can directly affect patients' mortality. Compassion fatigue and emotional exhaustion can also impact on patients and their experiences of care. When acknowledging this concepts of burn out, compassion fatigue and emotional exhaustion, it is important to acknowledge that Māori nurses are impacted by historical factors and are more sensitive to discrimination and racism around them as often they face this negativity daily. These types of constant reactions could result in trauma and post-traumatic stress disorders in nurses (Delgadillo, Saxon, & Barkham, 2018). This area requires further investigation to understand the impact on Māori nurses. Out of the nine Māori nurses who identified as male, six responded to the health question. Of those Māori nurses, two identified themselves as having high cholesterol, and four identified themselves as having high blood pressure. The top health conditions diagnosed within the past five years were high blood pressure, depression, and asthma for Māori nurses who identified as female.

Māori are already overrepresented in the population with negative health statistics (Health and Quality Safety Commission, 2019), it is important to acknowledge that the added stressors from working in a high-paced environment can directly impact staff health and well-being (Stewart, 2011). There is a need to consider the health inequities faced by Māori nurses and ensure wellness packages are tailored.

Te wāriu on ngā tapuhi Māori: Valuing Māori nurses in the workplace

The research's data also highlighted challenging areas to interpret meaning, due to varied responses and varied experiences across Aotearoa.

- I had no career pathway as a Māori nurse
- My cultural needs are not prioritised as much as my clinical competency (asked a
- My mahi does not value the role of Māori nurses

When looking at solutions that value the Māori nurse's workplace, the above statements corresponded to the lowest-percentage of agreeance. This means there was no clear consensus amongst respondents. All Māori nurses should feel that there are opportunities career pathways and that their cultural needs are prioritised. They should all feel valued within their organisation, and as a nurse. The fact data showed many Māori nurses were unable to express this, again shows the multiple and unacceptable disparities within the health care profession. A sense of belonging and a sense of positive recognition is important to self-worth.

Māori nurses have a unique relationship as tangata whenua. The Nursing Council's accountability to Māori nurses must be recognised as a commitment to honouring the Treaty and the impact of historical trauma. This should also be recognised through government, and apologies should be made for the treatment of Māori nurses in Aotearoa. Acknowledgement of the contribution of cultural competency including highlighting the value the role and

function of Māori nurses and their contribution to oranga for whānau must also be made. When developing and creating tools and resources to support Māori nurses and Māori kaimahi, it is crucial to acknowledge that a one size fits all approach will not work, that all whānau are unique and the way they experience occupational trauma or stress manifest differently. Therefore, the type of resilience support packages required will need to be tailored to the individual.

The connections that Māori nurses have to whakapapa are often overlooked and undervalued. Whakapapa is not seen as a contributor to the health and well-being of whānau. Nursing as a professional body remains focused on the clinical aspects rather than including skill sets that add value to the health care of whānau. Indigenous knowledge is not often recognised; this includes Māori understandings of te ao Māori, the relationship between taiao and whakapapa, applications of tikanga and āhuatanga Māori. Western measures of a Māori nurse's values are restricted to the number years' experience a nurse has, or the number of tōhu or professional tertiary qualifications they have received. Formal qualifications are recognised above Indigenous knowledge or lived experience as Māori. Within a Māori paradigm, a formal degree is often not necessary to confirm expertise, rather whakapapa connection and mātauranga Māori are held in higher esteem. It is also through these connections and Māori knowledge that Māori nurses are able to provide cultural support for whānau.

The research finding identify that clinical-cultural best practices and whānau-nurse relationships are undervalued and under recognised as additional skills of Māori nurses and Māori midwives. A common example of this is how Māori nurses go outside of what would be considered routine practice by making sure whānau get their prescriptions. They go outside what is seen as the core role of a nurse from a western perspective and not one that is whānau-centred. Māori nurses find ways to support whānau by, for example, dropping off prescriptions to ensure whānau get the treatment they need. Māori nurses invest additional personal and professional resources to provide whānau with additional support to ensure whānau remain engaged and connected to health care, which sometimes means going outside non-kaupapa Māori channels.

Māori nurses need to be able to go into whānau homes to ensure whānau with more health and social complexities remain well and can fully participate and thrive in society. Māori nurses and midwives will often actively look for whānau by providing transport to attend appointments or helping with paperwork. They will often work after hours through mahi aroha (working for love) to ensure that whānau access health care. They go over and above their paid work to ensure whānau get what they need.

When interviewed participant Koromiko (2020) identified that if “a nurse or health care professional takes care of all factors that can cause extra stress and anxiety for whānau, and they communicate this to whānau, adherence to treatment plans are generally more successful”.

Often Māori nurses have commitments to extended whānau. Māori nurses do extra mahi over and above core roles because they are not resourced or enabled to have the time to dive deeper into the experiences and complexities of whānau and the support they require to stay well and live well, or to decrease over-representation of Māori in health disparities. Within organisations and clinical settings the following quote is common: “Well, I did my eight to 4:30 shift, but I knew my whānau needed some extra staff, so while my kids were doing something, I was off trying to organise a prescription” (Survey Respondent 27). These tasks are often timely to navigate, plan, follow through and evaluate health care, and are not factors into the complexities or acuity factors. NZNO defines acuity as ‘the measurement of the intensity of nursing care needed by a patient safe’ (NZNO, 2020) staff tools such as Care Capacity Demand Management (Technical Advisory Service (TAS), 2020) or Trendcare are not designed to support or enable Māori nurses, or health gains and equity for whānau Māori. As Māori nurses, partnering, and navigating health care for whānau is viewed as standard clinical and cultural skills. Such capabilities are not something that is analysed as a nurse. Clinical and cultural competencies are not decompartmentalised. When the exercise of clinical and cultural competencies becomes difficult, Māori nurse just do it because they know whānau are not going to be judged or disadvantaged if they do. It is essential to ensure processes are seamless for whānau so that when they get to the other end of their journey, the job is done, and all they have to do is focus on themselves and their well-being.

Valuing Māori nurses acknowledges their clinical skill and knowledge and their understanding of tikanga and what it means to be bicultural practitioners. The ability to relate and engage with whānau is often through an instant connection. This can be because you are Māori and have shared historical realities of Māori people and the impact of colonisation on whānau health and well-being. Māori nurses work in a way that connects with whānau to build authentic relationships through whakawhānaungatanga, that relies on a shared understanding of diverse realities, a shared language, and shared histories. If experiences are not shared with whānau, Māori nurses know other whānau within their own whānau who have been affected and experience negative health statistics. Māori view health as interconnected with a person and the overall well-being of their whānau (Durie, 1998). Māori nurses do not disconnect the patient or the person from their whānau.

Māori nurses, above all, value whānau health and well-being; it is what drives Māori nurses to be diligent and advocate for whānau. Whānau deserve the best care possible and should have access to treatment and choices that they identify and aspire to as part of their treatment plans. Māori nurses also practice nursing using the skills and knowledge learned from their own whānau, hapū, and iwi. They practice not through one world view but that of a dual-lens, as dual practitioners te ao Māori and non-Māori world views and perspectives. Māori nurses should not have to justify being Māori in their practice. They should be encouraged to stand strong in their beliefs and be inspired to care for whānau in a way that reflects Māori culture, Māori traditions, and Māori values.

