

Māori Public Health Practitioners' Views of Māori Leadership in the New Zealand Public Health Context: A Critical Hermeneutic Study

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Thesis Abstract

Despite significant health inequities between Māori and non-Māori, the number of Māori public health practitioners working within the public health sector in New Zealand is low. In the last decade there have been a number of health strategies, work force development plans and research studies about leadership that show the importance of leadership in addressing health needs of Māori. However, little is known about the meaning of Māori leadership, particularly from the perspective of Māori public health practitioners. One aim of this critical hermeneutic study is to explore the experience and meaning of Māori leadership for Māori practitioners working in the context of public health units in New Zealand. A further aim is to examine how the power imbalance between Māori and non-Māori and the health ideology underlying New Zealand society influences the meaning of Māori leadership in public health units. Eleven participants from public health units across the country who self-identify as being Māori or of Māori descent were recruited for the study. Data were collected from individual interviews with participants, and the text was analysed using a hermeneutic interpretative process with an overlay of a critical and Kaupapa Māori critique. The findings of this study reveal that the meaning of Māori leadership in public health from the perspective of Māori practitioners is ultimately situated in te ao Māori (Māori world view) and tikanga (Māori values). A Māori leader in public health requires the ability to navigate between te ao Māori, and te ao Pākehā (Western world views).

This study adds to the small body of research on Māori leadership in public health that calls for equal recognition of Māori leadership values in New Zealand mainstream organisations. Public health practitioners and their employers need to rethink how leadership is viewed with consideration of te ao Māori and te ao Pākehā. This thesis alongside other evidence supports a need for a new way to conceptualise Māori leadership that will help non-Māori practitioners to better understand and acknowledge te ao Māori perspectives.

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Attestation of Authorship

"I Roimata Tipene hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."



Roimata Tipene

Mihi

E ngā mana, e ngā reo, e rau rangatira mā. Tēnā rā koutou katoa.

Ko Ngā Puhī, ko Te Rarawa, ko Ngāti Hine me Ngāti Wai ngā iwi.

Ko Te Hikutū, ko Ngāti Manawa, ko Ngāti Rehua me Te Orewai ngā hapū.

Nō Te Tai Tokerau ahau.

He uri ahau nō te waka o Ngātokimatawhaorua i tatūngia ki te wahapū o te Hokianga-nui-a-Kupe.

Ko te mea tutahi e mihi ana ki te Atua i runga rawa, nāna nei nga mea katoa.

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Ki te hunga ora e ora mai nei, kei te mihi, kei te mihi, kei te mihi. Tēnā rā koutou katoa.

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No reira, tēnā koutou, tēnā koutou, tēnā rā koutou katoa.

Dedication

This thesis is dedicated to you, my husband, Michael Peter Tipene. A Māori leader personified.

In Memory

This thesis is especially devoted to the memories and lives of significant people in my life that embodied Maori leadership.

My mother, Cecelia Moore.

My cousin, Luke Tipene.

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Chapter One

Orientation of the Study

Introduction

Leadership is a compelling subject matter internationally to many researchers, philosophers and authors. A majority of the literature on leadership is focused on traits that an effective leader possesses, such as enthusiasm and empathy. Leadership skills and behaviours are also covered in much of the literature, as well as how successful leadership can be measured. The topic of leadership has been explored and examined in various fields across business, finance, politics, public health and education (Begun & Malcom, 2014; Pendleton & Furnham, 2016; Western, 2013; Zehndorfer, 2013).

Begun and Malcom (2014) developed a competency-based leadership framework specifically for practitioners and students in the public health field. Public health is described as “the art and science of preventing disease, prolonging life and promoting health through organised efforts and informed choices of society” (Tunks, 2004, p.12). The leadership framework aims to help mobilise public health practitioners to effectively address global public health challenges such as the large numbers of children who die from vaccine preventable diseases and the complex implications of climate change like food shortages and natural disasters. According to Begun and Malcom (2014) stronger leadership in public health can reduce health inequities and improve the health and well-being of populations. The need for strong public health leadership cited internationally is similar to the New Zealand literature which shows that leadership in public health is recognised as being significantly important in improving health outcomes. The literature suggests that Māori leadership in particular is required to address the health inequities between Māori and non-Māori (Berghan, 2007(a); Durie, 1999; Katene 2001; MoH, 2007). However, there is little research focussing on the meaning of Māori leadership specifically from the perspectives and experiences of Māori public health practitioners in the context of public health units in New Zealand, and so it is hoped that this study will contribute to this body of research. The following chapter reviews the literature on leadership, Māori leadership, leadership in public health and Māori leadership in public health in more detail.

This research aims to explore the experience and meaning of Māori leadership for Māori health practitioners working in the context of public health units using a critical hermeneutic methodology with a Kaupapa Māori overlay. The purpose is to examine how the power imbalance between Māori and non-Māori and the health ideology underlying New Zealand society influences the meaning of Māori leadership in public health units. The findings from this study will inform public health professionals about the meaning of Māori leadership as well as providing a foundation upon which further research can be undertaken.

Aims of the research

The aims of the research are to uncover and better understand the meaning of Māori leadership for Māori practitioners, and to examine this perspective in the context of public health units in New Zealand, furthermore to illuminate how the power imbalance between Māori and non-Māori and the health ideology underlying New Zealand society influences the meaning of Māori leadership in public health units.

The context of this study

Traditionally Māori have a particular way in which they view the world, known as te ao Māori (the Māori world view). Through this perspective, Māori have a holistic outlook on health where health and society are important in the concept of ones wellbeing, and that health is made up of physical, spiritual, mental and social wellbeing (Durie, 1999; Katene, 2001). Tohunga (skilled person, healer) are considered as traditional leaders who are skilled in matters of health and healing using cultural practices such as natural Māori medicines and karakia (prayers). However, in the early part of the twentieth century, New Zealand was dealing with the devastating effects of relatively new health threats to Māori communities such as influenza and tuberculosis. This gave rise to the development of many key Māori leaders who have worked in the arena of public health with a particular focus on improving the health outcomes of Māori communities including people such as Dr. Maui Pomare, Dr. Rangihiroa (Peter Buck) and Te Puea Herangi. During the 1900s, these Māori leaders in health were actively using public health approaches including health promotion, isolation techniques and immunisation in response to the Western disease threats of the time. In particular, Pomare was appointed in 1901 as the first Māori Medical Officer to the Department of Public Health. He believed that strong leadership was essential for health gains. Pomare's belief was evident in his work with community leaders and Māori tribal leaders by advocating and instilling key public health messages relating to mostly communicable diseases. This type of health promotion in hand with Pomare's training of health inspectors in the community resulted in improvements in overall sanitation and hygiene that provided for improved health and well-being for Māori (Roberts, Metcalf, Read, 2007). The literature suggests that these Māori leaders successfully worked in their communities by being able to draw on their Māori world views and traditional practices together with Western medicines and clinical systems. (Roberts, Metcalf, Read, 2007; Te Rau Matatini, 2007a). Aotearoa history demonstrates clearly the importance of Māori leadership at all levels when addressing Māori health inequities.

Over time the Māori health needs increased from the impacts of Western diseases, culture and legislation and policies governing public health systems and practices. A result of the changes over time devalued the traditional Māori practices and leadership approaches to health and Kingi (2005) argues that the loss of culture and the 'social dislocation' had a negative on Māori health, because traditional lifestyles and practices of Māori were being replaced by Western beliefs and expectations. Furthermore, Māori believed that their society had changed to such an

extent that it would be impossible to return to more traditional lifestyles and practices. A significant impact on Māori health was perhaps the introduction of the Tohunga Suppression Act of 1907 which was formally intended to eradicate the practice of traditional Māori healthcare by outlawing tohunga affecting their leadership (Katene, 2010; Mokaraka-Harris, Thompson-Fawcett, & Ergler, 2016). According to Durie (2001) the intent of the Tohunga Suppression Act was to undermine the social, political and indigenous ecology of Māori society. The effects of such legislation have manifested in huge health inequalities between Māori and non-Māori. Evidence shows that in some areas of health, the disparities between Māori and non-Māori are widening and that Māori continue to feature poorly across a number of health conditions including, cancer, cardiovascular disease and diabetes (Ajwani et. al, 2003 cited in Robson & Harris, 2007).

Health status is a result of a combination of socio-economic factors, where generally people with lower incomes suffer from poor health. However, Māori at all educational, occupational and income levels have poorer health than non-Māori (Ministry of Health, 2002). Māori are receiving lower levels of health services and poorer quality of service, and if Māori are getting less, then non-Māori are getting more (Robson and Harris, 2007). The unequal distribution of health services can be seen as a result of the colonisation of New Zealand which has permitted the (mis)appropriation and transfer of power and resources from Māori to Pākehā (New Zealander of European descent) (Robson & Harris, 2007). According to Jackson (2002, cited in Robson & Harris, 2007) Māori health needs arise as a consequence of indigenous rights being breached. More recently, in response to health inequities, health strategies have been developed in an attempt to address the health needs of the Māori population including the development of Māori leadership within the public health workforce.

In New Zealand, public health is now administered by the Ministry of Health which contracts twelve public health units. Public health units are the regulatory agencies that serve the country's diverse population through health protection, prevention and promotion. Public health units are made up of a multi-disciplinary workforce of Medical Officers of Health, Public Health Nurses, Health Protection Officers and Health Promoters who have a focus on environmental health, communicable disease control, tobacco control and health promotion programmes. Many of these services include a regulatory component performed by statutory officers appointed under various statutes, though principally under the Health Act 1956 (Ministry of Health, 2015). Public health units also aim to work up-stream in terms of providing for early public health interventions through improving healthy public policy and health promotion. Public health units are located in and around the main centres of the country including Northland, Auckland, Waikato, Toi Te Ora Public Health (Districts covered: Whakatane, Tauranga, Rotorua and Taupo), Tairāwhiti, Hawke's Bay, Taranaki, Midcentral north island, Wellington, Nelson-Malborough, Canterbury and Otago-Southland (Ministry of Health, 2015).

In relation to the multi-disciplinary nature of the roles that makes up public health units, Phoenix Research (2004) undertook a survey on behalf of the Ministry of Health to assess change and

improvement in the public health Māori workforce and the effectiveness of workforce development activities. The results of the survey showed that of the two hundred and fifteen Māori employees who participated, only 21% worked in public health units. The remaining Māori employees worked across Māori specific or non-government public health organisations. To overlay this, 21% of Māori who worked in public health units with the twelve public health units in the country equates to about three Māori employees per unit, meaning that in 2004 there were very few Māori employed in this service. The survey discussed that one of the most difficult positions to recruit for and retain Māori staff in were manager roles. According to Tunks's (2004) research on defining the workforce requirements for Māori public health practitioners, participants identified few Māori in leadership or senior management positions within mainstream organisations including public health units. Although Tunks (2004) and Phoenix Research (2004) did not specifically query or examine the reasons for the low number of Māori staff in public health units, the literature did show that Māori in public health units felt that the main workforce issues were in relation to meeting the requirements of the Ministry of Health, changes in the health system and how policies affect the work they do. Furthermore, professional relationships was another key workforce issue Māori in public health units ranked highly, specifically around the need for better working relationships and greater understanding by others in public health units, by the Ministry of Health and also by Primary Health Organisations. A survey of Māori working in public health in New Zealand was done by Te Rau Matatini (2007b) in 2006. The survey showed that of the total number of Māori public health practitioners, 0.6% work as a Medical Officer of Health (MOH), 0.6 % as Public Health Registrars, 3.8% as Public Health Nurses and 16% work in management positions. This supports Berghan's (2007a) argument about there being a real need for more Māori in clinical, management and public health leadership roles. In order to grow the Māori public health workforce, different studies have identified that leadership development is an important component (Berghan, 2007a; Paewhenua Hou, 2005; Te Rau Matatini, 2007a; Tunks, 2004). While the exact number of Māori currently working in leadership roles in New Zealand public health units is not known, they would appear to be under represented, suggesting there is a lack of opportunity for Māori leadership in this context.

Māori employees who participated in the Phoenix Research survey (2004a) identified a range of skills as being important to their individual public health roles. The skills employees identified as important to their work were compared to those results from a similar survey undertaken by Phoenix Research (2004b) of the entire public health workforce. Leadership was a key skill that was identified as being important in the roles of participants and 91% of Māori agreed, compared to only 81% of the total public health workforce. Almost 100% of Māori indicated that cultural understanding and awareness skills are important to have in their roles, compared to 92% of the total workforce. Implementing the Treaty of Waitangi was seen by 95% of Māori in public health as an important skill, which is significantly greater than the total (non-Māori) workforce at 82%. Tikanga Māori (Māori values) was rated by 92% of Māori in the survey as being important, compared to only 64% of the total public health workforce. Another skill identified was advocacy, which 91% of Māori agreed to it being important in comparison to 85%

of the entire workforce. These results show that Māori public health practitioners value skills such as leadership, cultural understanding, implementing the Treaty of Waitangi, tikanga Māori, advocacy and leadership more than non-Māori employees.

Furthermore the 2004(a) survey results showed Māori employees in public health identify leadership as an important skill in their work. The Ministry of Health supports the need for leadership by stating that strong public health leadership is important in guiding the health and social sectors to promote and improve public health and Māori health outcomes. Furthermore, Tunks, (2004) argues that building stronger leadership in public health is a key objective to achieving health for all people in New Zealand. Including Māori in the process of decision-making is an active way of Māori building capacity and fostering Māori leadership in the field of public health. Despite the literature supporting the importance of Māori leadership in public health towards improving health inequities for Māori, current literature has not provided an understanding of the meaning of Māori leadership in this context. Furthermore, there is a need to consider Māori world views of leadership, particularly when there is research that highlights the importance of leadership in improving Māori health outcomes (Berghan, 2007a; Durie, 1999; Tunks, 2004; Webber, 2004). However there appears to be a gap in the literature that examines Māori leadership from the view of Māori public health practitioners who work specifically in public health units. Therefore, as stated previously, this research aims to uncover and better understand the meaning of Māori leadership for Māori practitioners, and to examine this perspective in the context of public health units in New Zealand and to illuminate how the power imbalance between Māori and non-Māori and the health ideology underlying New Zealand society influences the meaning of Māori leadership in public health units.

The impetus for this study

Leadership by Māori has been identified as an important vehicle for improving Māori health outcomes. Māori leadership is important in growing the Māori public health workforce as well as Māori health and wellbeing. Te Pae Mahutonga a model for Māori public health promotion developed by Durie (1999) highlights the importance of leadership. Durie (1999) suggests that leadership for health promotion needs to reflect, community leadership, health leadership, tribal leadership, communication and alliances between leaders and groups. According to Ratima and Ratima (2004), strengthening Māori health sectorial leadership relies firstly on strengthening Māori professional health workforce capacity overall. Although studies have identified that leadership is important for effective Māori public health workforce development and towards addressing Māori health needs, there seems to be little or no research to shows what leadership itself means to Māori public health practitioners. Durie (1999) describes leadership in the model for Māori public health promotion; however it does not include public health protection and the regulatory aspects in this field. And so, it appears that little is known about the meaning of Māori leadership, particularly in relation to what it means to Māori public health practitioners within the context of a public health unit. Given that little is known, a research study using a critical hermeneutic methodology would be of value to explore the nature of Māori leadership for

Māori practitioners and examine this perspective in the context of public health units in New Zealand.

Why critical hermeneutics?

The design of this study is based on a critical hermeneutic methodology underpinned by the philosophies of Ricoeur, Heidegger, Gadamer and Habermas (Dooley & Kearney, 2002). Critical hermeneutics reaches across the interpretive and radical research paradigms and can be used to guide inquiry when both the meanings of a common and culturally based lived experience and an analysis of the oppressive social structures that maintain the nature of that experience are needed (Ruangjiratain & Kendall, 1998).

Hermeneutics plays to the strengths and traditions of Māori in that as an oral culture, Māori traditionally share and interpret experiences and identities through pakiwaitara (stories) whaikōrero (formal speech-making) and mōteatea (traditional song) (Wikitera, 2011). The critical perspective of the research design acknowledges and allows the phenomenon to be explored in such a way that brings to light the impact of the health inequalities of Māori in this country. The effects of colonisation on Māori as a marginalised and oppressed population will be crucial in the exploration of Māori leadership in public health. Given the relationship of the research to Māori, it is imperative to set the study firmly within the context of Kaupapa Māori as described by Smith (2000). Kaupapa Māori will be utilised in two key ways, firstly as a korowai (cloak) to embrace and provide cultural safety of the research and secondly as a filter through which participants stories will flow as part of the analysis process. According to Pihama (1993 cited in Smith 2000), inherent in Kaupapa Māori theory is an intrinsic critique of power structures in Aotearoa that historically have constructed Māori people in binary opposition to Pākehā, reinforcing the discourse of Māori as the 'other'. Kaupapa Māori theory aligns itself with critical theory in that it seeks to expose power relations that perpetuate the continued oppression of Māori people.

The research will therefore utilise the analysis hermeneutic framework as set by van Manen (1990) and guided from a critical perspective by Ruangjiratain et. al (1998) who sets out the need for dialectic reasoning with the data as well as critique and deconstruction of themes of oppressive ideologies and metanarrative. The third layer of analysis will reference principles of Kaupapa Māori as described by Smith (2000).

The presupposition of this study

Koch (1996) explains that pre-understandings and prejudices of a researcher are conditions by which we encounter the world as we experience something. These prejudices and pre-understandings should be taken into the research process as they assist us to understand. In line with tikanga Māori I decided that my formal presentation of pre-understandings and prejudice will be presented at the beginning of this thesis in the form of a mihi

(acknowledgement) which firmly locates me safely in my whakapapa and heritage. Furthermore, as a Māori public health practitioner, I have an inherent pre-understanding of being Māori, Māori health and Māori leadership in the context of public health units which will be used as part of the research process.

I come to this study believing that there is a lack of Māori leadership in New Zealand public health units and that this is a result of institutional racism. I also believe that effective Māori leadership in public health provides for a strong Māori practitioner workforce and ultimately improved public health outcomes for Māori.

In December 2000 I completed my first year of study at the Auckland University of Technology (AUT) in the Bachelor of Applied Science programme. I then started working at a public health unit as a temporary part time employee. My initial role was as a sampling officer and I was responsible for conducting environmental sampling of matter such as water and soil as part of environmental health investigations. Being a sampling officer was my introduction to the public health service. I was able to apply my theoretical knowledge from my Bachelors of Applied Science study practically in the field and found my interest in environmental health flourishing. However, I could never have anticipated the overt and covert racial experiences and challenges over my now sixteen year career in the public health sector. I believe that my perseverance in pursuing a career in public health was a direct result of the support and leadership of my mentors, many of whom were themselves Māori public health practitioners. Over the last eight years I have been working at a management and strategic level of public health and have not experienced the same Māori leadership as I did in the early part of my public health career. The perceived lack of Māori leadership in more recent times has made me question my own leadership in trying to figure out what Māori leadership means to me. I have since been interested in what other Māori practitioners believe Māori leadership is in public health.

