# Privileging Mātauranga Māori in Nursing Education:

# Experiences of Māori student nurses learning within an indigenous university.

Nadine Gray

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This dissertation is for examination purposes only and is confidential to the examination process.

# Abstract

This study aimed to explore how privileging mātauranga Māori and strengthening cultural identity in a wānanga undergraduate nursing programme contributes to the educational outcomes of Māori students. The research objective of the study was to generate insight into factors that support Māori student engagement, retention and success in nursing education.

Kaupapa Māori research methodology was used to guide this qualitative study that explored the experiences, perceptions and insights of Māori nursing students enrolled in Te Ōhanga Mataora: Bachelor of Health Sciences Māori Nursing at Te Whare Wānanga O Awanuiārangi. Semi-structured face-to-face interviews were conducted and a thematic analysis process was used to identify the facilitators and barriers that influenced Māori student engagement.

A total of 12 full-time Māori undergraduate nursing students were interviewed. Five themes were generated from the data that influenced Māori student engagement: succeeding for whānau, privileging mātauranga Māori in the learning space, dual competence supporting ethnic concordance, whanaungatanga, and threats to success. Students reported factors that positively enhanced their educational experiences as: the culturally responsive environment that affirms cultural identity, the advantages of the geographical location, the provision of high-quality academic and pastoral support, and the adaptive teaching and learning approaches that enhanced learner success. Factors that challenged success included academic preparation for bachelor-level study; the recruitment of Māori nursing academics; exposure to negative attitudes, racism and stigma associated with being in a Māori nursing programme; whānau commitments; and financial hardship.

Given the significant workforce shortage of Māori Nurses, these findings provide useful insights for the engagement and retention of Māori nursing students. Tertiary education providers of undergraduate nursing programmes must take action that provides equitable and culturally thriving educational environments to recruit and retain Māori students. This requires prioritisation of institutional change and commitment that is inclusive of indigenous epistemologies. Implications of these findings provide a theoretical basis for system change based on exploring success that is encapsulated through the “voice” of indigenous nursing students.

**DEDICATION**

*For Mum*

*Janet Maloney-Moni*

*28/02/1952–15/08/2014*

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# Abbreviations

| | |
|---|---|
| APC | Annual Practising Certificate |
| BHScMN | Bachelor of Health Sciences: Māori Nursing |
| FTE | Full-time-equivalent student |
| KMR | Kaupapa Māori Research |
| MoE | Ministry of Education |
| MoH | Ministry of Health |
| NCEA | National Certificate Educational Achievement |
| NCNZ | Nursing Council of New Zealand |
| NEPS | Nursing Education Program of Saskatchewan |
| NZ | New Zealand |
| NZQA | New Zealand Qualifications Authority |
| OECD | Organisation for Economic Co-operation and Development |
| PIS | Participant information sheet |
| RN | Registered nurse |
| TEC | Tertiary Education Commission |
| TEP | Tertiary education provider |
| TMO | Tehei Mauri Ora |
| TWWOA | Te Whare Wānanga O Awanuiārangi |
| UAHPEC | University of Auckland Human Participants Ethics Committee |
| UE | University Entrance |
| URM | Underrepresented minority |
| USA | United States of America |

# Glossary

| | |
|---|---|
| Āhuatanga | Aspect, element, dimensions |
| Ako | To learn, to study, instruct, advise, teach |
| Aotearoa | New Zealand |
| Bridging foundation | The provision of an educational programme targeted towards students who require additional academic support before starting degree-level study. |
| Hapū | Māori subtribe of people |
| Hauora | Health |
| Hui | To gather, meet, assemble, congregate |
| Indigenous | Indigenous peoples who have historical continuity with pre-colonial and/or pre-settler societies |
| Iwi | Māori tribal group consisting of a number of related hapū from a common ancestor |
| Kai | Food |
| Kāinga Tupu | Homeland |
| Kaitiaki | Guardian, minder, caregiver |
| Kanohi ki te Kanohi | Face to face |
| Karakia | Prayer |
| Kaumātua | A Māori elder |
| Kaupapa | Principle, subject, policy |
| Kawa | Ceremony, to perform, customs |
| Koha | Gift, offering, donation, contribution |
| Kōhanga Reo | Māori language nests, a total immersion Māori language family programme for young children from birth to 6 years of age. |
| Kōrero | To talk, speak |
| Koro | Elder (male) |
| Kura | School, typically lessons are conducted in Māori |
| Kura Kaupapa Māori | Māori language immersion schools where the philosophy and practice reflect Māori cultural values with the aim of revitalising Māori language, knowledge and culture |
| Mana | Power, prestige |
| Manaakitanga | Kindness, generosity, support, hospitality |

| | |
|---|---|
| Mana Whenua | Territorial rights, power from the land, authority over the land or territory, power associated with possession and occupation of tribal land. |
| Māori | Indigenous peoples of Aotearoa-New Zealand |
| Māoritanga | Māori culture, traditions, way of life |
| Marae | Meeting house |
| Mātauranga | Knowledge |
| Nēhi | Nurse |
| Noho Marae | Overnight stay |
| Non-Māori | Anyone who does not identify as Māori |
| Paepae | Orator's bench (traditional meeting house) |
| Pākaru | Broken |
| Pākehā | Non-Māori, European in Aotearoa-New Zealand |
| Pāpā | Father, grandfather |
| Pepeha | Tribal saying, tribal motto, saying of ancestors |
| Pēpī | Baby |
| Rangatahi | Youth |
| Rangatira | High ranking, chiefly, noble, esteemed |
| Rangatiratanga | Chieftainship, right to exercise authority, chiefly autonomy, ownership, leadership |
| Ringatū | Māori Christian faith founded by Te Kooti in the 1860s with adherents mainly from the Bay of Plenty and East Coast iwi |
| Rohē | Region, boundary, territory, area |
| Tamariki | Children |
| Tangata Whenua | People of the land |
| Taonga | Property, treasure |
| Tapu | Sacred, restricted |
| Tauira | Students |
| Te Ao Māori | Māori world, physical and natural environment |
| Teina | Younger (brother of boy, younger sister of girl), junior |
| Te Kaunihera O Nēhi Māori | National Council of Māori Nurses Aotearoa-New Zealand |
| Te Reo Māori | Māori language |
| Te Reo me ōna Tikanga | The Māori language and its cultural practices. The intrinsic link between Māori language and culture. |

| | |
|---|---|
| Te Tiriti o Waitangi | An agreement made in 1840 between the British Crown and Māori chiefs |
| Tikanga | Māori cultural practices |
| Tino Rangatiratanga | Self-determination, sovereignty, self-government, control, power. |
| Tohu (mātauranga) | Award, academic qualification, university degree |
| Tohunga | Chosen expert, healer, skilled person |
| Treaty of Waitangi | An agreement made in 1840 between the British Crown and Māori Chiefs |
| Tuakana | Older (brother of male, sister of female), senior |
| Tūmanako | Hope, trust |
| Tūpuna | Ancestors |
| Tūrangawaewae | Place of standing, home |
| Tūturu | Real, trustworthy, authentic |
| Waiata | A Māori song |
| Wairua | Spirit or soul |
| Wairuatanga | Māori spirituality |
| Wānanga | A publicly owned tertiary institution that provides education in a Māori cultural context, camp/gathering |
| Whaea | Mother, aunt, madam, nanny |
| Whakamā | Shyness or embarrassment |
| Whakapapa | Genealogy, cultural identity, family tree, to recite genealogy |
| Whakawātea | Make way for, liberate, stand down |
| Whakawhanaungatanga | Process of establishing links, making connections and relating to people one meets in culturally appropriate ways, whakapapa linkages, past heritages |
| Whānau | Family unit(s) |
| Whanaungatanga | Family relationships, social connectedness |
| Whare Wānanga | A university or college specialising in traditional Māori knowledge |
| Wharekura | Secondary school that uses Māori language as the medium of instruction and incorporates Māori customary practices into the way it operates |
| Whenua | Land |

# Chapter 1

# Introduction

## Research Topic

This is a Kaupapa Māori qualitative study that explores the perspectives, motivations and experiences of Māori nursing students enrolled in Te Ōhanga Mataora Bachelor of Health Sciences Māori Nursing (BHScMN) programme at Te Whare Wānanga O Awanuiārangi (TWWOA). This is the only health sciences undergraduate degree programme in Aotearoa-New Zealand (NZ) to be offered in an indigenous tertiary institution and located in a regional community. Thus, exploring the unique experiences of Māori health sciences students learning within an indigenous university aims to generate insight into how inclusion of mātauranga Māori (Māori knowledge and practices) in nursing education contributes towards academic success.

This dissertation explores the strengths and challenges of teaching health sciences, self, and profession to Māori student nurses in a wānanga (indigenous university) and outlines recommendations identified from this research. The findings have implications for tertiary education providers (TEPs), strategy and policy makers, and Māori communities as they strive to achieve health and nursing workforce equity.

## The Research Question

How does interweaving mātauranga Māori in Te Ōhanga Mataora: Bachelor of Health Sciences Māori Nursing influence student educational experiences and outcomes?

## Research Objectives

This study explores the experiences of Māori students enrolled in the BHScMN programme to provide their perspectives and insights into learning in a wānanga setting, where cultural identity and mātauranga Māori are core elements of the curriculum. Thus, the objectives for this study included:

1. To explore how students experience the interweaving of mātauranga Māori throughout the course to influence engagement, retention, and completion outcomes.
2. To explore the factors students feel assist them to be successful in the programme, and the factors that are challenging and threaten their success.
3. To understand what influences Māori nursing students' confidence and competence to make a difference in Māori health.

## Researcher Positioning

Ko Whakatōhea te iwi, Ko Ngāti Ira te hapū, Ko Mātiti te maunga, Ko Waioweka te awa, Ko Ōpeke te marae. Ko Nadine Gray ahau.

In secondary school, I purposefully took sciences, mathematics, and English subjects because I wanted to study medicine, but unfortunately my grades were not high enough to gain direct entry. So, unfazed by doing an extra year of study, in 1997 I began the competitive health sciences programme at Waikato University to try my luck at getting a coveted place in medical school. However, university was completely different to school. Within 6 months, the siloed pressure of competing was too much, and I gave up. I was unaware of any Māori-specific support services at university or Māori special admission criteria for professional health sciences programmes at that time.