Inequities between Māori and non-Māori peoples are the result of colonisation, which is a systemic process around the destruction of Indigenous social structures, confiscation of resources, and misappropriation of power. Cultural safety, the Te Tiriti o Waitangi, and Māori health care aspects of nursing practice are reflected in the Nursing Council's standards and competencies. Standards for the registration of nurses in all scopes of practice include cultural safety, Te Tiriti o Waitangi, and Māori health. Competencies outlined in the scopes of practice for nurses require the nurse to practice nursing in a manner that the health consumer determines as being culturally safe, and to demonstrate ability to apply the principles of Te Tiriti o Waitangi to nursing practice. Te Tiriti o Waitangi is referred to within the HPCA the focus remains a clinical focus one around health and safety. There are no standards or accountabilities identified within the Act that identify the level of kawa whakaruruhau, cultural competence that a health practitioner should have. Arguably, the majority of health professionals in Aotearoa New Zealand including nurses may not be meeting their obligations. Section 34 Notification identifies practice which is below the required standard of competence one assumes that practice refers to clinical practice as the required standard of competence remains undefined. The question remains if non-Māori nurses are practising at level of cultural competency that has been identified as cultural unsafe towards staff or whānau what the practice implications and are you held as accountable by professional bodies or organisations and if so what are the processes?

All staff who are providing healthcare interactions often lack critical reflection, often results in unequal treatment and poor patient outcomes. This system could be influenced through the development of cultural safety questions when completing an annual practicing

certificate for the Nursing Council in addition to the standard question algorithms and culturally responsive questions asked at the time of renewal. If these questions are not answered a red flag or alert to their employer should be raised. The practicing certificate has conditions added regarding being cultural responsive to Māori as an indication of fitness to practice. The Nursing Council has an accountability to protect the health and safety of the public by ensuring nurses are fit to practice. Without the kind of measures discussed here, it appears that they may not be fully exercising their role for Maori. This should include kawa whakaruruhau (Māori cultural competency).

In February 2020, the Nursing Council finalised their action plan for improving responsiveness to Māori for 2020-2023. In that document, the Nursing Council acknowledged te Tiriti o Waitangi, but not the Treaty of Waitangi or all four articles identified of te Tiriti o Waitangi. The Nursing Council acknowledges a refresh with their values illustrated in Table 3 and acknowledged a partnership with Te Arataki, a newly formed Māori advisory board to actively advise changes in the legislation that informs the Nursing Council as a regulatory body.

Table 1 Nursing Council Refreshed Values 2020

Nursing Council Values, 2020	
Whakahoatanga tikanga rua	We honour our bi-cultural partnership
Mahi ngātahi ā mana	We work collaboratively and with integrity
Whai haepapa whai tika	We are accountable, effective and efficient
Arataki, ako, whakapai ake	We lead, learn and improve

Wairua tōkeke hauora	We set standards, codes of practice and expectations that contribute to improved health equity for Māori
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(Te Kaunihera Tapuhi Nursing Council of New Zealand, 2020, p. 1)

The Nursing Council have not acknowledged article 4 of the Treaty. Therefore, they have not recognised ritenga or cultural values. Article 4 provides for the protection of religious freedom and protection of traditional and spiritual knowledge (MidCentral DHB, 2020). Instead Ritenga Māori has been acknowledged as a verbal Whakapuakitanga Declaration to protect mātauranga Māori. (Manatu Hauora, 2020) This can be seen as one of the most important articles when applied to cultural best practice as it enables tikanga Māori to be used in clinical practice. It is an important factor of what makes Māori nurses different.

When looking at opportunities to combat emotional abuse, race-related stress, and resilience, it is important to acknowledge the impact of Post-Traumatic Stress Disorders [PTSD] are not ordinarily defined within the definition of PTSD. The Mental Health Foundation defines PTSD as ‘a psychological reaction to experiencing or witnessing a significantly stressful, traumatic or shocking event’. (Mental Health Foundation, 2020) The definition and application of PTSD to ACC claims needs to be revisited when looking at the criteria for ACC as the perspective of a Māori nurse often is not from a physical injury event. Often claims are only approved if the PTSD experienced either after the physical attack has been experienced or if you have seen, experienced, or heard a traumatic event at work. There needs to be cover from ACC where well-being is compromised as a result of occupational trauma that has occurred over a period of time and which

acknowledges the lasting impact on the physical health and well-being of Māori. At this stage, it is essential to ensure linkages are made with historical trauma.

Kōrero whakatau: Recommendations

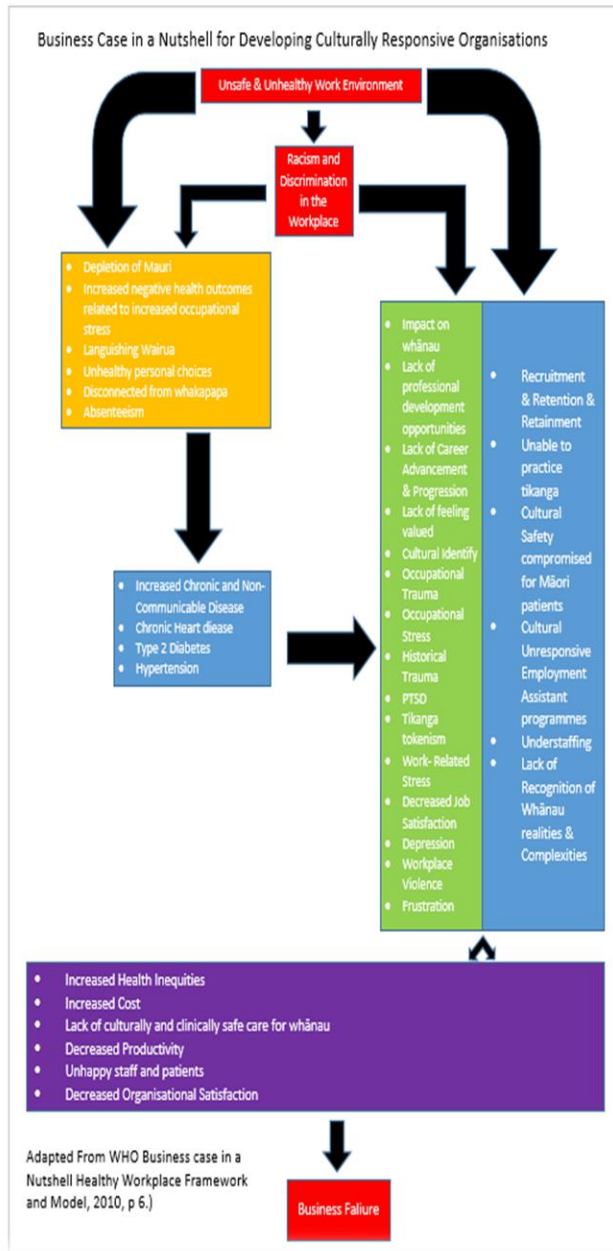
Reforms need to occur with Māori nurses having tino rangatiratanga in their practice and defining the role and scope of Māori nurses within the nursing profession. Devolution in funding is required to enable Māori health directorates within DHBs and iwi and kaupapa Māori services to provide unique targeted roles, partnering with district health boards and primary care roles that enable flexibility to have mana motuhake—independent, autonomous, self-determination and control over the way Māori nurses bring this to fruition. Article 3 of te Tiriti o Waitangi, to enable Māori nurses to support the achievement of Māori “equity in health and wellness for Māori in ways that enable Māori to live and thrive as Māori” (Te Kaunihera Tapuhi o Aotearoa Nursing Council New Zealand, 2020).

Ko tō hoe ko tāku hoe, ka tere te waka e – With your paddle and my paddle, the waka will travel quickly (Te Kaunihera Tapuhi o Aotearoa, Nursing Council of New Zealand, 2020). For Māori nurses Nursing Council refers to the waka travelling quickly. For Māori nurses it is not about travelling quickly. It is about getting mana motuhake for Māori nurses and ensuring that Māori nurses are kaitiaki over the systems and processes which are to rectify and restore the mana of Māori nurses and acknowledging and apologizing for the historical trauma caused by the nursing profession that effect not only Māori nurses but the impact on whānau. There is a need to look at the past before moving forward. This leads the need for the Nursing Council New Zealand,

through their commitment to te Tiriti, and as the Crown partner to ensuring Māori nurses and all organisations have a target Māori workforce.