I have had a very eventful journey in public health through the eyes of a then young, Māori female to now as a more mature an experience Māori public health practitioner. I am now at a place in my journey where I am able to explore the questions of leadership, and more specifically Māori leadership in this context.

Structure of the thesis

In order to facilitate the reading and understanding of this thesis, the structure of the research is outlined below:

Terminology

While presented in English this thesis contains a range of Māori words and phrases used by the participants when they are sharing their stories and experiences about Māori leadership in public health. Māori words and phrases are also used to describe an interpretation, finding or as

part of the discussion when English could not adequately describe the interpretation or meaning. The following Māori terms are translated into the closest English words to facilitate the reading and understanding of this study; however, it is not possible to provide the full and complete meaning of some terms in writing because of the depth and breadth of the Māori language. A full list of the Māori words and phrases used in this thesis, and their translations, is provided in the following list. Also, the translation of a Māori word or phrase is provided after the first time it appears in the text of the thesis.

Māori	English/description
Ako Māori	The culturally preferred pedagogy principle in relation to Kaupapa Māori
Aotearoa	The land of the long white cloud. Original name of country known as New Zealand
Aroha	Love, concern
Hapū	sub-tribe
He Korowai Oranga	The Ministry of Health, Māori Health Strategy, 2002. Translates to Cloak of Life
Hinengaro	Mind
Hokianga	Location in Northland, New Zealand
Iwi	Tribe
kaitiaki	Trustee
Kaitiakitanga	Trusteeship
Kanohi ki te kanohi	Face to face (a Māori concept giving importance to face to face interaction)
Kāore te kumara e kōrero mō tōna ake reka	Which translates to, the kumara does not speak of its own sweetness (a Māori proverb)
Karakia	Prayers
Kaumātua	Eldery man of status
Kaupapa	Plan, topic. The collective philosophy principle in relation to Kaupapa Māori
Kaupapa Māori	A research methodology. Literal translation, a Māori policy or theme
Kōrero	Speak or words
Kōrero	Words
Korowai	Cloak
Kua	School
Kuia	Elder lady of status
Kura Kaupapa Māori	Māori based school
Mahi	Work
Mana	Rights, prestige, authority, control, power, influence
Mana tangata	Human rights
Mana tangata	Voluntary participation and informed consent. In context of Te Ara Tika

Manaakitanga	Privacy, confidentiality and minimisation of harm. In context of Te Ara Tika
Manaakitanga	Nurturing relationships, care
Māori	Term used to describe the indigenous people of New Zealand
Māoritanga	Being Māori
Mauriora	Life force. Access to te ao Māori in reference to Durie, (1999), Te Pae Mahutonga public health promotion model
Mihi	Acknowledgement
Mokopuna	Grandchild
Mōteatea	Traditional song
Nga Manukura	The leaders. Leadership in reference to Durie, (1999), Te Pae Mahutonga public health promotion model
Nōu te rourou nāku te rourou, ka ora ai e te iwi	with your basket and my basket, the people will live
Nōu te rourou nāku te rourou, ka ora ai e te iwi	With your food basket and my food basket, the people will live (a Māori proverb)
Pākehā	New Zealander of European descent or foreign
Pakiwaitara	Stories
Taonga tuku iho	The cultural aspiration principle in relation to Kaupapa Māori
Tapu	Sacred
Te ao Māori	The Māori world
Te ao Pakeha	The western world
Te Ara Tika	Guidelines for Māori research ethics: A framework for researchers and ethics committee members (2010)
Te Mana Whakahaere	Autonomy, in reference to Durie, (1999), Te Pae Mahutonga public health promotion model
Te Oranga	Society, living. Participation in Society in reference to Durie, (1999), Te Pae Mahutonga public health promotion model
Te Pae Mahutonga	Mason Durie's public health promotion model and reference the Southern Cross star constellation
Te Rau Matatini	This is the name of an organisation whose core function is workforce development
Te reo	The language. Used to refer to the Māori language
Te Whare Tapa Wha	Four sided house. In reference to Durie's ((1999)) Māori health model
Te Whare Tapa Wha Rangatira	Four sided leadership house in reference to Katene's (2001) Māori leadership model
Tika, pono, aroha	The right, the true and the love. In reference to three Māori virtues

Tikanga	Values
Tinana	Physical
Tino rangatiratanga	The self-determination principle. In relation to Kaupapa Māori
Tohunga	Skilled person, healer
Toiora	Lifestyles. Healthy lifestyles. In reference to Durie, (1999), Te Pae Mahutonga public health promotion model
Tupuna	Ancestors
Waiora	Environment. Environmental Protection in reference to Durie, (1999), Te Pae Mahutonga public health promotion model
Wairua	Spirituality
Whaikōrero	Formal speech-making
Whakamā	Shy
Whakapapa	Genealogy
Whakatauki	Proverb
Whakawhānaungatanga	Process of establishing relationship
Whānau	Family. Extended family structure principle in relation to Kaupapa Māori
Whareniui	Traditional meeting house
Ata	Engagement principle in relation to Kaupapa Māori
Tūrangawaewae	Ancestral place

Chapter One: Orientation to the study

Chapter one has provided an introduction to the research aim and methodology that underpins the study. The translation of Māori terminology is presented in this chapter as well as an explanation of what drew me to this study. My personal relationship with the research will help to highlight the importance of this thesis. Furthermore, this chapter places the study in context of time and place to give specific background to the research.

Chapter Two: Literature review

In chapter two is a presentation of the review of literature that explores the meanings of Māori leadership in public health. The literature review is to support this study and to provide a much deeper understanding and insight of the aims and findings of the research.

Chapter Three: Methodology and method

This chapter describes the methodological philosophies that underpin the study and places the research in this context. The rationale and appropriateness of the chosen methodology are also discussed. The methods section tells the story of doing the research and explains how the

actual research was undertaken. This part covers topics such as ethical approval, recruitment of participants, protection of participants and interview structure.

Chapter Four to Six: Findings of the study

In this chapter, the findings of the study are revealed. The data were analysed to seek meaning by uncovering thematic aspects and isolating thematic statements. This was overlaid with the critical and Kaupapa Māori analysis. My interpretation of the data is presented and the meanings are revealed and explored. The findings chapters use pseudonyms for participants when presenting their stories. The pseudonyms used are Manukura, Aroha, Kaitataki, Tukaha, Kaz, Hine, Tui, Herewini, Kaea, Jacob and Tane.

Chapter Seven: Discussion and conclusion

The final chapter examines the findings of the study and presents a way forward in relation to Māori leadership in public health. Furthermore, this chapter highlights the implications for practice, research and education and offers my reflections as the researcher. Finally, I provide my closing remarks of the thesis.

Chapter Two

Literature Review

Introduction

The purpose of this chapter is to present a review of the available literature in the field of Māori leadership. There is a strong and long history of literature on generic leadership and research into leadership in public health which is covered in this review. In comparison, the body of literature on Māori leadership is small, however it is rich, informative and is continuing to grow (Katene, 2010). Furthermore, literature about Māori leadership in public health from the perspective of Māori practitioners is minimal. During the search for literature there was no research found on Māori leadership in public health using a critical hermeneutic approach. And so this chapter will offer a review of what is known from the literature relating to the meaning of Māori leadership in public health starting with leadership, Māori leadership, then moving on to cover leadership in public health and finally Māori leadership in public health.

Leadership

There is an abundance of literature on the topic of leadership; however it is difficult to identify an agreed meaning or definition of leadership (Grint, 2010; Pendleton & Furnham, 2016; Western, 2013; Zehndorfer, 2013). Zehndorfer (2013) whose writings aim to provide the reader with the ability to understand the complex nature of leadership and how successful leadership is measured states that “modern scholars of management and leadership have found it fundamentally problematic to reach a clear consensus on what they feel leadership actually is” (p. 3). Zehndorfer (2013) goes on to reference the leadership theorist Stogdill (1974) as stating that “there are almost as many definitions of leadership as there are persons who have attempted to define the concept” (p. 3). The lack of a clear meaning of leadership is supported by Western (2013) who takes a critical theory approach to leadership to offer new insights into the underlying discourses and dynamics of leadership. According to Western (2013), when there are discussions in a workplace about leadership, people in the discussion rarely explore what they mean by leadership despite there being an estimate of thirty five thousand definitions of leadership in academic literature. The challenge in searching for a simple and all-encompassing meaning of leadership is the result of leadership having been studied for over two centuries, from a multitude of perspectives, using varying methodologies and across many different disciplines like business, politics and health. Each study brings its own theories, models and narratives about leadership (Pendleton & Furnham, 2016). Pendleton and Furnham (2016) are principally concerned with effective and ineffective leadership of organisations in the public and private sectors and they offer an example of a simple definition of leadership which is “to create the conditions for people to thrive, individually and collectively, and achieve significant goals” (p. 21). While Western (2013) too offers a very simple definition, in contrast the definition comes with a very detailed explanation of leadership which is required to better understand the

definition; “leadership is a psychosocial influencing dynamic” (p. 36). According to Western (2013) leadership does not belong to an individual or group and it does not align to a set of defined competencies or skills, rather it is more of a psychosocial influencing dynamic. Western (2013) explains that,

Psycho refers to the psychodynamics of leadership, referencing that it occurs both within and between people. Leadership (and followership) stimulate intra-psychic, unconscious and emotional responses within us, and inter-relational dynamics between us. Social refers to the social construction and social dynamics of leadership. Leadership is more than a relational phenomena, it also references power and authority, control of material and symbolic resources, use of knowledge and technology. Discourses, history, culture and politics, i.e. the social field, must be accounted for in our understanding of leadership. Influencing: leadership signifies a specific agency, which is to influence others. Influencing is a wide-ranging term, and leadership draws on a vast array of resources, from personality to coercive power to influence others. Dynamic refers to the dynamic movement of leadership. It is never one thing, it is fluid not static, and cannot be reduced to skills, competencies, or a way of being. Leadership cannot be fixed; it moves between people as a dynamic social process. (Western, 2011 p. 36-37)

Despite there being no one defined meaning of leadership; this literature review examines key leadership theories in an attempt to highlight what is known about the meaning of leadership. The literature on leadership has produced various theories on the practice. Pendleton and Furnham (2016) as well as Zehndorfer, (2013) present an overview of key leadership theories that have dominated the field of leadership and management studies throughout the last two centuries. The overviews include the following theories; trait theory, skills theory, behavioural, situational, charismatic and transformational which are further examined.

The main body of research on leadership has a leader-centric focus that examines the personalities of leaders as individuals to identify desirable characteristics that great leaders possess. Western (2013) explains that much of the leadership literature focuses on leaders as individuals, taking behaviour, trait and competency-based approaches which collectively are more concerned with leaders' individual activities. Trait theory suggests that leadership can be understood by identifying characteristics that effective leaders possess, for example intelligence and enthusiasm. Skills theory proposes an arguably more useful framework that provides what successful leaders should do, rather than what their personality traits are. The skills and competency approach to leadership proved to be more useful in developing and improving new leaders who may not possess leadership traits. Skills and competency-based approaches are important in determining the knowledge and skills needed to be a successful leader (Zehndorfer, 2013). Similarly, behavioural theory suggests that effective leadership can be both explained and developed by identifying appropriate skills, styles and behaviours. According to Western (2013), leader-centric approaches to leadership suggest a 'one-size-fits-all' method that provides universal competencies which all individuals must have in order to be successful leaders. Trait and competency-based frameworks for leadership seemed to depend on the compliance of followers and does not consider the context in which leadership was being undertaken (Pendleton & Furnham, 2016). However, situational leadership theory moves away from the idea of leaders as individuals and more towards a theory that also considered the

environment in which leadership was being practised. Situational leadership recognises that a leader's style is dependent on the context, for example leadership in business or public health and how a successful leader will adapt their leadership style accordingly (Pendleton & Furnham, 2016; Western, 2013; Zehndorfer, 2013).

The charismatic theory, whilst making the claim that an individual leader needs charisma, has as its main focus the great power that charisma has towards transforming organisations. Zehndorfer (2013) refers to the charismatic theory as having distinguished leadership from management studies as separate academic disciplines. Transformation leadership further defined the differences between management and leadership where a transformational leader transforms followers to achieve their potential, and inspires them to elicit performance beyond expectations (Pendleton & Furnham, 2016; Western, 2013; Zehndorfer, 2013). Pendleton and Furnham (2016) propose that there has been a shift in the nature of leadership as societies have changed over time and that this shift can best be conceived as a "power-shift from domination to negotiation, to inspiration, to co-creation" (p.33). Followers are no longer prepared to be compliant but seek engagement and involvement. Western (2013) discussed the importance of the relationship between followers and leaders because without fellowship, leadership does not exist. Furthermore, a fellow-centric approach to leadership focuses on the perspective of followers in terms of what they believe constitutes effective leadership. Grint (2010) who presents an introduction to leadership argues that while there is much research on leadership it does not enable us to understand the phenomenon of leadership any better, because leadership means different things to different people. In terms of the meaning of leadership being different between people, Māori perceptions of leadership derive from their particular view of the world referred to as te ao Māori. The review now moves to examining the available literature relating to Māori leadership.

Māori Leadership

The review of Māori leadership literature highlights the importance of the te ao Māori and tikanga (values) in order to understand the phenomenon of Māori leadership. Māori leadership is strongly based on te ao Māori and tikanga which will briefly be covered in this review (Berghan, 2007a; Katene, 2010; Matthews, 2011; Mead, Stevens, Third, Jackson, & Pfeifer, 2006; Wikitera, 2011).

Māori culture is situated in a long history of traditions, values and beliefs. The Māori world view conceptualises how Māori see the world they live in based on their culture. Te ao Māori is also embedded in the interactive relationship between the spiritual and physical realms (Ministry of Justice, 2011). A manifestation of the interactive relationship is Māori believe that the past is not just behind, rather it is part of the future ahead where Māori find their models, aims and aspirations. Patterson (cited in Ministry of Justice, 2011) argues that to Pakehā, the past has been, and so it is behind, and it is only in the future where one finds their aspirations and goals. Juxtaposed to te ao Māori, the Western world view is known to Māori as te ao Pākehā (Western

world view). Berghan (2007b) who provides a Māori point of view on collectivism in Māori health promotion presents a comparison of Māori and Pākehā world views. Berghan (2007b) acknowledges that while the comparisons of world views are presented as polar opposites, they build a picture of the perspectives to help explain the fundamental differences which can cause tension between Māori and Pākehā. Te ao Māori provides a collective orientated culture around interdependence, cooperation, group identity and an extended family system. In contrast, Berghan (2007b) suggests that te ao Pākehā are more individualistic and have a focus on individual identity, on competing with others and favour a nuclear family make-up. This is supported by Pfeifer, (2005) who discussed that studies done on British values showed the culture to be highly individualistic. In relation to Māori leadership, Katene (2010) provides a Māori perspective on what makes for good leadership based on Western and Māori traditional leadership theories. He discusses that traditional Māori approaches to leadership required a radical change due to the colonisation from the mid eighteenth century of Aotearoa by early European settlers who brought their world views. The need for a radical change in Māori leadership marks the tension between te ao Māori and Pākehā views on leadership. Wikitera (2011) argues that Māori leaders must navigate through the complex and often highly political web of the contemporary Māori world and be well versed in both te ao Māori and te ao Pākehā. Te ao Māori provides the perspective from which Māori see the world and how they live in it, which is also determined by tikanga. Māori leadership is grounded in tikanga Māori that is passed down through the generations as ancestral teachings (Mead et. al., 2006; Pfeifer, 2005).

The literal translation of tikanga into the English language is 'correct' or 'right', however this translation does not provide an understanding of the holistic dynamics of tikanga. Mead (2011) who writes about living by Māori tikanga takes the position that tikanga is,

The set of beliefs associated with practices and procedures to be followed in conducting the affairs of a group or an individual. These procedures are established by precedents through time, are held to be ritually correct, are validated by usually more than one generation and are always subject to what a group or an individual is able to do. (Mead, 2011. p. 24)

Matthews (2011) provides reflections on the important roles of tikanga and Māori perspectives of the world relating to Māori academic leadership. While tikanga is based on a long history of Māori culture and traditions, modern leadership still requires an ability to enact and understand tikanga. For Māori leaders who have an understanding of tikanga, this means they can adapt tikanga and its application to suit a contemporary context. (Matthews, 2011). Wikitera (2011) writes on the need for Māori leadership in the modern age and discusses that while it is important for Māori leaders to understand tikanga, it is also important for them to be able to put tikanga into leadership practise. However, operationalising tikanga into an organisation is challenging because Māori cultural values are not considered practical or important compared to te ao Pākehā values (Katene, 2001; Katene, 2010; Wikitera, 2011). Applying traditional Māori leadership values into mainstream organisations particularly in health is supported by Katene (2001), however the challenge is in knowing how to incorporate such values into the business of health.

The key values and principles that underpin tikanga are whānaungatanga (process of establishing relationships), manaakitanga (nurturing relationships), mana (prestige, authority, control, power, influence) and tapu (sacred) (Mead, 2011). Pfeifer, (2005) investigated perceptions of outstanding Māori and Pākehā leaders by culturally similar followers. She used a study conducted by the GLOBE (Global Leadership and Organisational Behaviour and Effectiveness) that looked at the interrelationship between culture and leadership from sixty-two countries and then compared the findings with a local sample of one hundred and sixty Māori participants. She determines that whānaungatanga, mana, tapu and manaakitanga while not an exhaustive list are significant in Māori leadership because they draw parallels with Western leadership theories. Her research shows references between whānaungatanga and a collective leadership approach and argues that mana is linked to the Western concept of charisma and aligns them both in terms of being significant approaches to leadership. The importance of Māori values to Māori leadership is further supported by Henare (2010) and Williams (2010) (cited in Matthews, 2011) in that values such as mana, tapu, manaakitanga, and aroha (love, concern) are the foundation for Māori academic leadership. Similar to the whānaungatanga value and the Western fellowship theory, Katene (2010) makes the point that the relationship between both the leader and the follower are equally important. He discusses that good fellowship creates good Māori leadership. The findings from Pfeifer's (2005) study found similarities and differences in how Māori and Pākehā perceive leadership behaviour and suggests that outstanding Māori leaders were perceived by Māori followers as exhibiting a greater degree of modesty, care, safety of people, and charisma. Participative and autonomous leadership behaviour was perceived as making a similar contribution to outstanding Māori and Pākehā leadership. According to Katene (2001), Māori and Pākehā regard leadership as being values based where traits such as honesty, integrity, trust and respect are considered important for leaders to possess.

