# What are the experiences of Pasifika health leaders in incorporating Pasifika values into their leadership roles in District Health Boards of Aotearoa New Zealand?

## A Talanoa-Qualitative Descriptive study.

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# Abstract

The negotiation of one's identity remains an important process for how Aotearoa New Zealand born Pasifika, integrate, employ, and effect expressions of their traditional and contemporary Pasifika values in their personal and professional lives. There is significant evidence that substantiates that the successful negotiation of identity is a key enabler for mental wellbeing for Aotearoa New Zealand born Pasifika (Health Promotion Agency, 2018; Macpherson, 1998; Manuela, & Sibley, 2014a; Tiatia, 1998). Furthermore, the ability to successfully negotiate identity is a key element of successful leadership for Pasifika health leaders (Mila-Schaaf and Hudson, 2009). There is no research on how Pasifika leaders successfully negotiate their Pasifika values and identity in a District Health Board.

Using the unique methodological combination of talanoa and qualitative description, this study explored what it means to be a Pasifika leader in a District Health Board in Aotearoa New Zealand. In doing so, the study both investigated and celebrated the way Aotearoa New Zealand born Pasifika health leaders integrate their Pasifika values to navigate, negotiate, and thrive in a District Health Board system. This study also aimed to highlight the complexity of their role, by telling their rich stories, and to contribute to strategies to support the preparation of Pasifika health leaders working in mainstream systems.

Findings from this study were built around a central theme - *The Pasifika Way* – which emphasised the way in which the participants wielded their unique *Pasifikaness* for success. Sitting under that key theme, were five key findings, named as *Understanding what shapes your values; the Vā* and the significance of authentic relationships; *Pasifika Tu ma aga faatauaina (values)*;*Tautai o le vasa (navigator) and* how participants negotiate a space that not only transforms indigenous knowledge but also upholds it; and finally, *Lagolago* (support) which highlighted the significance of enablers for success.

The findings clearly demonstrated that factors of identity and the contemporary expression of the participants identity through their *Pasifika Way*, were instrumental in determining how the

participants successfully incorporated their Pasifika values into their leadership within a District Health Board. Furthermore, the study findings substantiated the importance of Pasifika leaders as key enablers and social disruptors, working to improve wellbeing outcomes of Pasifika peoples in District Health Boards. The significance of this study lies in the authentic collection of data, and the description of the rich, lived experiences of Pasifika health leaders and the strategies presented that can further strengthen succession planning for Pasifika leaders and transform District Health Board systems to be more responsive to the unique contemporary cultural needs of Pasifika families and communities. *E fofo e le alamea le alamea: A* proverb that reiterates that the solutions for Pasifika issues lie within our own communities, our Pasifika health leaders.

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# Glossary

| Term | Definition |
|---|---|
| **Afakasi** | Samoan word, a Samoan person with some European ancestry or mixed ethnicity |
| **Aiga** | Samoan word for family |
| **Alofa** | Samoan word for love or kindness |
| **Autū** | Theme or Themes |
| **District Health Board** | Organisations established by the New Zealand Public Health and Disability Act 2000 under the Fifth Labour Government, responsible for ensuring the provision of health and disability services to populations within a defined geographical area. Examples being Waitemata District Health Board, Counties Manukau District Health Board. Also referred as "Main stream services" |
| **Fa'aaloalo** | Samoan word for respect or offering respect to others |
| **Fa'a Samoa** | The Samoan culture or way of life. |
| **Lagolago** | Supports |
| **Loto tele** | Courage |
| **Matua** | Māori (noun) refers to father, parent, uncle or revered elder, in mental health and addiction services matua roles were introduced as subject matter expertise for cultural considerations and enhancement in service delivery to Māori and Pasifika communities. |
| **Palagi** | Samoan term to describe anything that does not 'belong' to Samoan culture, in Aotearoa New Zealand usually refers to Caucasian people |
| **Pasifika** | Pasifika (sometimes spelt Pasefika) is generally understood as Pacific people of second or third generation who are born and raised in Aotearoa New Zealand. Pasifika ethnic groupings relate to Samoa, Tonga, Fiji, Cook Islands, Niue, and Tuvalu. (Finau, 2014). |
| **Secondary Services** | In medicine, levels of care refer to the complexity of the medical cases and the skills and specialities of the providers. Levels are |

| | |
|---|---|
| | thus divided into Primary Care (General practice etc), Secondary (hospitals, specialist services e.g., Psychiatry), Tertiary (e.g., organ transplants). Quaternary care (experimental medicine, specialised surgeries) |
| **Service User** | A user of mental health and addictions services, also referred to as a consumer |
| **Tautai o le vasa** | Navigator |
| **Tautua** | Samoan word that expresses the cultural tradition of service to the family, it can also mean any service of an individual to a greater cause |
| **The Va** | A Samoan concept, understood as "the space that relates " traditionally, for Pasifika people, sacred relationships exist between people, as well as between people and the environment, ancestors, and the heavens. To nurture the va is to respect and maintain the sacred space, harmony, and balance within relationships. |
| **Tu ma aga faatauaina** | Values and Value |

# Attestation of Authorship

I 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.

Signed:

Dated: 12 January 2022

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# Chapter One: Introduction

*O le tele o sulu e maua ai se figota, e mama se avega pe a ta amo fa'atasi*

My strength does not come from me alone, but from many (Samoan proverb, Author unknown)

It was mid-February 2016, late in the afternoon, commuting home from work navigating my way through the usual congested Auckland traffic. However, my mind was a million miles away, oblivious to the honk of car horns, or my laboured breath as I slowly and deliberately climbed the steep hills on my way home. Here was I, a mission focused manager of one of the largest community mental health services in Aotearoa New Zealand, which was in the middle of an organisational restructure, as is often the case in mental health services. The plans were to centralise the acute teams that serve as the main access points for people accessing secondary specialist mental health services. Staff were reporting feeling a mixture of hope, relief, as well as anxiety, fear, and anger. While these feelings are expected during any change management process, what change management literature does not capture are the heightened emotions and experiences of all the people involved. This planned change we were facing had a direct impact on people's earning power, work shifts, and lifestyle. There had always been plans to initiate this much-needed change as multiple access points accentuated the risk of referrals being missed (which had occurred). Furthermore, staff spread across multiple teams meant multiple rosters, staff feeling unsupported, isolated, and carrying a lot of clinical risk. Service users [1]reported receiving different standards of care. Additionally, a growing number of complaints about the lack of responsiveness created an urgency to act. Not only this, but it was generally accepted that 'my lot' were expected to be the most vocal opponents to the proposed change.

The irony was not lost on me, that I, a Pasifika manager with humble beginnings as a community support worker, was facing a critical clinical decision and was weighing up the best course of action while on my ride home from work. I remember feeling angry and frustrated that no one was taking action, that people were thinking of themselves rather than what was best for the

[1] Service user: A user of mental health and addictions services, also referred to as a consumer

service users and families trying to get help. I remember my ride home was longer than usual, and upon reaching home I told my wife of my leadership dilemma. She wisely asked me, "What does your heart say is the right thing to do?". This was the tipping point. I knew what my Pasifika heart was saying, and my wife who knows me so well, merely verbalised that 'gut feeling'. The next day I discussed my plan with the human resources and operations manager. Without hesitation they gave me their blessing, but first checked I was aware of the challenges of carrying out my plan. I remember feeling a great sense of relief at a physical, mental and Pasifika (spiritual) level. I had deliberated on a problem and made a decision that required negotiation with key stakeholders and consultation with myself. What helped me during this leadership challenge was knowing my limitations and strengths. My experience in the New Zealand Army had given me an ability to remain calm, consult when required and then execute a decision. Therefore, I understood that not being a clinician, I needed senior clinicians around me I could trust and who understood my vision for our service. I was fortunate to have talented clinical coordinators who led the clinical aspects for change. I was also blessed to have the support of others. Particularly crucial was support from the Executive leadership which I believe drew on our mutual trust so as to garner their support. Significantly, I continually drew strength from my Pasifika values and identity along with the ability to form authentic relationships. Since the leadership landscape is so diverse, having the ability to negotiate with and across these leaders remains challenging. The process was not perfect, and I had many restless and sleepless nights. However, I knew I had made the right decision when on completion of the change process a service user, and a vocal opponent to the change process, thanked me for taking the time to listen, and prioritise the needs of the people we serve.

**Introduction to the thesis**

This study aimed to explore and describe the leadership experience of eight Pasifika health leaders working in the Auckland metro area District Health Boards in Aotearoa New Zealand. The experiences of Pasifika health leaders working in mainstream District Health Board systems has not previously been studied. However, as mentioned above, Pasifika health leaders working in

District Health Boards operate in unique ways. They are in positions which influence the leadership practice of others, and changing cultural perspectives within the organisations, with the potential to bring positive outcomes for the organisation, service users, families, and the community. In this introductory chapter, I will share myself and my personal leadership pathway story and how it led to the development of this study. This is followed by a high-level analysis of Pacific people in Aotearoa New Zealand. Key concepts will then be introduced, including unpacking the labels used to describe Pacific people, as second-generation Pasifika peoples in Aotearoa New Zealand. This chapter will also provide a summary of the mental health and addiction landscape for Pasifika in Aotearoa New Zealand, the context for the research. Then the study itself will be introduced; the participants, the role of the researcher, before concluding with an overview of the thesis and a summary of the chapter.

**Situating myself in the thesis and the study**

Malo le soifua maua ma le lagi i mama. My name is Poluleuligaga Paul Apollo Taito and in setting up this research and thesis, it is important to situate myself as an Aotearoa New Zealand born, Pasifika male. I identify myself as Pasifika as I am a second-generation Samoan born and raised in Aotearoa New Zealand. I also acknowledge the importance and sacrifice of my migrant parents who arrived in Aotearoa New Zealand around the 1960s. I cannot speak Samoan fluently, but I am comfortable in most Pasifika cultural settings, due to my upbringing involving family gatherings and significant events such as funerals, birthdays, and community events. I grew up in the suburb of Glen Eden, West Auckland, and attended the local schools within this area, including Kelston Boys' High School, where a mix of Palagi, Māori, and Pasifika students (mainly Samoan and Tongan) attended. This profoundly influenced my identity and upbringing, as Shakespeare said, "this nurse, this teeming womb of royal kings" (Shakespere & Forker, 2002). I am the eldest of four children, and like the majority of second-generation Pasifika, my parents migrated to Aotearoa New Zealand with a dream of a better life, the promise of educational and employment opportunities, that were not as readily available in their home of Samoa. Growing up in this household I was blessed with many rich life-changing experiences. One of these

experiences was the love and familial support of my parents and siblings. Another was our Samoan congregational church life, that imprinted in me Christian values and formed the foundational basis of how I have viewed values-based leadership. It is in these two institutions aiga (family) and lotu (church) where my sense of identity was initiated, that is, with the influential role of my parents, brothers and sister, the moral and social instructions of the church, as well as my high school friends. All were key drivers to shaping my identity and leadership foundation.

My mother came from the village of Vaiee, the area of Safata, my father from the village of Saleimoa, the area of Lotosoa. Both my parents showed me the importance of having a positive work ethic, providing for the family, and serving with a compassionate and loving heart, of always putting others first, especially *tautua*: leadership through service. Both my mother and father were factory workers and worked long hours to provide food, clothing, and to pay our mortgage. On reflection I believe the mortgage rate my parents had taken on, was poorly negotiated, and was a heavy burden. This caused great financial stress on our family, however, in saying this, my siblings and I never saw this. We never went hungry, and always had clothing and equipment for school. Although my parents came home tired, they always had time for us. Both parents would often share anecdotes of their childhood in their beautiful Samoa and always compared it to the opportunities available in this country. There was always an element of loss and longing when they shared memories of their life in Samoa. However, we would see the spark of humour, love, and community when our family attended church gatherings, or visited family. Those moments of connection via church and church community gatherings were mechanisms to replicate similar experiences of their village life in Samoa and lessened the longing and loss of their homeland. In retrospect, I can see that both of my parents were emphasising the privilege of being educated in Aotearoa New Zealand. In my upbringing, I saw first-hand the positive impact of good leaders leading with passion, such as church ministers and elders. At the same time, I also saw the negative impact of leaders who were disorganised and lacked the skills or passion to influence or make a difference. These leaders were out of touch with the realities of the Pasifika children and youth growing up in Aotearoa New Zealand. The tensions were evident when an Island born ‘ideal’ of how the congregation’s children and youth should live and conduct themselves in

Aotearoa New Zealand, conflicted with the experiences of freedom and opportunity the young Pasifika felt and heard from school friends or on television shows like the A-Team or MacGyver. These Palagi[2] models of behaviour and conduct conflicted with the models of behaviour that had been dictated to them by their Samoan born elders and parents who were shaped and conditioned by their lives in Samoa.

It was in my high school years that I had the first opportunity to negotiate and test my ideas around my identity as an Aotearoa New Zealand born Samoan. My aiga[3] had extended to include a New Zealand born Cook Islander, three Palagis, and another two Aotearoa New Zealand born Samoans. This extended aiga, my band of brothers, exposed me to different cultures and introduced me to ways of transcultural psychosocial engagement interaction. My high school years with my band of brothers forced me to sift through, review and add or discard cultural perspectives that eventually shaped my Pasifika way of being and worldview. It was with this group I learnt that I was different from my parents, that I was not 'Samoan', I was a 'New Zealand born Samoan'. I was still a product of my parents Fa'a Samoa [4], but more of an amalgamation of my parents and families' cultural distinctions. I was also enhanced by the rich nuances of my friends' understanding of family, culture, and identity. At times I felt l detached when I was with my parents. Yet concurrently, I felt them to be an integral part of my very being that I loved and could never shed. This was not disconnection as some Pasifika describe, it was more of an understanding that I had grown into an awareness of who Polu was and is. Being with my band of brothers helped me negotiate what being Pasifika meant more clearly. This was because of the shared connection, as young males of different cultures and socio-economic status, growing and learning who we were in the 1980s of Aotearoa New Zealand.

The next milestone for my leadership and identity was my university and New Zealand Army life. I was the first of my siblings to attend university, but I did not fully appreciate the privilege I had in attending university. At that stage I went to university because it was what my friends were doing at the time. University life opened new horizons for my learning and understanding of the

[2] Palagi: Samoan term to describe anything that does not 'belong' to Samoan culture, in Aotearoa New Zealand usually refers to Caucasian people
[3] Aiga: Samoan for family
[4] Fa'a Samoa: The Samoan culture or way of life.

world. If I had not attended university, I would have most likely pursued a career in a factory like my parents, which at that time I thought was the norm post high school. I admired the hard-working ethic of my parents and therefore assumed that this would be my lot in life. It was at university that I was introduced to the idea of working in mental health and was referred by one of my lecturers to his colleague in the mental health sector. This was during the time of transition from the large mental health institutions or 'bins' as they were referred to community mental health services. The community mental service model was in its development stage and Pacific mental health services were only just being pushed forward for initiation by a small cadre of Pacific mental health champions. It was during this time I was wanting to pursue a new challenge and decided to enlist in the New Zealand army. Where my aiga, school friends, and church life established my core values and sense of self, and university expanded my academic and theoretical knowledge; my life in the New Zealand Army honed everything about me both physically and mentally. It helped me understand my limitations and fortify my strengths; my military service is best described by Hemingway who stated that the hard life of a soldier "In some way could work the fat off his soul, the way a fighter went into the mountains to work and train in order to burn it out of his body" (Hemingway, 1964). It was here in the army that I was propelled into leadership. An Infantry JNCO (Junior non-commissioned officer) thought I had leadership potential and ensured the appropriate 'testing environments' were put in place to see how I would 'shake out'. This entailed long days and nights, minimal sleep, no win leadership scenarios where I was observed, prodded, and evaluated. Notably, I felt that my Pasifika values had been refined, and my understanding of what courage, love, loyalty, and integrity were, became operationalised in practice and action. The key learning point from my army experience was knowing myself, and building self-esteem, essential for the mastery of resilience. From the New Zealand army, I learned how one perceives oneself is the very foundation that all success and triumphs are built upon.

The next key milestone, and the primary rationale for my thesis topic, was my role as manager in an adult community mental health service. It was in this role that a culmination of all my previous life experiences was consolidated and where I had to become more proficient in the operationalising of my polycultural capital (Mila-Schaaf, 2010). Initially, I struggled in this role,

as I found mainstream services did not have the family or collective focus, I had experienced in the military or Pacific mental health and addictions services. The mainstream clinicians were skilled, knowledgeable dedicated professionals, however there was something about the relentless demand and stress on these clinicians that forced them to be task focused. All their energy was focused on managing the throughput at the expense of a holistic wellbeing approach. The change management process outlined in the example that opened this thesis, took two to three years to occur and was quite an emotionally draining experience personally and to many others. It required a real deep internal discussion with my Pasifika values as to why I was pursuing this change management process, always checking that my leadership decisions were not ego based, but for the betterment of the communities we served. I believe my success was primarily due to my ability to navigate and manage sensitive transcultural relationships and the emotions of all the people involved. Mila-Schaaf (2010) referred to this as use of polycultural-capital. I also viewed these challenging opportunities as a chance to grow and develop my experience in value-based leadership. My personal narrative set the foundation for inspiring this study, along with the growing Pasifika population and emerging Pasifika mental health and addictions leaders in Aotearoa New Zealand. I wanted to investigate the experiences of other Pasifika people in leadership positions in mainstream services in a District Health Board. Did they have similar experiences? Were their Pasifika values and polycultural capital an enabler for managing those leadership pain points, as they progressed in their leadership careers in mainstream health systems?

This study, and this thesis, stems from an on-going personal identity journey of pondering the world and how I fit within it. Being of Samoan descent has seemingly placed me in a juxtaposition, in many instances others have judged and questioned my authenticity as Samoan, based on my knowledge of cultural values and my ability to speak the language, and my assimilation of Palagi perspectives. On a personal level, an essential component of who I am as a Pasifika manager and leader is the recognition that my Pasifika values are incorporated in my mainstream education and practice at the workplace. Undertaking this study provided me a unique opportunity to not only reflect on and strengthen my personal leadership journey, but to show how Pasifika ideas of leadership can be successfully integrated into mainstream systems, and

there may well be synergies in my leadership model with other Pasifika colleagues. My thoughts transcend to the growing Aotearoa New Zealand-born generation of mixed Pacific ethnicities that includes my own child who is of Danish and New Zealand born Samoan descent. What must it be like for this Pasifika generation to negotiate and develop a strong sense of identity that connects them to the ethnic communities? How will the new Pasifika manage the task of maintaining and passing on cultural values, family traditions and language? My own life identity story has developed and changed through both negative encounters and proud milestone achievements. These celebrate my individual uniqueness both of my Palagi world sense and *fa'a Samoa* [5] and the final invention of that synergy of ideals and values.

**Introduction to the context: Pacific peoples in Aotearoa**

Given that Pasifika health leaders in mainstream Aotearoa New Zealand were the focus of the study, this section describes and acknowledges the changing context for Pacific peoples in Aotearoa New Zealand. Pacific peoples is an overarching term often used in Aotearoa New Zealand in reference to peoples whose ancestries originate from the various Pacific Island nations scattered throughout Polynesia and Melanesia (Ministry of Pacific Peoples, 2018). Aotearoa New Zealand born Pasifika live in a modern and ever-changing environment, with almost two-thirds of people who identify with at least one unique Pacific ethnic group were born in Aotearoa New Zealand (Statistics New Zealand, 2018). There are currently 381,642 Pacific peoples now living in Aotearoa New Zealand (Statistics New Zealand, 2018), this is a significant growth since the conceptualisation of this study. Auckland has the largest Pacific population in the world, this grouping made up 8.1 percent of the population, up from 7.4 percent in 2013. The largest groups were Samoan (182,721), Tongan (82,389), and Cook Islands Māori (80,532). Pacific peoples are historically a migrant population, with the initial mass migration to Aotearoa New Zealand occurring in the mid-1950s. This was in response to increasing demand in the labour force (Bedford, Wall, & Young, 2017). Following migrations to Aotearoa New Zealand, the numbers of Pacific peoples born in Aotearoa New Zealand (referred to as NZ-born) have increased. Also,

[5] Fa'a Samoa: The Samoan culture or way of life.

there has been increasing ethnic intermarriage, resulting in the growth of multi-ethnic Pacific peoples (Statistics New Zealand, 2018). Currently, up to two thirds (66.4%) of Pacific peoples are Aotearoa New Zealand- born and over one-third (37%) of them identify with at least one other ethnicity in addition to their Pacific ethnic group (Statistics New Zealand, 2018). Furthermore, most Aotearoa New Zealand -born and multi-ethnic Pacific peoples are children and young people under 25 years of age (Statistics New Zealand, 2018). Overall, Pacific peoples are considered a young population, compared with the other composite ethnic group (non-Māori, non-Pacific people) in Aotearoa New Zealand.

Pacific peoples are a culturally diverse and transnational population, they reside in both the Pacific Islands and Aotearoa New Zealand at some point in their lives and continue to maintain close ties with their family and extended family in their ancestral homelands (Callister & Didham, 2008). A common assumption by the wider non-Pacific population is that what is known for one Pacific ethnicity, is transposable to all Pacific ethnicities. However, although Pacific peoples share several common worldviews and values, there is some heterogeneity within the various unique Pacific population. This is reflected in subtle differences in demographic and cultural markers between ethnic Pacific subgroups, for example, larger proportions of Samoans and Tongans can hold an everyday conversation in their Pacific language (56% and 53% respectively) than Cook Islands Māori (13%) and Niueans (19%). Similarly, larger proportions of Cook Island Māori and Niueans are Aotearoa New Zealand-born and identify with multiple ethnicities, compared with Samoans and Tongans (Statistics New Zealand, 2018)

**Introduction to key concepts**

The terminology and concepts used in this thesis will now be discussed. Firstly, the three key terms - Pacific, Pasifika, and Pasefika will be discussed. Secondly, the concept of New Zealand-born as a unique identity for Pacific peoples will be explored. Finally, the Pacific mental health and addictions sector will be introduced.

***Pacific, Pasifika, Pasefika: Unpacking the labels***

Following the Pacific migration to Aotearoa New Zealand, the Government used several terms to group peoples from Pacific nations under one umbrella. The terms Pacific Island, Pacific Peoples, and Pacific Nations were labels of convenience, that blurred the uniqueness and diversity of cultures of those from the regions of Polynesia, Melanesia, and Micronesia. To counter the collective cataloguing, Aotearoa New Zealand born Pacific people introduced the new terms Pasifika and Pasefika (Mila-Schaaf, 2010). This was an assertive act to reclaim their names with power, self-determination, and to be inclusive in their representation of the Pacific nations. Samu (2007) viewed the term Pasifika as empowering and a means of power; "the fact that as a term, it 'originated' from us, is of no small consequence because being able to define ourselves is an issue of control" (p.5). Mila-Schaaf (2010) preferred the term Pasifika to describe and encapsulate the experiences of the Pacific peoples born, raised, and located within the various contexts of Aotearoa New Zealand. The examples offered by Samu (2007) and Mila-Schaaf (2010) highlighted the multi-layered politics of classifications or labels created, adopted, and perpetuated by both Westerners and Pacific peoples. Despite the efforts of Ministry departments (such as Education and Health) to use a term that is inclusive and representative of Pacific peoples, its usage, like all terminologies, were contentious and marred by undertones of power and inequality (Mila-Schaaf, 2010). With regards to the research sector, Anae (2010) highlighted the need to update research guidelines and models, this was to ensure their alignment with the changing demographics of the Pacific peoples in Aotearoa New Zealand, as the earlier research guidelines and models were based on Pacific Island-born peoples or communities. Anae (2010) further argued that future Pacific research should have the flexibility to consider the diverse realities and multi-ethnic specificities of Aotearoa New Zealand-born and Island-born Pacific peoples. Moreover, Anae (1998) called for acknowledgement of the intra-diversities within each unique Pacific ethnicity so that Pacific focussed research, policy, and service delivery is not prescriptive to 'making change' or effecting positive change. They also stressed the importance of context, noting that "pacific research in Aotearoa New Zealand should explicitly address the context(s) of the research and research stakeholders when designing research questions, methods, and approaches" (Anae, 1998, p. 4). In reference to this study, the term Pasifika was identified by the

study participants as the preferred designation to identify themselves in the context of their distinctiveness as Pasifika working a District health Board in Aotearoa New Zealand.

***Exploring New Zealand-born as a unique identity***

An Aotearoa New Zealand-born identity has emerged in practice and in the literature from the distinctions felt by Aotearoa New Zealand-born Pasifika. In the example of Aotearoa New Zealand-born Samoans, who often felt they have more in common with each other than with Samoan-born Samoans, Macpherson (1998) suggested this identity may have emerged largely due to changes in family orientations and, especially, loss of fluency in the language. This gave rise to the misleading belief that Aotearoa New Zealand-born Samoan children were not true Samoans as they had not mastered the knowledge, skills, and language (Macpherson, 1998; Tiatia, 1998). The term fia Pālagi (trying to be Pālagi) is often derogatory and used by older generations or Samoan-born Samoans. In their study examining Aotearoa New Zealand-born Samoan youth and their relationships with their families, Fa'alau and Jensen (2006) found that young Aotearoa New Zealand-born Samoans or of mixed ethnicity reported feelings of alienation due to feeling that they had to prove to others how Samoan they were. Additionally, Wendt (1982) considered assertions of what a true Samoan is or 'I am more Samoan than you', as dangerous. He stated that "to advocate that in order to be true Samoan, for example, one must be full-blooded Samoan and behave, think, dance, talk, dress and believe in a certain prescribed way, and that the prescribed way has not changed since time immemorial, is to be racist, callously totalitarian, and stupid. This is a prescription for cultural stagnation, an invitation for a culture to choke in its own body odour, juices, and excreta" (Wendt, 1982, p. 207). Understandings of what it means to be Aotearoa New Zealand-born Pasifika are constantly being redefined as those definitions engage with new contexts, realities, and pain points of transcultural synergy. Tupuola (1998), in her research with young Aotearoa New Zealand-born Samoan women, found that participants resisted having any ethnic labels 'imposed' upon them by their elders and peers. The suggestion was, as Wendt (1982) also stated, that such labelling was dangerous in that it presumed a homogenous and dogmatic essentialist starting point. Many of the participants in Tupuola's (1998) study also contested the

ethnic label Aotearoa New Zealand-born Samoan, stating that it dangerously essentialised and homogenised youth of Samoan ancestry in Aotearoa New Zealand. Identity, moreover, is a sociocultural political construction, non-static in nature (Tupuola, 2004b). Tupuola (2004b) described these young people as edge-walkers; young Aotearoa New Zealand-born Samoans navigating and negotiating their identity, between the parameters of many identities, such as ethnicity, religious boundaries, generational, gender, class, and sexual identities. The participants of Tupuola's (2004b) study were able to articulate their fluidity of identity and were confident in negotiating multiple cultures with relative ease.

The construction of an Aotearoa New Zealand-born Pasifika identity is that the Aotearoa New Zealand-born Pasifika often see themselves as bridges, mediators, intermediaries, and guardians for the world of their Island born parents and grandparents in relation to the wide society (Anae, 1998). Anae (1998) also validated the Aotearoa New Zealand-born as edge- walkers being assured of their negotiated identity, while Anae also acknowledged that the success of edge-walkers is the result of the pioneering work by their Pacific Island born parents. The second and third generations of Aotearoa New Zealand-born Pasifika learn to manage their dual responsibilities and relationships, they are sensitive to the cultural needs of their parents, grandparents and families while positioning themselves within Aotearoa New Zealand society with conviction and ease. Anae (1998) further asserted, that the Aotearoa New Zealand-born or Pasifika labels accommodates the Palagi life ways and for Aotearoa New Zealand born Samoans their fa'a Samoa experiences, the latter underpinned by family and church. The Christian church plays an important role in the lives of many Aotearoa New Zealand-born Pasifika and is often a central part of everyday family and community life in the Pacific Islands. The church operates for many Island-born or recent migrants in Aotearoa New Zealand as the space for reconnecting with and or maintaining their ethnic specific languages and culture in the diaspora, in Aotearoa New Zealand. Abel et al (2001, p. 1137) found that Pasifika peoples in Aotearoa New Zealand continue to have strong family and church networks that support the continuation of many 'traditional' beliefs and practices. In the late 1990s, inter-generational tensions started to arise, tension between Island-raised parents, who held firmly to these beliefs and practices, and their Aotearoa New Zealand raised children, who had begun to challenge them. Mila-Schaaf's (2010) research with successful,

Aotearoa New Zealand-born Pasifika professionals also described the emerging Pasifika middle class in Aotearoa New Zealand. Mila-Schaaf (2010) asserted that their success as Pasifika professionals could largely be credited to their ability to successfully navigate and negotiate their identities within the different inter-cultural spaces in Aotearoa New Zealand. Mila-Schaaf (2010, p. 2) called this negotiation 'polycultural capital', and associated it with cross-cultural resources, knowledge, skills, and agency. It is also the ability to draw purposively and strategically from more than one cultural way of knowing and understanding the world. Mila-Schaaf's (2010) positioning of polycultural capital moves away from earlier narratives of cultural loss, liminality, or marginalisation, although she does call out colonisation and systemic racism; Mila-Schaaf (2010) offered a refreshing strength-based perspective on Aotearoa New Zealand-born Pasifika and their negotiation of the Pasifika way. While Aotearoa New Zealand-born Pasifika do have to negotiate what are often considered two opposing world views, not all experiences are a 'cultural dilemma or identity crisis', just as not all see themselves as a bridge between cultures (Tupuola, 1998, p. 62). It is evident from the literature (Macpherson, 1998; Tiatia, 1998) that for many Aotearoa New Zealand-born Pasifika people, mediating between different contesting cultures in Aotearoa New Zealand can be challenging, and admittedly some are forced to choose one over the other to fit in. However, one can argue that for the majority of Aotearoa New Zealand-born Pasifika people, it is more a process of negotiation, as described by Macpherson (1998) in reference to Aotearoa New Zealand-born Samoans, "Samoan culture exists not in one place or the other but in a space between them where all of the different ways of being Samoan are contested and mediated. Young Samoans have the social space and confidence to redefine what it means to be Samoan and to challenge the notion that this must rest on what their parents have defined as core competencies"(p.58). Macpherson (1998) argued that the process of redefining what it means to be Samoan in Aotearoa New Zealand, that is the internal and external process of transcultural negotiation, has liberated the vast majority of Aotearoa New Zealand-born Pasifika from preconceived constraints of what it is to be Samoan, Cook Island, or Tongan. This redefining and negotiation we are now seeing from Aotearoa New Zealand-born Pasifika, is the confidence to take elements of their unique ethnic cultures, filtering them through their own experiences and

building them into a new and distinctive identity as Pasifika in Aotearoa New Zealand (Mila-Schaaf, 2010)

As cultural knowledge systems meet, contest, and interact, the transcultural contact initiates a stimulus for exchange and growth (Mila-Schaaf, Hudson, 2009b). This meeting and exchange of ideas is an important ritual of identity making, where each new generation of Pasifika living in Aotearoa New Zealand, find meaning in their various identities in ways that are today arguably more negotiated, flexible, and encompassing of many identities. One of the key drivers for creating and engaging in a negotiated space is the desire to be transformed by the other space, based on appropriating that which is useful from the other space on one's own terms (Mila-Schaaf, Hudson, 2009b). This then enables the negotiated space for knowledge and intra-cultural exchange to extend the parameters of one's own knowledge base. Mila-Schaaf & Hudson (2009b) argued that the concept of negotiated space has relevant applications to some of the most difficult issues facing the Pacific mental health and addictions sector. This includes reconciling some of the polarity between Western and Pacific indigenous paradigms of aetiology, illness, and treatment. A key ideal for mental wellbeing in the mental health and addictions space is balance, this is also a valuable principle for guiding outcomes within the potentiality of the negotiated space. The will and the manner in which to achieve balance is part of the purposive role and function of the negotiated space, the principle of the negotiated space is the salve that facilitates and allows for movement in the understanding of different multiple worldviews, what's more, it progresses that understanding to a partnership of those worldviews (Mila-Schaaf, Hudson, 2009b). The rebuilding and vitalisation of Pasifika paradigms - within the respect of each ethnicity - as distinct articulate knowledge systems is a necessary pretext to engagement and interaction, yet one must be mindful that the implementation of separation strategies can potentially lead to an insular lack of critical reflection and analysis; this is not the Pasifika way. Mila-Schaaf, Hudson (2009b) are adamant that the way for Pasifika cultures in Aotearoa New Zealand to thrive is cultural negotiation, not being open to critique, in the face of changing and challenging environments creates barriers to how one's cultural knowledge and more importantly maintaining its relevance as the environment changes over time. The negotiated space allows expansion, innovation, change, and interchange, while maintaining the relevance, and therefore survival, of

a cultural knowledge field. This ensures that the space between experiences (of the community) and explanation (meaning designated to the experiences within the cultural framework) does not overextend to the point where the indigenous cultural knowledge becomes meaningless.

Contextual congruency is a prerequisite of a living knowledge system, as Smith et al (2008) stated "Drawing conceptual links between what is already known and what becomes known, a process to validate new knowledge while retaining metaphorical synchronicity, ensures that the cultural identity of the people remains secure while society develops" (Smith, Hudson, Hemi, Tiakiwai, Joseph, Barrett, & Dunn, 2008). The position of this study is that cultural knowledge must continuously expand and evolve to deal with new environments and conditions of the systems, that Pasifika people and communities coexist with in Aotearoa New Zealand. Thus, while there is real advantage in a deep dive understanding of specific ethnic cultural knowledge systems - prior, hidden, or repressed knowledge – the reawakening of that cultural knowledge is not the primary goal of the negotiated space. Instead, it is to enable and facilitate a cyclical movement, this is between the preservation and maintenance of cultural traditions and conscious change.

***The Pasifika mental health and addictions sector in Aotearoa New Zealand***

As the study participants were leaders working in Pasifika mental health and addictions services in Aotearoa New Zealand, an introduction to this unique context is provided. For Pacific people's mental health is an intrinsic component of their overall health. One of the most difficult parts of working in mental health and addictions is translating information that makes sense to Island-born Pacific peoples living in Aotearoa New Zealand, more importantly that the information enables said audience to make informed decisions about their healthcare. One of the challenges of translation information is because Pacific cultures may not have words that translate easily into terms describing mental illness, furthermore mental wellbeing is inseparable from the overall wellbeing of the body, soul, and spirit. The traditional Pacific beliefs related to mental health is that mental ill-health, is understood as behaviour outside of the cultural norm, or a breach of a particular sacred convention, an example is tapu in Māori. It is a common belief across Pacific

cultures that their ancestors have a constant spiritual and physical communication with their respective families, and thus mental illness or mental ill health was understood as a manifestation of an external spiritual force and was often seen as ancestral spirits who have taken possession of the person because the individual or their family have broken a certain custom or offended the spirits in some way (Ministry of Health, 2008).

Historically, there was a dearth of information about the prevalence of mental disorders in Pacific peoples living in New Zealand. Prior to 2006, mental health surveys in Aotearoa New Zealand had little success in acquiring sufficient data, this was mainly due to the reluctance of Pacific peoples to share their information, and the lack of information most likely was a result of poor cultural engagement with Pacific communities at that time. For this reason, early researchers could not generate reliable prevalence estimates for major mental disorders (Oakley-Browne, Wells, & Scott, 2006). At that time, the primary source for evidence about the prevalence of mental illness in Pacific peoples came from institutional statistics, which tended to underestimate the true prevalence of mental disorder (Ministry of Health, 1997). The negative side to this lack of accurate data on the mental health status of Pacific communities, meant there was a direct effect on the planning of services that could not respond effectively to the needs of Pacific communities, (Ministry of Health, 2005b).

The often-described game changer for Pacific mental health and addictions research came in Aotearoa New Zealand's first national epidemiological study: Te Rau Hinengaro (2006). It was ground-breaking in providing reliable estimates of the prevalence of major mental disorders for Pacific peoples and Aotearoa New Zealanders overall. Te Rau Hinengaro (2006) was revolutionary as it provided evidence on patterns of health service use and other services by those experiencing mental ill health. Of significance was the large sample Te Rau Hinengaro (2006) was able to engage with, which was comprised of almost 13,000 people aged 16 years and over living in private residences in Aotearoa New Zealand. Another key factor of this research is it deliberately over sampled, interviewing 2374 Pacific people. The success of a large sample can be accredited to the researchers' use of key Pasifika clinicians, who had strong established relationships with Pacific communities, and more importantly Pacific service users and their

families. The rationale was to obtain reliable prevalence estimates, which was believed by many researchers to be met, as Pacific participants made up approximately 18 percent of the total sample, compared to Pacific peoples comprising around seven percent of the total population (Oakley-Browne, Wells, & Scott, 2006). Prior to Te Rau Hinengaro, in the absence of community data, mental health hospital inpatient admission rates were used to estimate the burden of Pacific people who presented with an episode of mental illness. However, the flaw in this approach, as up until 1999 access rates of mental health services by ethnic groups were significantly under reported due to poor practices of ethnicity recording in official admissions data. This led to inaccurate reporting of access rates of mental health services by Pacific peoples, furthermore, it contributed to the misperception that Pacific peoples do not use mental health services as much as other people, and more importantly that Pacific peoples experience lower rates of mental illness than other groups in Aotearoa New Zealand (Ministry of Health 2005b). Another misconception was that Pacific peoples might be resistant to the effects of stressors or markers that are commonly viewed as causal factors for people experiencing mental ill health in other communities (Ministry of Health, 2005b), Te Rau Hinengaro proved these historical assumptions to be incorrect.

Mental disorders are recognised by the Government of Aotearoa New Zealand and the World Health Organisation (WHO) as major public health issues (Mental Health Commission, 2012). As stated earlier, traditionally Pacific peoples held the belief that mental illness was not a disorder, but rather an issue of broken relationships (Bathgate & Pulotu-Endemann, 1997). The traditional approach to redressing such mental ill-health or broken relationships, therefore, is to seek the input of traditional healers believed to have the necessary abilities to re-establish the spiritual balance upset by the unwell person or someone close to them. Such beliefs about mental health and traditional healing approaches are common to many other non-Western Indigenous peoples (Bird et al, 2002). These beliefs and practices continue to be held and exercised by many Pacific peoples living in Aotearoa New Zealand today. In the mid-1980s Pacific peoples with mental health disorders were recorded as being more likely to be admitted and treated to psychiatric inpatient care than Māori or other Aotearoa New Zealanders (Bridgman, 1996). This was understood to be because of the stigma of mental illness, and the resulting shame or pride had an

effect on the low propensity to seek help from a mainstream service (Ieremia, 2003), in addition, this resulted in presenting acutely unwell and accessing mental health services at the more acute points of crisis, which in most cases can only be treated in inpatient acute care (Chaplow, 1993; Malo, 2000).

Secondary[6] mental health and addictions services in Aotearoa New Zealand have traditionally been very monocultural in all aspects of service delivery. Aotearoa New Zealand began to realise the significance of different cultures in mental health and addictions services with the devolution of institutionalised mental health services and the greater advocacy by the consumer (term to denote people using mental health and addictions services), particularly Māori consumers. This greater awareness and growing sensitivity to the impact of culture is apparent in the presentation, assessment, and treatment of serious mental disorders. Moreover, it has led to the recognition of the need for culturally appropriate services and development of cultural roles such as cultural advisors and Matua[7] roles. This has resulted in the funding of culturally appropriate support services and clinical services for Māori, and later Pacific peoples. One example of this is Lotofale the pioneer Pacific mental health service within the Auckland District Health Board, which currently provides care for Pacific peoples in the Auckland central area. However, changes in social and economic factors, such as housing, cost of living, and employment, has seen an increase in Pacific People moving to other areas of Aotearoa New Zealand, for example, Invercargill, Oamaru, and Timaru. The psychosocial and economic position of Pacific peoples in Aotearoa New Zealand continues to portray high unemployment, poverty, and poor health and housing conditions (Education Counts, 2016; Sorenson, Jensen, Rigamoto, & Pritchard, 2015; Statistics New Zealand, 2014). Therefore, the migration of Pacific peoples to other more remote areas of Aotearoa New Zealand, may mean disadvantages in not being able to access culturally responsive

[6] Secondary services: In medicine, levels of care refer to the complexity of the medical cases and the skills and specialities of the providers. Levels are thus dived into Primary Care (General Practice etc), Secondary (hospitals, specialist services e.g., Psychiatry),Tertiary (e.g., organ transplants). Quaternary care (experimental medicine, specialised surgeries)

[7] Matua: Māori (noun) refers to father, parent, uncle or revered elder, in mental health and addiction services matua roles were introduced as subject matter expertise for cultural considerations and enhancement in service delivery to Māori and Pasifika communities.

services, that they could have engaged with living in Auckland.

In summary, overall, Pacific peoples are relatively low users of specialist mental health and addictions services compared with non-Pacific (Foliaki et al, 2006; Kokaua, Schaaf, Wells & Foliaki, 2009). This is demonstrated by higher self-reported levels of psychological distress and lower self-reported use of mental health and addictions services compared with non-Pacific (Ministry of Health, 2015). Pacific peoples also tend to present at a more acute phase of their mental ill health, this is reflected in their over representation in both inpatient and forensic mental health services (Kokaua & Wells, 2009; Health Promotion Agency, 2018). There are multiple barriers influencing Pacific peoples' low use of community mental health and addictions services, many of which are complex and beyond the scope of this study. In addition to the stigma of having mental health and addictions issues, many of these barriers to accessing care are like the barriers that impact Pacific access to primary health care (Southwick et al., 2012). These include, for example: lack of culturally appropriate care models that consider Pacific worldviews and concepts of Pacific wellbeing; underrepresentation of Pacific peoples in the mental health and addiction workforce; socio-economic barriers (e.g., lack of transport and cost); and lack of after-hours-care (Agnew et al, 2004; Faalogo-Lilo, 2012; Tiatia-Seath, 2014; Tiatia-Seath, 2017).