WHO developed what they identified as a business case in a nutshell. (World Health Organisation, 2020). However, this business case did not take into consideration the needs of indigenous nurses. The business case in a nutshell has been adapted and used to develop development an Aotearoa business case in a nutshell that highlights what is required for a culturally safe and healthy, tikanga inclusive environment free from racism and discrimination.

Figure 22 Aotearoa Business case in a Nutshell



Professional development opportunities for Māori nurses are recommended that lead to “enhanced cultural competency (access to language training, use of cultural protocols in

dispute resolution processes) and improved employee well-being (adoption of cultural strategies-models, recognition of positive staff contributions to community, energy, commitment, and self-management)” (Haring, 2015, p. 23). This recommendation also includes using values that resonate with Māori nurses as the foundation to build upon. For instance, whai mana identified in Figure 23 depicts the concepts that support the growth and resilience of Māori. Concepts such as whakapapa and te reo Māori help to strengthen cultural identity. Whanaungatanga and whānau ensure relationships are strengthened and developed. This can be through mentorship or cultural support. The concept of whānau also acknowledges Māori nurses’ support networks. Tikanga Māori is the cement that holds Māori ideologies and culture together, wairua adds another dimension that adds richness and value.

Figure 23 Whai Mana

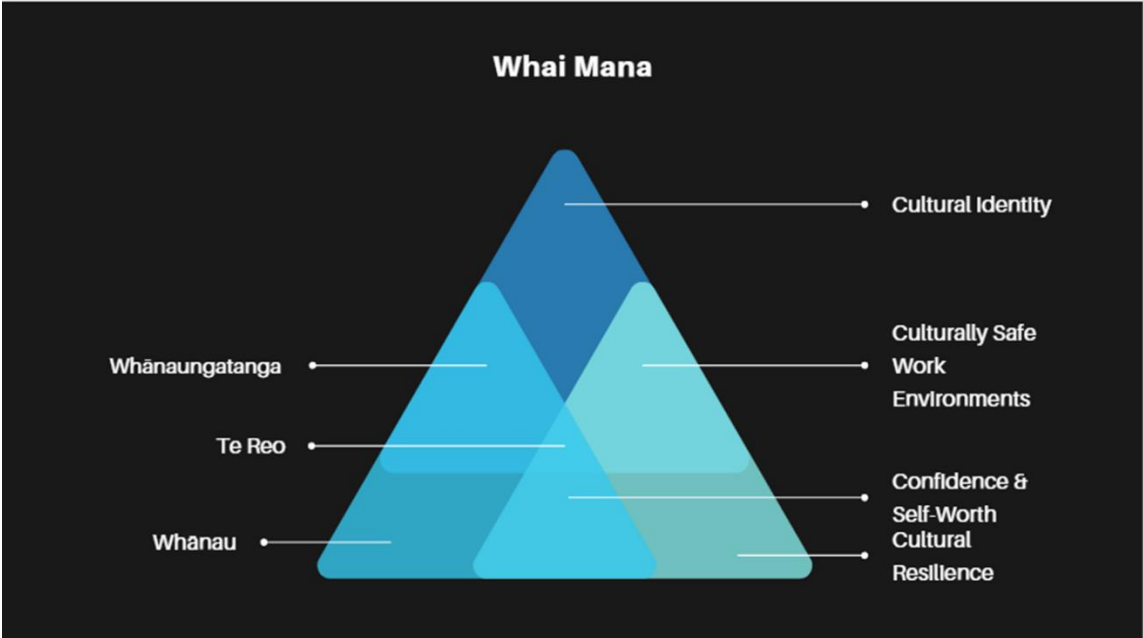


Figure 24 Māori-centred Workforce Framework



To ensure Māori nurses can practice in a way that reflects tikanga Māori and identity as Māori, a Māori-centred workforce framework is proposed based on findings and analysis in this research. It is important to acknowledge until there are changes made nationally to funding contracts, there needs to be savvy ways to increase iwi and kaupapa Māori nursing salaries through the commitment already made through mana whenua, iwi partnership boards and the district health boards as those who hold the operational budget and responsibility for equity in Māori health. This can be achieved with partnership roles funded by DHB and co-located with iwi or changes to the MECA to include iwi and kaupapa Māori service provider nurses. Innovative and creative ideas can lead to real change for Māori nurses; increased funding results in increased pay and better lifestyles and financial stability for Māori who choose to work with whānau, hapū and Iwi. It is important to acknowledge that they are post settlement iwi groups therefore, the collaboration and

partnership will look quite different from a non-settled iwi and their policies and operating models will be reflective of tūturu Māori.

There cannot be a reliance on legislation as these systems are reliant on political changes and influences. Often these legislative changes cannot be controlled and are often dependent on which part is in governance. Human resource management or People in Culture teams within health providers have a critical role in making equitable changes for Māori such as, rewording job advertisements, through to processes that create favourable and culturally appropriate organisational cultures. It is important to review and reengineer all policies to help eliminate bias. This includes all systems related to remuneration, performance appraisal, reward systems, education programmes addressing discrimination and racism as mandatory training and core skills for all organisations (Fitzsimons, 2019).

Māori nurses require culturally responsive policies that are aligned with and reconciled with employment agreements and are targeted at reducing Māori nursing disparities such as disparities with cultural support, disparities in Māori leadership and professional development programs, disparities against whānau such as focused work environments or flexible whānau rosters, disparities related to remuneration for utilisation of tikanga within practice, pay inequities, gender disparities, ethnic disparities in nursing . This research has highlighted the needs of Māori nurses, including remuneration. Within the MECA, the need for Māori-specific employment conditions and cultural leave arrangements are identified. Because there is the expectation that tikanga and te reo Māori are utilised within their practice, the MECA needs to ensure appropriate remuneration for this. It is through these mechanisms and MECA agreements led by the unions and government that the benefits of having Māori nurses' employed are reflected in a tikanga and te reo Māori allowance as they are expected to carry out additional duties over and above their

core mahi. Brown (2014) agrees that there is a need to “consider the benefits that EAs bring to Indigenous employees” (p. 15). It is important to explore the current MECA and to ensure that there are references to tangata whenua rights and benefits for Māori employment. There is a need to identify any discourse reflected in the employment agreements and how it might “support or hinder the cultural values and obligations of Indigenous people” (p. 15). The MECA can be seen as an opportunity to use this already identified framework to develop remuneration objectives that value Māori capabilities. According to the Fair Work Act (2009) cited in Brown (2014), “pattern bargaining is prohibited by bargaining representatives from modelling or using templates from other EAs.” Employment targets or goals are not clearly defined in the employment agreements. However, representation of Māori nurses within the bargaining team are one or two people. Due to this arrangement, those delegates who already are over-represent within the union and as Māori are seen by the profession as a minority within the workforce continue to under-represent the views and perspectives of Māori as tangata whenua and have different perspectives and different values. Pattern bargaining can be, however, effective if Māori are collectively advocating for a national Māori nurses MECA that is voted on and agreed to by Māori where Māori sit at the bargaining table and negotiate their employment agreements as tangata whenua ensuring it aligns to te Tiriti o Waitangi. Generally, when voting for MECA, there is single system representation, a Western democratic voting process where the voice of Māori remains unheard. The voice of non-Māori nurses forced on them as it only focuses on an individual perspective and not that of a collective whānau, hāpu, or Iwi. Often the regard to indigeneity remains undervalued and unrecognised. Māori nurses should be negotiating their worth and employment conditions.