While there is literature that compares theoretical similarities between Māori values and Western theories of leadership, Mathews (2011) argues that Māori academic leaders believe there are clear differences in expectations between Māori and non-Māori leaders. Despite parallels being drawn between Māori values and Western leadership approaches, Henare (2010, cited in Matthews, 2011) discusses how leadership in practise differs between Māori and non-Māori. Tikanga and te ao Māori prescribes the expectation of Māori leaders to still participate and support their own community and tribal development, compared to non-Māori who are able to focus primarily on their own interests and careers. Wikitera (2011) describes a similar notion around expectations that non-Māori leaders would not experience because Māori leaders need to negotiate and balance working between being themselves as a Māori with the needs and wants of the organisation they work for. Furthermore, Katene (2001) argues the point that Māori leaders are dually accountable to their employer as well as to iwi (tribes) and Māori which provides for personal tensions and professional conflicts which Pākehā do not experience in their leadership.

Te ao Māori and the traditional values of tikanga are fundamental to how Māori leaders behave and relate to others in the world around them, making tikanga and the Māori world view still relevant in today's modern age (Matthews, 2011; Wikitera, 2011). Contemporary Māori leadership is needed to respond to the challenges of the globalised world and activities and issues such as politics, technology and climate change to ensure the sustainability of Māori culture and secure future generations of Māori (Mead et al 2006; Wikitera, 2011). Hohepa and Robson (2008) provide a review of Maori leadership in education and emphasise that traditional Maori principles that underpin Maori leadership remain important and relevant in modern society. Furthermore, Māori leaders of today need to be able to work across cultures without compromising their own Māori values (Katene, 2010). However, no one Māori leader can be expected to harness all the expert skills required, nor should they because modern influences call for multiple leaders across different contexts such as health (Katene, 2001). The call for Māori leadership to address the challenges of the modern world are similar to the need for strong leadership to respond to the current public health challenges. The next section covers the literature review on leadership in public health.

Leadership in public health

The 1988 Archeson Report on health inequalities and health policies provided the most commonly used definition of public health as being “the art and science of preventing disease, prolonging life and promoting health through organised efforts” (Tunks, 2004 p.12). Public health provides the context in which strong leadership is necessary to address international public health issues, such as efforts to control infectious diseases such as malaria, secure safe sources of drinking water or the response to obesity. Begun and Malcom (2014) who developed a public health leadership framework define leadership in the public health context as “the practice of mobilising people, organisations, and communities to effectively tackle tough public health challenges” (Begun and Malcom, 2014, p. 18).

Begun and Malcom (2014) discuss that the solutions to public health issues rely on the integrated efforts of various sectors such as health, education, politics and clinical medicine. The success of public health interventions is dependent on different sectors and agencies because of the complex and interwoven nature of public health issues like climate change and health inequities. Furthermore, Begun and Malcom (2014) suggest that leaders in public health require the ability to persuade and influence various agencies of the importance of public health in order to gain support and commitment to effecting positive change. Leadership in public health is values based and requires leaders to be passionate about public health values like social justice, community self-determination and population health. The key leadership traits according to Begun and Malcom's (2014) public health leadership framework include persistence, empathy and courage. Grimm, Watanabe-Galloway, Britigan, & Schumaker (2015) undertook a study to determine leadership skills required in public health and found similarities to widely researched leadership theories such as transformational leadership. In particular the study found skills such as serving the community and sharing power and influence as needed in

public health leadership. Shickle et al. (2014) who discuss opportunities and challenges of engaging non-public health leaders on public health issues agree that the skills of influence and enthusiasm are important for leaders in public health to possess. They extend further proposing the involvement of high-profile celebrities who already have a power of influence and enthusiasm as allies in motivating and advocating for positive public health changes such as the celebrity chef Jamie Oliver and his crusade on obesity. Day et al. (2014) undertook a thematic study that showed five talents for public health leadership classed as, mentoring-nurturing, shaping-organising, networking-connecting, knowing-interpreting and advocating-impacting. However, Day et al. (2014) emphasises that leaders are not expected to possess every single leadership trait, rather it is the combination and intensity of the traits in relation to the context, which determine effective leadership in responding to public health challenges. The review of literature shows a clear requirement for leadership in public health, more specifically, there is an absolute need for Māori leadership in public health. The following section reviews the literature relating to Māori leadership in public health.

Māori leadership in public health

The review of literature on Māori leadership in public health highlights the importance of how Māori perceive health and furthermore public health practices. Māori have a holistic view of health where health and society are both parts of the one concept of wellbeing. Durie (1998) captured the Māori health perspective when he developed Te Whare Tapa Wha which is a Māori health model. Te Whare Tapa Wha was developed in response to health care services operating with a Western medical view and approach to health and wellbeing without recognising te ao Māori. Te Whare Tapa Wha is based on a whareniui (traditional meeting house), having four equal walls with each side representing Durie's (1998) four dimensions of health being Tinana (physical) which relates to physical health, Wairua (spiritual) in relation to one's spiritual dimension, Hinengaro (mind) covering the mind and mental health and Whānau (family), which is about family and relationship. The philosophy underpinning the health model is that just like a wall of a whareniui that becomes damaged, it affects the function and ability of the entire house, so too for a person, in that should one of the dimensions of health be broken, unattended or missing then they would become unbalanced and subsequently unwell (Durie, 1998; Ministry of Health, 2015). Further to the Māori view of health, te ao Māori provides for traditional practices and values in relation to public health. According to Kingi (2005) who discusses Māori innovation, Māori development and Māori models of health, in pre-colonial times, Māori demonstrated advanced knowledge of public health practices. Specifically Kingi (2005) mentions the design of Pā (fortified village) when he says that,

Their hill-top locations had proved effective in terms of public health and health promotion. These sites were deliberately selected and designed to ensure warmth and avoid dampness and the cold. Access to clean water was also a priority – Pa were typically located near fresh water springs and structured so that water would not pool, become stagnant, and serve as an incubator for disease. To further avoid the potential spread of disease areas were set aside for the disposal of effluent. As well, storage

facilities would ensure that food was available throughout the year and especially in the winter months (Kingi, 2005, p. 5)

Further to the construction of Pa in relation to addressing public health risks, Māori tikanga specifically tapu and noa (absence of limitations) were also seen as important. According to Kingi (2005,) the Māori values of tapu and noa were often used to promote and protect health, however rather than these values being seen as practical and important they were frequently misinterpreted by anthropologists and so were seen by non-Māori as mystical or supernatural, often comparing them to Western approaches. Katene (2010) argues that the holistic view Māori have of health and the emphasis made on health being inclusive of the physical, mental, social and spiritual elements sets Māori apart from Pākehā and their views of health. For centuries, te ao Pākehā approaches to health and social norms have dominated Māori society as a result of colonial processes imposing a range of injustices undermining Māori self-determination and development, marginalising Māori as a disadvantaged and oppressed minority (Edwards, MCcreanor, & Moewaka-Barnes, 2007; Kingi, 2005; Ratiama & Ratima, 2005). The impact of Western culture caused Māori values and belief systems to become outlawed, specifically in respect to the health practices of tohunga, following the implementation of the Tohunga Suppression Act 1097(Durie, 2001; Katene, 2010; Mokaraka-Harris, Thompson-Fawcett, & Ergler. 2016). Even in this contemporary age, the Ministry of Health (2015) recognises that for Māori, many modern health services lack the recognition of Māori beliefs relating to their spiritual well-being. Furthermore in direct relation to public health units in New Zealand, the Phoenix Research (2004a, 2004b) clearly showed that compared to Māori public health practitioners, the entire public health workforce did not see leadership, cultural understanding and awareness skills, implementing the Treaty of Waitangi and tikanga Māori as important to their work. Therefore, the literature suggests that strong leadership in public health is essential in order to address the health disparities between Māori and non-Māori (Ministry of Health, 2007; Tunks, 2004).

As discussed previously in chapter one, Māori are over represented across a number of public health diseases such as cancer, cardiovascular disease and diabetes (Ajwani et. al, 2003 cited in Robson & Harris, 2007). Māori health strategies developed by the Ministry of Health for example, He Korowai Oranga 2013 to 2014 have attempted to address the health needs of the Māori population. He Korowai Oranga 2013 to 2014 (Ministry of Health, 2013) provides details on how Māori health needs and objectives will be achieved and sets the direction for Māori health across all health services as a means to address health inequities. The Māori health strategy provides that District Health Boards, which include public health units are expected to direct resources to areas of greatest need, however it does not elaborate on what kind of resources. Te Rau Matatini's (2007a) Māori public health workforce development implementation plan highlights that effective Māori public health gains require better Māori workforce development, suggesting that the resources should be Māori practitioners. Literature relating to the Māori public health workforce indicates that there are few Māori working in the field of public health and even less Māori in public health leadership roles (Berghan, 2007a; Paewhenua Hou, 2005; Phoenix Research 2004a and 2004b; Te Rau Matatini, 2007; Tunks,

2004), although, New Zealand has a strong history of great Māori leaders in public health who have been credited with Māori health developments. Predominant Māori leaders in public health over the years include Dr. Maui Pomare, Dr. Te Rangihiroa, Te Paea Herangi and Dame Whina Cooper from the early 1900s to the 1990s. The actions of these Māori leaders ensured ongoing advocacy for the health and well-being of their people and utilising their Māori world views, Māori values as well as their Western health knowledge to engage with Māori whānau (Durie, 1999; Katene, 2010; Roberts, Metcalf & Read, 2007).

Durie (1999) draws on much of the work and learnings from the early eighteenth century Māori public health leaders, specifically Dr. Maui Pomare when he developed a model for Māori public health promotion, Te Pae Mahutonga. The Māori public health model presents six goals for successful public health which are, Mauriora (life force), which relates to the ability in accessing te ao Māori, Te Oranga (society, living) which describes participation in society, Waiora (environment) highlighting the importance of environmental protection, Toiora (lifestyles) which covers healthy lifestyles, Nga manukura (the leaders) which relates to leadership in the Māori public health context and Te Mana Whakahaere (autonomy) which is about autonomy. Māori leadership in public health is the model's goal of nga manukura. Nga manukura with an emphasis on the significant need for multiple Māori leaders from across different contexts and agencies who must be engaged in order to achieve successful public health interventions (Durie, 1999; Katene, 2001; Tunks, 2004). Leaders from the community, tribal leaders and leadership from the health sector are required to build alliances and a commitment towards causing positive changes in Māori public health outcomes. However, nga manukura cannot be successful in isolation. Health promotion is optimal when all six goals of the model are interactive, as they are all connected with each other (Durie, 1999).

Katene's (2001) qualitative research examined Māori views on leadership in the public health sector. The study determined the usefulness of Māori views on leadership in enhancing the public health sector's responsiveness to Māori public health needs in New Zealand. From his study, Katene developed the Māori leadership model Whare Tapa Wha Rangatira (WTAR) which extends Mason Durie's Whare Tapa Wha Māori health model. The WTAR framework has four interconnected leadership concepts that describe a set of skills and competencies for Māori leaders. The WTAR concepts include Wairua, relating to vision, inspiration, values and service, Hinengaro referring to intelligence, innovation and empathy, Tinana which is about being a role model and exemplar and finally the concept of Whānau which describes people making things happen. Katene's (2001) research suggests that there are traditional Māori and contemporary influences on Māori leadership. Traditionally Māori would often have one tribal leader who would encompass a range of leadership skills. The traditions and concepts of te ao Māori on leadership and traditional forms of Māori leadership are still important and relevant today. However, the difference is that contemporary influences like new technologies, politics, housing structures, where we live and work, all impact on Māori leadership. No longer can Māori expect to have one leader, rather the demand requires multiple leaders. The traditional Māori leadership values remain unchanged, and applying these in a mainstream structure, such as a

public health sector in New Zealand is a challenge. Furthermore, Katene's (2010) article on modelling Māori leadership discusses various leadership theories in an attempt to explain what makes good leadership from a Māori perspective. He proposes that "Māori leadership is about iwi (tribe), hapū (sub-tribe), whānau, Māori socio-economic advancement and political influence and that practicing traditional values is essential for good leadership" (Katene, 2010, p. 13). However, as previously discussed under the Māori Leadership section, the challenge is knowing how to incorporate Māori leadership values into a mainstream organisation.

This chapter has shown that Durie (1999) and Katene's (2001) research seem to present parallels between Māori leadership values and leadership theories. Durie (1999) highlights the needs for allies in public health specifically Māori tribal leaders as well as the ability to influence, which are both in line with the approaches to leadership discussed previously under the Leadership in Public Health section. Furthermore, Katene (2001) draws the importance of traits and skills such as empathy and intelligence which are similar to trait leadership theories. While there are similarities between Māori leadership and leadership approaches in public health, the review of literature shows clear points of distinction. The main differences between leadership approaches are the philosophies that underpin them, and the acknowledgement and recognition of western leadership values over Māori leadership values in today's society, particularly in New Zealand public health.

Chapter Three

Methodology and Method

Introduction

This chapter presents the methodology that has guided the research as well as the methods that were used to undertake the actual study. A critical hermeneutic approach with reference to Kaupapa Māori was applied to this research thesis about Māori practitioners' perspectives of Māori leadership in the New Zealand public health unit context. The methodological approaches have been purposefully placed together, to undertake this study. The methodologies are explained further in this chapter, firstly with an overview, then individually and then as a methodology as a whole to give effect to the research subject.

The final sections of this chapter present the methods of the research and how the study was actually undertaken. The methods are the techniques and procedures used to gather and analyse data to examine the views of Māori public health practitioners about Māori leadership in public health in Aotearoa. These techniques include semi structured interviews with participants who provided the data in language form. The text from participants was analysed through a process of reflection, breaking down the data into units to uncover themes of meaning. The analysis included a critical critique as well as a Kaupapa Māori lens used across the data (Jahnke, 2012; Smith, 2000; Ruangjiratain et. al 1998; van Manen, 1990).

Critical hermeneutics is the methodology that governs the strategy behind the choice and use of the described methods and links the choice and use of methods to the desired outcome. This study encompassed Kaupapa Māori principles which are described by Smith (2000) as including Tino Rangatiratanga (self-determination principle), Taonga tuku iho (cultural aspiration principle), Ako Māori (culturally preferred pedagogy principle), Whānau (extended family structure principle), Ata (growing relationships principle), Kia Piki Ake i Ngā Raruraru o te Kainga (the principle of socio-economic mediation), Treaty of Waitangi (Treaty of Waitangi principle), and Kaupapa (collective philosophy principle).

Methodology

The design of this study is determined by the critical hermeneutic methodology which can be situated across the interpretive and radical research paradigms. In order for the subject of Māori leadership to show through from the Māori practitioners, the study will also be set firmly within the context of Kaupapa Māori as described by Smith (2000). Kaupapa Māori will be utilised in two key ways, firstly as a korowai (cloak) to embrace and provide cultural safety of the research and secondly as a filter through which participants stories will flow as part of the analysis process.

A theoretical perspective is a way of looking at the world and making sense of it. It involves knowledge and embodies a certain understanding of what is entailed in knowing, how we know what we know (Crotty, 1998). The theoretical perspective for hermeneutics is interpretive, for critical research is critical theory and for Kaupapa Māori is te ao Māori.

Epistemology is the theory of knowledge embedded in the theoretical perspective and thereby in the methodology. The epistemology that underpins hermeneutics is interpretivism which is a tradition in social science in that the social realm may not be subject to the same methods of investigation as are relevant when understanding the natural world. As the researcher, I will focus on understanding the interpretations that social actions have for participants because it is unique and context dependent.

In terms of critical theory epistemology, perceptions are influenced by past experiences and culture and so truth comes from social experiences where social life is constructed by meaning (Campbell and Bunting, 1991). Furthermore, according to Campbell and Bunting (1991) ideology prevents society from correctly perceiving their true situation and real interests and so the goal of critical theory is to nullify the effects of ideology so that society perceptions are emancipated. For Kaupapa Māori to be a strong theoretical framework, it must be cognisant of Māori historical and cultural realities, in all their complexities (Pihama, 2001). The following part of this chapter will cover in more detail the methodologies as parts of the whole, respectively, hermeneutics as an interpretive approach, critical research and then Kaupapa Māori.

Philosophical underpinnings of the methodology

The design of this study is based on a critical hermeneutic methodology which is underpinned by the philosophies of Ricoeur, who provides bridges between the “finitude of hermeneutic imagination (Heidegger and Gadamer), and the validity of the ideal undistorted communication (Habermas)” (Dooley & Kearney, 2002 p 6671). Critical hermeneutics reaches across the interpretive and radical research paradigms and can be used to guide inquiry when both the meanings of a common and culturally based lived experience and an analysis of the oppressive social structures that maintain the nature of that experience are needed (Ruangjiratain & Kendall, 1998).

Kaupapa Māori is underpinned by the traditional philosophies of Māori with a history that reaches back thousands of years. It is based within te ao Māori which is referred to as the Māori world view and informs how Māori perceive and live in the world. Te ao Māori encompasses traditional customs and practices such as te reo (the Māori language), tapu, noa (Smith, 2000; Smith, 2001). Tuakana Nepe (1991:15) (cited in Smith, 2000) presents Kaupapa Māori in relation to the development of Kura Kaupapa Māori (Maori based schools) and states that Kaupapa Māori is the “conceptualisation of Māori knowledge” (p3) that has been developed through oral tradition.

Hermeneutics aligns with how Māori traditionally impart knowledge through verbal practices such as pakiwaitara (stories) whaikōrero (formal speech-making), whakatauki (proverbs) and mōteatea (traditional song) (Wikitera, 2011). The critical perspective of the research design acknowledges and allows the phenomenon to be explored in such a way that brings to light the impact of the health inequities of Māori in this country and the fact that they continue to be marginalised and oppressed, and this will be crucial in the exploration of Māori leadership in public health.

Hermeneutics

Hermeneutics has its origins in the philosophy of Hans-Georg Gadamer and is situated in the interpretive research paradigm. As a research methodology, hermeneutics allows truth to be reached by being immersed in interpretation. The practice of interpretation according to Jahnke (2102) is a dialectical one which is characterised by the active questioning and answering or entering into dialogue with the text. Interpretive research is a study approach that uncovers the meaning of human experience as it is lived everyday. This is distinctly different from the study of subjects as in the natural sciences, meaning that hermeneutics is appropriate to study human action, that is according to Raungjiratain et al. 1998 who says,

The goal of constructing an interpretive account of the everyday world as it is experienced is to make explicit an understanding of those human activities in an insightful descriptive account that is sensible within the context of current concerns and interests. (Raungjiratain et al., 1998, p. 44)

In this research thesis, the purpose is to provide an interpretive account of the lived experiences of Māori practitioners relating to Māori leadership in a public health setting. Using existential understanding and a system of interpretation, this strategy provides a means for arriving at a deeper understanding of human existence through attention to the nature of language and meaning. From the interpretive perspective, knowledge and meaning is produced and not discovered. This is supported by Gadamer (cited in Allen, 1995) who says that meaning is produced through a fusion of horizons between the text and the interpreter. Gadamer, Weinsheimer, & Marshall, (2013) define the concept of 'horizon' as "the range of vision that includes everything that can be seen from a particular vantage point" (p. 261). Hermeneutics moves beyond participants' stories and explores what lies behind it, by asking for their interpretation of the experience (Grant & Giddings, 2002). As a researcher I will be focusing on understanding the interpretations that social actions in New Zealand have on Māori public health practitioners' views of Māori leadership to reveal the meaning.