**Introduction to the study**

Using the unique methodological combination of talanoa-qualitative description, this study explored what it meant to be a Pasifika leader in a District Health Board in Aotearoa New Zealand. In doing so, the study both investigated and celebrated the experiences of the study participants in incorporating, changing, and negotiating their space, as a second or third generation Aotearoa New Zealand-born Pasifika person in a dominant mainstream system. The study aimed to raise an awareness of the complexity of the leadership role, and sets out to better understand, honour, and celebrate the way second generation Aotearoa New Zealand-born Pasifika health leaders integrate their Pasifika values to navigate, negotiate, and thrive in a District Health Board system. It seeks to examine their experiences and the way in which they construct their Pasifika identities and focuses on the relationship between culture, identity, and wellbeing, by telling and sharing rich stories, and if possible, although not a primary aim of the study, to contribute to the

conversations about ways to support and support the preparation of Pasifika health leaders working in mainstream systems.

Furthermore, the data and knowledge from this research could also explain and strengthen culturally relevant practices for Pasifika working in District Health Boards in Aotearoa New Zealand. Moreover, understanding Pasifika leaders' experiences, and the meaning they make from those experiences, is an important means of 'bringing light' to the merits of different types of experiences, and in what context. This in turn will help inform future emphases in consolidating Pasifika leadership practices relevant to Pasifika experiences within Aotearoa New Zealand's healthcare systems. The specific research question was:

- What are the experiences of Pasifika health leaders in incorporating Pasifika values into their leadership roles in District Health Boards of Aotearoa New Zealand?

While the research question opened the talanoa, it did not prescribe how the participants wished to tell their stories. For example, the experiences of the male participants were very different to those of the female participants. This shaped the line and form of questions on how they navigated and negotiated their space within a District Health Board setting. Ultimately the study explained the experiences of the study participants as a medium to the question " who are we?", and as such the question itself is subject to examination. Mila-Schaaf (2010) stated even by determining a 'question' I, as the author, am positioned as the subject matter expert insider; however, what eventuates from my experience is one of shared experience. While the study participants all had experience in incorporating their values in a mainstream system, the researcher cautions the reader not to assume that the study participants lived experiences from the talanoa are unified. As such, the study cannot and should not be deemed a "silver bullet" to issues of equity for the Pasifika workforce currently working in District Health Boards. Rather, it should open the talanoa further to critique and investigate the complexities of being and negotiating an identity space for Pasifika in a Western-medical dominated system in Aotearoa New Zealand. This study explored the perceptions and experiences of Pasifika leaders related to their Pasifika identities and learning. As such, the role of researcher is as an instrument of data collection (Denzin & Lincoln, 2003), to fulfil this role, the researcher has provided and described the relevant aspects of self, including any biases and assumptions, any expectations, and experiences to qualify the researcher's ability

to conduct this research. There is very little research on the experiences of Pasifika leaders and the manner in which their Pasifika leadership is practiced within the conventional District health Board health systems in Aotearoa New Zealand. Therefore, from the outset it was expected that this study would contribute to a greater understanding of the Pasifika leadership experiences of participants. This would include their perceptions of the impact of operationalising Pasifika values and unique leadership within a mainstream context, enablers, and challenges to their experiences. As such, these leaders' rich descriptions of Pasifika leadership or decision-making practices would benefit others in the field of Pasifika leadership and health leadership. For example, clinical coordinators, cultural workers, and up and coming Pasifika clinicians, who with the data from this study, may more critically consider their own leadership and cultural development and that of their employees and team members. The exploration was made possible by studying the participants' talanoa, their reflections and experiences during their upbringing and life journey. Areas of interest for talanoa were based on exploring a range of Pasifika leadership experiences; unpacking the ways that Pasifika values impact practice; and describing opportunities for learning and growth.

***Introducing the participants***

Recognising the complexities of labelling a group of unique individuals outlined above, but critical to the research process and outcomes, was determining what to call the participants, as the subjects of the research. This is because labels often impose meanings, therefore, the need to specify who was being researched, was an important step in clarifying and acknowledging that Pasifika peoples living in Aotearoa New Zealand are not homogenous as some terminologies and labels might imply. While Chapter Three provides additional specific details regarding the study participants, for the purposes of this research the term Pacific was selected as the wide-reaching term that reflected the complex and varied construct of the mixed Pacific population. Pasifika is used to describe the second generation of Pasifika people born in Aotearoa New Zealand, acknowledging that everyone's experience will be different depending on the context of their upbringing, family, and ethnic culture. Furthermore, the use of the term mixed Pacific ethnicities

in this research refers to an individual or persons who are of two or more ethnicities. This includes a variation of Pacific and non-Pacific, mixed Pacific, and mixed Pacific and non-Pacific.

Pacific is the term used to describe Pacific Island migrants to Aotearoa New Zealand from Sāmoa, Tonga, the Cook Islands, Niue, Tokelau, Tuvalu, and other smaller Pacific nations. At some point in history, Aotearoa New Zealand held a governing role in the Islands. Currently, the Cook Islands and Niue still have a protectorate status with Aotearoa, New Zealand recently both island nations voting to stay under Aotearoa New Zealand's stewardship, Tokelau remains a dependent territory of Aotearoa New Zealand. It should be noted that although the Pacific Nations do not have a Tiriti with the Crown, most Pacific peoples acknowledge the special relationship they have with Aotearoa New Zealand (Ministry of Social Development, 2016).

Pasifika (sometimes spelt Pasefika) is generally understood as Pacific people of second or third generation who are born and raised in Aotearoa New Zealand. Pasifika ethnic groupings relate to Samoa, Tonga, Fiji, Cook Islands, Niue, and Tuvalu. (Finau, 2014). Pasifika came into use in the early nineties, like most labels, it was a bureaucratic term adopted to create efficiency in national policy documents by grouping Pacific populations together (as a collective group). Pacific scholars acknowledge the term Pasifika is not always well received amongst Pacific peoples living in Aotearoa New Zealand (Finau, 2014). The reasons for this have already been discussed regarding the implied homogeneity of its labelling. More recent researchers such as Mila-Schaaf (2010) and Wendt-Samu (2015) prefer to emphasise its strengths-based applications, to bring forth a more positive light in claiming Aotearoa New Zealand as well as Pacific Island nations as whenua, or homeland. Furthermore, both authors posited that the significant ties to the land, extends beyond one current location; it is situated genealogically, spiritually and is open to relations of change. Mila-Schaaf (2010) and Wendt-Samu (2015) extolled the unique richness and value of indigenous knowledge that Pasifika people hold, that generate, navigate, and negotiate alternative ways of being and knowing and is different to dualisms of Cartesian constructs of knowledge and discourses (Matapo, 2016). As mentioned earlier all of the participants – like the author - identified with the term Pasifika, all agreed it was a loaded term, however they saw it as

a positive appellation, that incorporated all of the richness of their induvial ethnic cultures, but just as important highlights its unique connection – and influences – of being shaped and situated in Aotearoa New Zealand.

***The role of the researcher***

This study was undertaken as partial fulfilment of the Doctor of Health Science, a higher-level degree which enables the researcher; in this instance, as a leadership practitioner to extend practice, academic thinking, and knowledge. In this way a unique contribution can be made to the professional knowledge and practice within this study in the area of Pasifika health leadership. This is especially within the context of Pasifika leadership values executed in the contemporary setting of a District Health Board in Aotearoa New Zealand. My experience as both a Pasifika man and a leader in mental health and addictions in Aotearoa New Zealand, undoubtedly influenced the study. As such, my personal values, assumptions, and biases are included here, at the outset of the thesis and the study. Arguably, however, my experience and relationships may have also enhanced my awareness, knowledge, and sensitivity to the issues being addressed in the study and assisted in meaningful engagement with the participants through trusted relationships. Steps were taken to mitigate the researcher's influence on the study, such as member checks during and post interviews, and regular meetings with researcher supervisors throughout the design and implementation of this study (see Chapter Three for further discussion regarding methodology and strategies to ensure the trustworthiness of the study). It is also acknowledged that the researcher's personal experiences will likely have shaped the way the talanoa was collected, interpreted, and presented. Furthermore, the researcher posits that trying to locate oneself separate from the participants' information and storytelling is not feasible. This would require the complete disconnection from my own cultural values and identity which are both crucial in 'teuing the va' or maintaining authentic relationships with the participants, their worldview, and experiences.

**Thesis Overview**

This thesis is organised into five chapters. The opening chapter, Chapter One, gives the researcher's positionality within the study. The chapter then sets the scene by describing and contextualising the shifting dynamics and diversity of Pasifika identities within the Aotearoa New Zealand landscape. The study is introduced, and the research questions are outlined.

Chapter Two reviews relevant literature and unpacks key concepts relative to an understanding of what the experiences of Pasifika health leaders are, in incorporating Pasifika values into their leadership roles in District Health Boards of Aotearoa New Zealand**.** This chapter enables. the reader to critically engage with current Pasifika health leadership and identity research. It enables an exploration of the implications and possibilities for further research within this context. This is principally through the inclusion of Pasifika research, including methodological, theoretical, and epistemological standpoints, particularly in the reclaiming of Pacific indigenous knowledge.

Chapter Three justifies the selection of talanoa - qualitative descriptive as the methodological framework for the research. It also describes the methods used to carry out the research. A discussion on the selection of participants, data collection, data analysis, ethics and research limitations are also presented in this chapter.

Chapter Four is an account of the findings from the talanoa sessions, and the talanoa included as data in this study. This chapter distinguishes the main autū (themes) and sub-autū (sub-themes) drawn from the participants talanoa.

Chapter Five discusses the importance of the study findings. This is provided in the context of 'what is known' about Pacific leadership, cultural identity, wellbeing, culture, and especially paradigms of Pasifika as being 'caught between cultures' or 'navigating' and 'negotiating two worlds'. Chapter Five also presents the limitations of the study, areas of research for the future and a brief summary. Finally, Chapter Five concludes the thesis with a summary response to the

research question and offers recommendations to address the research findings and future research opportunities.

**Summary and conclusion**

This study, and indeed the thesis, sets out to better understand, honour, and celebrate the way second generation Aotearoa New Zealand Pasifika health leaders integrate their Pasifika values to navigate, negotiate, and thrive in a District Health Board system. It seeks to examine their experiences and the way in which they construct their Pasifika identities and focuses on the relationship between culture, identity, and wellbeing. In the histories of the Pacific, the Moana Pasifika traversed the Pacific Ocean by way of voyaging and navigation. The ocean itself is seen as home for Pacific people, extending beyond the boundaries inhibited by land. It is through distinctive cultural knowledge of the cosmos that an advanced level of skill in navigation and over the horizon voyaging enabled Pacific explorers to discover new horizons with the promise of new lands (Mila-Schaaf, 2010). Like navigation, leadership in the context of Pasifika health leadership, today requires attention to the inter and intra-relational space, acquired skills and specialised cultural knowledge. This chapter provided background data on the Pacific population and a context of Pasifika experiences in mental health and addictions living in Aotearoa New Zealand, to help to provide context for the study, and the chapters that follow. Pan-ethnic identities such as Pacific Islander, Pasefika, and Pasifika has become an active component of the dominant groups' worldview. Most often, those that created and use the labels have a story to tell which led to the inception of that label. Pasifika, while on the surface simply implies the name of a category of persons, in fact carries with it a deep richness of unspoken experiences and narratives that holds the magnitude of the past, at the same time as the evolution of the present and future, that is unique to the context of Aotearoa New Zealand. This study provides a look into what Pasifika means - by way of their stories - for a group of Pasifika health leaders in a District Health Board. The researcher's personal experiences and position were discussed, to ensure that the researchers "why" in initiating this Doctoral study were contextualised, while also providing a personal example of an experience of a Pasifika health leader in a District Health Board. The researcher has observed and experienced the challenges that Pasifika leaders face in day-to-day

leadership practice in attempts to navigate the political, social, and cultural milieus in which they operate. The relevance of this study relates to the real fact that health systems in Aotearoa New Zealand is fluid; and change is driven by the visons and plans of a particular sitting political party or by an overwhelming population health need. Change requires leaders, that are adaptive , shifting and fluid that challenges both hegemonic and fixed cultural constructions of leadership within the health sector. For the Pasifika health leader in Aotearoa New Zealand multiple complexities must be traversed; in a re-imagining of praxis that is personal, cultural, and professional. This segues the discussion into the next chapter, that will provide, a review of the literature regarding what is meant by leadership, a Pacific understanding of leadership, and leadership in context to this research.

# Chapter Two: Literature Review

*"To be clear, we reiterate that Pacific knowledge- seeking and knowledge creation are not limited to the academy. Indeed, Indigenous Pacific knowledge is being used and created every day in villages across the Pacific, in churches, governing institutions and wherever Pacific peoples interact"* (Gegeo & Watson- Gegeo, 2001)

## Introduction

This research aimed to investigate and explore the experiences of Pasifika health leaders in incorporating Pasifika values into their leadership roles in District Health Boards in Aotearoa New Zealand. The researcher aimed to capture the rich experiences of Pasifika health leaders and to add valuable Pasifika leaders' stories to Pasifika leadership literature. This literature review is divided into four sections. Section one outlines the summary results of the literature, including the search process. Section two explores leadership, definitions, leadership types and related concepts. Section three examines the research on Pacific understandings of leadership, especially the relationship between Pasifika leadership and culture. Finally, Section four examines leadership in the context of Aotearoa New Zealand, the issues of identity, acculturation, and cultural capital. The intention of this literature review is to critically engage with current Pasifika health leadership and identity theory and research, it explores these as foundations for the study. Literature included within the review recognises a significant and welcome increase in Pasifika theory and research, including methodological, theoretical, and epistemological standpoints and tensions, particularly in the reclaiming of Pacific indigenous knowledge.

One tension relevant to the theory and practice of Pasifika leadership, is that leadership is not typically embedded within a humanist paradigm only. Rather leadership is entangled with land, waters, skies, histories, and cosmos which suggests alternative ways of being in leadership (Tamasese, 2005). As such this literature review has integrated historical perspectives of Pasifika health leadership, alongside contemporary perspectives on Pasifika leadership that foreground culturally relevant practice in mainstream Western paradigms (Wendt-Samu, 2006; Mara, 2013).

The importance of the historical context (and in particular the colonisation within the Pacific and the migration of Pacific people to Aotearoa New Zealand) is often acknowledged. This is particularly so when Pasifika engagement in mental health and addictions, and education is confronted and analysed. Within the literature examined there is however a tension for Pasifika leadership within current mainstream mental health and addictions constructs and a range of paradigms are included. These are emancipationist (Airini, 2010; Podmore, Sauvao, & Amp, Mapa 2003), positivist, interpretivist (Cooper & Hedges, 2014), post-modern, deconstructivism, postcolonial and post structural (Devine, Teisina & Pau'uvale, 2012; Leaupepe & Sauni, 2014; Matapo, 2016), and polycultural capital (Mila-Schaaf, Hudson, 2009). Within the collective, the Pasifika health leader is often seen as an agent of change and disruptor; navigating choices that require responsibility, alofa[8], ethics and care, as well as raising awareness of the complexity, multiplicity, and diversity of the Pasifika leadership experience; principles that were important to integrate within this study.

**Section One: Summary and Search Process**

Research literature of published material for the period January 1985 to July 2017 was originally searched for using online databases. The keywords from the research question were used, and a more recent review of relevant literature identified five pertinent additional studies for inclusion in this review; Enari's (2021) exploration of how Samoans have perpetuated their Samoan culture within their host countries such as Aotearoa New Zealand, Australia, and America. Furthermore, Fa'aea, Aiono & Enari, Dion. (2021), provided more detail on the Samoan understandings of *tautua*, exploring the Samoan *tautua* lifecycle aspects, although very Samoan-centric with a traditional Island-born viewpoint, it provided an in-depth understanding of the historical origins of the concept of the pathway to leadership through service. Averill, Glasgow, and Rimoni's (2020) exploration of the understanding of Pacific values in New Zealand educational contexts looked at the similarities and differences among perceptions. Another study of relevance is Paea's (2015) study on Tongan leadership and culture in the context of Aotearoa New Zealand Public Health Service. The aspects of researcher inter-subjectivity and the exploration of values-based

[8] Alofa: Samoan word for love or kindness

leadership posed valuable areas of comparison to this study. Lastly, a study by Nanai and Nina et al.'s (2017) adoption of a mixed-method approach that was adapted by integrating a Pasifika method of talanoa to understand the experiences of Pasifika students in a New Zealand Tertiary setting, provided insights into the considerations required in choosing a methodology that has the adaptability to navigate Pasifika and Western worldviews. This review identified the growing scholarly data on Māori leadership in the context of mainstream Pakeha primacy and colonisation, however, this valuable data was excluded from this research, as the research question specifically investigates the unique leadership experiences of Pasifika health leaders in the District Health Boards of Aotearoa New Zealand. In total, 142 publications (including the five more recent studies) were identified for inclusion in the review. These publications were then categorised into the priority area for understanding the experience of Pasifika health leaders in incorporating Pasifika values into their leadership. Specifically, the literature fell into three distinct categories (see Appendix A for additional details of literature review):

- Developing Pasifika workforce, leadership, and leadership development in Aotearoa New Zealand.
- Understanding mental health and addictions with respect to culture and ethnicity, migration and acculturation or cultural change.
- Enhancing service responsiveness: Differences and commonalities between Aotearoa New Zealand-born and migrant Pacific populations, including Aotearoa New Zealand-based Pacific populations remaining in or returning to Pacific nations

**Section Two: Exploring Leadership: Definitions, Types and Related Concepts**

Given the strong focus on leadership in the research study, it was important to examine the literature on leadership, and more specifically Pasifika leadership in Aotearoa New Zealand. As with culture, the construct of leadership can mean different things to different people and is defined according to people's own perspective and experience (Yuki, 1981). As such, despite the substantial research on leadership, there is still no comprehensive understanding of what leadership is or agreement on what good or effective leadership is (Smith et al., 2004). Alimo-

Metcalfe and Alban-Metcalfe (2005) reviewed the history of leadership since its beginnings as a recognised concept in the 1930s, where they found dissatisfaction with the 1970s' situational models of leadership as balancing task and production with a concern for people in the context of the turbulent change that shadowed the major recession of the 1970s. Several leadership authors have since described these models as relating to management as distinct from leadership, therefore, new paradigm models were created (Alimo-Metcalfe & Alban-Metcalfe, 2005). These included visionary leadership (Sashkin, 1988), charismatic leadership (House, 1971; Conger, 1989) and transformational leadership (Bass, 1985), according to Alimo-Metcalfe et al. (2005), old paradigm models viewed leadership as a practice of influencing others – within the group context – to achieve a specific or vision, whereas now the focus has shifted to, the relationship between leaders and followers, (Alimo-Metcalfe et al., 2005). The literature review also found that the current leadership thinking supports the view that no one person has a monopoly on leadership, as people have generally had some experience of leadership, and that despite the increase in the body of knowledge in leadership, this has not been reflected in the understanding of the concept (Sanga, 2005). Thus, the literature review found that although there has been a growing body of leadership knowledge, and leadership behaviour, practice has not changed, with a number of leadership theorists challenging and contesting any one perspective.

Some of the literature included in this review examined the functions or roles of a leader. Kouzes and Posner (2007) posited five functions of leadership; model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart (p. 5). Furthermore, Kouzes and Posner (2007) argued that a crucial factor of leadership is the forming of authentic relationships. Additionally, Kouzes and Posner (2007) oppose the great person theory of leadership, given the theory assumes that there are only a few capable great men and women who can lead others to greatness. According to Hashem (1997), leadership and leader are two different concepts, the former is a process and the latter (leader) the agent of the process. Hashem (1997) further stated that leadership is a vocation, a duty and responsibility to fulfil, and it is primarily concerned with a relationship of empowerment. Authors such as Begley and Stefkovich (2007), Duignan (2004), Rost (1993), and Hoog, Johansson, Lindberg, and Olofsson (2003) all focused

on describing effective leadership as an influencing process. In particular, Rost's (1993) leadership literature review found that leadership as an influence was a theme that stood out in the definitions. Furthermore, leadership is an 'influential relationship' an actor or agent - as opposed to followers – who intend real changes that reflect mutual purposes (Rost, 1993). Begley and Johansson (1998) suggested that to achieve goals, leaders influence the rituals of other people, whereas Hoog et al., (2003) was more specific and argued that leaders' thoughts and actions are influenced and guided by their values. In keeping with the leadership as a process theme, Duignan (2004) argued that effective leaders can influence people by utilising values as the platform to achieve goals and foster relationships to enable a shared vision. Regardless, of the plethora of descriptions of leadership, the literature review found that the general consensus was leadership is often defined as the exercise of influence (Leithwood & Azah, 2016; Robinson, 2011), but differentiated from force, coercion, and manipulation by the sources of influence (formal authority, attraction to the more personal qualities of the leaders, and relevant expertise).

**Governance and relevance for Pasifika leadership**

Even through the study focused on exploring and describing leadership experiences, given the known relationship between governance and leadership, it is important to define governance, especially within a Pasifika context. Governance, at the simplest level, describes the function that holds management and the organisation accountable, and helps provide management with overall strategic direction (Burns et al., 2012) and maintains viability and effectiveness (Metzger et al., 2005). Historically, studies regarding governance have focussed predominantly on the private sector and examined the structures and systems such organisations need to maximise returns. However, there has been growing interest in governance structures for non-profit and government sector organisations in general and health organisations in particular (Ferlie et al., 1995; Metzger et al., 2005; Stanley-Clarke et.al 2016). The growing importance of governance is due partly to the significance of public trust and social accountability responsibilities and partly to the recognition that in professional (including health) organisations the style of governance is a significant indicator of organisational change (Brock et al., 1999). The literature clearly identifies that there is a symbiotic relationship between leadership and governance (Brock et al., 1999,

Metzger et al., 2005). The literature on Pasifika understandings of leadership and governance, are remarkably scarce, however, of note is McLeod's (2007) review of leadership models in the Pacific. McLeod (2007) suggested that for Pacific leaders, good governance and leadership are intimately intertwined. Furthermore, this integrated model is characterised as being strongly participatory, accountable, with a high level of transparency and efficiency. McLeod's (2007) further described this leadership/governance model for a number of Pacific nations, is best described as doing 'the right thing, the right way, for the right reason" (p15). There are a number of key points from McLeod's (2007) review, that the viewpoint and practice of Pacific leadership/governance suggests it as the notion of ethical leadership; however, McLeod (2007) openly admits this would be problematic to operationalise transculturally. Another key point is leadership and governance as practiced in the Pacific nations are viewed in the social and cultural context and cannot be separated. In regard to implications for this study, McLeod's (2007) findings though useful, are in the context of Pacific leaders in the Pacific Islands, this study and particularly the study participants experiences (with their unique ethnicities) are in the context of Pasifika leaders in Aotearoa New Zealand. Furthermore, any analysis of what and how leadership and governance is understood, cannot be made in the comparison of Western mainstream frameworks alone, as the criteria for understanding and describing leadership and governance are derived from the Pasifika leaders who bring to the conversation of leadership and governance a very unique perspective that is tradition yet imbued and shaped by their experiences in Aotearoa New Zealand.

In the context of narrowing the gap, particular overlapping features of both leadership and governance are important, especially an unrelenting focus on marginalised groups. Strong leadership supports effective governance by promoting interagency collaboration, shared understanding, and clear roles and responsibilities. In the context of narrowing the gap for vulnerable Pasifika families and community's health needs, this is crucial for ensuring that a holistic approach is adopted, and their varied needs are met. Strong leadership enables effective governance, by ensuring that the needs of the local population, including those of vulnerable groups, remain a priority in health planning, design, and delivery. In turn, governance frameworks

provide strategic direction for leaders, help them to foster commitment, shared aims and to hold people to account. Such frameworks can be particularly important in ensuring accountability for marginalised minority groups (Health Quality & Safety Commission, 2017).

**Defining Indigenous leadership**

As the study focused on understanding, honouring, and celebrating the leadership experiences of Pasifika health leaders, an understanding of Indigenous leadership, specifically Pasifika leadership, as well as the significance of leadership development, from mentoring, role models and coping mechanisms for Pasifika leaders, is warranted.

The literature review found that leadership is often defined as the exercise of influence (Leithwood & Azah, 2016; Robinson, 2011), differentiated from force, coercion, and manipulation by the sources of influence. However, a definitive definition of Pasifika leadership is problematic as there are so many differing perspectives to consider (Bush & Bush, 2003). Challenges are also evident in defining terms in the health leadership field, for example, the terms health management and health leadership are sometimes used interchangeably by researchers (Ramsden, 1998), while some researchers differentiate the terms (Cardno, 2010; Robinson, 2011; Stewart, 2017) and other researchers note that the term health leadership often overlaps with management and administration (Bush & Bush, 2003). Although leadership as a concept has many definitions, for the most part those definitions are very Western ideologically centric. What this review can explore, however, is a definition of what leadership looks like from an Indigenous understanding – a perspective that is perhaps most closely aligned with a Pacific perspective. Indigenous leadership, often described as native leadership or traditional leadership is a complex phenomenon (Wolfgramm et al., 2016). Wolfgramm et al., (2016) argued that to understand the complexities of Indigenous leadership one must also understand Indigenous knowledge. Minthorn & Chavez (2015) further claimed that Indigenous ways of leadership are built on an extensive system of relational knowledge that is multifaceted and shaped by lived experiences. It is therefore difficult to pinpoint one type of Indigenous leadership, as factors such as traditions, ideas, values, culture, context, and history differ among Indigenous communities worldwide. However, what is clear from the leadership literature, is the differences within each

leadership approach are dependent on the leaders' values and the influences that shaped them (Mila-Schaaf & Hudson, 2009; Abu-Saad & Champagne, 2006; Minthorn & Chavez, 2015). Indigenous peoples have distinct systems, languages, values, and beliefs that result in excluding them from what is considered mainstream. Therefore, Indigenous leaders need to be aware of these conventions to transcultural navigation and communication, because historically, Indigenous worldviews have been ignored. Their lived experiences have often faced societal injustices in both worlds of traditional Indigenous and mainstream communities (McLeod, 2015). When people come together in communities there are patterns of sameness and distinctiveness that create classification among individuals and groups, these can either be inclusive or exclusive (Mila-Schaaf & Hudson, 2009). Alvesson and Spicer (2014) suggested that leadership can marginalise people who do not fit white, male, heterosexist norms to occupy positions of leadership. This side of leadership exists in multi-cultural societies, which breaks away from the assumption that leadership is all positive. Unfortunately, the experience of Indigenous leadership is a history of conceding to colonisation which enforced a Westernised leadership structure. This has impacted Indigenous people in several countries, due to the inequities in leadership structures and systems (Evans & Sinclair, 2016). Alternatively, these injustices can also compel Indigenous leaders to "create new and emancipatory forms of leading" (Alvesson & Spicer, 2014, p. 51), which allows greater possibility for leadership advancement and change. Therefore, Indigenous leadership can be defined as learning to live in different worlds by becoming transcultural and navigating carefully around the invisible boundaries of these different worlds (Evans & Sinclair, 2016; Kavaliku, 2007; Mila-Schaaf & Hudson, 2009).

Presently, Indigenous scholars are initiating and exploring new Indigenous literature with a transcultural perspective, this provides a voice for addressing the leadership discourses often associated with non-Indigenous scholars (Kavaliku, 2007; Mila-Schaaf & Hudson, 2009; Wolfgramm, 2016). This positive shift to inclusiveness will enlighten the leadership research space to the benefits of applying Indigenous identity and worldviews, for Indigenous peoples in mainstream settings. Further, Stewart and Warn (2017), noted the point of differentiation in which Indigenous leaders navigate between the two worlds of Indigenous and mainstream communities

to progress better outcomes for their own community. This is achieved through a distinct leadership style of an interpersonal cultural component, this supports the lived experience of McLeod (2015) who described a two-sided professional river, where his cultural worldview shaped and guided his professional practice. This distinct style of leadership is unique and differs to the 'normal' models of individual leadership that is widely discussed in leadership literature. Nonetheless, there is an increasing movement of Indigenous leaders voicing their positioning in mainstream communities and challenging the discourses of leadership with an indigenous lens (Mila-Schaaf, Hudson, 2009; Evans & Sinclair, 2016).

When analysing the discourse of leadership, four themes emerge: issues of ideology, identity, inclusion, and intervention (Alvesson & Spicer, 2014). The predicament often faced by Indigenous leaders is contesting the mainstream norms. The complexities of this are having to look back at traditional cultural worldviews and values and revising and amending them accordingly into a contemporary operational model, and thereby to sustainably capitalise on opportunities for Indigenous people (Evans & Sinclair, 2016; Minthorn & Chavez, 2015). Peterson (2018) further argued that Indigenous leaders disrupt leadership thinking, by provoking a new way of thinking that "…organically roots us in community, binds us together in relationship with each other, the Spirit, and the Earth, and drives on our need to contest a global paradigm and world system that is broken for so many people…" (p. 5). Although there are challenges faced by Indigenous leaders, what is evident is the importance in understanding various factors, these include historical contexts, social structures, and cultures unique to this leadership approach (Evans & Sinclair, 2016; Minthorn & Chavez, 2015; Zhang et al., 2012). These same authors, and with the absence of research into Indigenous leadership, highlight the importance of Indigenous leadership research as it would significantly contribute to the study of global leadership.

**Pasifika Leadership**

Given the studies emphasis on Pasifika leadership, and the previous discussion on Indigenous leadership, this next section looks at historical Pacific leadership and the links to Pasifika leadership in Aotearoa New Zealand. According to Taito (2012), Meleisea (1987), Crocombe (1992), and Ah Chong & Thomas (2002), leadership in Pacific communities is carried out by

chiefs whose positions are either assigned through lineage and status or elected through cultural practices. In Samoa, for example, the Matai or chiefs have influential power and are entitled to service from people in the community (Ah Chong & Thomas, 2002; Taito, 2012). The adherence to hierarchical norms is reflected in Samoan culture and is consistent with Hofstede's (1984) theory of cultures that view relationships as lineal (Ah Chong & Thomas, 2002; Taito, 2012). For the most part, the literature suggests that in the hierarchal lineal model, leadership is attained from the status of the position rather than from personal (Ah Chong & Thomas, 2002; Taito, 2012). Sanga (2005) offered an alternative view suggesting that one area of attention for Pacific leadership development is that of focusing on the past, present, and possible futures. Sanga (2005) contextualised leadership development from a Solomon Islands perspective, where attention was given to traditional leadership being community-based, non-formal, and heavily characterised by relationships. Furthermore, four features of leadership in a Solomon Islands village and clan communities were identified: apprenticeship, context embeddedness, resonance with people, and higher order responsibility. Apprenticeship in a traditional leadership approach involves the obtainment of skills and knowledge through the relationship between an experienced person and a younger person. Everyday relationships, experiences, and activities provide the learning situations, while peer mentoring is gender segregated and common in traditional Pacific leadership (Sanga, 2005). According to Sanga (2005) context embeddedness refers to Solomon Islands traditional leadership development taking place within context. That is, contexts vary, and it is within these contexts that the apprentice learns skills, performs certain roles, and develops habits. "Contextual development of the apprentice is linked to real-life situations, where the realities and priorities of the community determine the skills, knowledge and pedagogy of learning" (Sanga, 2005, p. 7). In the Solomon Islands, people such as "politicians, government officials, educators, industry executives, the clergy and civil society position holders" are classed as the contemporary leaders (Sanga, 2005p. 10). Sanga (2005) identified on-the-job experience, out of-context training, and a focus on skills development as typifying contemporary leadership development in the Solomon Islands. According to Sanga (2005), a key characteristic of a traditional leader in Solomon Islands is accountability, to their community and people, and it is the people who determine the success or failure of a leader. Therefore, the leader's resonance and

understanding of their people needs is important, the leader is involved in daily societal activities with the people. Resonance is further demonstrated by the leader's "…consistent acts of care, generosity, and responsibility" (Sanga, 2005, p. 7). A traditional Solomon Islands leader is also accountable to a higher order, known as spiritual individuals and God, the most powerful leader is the priest, who holds political, economic, social, and spiritual powers, all combined. Other levels of leaders (alafa, alaha or civil chiefs; specialists, other big men, or status women) are subservient to the spiritual leader. Lower-level leaders are accountable to humans while the priest must give account to ancestral spiritual beings and God for his/her actions or inactions (Sanga, 2005).

Traditional leadership in the Pacific has been an area of attention for some authors, for example, Tamasese (1994) who stated that Samoan males' roles were regarded as part of male servitude in Samoan society, and that obtaining chiefly titles was important for various villages. According to Johansson Fua (2003), the concept of Tongan leadership has been defined as rank, based on kinship and blood ties, from birth every person in Tonga is ranked from a position of inferiority as well as superiority (Fua, 2003). In Fua's (2003) doctoral work, she examined the role of Tongan values in the work of Tongan principals as leaders of their schools. Her participants stated that their professional values were dedication, hard work, loyalty, and commitment to their school and organisation; these Tongan values were linked closely to their Christian faith. Relationships were identified as a priority with an emphasis on valuing relationships between educational leaders and the people they lead. Johansson Fua (2003) ascribed this fact to conceptualisations of traditional leadership between nobles and villagers in Tonga, additionally, contemporary Tongan leadership also recognises that relationships are essential between leaders and their followers. Johansson Fua (2003) also contends that the hierarchical nature of traditional Tongan relationships between nobles is slowly changing.

Leadership movements are changing, and new positions are being taken as research develops for minority ethnic group, this is relatable in Aotearoa New Zealand where traditional concepts are having to be operationalised to the requirements of Aotearoa New Zealand born Pasifika in mainstream systems (Taito, 2012). Mila-Shaaf and Hudson (2010) provided a paradigm for

leadership in organisations that connect Western and Indigenous views about relational leadership, promoting more collaboration between Western and Indigenous cultures. The authors stated that Pacific societies is centred on an oral tradition of stories that have been passed from generation to generation with a focus on creating, sharing, and guarding traditional knowledge. Furthermore, status comes from one's level of subject matter expertise in traditional knowledge and not from wealth, Pacific culture's leadership concept involves a system of elders, not based on age, but on wisdom. Through consensus, elders are recognised and one of their primary responsibilities is to create an environment that promotes consensus. Knowledge is valued when it is passed on to other people, and elders achieve their position by the way they share their knowledge and encourage others to share (Mila-Shaaf and Hudson, 2010; Taito, 2012). Furthermore, according to Mila-Shaaf and Hudson (2010), respect is the pinnacle of traditional Pacific cultures, respect is gained when a person shows respect via the protocols of following and respecting those sacred relationships. What is evident from the literature on Pacific cultures they all share the belief in interconnectedness and the ability to accommodate a 'both/and' perspective as opposed to the Western 'either/or' approach (Johansson Fua, 2003; Mila-Shaaf and Hudson, 2010; Taito, 2012).

Current literature on Pasifika – Aotearoa New Zealand born Pasifika - leadership in Aotearoa New Zealand is somewhat limited. However, the uniqueness of Pasifika leadership is pertinent in Aotearoa New Zealand's changing society as reflected in the immigration patterns of Pasifika ethnic groups since the 1970s (Mugisha, 2013; Rio & Stephenson, 2010). Literature that examines the current situation for Pasifika leadership in Aotearoa New Zealand, are predominantly, and most recently, in the Education sector (Chu, 2009); specialised Pasifika teacher training programs, (Matapo & Leaupepe, 2016) transition to school, and research innovations within Pasifika early childhood centres (Cooper & Hedges, 2014; Leaupepe & Sauni, 2014; Mara, 2013). Much of the literature advocates for an emancipation of Aotearoa New Zealand-born Pasifika ways of knowing within postcolonial and postmodern paradigms, with a critical focus concerned with equity and social justice. What is presented, are the repeated tensions between practice, policy, and governance. Ang (2010) argued that such tensions are evident in the way policies and

practices recommended by governing bodies respond to concerns of inclusion, under-achievement, and diversity. The policies are fundamentally based upon the belief that inequalities must be attended to; however, these policies and application thereof rarely provide practical methods for frontline leaders and teachers (Chu et al., 2013) and offer little consideration of Pacific/Pasifika cultural ways of being and knowing.

Although education and health are different artificial systems, the relevance of the Aotearoa New Zealand-born Pasifika leadership research in education, parallels the experiences of Pasifika educators in a Western dominated mainstream system. The vocational purpose driven goal of Pasifika educators is to instigate change, better outcomes, via the application of their Pasifika values into mainstream thinking. Research in health and educational leadership continues to focus attention on the relationships of the individual leader within their organisation, rather than the contextual characteristics of communities and societies in which mainstream services are located (Fasoli, et al., 2007; Santamaria, 2015; Waniganayake, 2011). This suggests that the leader within the mainstream organisation may operate in a disconnect to wider political, cultural, and societal influences that impact upon the lives of staff, service users and community.

Numerous researchers have investigated how hegemonic views of leadership are problematic for mainstream systems that have large multi-cultural populations (Fasoli, et al., 2007; Santamaria, 2015; Waniganayake, 2011). This has been particularly in the marginalisation of Indigenous perspectives of leadership which may provide alternative and significant change within health or education in the provision of culturally inclusive practice (Fasoli, et al., 2007; Santamaria, 2015; Waniganayake, 2011). An extensive literature review conducted by Chu, et al (2013) for education and Mila-Schaaf, Hudson (2009) for health, draws attention to the gaps in Pasifika research. Both literature reviews, identified the importance of fostering culturally appropriate ways to involve Pasifika families and communities in the understanding of contemporary Pasifika leadership in Aotearoa New Zealand. Similarly, Airini (2010) reported that there was no literature available on the implementation of Pasifika leadership within Pasifika strategy and planning. Regarding Pasifika governance or participation on advisory boards, the literature available was minimal that the described the use or effectiveness of Indigenous or minority representation on

policy development advisory committees in the international setting. It is not clear whether such mechanisms are used elsewhere although there is some evidence of efforts to consult in relation to age and gender. It appears that Aotearoa New Zealand presents an unusual degree of interest and commitment to such approaches but even here there is little in the way of academic study on the implications of this orientation. Authors maintain Pasifika involvement is critical for the government to fulfil their commitment to changing the inequities and strengthening the cultural relevance of policy and health service delivery (Came et al. , 2019; 2015, Health Promotion Agency, 2018; Manuela & Sibley, 2015). The study by Came, McCreanor et al., (2019) highlighted the determination and commitment of Pasifika leaders to remain focused on health outcomes and strategically engage with the government. Yet more work needs to be done before Pasifika realities are no longer marginal in the context of health policy, and Western paradigms are not dominating.

There are some clear learnings from the literature review on Pasifika leadership in the context of Aotearoa New Zealand, what is evident is the depth of data is still in its infancy and requires more discussion and exploration. Furthermore, that exploration of Pasifika leadership needs testing, and that testing needs to be in the context of mainstream settings, District Health Boards, Education sectors, local and national governance. This testing of Pasifika leadership cannot be one dimensional and requires a concurrent process of acculturation at the mainstream settings, a process of mutual negotiation and learning (Mila-Schaaf & Hudson, 2010). As well as cultural competencies, government officials and agencies need to be equipped with inter-cultural competencies that facilitate collaborative approaches rather than conventional mainstream stakeholder relations. However, this requires power to be shared (Ramsden, 2005) in terms of decision-making, prioritisation, framing and shaping of meaning (Lukes, 2005). The literature review further suggests that it would be useful for government officials to engage in the rich literature of cultural safety, cultural bias and cultural competency training, and anti-racism praxis.

**Four leadership styles relevant for Pasifika health leadership in the context of District Health Board**

To understand Pasifika leadership and look at possible models of leadership partnership, Western leadership models that have ontological (assumptions about the form and nature of that social reality) and epistemological (the nature of knowledge and ways of knowing and learning about social reality) capacity require review. Again the 'fit' of the leadership model needs to be cognisant of the context. For example, in the case of this research, a specialist mental health and addictions system under continual demand and pressure, and the need to be more responsive to the needs of the diverse population of Aotearoa New Zealand. Furthermore, a good 'fit' requires contemporary Western leadership models that held attributes that aligned strongly with Pasifika understandings of *tautua*[9] leadership (Sanga and Walker, 2005).

There are three leadership models that have a growing interest and popularity in the health leadership sector: Servant leadership, Transactional leadership and Transformational leadership.

***Servant Leadership***

Servant leadership has several commonalities with the Samoan leadership perspective of *tautua*. Servant leadership was first presented in leadership studies by Robert Greenleaf in the 1970s. Greenleaf had worked in the corporate world and arrived at the conclusion that leadership practices in that sector were outdated and not suited to the contemporary considerations required for the changing needs of organisations (Mertel & Brill, 2015). He then developed servant leadership, which focused on the development of people under one's care, with the unique premise of the leader being a servant first. The view is that individuals do not intentionally set out to become a leader, but rather feel a vocational desire to provide and take care of people, they became a servant leader. Servant leadership is prioritising others' needs first (Sanga and Walker, 2005), and emphasises being a good steward of the people in one's care. Given the importance of people as a vital resource within any organisation and community, the role for the leader is to nurture these relationships (Gotsis, & Grimani, 2016; Panaccio et al., 2015; Sanga & Walker,

[9] Tautua: Samoan word that expresses the cultural tradition of service to the family, it can also mean any service of an individual to a greater cause

2005). Servant leadership is different from other leadership models because it develops and is not given. It can lead to the assumption of leadership by those who have no position, and those who are not nominated by others.