I took 6 months off from study and worked full-time as a caregiver in a rest home, with no prior experience. It was here that my desire to pursue a career in health was confirmed; I wanted to help and care for people. My mother's influence was also key to this decision. She was the first Māori nurse practitioner in Aotearoa-NZ, with a professional drive towards improving Māori health. I admired my mother's hard work ethic, and through her example, I enrolled in the Bachelor of Nursing at Waikato Institute of Technology. I completed the degree in the year 2000 with very few other Māori nurses. I began my nursing career in Whakatāne Hospital as a new graduate before moving to Auckland City to pursue further career aspirations in acute adult specialties.

Having both Māori and Pākehā whakapapa has allowed me to walk in both worlds. As a fair-skinned Māori, I proudly identify as a Māori nurse despite situations where I have been asked how much "Māori blood" I have, as though Māori identity can be concentrated in some more than in others. These exchanges throughout my life have taught me that physical characteristics do not determine my identity, but rather to stand strong in my ethnic duality. Belonging is about my connection to my whakapapa, people, and a shared understanding of the world. Notwithstanding, as a Māori nurse I observed how "colour" as a visible physical characteristic impacts the healthcare experiences of Māori and other ethnic minority peoples. As a senior proficient Māori nurse, I have often been asked for "cultural advice" by colleagues related to caring for Māori clients and whānau. Additionally, I have encountered institutional racism during handover of care where colleagues displayed negative attitudes or stereotyped descriptions of Māori or ethnic minority clients. These experiences have been confronting and at times difficult to challenge at an organisational level. Through postgraduate studies I gained confidence and knowledge in Māori health and indigenous research which was pivotal in strengthening my nursing practice and the need for change.

My interest in Māori workforce development grew after I returned from living and working in the United Kingdom. In 2006, I moved into a senior nursing leadership role under the guidance and support of NZ's only Māori executive director of nursing at the Auckland District Health Board. I had accountability for primary health care education and Māori workforce development projects. A key focus of the position was working with secondary and tertiary education providers to establish Māori rangatahi (youth) pathways into health careers and supporting Māori undergraduate nurses and new graduates. The exposure to recruitment and retention systems and processes further enhanced my interest in improving Māori workforce development, specifically Māori nursing education.

## Research Overview

Māori are the indigenous peoples of Aotearoa-NZ. Māori experience poorer health status and significant inequities in health outcomes compared to non-Māori. The Treaty of Waitangi[1] directly supports Māori rights for equitable health as well as equitable Māori representation within the health workforce. Like other indigenous and ethnic minority nursing workforces, Māori nurses have endured underrepresentation in the total regulated health workforce. For the past 30 years, Māori nurses numbers have remained static at just 7.7% despite Māori making up 16.5% of the total population in Aotearoa-NZ (Nursing Council of New Zealand [NCNZ], 2019). There is a strong rationale for increasing Māori nurses in the health workforce: to provide ethnic concordance between practitioners and patients, socioeconomic and intergenerational benefits, and to lead health service design to meet the needs of Māori (Ratima et al., 2007).

Māori workforce development is a key political strategy recognised as being critical to improving healthcare experiences and health outcomes for Māori. The health and education sectors have a critical role to play in contributing towards the growth of an ethnically diverse health workforce. However, TEPs that provide health professional training programmes such as the Bachelor of Nursing, continue to report higher rates of attrition for Māori students and an overall low number of Māori graduates compared to non-Māori (Education Counts, 2019). It is crucial that tertiary institutions address recruitment and retention barriers that influence the overall completion rates for Māori. These barriers continue to impact both the advancement and growth of the Māori health workforce, and the ability to address Māori health need.

Te Ōhanga Mataora BHScMN at TWWOA is one example of a tertiary institution that offers undergraduate nursing education with a commitment to Māori health workforce development and equity in educational outcomes. Grounded in Kaupapa Māori, the wānanga is a culturally defined

[1] The Treaty of Waitangi is a treaty first signed on 6 February 1840 by representatives of the British Crown and more than 500 Māori chiefs. It is New Zealand's founding document (Anderson et al., 2014).

learning space where mātauranga Māori is interwoven in the BHScMN curriculum, unlike at any other tertiary provider. It is hypothesised that the programme will increase Māori student engagement, retention, and success; however, there is minimal evidence to support this as an appropriate and successful programme for Māori nursing students. Therefore, exploring how the including of mātauranga Māori and strengthening cultural identity in an undergraduate nursing programme contributes to the educational success of Māori students is important. This research is framed within Kaupapa Māori methodology and built upon Kaupapa Māori principles such as tino rangatiratanga (self-determination), whanaungatanga (relational processes), te Tiriti o Waitangi, tikanga (Māori protocols), and te reo Māori (Māori language).

## Thesis Structure

This section outlines the structure of the thesis. Chapter 1 has introduced the topic and the research question. The other chapters will be structured as follows.

Chapter 2 provides a context for the study in terms of outlining the relevant background information that contextualises this research topic. It discusses Aotearoa-NZ health and education sector contexts that play key roles in determining Māori health workforce development and describes historical circumstances that impact workforce and health inequities in Aotearoa-NZ, inclusive of the Treaty of Waitangi. Key political strategies and policies that prioritise Māori workforce development to address Māori health needs are included, with an overview of the historical and contemporary structure of nursing in Aotearoa-NZ. The chapter closes by providing information specific to TWWOA and its provision as the only professional nursing programme in an indigenous tertiary institution.

Chapter 3 presents a review of the current literature, focusing specifically on factors that influence and challenge Māori academic success within undergraduate nursing programmes in Aotearoa-NZ. Due to the dearth of literature, it draws on international research that describes indigenous minority student experiences in nursing education. A summary of findings is discussed.

Chapter 4 discusses the research strategy, the methodology and research methods employed to answer the research question. This includes the theoretical positioning of the researcher and the research, and the principles and practices of qualitative and Kaupapa Māori research (KMR). This chapter also details the purposive sampling process and use of qualitative interviews to inform findings. Applying Kaupapa Māori critique, it uses thematic analysis to identify key themes. The limitations have been identified and considered.

Chapter 5 presents the results from the analysis of the interview data. Five major themes were generated from the conversations and stories of the participants. Namely, succeeding for whānau,

privileging mātauranga Māori in the learning space, whanaungatanga, dual competence supporting ethnic concordance, and threats to success.

Chapter 6 discusses and contextualises the research findings based on current known literature. The significance of these findings is presented as well as the importance for TEPs providing nursing programmes.

Chapter 7 presents the final conclusions for this study. It outlines the implications of the study and recommendations for change based on the research findings and current literature base.

This chapter has introduced the study, including the research question, and outlined the structure of the dissertation. The following chapter will discuss the relevant background information that contextualises this research topic.

# Chapter 2

# Background Context

## Introduction

This chapter presents important background information for the research topic. It begins with an overview of the current Māori health context, followed by the historical context of Aotearoa-NZ. Both the health and education sectors are discussed as well as how, together, they are crucial to Māori workforce development and improving health equity. To conclude the chapter, the historical and current NZ nursing sector will be summarised, including the establishment of Te Ōhanga Mataora BHScMN programme.

## The Māori Health Context

According to Statistics NZ (2019) the population of NZ is estimated at 4,951,500. In the 2018 NZ Census, 70.4% identified as European followed by Māori at 16.5% or 775,836 peoples. The Asian ethnic group is third largest at 15.1%, followed by Pasifika peoples at 8.1%. Middle Eastern, Latin America or African ethnicities are grouped together and represent 1.5% of the total population (Statistics NZ, 2018).

In Aotearoa-NZ, Māori are tangata whenua, the indigenous peoples of the land. Māori encounter significant inequities in health and poorer health status as compared to any other ethnic group in NZ (Durie, 1994; Ministry of Health [MoH], 2015; Robson & Harris, 2007). Health inequities between Māori non-Māori are longstanding and evidenced across multiple health conditions. For example, Māori have higher mortality and morbidity rates for cardiovascular disease, cancer, diabetes, suicide, and chronic respiratory conditions (MoH, 2015; Robson & Harris, 2007). Further, despite Māori having high health needs, they experience less access to health care services and health interventions than non-Māori (MoH, 2015). Statistics NZ (2013) reported that life expectancy for Māori males and Māori females is estimated at 7.3 years and 6.9 years less respectively, than that of non-Māori males and females in NZ.

To prioritise health equity, urgent work is required to address the widening gap in poor health experienced by Māori (Durie, 1994; McCreanor, 2008; Ratima et al., 2007; Reanga NZ Consultancy Ltd, 2012; Reid & Robson, 2006). Further, it requires examination of the broader socioeconomic determinants of health (deprivation, housing, education) that impact the health status of Māori peoples (Ministry of Social Development [MSD], 2016). It is well documented that Māori experience higher disadvantage across multiple socioeconomic indicators than non-Māori (Curtis, 2016b). Māori are more likely to live in high deprivation areas and poverty, have lower rates of secondary school

qualifications, higher rates of unemployment and/or lower incomes, and experience discrimination (Curtis, 2016b, MSD, 2016; Robson & Harris, 2007). Combined, these inequities are reflective of the long-term impact of colonisation on the health of Māori and more broadly, the potential to access and participate in higher education (Robson & Harris, 2007).

**Māori in early Aotearoa-New Zealand.**

Prior to 1642, the Māori population was approximately 100,000 (Anderson et al., 2014). Māori had distinct social systems that were organised as whānau (family), hapū (subtribe) and iwi (tribe consisting of several hapū). A crucial aspect of Māori society was the importance of hapū as a governing unit, with each having the mana (authority) of a leading chief. Māori were self-sufficient and worked collectively, hunting and gathering the abundance of natural resources available to provide sustenance for iwi (Anderson et al., 2014). Te reo Māori was exclusively spoken; with each iwi in various geographical areas having their own unique dialects. Whakapapa (genealogy) connected Māori to each other and to their lands. Through deep spiritual and familial connections, Māori created a shared sense of belonging that was communally based and of benefit to all. Kingi (2007) contends that before colonisation, Māori enjoyed good health and had robust systems and infrastructure that supported the capabilities of each iwi.

**Te Tiriti o Waitangi—The Treaty of Waitangi.**

In 1840, the signing of te Tiriti o Waitangi (te Tiriti) as the founding constitutional document of Aotearoa-NZ signified the formal relationship between the Crown and Māori Chiefs. Te Tiriti transpired because of the rapid growth in British migrants coming to NZ in search of land and the attraction of natural resources. Settlers included British officials, missionaries, sealers, and traders whose lifestyles and conduct had a direct impact on Māori (Durie, 1994; Kingi, 2007). At this time, iwi Māori exercised rangatiratanga (absolute sovereignty/authority) over their lands and people. However, it was soon apparent that the new colonial settlers required a system of governance to control lawlessness and manage their own ways of living. So, in partnership, British Crown representatives and iwi rangatira (chiefs) set out a plan of governance that ensured Māori would maintain rangatiratanga (chieftainship, right to exercise authority; Durie, 1994; Kingi, 2007; Jackson, 1994).