Critical research

Critical theory has its origins in the interpretive paradigm of phenomenology and hermeneutic philosophies. The difference between the interpretive and critical research paradigms are in the aims. According to Raungjiratain et. al. (1998) Habermas's philosophy is based on "the need to

move beyond interpretive accounts of lived experience and towards a goal of social emancipation and change” (p.44).

Grant and Giddings (2002) discuss that critical research can be characterised by a number of assumptions and values in that we live in an unjust world where inequities are configured along predictable social lines such as gender, age, class and ethnicity. Furthermore, we must do something to address the injustices by taking up the interests of people who are marginalised, silenced and oppressed. Habermas as cited in Campbell and Bunting (1991) describes critical theory as a combination of empirical analytic and hermeneutic methods, with the addition of careful reflection on the nature of the knowledge toward emancipatory enlightenment.

Campbell and Bunting (1991) describe critical theory by summarising the ontological, epistemological and methodological assumptions. The ontological assumptions are that reality is constructed and that human beings are capable of rationale self-critique where the epistemological assumptions are that knowledge is subjective, rational, constructed, communal, contextual and emancipatory. The methodology reveals hidden power imbalances, critiques the ideologies from the dialogic obtained from participants. This is in line with Ruangjiratain and Kendall (1998) who state that the ontological perspective of critical theory is based on social structures that construct reality and are the sources of oppression for people.

Critical theory is about bringing to light how the power imbalance between Māori and non-Māori and the health ideology underlying New Zealand society may confine and misconstrue the interpretation of the meaning of Māori leadership in public health units and therefore is a useful methodological addition to this study.

Critical Hermeneutics

Critical hermeneutics represents an interpretive, non-foundationalist tradition founded in critical social theory and hermeneutic philosophy (Maeve, 1997). The French philosopher Paul Ricoeur builds on Gadamer’s traditional hermeneutic methodology by introducing a critical lens to interpretive approaches. Utilising critical hermeneutics allows me as the researcher to take the interpretive process of hermeneutics further and address the issues of power in public health and health ideology and locates hermeneutic analysis in a wider social, economic and historical context in New Zealand (Jahnke, 2012; Roberge, 2011; Ruangjiratain et al. 1998). Furthermore, Ruangjiratain et al. (1998) describes critical hermeneutics as,

a combination of interpretive and critical perspectives used to guide inquiry when both the meanings of a common and culturally based lived experience and an analysis of the oppressive social structures that maintain the nature of the experience are needed (Ruangjiratain et al.,1998, p.45)

For the purposes of this research, the critical hermeneutic methodology allows for the meaning of Māori leadership in public health for Māori practitioners to be uncovered.

Kaupapa Māori

This study fully acknowledges the Māori context of this research that participants bring through their stories. Therefore, it was important to situate the research in a Kaupapa Māori framework to ensure cultural safety for participants, and the researcher. Kaupapa Māori theory aligns with critical theory research in that they both seek to expose power relations that continue to oppress peoples, and in this study, Māori people. However, they are not reliant on each other and the differences that set them apart is that Kaupapa Māori originates from Aotearoa, and critical theory was founded in Europe. In this study I look to examine and critique power imbalances in Aotearoa that historically have constructed Māori people in binary opposition to Pākehā, reinforcing the discourse of Māori as the 'other' (Pihama 2001). Furthermore, Kaupapa Māori is based on principles from a Māori world perspective and includes Tino Rangatiratanga which relates to self-determination and allowing Māori to have control over their own culture and destiny. Taonga Tuku Iho is the principle that asserts legitimacy of Māori knowledge and protocols and relates to Māori cultural aspirations. Ako Māori is the principle around the culturally preferred pedagogy and Kia Piki Ake i Ngā Raruraru o te Kainga principle asserts the need to alleviate disadvantages experienced by Māori communities. The Whānau principle sits at the core of this research methodology and it acknowledges the responsibility and obligations of the researcher to nurture and care for these relationships and also the intrinsic connection between the researcher, the researched and the research. The Kaupapa principle refers to the collective aspirations and purpose of Māori and provides a basis through which Māori may critically analyse relationships, challenge the status-quo, and affirm Māori rights. Ata is an important principle around respect and understanding of relationships when engaging with Māori. The Treaty of Waitangi principle takes into account the importance of the treaty relationships between the Crown and Māori (Pihama, Smith, Taki, Lee, 2004; Smith, 2000).

Method of the research

The research question

This research asks the question: What is Māori leadership from the perspective of Māori public health practitioners?

Ethical approval and participant protection

The Auckland University of Technology Ethics Committee (AUTEK) granted approval of this research in July, 2014 (appendix A). Support for this study was also provided from the Auckland Regional Public Health Service (ARPHS) (appendix B).

All research in New Zealand is of interest to Māori, and research which includes Māori is of paramount importance to Māori (Hudson, Milne, Reynolds, Russell, & Smith, 2010. p. 1). Given the significance of this research to Māori, the ethical consideration used followed the guidelines

as set in Te Ara Tika, guidelines for Māori research ethics: A framework for researchers and ethics committee members (Hudson, Milne, Reynolds, Russell, & Smith, 2010). The Treaty of Waitangi is significant to this research as it forms part of the history for participants regarding the phenomenon of inquiry. In terms of ethical consideration, the study acknowledges the principles of partnership, participation and protection and particularly follow the ethical guidelines as described by Hudson et. al. (2010). The principle of partnership is about working together with iwi, hapū, whānau and Māori communities to ensure Māori individual and collective rights are respected and protected. In the context of this study I worked in partnership with the participant in the exploration of their experiences of Māori leadership in a public health unit.

To ensure the principles of partnership and participation, the study followed the processes of whakapapa as set by Hudson et. al. (2010) who explains the importance of consultation, engagement and kaitiakitanga (trusteeship). This is empowering Māori to take up the role of kaitiaki (trustee) in the research project with a view towards ensuring tangible outcomes. Partnership and working alongside Māori in public health units was used in this study by applying the framework of mana tangata which refers to individuals that choose to participate in research and their right to be appropriately informed of risks to their individual or collective mana. Protection of participants and Māori perspectives was done by ensuring informed and process consent was agreed as well as monitoring of the research to minimise any potential harm to participants. The aspects of mana tangata and manaakitanga for the research process are explained further.

Mana Tangata (Voluntary participation and informed consent). For this research an information sheet was provided to potential participants through the public health unit in which they work. This was to ensure that the participants were provided enough information about the study and about their involvement in it (see appendix C). Potential participants were then fully informed of the study including the risks and should they be interested in taking part they were referred to me and needed to sign a consent form (see appendix D). I checked that participants fully understood the information about the study before proceeding. This was to ensure that they were aware of the purpose of the study, what information is being sort, how it would be used and the implications for them as contributors to the study.

The primary role of participants in this study was to share their stories and experiences of Māori leadership in their work as public health practitioners. Participants had the choice to review their interview transcripts as the stories belong to them. However, the participants trusted in the research and did not feel it necessary to review their transcripts.

Manaakitanga (privacy and confidentiality). Various procedures were undertaken to ensure the confidentiality of participants in this study. Hard copy documents with participant details such as demographic information were stored in secure locked cabinets separately to consent forms. All electronic documents relating to participants were stored on a dedicated external hard drive.

The participants were given pseudonyms when referenced in this thesis and their personal information was not used for anything else other than for the research itself.

Manaakitanga (Minimisation of harm). In this study participants were encouraged to open up and discuss their experiences about Māori leadership in public health units. Given the historical context of Māori health and that Māori health needs arise from a breach of indigenous rights it is possible that these stories maybe traumatic or uncomfortable to recall. To ensure the mana of the participants were upheld, continual negotiation with them to ascertain if they were comfortable to continue with the interview or not was undertaken, and participants could choose to discontinue and withdraw from the study. These actions were undertaken to protect and care for participants and from an awareness of issues of sensitivity. It was also made clear that information was confidential and that participants did not have to discuss things that they find distressing. Follow up counseling was offered should the participant wish to take up this offer. Part of my role as the researcher, and that of the research supervisor was to monitor the progress of the study and if any significant issues were identified then a decision would be made to discontinue. Participants were also advised of counseling services they could access through their employer should they require further support. However, ongoing monitoring found no issues and the study continued well with no need for counselling services. I also used a Researcher Safety Protocol (appendix E) to assist in protecting my health and safety as a researcher.

Recruitment

The inclusion criteria for this study was to recruit participants from public health units across the country who self-identified as being Māori or of Māori descent and who work across the varied disciplines including technical, clinical and management, to deliver the public health service specifications as set by the Ministry of Health. Recruitment was done through promotion of the study at a national Environmental Health Managers meeting. Promoting the study was done in an effort to reach potential participants both directly and through intermediaries who would pass the notice containing a study participant information sheet to those more appropriate to participate. Interested potential participants contacted me and shared their contact details for use of correspondence and contact for the purposes of the study. I also had permission to access the Ministry of Health Directory of Public Health Units in New Zealand for the purposes of recruitment to this study. However, I did not need to utilise this directory because of the huge interest in the study that was generated from the intermediaries who were so supportive of the research. The deliberate selection of recruits for this study assisted with “in-depth knowledge and understanding” (d’Entremont, 2011, p. 38) of Maori leadership in public health and is in line with hermeneutic approaches which shows purposive sampling (d’Entremont, 2011).

I sent an email to interested participants with another copy of the notice containing a study participant information sheet which provided information about the study as well as a consent form that gave participants the option to either accept or decline participation. The initial

research proposal looked to recruit between eight to twelve participants and twelve participants agreed to take part in the study. However, only eleven interviews were completed due to one participant not being available for interview over the course of the study. Despite the full contingent of recruits not being interviewed, the study still provided a rich set of data and reached a point of data saturation, therefore my supervisors and I decided that eleven participants would be sufficient.

Participants

The study recruited participants who self-identified as being Māori or of Māori descent and who were employed in a technical, clinical, management or leadership position in a public health unit in New Zealand. Participants represented various public health units across the country including, Hutt Valley, Hawkes Bay, Te Tairāwhiti, Toi te Ora, Public Health South, and Auckland. The roles of participants ranged from public health nurses, health protection officers, health promotion and community workers and managers all with varying levels of leadership experience in their careers. The gender make up of participants were four males and seven females of varying ages and who affiliated with many different iwi and hapū across the country.

Interview structure and data collection

The interviews were conducted in the early part of the study to find out what leadership means for participants in the context of their work in public health. Prior to the interviews being conducted, I was in liaison with participants and was able to explain the focus of the study and collect completed and signed consent forms. In line with the participatory nature of the study, participants identified their preference of having either a face to face or phone interview. The participants also provided their ideal dates and times to conduct the interviews which were mutually agreed. By the end of the interview process, a total of five face to face interviews and six phone interviews had been conducted.

I used an informal semi-structured interview approach. Before the start of each interview it was important to ensure whakawhānaungatanga (process of establishing relationships) by re-introducing myself and discussing mutual relationships and existing work links with participants. This process was not constrained by time, and was far easier when done in person which gives effect to the Māori concept of kanohi ki te kanohi (face to face). Kanohi ki te kanohi relates to the importance of being present in this context to discuss the fullness of the topic and that the messages are conveyed and received in whole. Permission to audio record the interviews was also provided by the participants. One participant granted permission for their interview to be done in their home, and four participants agreed to be interviewed in private meeting rooms at their respective workplaces. The remaining interviews were conducted over the phone as it provided a convenient mode of contact compared to the costs and time travelling for participants to have face to face interviews.

The interviews were open and informal to allow participants to feel comfortable in sharing their stories about experiences of leadership in their work. To ensure an openness of exchange during the interview process, I spent time building a rapport and trust with the participants. Trust was often built through a process of *whakawhānaungatanga* and making connections with similar public health stories and experiences. The process of building relationships allowed me to be more open to participants' stories and to let the stories influence me. The course of the conversations during the interviews determined if and when probing type questioning were used to try and get closer to the meaning of Māori leadership in public health.

Each interview lasted for about one hour and the audio was recorded. During the interviews I also took down some notes of keywords and phrases from the participants' stories that linked back to the question and aim of the study. Overall the interviews were bi-lingual consisting of both English and *te reo*, although the main language used most often was English. The recorded audio from the interviews was then transcribed and the text from the interviews became the data which were then analysed.

Transcription of interviews

The transcription of interviews was initially undertaken by me, which allowed me to be interactive with the data. However after completing some of the transcriptions and with the guidance of my thesis supervisors, I employed an independent transcriber using the appropriate confidentiality research formalities.

The interpretive nature of hermeneutics emphasises the importance of language (Allen, 1995) and for this study the language has been captured from interviews with participants and the transcription process has produced the text. As each transcript was completed, I read and re-read the text over a number of days. As part of the transcription process, I translated the Māori words and phrases into the closest English equivalent. Given the importance of language in this methodology, I was conscious of the bilingual nature of the text from the interviews. In some cases, *te reo* provided the only appropriate expression, and so by translating *te reo* into English may impact of the interpretation. Allen (1995) proposes that if meaning is an interaction, then the nondemocratic conditions of society in which we interact give rise to power imbalances that have an impact on our language.

Data Analysis

Data were analysed using the method of conducting thematic analysis as described by van Manen (1990), seeking meaning, uncovering thematic aspects and isolating thematic statements. The thematic analysis also incorporated a critical analysis guided by Ruangjiratain et. al (1998) who set out the need in critical hermeneutics for dialectic reasoning so the data will be critiqued and deconstructed, looking for themes of oppressive ideologies and metanarrative.

Throughout data analysis reference was made to the principles of Kaupapa Māori as described by Smith (2000).

As each transcript was completed I read, and re-read the text over several days. Once all of the transcripts were available, I underwent a cyclical process of reading the data, reflecting on the text and then re-reading the transcripts. An important part of this process was the time used to carefully translate the te reo components of the data into English and reflect how the translation may affect the interpretation. The analysis process of understanding, speaking te reo and translating text into literal English is a practice of Kaupapa Māori (Smith, 2000; Pihama, Gardiner, 2005; Pihama, 2001). The interpretive approach to the analysis recognises that “translations need to remain true to the context while revealing a common meaning” (d’Entremont, 2011, p. 44).

The reflective process ensured that I was being open to ideas, after which I began to write my ideas and reflections. From reflecting and writing during the analysis process I found myself needing to understand better the historical context or horizon of the participants in relation to Māori leadership and how the historical context compared to my own horizon. The interpretation of the experiences of the participants relied on my own knowledge, understanding and world views and the prejudice I brought (Smith, 2000; Pihama, Gardiner, 2005; Pihama, 2001). The historical context was undertaken as part of the literature review. In terms of understanding my own prejudices that I, as the researcher brought to the study, I referred to my early study notes and journal entries about my personal beliefs and values. In order for me to fully understand and articulate my pre-understandings, I spent time in the Hokianga (location in Northland, New Zealand), where my mother is from. Spending time in my tūrangawaewae (ancestral place) allowed me to connect with my beliefs and reflect on them. Following from the literature review on Māori leadership, referencing study and journal notes and spending time reflecting in the Hokianga enhanced my ability to see the horizons better. Further to the reading and reflective process, I then began to question the data “focusing on the contradictions that exist in the social reality” (Ruangjiratain et al., (1998, p. 44), specifically in relation to the Māori context.

A fusion of horizons occurred during the data analysis where each transcript was examined for themes. Formulating a thematic understanding is not a rule bound process but a free act of seeing meaning. Themes give control and order to our research and writing (van Manen, 1990). When a theme was uncovered from the data, they were then analysed in relation to all the data as a whole. The interpretation of text in terms of ‘parts and the whole’ is described by Allen (1995) where “one understands a sentence in part by understanding the context within which it occurs, and, similarly, one understands the context by understanding individual sentences – each can modify the other” (p.179). From the analysis of data a thematic interpretation of Māori leader from the participants’ perspective appeared. The findings illustrate the views of the participants in the context of a public health unit and to show the way in which I as the researcher have participated in the making of the data and how these perspectives and vantage points are brought together (Allen, 1995; Koch, 1996; Ricoeur, 1991). This is in line with fusion

of horizons as Gadamer (1976, cited in Koch, 1996) states that the task of understanding is to show how a fusion has occurred.

Trustworthiness of research

The following part of this chapter discusses how I have ensured trustworthiness in this study. The responsibility is with me as the researcher to show how I have addressed the issue of rigour in the study, and so the concepts of credibility, dependability, transferability and confirmability are further covered (Koch, 1996; Ryan, Coughlan, & Cronin, 2007).

Credibility

Credibility is about consistency between the participants' views and the researcher's representation of them (Ryan, et. al, 2007). I have presented my pre-understandings and prejudices that I brought to the research as this influenced the interpretation and communication of the stories from the participants. However, I undertook purposive sampling methods in recruiting and interviewed eleven participants. The sampling method provided a rich set of data to a point of data saturation which is presented in the next chapter of the thesis. Pre-understanding of the participants was done by ensuring I was being open during the interviews, by undertaking a literature review of Māori leadership and in the analysis of the interview data. It is the fusion of perspectives from the participants and I that will demonstrate the faithfulness to the description of Māori leadership in the context of public health units.

Dependability

Dependability of research is about the reader being able to easily follow the "events, influences and actions of the researcher" (Koch, 1996, p. 178) as well as being able to clarify the research process. I used a research journal to document decisions about the theoretical, philosophical and methodological decisions made throughout the entire research process. The journal was a means to clearly document each phase of the study as well as a tool to easily trace the study decisions made in liaison with my supervisors.

Transferability

Transferability of research can be demonstrated when "the findings can fit into other contexts and readers can apply the findings to their own experience" (Ryan, et al., 2007, p.6). Therefore, in this study, information about the participants was shared including ethnicity, gender, the different public health roles amongst the group as well as a description of public health units in New Zealand, to assist the audience to understand the context of the study. In understanding the context of the study the audience can assess the relevance in other situations, however over generalization can obscure diversity and lead to a generic 'they' and a generic 'we' concept (d,Entremont, 2011).

Confirmability

Confirmability is about ensuring that the findings have clearly been derived from the data (Koch, 1996). The method of collecting and analysing the data are documented in this chapter of the thesis. Furthermore, the findings chapter of the study presents text from the interviews with participants to assist in assessing the trustworthiness of the research process.