Ngā Taupā: Limitations

It is important to acknowledge the limitations of the study. The study's scope was aimed at registered nurses and did not cover other scopes of practices or levels of practice. Other nursing or health care professionals require their own study. Student nurses were not sought as participants. Only nine male nurses completed the survey. This suggests that further information unique to Māori male nurses may need to be sought in future studies.

Māori nurses also need to be given options of inclusivity and diversity; therefore, gender or disability identifiers should be utilised to disaggregate data. A further limitation of this study was the inability to kōrero face to face due to Covid-19. The overwhelming number of responses and commentary made it possible to receive qualitatively analyse information. Another limitation is that the limited size of the thesis did not allow reporting of all relevant data. Another limitation is organisation types where Māori nurses experience discrimination were not identified, but was necessary to protect the Māori nurses.

When developing and designing the survey questions, an attempt was made to use reverse questions. The intent was to enable the study to look at different perspectives whilst remaining sensitive. Additionally, when translating Māori cultural concepts into English, there is often difficulty in the concepts or kupu not carrying the same meaning. Therefore, it was difficult to construct reverse-worded statements (Greaves, 2017). In the next iteration of the questionnaire, some of the questions need to be revised.

Wāhanga 6 Whakakapinga—Conclusion

“Mehemea ka moemoea ahau Ko au anake Mehemea ka moemoea e tatou,

Ka taea e tatou.”

“If I am to dream, I dream alone. If we all dream together, Then we will achieve.”

Te Puea Herangi (1883-1952)

Māori nurses do not always know why they became nurses. Sometimes a significant event impacts their life and influences the decision to become a nurse. This might be involvement in a car accident, poor health, care of grandparents, mother, father, or other significant person or have had to provide mouth-to-mouth resuscitation for whānau who may have collapsed at a tangi. These kinds of events cause people to become a nurse because they were cared for by nurses who were genuine and showed compassion. Māori nurses listened to the person and their whānau and, made them feel safe. They gained the whānau trust. Māori nurses treat whānau with dignity and respected the need to communicate to either the person or their whānau inclusively. Māori nurses inspire former patients/whānau to want to help others the way they were helped. Other times Māori nurses may have dressed in their mothers' or aunties' nursing uniforms or being a nurse offered a solid, respectful career, one that could make a difference. What motivates a person to become a nurse is a unique story and a memorable experience. The way Māori nurses practice reflects who they are as people and those experiences we face within our whānau and have a common understanding of the historical context of an ethnic group or culture, a shared understanding as people. Māori nurses are Māori first and nurses second.

Māori nurses may have grown up surrounded by nursing role models or grown up with the hospital being a place that was always visited because one's mother worked there as a cleaner. As a nurse, you share with whānau life events, whether it is in the birth of their baby or mokopuna, enabling them to mobilise post-surgery, maintain their belief that there is hope. They will be okay and supported to be well again, and being with the person and their whānau to support them through the passing of their loved one.

This thesis responds to a scarcity of academic knowledge around the experiences and values of Māori nurses. There is a need to assert the tino rangatiratanga (self-determination) and mana motuhake of Māori nurses. Māori nurses must have sovereignty and autonomy over how they are valued and what support is required to promote clinical and cultural professional accountabilities. Indigeneity that leads to real interventions and actions must ensure the nursing profession reflects responsive solutions from a te ao Māori perspective. Te Tiriti o Waitangi articles and commitments, leadership, professional and workforce development opportunities are key drivers to reducing health inequities for whānau and are at the centre of Nursing Council New Zealand policies and strategies.

Significant racism and discrimination occurs within the nursing profession across health providers, which has had a direct impact on Māori nurses' career advancement and professional development opportunities. It is clear that the value of and contribution to nursing and whānau has been under-resourced and undervalued. These experiences are significant, and urgently need to be addressed. The rate that Māori nurses are discriminated

against in their work environment is nearly twice that experienced by those who work in other sectors. What is the impact and rate of racism affecting patients, whānau accessing health care services? How are these health professionals or other nurses treating whānau when they are being vetted as competent annually by NCNZ? This research challenges the Nursing Council to create stronger guidelines and stricter penalties such as being struck off the register for racism towards staff. It is important to acknowledge that Māori staff are Māori as well and therefore, valued as both the consumer and the health professional.

Cultural safety of nurses among nurses is a new concept and provides insight. Cultural safety normally relates to patients, but this thesis suggests that cultural safety is also about keeping nurses, not just patients, culturally safe. Māori nurses need to be in an environment that supports them and is culturally safe. Throughout this thesis, the stories that we have heard impact the very well-being and identity of skilled, qualified Māori nurses who work tirelessly supporting whānau to either navigate the health care system or provide care when they are unwell. Historically, these stories have been told repeatedly, and the impact on Māori nurses undervalues their cultural identity and can make them feel whakama. The impact of these experiences often leaves Māori nurses with self-doubt, and as a consequence, they do not put themselves forward for leadership opportunities or career advancement.

Māori nurses are key to reducing health inequities for whānau. They are the ones that provide advice and guidance with early intervention, they engage meaningfully with people and whānau, they know how to access support services for whānau. They are the skilled

caring workforce that the health and disability review (Health and Disability System Review, March 2020) is requiring and they want to support and value a workforce yet the funding is still inadequate within the iwi and Māori provider space. As a profession, Māori nurses have been undervalued according to health sector review.

It is up to Nursing Council as the regulatory body to ensure that all non-Māori nurses are held to account as part of their practising certificate renewal to identify whether they have undertaken Te Tiriti o Waitangi training and cultural competency. There should not be reliance on those assessing PDRPs as Māori should be assessing and moderating cultural competency. Cultural competency and anti-racism training needs to be rolled out nationally as a matter of urgency.

What processes are in place to ensure culturally unsafe nurses are held to account following the completion of APC suspension and what mechanisms are in place to create a safe, responsive platform for Māori to call out racism and have it addressed. Currently there seem to be no processes that people within organisations are accountable for. A concern here is around the transference of racist, discriminatory or culturally unsafe behaviour of some non-Māori nurses towards Māori nurses who are health consumers and the impact of people with these attitudes and behaviours on the health and well-being of whānau and accessing the treatment and care they deserve.

Māori nurses are need to be resourced and supported to ensure that cultural competency frameworks such as Takarangi clinical and cultural competency frameworks are embedded within all schools of nursing. Māori nurses require Māori specific programs tailored as tangata whenua that enable rongoā in practice as an essential skill. Māori nursing needs to be re-scoped as a specialty practice and remunerated accordingly.

Māori nurses are dedicated to making real change for whānau. The Nursing Council must put strict protocols and procedures in place to ensure that racism and discrimination experienced by Māori is dealt with promptly. There is a need for the Nursing Council to screen current and potential nurses who demonstrate or verbalise racist comments and behaviour. Racist and culturally unsafe nurses should not be allowed to practice within Aotearoa, New Zealand, as their attitudes and behaviours cause unwarranted and unnecessarily stress on the health and well-being of not only Māori nurses but Māori people. There is a gap in accountability; therefore, systems and processes must change to ensure dual competencies are expected within the nursing workforce. By doing so expectations will rise as nurses and as Māori and clinical and cultural competence are normalised and supported.

There is a need to collectively look at what Māori processes are in place that enhance opportunities to support tauira to sit state finals and to be confident when applying for ACE, their understanding of the roles and responsibilities and shifting mind-sets from tauira to registered nurse. It is essential to look at how Māori nursing tauira are supported to develop and pursue career opportunities. This means highlighting the tauira as to who they are as Māori and as Māori nurses.

