Recruitment and Retention of Māori Nurses: Enabling Thriving within the Indigenous Workforce in Aotearoa.

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Abstract

Culturally responsive healthcare for Māori depends on a nursing workforce that reflects and understands the communities it serves. Yet, in Aotearoa New Zealand, Māori remain significantly underrepresented in nursing, comprising 18% of the population but only 7.4% of the workforce as of 2025, a disparity that has widened over time. This study aimed to move beyond deficit-focused narratives to explore the conditions that support Māori nurses to thrive in their practice, identity, and leadership. The research was guided by a dual -framework approach, integrating Kaupapa Māori as the overarching Indigenous research paradigm with Appreciative Inquiry as a strengths-based process model. Data were collected through semi-structured individual interviews (hui) and focus groups (wānanga) with 11 Māori registered nurses from across Aotearoa New Zealand and analysed using reflexive thematic analysis. Findings reveal that thriving for Māori nurses is fundamentally anchored in the affirmation of cultural identity and whakapapa (genealogy), sustained through relational connection (whanaungatanga), and supported by culturally congruent mentorship. Conversely, participants described systemic barriers that impede thriving: institutional racism, governance and leadership deficits, cultural taxation as unrecognised cultural labour, and the persistent need to navigate cultural duality between te ao Māori and Western biomedical systems. The study concluded that Māori nurse thriving is contingent on systemic, not individual, conditions—those that normalise mātauranga Māori (Māori knowledge) within everyday practice and uphold Te Tiriti o Waitangi obligations. Evidence-based recommendations directly address these barriers: implementing Māori-led governance and decision rights; establishing culturally grounded poutama (stepped career pathways) with resourced cultural supervision; embedding cultural safety and relational practice across education and workplaces; and ensuring systemic accountability through robust data and monitoring. This research provides a strengths-based framework for transforming the health system into one where Māori nurses, whānau, and communities they serve, can flourish.

Table of Contents

List of Figures

List of Tables

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 used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), 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

Signature: Date: 18 December 2025

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I dedicate this thesis to my whānau who left much too soon but helped me thrive into nursing—Uncle Robbie, Aunty Mere, Uncle Rex, Ginger, and Richie—you are missed every day.

This journey has been about more than research. It has been about honouring Māori. Our stories remind us that thriving is not an individual act but a collective responsibility grounded in whakapapa, tikanga, and aroha. As Nan and I would sing, these words remain my guiding light:

He kupu tuku iho mō tēnei reanga
A message handed down for this generation
Whakarongo ki te reo Māori e karanga nei
Listen to the Māori language calling out
Whakarongo ki ngā akoranga rangatira
Listen to the noble teachings
- Nā Ngoi Pēwhairangi

Declaration

I acknowledge the use of artificial intelligence (AI) tools, specifically Co-Pilot and Notebook LM, to support aspects of this thesis. AI assistance was limited to grammar refinement, APA 7 formatting guidance, clarity improvements, and graphic design. All intellectual content, interpretations, and conclusions are my own. No generative content was accepted without critical review and alignment with the kaupapa and research objectives.

Chapter One: Introduction

Rationale and Significance of the Study

When this study commenced in 2020, Māori nurses made up just 7.4% of the national nursing workforce, despite Māori comprising approximately 16.5% of the population (Nursing Council of New Zealand [NCNZ], 2019; Stats NZ, 2018). In Tairāwhiti, where Māori represent 53% of the population, the Māori nursing workforce (Registered Nurse [RN], Enrolled Nurse [EN], Health Care Assistant [HCA]) accounted for 31% of the District Health Board (DHB) workforce, and 27% of designated senior nurse roles. These figures, while higher than national averages, still reflected a significant underrepresentation in both frontline and leadership positions. Underrepresentation compromises cultural concordance, the alignment between the cultural identity of the workforce and the population served which is essential for culturally safe care and improving health outcomes for Māori (Curtis et al., 2019).

At the time, the Ministry of Health (2016) had set a goal to achieve population parity in the Māori nursing workforce by 2028. This goal was ambitious but necessary, recognising that a representative and culturally concordant workforce is critical to delivering culturally safe care and improving health outcomes for Māori. The rationale for conducting my research was grounded in the urgency to understand and support Māori nurse thriving, identity, and leadership, particularly in regions like Tairāwhiti, which were seen as leading indicators of national progress.

Fast forward to 2025, and the situation has deteriorated in relative terms. Māori now comprise 18% of the population and remain 7.4% of the nursing workforce (NCNZ, 2025). The gap has widened, and recent modelling shows that to meet population parity, Aotearoa New Zealand would need to increase Māori nurse entries from 300 to 1,650 per year, a fivefold increase (Heyes, 2024). Furthermore, Heyes claimed almost two-thirds of Māori nursing students complete their qualifications within culturally unsafe environments contributing to attrition and burnout.

National strategies such as Whakamaua: Māori Health Action Plan 2020–2025 and Pae Tū: Hauora Māori Strategy 2024 have reinforced the importance of growing the Māori health workforce, embedding Te Tiriti o Waitangi and enabling Māori leadership at all levels (Ministry of Health, 2020, 2023). Programmes like Ngā Manukura o Apopo, which has supported over 36 cohorts of Māori nurse leaders, and Huarahi Whakatū, a dual competency professional development pathway, have made meaningful contributions (Digital Indigenous, n.d; Te Rau Ora, n.d). Yet, these efforts must be scaled and sustained to meet the scope of the challenge. For instance, in Tairāwhiti, Māori nurse representation has remained relatively stable in recent years, hovering around 31%, with leadership roles showing little change since 2019 (NCNZ, 2025).

When I first stepped into the Chief Nurse role, Māori nurse representation was approximately 8%. Through concerted, kaupapa-aligned efforts, including partnerships with local education providers, targeted recruitment, and mana-enhancing leadership development (mana meaning the authority, dignity, and influence that emerges from identity, relationships, and service), the proportion rose markedly, peaking at >40% momentarily in 2022. Subsequent nationwide recruitment of Internationally Qualified Nurses (IQNs) diluted this local proportionality, with Tairāwhiti reverting to 31% by 2025. This was not due to an inability to fill vacancies with Māori nurses; rather, a timing issue. The government's urgent response to increase the nursing workforce relied on experienced IQNs, whereas Māori workforce growth was expected to come predominantly from new graduates. This trajectory underscores both the possibility of rapid gains under Māori-led strategies and the systemic forces that can offset progress. Even in regions with favourable conditions, sustained, system-level commitments are required to consolidate representation and advance Māori leadership.

As such, the current study remains as relevant today as it was in 2020, perhaps even more so. The data show that while the vision for equity has been articulated, the pace of change is insufficient. Tairāwhiti exemplifies both the promise of Māori-led progress and the contradictions within the wider system. If the region with the highest Māori population and strongest Māori nursing presence is still falling short, this signals

that incremental change is inadequate, and transformative, system-level action is required across Aotearoa New Zealand. By exploring Māori nurse thriving, identity, and leadership through Kaupapa Māori and Appreciative Inquiry frameworks, this study contributes to a growing body of Indigenous scholarship that seeks both to critique and reimagine the system, centring Māori voices, values, and aspirations in the future of health. This focus was intentional. Understanding what enabled Māori nurses to thrive went beyond individual well-being—it informed strategies for retention, recruitment, and leadership development. Thriving was a foundation for sustaining Māori presence in the workforce and creating pathways into senior roles. By identifying conditions that supported thriving, this study aimed to strengthen both workforce stability and Māori-led leadership, ensuring that equity goals were met and maintained.

The statistics and systemic realities are not abstractions to me. They have shaped my journey into nursing and commitment to this research. To understand why this inquiry matters, I begin with who I am.

Ko Wai Au – Locating Myself in the Research

Like the narratives that emerged from the stories shared in this thesis, my own story began long before I entered the nursing profession. Born in Wellington and raised in Te Ākau o Tokomaru, I am the middle child of a Māori father and a Māori/Samoan mother. My father descends from generations of farmers and was whāngai (raised) from 3 months of age. Albeit he was brought up surrounded by his biological whānau, he considered himself privileged to be 'chosen' and the oldest of my Nan and Papa's four whāngai children. My mother was raised in Auckland by a Māori mother and a Samoan father. Both my parents whakapapa to Tokomaru and at aged 5 years, Dad brought us home to the East Coast. Growing up in rural Aotearoa New Zealand was, in many ways, idyllic. Tokomaru is renowned for its cultural richness being home to Māori composers such as Tuini Ngawai and Ngoi Pewhairangi. Te ao Māori was not just present; it was our way of life.

My paternal Nana was a key figure in the kōhanga reo renaissance, and my Papa, a farmer, was well known in the community. My maternal Nana was a fierce advocate

for Māori, working within a prominent Māori Trust and volunteered at many organisations, earning a Queen's Service Medal for her contributions. My Samoan Papa, a carpenter for a construction firm, was a matai (Chief) within his whānau. My grandparents were instrumental in shaping my identity, values, and aspirations.

A Childhood of Knowing Exactly Who I Am

I never had to wonder about my Māori identity. I lived under my maunga, drank from and swam in my awa, and was surrounded by whānau who embodied mana, service, and resilience. I was immersed in te ao Māori, although reo Māori was not part of my early education due to the impacts of colonisation on my parents' schooling experiences. Dad experienced punishment for speaking te reo and Mum, raised in a westernised Auckland, faced the compounded challenge of cultural loss. My Papa had once kept the Samoan language alive in the home but Mum, who spoke only Samoan as a child, was forced to assimilate.

My whānau are central to this story. They nurtured my strengths and shaped my path. My Papa, when ill, saw something in me. He told others he knew I would be a nurse after I cared for him as a child, even if that included rubbing Vicks Vapour Rub in his eyes, he lovingly endured my care! My Nana taught me independence and strength. She was ahead of her time. A working mother, her friends all Māori activists, she always helped others before herself. My Aunty Donna was a nurse and her graduation photo, elegant and powerful, held pride of place in Nan's photo album. It was a symbol of possibility for Māori and Pasifika women.

Education and the Path to Nursing

I attended school in Tokomaru and later commuted 1 hour each way daily to Gisborne for high school. Eventually I moved to Auckland to study nursing. Although others seemed to know my destiny, my first choice was the navy. It was a chemistry teacher who changed my course. In sixth form I asked if I should continue with chemistry. She gently said "no" but emphatically added, "I think about you a lot and you'd make a great nurse. I've already spoken to the guidance counsellor". Her conviction surprised

me, we barely had a relationship, but it set me on a path that felt both unexpected and deeply aligned.

I applied to two nursing schools and was accepted into my first choice in Auckland, where I could be close to whānau. The saying 'it takes a village to raise a child' rang true. My grandparents, aunties, uncles and cousins supported me financially, emotionally, and spiritually. I never felt unsupported.

Professional Journey and Systemic Realisations

After completing my nursing education, homesickness drew me back to the East Coast. I applied to both our iwi provider and Gisborne Hospital. It was here I first encountered the realities of social inequity. As a new RN, I discovered a 25% pay difference between the two roles. But more than the pay, it was the lack of support and infrastructure within the iwi provider that concerned me. I mourned the missed opportunity to serve my people directly but recognised that growing professionally in the hospital setting would ultimately benefit my community.

After 3 years, I sensed my growth plateauing and decided to move to the United States. It took 18 months to secure my green card and practising certificate. I worked in Philadelphia for nearly 3 years as a travel nurse. Ironically, living te ao Māori felt more liberating there. As an IQN I was expected to be different, and that difference was respected. Clinically, I thrived in advanced medical environments. The work culture was collaborative and nursing was held in high regard. There was no hierarchy, just a team committed to getting the job done.

I later moved to California, first working in Hollywood, where I witnessed the harsh realities of the other end of privatised healthcare. Once that contract was completed, I transitioned to the University of California Los Angeles and Cedars-Sinai, where the magnet system and nursing governance structures truly valued the profession. Eventually, my husband and I returned to Aotearoa New Zealand for a working holiday. Coming home felt familiar, both comforting and confronting. My husband, American-born, embraced the Kiwi culture and knew we would one day

return permanently. That day came 5 years later after the birth of our son. We recognised he needed the village.

Healthcare Experiences and the Impetus for Change

My Dad has been a lifelong consumer of the healthcare system, beginning with rheumatic heart disease as a teenager. He has endured two open-heart surgeries and four strokes yet continues to defy expectations. My grandparents were also overrepresented in poor health statistics; Papa died of a heart attack at 51 and Nan passed at 49 from renal disease secondary to diabetes. Although Nan did not require care from me, she allowed me to assist her with changing her peritoneal dialysis bags from the age of eight. Within our whānau, this was a normal expression of support and responsibility, though it may be considered unusual in other contexts. The smell of chlorhexidine continues to evoke her memory. Nan's journey, in particular, is my 'why'. She was forced to relocate from Tokomaru to Gisborne for treatment, sacrificing her connection to whenua and hapori (community). Though only 1 hour away, the loss of wairua (spirituality) and cultural grounding was profound; to lose her Māoritanga as she once knew it. Her fate may have been inevitable, but I often wonder how her journey might have been different had her wairua been considered within the western healthcare model.

What Has Changed in 30 Years?

At the time of undertaking this study, it appeared little had changed. Māori remain overrepresented in poor health outcomes. Returning from the United States, I restarted my career and was struck by how westernised the system remained despite serving a high Māori population. My whakapapa and international experience held little weight. I reflected on unconscious bias and systemic barriers. At my first nurse leader's hui, I was the only Māori at the table and one of only three Kiwis in Tairāwhiti. If I had to jump through hoops to return home, how many more were there? This was the beginning of my crusade. I realised that human nature drives people toward familiarity; in this case, IQNs hiring other IQNs. I had done the same in the United States, recommending fellow Kiwis for their work ethic. In Aotearoa New Zealand though, I saw that improving health

outcomes for Māori requires representation parity. We must see ourselves reflected in the system that serves us.

Locating Myself and Purpose

My whakapapa, whānau, and the whenua that raised me are not footnotes. They are the lens. Caring for my Nan, navigating systems with my dad, leading as Chief Nurse in Tairāwhiti, and working as a nurse in the United States have taught me what thriving looks like and what it feels like when systems get in the way. This study asked: what supports Māori nurses to thrive in their practice? The rationale for this question was because our identity, relationships, and leadership are the difference between surviving and flourishing. The answers must be practical, grounded, and honour who we are.

Research Question and Purpose

This thesis is grounded in my lived experience and the collective stories of Māori nurses. Using Kaupapa Māori and Appreciative Inquiry frameworks, I explored the conditions that enable Māori nurses to thrive in their practice. The central research question guiding this study was: "What supports Māori nurses to thrive in their practice?" Through this inquiry, I aimed to contribute to system transformation that honours Māori identity, values and ways of knowing; ensuring that our nurses, and by extension our communities, are empowered to flourish.

Methodological Grounding

Kaupapa Māori shaped this research end-to-end: it centred Māori aspirations, validates mātauranga Māori, and held the study accountable to our people. Appreciative Inquiry complemented this stance by asking what works and why, elevating strengths and agency over deficit. Together, they guided design, engagement, and analysis in service of Māori nurse thriving. Design employed semi-structured interviews, thematic synthesis, and praxis-oriented sense-making with Māori nurses and leaders. Ethics were grounded in tikanga, manaakitanga, and whanaungatanga, with informed consent, reciprocal koha, and participant review to uphold mana and kaitiakitanga over narratives and findings.

New Zealand Health System Context

The organisational structure of District Health Boards (DHBs) was a legacy result of user-pays schemes, including neo-liberal managerialism undertaken as part of the overall economic-led reforms by the National government in 1993 when the primary focus was cost control and efficiency gains (Carryer et al., 2010; Gauld, 2009). This situation led to the creation of 23 Crown Health Enterprises (CHEs) that replaced the previous Area Health Boards in a quasi-market approach to the provision of secondary health care services. As a means to drive further efficiency gains, the membership of CHE boards also changed from elected officials to appointees, most of whom came from a business background rather than the health care sector (Rossbarnett, 2000). The reforms were controversial from the start, both within the health care sector and the population at large, especially as many of the proposed cost savings failed to materialise (Cumming & Mays, 2002).

Furthermore, as a consequence of the government's neo-liberal model for health, significant loss of nursing experience was witnessed as positions, including leadership roles, were reduced or eliminated as part of the mass casualisation of the workforce (Carryer et al., 2010; White, 2004). Workforce reduction resulted in decreased morale, leading to further nursing exodus (Hughes & Carryer, 2011). The overall impact on the workforce and the communities served is well documented and show an inverse component to the relationship: as nursing leadership visibility decreases, nursing staffing levels become unsafe and patients experience increased adverse nursing-sensitive outcomes (Armstrong & Laschinger, 2006; Cummings et al., 2005; Estabrooks et al, 2005; Carryer et al., 2010; Young-Ritchie et al., 2009).

Another impact of the local nursing exodus was that DHBs turned to IQNs to fill staffing shortages (Gauld, 2009). A Ministry of Health (2016) report showed that over 26% of the nursing workforce and 42% of the overall medical workforce were overseas trained, revealing a systemic issue in the healthcare workforce. The influx of IQNs contributed to a cultural shift in the workplace where a non-Māori and even non-New Zealand environment became the standard across the Aotearoa New Zealand healthcare

system. For instance, the Ministry of Health showed the percentage of Asian and European/Other RNs exceeded the patient percentage in the same ethnic group in 17 of the 20 DHBs. These conditions effectively position Māori as strangers in their own land as they navigate racist systems and expectations that conflict with Māori models of health and relationships (Curtis et al., 2019; Wilson et al., 2021). Historical concerns about Māori nursing representation were not new. The Ministerial Taskforce on Nursing (1998) had already highlighted systemic barriers and called for strategies to strengthen Māori nursing leadership. As the NZNO (2018) noted, this overreliance on IQNs had a cyclical impact on recruitment and retention, as foreign trained nurses gained a foothold in the healthcare workforce and ascended to leadership positions at a time when not enough local representation was available.

Lack of representational leadership continued to reverberate throughout the health care system in Aotearoa New Zealand impacting both the recruitment and retention of Māori nurses. Waikaire and Ratima (2011) noted in their study of physiotherapists, participants saw a general lack of advancement opportunity because there was a distinct lack of Māori representation in the workforce, and that only through increased representation would career pathways to senior leadership positions be addressed. This cultural dissonance (underrepresentation of Māori nurses in the workforce and overrepresentation of IQNs) had a further impact on the overall health of the communities for which the DHBs served. Johansen (2015) posited that the Human Rights Commission sees the overall health outcomes for Māori communities requiring an increase in Māori representation within the workforce. NZNO (2018) adopted a similar stance in their Strategy for Nursing, citing the need to develop opportunities for Māori nursing leadership to address the health inequity currently facing Māori.

A further result of the workforce contractions and structural changes was a decrease in the morale and engagement of those that remained in the Aotearoa New Zealand healthcare system. Blendon et al. (2001) showed that 53% of physicians believed their ability to provide quality healthcare had decreased in the preceding 5 years due to these market-driven reforms, especially when the perception was that quality criteria

were minimised in relation to efficiencies. Such findings have persisted due to the organisational systems that were put in place and have remained a legacy of the neo-liberal economic reform era. In 2019, a staff engagement survey found that only 14% of self-identified healthcare professionals declared themselves as fully engaged (Hayes et al. 2019). This lack of engagement is profoundly felt within the Māori nursing community. Curtis and Reid (2013) identified few opportunities for Māori nurses to develop as a result of lack of representative leadership, cost savings over quality, short-term fixes over strategic planning and limited cultural awareness and relevancy within the health system. A final lesson is that relying solely on market forces to shape the workforce can lead to increasing inequalities in terms of workforce disposition and access for patients, especially when short-term fixes are prioritised over long-term solutions (Rees, 2019).

Since 2022, the health system has undergone significant structural reform. The Pae Ora (Healthy Futures) Act disestablished all 20 DHBs and created Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority (2022). These reforms aimed to embed Te Tiriti o Waitangi (Te Tiriti) and improve equity across the health system. Te Aka Whai Ora was tasked with commissioning kaupapa Māori services and co-leading system transformation. However, by 2024 Te Aka Whai Ora was disestablished and its functions absorbed into Te Whatu Ora and the Ministry of Health (Came et al., 2024). This move was widely criticised as a breach of Te Tiriti and a setback for equity-focused transformation (Waitangi Tribunal, 2024). Māori health leaders expressed concern over the loss of an independent Māori voice in health governance. The restructuring disproportionately affected Māori and Pacific health workers, with public health teams disestablished and essential roles lost (Aspin, 2024). Māori nurses continue to report limited advancement opportunities and a lack of strategic investment in culturally grounded leadership (NZNO, 2024). The Pae Tū: Hauora Māori Strategy now guides the system's response to Te Tiriti, emphasising Māori leadership, workforce growth, and culturally safe care (Ministry of Health, 2023c). Yet, the disestablishment of Te Aka Whai Ora and ongoing restructuring raise serious questions about the system's ability to honour these commitments.

While the health system reforms of 2022–2025 aimed to address the structural inequities inherited from earlier neoliberal economic models, their implementation has been uneven. The persistence of underrepresentation, cultural dissonance, and workforce disengagement among Māori nurses underscores the need for transformative, Māori-led approaches, a theme examined further in the sections that follow.

Improving Recruitment and Retention

Given the scale of the nursing workforce and its centrality to health outcomes, especially for Māori communities, leadership and workforce planning are critical levers for change. Nursing is the largest regulated health profession globally, estimated at 29.8 million nurses worldwide in 2023 and comprising the largest occupational group in the health sector (World Health Organization, 2025). In Aotearoa New Zealand nursing is the single largest health workforce with 78,703 nurses holding current Annual Practising Certificates as of March 2024. Nursing significantly outnumbers other regulated professions such as doctors (approximately 19,350) and allied health professionals (Medical Council of New Zealand, 2023; Te Whatu Ora, 2024). Nurses represent approximately 50% of the regulated health workforce, yet their leadership structures have historically been fragmented and undervalued.

In considering what organisational conditions might support Māori nurses to thrive, I drew on my experience working in the United States where I encountered the Magnet Recognition Programme. This programme, developed from a 1983 American Academy of Nursing study of 163 hospitals, sought to identify why certain hospitals were able to attract and retain high-calibre nurses while others struggled (Hughes & Carryer, 2011). The hospitals that succeeded were termed ‘magnets’ for their ability to draw nurses in, not through remuneration alone but through workplace conditions that valued nursing leadership and professional practice. I do not propose Magnet accreditation as a solution for Aotearoa New Zealand. The programme was developed in a different cultural and health system context and its direct application would be neither appropriate nor sufficient. However, its core principles offered a useful analytical lens for thinking about what enables nurses, including Māori nurses, to thrive. In its current form, Magnet

identifies five components: 1) transformational leadership; 2) structural empowerment; 3) exemplary professional practices; 4) new knowledge, innovation, and improvements; and (5) empirical quality results (Hughes & Carryer, 2011). These principles resonate with the broader aims of this study: understanding how leadership visibility, professional empowerment, and culturally grounded practice contribute to workforce thriving.

The relevance for Māori nurses lies not in adopting the Magnet model wholesale, but in recognising that structural conditions shape whether nurses can bring their full identity and capability to practice. Hughes and Carryer (2011) found that nursing leadership structures across Aotearoa New Zealand's 21 DHBs differed widely, with no coherent rationale for design. Professional and operational accountability were often blurred, with some operational managers not required to hold nursing qualifications. Clinical Nurse Managers frequently reported dual accountability—professionally to the Director of Nursing, operationally to a non-clinical manager—creating confusion about how nurses fit within the organisation and how they might progress to leadership.

This structural fragmentation matters for Māori nurses. When pathways to leadership are unclear or undervalued, and when nursing leadership itself lacks organisational visibility, nurses are less able to shape the conditions of their practice. For Māori nurses navigating systems that often do not reflect their values or worldview, the absence of representational leadership compounds the challenges of cultural dissonance already discussed. The opportunity to streamline leadership pathways by shifting accountability directly under the Chief Nursing Officer can have a profound impact on the recruitment and retention of nurses. When an individual knows their role and knows that their contributions and strengths are being used and valued, they will have greater trust for their leader and be more engaged (Hayes, Chumney, Wright & Buckingham, 2019).

It is important to acknowledge that such structural changes require nursing to hold sufficient power within the system to advocate for them, a condition that has not historically been met. The devaluation of nursing leadership during the 1990s reforms, and the ongoing fragmentation of accountability structures, reflect broader power imbalances within the health system. Any proposal for structural reform must, therefore,

be understood as aspirational and contingent on broader shifts in how nursing is valued and governed.

From a health systems perspective, addressing recruitment and retention requires more than structural realignment. It demands strategic workforce planning. While advocating for organisational change formed part of this study's context, I also recognised that other components contributing to Māori nurse thriving could emerge through the research itself. A pragmatic, ground-up approach was equally necessary. As a result of ongoing reforms, including the establishment of Te Whatu Ora and the formalisation of national nursing leadership roles, some organisational changes have occurred. The reversal of proposed cuts to Directors of Nursing in 2025 highlights the sector's recognition of localised nursing leadership (Te Whatu Ora, 2025). The Health Workforce Strategic Framework (Ministry of Health, 2023b) and Te Whatu Ora's recruitment strategy echo the need for structural empowerment and transformational leadership. These developments reinforce the relevance of the questions the current study asked: what conditions enable Māori nurses to thrive, and how might leadership and system design support that thriving?

When I began this study in 2020, the long-standing full-time equivalent (FTE) deficit caused by years of under-resourcing was finally being acknowledged. This recognition led to the national rollout of the Care Capacity Demand Management (CCDM) programme, a suite of tools designed to match nursing resources to patient demand. One core component uses real-time data to calculate safe staffing levels and determine appropriate FTEs (Nursing Advisory Group, 2022). Despite its promise, CCDM implementation has been uneven. Although all DHBs were required to adopt the programme by June 2021, many struggled due to workforce shortages and infrastructure gaps. The COVID-19 pandemic intensified these pressures with frontline workers reporting burnout, moral distress, and unsafe working conditions (Fenton et al., 2023). Compounding the challenges, a domestic nursing pipeline that failed to meet demand led the government to invest over NZ$50 million between 2022 and 2024 in recruiting IQNs. By the end of 2024, IQNs made up nearly 47% of the nursing workforce—31,720 joining

the register during this period. Meanwhile, domestic graduates, many of whom were Māori, struggled to find employment (NCNZ, 2020). In January 2025, 580 new graduates remained job-seeking despite answering the call to address the nursing shortage (Stodart, 2025). This imbalance reveals a critical tension between short-term workforce relief and long-term investment in Māori nursing leadership. The influx of IQNs has reshaped clinical and organisational cultures in ways that often do not align with te ao Māori, contributing to cultural isolation and limited advancement opportunities for Māori nurses. These realities underscore the urgency of rethinking how the nursing workforce is supported and retained. While CCDM offers a promising framework for safe staffing, its success for Māori nurses depends on culturally responsive implementation that acknowledges Indigenous leadership and values. For Māori nurses to thrive, the health system must move beyond reactive fixes and commit to transformative, Māori-led solutions that honour identity, leadership, and equity.

Systemic Environment

Barton (2008) stated that Māori historically faced institutional barriers to accessing hospital services, including limited access due to geographic isolation, reluctance from institutions to admit Māori patients over concerns about their ability to pay, and discriminatory admission policies. These barriers contributed to a cycle of distrust and negative impacts for both individuals and whānau. When providers failed to understand Māori patients' dissatisfaction they were unable to prevent similar experiences with others, reinforcing stereotypes within the practitioner community (Medical Council of New Zealand, 2019). Espiner et al. (2021) further identified five key barriers to hospital access for Māori: practical constraints, poor communication, hostile healthcare environments, primary care limitations and systemic racism. Bourke et al. (2023) described how Māori patients experienced disrupted mana and systemic abdication in their long-term interactions with health services, including conflicting diagnoses, lack of tailored support and distrust from providers. These experiences were not isolated but reflected broader systemic failures in culturally safe care. The Medical Council of New Zealand's (2024) annual report acknowledged ongoing inequities and reaffirmed its

commitment to embedding cultural safety in medical education and practice, recognising that institutional bias continued to affect Māori patient outcomes. Additionally, Edmonds et al. (2024) found that Māori patients presenting acutely to hospital reported unequal treatment, lack of trust, and culturally unsafe environments, reinforcing the need for systemic change in hospital processes and staff training.

These challenges had been discussed earlier. However, it remained important to reiterate how they persist across educational and workforce contexts. Māori students continued to face systemic barriers to entering health professions, despite targeted initiatives such as the Māori and Pacific Admission Scheme and Whakamaua. Data from recent years showed that Māori students were significantly less likely to attain University Entrance and more likely to report experiences of racism and cultural dissonance in tertiary education settings (Curtis et al., 2012a; Fitzpatrick & Berman, 2016; Wilson et al., 2011). Huria et al. (2014) had highlighted that Māori nursing students often lacked encouragement in science subjects during secondary school which limited their access to health career pathways. By 2024, non-attainment rates for University Entrance among Māori had reached 78%, compared to 51% for Pākehā and 25% for Asian students (Gerritsen, 2024; New Zealand Qualifications Authority, 2025).

This educational disparity translated into workforce inequity, with Māori underrepresented in nursing leadership and overrepresented in roles requiring fewer formal qualifications (Ratima et al., 2007). The scale of the challenge—a fivefold increase in Māori nurse entries, as outlined in the rationale—underscores how far the system remains from equitable representation. Additionally, the cultural implications of IQN recruitment, discussed earlier, were acutely felt by Māori nurses. Many reported feeling culturally isolated and underrepresented in leadership, particularly in regions like Tairāwhiti, where Clinical Nurse Manager roles were frequently held by non-Māori and IQNs. Recruitment practices continued to prioritise immediate expertise over long-term investment in local Māori workforce development (Brownie & Broman, 2024).

To address these systemic barriers, the Ministry of Education and Health New Zealand implemented several initiatives between 2020 and 2025. Programmes such as Ka

Hikitia, Ka Hāpaitia, and Te Pitomata Grants aimed to improve Māori student success in health-related fields by providing financial support, culturally responsive teaching, and targeted career pathways (Ministry of Education, 2024a; Ministry of Health, 2020; Te Whatu Ora, 2025). Evaluations of bridging programmes like Māori and Pacific Admission Scheme and Hikitia te Ora showed improved retention and graduation rates for Māori students but highlighted ongoing challenges such as racism, high workloads, and limited access to culturally safe learning environments (Anderson et al., 2024; Borland et al., 2025). These entrenched barriers underscore the urgency of this inquiry and its focus on what enables flourishing despite systemic constraints.

Where to Next? The Road Map Ahead

This inquiry began with my Nan, her journey through a system that failed to see her wairua, and my childhood question of whether things might have been different. It continues through my own path from caring for whānau, to nursing in two countries, and leading as Chief Nurse in Tairāwhiti. The research question, *what supports Māori nurses to thrive in their practice?* is not academic. It is personal, relational, and urgent. The evidence confirms that urgency. As this chapter has demonstrated, there is a systemic challenge facing Māori in the nursing workforce, one that extends beyond recruitment and retention into the realms of cultural identity, leadership, and equity. Despite various initiatives aimed at addressing these disparities, the lack of proportional representation continues to affect both the health workforce and the well-being of Māori communities in Aotearoa New Zealand.

This study moves beyond statistics to centre lived experiences of Māori nurses. It seeks to understand the conditions that enable Māori nurses to thrive—culturally, professionally, and personally. Through a Kaupapa Māori lens and the use of Appreciative Inquiry the research amplified Māori voices, honoured Indigenous ways of knowing, and explored the relational, systemic and identity-based factors that support flourishing. The findings contribute to a growing body of work that advocates for culturally responsive health systems, Indigenous leadership development, and the normalisation of mātauranga Māori in clinical practice. By weaving together stories of identity, human

connection, and collective aspiration, this study offers a practical pathway for transformation—one where Māori nurses lead, heal and uplift their communities.

Chapter Two: Literature Review surveys national and international evidence on Māori nurse thriving, identity, leadership, and workforce equity. It traces historical and structural barriers, highlights strengths-based enablers grounded in mātauranga Māori, and positions thriving as a strategic lens for recruitment, retention and progression.

Chapter Three: Methodology locates the study in Kaupapa Māori and Appreciative Inquiry, detailing how these frameworks shaped design, engagement, ethics and analysis. It explains tikanga-aligned practices and outlines participants, settings and data sources.

Chapter Four: Research Methods outlines how the study operationalised Kaupapa Māori alongside Appreciative Inquiry including the dual-framework design, participant recruitment, data collection through interviews and wānanga, and reflexive thematic analysis.

Chapter Five: Identity and Self-Discovery presents findings on identity, belonging, whakapapa, reo, and cultural integrity as foundations for thriving. It surfaces tensions where systems constrain identity and identifies enablers that strengthen recruitment, retention and progression.

Chapter Six: Human Connection and Cultural Duality examines whanaungatanga, collective support, and the realities of navigating cultural duality in clinical environments. It describes how relationships and mana-enhancing leadership anchor well-being and excellence.

Chapter Seven: Designing Our Destiny weaves findings into a te ao Māori framework of conditions and enablers for thriving. It articulates how identity, whanaungatanga, leadership, and environment interact, and offers practical design principles for cultures of practice.

Chapter Eight: Recommendations and Contribution offers actionable recommendations for leadership, education, and system change. It proposes measures

for culturally safe environments, leadership development, data stewardship and accountability.

Chapter Nine: Conclusion gathers the threads and closes the journey. It synthesises insights, articulates the research's practical contribution, reflects on limitations, and proposes priorities for future inquiry and policy.

Conclusion

This chapter has established the rationale, context, and significance of the inquiry. The thesis now turns to Chapter Two, which examines the existing evidence base regarding what is known about Māori nurse thriving, identity, and leadership, and where the gaps remain. The discussion sets the scene for the voices and experiences that follow.

Chapter Two: Literature Review

Introduction

Despite longstanding commitments to Te Tiriti o Waitangi and equity, Māori nurses remain significantly underrepresented in Aotearoa New Zealand's health workforce, as discussed in Chapter One. This disparity persists despite policy reforms and strategic investments aimed at improving Māori health outcomes. The 2022 health reforms, which established Te Whatu Ora and Te Aka Whai Ora, explicitly mandated Māori workforce growth, cultural safety, and accountability. These reforms signalled a system-level recognition of the need to transform workforce conditions but the pace and depth of change remain uneven. Building on this context, the review examines the conditions that shape Māori nurses' experiences across education, practice, and leadership. It focuses on what enables Māori nurses to enter and remain in the profession, and what supports them to thrive. Thriving, in this context, refers to conditions where Māori nurses experience affirmed identity, whanaungatanga, recognition of cultural expertise as professional merit, equitable advancement, and sustained well-being for themselves and their whānau. This concept draws from Māori health models, such as Te Whare Tapa Whā and Te Wheke, and extends the vitality-plus-learning framework from organisational scholarship (Spreitzer et al., 2005).

Recognising the limited nursing-specific research, the scope of the review was strategically broadened to include Māori healthcare professionals more generally. This decision ensured that system-level enablers and barriers, often discussed in wider Indigenous health literature, were not overlooked. Thus, while the central focus remains on Māori nurses, the review draws from broader Māori health workforce sources to provide contextual depth and identify patterns relevant to nursing.

Guided by Kaupapa Māori principles, the review adopts an integrative approach to synthesise diverse forms of evidence. It is structured around five intertwined domains: cultural safety and institutional racism; cohorting and Māori-centred pedagogies; leadership and mentorship; structural equity and pay; and thriving as a Māori nurse.

These domains reflect the relational, cultural, and systemic conditions that influence Māori nurse recruitment, retention, and development. The chapter concludes with implications for a thriving-oriented, Tiriti-aligned agenda in Māori nursing.

Aim

While recruitment and retention remain relevant, the review identified that these processes are shaped by deeper systemic, cultural, and relational factors. To explore these influences, literature was synthesised across the five domains named above. A domain-based approach reflects the interconnected nature of barriers and enablers and responds to the limited attention in the literature to strengths-based narratives and Māori-led innovations. The review also aimed to identify knowledge gaps, particularly the underrepresentation of Māori nurses' voices in shaping workforce policy and practice. These gaps informed the methodological choice to combine Kaupapa Māori methodology with Appreciative Inquiry, enabling a focus on both systemic critique and the conditions under which Māori nurses flourish.

Method

The review was guided by Kaupapa Māori principles which shaped both the selection and interpretation of literature. This framework prioritised te ao Māori, relational accountability, and strengths-based inquiry, aligning with the focus on what enables Māori nurses to thrive. An integrative review methodology was selected to incorporate empirical, qualitative, policy, and commentary sources relevant to Māori nurse recruitment and retention in Aotearoa New Zealand. This approach is particularly suited to complex, context-rich topics requiring methodological diversity (Whittemore & Knafl, 2005). Given the absence of large, homogeneous datasets on Māori nurse workforce issues, the integrative review enabled synthesis of smaller, contextually rich studies that reflected both sector-wide dynamics and culturally specific experiences.

The methodology supported the inclusion of diverse evidence types—qualitative, quantitative, theoretical and experiential—providing a holistic understanding of the multifaceted and culturally embedded nature of workforce issues (Dhollande et al., 2021).

Its flexibility allowed for policy-relevant conclusions and the bridging of knowledge gaps across varied study designs and contexts (Phillips & Merrill, 2015). Consistent with Kaupapa Māori principles, the review privileged interpretive synthesis over meta-analytic aggregation, enabling the inclusion of Māori-centred scholarship that diverged from mainstream biomedical paradigms but offered essential insights into Māori nurses' realities. Torraco (2005) noted that integrative reviews often involve conceptual and interpretive synthesis when addressing complex social phenomena, making them particularly suitable for Indigenous and culturally grounded research. This methodological choice was further supported by Hopia et al. (2016) who described integrative reviews as widely used in nursing research to accommodate methodological diversity while maintaining analytical rigour. It also aligned with Christmals and Gross' (2017) framework for postgraduate nursing research which emphasised the value of integrative reviews in capturing the complexity of healthcare realities, especially when synthesising both qualitative and quantitative studies.

In the context of Indigenous health research, the integrative review was particularly valuable for surfacing Māori epistemologies and values such as manaakitanga (kindness/caring), tiakitanga (guardianship), whanaungatanga (relationship/connection), and wairuatanga (spirituality). These cultural dimensions were often described in the literature as either enablers or points of tension within nursing education and practice. For example, Wilson et al. (2021) highlighted the importance of whanaungatanga and tikanga in developing Māori-centred models of relational care, while Woods et al. (2025) argued that Kaupapa Māori methodologies support the generation of authentic, transformative knowledge in nursing.

Search Strategy

The search was conducted across multiple databases, including Google Scholar and AUT Library holdings (CINAHL, Scopus, EBSCHO Host). Māori health sector websites, such as Te Aka Whai Ora, Te Whatu Ora, the NZNO, and the NCNZ, were also consulted. Additional grey literature was sourced from university repositories and Indigenous research networks. Keywords included "Māori", "nurs*", "health workforce", "cultural safety",

"mentorship", "retention", "thriving", and "Kaupapa Māori". Boolean and truncation techniques were used to expand the search where necessary, particularly when Māori nurse-specific literature was sparse.

Inclusion and Exclusion Criteria

To ensure relevance and cultural congruence, inclusion criteria focused on literature published between 2020 and 2025, with a specific emphasis on Māori nurses or the Māori health workforce. Studies conducted in Aotearoa New Zealand or in Indigenous contexts with relevance to Māori nursing were included, provided they aligned with Kaupapa Māori or culturally responsive frameworks. Sources needed to be available in full text and demonstrate methodological transparency. Exclusion criteria removed studies that lacked Māori-specific data, were outside the health workforce context, or were non-peer-reviewed unless authored by Māori health leaders. Foundational sources published before 2020 were retained only when they provided essential historical context.

Selection and Appraisal of Literature

Titles and abstracts were screened for relevance, and full texts were assessed against the inclusion and exclusion criteria. Where relevance was unclear, peer consultation including supervisors, was used to resolve inclusion decisions. Study quality was appraised narratively, considering methodological clarity, sample adequacy, and cultural relevance. Preference was given to Māori-led or Māori-centred research, and these studies were included, where available, recognising its epistemic alignment with the thesis orientation (Smith, L.T., 2021).

Data Extraction and Thematic Synthesis

Key information was extracted on study aims, methods, population, and findings. Thematic synthesis was interpretive, clustering insights into five domains that straddled recruitment, retention, and development: cultural safety and institutional racism; cohorting and Māori-centred pedagogies; leadership and mentorship; structural equity and pay; and thriving as a Māori nurse. Attention was given to how Māori concepts such as manaakitanga (care and respect), whanaungatanga (relational accountability), and tino rangatiratanga (self-determination) were represented as enablers, sources of tension, or

under-recognised contributions. This approach aligned with Whittemore and Knafl's (2005) guidance that integrative reviews accommodate methodological diversity and allow for interpretive synthesis in complex social contexts.

Transparency and Reporting

The search strategy identified a total of 907 records. Electronic database searches through Auckland University of Technology's library yielded 643 records. Additional searches via Google Scholar, Indigenous research networks, and organisational websites identified a further 264 records. After screening titles and abstracts, 877 records were excluded due to lack of relevance to the Māori health workforce or failure to meet the inclusion criteria. A total of 33 sources met all eligibility criteria and were included in the final review (Figure 1). The use of PRISMA principles did not signal a systematic review design; rather, it provided an auditable structure appropriate for a Kaupapa Māori-aligned integrative synthesis.