The agreement was informed by the Declaration of Independence which had been signed by 52 Māori chiefs 5 years earlier on 20 October 1835 and sanctioned by the British Government (Jackson, 1994) It had an English and a Māori version and proclaimed the sovereign independence of NZ. Both versions of the Declaration acceded iwi rangatiratanga; declared Aotearoa-NZ to be a constituted and independent state; committed to uniting annually to address matters affecting the country; and

entered Māori into a relationship with the British monarchy to ensure protection against threats to rangatiratanga (Durie, 1994; Jackson, 1994, Kingi, 2007). Importantly, the Declaration of Independence, although often dismissed as insignificant, informed the wording of te Tiriti and was consistent with iwi lore, rangatiratanga, tikanga, and kawa (Māori protocol; Jackson 1994).

The two versions of the agreement, English (Treaty of Waitangi) and Māori (te Tiriti o Waitangi), varied in the interpretation and intent of the signatory partners, with te Tiriti being cited as one of the most dishonoured agreements in the history of Māori (Anderson et al, 2014; Jackson, 1994). The Māori version was written in te reo Māori, with the wording guaranteeing iwi Māori societal lore; rangatiratanga, tikanga and kawa (Anderson et al, 2014; Jackson, 1994). Article 1 of te Tiriti stipulates full control of British subjects only by the Queen's governor. The English version contradicts this, stating Māori concede full power, authority and control over the land and all peoples. In Article 2, te Tiriti expresses Māori shall uphold tino rangatiratanga over hapū, lands and taonga (all that is precious); similarly, Article 2 of the Treaty insists Māori are guaranteed full and exclusive rights to their lands and resources (Anderson et al, 2014; Jackson, 1994). Furthermore, Article 3 guarantees Māori equal rights alongside British people within Aotearoa-NZ. As such, the Māori version did not seek to claim authority over the Crown or British people. Rather, te Tiriti was indicative of Māori desire for the Crown to uphold governance that was consistent with Māori ideology, not for Māori to concede to British rule. Jackson (1994) posits that since signing, the Crown and Māori have never reconciled over the interpretation of the agreement. What occurred following the signing resulted in long-lasting cultural erosion and devastating loss for Māori.

**Colonisation.**

It is imperative to understand the historical circumstances of Māori who suffered the consequences of British colonisation and actions taken by the Crown following the signing of te Tiriti. The intergenerational effects of land confiscation, legislation, warfare, religion, and imposing of Eurocentric cultural and social practices, rapidly impacted the Māori population and way of life (Durie, 1994; Jackson, 1994; Kingi, 2007). Almost obliterated by colonisation processes and settler-introduced diseases, the Māori population dramatically declined to approximately 37,520 (Hiroa, 1929), while the colonial population increased. At the same time, the newcomers continued to dominate through possession of land, economic advantage, and cultural assimilation. Jackson (1994) describes the act of colonisation as an expression of racial superiority, a seemingly innate conviction that motivates and justifies the actions of the coloniser. Historical records confirm the colonial superiority mentality, where Māori were described as an unruly, uncivilised, and irreligious people (Walker, 2004). Thus, Māori cultural norms and practices such as iwi lore and structure, te reo Māori and tikanga were

prohibited. Instead, colonial conformity and Christianity were enforced (Walker, 2004). Settlers also introduced alcohol, prostitution and tobacco to Māori which led to a greater health burden.

As the Crown took control of NZ, colonisation processes escalated with little or no regard for te Tiriti. As Māori suffered incomprehensible loss to their economic base and traditional lifestyles, their social and cultural marginalisation in their own kāinga tupu (homeland) affected their health and wellbeing (Durie, 1994). Decimation of indigenous Māori life deepened with enforced legislation that was in breach of te Tiriti. For example, The Tohunga Suppression Act (1907) impacted on tohunga (traditional healers) who were highly esteemed health and spiritual practitioners in Māori society. The Act stopped Māori from exercising their right to seek help from tohunga and their own traditional health practices. The significance of this Act was the overall impact on Māori wairuatanga (spirituality), sacred knowledge and practices, and the deterioration of physical and mental health (Durie, 1994). At the same time, The Native Land Act (1862) caused Māori to be alienated in their own land. The Act enabled colonial settlers to purchase land by changing communal iwi land into individual titles, resulting in two million hectares of Māori land being taken (Kingi, 2007). Land loss resulted in a move from rural tribal lands to rapid urbanisation as Māori sought resources and employment opportunities to survive. The longstanding effects of the dramatic decline in Māori land ownership and desecration of mana whenua (customary authority of land) also contributed to the intergenerational deterioration of health for tangata whenua (Durie, 1994).

In this research, it is important to acknowledge and understand the effects of colonisation on Māori and how the historical context of Aotearoa-NZ has a distinct link to inequity. The transfer of political power, systems, and resources from indigenous peoples to colonial settlers has incurred persistent inequalities in health status and social deprivation for Māori (Durie, 1994; Reid & Robson, 2006). Moreover, colonisation operates by affording the dominant systems and processes power and by institutionalising them, whereby racism, deficit theorising, and victim blaming of ethnic minorities is normalised (McCreanor, 2008; Reid & Robson, 2006). In NZ, inherent structural and systemic bias has led to poorer health access and health outcomes for marginalised populations (Cram, 2013; Reid & Robson, 2006). Curtis (2016b) concurs that *"*in order to fully understand indigenous and ethnic minority health inequities, engaging with the complex 'web of causation,' including an exploration of who designs and controls the 'web,' is required" (p. 5). The next section explains the NZ health and education sector context and how Māori health workforce development can contribute to realising indigenous rights.

## Health Sector Context

The Ministry of Health is the central government department that is responsible for ensuring equitable health outcomes for all New Zealanders. The government has four key health strategies that provide the framework for the NZ health sector. These are the NZ Health Strategy (2016b), NZ Disability Strategy (2016a) He Korowai Oranga: Māori health strategy (2014), and the Primary Health Care Strategy (2001). All four high-level strategies identify improving Māori health as a high priority. Reference to workforce development is woven through each framework with a focus on the provision of culturally competent health services. Furthermore, they acknowledge the need for cultural diversity in the health workforce to improve the quality, performance, and health outcomes for minority populations. Specifically, He Korowai Oranga (2014) recognises the crucial role Māori have in leading and developing strategies for health improvement and growing health workforce capacity to provide for the needs of Māori. Together, these strategies are guided by the legislative requirements of the New Zealand Public Health and Disability Act 2000. This Act sets out the function and provision for publicly funded health and disability services to achieve key objectives. Objective 3 (1) (b) states that health services must "reduce health disparities by improving health outcomes of Māori and other population groups." In addition, the Human Rights Act (1993) sets out the Crown's obligation to ensure health equality to "enable reasonable assistance or advancement in order to achieve equal place with other members of the community" (s 73, 1, b). The Act also acknowledges te Tiriti, stating that "Māori must be enabled to participate in both decision making and delivery of health services" (NZ Public Health and Disability Act, 2000, s 23, 1d). However, to achieve the aims and objectives of government health strategies and legislation, investment is required to enable a health workforce that is reflective of diversity and that is culturally safe and competent to address health inequities for Māori.

### Māori health workforce.

Māori health workforce development is key in addressing health disparities for Māori and improving the quality and effectiveness of services provided (MoH, 2017, 2018; Reanga NZ Consultancy Ltd, 2012). Other direct benefits of investment in Māori health workforce development include improved socioeconomic positioning for whānau, hapū, and iwi, and broader indigenous community development. Thus, it is important to view the impact of Māori health workforce development from a broad, sociopolitical lens (Curtis, 2016b). Furthermore, becoming a health professional in Māori communities can be viewed as a position of influence where role modelling and leadership of others into health careers may occur (Ratima et al., 2007).

Across the regulated health workforce there is a shortage of Māori health professionals at all levels of the healthcare system (Cram, 2014; Curtis et al., 2014; Curtis, Wikaire, Kool, et al., 2015; MoH, 2017; Ratima et al., 2007). It is imperative that the current situation changes so that preparation of a skilled

and efficient workforce can be achieved to sustain improvements in the health of Māori (MoH, 2017; Wilson et al., 2011). Increasing the number of Māori nurses represented in the workforce can begin to redress the issue of poor Māori health status and unmet need (MoH, 2018). First, this will require enhancing the recruitment, retention, and completion rates of Māori in undergraduate Bachelor of Nursing (BN) programmes (Foxall, 2013; MoH, 2018; Wilson et al., 2011). As this dissertation is associated with the development of the Māori nursing workforce, the nursing education context for Aotearoa-NZ will be described.

**History of nursing in New Zealand.**

According to Burgess (1984), colonial migration from 1860 brought several nurses to NZ who were trained by the pioneer of modern nursing, Florence Nightingale. By 1883, hospital-based nurse training was formally introduced at Wellington Hospital, followed by Auckland. During this era, matrons and medical doctors educated hospital-based trainee nurses. However, nurse training varied across hospital settings and nursing roles were not clearly defined. Thus, the Nurses Registration Act 1901 was introduced, and NZ was the first country in the world to formalise state registration (Burgess, 1984).

In historical recollections, there are references made to Māori women who assisted nurses attending to Māori patients (Rattray, 1961). Pākehā nurses were sent into Māori communities to educate Māori women in European health practices and nursing care. Then, in 1902, the first Māori workforce development programme was initiated by the government and medical doctors, including Dr Maui Pomare (the first Māori doctor). By 1905, Māori women had the opportunity to undertake full nursing training and work within their own communities. The first qualified Māori nurse, Akenehi Hei of Whakatōhea and Te Whānau-a-Apanui descent, was registered in 1908 (Sargison, 1996).

In 1972, nursing underwent a review of hospital-based training because of increasing hospital demands and the maintenance of quality education standards. This led to a significant shift, from the hospital training model to tertiary education-based training (Burgess, 1984). In 1990, nursing made another historical change to training with the endorsement of a 3-year degree programme in place of the previous nursing diploma (NCNZ, 2013). By 1998, the BN was offered at polytechnics and universities across the country. Today, NCNZ approves the standards and curriculum of Bachelor of Health Sciences: Nursing degree programmes. Within NZ, there are 18 TEPs that deliver the undergraduate degree in a variety of settings such as universities, polytechnics, and wānanga (Tertiary Education Commission [TEC], 2019).