The methodology and methods of my research are clearly presented in this chapter. I believe that congruence between the methodology and methods has been demonstrated throughout this study.

Chapter Four

Findings of the Study: Being Māori

Introduction

This chapter is the first of three that will present the findings of this study that aims to uncover and better understand the meaning of Māori leadership for Māori public health practitioners in New Zealand. There are three main themes that emerge from the data with the first one covered in this chapter entitled, Being Māori. The main theme, Being Māori is further explored through the subthemes, which include Te Reo Māori, Knowing Who I Am, Being Connected Somewhere and the final subtheme of this findings chapter, Being Guided.

Being Māori is an evident finding because in order to be a Māori leader in public health you must be Māori. While non-Māori may be able to adopt Māori perspectives and practices, the difference is that they are not themselves Māori. This main theme of Being Māori is about being connected to one's culture and its significance to Māori public health practitioners. For the participants in this study, Māori leadership is about Being Māori, a leader who is proud to be Māori, appreciates the language, Te Reo, has a sense of themselves, a sense of belonging and is someone who is guided by their values.

The next findings chapter will present the second main theme being, Walking in Two Worlds and covers the sub themes, Doing Whatever it Takes and Understanding the Challenges. Then, chapter six discusses the findings of the study with the final main theme, Working as a Collective and the sub themes of Working with the Right People, Looking Beyond, Doing the Work. Firstly, I present the findings about Being Māori.

Being Māori

When participants talk about Being Māori, it is striking how resoundingly positive the discussions are, with such a gracious air of confidence. Māori leadership is about being extremely proud of Being Māori first and foremost, over anything else. There is a real sense of pride and positivity about Being Māori, despite the challenges. Manukura says,

Oh, I love Being Māori. I love the challenges that go with Being Māori and the challenges that you face just by Being Māori

Māori practitioners expect that there will unfortunately be challenges simply by virtue of ethnicity such as negative societal stereotypes of Māori. Māori leaders in public health need to be able to acknowledge and change this mind-set of those that have these views. The study reveals that Māori leaders should embrace the positives and be proud to be Māori because it makes them special and unique, and having a point of difference makes Being Māori exciting. Tui and Manukura say:

Yeah, Being Māori for me makes me special

I think it's exciting to be Māori, I think it's a point of difference

For the participants, a Māori leader in public health is someone who acknowledges and celebrates their heritage, their whānau and where they come from. They believe that Being Māori extends beyond them as individuals towards a collective ideology of their whakapapa (genealogy) their family and to people in their lives. Aroha, Kaz and Kaitataki respectively say,

I'm very proud of who I am, where I come from. I always acknowledge my whakapapa

I'm proud to be Māori and connected to people and you know we celebrate our culture. I am proud to be a Māori

For me, I've got a number of different kinds of sides within my family and um the Māori side has always been something that I have been proud of

The study reveals that Being Māori is about embracing and being proud of one's culture and identity having a connection with the te reo Māori is also an important part of this.

Te Reo Māori

Māori leadership in public health is about Being Māori and te reo is an identifying factor to the Māori culture and is an instinctive virtue, regardless of the level of knowledge or ability to speak it. Aroha and Manukura both express a common experience around the level of fluency in te reo Māori. Aroha describes how as part of her journey of discovery, she wants to know more about the language and wants to be able to speak te reo Māori fluently. Manukura also shares her wish for more Māori to at least have a conversational level of fluency in te reo:

It's a journey that I have to take on myself, but it's something that I really do want to know more about. The language, being able to speak the language fluently

I wish that more Māori were conversant in te reo and knew where they come from

Supporting the development of the language and understanding that it connects one to their cultural identity are actions and attributes of a Māori leader. Tui talks about the generational experiences her whānau have with the language. She feels te reo is important to Being Māori and so she is supporting her family to learn it, and is herself a student:

I was never taught te reo when I was at school and my age tells you that. I'm of a generation where it was never, ever considered a topic when I went to school. The same as my husband but through our years he's learnt part te reo and he now can speak it pretty good. I in the meantime, haven't been able to do that. Mainly because I've raised our children and we asked him to have their pathway because of the work that he does in education. So now that I'm living here with my mokopuna (grandchild) and my other children, I've got an opportunity to learn. So I'm learning te reo now

The participants in the study suggest a Māori leader in public health is one who knows and understands the history of the language, and can help to foster te reo with themselves and their whānau because it connects them to Being Māori. It is evident in the narratives that the oppression of the Māori language in New Zealand has had an impact on participants. Kaz describes a feeling of being denied the right of being raised with te reo. She now lacks the confidence to even attempt speaking her own indigenous language through fear of not getting it right. This fear resigns her to feeling that speaking Māori does not determine her sense of Being Māori. Kaz says,

for me I feel a little bit robbed when I was younger because I never got spoken to in Māori and my daughter, she can kōrero (speak) a little bit. I get a bit shy sometimes because I try to speak it but I feel a bit funny sometimes because I don't pronounce it and it puts me off sometimes but I know deep down I don't have to speak fluently to be Māori

Aroha describes how the use of te reo Māori has changed in her family over the generations due to the impact from the historical suppression of the language:

I was brought up as urban Māori, my grandparents were fluent speakers, however, my parents were of the generation that they were punished if they spoke Māori at school

Participants acknowledge the importance of te reo however the use of the language varied even amongst themselves. The study reveals that despite the historical silencing of te reo, the language is still an important traditional connection towards Being Māori irrespective the level of knowledge and fluency of participants. This study suggests that Māori leadership in public health means understanding the importance of the language and nurturing its development as a fundamental part of the culture. Te Reo Māori is part of Being Māori and so is knowing oneself which I discuss in the next subtheme, Knowing Who I Am.

Knowing Who I Am

Knowledge and fluency in te reo also appear to contribute to the sub theme Knowing who I am. For the participants in this study Māori leadership means having an unwavering sense of knowing who one is with conviction and certainty. The participants feel that having the knowledge of who they are gives them confidence, security, clarity and certainty. The knowledge of knowing oneself connects participants to their identity which is often found through a journey of self-discovery.

For Herewini, Being Māori is who he is first and foremost, and feeling safe in knowing who he is, is part of a journey towards the connection to his culture. The knowledge of oneself creates a sense of confidence and the ability to relate more easily to one's identity. Knowing Who I Am provides confidence, safety and security in Māori leaders. Herewini says,

What it means to be Māori to me? It means that for me it's knowing a person foremost. It's about knowing who I am.

I suppose the best way I can put it was knowing who I was and who I am and being safe in knowing it, and that, having to go on my own personal journey

Tukaha shares a similar experience in that through a learning process she discovered an innate sense of already knowing she is Māori and that it is who she has always been. This is regardless of her perception of not “being raised Māori”, and then coming to a space and time in her life where she realised quiet easily and naturally her connection to who she is. Knowing Who I am gives Māori leaders a sense of connection to Being Māori and to their culture:

Because that's my experience of not being raised Māori as such is through this learning process and taking it in and actually it's not been hard to take that in and that's why I say it's innate, it's already in me. It's who I am

For Aroha and Kaea, Being Māori is not only about Knowing Who I Am, but furthermore knowing where they are from, and knowing the family and whakapapa (genealogy) connections. Kaea believes Being Māori is who she is and this belief provides comfort and confidence in being who she is. She goes on to discuss that although Māori have similar values and understandings in life, that this does not by virtue make all Māori the same, which speaks to perhaps the uniqueness or points of difference of Māori as discussed previously in this chapter:

So for me Being Māori is knowing who I am. I know where I come from, I know my whānau

Being Māori for me? Um, I suppose that's who I am, it's understanding your whakapapa, and it's those values and being comfortable about being who you are and we're not all the same just because we are Māori.

The study reveals that Knowing Who I am is about knowing who one is, their culture, their lineage and how that makes them unique. Having this knowledge of who they are helps Māori leaders to contribute and add value to Māori public health outcomes because they understand and connect to Being Māori.

Aroha describes how her learnings come from working in public health and how having the knowledge and understanding of who she is important when working with Māori. Knowing who she is benefits her in being able to build and develop relationships. Aroha says,

I think I've learned so much about myself Being Māori, working in public health. I've had a lot of great opportunities working with whānau and understanding that Being Māori is really important in working with our whānau. Particularly having that understanding in building and developing our relationships

The study reveals that knowing oneself is important to Being Māori, and another subtheme of this is Being Connected Somewhere.

Being Connected Somewhere

The study reveals how important and natural whānau is to Being Māori and towards having a sense of Being Connected Somewhere. Whānau is more than the nuclear family structure because participants describe their perspectives' on how whānau is, not just having a blood link but how it is also about having that connection or affinity with people whether they are colleagues, clients or friends that resembles and feels like a whānau relationship. Aroha and Tukaha share their experiences around having a whānau connection and how this is inclusive of the people, they work with:

...being able to work alongside closely with other Māori colleagues and to me they're now an extension of my whānau. I think we're typical Māori we just have this affinity with each other.

I think Being Māori, on reflection, and there's more that's happened since, but that's just a build on of who I am, for me it's about Being Māori is just, I keep thinking whānau. Like every time I think Māori, I think whānau, because obviously it's not just that for me. Whānau is not your blood connection. Whānau are my colleagues that I hold nearest and dearest. They are my best friends, they are my blood family, they're my cousins etc. It's about being connected somewhere, like this is my home

Being Connected Somewhere gives Māori leaders a sense of belonging and being connected to their whānau and heritage. Feeling connected is important in helping to form and maintain close and meaningful relationships in public health, similar to those relationships Māori have with their whānau. The study reveals that feeling connected to somewhere helps Māori leaders in public health and that Being Māori is also about Being Guided, which I present as the following sub theme.

Being Guided

Being Guided means Māori leaders in public health are innately guided by their values and beliefs often passed on to them from their whānau through their ancestors. Being Guided is about how Māori leaders utilise their perspective of the world to improve Māori public health outcomes. Herewini shares his experience of how he uses his knowledge and understanding of leadership that was passed down from his ancestors. Māori leadership means being a Māori practitioner who understands and believes in the use of traditional knowledge as examples of success. To believe in it means they are able to stand strong in their leadership ways because they are those of their ancestors:

so leadership for me in a sense is about a person who knows what is right, stands by it, no matter what because you have that assurance and you know that it has been proven, it's been tried and it's trusted

The influence of Māori beliefs and values comes through in Jacob's story who believes that as a leader he is very much guided by these. Being Guided means Māori leadership is driven by a

Māori world view, by traditions, whānau and whakapapa. By utilising these beliefs, Māori practitioners in public health will feel safe and confident in their leadership.

So I'm guided by my values and principles. In particular my Māori values and principles, as a leader

The study reveals that Māori leadership means being a Māori practitioner who is guided by Māori values and perspectives. Tūkaha believes that what works for Māori, works for all. This means by working towards improving Māori health disparities the entire population will benefit from the same approaches and initiatives because Māori operate under a collective mentality that encompass the people, all people. For the application of these ideas to be successful, there needs to be Māori leadership at all levels. Tukaha says,

that's definitely something that's always resonated as what works for Māori works for all so in order for us to be able to do that we can't have a non-Māori at the top telling us this is the way you Māori need to do it so that the rest of us....Actually no it needs to be one of our own at the top saying the same thing

Summary

The study reveals that Being Māori provides a positive and proud attitude in Māori leadership in public health. Being Māori is about feeling connected to ones' culture through the language, relationships with whānau, knowing oneself and being guided by Māori values and perspectives.

Participants discuss their experiences about wanting to learn and speak te reo as it seems to be an identifying characteristic of the Māori culture and so the language connects them to Being Māori. Furthermore, being connected with oneself, as presented in Knowing Who I Am gives Māori leaders the ability to be confident in themselves and this confidence then supports them to be able to build successful working relationships in public health.

Being Connected Somewhere is about the importance for Māori to feel linked to people, whānau, friends and colleague which helps Māori leaders to develop close and meaningful working relationships as public health practitioners that will support improving health outcomes for Māori populations. The study reveals that Being Māori is about Māori leaders in public health who are innately guided by their values and beliefs and utilise their perspective of the world to improve Māori public health outcomes. The next findings chapter discusses a further main theme of Walking in Two Worlds and subsequent sub themes, Doing Whatever it Takes and Understanding the Challenges.

Chapter Five

Findings of the Study: Walking in Two Worlds

Introduction

The findings from this study reveal that the meaning of Māori leadership in the public health sector is one of Walking in Two Worlds. To be a Māori leader requires the ability to walk in the world of te ao Māori and te ao Pākehā. Te ao Māori has a holistic and collective approach to health and is a place where the participants feel comfortable and able to express themselves, whereas te ao Pākehā, the world of their profession and the organisation in which they work has a more individualistic, clinical and medical ideology of health.

The two worlds have differing values, often making it difficult for Māori practitioners to navigate between them. However, to be a successful leader it is vital that they can confidently and comfortably bring the two worlds together and walk between them. This requires them to do whatever it takes as well as have an understanding of the challenges and stereotypes which may impact on their journey. This chapter will discuss this central theme of Walking in Two Worlds and the associated sub themes of Doing Whatever it Takes and Understanding the Challenges.

Walking in Two Worlds

The ability to understand and work with both Māori and Western perspectives appear to be important in relation to the meaning of Māori leadership in public health. The participants refer to this as Walking in Two Worlds. For Kaea, one world is a place where she can be free to be herself and comfortable to express herself. The other world is about being a nurse who needs to be clinically-focused.

Kaea makes a point about how the values are different in each of the two worlds and how some things need attending to from a Māori perspective before being able to do the nursing job. She talks about the difficulty in finding a place or people who allow her to express herself and to be Māori, and so the challenge comes when the values of the world's differ. Kaea says,

for me it's about being comfortable in who you are (Māori) and finding those networks that allow you to express yourself so that you can continue to be who you are because it is a struggle sometimes. You have to be able to walk in both worlds, especially as a nurse in terms of being clinically focused, but there are values that differ. That means that sometimes you have to attend to other things before you can get on with the clinical.

The restrictive nature of working from a clinical perspective and differing world views is also shared by Manukura who also sees the need to have the ability to look beyond the obvious issues from a medical, te ao Pākehā perspective, towards a holistic, te ao Māori view of her

community. The study showed that Walking in Two Worlds means Māori practitioners have to navigate between two mind-sets and ways of thinking in their work as described by Manukura:

It's more than just the ability to just look at the most obvious and always stated impacts of that, you look at it from a more holistic view then just say from a medical perspective...you would think about the wider impacts on the community

For Māori practitioners in public health Māori leadership means understanding and having the ability to look beyond the face value of a client and see that person as a whole considering their world view, whānau, income and even their beliefs. Kaz talks about how enormous and difficult this approach is, having to consider the various complexities when working with clients. In her experience, she tells of how working one particular way to get clients to take their medication does not suit everybody because people are not all the same. Some clients need more support than others do and this support can be given by taking a more well-rounded view of the situation:

we look after a lot of young (Māori) kids and like you don't just see them you need to look at the whole world they live in, their whānau their income, you know – where they're at and what their beliefs are. It's huge yeah..... We (Māori) just don't do one glove fits all.

So it's actually looking at them and going 'everybody is not the same'.....So looking at them in their world and seeing what best suits them. That's how I see it.

the Ministry do all this stuff and they think it fits everybody.....That's why I say you look at it more holistic.

Manukura's experience shows that to be a Māori leader means being a Māori practitioner who is pro-active in their work and is guided by Māori values such as tika (the right), pono (the true) and aroha (the love) that will lead them to doing the right thing regardless of their role. To be a Māori leader in public health means having the ability to navigate between and bring together the needs of the job and your own personal values to develop a balanced approach to the work. Manukura terms this idea as “*being inventive*” and seeing that there is more than one way of doing something. Walking between two worlds is not an easy thing to do and it can be challenging:

I'm probably more proactive than other members of our team and that's why I think it comes back to Māori world view you know, tika, pono, aroha... what do I think is going to be the right thing to do.

I may not be able to do it in the role that I have but that doesn't mean that I can't influence others or help them in other ways to try and get those gains it's... you know, there are plenty of ways to skin a cat and I think that sometimes you have just got to be you know, inventive with how you do things. And sometimes the best way is not always the easiest, um and yeah it's just yeah, it's challenging

For Tane, Māori leadership is a Māori practitioner who can walk in two worlds, who is well educated and is experienced in their field of public health. Tane says:

I guess I'm walking in two worlds but I don't know I sort of think probably a bit like yourself, a bit of responsibility, we're well educated, we're experienced and there are not many people particularly in the environmental field and Māori field, there are not many young Māori coming through that can sort of lead in that capacity. That's what I reckon anyway

Tane describes how there is a sense of responsibility with being a Māori practitioner to actively work and lead the way for improved Māori health outcomes. This is because others (non-Māori), who work in public health are not perceived as sharing the same sense of responsibility towards improving Māori health or, as Manukura describes it, 'they just don't care'.

Being a Māori leader in public health means being in a privileged place in society and their position in the two worlds allows practitioners to help others and to effect change. Having the ability to identify with communities, to understand the circumstances they live in and to be empathetic to those circumstances makes for a successful Māori leader.

The emotional connections and ability to relate to communities compel and motivate the practitioners to take action and bring about changes and improvements for Māori. Again, it is this notion of navigating between having responsibility to Māori and a responsibility to the job that shows up in the data. Manukura's relationship with the community drives her to take action for Māori, and because she is in a public health role feels a sense of responsibility to Māori. Manukura talked about "being a clever Māori", which relates to bringing together the two ideas being her relationship and responsibility to Māori and to the job, and developing a successful approach to the work. Manukura says,

I think it's being a clever Māori, because otherwise all of my work mates would be trying to do the same thing but they just don't, they just don't care. It's just, you know, it's not their community, they don't live there, they might think that it sucks for them, but I don't think that they feel the same sense of responsibility and I think that you know I think that's because they don't identify with being brown, well actually just being brown never mind all the other things, all the other demographics... um yeah I think that I'm in a privileged position so I should be doing what I can to help those that are trying to what they can do

Walking In Two Worlds is about being a Māori leader in public health who does whatever it takes to bring the two perspectives together in order to make positive changes for Māori.

Doing Whatever it Takes

The study reveals that Doing Whatever it Takes is about Māori practitioners having the ability to navigate the perceived boundaries of their roles and working around these in order to get the best outcomes for Māori while not compromising who they are. This is not about going outside of the employed role with complete disregard; rather it is about Māori practitioners being authentic to themselves and acknowledging their ability to consider and be guided by Māori concepts and values to get the work done.