Positionality and Reflexivity

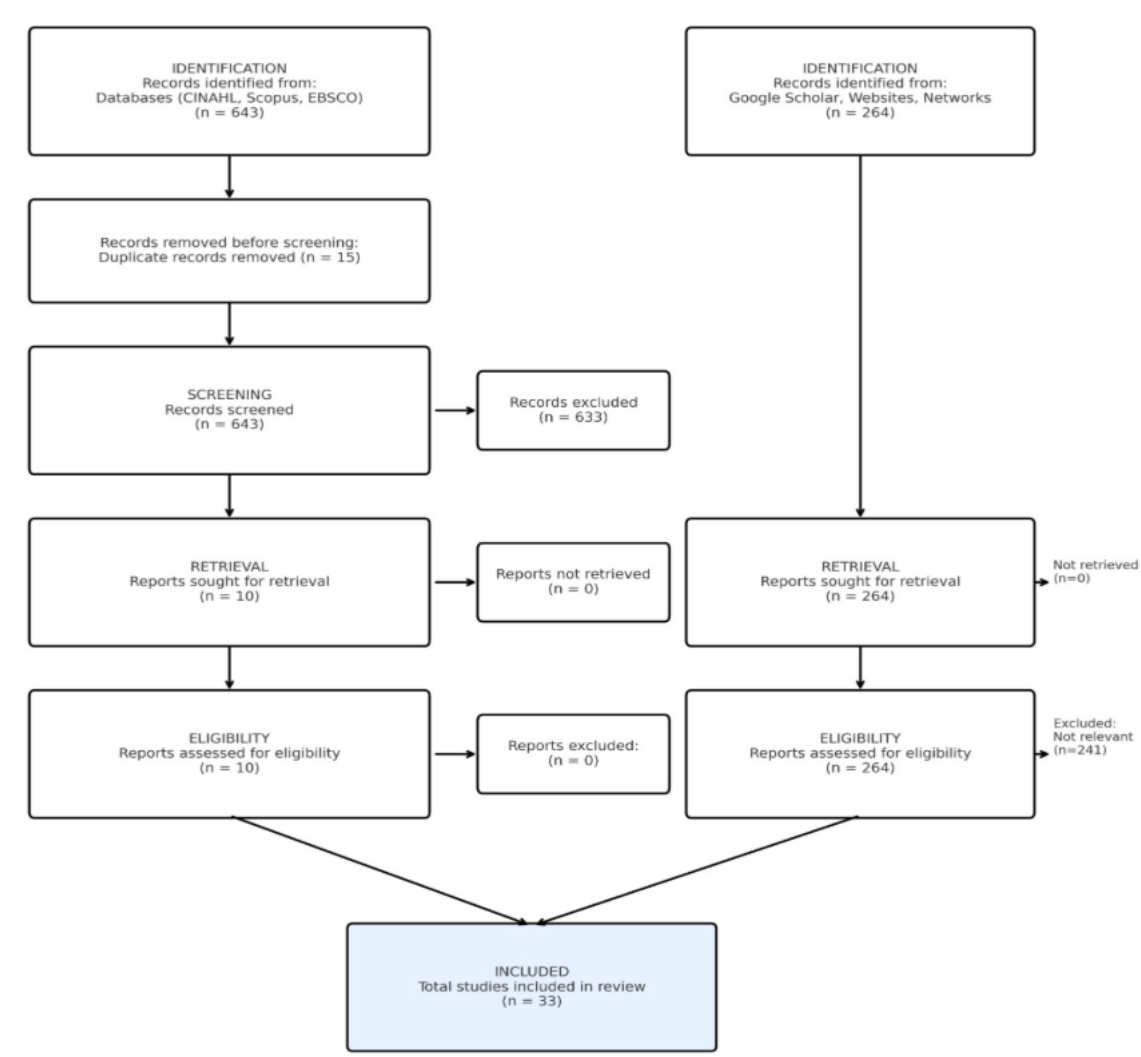
As a Māori nurse and researcher, I approached the literature with relational accountability to Māori nurses and communities. My position within the kaupapa shaped how I selected, interpreted, and synthesised the literature. Reflexivity was maintained throughout the review process, ensuring that Māori voices were prioritised and deficit framings critically examined. This was not merely a technical exercise, it was a cultural and ethical undertaking consistent with Kaupapa Māori methodology and the principles of manaakitanga, whanaungatanga, and tino rangatiratanga.

Cultural Considerations

Māori values and epistemologies were not treated as thematic content alone but as guiding principles that informed the entire review process. Literature that reflected Māori ways of knowing, being, and relating was privileged, and care was taken to ensure that Māori-led scholarship was recognised as authoritative. The review process upheld ethical alignment through a commitment to collective benefit and mana-enhancing representation.

Figure 1.

PRISMA 2020 flow diagram illustrating the selection of literature.



Note. Adapted from Page et al. (2021).

Findings from the Literature

This section presents findings from the integrative literature review, organised into five domains: cultural safety and institutional racism; cohorting and Māori-centred pedagogies; leadership and mentorship; structural equity and pay; and thriving as a Māori

nurse. These domains reflect the intersecting conditions that shape Māori nurses' experiences across education, practice, and leadership. Rather than treating recruitment and retention as isolated categories, the literature reveals that these processes are shaped by intersecting systemic, cultural, and relational influences. The domain structure, therefore, offers a more coherent and culturally responsive framework for interpreting the evidence base.

The synthesis was guided by Kaupapa Māori methodology which prioritised te ao Māori, relational accountability, and strengths-based interpretation. Attention was given to how Māori concepts such as manaakitanga, whanaungatanga, and tino rangatiratanga were represented as enablers, sources of tension, or under-recognised contributions. The review also considered what was absent or marginalised in the literature, including the limited documentation of Māori nurse flourishing, leadership, and innovation. These gaps informed the reframing of retention not as endurance but as an indicator of whether health systems can sustain Māori well-being, cultural integrity, and professional growth.

Each domain is presented with reference to the literature, followed by interpretive commentary that connects the findings to the study's central question: what supports Māori nurses to thrive in their practice? This structure reflects an integrative review approach which moves beyond description to synthesis and critical interpretation (Whittemore & Knafl, 2005). It also aligns with Kaupapa Māori research principles where analysis is not neutral but grounded in mātauranga Māori and interpretation reflects tino rangatiratanga. This process affirms Māori authority to define, theorise, and critique within research contexts (Smith, 2021). The commentary sections, therefore, serve to contextualise the literature within the lived realities of Māori nurses, drawing out implications for recruitment, retention, and organisational transformation. This approach ensures that the review remains both academically robust and culturally responsive.

Cultural Safety and Institutional Racism

Cultural safety was described in the literature as foundational to Māori health and nursing practice; yet, institutional racism remained a pervasive barrier to Māori nurses' recruitment, retention, and development. Ramsden (2002) first articulated cultural safety

as a redistribution of power within health relationships, challenging Western biomedical dominance. However, studies showed that cultural safety was often misunderstood as a patient-care competency rather than an organisational responsibility, which had significant implications for Māori nurses navigating systemic inequities (Hunter & Cook, 2020; Wilson et al., 2022).

Komene et al. (2023) illustrated this misunderstanding through the concept of 'cultural loading', where Māori nurses in acute hospital settings carried disproportionate responsibility for whānau advocacy and tikanga without recognition or remuneration. Wilson et al. (2022) documented structural racism manifesting in biased recruitment processes, Eurocentric curricula, and leadership structures that marginalised Māori perspectives. Curtis et al. (2012b) emphasised the need for structural equity and culturally safe support systems to mitigate these pressures. Taken together, these findings point to a persistent expectation that Māori nurses shoulder additional cultural and relational labour, an unpaid burden that could be conceptualised as a form of cultural taxation contributing to stress and attrition.

Reports by NZNO (2018), Heyes (2024) and the Waitangi Tribunal's Hauora Inquiry (WAI2575) highlighted persistent pay disparities and limited Māori leadership, despite longstanding policy commitments to Te Tiriti o Waitangi. These findings underscored the uneven nature of policy and regulatory responses. Pae Tū: Hauora Māori Strategy (Ministry of Health, 2023c) prioritised creating culturally safe workplaces and combating racism 'at every level of the health system' linking representative workforces to optimal outcomes. Concurrently, the NCNZ (2025) signalled competency updates to strengthen Te Tiriti and cultural safety expectations for ENs and RNs. However, evaluative evidence of organisation-level change remained limited during the review period.
Complementary Māori-led analyses documented concrete institutional barriers for Indigenous learners and graduates in allied professions, including cultural dissonance, colonial structures, and limits of Western pastoral care (Davis & Came, 2022). Aotearoa New Zealand workforce critiques, such as Chalmers (2020), highlighted the overreliance

on IQNs, the invisibility of the Indigenous workforce, and the need to align nursing with equity and Te Tiriti obligations.

International literature echoed Aoteaora New Zealand findings. Joy-Correll et al. (2022) identified systemic barriers for Indigenous students and staff in health education programmes, including tokenism and resistance to cultural change; while Brockie et al. (2021) highlighted a global pattern in which Indigenous nurses undertake cultural work without structural recognition. These studies underscored that racism in nursing was not episodic but structural, woven through governance, funding, and professional hierarchies. These findings are highly relevant to recruitment and retention. The literature indicated that environments that undervalue cultural expertise signal to Māori nurses that their contributions are peripheral, undermining both entry into the profession and long-term sustainability. Evidence from research and scholarly literature indicates that retention improves when organisational conditions recognise Māori identity, tikanga, and cultural expertise as professional merit. Embedding cultural safety into policy frameworks, leadership development initiatives, and workload design was consistently identified as necessary to support Māori nurse development (Hunter & Cook, 2020; Komene et al., 2023; Wilson et al., 2022; Zambas et al., 2023). Without these structural shifts, cultural safety remains aspirational, and the burden of institutional inertia continues to fall on Māori nurses. The next domain examines how Māori-centred pedagogies and cohorting strategies created culturally responsive learning environments that supported recruitment, retention and identity affirmation.

Cohorting and Māori-centred Pedagogies

The literature consistently shows that culturally responsive education environments are critical for Māori nursing student recruitment, retention, and identity formation. Cohorting, the grouping of Māori students within nursing programmes, was described as a protective factor that fostered whanaungatanga, manaakitanga, and a sense of belonging (Zambas et al., 2023). These studies emphasised that Māori-centred pedagogies, including wānanga-based learning and the integration of tikanga Māori,

supported students in navigating predominantly Western curricula while affirming cultural identity.

Zambas et al. (2020, 2023) found that cohorting enhanced retention by creating relational spaces where Māori students could share experiences, access peer support, and maintain cultural practices. Harker (2015) argued that Māori nurse educators played a pivotal role in sustaining a Māori worldview within nursing education, acting as cultural anchors for students. Māori nurse attrition was addressed in a national summary that recommended pipeline actions across recruitment, transition, and early-career supports tailored to Māori learners (Barton et al., 2021). Programmes such as Tihei Mauri Ora and Vision 20:20 were cited as exemplars of Māori-led initiatives that embedded Indigenous knowledge and relational learning into tertiary health education (Curtis et al., 2012a; Ratima et al., 2007). These interventions were associated with improved recruitment and development of Māori students into health professions. However, nursing-specific longitudinal evaluations remained scarce, limiting generalisability while not diminishing the consistency of qualitative findings. International literature reinforced these findings. Joy-Correll et al. (2022) reported that Indigenous students in Canadian health programmes experienced systemic barriers when curricula failed to reflect cultural values, while Springall et al. (2025) highlighted the importance of culturally safe learning environments for First Nations midwifery students in Australia. Both studies emphasised that culturally congruent pedagogies were not optional but essential for Indigenous student success.

Transition programmes such as Nurse Entry to Practice (NEtP), a Ministry of Health initiative, influenced early-career retention and equity for Māori and Pacific nurses; with reviews highlighting the importance of Kaupapa Māori supervision, structured mentorship, and culturally safe support components within NEtP design (Wilkinson & Gray, 2022). Despite these positive examples, the literature revealed gaps in large-scale, longitudinal evaluations of Māori-centred pedagogies within nursing. Most evidence came from small qualitative studies or programme reports, limiting generalisability. Furthermore, although cohorting has been shown to enhance retention, there is little to

no evidence examining its long-term impact on professional identity or leadership development, highlighting an important gap in the literature.

Literature on cohorting and Māori-centred pedagogies points to their relevance for both recruitment and retention. These approaches contributed to academic success and a sense of belonging and affirmation of cultural identity which are central to thriving. However, they were often implemented as isolated initiatives rather than embedded systemic strategies. Studies suggested that culturally responsive educational pathways support Māori nurse retention and progression, highlighting educational design as a potential lever for workforce sustainability. The limited availability of robust evaluations points to a gap in understanding the conditions under which Māori nurses flourish. The next domain examined leadership and mentorship as enablers of Māori nurses thriving across career trajectories.

Leadership and Mentorship

The literature consistently highlights leadership and mentorship as critical enablers of Māori nurse retention, development, and thriving. Leadership was not only about occupying senior roles; it involved creating culturally safe spaces, advocating for equity, and modelling Māori values within health systems. Studies showed that Māori nurses often lacked visible role models in leadership positions which limited advancement pathways and perpetuated feelings of isolation (Komene et al., 2023; Wilson et al., 2022). Brockie et al. (2021) and Best et al. (2025) provided international perspectives, identifying systemic barriers to Indigenous leadership development and emphasising the need for culturally safe strategies grounded in Indigenous methodologies. These findings aligned with Aotearoa-based commentaries, such as those by Pipi et al. (2021), which argued that sustaining kaupapa Māori leadership was essential for workforce transformation. Leadership was described as relational and collective rather than hierarchical, reflecting Māori concepts of manaakitanga and whanaungatanga.

Mentorship emerged as a recurring theme in both local and international literature. Monkman and Limoges (2023) demonstrated that Indigenous mentorship improved retention and well-being by fostering cultural safety and advocacy. Similarly,

Murry et al. (2022) identified mentorship behaviours that supported Indigenous health professionals, including relational approaches and affirming cultural identity. In Aotearoa New Zealand, Ratima et al. (2007) and Robertson et al. (2006) highlighted mentorship as a cornerstone of Māori workforce development initiatives such as Te Rau Puawai, which combined financial support with culturally anchored guidance.

Despite these insights, the literature revealed gaps in formalised mentorship structures for Māori nurses. Most mentorship occurred informally, often relying on the goodwill of senior Māori nurses who, themselves, faced cultural taxation and workload pressures (Curtis & Reid, 2013). Lack of systemic support limited scalability and sustainability. Furthermore, while leadership development programmes existed, few were evaluated for their impact on Māori nurses' thriving or development into governance roles. International scoping evidence identified systemic barriers and culturally safe leadership development strategies for First Nations nurses and midwives, including models applicable to Aotearoa New Zealand (Best et al., 2025). Mentorship research described practical actions—relationalism, cultural advocacy, and structured support—associated with improved retention and well-being among Indigenous health professionals (Monkman & Limoges, 2023; Murry et al., 2022). Across studies, access to culturally congruent mentorship and visible Māori leadership was associated with improved retention and development into advanced practice and governance roles. Literature on leadership and mentorship highlighted their relevance to recruitment and retention. Studies suggested that culturally congruent mentorship and visible Māori leadership in decision-making roles contribute to Māori nurse retention and advancement.

From a thriving perspective, leadership is framed not as individual achievement but as a collective responsibility to uphold Māori values and transform systems. The literature highlighted the importance of embedding mentorship within organisational policy and of investing in pathways that support Māori leadership. However, the absence of robust evaluation and formal structures signals a gap in understanding how Māori nurses thrive when leadership and mentorship are intentional and systemic. The next

domain examines structural equity and pay as determinants of Māori nurse sustainability and well-being.

Structural Equity and Pay

The literature repeatedly highlighted structural inequities in pay and employment conditions as significant barriers to Māori nurse retention and development. These inequities were not incidental but systemic, embedded in funding models and employment structures that disadvantaged Māori providers and community-based services. Reports by NZNO (2018) and Heyes (2024) documented pay disparities of up to 25% for nurses employed by Māori health providers compared to nurses employed by non-Māori health providers and those in Te Whatu Ora settings. These gaps persisted despite repeated advocacy and policy commitments to equity under Te Tiriti o Waitangi.

The Waitangi Tribunal's Hauora Inquiry (WAI2575) reinforced these findings, concluding that structural discrimination in funding and remuneration undermined Māori health outcomes and workforce sustainability. Wilson et al. (2022) argued that these inequities were compounded by the undervaluation of cultural labour, the relational and tikanga-based work Māori nurses performed in addition to clinical duties. This cultural work, while essential for whānau well-being, was invisible in workforce metrics and unrecognised in pay structures, contributing to burnout and attrition.

Māori leadership commentary underscored pay inequity and structural discrimination facing Māori nurses, calling for investment aligned with Te Tiriti and equity (Nuku, 2022). Sector analyses of the nursing pipeline described a workforce imbalance including heavy reliance on IQNs, distress among domestic new graduates, and fragmented data that disproportionately affected Māori nurses' progression (Stodart, 2025). Implementation of parity actions varied across providers, and inconsistent recognition of cultural labour and constrained progression pathways persisted, indicating that remuneration alone was insufficient without concurrent changes to governance, workload design, and recognition mechanisms. Recent policy developments attempted to address these disparities. In 2023, the Ministry of Health proposed a tagged contingency fund to raise pay rates in health-funded (non-Te Whatu Ora) settings closer to parity

levels, and Te Whatu Ora announced an average 8% pay boost for community nurses. However, NZNO (2024) commentary indicated that these measures were insufficient without structural reform to funding models and accountability mechanisms.

International literature echoed these dynamics. Joy-Correll et al. (2022) and Brockie et al. (2021) noted that Indigenous health professionals globally faced similar inequities, with culturally aligned roles least resourced despite their critical importance to equity. These studies underscored that pay inequity was not only an economic issue but a cultural one, signalling whose knowledge and labour were valued within health systems. Literature on structural equity and pay highlighted their relevance to Māori nurse retention. Evidence shows that nurses working in culturally aligned environments often face financial disadvantage, creating tension between cultural integrity and economic sustainability (Komene et al., 2023; Te Whata, 2020). From a thriving perspective, remuneration frameworks that recognise cultural expertise and whānau-centred care are critical to workforce stability (Nuku, 2022; Ratima et al., 2007). Without systemic reform, pay inequity continues to undermine retention and perpetuate instability (Wilson et al., 2022). The literature pointed to a gap in how retention is conceptualised; not merely as endurance but as a reflection of whether health systems can sustain Māori well-being, cultural integrity, and professional growth (Komene et al., 2023; Wilson et al., 2022). The next domain examines thriving as a Māori nurse, drawing together the relational, cultural, and systemic conditions identified across the literature.

Thriving as a Māori Nurse

While most literature focused on recruitment and retention, far fewer studies examined what it meant for Māori nurses to thrive. Thriving was defined in organisational scholarship as the joint experience of vitality and learning (Spreitzer et al., 2005), but this Western framing was limited in scope. Māori models of well-being, such as Te Whare Tapa Whā (Durie, 1998b) and Te Wheke (Pere, 1991), offer a more holistic view, emphasising balance across spiritual, physical, mental, and whānau dimensions. These frameworks positioned thriving not as individual achievement but as collective flourishing, grounded in cultural identity and relational integrity.

The literature revealed that how Māori nurses thrive was rarely documented explicitly. Komene et al. (2023) described the realities of Māori nurses in acute settings, noting tensions between cultural obligations and institutional constraints. Wilson et al. (2022) highlighted systemic racism and cultural taxation as persistent barriers, while Hunter and Cook (2020) explored socioethical nursing practices that aligned with Māori values. These studies implied that thriving was contingent on environments that upheld manaakitanga, whanaungatanga, and tino rangatiratanga; yet few examined these conditions directly. Aotearoa New Zealand based research on early-career nurses identified conditions associated with thriving including relationship-rich teams, supportive environments, meaningful care, and ongoing learning. Meanwhile, high workloads and unsupportive climates were the strongest negative factors (Satchell & Jacobs, 2024). Māori scholarship has also explored the value of Māori nursing and the relational, cultural, and community contributions that are insufficiently captured in conventional workforce metrics (Te Whata, 2020).

International literature offered complementary insights. Brockie et al. (2021) and Best et al. (2025) identified culturally safe leadership and mentorship as enablers of Indigenous nurse flourishing across Australia, Canada, and the United States. Similarly, Tofi et al. (2025) explored experiences of thriving among Māori and Pacific allied health professionals, emphasising the importance of identity affirmation and relational support. These findings reinforced the idea that thriving was relational, systemic, and culturally anchored—not merely the absence of burnout or attrition.

The absence of research focused on thriving represents a critical gap in the literature. Retention is often framed as endurance rather than well-being, which obscures the conditions that enable Māori nurses to flourish. From a thriving perspective, success is understood through workforce metrics and the extent to which health systems sustain Māori cultural integrity, professional growth, and whānau well-being. This conceptual gap shaped the focus of the review: identifying what supports Māori nurses to remain in the profession and thrive. The following section synthesises the five domains to identify cross-cutting insights and articulate the gap that informed this research.

Discussion

The literature identified that Māori nurse workforce development is shaped by interconnected cultural, structural, and relational conditions rather than isolated factors such as recruitment and retention. The five domains examined included: cultural safety and institutional racism; cohorting and Māori-centred pedagogies; leadership and mentorship; structural equity and pay; and thriving as a Māori nurse. Several overarching insights emerged across these domains.

First, cultural safety was consistently positioned as foundational, yet its implementation remained uneven and often superficial. Institutional racism persisted across recruitment processes, curricula, and workplace cultures, undermining Māori nurses' cultural expertise and contributing to workforce instability (Curtis et al., 2019; Wilson et al., 2022). These dynamics suggest that cultural safety must be embedded at the organisational level rather than treated as an individual competency (Hunter & Cook, 2020).

Second, education environments played a critical role in shaping Māori nurses' trajectories. Cohorting and Māori-centred pedagogies supported retention and affirmed identity, but their ad hoc implementation across institutions limited their impact (Barton et al., 2021; Harker, 2015). The absence of longitudinal evaluations further constrained understanding of how these strategies influence progression and leadership development (Komene et al., 2023).

Third, leadership and mentorship emerged as key enablers of Māori nurses' thriving. Access to culturally congruent mentorship and visible Māori leadership was associated with improved retention and advancement (Curtis & Reid, 2013; Wilson et al., 2022). However, most mentorship occurred informally, and leadership pathways remained constrained by structural inequities (Hunter & Cook, 2020). These findings point to the need for intentional, resourced strategies to sustain Māori leadership within health systems.

Fourth, structural inequities in pay and employment conditions disproportionately affected Māori nurses, particularly those working in Māori health providers. Cultural

labour remained invisible in workforce metrics and remuneration structures (Curtis & Reid, 2013; Heyes, 2024; NZNO, 2018: Ministry of Health, 2023a; Waitangi Tribunal, 2023).

Finally, the concept of thriving was largely absent from nursing-specific literature. Retention was frequently framed as endurance rather than well-being, obscuring the conditions that enable Māori nurses to flourish (Brockie et al., 2021; Joy-Correll et al., 2022). While international studies and Māori health frameworks offered relational and holistic understandings of thriving, few studies examined these dimensions within nursing contexts (Came et al., 2020; Davis & Came, 2022).

In addition to these core themes, several adjacent insights emerged. Culturally responsive pre-nursing pathways were identified in broader Māori health workforce literature as potential enablers of recruitment and retention, suggesting that thriving in practice may be shaped by earlier educational experiences (Chalmers, 2020). Although emigration of Māori nurses was not explicitly addressed, systemic inequities such as cultural taxation, pay disparities and limited leadership pathways may contribute to professional migration. This form of attrition warrants further investigation. Finally, recent workforce reporting highlights another emerging tension. Nuku, (2024) documented that in some recent graduating cohorts, Māori nursing students were unable to be entirely placed due to saturation of roles by IQNs. While IQNs contribute valuable skills, their integration must be accompanied by robust cultural safety training and systemic support to avoid compounding the cultural labour burden on Māori nurses (Chalmers, 2020; Curtis et al., 2019).

These insights highlight the need for future research examining how broader workforce dynamics intersect with Māori nurses' thriving. Moving beyond retention as endurance, future inquiry should focus on how health systems can sustain Māori well-being, cultural integrity, and professional growth.

Implications and Gap

Collectively, these findings underscore that recruitment and retention cannot be addressed through isolated interventions. They are contingent on systemic conditions

that uphold Māori cultural integrity, recognise cultural expertise as professional merit, and provide equitable pathways for development. The absence of research focused on thriving represented a critical gap. Understanding what supports Māori nurses to thrive required a methodological approach that could surface strengths-based narratives and systemic enablers. This gap informed the central question of this study and justified the use of Kaupapa Māori methodology combined with Appreciative Inquiry to explore the conditions under which Māori nurses flourish. In doing so, this research aimed to move beyond deficit framings toward a transformative agenda that positions Māori nurses as leaders, innovators, and cultural authority within Aotearoa New Zealand's health system.

Chapter Three: Methodology

The study methodology was guided by Kaupapa Māori, an Indigenous research approach, in conjunction with Appreciative Inquiry. Kaupapa Māori served as the overarching methodological framework, grounding the research in Māori values, principles, and ways of knowing. Within this framework, Appreciative Inquiry was used as a method or process model to structure the inquiry in a strengths-based, participatory manner. Although Kaupapa Māori ultimately provided the foundation for this study, arriving at that decision was not immediate. While it might have seemed obvious to use Kaupapa Māori, I initially struggled when considering this as a possible research methodology. I perceived Kaupapa Māori to be too simplistic and narrowly focused in scope; of course this was only my perspective as someone trained in Western academic traditions. Instead, I considered Appreciative Inquiry for its strengths-based approach. However, as I explored the research topic, which focused on the positive experiences of Māori nurses in Aotearoa New Zealand, I realised that Kaupapa Māori would complement the Appreciative Inquiry framework. This qualitative study was centred on positivity and experiential findings with the aim of leading transformational change. It became apparent that to achieve a locally grounded decolonising research study which centred on Māori, for Māori, and by Māori, Kaupapa Māori was a warranted and essential approach. Incorporating Kaupapa Māori had the added benefit of increasing Māori nurse engagement in the study due to its connection to and embrace of te ao Māori, the Māori worldview (discussed in the following sections). This methodological synergy allowed for an exploration of the research topic, ensuring that the voices and perspectives of Māori nurses were amplified and respected throughout the research process (Hayward et al., 2017; Pihama et al., 2015).

Kaupapa Māori

As stated previously, I initially thought that Appreciative Inquiry was a suitable approach to use to explore a research question that sought to identify strategies that supported ‘thriving’ for Māori nurses. What I discovered during the review of literature and

exploration of possible methodologies was that while Appreciative Inquiry could address the research question, by not engaging with the research through a Kaupapa Māori lens I continued to act as the 'other', despite being Māori myself. Kaupapa Māori, as described by Cram (2019), literally means 'the Māori way'. Through discussions with my supervisors it was determined that Kaupapa Māori was the most appropriate framework to guide this research. This decision was grounded in a shared understanding that the research needed to be led by Māori values, principles, and aspirations and that it must centre Māori ways of knowing and being. Henry and Pene (2001) go further, describing Kaupapa Māori as an agenda that encapsulates a Māori worldview of doing, being, and thinking, which reclaims space for Indigenous knowledge and challenges counter-narratives. In addition, Kaupapa Māori serves as a foundational framework prioritising Māori epistemologies, values, and aspirations; thereby positioning Māori knowledge systems at the centre of research and social change. Grounded in tino rangatiratanga (self-determination), Kaupapa Māori asserts Māori autonomy and the right to define, pursue, and validate knowledge in ways that align with Māori worldviews (L.T. Smith, 2012). This theoretical perspective emerged in response to the enduring impacts of colonisation, aiming to reclaim and reaffirm Indigenous knowledge structures that have historically been marginalised within Western academic discourse.

Philosophical Foundations

Kaupapa Māori is a sovereign research paradigm rather than subset of Western theoretical traditions (Pihama et al., 2015). It is a distinct Indigenous methodology that emerges from mātauranga Māori (Māori ways of knowing) and the lived realities of Māori communities. Rather than being underpinned by earlier assimilation to critical theory or constructivism, Kaupapa Māori is shaped by Māori epistemologies, ontologies, and histories of resistance and transformation (Nepe, 1991; Pihama et al., 2015). As a philosophical framework, Kaupapa Māori affirms the validity and legitimacy of Māori knowledge, language, and culture. It does not seek to fit within existing Western paradigms but re-centres Māori ways of knowing and being as the foundation for research. This includes asking questions such as: What research do we want to carry out?

Who is that research for? What difference will it make? Who will carry it out? How will it be done? Who will benefit? (L.T. Smith, 2021). These questions reflect a commitment to Māori self-determination and the ethical, political, and cultural integrity of research involving Māori regardless of who conducts it.

Kaupapa Māori research is inherently transformative and decolonising. It challenges the dominance of Western paradigms and asserts the importance of Māori voices and perspectives in research. As Pihama et al. (2015) noted, Kaupapa Māori is not a fixed or rigid framework but a fluid and evolving theoretical space that is grounded in te reo Māori, tikanga, and whakapapa (genealogy). It is a methodology that is both culturally located and academically rigorous, enabling Māori to define, pursue, and validate knowledge in ways that align with Māori aspirations (Pihama et al., 2002).

The political dimension of Kaupapa Māori cannot be understated. As C. W. Smith (2002, as cited in Lee, 2009, p. 5) explained, “Kaupapa Māori theory emerges out of practice, out of struggle, out of experience of Māori who engage struggle, who reject, who fight back, and who claim space for the legitimacy of Māori knowledge”. This aligns with the view that Kaupapa Māori is a theory of change and resistance, but also of possibility and transformation (Mahuika, 2008; G.H. Smith, 1997). Kaupapa Māori provides a model for articulating Indigenous truths and realities within academic spaces that have historically marginalised them (Mahuika, 2008; L.T. Smith, 2021). Therefore, it is a theory of both resistance and resurgence, one that envisions and enacts Māori futures through research that is by Māori, for Māori, and with Māori.

While its origins are founded in Aotearoa New Zealand, Kaupapa Māori research has gained international recognition, particularly within the broader movement of Indigenous research methodologies (Pihama et al., 2002; G.H. Smith, 2017). Globally, Indigenous scholars and institutions have acknowledged the significance of Kaupapa Māori as a model for decolonising research (Bishop, 1999; G.H. Smith, 2017). Its emphasis on relational ethics, community accountability, and cultural integrity resonates with other Indigenous methodologies, such as First Nations research in Canada and Native American research frameworks in the United States (Chilisa, 2019). Conferences, such as the World

Indigenous Peoples Conference on Education (WIPCE), and publications in journals, like *AlterNative: An International Journal of Indigenous Peoples*, have showcased Kaupapa Māori research alongside other Indigenous paradigms, affirming its relevance and impact beyond Aotearoa New Zealand (Pihama et al., 2002; G.H. Smith, 2017).

Ontology: Nature of Reality

Kaupapa Māori is a Māori ontology that affirms the interconnectedness of all living and non-living things, shaped through whakapapa, wairua (spirituality), and the enduring presence of atua (ancestral forces). This worldview presents a metaphysical reality that is inherited and experiential. Nepe (1991) described Kaupapa Māori as a "body of knowledge accumulated by the experiences through history, of the Māori people" (p. 4), constructed in a metaphysical foundation and shaped by the social relationships within Māori society. Furthermore, Nepe stated these include relationships between the living and the dead, male and female, individual and collective, and the spiritual and physical realms.

This ontological position challenges Western paradigms that often universalise reality. Instead, Kaupapa Māori asserts Māori realities are valid in their own right, shaped by Māori cosmology and epistemology. These realities are cosmologically and genealogically constituted rather than merely socially constructed. As positioned previously, Pihama (2001) argued Kaupapa Māori theory is not a subset of Western theory but a sovereign framework that emerges from mātauranga Māori, shaped by Māori experiences and aspirations for transformation. It is a lived philosophy, not merely a theoretical abstraction (Hohepa, 2015).

Cosmology: Māori Understandings of the Universe

In te ao Māori, cosmology refers to the ancestral and spiritual narratives that explain the origins and structure of the universe. It is embedded in whakapapa which connects all living and non-living things to atua and the natural world. Māori cosmology is not abstract or symbolic alone. It is lived and enacted through daily practices, rituals, and relationships (Gray, 2003). It informs how Māori understand reality, time, and existence, and shapes ethical responsibilities to people, land, and spirit. Unlike Western cosmologies that often

separate the spiritual from the material, Māori cosmology is holistic and relational, where the spiritual realm is inseparable from the physical and social worlds. The cosmological origins begin with Te Kore (the void or potential), followed by Te Pō (the night), and culminate in Te Ao Mārama (the world of light), representing the emergence of consciousness and life (Science Learning Hub, 2022). These stages are not merely mythological but are foundational to Māori understandings of creation, identity. and relationality.

The four cosmic elements—Fire (Io), Air (Rakinui), Water (Takaroa), and Earth (Papatūānuku)—are mirrored in the human self as spiritual, psychological, emotional, and physical dimensions, reinforcing the view that humans are microcosms of the universe (Gray, 2003). This interconnectedness is central to Māori therapeutic and ethical practices, where well-being is achieved through balance across these domains.

Epistemology: Nature of Knowledge

Kaupapa Māori epistemology is rooted in mātauranga Māori, knowledge that is spiritually informed, culturally located, and validated through tikanga (customary practices), whanaungatanga (relationality), and collective consensus. Knowledge is more than an abstract or individual pursuit—it is relational, embodied, and enacted through practices such as ako (reciprocal learning), karakia (ritual), and pūrākau (narrative) (Lee, 2009). This epistemological stance is about co-constructing knowledge while reclaiming and affirming Māori ways of knowing that have been marginalised through colonisation. As L. T. Smith (2021) argued, Kaupapa Māori research is “strategic in its purpose and activities,” and “relentless in its pursuit for social justice” (p. 192). Although Kaupapa Māori may appear to align with aspects of critical or constructivist epistemologies, such as reflexivity and the interrogation of power, it is fundamentally distinguished by its epistemic foundations in Māori cosmology and collective resistance. The nature of knowledge within Kaupapa Māori is not abstract or theoretical alone; it is fundamentally experiential and emerges from the lived realities and historical struggles of Māori communities. This epistemology is embodied and theoretical, enacted through everyday practices and relationships, as highlighted by Hohepa (2015).

Framing Kaupapa Māori within a Broader Research Landscape

Pihama et al. (2015) contented Kaupapa Māori is not static; it is organic, evolving, and representative of the lived experiences and aspirations of Māori communities. It is this blended approach to research that sets Kaupapa Māori apart as both a philosophical belief and a set of social practices (tikanga). Fundamental to understanding this difference is how knowledge is held within te ao Māori that it is a collective (whanaungatanga), intertwining between all humans (kotahitanga). Hēnare (2021) additionally described it as an economy of affection that provides for people within the community (manaakitanga). This leads into a Māori ontological approach to being and the Māori views that define reality, identity, and well-being. The following key concepts expand on this.

Te ao Māori – The Māori Worldview and Relational Being

Te ao Māori is a holistic and relational worldview that acknowledges the interconnectedness of all aspects of existence—spiritual, physical, emotional, and social. It is grounded in the belief that all life forms and elements are interrelated through whakapapa, and that well-being is achieved through balance and harmony across these domains (Durie, 1998b; Marsden, 2003). This worldview is dynamic, shaped by ancestral knowledge, lived experience, and the ongoing relationship between people and the environment (Mead, 2016).

In the context of Kaupapa Māori research, te ao Māori provides a cultural ontological and epistemological foundation. It ensures research is methodologically appropriate, and spiritually and ethically aligned with Māori values and aspirations. This includes recognising the mana (dignity and authority) of participants, the importance of wairua (spirituality), and the centrality of tūhonotanga (relational connection) in the research process (Rangiwai et al., 2023; L.T. Smith, 2021). For Māori nurses and health practitioners, this worldview affirms that health and knowledge are not compartmentalised but are deeply interconnected and culturally situated (Roguski, 2023).

Together, Roguski (2023) and McBride-Henry et al. (2022) reinforced this interconnected worldview by linking theory and practice. Roguski critiqued Western frameworks for fragmenting Māori well-being and emphasised Kaupapa Māori

approaches that restore relational and cultural integrity across health and social systems. Extending this perspective into clinical practice, McBride-Henry et al. demonstrated how Māori nurses operationalise these principles by integrating taha tinana, hinengaro, wairua, and whānau into care models. Their study called for re-orienting nursing care to align with Māori epistemologies, challenging biomedical paradigms that privilege Western knowledge and marginalise Indigenous approaches. Together, these works affirm that health and knowledge are not separate domains but are embodied, relational, and grounded in cultural practices that sustain Māori well-being.

Relational Foundations through Whakapapa

Whakapapa is another concept that transcends the linear, biological lineage often understood in Western contexts of genealogy. It is a framework for understanding the interconnectedness of all things, linking people to each other, the environment, ancestors, and the spiritual realm. As such, whakapapa defines "our ways of knowing, being and doing" (Taani, 2022, p. 1). Understanding whakapapa is crucial as it informs Māori identity, positioning individuals within their cultural landscape while providing a sense of belonging and connection (Tuakiritetangata & Ibarra-Lemay, 2021). In this research, engaging with whakapapa means acknowledging these intricate relationships and understanding how they influence the experiences of Māori nurses.

Spirituality and Identity in Māori Research

Often translated as 'spirit' or 'spirituality', wairua is a central dimension of well-being, interwoven with Māori understandings of health, identity, and collective responsibility. Kara et al. (2011) emphasised that wairua is conceived as one of several interconnected dimensions alongside tinana (physical), hinengaro (mental), and whānau (family) that together constitute holistic well-being. This view is echoed in models such as Te Wheke (Pere, 1991) and Te Whare Tapa Whā (Durie, 1994), which position wairua as foundational to Māori health. Valentine et al. (2017) further elaborated that wairua encompasses multiple dimensions including the spirit of the land, the spoken word, children and ancestors, all reflecting a deeply relational and intergenerational ontology. These perspectives challenge Western biomedical paradigms by affirming that spiritual

well-being is a lived reality that shapes how Māori experience and understand the world. Thus, within a Kaupapa Māori worldview, wairua is both a personal and collective force that sustains identity, guides ethical relationships, and anchors well-being in ancestral and environmental connections.

Authority, Identity, and Empowerment

Mana is widely recognised within Kaupapa Māori as another core concept that embodies spiritual authority, personal and collective prestige, and the capacity to act with integrity and influence. It is immersed in whakapapa, connecting individuals to their ancestors and the wider collective, and is nurtured through the practice of cultural values such as manaakitanga (care and respect) and tikanga (Māori customs and values) (Barton & Wilson, 2008; Love, 2004; Pere, 1991). Mana can be enhanced or diminished through one's actions and the actions of others, making it a dynamic expression of identity and relational standing. Within Kaupapa Māori, mana is viewed not as a form of control over others but a source of empowerment that supports self-determination and collective well-being (L.T. Smith, 2021). Importantly, Kaupapa Māori research frameworks stress that research must uphold and enhance the mana of participants and communities, requiring culturally grounded, respectful, and empowering methodologies reflective of Māori values and aspirations.

Relational Being in Kaupapa Māori

Tūhonotanga reflects a Māori ontology of interconnectedness and relational being. There is a body of academic work that affirms identity, knowledge, and existence in te ao Māori are continuously shaped through relationships with people, the environment, ancestors, and the spiritual realm; not as individualistic or isolated but as fundamentally relational and collective (Tuakiritetangata & Ibarra-Lemay, 2021; Wolfgramm et al., 2020; Yates, 2021). Kaupapa Māori research situates this ontology within practices of whakapapa, whanaungatanga (kinship), and manaakitanga (reciprocal care) which underpin Māori pedagogy, research, and social organisation (Mikahere-Hall, 2019; Wolfgramm et al., 2020).

Rather than being an add-on cultural value, tūhonotanga represents a relational Māori worldview that challenges Western ideals of individualism and objectivity. It fosters a sense of belonging, inclusion, and mutual responsibility through ongoing and regained connections to self, culture, kin, land, and sky (Tuakiritetangata & Ibarra-Lemay, 2021). Relationality is maintained through tikanga (customary ethics) and constructs such as āta (deliberate, respectful relationship-building) function as ontological principles guiding ethical engagement and spiritual well-being (Mikahere-Hall, 2019). These principles are fundamental in transforming educational and health contexts towards Māori self-determination and the revitalisation of mātauranga Māori (Wolfgramm et al., 2020).

Mātauranga Māori: Māori Way of Knowing

Mātauranga Māori encompasses the knowledge, wisdom, and understanding developed by Māori over generations, based in lived experience, oral traditions, and spiritual insight (Marsden, 2003; Mead, 2016). Unlike Western epistemologies which often separate knowledge into discrete categories, mātauranga Māori is holistic and relational. It integrates the physical, spiritual, emotional, and intellectual dimensions of life. It is also embedded in whakapapa, the land (whenua), and the cosmos (Marques et al., 2021; Rameka, 2018).

In a research context, mātauranga Māori shapes what is known and how knowledge is generated, validated, and shared. It challenges researchers to move beyond extractive methodologies and instead engage in processes that are reciprocal, ethical, and grounded in Māori worldviews (L.T. Smith, 2012). This epistemology affirms that knowledge is neither neutral nor objective but situated within cultural, spiritual, and relational contexts (Pihama et al., 2015).

Whakawhanaungatanga: Relational Knowledge Building

Whakawhanaungatanga, the process of building and maintaining relationships, is both a method and an epistemological stance within mātauranga Māori. It reflects an understanding that knowledge is co-constructed through meaningful, respectful relationships. In Kaupapa Māori research, whakawhanaungatanga ensures participants as

partners in inquiry rather than subjects. This relational ethic aligns with manaakitanga and reinforces the collective nature of knowledge creation (Bishop, 1999; Stucki, 2012).

Te Reo Māori: Language as the Embodiment of Worldview and Wisdom

Te reo Māori is more than a language. It is the embodiment of cultural identity, worldview, and epistemology. It carries the nuances of Māori thought and expression that are often untranslatable into English. Using te reo in research enables the articulation of Māori knowledge in its authentic form and supports the revitalisation of the language as a living epistemological tool (Mead, 2016; Pihama et al., 2015). Language is both a means of communication and a way of thinking and being; thus it is essential for expressing and understanding Māori ways of knowing (L.T. Smith, 2021).

Tikanga: Ethical and Epistemological Integrity

Tikanga, or culturally appropriate protocols and practices, is integral to the application of mātauranga Māori in research. It provides the ethical framework that guides how knowledge is gathered, interpreted, and shared. Adhering to tikanga ensures the research process respects the mana of participants and communities. It also ensures alignment with Māori values such as tika (rightness), pono (truth), and aroha (compassion) (Mead, 2016). In this way, tikanga reflects epistemological integrity and cultural accountability not simply behavioural norms (Durie, 1998b).