***Transactional leadership***

Bennis and Nanus (1985) described transactional leadership as an exchange between the leader and the followers, the premise being the transactional relationship is one of mutual need in order to survive. Transactional leadership can often be found in organisations where the leaders set a goal and require their team to reach it (Tavanti, 2008). It utilises motivators such as promotions and bonuses to appeal to a team (De Bono et al, 2008). Like any other model, there are flaws, for transactional leadership followers may comply and achieve the set goals, however a lack of enthusiasm and commitment to set tasks can exist (Zagorsek, et al., 2009). Like some Pacific leadership forms, transactional leadership is hierarchical and focused on a top-down approach. However, the literature suggests for Pacific peoples this style of leadership is less appealing because it concentrates on one person giving instruction to achieve their set goal and is less interested in the people who are doing the work than other forms. For this reason, it is not an ideal leadership style for Pasifika peoples, however, the relevance for this study is that most management type led models utilised in organisations are transactional leadership-based models, examples being District Health Boards (De Bono, 2008; Tavanti, 2008; Zagorsek, et al., 2009).

***Transformational leadership***

The most studied and sought-after model of leadership behaviour is transformational leadership (Peachey, Damon, Zhou, & Burton, 2015), transformational leadership takes a holistic approach to leadership development. It posits that it is not only desires and plans that transform people and society, but action and behaviours. Covey (2007) stated that a transformational leader's desire is to influence change by helping as many people as possible through honest and good work, a key facet of this leadership approach is the transformational leader models the ideal as an example for others. To compare transformational leadership to this study participants' experiences, it relates to modelling and leading the change to achieve their vision, and this is achieved by embracing the values and concerns of diversity and promoting social justice goals. Transformational

leadership considers transcultural contexts, which is relevant to the growing emphasise on multiculturalism, global citizenry, diversity, multiple perspectives, and repositioning of perspectives. Transformational leadership aligns with the current view on effective leadership, which is characterised as inclusive, empowering, collaborative, and authentic (Parolini, J., Patterson, Winston, 2009). A transformational leadership approach can be operationalised anywhere at any time and negates the traps of a hierarchy in that individuals do not have to be from a certain family lineage nor in a position of power to lead, rather they must have the desire to empower others to achieve and reach their full potential (Parolini et al., 2009). Howell and Costley (2006) also stated that leadership is an evolving process where an individual can influence a group of people to achieve a common goal for the benefit of all (Howell & Costley, 2006). Transformational leadership implies that leaders are influencers and thereby have an important function in how teams work together to achieve a common goal. It emphasises that a person or people must pave the way for others to follow.

Transformational leaders have four distinct behaviours: idealised influence (behaviours and attributes), inspirational motivation, intellectual stimulation, and individualised consideration as shown in a study by Bass et al., (2003). Interestingly, a perquisite for the effective transformational leaders, is their internal self-appreciation process, who, as a prerequisite internally, must find motivation and inspiration, before they can help others and identify and empathise with the individual or group of peoples they are working with. Transformational leadership aligns with Pasifika approaches with its emphasis on the importance of relationships, in addition highlights the value of a support network that can motivate and encourage the transformational leader when faced with challenges and difficulties. This support network can also provide advice, inspiration, and vision (Bass et al., 2003).

From a Pasifika point of view, the styles of leadership described will look different when compared to a Western point of view, for example, how the leadership styles are interpreted will be different. There is some anecdotal evidence to suggest that Pasifika are finding a connection with transformational and servant leadership models, the connection is mainly with the ease in which their Pasifika values and beliefs can be integrated. Both transformational and servant

leadership have a focus on establishing authentic relationships and/or improving relationships between individuals. Similarly, transactional leadership is also relationship focused and works as a reciprocal leadership style. However, as a caveat, this literature review cannot definitively identify a leadership model best suited to Pasifika leaders, predominantly because each leadership model is dependent on the context in which it will be applied or operationalised (Bass et al., 2003). Rather, this discussion narrows down viable options of Western leadership models that have been determined as being 'purpose fit' to times of great change, and which the researcher believes have the capacity to be negotiated to be compatible to Pasifika values and paradigms.

**Leadership development**

Just as important as the discussion about the concept of leadership is exploration of the significance of leadership development and the tension experienced by Pasifika leaders advancing within mainstream systems. For living examples where leadership is not a given but is developed, it is important to review the spaces and circumstances involved. The way leadership development is facilitated varies depending on the need of an organisation, sector, or community (Wheeler & Edlebeck, 2006). The delivery platforms for leadership development in turn differ in its delivery method and may include retreats and seminars to develop leaders (Klau, 2006). Wheeler and Edlebeck (2006) suggested that leadership programs create the biggest impact in leadership behaviour, if they instil four strategies for success. They are

1. Develop people's connections to their own identity, culture, and community.
2. Help people recognise that they are assets to and subject matter experts about their own communities.
3. Promote and develop people within their own communities as leaders on issues that matter to them.
4. Create sustainable development opportunities that can be replicated in that particular target population, community, or organisation.

From a Pasifika leadership perspective, a clear definition of leadership and leadership development is a good starting point for negotiation, given the variation in understanding of leadership practiced and operationalised across the ethnic Pasifika cultures. Similarly,

opportunities for Pasifika contribution are helpful in dialogic societies which have positional leadership. These strategies create new spaces of negotiation for those, such as Aotearoa New Zealand born Pasifika peoples, who would normally be excluded on grounds of age, gender and social class or status. In addition, this opens the space for leadership development and mentoring across a broad spectrum.

**Mentoring**

For the purposes of this study, mentoring is included as a component of leadership as mentoring is an organic process of people development, the term 'mentor' has its origins from Greek philosophy. When Telemachus, son of King Odysseus, came of age, he went in search of his father who had been missing for 10 years after a war. During his journey to find his father, Athena, the Goddess of war, becomes Telemachus' mentor on his search (Shea, 2002). It is believed from here, the term 'mentor' has its origins. In essence it means to relate to someone who is trustworthy, older, learned, who provides counsel and guidance (Shea, 2002). It is the mentor's lived experience that is the primary point of reference for their mentee. It is they who identify a mentor because they want someone who has already experienced the professional pathway they wish to pursue (Shea, 2002; Lakind et al., 2015). Furthermore, mentoring can take place either as one-on-one sessions, or in a group (although the literature advises one -on-one as the recommended approach), and mentoring can be delivered under different names in varied contexts, such as a business coach or life coach (Lakind et al.,2015).

Mentoring can take place in any situation from formal and informal settings, from childhood to adulthood, "mentoring is a fundamental form of human development where one person invests time, energy, and personal know-how assisting the growth and ability of another person" (Viator et al., 2012, p. 3), this suggests that mentors can have an impactful influence on individuals. In the case of mentees from targeted population groups, mentoring can involve a person from a similar culture who is considered a pioneer, where their lived experience can lend crucial counsel to the mentee in the hope of avoiding any pitfalls or challenges the mentor can advise on (Viator, Dalton, & Harp, 2012). Mila-Schaaf and Robinson's (2010) research on Aotearoa New Zealand born Pasifika students in tertiary education showed how following the footsteps of other Aotearoa

New Zealand born Pasifika students who have achieved high academic success can help newer students navigate their academic journey. This influence proved to be effective because junior students transitioned into senior students' roles and continued the 'succession planning' process. Kensington-Miller and Ratima's (2015) study proposed a mentoring model for tertiary Indigenous staff in Aotearoa New Zealand, with results which are relevant for other minority groups. When individuals' cultural frameworks were taken into consideration within the tertiary institution, Indigenous staff were more likely to stay enrolled. Thomas (2001) stated that mentoring minority groups should be different from employing white protégés, Thomas (2001) further adds the importance of adjusting the mentoring process so that it resonates with the needs of the individual or targeted population group. The author also stresses the importance of not standardising a system but allowing a flexible adaptive approach that will work for the individuals' specific cultural needs. Another factor for consideration from the mentor's perspective, especially in transcultural contexts, is that mentors must be cognisant of any biases they may have that may prevent the mentee from succeeding. When self-reflection is done and biased views, conscious or sub-conscious are brought to the surface, the mentor and mentee relationship can move forward in a positive light (Kensington-Miller and Ratima, 2015; Thomas, 2001). Bringing together mentees from targeted minority groups to create a community that supports one another is another approach for leadership succession planning. This ensures the experiences of developing leaders is more positive or character enhancing to support their individual and the community growth (Viator et al., 2012).

Research (Jayne, 2003; Greenleaf & Spears, 1998) has emphasised that mentors are an essential part of leadership development, especially in Pasifika leadership succession planning. A mentor provides a support system that individuals may not receive in their current mainstream environment, particularly relevant in inter- and transcultural contexts. Pasifika leaders grow in relational settings and need positive influences present in their career life pathways, the challenge within Pasifika groups is the lack of mentors, specifically mentors who are from a similar Aotearoa New Zealand born cultural background. The benefits of mentoring improve various aspects of individuals' lives, where the effects can interweave into more than one area of life. For

instance, academic mentoring can improve achievement, measured as levels and grades, but can also improve self-esteem and communication skills (Boyle et al., 2010). The relationship between a mentor and mentee is intimate because of the nature of the position of mentor, one cannot be mentored if there is no mentor and vice versa; the relationship is inter-dependant. For these reasons, mentoring is likely to be a significant strategy for developing leadership in Pasifika peoples in Aotearoa New Zealand.

**Role Models**

Role modelling is another approach for transferring attitudes and adding to an emerging Pasifika leader. Role models differ from mentors in that the relationship between the role model and their audience is less intimate than in mentoring, to understand the role and influence of a role model, it is important to understand its characteristics and functions. A study by Bosma et al. (2011) looking at entrepreneurship and role modelling, identified two theoretical constructs to role models; the concept of role and inclination of individuals to identify with other people; and the cultural and psychological matching of cognitive skills and patterns of behaviour between a person and an observing individual. These two constructs suggest that individuals are drawn to people who they can connect to due to their characteristics, background, ethnicity, or behaviour. Essentially individuals will view the preferred role model as someone they can identify with, and aspire to, regarding similarities of role, and attributes they can learn from. Therefore, the role model should be successful in the area that their target person aspires to, such that their life provides motivation and evidence that set goals are achievable, eventually enhancing the desire to try to achieve these (Bosma, et al., 2011). In extreme cases, there may not be a personal relationship between an individual and their role model at all, the model's life only can be something the individual aspires to. This implies that the influence of a role model is limited due to an informal association due to degree of contact or feedback provided to the individual, and thus, a key difference between role models and mentors is revealed and must be considered for Pasifika leadership development needs.

An important finding from Berggen and Wray (2002) is that the key point of having Pasifika mentors and role models means that solutions are already within the communities and mentoring

and role modelling provides an avenue to communicate those solutions. The challenge is instead identifying key Pasifika attitudes and behaviours which lead to a role model's success and then because of their example reproducing them in various contexts and in other people.

**Coping Mechanisms for Pasifika leaders**

Individuals handle challenges and difficulties differently depending on their environment and previous experience. In relation to Aotearoa New Zealand born Pasifika leaders navigating and negotiating cultural landscapes that have a different dominant culture to their own, Molix and Bettencourt (2010) identified coping mechanisms that ethnic minorities such as Pasifika peoples used to help mitigate their negative experiences. They include:

- Identifying with a different social group
- Developing group pride (this will vary from group to group)
- Focusing on the distinctiveness of one's group membership (Molix and Bettencourt, 2010, p. 513).

This suggests that individuals - such as Aotearoa New Zealand born Pasifika - that navigate or negotiate different cultural landscapes, can either choose to strengthen their cultural identity and association or choose to affiliate with another social or ethnic group. Furthermore, findings emphasised the importance of ethnic identity as a resiliency factor, and for organisations or workplaces to provide opportunities where individuals can easily express their ethnic identity as well as their wider national identity. However, the environment must actively work to construct positive associations with and for targeted minority groups, actively cultivating and incorporating identity, especially in educational settings. The research is certain that identity is important to Aotearoa New Zealand born Pasifika peoples, that it is shaped strongly by their peers' influence (Manuela, & Sibley, 2015; Mila-Schaaf, 2011; Molix and Bettencourt, 2010), it is not simply something that is to be achieved or inherited; furthermore, it can also be a way that one chooses to be recognised and associated. This segues nicely into the next section, exploring leadership in the context of Pasifika worldviews.

**Section Three: Pacific understandings about Leadership and culture**

Following on from Section two, and the exploration of leadership, and defining key types and concepts, Section three will examine the literature on culture and leadership. This section will firstly look at a definition of culture and its relationship to Pasifika leadership.

***Culture and Leadership***

The idea of culture like leadership has long been a matter of discussion and dispute amongst anthropologists (Douglas, 1979; Feinberg, 2002; Fink, and Holden, 2007). There is a plethora of descriptions of what culture is, these include commonly shared processes, ways of thinking, feeling, and reacting, shared meanings, identities, environments, and commonly experienced events (Feinberg, 2002). What is clear, however, is that there is still no agreed definition of culture, however culture could be roughly categorised into two broad aspects. Firstly, culture is learned and manifests as a social rather than biological construct, shaped and conditioned by means of association and sharing with others within an identified group. Secondly, culture is a multi-faceted or integrated whole, it is a collection of a range of elements - rituals, language, behaviours - that can only be understood and internalised when taken as a whole (de Mooij, 2013). These two aspects of culture could be distilled and understood in the following definition: "[Culture] extends beyond language and ethnicity: factors such as age and generational issues, gender, sexual orientation, geographic location, religion, and socioeconomic status may have as much − or more − cultural significance for an individual or community." (Bennett et al 2009. p.436). Thaman (1995) described culture "as a way of life of a discrete group of people. It includes language together with an associated body of accumulated knowledge, understandings, skills, beliefs, and values" (Thaman, 1995, p. 723). Mila-Schaaf (2010) described culture as "a knowledge tradition which has a discursive unity and which is always evolving, always contested, involving political struggle over the production of meaning" (Mila-Schaaf, 2010, p. 95). Mila-Schaaf's description highlights the shift in dynamics and meaning that occurs, when situated in the context of migration, and the subsequent process of identity finding that occurs for the children of migration. A meaning of what culture is, becomes more intricate for the growing Pasifika generations with the unique mix of cultural identities distinct to their Aotearoa New Zealand-born

experience. Another term used in association with culture is ethnicity, Statistics New Zealand defines ethnicity as the ethnic group or groups that people identify with or feel the most compelling connection with. It is a measure of cultural affiliation, as opposed to race, ancestry, nationality, or citizenship, ethnicity is subjective and self-perceived, and people can belong to more than one ethnic group (Statistics New Zealand, 2015, para 1).

Culture is the personification of a collective understanding of important and defining interpretations and meanings that are critical to how a leader formulates and applies a style of leadership that aligns with the culture of followers. There are many representations of culture or cultural norms that a leader uses as a personal gauge to inform and shape their leadership approach. These can include rituals of behaviour, linguistics, and symbolisms or artifacts which can be communicated across generations (Feinberg, 2002). Other leadership indicators include common experiences, such as history, religion, political and economic experiences that are an integral part in the understanding of culture (Fink & Holden, 2007). Recognising the role culture has in Pasifika health leadership and Pasifika health outcomes is important (Jackson, and Aycan, 2006; Tiatia, 2008). In the context of Pasifika health leadership, the social effects of cultural forces can be anticipated by understanding the specific set of rituals that define behavioural, affective, and attitudinal directives for members of that specific culture (House et al., 2004). Regarding Pasifika health outcomes, culture influences an individual and family's health beliefs, practices, behaviours, and more importantly health literacy and the subsequent outcomes of interventions.

***Pasifika view of culture***

The literature suggests that the use of the term 'culture' can be interchangeable with the terms like 'custom' and 'tradition. It can be roughly interpreted as a standpoint, stating what we've always done as opposed to what we've done since missionisation/colonisation, this is an important factor for consideration, that is the belief of what 'our' culture 'should' mean post missionisation/colonisation (Manuela, & Sibley, 2015; Mila-Schaaf, 2010). Aotearoa New Zealand born Pasifika will integrate their aspects of culture with tradition to add further meaning and history, this implies the nature of Pasifika culture that is fluid, constantly changing, that

mirrors the experiences and understandings of Aotearoa New Zealand born Pasifika, that are also fluctuating and changeable (Mila-Schaaf, 2010; Strickland and Gale, 2001). This fluid aspect of Pasifika culture(s) can be attributed to transcultural interchange or sharing, a process that Mila-Schaaf (2010) defined as the practice of acquiring, adapting to, or adopting a second culture. It is produced in two distinct cultural groups having continuous first-hand contact, resulting in subsequent changes in the original rituals of cultural patterns of either or both groups (Mila-Schaaf, 2010; Strickland & Gale 2001). An example of transcultural interchange is the concept of what is culturally appropriate behaviour amongst Samoan people in Aotearoa New Zealand. Samoans born and raised in Samoa have a very different definition of culture to Aotearoa New Zealand born Samoans on what distinguishes authentic practices of culture. While there are many factors that have changed Pacific culture in Aotearoa New Zealand - environment, technology, the reduced influence of the church - acknowledging that change has occurred is often an area of contention and debate, although change may already be occurring at a subconscious level. Samoan born people as opposed to Aotearoa New Zealand born Samoan's understandings of culture, pertains to an idealised perspective of culture that they preserve and protect, that can be territorial with little give for change (Anae, 2002). This static perspective on culture can have detrimental effects when advancing changes within organisations and to a larger extent for Pasifika people in a public health setting. Further, it can develop a 'I am more Pacific than you' attitude. The culture that one is established in inevitably shapes one's views about leadership (Hofstede, 1984). To make sense of the various types of influence that shapes leadership, it is helpful to review implicit leadership theory in the context of Pasifika leadership in Aotearoa New Zealand

**Section Four: Leadership in Context**

The previous section examined the literature on culture and leadership, a definition of culture and its relationship to Pasifika leadership. Section four reviews the literature on Pasifika leadership in the context of Aotearoa New Zealand. It also examines identity and its challenges for Aotearoa New Zealand born Pasifika health leaders. The section concludes with an understanding of acculturation and the concept of Pasifika cultural capital.

***Being a Pacific Leader in Aotearoa New Zealand***

The increasingly growing diverse Pasifika population in Aotearoa New Zealand implies the necessity for robust discussion or talanoa around the values of culture and language, and what it means to be a Pasifika person in Aotearoa New Zealand today. Tupuola (1998) addressed the issue of labelling and stereotyping of Aotearoa New Zealand-born Samoans as a deficit to positive identity development; expectations of who is a Samoan is often an area of contention between Aotearoa New Zealand-born Samoans and Island-born Samoans. However, there are a number of authors (Anae, 2001; Mila-Schaaf, Hudson, 2009b) who are pioneering a strengths-based approach to the Pasifika identity debate, where Pasifika, found the process of finding their Pasifika way a positive experience, one of renaissance.

The marginalisation of an Aotearoa New Zealand born Pasifika from the Island-born cohort can be detrimental to the subjective wellbeing of an individual and the way they view themselves as a Pasifika person (Health Promotion Agency, 2018). Tupuola (2004) found that the participants in her doctoral study spurned the ethnic/cultural identities imposed on them by their peers and elders as labels. In earlier research, Anae (2002) found that marginalisation influences Aotearoa New Zealand born Samoans to re-evaluate their identity and affinity to the values of Fa'a Samoa[10]. This research highlighted the inter-generational differences experienced by the Aotearoa New Zealand born cohort whose knowledge and experience of Fa'a Samoa and values were sometimes in conflict with that of Pacific Island-born Samoans. Macpherson (2001) wrote about the emergence of new Aotearoa New Zealand born Pasifika identities influenced by psycho-social and environmental factors of the Palagi world, Macpherson (2001) noted the perception by the Pacific Island Born old guard, that there was a gradual dilution of traditional Pacific knowledge, values, and languages across the generations. This contention of identities with Pacific Island born and Aotearoa New Zealand born forced discourses of redefining what it means to be Pasifika living in Aotearoa New Zealand. Mila-Schaaf (2010) observed the term New Zealand-born is problematic and that identity for the Aotearoa New Zealand born Pasifika is "the intergenerational politics of cultural reproduction in a diasporic context" (p. 256). The realisation of identity for the

[10] Fa'a Samoa literally means 'the Samoan way'

upcoming third and future generations, then, becomes a lived experience, that is negotiated and navigated through social and political landscapes where an individual's identity construct is not viewed in the same way by others around them. Authors such as, Mackley-Crump (2015) and Tupuola (2004) referred to the edge walking concept, while Mila-Schaaf (2010) exalts the significance of polycultural capital mechanisms by Aotearoa New Zealand born Pasifika in navigating and negotiating resolutions of identity in Aotearoa New Zealand.

***Questions of identity – a challenge for leaders***

A reoccurring focus in this research was on identity or more specifically identity as an Aotearoa New Zealand born Pasifika person in mainstream settings. As discussed above, identity for Pasifika people born and raised in Aotearoa New Zealand can be a challenge. Wrestling with a sense of home as the motherland where their family ties originate from and their place in the country they are born in, Aotearoa New Zealand, can be difficult. The identity challenges that Pasifika peoples face will continue to be a constant factor of what constitutes as Pasifika wellbeing across generations as the Pasifika population continues to increase. This section of the literature focuses on identity and explains how this complex topic affects Pasifika people. There is a definite dearth of research examining Pasifika leaders' perspectives on the value of Pasifika identity and the transmission of cultural knowledge and practices to their parent mainstream organisations.

In recent decades, literature on Pacific identity has highlighted the political process that the Aotearoa New Zealand born Pasifika population experiences (Anae, 2002; Mila-Schaaf, 2010; Tiatia, 1998; Tupuola, 2004b). There also continues to be a growing pool of literature that connects leadership together with culture, ethnicity, and identity, articulating how a strong sense of self and cultural identity enhances Pasifika health outcomes (Durie, 200; Fairbairn-Dunlop, 2014; Fletcher, Parkhill et al., 2009; Mila-Schaaf & Robinson, 2010). This literature review predominantly focuses on identity development within the Aotearoa New Zealand context and illustrates social interactions and sites of identity construction that drive and shape the shifting identities of the mixed Pasifika generation in Aotearoa New Zealand. This section also discusses how the perceptions of others and structural and contextual factors influence the way individuals or groups maintain their identities. The increasing numbers of Aotearoa New Zealand born, and

multi-ethnic Pasifika peoples are particularly important point of consideration for the mental health and addictions sector because they are distinct markers of identity. The literature particularly highlights young Aotearoa New Zealand born Pasifika peoples need to balance multiple roles and values associated with these (sometimes conflicting) identities (Health Promotion Agency, 2018, Manuela & Sibley, 2015; Mila-Schaaf, 2010). For some Pasifika, this can be a source of significant psychological and emotional strife (Tiatia-Seath, 2017). Much of the literature discusses Aotearoa New Zealand born and Island born Pasifika wellbeing in terms of issues surrounding cultural identity. Scholars emphasise the tensions experienced by young Aotearoa New Zealand born Pasifika peoples when trying to negotiate multiple identities and establish their sense of belonging as an authentic Pasifika person (Anae, 2002; Tiatia, 1998; Mila-Schaaf, 2010).

Manuela and Sibley (2014a) created the term identity tension to describe the lower levels of self-esteem and wellbeing observed in multi-ethnic Aotearoa New Zealand born Pasifika/non-Pasifika peoples. The authors theorised that multi-ethnic Aotearoa New Zealand born Pasifika/non-Pasifika peoples might experience poorer mental health because they internalised negative social stereotypes associated with their Pasifika identity. Keddell (2006), however, suggested that similar to Aotearoa New Zealand-born Pasifika, the reason might be more to do with Pasifika peoples' feeling they don't belong or are not accepted due to feeling less connected to traditional standpoints of being a Pasifika person in Aotearoa New Zealand. This is because of self-perceived inadequacies in language or knowledge of customs and traditions. At the same time, this is possibly heightened because Pasifika peoples are seen by others in wider society as being Pacific, and, as such, they experience similar levels of systemic discrimination and social stereotyping. In other words, multi-ethnic Aotearoa New Zealand born Pasifika struggle to establish an identity with either of their ethnic groups and may feel socially excluded or isolated. This struggle to feel a sense of belonging and acceptance is evidenced in qualitative research with afakasi[11] Samoans (Agee & Culbertson, 2013; Berking et al., 2007; Keddell, 2006).

[11] Afakasi: Samoan word, a Samoan person with some European ancestry.

It is widely recognised among Pasifika peoples that having a strong cultural identity is important for Pasifika wellbeing, and this is a strong protective factor in suicide prevention (Le Va, 2014). A strong Pasifika cultural identity, for example language speaking ability, knowledge of traditional rituals and customs, worldviews, and one's genealogy, can enhance young Pasifika peoples' sense of connection to their Pasifika community, and their wider families (Mila-Schaaf, 2010). Pasifika peoples typically view identity as having an important influence on their Pasifika wellbeing. Because of this, supporting young people to develop strong cultural identities is a key intervention area to consider for Pasifika mental health and addictions promotion. The literature and research on Pasifika identity in Aotearoa New Zealand has a significant focus on youth identity construction (Fairbairn-Dunlop, 2014; Tiatia, 1998; Tupuola, 1998 & 2004). This research has a focus on Pasifika mental health and addictions leaders in District Health Boards, there is some cross over between an understanding of Aotearoa New Zealand born Pasifika youth and identity, with how Aotearoa New Zealand born Pasifika leaders negotiate their identity in District Health Boards. Understanding the literature and research on Pasifika youth identity construction is useful to comprehend the psychosocial influences and interactions impacting a generation who are now parents raising children of diverse ethnicities. Unfortunately, issues of inauthenticity and marginalisation continue to resonate with Aotearoa New Zealand born Pasifika (Mila-Schaaf, 2010; Tiatia, 1998). The current thinking emerging from identity theorists is that identity shaping, and development is dynamic, relational, and situational. Furthermore, it is constantly evolving depending on the context an individual is situated in (Keddell, 2006). Identity is conceptual and dynamic and that it is fluid in nature is apparent in Mackley-Crump's research (2015) where the author posited its fluidity is evident when the identity of an individual shifts as their life circumstances changes and evolve. From the relational perspective, identity is acquired through the inter and transcultural interaction with others where family is the primary influence on early identity conditioning and formation (Manuela & Sibley, 2014). Further, it is within the context of relationship that self-identity is formed and is continually shaped, Mila-Schaaf (2010) suggested that relational identity construction is often viewed as a facsimile of traditional constructs of identity and thus opposes traditional notions of what an Aotearoa New Zealand born Pasifika person is perceived to be. This contestable idea of what constitutes as Pasifika is a key

area of friction, especially when Aotearoa New Zealand born Pasifika see the need for change in order to thrive in the new geopolitical environment of their existence.

In her study, Mila-Schaaf (2010) identified the relationship with both Pākehā and Māori as significantly influencing the identity negotiation of the Aotearoa New Zealand born Pasifika, as it recognises that the way that we imagine and experience other, influences the way we imagine and experience ourselves. These are recurrent relationships, shaped by material settings, historical experiences, and in most cases shaped by power (Mila-Schaaf, 2010).The shaping of one's identity is commonly considered to be situational (Hereniko, 1994), where identities undergo ongoing reshaping as life circumstances change. Keddell (2006) highlighted situational ethnicity and uses the micro, macro, and meso levels of Bronfenbrenner's ecological model to understand how Samoan/Palagi participants fashion their identities. Keddell (2006) found that for the multi-ethnic Samoan/Palagi participants in her study, situational ethnicity is "intrinsically tied to the social dynamics which force that choice, in particular, that of being seen as legitimate or authentic (p. 54). The lived experience of shifting identities and behaviour, according to who they are with and the context of their environment, also signals the identity tension that often occurs for the mixed ethnic cohort.

Erikson (1968) who has pioneered much of the Western discourse on identity formation, viewed identity as a subjective experience that is self-realised through the strong influences of childhood and family, and further conditioned and shaped in the adolescent stage via the experience of an identity crisis. Erikson (1968) described an identity crisis, as a result of identity confusion because an individual fails to achieve a secure identity, and this makes it problematic to gain a sense of purpose and clarity around what their role is in life. Thus, the identity crisis is seen as an individual experiencing a period of exploration, negotiation and experiment which then leads the individual to decide or make a commitment to their cultural identity and background.

### *Acculturation*

When researchers refer to acculturation, it is usually with respect to Berry's (2003) ecocultural framework. This research examined the various ways of acculturation, in which people or groups

can relate, reposition, accommodate, and adapt to each other following contact as they carry out their daily lives in transculturally diverse systems. Acculturation is the process of cultural and psycho-social change following contact between different and multiple cultural groups and their individual members (Sam & Berry, 2010). Furthermore, these changes ensue in all groups and all individuals in some form of implicit or explicit contact. Although there is usually a dominant group over the others, equity, and successful outcomes, require mutual co-existence among all groups and individuals living together.

Aotearoa New Zealand as a society is now culturally plural, and culturally plural societies are those in which several different ethnic or cultural groups live together within shared political and social systems. There is consensus in the literature that society is transcultural, and no society is made up of people having one culture, one language, and one identity, even if they believe differently (Ward & Leong, 2006). As a result, much interest in the relationship between culture and behaviour has become focused on Intercultural or Acculturation psychology (Sam & Berry, 2010). This enterprise is also being carried out comparatively, the basic features of universalism in cross-cultural psychology are relevant to the study of acculturation (Berry, 2003). This is because in order for individuals or groups of different cultural backgrounds to engage and interact with and to adapt to each other, they need to have some sense of understanding that has fundamental psychological features (processes and capacities). Even though their competencies and performances may differ greatly across cultures and individuals, these basic psychological features act as enablers and mediums for individuals and groups to interrelate with, and to empathise with each other. These commonalities are crucial and a necessity to achieve mutual accommodation within plural societies (Berry, 2003). Much of the research on acculturation and intercultural relations has been carried out in established colonial diaspora societies that have largely been built upon immigration for example, Australia, Canada, and Aotearoa New Zealand.

The literature suggests there are two models of inter-cultural relationships in plural societies and organisations. In one (the melting pot model), the viewpoint is that there is (or should be) one dominant society on the margins of which are the minority groups. These typically remain there unless they are incorporated as indistinguishable components into the mainstream. Examples of

this melting pot model include France (Sabatier & Boutry, 2006), and the United States (Nguyen, 2006). In the other model (the multicultural model), there is a national social framework of institutions (called the larger society) that acclimatises the needs of the cultural ethnic groups, and which are fully integrated as ethnocultural groups into this national framework. The second model matches this study's participants experiences, however their acculturation process or negotiation of their space, was driven by the study participants, and was constantly evolving, through negotiation, repositioning, compromise, and mutual accommodations (Mila-Schaaf, 2010). However, it does not represent the way of life of mainstream systems, which is typically that preferred by the dominant group, and which became established in the public health systems that they created. All groups in such a model of a larger society are ethnocultural groups (rather than minorities), who hold unique cultures and who have equal cultural and other rights, irrespective of their size or power. In such complex plural societies, there is no assumption that some groups should conform or become absorbed into another group. Thus, inter and transcultural relations and change are not viewed as unidirectional, but as mutual and reciprocal. This concept of plural societies has influenced the multicultural vision in Canada (Government of Canada, 1971), and more recently in the European Union (European Union, 2005). Both implicit models refer to possible arrangements in plural societies, the mainstream-minority view is that cultural pluralism is a problematic and should be disregarded. The multicultural view is that cultural pluralism is a resource and inclusiveness should be encouraged and cultivated with the legitimacy of policies and programs. It is essential to note that the concept of multiculturalism and of the multiculturalism policy have two coinciding and equally important emphases:

1. The continuance of heritage cultures and identities (the 'cultural' component) .
2. The full and equitable contribution of all ethnocultural groups in the life of the larger society (the social component).

Together, and in an equilibrium with the other, it should be feasible to attain an end state of a multicultural vision. However, in some societies (for example some parts of Europe, and the United States) there is a common misunderstanding that multiculturalism equates to the presence of numerous autonomous cultural communities in a society (only cultural maintenance), without

their equitable membership and incorporation into a larger society (Berry, 2010).

***Pasifika cultural capital***

The concept of cultural capital originates from Bourdieu (Pinxten & Lievens, 2014). He defined cultural capital as that which may be represented or embodied forms, and takes time to accrue , has potential capacity to generate profits, and which affects the chances of success for its parties. Cultural capital is considered a force inscribed in the objectivity of things so that everything is not equally possible or impossible (Pinxten, Lievens, 2014).

This study follows on from the assertion in the literature (Macpherson, 2002; Mila-Schaaf, 2010) that Pacific migrants in Aotearoa New Zealand have constructed social spaces which decant, duplicate, and modify the constructs and fields from its places of origin. These substitute public spheres, rituals and forms of community, and consciousness also act as means for shared community that preserve – and guard - identifications outside the dominant cultural norms, that is mainstream Aotearoa New Zealand. The authors (Macpherson, 2002; Mila-Schaaf, 2009) posited that having Pasifika forms of capital, as well as capital obtained to dominant social spaces, places Aotearoa New Zealand born Pasifika participants in a more beneficial position in which to opt in, opt out, to reposition and adjust to cultural cues, and react strategically to what matches their intentions in different cultural contexts. Mila-Schaaf (2010) referred to this advantage as polycultural capital, and it is associated here with cross-cultural resources, knowledge, skills, and agency to potentially operationalise their polycultural capital into an advantage.

The term polycultural capital inherits earlier concepts, such as double consciousness (Du Bois, cited in Zuckerman, 2004) and double vision (Wright, cited in Gilroy, 1993). Polyculturalism encapsulates the more than one dynamic, but unlike the term bicultural it is multi and transcultural. Polycultural capital also includes the idea of hybrid interfaces —that which is more than the sum of its parts, Mila-Schaaf (2010) argued that the term polycultural capital encapsulates the successful engagement in cross-cultural interrelationship, symbiotic relationships, and shared spaces, rather than reified multi-cultural differences. Furthermore, the term polycultural capital reclaims ownership of  the word Polynesian for Pasifika and highlights the agency and aptitude

to efficiently call on more than one knowledge tradition; the adeptness to choose selectively and respond effectively - dependent on context and purpose. Bourdieu (Cited in Pinxten, 2014) posited that rational choice and the strategic leadership art of analysis, appraisal, and seizing opportunities are dispositions that can only be learnt in the context of certain social conditions, and which are defined by ownership of the economic and cultural capital required in order to seize the potential opportunities theoretically available to all (Bourdieu, 2007). For the purpose of this study, polycultural capital provides a way of thinking about how Aotearoa New Zealand born Pasifika theoretically operationalise the potential opportunities of cumulative advantage that comes with their unique transcultural Pasifika capital.

**Summary and conclusion**

In summary, the concept of 'leadership' describes a complex relationship between a leader and their followers and discovering what a leader can bring to a relationship is critical for creating and achieving a shared vision. Furthermore, the commitment to the growth of authentic relationships and the growth of individuals is important for building effective leadership; and entails a strong focus on people and their communities. The literature also underlines the importance of succession planning, and the development of leaders will have flow on effect of growing other leaders, specifically Pasifika leaders. It is clear from the literature that there are many factors that influence both understandings and experiences of leadership, and more so Pasifika leadership in the context of Aotearoa New Zealand. This literature review has focused on exploring and describing various Western leadership philosophies, the importance of identity and a sense of self, the impact of culture, acculturation, and cultural capital, and has suggested how these can strongly influence beliefs about Pasifika leadership in Aotearoa New Zealand. The examination of leadership styles within this chapter has shown that Pacific, Pasifika and Western understandings and approaches are different. Leadership styles are not bad in themselves, however, in a Pasifika context some may not lead to the desired results, and this can have long-term negative impacts on our Pasifika people, families, and communities.

This review has also shown that identity is a challenge for the new generation of Pasifika and multi-ethnic Pasifika peoples born in Aotearoa New Zealand, however it is viewed in the context

of a strength. It sets apart those who know how to utilise their polycultural capital from those that do not have the exposure to a set of conditions that developed their transcultural skills. The relationship between identity and leadership can be a crucial contributing factor to Pasifika peoples' success in leadership. The style, people involved, and context all work in ways which Pasifika people can make sense of, especially in the contemporary context of a District Health Board in Aotearoa New Zealand.

Another important point made by the review is that Pasifika leadership cannot be viewed on its own, it requires an approach that concurrently integrates the principle of governance, addresses, and balances the psychosocial fabric of Pasifika unique ethnic worldviews with palagi worldviews of Aotearoa New Zealand. This research has noted that Pasifika peoples in Aotearoa New Zealand are experiencing rapid changes, at a socio-political and generational level. This translates to shifting systems of leadership and forms of authority previously anchored in societies by force of tradition, now found wanting, challenged, re-worked, and in some cases spurned. In this context, collective discussion – by Aotearoa New Zealand born Pasifika - is necessary to meet the critical challenges now confronting the professional/cultural class of new emerging Pasifika leaders. It is not explicitly clear what leadership style, or leadership model best suits Pasifika in Aotearoa New Zealand, and this is a key area for discussion and development, as it provides the starting point of what a model may look like. Further research is required to explore the practice of traditional Pacific leadership in its contemporary Pasifika realisation, whether it is in the configuration of servant leadership, transformational leadership, or a blend of leadership models. However, any formulations of Pasifika leadership must have a view to preserve its diversity of experience yet enhance it through testing and close examination of how Pasifika leadership has been negotiated and operationalised in Aotearoa New Zealand. The next chapter introduces the research methodology.

# Chapter Three: Methodology and Methods of Describing a Story of Many Stories

*Culturally appropriate methodology makes fieldwork more reliable and valued*

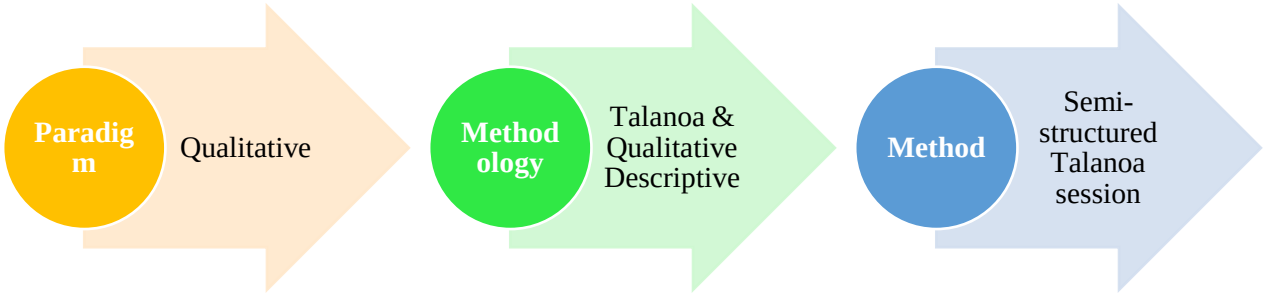
*Otsuka, (2006, p. 2)*

## Introduction

The primary purpose of this study was to explore, identity and describe the experience of Pasifika health leaders in incorporating Pasifika values into their leadership roles in Aotearoa New Zealand, specifically, within a District Health Board and mental health and addictions setting. The exploration was made possible by creating space for the participants' talanoa, their reflections and experiences during their upbringing and life journey.

This chapter, describing the methodology and methods of the study, will be presented in two sections. The first section explains why a qualitative paradigm was selected for the study, and the ontological and epistemological framework for the methodology and the study. The section then introduces the 'two worlds' approach to the research (talanoa-qualitative descriptive methodologies), and the justification for utilising these two methodologies. Then finally ending the section with a critique of the methodology. Section Two presents the methods for the research, including ethics, the role of the researcher, and the recruitment process and participants. Section Two also outlines the data collection, data analysis and what measures were taken by the researcher to ensure trustworthiness, before closing with a summary of the chapter.

***Figure 1*** *Overview of methodology and methods*




**Section One: Methodology**

Given the subjective nature of a question that explores Pasifika leaders' experiences and perceptions, an overarching qualitative paradigm was selected as the most appropriate philosophy to underpin the research. In general, qualitative research is based on a relativistic, constructivist ontology that posits that there is no objective reality, rather, there are various realities constructed by individuals who experience an occurrence of interest. People impose order on the world perceived in order to create meaning and structure; meaning resides in understanding, not in elements external to us; information affecting on our cognitive systems is screened, decoded , repositioned, altered, perhaps rejected by the pre-existing knowledge already in that system. The resulting knowledge is a bespoke, unique, and purposefully constructed by the individual (Lythcott & Duschl, 1990).

Positivism prevails in science and assumes that science quantitatively measures independent facts about a single apprehensible reality (Healy & Perry, 2000), in other words, the data and its analysis are value-free, and data does not alter because it is being observed. That is, researchers view the world through a one-way mirror (Healy & Perry, 2000). In its broadest sense, positivism is a rejection of metaphysics, while qualitative methodologies hold the position that the goal of

knowledge is simply to describe the phenomena that we experience (Healy & Perry, 2000). Additionally, a qualitative paradigm recognises that the researcher must participate in real world life to some extent, to better understand and articulate its emergent properties and features (Healy & Perry, 2000). The integral component of this research was understanding the nature of the study and honouring its Aotearoa New Zealand born Pasifika participants. Selection of a qualitative methodology allowed for this and enabled the interaction of the researcher with the Pasifika participants to hear and collect in-depth information about the Pasifika participants' perceptions and experiences in the context of a District Health Board of Aotearoa New Zealand .