**Contemporary nursing in New Zealand.**

In 2019, Aotearoa-NZ had 54,456 RNs (NCNZ, 2019). Like international nursing workforce trends, nursing is 91% female and 9% male, and an ageing profession; 43% are aged over 50 years (NCNZ, 2019). Overseas trained nurses make up 28.7% of the workforce and Māori have remained static at 7.7% of the total workforce (NCNZ, 2019). The NCNZ reported that in the year 2018–2019, the employment settings with the largest presence of Māori RNs were Māori health service providers, followed by rural, youth health and mental health services.

The NCNZ is the regulatory body responsible for the registration of nurses. The NCNZ's primary function is represented in legislation under the Health Practitioners Competence Assurance Act, 2003 [HPCAA] which provides a framework for the regulation of health practitioners and professional practice (NCNZ, 2007). It is mandatory for nurses to apply every year for an Annual Practising Certificate (APC) that includes declaration of their competence and scope of practice (enrolled nurse, registered nurse, or nurse practitioner). The NCNZ (2007) defines and monitors scope of practice and competency utilising the NCNZ Continuing Competency Framework. This provides a legal license for nurses to practice. A key competency that NZ nurses must demonstrate in clinical practice is cultural safety. Internationally, NZ nurses are recognised for the development of cultural safety.

Dr Irihapeti Ramsden, a pioneering Māori nurse and scholar, led the introduction of cultural safety in both nursing practice and education. Globally, it is acknowledged as fundamental to the provision of nursing care to vulnerable and marginalised populations (Baker, 2009; De Richardson, 2008; Ramsden, 2002). Dr Ramsden's drive to improve the poor health status and growing disparities experienced by Māori in NZ is considered one of the most significant contributions made to the nursing profession (Wepa, 2005). In 1988, Dr Ramsden consulted with Māori, nursing students, and nurse leaders to progress the concept of cultural safety as equally important to nursing as ethical, clinical, and legal safety. Furthermore, Dr Ramsden went on to champion the need for cultural safety to be compulsory in nursing curricula, nursing regulatory requirements, and nursing practice (Ramsden, 2002). Today, cultural safety remains a core competency of nursing practice, with nurses needing to critically reflect on personal values, beliefs, and attitudes, and how these may influence their professional practice (DeSouza, 2008). Wilson (2012) posits that cultural safety provides nurses with a strategy for working with people. However, since the inception of cultural safety, inequities in Māori health status and outcomes have persisted, as have the issues in recruiting and retaining Māori in nursing education (Wilson, 2012).

**History of education in Aotearoa-New Zealand.**

The importance of education as key to Māori nursing workforce development cannot be underestimated. The historical and contemporary context of education within Aotearoa-NZ is presented to support an understanding of why there is persistent underrepresentation of Māori in the health workforce.

It is well documented that the introduction of the colonial education system in Aotearoa-NZ has had an intergenerational impact, with Māori experiencing gross inequity in educational success (Berryman et al., 2012). Following the signing of te Tiriti, mission schools were established for Māori children where Māori language was used as the primary instruction to teach literacy and religion. However, in 1847 the Education Ordinance Act was introduced by Crown representatives enforcing the prohibition of te reo Māori and the adoption of European education standards only (L. Smith, 1998; Williams, 2010). Further insult followed with the passing of the Native Schools Act in 1867. Both primary and secondary school systems for Māori children were focused on manual instruction rather than academic subjects because Māori were deemed to have "low mental abilities" (Berryman et al., 2012; Curtis, 2016b; L. Smith, 1998; Williams, 2010). When a nationwide policy prohibited the use of Māori language in the playground in 1903, corporal punishment was used to enforce this. This helped strengthen the hegemonic effects of colonisation and continued into the 1940s and 1950s (Berryman et al., 2012). Consequently, Māori families discouraged the use or teaching of te reo Māori at home, and the language began to decline. The impact of these actions has had lasting generational effects on Māori which are still felt today.

During the 1920s, Māori leaders such as Sir Apirana Ngata[2] were concerned that the European education and assimilation policies were threatening the Māori culture. As such, Ngata was a driving force in the revival of cultural knowledge in education (Williams, 2010). The Department of Education at this time controlled what cultural arts were included in the school curriculum. By the 1950s and 1960s more Māori were enrolled in state secondary schools and were able to pursue a general education that included academic subjects. In 1960, the Hunn Report was released which was crucial in reporting the "extent of Māori disadvantage on a number of indices" (Bishop & Glynn, 1999, p. 37) such as education, health, employment, and housing. This report rejected the racist ideology that Māori were intellectually inferior, and illustrated that education was vital to Māori advancement (Hunn, 1960). By 1963, the Māori Education Foundation was established following the Currie Commission Report (1962), and Māori language and culture were included in state school curricula

[2] First Māori person to complete a degree at a NZ university

(Berryman et al., 2012; Royal, 2010). By 1969, Māori native schools were closed but underachievement at school meant that access to higher education was out of reach for many Māori.

Influenced by the Civil Rights movement in the USA, Māori became increasingly aware of human rights by the 1970s. This era saw the beginning of a Māori cultural renaissance with Māori communities lobbying for the inclusion of te reo Māori in mainstream education (Williams, 2010). The Kōhanga Reo (language nest) movement of the 1980s was "founded by Māori, for Māori" (Tangaere et al., 2005, p.4) to ensure Māori could immerse children in their language. In 1982, the first Kōhanga Reo opened in Wellington, followed by the first Kura Kaupapa Māori (Māori medium primary school) in 1985. In 1987, the Māori Language Act was passed and te reo Māori became an official language of NZ (Williams, 2010). Further, the Education Act 1989/90, recognised Kura Kaupapa Māori, Wharekura (secondary school) and Wānanga Māori (Kaupapa Māori institution of higher learning) as educational institutions (Royal, 2010). These indigenous institutions have led to transformational change within education and continue to validate and promote Māori knowledge, Māori pedagogies, and the Māori language.

### Tertiary Education Context

The Ministry of Education (MoE) is the central government body that works with the TEC to administer funding for tertiary education and to monitor the performance of TEPs (Tertiary Education Commission [TEC], 2014). The strategic direction for tertiary education is guided by government priorities outlined in the Tertiary Education Strategy [TES] 2014–2019. This overarching strategy also drives the direction for TEC investment alongside the Māori education strategy Ka Hikitia—Accelerating Success 2013–2017 (MoE, 2013). The vision that underpins these frameworks is for TEPs to "improve outcomes for all" by enabling people to gain skills for future employment. Specifically, one of six key priorities in the TES 2014–2019 prioritises action for Māori achievement by stating "Māori students participate and achieve at all levels on par with other students in tertiary education" (p. 13). In addition, the MoE (2013, 2014) and TEC (2012) acknowledge Māori as tangata whenua and their obligations to te Tiriti o Waitangi; to improve Māori achievement, skills, and educational outcomes.

In 2018, data submitted to the TEC by tertiary education organisations reported that Māori participation in all levels of formal tertiary education was 15.1%, of which only 3.7% was representative of Māori enrolled in degree-level study (Education Counts, 2019). Furthermore, only 18.8% of full-time equivalent (FTE) students enrolled in a BN programme were Māori. Women made up 87.7% of all nursing students enrolled in undergraduate nursing programmes, with 42.2% aged 25 years and over (Education Counts, 2019).

Māori educational underachievement across the educational pipeline[3] is widely reported, and persists despite recognition of the need for change. According to Curtis (2016b) several commentators cite socioeconomic indicators as causal factors for Māori underachievement, such as poverty, rather than the "inherent systemic failure of education" (p. 47). In contrast, others identify the lack of culturally appropriate and relevant teaching environments and the crucial need for education providers to enable these (Alton-Lee, 2003; Bishop, 2008; Milne et al., 2016). Additionally, evidenced educational approaches that work well for Māori are positive, non-deficit theorising interactions with students, where culture is valued and relationships are strong (Alton-Lee, 2003; Bishop, 2008; Cram et al., 2014; Curtis, 2016b; Durie, 2003; Milne et al., 2016; TEC, 2012). Therefore, to achieve equity in the health workforce and improve health outcomes for Māori, it is imperative that central government, TEPs, the health sector, and the nursing profession work together to redesign their approach to attracting and retaining Māori in nursing education.

**Te Ōhanga Mataora: Bachelor of Health Sciences Māori Nursing (BHScMN).**

Te Ōhanga Mataora (BHScMN) accredited by the NCNZ and New Zealand Qualifications Authority (NZQA), was officially opened in Auckland in 2009. This programme saw the realisation of a 30-year journey for Te Kaunihera O Nga Nēhi Māori (National Council of Māori Nurses) and is the first and only indigenous nursing qualification in Aotearoa-NZ. However, the first cohort of student nurses that entered the programme in 2009 resulted in just four graduates. Due to complex resourcing constraints, the Auckland-based programme was disestablished and moved regionally to TWWOA in the small coastal town Whakatāne in 2015.

TWWOA was established in 1991 by local iwi Ngāti Awa and is one of only three institutions designated as wānanga under the Education Act 1989 (Edwards, 2013). Central to wānanga is the vision to promote, grow and sustain Māori language, knowledge, and culture with regard to āhuatanga (Māori tradition) according to tikanga Māori (Edwards, 2013). This means that Māori knowledge and practices are key components of all academic programmes, teaching delivery, and student experiences. Taniwha (2014, as cited in Cram et al., 2014) argues "that as indigenous institutions, whare wānanga are places in which Māori ideology and epistemology are viewed as normal and where culturally responsive environments positively enhance the experiences of Māori students who have historically been marginalised" (p. 9). This affirms te Tiriti whereby TWWOA and the Crown have a partnership in

[3] Educational pipeline or pathway extends through five distinct phases: pre-secondary school, secondary school and second chance entry, tertiary education, transition into the workforce, and the workforce phase (Ratima et al., 2007).

the delivery of learning and education programmes that privilege equality of Māori intellectual traditions alongside the knowledge base of others.

Te Ōhanga Mataora, as a dual competency-based nursing undergraduate degree programme, identifies indigenous health as a specialised area of practice. The degree programme offers a transformative and unique approach to nursing education, where mātauranga Māori underpins the qualification, ensuring students have a strong cultural foundation on which to build their academic achievement. Further, the programme aims to prepare nurses to work with Māori communities, within a hauora Māori worldview.