Before you can recruit and sustain a Māori nursing workforce, a national programme needs to address the systemic racism, discrimination, and workplace inequities faced by Māori nurses and identified within the analysis of the findings based on their experiences. Growing and valuing a Māori nursing workforce is about creating and developing pipeline opportunities that support kaupapa Māori ideologies across all educational opportunities. Māori need to inspire our rangatahi to take up health as a career. The nursing profession need to ensure that opportunities are provided to support, guide, and walk alongside rangatahi which includes the need for tertiary providers to have Māori nursing lecturers. For Māori nursing taura there is a need to take a targeted approach to ensure that they are prioritised with clinical placement opportunities. That Māori nursing students are encouraged and supported to be Māori and embrace who they are as tangata whenua. On placements, Māori nursing students must be supported to confidently advocate in difficult situations with an understanding of not only clinical but also cultural best practice.

We need to make sure the environment is culturally safe for our Māori nurses so they can look at opportunities & flourish. We need to support their cultural journey & that the pathway to get there is mana enhancing & positive. We need to make sure that they are supported. We have an obligation as leaders to make sure our nurses are safe & their mana remains intact (Interview participant, Kowhai, 2020).

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Kupu āpiti 1—Appendix 1: Semi Structured Interview



School of Management, Massey University, Private Bag 11222, Palmerston North 4442

VALUING MĀORI NURSES IN AOTEAROA

UNDERSTANDING WHO THE NURSES IS AND THEIR IDENTITY

Q 1. Please tell me about yourself, what inspired you to do nursing and what are your career plans?

Prompts and sub questions

- Identity- Where are you from? Where were you born and raised?
- Years of practice and what are your future career plans?
- How would you identify yourself as a Māori nurses?
- Place of work identified
- Has the nurse completed any additional postgraduate studies?

Q2. Please describe for me an example where you felt valued as a Māori nurse

- Strengths and attributes as a Māori nurses

ABOUT MĀORI NURSING NEEDS AND SUPPORTS

Q3 a) Can you describe for me as a Māori nurse what skills do you believe you contribute to the nursing profession?

b) What skills do you see as being valued and why?

c) What skills do you believe are overlooked or undervalued and why?

Prompts and sub questions

- role of whānau, iwi and hāpu identified
- Are there additional nursing related commitments over and above the nurse's core mahi?
- Te Tiriti o Waitangi and cultural competency referred to
- Is the nurse competent in te reo?

Q 4. a) How would you as the nurse define your core job?

b) What do you consider over and above your core job?

- The value of Māori nurses is articulated
- understanding through a cultural context as to what whānau realities identified
- Tease out why they do these additional things, and how are these additional activities valued by their manager or the organisation they work for?

Q 5 How are you included in the organisation?

Q 6 How does the organisation provide for your needs as Māori?

Q 7 How organisation encourage and enable Māori nurses to progress their careers inclusive of leadership positions?

Q 8 How Māori nurses are supported to address their cultural and spiritual needs?

Q 9 How do you perceive how your organisations currently value and support Māori nurses?

Q 10 Can you describe for me a time where you felt unsafe clinically as a Māori Nurse?

Q 11 Can you describe for me a time you felt culturally unsafe as a Māori nurse?

ABOUT MĀORI NURSES SKILLS AND KNOWLEDGE

Q 12 What cultural competencies and knowledge as Māori do you employ in your role as a nurse?

Q 13 How does the organisation value these competencies and this knowledge?

Prompts and sub questions

- When engaging with whānau tikanga or Māori interventions such as karakia, waiata, are used when partnering with whānau
- Value or devaluing of Māori nurses acknowledged

- Q 14 a) Do you provide nursing services and support to Māori outside and over and above your job?**
- b) Why do you engage in that activity? (cultural obligation, community expectation, professional responsibility, voluntary contribution, responding to unmet need, etc).**

Prompts and sub questions

- Do you use your nursing skills and knowledge within or outside the organisation? If yes what is it for and what is your relationship to those people?
- What do you do for these people?
- How often are you providing support with your expert skills and knowledge?
- Are you required to assess the needs of the people you are providing care and support for?

- Q 15 How do you value and apply kawa whakaruruhau (Māori cultural competency)? How do you perceive people value it?**

EMOTIONAL ACCOUNTABILITY & RESPONSIBILITY

- Q 16 How often as a Māori nurse are you working with whānau who have high complex social and health needs?**

Q 17 What kind of Support do you receive from your organisation to do this work or limit the impact on you?

Q 18 How has your organisation's support for nurses and Māori nurses in particular, changed as a result of Covid-19?

Q 19 What is the dimension of value that Māori nurses bring to the workplace, organisation and community?

Q 20 In what ways is Māori cultural value measured within your organisation?

Questions Specifically for Māori Nurses in Leadership Positions

1. Can you identify for us within policy development or other workforces and employment collectives within your organisation that you are aware of that are able to remunerate Māori specific competencies? If yes what are they?
2. How would you value the contribution of Māori nurses to whānau health and wellbeing, your profession and your organisation?
3. Can you describe for us what improvement could be made to your organisation to support Māori nurses?

4. How does your organisation value Māori nursing leadership?

Can you identify specific forms of valuing Māori nurses?

5. How many nursing leadership positions do you have in the organisation?

6. Of those leadership positions how many are filled by Māori nurses and are they identified as Māori specific roles?

7. What does the architecture and infrastructure look like to embed and generate cultural competency?

Kupu āpiti 2—Appendix 2: Individual Consent Form



School of Management, Massey University, Private Bag 11222, Palmerston North 4442

VALUING MĀORI NURSES WITHIN AOTEAROA

PARTICIPANT CONSENT FORM – INDIVIDUAL

I agree and consent to participate in this research study.

I have received the Participants Information provided.

I have had the time to consider my willingness to participate.

I understand that if we choose to withdraw from the process at any time we can contact the principle researcher.

I understand that this kōrero will be recorded and that all information collected will be treated with respect and confidentiality. At any stage there is a need to contact the principle researcher all contact details will be provided within the information sheets.

A summary of the results will be disseminated to all participants to collect feedback or recommendations prior to the research being submitted. I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

Full Name printed

Iwi

Hāpu

Kupu āpiti 3— Appendix 3: Transcriber’s confidentiality Agreement



School of Management, Massey University, Private Bag 11222, Palmerston North 4442

VALUING MĀORI NURSES IN AOTEAROA

TRANSCRIBER’S CONFIDENTIALITY AGREEMENT

I (Full Name - printed) agree to transcribe the recordings provided to me.

I agree to keep confidential all the information provided to me.

I will not make any copies of the transcripts or keep any record of them, other than those required for the project.

Signature:

Date:

.....

Kupu āpiti 4—Appendix 4: Permission to enter institution



School of Management, Massey University, Private Bag 11222, Palmerston North 4442

M: +64 274057922 trcentralregions@gmail.com

Level 3, 57 Willis Street
Wellington 6011
PO Box 2128
Wellington 6140
28th April, 2020

Tēnā Kōutou Kātoa

My name is Tracy Haddon. As part of a Master in Business Studies at Massey University I am conducting research on valuing Māori nurses. I am surveying Māori nurses for their views on the value of Māori nurses and their contribution to their profession and to whānau health and wellbeing.

The research addresses the following question: How is the value of Māori nurses in the Aotearoa determined? The aim is to explore how organisations determine the value of indigenous Māori nurses and validate the skills and knowledge of being clinically and culturally competent as tangata whenua. This research will ensure that Māori have a voice in this process and contribute to understanding how Indigenous nurses can be valued appropriately within their own countries.