The aim of this study was to explore the 'why', 'how' and 'what' of Aotearoa New Zealand born Pasifika leaders' experiences working within a complex non-Pacific mainstream organisation; how they navigated through a complex system and maintained their cultural values or *Pasifikaness*. Qualitative research methods are the most suitable for this approach because of their emphasis on people's stories and lived experience, and they are well suited for discovering the meanings that people place on the events, processes, and structures of their lives and their perceptions, presuppositions, and assumptions (Miles, Huberman, 1994). This is what Patton (2002) described more pragmatically as questions about people's experiences; examination into the meanings people make of their stories and their experiences; studying a person in the setting of her or his social, interpersonal environment. Qualitative research methods are practicable into research where it is difficult to develop a standardised instrument due to the lack of knowledge on the human experience being researched (Patton, 2002).

**Ontology & Epistemology: Meaning and Meaning Making**

The most fundamental aspect of a human social setting is that of meaning; linguistic categories that contribute and shape a participant's view of reality and with which actions are defined (Lofland & Lofland, 1996). Meanings are also referred to by social analysts as culture, norms, rituals of understandings, sense making, social reality, and definitions of the situation, ideology, beliefs, worldview, or perspective (Lofland & Lofland, 1996). Terms such as these share a collective focus with humanly fabricated ideas that are consciously singled out as important aspects of sense making into reality. Meanings are inter and intra-behavioural in the sense that

they do more than define behaviour, they describe, justify, and otherwise interpret it as well (Lofland & Lofland, 1996). The role of meaning is of overriding importance in human life (Frankl, 1963) and of great relevance to this study, particularly as the meaning of the individual experiences of the Pasifika study participants was the focus of this study.

Human beings have a natural predisposition to understand and make meaning out of their life experiences, it is what sets us apart from other species of animals, as Dewey (1933) wrote, "Only when things about us have meaning for us, only when they signify consequences that can be reached by using them in certain ways, is any such thing as intentional, deliberate control of them possible" (p. 19). Meanings and sense- making are the cognitive classifications that forms and shapes one's view of reality and with which actions are defined, furthermore life experience constructs and deepens meanings, while meanings provide explanation and guidance for the experience (Chen, 2001). A person derives meanings from or gives meanings to events and experiences. That is, experiencing is part of one's sense making, where one employs his or her psychological function of interpreting it into how he or she thinks and feels, thus it is the individuals' subjectivity that predisposes and shapes the very core for meaning origination and evolvement.

Of specific interest for this research is the idea that people have the self-determination to choose meaning throughout their intra and interactional experience with various internal and external contexts (Chen, 2001; McArthur, 1958). As such, meaning is the fundamental motivation behind thoughts, actions and even the translating, understanding one's experiences and application of knowledge. In this way, meaning and sense making have many implications for the researcher and for the participants of this study. One key implication arises through the idea of perspective transformation (Mezirow, 1981, 1994), in which "learning is defined as the social process of construing and appropriating a new or revised interpretation of the meaning of one's experience as a guide to action" (Mezirow, 1994, pp. 222-223). What gives this significance is that learning is suggested as a system or mechanism for finding or, as some propose, making meaning in life (Merriam & Heuer, 1996). Therefore, learning from similar studies to this one, can inform or question current concepts of meaning and, in the process, provide an opportunity for obtaining

new meaning, corroborating, or legitimising currently held views. Meanings differ in terms of the extent or scope of conditions to which they apply, there are those that are life-encompassing in scope, claiming to include virtually any topic that might arise. Such schemes are often referred to as ideologies, worldviews, or philosophies (Lofland & Lofland, 1996). In addition, meanings can also be more intimate and discrete, that is, they can be attributed to more defined aspects of a person's life yet still rather general in their application.

**Ontological and Epistemological Considerations in a Pacific study**

All research, whether stated or not, is informed by a research paradigm which in turn informs the methodology and the method (Mertens, 2015), as there are numerous perceptions and understandings of reality, additionally multiple paradigms exist to explore and capture those realities. A research paradigm, also referred to as a 'philosophical stance' (Crotty, 1998, p. 7) or a 'conceptual framework' (Kovach, 2009, p. 39), the aforementioned authors posited research paradigms as a philosophy, a worldview, that is, a set of ontological beliefs, concepts, assumptions, and predisposed values that informs the researcher's understanding of reality. It is what counts as knowledge and ways of knowing and steers research priorities, choices, and actions (Chilisa, 2012; Creswell, 2013; Mertens, 2015; Willis, 2007; Wilson, 2008). Paradigms are artificial creations (Denzin, 2010; Guba & Lincoln, 1994), and as such their metaphysical assumptions, that is, basic beliefs, can only be believed, not substantiated (Guba & Lincoln, 1994).

Currently, the worldview of a research paradigm is most commonly defined by the philosophical assumptions regarding ontology (the nature of reality), epistemology (what is knowledge and the nature of it), axiology (values), and methodology (purpose and process of research) (Chilisa, 2012; Guba & Lincoln, 2005; Mertens, 2015; Wilson, 2008). The key point of consideration for this research is, as is often the case, academia, which has almost exclusively concentrated on Western paradigms and approaches to research. Kuhn (1970, p. 175) argued that when a paradigm no longer accounts for the way information is being understood and valued , a "paradigm shift" ensues , and the community of researchers must modify and reorientate their perceptive lenses. Therefore, the researcher determined that exclusive utilisation of a Western approach would not

do justice to the lived experience of the Pasifika participants, and thus mitigated the Western dominance with a talanoa-qualitative descriptive approach.

Kuhn's notion of paradigmatic shift accurately captures how the Pacific research paradigm emerged, Pacific people have always had practices of forming knowledge and understanding their realities, but these ways have struggled to gain legitimacy. Coincidentally, this research, like many other studies of Pacific people, provided a key opportunity for the humanisation of research. Pacific research approaches, for example talanoa, promote inquiry that is more organically authentic, respectful, and meaningful to Pasifika communities, methodologies that understand and enable Pacific knowledges of reciprocity, culture, and integrity. There are a number of Pacific researchers who have instituted or reinstituted an element to the formulation of knowledge that makes some people feel uncomfortable (Watson-Gegeo, 2004), that which the modern Western scientific world historically rejects as being "unscientific" or flawed. This unscientific knowledge is based on realities outside what can be experienced via one's objective bodies and ones (and collective) conscious subjectivities. Thus, research can now be conducted in ways that regain and acknowledge the full continuum of human experience as perceived by – Pasifika - peoples, but which has been regarded for so long as simply folk knowledge (Bourdieu & Passeron, 1990).

In ensuring this research upheld a Pasifika worldview, the researcher implemented important epistemological practices aligned with the Pacific Health Research Guidelines (Health Research Council of New Zealand, 2014). These included:

- *Relationships*: That all relationships be cultivated and sustained with respect, that honour the experiences of the participants, their cultural and professional integrity, and relationships are grown not as a means for research purposes alone, rather they are cultivated out of mutual belonging and respect, that honours the sovereignty of Pasifika knowledge.
- *Respect*: That the relationship between the researcher and the participant be founded on respect for the inherent value of each human being.

- *Meaningful engagement*: That the research be conducted in an ethical manner with authentic and meaningful reengagement.
- *Protection*: A clear understanding that all knowledge shared is owned by the participants. Measures are taken to protect the Pasifika knowledge and Pasifika knowledge holders.
- *Cultural competency*: Practicing in a culturally competent manner, with an understanding of one's own cultural beliefs and biases, values and practices, and an understanding on how that may impact upon the participants during the study and creation of a safe and enabling research environment that supports culturally competent practice.

The researcher used these epistemological concepts as the foundation to build this research upon, allowing the researcher to achieve an understanding of Pasifika leadership experiences and to also conduct the research in a respectful way.

Within Pacific specific research there has been much discussion about the idea of rationales applicable to the Pasifika research context. There is a growing body of research about Pasifika cultural paradigms (Fairburn-Dunlop & Coxon, 2014), for example, the Teu Le Va report (Airini et al., 2010) recognised the critical role of Pasifika philosophical and methodological research approaches in order to support understanding of the different stakeholders involved in the education of Pasifika students. Anae (1998) suggested that to engage the concerns of Pasifika peoples, epistemological ideas need to be deliberately and carefully considered. Bryman (2012) agreed that epistemological questions regarding the nature of research are crucial before research methodology is considered. In this study, it was therefore important to authentically explore the impact of Pasifika epistemologies in the context of the selection of talanoa and qualitative descriptive as the chosen methodologies underpinning the research.

**Exploring epistemology**

The concept of 'epistemology' explains the relationship between someone who seeks to know and what can be known. It is about how we come to have knowledge, according to Wilson (2008, p. 33) the epistemology question is, "How do I know what is real?". Very little published research exists on Pasifika ways of knowing, which draws attention to the need to encourage more Pasifika

researchers to explore Pasifika epistemology. Nevertheless, the research that does exist in Pasifika epistemology highlights three principles that appear to be consistent across other Pacific cultures (Health Promotion Agency, 2018; Manuela, & Sibley, 2014a; 2015).

- Pacific people are strongly connected to their community or collective.
- Pacific people are strongly connected to their spiritual, mental, physical, and emotional worlds, values, and beliefs.
- Knowledge is collectively owned.

These principles must form the basis of research involving Pasifika peoples, for example, to understand Samoan perspectives about health and wellbeing, researchers must understand the Samoan concept of self. A Samoan concept of self only has meaning in a collective context because there is no such thing as a Samoan who is independent (Tamasese et al., 2005). Thus, there are some universal commonalities amongst Pacific cultures regarding the meaning of self. However, researchers must do more than acknowledge and understand the commonalities of Pacific peoples, they must know, at a minimum, the uniqueness of each Pacific ethnic model of sense making, moreover Aotearoa New Zealand Pasifika understandings of sense making. The how and why of being connected to his or her place of existence, including all things spiritual and physical, mental, and emotional (Cardinal, 2001; Steinhauser, 2002; Tavana, 2002; Tamasese et al., 2005). Furthermore, Pacific ways of knowing, particularly Samoan, are built on the premise that knowledge is not owned or discovered by any one person because research is a co-operative and collective process (Anae, Coxon, Mara, Wendt-Samu & Finau, 2004; Wilson, 2001).

Effective research approaches related to Pacific peoples and Pasifika peoples in Aotearoa New Zealand must incorporate the core values that define their world views. Pasifika core values direct every aspect of their lives, such as their respect for the elders, communal relationships, and a deep caring for one another, Pasifika people's view of a person as an individual is strongly connected to his or her community (Anae et al., 2001; Tavana, 2002). Tavana (2002) believed that research practices that include Samoan ways of knowing would be of great benefit to Western researchers' understanding of particular processes involved in constructing knowledge that are commonly

misunderstood or difficult to describe in Samoan culture. As Tavana (2002) identified, many of the core contributions that Samoan culture has to present to the world are in the practice of tacit knowledge. Tacit Indigenous knowledge refers to knowledge that cannot be easily described to outsiders, "such as the deep respect Samoans have for the elderly or the process of achieving consensus within a village fono [meeting]" (p.20). The evidence without a doubt suggested that an effective research approach involving Pasifika people in Aotearoa New Zealand must reflect their core values, and as in the example from Tavana, these Aotearoa New Zealand Pasifika values should encompass traditional knowledge about ways of knowing.

**Talanoa as Methodology**

Consistent with the Pasifika worldview and the concept of 'navigating two worlds', which emerged consistently throughout this study and thesis, the researcher chose talanoa as one of the methodologies underpinning this study. Talanoa is both a method and a methodology which uses talanoa - informal or unstructured chat or discussion - for data gathering in Pasifika research. Talanoa can be used in one-to-one or focus group discussions across various disciplines (McFall-McCaffery, 2010; Vaioleti, 2006). Given that the participants were Pasifika health leaders, whose experiences were in a mainstream District Health Board, in Aotearoa New Zealand, the researcher actively selected a Pacific methodology, alongside a Western methodology, as this was most aligned with the 'two worlds' nature of the research question and methodological approach. Pacific traditions are strong in its oral traditions of storytelling, and talanoa afforded an appropriate medium to enable the Pasifika leaders desire to tell their stories.

Vaioleti (2006) described talanoa as a Pacific research methodology belonging to the phenomenological family, along with qualitative research, grounded theory, naturalistic inquiry, and ethnography. Prescott (2008) recognised Vaioleti's work and described talanoa as a data collection method in which its ontological roots are linked to the interpretative paradigm. Much of the literature on talanoa emerged following the talanoa sessions, facilitated by Dr Sitiveni Halapua, involving the political opponents to the 2000 Fijian coup (Halapua, 2003). However, over time talanoa has been discussed, proposed, and used as a Pacific research methodology and method (Fa'avae, Jones, & Manu'atu, 2016; Vaioleti et al., 2002; Otsuka, 2006; Otunuku, 2011;

Prescott, 2008; Suaalii-Sauni, & Fulu-Aiolupotea, 2014; Vaioleti, 2006, 2013). Vaioleti (2013) claimed that while talanoa is somewhat similar in approach to narrative interviews, it is distinctive in the sense that talanoa necessitates a "cultural connectedness between those involved, and the researcher and participants are both involved in the kaungā fa'u (co- construction) of knowledge" (p. 194), the flexible nature of talanoa provides opportunities during conversation to probe, clarify reposition, and realign (Vaioleti, 2006). Vaioleti (2006) argued that conducting talanoa requires an open and adaptive format for participants to articulate their viewpoints, to story their issues, realities, aspirations and to raise and construct any matter they feel relevant to the researched topic without having to be confined as in a structured interview.

Selection of talanoa as a research methodology is consistent with the Health Research Council (2014) guidelines and the University of Otago Pacific Research Protocols (Bennett et al., 2013). Recommendations are that the optimal research methodologies for Pacific peoples are considerate of the existing Pacific- or in this study Aotearoa New Zealand born Pasifika - contexts, whether social or environmental; informed by a range of Pacific worldviews; and in accordance with Pacific ethical standards, values, and aspirations (Anae, Coxon, Mara, Wendt-Samu, & Finau, 2001; Brunton et al., 2013). As Prescott (2008) stated, "the openness and flexibility associated with talanoa research is a product of the underlying trust relationship and sense of cultural connectedness between those involved" (p. 130). Trust is an important feature in talanoa, the trust shown in the relationships mitigates uneasiness, barriers, distance, and power differentials that may exist between a researcher and a participant because talanoa involves a deep interpersonal relationship, the kind of relationship where most Pacific activities are carried out (Morrison et al., 2002).

One key aspect of talanoa that was essential to informing both the philosophy and design of the research was its foundations as an oral interactive research methodology (Vaioleti, 2006). Talanoa is deemed to be a culturally appropriate approach for studies that engage predominantly with participants from the Pacific region or that examine Pasifika cultures in the contexts of Aotearoa New Zealand (Vaioleti, 2006). In addition, in the context of the Pasifika research approach of talanoa, knowing and having authentic relationships with the participants is considered crucial, in

order to provide relational trust and openness (Vaioleti, 2006). One of the wonderful attributes of talanoa is there is a mutual journey of discovery for both the researcher and the participant. Vaioleti (2013) described talanoa as a research methodology in which the participants' cultural land, values, previous experiences and issues of culture, power, class, gender, and family status all should be respected and considered . He continues that talanoa has become a popular Pasifika research methodology that has been described as narrative interviews and open and informal conversations where participants share their thoughts and opinions.

Talanoa is a concept and tradition that exists in several Pacific Islands include Samoa, Fiji, Tonga, Cook Islands, Niue, Solomon Islands and Hawaii (Fairburn-Dunlop & Coxon, 2014; Prescott, 2008). The word 'talanoa' in Tongan is derived from 'tala' which means to talk, relate, and inform, , while 'noa' refers to anything or nothing in particular (Otunuku, 2011). It is particularly relevant to Samoan and Tongan oratory traditions and therefore appropriate to this research as some of the participants are drawn from these ethnic groups. Johansson Fua (2014) also described talanoa as having four principles central to Pasifika research which are respect, humility, love, and generosity, in Samoa, the talanoa tradition is described as a free, multi-layered conversation (Vaioleti et al., 2002). Talanoa therefore- in this study - allows Pasifika people to engage, relate and discuss in conversations that, in turn, allows for rich data to be drawn out around the given topic (Fairburn-Dunlop & Coxon, 2014).

There has been some dispute as to whether talanoa is a research methodology, a research method, or both. Tunufai (2016) conducted research on the validity of talanoa as a research methodology, and his findings were that talanoa was a useful research tool but lacked the philosophical reasoning and processual legibility to elevate it to methodology status. There have been different purposes and contexts of talanoa in research, Halapua's (2007) application of talanoa in relation to economic development, saw the research method/tool used in political and mediation purposes for non-Pasifika. His focus was on expressing in words or open sharing of thoughts in a free and fluid manner. In comparison, Vaioleti (2006) hypothesised talanoa as an "appropriate approach to researching Pacific educational and social issues in Aotearoa" (2006. p. 21), the researcher chose to use talanoa as both a method and methodology in the context that Vaioleti (2006)

intended. In the context of this study, the researcher chose talanoa for its ability to authentically capture the stories of the study participants and as well as take into account the unique ontological, epistemological, and methodological assertion of the Aotearoa New Zealand born Pasifika worldview. The knowledge gained in this study is not just gathered from Pasifika participants but is grounded in the Pasifika world views unique to Aotearoa New Zealand and represents solutions in Pasifika culturally specific terms. Given that research was to explore, identify and describe *the experience of Pasifika leaders incorporating their Pasifika values in their leadership roles an Aotearoa New Zealand District Health Board,* it was an appropriate choice of methodology. As mentioned earlier, however, given that the research question has a strong underlying 'two worlds' theme, the researcher also selected a qualitative descriptive methodology to underpin the study.

**Qualitative Descriptive as a Methodology**

Qualitative descriptive research studies are those that embody the characteristics of qualitative research rather than the deep dive examinations of culture in ethnography, the lived experience as in phenomenology or the drawing up of theory as with grounded theory. Qualitative descriptive research studies are those that seek to explore and understand an experience, a process, or the viewpoints and perspectives of the people involved (Caelli et al., 2003). As a methodology, qualitative descriptive research studies have primarily been utilised within nursing and midwifery and make up more than half of qualitative studies (Polit and Beck, 2014). The use of a qualitative descriptive approach is particularly relevant to this study, where evidence is required directly from those experiencing the research topic under investigation, where resources and time are limited (Neergaard et al., 2009).

Qualitative descriptive research is a naturalistic approach which establishes an understanding of a research subject by engaging with the study participants and extrapolating the unique meanings participants ascribe to them. As such, the study of research topic, in this case the experiences of Pasifika leaders incorporating their Pasifika values in their leadership roles an Aotearoa New Zealand District Health Board, in their natural context is central. Along with the acceptance that the researcher cannot evade affecting the research subject under investigation, as a value neutral position can never be adopted by the naturalistic researcher as their philosophy and similar

experiences is central to the research subject under exploration (Parahoo, 2014). There can be no reality without understanding language and acknowledging the researcher's lived experiences and preconceptions, thus only through the lens of subjective interpretation and reflection can the reality of the Pasifika study participants be truly uncovered.

The ontological position of qualitative descriptive research is relativism, which holds the view that reality is subjective, and unique, and inevitably varies from person to person (Parahoo, 2014). This is apparent in the reporting of findings from qualitative descriptive research, where realities are shaped by senses and emerge when consciousness engages with objects, which already have meaning for the individual (Crotty, 1998, p. 43). Thus, what follows is that there are numerous realities, and no one reality can exist as individuals ascribe their own understanding and meaning to the subject under investigation**.** Furthermore, the use of language is dynamic in nature as it shapes and molds our reality (Frowe, 2001). Thus, reality is created via the interface between language and aspects of an independent world where people's account of an event or experience can be seen as either a researcher as proxy or literal description or an amalgamation of both. Qualitative descriptive research strives for in-depth understanding but with an emphasis first on the literal description of the participants experiences as told by them (Sandelowski, 2010), and then on the understanding of human experience through analysis and interpretation of meaning people ascribe to events.

The epistemological position of qualitative descriptive research is subjectivism, which is centred on real-world contextual experiences; the world does not exist independently of our knowledge of it, which aligns perfectly with the real-world experiences of the participants (Grix, 2004). Subjectivism accepts the reality of all objects, depends completely on an individual's subjective awareness of it and emphasises the role and contribution the researcher plays, this corresponds with the qualitative descriptive approach to research.

The qualitative descriptive approach acknowledges that numerous interpretations of reality exist and that what is presented is a subjective interpretation reinforced and supported by reference to literal quotations from the research participants (Grix, 2004). Knowledge of reality from a naturalistic perspective as is the case in qualitative description research at numerous contact points

is socially constructed not only by the participants, obviously, but also by the researchers. It is therefore recognised that an objective reality cannot be discovered or replicated by others (Grix, 2004).

**Two Worlds: Talanoa meets Qualitative Descriptive.**

Given the aforementioned 'two-worlds' perspective evident in both the research question and the likely experiences of the participants, in addition to talanoa, qualitative descriptive was also selected as the methodology underpinning the study. Fundamentally, exploring the lived experiences of Pasifika leaders in a mainstream setting required consideration, and implementation of a complex research process. It was 'known' that when the participants told their stories to the researcher, they would likely transport the researcher on a cognitive journey, imaginatively moving from past to present to future so as to better understand how they lived and felt in their worlds. Talanoa was selected because, as a Pacific methodology it was best suited to entice and enable the vivid Pasifika experiences of the participants in the context of a District Health Board of Aotearoa New Zealand. In addition, talanoa as a methodology is a mutually transformational process that occurs in the inter and intra-subjective spaces between the researcher and the researched. However, talanoa is still an emerging methodology, a gap that the researcher felt required some reinforcement, further the 'two worlds' experiences of the participants, resulted in the selection of qualitative descriptive as a dual approach.

As a methodology, the outcome of qualitative descriptive research aims to describe the human occurrence literally as a starting point (Sandelowski, 2000). Qualitative descriptive studies then move beyond the literal description of the data and attempt to translate and interpret the findings without moving too far from that literal description and diluting the stories told by the participants. Within the qualitative descriptive approach, the occurrence of interest – in this case, the experiences of Pasifika health leaders in incorporating Pasifika values into their leadership roles in District Health Boards in Aotearoa New Zealand - is explored. This is with participants in a particular contextual situation, and from a particular conceptual framework (Parse, 2001).

The research question related to the meaning of the experience, in this respect, talanoa and qualitative descriptive are utilised collectively, as complementary methodologies, that are also

distinct from each other. What is assured however is that valid talanoa research is undertaken with the understanding that it is a culturally and emotionally embedded reciprocal exchange between researcher and participants. It requires a deep, authentic, interpersonal relationship and emotional sharing between all parties involved (Morrison et al., 2002 cited in Otsuka 2006).

A qualitative description approach, therefore, offered the opportunity to also collate rich descriptions about the experiences of the Pasifika participants in a District Health Board of Aotearoa New Zealand, which little is known about. Within the process, the researcher strives to stay close to the "surface of the data and events" (Sandelowski, 2000, p. 336), where the experience is explained from the viewpoint of the participants (Sullivan-Bolyai et al., 2005). Congruent with the low levels of interpretation the researcher stays close to the data to present a rich and 'straightforward' description of the experience, and this is important for this study, given the importance of capturing data in a language similar to those of the participants (Sandelowski, 2000, 2010). As such, a talanoa design integrated alongside qualitative descriptive is valuable in its own right.

Qualitative descriptive studies are typically directed toward discovering the who, what, where, and why of events or experiences (Neergaard et al., 2009), furthermore, a talanoa-qualitative descriptive approach for the purpose of this study, does not require the researcher to move as far from the data and does not require a highly abstract rendering of data, compared with other qualitative designs (Lambert & Lambert, 2012). By selecting a talanoa-qualitative descriptive approach, that captures and interprets, while retaining and honouring the lived experiences of the participants, can offer a unique and relevant perspective to practitioners, workforce development plans and policy makers, more so given the fluid landscape of healthcare, health systems and people's needs (Lambert & Lambert, 2012; Neergaard et al., 2009; Sandelowski, 2000).

Qualitative descriptive is a view of the world which allows the Pasifika participants to form their own reality in the lens of talanoa with the assistance of interviewer/researcher/co-collaborator. The ability of both methodologies to observe and encourage the raw undiluted experiences of the participants is a strong enabler for this study. This is because the world is perceived to be different

because of the different experiences of each Pasifika participant and perceptions in different contexts (Neergard, 2009).

The selection of talanoa-qualitative descriptive, similar to the experiences of the Pasifika study participants, offers the richness of a Western worldview in collaboration with a new emerging Pacific methodology, that enables different perspectives as opposed to a singular one. This in turn helps authentication of the researcher's findings, assuring insight of the research topic. Furthermore, it will allow the researcher to listen to the hidden meanings through the means of talanoa in terms of the lived experiences told in the participants life stories as Pasifika leaders within Aotearoa New Zealand's District Health Boards.

The talanoa-qualitative descriptive approach accepts that many interpretations of reality exist and that what is offered is a subjective interpretation strengthened and supported by reference to verbatim quotations from our Pasifika participants. The researcher acknowledges that a knowledge of reality from a naturalistic perspective is socially constructed not only by the Pasifika participants, but also by the Pasifika researcher. It is therefore recognised that an objective reality cannot be discovered or replicated by others.

**Section Two: Methods**

While the previous section in this chapter has discussed the philosophical and theoretical underpinnings of the methodologies selected for this research and their rationale, the following section will now provide the methods for this research, beginning with ethics and ethical approval.

**Teuing le Va: Ethics**

There are several ethical issues and principles that needed to be explored and mitigated prior to and throughout the research process to safeguard the participants and maintain the integrity of the study. A principal ethical concern was the small number of Pasifika health leaders working in the Auckland Metro District Health Boards, and the high probability of identification. In particular, the provision of specific data such as ethnicity or gender could easily provide enough indicators for people working in, or accessing, the mental health and addictions sector to potentially identify the study participants identity, thereby comprising their confidentiality and anonymity. It was also

anticipated that the more information the researcher gave when constructing a rich description of their experience, the greater the danger of participant identification. To mitigate this, while also honouring and celebrating participant stories, the researcher has masked contextualisation (as much as possible) to protect participants' identities, while still ensuring that what is reported is reflective of their experiences, or as near as possible to the meaning described by the participant (Doody & Noonan, 2016).

In keeping with ethical principles, the study participants were viewed as autonomous agents with the right to voluntarily accept or decline to participate in any study and to cease participation at any stage without prejudice. To uphold the principle of nonmaleficence, the researcher paid close attention to the possible emotional consequences of participating in this study, given the small Pasifika community and the complexities of the contexts in which the participants worked. The nature of talanoa research has the real potential to evoke emotions and unexpected feelings, especially in the light of cultural, familiar expectations and dealing with issues of discrimination (Atkinson & Mannix McNamara, 2016).

Another important ethical consideration for Pasifika research is the sovereignty of collected data, who owns the data, how will data be used, and how much control over the findings do participants have. The selection of a talanoa-qualitative descriptive research approach, meant that the gifted stories from each participant could be honoured by ensuring it was authentically represented, described, and integrated into the study findings with respect and in context, rather than being cross referenced or presented in a Pan-Pacific generic approach. It was incredibly important that the journeys of a group of wonderful Pasifika leaders who celebrate who they are as Pasifika, also celebrated who they were from their specific Pacific Island, whether they be Samoan, Tongan, Niuean, Cook Island, Fijian, and Tokelauan.

Ethical approval was given by Auckland University of Technology Ethics Committee (AUTEC) (16/458) (H15/047) (Appendix B) and feedback from the committee was integrated into the research protocol.

**Role of the researcher**

Bryman (2012) described the role of a researcher in a qualitative study as immersing themselves into the social setting to observe and listen. In addition, a qualitative descriptive approach does not require the researcher to move as far from the data and does not require a highly abstract rendering of data compared with other qualitative designs. This fits credibly with the epistemological concepts of Pasifika research outlined by Vaioleti (2013) with regards to the concept of talanoa. By adopting talanoa-qualitative descriptive as the methodologies for the study, in depth analysis led to what Vaioleti (2013) described as authentic consensus.

In the context of this study, the talanoa (interview) methods were designed to enable the researcher to listen and engage in conversations and interchanges with participants and gather data from each participant's different lived experience. The study was designed to both explore the experiences of each participant, and to encourage participants, with the use of talanoa, to see the role of the researcher as central and visible in the research process. Aubrey, David, Godfrey, and Thompson (2000) referred to this as researchers conveying messages in relation to how the world works through their choice of research methodology. It is acknowledged that the researcher's own value system and beliefs are evidenced in the choice of research topic; the way in which the study has been designed and implemented; and the conclusions drawn from it. In the context of this study, the formation of authentic ongoing relationships between the participants and the researcher was central to the success of the project; the researcher needed to ensure open and engaging conversations with the participants so that quality dialogue could take place, where the participants felt they could authentically articulate their thoughts freely and deeply.

A pre-requisite to quality talanoa is trust (Vaioleti, 2006), as such, the researcher's experience as a Pasifika leader afforded the principles of the va[12], as authentic respectful relationships, facilitating the means for engaging talanoa. The primary role of the researcher was to understand, collect and share the participants' needs and experiences from the participants' perspective.

[12] The Va: Le Va – understood as "the space that relates. Traditionally, for Pasifika people, sacred relationships exist between people, as well as between people and the environment, ancestors, and the heavens. To nurture the va is to respect and maintain the sacred space, harmony, and balance within relationships.

Furthermore, creating a space where participants could “talk from the heart” and self-reflect. From the researcher’s perspective hearing, recording, and writing their stories, was a significant privilege.

Following the principles of a talanoa-qualitative descriptive approach, and the way in which research is conducted, it is the researcher’s responsibility and duty to be led by study participants, so that the research stays close to the participants subjective experiences. The process and content of the methods of the study were inter-subjectively established by past experiences, imagination, the environment, and emotions that occur through the study participants remembering. Therefore, the product of talanoa-qualitative descriptive research, is found at the nexus of shared knowledge-sensation-emotion, that exists between the researcher and the participants.

Kuhn (1970) made numerous claims concerning the progress of scientific knowledge, firstly, that scientific fields go through periodic paradigm changes rather than solely progressing in a linear and unbroken way. Secondly, that these paradigm shifts open up new approaches to understanding what scientists would never have counted valid before. Competing paradigms are often incommensurable, in other words, they are competing and incompatible accounts of reality. Thus, the role of the researcher here is to act as an intermediary or negotiator between the paradigms offered by the participants talanoa and the "objectivity" of Western centric modalities. As declared by Kuhn (1970) science must account for subjective perspectives as well, since all objective conclusions are ultimately founded upon the subjective cultural conditioning and worldview of its researchers and participants.

This study argues for an embodied, holistic, and analytically reflexive process whereby the researcher endeavours to enhance the empathic understanding between the researcher and Pasifika participants (and, because of this process, themselves as researchers). It is believed this will contribute to a Pasifikisation of research and therefore policy and practice in a mental health and addiction setting.

**Recruitment and Participants: Choosing the storytellers**

As recommended by Sullivan-Bolyai (2005) and Neergard (2009), purposeful sampling was utilised to recruit participants to this study, purposeful sampling enabled the researcher to identify those who have experience and knowledge of the occurrence to be investigated. In this case Pasifika leaders, born and raised in Aotearoa New Zealand, working in mental health and addictions, within a District Health Board. The rationale for purposive sampling also recognised the small pool of Pasifika health leaders in the health sector, in Aotearoa New Zealand, and the imperative to ensure the selected participants would impart rich stories, aligned with the purpose of the study. Purposive sampling allowed the researcher to identify participants most suitable to reveal the occurrence under study (Glaser, 1992), enlisting specific and strategic participants for the research (Strauss, 1996).

**Afio mai (Welcoming in)**

Eight Pasifika health leaders from three Auckland Metro District Health Boards, Auckland, Waitemata and Counties Manukau were invited to participate in the study. The small sample size provided the emphasis on intensive relationship with participants, even though the findings were not expected to be generalisable. Mental health and addictions was selected as the specific sector for exploration for two reasons; 1) the sector has over the last ten years had a deliberate workforce development focus on Pasifika managers/leaders, primarily driven by Pasifika non-government organisations (NGOs) external to the District Health Board. This presented an opportunity to interview the experiences of those Pasifika leaders; and 2) the researcher had established networks within this sector and could easily identity potential participants with the required level of experience and capability.

***Inclusion criteria***

The inclusion criteria for participants were:

- A minimum of five years' experience in a leadership role
- English speaking
- Born and raised in New Zealand.

- Of Pasifika descent (for example, Samoan, Tongan, Fijian, Cook Island Māori)

***Exclusion criteria***

To ensure there is no conflict of interest between the researcher and research candidates the following exclusion criteria is in place:

- Not in direct report position to researcher where the researchers position of power could influence or coerce the participant.
- Not related to researcher where familial ties could influence or impede the participants story telling.

Participants were invited to take part in the study by email. The email contained an outline of the research topic and aims (see Appendix C). Subsequently, a 'snowball' effect occurred as identified participants then put forward other participants that suited the study's requirements. Interested participants were asked to telephone or e-mail the researcher to discuss the research requirements. At this first contact the researcher confirmed the participant's eligibility to participate in the research, informed written consent (see Appendix D) was obtained in person from participants prior to conducting the talanoa sessions and participants understood that the talanoa sessions were digitally recorded and subsequently transcribed verbatim. Given the ability of talanoa to create a safe space for the study participants for self-reflection, confidence and potential for catharsis, the researcher developed safety protocols for the study participants and researcher (see Appendix E)

**Qualitative data within the context of talanoa**

Talanoa as a methodological approach leads to the compilation of qualitative data that can give the researcher an understanding of the human world via fascinating and compelling narratives of what has been experienced and perceived (Vaioleti, 2013). Prescott (2008) described talanoa in his research on Tongan business as "a means of appropriately collecting data" (p. 28). This positions talanoa as collecting qualitative data that enables participants to impart and reveal not only time and information but feelings and empathy that the researcher intended to capture. Talanoa research encourages the participants to draw out detailed experiences via personal storytelling and is aligned to theories of qualitative methodology. According to Bear-Lehman

(2002), qualitative researchers seek to discover, describe, and understand human experiences, the stories collected should be rich and exhaustive. These stories are analysed and understood from a holistic point of view (Damico & Simmons- Mackie, 2003), Yin (2009) suggested that the data is collected and then analysed without any preconceived theoretical propositions and can be worked through from the 'ground up'. With this richness and depth of data collection and analysis patterns can be formed and uncovered, in this way qualitative researchers seek to understand the occurrence in the way it appears within its natural context (Cheek et al., 2009).

For this study, to further understand and describe the experience of the Pasifika participants, the choice of collecting qualitative data using talanoa was most appropriate because it is focused on the collection and analysis of the Pasifika participants personal stories, and their words. The study was concerned with gathering views from recent Pasifika leaders in Aotearoa New Zealand District Health Boards, and then making meaning from their experiences and opinions (Mason, 2000). The collation of qualitative data of this nature can also provide a voice to those whose views are not always heard, which in the context of this study refers to Pasifika health leaders' voices (Husen, 1997).

Mara (1998) determined that qualitative methods such as interviews can be an empowering process. As such, for many health leaders, there is very little time to reflect or safely share their experiences as health leaders in the multi-complex systems of a District Health Board. Furthermore, for Pasifika leaders, the sense of isolation is compounded, therefore, this study afforded a safe space for those involved, by allowing the talanoa in this context to be responsive, dynamic, and semi-structured. At the same time, it was highly focussed on what the participants wished to share, of their rich and wonderful Pasifika experiences**.**

**Data collection**

Data collection was facilitated within the study using semi-structured talanoa interviews. This provided the most culturally suitable approach, given the focus on the 'who', 'what' and 'where' and 'why' of the Pasifika participants experiences, and when observations of life and occupational events can also be included within the data collection process (Sullivan Bolyai et al., 2005). The talanoa sessions for this talanoa-qualitative descriptive study were generally based on expert

knowledge, focussing on areas that are poorly understood within a health context (Neergaard et al., 2009). The researcher and the talanoa sessions were guided by the following opening questions:

- What does Pasifika leadership mean to you?
- From your experience what makes for successful leadership?
- What is your experience of poor leadership? What did it look like? Processes and outcomes.
- How did your Pasifika values influence the operationalisation of leadership?
- What factors or challenges impact on your ability as a Pasifika leader to execute leadership? What were your experiences?
- As a Pasifika leader how can leadership be improved?

Instead of interviews, the study utilised talanoa sessions, semi-structured fonos (meetings), which ranged from 60 to 90 minutes in length, and were used to gather the participants' stories. The researcher conducted all talanoa sessions face to face, and all took place in locations that were of the participants choosing. Participants were able to have a support person present if they wished (although no participant brought a support person to the talanoa session). All talanoa sessions were digitally recorded, and all participants confirmed their consent to being recorded prior to starting the interview. At the completion of each interview, the information given by each participant was reviewed by the researcher and given to a pre-selected and vetted transcriber, participants were also provided a drink or non-alcoholic beverage and food of their choosing. The talanoa questions were open-ended, guided by topics such as leadership; Pasifika values that influenced operationalisation of leadership, identity, and opportunities for learning and growth.

Within the talanoa sessions the researcher also explored the participants' upbringing, career start points and reflections as a Pasifika person in Aotearoa New Zealand, and especially in mainstream District Health Boards. At the completion of talanoa sessions, the researcher debriefed with both supervisors, including feedback about interview technique and areas where additional questioning

may elicit further details. During the talanoa sessions, the researcher made reminder notes on key points or aspects of the talanoa, especially what appeared important to the participant and similarities to other participant's perspectives. Regarding facilitating the participants to share their thoughts within the talanoa, there was minimal requirement for prompting as participants were willing to share their experiences and thoughts, one participant called it a very Pasifika cathartic process.

Intelligent verbatim transcription was used, the transcriber removed most of the conversational pauses where this did not change the meaning of what the person said. Similarly, 'ums' and 'ahs' were removed unless they indicated a pause for thought or were acknowledging something that had been said. The transcriber did not change the participant's language, for example, if the participant used contractions, these were kept, as were colloquialisms. During transcription, the researcher removed any identifiers (such as names of places and people) and assigned each participant an identification letter (for example, Participant A). The transcriber was of non-Pacific descent, therefore the researcher checked all transcribed material with the digital recordings as an additional safeguard to ensure participants talanoa were as accurate as possible in intent, and cultural meaning, while concurrently providing another opportunity for the researcher to re-examine the talanoa sessions. Participants were invited to check factual errors and to verify or comment on the summary to ensure that it reflected their descriptions.

**Data Analysis**

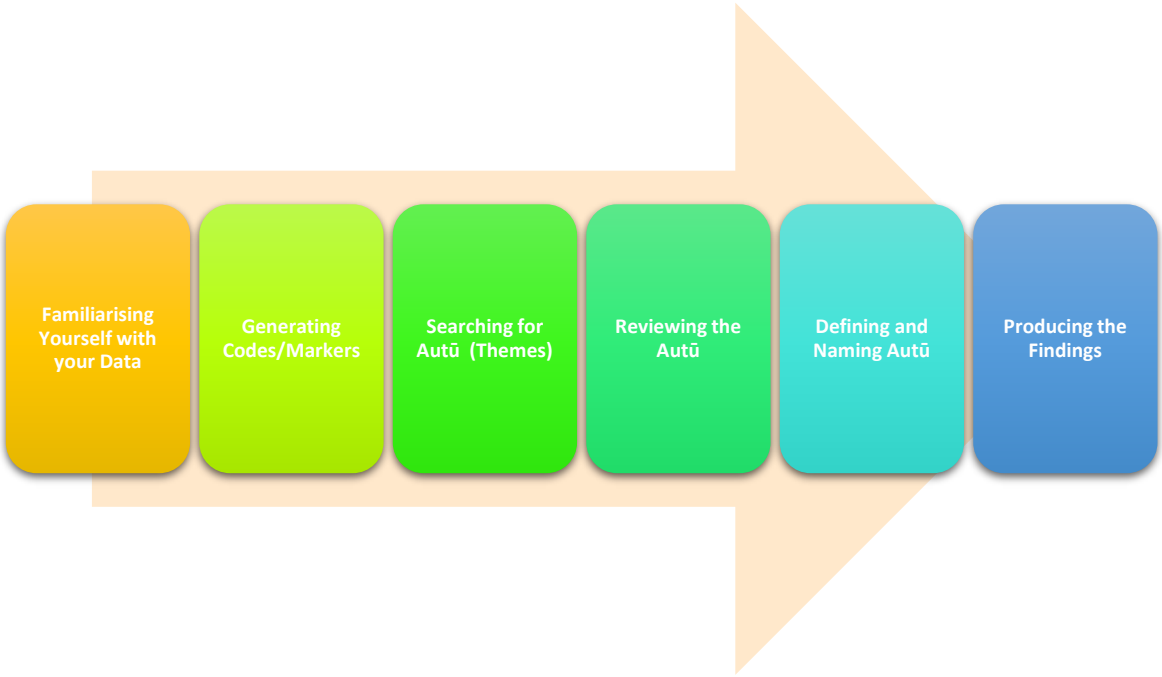
Analysis of talanoa as data followed the general principles of thematic analysis described by Braun & Clarke (2006), alongside strategies outlined by Neergaard et al. (2009) and Sullivan-Bolyai et al. (2005). This included quasi-statistical analysis (using numbers to summarise data alongside descriptions); content analysis, using coding systems that can be modified as the data develops; and description of the event, with low level interpretation of the data.