Te Ara Tika: The Ethical Pathway of Kaupapa Māori

Bishop (1999) acknowledged that Māori are concerned with the accountability of researchers as they are the ones controlling the collating and distribution of the knowledge. This fits with the overall concept of kaitiakitanga where humans, in this case the researcher, are acting as guardians of the environment as well as those philosophical and social beliefs discussed previously. They are entrusted with the knowledge of the community and are expected to strengthen the mana of the community by also sharing part of their own mana. There is no ‘other’ in Kaupapa Māori, as the researcher is expected to be an active participant. Henry and Foley (2018) referred to this concept as a reflection of the researcher’s own values and beliefs around how knowledge can be

gleaned. These values and ethics help form the basis for an axiological approach to Kaupapa Māori. L.T. Smith (1999) viewed this framework as a code of conduct for Kaupapa Māori research, which Henry and Crothers (2019) articulated through the following guiding concepts:

1. Āroha ki te tangata – Showing compassion to participants.
2. Kanohi kitea – Being seen in person and maintaining a visible presence within the community.
3. Titiro, whakarongo, kōrero – Looking, listening, and speaking with care to develop understanding before engaging.
4. Manaaki ki te tangata – Offering hospitality and generosity to participants.
5. Kia tūpato – Exercising caution; being politically astute, culturally safe, and reflective of one's positionality.
6. Kaua e takahia te mana o te tangata – Not trampling on the mana or dignity of participants.
7. Kaua e māhaki – Acting with humility and avoiding arrogance or offensiveness.

These guiding concepts shape the ethical foundation of the research and reflect the relational and culturally grounded nature of Kaupapa Māori. They will be discussed in more detail in the methods (Chapter 4), where I explain how the principles informed the design, engagement, and conduct of the research process.

Appreciative Inquiry

Developed in the 1980s by David Cooperrider during his doctoral studies at Case Western Reserve University, United States, Appreciative Inquiry emerged as a response to traditional deficit-based models of organisational analysis. While researching physician leaders and their experiences of success and failure, Cooperrider observed that participants' narratives of cooperation and achievement generated a powerful and constructive response. The overwhelmingly positive reception of these findings led to the adoption of Appreciative Inquiry as a method for facilitating organisational change across multiple levels (Coghlan et al., 2003). This laid the groundwork for Appreciative Inquiry's

evolution into a participatory, strengths-based methodology that resonates with other interpretive approaches.

Building upon this foundation, Appreciative Inquiry emphasises identifying and amplifying the positive aspects of individuals, organisations and communities rather than focusing solely on problems. As White (1996) explained, it "focuses us on the positive aspects of our lives and leverages them to correct the negative. It's the opposite of problem solving" (p. 472). These characteristics align closely with hermeneutic principles, particularly in a shared emphasis on participation, language and meaning-making, elements central to the methodological orientation of this study. Of relevance for me is Appreciative Inquiry's focus on positivity, which complements the interpretive and relational dimensions of hermeneutics and supports a values-based approach to inquiry.

The theoretical underpinnings of Appreciative Inquiry are closely aligned with social constructionism. Cooperrider et al. (1995) surmised that organisations enact change through social interaction, where shared language and collective meaning-making shape and transform organisational realities. In this view, society constructs understandings of the world through shared expectations about reality. Hammond (2013) reinforced this perspective, suggesting a core assumption of Appreciative Inquiry is that in every organisation, something works. Organisational change, therefore, is most effective when it builds upon existing strengths and successes. This concept of transformational change from within is reflected in the Magnet Recognition Programme, previously discussed, which identifies internal excellence as a driver of sustainable improvement (Hughes & Carryer, 2011). In this context, the present research explores the experiences of Māori nurses who thrive in their practice, aiming to identify strengths-based, culturally grounded solutions that support long-term, transformative change. This approach is particularly relevant to my research question and the focus on organisational processes, such as professional development and recruitment strategies. Although not strictly limited to these aspects, the premise is seeking to understand and enhance what is already working well within the system rather than focusing solely on problems or

deficits. There are five core principles of Appreciative Inquiry (Cooperrider & Whitney, 2011): constructionist, simultaneity, poetic, anticipatory, and positive.

The Constructionist Principle – "Words Create Worlds"

Reality is socially constructed through language and conversations. In practice, this means that the way we talk about people, organisations, and experiences actively shapes how they are understood and enacted. It challenges the notion of objective truth, emphasising the power of narrative and discourse in shaping organisational culture and identity. Crucially, this principle invites reflection on how dominant narratives can reinforce deficit thinking and how alternative, affirming language can open space for transformation.

The Principle of Simultaneity – "Inquiry Creates Change"

This principle asserts that inquiry and change are not separate processes; the moment a question is asked, change begins. It emphasises the generative power of questions and the importance of intentionality in framing them. From a critical perspective, this principle stresses the ethical responsibility of researchers to ask questions that empower and uplift rather than reinforce problems. It also suggests that inquiry is never neutral. It always has an impact and that impact can be shaped by the values embedded in the questions we ask.

The Poetic Principle – "We Can Choose What We Study"

This principle draws attention to the idea that the focus of inquiry determines what is spotlighted. It challenges researchers to be intentional and reflective about what they choose to study, recognising that every organisation has both strengths and challenges. Additionally, this principle invites a move away from deficit-based models toward inquiries that highlight possibility, resilience, and excellence.

The Anticipatory Principle – "Images Inspire Action"

This principle suggests that the images we hold of the future influence our present behaviour. It aligns with theories of visioning and future-focused leadership, where positive expectations can mobilise energy and commitment. From a critical standpoint, this principle encourages scrutiny of the kinds of futures being imagined—who is included

in those visions, what values they reflect, and how they are shaped by cultural, historical, and social contexts. It also highlights the importance of collective visioning processes that are inclusive and culturally grounded.

The Positive Principle – "Positive Questions Lead to Positive Change"

This principle emphasises the role of positive affect and social bonding in sustaining change. It is not about ignoring problems but about approaching change through a lens of possibility and strength. This principle challenges the assumption that problem-solving is the only valid approach to change. It invites researchers to consider how positivity can be a strategic and ethical stance, particularly in contexts where communities have been historically marginalised.

Practical Application of the Appreciative Inquiry Principles

Creating a forum whereby 'language and conversations' occur, I anticipated the emergence of themes which, when shared amongst the participants, fostered cohesiveness. The principle of simultaneity, in this context, also contributed to positive change. The question posed in my inquiry, 'as Māori, what makes you thrive in your practice?' was intended to prompt reflection and thought-provoking discussions that might not have otherwise occurred. Most certainly, when a future can be envisioned, an impetus for change will follow. This made the use of AI particularly exciting; when the participants devised the future, the buy-in for change had already been achieved. This aligns with the positive principle in which social bonding within a group of Māori nurses that recognise their success individually and collectively, found sustained measures for continuity of change.

The Union of Kaupapa Māori and Appreciative Inquiry

Many synergies exist between Kaupapa Māori and Appreciative inquiry, particularly in their shared emphasis on relationality, strengths-based inquiry, and transformative change. Both approaches value the lived experiences of participants, prioritise culturally grounded engagement and seek to uplift communities through affirming narratives and collective visioning. For this research, Kaupapa Māori provided the philosophical

underpinning, viewed through a te ao Māori lens, while Appreciative Inquiry served as the methodological approach.

Building on this alignment, Cram (2010) highlighted that Appreciative Inquiry is compatible with Kaupapa Māori concerns, especially in contexts where whānau strengths are recognised and built upon to facilitate whānau ora (wellness). Her analysis of Appreciative Inquiry's Discovery phase with Māori participants found that affirming questions elicited both positive and challenging experiences, enabling contextualised and culturally relevant insights. Furthermore, Cram presented the compatibility between the two approaches, particularly around the collaborative and improvisational elements. Kaupapa Māori situates Appreciative Inquiry within a culturally responsive and safe framework, anchored in Te Tiriti and its principles of partnership, participation, protection, and power (Wilson, 2019. This framework ensured the research process honoured Māori ways of knowing and being. When interviewing Māori participants, it was understood that their experiences might be expressed within seemingly negative contexts. However, when these were issues Māori nurses faced in the everyday realities of thriving in practice—shaped by whānau responsibilities, service demands, colonising structures, and local resource constraints—they were critically analysed through a Kaupapa Māori methodological lens that upheld mana and oranga, and carried a decolonisation agenda (G.H. Smith, 2017; L.T. Smith, 2012).

While Appreciative Inquiry provided a valuable strengths-based structure, I came to recognise that its exclusive focus on the positive could inadvertently limit the depth and authenticity of the research, as positivity bias can obscure deficits and issues present in real contexts (Grieten et al., 2018). Had I relied solely on Appreciative Inquiry, the study might have overlooked the more complex, and at times challenging, aspects of participants' lived experiences. This would have risked presenting an incomplete narrative, one that did not fully honour the holistic realities of Māori nurses. This concern is echoed in recent research which critique Appreciative Inquiry for its tendency to romanticise Indigenous experiences or silence counter-narratives when applied uncritically (Gebhard et al., 2024; Gifford et al. 2023). Kaupapa Māori, with its emphasis

on relationality, cultural integrity, and the inclusion of both positive and difficult experiences, ensured that participants' stories were represented in their entirety. This methodological integration was, therefore, not only complementary but essential as it upheld the mana of participants. It also aligned the research with a decolonising, culturally grounded approach that reflects the richness and complexity of te ao Māori.

Summary

Within this chapter I have outlined the methodological foundations of the study, highlighting the integration of Kaupapa Māori and Appreciative Inquiry as both a philosophical and practical response to the research aims. Kaupapa Māori provided the cultural, ethical, and ontological grounding necessary for engaging meaningfully with Māori participants, while Appreciative Inquiry offered a structured, strengths-based process for exploring their experiences. Together, these approaches enabled a research design that was both culturally responsive and methodologically robust. The following chapter details how these methodologies were operationalised in the research design, data collection, and analysis processes.

Chapter Four: Research Methods

Introduction

Building upon the philosophical and methodological foundations outlined in Chapter Three, this chapter details the practical application of Kaupapa Māori and Appreciative Inquiry within the research process. These frameworks shaped the study's ethical orientation and informed its design, participant engagement, and analytical approach in answering the research question: *What supports Māori nurses to thrive in their practice?* The methods employed were intentionally selected to uphold the mana of participants, foster relational engagement, and generate insights that are both culturally grounded and strengths based. The integration of Kaupapa Māori and Appreciative Inquiry created a foundation that ensured methodological rigour and centred cultural integrity and relational accountability throughout the research process.

Kaupapa Māori principles assured cultural relevance and alignment with te ao Māori, upholding the values and aspirations of Māori participants. In parallel, Appreciative Inquiry offered a structured and participatory approach to data collection, enabling engagement that honoured participants' experiences and perspectives. While the theoretical alignment of these methodologies was discussed in the previous chapter, this section focuses on their practical application. It outlines the research design, ethical approval processes, participant recruitment strategies, data collection methods, and analytical approaches. With the conceptual foundations established, the following section outlines how these frameworks were translated into a practical research design.

Research Design

This study was designed to explore Māori nurses' experiences through a framework that prioritised cultural relevance and a strengths-based lens. To achieve this, the research was structured around a dual-framework approach that combined the ethical and relational grounding of Kaupapa Māori with the participatory and future-focused structure of Appreciative Inquiry. Rather than treating these as separate methodologies, they were interwoven to guide the sequencing of the research phases, the style of

engagement with participants, and the interpretation of findings. This design enabled the inquiry to remain attuned to te ao Māori while fostering a collaborative process that emphasised what is working well in practice and how it might be sustained or expanded. The framework informed every aspect of the research design from recruitment and engagement to data collection and analysis. It fostered a research environment that honoured Māori values while meeting academic standards. As Cram (2010) and Smith, L.T. (2021) have articulated, Kaupapa Māori research must uphold the mana of participants, foster whanaungatanga, and reflect tino rangatiratanga. Appreciative Inquiry, with its emphasis on positive inquiry and co-construction, aligned well with these principles, particularly in its participatory and relational orientation.

To operationalise these frameworks, the research design was guided by a set of ethical and relational principles adapted from Cram's (2010) table of cultural values and researcher guidelines. Table 1 illustrates how these principles were applied in this study, serving as a blueprint for culturally responsive engagement. Each value was acknowledged and actively embedded into the design and conduct of the research.

Table 1.

Application of Kaupapa Māori Cultural Values in Research Design. Application of Kaupapa Māori Cultural Values in Research Design

Cultural Value	Researcher Guideline	Application in The Study
Aroha ki te tangata	Respect for people – allow them to define their own space	Participants self-selected into the study and were engaged on their own terms
He kanohi kitea	Be seen and known within the community	Zoom-based hui that maintained visibility and relational presence
Titiro, whakarongo… kōrero	Look, listen, then speak – develop understanding first	Interviews were guided by open-ended questions, allowing participants to lead the narrative
Manaaki ki te tangata	Be generous and hospitable	Hui began with mihi whakatau and karakia, fostering whakawhanaungatanga
Kia tūpato	Be cautious and culturally safe	Researcher reflexivity and digital cultural safety were prioritised

Cultural Value	Researcher Guideline	Application in The Study
Kaua e takahia te mana o te tangata	Do not trample on a person's dignity	Participants' stories were honoured without judgement
Kia māhaki	Be humble – share knowledge respectfully	Researcher positioned as learner, encouraging shared storytelling

Note. Adapted from Cram (2010, p. 9) and L.T. Smith (1999)

The Appreciative Inquiry 5D model—Define, Discovery, Dream, Design, Destiny—provided the structural framework for data collection (Starvos et al., 2015). Each phase was mapped to specific methods: semi-structured individual interviews were used for the Define, Discover, and Dream phases, while focus groups, framed as wānanga, supported the Design and Destiny phases. This structure enabled participants to reflect on their experiences, envision possibilities, and co-create insights in a way that was both affirming and transformative. While the Destiny phase typically involves implementation, in this study it was used to generate recommendations. This reflected my localised role as the researcher while still contributing to broader aspirations for national strategies.

Semi-structured interviews were selected for their ability to elicit depth, privacy, and culturally grounded dialogue. This method aligned with whakawhanaungatanga and kanohi kitea, supporting relational engagement even in digital formats (Brinkmann & Kvale, 2015). Interviews were conducted via Zoom, which enabled face-to-face connection across geographic distance. While kanohi ki te kanohi is traditionally understood as in-person, this digital adaptation upheld its intent in a contemporary context. The approach is supported by Warren (2024), who introduced īRangahau, a Kaupapa Māori cyber ethnography and demonstrated how tikanga Māori can be maintained in online spaces through culturally grounded engagement. More broadly, digital interviews are increasingly recognised as valid and effective in qualitative research, offering flexibility, accessibility, and participant comfort when conducted with methodological rigour (Thunberg & Arnell, 2022).

Focus groups were chosen for their capacity to foster co-construction, participant validation, and collective sense-making (Kitzinger, 1995; Morgan, 1996; Stewart &

Shamdasani, 2015). Positioning these as wānanga aligned with Kaupapa Māori principles and the hui process, which emphasised inclusive dialogue, shared leadership, and collective wisdom (McCarty et al., 2025). This synergy between Appreciative Inquiry and Kaupapa Māori reinforced the relational and transformative intent of the research. Recognising the potential for stronger voices to dominate in wānanga, several mitigations were employed: structured turn-taking, facilitated prompts, chat contributions, and the use of explicit tikanga (e.g., mihi, manaakitanga) to create a respectful and inclusive environment.

As noted previously, Zoom was used to facilitate both interviews and wānanga, enabling relational engagement across distance while maintaining cultural integrity. This adaptation was particularly important given the national scope of recruitment. Consistent with Te Ara Tika's emphasis on maintaining relational ethics when physical presence is constrained, the use of Zoom upheld the principle of kanohi ki te kanohi in a digital format (Hudson et al., 2010). Research supports the effectiveness of Zoom for qualitative data collection, with studies showing that it does not negatively impact participant engagement or data quality. Archibald et al. (2019) found that both researchers and participants perceived Zoom interviews as convenient, flexible, and conducive to open dialogue; while Gray et al. (2020) highlighted Zoom's ability to enhance accessibility and rapport, particularly when interviews are conducted with cultural sensitivity and care. In summary, the research design brought together Kaupapa Māori and Appreciative Inquiry to create a culturally responsive, ethically sound, and methodologically robust framework for exploring Māori nurses' experiences.

Participants

Sample Considerations

The study sample size was reached with the advice of my supervisors and the following justifications. At Auckland University of Technology, the Doctor of Health Science (DHSc) programme emphasises practice-based research that contributes to real-world health outcomes. While no fixed sample size is mandated, students are expected to justify their sample based on the nature of their inquiry and the chosen methodology. As a practice-

based doctoral qualification, the DHSc encourages research that is contextually grounded and relationally engaged. Within this framework, qualitative studies, particularly those informed by Kaupapa Māori, prioritise depth, cultural responsiveness, and the richness of participant narratives over statistical generalisability (Haitana et al., 2020). This approach reflects a commitment to transformative praxis, privileging Māori voices and ensuring research is both ethically sound and culturally meaningful.

In this study, a purposive sample of 12 Māori nurses was initially recruited, with 11 completing the study following one withdrawal prior to data collection. The sample size was considered sufficient to achieve data adequacy, understood as the richness, relevance, and reflexive depth of the data collected (Braun & Clarke, 2021; Vasileiou et al., 2018). While classic saturation models suggest that core themes in homogenous samples often emerge within the first 12 interviews (Guest et al., 2006), this study also drew on broader assessments of adequacy that emphasised transparency, contextual relevance, and methodological rigour.

In nursing research, Shorten and Moorley (2014) noted that small, purposively selected samples are appropriate when the goal is to explore complex human experiences rather than produce generalisable findings. The final sample size supported the study's commitment to Kaupapa Māori principles and the Appreciative Inquiry framework, enabling culturally grounded engagement and thematic sufficiency. This approach aligns with the DHSc expectations and is supported by literature affirming that relational, culturally responsive methodologies prioritise depth and relevance over generalisability (Gifford et al., 2023)

Inclusion Criteria

The central aim was to engage Māori nurses whose experiences could illuminate what supports them to thrive in their practice. Recognising that excellence in Māori nursing practice often occurs in pockets of support, a national recruitment strategy was adopted to capture a diverse range of experiences across Aotearoa New Zealand. Participants were invited based on the following criteria which were clearly communicated in the Participant Information Sheet (Appendix A):

- Identify as a Māori RN residing in Aotearoa New Zealand
- RNs with more than 1 year of practice experience.
- Nurses with expired Annual Practising Certificates provided they had left practice within the last 5 years.
- Ability and willingness to reflect on and share experiences of thriving in their practice as Māori nurses.
- Competency with Zoom technology due to the virtual nature of data collection.

These criteria were designed to ensure that participants had sufficient professional experience to reflect meaningfully on their identity and practice (Geoghan Marold et al., 2025). Including nurses who had recently exited the workforce provided critical insights into retention challenges and complements existing evidence. Kiptulon et al. (2025) emphasised that nurse retention is a complex, multifactorial issue requiring comprehensive strategies addressing organisational and individual factors. While their umbrella review synthesised interventions for current and early-career nurses, it highlighted how personal characteristics, work environment, and burnout influence turnover; insights that can only deepen when informed by those who have left the profession. Engaging exited nurses aligned with the review's call for future research to explore underrepresented dimensions of retention and develop interventions grounded in real-world, cross-career experiences. The 5-year limit was a deliberate boundary to maintain relevance to current practice contexts, consistent with guidance on data adequacy and contextual alignment in qualitative research (Vasileiou et al., 2018)

Recruitment Process

Initial recruitment efforts targeted prominent Māori nursing networks and organisations. This was in the pursuit of casting a broad net, seeking representation from a variety of industry sectors. The initial list included Te Rūnanga o Aotearoa (NZNO), Nurses Society of New Zealand, College of Nurses Aotearoa (New Zealand), Te Kaunihera o Ngā Neehi Māori o Aotearoa, Nga Manukura o Āpōpō, Wharangi Ruamano, and Te Rau Ora. However, due to disruptions caused by the COVID-19 pandemic, shut-down of

organisations and uncertainty of when business as usual would resume, my efforts to engage with these organisations yielded limited results.

While disappointing, as it narrowed workplace representation, it resulted in me taking a more direct approach by emailing each DHB. This strategy proved highly effective, resulting in an overwhelming response from interested Māori nurses. A first-come, first-served approach was used to triage participants against the inclusion criteria, ensuring transparency and fairness. As previously discussed, a target of 12 participants was achieved. All other interested individuals were subsequently contacted via email and thanked for their interest.

Cultural and Technological Considerations

To accommodate national reach, Zoom was used to enable virtual engagement. Participants were required to have basic technological competency and access to a device capable of video conferencing. While the strategy to use Zoom was proposed early, its successful uptake was helped by timing. During my oral defence to secure candidature, the use of Zoom was questioned in relation to maintaining kanohi ki te kanohi. At the time, video conferencing was gaining traction in workplaces but remained relatively untested in Kaupapa Māori research. My supervisor was confident in its application, having used it previously. Within months, the widespread adoption of Zoom during the pandemic meant that the platform became a primary means of communication, making its use both accessible and culturally adaptable.

Throughout the recruitment process, the principles of aroha ki te tangata and manaaki ki te tangata were maintained. Participants were invited to engage on their own terms, with clear information provided about the study's purpose, time commitments, and ethical safeguards. This approach fostered trust and ensured that recruitment was both effective and culturally safe and respectful.

Data Collection

Data collection for this study was guided by the Appreciative Inquiry 5D model grounded in Kaupapa Māori principles. In alignment with these principles, indicative questions

(Appendix A) were shared with participants prior to their interviews. This practice upheld the values of transparency and manaakitanga, offering participants the courtesy of knowing what to expect and allowing time for reflection. Sharing questions in advance is supported in qualitative research to enhance informed consent, reduce anxiety, and foster richer, more reflective responses (Haukås & Tishakov, 2024; Maurer, 2024). Data collection was conducted via a two-step process.

The first step involved semi-structured individual interviews that took approximately 1 to 1.5 hours each. These interviews were conducted as hui, a culturally grounded method of data gathering consistent within te ao Māori, where storytelling, whakawhanaungatanga, and collective knowledge sharing are central (Walker et al., 2006). Each hui began with a mihi whakatau and karakia, reinforcing tikanga Māori and creating a culturally respectful space for participants (Moyle, 2014). The interview process was structured to explore participants' experiences, values, and aspirations as Māori nurses. While the questions were informed by the Define, Discovery, and Dream phases of the Appreciative Inquiry 5D model, the analysis was not limited to positive experiences. Instead, questions served as relational prompts to elicit rich narratives that reflected the full spectrum of participants' realities. These areas provided a flexible structure for the interviews, allowing participants to share their stories in ways that were meaningful to them while supporting the research aims.

In alignment with the Discovery and Design phases of Appreciative Inquiry, transcripts from individual interviews were returned to participants for review. This step upheld the Appreciative Inquiry principle of collaborative meaning-making, allowing participants to reflect on and validate their contributions before progressing to collective dialogue (Lewis, 2021). From a Kaupapa Māori perspective, returning transcripts to participants reflects the principle of mana motuhake, affirming their authority over their own narratives and ensuring that knowledge is co-produced in a culturally respectful and relational manner (Pihama et al., 2015; Rewi, 2014). This process also aligns with whakawhanaungatanga, fostering trust and reciprocity in the research relationship. Rather than conducting a thematic analysis at this stage, I undertook a reflective review

of the validated transcripts to identify key areas of discussion and recurring points of interest. These were developed into indicative topics, not fixed themes, to guide the next phase of collective exploration. This approach aligns with a Kaupapa Māori emphasis on iterative, relational knowledge construction, where meaning is developed through ongoing dialogue rather than extracted from participants (McCarty et al., 2025; Smith et al., 2019).

In the second step, these topics were brought into wānanga. The use of wānanga is well-established in Kaupapa Māori research as a space for shared storytelling, validation, and deeper exploration (McCarty et al., 2025; Smith et al., 2019). This process ensured the research remained participant-led, culturally responsive, and reflective of the lived realities and aspirations of Māori nurses. Originally, the wānanga was planned as a single session involving the full roopū (group), with breakout rooms via Zoom to facilitate smaller roopū for focused kōrero. However, to uphold manaakitanga and accommodate participants' schedules, the wānanga was restructured into three separate sessions, with each participant attending one. This adaptation made facilitation more manageable and allowed kōrero to flow uninterrupted. The decision to restructure was reached through consensus, enabling participation from all but one member. Each wānanga was treated as an independent data source, consistent with Kaupapa Māori principles that honour the distinct contributions of each roopū (McCarty et al., 2025; Smith et al., 2019). In this context, wānanga refers to the facilitated session where kōrero occurred, while roopū denotes the group of participants within each session. This distinction ensured that each roopū voice was preserved and analysed on its own terms.

While the terminology used by Korzenevica et al. (2025) differs, the underlying principles resonate with the Kaupapa Māori approach adopted in this study. The multi-step format facilitated natural closure of kōrero, contributing to data richness and thematic depth. Although each participant attended only one session, the staggered structure created space for researcher reflection between wānanga, which informed facilitation and enhanced exploration of emerging ideas. This method reflects the iterative and relational nature of Indigenous research, as emphasised by Bessarab and

Ng'andu (2010) and Kovach (2021), who highlighted the importance of culturally grounded, dialogic processes in generating meaningful insights. To synthesise the outcomes across wānanga, each session was transcribed and analysed independently. A cross-wānanga analysis was then conducted to identify converging topics and preserve unique insights, ensuring both collective and individual roopū voices were honoured.

Appreciative Inquiry 5D Framework

The Appreciative Inquiry 5D model structured the data collection process, with each phase aligned to specific engagement methods:

- Define: Clarified the topic of inquiry—what supports Māori nurses to thrive.
- Discover: Explored what currently works well through individual interviews.
- Dream: Invited participants to envision what could be possible in their practice.
- Design: Focus groups were used to collaboratively shape what should be.
- Destiny: Focused on recommendations and aspirations for future practice and systems change.

While the Destiny phase is often associated with implementation, in this study it served as a generative space for articulating recommendations and future aspirations. Such a use of the Destiny phase is well-supported in the literature, which recognises its flexibility to accommodate strategic planning and visioning when direct implementation is not feasible (Cooperrider & Whitney, 2008; Stavros et al., 2015). Within Kaupapa Māori research, the emphasis on transformative intent and collective agency similarly validates the development of recommendations as a legitimate and impactful outcome (Pihama et al., 2002; L.T. Smith, 2021). By concluding with co-constructed insights, the study remains methodologically consistent with both frameworks, contributing to systemic change while respecting the scope and positionality of the researcher.

Technological Considerations

All sessions were recorded using the record feature on Zoom. As discussed earlier, at the time this study was proposed, Zoom was in its early stages of development; however, the pandemic expedited its technological advances and widespread adoption meaning that the original proposal to use a secondary device for recording was not warranted.

Although Microsoft Word offered a transcription feature, and was initially trialled, the task was ultimately outsourced to ensure greater accuracy, particularly in capturing te reo Māori. Participants were informed of the recording process and consented to it.

Data Analysis

Data analysis was guided by a reflexive thematic approach (Braun & Clarke, 2022), adapted to align with Kaupapa Māori principles and the Appreciative Inquiry 5D cycle. Thematic analysis was first applied to individual interviews using an inductive approach, supported by memo writing and iterative coding. Transcripts were read multiple times to ensure immersion in the data, and initial codes (topics) were generated based on recurring patterns, participant language, and culturally significant expressions. These topics were then grouped into broader categories aligned with both Appreciative Inquiry phases and Kaupapa Māori values. Importantly, the interview and wānanga questions were designed to reflect the Appreciative Inquiry 5D cycle. The Define, Discover, and Dream phases encouraged participants to reflect on personal and professional strengths, while the Design and Destiny phases facilitated collaborative visioning and solution-building. Thematic analysis of responses to these guiding questions supported the identification of aspirational themes such as empowerment, relational support and cultural safety as central to understanding what enables Māori nurses to thrive.

To maintain relational accountability, participants were invited to review summaries of their interviews and contribute to the thematic development. This participatory approach, consistent with the Mahi a Roopū method (Wilson et al., 2019), ensured that the interpretation of data was co-constructed and participants retained agency over how their stories were represented. This sequence also enabled participants to reflect collectively on emerging insights and co-construct recommendations for practice and policy. Analysis was relational, respectful, and empowering. It honoured Māori ways of knowing and being, while leveraging the structured flexibility of Appreciative Inquiry to elicit transformative insights. As the researcher, I maintained reflexivity throughout, journaling interpretive decisions and cultural considerations to

ensure the analysis remained grounded in participant narratives and responsive to Indigenous epistemologies.

Reflexivity and Culturally Grounded Analysis

Reflexivity was a key part of data analysis. As a Māori researcher working within a Kaupapa Māori framework, I understood that my identity, experiences, and cultural position influenced how I engaged with participants and interpreted their narratives. The analysis was not objective or detached but shaped by Māori ways of knowing and doing. I kept a positionality journal to record decisions and reflections throughout the process. I also considered insider/outsider dynamics, discussed interpretations with supervisors and peers, and noted the emotional impact of participants' stories. These actions are consistent with reflexive thematic analysis, which recognises the researcher's role in shaping meaning. Braun and Clarke (2021) described this as 'knowing researcher' work, where reflexivity is not a checklist but an ongoing engagement with how the researcher influences the analytic process. Byrne (2022) supported this view, noting that reflexivity helps ensure analysis is grounded in both the data and the researcher's interpretive lens, particularly within constructivist paradigms. These practices supported an analysis that was methodologically sound and culturally responsive.

Analysis was guided by Kaupapa Māori principles, including tino rangatiratanga, manaakitanga, and whanaungatanga. Participant narratives were interpreted through te ao Māori, with attention to concepts such as whakapapa, wairua, mana, and tūhonotanga. These were not treated as thematic categories imposed on the data but as ontological and epistemological lenses through which meaning was understood. This approach reflects reflexive thematic analysis principles, where themes are not extracted from the data as pre-existing entities but are constructed through the researcher's interpretive engagement (Braun & Clarke, 2024). In this context, Māori concepts functioned as culturally grounded ways of knowing that shaped how meaning was made rather than being reduced to descriptive codes. Reflexive thematic analysis supports this interpretive stance, recognising that meaning is contextually situated and shaped by the researcher's positionality and theoretical orientation (Braun & Clarke, 2021; Finlay, 2021).

Thus, analysis remained culturally located and did not reduce Māori experiences to Western analytical frames, consistent with Kaupapa Māori's emphasis on Indigenous epistemologies and relational accountability (Pihama et al., 2002; L.T. Smith, 2021).

Consistent with the mahi a roopū approach, themes were not imposed but emerged through culturally grounded dialogue, guided by whakawhanaungatanga and manaakitanga. In short, reflexivity and cultural grounding were not peripheral to the analysis, they were foundational. They ensured that the research honoured the mana of participants, upheld Kaupapa Māori ethics, and contributed to transformative, Indigenous-led knowledge creation.

Integration with Appreciative Inquiry

The 5D model—Define, Discover, Dream, Design, Destiny—provided a scaffold for organising and interpreting the data. Each phase of the model corresponded to a distinct stage of engagement and analysis:

- Define: Clarified the scope of inquiry and informed the initial coding framework.
- Discover: Focused on identifying existing strengths, supports, and enablers in participants' practice.
- Dream: Captured aspirational visions and imagined futures for Māori nursing.
- Design: Synthesised collective strategies and recommendations co-created during focus groups.
- Destiny: Consolidated insights into actionable themes and future directions, recognising the localised scope of implementation.

This phased structure supported a layered and iterative analysis, allowing topics to emerge organically from participant engagement rather than being predetermined. It also enabled collective reflection and co-construction of recommendations. This integration supported a strengths-based analysis that focused on what works well for Māori nurses. However, for barriers or deficits that were relayed in participants' sharing of stories, the design naturally had participants lean into these experiences to leverage positive action and outcomes.

Ensuring Trustworthiness

To ensure analytical rigour, the study employed strategies aligned with Lincoln and Guba's (1985) criteria for trustworthiness—credibility, transferability, dependability, confirmability—within a Kaupapa Māori and reflexive thematic analysis framework. Credibility was supported through participant validation, where transcripts were returned for review and feedback, allowing participants to confirm or clarify their contributions. This process aligns with the principle of mana motuhake and supports collaborative meaning-making (Pihama et al., 2002; Rewi, 2014). Transferability was addressed by providing rich, contextual descriptions of participant experiences, including their practice settings, cultural values, and aspirations. These descriptions enable readers to assess the relevance of findings to other Māori nursing contexts (Tracy, 2010). These strategies reinforced the reliability and integrity of the research findings, ensuring that interpretations were grounded in participants' narratives and culturally responsive methodologies.

My recent interactions with two graduate nurses further affirmed the relevance of the study's findings. One nurse, working in a mainstream hospital setting, described feeling pressure to "leave their Māoritanga at the door". They described the environment as highly clinical, hence the dominant culture. In contrast, the other graduate nurse, employed by a Māori health provider, shared that they felt completely supported in expressing their cultural identity. They described an environment where tikanga was embedded in daily practice and where their contributions as a Māori nurse were valued and encouraged. These contrasting experiences reflect the importance of culturally responsive and affirming environments and support the transferability and credibility of the study's findings across diverse practice contexts.

Dependability was supported through consistent application of the research frameworks and transparent documentation of methodological decisions. Decisions were discussed with supervisors and recorded in reflective notes, ensuring continuity and coherence across the research process. Confirmability was evident in the reflexive stance taken throughout the study, including the use of a journal and collaborative supervision.

It was also demonstrated through adaptations to recruitment and orientation practices, such as shifting from organisational outreach to direct DHB engagement and restructuring wānanga formats to uphold manaakitanga and ensure equitable participation. These decisions were made in response to participant needs and contextual realities, reinforcing the study's cultural responsiveness and methodological integrity. Together, these strategies ensured that the findings were grounded in participants' narratives and upheld the ethical and relational principles of Kaupapa Māori research.

Ethical Considerations

Ethical integrity informed the design and conduct of the study, guided by institutional requirements and the cultural principles of Kaupapa Māori. Approval was granted by the Auckland University of Technology Ethics Committee (AUTEC 20/347) on 1 March 2021 (Appendix B), with all procedures aligned to Te Ara Tika ethical guidelines (Hudson et al., 2010). These guidelines prioritise Māori values such as mana, aroha, whanaungatanga, and tino rangatiratanga, ensuring that the research was culturally safe and respectful. Participants were provided with a comprehensive information sheet (Appendix A) outlining the study's purpose, procedures, risks and benefits. Informed consent was obtained through multiple accessible formats, including email, scanned forms and recorded Zoom sessions, to ensure participant autonomy and clarity. Transcripts were anonymised and stored securely in accordance with AUTEC guidelines. This approach reflected a commitment to ethical transparency and cultural responsiveness throughout the research process.

Participant Protection and Conflict of Interest

Within the participant information sheet (Appendix A), my role as Director of Nursing at Hauora Tairāwhiti at the time was explicitly acknowledged, and participants were assured that their involvement would not result in any professional advantage or disadvantage. Additionally, participants from my own workplace and immediate whānau were excluded. This decision upheld the ethical integrity of the research process, ensuring participant protection was prioritised and that perceived power imbalances were actively mitigated.

Language and Accessibility

Although conducting interviews entirely in te reo Māori was considered, it was not feasible due to my own limitations in fluency and programme resource constraints. Nonetheless, te reo Māori was incorporated throughout the study in a conversational manner and as a form of cultural expression. This approach balanced inclusivity with accessibility, recognising that not all Māori nurses are fluent in te reo Māori. It also aligned with the NCNZ's professional language requirements, which expect proficiency in English for registered nurses per the Health Practitioners Competence Assurance Act (2003).

Informed Consent and Voluntary Participation

Participants were invited to take part in both individual interviews and wānanga. The participant information sheet clearly outlined the study's purpose, structure, and time commitments. Informed consent was obtained prior to data collection (Appendices C & D), and participation was entirely voluntary. Participation involved approximately 4.5 hours across two sessions. As clearly stated in the information sheet each participant received a NZ$50 gift card as koha (gesture of appreciation). While no formal evaluation was conducted, it was assumed the koha served as a gesture of appreciation rather than a motivator, with the kaupapa being the primary driver for participation.

Data Management and Privacy

All data, including consent forms, interview recordings, and transcripts, were stored securely in accordance with AUTEC guidelines. Participant identities were known only to me as the researcher and, in the case of wānanga, fellow participants. Transcripts were anonymised during transcription and analysis, with gender-neutral pronouns and pseudonyms used to protect identities in reporting. During the consent process, participants were informed that while confidentiality would be maintained in the handling and reporting of data, anonymity within the wānanga could not be assured due to the format. Participants were advised that others in their roopū would see and hear them during the wānanga, and that cameras and real names would be used unless they chose otherwise. They were encouraged to respect each other's privacy and reminded

not to share any kōrero outside wānanga. These expectations were discussed at the beginning of each session as part of the tikanga and roopū agreement process. Contact details were stored securely and not shared externally. Participants were informed they could raise privacy concerns at any point during the study.

Participant Well-being and Support

Recognising the potential emotional impact of sharing personal and professional experiences during interviews and wānanga, participants were offered access to free counselling services through Auckland University of Technology. This included up to three confidential sessions, available both in-person (Auckland) and online, ensuring support was accessible regardless of location. These services were provided by the University and were independent of participants' own employment arrangements. Additional support options such as Healthline and Employee Assistance Programmes were also offered via Auckland University of Technology. The emotional impact was anticipated due to the nature of the kōrero, which included reflections on racism, cultural isolation, burnout and experiences of marginalisation within the health system. These topics were deeply personal and, for some, unresolved. These measures upheld the principle of manaaki ki te tangata, ensuring participants felt supported throughout the research process.

Conclusion

This chapter outlined a culturally responsive and strengths-based approach to research methods, integrating Kaupapa Māori and Appreciative Inquiry to guide ethical and relational practice. Drawing on the philosophical foundations of Kaupapa Māori and the structured, future-focused orientation of Appreciative Inquiry, the research design was intentionally crafted to honour Māori values, foster meaningful engagement, and ensure methodological rigour. The recruitment process reflected relational and inclusive principles, engaging Māori nurses from across Aotearoa New Zealand through culturally safe and accessible means. Data collection was guided by the Appreciative Inquiry 5D model and conducted through interviews and wānanga, all of which upheld tikanga and fostered meaningful engagement. Analysis was carried out using a Kaupapa Māori lens,

ensuring that participant narratives were interpreted within te ao Māori and co-constructed through collaborative processes. Ethical considerations were embedded throughout the study, extending beyond institutional compliance to embrace Indigenous ethical frameworks that prioritise mana, whanaungatanga, and tino rangatiratanga. Together, these methods ensured that the research respected the voices of Māori nurses and generated findings that are both culturally grounded and transformative. The following chapters present the results of the study, highlighting the findings that emerged from participants' narratives and the insights they offer into thriving as Māori nurses in contemporary practice.

Chapter Five: Examination of Identity and Self-Discovery

"Tūngia te ururua kia tupu whakaritorito te tupu o te harakeke –
Burn off the overgrown bush so that the new flax shoots may spring up"

The above whakataukī speaks to the need of clearing obstacles to create the conditions for new growth and potential to flourish. It signifies the importance of addressing challenges and creating a supportive environment where individuals can thrive. Within the context of this research, the whakataukī reflects the significance of examining the experiences and perspectives of Māori nurses in order to gain deeper understanding of their journeys and the factors that contribute to their sense of belonging and success within the nursing profession.

This chapter begins a three-part exploration of the qualitative data derived from narratively conveyed experiences. It delves into themes relevant to the recruitment and retention of Māori nurses, with a particular focus on fostering a flourishing Indigenous nursing workforce within Aotearoa New Zealand. In this chapter, I explore the unique challenges and opportunities that shaped the professional journeys of Māori nurses in New Zealand's healthcare system. I also consider their perceptions of thriving as Māori nurses, starting with understanding what this topic means to them, and uncovering their identities as individuals, nurses, and Māori on their path of becoming *thriving* Māori nurses.

Gaining insight into the participants' perspectives on the topic of thriving and its origins was crucial as I embarked on this journey with them. Alignment with a Kaupapa Māori approach ensured the participants had a voice in the research and felt empowered to engage. Hence, through the guidance of Appreciative Inquiry, I asked each participant, "What made you become a nurse?" to elicit these stories within the discovery phase and gain a sense of 'what is' thriving to them. As I delved deeper into their stories, it became evident their life journeys had a profound impact on leading them into nursing, contrary to the common assumption that nursing or a chosen profession shapes one's life. The

stories they shared highlighted the challenges they faced, moments of triumph, and the deep connections they formed within them, all of which occurred well before the notion of nursing being a career destination. It became clear their decision to pursue nursing was not merely to acquire a profession but a calling that complemented their individual characteristics, shaped by the experience's life had provided them.

The participants' stories revealed rich and diverse journeys that led them to the nursing profession. Some were inspired by personal experiences, while others were influenced by whānau (family) or mentors. Yet, a common thread united them all—an unwavering dedication to making a difference in the lives of others. Though each nurse had their own stories and experiences, they shared a passion as Māori nurses to support their whānau, hapū, and iwi. This research highlights that the participants' pre-existing desire to make a difference, combined with their ability to express that desire within the context of their professional practice, ultimately contributes to their sense of thriving as Māori nurses.

Discovery of Self

We tend to overestimate the singularity of the western model of success, which often delineates it as being accomplished through education, career, and family in a particularly linear order. This leaves little room to understand the diverse models of success embraced by other cultures, where the pathway to perceived success can be more circuitous in comparison. Is this wrong? Not necessarily. The stories of identity and self-discovery from the participants illustrate this through their journeys toward reaching their own sense of success. The very first interview I conducted will never be forgotten, as Matariki launched straight into taking stock of where they were in life.

> *I got into nursing later, in my late 40s when my last kid left high school. I thought it's do or die, either get a degree now or forever be a well-read bloody dishwasher. Because my two sisters are professionals everyone looked at me as to why I wasn't. Why was I just washing dishes?*

Matariki described their circumstances with both words and expression, revealing everything. In this sharing, they asked if I minded that they swore; of course, I gave them

that comfort. Within te ao Māori, we are encouraged to speak openly and process our thoughts as we go along, recognising that everyone has a right to their own truth, even if it differs from our own. In this instance it relates to a colourful use of language that in other contexts could be seen as aggressive. This approach speaks to an inclusiveness and diversity within te ao Māori, where multiple perspectives and narratives are embraced and valued. Through the act of sharing and dialogue, differing truths can be expressed, explored, and developed in a respectful manner. There is an understanding that our individual experiences and understandings shape our personal realities, and these varied truths can coexist and inform one another as we engage in open and meaningful exchange. This fosters an environment where individuals feel empowered to voice their authentic selves. Asking for permission gave rise to their comfort to express between two worlds, when to switch on being Māori and when to switch off. Matariki's ability to expand their use of language to an informal manner created an articulation that was tika (right) and pono (true) to them as a being and, importantly, self-respect to their mana (status).