**Bridging foundation programmes.**

TWWOA offers a Level 4 Certificate in Study and Career Preparation programme which aims to prepare students for tertiary study by learning practical study skills such as literacy and academic writing, numeracy and confidence with mathematics, understanding and application of science, and fundamental research skills to support success when entering undergraduate level study (TWWOA, 2020). The certificate also introduces students to te reo Māori and tikanga Māori. The programme was established to support a pathway to enter the undergraduate nursing programme. The course is open entry, 20 weeks duration, full-time with an online component, and is fees free.

On a national scale, other education providers[4] provide Māori-parallel nursing streams within mainstream nursing programmes as an option for Maori students (Liddell et al., 2014; Simon, 2006). First adopted in the early 1990s, these parallel streams offer a *cultural community* and pastoral support as a strategy to improve recruitment, retention, and achievement rates of Māori students (Liddell et al., 2014). However, attrition and non-completion of nursing qualifications continues to be challenging (Wilson et al., 2011). The need to know *how* to raise achievement for Māori learners and improve Māori nursing educational outcomes is critical to increasing the size and capability of the Māori nursing workforce.

## Summary

This chapter has outlined the broad contextual base on which this research is located. It is important to acknowledge the historical context of Māori in Aotearoa-NZ, including the impact of te Tiriti o Waitangi and colonisation on health and education. An overview of the health and education sectors has been described in relation to Māori workforce development and specifically nursing in NZ. In the

[4] Waikato Institute of Technology, Manukau Institute of Technology, Whitireia Polytechnic, Waiariki Polytechnic

following chapter, the available literature reviews the factors that contribute to and challenge academic success for Māori in undergraduate nursing education.

# Chapter 3

# Literature Review

## Introduction

This chapter reviews the current literature to understand the barriers and facilitators of academic success for Māori students in undergraduate nursing programmes. I found no research specific to indigenous nursing programmes underpinned by mātauranga Māori and delivered from within an indigenous-based context (wānanga). I broadened the scope of the search and reviewed literature that included Māori and indigenous minority students[5] in nursing programmes within mainstream universities and community-based programmes[6], both from a national and international perspective. Within the scarcity of literature in the NZ context, I have drawn more widely from peer-reviewed studies that included the barriers and facilitators of academic success for Māori and indigenous minority students in tertiary health programmes. It is acknowledged that internationally, indigenous minority peoples experience similar impacts of colonisation, health disparities, and underrepresentation in the health workforce. It is from these perspectives that I draw on the evidence for my research topic.

## Literature Review Methods Overview

This research aimed to review a broad range of relevant literature to appropriately inform the research topic. Research was included if it met the following criteria: national and international literature specific to Māori and indigenous minority students or graduates of tertiary nursing or health study programmes, including recommendations or strategies that aim to progress Māori student success. Literature was excluded using the following criteria: published before 2000, not in English, not specific to the research aim, not available in full text, and results that suggest deficit theorising of Māori and indigenous minority students.

### Data sources.

Literature were identified via searches within these databases: ERIC, Medline (OvidSP), Pubmed, Index New Zealand (INNZ), Informit, Google Scholar, and grey literature (unpublished documents or relevant reports).

[5] Other indigenous and ethnic minority groups considered within this study are Aboriginal and Torres Strait Islander, Native American, African American, First Nation Aboriginal (Canada), Hispanic.
[6] Community-based programmes refer to educational programmes delivered in indigenous communities.

Key search terms included: *Māori, Indigenous, First Nations, Ethnic, Minority, Underrepresented, Mātauranga, Wānanga, Kaupapa, Health Sciences, Nurs*, Student, Undergraduate, Programme, Bachelor, Success, Academic, Achievement,* and *Retention*.

The Boolean operators *OR* and *AND* were used to narrow the search results. Once a study was identified, the reference lists were also utilised to broaden the search. Nursing and government organisation reports were reviewed, with many focused on Māori and ethnic minority statistical information and recommendations to improve inequities in health and education. Literature searches were frequently repeated between June 2019 and May 2020 to ensure current literature were included.

### Literature Review Findings

Eight studies were found that discussed indigenous minority nursing students learning within an indigenous tertiary or community-based setting (Anonson et al., 2008; Arnault-Pelletier et al., 2006; Goold-Oam & Usher, 2006; Harder, 2014; Mills et al., 2014; Pijl-Zieber & Hagen, 2011; Usher et al., 2005; West, 2012). A paper by Anonson et al. (2008) outlines strategies to support recruitment and retention of First Nations students in Baccalaureate nursing programmes in Canada, while also drawing on the international context. In Canada, the First Nations University of Canada and University of Saskatchewan partnered to create the Nursing Education Program of Saskatchewan (NEPS) in Prince Albert to improve the recruitment and retention of Aboriginal students. Many students who attend the Prince Albert programme move from their Aboriginal communities to study. Similar to Wānanga, NEPS students (Aboriginal and non-Aboriginal) are educated in a First Nations institution where the programme and supports are available within this context and not as separate support initiatives (Anonson et al., 2008; Arnault-Pelletier et al., 2006). In Australia, James Cook University of Nursing Sciences established a community-based satellite campus on the Torres Strait Islands to allow indigenous students to live in their communities while training to be nurses (Goold-Oam & Usher, 2006; Harder, 2014; Mills et al., 2014; Milne et al., 2016; Pijl-Zieber & Hagen, 2011; Usher et al., 2005; West, 2012). However, to date there is little information on these programmes and their effectiveness in achieving their aims (West, 2012). Other national and international studies identified mainstream nursing programmes that have included parallel indigenous streams or targeted support initiatives for indigenous minority students (Curtis et al., 2014; Curtis, Wikaire, Jiang, McMillan, Loto, Airini, & Reid, 2015; Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al., 2015; Curtis, Wikaire, Kool, et al., 2015; Curtis, Wikaire, Stokes, et al., 2012; Foxall, 2013; Loftin et al., 2012; Martin & Kipling, 2006; Mayeda et al., 2014; Pidgeon, 2008; Ratima et al., 2007; Simon, 2006; Stansfield & Browne, 2013; Theodore et al., 2017; Theodore et al., 2016; Tranter et al., 2018, Wikaire, 2015; Wikaire et al., 2017; Williams, 2010, 2011, in press; Wilson et al., 2011).

In NZ, a report by Ngā Manukura o Āpōpō (2014) explores the performance of 16 NZ Nursing Schools in 2011 using a "Responsiveness to Māori Nursing Students Scorecard." The scorecard highlights the need for better monitoring of performance and achievement data of nursing programmes. As such, the report outlines performance indicators for enrolment, successful course completion, student retention and completion data. However, limitations related to the quality and integrity of data are acknowledged. It is not clear if the scorecard has been utilised by nursing schools. In addition, the report summarises the targeted academic and pastoral-support initiatives for Māori students across the 16 nursing schools. For example, some institutions offer Māori equity advisors to support enrolment, orientation, and academic assistance. Other initiatives include the provision of designated culturally safe learning spaces (whānau rooms), additional tutorials, and culturally specific graduation ceremonies (Ngā Manukura o Āpōpō, 2014).

In summary, all studies chosen for review looked at either the perceived barriers to success and/or strategies to support success for indigenous minority students in nursing or tertiary health study programmes. Most studies made recommendations about the inclusion of indigenous content in nursing curricula and the importance of culturally inclusive education models to foster indigenous student success and degree completion.

**Barriers to academic success for Māori and indigenous minority students.**

NZ research provides an increasing knowledge base that identifies barriers that may impact the academic success of Māori students in tertiary health programmes, and some specifically in nursing education (Curtis & Reid, 2013; Curtis et al., 2014; Curtis, Wikaire, Jiang, McMillan, Loto, Airini, & Reid, 2015; Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al., 2015; Curtis, Wikaire, Kool, et al., 2015; Curtis, Wikaire, Lualua-Aati, et al., 2012; Curtis, Wikaire, Stokes, & Reid, 2012; Foxall, 2013; Madjar et al., 2010; Mayeda et al., 2012; Mayeda et al., 2014; Ratima et al., 2007; Theodore et al., 2017; Theodore et al., 2016; Tranter et al., 2018; Wikaire, 2015; Wikaire et al., 2017; Wilson et al., 2011). Similarly, international literature identified barriers that indigenous minority students face in nursing or tertiary health programmes (Anonson et al., 2008; Arnault-Pelletier et al., 2006; Goold-Oam & Usher, 2006; Harding, 2014; Loftin et al., 2012; Martin & Kipling, 2006; Mills et al., 2014; Milne et al., 2016; Naepi et al., 2019; Pidgeon, 2008; Pijl-Zieber & Hagen, 2011; Stansfield & Browne, 2013; Usher et al., 2005; West, 2012). The key themes identified include: barriers at the point of entry, whānau (family) and financial challenges, and cultural responsiveness of tertiary environments.

***Barriers at the point of entry.***

NZ studies have identified that enrolment processes and not being academically prepared for degree-level study are key barriers for Māori students entering tertiary health study (Curtis & Reid, 2013;

Curtis, Wikaire, Jiang, McMillan, Loto, Airini, & Reid, 2015; Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al., 2015; Curtis, Wikaire, Kool, et al., 2015; Foxall, 2013; Ratima et al., 2007, Madjar et al., 2010; Mayeda et al., 2014; Wilson et al., 2011). Ratima et al. (2007) conducted a large national health and disability workforce study to explore the recruitment and retention of Māori into the health workforce, and to identify the barriers and the facilitators to Māori workforce participation. Findings from the combined surveys of 285 Māori undergraduate health sciences students and 449 Māori health workers, plus 40 interviews of other health professionals, described entry criteria into bachelor-level health programmes as a major barrier. Entry into most tertiary health study programmes is limited to students with higher grades in NCEA (National Certificate in Educational Attainment)[7] Level 3 sciences and maths or university entrance[8] (UE) grades. At a systems level, chronic low-achievement rates for Māori secondary school leavers is impacting Māori participation and direct entry into higher education (Ratima et al., 2007). Similarly, Curtis, Wikaire, Stokes, et al. (2012) conducted an international literature review to explore "best" practice recruitment strategies for Māori and underrepresented minority students into health study programmes. Findings also demonstrated academic entry criteria as a barrier related to low secondary school completion rates, and consequently, lower secondary school qualifications, as a global issue. Further, a longitudinal study by Madjar et al. (2010) explores transition experiences of 44 students, inclusive of 17 Māori, from secondary school into their first year of degree study. Findings identified that a lack of career advice and guidance with subject choices at a secondary school level resulted in Māori students not meeting compulsory direct-entry requirements. At a tertiary level, academic performance may be impacted as a result of Māori students being inadequately prepared for the academic requirements of degree-level study. Curtis, Wikaire, Kool, et al. (2015) conducted a quantitative analysis of a Māori and Pacific admission process on first-year health study programmes offered at the University of Auckland. The results found a strong association between secondary school performance and first-year health sciences academic outcomes. For example, Māori and Pacific students who had the prerequisite science subjects (2 or more) at the point of entry into health study programmes were 2.3 times more likely to pass all first-year papers than those who did not. Another study by Theodore et al. (2017)

[7] The NZQA is responsible for the management of the NCEA qualifications framework within most NZ state secondary schools. The focus is on achievement in sequential levels of NCEA Level 1 (Year 11), NCEA Level 2 (Year 12) and Level 3 (Year 13) qualifications in preparation for tertiary study or employment. Students can study a number of subjects and standards are internally and externally assessed to record academic achievement. Each standard is worth a number of credits (1–6) and requires students to achieve a certain number in order to gain an NCEA certificate at each Level 1–3. This includes compulsory literacy and numeracy at all levels. At Year 13, students complete NCEA Level 3 and these results are considered when applying to tertiary institutions.