Once each talanoa session was completed the researcher checked the interview notes with the participant to clarify any key areas for further investigation and to ensure the accuracy of the note(s) to the participant's talanoa. Later in the day, the researcher would replay the recording of the talanoa, adding any further notes or highlighting key areas of interest, the digitally recorded

talanoa was then given to the transcriber, while this was transcribed, the researcher took a break from the talanoa to distance himself from the process and thereby have a fresh perspective once transcribing was completed. The researcher also took the opportunity to discuss the next steps with the researchers' supervisors. Upon receiving the transcribed talanoa data, the researcher first review was conducted digitally on an electronic version of the data, highlighting any areas of interest – initially shaded yellow – and adding any insights and reflections of the data as a comment, on the right-hand side of the electronic document. The second review, the researcher organised the highlighted areas into similar patterns, phrases and themes, a code was also added to these patterns or themes. The coded method used by the researcher was a colour code, example being green for talanoa on values, red for relationship building. The third review involved looking at the initial groupings, and identifying commonalities and differences, deciding on generalisations that hold true for the data and presenting data in a way that stays close to participants' descriptions.

Thematic analysis was also a strategy for analysing qualitative descriptive data (Sandelowski, 2010), for this study the researcher used thematic analysis as a guide only and did not adhere to it rigorously. This research sought to discover and understand the experiences of Pasifika health leaders in incorporating Pasifika values into their leadership roles in their District Health Boards in Aotearoa New Zealand, as an experience, a process, the perspectives, and worldviews of the people involved (Caelli et al., 2003). As a researcher/participant, the goal is to provide an account of the "experiences, events, and process that most people (researchers and participants) would agree are accurate" (Sullivan-Bolyai et al., 2005, p. 128). The focus on producing rich description about the study from the participants' experiences offers a unique opportunity to gain inside or emic knowledge and learn how Pasifika health leaders see, hear, feel their world. Two main elements which are constant in qualitative descriptive studies in health care research are learning from the participants and their descriptions, and secondly, using this knowledge to influence interventions (Sullivan-Bolyai et al., 2005).

***Figure 2*** *Shifting through the data*




Some modifications were required to the more traditional expectations related to thematic analysis; this was in response to the cultural considerations of the research, as such an advantage of using a talanoa-qualitative descriptive approach with data analysis, is it is not bound by pre-existing theories. Furthermore, this allows the data analysis to stay 'close' to the participants' viewpoints. The researcher found using thematic analysis as a guide made the process of analysis straightforward to follow, moreover, this helped the researcher move through the stages of familiarisation with the data and to note reflections on the data. This meant coding and recoding as insights about the patterns in the data were identified, while also getting an understanding of the relationships within the data, for example commonalities and differences within and between participant's experiences, as well as deciding on how the data would be grouped to provide a comprehensive descriptive summary of participant experiences.

The process of familiarisation with the data began with each talanoa transcript being checked against the recordings of the data to ensure accuracy and re-read to provide further opportunity to become immersed in the data. Notes were taken during reading to record items of potential interest, similarities or disparities with other participants or potential codes. Notes were also made

by listening to the digital recordings without transcription and these were compared along with field notes made at the end of each interview. The rationale was to identify whether initial impressions were consistent; for instance, regarding the level of prompting needed or overall thoughts about the interviews. This also helped the researcher to focus on the high-level aspects of what participants described and whether the researcher had added perspectives alongside the participant descriptions of their experiences.

**Coding the talanoa**

The talanoa sessions were viewed line by line, paragraph by paragraph, for similarities and differences using different numbers and assigning codes. Coding was in descriptive narrative units about a topic or event and consisted of highlighting sections of the text, usually a phrase or sentences, and devising shorthand labels or 'codes; that best fit the content as shown in Appendix F As each interview was coded, new codes were identified if the data did not fit into existing codes, during coding of the third and fourth (eight in total) talanoa sessions, very few new first level codes were identified.

**Searching for Autū (Themes)**

In the next phase, the researcher utlised a form of diagramming (Copeland & Agosto, 2012), the researcher printed out all the talanoa transcripts, and cut them into smaller individual quotes and comments, that were then placed out on a large flat surface as shown in Appendix G. The researcher used this approach to help elucidate the relationships within the data and consider ways to present it as a coherent description.

The researcher searched for relationships and broader categories congruent with the study's interest in values, leadership, culture, cultural identity, and contemporary outworking of cultural values. This formed the basis for each autū, autū being a Samoan word which describes a collection of similar notions, thoughts, views, or one's perception, a theme. The researcher has selected autū to replace themes, because autū provides for a fuller representation of the rich nuances of Pasifika experiences gifted by the study participants. Five higher autū emerged from

the participants' storytelling, with an overarching central autū, further details of the autūs' will be provided in Chapter Four (Findings).

**Reviewing the Autū**

The next step involved ensuring the autū are useful and accurate representations of the coded talanoa, this entailed a return to the data set and comparing the autū against it. The line of enquiry included identifying any gaps, and visible presence of autū in the data and what could be changed to enhance the autū, to ensure they were more detailed or authentically representative of the talanoa. When the researcher encountered any issues with autū there were a number of options taken. They were either split up or combined, for example into autū Pasifika *Tu ma aga faatauaina* (values), and where the researcher combined each sub-autū (ambition/humility). The decision to combine autū was made, if at a first glance it looked incomplete and did not match the talanoa provided by the participants, whereas a combination provided a fuller description of that Pasifika *Tu ma aga faatauaina* (values).

The aim of this part of the process was to make the autū more functional and accurate, in addition a more common action forming this part of the process, is the change of terminology. The researcher decided that English terms did not embody the concept described by the participants, whereas Samoan words like alofa (love) are loaded with the richness of Pacific and Pasifika concepts. For example, love can be understood as an intense feeling of deep affection, or pleasure of something, whereas alofa encompasses aiga (family), God, culture, a way of being with others in meaningful authentic relationships.

**Defining and naming Autū**

Once the autū were consolidated the next part of the process involved giving a name that best defined the autū. This meant formulating exactly what the researcher meant by each theme and figuring out how it aided the researcher and reader understand the data. Usually naming themes involves coming up with a succinct and easily understandable name for each theme, this was not the case for this study. The researcher with advice from his supervisors selected Pasifika names. In the context of this study, Samoan words were used, as this had relevance to the researcher and

fitted the experience of the study participants. The selected Samoan terms best represented the underlying concepts and lived experiences from the participants talanoa, frequently, the naming process required consultation with Pasifika colleges/peers to find the best match for terms/ideas. A particularly thorny problem was finding a Samoan or Pacific name or term when there was none for an English word or idea, in addition, ensuring that the chosen term best fit with what was being described by the participants. Also, it should be noted that, contrary to popular beliefs, the art of translation does not involve the simple rendering of a source-language text (English) into the target language (for example, Gagana Samoa). Translation involves careful navigation of political and cultural dimensions that concern translation of not only languages but also cultural contexts. Therefore, a short Samoan translation for the English term value/values, does not exist.

**Producing the Findings**

Determining the study findings was an intensive process that required frequent revisits to the data and further discussions with the research supervisors, mainly to ensure accuracy and trustworthiness of the data. This helped the researcher question and refine the grouping of codes into the autū, and to see how well these aligned with the research question. The researcher found some autū were difficult to explain clearly, mainly due to finding the right words that aligned and accurately described the subjective meaning participants were trying to illustrate. Furthermore, the words chosen by participants to describe the concepts such as culture or aiga (family) are one in the same, for example a Samoan person cannot refer to their aiga without talking of their Samoan culture, likewise one's family epitomises the nucleus of one's Samoan culture. This challenge is perhaps best reflected in the quote by the previous Head of State of Samoa, Tui Atua Tupua Tamasese Efi: "I am not an individual; I am an integral part of the cosmos. I share divinity with my ancestors, the land, the seas, and the skies. I am not an individual, because I share a tofi (inheritance) with my family, my village, and my nation. I belong to my family and my family belongs to me. I belong to my village and my village belongs to me. I belong to my nation and my nation belongs to me. This is the essence of my sense of belonging" (Tamasese, Peteru, and Waldegrave, 1997). As such, the autū, although listed separate as sub-autū, provide alternative viewpoints to the lived experiences of the participants, they are not discrete terms, they

cannot be pigeon-holed, because they are interrelated, have a meaning, or give meaning to each other and collectively for the participants.

The ‘conclusive’ step prior to finalising the findings occurred during a whiteboard re-mapping process with the researcher’s new supervisor (there was a change in supervisor during the commencement of the writing phase of this study). This process involved the researcher going over his journey of the study, a reflective/subjective process that provided a description and rationale for each chapter to the new supervisor. At the same time this provided a valuable opportunity to tease out and clarify any grey areas of the data and autū both verbally and by visual representation (on the whiteboard).

The refined autū were discussed and checked against the data set, autū tables were created, and quotes from participants that illustrated important elements of each theme were considered at this stage; additionally, quotes were included to provide authenticity to the research and to allow readers to assess the credibility of findings. The researcher selected several quotes for each autū and as writing progressed the researcher worked more of the participants’ lived experiences into each autū summary description. Under advisement from both supervisors, the researcher became more selective about the quotes that best reflected or described the meaning of each autū .

**Trustworthiness**

Quality indicators for talanoa-qualitative descriptive research must reflect the philosophical underpinning of the research design and the research question (Lythcott, & Duschl, 1990). Finlay (2006) presented possible methods to engage in and show quality or trustworthiness within qualitative research. These include, for example, providing a comprehensive audit trail to defend decisions made throughout the research process, evidence of prolonged engagement with the narrative data and including the participants’ voice or narrative within the findings to demonstrate the quality of the research findings (Finlay, 2006).

In addition, the practice of reflexivity is an essential component to incorporate into and engage within the research process to demonstrate trustworthiness (Finlay, 2006; Kingdon, 2005). Reflexivity is vital to augment the critical appraisal of the researcher in an examination and

analysis of the intersubjective dynamics between researcher and the participants. Reflexivity generally refers to the reflective practice of examining one's own beliefs, biases, judgments, and practices during the research process and how these may have shaped the research. If positionality refers to what we know and believe, then reflexivity is about what we do with this knowledge. Reflexivity involves questioning one's own assumptions, and as such it involves drawing attention to the researcher as opposed to disregarding one's biases and pretending that they did not predispose or influence the findings. Reflexivity requires vigilance and openness, and an acceptance that the researcher is part of the research (Finlay, 1998).

Furthermore, reflexivity is not the equivalent to being 'reflective'; the very nature of qualitative research infers all researchers think about and make judgements about their data (for example, 'does the data suggest a certain conclusion can be drawn?'); reflexivity requires taking steps further back and examines the persons justification for making the judgements. Reflexivity entails critical self-reflection of the ways in which researchers' social background, assumptions, positioning, and behaviour affect the research process (Finlay, 2006; McCabe & Holmes, 2009). Therefore, the researcher is implicit in safeguarding the integrity of the study by showing the study's trustworthiness, the researcher used several strategies as detailed by Milne and Oberle (2005) as described below.

***Authenticity and Credibility***

The credibility of any study is the directness of the relationship between methods and meeting the purpose of the study, and that the study achieved what it intended to achieve (Milne & Oberle, 2005). The primary purpose of this study was to explore, identify and describe the experiences of Pasifika health leaders in incorporating Pasifika values into their leadership roles in Aotearoa New Zealand, specifically, within a District Health Board. A purposive sample of participants was chosen (Patton, 2015), this was because of their experiences as Pasifika leaders working in a District Health Board setting and more importantly their lived experience of navigating those two worlds. Collection of data was facilitated through talanoa sessions, as semi-structured interviews. Conducting the interviews as talanoa sessions allowed participants to drive the data collection and

discuss something that was of importance to them in the context of their ‘Pasifikaness’ and how the system as a whole enabled or challenged their sense of identity.

Inquisitive querying was used to elicit detailed data and provide clarification and more in-depth information, rather than using superficial descriptions. Participants often provided wide experiential reflections of being Pasifika, that were distilled and clarified by the natural tempo of the talanoa, which the participants controlled and steered.

Focus groups are also suggested to lessen the role of the researcher in the interview process (Milne & Oberle, 2005). Focus groups were not used in this study because of the time required to gather participants into one location; the challenges with keeping the identity of participants safe in a small community of Pacific leaders; and because singular talanoa sessions provided a ‘therapeutic’ model for reflection.

***Ensuring participants’ story telling is accurately represented.***

This study used an external non - Pacific transcriber to transcribe the interviews. This decision ensured that, there was no contamination of the data from a Pasifika transcriber with their own cultural biases, and that no unconscious interpretation occurred. Accuracy of the transcription was enhanced by the researcher listening to each digital recording, while checking with the transcript, which allowed for any non-verbal aspects (observation) to be considered within the interpretation of the data. During transcription, any areas where the words recorded were unclear were replayed at a slower speed to obtain accuracy and a full transcript. Additionally, notes were made by listening to the interviews without transcribing and these were compared with field notes and codes.

***Examining the participants stories***

Data driven coding and categorising are crucial to ensuring authenticity of data (Milne & Oberle, 2005). Critical review, ongoing analysis, discussion, and diagramming occurred regarding relationships between codes and development of autū. Congruence of codes and autū was weighed up against the data to ensure the autū were derived from the data.

***Staying true to the talanoa***

As discussed in the Introduction chapter, the researcher acknowledges his intimate connection to all aspects of the study and that this can influence the study, knowingly or unknowingly with biases, or knowledge and world views held (Milne & Oberle, 2005). Open-mindedness and consideration of what participants described with data collection, driven by participants' storytelling, rather than a rigid interview schedule, allowed the researcher to view the participants as authorities of their own experiences. Additional strategies, mentioned previously, such as debriefing with a supervisor, and cross checking of codes, helped the researcher explore any areas where the researcher had 'fixed' ideas, or where analysis was overly influenced by the researcher's leadership and cultural experiences, and not driven by the data.

***Checking the talanoa with the cultural experts***

As a novice researcher, peer review occurred throughout the research process from design of the study, development of the talanoa schedule, collection of stories, through to talanoa analysis. Peer review was particularly valuable when the meaning of a 'descriptive narrative unit' was less apparent. Discussion, along with reading and rereading the 'descriptive unit' and context, were undertaken to ensure the participant's voice was centred. Similarly, autū data was reviewed to cross check autū ; ensure clarity of autū and discussed to ensure a logical flow from the findings; and consider alternative low-level cultural interpretations.

**Summary and conclusion**

This chapter has presented a detailed description of the research methodology and methods employed in the design of the study. A talanoa- qualitative descriptive methodology was selected for the study due to the ability to present findings that "stay close to their data and to the surface of words and events" while giving freedom for the researchers and participants' Pasifika experiences to enrich the data (Sandelowski, 2000, p. 336).

This chapter has explained the rationale for selection of a qualitative paradigm for the study, and the ontological and epistemological framework for the methodology and the study. A 'two worlds' perspective, evident throughout the study and the thesis, forms the justification for the section of both- talanoa and qualitative descriptive methodologies, informed by Samoan Pasifika

worldviews that were underpinned by cultural values and lived experience that are a blend of traditional Pasifika and Aotearoa New Zealand environmental influences. The methods for the research, embedded in talanoa, are discussed, and justified including ethics, the role of the researcher, and the recruitment process and participants. Unique design decisions and processes relating to data collection; data analysis; and what measures were taken by the researcher to ensure trustworthiness are described. The explanation of the data analysis process for this study was demonstrated using the framework of thematic analysis as detailed by Braun & Clarke (2006).

The next chapter introduces the research findings from the talanoa.

# Chapter Four : Findings

*O le tele o sulu e maua ai se figota, e mama se avega pe a ta amo fa'atasi*

My strength does not come from me alone, but from many (Samoan proverb, Author unknown)

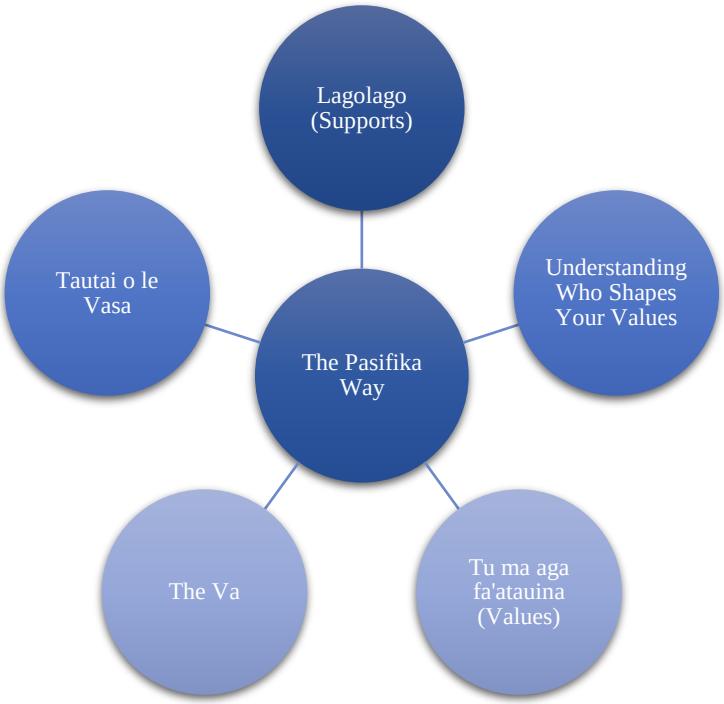
## Introduction

This chapter presents the findings from the study that explored the experiences of Pasifika health leaders in incorporating Pasifika values into their leadership roles in a District Health Board of Aotearoa New Zealand. The purpose of this study was to gain more understanding of the complexity of the leadership role, and to better understand, honour, and celebrate the way Aotearoa New Zealand born Pasifika health leaders integrated their Pasifika values to navigate, negotiate, and thrive in a District Health Board system. It aimed to examine leaders' experiences and the way in which they constructed their Pasifika identities, focusing on the relationship between culture, identity, and wellbeing. This was achieved by facilitating a space for the telling and sharing of the participants rich stories, and if possible, although not a primary aim of the study, to contribute to the conversations about ways to support the preparation of Pasifika health leaders working in mainstream systems, especially how they teued (nurtured) their Pasifikaness in these environments. The stories included as data in this study were about Pasifika leaders who have overcome great odds and adversity in their academic, professional and leadership lives to become successful in mainstream health systems. This chapter distinguishes the main autū [13] and sub-autū [14] drawn from the participants talanoa (see Table 1). The autū assists to create a cohesive picture of the practices and challenges faced by Pasifika leaders serving in complex mainstream health systems, namely District Health Boards .

[13] Autū : Theme
[14] Sub-autū : Sub theme

When reading the findings, it is important to note that the identified autū are not isolated, they are part of a whole and cannot be seen as singular, but rather a holistic connected model (refer to Figure 3)

***Figure 3*** *Autu*




The above diagram  illustrates the centrality of the *Pasifika Way* in a holistic connected model, or as defined by Marquette (2007), a cultural ecology perspective or inter-and intra- ethnic diversity of multi-ethnic Pasifika communities. It also recognises the fluidity of sub-autū, for example, when the study describes the importance of the va[15], it does so in the inter-connectedness and context of Pasifika values concurrently. Furthermore, the researcher found it problematic, to separate out autū, thus in discussion with the research supervisors, and to remain true to the cultural nuances of the participants' stories, there are numerous overlaps of sub- autū. Each sub-autū is strongly interconnected at a horizontal context and concurrently at a vertical level  to the higher autū. An example being *the va* may be a higher autū that requires in-depth discussion, while concurrently it will be a sub- autū as a requirement of authentic relationships. Participants'

[15] The Va: the sacred space between, often described as the sacred space between relationships

lives and experiences cannot be neatly demarcated into boxes, and as the researcher discovered, each facet of the participants' experiences influenced other facets of autū analysis in a form of mutual influence and outcome. The autū will be covered in detail within this chapter.

**Autū: The themes**

As discussed in the Methods chapter, all data collected through semi-structured talanoa was generated around the participant's perceptions and experiences of their leadership practices. Their experiences bore challenges and celebrations which influenced the development of the participant's Pasifikaness within a District Health Board organisation in Aotearoa New Zealand. The talanoa process or method enabled thoughtful exploration of the research question and, it should be noted that each autū - and perhaps more so the sub-autū - are not independent or discrete but interconnected and mutually associated with one another in a symbiotic relationship. Furthermore, some sub-autū (for example *aiga/family*), emerged in two or more of the higher autū but offered different perspectives in each. The researcher acknowledges that human experience is multidimensional and therefore the interplay of internal and external factors is hard to segregate. This means what happens on the outside of individuals will lead to an internalisation of that event where an individual will give meaning to the experience (Harms, 2005.). Nonetheless, the findings from the talanoa comprised of one overarching autū the *Pasifika Way* and five high autū named as (see Table 1):

- *Understanding what shapes your values:* The key influences that shaped the participants values and provided a default baseline to measure new external values and determine how they were incorporated in their leadership roles in a District Health Board setting.

- *The va:* The importance of authentic relationships, the modus to incorporate Pasifika values in contemporary mainstream settings.

- *Tu ma aga faatauaina, (Values*): Pasifika values the participants found most aligned with their leadership roles.

- *Tautai o le vasa, (Navigator)*: The experiences of participants in navigating "two worlds"

with their values.

- *Lagolago, (Support):* The enablers for the participants to successfully incorporate their values into their leadership roles.

***Table 1*** *The Pasifika Way*

| The Pasifika Way | | | | |
|---|---|---|---|---|
| Understanding what shapes your values | The va | Tu ma aga faatauaina: Values | Tautai o le vasa: Navigator | Lagolago : Supports |
| • Upbringing<br>• Reciprocity<br>• Aiga<br>• Alofa | • Le tautua<br>• Playing the game<br>• Adding value by being a disruptor | • Alofa/loto tele<br>• Honour/integrity<br>• Culture<br>• Ambition/humility | • Pasifikaness<br>• Saili le malo<br>• Mainstream environment | • Mentoring<br>• Pasifika networks<br>• Pasifika leadership programmes |

**The Pasifika Way**

The overarching autū , the *Pasifika Way*, drew from the *Pasifikaness* (cultural capital and cultural identity) of the participants. Specifically, the importance the participants placed on being confident in who they are and where they come from was pivotal to their success as a Pasifika leader in incorporating their Pasifika *Tu ma aga faatauaina (values*) in mainstream District Health Boards.

The five high autū were reoccurring themes throughout the findings, and in the participants lived experience of how they viewed themselves as Pasifika leaders. As the talanoa continued, it was clear that culturally relevant Pasifika *Tu ma aga faatauaina (values*) incorporated into a contemporary Pasifika leadership model was necessary for minorities and marginalised populations such as Pasifika people in systems that are not designed for their particular needs.

In direct response to the research question, the *Pasifika Way* was an overarching theme that emerged from the research and involved a process of identity negotiation, which occurred internally and externally, within the persons external environment, where they worked and socialised. This translated to the participants subjective experience - fear, frustration, and happiness - of how they executed and operationalised their *Pasifika Way* in mainstream settings, frequently referred to by the participants as *navigating two worlds* (Participant D). The findings suggested that the navigating or negotiating phase was the realisation or sense making of the participants unique cultural identity. Furthermore, participants asserted that having a sound understanding of cultural identity was essential in their experience of success as a Pasifika leader in mainstream settings. It should be noted that in the presentation of the findings within this chapter, cultural identity is not presented as a separate autū, instead it is situated organically within each autū and sub -autū. The findings chapter will now continue with an examination of the first autū, *understanding what shapes your values.*

**Autū: Understanding what shapes your values.**

*Because I have been called into it, I know I am just a steward in what I do (Participant H).*

Critical to the *Pasifika Way, Understanding what shapes your values* emerged from the talanoa as an autū. *Understanding what shapes your values* referred to the key people, groups or institutions who influenced and shaped the participants' Pasifika *Tu ma aga faatauaina (values*) and how that, in turn, shaped their experiences in successfully incorporating their Pasifika *Tu ma aga faatauaina (values)* in a District Health Board setting. This autū strongly suggested that for the participants their Pasifika *Tu ma aga faatauaina (values)* underpinned everything in their lives; how the participants identified and felt about themselves could be traced back to the cultural social environment and surroundings of their formative years. Pasifika *Tu ma aga faatauaina (values)* informed and shaped their decision making and the direction of their life and their experiences in a District Health Board (DHB). There are number of sub-autū (see Table 2) that informed and shaped the participants Pasifika *Tu ma aga faatauaina (values*) and their experiences in the District Health Board: *Upbringing, reciprocity, aiga,* and *alofa* .

***Table 2*** *Understanding what shapes your values*

| **The Pasifika Way** | | | | |
|---|---|---|---|---|
| Understanding what shapes your values | The va | Tu ma aga faatauaina: Values | Tautai o le vasa: Navigator | Lagolago: Supports |
| ✕ Upbringing<br>✕ Reciprocity<br>✕ Aiga<br>✕ Alofa | ✕ Le tautua<br>✕ Playing the game<br>✕ Adding value by being a disruptor | ✕ Alofa/loto tele<br>✕ Honour/integrity<br>✕ Culture<br>✕ Ambition/humility | ✕ Pasifikaness<br>✕ Saili le malo<br>✕ Mainstream environment | ✕ Mentoring<br>✕ Pasifika networks<br>✕ Pasifika leadership programmes |

***Upbringing***

Throughout the talanoa, participants highlighted the importance of *upbringing* in underpinning the integral Pasifika *Tu ma aga faatauaina (values)* they incorporated in their leadership experience in a District Health Board. The sub-autū of *upbringing* drew on participants descriptions of the influential interactions that commonly take place in the developmental phase of their lives, for example education, church, and community. *Upbringing* served an important milestone providing the first influences on participants Pasifika worldview and facilitating the initial impressions and acculturation of their Pasifika *Tu ma aga faatauaina (values), upbringing* is also described by the participants as the traditional way.

Understanding the historical context or *upbringing* of the participants Pasifika *Tu ma aga faatauaina (values)* in the context of both the research question and the talanoa, provided a "baseline" to better understand the tensions of the participants' experiences when incorporating their Pasifika *Tu ma aga faatauaina (values)* from the traditional way into or with the values of a District Health Board. Participant G described:

> *So, I think I will always go back, knowing and having the hindsight, looking back having the richness of our culture in our back pocket, knowing where we are and knowing our cultural context and what's necessary for us to be good leaders now and for tomorrow.*

Additionally, *upbringing* was often referred to as a strong sense of family belonging and of duty to one's family or community. The participants adhered to the idea that their Pasifika *upbringing* in Aotearoa New Zealand makes them different. Participant G further explained this as:

> *It's about being really clear of where we come from and some of our shared history and the value from our cultures and I guess what's different for us as Pacific leaders in New Zealand.*

Participant F added that the struggle of being raised in a Pasifika family in Aotearoa New Zealand in itself is a forging process:

> *We have to make a huge effort to go down the pathway of understanding culture because we were born in New Zealand and that's very different from our parents' upbringing, and that makes us unique in itself.*

In terms of cultural learning, it is noted that the participants' understanding of their Pasifika *Tu ma aga faatauaina (values)* and leadership was dependent on the level of involvement, in their formative years or *upbringing*, with holders of cultural knowledge.

Understanding the *upbringing* or historical context of the participants' Pasifika *Tu ma aga faatauaina (values)* provided a baseline to better understand the tensions of the participants' experiences when incorporating their Pasifika *Tu ma aga faatauaina (values)* from the traditional way - into or with the values of a District Health Board. There were repeated references throughout the talanoa to the participants' upbringing having imbued them with a heavy sense of responsibility to their parents and family. The basis of this sense of responsibility stemmed from the sacrifices of their parents to ensure that they could acquire a better way of life. Therefore, the participants felt a sense of obligation to return the many blessings they had received, typically through service of some kind to their families, and community. For Pasifika this is commonly understood as *reciprocity*, the next sub-autū.

***Reciprocity as giving back***

In addition to *Upbringing*, and critical to *Understanding who shapes your values*, *Reciprocity* emerged from the talanoa as a key enabler to Pasifika health leaders incorporating Pasifika *Tu ma*

*aga faatauaina (values)* into their leadership roles in a District Health Board. *Reciprocity* is viewed by most Pasifika cultures as a key part of service and *alofa (love)* to one's family and communities. The Samoan proverb 'Alofa atu nei, alofa mai taeao'(Kindness received, kindness given', or literally, "Give love now; receive love tomorrow") articulates in practice the Samoan cultural *Tu ma aga faatauaina (value)* of *reciprocity* which continues to be enacted in Samoan families and communities today. *Reciprocity* also provides a lens into Samoan culture that demonstrates the privileging of relationships.

In the context of the research question and the talanoa, *reciprocity* supported the participants when their experiences were negative or challenging; in that, *reciprocity* drove the participants to incorporate their Pasifika *Tu ma aga faatauaina (values)* into a District Health Board. Because the participants described intuitively knowing that *reciprocity* held them to be accountable in changing the inequities of a District Health Board that did not respond to the psychosocial mental health and addiction needs of Pasifika communities.

Furthermore, *reciprocity* was, as described by participants, about giving back, and that their experience of success related to how they could return the 'blessings' to their community or to someone that has done them or the Pasifika communities a good turn. Participant B spoke about *reciprocity* as a reason why she chose her career in mental health and addictions:

> *I think what drew me to health was wanting to support and build on our Pasifika people and then once I got into health, what made me want to go into leadership was wanting to share the knowledge instead of just hogging that knowledge within myself, wanting to empower others and build on our Pasifika leadership pool.*

The ideas of family and collectiveness described in the sub-autū of *upbringing,* heavily influenced the participants descriptions of their personal why. Participants spoke of the memories of fa'alavelave (a Samoan term defined as anything which interferes with normal life and calls for special activity, for example providing help in the form of money or food*)* when there was a funeral or wedding, and their families seeking support from their extended family or village; this was done with the foreknowledge that if someone else was in need, then it would be a condition,

as part of familial duty, to return the support and alofa. Participant H described his work with children in mental health and addictions as similar to a fa'alavelave:

> *It's about giving back to our people, the position I am in comes with great responsibility to our Pasifika communities and families. I want all our Pasifika kids to do better, not just well but to do much better, because to me success is measured on how you increase the quality of life of our children and make others – by that I mean our families and communities - succeed and do really well, and to me that's really important.*

*Reciprocity* equated to a powerful sense of responsibility, perhaps best aligned with the concept of a geas[16], that has a strong influencing power to direct one's behaviour, and perhaps more so for the participants in their roles as Pasifika leaders. Furthermore, this geas drove the participants to work in mainstream settings, with the conviction that high numbers of Pasifika present in District Health Boards (refer to Chapter One), and that is there, they could do the most good for their communities and families.

The challenge of bringing together Pasifika *Tu ma aga faatauaina (values)*, and a sense of duty and *reciprocity* into mainstream settings also created opportunities for cultural misunderstandings as described by Participant A:

> *For us, the biggest challenge, was bringing in our cultural values and sense of duty and reciprocity into mainstream settings, sometimes it wasn't welcome, but in the end, it was about developing strong relationships, as the medium to develop and nurture an understanding, so that it wasn't seen as a threat to people's sense of norm but viewed as something worthy to add to our professional and organisational practice*

District Health Boards are complex systems, which can be rigid, and can be counterintuitive to the study participants intrinsic Pasifika *Tu ma aga faatauaina (values)* when they are looking to implement change and flexibility in service delivery. However, *reciprocity*, for the study participants provided purpose, the drive to succeed on behalf of others, and the measure of their success is how well they can fulfil *reciprocity* for their Pasifika communities. The experience of despair or celebration were the lived experiences of how *reciprocity* was fulfilled or not fulfilled.

[16] Geas: (Irish mythology) A geas can be compared with a curse or, paradoxically, a gift. If someone under a geas violates the associated taboo, the infractor will suffer dishonor or even death. On the other hand, the observing of one's geas is believed to bring power

This led to the next sub-autū which is innate to *upbringing* and *reciprocity* and serves as the primary vehicle for their acculturation and formational years: *Aiga* or family.

***Aiga, famili, vuvale, kopu tangata, family***

For most Pacific peoples, *āiga,* kāiga, magafaoa, kōpū tangata, vuvāle, fāmili, family, is most valued and central to a resilient community and way of life. Family provides identity, status, honour, prescribed roles, care, and support. Throughout the talanoa, participants emphasised the importance of *aiga* as integral to incorporating Pasifika *Tu ma aga faatauaina (values)* in their leadership experience in a District Health Board. This sub-autū, closely linked to *upbringing and reciprocity* in the context of *understanding what shapes your values,* drew on influential interactions that *aiga* had on the participants' lives.

Participant's understandings of the influence of *aiga* on their Pasifika *Tu ma aga faatauaina (values)* development, was critical to exploring and describing Pasifika leaders' experiences of incorporating these Pasifika *Tu ma aga faatauaina (values)* into their leadership roles and practices within the District Health Board.

*Aiga* as a finding is no surprise, given the importance of *aiga* to Pasifika across all ethnicities under the Pacific umbrella, and *aiga* being a key pre-requisite for wellbeing for Pasifika (Health Promotional Agency, 2018). As Participant F explained:

> *Absolutely, family comes to mind and that's why I do what I do, that's why I want to aspire to be a leader it's not for status or for our personal gain. I do what I do because of family, all our Pasifika families, it's solely for them, be the best that I can be as a leader for them and as an example for them. There is common idea in the DHB to measure the effectiveness of our mental health and addiction services, and that is would you trust your mother, father, family members care in your service, that is the ultimate litmus test and why we do what we do*

*Aiga* had a complex and multifaceted standing with the Pasifika participants. They described its influence in shaping their worldview, and the challenges it brought in their formative years, balancing familial learning with the outside Palagi world. Participant C illustrated this *aiga* experience:

> *Growing up in a Samoan family in Niu Sila[17], definitely made me different, and I know I bring a lot of that difference to the DHB, that difference is part values, part culture, and part spirit, I suppose in reflection that makes a hell of a difference in everything I do as a Pasifika leader in the context of my DHB.*

The analysis of *aiga* – at least from a Samoan viewpoint - suggested that there are significant links between the ideas of family within the social, psychological, and Samoan ideologies of the *aiga*. In the context of the research question, *aiga* was unanimously cited by the study participants as a key strength, and a way to determine how a District Health Board measured up in terms of alignment with individual familial Pasifika *Tu ma aga faatauaina (values).*

***Alofa: Ones love for Pasifika families and communities***

Finally, the sub-autū that best reflected the participants *understanding what shapes your values,* asserted by the participants as crucial to Pasifika health leaders incorporating Pasifika *Tu ma aga faatauaina (values)* into their leadership roles in a District Health Board was *alofa*. In more depth *alofa* is expressed as one's *alofa* for Pasifika families and communities, established in one's *upbringing* and duty-bound in *reciprocity*. All of the participants reported the importance of *alofa* as a part of their personal 'why' to incorporating Pasifika *Tu ma aga faatauaina (values)* in their leadership experience in a District Health Board. This value was not considered as "wishy washy" "touchy feely" emotions, but a commitment and attitude towards the love for one another (Luafutu-Simpson, 2011). Participant A gives a detailed personal account of *alofa*:

> *It's all the basic stuff around Alofa, Fakaalofa this love, if you don't love what you are doing or love the, you know, your Pasifika identity then what are you doing, saying you're a Pasifika leader? At best you have to ground yourself and have an understanding of what does that mean for you, is it around caring, is it around having emotions when your successful or when you're not successful, is it about serving your people. Fakaalofa requires empathy and compassion because if you don't have that then how are you going to influence other people from other different walks of life to be self-leaders in our communities, also Fakaalofa is integrity to oneself and others because that's going to break you or make you.*

For most Pasifika cultures, *alofa, ofa, aro'a, ofania, domoni, aroha, aloha – love* – is seen as an essential Pasifika *Tu ma aga faatauaina (values)* that underpins and directs actions, and explicitly

[17] Niu Sila: New Zealand

articulating this important Pasifika *Tu ma aga faatauaina (value)* is not considered problematic. For the participants *alofa* was a crucial enabler to incorporating their Pasifika *Tu ma aga faatauaina (values)* into the District Health Board.

*Alofa*, like *reciprocity*, was also best described as being more than just turning up to work. For the participants, *alofa* was about caring and wanting better outcomes for Pasifika, as well as being a core attribute to their unique Pasifika leadership style. If the participants did not have that essential essence of *alofa*, then they described their experiences of incorporating their Pasifika *Tu ma aga faatauaina (values)* into a District Health Board as a failure. Additionally, *alofa* translated to being empathetic and compassionate, which in practice required the understanding that Pasifika and District Health Boards as heterogeneous. This necessitated developing authentic relationships with others outside of one's circle of influence. This segues to the autū of *the va:* the space for respectful relationships.

**Autū : The Va**

*Without relationships, you are nobody* (Participant B)

Critical to *The Pasifika Way*, *the va* emerged from the talanoa as an autū. In all of the talanoa and the supporting leadership literature, *the va* was highlighted as crucial to the participants experience in successfully incorporating their Pasifika *Tu ma aga faatauaina (values)* in a District Health Board. *The va*, referred to participants' collective descriptions of creed building and the importance of teuing (nourishing) relationships as a successful leader within a large and complex organisation, such as a District Health Board and in the context of the *Pasifika Way*. The importance of this finding, in the context of the research question, suggests that, for the participants, *the va* trained, guided, and encouraged the participants on how to conduct relationships between the self (incorporating their cultural identity and Pasifika *Tu ma aga faatauaina (values*), others (in this respect, District Health Boards), across personal, physical, social, cultural, and political settings.

All the participants described the positive impact of looking after these relationships with a direct correlation to maximising better outcomes for Pasifika people, communities, and families. All

participants characterised *the va* into the following sub-autū: *Le tautua, playing the game, and adding value by being a disruptor* (see Table 3):

***Table 3*** *The Va*

| **The Pasifika Way** | | | | |
|---|---|---|---|---|
| Understanding what shapes your values | The va | Tu ma aga faatauaina: Values | Tautai o le vasa: Navigator | Lagolago: Supports |
| Upbringing<br>Reciprocity<br>Aiga<br>Alofa | Le tautua<br>Playing the game<br>Adding value by being a disruptor | Alofa/loto tele<br>Honour/integrity<br>Culture<br>Ambition/humility | Pasifikaness<br>Saili le malo<br>Mainstream environment | Mentoring<br>Pasifika networks<br>Pasifika leadership programmes |

***Le Tautua***

Throughout the talanoa, participants spoke of the importance of *le tautua* as integral to incorporating Pasifika *Tu ma aga faatauaina (values)* in their leadership experience in a District Health Board. *Le tautua* encompasses the concept that authentic Pasifika leadership is gained through service to family, community, and nation, it derives from the Samoan proverb *O le ala i le pule, o le tautua* (The pathway to authority is through service). The determination of *le tautua* as a sub- autū was another example of the sub-autū easily fitting into the five high autū, however this sub-autū aligns best with *the va*, given the importance of relationships as a part of successful leadership. Participant H provides a succinct summary of the sub-autū of *le tautua:*

> *It's about service first, it's about building trust, it's about putting yourself out there to serve others, and thereby empowering others.*

Participant H spoke of the contrast of their *le tautua* leadership style as opposed to their non-Pasifika colleagues, who for the most part embodied an 'alpha' type leadership model. Participant H also spoke of the response by other team members to their *le tautua* style, with feedback

regarding their Pasifika leadership style and Pasifika *Tu ma aga faatauaina (values)* being about a "breath of fresh air" and colleagues being more "collegial and respectful to each other". Moreover, Participant F supported Participant H's approach and described *le tautua* further to encompass a leadership perspective:

> *Le tautua is a very Pasifika leadership concept, and demonstrates the merging of Pasifika and Palagi worldviews, le tautua as a leadership model is all about service, it is about cultivating people and growing culture.*

Participants spoke of the importance of using *le tautua* to maximise each member of the team and the team itself. This was not in a superficial sense but in the establishment of authentic relationships, even with people that didn't show respect or value Pasifika *Tu ma aga faatauaina (values)*; what Participant H named as "authentic relations". The goal here was to build social and familial connections that moved beyond 'the silo of services' by embedding relationships and developing reciprocity amongst manager, service, and organisation. Participant B reiterated this complex vision further:

> *Building those relationships is the key and is important when you navigate the different environments, especially the different transcultural aspects of a DHB, because it is important to know the characteristics of those cultures and how best to engage with them to the benefit of our people, which can only be done through relationships.*

Collectively, the participants reported that there was a clear implication that *le tautua* and teuing *the va* was the best approach for not just serving Pasifika communities, but all communities and families navigating the complexities of accessing a District Health Board.

For the participants, when *the va* was nurtured and the principle of *le tautua* was followed, then for the most part their experiences are positive. Less than ideal experiences in a District Health Board were described by the participants as being a result of discordance with *the va*, and their practice of *le tautua*. For the participants, wielding *the va* and *le tautua* meant serving one's family and communities, while concurrently nourishing one sense of self. *Le tautua* in a District Health Board also required the participants to adapt to the intricate and complex politics of District Health Boards. This required adding to their skillset of Pasifika leadership, a skillset that participants referred to as *'playing the game'*.