I am seeking permission to circulate the survey through Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO through Te Runanga Māori nursing members via the regional administrators.

All survey results will be aggregated. No personal or identifying information will be shared. Participants will have the right to add their iwi and hapū affiliation.

For questions regarding this project please contact myself trcentralregions@gmail.com or if you have any other concerns regarding the research please contact either Dr Jason Mika J.P.Mika@massey.ac.nz or Dr Farah Palmer F.R.Palmer@massey.ac.nz. For ethical queries or concerns contact. The Chair, Massey University Human Ethics Committee: Human Ethics Southern B Committee.

Ngā mihi,

Tracy Haddon

RN| BN| PostGrad Dip HSM|PostGrad Dip Quality Systems

Kupu āpiti 5—Participants information sheet



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PARTICIPANT INFORMATION SHEET

VALUING MĀORI NURSES WITHIN AOTEAROA

Researcher(s) Introduction

He mihi mahana ki ngā tapuhi o Aotearoa.

I (Tracy Deborah Haddon) am the researcher in this study. This research is to fulfill the requirements for Master Business Studies, Massey University. The research is being supervised by Dr Jason Paul Mika and Dr Farah Rangikoepa Palmer from Massey University School of Management. The research is being supported by scholarships from Nursing Education Research Trust and Te Rau Ora.

Project Description

This research aims to understand how Māori nurses are valued from the perspective of Māori nurses within organisations in Aotearoa New Zealand. The research will involving surveying and

interviewing Māori nurses on how they are valued. The aim is to produce a framework – a way of understanding and approaching – the task of valuing Māori nurses, which may assist Māori nurses and the organisations they work for. A thesis report will be submitted to Massey University and be presented to Indigenous Māori nurses Conference and Te Poari.

The research objectives are to:

- Examine the work undertaken by Māori nurses and their worth
- Identify and fully recognise the importance of skills, responsibilities, efforts and conditions that are commonly over looked or undervalued with the work undertaken by Māori nurses
- Examination of the characteristics of the work that Māori nurses undertake and the outcomes for whānau.

Invitation

As the research is about Māori nurses, nurses who identify as Māori are invited to take part and to share their views and understanding about the value recognition and importance of the work Māori nurses do and its impact on Māori health and wellbeing. “Kāore te kumara e kōrero mō tōna ake reka” The kumara does not brag about our sweetness but we should know our value. It is important that you have the time to read this information sheet and have the ability to talk to other people including whānau. We hope that through the research we are able to understand how you as a Māori nurse are valued in organisations and communities.

Interviews

The interviews may take up to 60 minutes and will be conducted by phone or online (via Zoom) and will be recorded with your consent and transcribed. A copy of the transcript will be sent to you. As the information is a taonga the transcript will be retained by the researcher as kaitiaki of this oral history of Māori nurses.

Participant's Rights

If you decide to participate, you have the right to:

- decline to answer any particular question;
- if you choose to withdraw as a participant please let the researcher know before 30 October, 2020
- ask any questions about the study at any time during participation;
- not be named unless you give permission to the researcher;
- be given an electronic summary of the findings at the end of the project;
- ask for the recorder to be turned off at any time during the interview.

Benefits

Your views will contribute to understanding the value of Māori nurses and how the work that they do is valued not only by themselves but by whānau, hapū and iwi. It is important that what Māori nurses do is recognised and acknowledged within New Zealand. This research aims to lift the status and value of the Māori nurse.

Project Contacts

The project contacts are as follows for any queries or concerns about the research.

Tracy Haddon

Dr Jason Paul Mika

Dr. Farah Rangikoepa Palmer

Ethics

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 20/15. If you have concerns about the conduct of this research, please contact Dr. Craig Johnson, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicsouthb@massey.ac.nz.

Kupu āpiti 6—Survey questions

Valuing Māori nurses in Aotearoa

Start of Block: Consent

Q1 Valuing Māori nurses consent form. My name is Tracy Haddon. As part of a Master in Business Studies at Massey University I am conducting research on valuing Māori nurses. I am surveying Māori nurses for their views on the value of Māori nurses and their contribution to

their profession and to whānau health and well-being. As a Māori nurse you are invited to take part in this research project and to share your views. The research addresses the following question: **How is the value of Māori nurses in Aotearoa determined?** The aim is to explore how organisations determine the value of indigenous Māori nurses and validate the skills and knowledge of being clinically and culturally competent as tangata whenua. This research will ensure that Māori have a voice in this process and contribute to understanding how Indigenous nurses can be valued appropriately within their own countries. For questions regarding this project please contact Tracy Haddon trcentralregions@gmail.com. If you have any other concerns regarding the research, please contact either research supervisors Dr. Jason Mika J.P.Mika@massey.ac.nz or Dr. Farah

Palmer F.R.Palmer@massey.ac.nz . **Confidentiality** All survey results will be aggregated.

No personal or identifying information will be shared or be available outside of the research group (me and my research supervisors). **VALUING MĀORI NURSES CONSENT**

FORM Only Tracy Haddon and her research supervisors Dr. Jason Mika and Dr. Farah Palmer will have access to your responses. Your personal information will be kept separate from your responses at all times. All responses will be stored safely. I have read and understood a description of the research project. On this basis I agree to take part. I understand that my data will remain confidential at all times. I consent to the publication of the results of the project with the understanding that my anonymity will be preserved. I understand that I am free to withdraw from the research at any time up until the point at which I complete the questionnaire. I understand that my contact details will never be shared with anybody outside the research team. **ETHICS APPROVED** This project has been reviewed and approved by

the Massey University Human Ethics Committee: Southern B, Application SOB 20/15. If you have concerns about the conduct of this research, please contact Dr. Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicsouthb@massey.ac.nz . Ethics number: 4000022385. All completed entries

are in the draw to win one of the five prize draws for \$100 grocery vouchers (total prize pool \$500) for participating in this study. Please indicate which of the following applies to you:

- I am a Māori registered nurse. I have a current APC (1)
 - I am a Māori registered nurse. I do not have a current APC (5)
 - I am not a Māori registered nurse (8)
 - I have a dual registration. I am both a registered nurses and a registered midwife (9)
 - I have a dual registration with current APC for both nursing and midwifery (10)
 - I have a dual registration with current APC only for midwifery (11)
-

Q2 Please tick one of the following boxes:

- I consent to my survey responses being used for research purposes as outlined above (1)
- I do not consent to my survey responses being used for research purpose as outlined above (2)

End of Block: Consent

Start of Block: Demographics

Q28 What gender do you identify with?

Male (1)

Female (2)

Transgender (3)

Non-binary (4)

Other (5) _____

Prefer not to say (6)



Q29 Age

- Under 18 (10)
 - 18 - 24 (11)
 - 25 - 34 (12)
 - 35 - 44 (13)
 - 45 - 54 (14)
 - 55 - 64 (15)
 - 65 - 74 (16)
 - 75 - 84 (17)
 - 85 or older (18)
-

Q30 As Māori we often have other whakapapa that adds a richness to who we are as people.