Returning to Matariki's journey, their story offers a compelling alternative to the conventional Western view of success which often prioritises achieving educational and career milestones early in life. Matariki's experience challenges these societal and familial pressures. Rather than following a predetermined timeline, they chose to pursue personal and professional fulfilment on their own terms. This approach, in turn, played a significant role in their sense of thriving.

When I solicited Tupuārangi's journey, their reflection portrayed a trajectory that departed from a linear path toward success.

> *I would have gone back to when I did HCA work at the rest home and from there, realised I wanted to be able to do more for people, liked helping them. I'd done study in Wellington for a hospitality degree, hospitality was my career. Then I got offered some work at a rest home as a cook but they also needed caregivers. So, I was doing both. And then I realised this is something I want to expand on, and that's how I found nursing. Which is crazy 'cause I never thought I would want to*

do nursing ever, didn't really like science or biology or anything. It definitely grew from hands on experience, caregiving and working with elderly.

In their recount, nursing was never considered because of the perceived scientific nature of the profession. However, the people-oriented or service aspect of nursing became the draw card after a fortuitous job offer as a cook in a healthcare setting. Tupuārangi shared that while being employed at the nursing home, having exposure to working with the elderly gave them an appreciation of what caregiving contributes to both the clients and the personal rewards. Furthermore, Tupuārangi found the practical aspects of hands-on caregiving to be a key draw, as it allowed them to directly contribute to the well-being of others. Interestingly, despite starting out in aged care and valuing that experience, they ultimately saw it as a steppingstone to wider opportunities while remaining focused on delivering care to others.

Tamanuiterā shared a blended narrative of Matariki and Tupuārangi. On becoming a single parent of two teenagers, life circumstances took them from one end of the country back to the other where they had whānau support. With this change they saw an opportunity to embark on a lifelong dream of becoming a physiotherapist. However, the logistics of this path created challenges that entailed uprooting their children once again to relocate, an option that was not feasible. Rather than accepting this as an insurmountable obstacle, Tamanuiterā devised a workaround plan. Seeking out a guidance counsellor for support, they were advised to start with nursing studies offered locally, with the idea of cross-crediting to physiotherapy in a 'couple of years'. Unexpectedly, this 2-year plan would ultimately lead Tamanuiterā down a pleasant twist in their career path.

Tamanuiterā reminisced about this moment of discovery, warmly describing the connection they made as they shared their story with me. After years of pursuing a dream role, they experienced a shift in their feelings that led them to pivot and embrace another path.

I was halfway through my nursing training; I did my first mental health placement and within a couple of hours it just felt so right for me. Everything clicked. I had a

rapport with people. Maybe being an older student as well, having life experience, I just stayed ever since. Every now and then I do think 'oh, what would have been if I became a physiotherapist?'

Pursuing a career in mental health nursing proved to be a pivotal moment for Tamanuiterā. This path resonated deeply, allowing them to connect with people and leverage their life experience in a meaningful way, serving as an affirmation of their traits before entering nursing. As they pursued their nursing studies, they became drawn to the complexities of mental health care. The opportunity to make a difference in the lives of those facing such challenges provided them a sense of purpose. Embracing the unexpected turn of events, Tamanuiterā learned to appreciate the unique journey that led them to where they are today. Their story serves as a testament to the power of aligning personal and professional values to thrive.

Reaching for the stars was a mantra Hiwa-it-te Rangi took literally. When we discussed their path into nursing, Hiwa-it-te Rangi explained nursing was not their original plan. As with previous participants, a chance exposure during a friend's critical illness presented a new path.

I fell into nursing. I wanted to be an astronaut! But I don't like flying so that limited my ability. I had a friend who was critically unwell when she was 16. She was in ICU and I just sat there watching the nurse looking after her and thought I love it, I want to do that, I want to care for people, I want to use that technology and use all those skills

For Hiwa-it-te Rangi, at 16 years of age, the experience of seeing ICU nurses using skills and technology to care for others presented a new way forward. The experience connected a passion for utilising advanced technology and honing essential skills to positively impact others' lives through compassionate healthcare. As Hiwa-it-te Rangi reflected and laughed, they referenced never actually becoming an ICU nurse. However, the desire to ensure patients, staff, and organisations were all represented in a therapeutic relationship to deliver positive impact stemmed from the scene they witnessed over 20 years ago.

For Pōhutakawa, the journey of understanding themselves and its connection to nurturing others began early in life. One story shared occurred during their childhood at kura (school). Despite being confronted with racism at a young age, these experiences paradoxically sparked a passion for helping others and set them on a path of self-discovery eventually leading to nursing.

> *When I was a kid, we lived in Hamilton for a while and at primary school it was incredibly racist. A whole lot of weird things happened but anyway, in those days all the playgrounds were concrete. So, heaps of kids stubbed their toes, fell over, hurt themselves, and I loved fixing them!*

This early inclination towards caregiving was reflected on as a response to the challenges Pōhutakawa faced in their environment. By focusing on helping others, they found a sense of purpose and agency amidst the negative experiences they encountered.

Later, as a teenager, a significant medical event involving their mother further ignited this fascination. Specifically, their desire to understand the human body and the healing process.

> *First time I ever went to Auckland was when I was 16. I was fascinated. They did a craniotomy. The base of the aneurysm was so wide, they racked it, they couldn't put a clip on it. I was asking the nurse how did you get into her skull? They go, you shouldn't ask those questions*

This event left a lasting impact on Pōhutakawa by building on their earlier experiences. Their curiosity about the intricacies of medical procedures demonstrated a burgeoning interest in healthcare as they sought to understand the surgical procedures performed on their mother. Seen as an extension of their earlier desire to 'fix' things, this drive to understand, question, and seek knowledge was a key aspect of Pōhutakawa's journey of self-discovery and ultimately, supported their ability to thrive.

Waita's passion for nursing and patient care was deeply influenced by their personal experiences, particularly witnessing their mother's journey within the healthcare system. They observed inequities in the care their mother received as wāhine Māori (Māori woman), sparking a strong determination to ensure equitable access to proper

care for all individuals. This sense of justice became a driving force in Waita's journey as a nurse educator, shaping their understanding of what it means to provide culturally safe and equitable care.

> *When I'm with my mother I still feel that she's not given the care that she should of, equally to non-Māori. It's a sense of making sure that we get the care we should have. That was a strong motivator.*

Moreover, they emphasised the importance of advocating for fair treatment without showing favouritism towards any particular group. Their commitment to upholding principles of fairness and equity reflects their dedication to maintain integrity in nursing education while promoting a just healthcare system.

> *I do advocate and try not to have favourites! And don't favour the fair, favour the popular or favour the whatever! I don't think that's right. That would be my strength. And probably holding on to what I believe is pono. Is true, is right.*

Overall, Waita's sense of identity was built from a desire to create an environment where everyone receives high-quality care regardless of their background or status. By upholding what they believe is just and right–pono–they embody strength in ensuring that ethical conduct remains at the heart of nursing practice and education, reflecting an innate feature of te ao Māori. Commitment to pono both guides their actions and shapes their identity as a Māori nurse. It informs their approach to care and their role as an advocate for equity within the healthcare system. Waita's story highlights how personal experiences and cultural values intertwine to create a strong sense of purpose and commitment to thriving in their practice.

A theme emerging amongst the stories shared is that 'life experiences' were a motivating factor in pursuing nursing. Ururangi's journey was also influenced by a significant life event, caring for their grandmother who had suffered a stroke. This left a lasting impression on them and sparked a sense of compassion and purpose, leading Ururangi to pursue nursing as a means of providing care and support to those in need. My interview with Ururangi started with great highlights of their career prior to nursing.

However, the appreciation of how incredible they truly are was encapsulated in this segment, which described their transition from their initial career choice after 10 years.

> *I thought I wanted to do something else. I stayed with my grandmother and helped look after her a little bit and then she had a stroke. So, I went back to school and re-sat sciences but was turned down twice [for nursing school]. They never gave me a reason which was really interesting. I was in front of a Māori panel as well. But anyway, I was fortunate I got in thanks to a beautiful Pākehā tutor at the time, she spoke up for me. I thought, 'oh well just let that go, keep moving'.*

Despite facing challenges on their educational path, including being turned down twice without explanation, Ururangi exemplified remarkable resilience. With the invaluable support of a compassionate Pākehā (non-Māori) tutor, they described overcoming adversities while pursuing their education. Even when needing to relocate across country, Ururangi showed no ill feeling when sharing this story. These experiences shaped their character and fuelled their drive to become a nurse equipped with empathy and understanding for others' struggles.

Waitī's initial motivation to enter the nursing field was significantly influenced by whakapapa (genealogy), particularly through an older sibling who was already established in the profession. During our moment of whakawhānaungatanga (introduction/sharing of self), Waitī spoke little about themselves but, in a natural and fluent manner, they painted a picture of their whānau. While directly acknowledging the koha they receive from whānau as being part of their life, the warmth conveyed the utmost conviction of its importance.

> *I followed in my older sibling's footsteps. They did registered nursing and encouraged me to pursue that as well. I trained a couple of years after them and they basically inspired me to do that.*

This inspiration demonstrates the importance of role models within te ao Māori, illustrating how aspirations and career paths can be shaped by those we admire. Waitī's decision to follow in their sibling's footsteps highlights the impact of familial encouragement and reflects a broader cultural value of whanaungatanga (kinship). This

principle of whanaungatanga emphasises the interconnectedness and collective responsibility within te ao Māori. And thus, positioned in contrast to the western model of individual success, is paramount to a sense of thriving.

As with Waitī, Waipuna-ā-Rangi's recounted journey into the nursing profession offers another compelling narrative of whānau influence and guidance.

> *I've been a nurse for about 40 years, and I have to say it wasn't a choice of mine. I was wanting to go into the army or one of the armed forces when I was 18. Unfortunately, we have a big whānau. My cousins and the three [armed] forces came down to speak with my father and said, 'not to have that girl come into any of them' so that was the Air Force, the Army, and the Navy.*

This moment demonstrates whānaungatanga, emphasising the collective over the individual and the well-being of the whānau as a paramount consideration.

Subsequently, Waipuna-ā-Rangi found themselves at a crossroads, leading to employment at the Post Office—a decision not born out of passion but of uncertainty. Their half-joking desire for a career that offered regular breaks and holidays with a blend of serendipity and whānau support, resulted in aunties orchestrated Waipuna-ā-Rangi's entry into nursing, a profession not initially sought but one that would eventually resonate with their sense of purpose and identity.

> *So consequently, I didn't go into the area that I wanted to go in. I was just happy doing nothing really. I was working at the Post Office when I finished school 'cause I didn't know what else I wanted to do. I thought I did, but obviously my parents had another idea. So, two of the aunties came in to see me when I was at the Post Office and they said 'what you want to do girl?' I said 'I'd like to have days off during the week and have holidays every 6 months'. I was just joking but they said, 'oh OK, right! Let us do something about that'. I thought good old Aunties. Well, they filled out my application to do my training as a nurse. They got my referees. They initially gave me the forms but I put them into file. Then they came back to me, and said, 'we don't see your application'. I said, 'hell, how did they know*

that?' So, they got everything done for me. I just signed it all. They put it in and then the rest of it is history.

Waipuna-ā-Rangi's captivating storytelling left me constantly anticipating what would come next. Their charisma and maturity evoked a prominent feature of te ao Māori, the practice of kōrero tuku iho, the handing down of stories from the past. With each new story, I was surprised with sheer joy at fate's intervention; yet, unsurprised, for this is an acknowledged role that Pakeke, the elders, play to determine others' fate. As Waipuna-ā-Rangi summed it up, "*over time I've come to appreciate what it means to be of service – particularly within our community*".

Validation of Self

For Māori nurses, validation of self is intricately linked to their ability to thrive in their profession. It is about feeling secure and affirmed in their cultural identity which, in turn, empowers them to provide culturally safe and effective care. The narratives in this section illustrate that validation of self is a cornerstone of thriving for Māori nurses. It often starts with their cultural roots, which enhances their nursing practice through a deeper understanding of Māori values and perspectives. Participants were asked to reflect on their 'best day' as a nurse, revealing the key elements that contribute to their sense of self-validation. These reflections highlighted the importance of cultural congruence, where their actions and values align with their identity as Māori individuals.

When Matariki reflected on their journey into nursing, a genuine process of recognition followed, acknowledging their inherent strengths and the impact of their past and present experiences.

I've done a walk of living a colourful life. I've done a few yards as have my kids. So, I know what it's like to struggle. Struggle being a woman, in the position of having been in a violent relationship, of not being a good parent. Parenting in a way that's not pleasant. So, I can understand why people do the things they do under stress.

For Matariki, their personal challenges navigating a 'colourful life' and having 'done a few yards' appeared to be something they processed over time. Despite these lived experiences, their articulation of something quite mamae (painful) appeared to be

'owned' with accountability. What they could control validated the strength and resilience required to overcome adversity. Matariki portrayed no embarrassment, instead treasured their circumstance as an asset in fostering understanding and compassion. This sense of validation allowed Matariki to fully invest their energy into their practice. Thus, leading to greater job satisfaction and a feeling of thriving in their role.

Waipuna-ā-Rangi's reflection highlights the critical role of self-validation in navigating the complexities of nursing, particularly for Māori practitioners. The chance to reflect on their journey helped Waipuna-ā-Rangi better understand how the recognition of strengths from others helped nurture their own self. Their reflections revealed an appreciation and understanding for the wisdom of Pakeke and mentors, "*As I've said, a little bit of my journey is the counsel of our koroua and kuia, that has always been paramount to me*" (Waipuna-ā-Rangi). This quote highlights the importance of guidance in shaping one's professional identity and illustrates tikanga within te ao Māori of interconnectedness between the individual and their supports, whether it be whānau or extended community. Through this lens, the validation of one's strength emerges not merely as an individual endeavour but as a collective affirmation of potential and capability.

Furthermore, in Waipuna-ā-Rangi's journey through the education sector, they found an environment rich in te ao Māori. Their colloquial statement, "*you can't help but have the aunties around you*", speaks to the importance of a supportive space where their strengths were recognised and nurtured. Being able to bridge cultural gaps contributed to Waipuna-a-Rangi's sense of thriving as a nurse in Aotearoa New Zealand. This learning environment provided a foundation for personal and professional growth allowing them to navigate challenges with resilience and adaptability. Further validation stemmed from the ability to fuse cultural practices with professional responsibilities; ultimately, enhancing the delivery of healthcare to Māori communities and strengthening Waipuna-ā-Rangi's own professional identity.

As previously recounted, Ururangi's path into nursing demonstrated a connection between internal non resilience and an external support system, highlighting a collective

concept of individual strengths in overcoming adversity. Reflecting on their journey fostered a strong drive for them to become a fierce advocate for themselves and, in turn, others. Their personal strengths were illustrated through determination in the face of academic challenges and repeated rejections. As Ururangi stated:

> *I've really spoken up for myself and moved on from the whole negativity side of things. If it doesn't work for me, I'll go and find something else. You've got to be selective on how you look after yourself and what you're aiming for. That's a work in progress for all of us, what works well for me let alone our patients.*

Externally, Ururangi's success demonstrates the importance of having a supportive and collaborative community in achieving one's goals. The value placed on their peer group during nursing training is evident when Ururangi states, "*I just kept at it with our little tight team of four, five of us -some of them were Pākehā as well. We studied together which made a huge difference*". This reflection highlights the importance of togetherness and mutual support, and how external resources, such as a supportive study group, can amplify one's internal strengths. The connection between Ururangi's resilience and the collective effort of peers exemplified a holistic approach to overcoming obstacles. Through this journey, Ururangi validated the critical role of both internal and external support to find success and thrive.

Marama's reflections offered a similar take on strengths through the lens of te ao Māori, regarding the collective over the individual: "*My strengths? I think colleagues are the strength. I think learning from other colleagues and over the years, when I was a tutor, you support the students at the hui and be part of all that*". As noted with prior stories, Marama's perspective diverges significantly from the western concept of individual achievement, suggesting that success and professional growth are grounded in the collective wisdom and support of the community. This collective support system serves as a form of validation, affirming cultural identity, knowledge, and contributions within the healthcare setting.

The emphasis on collective strength through collaboration and mutual support as described by Marama reflects a foundational aspect of te ao Māori. Speaking from their

role within academia, Marama articulated growing others, describing whānau involvement through hui as a key aspect of supporting Māori students to thrive before their careers even started: "*so often it's a new experience for them too and so the hui and the kaumātua that come in and support that, it was really wonderful*". Marama illustrates how the collective support aided in the personal growth of individuals and strengthened the community's fabric. Through these insights, it becomes evident that within te ao Māori, strength and success are communal achievements. This holistic approach to professional development and well-being contributed to creating culturally safe environments for Marama and their students.

In speaking with Waita, they offered insight into qualities that both define and drive individuals to thrive in this chosen field, including the importance of being proactive and willing to help, "*if you have a team that's, 'yep, I can do that' instead of excuses of why they can't!*". Here Waita stresses the essence of a proactive approach towards patient care and teamwork. This self-awareness and recognition of one's capacity to contribute meaningfully to the team and patient outcomes is invaluable. Working within a supportive team further validated Waita's role as a valued member. Together, these factors reinforced their sense of belonging and professional worth in a culturally responsive environment.

> *Having a team who can think on their feet, and I am fortunate to work with people who are like this provides positive outcomes. Everybody's contributing their ideas. They're willing to give a little bit more so together we can make a positive outcome for our patients. A team that's willing to go an extra mile and be respectful of each other's contribution*.

Moreover, the balance of personal commitment and professional demands is a critical aspect of sustaining one's mana in the nursing profession, as articulated by Waita. The strength in resilience and self-awareness is captured in the reflection,

> *You must do a bit of soul searching and think why you want to be here. Your 'where' and your 'why' because otherwise you will get burnt out very quickly.*

Giving, giving, giving in challenging situations isn't easy to maintain over a period of time.

The statement draws attention to the dual importance of introspection and self-awareness. Equally, it stresses the necessity of acknowledging one's boundaries to safeguard against burnout. By recognising their limits and practicing self-care, Waita demonstrates a commitment to preserving their cultural identity and ensuring their long-term capacity to contribute to their community. Through Waita's journey, it becomes evident that the strengths of dedication, adaptability, and thoughtful engagement are not just beneficial but essential for thriving.

Pōhutakawa's journey of self-validation is again an attestation to the power of self-awareness and resilience. One of the moments they reflected on exhibited their ability to thrive during the facilitation of a whānau hui (family meeting). In this instance, Pōhutakawa's actions validated their role as a cultural bridge and advocate for their patients. Confronted with a patient whose first and only language was te reo Māori, they organised the hui to be culturally responsive to the patient and whānau needs. Ironically, their workplace in metro Aotearoa New Zealand did not have a reo Māori interpreter service, hence drawing upon their own connections. Pōhutakawa recalled,

The karakia was beautiful, it was so good but very stressful connecting all the people. When we're doing the karakia, it brought back a memory I forgot I had. It reminded me of that. It was all in te reo and even though I'm not fluent, just hearing it all around me was beautiful.

This experience illustrated the significance of cultural inclusivity and showcased Pōhutakawa's strength in creating a representative space that respects and honours the cultural backgrounds of patients. The ability to connect with patients on a cultural level, despite not being fluent in te reo Māori, demonstrated a significant level of manaakitanga (support). This is a crucial quality within nursing but a natural phenomenon within te ao Māori. It resonated with Pōhutakawa's cultural background and reinforced their sense of belonging and credibility within the healthcare system. "*Being able to provide that level of*

cultural care, it's what makes me feel truly valued and validated in my role" (Pōhutakawa).

Moreover, Pōhutakawa's journey is characterised by a sustained commitment to both personal and professional development, as demonstrated by their approach to overcoming challenges. During our kōrero (conversation), Pōhutakawa candidly reflected on past setbacks, stating, "*I haven't been very good at interviews, and I've missed out on some roles because of that*". This reflection was accompanied by an acknowledgment of the guidance received from their coach, who encouraged them to adopt a more lateral and innovative way of thinking. This process illustrated Pōhutakawa's resilience as well as their initiative in taking ownership of their growth. By embracing their identity and drawing strength from lived experiences, Pōhutakawa cultivated a fortified sense of self, enabling them to navigate the complexities of nursing with both confidence and cultural grounding.

However, the most compelling aspect of Pōhutakawa's narrative lies not in the achievements themselves but in the humility with which they were carried. This is aptly captured by the whakataukī, '*Kaore te kumara e kōrero mō tōna ake reka"* – the kūmara does not speak of its own sweetness', which underscores the value of humility. For Pōhutakawa, expressing pride in one's accomplishments can feel whakamā (shameful), a sentiment that contrasts sharply with the expectations of Aotearoa New Zealand's westernised healthcare system, where self-promotion during interviews is often essential. This cultural dissonance places many Māori at a disadvantage. Thus, Pōhutakawa faced the nuanced challenge of articulating their strengths confidently within professional settings, while remaining true to their values of humility and ensuring their mana remained intact.

Unlike the other stories relayed to me, Hiwa-i-te-Rangi evidenced a deliberate consideration of who they thought they were, as a nurse, particularly a Māori nurse, within the context of thriving. For them, thriving represented growth and opportunities for Māori but these were not appreciated until almost 2 decades after they entered the nursing profession. Initially, Hiwa-i-te-Rangi resisted being recognised solely for their

ethnicity, a sentiment rooted in a desire to be valued for their skills and competence, much like their Pākehā counterparts. This early resistance highlighted the complex tension between seeking individual merit and the need for equitable recognition of Māori nurses within the healthcare system. As Hiwa-i-te-Rangi reflected, "*And it's only in the last couple of years that I've started to really embrace Māoridom and being a Māori nurse and what I can do for the organisation*". This reflection illustrated how cultural identity supports recognising and leveraging personal strengths. The acknowledgment of their Māoridom demonstrated a significant shift towards self-validation and empowerment. Embracing their cultural identity was a turning point, allowing Hiwa-i-te-Rangi to excel in their role and find a deeper sense of purpose and fulfilment, which they then recognised as essential to thriving.

Furthermore, the development of Hiwa-i-te-Rangi's strengths is once again linked to opportunities provided by mentors, as noted in their appreciation: "*for me thriving is about being given those opportunities and it was actually a mentor that gave me the opportunities. Helped me see some things that I perhaps wasn't seeing in myself*". Through mentorship, Hiwa-i-te-Rangi was able to see beyond the immediate scope of their abilities, leading to a deeper understanding and appreciation of their strengths. The mentor's role was pivotal in validating Hiwa-i-te-Rangi's potential, affirming their cultural insights as valuable assets within the healthcare setting. This reflection further exemplified how the combination of self-reflection, cultural embrace, and supportive mentorship facilitates personal growth and professional development. Hiwa-i-te-Rangi's experience further underscored the need for systemic changes within healthcare to ensure that Māori nurses are validated on a personal level and supported by policies and initiatives that promote cultural competence and equity.

Validation of Role

The journey of Māori nurses in Aotearoa New Zealand is a story of cultural identity, professional validation, and the healthcare system's gradual embrace of Indigenous cultural competencies. Narratives from the participants reveal the intricacies of this

process, where they navigate the duality of personal cultural heritage and professional recognition.

These participants shared powerful tales of validation; starting with a desire to honour their cultural roots which, in turn, enhances their nursing practice through a deeper understanding of Māori values and perspectives. When asked 'what works well in your mahi?' and 'when have you felt excited, empowered, and engaged?', their responses highlight a personal quest for cultural congruency which nourishes their sense of identity and lays the foundation for cultural responsiveness in their practice—an aspirational cornerstone of healthcare in Aotearoa New Zealand.

Tupuānuku's role as a Māori nurse is intertwined with their cultural identity and commitment to serving the community, which validated their purpose and place within the profession and contributed to their ability to thrive.

> *I identified as Pākehā for a very long time. It wasn't until I did my nursing that I was one of two in the intake, so two Māori students in an intake of 160 students. That is isolating and is when I went okay, actually I'm not Pākehā, I'm Māori and I have to start being a Māori nurse.*

This shift in identity marked a turning point for Tupuānuku, leading them to leverage their blended cultural lens–a unique combination of Pākehā and Māori perspectives–to better serve their community. Throughout their career, Tupuānuku sought to leverage their blended cultural lens to support and uplift Māori patients, particularly in remote regions, where they actively contributed to the development of a culturally responsive workforce. By working alongside Māori nursing directors and leaders, Tupuānuku positioned themself as part of a network that fostered the growth of future Māori nurses. Their culturally responsive care extended to addressing systemic challenges, such as isolation and the lack of appropriate support for emerging Māori nurses; thus, advocating for necessary changes within the health system.

Additionally, Tupuānuku's commitment to improving health outcomes for whānau and the wider Māori community, as demonstrated through their specific interest in

diabetes management, further validated their role as a professional who provides care and deeply understands the socio-cultural context of their patients.

> *When I talk to whānau and they tell me, 'oh yeah, everyone in my family dies from diabetes'. Actually, that's not your story. Your story is being one of the healthiest nations in the world. So, as a nurse, I'm very driven to change that story. My aspiration is for Māori to be one of the healthiest nations in the world and for [other] people to aspire to be like Māori.*

As a nurse, Tupuānuku effectively bridged the gap between their Māori heritage and the healthcare needs of their community. They demonstrated the importance of trying to understand and empathise with patients' experiences. This attention to cultural responsiveness enhanced the standard of care provided and strengthened Tupuānuku's credibility and validation.

For Marama, validation as a Māori nurse came through an alignment with their cultural identity and a dedication to culturally responsive care. This is reflected in their belief that "*you have to be respectful with individuality and culture. Try to understand what's going on for people and try to walk in their shoes a wee bit*". This empathic practice, a foundation of te ao Māori, extends beyond traditional medical care, fostering a holistic approach that intertwines clinical skill with cultural insights. In seeking to 'walk in their shoes', Marama affirmed their cultural credibility within nursing. This credibility stemmed from their understanding of Māori values and their ability to effectively integrate these into their nursing practice. This illustrates a journey of professional validation and cultural reclamation and empowerment within Māori nursing, allowing them to thrive in their role.

The sense of embracing one's own cultural identity was integral to Hiwa-i-te Rangi's professional journey as a Māori nurse. This path of self-recognition led to a sense of validation within the nursing profession and contributed to their sense of thriving. As portrayed earlier, Hiwa-i-te Rangi grappled with being categorised as 'Māori' when receiving funding, which caused resentment. However, professional validation emerged as Hiwa-i-te Rangi fostered their Māori identity over time, allowing them to perceive their

role in the healthcare system through a culturally contextualised lens. As Hiwa-i-te Rangi described, "*my identity as a Māori nurse is a real strength. It allows me to connect with my patients in a way that others can't*". The narrative shifted from initial reluctance to later acceptance and pride in their cultural heritage. Now, like other participants, Hiwa-i-te Rangi understands the importance of working in environments where their identity is embraced in order to thrive. Hiwa-i-te Rangi now sees their identity as an advantage, feeling empowered to contribute more effectively to their organisation. The evolving acceptance of being a Māori nurse has strengthened Hiwa-i-te Rangi's sense of validation by recognising the importance of their cultural background in enhancing their professional role. By embracing their identity, Hiwa-i-te Rangi was able to bring their full, authentic self to their nursing practice, ultimately thriving in their profession.

Pōhutakawa's validation as a Māori nurse was illustrated through their experiences highlighting the importance of cultural integration within nursing as an enabler to thriving. Their ability to fuse cultural practices with professional responsibilities improved healthcare delivery to Māori communities while validating their own professional identity. "*My cultural identity is a huge part of who I am as a nurse. It's not something I can just leave at the door*".

Pōhutakawa also confronted challenges related to embracing their Māori identity within the healthcare profession sharing stories and criticism for being "*too Māori*", underscoring the struggles encountered while navigating and affirming their cultural heritage in a professional setting. "*Some whānau came in, some aunties. I kissed them hello like you do and an older supervisor saw me. She said, don't do that, you're being too Māori*". But through their incorporation of cultural practices within a professional setting, Pōhutakawa felt a validation of their role as a Māori nurse, and despite their earlier experiences, celebrated it with deep pride. Additionally, the opportunity to cover a role in the Māori health service represented more than just a personal advancement for Pōhutakawa; it was an organisational acknowledgment of a need for the cultural knowledge that they possessed: "*When I'm able to incorporate Māori practices and values into my work, it just feels so right. It's like I'm truly honouring my identity*".

Similarly, Tamanuiterā's journey to understand their cultural roots and embrace their Māori identity has been central to feeling validated as a nurse and thriving in their profession. The desire to connect with "*myself and where I come from*" has driven them to weave their cultural identity into their professional persona, infusing their role with a sense of empathy and cultural responsiveness. It is not just about personal fulfilment, Tamanuiterā saw this as a way to build a professional profile that truly reflected Māori values and perspectives, adding richness and nuance to the care they provide.

Interestingly, Tamanuiterā felt a deeper sense of pride in their Māori identity while overseas:

> *I've been over to Australia a few times in the last couple of years, before COVID doing nursing contracts and for some reason, I felt more proud over there being a Māori then what I do here. I don't know whether it's because when I come back here, I just fall back into the same pattern/routine that I already had, and I want to break out of that to learn.*

This reflection highlighted how perceptions of cultural identity can vary based on the environment. These experiences underscore the importance of institutional support and acknowledgment for the unique strengths that Māori nurses can bring to the profession.

Furthermore, Tamanuiterā's eagerness to learn more about their Māori culture and language spoke to cultural credibility, which lies at the heart of Māori nursing practice. Recognising the power of language to connect with patients and communities, Tamanuiterā's efforts to master te reo Māori and understand cultural nuances validated their professional role, and embodied the critical principles of cultural safety in Aotearoa New Zealand's healthcare system. The pursuit of both clinical and cultural knowledge emerged as a form of dual validation, wherein Tamanuiterā's competence as a nurse was affirmed alongside the unique value of their cultural insights. This dual recognition served to bridge the divide between traditional Māori worldviews and contemporary healthcare practices. Ultimately, Tamanuiterā's journey exemplified how professional fulfilment and cultural connection are inextricably linked in order to thrive.

Matariki reflected on where they feel most at home as a Māori nurse, situations where they do not have to constantly explain themselves. This reflection resonated with both of us as cultural taxation, the burden of constantly educating others about one's culture, can be exhausting.

> *The places where I've felt happiest is where I haven't had to explain myself as a brown woman, as an Indigenous colonised brown woman. So, brown for brown organisations probably is easiest to start off with. Because you don't have to explain.*

In these spaces, Matariki's cultural identity was embraced and respected, not seen as something that needed constant justification. They could be themselves without the burden of having to educate others about their background. This acceptance is so much more fulfilling than having to navigate environments where their identity as an Indigenous, colonised individual was not truly understood or valued. Additionally, Matariki found validation in working alongside other Māori healthcare professionals who innately grasped the unique challenges and experiences of their community. Sharing these cultural insights and perspectives enhanced patient care and strengthened the bonds between Matariki and their colleagues. This shared sense of camaraderie and understanding made the work environment feel like a comfortable, cultural space where one can thrive.

Ultimately, Matariki's role as a Māori nurse was validated when they were able to be unapologetically themselves. It is about more than just cultural awareness; it is about having their identity acknowledged and respected, without having to constantly explain or defend it. In these inclusive, culturally attuned settings, where te ao Māori is fostered, Matariki could thrive and, in bringing their full, authentic self to their nursing practice, deliver improved outcomes for all patients and communities.

Waitī's validation comes from a whānau based support network that brings everything together:

> *I have three children, two mokos. I live in a whare with four generations. My husband and I built a self-contained flat attached to our house for my mum and*

dad. So, we have a beautiful living environment, and it certainly sustains me in terms of my work.

This statement illustrates how intergenerational living provides a strong foundation of emotional and cultural support, sustaining Waitī's well-being and enabling them to thrive professionally. A whānau-based environment reflects the collectivist values of te ao Māori, where care and reciprocity extend beyond the individual to the wider family unit. Throughout their career, Waitī consistently prioritised a collective approach to care, founded in these same values. This approach is not limited to Māori patients but extends to all individuals under their care, demonstrating the inclusive nature of Māori hospitality and community. Reflecting on their professional journey, Waitī explained:

I've been nursing for over 21 years and have always worked in mental health. It was not really an area that I had planned to work in, but it was just one that I seem to affiliate to. Māori are very good at kōrero [conversation] and being able to connect with people and I really enjoy that aspect of nursing.

This quote highlights the cultural strength of kōrero as a natural skill that enhances therapeutic relationships in mental health settings. Mental health nursing relies heavily on communication and the ability to build trust, and for Waitī this cultural competency becomes a professional asset. Their ability to engage in meaningful dialogue fosters connection, empathy, and rapport, critical elements for effective mental health care. This alignment between cultural strengths and professional demands benefits patients and reinforces Waitī's sense of purpose and thriving within their role.

Conclusion

In this chapter, I have explored the lived experiences of Māori nurses, revealing both the systemic challenges they face and the powerful strengths they bring to their profession. While many of these challenges—such as cultural bias, lack of institutional support, and limited opportunities—are unjust and deeply embedded in the healthcare system, the participants have shown remarkable resilience. Rather than being defined by these barriers, they have often transformed them into sources of strength and growth.

Central to this transformation are the themes of cultural identity, a strong sense of belonging, and the enduring support of whānau and community. These elements sustain Māori nurses in their roles and enable them to thrive. Their stories highlight how embracing and affirming their Māori identity enhances their confidence, deepens their connection to patients, and fosters a sense of purpose in their work.

Returning to the guiding whakataukī, '*Tūngia te ururua kia tupu whakaritorito te tupu o te harakeke*', I am reminded of the importance of clearing away the undergrowth to allow new shoots to flourish. In this chapter, the 'ururua' represents the systemic barriers that hinder Māori nurses. Yet, through the process of self-discovery and identity affirmation, we have also seen the 'tupu whakaritorito'—the thriving that becomes possible when space is made for growth.

This exploration has deepened my understanding of what it means to thrive as a Māori nurse. Thriving is not merely surviving within a system that was not built for you—it is about reclaiming space, asserting identity, and drawing strength from cultural roots. It is about being seen, valued, and supported in ways that allow Māori nurses to bring their full selves to their practice. When this happens, not only do they experience greater job satisfaction and professional fulfilment but the entire healthcare system is enriched, ultimately leading to better outcomes for Māori patients and communities.

Chapter Six: Exploration of Human Connection and Cultural Duality

"Whiria te tangata - weave the people together - unity is strength—like that of a woven rope, composed of numerous strands"

This chapter extends the exploration of what supports Māori nurses to thrive by delving into the interplay of human connection and cultural duality. Building upon the understanding of identity and validation established in Chapter Five, this chapter first examines how Māori nurses navigate and integrate with their bicultural realities. This foundational navigation is then shown to be essential for fostering authentic human connections, grounded in te ao Māori principles like mauri, whanaungatanga, and manaakitanga. By exploring the narratives of Māori nurses, I argue that the ability to connect with patients, whānau, and communities is integral to providing culturally appropriate care. Connection is also vital for the professional well-being and thriving of Māori nurses within Aotearoa New Zealand. This chapter further shows how practices rooted in Māori cultural values create a therapeutic environment and highlights how these practices support holistic well-being for all.

The stories shared below elucidate how deeply ingrained cultural values, when woven into nursing practice, enhance the well-being of patients and the holistic fulfilment of nurses themselves. This directly contributed to their sense of thriving by creating a supportive and culturally resonant work environment. Through the narratives, this chapter explores and celebrates the myriad ways in which Māori nurses weave the threads of their rich cultural heritage into a tapestry of professional excellence, personal growth, and community well-being, illustrating the indispensable nature of cultural connectivity in nursing and demonstrating how these connections foster professional thriving.

The first phase of the 5-D cycle of Appreciative Inquiry, Design–what is the inquiry?, encompassed a settling-in period practised within te ao Māori with a mihi

whakatau (welcome) and whakawhanaungatanga (process of making relationships). As I welcomed and thanked my participants for their koha to this study, I felt comfort for both me and the other person that allowed us to be open and free with one another. Being confined to a computer screen had no effect on the experience. Each time we laughed, swore, finished off each other's sentences, we connected.

Navigating Cultural Duality

In the context of Māori nurses, 'cultural duality' refers to the experience of operating within both te ao Māori and, predominantly, te ao Pākehā. It requires a delicate balance between traditional Māori values, beliefs, and practices, and the dominant Western biomedical model. Navigation is not always seamless and can present unique challenges and opportunities for growth and advocacy. As Marama eloquently expressed, "*I think because you walk in both worlds it's very difficult to define what is one and what is the other*". This encapsulates the essence of cultural duality, where individuals navigate between Māori and non-Māori worldviews, practices, and expectations.

Marama further explained this concept noting, "*from my own Pākehā side as well, I would treat them [patients] all the same, like for us [Māori], whānau is everything*". Navigating involves constant negotiation, where Māori nurses, like Marama, integrate te reo and cultural considerations into care, exemplifying the practical application of navigating these dual worlds. This integration aligns with the principle of whanaungatanga, fostering stronger connections with patients and their whānau, and creating a sense of cultural responsiveness. Such practices reflect a commitment to holistic care, acknowledging individuals' backgrounds and perspectives. By weaving cultural values into their nursing practice, Māori nurses bridge cultural gaps and promote health equity, ensuring that care is culturally appropriate and responsive to the needs of Māori patients.

Waipuna-ā-Rangi spoke to this duality, noting how both their student nurses and themselves are "*walking in these multiple worlds*". Expanding further, they shared

> *They [students] have their korowai (protective cloak), whatever that might be, always with them. They don't have to leave [being Māori] at the door. Because*

> *these nurses are walking in these multiple worlds, [asking] do I have to be one or the other? And I said, you can only bring what it is that you bring with you. It means things that make up all of you, not compartmentalising those parts that are just for nursing.*

Waipuna-ā-Rangi's statement demonstrated an understanding that for Māori nurses bringing their whole selves to the work environment involved integrating traditional cultural values and worldviews within a predominantly Western model. This dual engagement necessitated navigating complex tensions, as nurses strove to uphold their cultural identity while adapting to institutional expectations. Waipuna-ā-Rangi's ability to walk in both worlds exemplified how navigating cultural duality enables deeper human connection. By resisting the pressure to compartmentalise or suppress their Māori identity, they fostered culturally responsive and empowering environments for both them and their students. This ability to navigate and reconcile cultural frameworks contributed significantly to Waipuna-ā-Rangi's sense of thriving professionally. They recognised the importance of cultural identity in enhancing Māori health outcomes and found meaning in contributing to this broader goal. The challenge of balancing professional responsibilities with cultural obligations is a common experience among Māori nurses, and Waipuna-ā-Rangi's journey illustrated how successfully managing this balance can lead to personal and professional growth.

For some, the journey involves a process of self-discovery and reconnection with their Māori identity. Tamanuiterā described this as an effort to understand "*me and where I come from*" after being "*brought up in a European family*". Reflecting on their experiences, they noted feeling "*more proud over there [in Australia] being Māori then what I do here*" highlighting the influence of context on cultural identity. Since returning to Aotearoa New Zealand, Tamanuiterā had actively sought to bridge this cultural gap, stating a desire to "*break out of that and learn. Just to learn more [about where I come from]*". This exploration of duality and reconnection did not simply resolve a personal identity question; it marked a relational and decolonising journey toward becoming a kaitiaki (guardian) of Māori health knowledge. As Tamanuiterā sought whakapapa,

engaged more deeply with Māori knowledge and tikanga, and learned within Māori cultural spaces, their practice increasingly reflected mātauranga Māori in action. Their role as guardian was therefore not assumed by virtue of whakapapa alone, but emerged through relationships with Māori patients, whānau, mentors and colleagues who affirmed and strengthened their Māori identity over time.

Their eagerness to learn more about Māori culture and language further illustrates the ongoing journey of self-discovery, a process closely linked to role validation for Māori nurses, echoing the themes of identity and cultural affirmation explored in Chapter Five. There, we saw how recognising one's whakapapa and cultural grounding was essential to feeling seen and valued. Here, we see how that recognition becomes a foundation for relational practice and professional growth. Māori nurses, such as Tamanuitera, experience internal affirmation through their commitment to cultural traditions and language, reaffirming their identity and enriching their clinical practice.

Tamanuiterā's interest in diverse human connections and relationships, within the context of their mentoring and nursing practice, resonated with their sense of thriving as a Māori nurse. This is especially notable as it had only been recently that they began exploring the duality of their upbringing and how bridging this gap has enhanced their ability to thrive,

> *It's only been in the last 4 or 5 years that I've been wanting to know more about me and where I come from. Brought up in a European family, obviously looking at colour-wise, I'm totally different than my half brothers and sisters and just trying to work out where I'm at and I think this is part of my journey as well*.

In a mentoring role, Tamanuiterā engaged with younger generations of nurses allowing them to impart their knowledge and Māori cultural values, contributing to the professional and personal development of their mentees while still acknowledging their own journey. Tamanuiterā explained,

> *I do get to see young Māori coming through, 'cause I do a lot of preceptorship stuff as well. Because I don't know much about my culture, our culture. I think if I had more of a balance, I'd feel balanced where I know I could pass on more.*

This sentiment highlighted Tamanuiterā's desire to learn from and share their cultural knowledge with the next generation of nurses. In alignment with this commitment, Tamanuiterā worked closely with the Māori cultural team, involving them in the care of clients and whānau. Reflecting on these interactions, they shared, "*It's lovely to hear and see. Just the calmness when they're speaking te reo, yeah, it's just really nice*". Engagement with elders and the Māori language enriched the care environment and reflected a deeper cultural responsibility—one rooted in the Māori tradition of intergenerational knowledge sharing.

For Tamanuiterā, who was raised in a European family and only recently began reconnecting with their Māori heritage, these moments represent more than professional practice; they are acts of cultural reclamation. In this way, mentoring became a bridge between worlds—a culturally congruent expression of their role as a guardian of Māori health knowledge and a personal affirmation of identity. Their ability to integrate te ao Māori into their nursing practice, while still navigating the expectations of a Western healthcare system, exemplified the lived experience of cultural duality. Through these relationships, Tamanuiterā nurtured both others and themself, embodying the reciprocal nature of learning and leadership central to te ao Māori. This dual engagement supported their own sense of thriving and contributed to a more culturally safe and inclusive healthcare environment.