***"Playing the game"***

The sub-autū of *playing the game* was consistently shared by the participants as an important skill that had a direct impact on their experiences in successfully incorporating Pasifika *Tu ma aga faatauaina (values*) in a District Health Board. The finding pertains to what Participant F described as:

> *Knowing how to negotiate and play an inequitable system. Furthermore, it's the knowledge gained in negotiating the differences between the Samoan and the Palagi worlds in a DHB[18], so that you get that edge, because if don't, you either get left behind or miss an opportunity.*

Organisational leadership literature refers to playing the game as 'political skills' (Cropanzano & Li, 2006; Vigoda-Gadot & Talmund, 2010). All the participants stated they came to the realisation that achieving personal, organisational and equity outcomes depended on their ability to *play the game* or utilise their political skills. Their experiences in learning and wielding their political skills varied but there were also tensions described in *playing the game*, as it required an ongoing process of self-reflection to ensure that it was not self-serving. Again, for the participants, the importance of knowing oneself and especially incorporating their Pasifika *Tu ma aga faatauaina (values)* into their work, acted as a means of quality cultural assurance while *playing the game*. Participant B understood this as:

> *I think playing the game is more like understanding how things are done in mainstream organisations, how it's always done when they first started, and knowing who the main players are, but at the same time you have to be careful not to get lost in the politics. That's where your sense of values and culture help to keep you centred, because it can get ugly in there.*

All participants spoke of the intricate levels of bureaucracy and challenges inherent in a District Health Board that were systemically racist. However, the participants also collectively described the necessity to grow and be proficient in *playing the game*. Participant B further described the frustration and importance of *playing the game*:

> *Nurturing the Va is a method for Pasifika to work within mainstream, especially in the political game that can be frustrating, sometimes it can feel like you are taking two steps*

[18] DHB: District Health Board

> *forward, then three steps back, but you have to play the game, and for us (Pasifika) you can't afford to come second, because there's a lot riding on your ability to play the game*

*Playing the game* was not something participants necessarily chose to partake in, rather, *playing the game* was described by the participants as a necessity when competing with other factions or voices in a complex District Health Board system, to ensure a Pasifika voice for equity was always at the forefront. Participant E described the end state:

> *Playing the game well…is* [a] *matter of trying to influence change within the system, so the system understands and assimilates what it means to be Pasifika its values and world views.*

When *playing the game,* the participants spoke of the importance of knowing oneself, where they come from, and how that makes them different, in the context of cultural identity. For participants, the importance of knowing oneself was crucial when *playing the game,* but also as disruptors of mainstream systems.

***Adding value by being a disruptor***

All through the talanoa, the participants identified, *adding value by being a disruptor,* as significant as a leader to incorporating their Pasifika *Tu ma aga faatauaina (values)* into a District Health Board. The sub-autū *adding value by being a disruptor* for Pacific leaders was best summarised by Participant G:

> *How can I add value to the experiences of our Pasifika People, families, and communities? By being smart in the playing the game and most importantly being a disruptor* of the system.

Whether internally in the team or externally to the wider organisation and the systems, participants spoke of their duty to challenge the system itself, albeit viewed as their duty to do so. This questioning of the system (in a teu *the va* approach) was described by the participants as a form of activism, speaking up and making changes to systems that are not equitable for Pasifika. The participants described their role as *adding value by being a disruptor* was a given, as a voice for Pasifika in the District Health Board. However, they also described times when being a voice for

Pasifika could be a stressful and uncomfortable experience. The experience of discomfort often came about when they saw something in the District Health Board that went against their Pasifika *Tu ma aga faatauaina (values)* and their *Pasifikaness* and required them to challenge the mainstream norm, which Participant D referred to as:

> *A responsibility to being disruptive and fighting against the status quo, because why else are you there, otherwise it's a waste of your time, and not fulfilling that sense of reciprocity for our families and communities.*

The general experience of the participants was that they belonged to a small group of Pasifika leaders with a deliberate goal of *adding value by being a disruptor*, and that, so far, the needs of Pasifika people have often been overlooked. Consequently, these leaders aimed to disrupt conventional models of leadership by the very act of negotiating and incorporating their Pasifika *Tu ma aga faatauaina (values)* into a District Health Board. Participant G described their method of *adding value by being a disruptor* as:

> *To go inside and learn the trade and challenge from within, and then add value to the system by tailoring it to Pasifika, bringing in in our Pasifika models and worldviews, being Polynesian pantherish but teuing the va (smiling) - that's how I add value.*

Interestingly, the "panther-like" concept frequently arises in talanoa with Pasifika participants. The Polynesian Panthers[19] represents a time of activism for Pasifika in Aotearoa New Zealand in the 1970s. All participants stressed the importance of *adding value by being a disruptor* for constructive, value-added change that adhered to the principles of *the va*. Participant H described their Polynesian panther - teu *le va* approach as:

> *Being a disruptor means using the process of the va, this is important to me, to go through that Pacific way rather than to take this matter through a mainstream approach, where relationships could be broken and sometimes there is misunderstanding from each side because we were so angry with each other or so focused on our own agendas. Going through the process of the va, was really good, you learn more about the pressures your non-Pasifika colleagues are going through and vice versa.*

[19] Polynesian Panthers: Polynesian Panther Party (PPP) was a revolutionary social justice movement formed in the 1970s to target racial inequalities carried out against indigenous Māori and Pacific Islanders in Auckland, New Zealand.

While Participant H acknowledged there will be feelings of being marginalised by not having access to resources that non-Pasifika services have, the emphasis shared by the participants was on ensuring there was still a pathway for ongoing healthy conversations. Teuing *the va* was therefore the essence of both/and respectful relationships where Pasifika leaders can *tautua* (serve) their communities, as well as *adding value by being a disruptor*. In this way they are able to add value to Pasifika and change or influence the system as a whole to be more responsive to the needs of Pasifika people. All participants stated that the teuing *the va* required a sound understanding of one's cultural sense of identity and Pasifika *Tu ma aga faatauaina (values),* especially when ones Pasifika leadership model is based on powerful value-based beliefs such as *alofa, aiga,* and duty.

*The va,* as a medium for negotiating space, opens the confined negative experience that comes with being caught between models, an intercultural clash. Moreover, *the va*, provides a larger landscape of different ways of tending, resolving, negotiating, and incorporating Pasifika *Tu ma aga faatauaina (values*) in a District Health Board, with a more affirming experience for the study participants.

The next section describes the talanoa on Pasifika *Tu ma aga faatauaina (values)* and how these are essential for Pasifika leaders when navigating between their personal New Zealand Pasifika *Tu ma aga faatauaina (values)* and the mainstream organisational values.

**Autū : Tu ma aga faatauaina (values) - What Pasifika values the participants find most align with their leadership roles.**

*Values are essential for your identity… because that's what makes you how you are, think or feel…that's what develops your vison and how you work in mainstream services. (Participant A).*

Important to the formation of *The Pasifika Way*, Pasifika *Tu ma aga faatauaina (values)* emerged from the talanoa as an autū. Participants provided rich insights when describing the place of the Pasifika *Tu ma aga faatauaina (values),* the characteristics, functions, and definitions within Pacific leadership. Pasifika *Tu ma aga faatauaina (values)* were described as crucial to the participants' sense of self and informed their decision-making process. Yet the participants also acknowledged the equal importance of being open-minded and the fact that their very presence

in a District Health Board also provided an opportunity to test certain parameters to their Pasifika *Tu ma aga faatauaina (values*). Furthermore, these Pasifika *Tu ma aga faatauaina (values)* could be enhanced or supplemented by Western ideas or practices that would benefit Pasifika people accessing health services in mainstream systems.

Analysis of different *Tu ma aga faatauaina (values)*, described from the perspective of the participants and their different Pasifika cultures, provided important insights into the fundamental communicative challenges experienced by them in intercultural communication, during the process of incorporating their Pasifika *Tu ma aga faatauaina (values)* into dominant biomedical Western systems. The way that the study participants made sense of their experiences was unequivocally influenced by their *Tu ma aga faatauaina (values)*, which guided their thoughts and actions. However, there were differing autū in the definitions that were produced across the talanoas. Note that each sub-autū has a dual entry, a mirror opposite, as one cannot be justified without the other as a sub-autū. Some of the sub-autū are perhaps more self-explanatory, such as *culture* and *family*, while *ambition*/*humility*, for example, provide interesting talanoa. Either way, each provided rich, complex insights, from the perspective of Pasifika leaders who were born outside of, but raised within, an Aotearoa New Zealand perspective. Table four outlines Pasifika *Tu ma aga faatauaina* and its sub-autū: *Alofa/loto tele*, *Honour/integrity*, *Culture*, and *Ambition/humility*.

***Table 4*** *Tu ma aga faatauaina (values)*

| **The Pasifika Way** | | | | |
|---|---|---|---|---|
| Understanding what shapes your values | The va | Tu ma aga faatauaina: Values | Tautai o le vasa: Navigator | Lagolago: Supports |
| ✕ Upbringing<br>✕ Reciprocity<br>✕ Aiga<br>✕ Alofa | ✕ Le tautua<br>✕ Playing the game<br>✕ Adding value by being a disruptor | ✕ Alofa/loto tele<br>✕ Honour/integrity<br>✕ Culture<br>✕ Ambition/humility | ✕ Pasifikaness<br>✕ Saili le malo<br>✕ Mainstream environment | ✕ Mentoring<br>✕ Pasifika networks<br>✕ Pasifika leadership programmes |

***Alofa and Loto tele***

What was clear from the participants talanoa was the importance of both *alofa and loto tele* as integral to their experience to incorporating Pasifika *Tu ma aga faatauaina (values)* in a District Health Board. While *alofa/loto tele* are two separate constructs, in the context of the study and the talanoa, both were determined as being mutually compatible.

*Alofa* is a powerful emotion, and in *le tautua* leadership, it is also recognised as a verb. In the previous discussion on *alofa*, the participants referred to *alofa* as the basis of expressing connection and to practicing inclusion and service. For the participants, *alofa* was about wanting to do things for others, because they are responding to a 'geas' established from one's *upbringing*; to serve the wellbeing of another. The difference with *alofa* and *alofa/loto tele* is here *alofa is the* motive, where *loto tele (courage)* is the action of *alofa*. Participant A described this combination of *alofa* and *loto tele* as:

> *You want to do something and so you have to initiate it and you do it and then you try and get everyone else to support you. So, I think for leadership one's Pasifika values like love and courage -some call it passion and determination-it is part of your Pasifika experience and is essential as a Pasifika leader as a disruptor and change agent. If you want to make change, you have to do it yourself you can't just sit back and wait for everyone else to do it, but for you to action change then you need the alofa and the loto tele or courage to make it happen.*

That *alofa* and *loto tele* are important for enacting change and for Pasifika is not a new concept, however, these concepts emerged in the talanoa as a recurrent theme, embedded in the discourse that related to bringing about change in a District Health Board. The participants stated that their experience could be, at times, challenging, tiresome and disheartening for Pasifika leaders wanting to make change for the betterment of Pasifika. Participant B spoke to the urgency of this struggle as being embedded in demonstrating courage:

> *It's about increasing influence and it's about demonstrating love and your courage or loto tele, these two (values) are important in living your values, this isn't an easy job, and it can be easy to become despondent.*

For the participants, their Pasifika *Tu ma aga faatauaina (values)* were an innate part of who they were and, as such, could not be separated from their role as leaders in a District Health Board; this was non-negotiable. Participant E described the importance of *alofa* and *loto tele* in creating resilient buffers for one's integrity and sense of cultural identity:

> *It's about love and courage, because you are going to be in an environment, with people who have quite bit of power and might not agree with you and having a love of your work in a DHB, your why – and for us its alofa-, and the courage to pursue the right thing for Pasifika, and this will keep you going, and help you stay resilient against all the challenges.*

*Alofa* and *loto tele* were described by the participants as being natural aspects of their leadership experiences, and their experiences of incorporating their Pasifika *Tu ma aga faatauaina (values)* successfully, even when their experiences may not be positive. Furthermore, while the *alofa* for the participants was the driver to make change, the *loto tele* was the action that comes in the form of *adding value by being a disruptor*. Perhaps more importantly, the *loto tele* was also the enabler for the participants to mitigate their experiences of anxiety. The participants described anxiety as a natural phenomenon associated with 'speaking up', countered by the soul warming experience of relief that came from doing the right thing and challenging inequity. This segues to the next sub-autū which explores and describes how *integrity* and *honour* were key Pasifika *Tu ma aga faatauaina (values)* for the Pasifika participants and their identity as Pasifika leaders in a District Health Board.

***Integrity & Honour: Maintaining identity.***

The participants collectively described the importance of *integrity* and *honour* as essential for success as a Pasifika leader in a District Health Board. For the participants, *honour* suggested an active regard for the standards of one's profession, calling, or position as a Pasifika leader in a District Health Board**.** *Integrity* implied trustworthiness and incorruptibility to a degree that one is incapable of being false to that trust, responsibility, or pledge. Throughout the talanoa, the participants described how their decision making was guided by *honour* and *integrity*, and that when it was, it had a direct positive experience(s*)* on their relationships with colleagues, and communities and, ultimately in the fundamental acceptance of oneself and their *Pasifika way*. The commitment to character and serving with *honour* and *integrity* was described as being critical to one's success as a Pasifika leader in a public health system. Participant B described this authentic process in more depth:

> *Honour and integrity for me is about being true to yourself, knowing who you are and treating others the way you would like to be treated, again I empathise the importance of alofa and again the fa'aaloalo[20] with each other, having the respect for each other. Just by following those principles of honour and integrity, you can actually feel the difference to your being when your decision making is authentic.*

This response demonstrated how Pasifika *Tu ma aga faatauaina (values)* were described by the participants as being integral to their identity as a Pasifika leader in a mainstream system. Within the talanoa, participants described the importance of *integrity* as resolute, but only to a point. They described *integrity* as a matter of *honour*, but not as a hard, non-flexible type of *honour*, nor *honour* in a prideful manner, the participants stressed the importance of flexibility in honour and integrity to allow conversations of understanding and learning.

Participant H maintained that despite an imperative to demonstrate flexibility in their Pasifika *Tu ma aga faatauaina* to adapt and overcome the varied and intricate challenges of working in a District Health Board, the ongoing challenge was to ensure the core elements that made up one's

[20] Fa'aaloalo: Samoan word for respect or offering respect to others

*honour* and *integrity* were not diluted or compromised, yet not so inflexible to accommodate where (beneficial) change was warranted:

> *This should never ever be the reason or justification to give your integrity away because your integrity is your values and honour but be honest with yourself are those values still worthy or beneficial to Pasifika needs are they now outdated to what our future Pasifika need. Because if those values are a barrier to enabling relationships via the va then they are no longer worthy for the needs of families and communities, in reality it has become ego.*

Within the participants talanoa, *integrity* and *honour* were interlinked and inseparable; perhaps not unsurprising given that the experiences of Pasifika in Aotearoa New Zealand are very different from those of parents or ancestors in the home environments. There was therefore the need to have a clear understanding of one's Pasifika *Tu ma aga faatauaina (values)* and how to *honour* those Pasifika *Tu ma aga faatauaina (values)* while concurrently demonstrating *integrity* to maintain them honourably in a divergent system. Participant H provided an excellent summary of this duality:

> *Honouring our integrity is important, it is who you are, it defines you and it's about doing the right thing on purpose – with careful reflection- without compromise despite the consequence.*

This quote leads nicely to the next sub-autū , *culture*, and describing why culture held a key place for the participants in describing their experience of incorporating Pasifika *Tu ma aga faatauaina (values)* into their leadership roles in a District Health Board in Aotearoa New Zealand

***Culture***

For the participants, *culture* was consistently understood and described in the talanoa as a crucial knowledge tradition integral to incorporating in their leadership experience in a District Health Board. Every knowledge tradition can be understood to have an operating logic and foundational philosophies which filter worldviews. The participants' experience was that *culture* defined the way in which they practiced or incorporated Pasifika *culture*, and Pasifika *Tu ma aga faatauaina, (values*) in the District Health Board setting. *Culture* as a Pasifika *Tu ma aga faatauaina (value*) is intriguing given that *culture* has not historically been cited as a Pasifika *Tu ma aga faatauaina, (values*) until recently where it was presented in surveys facilitated by Le Va for Pasifika young

people (for example see, Le Va, 2018). The participants collectively described *culture* as dynamic, and fluid in nature; a process formed by individuals that expressed the interaction between individual subject experiences and collective experiences (Airini, 1997). More importantly *culture* served a specific role in providing meaning for interpretation of the participants experiences in the context of the District Health Board. For the participants, *culture* can be compared to a 'toolkit' which can be put to multiple uses (DiMaggio, 1997) - in other words, participants used knowledge tools from their cultural toolkit to build and understand their experiences. A compelling examination and understanding of how the participants viewed *culture* illuminates collective understandings of their experiences when their worldview of *culture* came into contact with the dominant *culture*. This was even more pertinent when they incorporated their Pasifika *Tu ma aga faatauaina (values)* in an attempt to change the norm. Participant D described this as:

> *Being New Zealand born, I think my sense of culture has arrived as a product of the best of two worlds, we have the best of mainstream society and the best from our family and being Samoan, and how this is translated in our work makes us different especially in our role as adding value as disruptors and change agents for our Pasifika families and communities.*

Participants described their unique experiences of *culture* in palagi and Pasifika worlds as an asset, an innate resource, which had been actualised with more clarity of 'what it means to be Pasifika' through their work in mainstream services. For example, Participant H described:

> *Our perspective of culture can add to mainstream thinking, and I actually think that with time we are seeing more importance placed on culture and values, Pasifika have always been very open about our values and how they are important relationally with the va, I think this process of the mainstream discovering it and Pasifika using it in their work, is kind of almost like a process of legitimising it now.*

Participants also cautioned that this sense of cultural identity was a point of difference as 'Pasifika'. This included recognition of the challenges of how Pasifika was seen and valued in Aotearoa New Zealand as contemporary Pasifika communities evolve and change. This concern is reflected by Participant G who described the Pasifika *Tu ma aga faatauaina (values)* of *culture* as providing:

> *A richness of our heritage gives us an X-factor, and the more we step away from it, the more we just look like everyone else except maybe a bit brown. I think we – as in our younger Pasifika-will have to be attentive to what culture means for them in New Zealand.*

It is undeniable, however, that *culture* – as both a construct and a sub-autū - is a loaded term, it is different for each individual, embedded in the context of translation and application in an operational leadership framework. Furthermore, it is an evolving idea that is different intergenerationally for Pasifika, yet consistent across the different make up of Pasifika, as crucial in one's identity as a Pasifika person in Aotearoa New Zealand.

***Humility and ambition***

As an example of the evolution of traditional Pasifika *Tu ma aga faatauaina (values)* and the requirement to refashion Pasifika *Tu ma aga faatauaina (values)* to suit the present needs of being a Pasifika leader in mainstream services, the participants discussed in great depth the importance of *humility* and *ambition* to their leadership experiences incorporating Pasifika *Tu ma aga faatauaina (values)* in a District Health Board. The participants also spoke of the potential for *humility* (on its own) to be a barrier to one's work as *adding value by being a disruptor* when incorporating Pasifika *Tu ma aga faatauaina (values)* in a District Health Board. When speaking up for Pasifika and when advancing one's career in mainstream services, participants described the trait as being *ambitious*, however there is a duality of *humility* and *ambition* which the participants viewed as a form of self-determination, and this is something very new from the participants talanoa. Participant C strongly advocated for recognition of the importance of *ambition*:

> *There is nothing wrong with being ambitious, there is absolutely nothing wrong with being ambitious and I think we need more ambitious Pasifika people, people who want to be a Pasifika disruptor and push the boundaries and be ambitious. You have got to be ambitious yourself, but you have also got to share that value with Pasifika people to be ambitious together.*

The participants explored and described the complex relationship between *ambition* and *humility* in advancing equity for Pasifika. They expressed that a certain level of *ambition* was required, to push the limits of the system and *adding value by being a disruptor*, however, always engaged with the intent of *the va*, and with the goal of making a difference for Pasifika. Both *ambition*

*and humility* were described in the talanoa as being the right combination of Pasifika *Tu ma aga faatauaina (values)* capable of garnering respect and admiration from peers, friends, and colleagues alike. Furthermore, if both are harnessed equally, it provided the necessary attributes for Pasifika leaders in dealing with the challenges of leading change in a District Health Board.

The experiences of the participants enacting change varied from difficult and frustrating to the euphoria of success, and there are several tensions described in finding the right balance between *ambition* and *humility*. One friction point was that *humility* was often accepted amongst Pacific cultures as an essential attribute, whereas *ambition* was not. A second friction point was finding the right balance between *humility* and *ambition* so that it served as a complementary model, and this required the ability of knowing oneself. Participant E described their personal experience of *humility* and *ambition*:

> *I think it's good to be ambitious because it helps you to grow but being mindful to keep your feet on the ground, you always have to review what you are doing certain things for, and sometimes our expectations of our Pasifika leaders is that being humble is being quiet, but that's incorrect. Because in this game you can't afford to be quiet, the risks for our families and communities are too high. We are advocates for Pasifika and entails a huge responsibility that we can't afford to be quiet in a DHB.*

*Humility* and *ambition* as Pasifika *Tu ma aga faatauaina (values)* are examples of the intergenerational changes for Pasifika in Aotearoa New Zealand, in culture and attitude by a process of osmosis through the negotiation and amalgamation of two (or many) different worlds of traditional Pacific *Tu ma aga faatauaina (values)* and the Pasifika *Tu ma aga faatauaina (values)* of Aotearoa New Zealand. *Pasifika Tu ma aga faatauaina (values*) are cultural touchstones; a symbol, idea, mental picture, or story that brings the study participants back to what is important. By incorporating Pasifika *Tu ma aga faatauaina (values)* into the dominant paradigm, the participants established cultural touchstones, enriched with their Pasifika stories. These were symbols that provided a guide and meaning for non-Pasifika, while at the same time being a compass during difficult times for Pasifika. The analysis of the different Pasifika *Tu ma aga faatauaina (values)* shared by the participants provides important insights into their experiences. This is associated with fundamental communicative challenges in 'inter' and

transcultural communication, as their Pasifika *Tu ma aga faatauaina (values)* are incorporated into dominant biomedical Western systems.

The way that the participants made sense of their experiences will have undoubtedly been influenced by their Pasifika *Tu ma aga faatauaina (values)*, that guided their thoughts and actions. As stated by the participants, no matter where you are in an organisation, you need to know what you stand for first. Then you can decide if the vision and *Tu ma aga faatauaina (values)* espoused by the organisation are something you want to embrace. There were, however, also personal experiences of discord and tension working for a District Health Board due to the misalignment of Pasifika *Tu ma aga faatauaina (values)*. However, all the participants were clear, if vision and organisational *Tu ma aga faatauaina (values)* did not align with their Pasifika *Tu ma aga faatauaina (values)*, then they had an opportunity – and responsibility - to help shape them.

**Autū : Tautai o le vasa: Navigating two worlds with values.**

*We have to train ourselves to be good in navigating two worlds* (Participant D).

Of all the autū that emerged from the talanoa, this autū which explores how participants understood, navigated, and operationalise Pasifika *Tu ma aga faatauaina (values)* within their contemporary settings; was unmistakeable in its importance for the participants in their experiences of incorporating their Pasifika *Tu ma aga faatauaina (values)* in a District Health Board. The talanoa for this autū was characterised in the context of two areas:

1. Their experiences in the development of their identity while navigating their two worlds as Aotearoa New Zealand born Pasifika

2. Their experiences as Pasifika incorporating their Pasifika *Tu ma aga faatauaina (values)* in their work to make sense of the contemporary setting of a District Health Board.

The autū were broken down into the following sub-autū: *Pasifikaness*, *Saili le malo*, and *Mainstream environment* as shown in Table Five.

***Table 5*** *Tautai o le vasa (Navigator)*

| **The Pasifika Way** | | | | |
|---|---|---|---|---|
| Understanding what shapes your values | The va | Tu ma aga faatauaina: Values | Tautai o le vasa: Navigator | Lagolago: Supports |
| ✕ Upbringing<br>✕ Reciprocity<br>✕ Aiga<br>✕ Alofa | ✕ Le tautua<br>✕ Playing the game<br>✕ Adding value by being a disruptor | ✕ Alofa/loto tele<br>✕ Honour/integrity<br>✕ Culture<br>✕ Ambition/humility<br>✕ | ✕ Pasifikaness<br>✕ Saili le malo<br>✕ Mainstream environment | ✕ Mentoring<br>✕ Pasifika networks<br>✕ Pasifika leadership programmes |

The autū *Tautai o le vasa (navigator)* refers to the participants description of their ability to navigate and negotiate the many cultures within a District Health Board. Furthermore, it helped and enhanced the capacity for negotiation of *the va* between the multiple cultures within a District Health Board. The participants described their experiences of incorporating their Pasifika *Tu ma aga faatauaina (values)* as one of both tension and discovery, of vying for legitimacy in both their Pasifika world and within the District Health Board. Additionally, the participants shared that their experiences of the contemporary application of their Pasifika *Tu ma aga faatauaina (values)* in District Health Boards as the most contested area for them. However, although they felt it was oppositional at times, the overall experience was positive in the sense that they moved away from being caught in the two worlds of the District Health Board and their Pasifika worldview, to finding strategies to negotiate and navigate successfully through, and with the transcultural paradigms. Furthermore, the participants described how their experience of negotiating and incorporating their Pasifika *Tu ma aga faatauaina (values)* strengthened their *Pasifika way*.

***Pasifikaness***

To counter their experiences of cultural bias or systemic racism, throughout the talanoa participants identified the importance of *Pasifikaness* to incorporating Pasifika *Tu ma aga faatauaina (values)* in their leadership in a District Health Board. *Pasifikaness* refers to being strong in one's culture and one's sense of identity, consolidating what Mila-Schaafs (2010) might

have referred to as polycultural capital. The sub-autū of *Pasifikaness* describes and highlights Pasifika leader's unique strength or ability to negotiate many worlds, by utilising their innate *Tu ma aga faatauaina (values)*, experiences, worldview, or polycultural capital. Participant G described their use of *Pasifikaness*:

> *It's about being really clear of who you are, and sometimes you don't come to that realisation until its tested and endured through hard leadership lessons in a palagi world. However, there is always that fallback knowing we have a shared history, and the values from within our cultures. I guess that's what makes a difference for us as Pasifika leaders, working and negotiating our way through those many worlds of a DHB. Our Pasifikaness acts like a compass and is a strength.*

Participants described *Pasifikaness* as being integral to who they were as Pasifika leaders, something that cannot be suppressed or compartmentalised, as stated by Participant B:

> *It never leaves you; you can't check it in and out like a timecard*.

At times, *Pasifikaness* caused friction within a District Health Board; for example, one participant described wanting to engage with a Pasifika family after a member of that family had died while under the organisations care. They were, however, asked not to do so pending an investigation, the participant struggled with this directive as it did not align with how they wanted their family to be treated if they were in a similar situation.

The participants also described their experience of negotiating their space in the many worlds of a District Health Board and how this shaped them as leaders and as Pasifika. It was clear from the talanoa that the participants had also gained considerable 'palagi' – western - cultural capital. The participants stressed, that this did not mean giving up their Pasifika identity at the expense of the other worldview, but rather it was a negotiation of the best of all worlds, contributing too and strengthening their *Pasifikaness*. As Participant A described *Pasifikaness* and its relevancy to identity:

> *It's my identity and if we don't have identity as a leader, you feel lost or you take on other kinds of leadership that's not really connected to who you are, to your identity, to your Pasifikaness - if you have heard the term- to your bloodline, you are in effect, taking on and carrying through someone else's leadership vision, so that is what grounds me. When I say my Pasifikaness grounds me in my leadership and I can think and know more, because you hold a perceptiveness in world views, thus you think more broadly around your vision and how you are going to get there and then you know that you can't do it by*

> *yourself and I like that about being Pasifika because you work together as a collective in our leadership, tautua, the pathway to leadership through service, our Pasifikaness involves learning those lessons, from all worlds, all cultures, which only makes us better resourced to serve.*

*Pasifikaness* contributed significantly to the unique Pasifika form of leadership and the participants described in depth how their *Pasifikaness*, shaped the kinds of leaders they are today.

***Saili le Malo: Strive to succeed***

All through the talanoa the participants spoke extensively of the challenges of working in a system that marginalised - though perhaps not always deliberately - Pasifika people. This raised the concept or outlook of *saili le malo,* of which the participants identified as significant for successfully incorporating their Pasifika *Tu ma aga faatauaina (values)* in a District health Board. *Saili le malo* was described as *picking up their game or being on top of their game.* (Participant G) as Pasifika leaders. *Saili le malo* was the saying used by the Samoan participants to describe what they experienced. Saili means 'to seek' and malo means victory, the literal translation then is 'seeking victory,' when this phrase is used, it means someone who always strives for success despite difficulties. In the context of the study, participants described *saili le malo* as a mindset that was necessary to combat systematic and epistemic racism within the District Health Board. Cultural biases described by the participants included, for examples, the perception that Pasifika clinicians are sub-standard; Pasifika teams are boutique services (specialised but not necessary); and that Pasifika services did not pull their weight in meeting the demand on the system. Participants viewed these culturally biased perceptions of Pasifika as a challenge and responded by ensuring that everything they delivered as a Pasifika leader – responsiveness to service users, support to other services, personal conduct - was at the highest level. This drive to do the very best is *saili le malo*. Participant F describes their experience in the following talanoa:

> *So, as a leader in a service I want to be the best service, unashamedly want to be the best service because the best service comes from being able to provide the best service for Pasifika, but we shouldn't settle for just Pasifika, it should be the best for all New Zealanders. So again, no use having an excellent service when you are doing nothing, I mean that's not even an excellent service in my mind. So that means developing your*

> *staff, workforce development and ensuring that our clients[21] are receiving excellent service every time.*

*Saili le malo* is not an end goal in itself; rather participants described the value of the journey in getting there, where adversity and experience forges ones cultural and leadership identity. Participant H described how the comments and judgements of others drove their *saili le malo*:

> *I failed multiple times, I recall some of the European doctors who were senior consultants, invited me to a game of tennis, and they said you're not going to make it. That statement alone drove me to do better, to exceed their biased perceptions of me as a Pasifika person*

This pursuit of excellence was described by the participants as not being out of personal *ambition*, but rather of *reciprocity*, and out of the duty to *aiga* and the responsibility of being in a rare and privileged position of authority and influence and to make a better difference for Pasifika families and communities. This position is reinforced by Participant G:

> *If I'm going to do something, then I need to do it the best way I can, because my actions have an effect or impact on my family, my wider family, and communities, yeah so, I always want the best, and always want to be the best, because the best is what our people deserve.*

Finally, *saili le malo* reflects the experiences of the participants who, once they knew the system was against them, felt sadness and anger, yet they also experienced a strong sense of determination to change the norm and break the patterns of inequity. *Saili le malo* is therefore an experience of adapting to and creating change, and *adding value by being a disruptor*, in the context of a District Health Board setting, with its own particular nuances and influences. This is discussed further in the autū , *the impact of mainstream environments*.

***The impact of mainstream environments***

In all of the participants talanoa it was evident that the *mainstream environments* was important to their development as Pasifika leaders and the negotiation and incorporation of Pasifika *Tu ma aga faatauaina (values)* in a District Health Board. During their talanoa session, participants reflected upon their experiences and learning in a *mainstream environment* and agreed that a

[21] Clients: another name for service user, consumer.

driver to working there was it served as the primary access point for Pasifika people to into mental health and addictions services. Interestingly, all the participants spoke of the inherent challenges of working in a complex and large system or systems; however, all unanimously agreed that the experience of being a Pasifika leader in *mainstream environments* strengthened and enhanced their leadership profoundly, as a 'trial by fire'. It made them better leaders, because of the forging process they went through. Participant B described their experience:

> *Yeah, I think I would be a totally different leader if I wasn't working in a DHB. I think the DHB has made me look at leadership in a totally different way, and how you manage and become a leader, yeah if I wasn't working in a DHB I wouldn't be the leader I am today.*

The advantages of practicing their unique Pasifika leadership in a *mainstream environment* offered the participants many and varied experiences and opportunities for growth, knowledge, understanding, and collaborative action to deliver effective services for Pasifika. Participants described the significance of their experiences as cultural negotiators with and within *mainstream environments*. The District Health Board experience shaped their *Pasifikaness* and identity, as well as shaping and influencing the *mainstream environments*. As Participant A described:

> *I felt that working in mainstream services makes you a stronger leader because you go through all the challenges and all the different attitudes that people have for Pasifika, yeah being a Pasifika leader in mainstream services has strengthened me big time, and I think at a deep level my presence and engagement in mainstream services has changed it.*

In the context of exploring the influence of their leadership practice setting, participants described the importance that the District Health Board in expanding their worldview. That is, they could see the higher goals or strategic pathways, further highlighting the need to move outside of their comfort zone. For example, Participant D explained that by going into leadership roles they would;

> *Learn the trade and challenge from within, where I could Pasifikanise mainstream services at all levels by shaping it to our Pacific models and worldviews, and admittedly the system itself has changed me significantly.*

Within the context of navigating the impact of *mainstream environments* the participants' experience within the District Health Board involved the 'pulling apart' and negotiating of Palagi mainstream ways of doing things, as well as their Pasifika ideas. These experiences were reflected in the talanoa in the ways that participants described the disequilibrium of assimilating multiple worlds, to feeling a sense of triumph when they successfully established co-operative relationships of understanding with their non-Pasifika colleagues and with the system as a whole. For the participants, *mainstream environments* often provided a testing ground, while also giving the opportunity to legitimise the operationalising and application of their Pasifika *Tu ma aga faatauaina (values)* in said District Health Board. The next autū *Lagolago* (supports) looks at what supports the study participants needing to help make their experiences positive in mainstream services.

**Autū : Lagolago (Support)**

*For us the biggest challenge was how to bring in our cultural values into a mainstream setting, no one was there to show us what to do, because it was a whole new field, and at times you felt alone and isolated (Participant A)*

Important to the *Pasifika Way, Lagolago (Support)* emerged from the talanoa as an autū. This final autū refers to the specific supports or enablers that participants described as providing a better experience for them in a District Health Board environment. Furthermore, the study participants insisted these *Lagolago* helped develop and maintain their *Pasifikaness* and identity in their leadership roles. Table Six outlines the sub-autū: *Mentoring, Pasifika networks, and Pasifika leadership programmes* connected to *Lagolago*.

***Table 6*** *Lagolao (supports)*

| **The Pasifika Way** | | | | |
|---|---|---|---|---|
| Understanding what shapes your values | The va | Tu ma aga faatauaina: Values | Tautai o le vasa: Navigator | Lagolago: Supports |

| | | | | |
|---|---|---|---|---|
| ✕ Upbringing<br>✕ Reciprocity<br>✕ Aiga<br>✕ Alofa | ✕ Le tautua<br>✕ Playing the game<br>✕ Adding value by being a disruptor | ✕ Alofa/loto tele<br>✕ Honour/integrity<br>✕ Culture<br>✕ Ambition/humility | ✕ Pasifikaness<br>✕ Saili le malo<br>✕ Mainstream environment | ✕ Mentoring<br>✕ Pasifika networks<br>✕ Pasifika leadership programmes |

As might be expected, the experiences of the participants on their leadership journeys varied. Some were fortunate to receive some form of guidance or mentorship from established Pasifika leaders, while others had to hit the ground running and learnt the hard way. This autū comprises three key elements that the study participants spoke of as enablers for their leadership journey and would be beneficial to easing the experiences of future Pasifika leaders. The sub-autū include *mentoring*, *Pasifika networks*, and *Pasifika leadership programmes*

***Mentoring***

Throughout the talanoa, participants spoke of the importance of *mentoring* as integral to incorporating Pasifika *Tu ma aga faatauaina (values)* in their leadership experience in a District Health Board. In practice, *mentoring* usually involved pairing with a senior Pasifika leader and was typically initiated either through a bespoke Pasifika leadership programme or a colleague. *Mentoring* involved guidance on the cultural aspect (philosophical) of one's leadership and the temporal (practical) execution of culture in a District Health Board. Participant B described their experience of *mentoring*:

> *I cannot stress the importance of mentoring, as a leader it provides cultural supervision to keep you grounded and provides a safe space to discuss the challenges of being a Pasifika person in a DHB, it gives you a space to check on things with people who have already gone through your challenges and succeeded, where you can be true to yourself, so you don't have to try to be anyone else.*

The participants described their *mentoring* experiences as both formal and informal, however, the key requirement of *mentoring* was that it was conducive to maintaining their cultural identity in a contemporary model as a Pasifika leader. The participants highlighted the importance of integrating cultural knowledge into leadership or clinical practice, and that *mentoring* helped them

achieve this. Participant A spoke of *mentoring* as the reason why they survived and thrived in a District Health Board setting:

> *I think in the beginning there was this anxiety because I didn't have the skills that was needed in this role. Mentoring with (name removed) helped me think strategically as a Pasifika person, incorporate my Pasifika identity and values in my leadership practice. It was a validation of who I am, it also helped narrow down what I had to do and anticipate the new skills I might need moving forward if I wanted to deliver my best as a Pasifika leader.*

*Mentoring*, especially if it involved a cultural component, was described by the participants as grounding, and a reminder that *tautua* [22] was about being authentic, being yourself and addressing the pretences that encroach on work, or when working in multifaceted systems. Overall, *mentoring* provided the participants with a generally positive experience, in which they shared their unique Pasifika leadership experiences with someone that understood and had a similar experience.

***Pasifika networks***

Another important enabler identified throughout the talanoa that supported participants in incorporating Pasifika *Tu ma aga faatauaina (values)* in their leadership experience in a District Health Board was having strong *Pasifika networks*. This sub-autū was described by participants in two ways; one, as *Pasifika networks*, peers, or colleagues of Pasifika descent in mainstreams services; and two, networks that were positive networks of colleagues (non-Pasifika) that understood Pasifika *Tu ma aga faatauaina (values)*. A network of Pasifika colleagues was described as a key source of support and as an enabler, this is because access to *Pasifika networks* offered cultural and spiritual support due to having a shared experience and understanding (something akin to peer supervision). The value of *Pasifika networks* is it connected the participants with those that understood the challenges of working as a Pasifika person in a District Health Board. Participant F described the importance of having access to Pasifika peers:

> *In the kind of climate, we work in, I would definitely say keep in touch with those Pasifika peers, those leaders that understand your challenges and successes because they have walked that same pathway as you. Because we need that support to draw on, and how to*

[22] Tautua: Samoan word for service

> *stay strong and keep your Pasifika values, which can be hard working in a completely different and changing environment like a DHB.*

A non-*Pasifika network*, as described by the participants, referred to the importance of having allies in the system; non-Pasifika peers that knew the system and could advise how to navigate pitfalls and maximise solutions. Participant G explained the value of non-*Pasifika networks*:

> *It's quite hard when you're a Pasifika person working in mainstream, there is a feeling of isolation, and that's why it's important to cultivate your other allies, people that have a shared world view and get your Pasifikaness, but it's also mutual beneficial because you are educating your non-Pasifika staff, colleagues, and leaders.*

This form of building Pasifika alliances entailed influencing the environment so that it was Pasifika friendly and inclusive of Pasifika culture. This was done through education and onboarding non-Pasifika staff regarding a Pasifika worldview, *Tu ma aga faatauaina (values)*, and beliefs. Collectively, participants agreed that uniting Pasifika leaders and non-Pasifika leaders experientially united the vision and effective change ensued. Participants spoke of how being a Pasifika leader in a mainstream system often left them with the experience of feeling isolated, sometimes as an outsider, and especially in their roles as disruptors for Pasifika equity. The participants highlighted the fact that their experience in the District Health Board was often enhanced because of their *Pasifika networks*, which were a support mechanism to recalibrate their Pasifika cultural bearing. In addition, the participants described their *Pasifika networks* as an enabler to extending their networks to non-Pasifika associates, increasing their circle of influence. The assurance from these support networks, both Pasifika and non-Pasifika, gave the participants, what they described as, an experience of empowerment.

***Pasifika leadership programmes***

The participants emphasised the importance of *Pasifika leadership programmes* as a key enabler to their Pasifika leadership development and the incorporation of Pasifika *Tu ma aga faatauaina (values)* in a District health Board. Participation in *Pasifika leadership programmes* typically provided a platform of introduction to suitable *mentors*, while also establishing strong connections with other Pasifika mental health and addictions leaders or *Pasifika networks*. The participants stressed the importance of leadership programmes to consolidating their Pasifika

leadership practice. *Pasifika leadership programmes* either provided expertise to fill gaps in leadership knowledge or skills, or an opportunity to discuss, reflect and talanoa on contemporary Pasifika leadership itself. Participants predominantly described their experience of *Pasifika leadership programmes* as positive, the programmes were either sponsored, provided, and funded by their respective District Health Boards (usually had a focus on management skills), or funded by the Ministry of Health through various bespoke *Pasifika leadership programmes*. The majority of participants in the study had completed the Le Va [23]Pacific Leadership programme, aptly named Le Tautua. Participants spoke of the importance of finding the right leadership programme in which they could learn the right language with which to talk and navigate the artificial boundaries of mainstream systems. For example, Participant E described their experience from one leadership programme:

> *So, I think with regards to [the programme], it helped me learn what it means to be a Pasifika leader in mainstream, it was inspirational learning from other experienced Pasifika leaders and also hearing from successful non-Pasifika leaders. How did this translate to my own practice? I was able to find the right language to talk, for example being able to take a proposal through, and if it gets knocked down then always finding another way because my values and their values may not be the same, and there is that cultural misunderstanding where we speak and understand things in a different way. The leadership programme opened my thinking to always looking for a 'third option' that provides for all parties. Learning the language of leadership in a big DHB, as a Pasifika leader is important because it helps build on the Va and it helped legitimise a lot of my stuff as a New Zealand born Samoan.*

In the context of incorporating Pasifika *Tu ma aga faatauaina (values)* into their leadership roles in a District Health Board in Aotearoa New Zealand, the participants affirmed the importance of *Pasifika leadership programmes*, as a key enabler to a more positive experience as Pasifika leaders in mainstream systems. Access to *Pasifika leadership programmes* helped participants to build their confidence in their skills, ability and to legitimise the incorporation of their Pasifika *Tu ma aga faatauaina (values)* into mainstream systems. *Pasifika leadership programmes* provided participants with an avenue to formulate and fine-tune their unique Pasifika leadership position; to network and form networks; to test and talanoa Pasifika leadership; and even went so

[23] Le Va: Aotearoa New Zealand's National Pasifika mental health and addictions workforce centre funded by the Ministry of Health.

far as to shape participants to the kinds of leaders they are today. As Participant A stated, leadership programmes helped them to:

*Feel more wiser and acknowledge I still have a way to go in my leadership learning.*

*Pasifika leadership programmes* for the participants provided the positive experience of feeling connected to who they are. Furthermore, the programmes provided clarity and direction, in their *Pasifika Way* in the context of living in Aotearoa New Zealand.