What other ethnicity or ethnicities do you identify with? (Choose as many as you

African (1)

Australian (2)

British (3)

Chinese (4)

Cook Island Māori (5)

European (6)

Fijian (7)

Filipino (8)

Japanese (9)

Korean (10)

Middle Eastern (11)

North American (13)

Niuean (14)

Samoan (15)

South American (16)

Tongan (17)

Tokelauan (18)

Turvaluan (19)

Pakeha (20)

Other (21) _____

Q31 Please identify your main employment situation

▼ Public DHB (1) ... Pacific Health Service Provider (11)

Q32 If your main employment situation is not listed please specify

Q33 If you have a second job what is your next main place of employment please specify

▼ Public DHB (1) ... Pacific Health Service Provider (11)

Q34 If your second job is not listed please specify

Q35 What are your main areas of practice (Please select as many as apply)

- Emergency and Trauma (1)
- Assessment and Rehabilitation (2)
- Child Health (3)
- Neonates (4)
- District Nursing (5)
- Family Planning/Sexual Health (6)
- Intellectually Disabled (7)
- Intensive Care (8)
- Cardiac Care (9)
- Continuing Care -Older Adults (10)
- Medical (11)
- Nursing Education (12)
- Nursing Leadership and Management (13)
- Nursing Professional Advice and Policy (14)

- Nursing Research (15)
- Obstetrics and Maternity (16)
- Palliative Care (17)
- Perioperative Care -Theatre (18)
- Public Health (19)
- School Based Health (20)
- Youth Based Health (21)
- Mental Health -Acute Inpatient (22)
- Mental Health-Community (23)
- Addiction Based Services (24)
- Non-nursing Health Related Management (25)
- Whānau Ora (26)
- Other Non-nursing Paid Employment (27)
- Not in Paid Employment (28)
- Working in Another Industry (29)

Māori Health Directorate DHB (30)

Cancer related services (31)

Women's health (32)

Q36 What geographical region/s do you practice in?

Hauraki Waikato (1)

Ikaroa Rāwhiti (2)

Tamaki Makaurau (3)

Te Tai Hauāuru (4)

Te Taitokerau (5)

Te Tai Tonga (6)

Waiariki (7)

Q37 What iwi do you belong to? (Please identify as many as you want to)

Iwi Name 1 (1) _____

Iwi name 2 (2) _____

Iwi name 3 (3) _____

Iwi name 4 (4) _____

Iwi name 5 (5) _____

Iwi name 6 (6) _____

Q38 What hapu do you belong to? (Please identify as many as you want to)

Hapu Name 1 (1) _____

Hapu name 2 (2) _____

Hapu name 3 (3) _____

Hapu name 4 (4) _____

Hapu name 5 (5) _____

Hapu name 6 (6) _____

Q39 How long have you been working as a nurse?

years (1) _____

months (2) _____

Q40 Are there any other further comments that you would like to make regarding this section of the survey?

End of Block: Demographics

Start of Block: UNDERSTANDING WHO THE NURSES IS AND THEIR IDENTITY

Q3 On the slider please indicate where you see yourself as a te reo speaker. 1 being none or no conversational ability in te reo to 5 being a proficient speaker of te reo.



1 (1)

2 (2)

3 (3)

4 (4)

5 (5)

Q4 On the slider please indicate where you see yourself. How knowledgeable are you about tikanga?



1 (1)

2 (2)

3 (3)

4 (4)

5 (5)



Q5 These statements help us to understand the importance of culture and identity as a Māori nurse. Please indicate if agree or disagree with each statement. Remember, the best answer is your own opinion.

	Strongly agree (4)	Somewhat agree (5)	Neither agree nor disagree (6)	Somewhat disagree (7)	Strongly disagree (8)
I feel discriminated against because of my identity as Māori (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I value the health and well-being of whānau (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being Māori is not who I am as a nurse (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use te reo in my mahi as often as I can (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Being a Māori

nurse

enables me

to give back

to my

whānau,

hāpu and iwi

(5)

Being

connected to

my tūpuna

and my

culture

makes it easy

for me to

understand

whānau. (24)

I add tikanga

to my

practice as a

nurse (25)



I wish people
wouldn't
identify me as
Māori at work
(26)

I experience
negative
treatment at
work because
I am Māori
(27)

I share
similar
cultural
stories to the
whānau I
care for (28)

I experience
explicit
racism at
work because
I am Māori
(29)

I am
considered
an asset at
work because

I am Māori
(30)

I love being a
Māori nurse
(31)

My cultural
needs are
prioritised just
as much as
my clinical
competency
(32)

I report the
racism I am
experiencing
at mahi (33)

Q6 These statements help us to understand what you do differently in your practice as a Māori Nurse. Please indicate if you agree or disagree with each statement. Remember, the best answer is your own opinion.

	Strongly agree (16)	Somewhat agree (17)	Neither agree nor disagree (18)	Somewhat disagree (19)	Strongly disagree (20)
I have insights into navigating the gaps in services for whānau (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can help whānau achieve their dreams and aspirations for the health and well-being journey (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I use my alternative networks within the community, kaupapa Māori and other services to reconnect and engage hard to reach whānau. (3)

I have the ability to act as the conduit to connect whānau to iwi (4)

I never
support
whānau so
their mauri
can flourish
(5)

I listen to
whānau I am
caring for and
make sure
they are
heard (6)

i never go
over and
beyond to
make sure
whānau have
what they
need (7)

I ensure that
whānau are
cared for in
an
environment
that is
clinically and
culturally safe
(8)

Tikanga and
Māori values
guide my
practice (9)

Q7 These statements measures how valued you feel as a Māori nurse within your mahi/organisation. Please indicate if you agree or disagree with each statement. Remember, the best answer is your own opinion.

	Strongly agree (6)	Somewhat agree (7)	Neither agree nor disagree (8)	Somewhat disagree (9)	Strongly disagree (10)
I feel my Māori culture is acknowledged in my mahi (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mahi enables and pays for me to access cultural support/supervision (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel included and a sense of belonging within my mahi (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mahi provides opportunities for me to use my Māori tikanga and reo (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My mahi
recognises and
acknowledge Māori
nurses and how
they incorporate
cultural knowledge
into clinical practice
(5)

My mahi provides
monetary and non-
monetary
remuneration for
Māori Nurses who
use tikanga in the
care of whānau (6)

My work uniform
enables me to be
recognised as a
Māori nurse (7)

Non-financial benefits are offered if I lead and contribute to cultural events or interventions at work (e.g., time in lieu, attendance at special whānau events) (8)

Māori specific professional development opportunities are available to me (9)

We have awards and prizes for recognising excellence for Māori Nurses (10)

My mahi does not value the role of Māori nurses (11)

I am given
opportunities at
work to advance
my learning and
professional
development (12)



Q8 In the last 30 days I have felt (Please tick all statements that you agree with)

- Discriminated against (1)
- Not able to practice using tikanga (2)
- Like I had no voice and could not speak up (3)
- Not listened to and understood when caring for whānau (4)
- Valued and supported to be Māori (5)
- Able to participate in Māori activities such as powhiri, mihi whakatau, whakawatea (6)
- Supported as a Māori nurse (7)
- Targeted on social media because I am a Māori nurse (8)
- Tired and burnt out (9)
- My mana has been trampled on (10)
- My name was not pronounced correctly (11)
- I was told off or stopped from using karakia, waiata in my mahi (12)
- During Covid-19 I feel relieved to take my mask off when I finish my shift (13)

I am concerned that people aren't social/physically distancing. This has had an impact on tikanga and kawa as we move to protect our kāumātua and whānau (14)

I worry when I go home to my whānau when I have been working in high risk environments such as CBACs and Covid wards (15)

I need to get changed and have a shower before I hug my whānau after I have been working in high risk areas such as CBAC's (16)

I have not had a mask fit test. We just use normal face masks and shields (17)

I am on the frontline and I haven't been screened for Covid (18)

I grew up in kura kaupapa but I am whakama to korero in my mahi (20)

My whānau are important (21)

Q9 Is there anything else you'd like you mention or state that comes to mind with this section of the survey?

End of Block: UNDERSTANDING WHO THE NURSES IS AND THEIR IDENTITY

Start of Block: CHALLENGES/ BARRIERS

Q10 These statements are regarding nursing leadership. Please indicate if you agree or disagree with each statement. Remember, the best answer is your own opinion.