Ururangi echoed this sentiment, reflecting on the "*cultural dissonance experienced while growing up quite Pākehā*" [and their subsequent] self-exploration and reconnection with their Māori identity. This reconnection is a direct response to the need to affirm and embrace their cultural heritage. As Ururangi explained, it is about "*actually embracing it and, to be fair, that's probably why I am where I am today*". This suggests that embracing their Māori identity has been a pivotal force in their current success and professional standing.

The environment in which Māori nurses work can significantly impact their experience of cultural duality. Matariki's preference for "*brown for brown*" organisations where they do not have to explain themselves "*as a brown [person], as an Indigenous*

colonised brown [person]" (Matariki), highlights the importance of culturally safe spaces for Māori nurses. These environments allow for the full expression of identity without the burden of translation or justification. For Matariki, working alongside other Māori meant, simply, "*we get it*". While these spaces are often seen as refuge from the dominant culture, they serve a dual purpose. They model what culturally safe, inclusive practice can look like for non-Māori. In this way, "brown for brown" spaces are not exclusionary; they are instructive. They demonstrate the transformative potential of environments grounded in te ao Māori, both for Māori well-being and the broader healthcare system. This invites a broader interpretation of cultural duality. It is not solely the burden of Māori to navigate; instead, it becomes a shared responsibility. Non-Māori practitioners and institutions must engage in this duality by learning to operate within and alongside te ao Māori. This includes recognising the value of relationality, collective care, and cultural humility as essential components of professional practice. When non-Māori step into this space with openness and respect, they contribute to a more equitable and culturally responsive system. In such a system, Māori nurses and patients can thrive without compromise.

Tupuānuku's experience provides a poignant example of how a negative experience can trigger a shift in cultural identity and a navigation of cultural duality. Growing up in a predominantly Pākehā community, Tupuānuku identified as Pākehā until the age of 39 years. Their pivotal shift from identifying as Pākehā to embracing being Māori was prompted by an isolating experience in nursing school where they were one of only two Māori students in an intake of 160. This experience led them to affirm their Māori identity within a professional context. As Tupuānuku explained, "*that was where I started thinking, I'm actually not Pākehā. I am Māori. So, I have to start being a Māori nurse*". This realisation marked the beginning of their journey to feel safe in Māori spaces and grapple with questions of cultural belonging: 'Am I Māori enough?'. This navigation of cultural duality highlights the challenges faced by Māori nurses who may have grown up disconnected from their culture but later seek to embrace their identity within the healthcare system. Tupuānuku's story reinforces the importance of creating supportive

networks for young Māori nurses, ensuring they do not feel isolated and lost as they navigate their cultural identities within the profession.

Similarly, Hiwa-i-te-Rangi initially resisted identifying as a Māori nurse due to a Pākehā upbringing but later embraced Māoridom as a strength, demonstrating a significant navigation of cultural duality. Hiwa-i-te-Rangi shared

> *I've been nursing for 19 years, and I have to be honest and say that for the majority of that, I actually didn't call myself a Māori nurse. I grew up with my mother who is Pākehā so I actually didn't really identify as Māori. For me now, it's about being able to do things for other Māori nurses and for our Māori patients and their whānau as well.*

This journey represented a significant exploration of cultural duality and self-validation within their profession, highlighting the complexities of identity for Māori nurses who may have grown up disconnected from their culture. As Hiwa-i-te-Rangi embraced their Māori identity, they recognised the importance of whanaungatanga—building and maintaining relationships—in providing culturally responsive care to Māori patients and supporting fellow Māori nurses. This shift in identity stressed the importance of cultural connectivity in healthcare, as the ability to connect authentically with others is essential for personal and professional well-being. Hiwa-i-te-Rangi's experience shows how embracing one's cultural identity can lead to a sense of validation and purpose within the nursing profession. It also demonstrates the weaving of cultural values into nursing practice, fostering empathy, compassion, and mutual respect, all vital for thriving in their role.

The challenges of cultural duality can manifest as direct confrontations with racism and cultural bias. Pōhutakawa's experiencing criticism for being "too Māori" illustrates the tension Māori nurses face when their cultural identity is perceived as incompatible with dominant Western norms. This reflects the systemic pressures discussed in Chapter Five, where Māori nurses are often expected to suppress aspects of their identity to conform to institutional expectations. As Pōhutakawa shared, some have said, "*You're too Māori, you need to stop bringing your Māori-ness to work*". They also

noted the difficulty Māori face in self-promotion, stating, "*I think for Māori it's actually really hard to boast about yourself because it's tapu (sacred)*".

These experiences reveal cultural duality as both a personal negotiation and structural challenge. When Māori nurses are asked to diminish their cultural expression, it undermines their sense of self and impairs their ability to connect authentically with Māori patients and whānau. Yet, as the narratives in this chapter have shown, it is precisely through embracing and advocating for te ao Māori that nurses like Pōhutakawa create culturally safe spaces—spaces where connection, healing, and thriving can occur. This highlights the need for systemic change that does not place the burden of biculturalism solely on Māori nurses but calls for non-Māori practitioners and institutions to engage in this duality as well.

Ultimately, honouring the principles of te ao Māori within healthcare settings fosters empathy, compassion, and mutual respect. Successfully navigating cultural duality allows Māori nurses to bring their authentic selves to their practice, a crucial enabler for deep and culturally congruent human connections. Conversely, when nurses are forced to fragment their identity or are deemed "too Māori," their capacity to form reciprocal and empathetic relationships is compromised. Supporting the contributions of Māori nurses and valuing their critical role in bridging cultural divides is essential to advancing health equity. Doing so creates movement toward a culturally aware healthcare system—one where Māori nurses are empowered to thrive and where their cultural insights enrich care for all.

Thriving as Human Connection

Having explored the complexities of navigating cultural duality, I turn to how these experiences shape and sustain the capacity for human connection. For Māori nurses, thriving is not merely a personal achievement; it is grounded in te ao Māori, a relational and collective worldview. The following narratives illuminate how cultural identity, once affirmed and integrated, serve as a powerful foundation for building meaningful relationships in practice.

For Tupuānuku, connecting with others in their role as a nurse in Aotearoa New Zealand was intensely intertwined with the concept of *mauri* (life force). Through their own mauri, Tupuānuku emphasised the importance of being a reflective individual who served as an example across different communities, including their Māori and nursing circles. Recognising mauri in themselves guided their empathetic engagement and relational practices, such as whanaungatanga, allowing them to connect authentically with patients and provide holistic care. This approach aligned with te ao Māori view of caring for the whole person, encompassing physical, spiritual, emotional, and family health. Tupuānuku's dedication to nurturing their mauri was not a solitary endeavour; it resonated through a collective ethos, demonstrating positive intent for those within their sphere. As they explained,

> *It is really important that I'm an example in all my communities, not just my Māori and nursing community, but other communities I identify with. To be able to support people on their journeys towards flourishing or thriving as well.*

Their approach to nursing goes beyond the traditional caregiver role; it embodies their identity and cultural values. This reciprocal dynamic between personal growth and collective well-being illustrates a culturally grounded model of flourishing, where well-being is experienced relationally rather than individually.

This approach expressed Tupuānuku's identity and cultural values as they strove to elevate others while fostering a shared journey towards optimal health and prosperity. Through relationships and ongoing engagement with patients and their families, Tupuānuku found deep fulfilment. They nurtured an environment where both the nurse and those being cared for can truly thrive, one grounded in mutual understanding, empathy, and a shared sense of belonging. This human-centric approach lies at the heart of Tupuānuku's nursing practice, where cultural competence and responsiveness enable them to provide holistic, healing care—physical, emotional, and spiritual.

Marama's earlier reflection on "walking in both worlds" offers a compelling foundation for understanding how cultural duality informed their approach to human connection in nursing practice. Rather than viewing bicultural navigation as a challenge to

be overcome, Marama envisioned it as a relational strength; one that enabled engagement with patients across diverse cultural contexts. Their ability to integrate te reo Māori and culturally grounded practices into everyday care exemplified whanaungatanga, fostering relationships that are clinically effective and culturally resonant. This relational depth allows patients to feel seen and valued, not just as individuals receiving care but as members of whānau and communities whose identities are acknowledged and respected. Marama's practice demonstrated that thriving as a Māori nurse is not solely about clinical competence, it is about creating spaces for belonging. By drawing upon Māori and Pākehā worldviews, they cultivated trust and empathy, bridging cultural divides through authentic connection. This approach reflected a commitment to holistic care, where human connection is central to well-being, and where cultural identity is not peripheral, but integral, to the therapeutic relationship.

Hiwa-i-te-Rangi's journey of embracing their Māori identity, previously explored in the context of cultural duality, provided a solid foundation for understanding their approach to human connection in nursing. This personal transformation, from distancing themselves from their Māori heritage to actively identifying as a Māori nurse, enabled a deeper engagement with patients, colleagues, and whānau. Their evolving sense of identity became a catalyst for relational practice. By integrating te ao Māori practices into their care, Hiwa-i-te-Rangi exemplified whanaungatanga, to honour cultural identity and collective well-being. This approach reflected a commitment to inclusive and empathetic care, where patients are treated clinically while being acknowledged within the context of their whānau and cultural background. "*For me now, it's about being able to do things for other Māori nurses, and for our Māori patients and their whānau as well*" (Hiwa-i-te-Rangi). This statement encapsulated a shift from internal exploration to outward contribution, where thriving is not only personal but also communal.

Their practice demonstrated that human connection, when grounded in cultural authenticity, becomes a vehicle for empowerment and equity. For Hiwa-i-te-Rangi, it was not just about their individual success. It was also about exploring how to contribute meaningfully to a healthcare system that is culturally responsive and affirming the

identity of those it serves. Their research into Māori patient experience further illustrated this commitment, showing how culturally attuned relationships can inform and improve care delivery.

> *I guess a good example is, I did a small piece of research last year that was looking at our patient experience feedback. I focused on the feedback from Māori patients and their whānau, because they're the ones that are least satisfied with the care delivery. I wanted to know what was important to them and it's informed my research this year.*

Hiwa-i-te-Rangi's human connections and relationships, underpinned by their Māori heritage, highlight that thriving for Māori nurses is deeply relational. It emerges through connection, cultural affirmation, and the ability to uplift others within a shared journey of well-being.

Pōhutakawa's perspective on thriving as a nurse is grounded in the importance of human connection and relationships, enhanced through effective language. However, the story they shared also illustrated the challenges Māori nurses face when advocating for this way of relating within a Westernised style of care. In the story shared, Pōhutakawa described a time when their tertiary centre assumed care of a Māori gentleman from a remote part of Aotearoa New Zealand. In this interaction, Pōhutakawa understood the importance of establishing this connection authentically and sought out a kaumātua from the patient's rohe (district) to support their patient's navigation of the healthcare system and their journey.

> *A kaumātua came along because he knew their dialect, and we facilitated their first trip to Auckland for the clinic. We had karakia, and it was beautiful, it was so good, but it was very stressful! When we're doing the karakia, it brought back a memory I forgot I had. I remember falling asleep on the marae. Nana and I were on the veranda, and I must have fallen asleep because you know, they get boring. I woke up to all te reo around me and it reminded me of that. [The meeting] was all in te reo and even though I'm not fluent, just hearing it all around me, it was beautiful. It went so well, and we're still working with them. From that day on I*

shared with the whole of our team the process of how to get a te reo Māori interpreter, and it's going around the system now.

The involvement of a kaumātua and the performance of karakia was a key signpost to signify respect for te reo Māori, which they saw as central to establishing trust and rapport with patients. This proactive approach reflected Pōhutakawa's commitment to providing culturally responsive care, a key element in thriving in their role. Recognising the inequities faced by Māori patients due to the historical loss of te reo Māori, Pōhutakawa took the initiative to address the lack of appropriate translators. Following this experience, they implemented *tuku iho*, a concept common in te ao Māori involving the passing down of mātauranga (knowledge) to their colleagues. By sharing this knowledge and process, Pōhutakawa empowered their colleagues to support Māori patients better navigating the healthcare system. Doing so embodies the concept of thriving, as it demonstrated doing good work for this whānau and sharing the approach with Māori colleagues.

Waita's experience further explored the importance of a collective approach, illustrated by the conversation around taking an iwi (village) to raise us as Māori. Thus, demonstrating that nursing for them is more than just an individual endeavour. It is a collective effort rooted in Māori values of community and interdependence. This perspective is reflective of te ao Māori, where individual well-being is interconnected with the health of the community. Their emphasis on manaakitanga or simple acts of care and respect was portrayed.

It comes naturally if you don't even think about it. It's like, 'Oh look, let's get her a cup of tea'. It's just natural. And, 'oh look, it's getting cold, I'll go and get a blanket'. 'Oh look there, her husband's come to visit, he's a kaumātua, I'll go find a chair'. You know, you wouldn't even think about it. It's just that you want to make them feel comfy. You feel aroha for them. Of course, you feel for them but not everybody does that!

The above words highlight how essential human connection is to Waita and their role as a nurse. Their approach to nursing, grounded in relational care and cultural ethics,

fosters a sense of professional fulfilment and purpose—hallmarks of well-being within te ao Māori. Their approach exemplifies whanaungatanga, revealing for Māori nurses, thriving is a shared experience; a reflection of commitment to their community and culture as much as dedication to their professional role.

The concepts of human connection and relationships for Ururangi illustrated a multifaceted experience—one centred on aspirational leadership and role modelling. Regarding aspirational leadership, Ururangi shared two separate instances during their mahi and study. The first was when they stepped into their current role, while acknowledging the foundational work from their predecessor, who was also Māori:

> *Actually, hats off to them as they were in this position 2 years before I went full-time. [They] set the precedent for me and put a lot of things in place. So, I've just taken on the mantra and tried to make it [my] own, of course. I was pretty fortunate that they paved the way for me, and working in a service that respected me to a certain degree was already there. So, I appreciate it more because I follow our tūroro (patients) in other areas they go into.*

For Uruangi, this professional relationship provided a path for them to build upon while venturing in new directions.

Even before settling on their professional endeavours, Ururangi experienced a pivotal 'light bulb' moment during their studies, sparked by a leader in the field:

> *In our training, I had the privilege to meet Irihapati Ramsden, and that really highlighted I'm actually on the right track. It was about a year or two before she passed away, but she talked to the Māori students and it was like, oh my gosh this is what it's all about! So, she's my light bulb moment, and [she] advised not to give up and just do whatever it takes really.*

Dr Irihapati Ramsden was a Māori nurse leader who introduced the concept of cultural safety in nursing practice. The encounter with Irihapati Ramsden served as both an inspiration and a call to persevere, shaping Ururangi's understanding of what thriving meant for them. Ramsden's leadership demonstrated what was possible, and now Ururangi could 'pay it back' by mentoring the next generation.

> *I have a Māori staff nurse who's under my wing for a year. It's all about giving back so just started that recently. So that's great that I can help them. And roles reversed of course, you learn from our young ones at times. So, it's good.*

Ururangi's reflections on mentorship highlight the cyclical nature of relational leadership within te ao Māori. Their commitment to supporting emerging Māori nurses is an act of professional guidance and a relational practice grounded in whanaungatanga. This reciprocal exchange of knowledge and support exemplifies how human connection, particularly intergenerational and culturally-grounded relationships, serve as a foundation for both individual and collective thriving.

Thriving as a Māori nurse encompassed more than clinical success for Tamanuiterā; it also involved the fulfilment that came from playing an integral role within the community, especially in preserving and promoting health across cultures. Tamanuiterā's focus on inclusive human connection in their nursing practice allowed for a unique integration of traditional and contemporary Māori health perspectives. This approach enabled them to provide culturally attuned care, promoting the physical, spiritual, emotional, and cultural well-being of their patients. As Tamanuiterā described

> *[It's about] that caring, empathetic side [of nursing] and trying to support people on their journeys to get the best out of their life. As in staying well and maintaining a healthy well-being. Everyone has their blips, ups and down, but give them an opportunity. Pass on education, you're supporting them to come up. You might have to introduce them slowly and just keep planting that seed, watering it every couple of weeks just to see that change and just be there for them. Also, not to put on your expectations, morals and values onto how they live because it might be that's the best they can do and they're happy with that. So, we gotta go with that.*

Tamanuiterā emphasised the value of providing opportunities and passing on education, while being mindful not to impose their expectations or values on how patients choose to live their lives. Thus, it embodied the value of whakapapa, representing a connection to ancestry and continuity, and reflected the importance of sustaining a living body of knowledge and practice that contributed to the health and vitality of their

community. Tamanuiterā's engagement across cultures within their nursing and mentoring roles was vital to their sense of thriving.

Moving forward, the experiences of Waitī provided further insights into the role of human connection and inclusive relationships essential to nursing practice in Aotearoa New Zealand. Early on in Waitī's story, they shared a sentiment of how connecting with patients' and whānau authentically acted to empower those around them, whether Māori or non-Māori:

> *I've recognised the value of being able to know who we are. Particularly as Māori, because I think that we're surrounded by a lot of negativity out there. I think that if we can be in an environment where we feel empowered by who we are and what we can do for others, that not only lifts ourselves up, but collectively lifts our whānau up. [Therefore] lifts tangata whaiora (patient) and their whānau up, and it just resonates throughout. And I've acknowledged over the years that not only does it have positive implications for Māori, but I think also for non-Māori who worked with you*.

This approach to nursing practice, as described by Waitī, is consistent with the principle of whanaungatanga which prioritises forming and maintaining genuine relationships, recognising individual patients within the context of their families and communities. By prioritising human connection and understanding each patient's unique cultural background and needs, Waitī can empower and uplift both Māori and non-Māori patients and their whānau. Their commitment to this style of nursing practice contributes to a sense of thriving as a Māori nurse as it allows them to provide care that is truly responsive to the cultural needs of their patients. As Waitī's story progressed, they reflected on a moment where a patient was empowered to act on their behalf, grounded within te ao Māori.

> *So, the patient got up first. I'll never forget this. She stood up and was just so beautifully powerful, you could really feel the wairua. She felt that having come into the ward, she had just been bowled over in the sense of not being listened to or heard. So, she said for her, in terms of any treatment, nothing was touching her*

> *because she felt unheard and therefore wasn't open to anything. She wanted to change that. That was the reason why this meeting had been called. Right at the end, the patient stood up again and said 'I don't need to have a pōwhiri (welcoming ceremony) every single meeting we have, because today for the first time I felt heard. Now that I know [that] you know how I feel, [I'm] comfortable with us moving forward'.*

This moment of patient empowerment illustrated the transformative potential of human connection in clinical care. By creating space for the patient's voice and wairua to be acknowledged, Waitī witnessed a shift from disempowerment to agency. This interaction exemplifies how culturally grounded relationships are both therapeutic and essential to the experience of thriving—for both patient and practitioner.

Waitī's nursing practice honours the Māori concept of health, Te Whare Tapa Whā, which encompasses physical, mental, spiritual, and whānau well-being. Through this holistic lens, their approach affirms the interconnected nature of well-being and relational care. Waitī's statements and their cultural implications demonstrated a strong commitment to advocating for the needs of patients, even within a healthcare system that may not always align with these cultural practices. Waitī's approach allowed for the creation of a healing environment that is culturally congruent, which contributed to their sense of thriving as a Māori nurse.

For Waipuna-ā-Rangi, relationships with elders formed a crucial component in understanding what thriving meant to them and the world they inhabit. They shared,

> *What sustains Māori nurses? So, for me one of the things is having those kinds of kaitiaki (guardians) around, that would be one thing. When I started nursing, I went into mental health. Well, in mental health, they have a high number of Māori and Pacific peoples there, so when I went there as a student, you can't help but have the aunties around you. I think if you can get it, having those strong connections is really important both in your personal and your professional life.*

Kaumātua (aunties) provided invaluable support and guidance to Waipuna-ā-Rangi throughout their nursing journey. They acted as protectors and mentors, imparting their

wisdom and cultural knowledge to help navigate the complexities of the world, both personally and professionally. Their presence offered a sense of belonging and grounding, connecting Waipuna-ā-Rangi to their Māori heritage and cultural identity. This connection and shared understanding fostered a strong sense of collegiality, where Waipuna-ā-Rangi and colleagues could engage in meaningful kōrero about the joys and challenges of being a Māori nurse. Together, they cultivated a space of laughter, warmth, and heart-to-heart exchange, which nurtured their personal and professional growth. The kaumātua's guidance and the camaraderie among Māori nurses helped Waipuna-ā-Rangi feel empowered to provide culturally appropriate and responsive care, ultimately leading to better health outcomes for their Māori patients and whānau.

Building upon these narratives of being immersed in culturally congruent spaces, Matariki shared their perspective on human connections. More than simply a clinical approach to instructing students, they sought to bring a sense of interconnectedness, emphasising the importance of critical inquiry and compassion in nursing practice, which aligns strongly with core concepts of te ao Māori. This concept places considerable value on interconnectedness, care, and the collective well-being of the community.

> *One of the students said to me the other day and this was good, [she was] a middle-class white girl, and I don't mean that in a derogative sense [as] that's the usual and baseline demographic of [our] nursing students. She said to me the other day, 'Oh my God, you know' she felt that her mind had been opened up for doing the nursing degree because she was now looking at the reasons that sit behind ill health.*

In this context, critical inquiry is not just about clinical analysis; it is also about understanding the patient within the framework of their whānau, iwi, and broader social and cultural determinants of health. Matariki used this expansive worldview to help their students appreciate that it was not enough to just understand the holistic elements and their impact but that one also needed to practice whanaungatanga in an active way.

> *I think the main thing that I try to get through to the students without sounding wanky is that they must be kind. Whether we call that compassion or*

whanaungatanga, I don't care about words. Honestly, not overtly. It's being kind and then having political awareness to sit behind it.

Compassion or aroha is a fundamental value in te ao Māori and is essential in building and maintaining human connections and relationships. Aroha encapsulates empathy, love, and a deep connection to others, essential attributes for nurses who are often at the forefront of patient care. By focusing on compassion and taking time to understand the holistic needs of patients, Matariki truly reflected the concepts of manaakitanga and whanaungatanga, vital for establishing trust and rapport with patients and ensuring that the care they provide is culturally appropriate and responsive to the needs of Māori patients.

Across these narratives, thriving emerged not as a static outcome but as a dynamic process of relational engagement. It is through culturally grounded human connection that Māori nurses find fulfilment, resilience, and the capacity to uplift others.

Conclusion

This chapter has explored the significance of human connection and cultural duality in Māori nursing practice, revealing how these intertwined themes shape both professional identity and relational care. Through the lens of te ao Māori, the narratives presented illustrate that nursing is not solely a clinical endeavour but a relational practice embedded in cultural values such as manaakitanga and whanaungatanga.

The stories of Māori nurses demonstrate that cultural duality is not a static tension but a dynamic process of negotiation between te ao Māori and te ao Pākehā, between personal identity and professional expectations. When nurses are supported to bring their whole selves into practice, they foster culturally safe environments that enable authentic connection with patients and whānau. Conversely, when their Māori identity is marginalised, the capacity for relational care is constrained. This should not be read as a deficit in the individual nurse, but as an effect of the environments in which they practise. Participants described experiences of marginalisation, including racism, cultural invalidation and pressure to fit Western norms, which made it harder to practise in ways that aligned with te ao Māori. In these settings, whanaungatanga and manaakitanga are

more difficult to sustain because they are not fully supported. For participants who had recently reconnected with their Māori identity, this did not mean their care was compromised. Rather, their narratives showed a process of reconnecting and growing into their identity over time. Some described feeling uncertain at first, or being "in-between", but this was part of their journey rather than a lack in their practice. Where mentoring, support and affirmation were present, this process was strengthened and became more visible in relational care.

These findings build upon the chapter's introduction, which framed cultural duality and human connection as foundational to support their sense of thriving. The narratives show that thriving is not merely an individual achievement but a collective experience rooted in relational ethics and cultural affirmation. Practices such as whanaungatanga are not only therapeutic tools but expressions of identity and belonging that contribute to professional fulfilment and health equity.

The whakataukī that opened this chapter—'Whiria te tangata–weave the people together–unity is strength, like that of a woven rope composed of numerous strands'—resonates throughout these stories. It affirms that thriving in Māori nursing practice is achieved by weaving together diverse identities, relationships, and cultural values. This weaving is both personal and systemic, requiring healthcare environments that honour and integrate te ao Māori. In synthesising these insights, it becomes clear that the integration of Māori cultural principles into healthcare practice is not an optional enhancement—it is essential to the well-being of Māori nurses and the communities they serve. The chapter emphasises the importance of systemic responsiveness, where both Māori and non-Māori practitioners share the responsibility of bicultural practice. This calls for a healthcare system that recognises relationality, cultural responsiveness, and collective well-being as central to its ethos.

Chapter Seven: Designing our Destiny

"Nā tō rourou, nā taku rourou, ka ora ai te iwi.
With your basket and my basket, the people will thrive"

In this chapter, I discuss the findings of the focus group sessions conducted according to the Appreciative Inquiry framework. These wānanga (deliberate discussion and sharing of knowledge), held via Zoom, were conducted as a roopū (group) to explore the Design ('what should be?') and Destiny ('what will be?') phases of Appreciative Inquiry. Coordinating our wānanga was effortless, reflective of the passion the participants brought to the research. Apart from one participant who was unavailable, everyone was committed and excited to come back together to provide their koha to the kaupapa.

Moving into the focus group sessions, the intent was to envision how we, as a collective, could shape our workplaces to reflect the aspirations of Māori nurses to thrive. In the spirit of collaboration and collective well-being, we approached this task guided by the whakataukī: "Nā tō rourou, nā taku rourou, ka ora ai te iwi – with your basket and my basket, the people will thrive". Within this part of the research, I participated as both a researcher and facilitator, engaging in open dialogue. By exploring 'what should be' and 'what will be', we aimed to construct healthcare environments that celebrate a distinct Māori voice and cultivate cultural responsiveness at all levels, from students to workplace leadership. This approach aligns with the broader narrative of affirming and supporting a thriving Māori health workforce whose intrinsic cultural responsiveness is vital for improving healthcare outcomes and ensuring Māori representation across the sector.

In this chapter, I use the term *whakaaro* to describe the collective insights that emerged from our kōrero. Rather than framing these as 'themes' in the conventional academic sense, whakaaro reflects the depth, nuance, and relational nature of the ideas shared by the roopū. This approach aligns with both Kaupapa Māori and Appreciative Inquiry frameworks, privileging Indigenous ways of knowing and collective meaning-making.

The roopū discussions revealed a multifaceted understanding of what *should be* in place to support Māori nurses. Five overarching topics (see Figure 2) were identified by the roopū through reviewing transcriptions of individual interviews and reflect the holistic worldview inherent in te ao Māori. These groupings provide clarity and analytic depth while honouring the interconnected nature of our kōrero. We distilled these whakaaro through conversation, reaching an organic stopping point with consideration of this mahi as the beginning, not the end.

Figure 2.

Overarching Topics Identified by the Roopū.

Note. Adapted from focus group discussions conducted as part of the study.

Pathways and Progression

- **Career choices:** Discussions around career choices centred on the need for Māori nurses to have clear and supported pathways for advancement. As well as a system that actively encourages Māori into nursing and supports them to progress to leadership roles. This includes addressing systemic barriers such as discrimination and limited access to education and training.
- **Opening doors:** This topic relates to creating opportunities for Māori to enter and succeed in the nursing profession by creating a system that removes barriers and provides pathways for Māori to access education, training, and employment in healthcare. It includes mentoring to help retrain and ensure seamless transitions for Māori.
- **Alternative career pathways:** The discussion highlighted a need to recognise prior experiences and create supportive systems to challenge traditional Westernised pathways. The roopū also spoke of the need to validate Indigenous responsive approaches.
- **Teaching students:** Kōrero here emphasised that the curriculum for undergraduate programmes needs to reflect how Māori nurses learn and teach.
- **Aspirations:** This encompassed the personal and professional goals of Māori nurses. The roopū highlighted the need for a system that fosters aspirations, and provides mentorship and support to help Māori nurses achieve their full potential. Seeing the Māori Health Authority succeed and leadership well-versed in Māoritanga was an important part of this process.

Cultural Integrity and Identity

- **Being aware:** This topic emphasised the importance of self-awareness and cultural understanding. It highlighted the need for a system that encourages Māori nurses to understand their own lived experiences and how they differ from others, fostering cultural humility and sensitivity.

- **Understanding our own:** The kōrero focused on recognising one another as Māori beyond professional roles. There was reinforcement on Māori identity as continuous and not constrained to work hours—we live it every day, every week, all the time.
- **What it means to be Māori:** For the roopū, this topic was about recognising our collective strengths, a sense of belonging and essentially, being unapologetically Māori.

Whānau and Collective Support

- **Whānau:** The central role of whānau in Māori health and well-being was a recurring topic. It reinforced how important it is for a healthcare system to accept and empower whānau, involving them in the care process and addressing the social determinants of health that impact their well-being.
- **Role models:** The importance of role models for inspiring and guiding future generations of Māori nurses was raised. There should be a system that actively supports and promotes Māori nurse leaders, creating visible examples of success.
- **Prioritising kids before self:** Discussions included challenging the system to work for single parents and recognising other social factors that contribute to this. Therefore, pathways that are whānau-centric should be accommodated and highlighted.

Equity and Systemic Change

- **Equity:** The concept of equity was a cornerstone of discussions, emphasising the need for a healthcare system that actively addresses inequities and promotes culturally responsive care. It extends to ensuring Māori nurses have equal opportunities for professional development and leadership.
- **Health outcomes:** The discussions centred on improving health outcomes for Māori. The healthcare system should prioritise Māori health, address inequities, and provide culturally responsive care to achieve better outcomes for Māori communities.

- **Socio-economic status:** This roopū acknowledged the impact of socio-economic factors on Māori health and access to healthcare. We discussed the need for a system that addresses these social determinants of health, providing support and resources to improve the well-being of Māori communities.
- **Government action:** Discussion here noted how support right from the top and built into legislation was critical. Furthermore, there should be proactive initiatives created that recognise and respond to the reality of where we work, live and play (as Māori).

Connection and Contribution

- **Helping others:** A strong whakaaro was the innate desire of Māori nurses to help their communities. There needs to be a healthcare system that recognises and values this commitment to service, allowing Māori nurses to address the unique needs of Māori patients and whānau effectively. It also highlights the importance of having the right people in the right positions to promote Māori.
- **Social good:** This topic reflects a broader aspiration to contribute to the well-being of society as a whole. The roopū expressed a desire for Māori nurses to be recognised for their contributions to creating a more equitable and just healthcare system.
- **Resilience:** The discussions acknowledged the challenges faced by Māori nurses, including cultural isolation and discrimination. To help Māori nurses thrive in the face of adversity, systems should foster resilience by offering safe spaces and strong support networks.
- **Working with Māori:** This topic emphasised the importance of Māori nurses working effectively with Māori communities. The roopū stressed the need for a system that values and respects Māori cultural values, enabling Māori nurses to provide culturally appropriate care aligned with te ao Māori.
- **Shared experience:** There was broad recognition of how maturity contributes positively to the profession. Additionally, there was consensus on the system to

build an all-inclusive workforce that appreciates diversity in all its forms: age, ethnicity, life experience, gender and more.

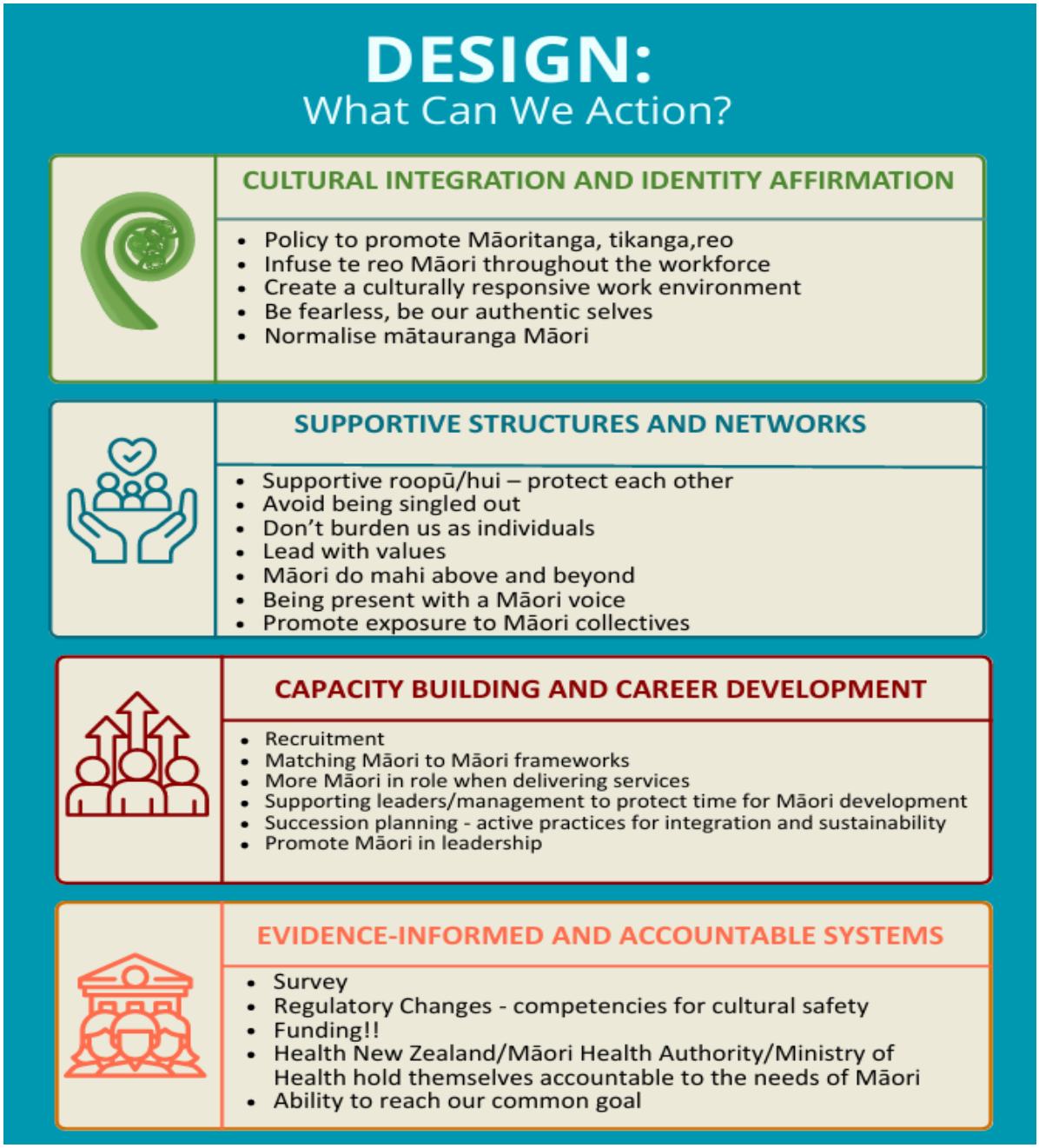
These whakaaro laid the groundwork for the next phase of our inquiry, *what can we action*: identifying tangible steps for transformation. Drawing from the collective wisdom of the roopū, we shifted from envisioning ideals to articulating specific actions that could be implemented to support Māori nurses and reshape the healthcare system in culturally affirming ways.

For this next part of our mahi, there was a palpable sense of excitement within the roopū. As this session focused on directing thoughts and words into actionable outcomes, it did not appear that there was a limit to where imagination and creativity could go. What was also apparent, as an observed finding, is that Appreciative Inquiry showed its best traits as a strength-based model with the provision of facilitating optimism from the opportunities before us as a roopū.

The roopū generated a range of actions as illustrated in Figure 3 that focused on creating lasting, positive change for Māori nurses and the communities they serve. These actions fell into the following four categories: Cultural Integration and Identity Affirmation, Supportive Structures and Networks, Capacity Building and Career Development, and Evidence-Informed and Accountable Systems.

Figure 3.

Actions Identified by the Roopū.



Note. Adapted from focus group discussions conducted as part of the study.

Cultural Integration and Identity Affirmation

In exploring *what can we* action, the roopū consistently emphasised the importance of embedding Māori identity and values into the healthcare system. This cluster of actions

reflects a collective aspiration to normalise Māoritanga, affirm cultural identity, and create spaces where Māori can thrive authentically. These actions are foundational to designing a system that includes Māori and shaped by Māori worldviews.

- **Policy to promote Māoritanga, tikanga, reo:** Implementing policies that promote Māori culture, values, and language from students through to nursing leadership was seen as essential.
- **Infuse te reo Māori throughout the workforce:** Integrating te reo Māori into the healthcare environment was identified as an essential action. It includes encouraging the use of te reo in communication, providing language training for staff, and creating resources in te reo for patients and whānau.
- **Create a culturally responsive work environment:** Creating a workplace with the right people in the right positions to promote Māori and infuse Māoritanga was a common discussion from the roopū.
- **Be fearless, be our authentic selves:** This action focuses on empowering Māori nurses to be their authentic selves in the workplace. It includes fostering a supportive environment where Māori nurses feel free to express their cultural identity and contribute their unique perspectives.
- **Normalise mātauranga Māori:** A key action point was to actively promote and integrate mātauranga Māori into everyday practice. It involves supporting non-Māori colleagues to embrace Māori practices and tikanga, creating a comfortable and inclusive environment from the top down.

Supportive Structures and Networks

Within the scope of *what can we action*, participants emphasised the need for relational and structural support. This grouping captures the actions that foster collective strength, cultural safety, and shared responsibility. These strategies are protective and empowering, enabling Māori nurses to feel seen, supported, and connected within their professional environments.

- **Supportive roopū/hui. Protect each other:** Establishing and maintaining supportive networks for Māori nurses was seen as essential. It includes creating

safe spaces for sharing experiences, providing mutual support, and advocating for the needs of Māori nurses.

- **Avoid being singled out:** Action can be taken to avoid putting the burden on individuals to lead or be the “brown face in the room”.
- **Don't burden us as individuals:** What can be actioned is frameworks that empower whānau to become ‘expert patients’ in managing their own healthcare needs to alleviate the heavy load on Māori healthcare workers.
- **Lead with values:** What can be actioned is supportive environments that give confidence to Māori nurses and, by extension, non-Māori colleagues.
- **Māori do mahi above and beyond:** Acknowledging and valuing the extra effort and commitment of Māori nurses was seen as important. This includes recognising their contributions to cultural safety, community engagement, and mentorship.
- **Being present with a Māori voice:** Ensuring that Māori voices are heard and valued in decision-making processes was seen as crucial. This includes creating opportunities for Māori nurses to participate in committees, advisory groups, and other forums.
- **Promote exposure to Māori collectives:** Encouraging exposure to Māori collectives such as Te Ao Mārama through release time and funding was seen as valuable.

Capacity Building and Career Development

A third area of focus identified by the roopū for *what can we action* centres on building Māori capability and leadership across the health system. These actions reflect a long-term investment in Māori workforce development from recruitment through to leadership succession. They speak to the need for intentional, well-resourced pathways that enable Māori to grow, lead, and shape the future of healthcare.

- **Recruitment:** Implementing affirmative action to increase the representation of Māori in the nursing workforce was identified as an important action. This initiative focuses on equitable access and opportunity without assuming additional cultural responsibilities for Māori nurses.

- **Matching Māori to Māori frameworks:** Providing mentoring and development opportunities for Māori students and nurses was seen as essential. This action involves connecting Māori students with mentors, creating pathways for career advancement, and proactively supporting their aspirations.
- **More Māori in role when delivering services:** Increasing the representation of Māori staff in all roles, from administration to clinical practice, was seen as crucial. This action supports visibility and equity, while recognising cultural responsiveness should be a shared responsibility across the workforce.
- **Supporting leaders/management to protect time for Māori development:** This action includes creating intentional structures that protect time and space for Māori development. Rather than replicating Western models like the 'old boys network', the focus is on nurturing roopū grounded in manaakitanga and kaitiakitanga, spaces to uphold Māori identity and leadership.
- **Succession planning – active practices for integration and sustainability:** This action focuses on ensuring the long-term sustainability of Māori leadership and expertise within the healthcare system. It involves implementing active succession planning strategies to identify and develop future Māori leaders.
- **Promote Māori in leadership:** Actively promoting Māori nurses into leadership positions across all sectors of health was seen as essential. This includes establishing support and development pathways to prepare Māori nurses for leadership roles and sustain their growth over time.

Evidence-Informed and Accountable Systems

Finally, participants addressed *what can we action* by calling for systems that are culturally responsive and accountable. This grouping highlights the importance of data sovereignty and institutional responsibility. These actions ensure that Māori voices are not only heard but used to inform policy, practice and structural change.

- **Survey:** Conducting surveys under te ao Māori tikanga to gather data about the experiences and needs of Māori nurses was identified as an important action. This

data can be used to inform policy and practice, ensuring the voices of Māori nurses are heard.

- **Regulatory Changes – Competencies for Cultural Safety:** Implementing competencies for cultural safety was deemed crucial. This action involves advocating for regulatory changes that ensure all healthcare professionals are equipped to provide culturally responsive care.
- **Funding:** Securing adequate funding for Māori health initiatives and workforce development was seen as obligatory. It reflected an awareness that, without sufficient resources, it would be challenging to implement the systemic changes being sought.
- **Health New Zealand/Māori Health Authority/Ministry of Health hold themselves accountable to Māori:** This action calls for key healthcare organisations to be accountable to Māori, upholding obligations under Te Tiriti o Waitangi and ensuring Māori perspectives guide policy and practice.
- **Ability to reach our common goal:** This action emphasises the importance of collaboration and shared purpose in achieving better health outcomes for Māori.

Having articulated a series of actionable steps, the roopū then turned toward envisioning the future as a lived reality grounded in our collective strength. This transition into the Destiny phase, or *what will be*, invited participants to imagine the outcomes of sustained, values-driven transformation. Through a Kaupapa Māori lens, these aspirations reflect not only what is possible, but what is essential for Māori nurses to thrive. As demonstrated below, the breadth of our topics spoke to the fusion of Appreciative Inquiry and Kaupapa Māori, building upon strengths while weaving individual experiences into a collective whole. This process of envisioning the future deepened our understanding of what enables Māori nurses to move beyond survival toward a flourishing existence, one that uplifts individuals, their whānau, and the communities where they live.

The findings highlighted that cultural responsiveness, grounded in te ao Māori principles, provides a foundational framework for making meaningful contributions to

healthcare. Whether acting independently or within collectives, Māori health professionals are well-positioned to effect transformative change. Such change is most effectively realised through targeted investment and dedicated resources that support Māori development. Building on these foundations, the research identified four overarching categories (Figure 4) that emerged early in the inquiry and were reinforced during the roopū wānanga. These categories guide the exploration of *what will be*.