**Summary and conclusion**

This chapter has presented the findings from the talanoa and the research. From the five autū, *The Pasifika Way*, emerged as the overarching autū, encompassing the experiences of the participants in incorporating Pasifika *Tu ma aga faatauaina (values)* in their leadership practice as Pasifika leaders in a District Health Board. The *Pasifika way* best encapsulated the five high autū as reoccurring themes, evidenced throughout the findings, and in the study, that described the participants lived experience of successfully incorporating their Pasifika *Tu ma aga faatauaina (values)* into their role as Pasifika leaders. The findings from the talanoa were unmistakeably clear; that culturally relevant Pasifika *Tu ma aga faatauaina (values)* incorporated into a contemporary Pasifika leadership model is necessary for minorities and marginalised populations - such as Pasifika people - in systems that are not designed for their particular needs.

The participants' experiences of negotiating Pasifika *Tu ma aga faatauaina (values)* in a District Health Board were presented as five high autū: with the first *autū* named as *Understanding what shapes your values.* This autū spoke to the importance of understanding where the study participants came from and the notion of the complexity and shifting nature of Pacific identities according to the environment a person is nurtured and socialised in. Understanding the personal and historical context of the participants' Pasifika *Tu ma aga faatauaina (values)* provided a baseline to better understand the celebrations and tensions of the participants' experiences when incorporating their Pasifika *Tu ma aga faatauaina (values)* into their District Health Board leadership role. The second autū, *the vā,* described the importance of authentic relationships to incorporating Pasifika *Tu ma aga faatauaina (values)* in contemporary mainstream settings. The

practice of *the va* significantly influenced the participants experiences as it provided a standard of cultural, ethical, and professional rules of tending, resolving, and negotiating authentic relationships transculturally. This also required having the confidence to establish a relationship and to negotiate the nature of that relationship. The third autū, Pasifika *Tu ma aga faatauaina (values),* described the importance of Pasifika *Tu ma aga faatauaina (values)* providing important insights on the fundamental communicative challenges in intercultural communication, and how these impacts on their experiences as Pasifika leaders in incorporating Pasifika *Tu ma aga faatauaina (values)* into Western mainstream systems. The way that the study participants made sense of their experiences was undoubtedly influenced by their Pasifika *Tu ma aga faatauaina (values)*. The fourth autū, *Tautai o le vasa (navigator),* posited that 'negotiated space' must be a place that not only transforms Indigenous knowledge but also upholds it. This finding recognised both the experiences of the participants that pushed to transform Indigenous knowledge into operational workable manifestations, but also the resistance by some holders and keepers of traditional knowledge, and the gate keepers of mainstream settings. The participants acknowledged that their negotiations of space involved change when it involved different agendas and worldviews. Furthermore, they acknowledged that while initially associated with experiences of discomfit, negotiating space was often followed by the rewarding experiences of success in achieving a mutual understanding of Pasifika leadership in a District Health Board, and seeing the resulting changes in the District Health Board. The final autū, *Lagolago*, or support, highlighted the importance of *mentoring, Pasifika networks,* and *Pasifika leadership programmes* to ensuring that the participants experiences were positive in successfully incorporating their Pasifika *Tu ma aga faatauaina (values)* into their leadership roles within the District Health Board. *Lagolago* as a finding from the research, recognises the effective leadership development practices that can enable the development of Pasifika leaders, and what measures can improve their experiences, growth and resiliency working in a District Health Board.

These autū, considered together, explain the overarching autū of *The Pasifika Way*, highlighting the importance to the identity and leadership experience of the participants, grounded in cultural or polycultural capital (Mila-Schaaf, 2010) or as the participants refer to as their *Pasifikaness*. For

the study participants, knowing their *Pasifika way*, translated into being confident in who they are and where they come from as being pivotal to their experience of success in incorporating their Pasifika *Tu ma aga faatauaina (values)* in a large mainstream District Health Board.

The next chapter, the discussion chapter, will explore in more detail the meaning of the findings, and the autū, in the context of the literature presented in Chapter two and the findings of the data collected and implications for practice and future research.

# Chapter Five : Discussion

> *More often there is a clash with your (Samoan) values and those of the organisation, and if we are being honest our Pasifika values won't align with the complexities of a western mainstream system, when that does happen, that's when you find out who you are, and what you believe in, and reflect on why you came into this leadership role (Participant C).*

The purpose of this talanoa-qualitative descriptive study was to explore and identify the experiences of Pasifika health leaders in incorporating Pasifika *Tu ma aga faatauaina (Values)* into their leadership roles in a District Health Board in Aotearoa New Zealand. This final chapter concludes the thesis with a discussion of the significance of the findings in the context of both the study itself, and Pasifika leadership, cultural identity, wellbeing, and culture. In particular the chapter discusses paradigms of Pasifika as being caught between cultures or navigating two worlds.

Following a summary of the autū (themes and findings), the discussion chapter is structured to answer the research question which the researcher has grouped into in four parts:

1) Exploration of the successes and tensions of incorporating Pasifika *Tu ma aga faatauaina (values)* into leadership roles experienced by Pasifika leaders in Aotearoa New Zealand.
2) Determination of the experiences of Pasifika health leaders in the context of being a Pasifika leader in a District Health Board in Aotearoa New Zealand.
3) The importance of "wielding the va" as the key strategy for bringing leadership experiences together.
4) A closing discussion on the limitations of the study, areas of research for the future, and concluding statements before the thesis is closed.

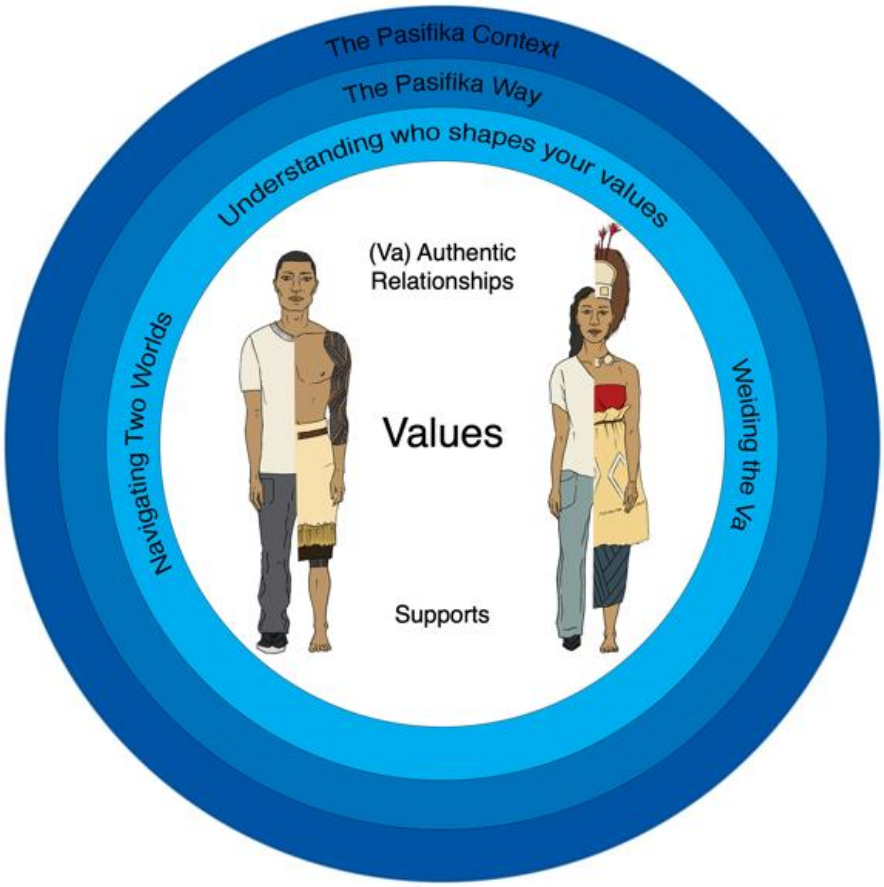
**Revisiting the autū : Making meaning of the findings**

Talanoa, by its nature, as described in the previous chapter is multi-dimensional, the findings from the study comprised of one overarching autū - *The Pasifika Way* - and five high autū named as:

- *Understanding what shapes your values:* The key influences that shaped the participants values and provided a default baseline to measure new external values and determine how they were incorporated in their leadership roles in a District Health Board setting.
- *The va:* the importance of authentic relationships to incorporate Pasifika values in contemporary mainstream settings.
- *Tu ma aga faatauaina* (*values)*: What Pasifika values did the participants find the most aligned in their leadership roles.
- *Tautai o le vasa (Navigator)*: What were the experiences of participants in navigating "two worlds" with their values.
- *Lagolago (Support):* what were the enablers for the participants to successfully incorporate their values into their leadership/governance roles.

To assist with the discussion on the *Pasifika Way* and emphasise the interconnectedness and synergistic quality of the five autū, the following diagram (see Figure 4) provides a visual representation of the findings which details *The Pasifika Way* and its unique, and yet interrelated autū and sub-autūs'. The diagram encompasses the promise of hybrid synergies—that which is more than the sum of its parts.

***Figure 4*** *The Pasifika context model*




As demonstrated in Figure Four, *The Pasifika Way* sits central to the nuanced cross-cultural interrelationships of Pasifika leaders, that overlap, fluidity and shared spaces, rather than individual attributes reified in transcultural differences. *The Pasifika Way* sits within the Pasifika Context, which denotes the place, time, and context that the *Pasifika way* coexists and is operationalised in, for example, District Health Board in Aotearoa New Zealand. The context is unique with the cultures, varied people, customs, and collective understandings. Alongside *The Pasifika way*, *understanding what shapes your values*, *wielding the va* and *navigating two worlds* determine how the participants understood *The Pasifika Way* through connecting with where their Pasifika *Tu ma aga faatauaina (values)* come from, and via the negotiation of *the va* to navigate their two worlds, that of Pasifika and Palagi. It is all of these experiences together, in the context

of *relationships* and *supports*, that enabled Pasifika health leaders who participated in the study to successfully incorporate Pasifika *Tu ma aga faatauaina (values)* into their leadership roles in a District Health Board in Aotearoa New Zealand.

**Overarching Autū: The Pasifika way**

*The Pasifika Way*, the overarching autū, drew not only from the *Pasifikaness* or polycultural capital (Mila-Schaaf, 2010) of the participants, but also from the importance they placed on being confident in who they are and where they come from. This was pivotal to their success in incorporating their Pasifika *Tu ma aga faatauaina (values)* as a Pasifika leader in a large mainstream District Health Board organisation. The central finding from the study is the significance the Pasifika leader knowing who they are as a Pasifika person, and their understanding of *The Pasifika Way*. This was pivotal in determining their personal and professional experiences and more importantly how leaders incorporated their Pasifika *Tu ma aga faatauaina (values)* in their leadership roles. This finding is strongly supported by the literature on Pacific cultural identity (Manuela & Sibley, 2014a, 2015; Mila-Schaaf, 2010; Mila-Schaaf and Hudson, 2009b; Nabobo-Baba, 2006; Tamasese Efi, 1994, 1997). Furthermore, the participants shared experiences of contemporary Pasifika identities being marked by heterogeneity, cultural mixing, change and adjustment. This aligned with perspectives shared by Hereniko (1998) regarding Pasifika identities as an evolving process that is "contested, transformed and negotiable" (p.161). In this regard, findings from the study endorse the strength of a unified transcultural Pasifika leader in mental health and addictions but not in a model where Pasifika is a hybrid creation, but rather a common regional identity or *Pasifika Way*. Building a common identity is necessary as "smaller groups and countries working alone have little chance of protecting themselves against global capitalist expansion" (Wood 2003, p. 349).

Of note, the participants agreed that the determination of *the Pasifika Way* was not an attempt to erase their distinctiveness as Tongans, Samoans, Cook Islanders, Fijians etc, but instead to find unifying elements as Pasifika leaders in Aotearoa New Zealand. Building a common identity carries its own set of challenges, however. Mila-Schaaf (2010) suggest that "there are many

Pacific Ways, what we want to encourage is the variety of voices, ways of seeing the Pacific. I don`t encourage one Pacific Way, because there are hundreds of them – there were hundreds of ways – even pre-European " ( p. 22). As such, this articulation of the *Pasifika Way* as used by the study participants in their talanoa, needs to be framed so it is inclusive rather than exclusive. In Aotearoa New Zealand there are spaces that are structurally intended for Pasifika peoples; for example, in primary health organisations and District Health Boards, where Pasifika people are channelled (some would argue intentionally shaped) to present at these places due to factors, such as cost, and socio-economic determinants. These places are contact zones, where identities can be created and re-created and designated, and have the potential to reinforce the Pan-ethnic identity. Thus, it is imperative to have the cross fertilisation of ideas and experiences of Pasifika leaders. Especially important is the integration of their Pasifika *Tu ma aga faatauaina (values)* in mainstream systems because it is a place where the Pasifika can legitimise and politicise their identity under their control and narrative.

To gain a meaningful understanding of the overarching autū of the *Pasifika way*, it is best contextualised within the five high autū. Throughout the talanoa of the findings, and indeed the thesis, valuing the autū as natural, comprehensive, and interconnected was imperative, and therefore, they cannot be viewed as discrete and separated themes. As such, the focus for discussion now shifts to merging of the five high Autū. They are discussed in three parts, thus enabling a higher understanding of *the Pasifika Way* and how the autūs' collectively contributed to describing the experiences of the study participants in incorporating Pasifika *Tu ma aga faatauaina (values)* as leaders in a District Health Board. Part one will now discuss the importance of the participants *Pasifika Way* to their experiences of successfully incorporating Pasifika *Tu ma aga faatauaina (values)* in a District Health Board.

**Part One: Successes and tensions of incorporating Pasifika values into leadership roles experienced by Pasifika leaders in Aotearoa New Zealand.**

The impact of the participants *Pasifika Way* - encompassing the autū's of Pasifika *Tu ma aga faatauaina (values), what shaped* Pasifika *Tu ma aga faatauaina, the va, Pasifikaness and Lagolago (supports)* - is evident from the participants talanoa. Their experiences to successfully incorporate their Pasifika *Tu ma aga faatauaina (values)* in a District Health Board was directly linked to their *Pasifika Way*. Interestingly, the participants spoke in their talanoa of the simultaneous process that occurred for them, the first is the process of negotiating their way in the District Health Board, and thereby changed the District Health Board at the same time. In addition, the negotiation of Pasifika *Tu ma aga faatauaina (values)* in a District Health Board was a means of legitimising their Pasifika identity. The importance of identity was very clear in the findings, the next section discusses the vital role of identity for Pasifika leaders navigating mainstream systems.

***Polycultural capital: The means to navigating mainstream systems.***

Critical to the experiences of the participants in incorporating their Pasifika *Tu ma aga faatauaina (values)* into their leadership within a District Health Board was the concept which Mila-Schaff (2010) described as polycultural capital or as the participants referred to as their *Pasifikaness*. The critical element of *Pasifikaness* was reflected in ways that Pasifika leaders described their experience and enablers for the negotiation of their Pasifika *Tu ma aga faatauaina (values)* in the settings that they were working in, and furthermore shaped their experiences in the District Health Board. Mila-Schaaf (2010) described polycultural capital as culturally diverse forms of capital which correspond to different situations. For the participants in this study *Pasifikaness* was specifically experienced as a Pasifika person - second to third generation - holding cross-cultural resources, knowledge, skills, and agency to potentially achieve cumulative advantage to make changes in an inequitable mainstream system.

In the participants' talanoa, their stories clearly demonstrated their *Pasifikaness* ability to negotiate multi-dimensional resolutions to inter and transcultural situations. This was a direct

result of having their Pasifika *Tu ma aga faatauaina (values)* and incorporating them in their leadership roles. Examples include the ability to work in high level planning in the District Health Board, while in another meeting engaging into authentic discussions with local churches and communities. *Pasifikaness* in this example refers to the study participants' ability to always stay connected to the individual and families who use the services, while still operating in the complex machinations of a District Health Board. The evidence supports the findings that there was a strong link between *Pasifikaness*, and the study participants sense of self. Furthermore, that sense of self or their *Pasifika Way* was a cumulative product from their experiences or *upbringing* as Aotearoa New Zealand born Pasifika, this tested and tempered their work in a District Health Board setting.

The study participants' *Pasifikaness* was actualised in the way they operationalised their *Pasifika Way* in their workspaces, however, it was clear that many of those interviewed had gained considerable Western-oriented Aotearoa New Zealand or 'Palagi' cultural capital. However, this was not viewed as a lessening of their traditional Pacific capital, but rather an enhancement of their *Pasifikaness*. While the study predominantly explored positive experiences, there was definitely a negative side to *Pasifikaness*, some study participants disclosed feeling more competent in a mainstream setting with their *Pasifikaness*, as opposed to working in a Pasifika organisation. For these participants, this was typically around language and leading specific cultural practices that an Aotearoa New Zealand born Pasifika person did not learn, for example, leading an ava ceremony[24].

These same study participants also felt that the time in their role as a Pasifika leader and fleshing out their *Pasifikaness* had helped them to negotiate their *Pasifika way*, for example, through the provision of cultural supervision with matuas to help reflect on how they integrated or operationalised their Pasifika *Tu ma aga faatauaina (values)* in a District Health Board. Mila-Schaaf (2010) called this experience the 'negotiating of turf', this is an apt term which, rather than

[24] Ava ceremony: The ava ceremony is one of the most important customs of the Samoa Islands. It is a solemn ritual in which a ceremonial beverage is shared to mark important occasions in Samoan society. The Samoan word ava (pronounced with the glottal stop) is a cognate of the Polynesian word kava associated with the kava cultures in Oceania.

being judgemental, also describes how Pasifika leaders created a turf which was affirming of their cultural representations as Aotearoa New Zealand born Pasifika. However, the negotiating of turf, can be fraught with the risk of feeling conflicted or feeling torn between differing cultures, at the extreme end experiencing a loss of identity (Samu, 2003, Tiatia, 1998, 2003). There is strong evidence to suggest this loss of identity is a key issue for young Pasifika in Aotearoa New Zealand, however the participants talanoa was unmistakeably clear this was not the case for the participants of this study and differs from most studies on Aotearoa New Zealand born Pasifika identity.

Having established the importance of *Pasifikaness* to Pasifika leaders working in a District Health Board, it important to discuss what is meant by the incorporation of Pasifika *Tu ma aga faatauaina (values)* into a mainstream District Health Board. The participants described their process of incorporation of Pasifika *Tu ma aga faatauaina (values)* as the contemporary application of traditional cultural *Tu ma aga faatauaina (values)*. This process lends itself to a focus on internal and external negotiation, which can be a challenging process for Pasifika leaders; and was accepted by participants as an ongoing journey of negotiating the turf for Pasifika led services situated in mainstream District Health Boards. However, as mentioned earlier, the experiences of the Pasifika leaders in this research were an overwhelmingly positive narrative, very different from earlier research narratives (Samu, 2003, Tiatia, 1998, 2003). Rather, the participants consistently spoke of implementing strategies to navigate successfully through and with the transcultural paradigms, and most notably of internal and external change from them as Pasifika leaders and the District Health Board. This aligns with the literature on negotiating the space (Mila-Schaaf, Hudson, 2009b), and was described by Bhabha (1994, 1996) as "the very possibility of cultural contestation, the ability to shift the ground of knowledge's or to engage in the 'war of position', marks the establishment of new forms of meaning, and strategic identification*."* (p. 162). Bhabha's (1994) description fits with how the study participants managed cultural choices that arise from having an awareness and access to more than one culture or dealing with multiplicity. The cross-cultural psychology literature recognises that there is a drift toward transculturally pluralistic societies, and it premised that, "individuals can acquire more than one such cultural meaning system, even if these systems contain conflicting theories" (Hong et al,

2000, p. 701).

The process of incorporating Pasifika *Tu ma aga faatauaina (values)* into the District Health Board had an added effect of acquiring or shaping a different construct of the self (Markus and Kitiyama, 1991). The study participants consistently spoke of being inter-dependent with their surrounding District Health Board context, instead of independent. Again, this aligns with their understanding and application of *the va*, where they are interconnected with others, their environment, and their self. The negotiated space model in the context of incorporating Pasifika *Tu ma aga faatauaina (values)* into a District Health Board, effectively provides room for people to hold both individual as well as interdependent construals of self and to be able to choose or negotiate between these different perspectives (Mila-Schaaf & Hudson 2009b).

The literature on negotiating the space also introduces an idea that is relevant to the findings: cultural frame switching. This is the ability where individuals, such as the study participants *Pasifikaness*, can help them shift between their many cultural interpretive frames in response to cues in the social environment. Hong et al (2000) wrote: "To capture how bicultural individuals switch between cultural lenses, we adopt a conceptualization of internalized culture as a network of discrete, specific constructs that guide cognition only when they come to the fore in an individual's mind" (p.701). Hong et al (2000) offered an interesting theory that internally we may store culture as a distinctive system or network of meaning that is inter-related and inter-connected, much the way we have described a *Pasifikaness* knowledge paradigm.

This study noted that the constructs of individuals *Pasifikaness* and cultural frame switching is still in its infancy in the literature, with one critic stating, "there is not just one way of being bicultural" (Phinney et al., 1997, p. 9). However, there is convincing evidence from the findings in this research to support the idea that participants with their *Pasifikaness* have a greater ability to initiate and utilise knowledge and skillsets attained from multiple transcultural worldviews and are consequently better able to reap the benefits of being in a diverse environment (Cheng et al., 2008; Mila-Schaaf, 2010).

An important feature of how *Pasifikaness* is understood in this research, is in the context of the

experience of Pasifika leaders in a District Health Board, that may differ from Mila-Schaafs (2010) original concept design of polycultural capital, that is how Pasifika leaders operationalise the knowledge that constitutes their *Pasifika Way* in the context of a Western medical system. This is an important feature, the how and why the study participants maintain the vitality of their specific Pasifika culture. It was quite clear from the talanoa that the study participants had to ensure their (cultural) knowledge had to constantly expand and evolve to deal with new environments and situations, this is unique to the setting of a complex District Health Board in Aotearoa New Zealand. Mila-Schaaf and Hudson (2009b) posited, that all knowledge is first and foremost local knowledge. The difference between knowledge systems is in the way people interpret, reposition, and compose knowledge, so it has relevance to the context of their situation or experience. More importantly for the participants in this study, how their unique understanding of *Pasifikaness* could practically be implemented organically into their District Health Board. This construction of knowledge becomes cognitively identified to the context of that experience and forms knowledge spaces (Turnbull, 2005; Okere et al. 2005).

What is also very clear in the talanoa was the participants were consistently using their *Pasifikaness* to challenge systemic racism; using their *Pasifikaness* to engage with stakeholders inside the District Health Board. Their *Pasifika Way* influenced non-Pasifika Western bio-medical views into the value and richness of their Indigenous knowledge. Thus, the very overt/covert process of incorporating Pasifika *Tu ma aga faatauaina (values)* into a District Health Board challenged this form of systemic racism, the obvious examples in mental health and addictions being Pasifika models of care and the development of Pasifika cultural competencies (Mila-Schaaf & Hudson, 2009b). The discussion of challenging racism segues into the next section, the idea of the Pasifika disruptor, why it is important and its meaning to the findings from this research.

***Pasifikaness and disruptive leadership practice***

The recognition of the role of the researcher and the research as *Adding value by being a disruptor* is an important concept to the experiences of Pasifika leaders in a District Health Board. The *Adding value by being a disruptor* role of Pasifika leaders refers to disruptive Pasifika leaders as

possessing the capacity for disruptive wonder, this concept is described by Anderson (2011) as the ability to deconstruct an existing norm and to examine the elements to determine that which is broken and, consequently, reposition and operationalise a better way to rebuild a functional system or structure.

Each participant's talanoa began with a significant leadership experience that exposed a problem and caused them to question and reassess the social constructs that lay beneath the problems as systemic to the District Health Board. They became engaged and took on a disruptive role, considering how the status quo came to be, and rejecting the notion that it must be accepted as such (Anderson, 2011). For the participants this meant *Adding value by being a disruptor* to existing power structures to reposition and redistribute power, furthermore, to encourage inclusivity. Consequently, the participants disrupted conventional models of leadership by the use of their *Pasifika Way*, leading not from the top down as in command control operating systems, but rather through the Pasifika *Tu ma aga faatauaina (values)* of *tautua*, *the va* and emergent operating systems. They do not seek recognition as leaders, nor do they seek the acquisition of power, rather, they are content to *tautua* behind the scenes, empowering others to become agents of change and potentially fellow Pasifika leaders.

Personal experiences in their life stories allowed the participants to view and solve problems, by using their *Pasifikaness* and motivating change, and in the process of developing solutions, they emerged as Pasifika leaders, influencing others in their *Pasifika Way* with a creative vision of that which is different and better, as well as the personal conviction that the vision can be legitimately realised as Aotearoa New Zealand born Pasifika. Just as importantly, the participants' vision of equity, was not created in a vacuum; they developed their vision of equity through the nurturing of *the va*, authentic transcultural relationships with a diversity of stakeholders who provided insights, experiences, and ideas. In essence this is the *Pasifika Way* in action. This segues to Part two of the discussion, where the findings were apparent that the wielding of *the va* were done so inter and intra-connected to context of a District Health Board. Further, the findings demonstrated the impact of the micro and mesosystems in a District Health Board, characterised the processes that influence and shape constancy and change in for participants and the determination of their

experiences incorporating Pasifika *Tu ma aga faatauaina* (values) in a District Health Board.

**Part Two: Determination of the experiences of Pasifika health leaders in the context of being a Pasifika leader in a District Health Board in Aotearoa New Zealand.**

The findings clearly identified the relationship between the participants and the District Health Board were unique and influential, in the negotiation, affirmation, and cultural learning of the participants Pasifika *Tu ma aga faatauaina (values)* and *Pasifika Way* . The following sections discusses how structural factors like the District Health Board determine the experiences of Pasifika leaders successfully operationalising their contemporary Pasifika *Tu ma aga faatauaina (values)*, identity and leadership.

***Pasifika leadership experiences in District Health Boards are non-linear and relative.***

The study participants emphasised their experiences of Pasifika leadership in District Health Boards as non-linear and relative[25], this was an important finding, as this uncovered important aspects of the participants decision making experiences. That is the complex interplay between their past Pasifika influences (whether personal, social, and cultural), identity, and everyday decision making; and how their current experiences in the context of working in a District Health Board, also contributed significantly to both their Pasifika identity and everyday decision making. The key premise was that the leadership experiences of Pasifika leaders in the District Health Board context are embedded in past, present, and future, all at once**.** Furthermore, these complex experiences were not a one-time phenomenon, but occurred at any given time, participants described reliving past experiences, reflecting on them, and discovering new insights. For example, Pasifika experiences from the past – such as *Upbringing*, *aiga*, and the cultural conditioning on their *integrity* and *honour* - often helped participants to navigate their present experiences, while current experiences prompted them to re-examine past experiences for new lessons. As such, participants described complex, non-linear, and relative understandings about the ways that the future could have shaped them, through their *Pasifika Way* – guided simultaneously by Pasifika *Tu ma aga faatauaina* (values) and Palagi worldview – which they

[25] Relative: as in relative to time past, present, and future

used consciously via *the va*, to seek out opportunities to develop authentic relationships and improve outcomes for Pasifika.

However, there are a number of leadership theorists who also suggest that leaders, in times of challenge and adversity, use intuition balanced with logic (Blake, 2008; Holman, 2001; Kuvaas & Selart, 2004; Schoemaker & Russo, 2002). Blake (2008) posited that anchoring an event or experience in time also has an impact on leadership decisions, and intuitive decisions are also affected by various types of contextual framing, affected simultaneously by the past, present, and future. Senge (1990) stressed the importance of decision frames, using three subtypes; problem frames (used to generate solutions); decision frames (used to choose between alternatives); and schematic frames (deeper mental structures that have been shaped through *Upbringing* and cultural conditioning). In this way, a frame is a stable, coherent, cognitive structure that contextualises, systematises, and simplifies the complex reality that a leader operates in. Predominantly, frames are memory-based and usually initiated automatically. Kahneman and Tversky (cited in Bazerman, 1984) have demonstrated the importance of decision frames, they revealed that minor changes in the surface structure of a decision setting have great importance in shaping the decision made. What they discovered was that people are risk averse when faced with gains situations, while they are risk-seekers when they face loss. Another critical point to decision making frames, is the crucial role that emotions play in shaping a leader's intuitive decision, and for the most part, judgments are led by an affective or emotional valuation which takes place before conscious reasoning arises (Kahneman, 2003). Even though these emotional valuations are not conscious, they play an important role in shaping the individual decision-making process (Slovic et al., 2002). In reference to the participants experiences of decision making, their emotional valuations are shaped by their Pasifika *Tu ma aga faatauaina (values)*, and strongly influences the participants at an intuitive and conscious reasoning level. The next section continues with the participants decision making, however discusses the importance of decision making in diverse cultural contexts of mainstream systems.

***The meaning and importance of transcultural decision making.***

The importance of transcultural decision making was a strong theme in the participants talanoa,

its importance relates to the increased awareness of cultural diversity in contemporary health systems such as the District Health Boards. As such it necessitates the need for transcultural ethics in decision making and service provision. The core of this concept assumes that all discourse and interaction is transcultural because of strengths and differences in Pasifika *Tu ma aga faatauaina (values)* and beliefs of individuals and groups within health systems - both its staff and the communities they serve - in Aotearoa New Zealand (Ray, 1994). The ethics of transcultural decision-making addresses how people ought to live when subjectively sharing a common world.

Transcultural decision making is equity in action for systemically cultural biased District Health Boards. The study participants, through their incorporation of their *Pasifika Way* in District Health Boards, is an example of when cultural knowledge systems come into contact with each other and interact, this transcultural contact creates a stimulus for exchange and growth (Mila-Schaaf & Hudson, 2009b). The findings illustrated several strata of cultural differences, the findings regarding *culture, playing the game,* and *Adding value by being a disruptor*, exposes the difficulties in communication and decision-making that may occur in a District Health Board, when cultural *Tu ma aga faatauaina (values)* are incongruent. Although mainstream systems in Aotearoa New Zealand have embraced the practice of cultural competence, it is still a narrow view of culture as arising from the dominant culture. The participants transcultural decision making is change in practice, that introduces a broader perspective of *culture,* admittedly Aotearoa New Zealand Pasifika, albeit a Palagi-Pasifika perspective, however more importantly, it introduces the negotiating space to wear away boundaries among cultures (Mila-Schaaf & Hudson, 2009b). One fact that is clear from the findings, *culture* is no longer a static characteristic that can be parroted in policy and procedure. Rather, *culture* is fluid, subjective, and possibly with a finite shelf life connected to the context of that time and place, and as multifaceted as demonstrated by the participants in this study within a District Health Board.

One of the drivers for creating and engaging in transcultural negotiation is the desire to be transformed by the 'Other' on the basis of appropriating aspects of that which is useful from the 'Other' on one's own terms (Mila-Schaaf & Hudson, 2009b). The transcultural negotiation provides room for knowledge and cultural exchange to extend the parameters of one's own

*Pasifikaness* and add to one's knowledge base of the *Pasifika Way*. If facilitated correctly – as in principles of *the va* – transcultural negotiation can enable innovation, freedom of adaptation, self-determined development , and purposive change. It is argued here that the concept of transcultural decision making and the negotiation of the space to enact the *Pasifika Way*, has significant applications to some of the most complex issues facing the Pasifika mental health and addictions sector. This includes mediating some of the polarity between Western and Pasifika Indigenous paradigms of illness and treatment.

Mila-Schaaf and Hudson (2009b) posited that a core principle underpinning negotiated space is the interaction between multiple cultural paradigms. It may be – as demonstrated by the study participants - negotiated purposively to facilitate knowledge exchange, manage knowledge growth to ones *Pasifika Way*, and mediate sovereignty of knowledge. Pivotal to this model is the willingness and desire for dialogue to stimulate both understanding and critical reflection. The negotiation of space that comes from transcultural decision making, invokes the possibility of better understanding the nature of the *va* - the space between - between different paradigms. More importantly transcultural decision making – via the va - identifies bridges as well as incommensurable differences.

What is evident from the findings is *the va*, is a valuable principle for guiding outcomes within the potentiality of the negotiated space, furthermore, effective, transcultural decision making, is a negotiated space between epistemologies (Mila-Schaaf & Hudson, 2009b). The next section discusses the crucial role of *Pasifika Tu ma aga faatauaina (values)* to the participants experiences.

### *The importance of context: Embedding Pasifika Tu ma aga faatauaina* (*values) in a District Health Board*

The importance of Pasifika *Tu ma aga faatauaina* (values) was widely articulated by the study participants as crucial to their experiences as Pasifika leaders in a District Health Board. Given the complex and multi-layered nature of District Health Board in Aotearoa New Zealand, different people, of course, have different experiences. Also, different experiences teach different things,

therefore the quality, quantity, and diversity of one's experiences are important. The participants' talanoa showed how their Pasifika *Tu ma aga faatauaina (values)* shaped the District Health Board, and how in turn the District Health Board shaped and was a medium to legitimise their Pasifika *Tu ma aga faatauaina (values)*. While there were unique aspects to each participant's experiences and approaches to their leadership practice, common strands emerged from the talanoa.

*Tu ma aga faatauaina (values)* are socially shared conceptions of what is good, right, and desirable (Knafo et al., 2011). They operate at multiple levels, and most research in cross-cultural psychology has focused on the nation and individual level, *Tu ma aga faatauaina (values)* express broad, trans-situational motivational goals (Rohan, 2000; Rokeach, 1973; Schwartz, 1992). They affect the way people perceive and interpret the world, as well as their preferences, choices, and actions. At the national level, *Tu ma aga faatauaina (values)* reflect how the 'solutions' groups (such as, tribunals, commissions, school boards, District Health Boards) develop in response to existential challenges (Hofstede, 2001; Schwartz, 1999). Pasifika *Tu ma aga faatauaina (values)*, therefore play a crucial role in the way that public funded health systems function.

There is significant literature on Pacific values in the Asia Pacific and South Pacific region (Finau, Tukuitonga, 2000; Macpherson, 2001; Suaalii-Sauni et al., 2009; Suaalii-Samu, 2005; Taito, 2012), and a number of studies on the conflict between Pasifika *Tu ma aga faatauaina (values)* derived from different knowledge traditions conducted by Pasifika scholars (Furedi, 2001; Ministry of Health, 2008; Samu, 2003; Tiatia, 1998, 2003; Tua-akipulu, 2000;Waldram, 2004), which focus on experiences of being caught or lost in two worlds, and marginalisation. Again, there is a dearth of research on the experiences of Aotearoa New Zealand born Pasifika and the role of their Pasifika *Tu ma aga faatauaina (values)* on their leadership practice in the context of a District Health Board. This research has provided crucial analysis of different Pasifika *Tu ma aga faatauaina (values)* from the study participants and their different Pasifika cultures. It has provided important insights on their experiences with fundamental communicative challenges in inter and transcultural communication, because of their roles as disruptors incorporating their Pasifika *Tu ma aga faatauaina (values)* into dominant bio-medical Western systems. The

researcher deliberately calls the incorporation of Pasifika *Tu ma aga faatauaina (values)* disruption because the very act of transcultural negotiation challenges and changes the status quo of a District Health Board, and therefore transforms dominant Western paradigms. The researcher and study participants believe this is in a positive way of *Adding value by being a disruptor* that benefits Pasifika communities in systems that are not designed for their particular needs

The way that the study participants make sense of their experiences will be influenced by their Pasifika *Tu ma aga faatauaina (values)*, that guide their thoughts and actions. As stated by the participants, no matter where they were in an organisation, they needed to know what they stood for first. Additionally, the findings show that experiences of the participants will vary dependent on their confidence in knowing who they are as Pasifika and how that translates or is incorporated in their work. For the participants finding their *Pasifika Way*, the meeting of multiple world views, is where those experiences can be tense, uncomfortable, even painful, because there is a process of tempering in negotiation of the space.

A distinctive feature of an Aotearoa New Zealand born Pasifika and an ethnically mixed person is that identity development is complex and is closely connected to their *Tu ma aga faatauaina (values)*. It should be noted that the key difference with the findings from this research and earlier studies (Furedi, 2001; Ministry of Health, 2008; Samu, 2003; Tiatia, 1998; Waldram, 2004), is where there is a conflict of identity. In this research, the participants' talanoa was quite clear in that their articulation of the *Pasifika Way* was as experiences of strength and legitimacy. In addition, the consolidation and enhancement of their Pasifika *Tu ma aga faatauaina (values)* was used as a way of self-care and to measure and evaluate their mainstream interpretations of the District Health Board landscape.

The participants' experience in this study are exemplars of how they successfully navigated the complexities of a mainstream Aotearoa New Zealand District Health Board. They did this by employing their *Pasifika Way* to pick and choose the best from their Pasifika worldview and their Palagi worldview. Additionally, while there is a similar study by Iro (2007) on the leadership experiences of nurse managers in the Cook Islands, distinct differences between Iro's (2007)

findings and this research relate to the participants' experience as Pasifika leaders in the context of working in Aotearoa New Zealand. The findings pertain to their ability to positively utilise their *Pasifika Way* to successfully navigate the complexities of a mainstream District Health Board.

For the participants, there was no question whether they should be *Adding value by being a disruptor* embedding their Pasifika *Tu ma aga faatauaina (values)* in a District Health Board (Mila-Schaaf & Hudson, 2009b). This is because the very act of incorporating their *Pasifika Tu ma aga faatauaina (values)*, enabled the cultural, social, and psychological foundations for change. Further, the act of incorporating Pasifika *Tu ma aga faatauaina (values)* into mainstream systems is the means for inter and transcultural communication, essentially this means communication across different cultural boundaries. When two or more people with different cultural backgrounds interact and communicate with each other or one another, then transcultural communication is taking place. For this to occur there needs to be the sharing of information on different levels of awareness between people with different cultural backgrounds, where individuals influenced by different cultural groups negotiate a space for shared meaning in their interactions.

For the Pasifika leaders in a District Health Board setting, understanding who or what shaped their Pasifika *Tu ma aga faatauaina (values)*, in turn shaped their experiences in successfully incorporating their Pasifika *Tu ma aga faatauaina (values)* in a District Health Board setting. Throughout the talanoa, participants consistently described how Pasifika *Tu ma aga faatauaina (values)* underpinned everything in their lives; how they identified, described, and felt about themselves could be traced back to the socio-cultural context of their formative years. This focus on the importance of Pasifika *Tu ma aga faatauaina (values)* aligns with authors such as Tupuola (2004), Pene (2009), and Eggen & Kauchak (2010) who determined that an environment of early influence and role modelling shapes Pasifika *Tu ma aga faatauaina (values)* and how leadership ideas are formed and understood. How individuals choose to accept, discard, and understand ideas from these external sources is to do with how they have understood their Pasifika *Tu ma aga faatauaina (values)* and leadership in the past by seeing it happen in others' lives.

The evidence from the talanoa was clear; the participants' Pasifika *Tu ma aga faatauaina (values)* informed and shaped their decision making and the direction of their life and their experiences in their work in the District Health Board context. The points of friction in their relationships occurred when their Pasifika *Tu ma aga faatauaina (values)* are manifested in the context of their District Health Board, and how they negotiated *the va* and brought to life their Pasifika *Tu ma aga faatauaina (values)* in the operational sense. Furthermore, their Pasifika *Tu ma aga faatauaina (values)* determined how they measured their success, their experiences in successfully incorporating their Pasifika *Tu ma aga faatauaina (values)* and what the tensions were while they negotiated the space of their identity.

Core Pasifika *Tu ma aga faatauaina (values)* also manifested for the participants, as choices based on understanding what is truly important and why, so that decisions stem from a place of authenticity. Every decision reinforces Pasifika *Tu ma aga faatauaina (values)*, and as such, who we are choosing to be; the idea of authenticity appears frequently in the study participants talanoa and is intrinsic to the concepts of *the va* and *tautua.* Authenticity is the ability to express yourself as you truly are, reflecting your true character, Pasifika *Tu ma aga faatauaina (values)*, and principles so people understand exactly where you stand. It is also about inspiring people to action through the distinctive contributions one has to offer as a Pasifika person in a District Health Board.

Authenticity is empathy without forgoing rationality, furthermore, authentic leaders are reliable and trustworthy, whom people respect them. They take responsibility and expect others to do the same. What is clear from the findings is that becoming and being is a process of ongoing evolution and being an authentic leader wielding all the elements of the *Pasifika Way* is not easy. It involves a degree of selflessness and much self-reflection to truly know oneself. It also takes a great deal of *alofa (love)* and *loto tele (courage)*, knowing, understanding, to honouring ones Pasifika *Tu ma aga faatauaina (values)* in a Western dominated system, however, the results of that *alofa* and *loto tele* can bring synergy to one's life purpose and direction. Negotiating and determining one's Pasifika *Tu ma aga faatauaina (values)* in the context of a District Health Board in Aotearoa New Zealand can be an experience of deep and abiding satisfaction, joy, and meaningful contributions

to one's communities.