	Strongly agree (9)	Somewhat agree (10)	Neither agree nor disagree (11)	Somewhat disagree (12)	Strongly disagree (13)
My Director of nursing is Māori (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My associate Director of Nursing is Māori (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Charge Nurse is Māori (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of those in leadership positions are internationally trained nurses (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The nursing leadership makes sure I am rostered on shifts with other Māori nurses (5)

Those in management positions understand my needs as Māori and are supportive (6)

When I was interviewed tikanga experts and other Māori were part of my interview panel (7)

I am supported to achieve my dreams and aspirations as Māori nursing profesional (8)

Leadership styles are influenced by expatriated or internationally qualified nurses (9)

There are a limited number of Māori nurses in leadership and management positions (10)

Are
accountable
for the
recruitment
and retention
of Māori
nurses (11)

Māori nurse
recruitment is
prioritised over
internationally
trained nurses
(12)

Culturally
responsive
conflict
resolution
management
processes are
used when
managing
disputes (13)

Māori leadership models and strategies are explicitly incorporated into NZ-based nursing practices in my organisation (14)

Māori Equity in the nursing profession is a priority (15)

NZ trained
nurses are not
offered the
same
opportunities
as
Internationally-
trained nurses
or non-Māori
nurses (16)



Q11 The statements below are to try and determine your experiences in relation to how cultural identity impacts on your professional opportunities. Please indicate if you agree or disagree with each statement. Remember, the best answer is your own opinion.

	Strongly agree (6)	Somewhat agree (7)	Neither agree nor disagree (8)	Somewhat disagree (9)	Strongly disagree (10)
To get ahead it is okay for me to takahia on the mana of my colleagues to advance my career (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I am always thinking about past experiences where I have been wronged (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I feel at ease
when I am
supported by
other Māori
nurses and/or
Māori staff (3)

I feel all
Māori nurses
should be
supported to
work as
Māori in their
mahi (4)

Using
western
models of
nursing
disempowers
me to use
Māori values
in my role (5)

Q12 Is there anything else you would like you mention or state that relates to this section of this survey?

End of Block: CHALLENGES/ BARRIERS

Start of Block: ADDITIONAL RESPONSIBILITIES

Q13 What additional Responsibilities do you feel you get given because you are a Māori nurse?

Please add those responsibilities below one responsibility per box.

Added responsibility 1 (1) _____

Added responsibility 2 (2) _____

Added responsibility 3 (3) _____

Added responsibility 4 (4) _____

Added responsibility 5 (5) _____

Q14 Please highlight the box that is most accurate

	Yes (1)	No (2)
I get extra time to support our more complex whānau (1)	<input type="radio"/>	<input type="radio"/>
Extra consideration is given in allowing for safe care of whānau (3)	<input type="radio"/>	<input type="radio"/>
The Care Capacity Demand Management programme (CCDM) does not take into consideration the needs of Māori as priority whānau (4)	<input type="radio"/>	<input type="radio"/>
Care Capacity Demand Management programme (CCDM) does not take into consideration Te Tiriti o Waitangi in the right staff number, mix and skills to provide effective patient and whānau care delivery (5)	<input type="radio"/>	<input type="radio"/>

Q15 Is there anything else you would like you mention or state that relates to the topic of this survey?

End of Block: ADDITIONAL RESPONSIBILITIES

Start of Block: GROWTH OPPORTUNITIES

Q16

These statements reflect professional development opportunities. Please indicate if you agree or disagree with each statement. Remember, the best answer is your own opinion.

	Strongly agree (6)	Somewhat agree (7)	Neither agree nor disagree (8)	Somewhat disagree (9)	Strongly disagree (10)
I had no career pathway as a Māori nurse (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot see Māori in leadership positions (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can complete Huarahi Whakatu Nursing Council Accredited PDRP in my mahi (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Huarahi
Whakatu is
valued just as
much as the
organisations



PDRP
portfolio (5)

I am
encouraged
as a Maori
nurse to
participate in
governance,
projects or
work streams



(6)

I am encouraged to do postgraduate papers or courses that I identify as being able to contribute to nursing practice and to the health and well-being of whānau (7)

I have had no opportunities provided to advance my career (8)

I never put
myself
forward for
development
opportunities
(9)

I always got
denied or
declined
development
opportunities
when I
applied or
asked for
them (10)

Huarahi
Whakatu is
remunerated
in my area of
practice as a
Nursing
Council
Accredited
PDRP
program (11)

Q17 Is there anything else you would like you mention or state that relates to the topic of this survey?

End of Block: GROWTH OPPORTUNITIES

Start of Block: Health question

Q18 Occupational stress can play a big part in our health and well-being. Have you been diagnosed with, or treated for, any of the following health conditions by a doctor or nurse practitioner in the last five years? (please tick all those that may apply)

High cholesterol (1)

High blood pressure (2)

Asthma (3)

Heart disease (4)

Diabetes (Type II) (5)

Depression (6)

Anxiety disorder (7)

Other (please state): (8) _____

Q19 Is there anything else you would like you mention or state that relates to this section of this survey?

End of Block: Health question

Start of Block: Covid Specific



Q20 How do you feel you have been supported by your organisation as Māori during Covid-19?

Q21 Can you describe for me how you were or were not supported?

Q22 This next section relates to te Whare Tapa Whā and the impact that Covid-19 had on all taha(dimensions). Please describe your experiences in the next sections under , taha tinana

(physical dimension), taha whānau (family dimension), taha hinengaro (emotional /mental health dimension), taha wairua (spiritual dimension)

Q23 How did Covid-19 impact on your taha tinana?

Q24 How did Covid-19 impact on your taha whānau?

Q25 How did Covid-19 impact on your taha hinengaro?

Q26 How did Covid-19 impact on your taha wairua?

Q27 Is there anything else you would like you mention or state that relates to this section of this survey?

End of Block: Covid Specific

Start of Block: Block 8

Q43 Please indicate which of the following applies to you

I consent for my details to be used for future surveys, interviews and/or and invitation for a follow-up focus group. I would like to be entered into the grocery voucher prize draw for participating in the survey. (1)

I consent for my details to be used for future surveys, interviews and/or and invitation for a follow-up focus group. I would not like to be entered into the grocery voucher prize draw for participating in the survey. (3)

I do not consent for my details to be used for future surveys, interviews and/or and invitation for a follow-up focus group. I would like to be entered into the grocery voucher prize draw for participating in the survey. (4)

I do not consent for my details to be used for future surveys, interviews and/or and invitation for a follow-up focus group. I would not like to be entered into the grocery voucher prize draw for participating in the survey. (5)

Q41 Thank you for participating in this survey please complete details below to be entered into the draw to win one of the **five prize draws for \$100 grocery vouchers** (total prize pool \$500).

You do not have to consent to further correspondence to be **eligible**.

We thank you for your time for completing this survey

Name (1) _____

Address (2) _____

Address 2 (3) _____

City (4) _____

State (5) _____

Postal code (6) _____

Country (7) _____

Email (8) _____

Phone (9) _____

End of Block: Block 8

Karakia Whakamutunga

Kia tau ngā manaakitanga a te mea ngaro

ki runga ki tēnā, ki tēnā o tātou

Kia mahea te hua mākihikihi

kia toi te kupu, toi te mana, toi te aroha, toi te Reo Māori

kia tūturu, ka whakamaua kia tīna! Tīna!

Hui e, Tāiki e!

Let the strength and life force of our ancestors

Be with each and every one of us

Freeing our path from obstruction

So that our words, spiritual power, love, and language are upheld;

Permanently fixed, established and understood!

Forward together!