Figure 4.

Aspirations Identified by the Roopū.

Pathways to Leadership and Growth

Leadership and growth emerged as a central aspiration in our visioning of *what will be*. For Māori nurses, thriving is not only about entering the profession. It is about being supported to rise, influence, and lead in ways that reflect our values and lived

experiences. This category reflects the roopū call for intentional, culturally grounded pathways that honour prior knowledge, foster aspiration, and dismantle systemic barriers. In this section, I explore how education, career progression, and mentorship can serve as scaffolding for Māori leadership that is visible, valued, and transformative.

Teaching Students

This suggestion highlights the foundational role of culturally responsive education in shaping future Māori nurse leaders. It reflects the belief that leadership begins in the classroom where identity, language, and pedagogy intersect to affirm Māori ways of knowing. *Teaching Students* emerged as a critical pillar in shaping *what will be* for Māori nursing. Discussions centred on the urgent need for a "*curriculum that reflects Māori language*" and is taught through Indigenous pedagogical approaches. *What will be* also includes a future where we "*maintain our generational knowledge of Māoritanga & never let it dwindle again*", ensuring that core Māori values are upheld in all professional development. Participants envisioned a future where nursing education actively engages with "*Kaupapa Māori within curriculum*", ensuring emerging Māori nurses are grounded in their cultural identity from the outset. This commitment extends to genuinely "*responding to the needs of Māori students*", tailoring educational environments to foster success rather than replicating systems that have historically created barriers. Emphasis on culturally responsive education lays a vital foundation for normalising mātauranga Māori, ensuring that future generations of Māori nurses are well-equipped to integrate Indigenous knowledge into their practice; thereby supporting their thriving by validating their cultural frameworks within their professional identity. Building on the importance of culturally grounded education, the next area of focus explores how career pathways can be shaped to support Māori nurses in achieving their professional aspirations.

Career Choices

While *Teaching Students* focused on early formation, *Career Choices* reflects the importance of agency and support throughout the professional journey. The roopū emphasised the need for diverse, flexible pathways that align with individual aspirations and cultural identity. Discussions around career choices centred on the need for Māori

nurses to have clear and supported pathways for advancement. *What should be* is a system that actively encourages Māori into nursing and supports them to progress to leadership roles. This includes addressing systemic barriers such as discrimination and limited access to education and training. *Career Choices* for *what will* be extended beyond simply selecting a profession. The discussions envisioned a future where Māori nurses have genuine agency and variety in their professional paths. This implied a system that supports diverse interests and specialisations within nursing, allowing individuals to align their passions with their work. Breadth of choice contributes to thriving by fostering job satisfaction and preventing burnout, both of which are crucial for long-term career sustainability. While *Career Choices* reflects individual agency, *Opening Doors* speaks to the systemic responsibility of removing barriers and creating equitable access for Māori nurses.

Opening Doors

Distinct from individual *Career Choices*, this focus area speaks to the system's responsibility to proactively remove barriers and create equitable access. It reflects a shift from passive inclusion to active invitation. *What should be* is a system that removes barriers and provides pathways for Māori to access education, training, and employment in healthcare. It includes mentoring to help retrain and supported progression for Māori. *Opening Doors* represented a proactive vision for *what will be*, focusing on creating opportunities. Discussions highlighted the importance of actively removing barriers and creating pathways for Māori nurses to enter and advance in the profession. The need for a "*backpack ready*" mentality signified a readiness for opportunities when they arise, and for the system to be prepared to receive them. This proactive approach to creating access directly contributes to thriving by ensuring fair and equitable opportunities for Māori. In addition to entry points, the roopū emphasised the need for flexible and inclusive career trajectories that honour prior experience and Indigenous ways of knowing.

Leadership Development and Aspirational Pathways

Building on the idea of access, this whakaaro challenged traditional Westernised models of advancement and leadership. Aspirations for *what will be* were bold and forward-

looking. The roopū envisioned a future where Māori nurses "*see leadership opportunities for Māori*" and actively step into influential roles. There was a strong desire to "*have success be the norm*", fostering an environment where achievement is expected and celebrated. This vision is not only about individual ambition but collective uplift. "*Looking to others for help to pull through*" reflects a shared responsibility to nurture leadership. The roopū consistently expressed the urgent need for intentional workforce development initiatives that support Māori nurses at every stage of their careers to thrive. Participants emphasised the importance of creating poutama (levels of learning): HCA to EN to RN to Nurse Practitioner, fostering clear and culturally grounded pathways for advancement. The journey through each step was likened to an escalator rather than a staircase, suggesting a system that pauses and resumes based on readiness instead of requiring detours or additional burdens. As one participant shared, "*The current education system often requires individuals to jump off the staircase to complete additional work before being able to climb to the next qualification level*".

As noted, the roopū also challenged traditional Western models of advancement, calling for alternative career pathways that validate lived experience and Indigenous ways of knowing. This also included recognition of "*credit for previous experience*" as essential. These pathways must be flexible, inclusive, and designed to reflect the realities of Māori nurses, many of whom bring rich community knowledge and cultural expertise to their roles. Investing in Māori leadership also means addressing systemic barriers such as discrimination, limited access to education and training, and a lack of visible role models. The roopū noted that Māori nurses are often underrepresented in leadership positions, which limits their ability to influence policies and practices that affect workforce, patients, and communities. Visibility matters: not just for inspiration but for normalising Māori excellence in healthcare. The vision of *what will be* includes more Māori nurses being visible and celebrated for their contributions across all levels. As one participant stated, "*Leadership is not just about being at the top, it's about being seen, being heard, and being supported*". Ultimately, this whakaaro reinforces the need for workforce development that is culturally grounded, structurally supported, and relationally

sustained. By investing in Māori nurses at every stage of their careers, the healthcare system can foster leadership that is effective and transformative.

Mentorship and Role Modelling

While aspirational pathways provide the structural scaffolding for Māori nurses to thrive, *Mentorship and Role Modelling* offer the relational and cultural support needed to navigate those pathways with confidence and authenticity. *What will be* is a system that actively supports and promotes Māori nurse leaders, creating visible examples of success. Role models and mentors were identified as vital to the success and well-being of Māori nurses. The roopū stressed the importance of "*visible and accessible Māori role models*" who are grounded in their identity and comfortable expressing their Māoritanga in professional spaces. These individuals serve as beacons while demonstrating that it is possible to lead while remaining true to one's cultural values. There was specific kōrero that accentuated the importance of "*having a mentor network*" to provide guidance, encouragement, and advocacy not only for those in the nursing profession but also for those starting much earlier. This would facilitate the successful navigation of entry into the profession and beyond. Furthermore, our roopū highlighted how mentorship created a safe space for sharing our own challenges, experiences, and cultural support. Māori nurses often face unique challenges in the workplace, such as cultural isolation, discrimination, and pressure to conform to Western cultural norms. Mentorship can help them navigate these challenges and develop the skills and resilience they need to thrive in their careers.

In addition to mentorship, Māori nurses also benefit from strong support networks that connect them with other Māori healthcare professionals, community leaders, and cultural experts. These networks provide a sense of belonging, cultural affirmation, and opportunities for collaboration and mutual support. Together, *Mentorship and Role Modelling* create a foundation of support that enables Māori nurses to thrive.

Cultural Identity and Authenticity

Building on the importance of professional pathways and leadership development, the next section turns inward to explore the cultural foundations that sustain Māori nurses. While career progression is vital, it is equally important that Māori nurses feel empowered to bring their whole selves into their practice. Cultural identity is thus a source of personal strength and a catalyst for systemic transformation. When Māori nurses lead with authenticity, they challenge dominant norms and reshape the healthcare environment to reflect te ao Māori. The following focus areas delve into identity, belonging, and the intrinsic values that shape how Māori nurses engage with their communities and workplaces.

What it Means to be Māori

At the heart of cultural identity lies the question of what it truly means to be Māori. This whakaaro explores how Māori nurses define and embody their identity in ways that are both personal and collective. *What should be* included is recognising our strengths, acting with a sense of belonging and feeling comfortable with ourselves and essentially, being unapologetically Māori. The discussion around *What it Means to be Māori* formed the very foundation of *what will be.* Participants articulated a future where Māori nurses fully embody their identity, feeling authentically Māori. This also meant "*being the influence to bring others along*", fostering a sense of pride and cultural strength within the profession. The commitment to "*be servants to our people*" accentuated the inherent desire to contribute meaningfully to Māori communities. This profound understanding and living of *What it Means to be Māori* is central to normalising mātauranga Māori and fundamentally supports Māori nurses to thrive authentically.

Understanding Our Own

Building on the internal sense of identity, this whakaaro highlights the importance of mutual recognition and cultural solidarity. It reflects how Māori nurses affirm each other's identity in shared spaces, reinforcing a sense of belonging and cultural continuity. Participants expressed that their Māori identity is not something that can be switched on or off depending on context rather it is continuously lived. As one participant succinctly

explained, "*Being Māori is not shift work. It's 24/7 (or all day, every day)*". This statement reinforces the depth of cultural identity and how being Māori is recognised outside of the workplace. As another participant reinforced, "*We need to recognise each other as Māori both in and outside of nursing*".

These reflections emphasise the importance of cultural grounding and holistic identity in shaping a thriving Māori nursing workforce. This rounded approach furthers Māori nurses' ability to contribute to culturally aware environments and strengthens collective well-being. It is this sense of understanding and affirming one's own identity, which enables Māori nurses to navigate their roles with cultural humility and confidence.

Being Aware

This area of focus turns inward again, delving into self-awareness and the dismantling of internalised barriers. It explores how cultural humility and confidence are cultivated through reflection and support. *What will be* is a system that encourages Māori nurses to understand their own lived experiences and how they differ from others, fostering cultural humility and sensitivity. Participants envisioned a future where Māori nurses "*don't put up barriers for ourselves – we are Māori enough*", challenging notions of inadequacy. This involves a deeper "*understanding of ourselves, our intelligence and help from others*", recognising the collective strength within. Having full insight means that individuals are aware of their inherent value and potential, free from external judgements. This internal fortitude is crucial for Māori nurses to thrive. It allows them to navigate complex professional environments with confidence and an unshakeable sense of self. With a strong foundation of self-understanding, Māori nurses are empowered to serve their communities in ways that reflect both personal and collective values.

Helping Others

With a strong foundation of self-understanding, Māori nurses are empowered to act in service of others. This focus area explores how commitment to helping others is deeply rooted in cultural values and collective responsibility. A strong whakaaro was the innate desire of Māori nurses to help their communities. *What will be* is a healthcare system that recognises and values this commitment to service, allowing Māori nurses to effectively

address the unique needs of Māori patients and whānau. This also highlights the importance of having the right people in the right positions to promote Māori.

Cultural Responsiveness and Embracing Kaupapa Māori Approaches

This area of focus explores how Māori nurses integrate their cultural identity into healthcare practice through culturally responsive approaches, grounded in Māori values and principles. Our roopū highlighted the need for healthcare settings to be "*in tune with Māori kaupapa*" and to actively integrate Māori cultural practices into healthcare delivery. Discussions identified the importance of recognising and respecting the unique cultural identities, beliefs, and practices of Māori patients and their whānau. It also requires healthcare providers to develop the culturally responsive skills necessary to effectively communicate and collaborate with Māori patients, while acknowledging that they do not need to be Māori themselves to practice appropriate care.

This emphasis on culturally responsive care also extended to the experiences of Māori nurses themselves. Within our roopū participants shared how internal struggles with identity were part of the journey toward understanding what enables us to thrive. Once again referencing "*don't put up barriers for ourselves – we are Māori enough*". We also discussed "*having a sense of belonging and feeling comfortable with ourselves*" and "*breaking down elitism within Māori*". Ultimately, we unanimously agreed that thriving requires being "*unapologetically Māori*".

Conversely, developing an inner sense of self would also aid in removing barriers. We highlighted the significance of embracing a "*mix–not hierarchical*" approach, where traditional Māori knowledge and practices are valued alongside Western medical models. This approach promotes holistic care that respects the cultural identity and beliefs of Māori patients. We discussed how Western medical models often prioritise physical health over mental, emotional, and spiritual well-being, which is at odds with the holistic worldview central to te ao Māori. By integrating traditional Māori practices, such as waiata (singing) and karakia (prayer), healthcare providers will offer more comprehensive and culturally appropriate care.

Transitioning from a Western-centric model to one that incorporates Māori perspectives requires a commitment to cultural humility and ongoing learning. Healthcare providers must be willing to acknowledge their own cultural biases and assumptions and to learn from Māori patients, whānau, and communities. This requires creating opportunities for all to engage in cultural immersion experiences, attend cultural training, and work alongside Māori healthcare practitioners.

Resilience Through Whānau and Community

Cultural identity both informs individual practice and strengthens collective resilience. This next section explores how whānau and community serve as essential pillars of support, enabling Māori nurses to thrive in the face of adversity. These whakaaro highlight the interconnectedness of personal experience, communal strength, and the enduring role of whānau in shaping well-being and professional sustainability.

Whānau

Whānau emerged as an essential aspect of *what will be*, stressing the collectivist nature of Māori well-being. Participants emphasised the vital role of "*whānau support*", highlighting that individual success is intertwined with whānau well-being. The call to "*support whānau, hapū, iwi rather than change*" reinforces the idea of working within a supportive, culturally aligned framework. This connection to whānau is paramount for thriving, as it provides a robust support system and a sense of purpose that extends beyond individual achievement.

Whānau-centred care recognises that health is interconnected with social, cultural, and environmental factors, and that whānau play a vital role in supporting the health and well-being of their members. This approach involves working in partnership with whānau to develop care plans that are tailored to their specific needs and preferences. It also involves providing whānau with the information, resources, and support they need to actively participate in the healthcare process. During this kōrero, an example we discussed in wānanga was the COVID-19 pandemic response by Māori healthcare providers. The aspect that we validated was "*replicate how Māori stepped up*

during COVID – kaupapa Māori strengthened ties with others". There was a general sentiment that in times of crisis the government trusted Māori to deliver outcomes for our own. It took a crisis, but it demonstrated that Māori could manage our own mana motuhake (self-governance), something long lobbied for. The centrality of whānau naturally extends to the prioritisation of tamariki, reflecting intergenerational responsibility and care.

Prioritising Kids Before Self

Prioritising Kids Before Self, highlighted a profound cultural value and its impact on *what will be.* This concept reflects the collective responsibility and future orientation inherent in te ao Māori, where the well-being of future generations is paramount. For Māori nurses, this means a future where their work and personal lives can align with this value, suggesting systems that support their whānau commitments while enabling professional growth. The emphasis on collective well-being contributes to thriving by reinforcing cultural values that provide strength and motivation.

Shared Experience

The concept of *Shared Experience* was powerful, painting a picture of solidarity and collective progress. *What will be* included an "*all-inclusive workforce*" where Māori nurses feel seen and valued. The roopū acknowledged past efforts "*reached out to us – now it's time for you*", indicating a readiness to embrace a future where contributions are fully acknowledged. There was a strong sense of "*recognising maturity contributing to the profession and needing to bring the old to new*", building on the legacy of those who came before. The importance of "*extended wairua presence*" highlights the holistic support envisioned, alongside practical help, "*when we see others struggling*". This shared journey fosters a sense of belonging and collective strength, directly enhancing thriving by creating a supportive network that empowers individual and collective growth. *Shared Experience* builds collective strength, while *Lived Experience* offers personal insight into the resilience required to thrive in healthcare settings.

Lived Experience

Wānanga within the roopū affirmed the value and importance of "*embracing the journey*" in being a Māori nurse. This whakaaro reflects how lived experiences, including navigating systemic barriers, cultural disconnection, and moments of affirmation, shape the unique strengths Māori nurses bring to their practice. From these experiences, wisdom is gained through both personal challenges and successes. This accumulated wisdom strengthens individual and collective capacity, contributing to a state of thriving.

Working with Māori

Working with Māori was seen as integral to *what will be*, moving beyond mere representation to genuine collaboration. Discussions centred on the need to "*develop Māori leaders*" who can guide and influence within the health sector. The future envisioned included "*recognising that things change, government changes and creates support*" for Māori-led initiatives. This collaborative spirit, where Māori voices and leadership are paramount, ensures that services are genuinely responsive to the needs of Māori; thus, enabling Māori nurses to thrive in an environment that promotes their empowerment. These collective experiences of whānau support, shared journeys, and cultural connection lay the foundation for a fuller exploration of resilience. The following section, *Resilience and Thriving*, brings together personal narratives and ancestral wisdom to illustrate how Māori nurses navigate adversity and cultivate strength, both within themselves and across generations.

Resilience and Thriving

The lived experiences shared by participants paint a vivid picture of the *Resilience and Thriving* of Māori individuals in the lead-up to entering nursing and throughout their careers. This whakaaro highlights how resilience is often demonstrated out of necessity rather than by design. Māori nurses work to maintain their cultural identity and contribute to social good within their communities, all while navigating systemic and professional challenges. For Tupuānuku, the concept of resilience is supported by harnessing the notion of ancestral strength and well-being as inspiration for contemporary health aspirations among Māori. Drawing upon the historical context of

Māori as once being regarded as one of the healthiest nations globally, Tupuānuku challenged the prevailing narrative of poor health outcomes and reframed it into one of intrinsic vigour and potential. This reorientation towards a strengths-based perspective is essential in fostering resilience, as Tupuānuku noted,

> *We need to look back at the health and vitality of our tīpuna [ancestors], which can inspire and inform our present and future generations. Acknowledging that past strength allows us to shift our mindset from being victims of health disparities to being inheritors of a rich legacy of health that we can revive and sustain.*

While envisioning *what will be* in the context of resilience, looking back at the health and vitality of tīpuna serves as a powerful resource. It embodies the idea that Māori possess an enduring legacy of wellness and robustness which inspires and informs the future state. Thus, understanding and acknowledging that past strength allows for a shift in the collective mindset. Moreover, by encouraging the aspiration to reclaim the status of being one of the healthiest nations, Tupuānuku was not just aiming to improve the health outcomes of Māori but also inviting others to emulate this ideal. It is about creating a new narrative in which Māori and their approaches to health become an aspirational model, setting a standard for others to follow. Through this action, the core values and practices that sustained the well-being of Māori ancestors are passed on, and resilience is nourished by this legacy of strength and the active pursuit of a healthier future.

Pōhutakawa recounted their personal story, highlighting resilience and the enduring health legacy of Māori. They described facing racism and discrimination in school, which only fuelled their determination to succeed despite the challenges. Pōhutakawa recalled being told when they originally shared with a school guidance counsellor wanting to be a doctor, "*Find something easier to do because you'll be having kids one day'. And I said, 'I'm in the top fourth form class and he was like; 'oh, you're a half caste, you'll be pregnant within a couple of years'.* As I imagined the patronising tone of the teacher when Pōhutakawa recounted this incident, what I witnessed was like a production. Unfolding in front of me was Pōhutakawa articulating their defiance with ihi

(excitement) in response to this teacher's unappreciative advice, only making them more resolute. Undaunted, they persisted, saying, "*I'm just going to show you, I know I can do it, I can do something. So, I got stubborn instead, and that's when I got into the training and that started it*". This demonstrates their resilience through persistence and a drive to prove others wrong when their self-belief was being challenged at such a young and impressionable age.

Waita's journey was marked by the need to overcome obstacles and barriers. Through resourcefulness and positive mindset they found strength to persist and flourish. In doing so, they became a thread in i tuku iho (the intergenerational fabric of knowledge), passing wisdom forward to those who follow. They shared,

> *It may be a generational challenge but for us, everything that was broken got recycled, like the old TV became a table, you know how it goes. But actually, that was a good thing because we achieved so much with so little.*

Waita expressed a strong whakaaro for ensuring the next generation learn to value resourcefulness as part of their cultural and professional identity. They identified their role in acting as the conduit for *what will be* by fostering generational resilience through te ao Māori,

> *That's built us resilience. I'm not too sure about the next generation—I think they may suffer a little bit. But that resilience, like 'Yeah, we can make this happen. Let's just do it this way. Let's look at what we've got and just keep that positive,' I just love!*

Māori nurses are resilient in making the most of limited resources and maintaining an optimistic outlook, even in the face of adversity. Waita's ability to recycle and repurpose items exemplified resourcefulness and ingenuity. This practical wisdom, born out of necessity, was a source of pride and a means of passing on valuable skills and perspectives to the next generation. Waita recognised the importance of instilling this appreciation for ancestral intelligence and the resilience it fostered, concerned the younger generation may "*suffer a little bit*" without that foundation. By embracing the lessons of their forebears and imparting generational knowledge, Waita demonstrated a

holistic approach to cultivating resilience, one that combines material resourcefulness with the nurturing of a positive, problem-solving mindset.

Similarly, in sharing my journey with the participants, a sense of resolute determination was communicated to them. After returning from the United States, I made the intentional decision to bring my 11-month-old child back to Aotearoa New Zealand, seeking to immerse them in te ao Māori. Determined to provide a strong foundation for my son, I embarked on a job search, eager to contribute my skills and expertise to the Māori healthcare sector. However, the process of finding employment back home proved more challenging than anticipated. Undeterred, I drew upon the very qualities that had sustained our ancestors, demonstrating the resilience and resourcefulness that are hallmarks of the Māori healthcare community.

> *I applied for every job and got automated rejection emails. Finally, I called a friend who ran the casual pool and started there. Another friend took a punt on me in the flight team. One day, I needed to relieve her, so I attended a nurse leaders hui on her behalf. I was absolutely taken aback that not only was I only 1 of the 3 Kiwis in the room, but I was also the only Māori – that picture didn't sit well for me. When I started this study, there was research about why Māori don't pursue or why they leave nursing, but nothing to say what makes Māori stay.*

Keeping in mind that I had a fruitful career in leadership while in the United States, this was a return to an entry-level position but I was undeterred from coming home. Starting from the beginning was a humbling experience, and my gratitude for getting back into the organisation stemmed from having friends still in the system. However, this was overshadowed by the overt bias of a broken system in favour of the recruitment and development of Māori. This personal experience, while specific to my career path, reflects a larger systemic challenge within the healthcare system, particularly regarding the recruitment and development of Māori nurses.

It was when I was in the system that I caught the attention of the Associate Director of Nursing at the time. Being Māori themself, they recognised my skills and potential, providing a platform to exhibit these. Eventually, it caught the attention of the

Director of Nursing and subsequently I became a successor to both. In turn, this progression highlighted the ongoing need to champion Māori representation and leadership in the healthcare system. Through a reverse mechanism of stealth, Māori benefit from the results, effects, and impacts, a mission vital for ensuring equitable healthcare outcomes. This experience also reinforces the vision of *what will be*. In this future, Māori leadership is not the exception but the norm, with culturally grounded pathways to advancement embedded throughout the system.

Tupuārangi's journey, while marked by initial self-doubt and anxiety, ultimately demonstrates the resilience required of Māori nurses navigating their profession. Similar to my story of equity at play, Tupuārangi's story additionally shares that koha of human spirit from others provides strength to carry on. During our interview, Tupuārangi candidly shared their internal turmoil, "*I just freaked out in realising I don't think I know what I'm doing*". This authentically vulnerable admission reflected the overwhelming feelings of inadequacy and uncertainty that can grip even the most well-prepared new nurse.

They went on to describe being "*terrified*" and asked, "*do I really know how I'm supposed to look after people?*" These raw emotions speak to the immense pressure and responsibility that comes with caring for patients, especially for those just embarking on their nursing careers. The steep learning curve and the gravity of their newfound role can be deeply unsettling, shaking even the most resilient individuals. Echoing the experiences of many Māori nurses, Tupuārangi drew upon the human spirit of others to see them through. "*The best thing I got was I had two amazing preceptors that I've lined up with very experienced senior nurses, and they really pushed me to smash out all my competencies*". They went on to share "*And I've got an amazing boss. I've actually got the loveliest, sweetest, supportive boss of the world, so that really helped me*".
Drawing upon the human spirit and support of their 'amazing preceptors' and 'lovely, sweet, supportive boss', Tupuārangi was able to overcome their self-doubt and excel in their role. This narrative mirrors the experiences of many Māori nurses who find strength and inspiration in the unconscious support of their colleagues and mentors. These

vignettes highlight the crucial importance of fostering a healthcare system that actively champions Māori representation and leadership. Additionally, the presence of Māori in positions of influence can serve as a catalyst for achieving more equitable outcomes through systemic change.

As we transitioned back and forth from findings of individual interviews, the roopū reflected on our kōrero about learning resilience from others. Specifically, one sentiment "*learn from IQNs – don't give up – embrace this attitude*". This statement came from a dialogue of participants recognising the strength of IQNs, many of whom moved to Aotearoa New Zealand to seek better lives, leaving behind their own whānau, reo, and cultural security. We discussed how we witnessed IQNs go from surviving to thriving in an environment completely foreign which resonated with us, sometimes feeling equally foreign in our own, native land. The conclusion was that if they could rise above, so will we. The resilience and desire to thrive demonstrated by these Māori nurses are not merely individual traits but the product of a rich cultural heritage and commitment to improving healthcare outcomes for their communities.

Thriving Through Social Good and Equity for Māori

The resilience cultivated through whānau and community naturally extends into broader aspirations for social justice and equity. In this final area of focus, attention shifts to systemic transformation, exploring how Māori nurses envision a healthcare landscape that both supports their practice and uplifts their people. These whakaaro reflect a commitment to collective well-being, cultural responsiveness, and the pursuit of equity across all levels of the health system.

This section examines how our roopū strategically employed hopes and aspirations of an ideal state to address social and economic disparities, improve health outcomes, create alternative career pathways, and prioritise whānau well-being. By centring Māori worldview and values, these can become a tool for empowerment and self-determination. Discussion of the data amongst our roopū revealed key elements that reflect the experiences and perspectives of Māori nurses concerning social good. These

demonstrated the complex ways in which Māori nurses contribute to the well-being of their communities and the broader healthcare landscape.

Addressing Systemic Racism and Striving for Equity

A consistent whakaaro voiced during our discussion was how achieving social good, necessitated confronting and dismantling the systemic racism embedded within the healthcare system. This includes ensuring Māori nurses receive meaningful support and recognition both by those in leadership and colleagues and systems at every level of the organisation. Participants emphasised that "*recognition of racism*" was a fundamental step toward establishing a fairer and more equitable healthcare environment for all. We argued that ignoring or downplaying the impact of racism in shaping healthcare experiences only perpetuated existing inequalities and undermined efforts to promote collective well-being.

Our wānanga also made it clear that equity involved both fair access to resources and equitable outcomes for Māori patients. Our roopū shared experiences of having encountered disparities in access to care, treatment options, and health outcomes for Māori compared to non-Māori patients. Participants attributed these disparities to a range of factors including cultural biases, communication barriers, and a lack of culturally appropriate services. Achieving social good will require actively addressing these systemic barriers and working to ensure that Māori patients receive the same quality and opportunities for achieving optimal health as all other members of society.

Moreover, the roopū emphasised that addressing systemic racism also required creating a more inclusive and supportive work environment for Māori healthcare professionals. Some participants had spoken of experiencing discrimination, microaggressions, and a lack of opportunities for advancement in their careers. We discussed how these experiences undermined our well-being and job satisfaction and limited our ability to serve effectively. Creating a more equitable healthcare system, therefore, required addressing both patient and organisational-level racism.

As discussed previously, while the racism experienced created additional challenges, it also fostered a sense of resilience and determination to overcome

adversity. This was not an experience we as a roopū would wish upon anyone, but it stands as a testament to the strength and perseverance of those who have navigated systemic barriers. The experiences, though painful, became a catalyst for envisioning environments rich in manaakitanga, equity, and the potential for Māori nurses to thrive.

Socio-economic Status

This whakaaro was acknowledged as both a challenge and an opportunity in shaping *what will be*. Discussions centred on ways to alleviate barriers related to economic hardship. The vision included "*catching potential students at right time – from early school leavers through mature candidates and provide support*", addressing the financial and social needs that can impede educational progress. The concept of funding so as not to "*incur debt for nurses to learn*" or "*getting paid while we work, live & play*" were highlighted as essential to support Māori nurses throughout their education and careers. Empowering whānau also necessitates addressing the social and economic factors that impact their health and well-being such as poverty, unemployment, and housing insecurity.

Our roopū recognised that Māori healthcare workers are 'never off the clock', frequently advocating for extended whānau due to their Māori identity. This can lead to significant personal and professional burdens. Creating frameworks that empower whānau to become 'expert patients' in managing their own healthcare needs will help alleviate this heavy load and allow Māori healthcare workers to balance their personal and professional responsibilities better. By advocating for policies and programmes targeting these social determinants of health, healthcare providers will support whānau in accessing the resources they require to thrive.

Government Action

This whakaaro was identified as a crucial enabler for *what will be*, indicating that systemic change requires a commitment to policy and resources. Discussions focused on the need for "*sustainable funding*" to support Māori nursing initiatives and development. The vision included the ability to "*grow our own*" and "*build pathways*", illustrating a comprehensive approach to support from recruitment to retention. It also encompasses crucial elements, such as "*credit for previous experience*", ensuring that experiential

learning is recognised. It means having "*authorities at the top recognise equity as a benefit*", signalling top-down commitment to Māori success. The groups also spoke of the importance of "*official recognition of racism*" and its active dismantling, and the implementation of specific initiatives like "*creating poutama (pathways) for healthcare assistants, registered nurses, and nurse practitioners*". This strong call for government support and systemic change is paramount as it creates the necessary infrastructure and policy environment for Māori nurses to thrive and achieve equitable outcomes. *Government Support* lays the groundwork for systemic change, which is further advanced through the intentional integration of Mātauranga Māori into healthcare environments.

Normalising Mātauranga Māori

The notion of *Normalising Mātauranga Māori* explores the intentional integration of Māori knowledge, practices, and perspectives into everyday practice. The koha from the roopū offered valuable insights into the importance of creating culturally responsive environments, nurturing Māori in leadership, and infusing te reo Māori throughout the workforce. *Normalising Mātauranga Māori* is not merely a matter of cultural preservation; it is an essential step towards a more just and equitable society.
For our roopū, Mātauranga Māori is the core of our cultural identity. By normalising it, we affirm our right to cultural expression and foster a sense of belonging and pride. As we discussed, this was seen as vital for individual and collective well-being, as a strong cultural identity is linked to improved mental health, educational outcomes, and overall life satisfaction.

This is a shift in opposites afforded through Appreciative Inquiry, where the original conversation began with an exploration of some feeling, such as a sense of impostor syndrome, at one point or another in their lives. Phrases such as "*don't put up barriers for ourselves – we are Māori enough*", "*don't deny being Māori*" and ultimately concluding "*be unapologetically Māori*" were all represented aspects of authentically embedding the concept of Mātauranga Māori. We discussed colonisation and the effects of systematically suppressing Māori language, culture, and knowledge systems, presenting historical challenges in normalising Mātauranga Māori. We also discussed

personal experiences of assimilation policies that forced Māori to abandon their traditions, while the imposition of Western values undermined our way of life. The suppression of Mātauranga Māori through colonisation had devastating consequences for Māori nurses and the communities we served. Maintaining the generational passing of Māoritanga and ensuring it "*never dwindles*" again is a key endeavour. Normalisation is, therefore, seen as an act of redress, acknowledging past injustices and working towards equity. When Mātauranga Māori is valued, Māori perspectives are incorporated into decision-making, resulting in fairer outcomes across all areas of life.

Beyond simply incorporating Māori elements into organisations, our roopū emphasised the critical need to create environments that genuinely centre Māori ways of knowing and being. This holistic approach involves designing spaces, products, services and organisational culture that authentically reflect and uplift Māori cultural values, protocols and aesthetics. By doing so, we reflected how the process will be more inclusive and empowering for Māori and non-Māori communities alike. Mātauranga Māori is a unique taonga (treasure) that enriches our indigenous identity. Embracing it allows us to move beyond a monocultural view of ourselves and celebrate the bicultural foundations of our nation. Furthermore, we discussed examples of culturally responsive design that foster an inclusive atmosphere where non-Māori colleagues will embrace Māori practices, tikanga, and te reo as integral to their daily routine. Such efforts extend beyond mere tolerance, aiming to create a workplace where Māori language and customs are genuinely valued and integrated.

In discussions with the group, it was often noted that there was a greater sense of success in how they felt about themselves and the positive outcomes for our patients when working in such situations. This sentiment led to the identification of having supportive networks, such as roopū and hui (meetings), and how these play a crucial role in nurturing a sense of belonging and mutual support among Māori nurses. As we continued to wānanga, some spoke of their experiences in finding networks that acted as safe spaces where Māori nurses could share their reflections, address challenges, and uplift one another, reinforcing their cultural identity and professional growth.

Subsequently, it was identified that implementing policies into practice that champion Māoritanga, tikanga, and te reo, spanning from student-level education to nursing leadership, would be critical. It was strongly felt that these policies would protect and provide a framework for cultural responsiveness. They would also ensure Māori values are embedded within the organisational structure.

Within our wānanga, some participants shared their experiences of having what they saw as the 'privilege' of being part of a roopū designed for Māori, such as the Te Ao Māramatanga (New Zealand College of Mental Health Nurses) Māori caucus. However, some participants expressed concerns that not all Māori nurses had the same opportunity to be part of such a roopū, potentially leading to feelings of exclusion and unequal access to cultural support networks. This highlighted to the group the priority of ensuring initiatives to normalise Mātauranga Māori are inclusive and accessible to all Māori, regardless of their specific role or location.

Moreover, promoting Māori individuals to leadership positions across all sectors of health is essential for driving systemic change and ensuring Māori perspectives are represented at decision-making levels. We discussed that this empowerment fosters a more equitable healthcare system that will be responsive to the unique needs of Māori communities. Elevating Māori to leadership roles amplifies their voices and enables them to shape policies, practices, and initiatives that align with the principles of tino rangatiratanga (Māori self-determination) and cultural integrity via innate and organic means. By having Māori leaders at the helm, healthcare organisations will better understand and address the specific healthcare challenges faced by Māori populations, leading to more culturally appropriate and effective interventions. This will be a pivotal step towards dismantling the historical marginalisation of Māori in the healthcare system and create an environment where their knowledge, experiences, and perspectives are central to the decision-making process.

Ultimately, these findings emphasise the significance of creating environments where Māori nurses feel supported, respected, and empowered to deliver culturally appropriate care, contributing to improved health outcomes and a more equitable

healthcare landscape. The key aspects of *Normalising Mātauranga Māori* explored in this section included fostering culturally responsive environments that centre Māori ways of knowing and being, nurturing Māori leadership to drive systemic change, and infusing te reo Māori and Māori practices throughout the workforce. These interconnected efforts reinforce the collective goals of empowering Māori nurses to thrive and ensuring Māori perspectives are central to decision-making processes.

Conclusion

This chapter has illustrated a narrative of resilience and flourishing among Māori nurses, grounded in cultural identity and lived experience, and the realities of systemic racism, microaggressions, and the burden of representation. These experiences, marked by mamae (pain), reflect the systemic challenges Māori nurses continue to face. The strength and determination shown in response to these realities is, therefore, not a product of the mamae itself but of a collective commitment to resist, endure, and transform.

Through the lens of Appreciative Inquiry and Kaupapa Māori, the findings emphasise the imperative to address systemic inequities, embed cultural responsiveness, and invest in sustainable workforce development that empowers both individuals and whānau. The thematic threads include career progression, leadership development, mentorship, and whānau-centred care. These themes recur across all phases of inquiry: *what should be*, *what can we action*, and *what will be*. These elements collectively form the scaffolding of a healthcare system in which Māori nurses are supported and positioned to lead and deliver impact at scale. The capacity of Māori nurses to navigate cultural isolation, systemic discrimination, and the unique burden of representation reflects both personal strength and a collective commitment to advancing equity and cultural responsiveness within healthcare.

Anchored by the guiding whakataukī, ‘Nā tō rourou, nā taku rourou, ka ora ai te iwi’, this research affirms that collective responsibility is central to achieving equity. Realising a just healthcare system demands the coordinated efforts of healthcare

organisations, policymakers, practitioners, and communities—each contributing their rourou (share) to the well-being of the iwi.

By prioritising these interconnected domains and fostering genuine partnership, a healthcare system can be co-created that honours Māori perspectives, supports Māori nurses, and enables them to thrive as agents of transformation. This benefits both Māori communities and the broader health landscape of Aotearoa New Zealand. Yet, it must be acknowledged that these aspirations are not new. Māori nurses have been articulating these needs for equity, recognition, and culturally grounded practice for decades. The persistence of these calls reflects both the enduring strength of Māori advocacy and the slow pace of systemic change.

This chapter does not mark an end, but a continuation; a call to action grounded in Indigenous wisdom and collective strength. The journey from *what should be* to *what will be* is not linear but iterative, shaped by ongoing reflection, relational accountability, and the enduring pursuit of tino rangatiratanga in healthcare.

Chapter Eight: Discussion

Introduction

This study arose from an observed scarcity of Māori within healthcare settings and the question that followed: why is this so, and what enables Māori to thrive? Through reflection, questioning, research, and kōrero, the inquiry sharpened to a central question: *what supports Māori nurses to thrive in their practice?* The findings corroborate insights known anecdotally and in prior research, and surface new directions for exploration. This chapter offers a critical interpretation of findings from Chapters Five to Seven. It situates the results within Kaupapa Māori and Appreciative Inquiry frameworks, linking participant narratives with the literature to draw out implications for workforce development, Māori health equity, and system transformation in Aotearoa New Zealand. Kaupapa Māori provided the epistemological and ethical foundation—about, by, for, and with Māori; while AI operationalised a strengths-based process through the 5D cycle—Define, Discover, Dream, Design, Destiny, enabling participants to envision futures grounded in lived excellence.

The discussion traverses three domains: identity and self-discovery; human connection and cultural duality; and designing our destiny. It concludes with a synthesised, culturally grounded model of Māori nurse thriving and practical implications for nursing education, health system leadership and future research. Guided by the whakataukī, 'Tūngia te ururua kia tupu whakaritorito te tupu o te harakeke', this chapter aims to clear the undergrowth of outdated paradigms, allowing the new shoots of Māori nursing strength to thrive.

Identity and Self-Discovery

Identity operates as an enacted commitment grounded in whakapapa, shaping Māori nurses' purpose, well-being, and ethical practice. The findings indicate that thriving is sustained when nurses can affirm and live their identity as Māori in everyday care, linking personal histories to collective responsibilities and professional integrity (Durie, 1998b Webber, 2008).

Honouring Whakapapa: The Foundation of Thriving

Whakapapa—connecting individuals to whānau, hapū, iwi and whenua—emerged as a foundational anchor for thriving. Participants described identity as dynamic, rediscovered or affirmed through reflection, professional experience and cultural reconnection, consistent with models of Māori identity development that emphasise the interplay of agency and belonging (Durie, 1998b; Webber, 2008). They framed whakapapa as both historical inheritance and ongoing commitment, providing meaning in practice, stability in uncertainty and accountability to a wider relational network. This aligns with Walker's (2004) assertion that Māori identity is formed through intergenerational and tribal relationships and underscores the spiritual and relational dimensions of nursing work.

Participants described an awakening during training, moving from a Pākehā identification to embracing Māori heritage after experiencing cultural isolation, which exemplifies identity reclamation in response to systemic erasure. This trajectory is consistent with Kaupapa Māori scholarship on critical consciousness and resistance (Pihama et al., 2004; Smith, L.T., 2021), and illustrates how cultural affirmation can be a catalyst for mana-enhancing professional practice. Whakapapa also anchored values of manaakitanga, tiakitanga, and aroha as lived responsibilities. Participants spoke of tīpuna presence in decision-making and drew strength from ancestral narratives in challenging moments, reinforcing whakapapa as a living philosophy that sustains identity, purpose and ethical action (Marsden, 2003). In this framing, identity is a lived, relational commitment to whakapapa responsibilities, enacted through whānau support and cultural practice (Cram, 2014), and thriving was consistently described as inextricable from cultural anchoring.

Life Experience: Cultural Currency in Practice

Life experience functioned as culturally grounded capital that shaped participants' readiness to practise, especially in complex psychosocial contexts. Rather than following linear career trajectories, participants described iterative pathways in which caregiving, adversity and community roles developed the dispositions and insights they now deploy in nursing. This orientation aligns with Māori models of development as cyclical and

interdependent, contrasting with individualised, linear framings of success (Pere, 1991). Participants framed previous, often colourful, life experiences as an asset, not a deficit - cultural capital that deepened empathy and strengthened integrity in complex mental health contexts. Others described similar patterns, where shifting aspirations and whānau responsibilities became formative, aligning practice with a values-based calling in mental health.

Appreciative Inquiry provided a coherent lens for this reframing: attending to 'what works' surfaces assets already present in people and communities and orients practice toward strengths (Cooperrider & Whitney, 2005). Participants' accounts show continuity rather than rupture; professional nursing extended existing ways of caring, manaakitanga, tiakitanga, whanaungatanga into clinical settings, affirming identity and enhancing care.

From Self-Doubt to Cultural Validation

Affirmation, both personal and collective, counteracts cultural taxation and institutional racism, enabling Māori nurses to move from whakamā to mana motuhake and to practise with tino rangatiratanga. Participants described periods of self-doubt and cultural disconnection arising in settings where Māori epistemologies were marginalised and where identity expression attracted additional scrutiny and labour. These dynamics are consistent with evidence of institutional racism in Aotearoa New Zealand's health sector and with the concept of cultural taxation borne by minoritised professionals (Came et al., 2018; Padilla, 1994; Reid et al., 2017). Guided by cultural mentors, wānanga, and whānau, they reframed identity as a source of insight and mana, reporting greater alignment, confidence and capacity to advocate. Others described similar trajectories, with mentorship catalysing a shift from resistance to identity toward embracing it as professional strength.

Within an Appreciative Inquiry stance, these are moments of positive re-framing, where identity is recognised as a gift to offer rather than a problem to solve (Cooperrider & Whitney, 2005; Cooperrider et al., 2008). From a Kaupapa Māori perspective, they constitute acts of resistance and resurgence in spaces historically shaped by assimilative

logics, restoring the authority to define and enact Māori ways of being in practice (Smith, 2021).