Part Three will now discuss *the va*, a crucial component of the study participants experiences employing their *Pasifika Way* as leaders in a District Health Board.

**Part Three: Bringing it all together: The importance of Wielding *the Va***

The importance of *the va* for the negotiation of the space, was continually named as being significant by the study participants, as was the concept of their *Pasifikaness* (polycultural capital). The concept of *the va* – and the practice or art of "wielding *the va*" - was identified in the findings as a key enabler for the negotiation of the space. It was clearly identified by the study participants as important in the settings that they were working in for incorporating their Pasifika *Tu ma aga faatauaina (values)* and mitigating misunderstandings of communication, cultural assumptions, or biases. Furthermore, the success of the incorporation of *the va* was dependent on two key elements; a willingness and aptitude to apply *the va* in all things and having a clear understanding of identity or *Pasifika Way*.

The very essence of *the va* is human experience, this is supported by leadership literature that promotes the concept that leaders are shaped by their experiences (Di Giulio, 2014, Goldsmith, 2009, Delphine, 2009, Burns, 2013). Regarding current thinking or research specific to the negotiation of the space and identity, there is an emerging knowledge base in the literature (for example, see Bolatagici, 2004; Higgins & Leleisu'aso, 2009; Mila-Schaaf & Hudson, 2009b; Southwick, 2001; Tamaira, 2009; Web-Binder, 2009; Whimp, 2009) However, a point of note from the findings in this study, is the experiences of Aotearoa New Zealand born Pasifika leaders applying *the va* in a contemporary operational model in a District Health Board is a unique perspective. Additionally, the study participants are certain, that their incorporation of Pasifika *Tu ma aga faatauaina (values)* in a District Health Board is not one dimensional. Rather, it is an interface or engagement between the ethical, epidemiological considerations of culturally distinctive knowledge and Pasifika *Tu ma aga faatauaina (values)* systems (Mila-Schaaf & Hudson 2009b). This research's findings present unquestionably evidence that the negotiation of *the va,* all the cultural knowledge is mutually exchanged, between the Pasifika disruptor and the

District Health Board with the intent to modify a mainstream system and increase access for Pasifika families and communities, thereby improving their experiences of accessing services in a District Health Board.

Another significant finding is the experiences of the study participants in negotiating the space or *the va* are not just theoretical, this research provides convincing evidence that *the va* is translatable to an operational leadership model specific to the District Health Board context. Although the study participants experiences were at times not positive, that experience mattered**,** because their most valuable experiences pushed them out of their comfort zone, stretched their skills, and challenged their abilities. Although nobody wants to spend their entire career in a constant state of discomfort, the most worthwhile leadership learning usually comes with a dose of discomfort. This is due to the fact that making worthwhile changes is rarely easy and requires intentional effort. However, what the findings of the *Pasifika Way* provided is an essential framework that is uniquely defined and enriched with the tenets of *the va (authentic relationships)*, Pasifika *Tu ma aga faatauaina (values)*, *Lagolago (supports)*, a framework that imbues and protects Pasifika leaders from leadership fatigue and risk losing their *alofa (love)* and *loto tele (courage)* due to the demanding nature of a District Health Board. Fortunately, for the participants their experience of trial by fire working in a District Health Board in Aotearoa New Zealand, provided a rich – albeit challenging - experience that added positively to the study participants' leadership pathway.

***The meaning and importance of the va to the experiences of Pasifika leaders in the context of a District Health Board***

*The va* is an important concept in understanding the ways Pasifika relate to each other and the world at large (Tuagalu, 2008). It teaches, guides, and emboldens leaders in how to conduct the relationships between the self - incorporating their *Pasifikaness* and Pasifika *Tu ma aga faatauaina (values)* - and others in a personal, physical, social, cultural, and political setting, in this case the 'other' being the District Health Board. For the study participants, *the va* ensured the developing of authentic relationships was overwhelmingly positive, while simultaneously making the incorporation of Pasifika *Tu ma aga faatauaina (values)* into a District Health Board easier and *Adding value as a disruptor* by coaching the system to have a better understanding of Pasifika

people and their unique needs.

*The va* or the space, as Albert Wendt says, is not empty but active; it is relational and holds entities together (Wendt, 1999), *the va* is the space between, not a void, not space that divides but space that relates, that holds separate entities and things mutually, the space that is context, giving meaning to things. Furthermore, the meanings change as the relationships and the contexts change, a well-known Samoan expression that describes the essence of *the va* is 'Ia teu le vā' translated as cherish/nurse/care for the relationships. This is crucial in communal cultures that value group unity, more than individualism: who perceive the individual person/creature/thing in terms of group, in terms of *va*, and relationships (Wendt, 1999, p. 402).

From the participants talanoa one could assume that the act of operationalisation of *the va* by the participants was a redefinition of the concept to be relevant to experiences of Aotearoa New Zealand-born Pasifika, negotiating the mechanisms of the dominant culture of a District Health Board. It was clear from the findings that praxis of *the va* offered the participants a resilient standpoint, capitalising on their Pasifika view on the importance of relationships. Where relationships are viewed as interdependent and holistic in nature and furthermore as spiritual and interconnected (Lilomaiavā Doktor, 2009). In addition, the findings demonstrate the position that *the va* is all inclusive of construals of reality, of social and ethnic identity, of belonging, of all those elements that bind and keep people and their environments together. Albert Refiti suggests that *the va* is also about 'co-openness' rather than just 'betweenness', that in *the va* there is an opening up of oneself to existing and pre-existing relationships. What's more, it is through this opening up we are oriented to a collective identity that moves between and/or transcends time.

The significance of *the va* - in this study, thesis, and in practice - is its flexibility and applicability as a descriptive term and analytical frame for understanding relationships within Aotearoa New Zealand-born Pasifika health leadership and social spaces. Moreover, it has serviceable to the applications to the negotiated space concept of Pasifika epistemology, in mental health and addictions. Mila-Schaaf and Hudson (2009b) illustrated the different sites that Pasifika peoples must opt in and out of when dealing with the bio-psycho-social models of Western medical

science alongside their own individual - and collective - understandings of mental health and wellbeing. *The va* is that space that enables opportunities for Pasifika people to mutually negotiate their relationship with existing and new cultural knowledge system; with various systems of meaning and knowing, within Aotearoa New Zealand with culturally unique parties. More importantly from a Pasifika leadership perspective, it is how Pasifika leaders in the context of a District Health Board manage transcultural decisions, that arise from having awareness and access to multiple cultural frames of reference (Mila-Schaaf &Hudson, 2009b).

The most fascinating aspect of the sophisticated application, mediation and negotiated space concepts for this study is the strength-based approach they allow for, that is the idea that Pasifika peoples have the agency and ability to choose from multiple knowledge bases to help them resolve transcultural conflict (Mila-Schaaf & Hudson, 2009b). Mila-Schaaf and Hudson (2009b) further posited that *the va* model, is useful between paradigms of *Fa'a-tautaiga i le vasa (navigation)* and has applicability when thinking how Pasifika individuals and families in Aotearoa New Zealand live their inter and transcultural realities .

As mentioned earlier, the participants experiences provided evidence of theoretical and operational applications of *the va* in a District Health Board, the transferable aspects of the teuing (nurturing) *the va* includes:

- The significance of the collective, focussing on the community as opposed to the individual.
- The importance of the concept of fa'aaloalo[26] as a code of conduct in all face-to-face engagement
- The Pasifika person as sacred.
- The interpersonal relationships are sacred.
- When interpersonal relationships are respected then personal and collective well-being

[26] Fa'aaloalo: Respect, rendering respect

is assured.

- The concepts and practice of *the va* are tapu[27], that protect, and enhance the sacred nature of people.
- Relationships have boundaries guarded by tapu.
- The centrality of whether they be English or a Pasifika language, its metaphor and nuances become indicators shaping and illuminating *the va*.
- The way we use language facilitates day to day conduct.
- *The va* is both physical and metaphysical.
- If there is severing of *the va*, there are protocols and etiquette that can correct the imbalance, and parties allowed to return to the correct relational arrangement; for example, a formal apology followed by forgiveness.
- that body language (facial expressions and gestures, proxemics) in terms of physical and social distance can teu *le va.* (Anae, 2010)

The participants' collective experiences of this contestable and negotiated space emerged particularly in three high autū: the first autū refers to *Understanding what shapes your values.* It speaks to the importance of understanding where the study participants came from and the notion of Pasifika identities as complex and shifting according to the environment a person is nurtured and socialised in. Understanding of the historical context or *upbringing* of the Pasifika *Tu ma aga faatauaina (values)* provides a baseline to better understand the tensions of the participants' experiences when incorporating their Pasifika *Tu ma aga faatauaina (values)* from a traditional understanding operationally into their District Health Board leadership role. Additionally, we know from the findings this impacts decision making for Pasifika leaders, where they are non-linear, incorporating the past (what shaped them), the present (in the context of Pasifika in a

[27] Tapu: Sacred, set apart, under protection.

District Health Board) and the future (how and who will my decision impact).

The second autū: Pasifika *Tu ma aga faatauaina (values)* is the analysis of different Pasifika *Tu ma aga faatauaina (values)* of the study participants and their different Pasifika cultures. It provides important insights on the fundamental communicative challenges in inter-cultural and transcultural communication, because of the disruption that occurs when negotiating and incorporating Pasifika *Tu ma aga faatauaina (values)* into dominant bio-medical Western systems. The way that study participants make sense of their experiences will be influenced by their Pasifika *Tu ma aga faatauaina (values)* that guide their thoughts and actions as purpose.

Finally, *the va* refers to the importance of authentic relationships to *Fa'a-tautaiga i le vasa (navigation)* and incorporating Pasifika *Tu ma aga faatauaina (values)* in contemporary mainstream settings, *the va*, opens the confined quarters of the caught-between model of inter and transcultural clash. For the study participants relational experiences provide a larger landscape of different ways of tending, resolving, negotiating, and incorporating Pasifika *Tu ma aga faatauaina (values)* (that is, nurturing *the vā*) between cultures. But more importantly the negotiation of the space is twofold, that is with/within the Pasifika leader and concurrently with/within the District Health Board. If *the va* is followed authentically, then the negotiation of the space between the District Health Board and the Pasifika leaders is mutual and compatible. However, this requires having the confidence to establish a relationship and to purposively negotiate the nature of that relationship, but also being open to new ways of thinking and being.

***Contemporary expression of Identity in a District Health Board.***

Factors of identity and the contemporary expression of Pasifika identity via their *Pasifikaness* by *Adding value by being a disruptor*, have been implicit in how the study participants successfully incorporated their Pasifika *Tu ma aga faatauaina (values)* into a District Health Board. The findings recognise the experiences of the study participants that push to transform Indigenous knowledge into operational workable manifestations, and also the resistance by Pacific holders and keepers of traditional knowledge, and the gatekeepers of mainstream settings. Regardless, the rationale for initiating the negotiations of space by the study participants was clear. It is that living

in Aotearoa New Zealand and an increasingly globalised world, change is required to address the rapidly changing needs of Pasifika families and communities.

We know from the findings, that for the participants the negotiated space, and the unique practice of their *Pasifika Way*, provided an opportunity to be deliberate in their decision making - past, present, future - to think purposively and decisively. Moreover, to know where they are heading in the development of their *Pasifika Way*. Of equal importance the application of the *Pasifika Way* shapes the District Health Board to be more responsive to the unique needs of Pasifika people. It is also about vitalising the knowledge space - both Pasifika and mainstream District Health Board - so that it has ongoing energy. This is not as a tokenistic outdated way of thinking of Polynesian society, but rather the rich, mutable transcultural negotiated space of Pasifika in Aotearoa New Zealand.

This research has identified the limited body of research on identity development for Pasifika leaders and the transmission of cultural knowledge into Western mainstream health systems and of mainstream services to Pasifika leaders. The findings from the study participants make explicit links between identity development and learning. It is posited that a healthy Pasifika contemporary cultural identity, contributes to self-confidence and enhanced outcomes. While the literature noted the identity tensions and subjective marginalisation experienced by the Pasifika in Aotearoa New Zealand, it also highlights cultural resilience associated with transcultural edge walking (Tupuola, 2004). Also highlighted is a multi-local sense of belonging through their contemporary self, and external realisations of Pasifika *Tu ma aga faatauaina (values)*, that an individual can purposively navigate with, through and adapt to (MackleyCrump, 2015).

For the study participants being a leader necessitates understanding, what it means to be a Pasifika person with the whole package of one's own *Pasifikaness* and the psychosocial shaping influences of being Pasifika in Aotearoa New Zealand. This requires a contemporary application converted into action, observable and measurable as the exercise of competent Pasifika leadership.

In addition, findings from the research make implicitly clear the importance of *the va* for Pasifika leadership in a District Health Board setting. For Pasifika, relationships are sacrosanct, and if one

views all reciprocal relationships with others as sacred, then the relationship will be more valued and nurtured more closely. *The va* in the context of *tautua* (service), talks to the relevancy of leadership through service. This is because leaders form and normalise cultures, in this instance negotiating and incorporating Pasifika cultures of leadership practice within a Western mainstream setting that have for many years expounded the virtues of the alpha male or a Western biomedical leadership model.

*The va* in the context of *Adding value by being a disruptor* pertains to the requirement of disruptive Pasifika leaders within a specific context, in response to a particular problem, that being equity, and better services for Pasifika families and communities. However, hand in hand with being a disruptor is ensuring the maintenance of authentic relationships, from the of perspective *the va*, because change implemented by the incorporation of Pasifika *Tu ma aga faatauaina (values)* facilitates better outcomes when there is *respect* and *honour* in one's social transactions**.**

Returning to the research question *What are the experiences of Pasifika health leaders in incorporating Pasifika values into their leadership roles in a District Health Board in Aotearoa New Zealand* For the participants, it is the *Pasifika way* (imbued with *the va*) as a purposeful negotiated space model that opened the confined negative experience of being caught-between to a positive deviance approach (Mila-Schaaf & Robinson, 2010), furthermore, the *Pasifika Way* counters inter and transcultural clash. *The va* as part of the suite of skills and aptitudes within the *Pasifika Way*, provides a larger landscape of different ways of tending, resolving, navigating, and successfully incorporating Pasifika *Tu ma aga faatauaina* (values) between cultures, a more affirming experience for the Pasifika leaders in mainstream systems.

**Part Four: Limitations of the study, Critique of the research and implications for practice**

This final section in this chapter and the thesis acknowledges the limitations of this research. Recommendations and then drawn from the study findings for education/training and future research.

As discussed previously in the thesis, the primary limitation of this study was researcher subjectivity. It is hard to determine the extent to which the researcher's own experiences of negotiating a space and finding my *Pasifika Way* influenced the study findings, despite the inclusion of a number of strategies to mitigate this. What is clear, however, is that what emerged was the study participants' personal experiences of negotiating their space as meaningful and applicable to their own lived Pasifika diasporic experiences. Furthermore, the chosen methodologies created the opportunities for the researcher's lived experience to be acknowledged. As suggested by Galdas (2017), when the outcome of a study was to explore and to illuminate emergent themes that supported the criterion of pragmatism, practical adequacy, and plausibility who posits, those who carry out qualitative research are an integral and essential part of the relational process and final product. Moreover, separation from this is neither possible nor desirable.

It should be noted that, upon reflection of knowledge gained through this research, and particularly the emergent autū that have offered insight into the experiences of Pasifika leaders in a District Health Board, one point has emerged. This is that the interview questions could have been designed to better serve the research. While this was unknown when the interviews were conducted, the realisation emerged following data analysis. It was apparent that different and additional questions could have been asked of the study participants to potentially add to the depth and richness of the research findings, as well as to further support the emergent autū. Perhaps this is simply the nature of qualitative research; an evolving process of continuous exploration through which one continues to gain, dissect, and expand knowledge and understanding upon which to build understanding, where there was little or none before.

An additional limitation of the study is that gender differences have not been explored as thoroughly as they could have been for this study, the researcher acknowledges the analysis and findings have been generalised across genders. Further transcultural research on gender, what is authenticated, the inter and transcultural relationships between different cultural discourse on gender, non-binary, and how Pasifika women operationalise their leadership would be valuable. The researcher acknowledges that the approaches of Pasifika women - who have had a significant

role in driving and pioneering change in mental health and addictions - was different to the Pasifika male participants.

A pan-Pasifika approach was taken in this thesis. The researcher acknowledges that an ethnic specific approach would have provided a clear sense of cultural continuity and pinpointed specific ethnic experiences to incorporating Pasifika *Tu ma aga faatauaina (values)* into a District Health Board. It is acknowledged that the names used for the headings and proverbs are Samoan, and the Pasifika *Tu ma aga faatauaina (values)* used are generalised as Pasifika, this is a limitation of my approach.

Three limitations of this study related to the sample, first, the number of participants in the study (eight) was small, a larger pool of participants may have produced different or additional themes. Second, although data for this study was collected from a small sample of nine Pasifika leaders, the individuals themselves were from a wide range of professional and cultural backgrounds. Thus, they expounded their varied lived experiences influencing the breadth of data, key examples include gender and ethnicity. The results of the study only apply to the individuals investigated and should not be assumed as transferrable to other Pasifika individual ethnic specific experiences. Third, the study focused exclusively on participants whose experiences occurred in the Auckland metro area. Results of the study are limited by how participants interpreted and contextualised interview questions. The primary delimitations of this study include: (a) the sample consisting of nine Pasifika health leaders who volunteered to participate in the study; and (b) qualitative data collection techniques including semi-structured, face to face individual interviews, and field notes. Furthermore, the sample size of the study participants is not representative of the entire Pasifika population in Aotearoa New Zealand, rather they represent an - exceptional - group of Pasifika leaders who work in a District Health Board. Their experiences are unique but are well connected to the mental health and addictions sectors and within their communities. It should also be noted that the study participants would be considered middle class or even privileged given their set of exceptional cultural-social-political skills and standing within their communities.

***Implications of Findings for Leadership Development Training***

The finding relating to *Lagolago (supports)* was embedded throughout the study, and for the purpose of this study will be voiced as an implication or recommendation for future study.

District Health Boards are hierarchical and complex in nature, and at multiple levels (professional bodies, between professional bodies). For Pasifika leaders negotiating their way through the machinations of District Health Boards, or learning 'on the job' or 'trial by fire' is not enough. It is not conducive to positive experiences of Pasifika leaders or in retaining Pasifika leaders as a crucial workforce. The most current Pacific Health and Wellbeing Action Plan: Ola Manuia (Ministry of Health, 2020), clearly identifies Pasifika leaders as crucial in key decision-making points to influence and change the way Aotearoa New Zealand health systems engage and respond to Pasifika families and communities. This thesis provided a number of key points crucial for Pasifika leaderships development, specifically in the Literature review and in the Findings. Pasifika leaders are a key enabler for that transformational change. The Findings are clear the practices of *Lagolago*: (support), are crucial to the experiences of Pasifika leaders' identity and *Pasifikaness* to negotiate and incorporate Pasifika *Tu ma aga faatauaina (values)* in a District Health Board.

Findings from the participants talanoa reinforce the importance of *Lagolago* - consisting of *Pasifika leadership development, mentoring* and *Pasifika networks* - in instilling four strategies in successfully incorporating *Pasifika Tu ma aga faatauaina (values)* in a District Health Board. The first, building connections to their own *Pasifikaness*, culture, and community; the second: recognising their value as subject matter experts about their own Pasifika communities. The third: installing the drive to engage with other Pasifika leaders on issues that matter to them and *Adding value by being a disruptor*; finally, establishing development opportunities that are sustained and supported over time. Wheeler and Edlebeck (2006) posited that a bespoke and purposeful strategy for leadership development is essential for organisation growth, this study argues for Pasifika equity this is imperative. Another important finding - and is also mentioned in the Literature chapter - from the talanoa is the importance of a definition for Pasifika leadership, especially the question of governance and leadership, where in Western modalities they are understood as

distinct and different, while from the participants talanoa Pasifika leadership and governance are intertwined, due to the understandings of Pasifika leadership as substantial with the responsibility of *reciprocity*. What is clear from the participants is an understanding of a definition of Pasifika leadership is more subjective and influenced by the participants specific cultural *Upbringing*. Thus, for *Lagolag*o to advance a clearer definition of leadership as a starting point for negotiation is a good idea given the variation in understandings of leadership demonstrated across Pasifika cultures, and further complicated in the context of Aotearoa New Zealand. Similarly, opportunities for contribution and voice are advantageous in dialogic societies which has positional leadership, as these spaces of talanoa and negotiation create new spaces for those, such as Aotearoa New Zealand born Pasifika young peoples.

The experiences of the study participants' leadership journeys vary for each of them. Some of them were fortunate to receive some form of guidance or *mentorship* from established Pasifika leaders, others had to learn 'the hard way'. For models where leadership is not a given, but is developed, it is important to examine the spaces and circumstances, and importantly the *Lagolago: support* involved. In relation to the study participants talanoa, it strongly recommended that further research was required in the leadership development, furthermore a more proactive move is required for workforce plans like Ola manuia (2020), that is an emphasis on progressing from high level planning to measurable action points in Pasifika leadership succession planning.

This research recognises the importance of effective *Pasifika leadership development* practices that can enable the development of Pasifika leaders and what measures improve their experiences for leader's growth and resiliency working in a District Health Board. The leadership literature is quite clear, claiming that effective leadership building requires a supportive learning environment that facilitates leadership training (not management training), *mentoring* and the opportunity to develop strong *Pasifika networks* of like-minded people (Lashway,2006; Robinson et al., 2009). Pasifika leaders are a key enabler for that transformational change. Therefore, these practices of *Lagolago*: support, need to be more specifically directed at the improvement of outcomes for Pasifika leaders.

Thus, this research strongly recommends follow up research and action on the three sub-autū identified from the study participants talanoa, being significant for future Pasifika leadership development in the context of Aotearoa New Zealand health systems. They are *mentoring*, *Pasifika leadership programmes*, and *Pasifika networks*, this research recommends that a planned and managed evolutionary process for Pasifika leadership development, is more than likely to achieve the desired outcomes. This is preferable to a learn on the job approach which is mostly what occurs in the District Health Board.

Given the changing demographics of the Aotearoa New Zealand population and the demand in the mental health and addictions landscape, a process to enable innovation at the local level is important. Any leadership development designed for Pasifika, must not be prescriptive but adaptable to Pasifika *Tu ma aga faatauaina (values)* and transcultural, intergenerational thinking. An example is a review of Pasifika *Tu ma aga faatauaina (values)*, where the *Tu ma aga faatauaina* of *respect* in traditional Samoan *Tu ma aga faatauaina (values)*, may be interpreted by fourth generation Pasifika as a childhood experience of obey and listen. The participants all agreed that a national planned approach to Pasifika leadership development is a must, however District Health Boards may not be the best suited to deliver said training. They should be involved in co-design and implementation, and there are good evidence-based examples of Pasifika leadership development like Le Va's Le Tautua Pacific leadership development programme.

Findings from the study have significant implications for emotional and cultural intelligence development in any leadership development programmes for Pasifika in Aotearoa New Zealand. Another consideration is to ensure any dominant Western decision-making frames used by the District Heath Board - and all national organisations - are adequate and updated for the needs of Pasifika worldviews. Complex decisions must be evaluated using many different transcultural methods of framing, and for that to happen, leaders must recognise the limitations of their own frames and appreciate the value of others' perspectives. Furthermore, they must learn to recognise and challenge other people's frames. It is also important that Pasifika leaders master their transcultural techniques that will help others accept better Pasifika decision-making frames more easily. It is here that mainstream management differs from transcultural Pasifika leadership,

mainstream managers operate within an existing frame and do what must be done. Whereas, Pasifika leaders, by necessity, as part of the incorporation of *Tu ma aga faatauaina (values)*, ask and probe with deeper questions, provoke new ideas and operate across different frames. This is what it means to be *Adding value by being a disruptor*, moving the organisation from an old to a new setting, it challenges effective leaders to question the old frames, and just as important to visualise new ones and contrast old frames with new ones (Schoemaker and Russo, 2001).

***Future research***

Studies of Pasifika leaders' experiences in mainstream organisations are limited. The researcher was unable to find in the published literature qualitative descriptive studies of Pasifika leadership incorporating their Pasifika *Tu ma aga faatauaina (values)* into mainstream systems.

This research identified three focus areas that offer compelling possibilities for further study of Pasifika leadership in Aotearoa New Zealand. As the research was limited to a single geographic location and one community, the identification and study of Pasifika leaders in areas outside of Auckland, other communities or geographic locations would help to expand information about Pasifika leaders' experiences in mainstream organisations.

Additionally, the participants in this study were both male and female, but further research to explore Pasifika leadership experiences and practice by gender and specific ethnicity groups may reveal more of Pasifika leadership experiences in a District Health Board. This could include how their development, motivations, and strategies could be influenced by factors such as gender or ethnic specific cultural background.

Finally, Pasifika leadership theory, especially about second or third generation of Pasifika in Aotearoa New Zealand, their development and practice are subjects of intense interest. Participants in this research developed as leaders either through formal programmes, or through experience in complex social systems. Further analysis of the factors that contributed to their self-development as Pasifika leaders would be of value to those tasked with preparing future Pasifika leaders, as well as for future leaders interested in personal development.

Certainly, many other avenues of inquiry could be explored to further understand the phenomenon of Pasifika leaderships inter and transcultural experiences. The previous examples reflect the immediate questions that arose during this research.

**Conclusion**

This research, and thesis, has explored the experiences of Pasifika health leaders in incorporating Pasifika *Tu ma aga faatauaina (values)* into their leadership roles in District Health Boards of Aotearoa New Zealand. The Pasifika leaders who participated in this study have offered a unique and valuable contribution to understanding how Pasifika leaders purposefully negotiate and navigate the complexities of working in a District Health Board. As the thesis title suggests, the findings show that for Pasifika health leaders working in a District Health Board, negotiating a space for their identities, in their *Pasifika Way*, is complex and shifting according to the environment a person is nurtured and socialised in. Hence, the *Pasifikaness* of an individual is socially constructed and a product of the environment that they are exposed to and have access to.

This study found that Pasifika leaders who have a sound understanding of their Pasifika *Tu ma aga faatauaina (values)* and *Pasifikaness*, influence, shift and disrupt the cultural paradigm of a District Health Board. In addition to this, societal perceptions, racism, and stereotypes are systemic environmental conditions that further influence the experience of Pasifika leaders and their cultural identity in Aotearoa New Zealand's District Health Boards. The metaphors of edge–walking, transcultural negotiation, and navigating two worlds illustrate the challenges and strategies Pasifika health leaders use to manage internal and external cultural expectations. They also illustrate the efforts required to integrate opportunities of sharing cultural knowledge, Pasifika *Tu ma aga faatauaina (values)*, and practices, as a vehicle to maintaining equity and access for Pasifika families and communities in District Health Boards.

The findings clearly demonstrate that factors of identity and the contemporary expression of the Pasifika identity via their *Pasifikaness* and *Adding values as a disruptor* have been implicit in

how the study participants successfully incorporated their Pasifika *Tu ma aga faatauaina (values)* into a District Health Board. The concept of polycultural capital (Mila-Schaaf, 2010) has provided a constructive way of framing the potential advantage associated with Pasifika health leaders ongoing exposure to culturally distinctive social spaces, such as Aotearoa New Zealand District Health Boards. It does not argue that such advantage characterises the situation for all Aotearoa New Zealand born Pasifika peoples. It does, however, describe the *Pasifika Way* as advantageous for the Pasifika health leaders in this study. Furthermore, the study also deliberately seeks to learn from positive deviance among this population, employing a talanoa-qualitative descriptive methodology.

This talanoa-qualitative study identified individual yet co-operative autū that make up the *Pasifika Way* among Pasifika health leaders in District Health Boards. The negotiation and maintenance of Pasifika *Tu ma aga faatauaina (values)*, knowing what shaped those Pasifika *Tu ma aga faatauaina (values)*, teuing *the va*, utilising supports like *mentoring*, and the ability to negotiate and embed Pasifika *Tu ma aga faatauaina (values)* as a contemporary expression, were all significantly associated with positive experiences for the study participants incorporating their *Pasifika Way* in their District Health Boards.

Continuing with a positive deviance approach, a small sample of Aotearoa New Zealand born Pasifika health leaders who had attained an understanding of their *Pasifikaness* were asked to reflect on their leadership journeys and answer questions about the ways that they operationalised their *Pasifika Way*. The stories of their lived experience demonstrated a high level of diplomacy and disruption. The importance of cultural confidence, acceptance, revitalisation of Pasifika *Tu ma aga faatauaina (values)* in the District Health Board setting was reaffirmed in their talanoa. It was shown that Aotearoa New Zealand born Pasifika generation were exposed to culturally distinctive social spaces in the context of the District Health Boards, Pasifika social spaces, as well as Palagi social spaces. All were valued sources of cultural capital, knowledge and skills that could be mutually utlised by the Pasifika health leaders across contexts.

The *Pasifika Way* was associated with transcultural resources, knowledge, skills, and self-

determination. It was also associated with the self-determination to deliberately and strategically draw from more than one cultural way of knowing and construing the world. This *Pasifika Way* of operating inter and transculturally was not described by the study participants in terms of cultural loss, liminality, or marginalisation. However, it was strongly reiterated by the study participants that mainstream District Health Boards are systemically culturally biased against marginalised populations. It also requires being empowered to negotiate, resolve, and better comprehend those spaces not responsive to Pasifika community's needs.

This thesis opened with the researchers experience as a Pasifika leader introducing change in a District Health Board. The researcher has conceded throughout this thesis the role of the researcher, and especially the shared similarity of experiences with the study participants as a Pasifika leader within a District Health Board. The knowledge produced here has been co-created with the talented study participants. Undertaking the research and the thesis has been an enormous learning journey not only about the amazing Pasifika leaders who gifted their stories to this research, but also a learning journey for the researcher regarding his own *Pasifika Way*. From the onset of this research the aim was to communicate and celebrate the unique stories of the study participants, which has been achieved. Additionally, the hope was that findings from this research will have beneficial implications for other research on Pasifika leaders' experiences, but more importantly improving the experiences and outcomes for Pasifika families and communities who use services based in the District Health Boards of Aotearoa New Zealand. There is a Samoan proverb that is appropriate for closing of this thesis, and is spoken by Samoans Chiefs after a long fono (meeting) that held a good talanoa or discussion:

*Ua vela le fala* "The mat is warm". (Samoan proverb, Author unknown)

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# Appendices

**Appendix A**

| **Literature Review** | |
|---|---|
| **Area of interest** | **Number and description** |
| Workforce development Pasifika workforce, and leadership development | 25 publications prioritised enhancing service responsiveness via workforce development strategies and methods in the mental health and addictions sector.<br>✖ 11 publications for growing leadership, building capacity and capability<br>✖ 14 publications investigated effective approaches for improving the cultural competency |
| Understanding mental health and addictions for Pasifika in Aotearoa New Zealand re identity, migration, and acculturation | 79 publications were identified and categorised in understanding mental health and addiction<br>✖ 28 publications looked into the determinants of mental health and addiction among Pasifika people: specifically, identity, migration, and acculturation or navigating cultural change<br>✖ 20 publications were categorised in identifying mental wellbeing for a Pasifika individual, family, and community.<br>✖ 31 publications focused on traditional understandings of mental illness and recovery, and culture bound syndromes. |
| Pasifika people's experiences of mental ill health | 15 publications investigated on Pasifika people with experience of mental ill health. Overall, there is a dearth of literature related to Pasifika lived experience or peer support roles in Aotearoa New Zealand<br>✖ Nine publications reviewed and discussed the meaning and role of Pasifika service users, clients or consumers, and their perspectives of mental wellbeing and addiction recovery, support, treatment, prevention, promotion, service use or service development.<br>✖ Six publications reviewed Pasifika and community attitudes to mental wellbeing and how are these influenced by traditional beliefs and attitudes |
| Enhancing service responsiveness | 18 publications examined the enhancement of service responsiveness. This included the significance of culturally appropriate services and a culturally responsive workforce to effectively support Pasifika access and outcomes.<br>✖ Nine publications investigated the effectiveness of the mental health and addiction services to Pasifika communities,<br>✖ Nine publications on the impact with changes in Pasifika demographics to mental health and addiction services provision, workforce, service models and delivery. |

## Appendix B

**AUTEC Secretariat**

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3 February 2017

Rozlyn Sorensen
Faculty of Health and Environmental Sciences

Dear Rozlyn

Re Ethics Application: **16/458 Pasifika leader's ways of navigating a way through the complexities of a District Health Board**

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

Your ethics application has been approved for three years until 26 January 2020.

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

- 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 26 January 2020;
- 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 26 January 2020 or on completion of the project.

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC 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.

AUTEC 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,

Kate O'Connor
Executive Secretary
**Auckland University of Technology Ethics Committee**

Cc: apollo.taito@gmail.com; kirk.reed@aut.ac.nz

# Appendix C

## Participant Information Sheet

AUT
TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

**Date Information Sheet Produced:**

17 November 2017

**Project Title**

**Pasifika leaders ways of navigating through the complexities of a District Health Board**

**An Invitation**

Talofa lava, Malo e lelei, Ni sa bula vinaka, Namaste, Kia orana, Taloha ni, Ia orana, Fakaalofa lahi atu, 'Alii, Malo ni, Halo Olaketa, Mauri, Aloha mai e and warm Pacific Greetings.

My name is Apollo Taito; I am currently completing my Doctorate in Health Science. My research looks at Governance in a District Health Board setting. The aim of this study is to describe and understand what Pasifika mental health leader's experiences are, with regard to governance in mainstream heath systems. I seek to understand more about how they make sense out of those governance experiences. The objectives are to:

- Raise an awareness of the complexity of their role and to make recommendations to support and support the preparation of Pasifika health leaders working in mainstream systems.
- Understanding Pasifika leader's experiences, and the meaning they make from those experiences,
- Shed light on the relative merits of different types of experiences, and in what context, to help inform future emphases in consolidating good governance practices within healthcare systems.
- Contribute to a greater understanding of the Pasifika leadership experiences of participants, including their perceptions of the impact of operationalising governance within a mainstream context.

**What is the purpose of this research?**

This study is important for several reasons.

- Identification of training opportunities for leaders and succession planning
- Better understanding of new emergent Pasifika health leaders born and raised in New Zealand, how might their values influence the design of future health systems
- Examine the phenomenon of implementing governance from executive to frontline in a DHB setting i.e. systems change
- Provide insights of governance in organisations with different cultural realities e.g. Pacific, Maori, different professional bodies
- Pasifika leaders refer to the "negotiated space" characterised as being "caught-between two- worlds"; this research investigates the conflicts of Pasifika leaders in terms of both agency and power.

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

You were selected because of your role as a Pasifika leader in the metro District Health Boards,

**How do I agree to participate in this research?**

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you.

**What will happen in this research?**

The interview will explore the following key areas:

- What does governance mean to the participants
- What makes for successful governance?
- What does poor governance look like? Processes and outcomes
- How does their Pasifika values influence the operationalisation of governance?

- What factors/challenges impact on their ability to execute governance?
- How can governance be improved? Opportunities for learning and growth

Each interview will be recorded, a synopsis of each interview will be completed summarising the key points raised in the in depth interview. This will be made available to participants to ensure transparency of process and to confirm accuracy of data. Presenting individual data to participants provides further opportunities for data analysis in collaboration with participants

**What are the discomforts and risks?**

The researcher acknowledges that within Pasifika leadership research confidentiality cannot be guaranteed due to the small pool of Pasifika leaders in NZ. The researcher will limit the information such as DHB locality and demographics to ensure some confidentiality for participants. Furthermore, the researcher will take other precautions where necessary, such as ensuring that quotes and details of unique stories are not recognisable. Maintaining confidentiality may involve omitting relevant data to protect participants.

We acknowledge everyone's comforts levels are different; therefore you can stop the interview at any stage. You also have the option of choosing an interview location that is closer to you:

- North AUT campus
- Central AUT campus
- Manukau AUT campus

Please note it cannot be your home location. Counselling is also available should it be required.

**What are the benefits?**

This study provides a unique opportunity to illustrate how Pasifika ideas of governance can be successfully integrated into mainstream systems. This study will contribute to a greater understanding of the Pasifika leadership experiences of participants, including their perceptions of the impact of operationalising governance within a mainstream context.

**What compensation is available for injury or negligence?**

In the unlikely event of a physical injury as a result of your participation in this study, rehabilitation and compensation for injury by accident may be available from the Accident Compensation Corporation, providing the incident details satisfy the requirements of the law and the Corporation's regulations.

**How will my privacy be protected?**

We acknowledged that you are part of a small pool of Pacifica health leaders; this makes it unrealistic for us to guarantee 100% confidentiality. The only demographic data taken will be

1. Ethnicity
2. Number of years as a manager

This data will be for limited for analysis only; this will not be included in the final report. A number will be allocated as an identifier. You will not be identified in any report. Any key markers/identifiers from your interview that signal you will be removed.

**What are the costs of participating in this research?**

I require an hour of your time for the interview, plus I invite you to review the transcript and key points from your interview.

**What opportunity do I have to consider this invitation?**

Two weeks

**Will I receive feedback on the results of this research?**

Yes, I plan on facilitating an evening presentation to participants, or if participants prefer an individualised follow up that can be arranged. You will also receive a summary of the research results.

**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, Roz Sorensen, roz.sorensen@aut.ac.nz, 09 921 9999 ext. 6272.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, *ethics@aut.ac.nz* , 921 9999 ext 6038.

**Whom do I contact for further information about this research?**

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

***Researcher Contact Details:***

Apollo Taito 021 784 406

Apollo.taito@gmail.com

***Project Supervisor Contact Details:***

Dr Roz Sorensen DHsc, RGON, M Edl, M Health Mgt, Dip Bus PMER

Senior Lecturer

Auckland University of Technology

00 64 9 921 9999 Ext 6272 | rsorense@aut.ac.nz | 90 Akoranga Drive, Northcote | Private Bag 92006 | Auckland 1142

**Approved by the Auckland University of Technology Ethics Committee on *type the date final ethics approval was granted*, AUTEC Reference number *type the reference number*.**

**Appendix D**

## Consent Form

AUT
TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

*Project title:* ***Pasifika leaders ways of navigating through the complexities of a District Health Board***

*Project Supervisor:* Dr Roz Sorenson, Dr Kirk Reed, Dr Vili Nosa

*Researcher:* Apollo Taito

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 24 November 2016.
- ○ 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 taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

***Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number***

*Note: The Participant should retain a copy of this form.*

**Appendix E**

# Researcher Safety Protocol

*Project title:* **16/458 Pasifika leader's ways of navigating a way through the complexities of a District Health Board**

*Project Supervisor:* **Roz Sorenson**

*Researcher:* **Apollo Taito**

Researcher Safety Protocol for conducting the individuel interviews at participants homes or community centres:

- The researcher will advise the project supervisor in writing in advance of the dates, times and adresses of the interview.
- The researcher will phone or send a text message to the project supervisor prior to the commencement of an interview indicating the expected time of completion.
- As soon as is practicable after the interview the researcher will phone the project supervisor to advise the interview is successfully completed.
- Each interview will last up to 1.5 hours. If the project supervisor does not receive a call from the researcher after 2.5 hours they will firstly call the researcher's mobile. If no response, the project supervisor will phone the researchers nominated contact who is authorised to phone the police to report the concern.
- Should the researcher feel any concerns about safety at any stage during any session, they will terminate the session, leave the venue and phone the primary supervisor.

# Appendix F

**Have you found any difficulties in yourself, trying to balance that old view of that traditional Pacifika and this new view, as you are quite known as a well-established clinical psychologist that's quite a new sort of aspect? Have you felt any sort of challenges in having to try and balance that?**

*I don't think I personally have difficulty with that, I think maybe others may have that more than I do, like when they perhaps want to select me for something or if I'm contributing to something it's probably more other people's perception of that rather than my own perception as a leader for instance. You know for instance around the whole pacific think sometimes there are people who ask just really how Pacific is she, or how Samoan is she, so I guess there are those questions that people ask. I'm less bothered by that than other people and I don't want that to come across as defence at all and you know, but I think the only difficulty I have with that is if it stops us from adding value or doing stuff that has the go forward in things so if I ever kind of sense that and usually I will be quite transparent in bringing that up but if I just think it's a no-win situation then I would probably opt out than to stop something going forward because other people have an issues with me.*

**I have seen the way you practise your leadership, your balance of leadership, what is it that you do that makes it really successful because you can see that balance?**

*I think probably balance is the key , I am very clear on my identity as Samoan, I'm clear on my identity as a psychologist, I'm clear on my identity as a manager I think the fact that I have a coherent sense of that is probably what makes that successful. There are things that I live by personally is that I always want to do my best and I always want the best and I always want the best because I want the best outcomes for people so I try really hard to do that and sometimes I don't quite get there myself.*

**There is a lot of talk about principles or values for Pacific leadership and humility comes up, has that change with our new generation having to fit in mainstream areas and does it conflict with ambition or the new idea around being ambitious for the new emerging Pacific leaders.**

*I think that probably is a factor for instance recently I went for a job interview and when I left my husband said don't forget to be humble in the interview and I said honey I'm interviewing in front of a panel palangi's humble, humility doesn't appeal to them I'm going in confident, I'm going in like I've already got this job whereas I know if it was a job interview for a Pacific service yes I would still be confident but I would have a whole lot more humility to that than if I was interviewing for a*

**Apollo Taito**
Traditional vs contempory challenge

**Apollo Taito**
Good for contempory

**Apollo Taito**
humility

**Appendix G**