[8] University Entrance is the minimum requirement for entry into a NZ university, made up of 10 numeracy credits at Level 1 or above, 10 literacy credits at Level 2 or above, and 14 credits each in three Level 3 approved subjects.

undertook a graduate longitudinal study across eight NZ universities to identify barriers and facilitators of success for 626 Māori university graduates across a range of qualifications. Of the total participants surveyed, 10.9% were health sciences graduates. Māori graduates identified being unprepared for university study, lacking study and learning skills, and negative transition experiences from school to university as making qualification completion difficult. Wilson et al.'s (2011) cross-sectional survey of 108 Māori nursing students reports that 60% of the participants believed they were academically prepared when they enrolled in the degree programme. However, 63% required additional academic support to pass assessments and to complete the qualification. Another quantitative study by Wikaire (2015) undertook data analysis of demographic and admission variables on academic outcomes for Māori, Pacific, and non-Māori, non-Pacific students. These students were enrolled in bachelor-level health study programmes at the University of Auckland between 2002 and 2012; of these, 30% were enrolled in nursing. The results found strong statistical significance related to Māori students from low-decile schools[9] (62% of participants) having lower first-year grade-point averages (GPA) than those Māori and non-Māori who attended high-decile schools. In addition, Māori students who attended low-decile schools and had completed a bridging programme[10] achieved lower first-year bachelor GPA results than those Māori students who attended high-decile schools and did not complete bridging programmes. The evidence is clear that Māori students are grossly disadvantaged across the education sector and face multilevel barriers to academic success (Wikaire, 2015).

An integrative review by Loftin et al. (2012) summarises the perceived barriers to success for minority nursing students in the United States of America (USA). Similarly, a key issue identified was a lack of knowledge about the academic requirements needed for admission into nursing programmes, both in high school and in the early transition phase to college. Students perceived the nursing programme to be "much more difficult" than expected to succeed (p. 6). Combined, these studies have described comparable key barriers that Māori and indigenous minority students may experience when transitioning into tertiary health study. These findings support the need for appropriate and early career advice in the education pipeline, and a good understanding of academic requirements and skills needed for higher education. Wikaire (2015) posits that institutions also need to "consider the

[9] School decile is a rating out of 10 representing the proportion of students who live in areas of high deprivation and is calculated using five socioeconomic indicators (household income, occupation, household crowding, educational qualifications, and income support).

[10] The bridging foundation programme is a one-year full-time programme that delivers science, maths and academic skills content in preparation for bachelor-level tertiary health programmes for Māori and Pacific students at the University of Auckland (Curtis & Reid, 2013; Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al., 2015; Wikaire, 2015).

contextual realities of students they serve" (p. 74) and acknowledge the fundamental differences of indigenous minority student cohorts beyond just enrolment numbers.

***Whānau, financial challenges, and location.***

Māori culture is collectivist, meaning there is a strong emphasis on interdependence within communities, and maintaining strong relationships (Durie, 1997). As such, a number of studies identify family and connection to communities as pivotal to the success of Māori and indigenous minority students in tertiary education (Foxall, 2013; Loftin et al., 2012, Martin & Kipling, 2006, Mayeda et al., 2012, 2014, in press; Milne et al., 2016; Ratima et al., 2007; Theodore et al., 2017; Theodore et al., 2016; Williams, 2010, 2011, in press; Wilson et al., 2011). Subsequently, whānau and financial support are also key factors that can hinder participation and qualification completion. National and international research studies identified family commitments, access to family support, and financial hardship as perceived barriers to academic success (Anonson et al., 2008; Curtis, Wikaire, Stokes, et al., 2012; Foxall, 2013; Harder, 2014; Loftin et al., 2012; Martin & Kipling, 2006; Milne et al., 2016; Ratima et al., 2007; Theodore et al., 2017; Theodore et al., 2016; Tranter et al., 2018; Usher et al., 2005; Wikaire, 2015, Williams, 2010, 2011, in press; Wilson et al., 2011).

Williams's (2010) Kaupapa Māori qualitative study explores the experiences of 16 Māori adult students who entered university through special admission criteria and gained an undergraduate degree. The findings provide evidence that whānau was critical to the participation, persistence and eventual success for some students. However, the challenge of balancing whānau obligations and commitments with study was difficult to separate. These findings were reiterated in the Graduate Longitudinal Study New Zealand (GLSNZ; Theodore et al., 2017). This study conducted quantitative analyses of survey data and found that family was the most commonly stated factor that challenged academic performance for Māori students. Family barriers included: parenthood, caring for family and extended members, limited or lack of family support, and balancing family life with work and study (Theodore et al., 2017; Theodore et al., 2016). Similarly, in another study, 75% of Māori nursing students surveyed described balancing whānau commitments and academic requirements as challenging, specifically for those with children (Wilson et al., 2011).

A Canadian study found First Nations Aboriginal nursing students often began study at an older age, with dependents, and left their family and community support systems to attend university (Anonson et al., 2008). Milne et al. (2016) report that relocation for study, and loss of extended family support, created social isolation and feelings of loneliness for indigenous minority students. Other studies indicate that moving away from communities and family support systems made adjusting to university life in an urban setting a challenge both in terms of isolation and financial hardship (Anonson et al.,

2008; Mills et al., 2014; Usher et al., 2005; Wikaire et al., 2017; Williams, 2011; Wilson et al., 2011). Further, these studies suggest that indigenous minority students may lack educational role models within their own communities because they are first in their family to go to university. Theodore et al. (2017) found that approximately half (48.4%) of Māori graduates in the GLSNZ study were the first in their immediate family to attend university. As such, family members may have little understanding of the demands of academic study or be in a position to offer academic help (Anonson et al., 2008; Mayeda et al., 2014; Milne et al., 2016; Theodore et al., 2017; Williams, 2011).

Financial hardship was emphasised as a key barrier for Māori continuing in tertiary study (Curtis, Wikaire, Stokes, 2012; Foxall, 2013; Theodore et al., 2017; Tranter et al., 2018; Wikaire et al., 2017; Williams, 2011; Wilson et al., 2011). In Wilson et al. (2011), 75% of Māori nursing students surveyed found undertaking the degree caused financial hardship, and this remained a constant challenge to manage throughout the degree. Milne et al. (2016) summarise some of the financial demands indigenous minority students reported as impacting their ability to continue in undergraduate study as: travel to family/communities, university costs (fees and textbooks), access to student allowances, access to childcare and costs, and having to work while studying to support family. The financial burden is also described as having a cultural component in that indigenous minority students are more likely to work and study to support their family who live back in home communities (Milne et al., 2016). Together, these researchers concur that family and financial barriers often encompass interrelated factors that contribute to student departure and/or impact academic performance.

***Cultural responsiveness of the tertiary environment.***

One of the challenges Māori and indigenous minority students face when transitioning into mainstream nursing or health study programmes is the lack of cultural relevance in the tertiary environment and curriculum content (Curtis, Wikaire, Kool, et al., 2015; Pidgeon, 2008). Pijl-Zieber and Hagen (2011) describe this as cultural discontinuity, where indigenous students may experience internal conflict related to "foreign" ways of knowing, ways of being, and teaching and learning approaches that do not accommodate cultural diversity. It is considered a major cause of academic failure or withdrawal in Aboriginal nursing schools (Pijl-Zieber & Hagen, 2011).

A strong theme in four NZ studies was the lack of curricular content relevant to indigenous worldviews or realities (Curtis, Wikaire, Kool, et al., 2015; Foxall, 2013; Ratima et al., 2007; Wikaire, 2015; Wilson et al., 2011). Curtis, Wikaire, Kool, et al. (2015) conducted 41 interviews with Māori students across a number of health professional study programmes to explore what helps or hinders Māori student success. This study, along with other research, identifies a lack of cultural support associated with the transition and adaptation phase into tertiary study. Māori and indigenous minority students described

transition experiences related to feelings of social isolation and loneliness; experiencing institutional racism and discrimination in class and clinical practicum; and a lack of indigenous content, knowledge and practices in curricula (Anonson et al., 2008; Curtis, Wikaire, Kool, et al., 2015; Martin & Kipling, 2006; Mills et al., 2014; Milne et al., 2016). Similarly, Loftin et al. (2012) conducted an integrative review of 17 studies that examined barriers to successful nursing programme completion for indigenous minority students in the USA. The findings demonstrate that Hispanic, Native American, and African American students experienced similar barriers when transitioning into higher education, and that insufficient numbers of indigenous minority faculty members and mentors were available to support students. They suggest that tertiary providers need to adopt actions that provide cultural safety and awareness training for all faculty staff, to influence transformational change at an organisational level (Loftin et al., 2012). A paper by Naepi et al. (2019) discusses the institutional challenges that Māori and Pasifika academics face navigating academic career pathways. Data shows that the majority of NZ university[11] academics are non-Māori (and non-Pacific), with underrepresentation of Māori academics increasing at senior levels of the academy. For example, in 2017 there were only two universities in NZ that reported Māori academics at all levels[12] of their institution (Naepi et al., 2019). These inequalities impact Māori students accessing and needing Māori academics who understand Māori ways of knowing. Furthermore, it continues to serve the dominance of Western knowledge systems in higher education by excluding Māori in development opportunities. Another systematic literature review that looked at strategies to promote success and resilience in undergraduate indigenous students concurs that lack of inclusion of indigenous cultural content creates vulnerability for the indigenous student in the learning environment (Milne et al., 2016). These studies argue that nursing education in countries with indigenous populations must act to ensure that programmes are culturally safe and relevant to promote retention, persistence and successful completion (Loftin et al., 2012; Milne et al., 2016). Also, programmes that are built upon diverse knowledge systems are bound to benefit all students.