Culture–Practice Interplay: Congruence and Well-being

Thriving was most evident when identity and practice aligned. When tikanga and clinical responsibilities were brought into genuine relationship, participants linked this alignment to personal well-being and to the quality of care they could offer. A typical exemplar was facilitating a reo Māori hui for a whānau in crisis; in such moments, cultural knowledge, values, and professional action moved together, producing spiritual and professional fulfilment. In this study, alignment between cultural values and work context functioned as a key condition for well-being, consistent with Māori models of holistic health (Durie, 2001). This alignment also appeared to operate as a protective factor, buffering participants against the psychological and emotional strain often associated with working in monocultural or culturally unsafe environments.

The concept of cultural efficacy, defined as confidence in one's ability to express and enact Māori identity, has been shown to reduce psychological distress and enhance wellbeing (Muriwai et al., 2015). Participants who were able to express tikanga in practice described a sense of wholeness and vitality. Those who could not, reported fragmentation and depletion. These findings align with Houkamau and Sibley's (2010) multidimensional model of Māori identity, which highlighted the importance of cultural engagement and recognition in shaping positive self-concept and resilience.

Culturally affirming roles, particularly within iwi providers and Kaupapa Māori services, created conditions to practise with integrity and joy. These environments normalised collective decision-making, supported spiritual care and embedded mātauranga Māori in everyday work. This enabled practice that was both clinically sound and healing. For participants, thriving required transforming organisational settings so that te ao Māori could be enacted. Assimilation into monocultural norms was insufficient. Cultural safety in this context was not merely about competence but about power, accountability, and systemic change (Ramsden, 2002). As Houkamau (2010) argued,

identity is shaped within socio-historical contexts. For these practitioners, culturally congruent practice was not only protective but a form of resistance and reclamation.

Identity as Collective Strength

Identity operated as collective capability and intergenerational responsibility. Participants framed achievement as fulfilment of whakapapa obligations—serving whānau, honouring tīpuna, and opening pathways for those to come—rather than individual attainment. This orientation distinguished Māori notions of thriving from paradigms that valorise individualism and self-promotion (Mead, 2016). Whānau functioned as impetus and scaffolding: motivating entry into nursing, sustaining well-being, and shaping practice. Several participants described intergenerational living arrangements as a source of ongoing sustenance—personally, professionally, and spiritually. These reflections echoed Kaupapa Māori principles that locate well-being in the strength of collective relationships (Durie, 1994; Pere, 1991). Participants characterised thriving as shared and relational, attributing success to collective effort, sacrifice, and aroha.

Tuakana–teina relationships translated identity into action. Participants described mentoring as a responsibility to uplift emerging Māori nurses, reflecting a commitment to intergenerational reciprocity. In this way, identity was both grounding and generative, supporting personal flourishing while cultivating conditions for others to thrive. This aligns with Kaupapa Māori principles that locate identity within collective and relational contexts rather than individual achievement (Henry & Pene, 2001). Legacy was articulated as privilege: work undertaken now to smooth the path for future Māori nurses. This framing positions identity not as a fixed status but as a living force connecting past, present, and future. Such perspectives have practical implications for mentoring structures, leadership evaluation, and the design of whānau-centred workforce pipelines. Ethical leadership, in this context, is relational and future-focused, grounded in aroha and collective responsibility (Haar et al., 2019). These findings also reinforce the importance of culturally safe and ethically sound mentoring practices that honour Māori ways of knowing and being (Zambas et al., 2023).

Summary

The analysis demonstrates that identity and self-discovery are foundational to Māori nurses' thriving. Grounded in whakapapa, shaped by life experience, and affirmed through cultural connection, identity functions as a resource for well-being and professional excellence. Yet, identity is continually negotiated within systems that marginalise mātauranga Māori; sustaining thriving, therefore, demands internal resilience, relational support, and structural change. This section has shown that thriving involves remembering as well as becoming—reclaiming ancestral wisdom and living it in contemporary practice. Building on this grounding in identity, the next section examines how Māori nurses navigate bicultural contexts and cultivate the relationships that underpin culturally safe, responsive care.

Human Connection and Cultural Duality

Drawing on the participant narratives analysed in Chapter Six, this section examines how Māori nurses work at the intersection of te ao Māori and te ao Pākehā, translating grounded identity into relational practice. It analyses how cultural duality, when enabled rather than constrained, supports human connection and culturally safe, responsive care.

Walking in Two Worlds: Navigating Cultural Duality

Bicultural navigation in practice involved asserting Māori epistemologies within biomedical constraints, producing both tension and transformation. Participants operationalised "*walking in two worlds*" through daily negotiation between tikanga and clinical protocols, a dynamic also observed in Māori mental health nursing practice (Wilson & Baker, 2012), and emphasised that cultural authenticity is central to ethical and effective care. From a Kaupapa Māori standpoint, this work is not assimilation but the reclamation of space, language, and presence in systems that have often demanded conformity (Pihama, 2001; Smith, L.T., 2021). Thriving, in this framing, required bringing one's whole self into practice and advocating for structural change that recognises and enables te ao Māori. Several participants described later-life reconnection with Māori identity that deepened their practice and strengthened relationships with patients and

whānau. These experiences were grounded in self-awareness, supported by community and oriented to collective well-being, consistent with Kaupapa Māori and Appreciative Inquiry's strengths-based orientation.

Participants experienced duality as embodied. Cultural intuition and professional training at times pulled in different directions; for instance, offering karakia or involving whānau early in care planning could clash with institutional norms. Rather than suppress these instincts, many described adaptive cultural practice: integrating mātauranga Māori into clinical workflows while holding fast to core values and responsibilities. These findings are supported by Komene et al. (2023) who documented how Māori nurses adapt clinical practice to uphold cultural integrity, often in the face of systemic resistance.

Whanaungatanga and Manaakitanga in Practice

Whanaungatanga and manaakitanga operated as organising principles of practice, enabling clinical quality and cultural integrity. Participants described care as relationship-centred and spiritually grounded, with cultural connection shaping both how they engaged and what care achieved. Small acts—offering tea, ensuring a seat for a kaumātua—were not items on a checklist but cultural imperatives animated by aroha. These practices reflect a Māori ethic of care that centres relational, spiritual, and collective dimensions of well-being (Durie, 1998b; Pere, 1991). They restore a human focus where biomedical processes can pull attention away from people. In affirming the mana of patients and whānau, Māori nurses enact a holistic model of health. This orientation aligns with cultural safety as a power- and accountability-focused approach, rather than a provider competence checklist (Ramsden, 2002).

Recent literature highlights the operational value of these concepts in clinical and community health settings. Māori nurses and health workers consistently draw on whanaungatanga and manaakitanga to build trust, foster healing relationships, and navigate institutional constraints (Kidd et al., 2022; Wilson et al., 2021). A Kaupapa Māori cardiovascular programme demonstrated how whanaungatanga and manaakitanga fostered collective accountability, emotional safety, and sustained engagement in health-promoting behaviours (Rolleston et al., 2016). Participants described relational care as a

catalyst for lifestyle change, with whānau involvement enhancing motivation and continuity. Similarly, a recent scoping review identified whanaungatanga as the fundamental relational attribute in Māori healthcare developed through shared experiences, reciprocity, and trust (Komene et al., 2023).

Participants described deliberately creating space for whakawhanaungatanga in teams, opening ward meetings with connection, mentoring new staff through shared kai, and using humour to defuse tension. These micro-practices fostered cohesion and collaboration, and many reported "*best days*" when cultural alignment and human compassion produced healing relationships. Appreciative Inquiry helps clarify this dynamic: attention to *what works* surfaces existing strengths in people and contexts, amplifying connection and care.

Relational labour often extended beyond the clinical encounter: supporting whānau through tangihanga, reconnecting discharged patients with community resources, and translating across disciplines. While enriching, this breadth of work is taxing. Institutions need to recognise, resource, and protect the expansive relational role Māori nurses play through workload design, access to cultural supervision, and formal acknowledgement of cultural responsibilities in role descriptions. Recent evaluations emphasise that culturally grounded roles and relational practice are essential to improving outcomes for Māori communities and sustaining practitioner well-being (Pene et al., 2023; Rolleston et al., 2022; Wilson et al., 2021).

The Systemic Weight of Biculturalism

Cultural load reflects system design flaws rather than individual deficits. Participants expressed being expected to perform cultural translation and identity work without recognition or support, contributing to emotional strain and signalling institutional failure. These unacknowledged demands, often framed as "*being the brown face in the room*"—were linked to burnout and workforce exit, consistent with evidence on Indigenous staff retention challenges (Deroy & Schütze, 2019). One participant recalled being told they were "*too Māori*", exemplifying tokenism and the additional labour required to maintain visibility in spaces not designed to uphold Māori presence or practice. These experiences

align with literature on cultural taxation and the limited responsiveness of mainstream institutions to Māori realities (Came et al., 2020; Padilla, 1994; Reid et al., 2014).

Constraints in everyday operations compounded this load. Lack of reo Māori interpreters compromised care and cultural integrity; assessment and triage protocols excluded wairua, mauri, and collective decision-making; and clinicians who introduced these frames were sometimes marked as 'off-script' or overly emotive. In response, Māori nurses described filling gaps through informal solutions, calling kaumātua or drawing on personal networks, framed as obligations of manaakitanga and whānau commitment. While often effective, these workarounds shift institutional responsibilities onto individuals. This is the limit of performative biculturalism: adopting symbols and language of inclusion without transforming the structures that govern practice.

Literature on institutional responsiveness critiques this pattern, highlighting how Māori staff are frequently expected to uphold cultural integrity without adequate structural support or resourcing (Came et al., 2019; Kidd et al., 2022). Thriving cannot rest on individual resilience. It requires system change that validates Māori cultural practice as central to care—embedding tikanga in clinical documentation and pathways, funding interpreter and cultural roles, aligning workload formulas with cultural responsibilities, and recognising cultural leadership in role design and remuneration (Came et al., 2020; Reid et al., 2019; Wilson et al., 2021).

Participants also pointed to a monocultural default in policy and process: when frameworks exclude Māori concepts or relational decision-making, Māori worldviews are marginalised within clinical logic. Addressing this requires epistemological pluralism in health care; policy, standards and governance that authorise mātauranga Māori within routine operations (Came et al., 2020) and organisational accountability for equity in practice, not just equity in rhetoric.

The Strength of Shared Cultural Connection

Culturally aligned environments transform the tension of cultural duality into collective strength. In contexts where cultural connection is the norm, Māori nurses reported experiencing greater ease, vitality, and a shared sense of purpose. These settings reduced

the need for cultural explanation, allowing more energy to be directed toward relationship-building and care. Organisations grounded in te ao Māori with everyday practice were described as offering affirmation, respite, and a sense of collective empowerment. These accounts are consistent with research on Māori organisational well-being: alignment between people and institutions reduces cultural dissonance and supports contribution and job satisfaction (Came et al., 2018; Durie, 2003). In such settings, intergenerational mentoring and whakawhanaungatanga flourish, building networks of resilience and leadership. Participants described stepping into tuakana roles, supporting emerging nurses, advocating for patients, and sharing mātauranga. Others described a shift from cultural hesitation to cultural leadership as identity and practice came into full alignment, an expression of Māori flourishing (Pihama, 2010).

Participants also emphasised rituals of belonging—karakia, waiata, mihimihi—not as decoration but as structure. These practices settled wairua, reaffirmed connection between people and place, and shaped how work was organised and care delivered. In these environments, cultural duality was integrated and elevated, enabling practice that felt coherent, humanising and effective.

Human Connection as Systemic Disruption

Participants observed that relational, whānau-centred practice often resonated with non-Māori patients and colleagues, suggesting benefits beyond Māori populations (Ramsden, 2002). Ripple effects—greater empathy and responsiveness—when Māori models of care shaped everyday interactions, were noted by participants and is consistent with evidence that Māori frameworks enhance communication and engagement (Lacey et al., 2011; Pitama et al., 2014). A patient's reflection at a hui "I felt heard", illustrates how culturally safe practice can empower people across groups. These accounts challenge deficit framings in Indigenous policy discourse. Through culturally grounded, relational care, Māori nurses model a system that values whānau, mana and mauri alongside clinical outcomes (Durie, 2001; Ministry of Health, 2020).

Participants linked these micro-level practices to macro-level qualities—improved engagement, cohesion and trust—signalling design features worth scaling beyond

individual clinicians (Reid et al., 2017). This pattern aligns with an Appreciative Inquiry stance: positive images of care already working in context can inspire present-day change (Cooperrider & Whitney, 2005; Cooperrider et al., 2008). The collective vision described by participants is a healthcare system where connection is core and tikanga is integrated, a direction consistent with Pae Ora policy settings (Ministry of Health, 2014, 2020). Realising that vision, however, requires structural change. The emotional labour of navigating cultural duality cannot rest on individuals; institutions must recognise, resource and protect this work (Came et al., 2018; Reid et al., 2017).

Participants emphasised connection belongs in the system's design, not left to chance: it should be woven from policy to practice and from leadership to the frontline. Enabling Māori nurses to shape the system through design authority, resourced cultural roles and accountable standards moves connection from episodic to embedded (Ministry of Health, 2020; Ramsden, 2002).

Summary

This section analysed how Māori nurses navigate the interplay between human connection and cultural duality in practice. Participants showed how te ao Māori principles—whanaungatanga, manaakitanga, and wairua—shape relationships with patients and colleagues, functioning as sources of fulfilment and sites of resistance. Although the systemic weight of biculturalism remains a barrier, culturally aligned environments and supportive networks enable nurses to bring their full selves to work. When connection is enabled, grounded in culture, supported by peers, and validated by systems, Māori nurses thrive and transform care environments from within. These insights and the analysis discussed in this section point beyond individual encounters: the conditions for authentic connection must be designed and resourced at system level.

Designing Our Destiny

Advancing from relational practice to system design, this section uses the Appreciative Inquiry phases of Design and Destiny to specify the structures, roles, and accountabilities

that sustain thriving. In the spirit of 'Nā tō rourou, nā taku rourou, ka ora ai te iwi', it centres Māori leadership and mātauranga Māori in everyday operations and governance.

From Vision to Action: Collective Aspiration as Inquiry

In the Design and Destiny phases, the roopū translated aspiration into action, identifying tangible, culturally grounded pathways for system change and the actors responsible for them. This future-oriented stance aligns with Kaupapa Māori's inherently aspirational and transformational goals. As L.T. Smith (2012) and Mahuika (2008) asserted, Kaupapa Māori is not content with critique alone, it seeks to reimagine and reconfigure the systems that shape Māori lives. Similarly, the Appreciative Inquiry anticipatory principle encourages collective imagining, not as wishful thinking but as a generative act: images of a positive future influence what people work toward in the present (Cooperrider & Whitney, 2011). In this study, the participants' design and destiny kōrero did precisely that; they named the structural changes required to enable the thriving they already embody. Participants identified the need for institutional spaces where dreaming and designing could happen safely and collectively. They called for wānanga, both formal and informal, where Māori nurses and allies could co-create new models of practice without fear of reprimand. These spaces were seen not as luxuries but as essential platforms for system reimagination. Similarly, Came and Griffith (2018) argued that transformation requires protected, relational spaces to disrupt the normative constraints of Western health logic and enable collective agency for change.

These findings make clear that connection is sustained when systems are built to hold it; policy, roles, funding and governance must reflect te ao Māori. We now move from practice to design, normalising mātauranga Māori, strengthening Māori leadership pathways, resourcing cultural labour, and securing data sovereignty as foundations for thriving.

Normalising Mātauranga Māori: Cultural Responsiveness as Systemic Imperative

Normalising mātauranga Māori requires moving cultural responsiveness from aspiration to architecture, embedding it in everyday practice, policy, and leadership. Participants called for te reo, tikanga and Kaupapa Māori values to be present across the workforce,

not limited to clinical encounters but evident in curricula, organisational culture, and governance. In this framing, cultural responsiveness functions as a foundational requirement for equitable, effective care (Ministry of Health, 2020; Reid et al., 2019).

Literature supports this shift. Cultural safety is about power and accountability, not competence checklists, and demands re-prioritising institutional settings to be responsive to Māori (Came et al., 2018, 2020; Ramsden, 2002; Reid et al., 2017). For participants, responsiveness meant transforming systems to reflect and honour Māori realities; workplaces where karakia opens meetings, te reo Māori is heard daily, and being unapologetically Māori is affirmed as strength. Structural embedment translates vision into operations. Participants proposed policy templates that incorporate tikanga by default; care plans that begin with whānau narrative; and evaluation metrics that centre collective well-being. These directions align with He Korowai Oranga and Whakamaua which prioritise mana-enhancing, whānau-centred approaches (Ministry of Health, 2014, 2020). Locus of accountability sits with organisational leaders and regulators: mandate documentation prompts for tikanga, set expectations for reo Māori use and signage, fund kaumātua-in-residence and cultural navigator roles, and include cultural leadership in job design and remuneration.

Such environments support Māori nurses' well-being and authenticity and improve patient outcomes. Evidence indicates that care grounded in te ao Māori—relational, holistic, spiritual—better meets the needs of Māori whānau and enhances engagement and assessment quality (Durie, 2003; Lacey et al., 2011; Pitama et al., 2014). Designing our destiny, then, involves embedding this worldview across the health system to advance Māori health and to meet the obligations of a genuinely bicultural nation.

Culturally Grounded Career Pathways and Leadership Development

Culturally grounded pathways require system design, not individual workaround. Participants argued for poutama-based progression that recognises prior learning and lived experience, supports Māori entry and advancement, and develops leadership that is culturally rooted and accountable to whānau and iwi. Poutama, a stepped pattern

commonly seen in tukutuku panels, symbolises the aspirational and scaffolded nature of learning in te ao Māori. Each step represents a stage of development, with plateaus allowing for consolidation and reflection, and vertical rises indicating the challenge of new learning. This metaphor reflects a learning journey that is relational, collective, and non-linear, where progress is guided by whānau, whakapapa, and shared responsibility (Holland & Silvester, 2012; Tangaere, 1997). The poutama also resonates with Vygotsky's Zone of Proximal Development, reinforcing the importance of culturally grounded, co-constructed learning environments. This stance challenges linear, individualised models of professional development and reframes progression as a collective endeavour (Durie, 2003; Mead, 2016). A Kaupapa Māori approach centres ako and tuakana–teina—reciprocal learning and intergenerational support as core to development.

Practically, the roopū identified levers across education and employment: recognition of prior learning (RPL) for HCAs and mature students; bridging programmes with tikanga-based mentoring; affirmative recruitment; and succession planning that pairs emerging nurses with experienced Māori leaders. Primary responsibility lies with tertiary providers (RPL policy and culturally anchored curricula), employers and HR (targeted hiring, protected mentoring time), and funders/regulators (scholarships, contractual equity expectations) (Ministry of Health, 2020; Reid et al., 2017). Career development was framed as collective uplift—advancement "lifts the waka" rather than accruing individual status, consistent with whānau-centred leadership grounded in service and intergenerational responsibility (Mead, 2016). To address barriers including racism, invisibility, and limited access to development, participants proposed mechanisms that move beyond informal support: dedicated Māori leadership pipelines, governance seats for Māori nursing leaders in service redesign, and equity-weighted workload models that recognise cultural responsibilities (Ramsden, 2002; Reid et al., 2017).

Leadership design also requires a cultural shift. Participants called for models that privilege listening, collective accountability, and tikanga-guided decision-making, consistent with Māori leadership values grounded in whanaungatanga, manaakitanga, and service to collective futures (Durie, 2003; Mead, 2016). They noted a mismatch with

prevailing leadership norms that valorise detachment and speed, an equity challenge that requires re-orienting power and accountability toward responsiveness to Māori (Ramsden, 2002; Reid et al., 2017). Designing our destiny, therefore, involves reimagining what leadership is—values, processes and decision rights, not merely who occupies leadership roles (Ministry of Health, 2020; Pihama, 2010). Aligning structures to these values—protected FTE for cultural supervision, formalised tuakana–teina programmes anchored in ako, and performance criteria that recognise mana-enhancing practice—operationalises this shift within everyday governance and workforce systems (Mead, 2016; Ministry of Health, 2014, 2020).

Supporting Māori Nurses Beyond the Clinical Role

Māori nurses are often expected to provide cultural guidance, support whānau engagement, and uphold tikanga within clinical settings. These responsibilities constitute cultural taxation, structurally imposed labour on minoritised staff, rather than individual shortcoming. It creates emotional strain and elevated risk of burnout and attrition (Deroy & Schütze, 2019; Padilla, 1994; Reid et al., 2017). The appeal to 'don't burden us as individuals' names a structural problem: cultural work is essential to safe care yet remains invisible in role design and funding. Responding to this problem requires collective structures and clear accountabilities. Participants proposed regular hui and Māori nurse networks, access to cultural supervision, and whānau-based approaches to resilience and recovery, aligning with Indigenous self-determination in health which centres collective agency over individual assimilation (Komene et al., 2023; Kukutai & Taylor, 2016). To operationalise this change, employers and HR should define and remunerate cultural roles; include cultural supervision in FTE; weight caseloads and responsibilities for cultural work; and recognise cultural leadership in position descriptions and performance frameworks (Ramsden, 2002; Reid et al., 2017).

Participants also advocated for enabling whānau as 'expert patients', a whānau-centred approach to health literacy and shared decision-making that both alleviates pressure on Māori nurses and advances ora as co-created, not delivered (Ministry of Health, 2014, 2020). Formal cultural roles, kaumātua-in-residence, hauora

kaitiaki, Kaupapa Māori navigators, were viewed as core infrastructure that distributes cultural labour equitably and affirms mātauranga Māori as a professional domain. Funders and regulators can reinforce this change by setting contractual expectations for cultural roles and reporting on cultural safety outcomes, ensuring accountability beyond goodwill (Came et al., 2020; Reid et al., 2017).

Funding, Policy, and Institutional Accountability

Transformative change depends on structural design and sustained investment. Participants called for protected funding for Māori-led workforce initiatives and postgraduate development, alongside policy instruments that institutionalise cultural safety, set explicit equity targets, and uphold data sovereignty (Ministry of Health, 2014, 2020; Reid et al., 2017). These requests shift equity from discretionary projects to core business and align with Pae Ora policy settings.

Funding parity, particularly for postgraduate pathways, responds to persistent inequities in access to development and support. Participants highlighted a mismatch between the cultural, relational, and institutional work expected of Māori nurses and the resources provided. Addressing this gap is both a justice and a sustainability imperative: without investment, burnout and attrition rise and system capacity erodes (Reid et al., 2017). Accountability was positioned as essential. Participants argued that Te Whatu Ora, Te Aka Whai Ora, and Manatū Hauora must be responsible for Māori workforce and health equity outcomes through transparent reporting, culturally safe regulatory standards and formal partnership with Māori collectives (Ministry of Health, 2020; Reid et al., 2017). This moves change from aspiration to action by attaching equity to measures, incentives and governance. This accountability stance is consistent with Kaupapa Māori, which requires shared power and responsibility to those served (Mead, 2016; L.T. Smith, 2021).

Participants' calls were not appeals to benevolence; they asserted the collective right to define realities and futures in health system design and delivery. Data were identified as a lever of transformation. Participants supported Māori-led research and analytics to monitor workforce outcomes, track cultural safety incidents, and inform

decision-making. Indigenous data sovereignty—Māori rights to own, access, and interpret data about their communities—provides the governance foundation for this work (Kukutai & Taylor, 2016). Embedding data sovereignty in contracts, dashboards, and evaluation criteria ensures that accountability is informed by measures that matter to Māori (Ministry of Health, 2020; Reid et al., 2017).

Implementation mechanisms and responsible actors

- **Funding and commissioning (Te Whatu Ora; Manatū Hauora):** ring-fenced funding lines for Māori-led workforce initiatives; scholarships and paid study leave for postgraduate development; contractual equity clauses with reporting on Māori workforce outcomes (Came et al., 2024; Ministry of Health, 2020).
- **Regulation and standards (professional bodies; regulators):** cultural safety standards linked to power/accountability; equity-weighted accreditation expectations for services and training programmes (Ramsden, 2002; Reid et al., 2017).
- **Governance and partnership (Te Aka Whai Ora; Māori collectives):** co-governance arrangements for workforce strategy; Māori oversight of equity metrics and corrective actions (Kukutai & Taylor, 2016; Ministry of Health, 2014, 2020).
- **Data sovereignty and measurement (Māori data stewards; analytics teams):** Māori-led dashboards for workforce and cultural safety indicators; protocols for data access, interpretation, and publication that uphold tino rangatiratanga (Kukutai & Taylor, 2016).

Intergenerational Vision and the Role of Whānau

Participants framed the workforce as whakapapa: a living legacy that links identity, vocation and collective well-being across generations. In this orientation, thriving is designed not only for today's clinicians but for mokopuna, students, and communities—sustaining mātauranga and refusing its further fracture through colonisation (Durie, 2003; Mead, 2016).

Whānau-centred care, culturally relevant education, and mentorship were described as the pathways of transmission; tuku iho in both aspiration and action. Mentorship was positioned as cultural responsibility as much as skill development and as mutual learning in which emerging nurses bring fresh insights that challenge norms. The protective function of intergenerational guidance was emphasised, with kaitiaki acknowledged as sustaining forces within the professional and cultural landscape. Designing our destiny, in this frame, means restoring relational, cultural, and spiritual foundations that allow Māori nurses to walk forward grounded and accompanied. Practically, participants envisioned an ecosystem where tamariki see themselves as future health leaders: kura kaupapa partnerships; whānau involvement in career development; and the celebration of Māori nurse success as community success. These directions align with Māori leadership values and whānau-centred approaches in national strategy (Mead, 2016; Ministry of Health, 2014, 2020).

Translating this vision into practice requires aligned action across the system. Education providers can embed kura outreach and kaupapa-anchored bridging programmes and establish formal tuakana–teina structures with protected time and recognition. Employers and HR teams should build mentoring and cultural supervision into role design and FTE, and assess leadership against criteria that recognise tuku iho and mana-enhancing practice. Funders and regulators can set contractual expectations and resource Māori-led pipeline initiatives and require reporting on intergenerational workforce indicators consistent with national strategy (Ministry of Health, 2020).

Summary

This section examined the aspirational and structural dimensions of Māori nurse thriving. Through the Appreciative Inquiry process, participants described a practical, unfolding horizon: a health system where mātauranga Māori is normalised, whānau are central, leadership is representative, and cultural integrity is recognised and resourced. Consistent with Kaupapa Māori, these visions are grounded in lived realities and intergenerational resilience. Designing our destiny is thus practical and principled, sustained by collective remembrance and cultural reclamation, and enacted through targeted transformation

across policy, workforce, and governance. The next section brings together identity, connection, and transformation to synthesise findings, propose a culturally grounded model of Māori nurse thriving and outline implications for leadership, education, and policy.

Synthesis and Implications

The three interpretive sections establish the scaffolding for this model: identity enactment (Identity & Self-Discovery) and relational practice across bicultural contexts (Human Connection & Cultural Duality) sit alongside collective, future-facing design work (Designing Our Destiny). The synthesis reframes these insights into four interdependent domains—identity/whakapapa, relational practice, systemic cultural safety and intergenerational aspiration—so implications can be specified with accountable levers.

A Relational Framework of Māori Nurse Thriving

Read together, Identity and Self-Discovery, and Human Connection and Cultural Duality, explain how identity is enacted and sustained in practice, while Designing Our Destiny frames futures-oriented system design. The four-domain model integrates these insights to direct action. This synthesis proposes four interdependent domains:

- Cultural identity and whakapapa grounding: identity enacted as responsibility and guidance.
- Relational practice and human connection: whanaungatanga and manaakitanga shaping safe, humane care.
- Systemic conditions and cultural safety: structures that normalise tikanga and make equity accountable.
- Collective aspiration and intergenerational legacy: development as whakapapa, orienting leadership to future generations.

No single domain is sufficient alone. Like he awa whiria, a braided river, thriving is maintained by the movement and integration of values, structure and collective intent. In keeping with the study's Kaupapa Māori and Appreciative Inquiry positioning, this

synthesis is offered as a practical model to guide action in leadership, education, workforce and policy.

Cultural Identity and Whakapapa Grounding

Identity operates as a foundational domain, enacted through whakapapa responsibilities rather than listed as a demographic attribute. When nurses can affirm and live their identity as Māori in everyday practice, they report greater well-being, clarity of purpose, and ethical alignment. Whakapapa anchors this enactment, connecting practitioners to tīpuna, whenua, whānau, and providing cultural legitimacy, guidance, and spiritual sustenance (Durie, 2001; Marsden, 2003). For some, identity was reclaimed rather than inherited—a process of rediscovery and critical awakening within contexts shaped by colonisation. This trajectory accords with scholarship that locates Māori identity development in resistance and resilience (Pihama et al., 2004; L.T. Smith, 2012; Webber, 2008). Thriving, therefore, includes the right to (re)become Māori in one's own time and way, supported, not constrained, by systems that make cultural safety an institutional responsibility (Ramsden, 2002; Reid et al., 2017).

Implications

Operationalising identity as a foundational domain begins with a baseline review, co-designed with Māori nursing leaders, of where identity enactment is enabled or constrained in everyday work (e.g., access to cultural supervision, time and space for karakia and whānau-centred practice, appraisal criteria that recognise mana-enhancing practice). This review should lead to a resourced plan with named owners and budget lines: protected time and FTE for cultural supervision and mentoring; onboarding and continuing development that affirm identity (whakapapa-anchored introductions to service, te reo, and tikanga pathways); and environmental supports (whānau-friendly spaces; reo/tikanga presence in signage and meetings). Human Resource systems should embed identity-anchored criteria in position descriptions and performance reviews and recognise whānau and community contributions in career progression. At the governance level, boards should monitor identity-enabling conditions through regular reports on access to cultural supervision, identity-affirming environmental practices and staff well-

being/retention, with remedial action where targets are missed. Evaluation indicators include proportion of Māori nurses with funded access to cultural supervision; inclusion of mana-enhancing practice in appraisal; presence of tikanga-consistent routines (e.g., karakia at meetings) across services; and trends in Māori nurse well-being, retention, and progression (Ministry of Health, 2020; Ramsden, 2002; Reid et al., 2017).

Relational Practice and Human Connection

Participants described care as relationship-centred. Relational practice—whanaungatanga and manaakitanga—was viewed as essential to clinical effectiveness and cultural integrity; and as the foundation of safe, responsive, and transformative care, extending beyond patients to colleagues, students, whānau, and communities. This orientation aligns with Māori models of holistic well-being (Durie, 1994, 2001) and with cultural safety as a relational, power-attentive obligation rather than a procedural checklist (Ramsden, 2002). Evidence from Māori clinical communication and assessment frameworks shows improved engagement and assessment quality when relationships and context are centred (Lacey et al., 2011; Pitama et al., 2014). Relational practice also functions as resistance, interrupting depersonalising tendencies and humanising systems that have marginalised Indigenous presence.

Implications

Relational practice and human connection in health education and service delivery require intentional design. A co-designed review led by Māori educators and nurses can identify points within programmes and services that enable or constrain connection, including curriculum content, assessment formats, team routines, and access to cultural supervision. Education providers should approve a resourced plan with named owners: curriculum integration maps for mātauranga Māori; assessment redesign (i.e., Objective Structured Clinical Examination (OSCE) stations including whānau narrative and tikanga-consistent communication); faculty development and recruitment targets for Māori educators; and co-designed placements with Māori providers (Durie, 2001; Lacey et al., 2011; Pitama et al., 2014). Services should embed whakawhanaungatanga in Standard Operating Procedures and rostering (time for opening hui, whānau-inclusive

planning); add documentation fields for whānau narrative; ensure interpreter/kaumātua access; and fund cultural supervision with protected FTE. Governance should monitor semesterly/quarterly dashboards reporting: proportion of courses with integrated mātauranga Māori; assessment rubrics that recognise whānau/whenua/wairua; percentage of teams using whakawhanaungatanga routines; staff access to cultural supervision; and patient/whānau experience of being 'heard' (Ministry of Health, 2020; Ramsden, 2002; Reid et al., 2017). Where targets are missed, boards and accreditation bodies should require remedial plans tied to accountability and resourcing.

Systemic Conditions and Cultural Safety

Structure rather than individual resilience determines whether Māori nurses can thrive. The most powerful enablers were institutional: settings that normalise mātauranga Māori, leadership that affirms identity, policies that make equity accountable, and resourcing that recognises cultural work. Where these conditions were absent, participants described experiencing strain, isolation, and burnout despite their personal commitment. Cultural safety is an institutional obligation centred on power and accountability, not a training module or checklist (Ramsden, 2002). This is reinforced by the Health Practitioners Competence Assurance Act, 2003, which mandates that practitioners demonstrate competence in interacting effectively with Māori, recognising the significance of Te Tiriti in healthcare delivery (Health Practitioners Competence Assurance Act, s 118 (i)). The 2025 NCNZ RN Competencies further embed this obligation, explicitly requiring nurses to:

- Demonstrate understanding of Te Tiriti o Waitangi and its application to nursing practice (Competency 1.2).
- Engage in culturally safe practice that recognises the impact of power, privilege, and institutional racism (Competency 1.3)
- Integrate mātauranga Māori and uphold tikanga in clinical decision-making and care planning (Competency 2.4)
- Advocate for equity and challenge systems that perpetuate health disparities (Competency 4.2)

These standards mark a shift from cultural safety as an individual skill to a structural and relational responsibility. They affirm that cultural safety should be embedded in performance frameworks, funding mechanisms, and leadership development, consistent with equity being structurally mandated and institutionally enacted (Came et al., 2018; Ministry of Health, 2020; Reid et al., 2017). The study also highlighted cultural taxation: the additional emotional and professional labour that Māori nurses undertake to uphold tikanga in monocultural settings (Padilla, 1994).

Implications

Cultural safety must move beyond aspiration to become a measurable and enforceable standard within health systems. This requires a shift in responsibility from individual practitioners to institutional structures. Participants in this study emphasised that cultural safety is not a matter of goodwill or personal commitment, but a structural condition that must be embedded in governance, resourcing, and accountability mechanisms. To operationalise cultural safety, organisations should begin by diagnosing their current state through a baseline cultural safety and equity audit co-designed with Māori nursing leaders. This diagnostic process should inform a resourced roadmap that includes named owners, timelines, and budget lines for key enablers such as cultural supervision, interpreter services, and Māori leadership roles. Building capability among managers and clinical leaders is also essential, particularly in areas such as power-attentive cultural safety and equity analytics.

Progress should be monitored through regular public reporting, such as quarterly dashboards that track Māori workforce recruitment, retention, and promotion; access to supervision; and responses to cultural safety incidents. These indicators must be tied to board-level oversight; for example, through a Quality and Equity Subcommittee co-chaired by a Māori nursing leader and linked to executive performance outcomes. Where targets are missed, remedial actions should be required and resourced accordingly. Evaluation should focus on tangible outcomes, including reductions in cultural taxation (measured through workload and access to supervision), improvements in staff well-being and retention, integration of tikanga into clinical workflows, and the presence and

decision-making authority of Māori leadership in governance structures (Ministry of Health, 2020; Ramsden, 2002; Reid et al., 2017).

Collective Aspiration and Intergenerational Legacy

Intergenerational aspiration treats the workforce as whakapapa: leadership is a lineage of responsibility, and professional growth is collective uplift. Thriving is legacy—work undertaken now to open pathways for mokopuna, future nurses, whānau, and tīpuna; consistent with Māori leadership values and futures thinking (Durie, 2003; Mead, 2016). Participants translated this stance into pathway design through: a) poutama learning models that recognise prior learning and lived experience; b) tuakana–teina mentoring as cultural responsibility; and c) relational evaluation that recognises mana-enhancing practice. They argued that Māori nurses must hold design authority and leadership roles in system reform, positioning them as architects rather than tokens, consistent with Kaupapa Māori's emancipatory commitment to define and determine futures (Smith, 2021). Within Appreciative Inquiry's Destiny phase, these aspirations become commitments to build structures that sustain what already works.

Implications

Intergenerational Māori nursing leadership must be embedded as a formal, resourced and measurable function within health organisations. This requires integration into human resource systems, workforce planning and governance not just education pathways.

First, governance structures should assign Māori nursing leaders formal decision rights in service design and clinical governance, including agenda-setting and approval authority on equity-critical items. These roles must be supported by clear terms of reference and co-chairing arrangements that reflect mana whakahaere. Second, human resource systems must recognise and support intergenerational leadership through protected FTE and budget lines for tuakana–teina mentoring and cultural supervision. Succession planning should be formalised through a documented poutama framework that identifies emerging leaders, mentors, milestones, and timelines across employment—not limited to education.

Third, promotion, appraisal, and recruitment processes should include criteria that reflect tuku iho, mana-enhancing practices, whānau and community contributions, and recognition of prior learning and lived experience. These criteria must be embedded in position descriptions, performance frameworks and progression pathways. Fourth, organisations should monitor and report quarterly on key indicators, including Māori nurse representation in leadership and governance roles, the use and outcomes of decision rights, mentoring coverage and completion, progression into advanced practice and governance roles, and staff wellbeing and retention data disaggregated by ethnicity.

Finally, accountability must be enforced through board-level oversight (e.g., an Equity and Workforce Subcommittee), public reporting and remedial actions where targets are missed. Funders and regulators should link contractual expectations and performance measures to these indicators, ensuring that intergenerational leadership is not aspirational but operationalised (Durie, 2003; Mead, 2016; Ministry of Health, 2020; Reid et al., 2017; L.T. Smith, 2021).

Contributions

This study contributes at three levels. Theoretically, it advances a Māori-grounded framework of nurse thriving that integrates identity enactment with relational practice, institutional accountability for cultural safety, and intergenerational orientation—clarifying how these dynamics work together to sustain well-being and excellence. Methodologically, it demonstrates the combined utility of Kaupapa Māori and Appreciative Inquiry for workforce design, moving from strengths identification to co-designed system change. Practically, it specifies implementable levers for leadership, education, workforce and policy, normalising mātauranga Māori, reducing cultural taxation, strengthening Māori leadership pathways, and honouring data sovereignty in decision-making (Kukutai & Taylor, 2016; Ministry of Health, 2020; Ramsden, 2002; Reid et al., 2017).

Limitations and Transferability

This chapter draws on a qualitative design with purposive sampling of Māori nurses working across select services in Aotearoa New Zealand, which limits statistical generalisability. Appreciative Inquiry can invite positive responses or social desirability effects; these risks were mitigated through reflexive practice (researcher memos and peer debriefing), an audit trail of analytic decisions, participant validation within wānanga, and triangulation with the literature, including attention to disconfirming cases. These strategies align with Lincoln and Guba's (1985) criteria for qualitative trustworthiness. In addition, reporting was guided by the CONSIDER statement for Indigenous health research (Huria et al., 2019). The findings support analytic transferability rather than population inference. They are most applicable to contexts with comparable service settings and organisational cultures that actively engage in Kaupapa Māori practice and partnership governance. Application to non-Māori or non-nursing contexts should be reasoned, not assumed, with attention to workforce composition, governance arrangements, and community relationships. Readers should assess fit-for-purpose against local conditions.

Practice Translation: Enacting the Four-Domain Framework in Tairāwhiti

Aligned with the four-domain framework, selected levers were enacted locally as part of my leadership practice—normalising te reo/tikanga and cultural supervision (identity), embedding whakawhanaungatanga in team and whānau processes and co-designed placements (relational), making cultural safety a governance and management duty (systemic), and developing a poutama-aligned earn-as-you-learn pathway with tuakana–teina and succession planning (intergenerational).

Purpose and Stance

This brief practice translation illustrates how the four-domain framework was enacted within my leadership context in Tairāwhiti. It is presented as a praxis context consistent with Kaupapa Māori and Appreciative Inquiry, not as additional findings, and is tied to

high-level levers, safeguards, and an evaluation plan. Formal evaluation is identified in the section on Future Research.

As Chief Nurse in Tairāwhiti, I was uniquely positioned to observe the intersecting challenges of an ageing nursing workforce, increasing patient needs, and the underrepresentation of Māori nurses in our region. These insights were further deepened through my research journey, which illuminated the systemic barriers and opportunities within the nursing pipeline, particularly for Māori. The convergence of these perspectives led me to identify a strategic opportunity to address both immediate workforce needs and long-term equity goals.

In 2023, Tairāwhiti experienced a surge in patient needs, driven by the cumulative impact of COVID-19, deferred care, vacancies, and increasing complexity in clinical presentations. These pressures highlighted the need for innovative, community-responsive workforce solutions (Health New Zealand, 2024). One of the key gaps I identified was the absence of structured pathways for early school leavers—rangatahi who had the potential to enter the health profession but whose life circumstances led to early departure from formal education. While initiatives such as Gateway and STAR support high school students into health careers, they often exclude those who have already disengaged from school (Ministry of Education, 2024b; Tertiary Education Commission, 2025).

To address this issue, I led the development of the Support Assistant Earn-as-You-Learn programme, implemented through the collective efforts of my dedicated team and those of our local Tertiary Education Provider. Ultimately, however, none of this would have been possible without my Chief Executive at the time. As a Pākehā leader having lived and served in our community for over 20-years, they believed whole heartedly in the kaupapa and this was the right thing to do. The programme provided rangatahi with a 0.6 paid FTE while they completed the New Zealand Certificate in Health and Wellbeing (Level 3). This New Zealand Qualification Authority (n.d) accredited qualification equips learners with foundational skills in person-centred care, cultural safety, and ethical practice and included a minimum of 100 hours of clinical placement. Participants completed these

clinical hours within our hospital setting, gaining real-world experience while making meaningful contributions to patient care.

Delivered over 17 weeks, the programme employed participants as Support Assistants, allowing them to earn while they learned. Upon completion, they were offered casual employment as HCAs, with the intention of supporting their transition into the Bachelor of Nursing programme. This approach addressed immediate staffing needs and created a culturally responsive and financially supported entry point into the nursing profession for Māori youth.

While the average age of nurses in Aotearoa New Zealand is approximately 45.6 years (NCNZ, 2025), with many nursing graduates entering the profession later in life due to career changes or delayed education pathways (Kai Tiaki, 2021), this trend should not be viewed as a limitation, but as an opportunity to diversify entry points; particularly as many Māori are represented in these statistics. My dual lens as a clinical leader and researcher enabled me to identify a two-fold opportunity: first, to engage an underappreciated market of rangatahi, particularly early school leavers, with the potential to thrive in health careers; and second, to extend the return on investment by supporting younger nurses to enter the profession earlier, thereby increasing their career longevity and contribution.

This initiative did not replace the value of mature entrants into nursing who bring life experience and resilience; rather, complemented it. Younger nurses entering the profession earlier have the potential to contribute over a longer career span, which is particularly valuable in regions like Tairāwhiti where workforce sustainability is critical. It is with this view that there is also promise for a generative cycle for perpetuating generational wealth in all senses.