Manukura believes that there are defined expectations in public health work which are contrary to her personal beliefs and her Māori world view. And so in order to get the work done, Manukura has to navigate between te ao Māori and te ao Pākehā. By doing the work in a strategically unorthodox manner ensures Manukura is not compromising her Māoritanga (being Māori):

our role is very black and white and its contrary to everything that I know, but it is what it is and if I have to work you know in an unorthodox manner and through other people to get those gains then that's what I will do

I am happy to help try and give her [client] all the support she needs so that then she can pass it on. So I am not doing it directly but I'm trying to get it done which is not necessarily unorthodox, I think it's just clever. You know you have got to be strategic sometimes. I think that we could be doing more, but we have also got to look at the big picture stuff.

The study reveals that Māori leadership means being a Māori practitioner who can think strategically and come up with clever ways to get the work done that still considers the public health and Māori ideologies. Doing Whatever it Takes means being a Māori practitioner who puts the people and their needs first and puts the desired outcomes at the forefront. Tukaha shares a similar experience to Manukura and others around taking the risk of being exposed to criticism or disapproval because they are driven by wanting to improve Māori health. The participants in this study work strategically, always being aware of how their actions will work out and doing things in such a way where the ultimate goal is the priority, in this case, Māori health gain. Although it seems that the job title can restrict the abilities of practitioners to get those gains, Tukaha's story reveals that practitioners are not necessarily constrained by this:

I thought I'm going to let this [issue] go everywhere it needs to because it's not something that we are going to sweep under the carpet because why am I in my job if I'm not actually doing what we are meant to be doing which is for our people? That's how I saw it. Yeah at that time I thought I'm risking getting a smack over the hand. I honestly didn't give a shit because that wasn't important to me. I thought I can take that. I've been around long enough to know that sometimes that sort of stuff happens but if it's getting what we need, then I'll do whatever it takes and it is. It's just around not being constrained by job title.

Advocacy for things Māori is something that Tui just does and she has been doing over her thirty five year long career and it has become part of her normal practise. She wants to ensure Māori involvement in public health programmes. Her compulsion to advocate comes from a place of feeling responsible in her position because her voice is more likely to be heard over the voice of community. Tui says,

I've always advocated for things Māori. Whenever I get the opportunity I will always say, well hold on a minute, what's happening here? Or where's Māori involvement? You know, where's the Māori voice? So you see I've been doing that Māori advocacy stuff for 35 years now so it just comes naturally and I just don't think about it anymore, it's just me

For Kaitataki, Māori practitioners should not feel restricted by their job title or be reluctant or fearful of consequences. He believes they need to take leadership opportunities advocating for Māori in programme planning and ensuring a Māori voice. He expects this level of engagement from fellow Māori practitioners because they have the public health knowledge from a Māori world view, while non-Māori staff do not. This means that Māori leadership is about taking a fearless stand to give a voice for Māori and understanding that Māori are the knowledge holders and experts. Kaitataki says,

I guess, what I do like to see from those staff who are Māori is taking a greater leadership role...what I expect would be people going outside of their designated role to provide input in areas where it's needed, so like if you've got colleagues or managers who don't have as strong a knowledge as we'd like, and our staff who are Māori are kind of stepping up and providing that knowledge so um, the key thing for me is a little bit of pro-active engagement I guess and not being afraid to kind of say their own views and that would be the major differences

Tane shares how he has a close and honest relationship with the communities he works in. Doing Whatever it Takes means being a Māori practitioner who can naturally assimilate with the people without ego, without set boundaries and someone who is accountable for one's actions. It also means that one's actions and behaviours are determined by the people and their needs, rather than the needs of the organisation or role. This reveals that Māori leadership means doing more than what is expected, for the benefit of the people:

I've got a close affinity with the community and that's probably the main thing to actually have an idea we've got that connection. Bureaucracy is not there in the background but I try and make an honest relationship and being honest, accountable. When you say you are going to do something you do it, but you also sort of do the extra steps, because sometimes this community needs that

The study reveals that Māori leadership means being fearless in the face of authority, instead acting and being driven by the needs of Māori. Doing Whatever it Takes is about being a Māori practitioner who is able to navigate in and out of the perspectives of their employed role and their personal Māori world views which can be challenging.

Understanding the Challenges

To walk in two worlds requires a willingness to do whatever it takes as well as the ability to understand the challenges. The study reveals that Māori leadership is about understanding and dealing with the challenges ahead as they appear in the work they do and in the communities they work with. The challenges for practitioners relates to trying to work with a Māori world view in a mainstream framework. For the participants in this study the use of Western classification systems such as the deprivation index and decile ratings do not reflect Māori values and contribute to negative stereotypes.

Tukaha shares her experience of working for Māori communities and the difficulties of navigating between her Māori world view and then having to work under a mainstream plan or way of doing things:

Working for Māori under a main stream kaupapa (plan) is really difficult to navigate and definitely it's filled with challenges every day

The study reveals that Understanding the Challenges means understanding that Māori practitioners are required to work under the ideas and attitudes that are viewed by most people as conventional and normal. Most people in this context are usually not inclusive of Māori. The challenge seems to arise when trying to do the best for Māori whilst working with a conventional plan. Tukaha describes the school community she works in her role as a public health practitioner. For her, she needs to understand the Western derived decile and deprivation ratings and the New Zealand schooling system as well as the perspectives from a Kura Kaupapa Māori, Māori students and whānau stance. The challenge comes from having to navigate between all the varied concepts and ideologies in order to implement a framework of health promoting schools:

I work with all decile 1 and 2 schools and Kura Kaupapa Māori and that is under the framework of health promoting schools. So it's a community development approach working with low decile schools located in high deprivation lower socio economic areas and more often than not a high proportion of Māori students and whānau within those kura (schools).

The data from the semi-structured interviews show that, Māori Leadership means being a Māori practitioner who understands the perceived stereotypes of Māori arising from the classification and rating systems like deciles and the deprivation index. The perception is that just by being Māori means having a low standard of education and a high rate of unemployment, as Manukura describes it 'and by virtue, they are Māori'. Manukura and Tane describe similar experiences relating to working with and understanding low deciles, high deprivation and poor health outcomes for the communities they work with. Manukura says,

So, part of our mahi (work) looks at our areas of high deprivation so we do put more effort into communities that are the most vulnerable, have the best representation, get the most information, and are the most resourced, and just by virtue they are Māori, often Pacific, low education standards, high unemployment, and I think you'll find that most of those communities are Māori.

The participants share common experiences about the Māori communities they work with, particularly understanding their circumstances and dynamics as well as identifying with the hardships the communities are living through. While the communities that Tane works with are financially impoverished and have difficulties in accessing fundamentals like clean drinking water, they are still very strong in spirit. It is important for Māori practitioners to have an appreciation of the challenging circumstances that the communities are living in because this helps to relate to them and builds a stronger connection. Tane says,

I guess the challenges in this community, it's financially, spirit wise very strong but financially are very impoverished... when I get to the background, a lot of whānau, we get droughts here and a lot of whānau are going to the stream with buckets to fill up their bath tub to carry them over for a week. So already in there, if you're life has got to that point there is a whole lot of stuff that's pretty tough

Navigating and working through perceived stereotypes and challenges that arise from those perceptions came through strongly in the data. From this, Māori leadership means having the ability to connect with the communities and to understand the stereotypes relating to poverty, poor health and being Māori. Manukura shares her experience about understanding perceived stereotypes of Māori and how they shape her perspective. While stereotypes in general may have a negative connotation and while practitioners are constantly reminded of how poorly Māori are represented, Manukura is able to break through the construct of the statistics and views the numbers in a way that is more balanced. She believes the statistics are not accurate nor reflective of Māori. To be a successful Māori leader it is important to understand the stereotypes and work with a more balanced view because this likely to provide an even-handed approach. Manukura says,

But then when I actually think about the numbers I know that there are more Māori that do work than don't work, I know that more Māori don't smoke than do smoke um and more Māori are not in prison than are in prison and I think that's important to remember those facts when we are constantly reminded how poorly we represent in these statistics but I think that's just common knowledge that we will take on head first... we need to concentrate on being able to pull ourselves out of these overwhelming statistics they are not necessarily correct or reflective of who Māori are, but they are still disproportionate none the less.

Hine shares her experience of how challenging it is to work because of the impact of stereotypes. One of the challenges is that Māori practitioner are having to work against stereotypes like Māori being on drugs, in jail or being un-educated. Even though Hine is an experienced practitioner, she believes her Māori name raises assumptions for others about whether she is trustworthy, competent and knowledgeable.

In the previous chapter Being Māori, the study reveals that participants are proud to be Māori and they embrace their culture. However, Hine refrains from giving her full name when working with new people because it identifies her as being Māori. She is fearful that others will wrongfully judge her because of societal stereotypes. She says,

I kind of still find it a bit difficult in giving my full name, my first name and my surname, because it identifies that I am Māori I suppose and just the conception of them thinking okay, so does this person know what she's talking about. So kind of dumb-afies who I am kind of thing and also going into a person's home, you know, are they thinking that I've come to steal something because again the perception of Māori is that you're either on drugs or you'll end up in jail or you don't know anything at all.

The impact of negative stereotypes is also a shared experience amongst the communities that Māori practitioners work with. It is important that Māori leaders in public health are able to navigate between doing their job based on data that categorise Māori as 'high risk', and the

perceptions of the communities who do not see themselves the way in which they are represented in the statistics.

In Kaz's story, some Māori that she works with become offended and upset with stereotypical labels being applied to them and she tries to navigate through having to work with the whānau because she also has a public health role to undertake:

the Ministry, they'll say you've got to go and give this medication because Māori are more at risk of this and Māori are at risk of this. And you know a lot of Māori people, excuse my language, they get pissed off with because they think, "Why do you people label us like that eh?" You know but for statistics, that's why they say it. Like I've come across people and they go, "I don't live in poverty. I don't this and I don't that."

Working with vulnerable communities is a condition of employment for the practitioners in this study, whereby part of their job is to target the poorest, most at risk, least educated, and the sickest. The challenge for practitioners is that that have to work with these targets that derive from using Western classification systems that contribute to negative stereotypes of Māori.

Kaz shares her experience working with whānau who do not believe they live in poverty and where the decile ratings do not work. The challenge is acknowledging their beliefs while still trying to get the job done. The study reveals that Māori leadership is about being a Māori practitioner who is able to understand and appreciate the apparent health facts as well as the beliefs of the whānau in order to get the work done. In using a generic public health approach driven by statistics whānau become upset and angry because of the stereotypes that arise from those statistics. Kaz feels that a generic public health approach does not work and a more holistic and relatable attitude is needed when working with Māori whānau. Kaz says,

Sometimes they say that Māori are so many percent and Pacific Islanders so many percent and you know and people who get Rheumatic Fever usually live in poverty and people get angry with that, and you know I can see their point because like when they talk about academic stuff people aren't used to that culture. Do you know what I mean? And some people even get mad if they talk about the Treaty and things like that, they get a bit angry...They think I don't live in poverty, I'm not like or that and that's their own belief...The Ministry do all this stuff and they think it fits everybody...That's why I say you look at it more holistic.

Understanding stereotypes is a common shared experience amongst the participants. The negative perceptions of Māori and Western classification systems like the determinants of health make it difficult for Māori practitioners to effect positive change. Tui shares how challenging it is being a Māori practitioner because it takes so much time and effort to break through the stereotypes and to help improve Māori public health. Understanding the Challenges means being able to work through the complexities of stereotypes that impact so significantly on Māori communities in order to improve the public health outcomes. Tui also calls for more positives as she says,

I think because of the environment that our whānau are in, it's very hard to cause positive change because of the impacts of the determinants of health as you know.

Things around transport and work and housing and education....All those things have huge impacts on our whānau and if you're caught up in that it's very hard to change behavior so within public health things happen. It takes years to cause a change and for Māori who are so entrenched in lots of negative environments, it's a battle really. So we need more positives.

Summary

Māori leadership in public health means being a Māori practitioner who can walk in and navigate between the Māori and Pākehā worlds, who will do whatever it takes to get the best outcome for Māori, who understands and can take on the challenges and stereotypes.

Walking in Two Worlds means bringing the knowledge, practices and protocols from te ao Māori and te ao Pākehā to achieve the ultimate goal of improved Māori public health. In order to successfully walk in two worlds, Māori leaders need to have the confidence to do whatever it takes to raise the profile of Māori world views in the conventional public health system because it will provide a more balanced approach.

The study reveals that walking in two worlds has its challenges for Māori leaders mostly relating to the difficulties of having to work with Māori because the Western systems identify them as poor, sick and uneducated. In public health it is important that Māori leaders understand how the Western systems contribute to stereotyping so they can break those and highlight a truer reflection of Māori utilising their perspectives.

In the chapter the final theme Working as a Collective and the sub themes Working with the Right People, Looking Beyond, Doing the Work and Making a Place for Māori within the System will be presented.

Chapter Six

Findings of the Study: Working as a Collective

Introduction

The study reveals that Working as a Collective means understanding and valuing people and having a collective approach to working in public health. Further to this idea of the collective, the following subthemes also emerge around the importance of working with the right people and Māori leaders who are visionary, who do the work and advocate for Māori in public health. These subthemes are, Working with the Right People, Looking Beyond, and Doing the Work. Māori leadership requires that practitioners are Working as a Collective and this collective ideology for participants appears to come across as natural and is an innate value as Māori which closely aligns with the first findings theme Being Māori, as well as the fundamental concept of public health where it is about the health and well-being of the whole population. The findings in this chapter that relate to the importance of relationships and connecting with people are similar to those in the first main theme, Being Māori however, Working as a Collective represents how the collective approach is actually used in public health practise.

Working as a collective

For Kaea, Working as a Collective means advancing as a people as opposed to a personal or individual movement. This is not just in a career progression sense but also in the emotional sense where the people are on board, understand your vision, and advance along with you. She describes that Working as a Collective aligns with the philosophical foundations of a public health approach as well as Māori values:

I think with Māori leadership it requires that you take everyone around you with you, rather than it isn't about your personal advancement...as long as you take people with you so that they understand where you are coming from you don't do it out of arrogance or believing you know best. For me those are the kinds of things and I guess because public health is about the health of our population, the wellbeing, the collective wellbeing as opposed to the individual wellbeing is that you need that collective ideology that is something that is very much a Māori thing.

The meaning of being a Māori leader is about having a close and interactive relationship with people and being present in the same space and time. This face-to-face relationship resonates with the Māori values of kanohi ki te kanohi. The participants believe that by having interactive and engaging relationships and putting the people at the centre then they are working together, they are a collective as described by Kaz who says,

It's in me and as a Māori nurse, you know, I think it's good too because a lot of people when you look after them, sometimes it's that face to face interaction that really empowers them and you get like that therapeutic relationship instead of just you know you have to talk face to face instead of just ringing on the phone and stuff. Us (Māori), we're collective eh and not individuals

Working as a collective provides benefits for everyone as Tukaha suggests “*the people*” are more important than the leader and to be a Māori leader in public health you need the ability to give back to the people:

So I think that's what leadership looks like for me. Is about the ability to give back to people and put yourself on the back burner because actually you're not important in this. That's a collectivist support too because it's about the people it's not about the individual, because the individual benefits from whatever the collective is benefiting from. So that to me in a nutshell is what

Working as a Collective requires, Working with the Right People, Looking Beyond, Doing the Work, Being Guided and Making a Place for Māori within the System. The next subtheme discusses Working with the Right People.

Working with the Right People

In order to work successfully as a collective in public health it is important to find and work with the right people. This means Māori leaders in public health need to understand the value and appreciate the need to collaborate with key people. Working with the Right People is about the importance of relationships, collaborating with key people and demonstrating the attributes that makes him or her one of those right people.

Tukaha believes that the right people to work with to ensure successful public health outcomes are experts, because they hold the knowledge in their respective fields albeit health or education. The participants suggest that Māori practitioners seem to make assumptions about how things work outside of their own professional field in public health for example in education or the wider health sector:

In most of the industries, education or health, we [Māori practitioners] seem to be missing the boat there because we want to meet with these key people because they're the ones with the knowledge but we're actually missing the boat, so we're assuming a lot

Working with the Right People provides the need for Māori leaders to work with key stakeholders of public health. An apparent barrier to working collaboratively is jargon and technical terms specific to different sectors for example in health or education. Tukaha believes that to be able to work with the right people, Māori public health leaders need to navigate the language barriers to ensure a successful collaboration. Tukaha says,

So that can be a little bit difficult at times, navigating the language barriers between education and health and just constantly checking in. Are we on the same page? Are we talking about the same thing?

Working as a Collective is about Working with the Right People and Tukaha believes that the right people need to be working in the right places in order for the work to be done. She sees

the action of doing the work as a real leadership quality of someone who is the right person and who can effect change by working in the right places:

within our organisation I think they try, they try to do the best that they can. I don't think that's leadership as such because trying is part of the process, doing is what actually makes you a leader, you know. You know, that's leadership quality. I think we [my organisation] lead the way in terms of having appropriate people in appropriate places.

The study reveals that Working with the Right People is about being a Māori practitioner who is themselves, considered the 'right people' and furthermore someone who can bring more of the right people together. In Kaea's experience, working as a collective means having everyone around the table including relevant mainstream and Māori services. For Kaea it is important to get the right people around the table so the services can share their perspectives to help increase the likelihood of a successful public health outcome. She says,

So for me leadership looked like getting us all around the table, getting us some common aims or aspirations. You know identifying where the issues really lie and you have to have people around the table to do that and everybody, like GP practices, PHO's, they have a commercial imperative as well targets, you know government targets and contractual obligations. Likewise our Māori providers they come from a different perspective again, while they've still got contractual obligations. They have whānau to answer to as well as all of those other aspects that influence the way that they deliver their services.

For Kaea it is important for Māori practitioners to focus and work hard on developing and maintaining relationships with key people so that they can be brought together to work collaboratively. Māori leadership in public health is about having the right people involved in the project across all levels where they can work to their strengths. She describes this as having the right people at the right tables and developing this collaborative dynamic is conducive to making decisions and taking actions which makes for a successful project:

So I suppose leadership to me looks like insuring that those relationships are maintained and built on and ensuring that all the right people are around the right tables, because we can end up going to lots of meetings where we have no influence, but we have to have the right people at the right tables to make decisions and then we've got to support the implementation of those decisions.

Tui shares a similar perspective about the collective, collaboration and key people in terms of Māori leadership. Bringing together key players is important to doing a lot of work towards affecting change in public health service delivery. From her story, Māori leadership means being a Māori practitioner who is able to bring together these key people to drive the process and to be productive. This is similar to the concept from the Māori proverb 'nōu te rourou, nāku te rourou, ka ora ai e te iwi'. This translates to 'with your basket and my basket, the people will live' and refers to bringing resources, skills and knowledge together for the benefit and sustenance of the people. The idea is that by bringing the right people together that the work will be effective and the outcomes will benefit everyone, Māori and non-Māori populations. Working as a collective for the collective.