**Strategies to promote academic success for Māori and indigenous minority students.**

The literature consulted recommends strategies for improving the academic success of Māori and indigenous minority students in undergraduate nursing programmes. More broadly, literature was included that focused on current strategies and initiatives that may facilitate the recruitment and retention of Māori and indigenous minority students in tertiary health programmes.

[11] *NZ university* refers to government-owned universities including: Auckland University of Technology, Lincoln University, Massey University, University of Auckland, University of Canterbury, University of Otago, University of Waikato, and Victoria University of Wellington (Naepi et al., 2019).

[12] Post-doctoral, lecturer/tutor, senior lecturer, associate professor, head of department, professor, dean.

***Strategies to improve recruitment.***

Strategies to overcome the recruitment barriers that hinder or prevent Māori and indigenous minority students participating in health professional studies are identified in the NZ and international literature (Anonson et al., 2008; Curtis, Wikaire, Jiang, McMillan, Loto, Airini, & Reid, 2015; Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al., 2015; Curtis, Wikaire, Kool, et al., 2015; Curtis, Wikaire, Stokes, et al., 2012; Foxall, 2013; Loftin et al., 2012; Mills et al., 2014; Milne et al., 2014; Theodore et al., 2016; Tranter et al., 2018; Wilson et al., 2011). A study by Curtis and Wikaire (2012) highlights the need for Māori secondary school students to receive early academic guidance with subject choices (sciences and maths) that will facilitate their academic preparation and acceptance into tertiary health programmes. Further, Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al. (2015) posit that Māori students and their families are not to blame for inherent inequities in secondary education. Instead, researchers recommend the need for parents and families to be better supported with navigating NCEA subject choices, health career advice, and tertiary enrolment processes; to ensure Māori and indigenous minority students are "tertiary-ready"(Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al., 2015; Theodore et al., 2016; Wikaire, 2015; Wilson et al., 2011). Equally, TEPs have a key role to play in the preparation of future students. Ratima et al. (2007) identify the need for an integrated pipeline model that extends across secondary and tertiary education sectors so that Māori students are exposed to health careers at school and appropriately prepared to transition into higher education. International evidence also supports the need for an effective pipeline approach to improve academic success and academic access for indigenous minority students (Anonson et al., 2008; Loftin et al., 2012). However, Naepi et al. (2019) critique the use of the pipeline metaphor as "essentially pākaru" (broken; p. 142) because Māori and indigenous minority peoples suffer disparities in all pathways and practices across the education sector despite the policies and financial commitment of the government. They challenge a shift from the "linear progression" demonstrated in the education pipeline model to using a "navigational metaphor" that facilitates multiple pathways and recognises systemic issues, to evoke structural change (Naepi et al., 2019, p. 153).

Bridging foundation programmes are a strategy utilised in NZ and internationally to increase access to tertiary health study for Māori and indigenous minority students. Evidence suggests that there is a strong correlation between these preparatory programmes and positive academic outcomes (Anonson et al., 2008; Curtis, Wikaire, Jiang, McMillan, Loto, Airini, Reid, 2015 ; Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al., 2015; Curtis, Wikaire, Kool, et al., 2015; Goold-Oam & Usher, 2006; Pijl-Zieber & Hagen, 2011; West, 2012; Wikaire, 2015). Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al.'s (2015) study across 2008–2012 investigates an equity-targeted admission process for Māori and Pacific first-year health study students. The findings from a quantitative analysis of 918 Māori and

Pacific students, who applied for bachelor-level health programmes via the Māori and Pacific Admission Scheme (MAPAS), found that almost half of the applicants did not meet direct-entry level criteria. To ensure equitable access to and improve academic performance in first-year bachelor-level courses, these students were recommended the foundation programme (Certificate in Health Sciences) as a bridge into health degree programmes (Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al., 2015). Comparably, the First Nations University in Canada recognises that that overall high school achievement rates for First Nations students is a barrier to participation in higher education (Anonson et al., 2008). Approximately 83% of students enrolled in NEPS are Aboriginal. To enhance Aboriginal (and non-Aboriginal) student success in entering the nursing degree, a 10-month preparatory programme (pre-professional year) is offered to improve academic performance in science and academic skills (Anonson et al., 2008). These programmes also offer smaller class sizes to provide intensive support and foster learning communities. In summary, bridging foundation programmes offer a valuable pathway into degree-level study for Māori and indigenous minority students who do not meet entry criteria. However, Wikaire (2015) states "bridging programmes may help to address, but cannot 'immunise' Māori from impacts of academic and transitioning gaps prior to admission" (p. 78).

***Strategies to improve retention.***

It is recognised that creating and sustaining a linguistically and culturally diverse workforce would assist in the provision of culturally appropriate health care and address disparities that exist amongst indigenous minority populations (Pidgeon, 2008; Ratima et al., 2007; Wilson et al., 2011). This requires a focus on retention of Māori and indigenous minority nursing students and a deeper inquiry into the inclusion of indigenous knowledge in nursing education programmes (Anonson et al., 2008; Curtis, Wikaire, Jiang, McMillan, Loto, Airini, Reid, 2015; Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al., 2015; Curtis et al., 2014; Curtis, Wikaire, Kool, et al., 2015; Foxall, 2013; Goold-Oam & Usher, 2006; Liddell et al., 2014; Loftin et al., 2012; Martin & Kipling, 2006; Milne et al., 2016; Pijl-Zieber & Hagen, 2011; Stansfield & Browne, 2013; Tranter et al., 2018; Usher, et al., 2005; Wilson et al., 2011).

A qualitative study by Simon (2006) looks at what constitutes Maori nursing practice by interviewing nursing graduates of the Tehei Mauri Ora (TMO) parallel Māori nursing stream within a mainstream tertiary context. Findings suggest that cultural affirmation, identity, and having strong cultural awareness and understanding of Māori ways of being was an advantage in clinical practice. Equally, participants described their experiences in the TMO programme as contributing to their success because the educational environment was inclusive of adaptive teaching methods, created a culturally safe environment, and provided pastoral support in "Māori ways" (Simon, 2006, p. 210). Other researchers place emphasis on integrating Māori pedagogy to underpin the teaching and learning

strategies of health- and nursing-related knowledge from a Māori world view (Foxall, 2013; Liddell et al., 2014; Wilson et al, 2011). As such, an institutional culture that supports the integration of diverse cultural capital is more likely to retain students when their culture of origin is welcomed and acknowledged (Pidgeon, 2008).

Furthermore, studies suggest that inclusion of indigenous knowledge and worldviews in the delivery of health curricula and opportunities for all students to gain clinical practice experiences within Māori and indigenous minority communities, may contribute towards creating a culturally safe and competent workforce (Curtis et al., 2014; Curtis, Wikaire, Stokes, et al., 2012; Foxall, 2013; Pidgeon, 2008; Wilson et al., 2011). This discourse is strengthened in a number of the international studies which note that improving indigenous and cultural relevance of nursing education is critical to retention of indigenous minority students (Anonson et al., 2008; Arnault-Pelletier et al., 2006; Goold-Oam & Usher, 2006; Martin & Kipling, 2006; Mills et al., 2014; Pijl-Zieber & Hagen, 2011; Stansfield & Browne, 2013; Tranter et al., 2011; Usher et al., 2005). In addition, these authors collectively argue that inclusion of indigenous epistemological knowledge systems in education needs to occur so that institutional change ensues. Curtis et al. (2014) posit that "creating safe havens for Māori students within the Faculty is not enough; the Faculty *itself* must become safe for Māori students" (p. 156).

Wilson et al. (2011) maintain that strength in one's own identity is essential while "undergoing a process of acculturation" (p. 71) where the student adapts to their new nursing culture alongside their cultural reality. As such, in Māori culture, whānau is a major support system for Māori students (Foxall, 2013; Ratima et al., 2007; Simon, 2006; Wikaire, 2015; Williams, 2010, 2011, in press; Wilson et al., 2011). Williams's (2010) qualitative study of Māori adult students found that the significance of whānau was a major contributing factor towards completion of studies. She argues that as a collectivist culture, motivation for Māori students to achieve is seen to benefit the wider whānau, to "empower the people" (p. 65), and has the potential to encourage others in the community to participate in higher education. This supports Pidgeon's (2008) research on indigenous theories of success in higher education. She postulates that cultural integrity is maintained if an educational institution adopts a holistic view where strong whānau connectedness is integral to supporting indigenous educational success. Comparably, Mills et al.'s (2014) action research study of Aboriginal and Torres Strait Island nursing students found that using mentoring circles created safety and a strong group identity. Curtis, Wikaire, Kool, et al.'s (2015) qualitative study that investigates what helps and hinders indigenous student success in tertiary health study describes "Māori student whanaungatanga" (p. 496) as key to enhancing student outcomes. This is where programme providers create opportunities for support networks in and outside of the classroom, so that Māori students can benefit from positive academic and pastoral opportunities that foster a whānau atmosphere.

Moreover, establishing positive reciprocal student–teacher relationships was viewed as crucial to success for indigenous minority students (Anonson et al., 2008; Curtis, Wikaire, Kool, et al., 2015; Madjar et al., 2010; Williams, 2011; Wilson et al., 2011).

Evidence of adapting the learning environment to optimise teaching and learning outcomes for indigenous minority students is highlighted in the literature. Pijl-Zieber and Hagen's (2011) study looks at teaching models that are culturally relevant in nursing education for Aboriginal students. They found that adaptive teaching approaches to accommodate different learning styles such as observational, social learning in group work, visual media and hands-on concrete experiences, improved academic performance. Also, in different Aboriginal communities learning is a communal social activity where importance is placed more on group participation than individual. Thus, Pijl-Zieber and Hagen (2011) state "a better cultural fit occurs" (p. 598) when learning accommodates cultural preferences. Similarly, Stansfield and Browne (2013) discuss the use of storytelling, mentoring circles, and reflective exercises as being effective for promoting the teaching of science modules amongst indigenous students. In NZ studies, whānau groups, whanaungatanga, group work, and access to indigenous role models and teaching staff were reported as making a difference to the experiences of Māori students (Curtis, Wikaire, Kool, et al., 2015; Foxall, 2013, Mayeda et al., 2014; Williams, 2011; Wilson et al., 2011). Theodore et al. (2016) highlight the need for innovative teaching delivery methods to support Māori students with balancing study commitments and family life, particularly those that are parents. For example, digital online teaching, group-based learning, evening or weekend classes, and mātauranga Māori learning (marae based). In a Canadian study, elders act as bearers of traditional knowledge and visit classrooms to share Aboriginal concepts of health and education. They are also a source of support and wellbeing for students who have relocated from indigenous communities to study (Anonson et al., 2008). In summary, strategies that are predictors of success for Māori and indigenous minority students require TEPs to build stronger relationships with indigenous communities to prepare and provide education that is inclusive of indigenous knowledge, culture, and understanding. Furthermore, to improve retention and grow a diverse workforce, tertiary institutions must adapt to ensure that the cultural integrity of indigenous minority students is maintained and nurtured.