In parallel, I led efforts to increase Māori nurse representation in Tairāwhiti. Through targeted recruitment, culturally safe onboarding, and leadership development, we increased Māori nurse representation from 8% to 33%. However, this progress was diluted by the surge of IQNs in 2023, which altered national workforce demographics. IQNs now comprise nearly half of Aotearoa New Zealand's nursing workforce, raising

concerns about sustainability and equity, as Māori representation remains static at around 7% nationally (NCNZ, 2025). Barton (2025) added that while IQNs contribute valuable skills, their integration into the workforce must not come at the expense of Māori workforce development or cultural safety. She highlighted that the structural prioritisation of IQN recruitment risks sidelining Māori nursing leadership and perpetuating monocultural service delivery unless equity strategies are explicitly designed to protect and grow Māori representation.

Despite this dilution, we successfully strengthened Māori nursing leadership in Tairāwhiti. By creating opportunities for Māori nurses to step into leadership roles, we aligned with national calls to embed Indigenous leadership within health system transformation (Health & Disability System Review, 2020; Ministry of Health, 2020; Wakefield, 2023). Māori nurse leaders are essential for improving health outcomes, challenging structural inequities, and advancing culturally grounded models of care (Wiapo & Clark, 2022).

The initiative aligns with the Health Workforce Strategic Framework, which emphasises the importance of a representative and responsive workforce that reflects the communities it serves (Ministry of Health, 2024). It also responds to the urgent call from the NZNO to increase Māori nurse representation fivefold to meet population parity and deliver culturally safe care (Heyes, 2024; Radio NZ, 2025).

By embedding this programme within the local context, and leveraging both my clinical leadership and research insights, we have begun to shift the narrative from crisis response to proactive transformation. The success of this initiative demonstrates that when rangatahi are given culturally safe, financially supported, and academically recognised opportunities, they rise to meet the challenge; and, in doing so, they help to future-proof our healthcare system.

Taken together, the implications across the four-domain framework position Māori nurses thriving as a system-level outcome rather than an individual responsibility. While these findings are grounded in localised settings, they offer transferable insights into structural enablers of equity and cultural safety. This experiential evidence provides a

foundation for the Future Research section, which considers how these conditions might be scaled, sustained, and evaluated across diverse contexts.

Future Research

Further work should evaluate the four-domain framework in practice settings through co-designed implementation studies with Māori nurses, iwi providers, and education partners. Priority metrics include reducing cultural taxation, enhancing staff well-being and retention, and improving patient/whānau experience, alongside indicators of tikanga integration and Māori leadership presence in governance. Longitudinal studies should examine poutama progression (from entry to leadership), and Māori-led implementation research should test governance and data sovereignty mechanisms to understand how authority, accountability, and equity are realised and sustained over time (Kukutai & Taylor, 2016; Reid et al., 2017). Evaluation should consider core implementation outcomes such as adoption, fidelity, penetration and sustainability.

Broader Implications: Reimagining the System

At the system level, the kaupapa and evidence presented in this thesis reframe sector design: cultural safety becomes an accountability structure, not an elective; decision rights are shared with Māori leaders; and data sovereignty governs what is counted and acted upon (Ministry of Health, 2014, 2020; Reid et al., 2017). In this configuration, governance is co-designed and co-chaired; equity is contracted and funded; and dashboards for workforce and cultural safety are Māori-led, making performance visible and remediable (Came et al., 2020; Kukutai & Taylor, 2016).

This approach builds on an Appreciative Inquiry stance that scales what already works and Kaupapa Māori commitments to collective, intergenerational responsibility (Cooperrider & Whitney, 2005; Mead, 2016; L.T. Smith, 2021). The study's findings indicate that when systems enable Māori nurses to lead and embed tikanga in care and decision-making, engagement, assessment quality, and trust improve—outcomes consistent with culturally safe practice and national strategy settings (Ministry of Health, 2020; Pitama et al., 2014; Ramsden, 2002).

Summary

This section integrated the study's interpretive insights into a four-domain model and translated them into actionable implications across leadership, education, workforce, and policy. The Concluding chapter reflects on the theoretical and methodological positioning and sketches the path from model to system design.

Conclusion

This discussion has argued that Māori nurse thriving is a holistic, intergenerational and relational state—enacted through identity and whakapapa, sustained by relational practice, and dependent on structures that normalise mātauranga Māori and share power. The four-domain model integrates these dynamics and translates them into accountable sector levers.

The challenge for health systems in Aotearoa New Zealand is to redesign governance, funding, and everyday practice so that cultural safety is measurable and enforced; Māori nurses hold design authority; and data sovereignty governs what is counted and acted upon. The invitation is to learn from Kaupapa Māori services and iwi providers already doing this work, scaling *what works* through co-governance, resourcing, and transparent reporting. Returning to the whakataukī, 'Tūngia te ururua kia tupu whakaritorito te tupu o te harakeke', the task is to clear what no longer serves and cultivate what already takes root. Māori nurses thrive when they can live and work as Māori—without fear, without compromise, and with complete cultural integrity. Treat Māori nurses' thriving as a way of being that structures policy, leadership, and everyday practice. When systems affirm this way of being, Māori nurses and the whānau and communities they serve flourish.

Chapter Nine: Conclusion: Cultivating Conditions for Collective Flourishing

Introduction: Drawing the Threads Together

This doctoral journey began with a critical observation: the persistent underrepresentation of Māori nurses, particularly in leadership, despite longstanding commitments to Te Tiriti. My initial focus on recruitment and retention quickly sharpened into a more generative question, guided by a shift away from deficit narratives: *What supports Māori nurses to thrive in their practice?* To address this question, I employed Kaupapa Māori and Appreciative Inquiry in synergy, centring the lived experiences of Māori nurses across Aotearoa New Zealand. The study proceeded from the conviction that conditions for thriving already existed, often in pockets of excellence and community-led practice, and sought to surface, affirm, and amplify those strengths.

Across the preceding chapters, the findings demonstrated that thriving was not merely individual achievement; it was a holistic, relational and intergenerational state, anchored in cultural identity, sustained by authentic human connection and dependent on systemic transformation that honoured mātauranga Māori. The collective vision articulated by the roopū during the Design and Destiny phases captured this understanding: *Nā tō rourou, nā taku rourou, ka ora ai te iwi – with your basket and my basket, the people will thrive.* This whakataukī affirmed that equity and thriving were shared responsibilities, requiring active contribution from individuals, organisations, and systems. It also mirrored the study's core insight: identity, connection, and system change became mutually reinforcing when designed and owned collectively. In addressing the research question, the thesis generated a Four-Domain Relational Framework integrating identity, relational practice, systemic conditions, and collective aspiration and translated that framework into actionable governance, workforce, and measurement levers now being implemented in Tairāwhiti.

This conclusion chapter synthesises the findings, evaluates their alignment with methodological commitments, articulates scholarly and practical contributions,

acknowledges limitations, and charts directions for future research, before offering a final personal and professional reflection. In short, the chapter moves from question to praxis: reaffirming the aims, demonstrating methodological integrity, presenting an operational framework, translating that framework into governance and workforce levers, and locating future research in evaluating those levers in real settings.

Research Aims and Methodological Journey

Reaffirming the Research Aims

The core purpose of this study was to shift the narrative surrounding Māori nurses from one centred on systemic barriers and attrition to one that celebrated resilience, success, and transformative potential. Through an integrative literature review, I found that historical exclusion, institutional racism and cultural misalignment warranted a strengths-based pivot. Accordingly, the explicit aims were to:

1. Examine the state of the literature on Māori nurse recruitment and retention, noting its predominant emphasis on barriers.
2. Identify knowledge gaps that justified an expanded focus on what enabled Māori nurses not merely to remain in the workforce but to thrive in their practice.
3. Generate a culturally grounded understanding of thriving as conditions in which Māori nurses experienced affirmed identity, recognised cultural expertise, equitable career progression, and sustained well-being for themselves and their whānau.

These aims intentionally mirrored the central question—*what supports Māori nurses to thrive in their practice?* by moving from description to design. Each aim contributed a step in that arc: establishing the state of knowledge, defining thriving in culturally grounded terms, and setting the conditions for a framework that could be implemented, evaluated, and iteratively strengthened in practice.

The Methodological Integration

The methodology was grounded in the principle that the research must be about Māori, for Māori, and by Māori. Kaupapa Māori provided the foundational research paradigm; the ethical, ontological, and epistemological base, mandating adherence to values such as tino rangatiratanga, whanaungatanga, and manaakitanga, and ensuring the process upheld the mana of participants and communities. Appreciative Inquiry served as the process model, offering a structured, strengths-based lens.

I employed the Appreciative Inquiry 5D cycle—Define, Discover, Dream, Design, Destiny—to sequence data collection, enabling a roopū of 11 Māori RNs to collectively envision transformative futures grounded in existing strengths. Data were collected through semi-structured individual interviews (hui) and focus groups (wānanga), via Zoom, which enabled relational engagement consistent with kanohi ki te kanohi (face-to-face) principles across national distances. Analysis utilised a reflexive thematic approach guided by Kaupapa Māori principles, ensuring the findings reflected te ao Māori and were co-constructed with participants.

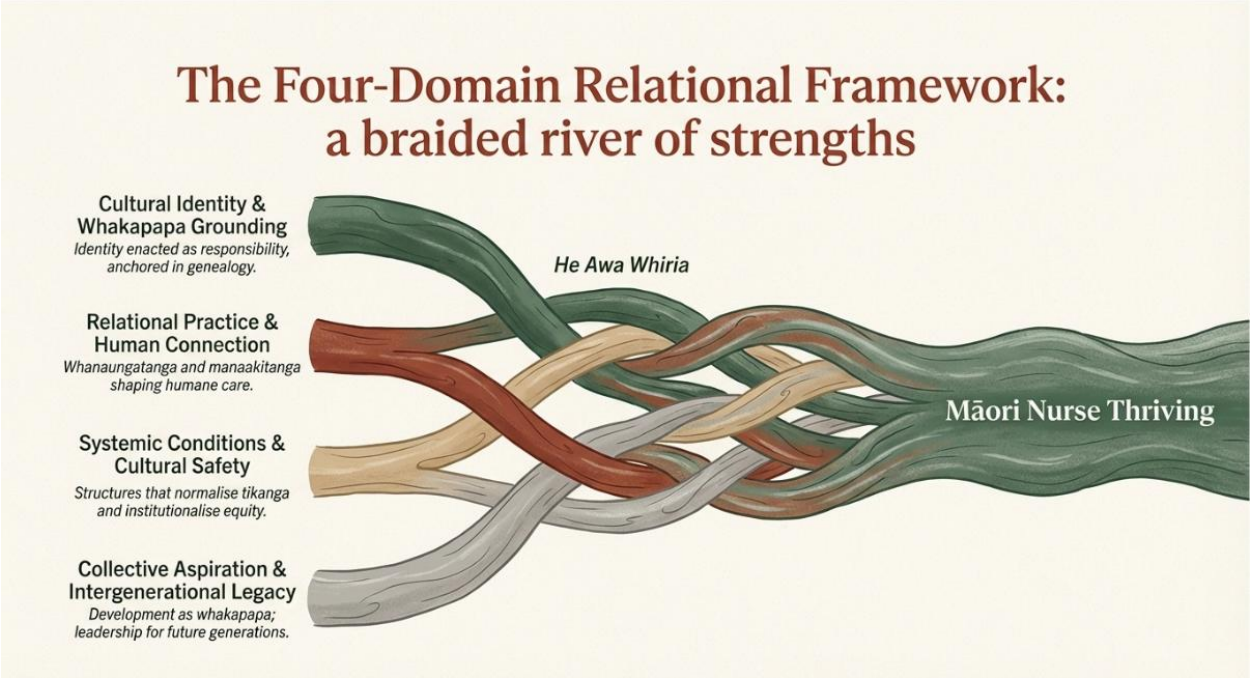
I established trustworthiness through four mechanisms: credibility (participant validation and co-construction in wānanga), dependability (documented AI 5D sequencing and analytic decisions), confirmability (reflexive journaling), and transferability (thick description of context and participants). These measures aligned methodological integrity with Kaupapa Māori commitments and provided a clear trace from data to design—the levers in Destiny were anchored to patterns surfaced in Discover and Dream and to values made explicit by the roopū.

Synthesis of Key Findings: The Four-Domain Framework

The findings converged in a Four-Domain Relational Framework of Māori nurse thriving Figure 5). This framework integrated four interdependent dimensions: identity (whakapapa grounding), relational practice (whanaungatanga and manaakitanga), systemic cultural safety (structures and accountability), and collective aspiration (intergenerational leadership and pathways).

Figure 5.

The Four-Domain Relational Framework: A Braided River of Strengths.



The framework's value lies in its operational coherence: identity grounded ethical purpose; relational practice enacted that purpose through everyday manaakitanga; structural conditions either enabled or constrained such practice; and collective aspiration set direction across generations. When identity was affirmed, relationships deepened. When relationships deepened, cultural safety became a design requirement. When cultural safety was embedded, collective aspiration transformed from rhetoric into operational reality with pathways, governance, and measures. This coherence turned synthesis into design logic for action.

Cultural Identity and Whakapapa Grounding

Thriving was anchored in identity enacted as whakapapa responsibilities, not a static demographic label. Many participants described a non-linear reclamation of Māori identity, often triggered by cultural isolation or racism in training. Identity became a source of mana and professional strength. Prior life experience, including adversity, caregiving, and unconventional career paths, was framed as cultural capital that

deepened empathy and relational capacity. When identity and practice aligned through tikanga in everyday work, such as karakia to open meetings or reo Māori in hui, wairua and well-being was strengthened and cultural integrity became professional capital. This reclamation was not abstract. Participants described practical shifts—bringing reo Māori into patient interactions, initiating karakia at the start of multidisciplinary meetings, and negotiating space for tikanga within ward routines—that changed both their sense of belonging and clinical effectiveness. Such enactments reframed identity as professional capability, repositioning Māori cultural expertise from soft skills to core competencies that improved care quality and trust for all patients.

Relational Practice and Human Connection

Whanaungatanga and manaakitanga operated as organising principles that moved care from transactional to relationship-centred practice. Māori nurses actively fostered connection with patients, whānau and colleagues through small, deliberate acts of manaakitanga—such as ensuring a kaumātua had a chair or offering tea—that built trust and enabled healing relationships. Nurses skilfully navigated cultural duality, integrating values from te ao Māori and te ao Pākehā to enhance care for all. Mentoring through tuakana-teina relationships sustained growth as a reciprocal cultural responsibility, protecting pathways for mokopuna.

Systemic Conditions and Cultural Safety

Capacity to thrive depended on structural design and institutional accountability. Cultural taxation, the unrecognised labour of cultural translation, advocacy, and guidance, signalled system flaws rather than individual deficits and carried mamae (emotional impact). Transforming practice required normalising mātauranga Māori: integrating reo Māori across the workforce, embedding tikanga in policy and documentation, and recognising cultural expertise as professional merit. Governance needed to be accountable to Te Tiriti o Waitangi obligations, with resourcing for cultural roles and Māori-led dashboards that tracked and enforced cultural safety outcomes. Importantly, cultural taxation was tied to predictable contexts: onboarding of new staff without Māori cultural orientation, policy development cycles lacking Māori decision right, and crisis

responses that defaulted to monocultural protocols. These patterns illustrated a misalignment between organisational intent and day-to-day design. Addressing them required shifting from discretionary 'champion-led' fixes to system settings—role design, workload formulas, supervision structures and dashboards—where mātauranga Māori was planned, resourced, and measured as standard work.

Collective Aspiration and Intergenerational Legacy

Design and Destiny translated vision into pathways that recognised prior learning and lived experience, centred whānau, and defined leadership as service and collective uplift. Poutama pathways should function like an escalator, allowing advancement with pauses aligned to whānau needs. Systems that accommodated single parents, reduced debt burdens, and empowered whānau as expert patients alleviated pressure on Māori staff. Leadership was envisioned as proportional, visible and unapologetically Māori; demonstrating that professional excellence aligned with cultural authenticity. When authority and structures reflected these aspirations, identity, connection, and system change became mutually reinforcing in everyday operations. In practical terms, this meant authority for Māori leaders to set care standards that embedded tikanga; protected time and resourcing for cultural supervision; recruitment and advancement processes that recognised prior learning and lived experience; and data systems that made cultural safety visible to decision-makers. When these elements were routine rather than exceptional, the frameworks domains reinforced one another: identity was expressed, relationships thrived, structural accountability increased and aspiration became the norm across teams and services.

Alignment with Methodological Commitments

This section explains how methodological commitments shaped the study and its conclusions. Kaupapa Māori provided the ethical, ontological, and epistemological foundation; Appreciative Inquiry supplied a structured, strengths-based process. In practice, this meant Māori participants co-defined focus, co-constructed themes in wānanga, and retained narrative authority; the Appreciative Inquiry 5D cycle sequenced

hui and analysis so that Discover and Dream informed Design and Destiny. The study also held the productive tension between a positive lens and experiences of mamae, using reflexive analysis to keep both in view. The result was a coherent pathway from data to design: proposed levers in Destiny were traceable to patterns surfaced earlier and anchored to values explicit in Kaupapa Māori.

Upholding Kaupapa Māori Principles

Tino rangatiratanga was operationalised through participant decision rights and narrative control: the roopū co-defined inquiry focus, co-constructed themes in wānanga, and exercised authority over their narratives through transcript validation and amendment. These steps anchored analysis in participants' priorities and established clear guardianship over knowledge. Whanaungatanga and manaakitanga shaped both data generation and interpretation. Hui and wānanga were structured with dedicated whakawhanaungatanga time, even via Zoom, to maintain kanohi ki te kanohi intent. Preliminary codes and thematic maps were returned to participants for sense-checking, and changes were recorded. A Kaupapa Māori lens ensured mamae was held alongside success; reflexive journaling documented how instances of cultural taxation, racism, and identity reclamation influenced theme boundaries. This combination of relational practice and documented analytic decisions strengthened the trustworthiness of the findings and avoided a purely appreciative, or romanticised account.

Leveraging Appreciative Inquiry's Transformative Power

Appreciative Inquiry's Positive principle, that positive questions lead to positive change, was instrumental in achieving the study's transformative agenda. By asking what supported Māori nurses to thrive, the focus shifted immediately from systemic failure to existing mana and potential. The Anticipatory principle, that images inspire action, guided the Design and Destiny phases. The collective visioning process allowed the roopū to design a future where Māori nurses could be 'unapologetically Māori', thereby generating solutions that inherently fostered buy-in because they were devised by those who would live them. This structured optimism provided the energy to move beyond lamenting challenges to actively articulating actionable steps for systemic reform. The synergy also

surfaced productive tensions. Appreciate Inquiry's positive focus risked obscuring mamae; Kaupapa Māori ensured those experiences were held, named, and analysed without diluting the strengths-based momentum. Working through this tension strengthened the study's legitimacy: the designs proposed in Destiny arose not from denial of harm but from a disciplined commitment to transform it through relational and structural means. Finally, methodological coherence was evidenced in alignment between data, analysis and proposed levers: every design element in Destiny was traceable to patterns surfaced in Discover and Dream and anchored to values explicit in Kaupapa Māori. This traceability strengthened internal validity and supported evaluation in practice.

Contributions to Knowledge and Practice

Positioned within current policy settings including Te Tiriti o Waitangi obligations, cultural safety standards, and national equity priorities, this thesis contributed a synthesis that was both scholarly and operational. It advanced conceptual clarity on thriving; offered a culturally legitimate methodology for generating change; and specified system levers that could be adopted, resourced, and measured within existing organisational architectures.

This research generated new knowledge across three domains. First, theoretically, it produced the Four-Domain Relational Framework—a relational, structural account of workforce flourishing anchored in te ao Māori that moved beyond individualised, deficit-oriented models. Second, methodologically, it demonstrated that Appreciative Inquiry could be culturally contextualised within Kaupapa Māori without silencing necessary critique of systemic injustice. Third, practically, it specified actionable levers and demonstrated their feasibility through the Tairāwhiti Earn-as-You-Learn programme. Each contribution advanced understanding beyond prior scholarship while remaining grounded in mātauranga Māori.

Theoretical and Conceptual Contributions

The study's central theoretical contribution was the delineation of the Four-Domain Relational Framework of Māori Nurse Thriving. This framework clarified that flourishing

was achieved through the integration of four interdependent dimensions: cultural identity and whakapapa grounding; relational practice and human connection; systemic conditions and cultural safety; and collective aspiration and intergenerational legacy. This moved beyond Western, individualistic definitions of career satisfaction by firmly rooting thriving in collective well-being (whānau ora) and Kaupapa Māori principles. By reframing cultural expertise as professional capital and situating thriving within whānau ora and tino rangatiratanga, the framework challenged individualised, deficit-oriented models. It offered a relational, structural account of workforce flourishing that was portable across services while remaining anchored in te ao Māori.

Methodological Contributions

The study demonstrated a robust and ethically resonant integration of Kaupapa Māori (epistemology/ethics) and Appreciative Inquiry (structure/process). It confirmed that Appreciative Inquiry could be culturally contextualised within te ao Māori through methods such as wānanga and participatory analysis (Mahi a Roopū), ensuring that the strengths-based focus did not silence necessary critique of systemic injustice.

Practical and Systemic Contributions

A significant contribution lay in the co-designed, actionable levers identified in the Destiny phase. These specified what institutional responsibility looked like in practice: ending cultural taxation; mandating and funding cultural supervision; recognising cultural work in workload formulas; and designing formal cultural roles (pou tikanga/kaumātua-in-residence).

- Poutama pathways: Implementing affirmative recruitment, RPL, and building career progression that accounted for whānau-centric responsibilities.
- Governance and accountability: Requiring key health entities to hold themselves accountable to Māori via explicit equity targets and shared decision-making rights for Māori leaders.

Operationalisation rests on four process settings—contracted cultural supervision with roster protection; documented time allocation for relational and cultural work (built into workload formulas); role architecture with position descriptions that specify decision

rights and boundary-spanning responsibilities; and poutama pathways that recognise prior learning and enable flexible pause and re-entry aligned to whānau needs. Governance is Māori-led and assigns clear decision rights over these settings, with executive accountability for follow-through.

Measurement and Indicators

Accountability is demonstrated through outcomes, not restating levers. Suggested indicators are:

- Supervision coverage: proportion of nurses with contracted, rostered cultural supervision.
- Time allocation: documented hours per FTE dedicated to relational/cultural work.
- Workforce progression: retention and advancement rates of Māori nurses across career stages.
- Practice integration: presence of tikanga prompts within clinical pathways and documentation.
- Governance follow-through: Māori-led dashboard reporting to decision-makers with logged actions, timelines, and results.

These indicators position cultural safety as core quality and make performance visible to governance. With indicators in place, the mahi of translation is shown next—how Tairāwhiti embedded tikanga, protected relational time, and Māori-led decision rights into everyday work.

Praxis Translation: The Tairāwhiti Proof-of-Concept

This research provided the direct evidence base for local praxis translation within my professional setting in Tairāwhiti. The findings underpinned the Support Assistant Earn-as-You-Learn programme, creating a financially supported, culturally safe poutama pathway for rangatahi to enter nursing; and demonstrated how systems could shift the narrative from crisis response to proactive workforce transformation. The Earn-as-You-Learn design operated through three linked mechanisms. First, protected, funded time for relational and cultural work reduced cultural taxation and burnout. Second, contracted cultural supervision strengthened practice quality and belonging. Third, poutama

progression improved retention and accelerated advancement. Together, these mechanisms translated identity and whanaungatanga into everyday operations and measurable workforce outcomes.

This praxis translation showed feasibility within existing funding when cultural safety was treated as core quality. While early outcomes in Tairāwhiti required longitudinal evaluation, the programme offered proof of concept for Earn-as-You-Learn models that aligned Māori workforce growth with whānau-centred design and organisational accountability. The model was portable when fidelity was protected—Māori-led governance, contracted supervision, rostered cultural time, and poutama criteria embedded in HR and workload formulas. Adaptation should attend to local context while retaining these core functions; scale decisions should be tied to indicator performance rather than rhetoric.

In sum, the thesis moved from conceptual synthesis to implementable architecture. The Four Domain Framework did not remain abstract theory it was translated into mechanisms that could be contracted, rostered and measured within existing organisational systems. Thriving became a designed organisational state: deliberate, measurable, and sustained.

Limitations and Future Research

The primary limitation was the study's qualitative design and small, purposively selected sample (n = 11 Māori RNs) which prioritised depth, cultural fidelity, and rich narrative over statistical generalisability. While the findings possessed strong analytic transferability to similar contexts engaging in Kaupapa Māori and bicultural practice, broad population inference should be avoided. The Appreciative Inquiry approach carried a risk of positive-response bias; however, this was mitigated by incorporating reflexive practice, participant validation, and a Kaupapa Māori lens which actively sought to explore mamae alongside success. The deliberate holding of mamae within a strengths-based frame represented a methodological strength, though readers should note that some experiences of harm may have remained unexpressed within the appreciative structure.

A further limitation concerned the proof-of-concept's single-region scope. The Tairāwhiti Earn-as-You-Learn programme demonstrated feasibility within one district's governance and funding arrangements; transferability to other regions would depend on local leadership capacity, iwi partnerships, and organisational readiness for shared decision rights. Future implementation should therefore attend to context and fidelity, not only outcomes.

Finally, my positionality as both researcher and Chief Nurse within the study context warranted acknowledgment. This insider-outsider positioning offered advantages—relational access, institutional knowledge and implementation authority; but also carried risks of confirmation bias and participant deference. These risks were mitigated through reflexive journaling, external supervision, and participant co-construction of themes; yet, readers should consider findings within this positional context. Transferability was strengthened by convergences with national priorities—Te Whatu Ora's equity commitments, Te Aka Whai Ora's leadership mandate at the time, and Manatū Hauora policy settings; however, local implementation will vary with governance arrangements, resourcing, and community partnerships.

Future Research Directions

Future research should prioritise evaluative designs that test the framework's mechanisms in context and over time, combining longitudinal mixed-methods with realist evaluation to understand not only *what works* but *what works, for whom, in which settings, and why*. The findings generated three priority pathways for future investigation, presented here in order of urgency:

1. Poutama Pathway Efficacy (High Priority): Longitudinal studies should track participants in poutama-aligned career pathways to assess adoption, fidelity, and sustainability, particularly regarding their progression into advanced practice and leadership roles. This research is most urgent because it directly tests the mechanisms proposed in Destiny and could inform near-term policy decisions on workforce investment.

2. Framework Evaluation (High Priority): Longitudinal, implementation-based research is needed to evaluate the Four-Domain Relational Framework in diverse practice settings. Metrics should focus on tangible systemic outcomes, such as reduced cultural taxation, improvements in Māori nurse retention and well-being, and the integration of tikanga into clinical workflows.
3. Governance and Accountability (Medium Priority): Research is needed to test the efficacy of Māori-led governance models and data sovereignty mechanisms. This includes evaluating how shared decision rights and Māori-led dashboards hold institutions accountable for equity outcomes.

A complementary stream should examine implementation capability: leadership development for Māori nurses, organisational readiness for shared decision rights, and data sovereignty practices that ensure Māori-led dashboards are accurate, actionable, and tied to performance consequences. These studies would inform adaptation and scale, protecting cultural integrity while broadening impact.

A Closing Reflection: Returning to the Harakeke

This DHSc journey was personal, spiritual, and academic. The conclusion is deliberately reflective because reflexivity is inseparable from Kaupapa Māori praxis. The work required sitting with mamae while refusing deficit framings; it asked that I hold the dual roles of practitioner and researcher and accept their inseparability. Naming myself as an Indigenous, colonised, wāhine was not rhetorical flourish but methodological stance: it clarified obligations to whakapapa, whānau, and the nurses who entrusted their stories to this research. The core strength of this research emerged from reciprocity with participants. The collective knowledge generated through wānanga provided strength to overcome feelings of self-doubt, reflecting the principle of kia māhaki (humility) alongside collective empowerment. The thesis set out to answer the question, *what supports Māori nurses to thrive*? The roopū responded with clarity: *systems must enable us to live and work as our authentic selves*. This response demands that institutions recognise and resource whanaungatanga, honour whakapapa, and cede design authority to Māori leaders.

I returned to the guiding whakataukī from the beginning of the journey: *Tūngia te ururua kia tupu whakaritorito te tupu o te harakeke – burn off the overgrown bush so that the new flax shoots may spring up.* The ururua represented the historical exclusion, institutional racism, cultural taxation, and monocultural inertia that hindered progress. This work, rooted in Kaupapa Māori critique and fuelled by Appreciative Inquiry optimism, mapped this undergrowth with clarity. The tupu whakaritorito—flourishing shoots—were the Māori nurses themselves: already grounded in mana, committed to manaakitanga, and ready to lead transformation. Our success will not come from waiting for permission but from redesigning systems so that Māori identity, relationships, and decision rights are ordinary features of everyday care. When health services make cultural safety standard work—resourced, measured, and led with tino rangatiratanga—Māori nurses will flourish and bring vitality to our whānau, strengthening the health landscape of Aotearoa for all. The journey is complete, and the work of embedding tino rangatiratanga continues—one rourou at a time.

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Glossary

Ako: Reciprocal learning

Aotearoa: Māori name for New Zealand

Appreciative Inquiry: A strengths-based, participatory methodology for facilitating positive change

Aroha: Compassion; love

Āta: The principle of deliberate, respectful relationship-building

Atua: Ancestral forces; spiritual beings

Care Capacity Demand Management (CCDM):

A suite of tools to match nursing resources to patient demand

Cohorting: The grouping of Māori students within nursing programmes for mutual support

Cultural concordance:

Alignment between the cultural identity of the workforce and the population served

Cultural duality: The experience for Māori nurses of operating within te ao Māori and the predominantly te ao Pākehā health system

Cultural loading: Disproportionate responsibility for whānau advocacy and tikanga carried by Māori nurses without recognition or remuneration

Cultural safety: An organisational responsibility for the redistribution of power in health relationships

Cultural taxation: Unrecognised emotional, relational, and professional labour shouldered by Māori professionals to uphold cultural safety

Hapori: Community

Hinengaro: Mental dimension of health

Hui: Meeting; a culturally grounded method of data gathering

Internationally Qualified Nurses (IQNs):

Nurses trained overseas

Kaitiaki: Guardians

Kaitiakitanga: Guardianship; stewardship

Kanohi ki te kanohi: Face-to-face engagement, including digitally

Kanohi kitea: Being seen in person; maintaining a visible presence

Kaupapa Māori: An Indigenous research approach grounded in Māori values, principles, and ways of knowing; the Māori way

Kia māhaki: Be humble; act with humility

Kia tūpato: Be cautious; be culturally safe and reflective

Koha: Gift; gesture of appreciation

Kōhanga reo: Early childhood Māori language immersion centres

Kōrero: Conversation; discussion

Kōrero tuku iho: The handing down of stories from the past

Kotahitanga: Unity; collective consciousness

Kura: School

Magnet Recognition Programme:

A programme identifying workplace conditions that attract and retain high-calibre nurses

Mahi a Roopū: An Indigenous approach to identifying research themes as a collective

Mamae: Pain; emotional impact; hurt

Mana: Spiritual authority; prestige; dignity; status

Manaakitanga: Reciprocal care, respect, and generosity

Mana motuhake: Self-determination; authority over one's own narratives

Matai: Samoan chief

Mātauranga Māori: Māori knowledge systems; Māori ways of knowing

Maunga: Mountain

Mauri: Life force

Mihi whakatau: Welcome; formal greeting

Ngā Manukura o Āpōpō:

A leadership programme for Māori nurses

Pae Ora (Healthy Futures) Act:

Legislation that disestablished District Health Boards and created Te Whatu Ora and Te Aka Whai Ora

Pae Tū: Hauora Māori Strategy:

A national strategy reinforcing Māori workforce growth and culturally safe workplaces

Pākehā: Non-Māori, typically of European descent

Pakeke: Elders; adults

Pono: To be true or right; truth

Poutama: Stepped pattern symbolising a relational, collective, and non-linear journey of learning and growth

Pōwhiri: Formal welcoming ceremony

Pūrākau: Narrative; story

Rohe: District; region; territory

Roopū: Group

Taha tinana: Physical dimension of health

Tangata whaiora: Patient; person seeking wellness

Tapu: Sacred; under spiritual restriction

Te ao Māori: The Māori worldview

Te Aka Whai Ora: Māori Health Authority

Te Ara Tika: An ethical framework for Māori research

Te Kore: The void; potential (cosmological)

Te Pō: The night; darkness (cosmological)

Te reo Māori: The Māori language; embodiment of Māori cultural identity and worldview

Te Tiriti o Waitangi: The Māori version of the Treaty of Waitangi

Te Whare Tapa Whā: A Māori health model encompassing physical, mental, spiritual, and whānau well-being

Te Whatu Ora: Health New Zealand

Thriving (for Māori nurses):

Experiencing affirmed identity, whanaungatanga, recognition of cultural expertise as professional merit, equitable advancement, and sustained wellbeing for oneself and whānau

Tiakitanga: Guardianship

Tika: To be right or correct

Tikanga: Māori customary practices, protocols, and principles

Tino rangatiratanga: Self-determination; Māori sovereignty and authority

Titiro, whakarongo, kōrero:

Look, listen, then speak; a principle of careful engagement

Tūhonotanga: Relational connection; interconnectedness

Tuku iho: The passing down of knowledge; transmission of culture

Tūroro: Patients

Ururua: Overgrown bush; obstacles to be cleared

Wāhine Māori: Māori woman

Wairua: Spirit; spirituality

Wānanga: A forum for discussion; deliberate sharing of knowledge

Whakamā: Shame; shyness; embarrassment

Whakamaua: The Māori Health Action Plan 2020–2025

Whakapapa: Genealogy; a framework for understanding the interconnectedness of all things

Whakawhanaungatanga:

	The process of establishing and maintaining relationships
Whānau:	Extended family; family group
Whanaungatanga:	Relationship; kinship; sense of family connection; relationality
Whāngai:	Customary raising of a child within whānau

Appendices

Appendix A: Participant Information Sheet

Participant Information Sheet

Date Information Sheet Produced:

23/03/2021

Project Title

Recruitment and retention of Māori nurses: enabling thriving within the Indigenous workforce in Aotearoa.

An Invitation

Ko Mārotiri te māunga
Ko Mangahauini te awa
Ko Ngati Porou tōku iwi
Ko te whanau a Ruataupare tōku hapu
Ko Serita Karauria tōku ingoa

Tena koe and thank you for considering partaking in this study.

I'm completing this research in the effort of understanding what enables Māori nurses to thrive in their practice. Completion of this study also contributes to the fulfilment of my Doctor of Health Science degree. I am based in Gisborne where I also hold the role of Director of Nursing at Hauora Tairāwhiti.

If you participate in this study, it is important to understand that the position I hold will not disadvantage or advantage anyone who chooses to join.

What is the purpose of this research?

Current research supports that Māori are underrepresented in the nursing workforce. This poses risk to health outcomes for Maōri because evidence suggests 'Māori are best cared for by Māori'. Most research focuses on reasons why Māori are not attracted to, or stay within the nursing profession. Moreso, no evidence exists regarding Māori thriving within the profession of nursing. The purpose of this study therefore, is to explore what keeps Māori nurses in nursing, with a long-term goal of recommending practices that increase the retention of Māori nurses in the workforce. The findings of this research will be used for academic publications and presentations to facilitate this long-term goal.

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

You've been chosen as you're a Registered Nurse who identifies as Māori and is currently living within Aotearoa. Additionally you -

- Have practised for greater than 1-year
- Have an annual practising certificate that has not expired more than 5-years ago
- Are willing and able to reflect on and share how you are supported to thrive in your practice as a Māori nurse
- Have the ability to use zoom

How do I agree to participate in this research?

Should you agree to participate, please complete the consent form and email to me at xfn7205@autuni.ac.nz by 1 April 2021. There a several ways you can do this –

1. Print and complete – attach as a scan or photo
2. Copy & paste to email. Please ensure the email you use can be identified as exclusively yours
3. Via zoom – we can schedule a zoom session and record your consent

At any point, feel free to contact me if you have any questions.

What will happen in this research?

The 5-D cycle of Appreciative Inquiry is the framework I will use for gathering your stories in this study. Therefore, you are being asked to participate in both an interview and then focus group. The first three components of the 5-D cycle; Define, Discovery and Dream will be discussed within the interview whilst the last two; Design and Destiny will be developed within a focus group of all other participants. Please see below for indicative questions -

Part 1. One to one interviews (1 – 1.5 hours with each participant)

1. Define – what is the inquiry?
    a. Mihi whakatau – greeting, expression of thanks and introduction to study
    b. Whakawhanaungatanga – establishing relationship, sharing of whakapapa
    c. What does this topic mean to you?
2. Discovery – what is?
    a. What made you become a nurse?
    b. What is important to you as a nurse?
    c. What do you see as your own strengths?
    d. Can you describe your best day as a nurse –
    e. Describe what works well in your mahi?
    f. When have you felt excited, empowered and engaged?
3. Dream – what might be?
    a. Thinking about your best day, describe what it would mean if everyday was like that?
    b. What do you think it would mean for your community? What about the profession?
    c. What if you could pass your best day on to others, what would that mean to you?

Part 2. Focus Groups (2.5 – 3 hours scheduled at a different time)

Provide summary of interview transcriptions to full group ahead of hui.
In groups of 3-4, using break out rooms -

4. Design – what should be?
    a. Review the findings and bring together what we think 'should be'
    b. What can we action?
5. Destiny – what will be?
    In same groups, discuss –
        a. How do we embed these into protocol and practice?

These two sessions will be done via zoom and recorded for transcription. You can expect your identity to be known to others participating in this study however the data collected will be utilised solely for the purposes of this study and any identifying material will be removed. Participants are free to withdraw at any phase.

What are the discomforts and risks?

Some discomforts and risks you may experience –

- Recounting stories born from negativity
- Using technology
- Sharing your experiences with others – strangers or those you may know, including myself

How will these discomforts and risks be alleviated?

During the study, mitigations to these risks will include –

- Provision of whakawhanaungatanga for breaking the ice
- An offer to test technology ahead of time
- Practice of 'aroha ki te tangata' – a respect for people

Additionally AUT Counselling and Mental Health is able to offer free of charge, three sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. These services can be accessed for face to face if in Auckland or online for those outside as follows –

- Drop into our centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling 921 9992. Discuss with our receptionist if you are outside of Auckland

- Let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet

You can find out more information about AUT counsellors and counselling on http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling.

Alternatively you can contact Healthline at 0800 611 116 or access your work Employee Assistant Programme (EAP) if offered.

What are the benefits?

For you: A sense of contribution to the betterment of our Māori nursing workforce.

For the researcher: My current role as Director of Nursing positions me favourably to implement change. Improving conditions for Māori to be attracted and remain within the profession will be positive toward health outcomes where it is much needed in our communities. Additionally, it fulfils the requirements for completing and obtaining the qualification of DHSc.

For the wider community: Beneficiaries of improved health outcomes. Attracting and promoting Māori into the nursing profession.

How will my privacy be protected?

You can expect that your identity will only be known to myself, others within the study and my Supervisors – Dr. Shelaine Zambas and Prof. Denise Wilson.

Your contact details will not be shared and otherwise held securely by myself.

Upon publication, the research will not contain any identifiable data from the interviews or focus groups.

Privacy concerns can be discussed at any point throughout the study.

What are the costs of participating in this research?

There is no financial cost expected of you in this study
You can expect 4.5-hour commitment of your time for the interview and focus group
You will be eligible for a $50.00 prezzy card as a token of appreciation

What opportunity do I have to consider this invitation?

You will have 4-weeks to consider this invite.
I will check in with you at day 7 & 14 but you can feel free to talk to me at any time.

Will I receive feedback on the results of this research?

Yes, a summary of the findings will be available for you should you wish.

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, Dr. Shelaine Zambas, shelaine.zambas@aut.ac.nz, (09) 921 9999 ext. 7865

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz* , (+649) 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:

Serita Karauria

xfn7205@autuni.ac.nz

022 4 884417

Project Supervisor Contact Details:

Dr. Shelaine Zambas

shelaine.zambas@aut.ac.nz

(09) 921 9999 ext. 7865

Appendix B: AUTEC Approval

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

1 March 2021

Shelaine Zambas
Faculty of Health and Environmental Sciences

Dear Shelaine

Re Ethics Application: **20/347 Recruitment and retention of Maori nurses: enabling thriving within the indigenous workforce in Aotearoa**

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

Your ethics application has been approved for three years until 1 March 2024.

Non-Standard Conditions of Approval

1. AUT counselling is only available face-to-face for participants in Auckland; please use the wording for AUT counselling from the Information Sheet template which can be found on the Research Ethics website at http://aut.ac.nz/researchethics

Non-standard conditions must be completed before commencing your study. Non-standard conditions do not need to be submitted to or reviewed by AUTEC before commencing your study.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through http://www.aut.ac.nz/research/researchethics

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: xfn7205@autuni.ac.nz

Appendix C: Individual Interviews Consent Form

Consent Form - Interviews

Project title: ***Recruitment and retention of Māori nurses: enabling thriving within the Indigenous workforce in Aotearoa***

Project Supervisor: ***Shelaine Zambas, DHSc MScEd RN***

Researcher: ***Serita Karauria, MSNLM PGDip(Nur) BN RCpN***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 23 March 2021
- ○ 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 the interviews will also be audio/video recorded 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 :

.....

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.....

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 1 March 2021 AUTEC Reference number 20/347

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

Appendix D: Focus Group Consent Form

Consent Form – Focus Groups

Project title: ***Recruitment and retention of Māori nurses: enabling thriving within the Indigenous workforce in Aotearoa***

Project Supervisor: ***Shelaine Zambas, DHSc MScEd RN***

Researcher: ***Serita Karauria, MSNLM PGDiP BN RCpN***

- I have read and understood the information provided about this research project in the Information Sheet dated 23 March 2021.
- I have had an opportunity to ask questions and to have them answered.
- I understand that identity of my fellow participants and our discussions in the focus group is confidential to the group and I agree to keep this information confidential.
- I understand that notes will be taken during the focus group and that it will also be audio/video recorded 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, while it may not be possible to destroy all records of the focus group discussion of which I was part, 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 :

.....

.....

.....

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 1 March 2021 AUTEC Reference number 20/347

Note: The Participant should retain a copy of this form