Tui believes it takes someone special to bring together the key players, someone who thinks and works differently than what is expected. Or, more literally someone who is unique, remarkable and outstanding. This means that Working with the Right People is about being someone who has the ability to focus and who makes the time to work on collaborating as opposed to just their own work:

In order for us to be productive I think we're all key players I suppose, key stakeholders need to sit down and talk about how we change our delivery to whānau and that's about consultation with whānau too. So how you would do that? It takes somebody special to be able to pull something like that together. Because we get caught up with our own mahi and at the end of the day you get tired.

The study reveals that working as a collective requires Māori practitioners to create a strong emotional and spiritual foundation that is built from having a powerful connection with fellow Māori colleagues. Having this foundation makes it easier and natural to develop further working relationships. This is similar to the findings that came to light in chapter five where having whānau like relationships was important to Being Māori and feeling connected to somewhere. Furthermore the findings show the significance of relationships to Māori leadership, specifically the need to develop strong links with other Māori public health colleagues because this will support the development of future relationships with important stakeholders and Māori.

People and relationships comes through in Kaea's experience where relationships will "flow out" from having connections with her fellow Māori colleagues and Māori services. The idea of "flow out" perhaps relates to the effect of the relationships and people, moving forward together from one point to another, almost like they are moving forward towards a greater purpose. Once Kaea built a relationship with Māori colleagues, she was then able to build a connection with appropriate kaumātua (elderly man of status) and kuia (elderly lady of status) who provide support when she needs it. Kaumatua and kuia strengthen Kaea's spiritual dimension because they share in some of the burdens of her work as well as some of the celebrations and successes:

I remember being told that the most important relationships is with your Māori colleagues within the organization and with the Māori Health Unit and from there you've got a strong foundation, then those other relationships will flow out from there and so once I did that then I had the right kuia and kaumata for support when I needed it

Aroha shares a similar experience around relationships with people. The data reveals that having such a strong moral connection with peers can sometimes mean that you perceive them more as whānau than work colleagues. Whānau, for Māori encompasses extended family, and is a term used to address a number of people. A more contemporary use of the term, like in this instance, includes friends who may not have any kinship ties to other members.

Working with the Right People is about building strong relationships to a point of feeling 'like family' which brings about a sense of comfort and ease that can help break down emotional and communication barriers. For Aroha, this means being able to talk to her peers about anything

without fear of being judged or ridiculed, rather she feels that her place of work is also a place to find support and to help share her concerns and issues. However, she mentions not being comfortable talking about the same concerns with people at the next level up in the organisation. She does not have a connection with people at the levels above her and feels uncomfortable approaching them to seek their support. Managers are seen to work at a higher structural level where they are focused on processes and not people. The focus on processes appears to be a barrier for Aroha towards developing meaningful relationships in her workplace. A disconnection between people in public health units may then exist because of the hierarchal structures used in managing the business. Aroha describes the next level as being process driven:

I think they are different, see with my peers, I think the difference is I have a good relationship with them and so I'm always consistently seeing them and you know to me they're like whānau...So I'm comfortable with them talking about that whereas I'm not comfortable doing that sort of thing at the next level...So with my peers I'm fine, I can have a bitch, a moan, they could have a bitch and a moan and we're okay, we're all good and we still do our mahi, whereas the next level it's more process driven I guess.

The study reveals how structures and hierarchies impact on Māori leadership and the ability to act collectively. Working with the Right People provides the need for Māori leaders in public health to be able to participate fully at the top decision making levels alongside non-Māori. Tukaha sees Māori and non-Māori leaders who agree on a shared public health purpose need to work in partnership with each other to ensure an equal transfer of power. However, it seems that Māori leaders should have a stronger standing in the partnership because they are expected to have an additional emotional purpose over their non-Māori counterparts. Perhaps the emotional purpose is about ensuring Māori interests are being advocated:

Māori leadership in public health? I think it is, I don't know why but this keeps popping in my head about that devolution of power when we don't have our Māori people at the top, I think that's our way forward and not dissimilar from the treaty as a partnership...So you can still have non-Māori at the top but we need to have someone who's of equal standing and in fact I believe in an implicit way, Māori people will actually have more of a standing on that emotional front because they serve the same purpose but they have an additional purpose at that level because it's not about meeting targets, in terms of main stream thinking, it's actually about, that's tino rangatiratanga right there. Is around having someone, or people, our people, where they rightfully should be so. That's public health leadership in my head

In Tui's experience, public health units do not recognise the importance of having Māori leaders. The few Māori in leadership roles appear to be looked to by participants for support and as role models. And so, Working with the Right People is about ensuring Māori leaders being recognised as having an important role in public health units because they are perceived to be role models for Māori:

When I look back on that I think one of the things that was going on was still that lack of recognition of a place for Māori within the system and at the time there were very few Māori in leadership roles to sort of look to.

The study reveals that Working with the Right People is about acknowledging that close working relationships can be developed through both formal and informal processes. Although sometimes, participants noted that colleagues have a negative perception of having a staff support group because the group is seen as taking advantage of work time just to have a catch up. In Kaitataki's experience, he finds the casual approach far more beneficial in growing closer connections with colleagues and for providing a forum to share ideas and advice. Kaitataki sees beyond the potential for Māori practitioners to meet just for a chat, rather to meet and help advance the knowledge and abilities of the organisation and towards becoming integral to decision making. Using Māori staff support groups to their full potential helps to build the presence and value of Māori practitioners in public health, because there are few Māori specific roles in the industry:

so our group was primarily set up as a staff support group and I think that's great um but from a development point of view we could probably be taking a bit more of a leadership role in or organization and I'd like to see that group get a bit more involved in guidance on the decision making side of things...I think it [the group] can easily been seen as a bunch of people getting together for a bit of a chat and while I see that part of that is of value and support you know, from my own experiences I've developed closer relationships with people in the group from coming together regularly and just having a little bit of a chat ...for me that's an area where we could probably improve on and we could probably add some benefit for the organisation and especially with how we are structured at the moment with only one specific Māori role throughout the whole place

It appears from the study that Working as a Collective is about being able to work with the right people even beyond the realm of the normal working hours of nine o'clock to five o'clock. To be a successful Māori leader in public health it is important to be available to people because this is seen as part of maintaining relationships and becomes a part of the leaders way of thinking, behaving and a way of life that influences decisions and actions inside and outside of work. Relationships are vital, so much so that they become entrenched into a person's life and it becomes a part of them. This is a huge undertaking to think that Māori leadership and working relationships becomes so much a part of oneself even outside of ones work and role, however, being so available as a leader provides its own sets of rewards and a sense of fulfillment. Kaea says,

Māori leadership, you know, maintaining those relationships so it's not just about me being able to achieve something within my mahi it continues outside my mahi, those relationships, those connections that I have. So work is not a separate part of my life, work and who I am is 24/7. It's not something that at the end of the day you go home and that's where it ends and I mean it has amazing rewards as well.

In Kaz's experience, Māori leadership is about being and doing so many different things. Māori leadership is a big responsibility in terms of having to be accountable and taking control and steer of a vision all while navigating between following best practice, having respect for people, being a team player and a role model. This data reveals that Working with the Right People means Māori practitioners need to demonstrate that they themselves are one of the 'right people' to work with. The right people need to be able to understand and follow the requirements of the job ensuring cultural protocols, while also maintaining due regard of others.

Working with the Right People provides the skills and attributes to be a Māori leader in public health including the ability to work well with others as part of a team and is a person who is looked to as an example because of their experience, achievements and behavior. However, Kaz believes Māori are too shy to be leaders in this respect, meaning that Māori leadership is about a Māori practitioner who is strong willed and is confident to take on the challenges and responsibility of leadership. However, the perception of shyness could be mistaken as humility because traditionally, Māori are more humble about their strengths and confidence. Humility is seen as a key value in te ao Māori and is represented in the whakatauki, 'kāore te kumara e kōrero mō tōna ake reka' which translates to, the kumara does not speak of its own sweetness. Kaz sees Māori leaders in public health needing to be mentally and physically strong because the leadership responsibility is challenging, although rewarding:

It's a big responsibility and you have to follow Best Practice and you have to have respect for others and you need to be a team player and you need to be a role model and for Māori people I think it's a good thing to have leaders because a lot of us are whakamā [shy] to stand up and take that position. Yeah so to me it is a big thing but it's also a challenge and you good rewards from it. Because I like it when you have a good rapport with people, they respect you and you all use your specialty as a leader

The study shows that Working with the Right People is about the right people Doing the Work. For Tukaha this means having the right people at the decision making table who have more than just Western qualifications but who are also driven and motivated to improve Māori health. Furthermore, building relationships with the right people in public health is integral to the success of public health interventions therefore, Māori leaders should focus on building strong relationships. The right people are those who understand the value of forging relationships and that these relationships will ensure dissemination of power back to the people, to Māori as the knowledge holders and experts. This is self-determination or tino rangatiratanga which is a concept associated with article two of the Treaty of Waitangi where Māori would retain power and self-governance:

I still think so long as we continue to get just anyone basically that comes with a bit of paper that says they can do this, I think if we continue down that track then we're never going to get to where we need to be which is....Yep the qualifications are absolutely important but also is the connection to the people and that's one thing we always talk about in my own team, is around relationships. So it's not the work that's important. It is important but that's actually not our priority. Our priority is the relationships. It's the people...Yeah I think for us to achieve that as a public health unit, in terms of leadership, it's around that whole again evolution of power back to the people. They're the experts. We provide the support systems in place to get them to whatever their aspirations are. Tino rangatiratanga, basically, that's what it's about.

Working with the Right People relates to building relationships and this helps to determine leadership, as opposed to just Doing the Work based on guidelines and policies. Māori leadership means being a Māori practitioner that can navigate between undertaking the work as required in a policy as well fostering a connection with people and bringing these two approaches together to fulfil the desired outcome for all people involved. In terms of leadership

for the participants there is a perception that relationships are the priority over policies and procedures and that the importance of relationships are not captured or acknowledged by the organisation. Tui says,

I have a plan and we've got our guidelines and I policies and our procedures. So we are fine with that sort of stuff, but it's about relationship building within your school communities that dictates leadership and my colleagues may not even see that.

In Kaea's experience Working with the Right People is about a process of understanding structures and the workings of organisations and only then you might have a chance at finding the right people. Kaea believes that Māori practitioners need to understand the mechanics of the public health system and how other agencies link in, because this will help identify the right people to work with. The health industry is perceived as being a big, very complex and powerful construction and that this is a barrier to developing relationships because finding the right people to work with becomes difficult. The study reveals that Working with the Right People relates to finding people who are willing, able and who the capacity to and have a positive impact on the work:

Understanding the mechanisms of how others work and the structures that they work in, helps you identify who you need to be working alongside also. So keeping abreast of those kind of structures, especially the DHB is such a huge beast, but also with other organisations, so having relationships with people who can support your understanding of these things is also important and who are happy to keep you informed about these things. So you can hopefully find the right people to influence and to support the various kaupapa (topics) that you want to progress.

Working as a collective is about Working with the right people who are visionaries and are able to look beyond. This is presented as the following subtheme.

Looking Beyond

The study reveals that Working as a Collective is about being a Māori leader who is a visionary and can look beyond themselves, beyond today and be motivated to ensure a better place for future generations. Kaea believes management is about measures and balances and that leadership is about being inspired, aspirational and creative. These attributes are important to be a Māori leader in public health in order to see beyond the structures and normality of the employed role towards a bigger picture:

I think there are some basic difference in that management is often about balancing resources and meeting expectations around the role that you are in and I think leadership is really something that is a little bit more about being visionary about Looking Beyond the template or beyond the expectations of your role.

For Kaitataki a Māori leader in public health is someone who is a visionary and supports people towards a vision. A supportive approach can help others to take up leadership in their work. For the participants, it means allowing and giving space to the people they work with to do their job. To give people autonomy while still providing encouragement.

but I think for me like for what I think the supervisors role should be about is about you know taking a strategic view of here is where you need your team to go and here is the direction you need to head in and rather than thinking well I'm going to do this by myself and kind of make sure everything gets done is kind of more how can I support my staff to do that and how can I let them show leadership in each area...That's I guess my leadership style. I try and let my staff do their job and encourage them to do so.

Looking Beyond is about understanding that Māori leadership is not a matter of a pre-defined role or title that someone just gets after following a Western framework of leadership. Rather it is something that comes to you over time with experience and knowledge. Māori leadership is something that is reserved for the worthy and holds significance and importance from Herewini's perspective:

leadership to me is something that you can't, how do I put it? It's not self-determined and I'm just thinking about some of the kōrero [words] from my tupuna [ancestors]. Leadership is something that you [pause] I think the best way I can explain it is that it comes to you. You don't go to it.

The ideas of role modelling and respect appear throughout the study, and for Kaz it is these behaviors and attributes of leadership where Māori practitioners will attain their mana. It shows that Looking Beyond and working as a collective is about the transfer of power back to the people. For Māori, mana is not a literal translation for power and it holds a hugely profound traditional significance. In this context mana can be described as a life force held in a person, a place or an innate object. A team or group of people can give their mana to a person seen as a leader. This will help to empower and strengthen their leadership, and in turn their mana will spread back to the people:

You've got to be a good role model and you have to have respect and people look at you as a resource too. So you know, what you practice has got to be those qualities of what's in a leader and that's where you get your mana from too

Tukaha shares a similar perspective about important leadership qualities being transparency, honesty and respect. The study reveals that Māori leadership is about devolving the power back to the people. The decision making needs to be done by the collective as they are the people who can determine if a person is worthy of their trust and respect. This is a similar idea to mana, expressed by Kaz, where the people can give their mana to a person they feel is a leader with a view that the power will be shared again with the collective. Tukaha says,

leadership....it is around transparency, honesty, all those types of values, respect, and you can't get those, again, without giving that power back to the people, because they're the ones who make those assumptions or assertions around yeah, you deserve that respect. So that's why I say leadership is about the people, it's not about the leader as such

The study reveals that Looking Beyond is about being a Māori practitioner who looks to the future and has foresight with the benefit of the younger generations in mind and also building the capacity of people who share these abilities and ideologies. Māori leadership is about

Looking Beyond yourself as an individual and what your needs and wants are and employing a more collective mentality by looking towards improving our environment and lifestyles for the benefit of the future generations. Tane says,

I think to have more people who think who think towards, which is a strength of Māori when you're looking towards the world beyond just yourself. Looking to those who are yet to come.

Being a visionary and Working as a Collective towards a greater purpose are parts of successful Māori leadership in public health. Working as a Collective is also about Māori leaders who are actually Doing the Work and getting the work done. Doing the Work is a subtheme, which I present in the next section.

Doing the Work

Working as a Collective is about getting out there with the people of the community, with stakeholders and other agencies and actually Doing the Work together. For Kaz there are some differences between leadership and management. A manager is a role that sits at a higher level and includes managing people and money. Whereas leadership can occur at any level and includes having a voice for those people that may be silent in the structure or society. Compared to being a manager, being a leader is about the ability to work out there with the people at the coal face and getting the work done:

As a manager you're looking at the people but you're also looking at the money as a whole, whereas me as a leader, if I'm not happy with something I go tell my boss. I advocate for not just the patient but I'd also advocate for a staff member. It's really hard to answer that one actually but I think leaders are more out there Doing the Work.

Tane believes that a leader in public health is a practitioner who is out there getting the work done however he used to view leadership as being one person at the forefront making decisions. Overtime his perception changed to seeing leaders as the people who are Doing the Work and are action orientated. For Tane, Māori leadership means being active and doing what it takes to get results:

what I used to think leadership was like Richie McCaw he was a leader and you just follow what he does, but I've sort of changed my mindset because I think he could talk a good game but it's the quiet ones who just get out and do the mahi and make sure you sort of....I don't know, it's just getting the mahi done and sort of doing what it takes to get there

Tane's perspectives about Māori are driven by a belief that Māori practitioners are working for a higher purpose that is beyond just an individual and even beyond the people they are working with. It is this bigger idea that they are working for the betterment of the all Māori:

I sort of think leadership is sort of getting the mahi done, being accountable but also sort of I don't know, I guess working for a bit of a higher purpose I guess. I don't know. In terms of leadership of others

Doing the Work means working with key people collectively who are driven by a higher purpose to get the job done, in this context, to improve Māori public health outcomes.

Summary

The study reveals that Working as a Collective is about the importance of building and maintaining strong relationships with key people who are motivated by Māori progression, advancement and improvement in Māori public health outcomes. For successful Māori leadership in public health it is important that the right people who are the experts in their fields are working together around the right tables and at all the right levels as this will ensure a Māori perspective and voice is represented in consultation, decision making and implementation of public health work.

Working as a Collective provides the ability to be a visionary Māori leader in public health who is driven by making a better future for the younger generations. The ability to look forward comes from having mana, honesty, experience and knowledge afforded to those worthy. The findings from this chapter also reveals that Doing The Work is about Māori leaders being action orientated and working collectively with people in the community or with stakeholders ultimately to improve Māori public health outcomes.

Chapter Seven

Discussion and Conclusion

Discussion of the findings

The results of this study suggest that the meaning of Māori leadership in public health from the perspective of Māori practitioners is ultimately about being Māori and working as a collective by successfully walking in two worlds, te ao Māori and te ao Pākehā. A Māori leader in public health is a practitioner who is Māori first and foremost and has a strong connection to their identity, culture, beliefs, values and relationships. Furthermore, they are someone who has the ability to bring the right people together to work as a collective and is able to be both a visionary who looks to the future while also being present and getting the work done.

The results of this study are in line with Pfeifer's (2005) study into perceptions of outstanding Māori and Pākehā leadership which found that both Māori and Pākehā see a leader as being a person who is a visionary, considers the future state as well as being performance orientated. Katene (2001) who interviewed groups of Māori and Pākehā public health servants in his study about Māori leadership found that both groups agree on basic principles of leadership such as having a shared vision, common values as well as the drive to make things happen. The common similarities between the findings of this study and those of Pfeifer (2005) and Katene (2001) are that Māori leadership is values based and that a Māori leader is expected to be a visionary and action orientated. As discussed previously in the literature review, skill and competency leadership theories relate to knowledge and skills successful leaders need (Zehndofer, 2013). This study did identify key factors such as having a connection to ones identify and culture, being a visionary and being action orientated as being important Māori leadership competencies in public health. As previously discussed in the literature review, Begun and Malcolm (2014) who wrote about the need for global public health leadership recognise leadership as being values based. They describe values such as commitment to social justice and community self-determination as basic principles for effective public health leadership which are similar to the organisational values presented by many public health units and district health boards in New Zealand. Organisational values cover aspects such as being people and community focused and working towards reducing inequalities (ARPHS, 2017; Southern District Health Board, 2017; Toi Te Ora, 2017). However in this study it was revealed that Māori leaders in public health are Māori practitioners are innately guided by their traditional and cultural values and beliefs and utilise their Māori perspective of the world because they are more relevant towards improving Māori public health outcomes. Participants from this research suggest that Māori values are the predominant value which guides them as leaders as described by Jacob when he said,

So I'm guided by my values and principles. In particular my Māori values and principles, as a leader

The importance of Māori culture and values in Māori leadership is shared by the Ministry of Health (2008) who interviewed a group of Māori public health workers. The results of the interviews showed that Māori leadership in public health encompasses extra cultural dimensions. Traditional Māori culture and values makes Māori leaders in public health different to non-Māori because it gives them an advantage over non-Māori leaders who are unlikely to have traditional Māori values firmly embedded within their leadership. This is supported by Katene's (2001) research as he discusses that while both Māori and Pākehā regard leadership in the public health sector is values based the difference for Māori practitioners is the importance of traditional cultural values such as te reo, whakapapa and tikanga (Māori custom and lore). An important finding from this study is that being Māori in itself differentiates Māori leadership in public health compared to non-Māori leadership. This study revealed that Being Māori provides a positive and proud attitude to Māori leadership in public health as is evident when participants shared experiences around needing to feel connected to one's culture through traditional Māori values such as whakapapa, whānaungatanga, and te reo. 'Being Māori' is supported by Durie's (1999) Te Pae Mahutonga, a Māori model of public health promotion. In particular the model's dimension relating to Mauriora specifies the importance of having a secure cultural identity because it is considered a prerequisite to good health for many indigenous people, including Māori. And so a goal of the health model is to promote security of identity by Māori being able to effectively access links to tribal lands, marae (traditional meeting places) and the Māori language. Furthermore, just as important as it is for Māori leaders in public health to be secure in their cultural identity so too for Māori communities they serve. The findings of this study support the existing body of research in that Māori leaders can contribute to improved health outcomes for Māori by reinforcing the importance of 'Being Māori' as "a positive identity, valuing and promoting the re-establishment of links with whānau, hapū, iwi and Māori communities, and providing environments where Māori values, beliefs and practices are the norm" (Te Rau Matatini, 2006, cited in Roberts et. al. 2007, p. 11)

Māori values and culture are pivotal in te ao Māori compared to te ao Pākehā which may not have the same considerations and it is these two worlds that Māori leaders in public have to navigate as revealed in this study. Walking in Two Worlds is about the duality of being Māori while having to work in a Western mainstream framework. The Māori world provides traditional, cultural, holistic and collective approaches towards health and is a place where participants in the study feel comfortable and safe in expressing themselves whereas the Pākehā world has a more medical and individualistic focus on health. This ability to navigate between and walk in both worlds for Māori leaders in public health is also supported in a MoH (2008) study where the participants described the key leaderships skills of Māori leadership as being able to move easily and being able to function effectively in two worlds. However, this presents challenges for participants in this study who reveal how they see themselves as having to be both a Māori with traditional and cultural world views, and also as being an employee of a public health unit which requires utilising Pākehā medical and clinical perspectives. The challenges that this duality raises for the participants is that they do not feel empowered to use Māori perspectives whilst working under a mainstream health plan. The two world views have differing values which

provides a tension for participants who walk in and navigate between the Māori and Pākehā perspectives in order to get their public health work done. The study found the importance of 'Understanding the Challenges' that working in dual worlds poses for Māori leaders in public health. The participants find it difficult because Māori world views do not align with the Western systems of decile ratings and deprivation indexes that construct negative perceptions of Māori highlighted by Tukaha who said,

Working for Māori under a main stream kaupapa (plan) is really difficult to navigate and definitely it's filled with challenges every day

According to Robson and Harris (2007) negative stereotypes are a result of colonisation because it allows the transfer of power and resources from indigenous peoples to Pākehā. This transfer is enabled by systems being established that determine classifications, how resources will be obtained and distributed. These systems are built on Pākehā values for their benefit and so Māori have become marginalised, reclassified and scrutinised as outsiders. Furthermore, this study found that Māori practitioners have a strong sense of responsibility and accountability to Māori whānau and communities. This is because they feel so connected to their culture and being Māori themselves, but also because non-Māori, who work in public health, do not share the same sense of responsibility to improve health outcomes for Māori communities. This is in line with Katene (2001) who argues that while Māori and Pākehā have being public health practitioners in common, Māori leaders in public health are also Māori with all the expectations and responsibilities that it brings. In turn this provides for many challenges and conflict and while Māori leaders in public health are accountable to the state, they see themselves and their actions as being accountable to iwi/Māori by virtue of their ethnicity and culture. This presents a personal cultural tension and professional conflict which are situations that Pākehā leaders do not experience. Due to the lack of recognition of Māori perspectives within public health, participants in this study worked in creative and clever ways in order to get the best results for Māori considering the duality of accountabilities. This study demonstrates that Māori leaders in public health require the ability to be strategic in their actions and do whatever it takes to get the best outcome not just by bringing the two worlds together in their approach, but rather being fearless, courageous and confident to advocate the importance of te ao Māori in public health work. Again an example of how this study has highlighted the importance of the two worlds, but also the evident imbalance of recognition in public health practise between te ao Māori and te ao Pākehā favouring the Western world views. This is similar to Webber's (2004) observations about public health protection in that Māori approaches within non-Māori frameworks become compromised, which impacts on best outcomes for Māori and implies that te ao Māori is not recognised as important compared to te ao Pākehā. Katene (2001) strongly argues this point when he says,

The colonisation of New Zealand resulted in traditional Māori value and belief systems being undermined, devalued and considered less important than those of Pākehā origin. This is the historical basis that differentiates Māori from Pākehā leadership perspectives. Pākehā leaders have had little incentive to learn the cultural context and applicability of Māori leadership practices (Katene, 2001, p. 11)

Māori leadership means bringing together the knowledge, practices and protocols by walking in two worlds, te ao Māori and te ao Pākehā to achieve the ultimate goal of improved Māori public health. There is evidence to suggest that there is an imbalance of importance between Māori leadership values and Western leadership perspectives in public health. Therefore, Māori leaders need to have the confidence to do whatever it takes to raise the profile of Māori world views of leadership in the conventional public health system. Raising the profile of Māori leadership values is required to assist non-Māori practitioners in better understanding and recognising the equal importance these values have compared with Western leadership values.

The way forward

This study adds to the small body of research on Māori leadership in public health that calls for equal recognition of Māori leadership values in New Zealand mainstream organisations. Public health practitioners and their employers need to rethink how leadership is viewed with consideration of te ao Māori and te ao Pākehā. There is evidence that supports a need for a new way to conceptualise Māori leadership that will help non-Māori practitioners to better understand and acknowledge te ao Māori perspectives.

The findings from this study align closely with Katene's Whare Tapa Wha Rangatira Māori leadership model (WTWR). The WTWR framework has four interconnected leadership concepts that describe a set of skills and competencies for Māori leaders. The philosophy that underpins the WTWR Māori public health leadership model is based in te ao Māori and tikanga. Both te ao Māori and values were key findings from this research study in terms of how Māori who work in public health units perceive Māori leadership in this context. The Whānau dimension of WTWR relates to the research in respect to relationships and being action orientation. Also, the Wairua concept of the model is in line with the research findings about vision and values. Therefore, WTWR should be better supported and utilised in the public health sector to give effect to successful Māori leadership.

Implications for practise

The significant implication for practise is the need for improved understanding of Māori leadership values in public health units in New Zealand. Public health units are contractually bound to address public health inequalities which help to improve outcomes for Māori communities. There is literature to support that Māori leadership in health is important at all levels when addressing Māori health inequalities (Roberts, et. al., 2007) (Durie, 1999) (Katene, 2001) (ARPHS, 2004) Therefore, an improved understanding of Māori leadership values will provide a new perspective on leadership and help practitioners to be more willing to demonstrate and support these values as part of their everyday practise.

Public health units need to be more accepting of a balanced view of leadership to encourage and recognise Māori leadership as being equally important as generic leadership within public health in New Zealand. However, the challenge is in knowing how to successfully incorporate Māori leadership values into public health unit practise.

Implications for research and education

There is an existing body of research around Māori leadership, with very few studies in the field of Māori leadership in public health. A clear question that this study now presents is how to successfully incorporate Māori leadership values into public health unit practise and so further research that explores this query is needed. Further research opportunities exist to examine how to build the Maori public health workforce in order to elevate the importance of Maori leadership values. By building the Maori workforce in public health will improve the Maori leadership capacity in this field.

Perhaps full participation by all non-Māori public health practitioners in the current Ministry of Health Māori Leadership education programme could go some ways towards Māori leadership values being embedded into the operations of public health units. Furthermore, the promotion and education of Whare Tapa Wha Rangatira in both undergraduate level and as an on-going competency requirement for public health practitioners should be established.

Reflections of the Researcher (Limitations)

Upon reflection of the study, issues translating te reo into literal English were identified. The direct translation process in many instances is not fully able to explain and present the entire essence and meaning of Māori words and phrases. However some guidance is provided within this thesis in the form of a glossary and further information is presented in the terminology section (chapter one).

Furthermore, this research had a national scope which provided some difficulties in being able to apply a kanohi ki te kanohi or face to face interview approach. Kanohi ki te kanohi is in line with a Kaupapa Māori study design and is a process which promotes a clear and direct understanding by all engaged parties. This is done by meeting face to face with participants which eliminates the possibilities of misunderstanding, misconstruction or misinterpretation of discussions during the meeting. And so due to restricted funds and inability to arrange accommodating times and dates for meetings with participants, some interviews were conducted in person and others were done verbally over the phone. Therefore it is possible that some translations and interpretations have been given some leeway.

Closing Remarks

This research looked to uncover the meaning of Māori leadership for Māori practitioners working in the context of public health units in New Zealand. Furthermore, the study examined how the power imbalance between Māori and non-Māori and the health ideology underlying New Zealand society influences the meaning of Māori leadership in public health units.

From the perspective of Māori practitioners, Māori leadership in public health in New Zealand means raising the profile of te ao Māori. Specifically Māori leadership values need to be recognised by public health units as being equally, if not more important compared to Western leadership values.

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Appendix A

Ethics Approval



17 July 2014

Annette Dickinson

Faculty of Health and Environmental Sciences

Dear Annette

Re Ethics Application: **14/199 Māori public health practitioners' views of Māori leadership in the New Zealand public health context; a critical hermeneutic study.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTECS).

Your ethics application has been approved for three years until 17 July 2017.

AUTECS would like to commend the applicant and researcher on the quality of the application.

As part of the ethics approval process, you are required to submit the following to AUTECS:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 17 July 2017;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 17 July 2017 or on completion of the project.

It is a condition of approval that AUTECS is notified of any adverse events or if the research does not commence. AUTECS approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTECS grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

A handwritten signature in black ink, appearing to read 'K O'Connor', is written over a light blue horizontal line.

Kate O'Connor

Executive Secretary

Auckland University of Technology Ethics Committee

Cc: Roimata Tipene roimatatipeneaut@gmail.com

Appendix B

Support for study from Auckland Regional Public Health Service



Auckland Regional Public Health Service
Cornwall Complex, Floor 2, Building 15
Greenlane Clinical Centre, Auckland
Private Bag 92 605, Symonds Street,

Roimata Tipene
Programme Supervisor

28 May 2014

Dear Roimata,

RE: Masters Programme at the Auckland University of Technology

This is a letter of acknowledgement that as part of your professional development you will be continuing your academic progression and undertaking a Masters in Health Science – Leadership and Management programme through the Auckland University of Technology extramurally.

We are supportive of your thesis which we understand is entitled 'Māori public health practitioners' views of Māori leadership in the New Zealand public health context; a critical hermeneutic study'. We have discussed your research over the last few months and know that you will be undertaking the study as an extramural student at AUT over an 18 month period.

We congratulate you in having your Masters application approved, and wish you well.

Regards



Sunil Kushor
Health Protection Team Manager

Participant Information Sheet

Participant Information Sheet



Date Information Sheet Produced: 16 July 2014

Project Title

Māori public health practitioners' views of Māori leadership in the New Zealand public health context; a critical hermeneutic study.

An Invitation

Kia hiwa rā, kia hiwa rā, kia hiwa rā ki ngā kaimahi o ngā rātonga hauora ā iwi o Aotearoa nei. He uri ahau nō te waka o Ngātokimatawhaorua i tatūngia ki te wahapū o te Hokianganui-a-Kupe. Ko Ngā Puhī, ko

Te Rarawa, ko Ngāti Hine me Ngāti Wai ngā iwi. Ko Te Hikutū, ko Ngāti Manawa, ko Ngāti Rehua me

Te Orewai ngā hapū. Nō Te Tai Tokerau ahau. Tēnā rā koutou katoa.

My name is Roimata Tipene and I am undertaking a research thesis as a student through the Auckland University of Technology. You are invited to take part in the research project exploring how Māori working in public health units view Māori leadership. Your participation in this project is entirely voluntary (your choice). You can choose to withdraw at any time and this will not affect your current or future roles in the public health services in any way.

What is the purpose of this research?

The aim of this study is to explore the nature of Māori leadership for Māori practitioners and examine this perspective in the context of public health units in New Zealand. We hope the information gained from the study will help to develop more effective Māori workforce development strategies with a view towards improving Māori health inequalities.

How was I identified and why am I being invited to participate in this research?

You may have been identified as working in a public health unit for a district health board using the Public Health Directory with the permission of the Ministry of Health or you may have seen an advertisement for this study. People who self-identify as Māori and who work in a public health unit in New Zealand are being asked to participate. If you choose to participate, your contact information will be passed on to a researcher.

What happens to the information I provide?

The information we get from the results of this study will be used to describe Māori leadership in public health units from the perspective of Māori who work in these settings. The report of the findings will be written up as the thesis for a Master's qualification. We would also hope to publish the results of the study in a relevant public health journal, or submit as a conference paper or as a presentation to interested parties such as health professionals. You will not be identified as a participant in the study or in any of the reports. Data collected from this project may be used for further doctoral studies by the researcher.

What will happen in this research?

This project involves interviews with people who self-identify as Māori and who work in a public health unit to discuss Māori leadership. If you choose to take part, you will be asked to spend 1 hour being interviewed by a researcher about your experience and views of Māori leadership in public health units. This interview will be audio-taped. A transcript of your interview will then be e-mailed to you for you to review edit or delete material you do not wish to be included in the data analysis. You can then return the revised document to me by e-mail. You do not have to review or make changes if you do not wish and if a

reviewed transcript is not returned within 3 weeks we will take this as consent for the original transcript to be used in data analysis.

What are the discomforts and risks?

Māori health inequalities are real and the context in which they exist can present an issue for many people. Because of this, there is a possibility that you may feel uncomfortable or distressed talking about your experiences and views during the interview.

How will these discomforts and risks be alleviated?

You have control over the subjects we discuss during the interview and you do not have to talk about things that you find distressing. And you can withdraw from the interview and/or the study at any time. And you can withdraw from the study at any point prior to the completion of data collection. If you would like further support, you may like to approach your employer for assistance from the Employee Assistance Programme Services.

What are the benefits?

There are no immediate benefits to you for taking part in this study. You will be contributing to information that could help improve Māori public health workforce development and improving Māori health inequalities. Furthermore, some people find that being interviewed about their experiences and perspectives is an interesting experience.

How will my privacy be protected?

Interview recordings and transcripts will only be available to the research team. All identifiable details will be held securely and no information identifying you as a participant will be included in any of the project reports or publications.

What are the costs of participating in this research?

The only cost to you taking part in this research is your time. If you choose to take part, you will take part in a 1 hour interview with a researcher and another hour to review your interview transcript. The researcher will meet you at a place that is convenient for you.

What opportunity do I have to consider this invitation?

You are asked to indicate your interest to participate in this study to the researcher within a two week period of receiving this information sheet by replying to the email that has been sent.

How do I agree to participate in this research?

You will need to complete a consent form to take part in this research. If you are interested taking part, please reply your interest via email response. We will then send you a copy of the consent form and a stamped, self-addressed envelope. Once you have completed the consent form please post it back to the researcher and we will be in contact with you again to arrange an interview.

Will I receive feedback on the results of this research?

You can choose to receive a summary of the findings of this research or a copy of the complete thesis. Once these are available, you can choose to have them sent to you at an address you provide, or attend an information meeting given by the research team. You will get details of these options once the study has been completed which will be about 18 months after the interview.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Annette Dickinson, by email annette.dickinson@aut.ac.nz or phone (09) 921 9999 ext. 7337. Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH, Kate O'Connor, ethics@aut.ac.nz, (09) 921 9999 ext. 6038.

Whom do I contact for further information about this research?

Researcher Contact Details: Roimata Tipene: 021415266: roimatatipeneaut@gmail.com

Project Supervisor Contact Details: Annette Dickinson: annette.dickinson@aut.ac.nz : (09) 921 9999 ext. 7337.

Appendix D

Consent Form

Consent Form



Project title: Māori public health practitioners' views of Māori leadership in the New Zealand public health context; a critical hermeneutic study.

Project Supervisor: Annette Dickinson

Researcher: Roimata Tipene

- I have read and understood the information provided about this research project in the Information Sheet dated July 2014.
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I understand that the data from the study may be used for future doctoral studies
- I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.

	Yes	No
I agree to take part in this research		
I wish to review a transcript of my interview		
I wish to receive a summary of the findings from the research		

Participant signature:

Participant name :

.....
Participant contact details (if appropriate):

.....
Date:

Note: The Participant should retain a copy of this form.
Approval yet to be granted by the Auckland University of Technology Ethics Committee. AUTEK Reference number *reference number*.

Appendix E

Researchers Safety Protocol

Title of research: Māori public health practitioners' views of Māori leadership in the New Zealand public health context; a critical hermeneutic study.

Researcher: Roimata Tipene

Mode of research that requires researcher safety protocol: Interviews of participants

Dates of research: TBA

Location of research: TBA

Possible risks: Risks to personal safety, safety of belongings

Factors employed to reduce risks to personal safety:

- Provide a list of interview appointments to a research supervisor including date, time, name, and address of interview
- Take a mobile phone to the interview
- Ensure that the conduct of the interview employs appropriate and culturally safe language and behaviour
- Take AUT identification
- Interview only during daylight hours
- Be sure of exact location of interview
- Contact a colleague before and after each interview
- If the colleague does not receive a communication from the researcher three hours after the commencement of the interview then the colleague must attempt to contact the researcher.
- If the interview is at a private address, ask if there is a dog on site and ensure the dog is restrained
- If the researcher feels their safety is threatened the researcher will terminate the interview immediately
- To contact a colleague if de-briefing is required post interview. Counselling services also available at AUT

Factors employed to reduce risk to safety of belongings

- Take only the required equipment
- Keep all equipment within sight at all times
- Keep valuables at a minimum and hidden at all times if possible