## Summary

This chapter has reviewed both national and international literature that informs an understanding of the broad range of factors, barriers, and strategies that may influence the academic success of Māori and indigenous minority undergraduate nursing and other tertiary health study students. However, no literature was found that was specific to undergraduate nursing programmes underpinned by

mātauranga Māori and delivered within a whare wānanga. This supports a clear need to carry out research that explores the experiences, insights, and perspectives of Māori nursing students learning within an indigenous-based context, and investigates the factors that support and challenge their journey to completion. The following chapter will describe the methodology and methods utilised for this research.

# Chapter 4

# Methodology and Methods

## Introduction

This chapter provides an overview of KMR methodology and outlines the main research methods that were used in this study. The origins of Kaupapa Māori theory and research will be discussed, focusing on key principles of this framework in relation to their importance in the study. Methods used to undertake the research are described, including data collection and analysis, and processes followed to ensure methodological rigour.

## Kaupapa Māori Theoretical Perspective

"Paradigms and perspectives are fundamentally important for researchers to consider when conducting research, as they guide decisions and actions and provide the appropriate analytical and interpretative frameworks" (Denzin et al., 2008 cited in Hapeta et al., 2019, p. 212). Kaupapa Māori is literally a Māori way (Cram, 2017). It is a response to the colonisation in Aotearoa-NZ that has seen Māori marginalised and oppressed as evidenced by widespread health, education, socioeconomic, and other Māori–non-Māori disparities (Cram, 2017; Curtis, 2016b).

Kaupapa Māori is a term that is recognised as an indigenous movement in NZ that was epitomised in community-based developments before it became a research perspective applied both on a national level and internationally (L. Smith, 1999). Most significantly, it was the political and historical development of educational initiatives such as Te Kōhanga Reo and whare wānanga; driven by Māori to gain fundamental indigenous rights to the revival, maintenance, and development of te reo and tikanga Māori, for Māori (Pihama, 2010; G. H. Smith, 1997). Today, this movement continues to challenge the institutional racism that underpins the marginalisation of Māori knowledge across a range of sectors (Pihama, 2001; L. Smith, 1999). KMR promotes a structural analysis of Māori disparities that moves the discourse away from victim blaming and personal deficits to more fully understanding people's lives and the systemic determinants. A Kaupapa Māori inquiry paradigm "provides a theoretical process that ensures those struggles are a conscious part of our analysis" (Pihama, 2010, p. 12). G. H. Smith (1997) further asserts that Kaupapa Māori theory has transformative potential as an indigenous theory of change. He aligns Kaupapa Māori theory to include critical analysis of Western theories of superior knowledge, privilege, and power, and the impact of racism and colonisation on Māori (Curtis, 2016a; Hapeta et al., 2019). As such, KMR was developed in response to te Tiriti o Waitangi and the rights of Māori as the indigenous people of Aotearoa-NZ.

Kaupapa Māori methodology validates and affirms Māori worldviews, knowledge, and ways of knowing and doing (L. Smith, 1999). According to Chilisa (2012), contributing to indigenous research knowledge and applying indigenous theoretical frameworks supports, endorses and grows an evidence base that is reflexive to indigenous contexts. It is important to state that Kaupapa Māori theory is organic, meaning that it does not have a set recipe. Rather, it is influenced by knowledge that is acquired through whānau, hapū and iwi experiences, values, beliefs, and understandings that have been handed down through generations by our tūpuna (ancestors).

## Methodology

KMR methodology seeks to analyse and understand research findings from the perspective of Māori, from a Māori frame of reference (Pihama, 2001; L. Smith, 1999). Māori student experiences in higher education can differ from non-Māori because of cultural worldviews, assumptions, values and/or beliefs; therefore, affirmation of "being Māori" and ensuring cultural integrity of the study is central to Kaupapa Māori theoretical foundations. Kaupapa Māori places emphasis on te reo me ōna tikanga Māori for understanding and guiding the research process. This approach acknowledges that researchers must act in culturally appropriate and safe ways when working in a Māori context, hence placing Māori at the centre of the research (Cram, 2013).

As a researcher, my theoretical positioning is located within a Kaupapa Māori paradigm that acknowledges Kaupapa Māori principles and essential elements such as: tino rangatiratanga (self-determination), ako Māori (culturally preferred pedagogy); whanaungatanga (relationships), te Tiriti o Waitangi, Kaupapa (collective philosophy), te reo me ōna tikanga Māori, taonga tuku iho (cultural aspirations) and whakapapa (relational framework—te ao Māori; G. H. Smith, 1997; L. Smith, 1999; Wikaire, 2015). Furthermore, Kaupapa Māori methodology prioritises both the professional development of the researcher and, most importantly, the benefit of the research to iwi Māori. As such, "ako" represents the principle of a reciprocal relationship between the researcher and the "researched" by valuing the contribution, partnership, and decision-making role of the research participants (Pihama, 2001; L. Smith, 1999). Locating the research within TWWOA, which delivers the nursing programme, allowed the researcher to understand the context-specific experiences of students and to facilitate analysis and interpretation of the research findings embodied by Kaupapa Māori values. The research also operated in alignment with TWWOA research protocols and processes as an appropriate KMR framework.

In addition, supervision of the researcher (master's student) was provided by two Māori academics, Dr Terryann Clark and Dr Deborah Rowe, who are leaders in academic nursing environments and have expertise in qualitative and quantitative KMR.

As such, the following Kaupapa Māori axiology articulated by Te Awekotuku (1991) guided the research methodology:

*Aroha ki te tangata—respect for the people.* Participants' knowledge and time is protected. The researcher as kaitiaki (protector) securely stores the participants' information and always maintains participant confidentiality and anonymity.

*Kanohi kitea—the seen face*. The researcher meets face to face with participants, on their terms. Participants are offered their transcripts to review to ensure they are accurate and maintain transparency and engagement in the process.

*Titiro whakarongo kōrero—look and listen, speak later.* Patience, humility, and keen observation guide the researcher as a learner in a privileged situation. This acknowledges the value of taonga tuku iho, passing of knowledge from the research participants to the researcher (Hawkins, 2017).

*Manaaki ki te tangata—the comfort and wellbeing of participants is paramount*. The sharing of kai and an offering of a small koha acknowledges participants' time and knowledge.

*Kia tūpato—exercise caution.* The greatest care is taken to protect participant confidentiality and anonymity. The research findings are described and disseminated in a way that protects the individual and accurately represents the issues identified.

*Kaua e takahia te mana o te tangata—protect the mana of the person*. Participants are fully informed of and involved throughout the research project and the future dissemination of findings. The researcher is mindful that participation can have a lasting impact on individuals and communities.

*Kaua e māhaki—do not flaunt your knowledge, be humble and generous.* The researcher is consciously aware of the dynamics of power, politics, and ethics, and the impact that these have on research. The researcher will ensure the co-construction and collective ownership of the research journey and that the findings are used to strengthen Māori.

## Researcher Positioning

This dissertation is written from a research position of who I am and how my worldview has influenced my nursing practice. I am a Māori woman who identifies as Whakatōhea, and particularly with the hapū Ngāti Ira. I am the daughter of a Māori mother and Pākehā father. My father is one of six children born and raised in Invercargill, Southland. My mother was one of six born and raised in a small rural town, Ōpōtiki, in the Eastern Bay of Plenty. I was also raised in Ōpōtiki alongside my maternal Māori grandmother and Scottish grandfather, both of whom were fluent speakers of te reo Māori and avid followers of the Ringatū faith (Māori Christian faith). My Pāpā was a Ringatū minister and learnt reo

Māori and whakapapa alongside my grandmother and wider whānau and hapū. Although he was Pākehā, he was accepted by our hapū, standing to speak on the paepae (orator's bench at marae). However, my mother was not taught to speak te reo Māori at home or at school because of the experiences my Nanny had growing up, having been punished at school for speaking her native tongue. For my mother's generation, Māori students did not have the option of learning te reo Māori at school and were offered French instead. Kura Kaupapa Māori students from surrounding rural areas who attended the local state secondary school, were offered te reo Māori by correspondence, further marginalising and oppressing the language.

During my early childhood, I was immersed in my wider extended whānau, living within our ancestral lands. I regard myself as fortunate because my mother made sure that my siblings and I knew our tūrangawaewae despite moving away to further her education and work opportunities as a solo mother. We visited Ōpōtiki regularly and eventually my mother returned home to work amongst the iwi some 17 years later. My understanding of whānau was shaped through learning our whakapapa and knowing where we are from. Equally, I come from a family of nurses and teachers whose role modelling influenced my career choice and the drive towards a collective responsibility; to serve whānau, hapū and iwi. I have spent the last 20 years working as a nurse, with roles that have been focused on Māori health, Māori workforce development and education. My professional experiences as a Māori nurse, and personal journey with my own cultural identity, have enabled me to understand the perspectives of the student-nurse participants in this study. I found myself being an "insider" in the context of the study. I belonged to the community being researched through both my whakapapa to the rohē (region), acknowledgement of my mother's work, and through established relationships when guest lecturing at TWWOA. This insider position was strengthened by the fact that I identify as a Māori RN. My insider status was in many ways beneficial because I could connect with the participants' stories and was familiar with culture and customs; when Māori terms were used, and Māori values referred to, I had a good understanding of what the participants were talking about. L. Smith (1999) states that insider research needs to be "ethical and respectful, reflexive, critical….and humble" (p. 139). My dual role as both researcher and community member required me to be cognisant of my role, status, and position, making sure I adhered to ethical considerations.

## Methods

### Research aims and Objectives

This study aimed to explore how privileging mātauranga Māori and strengthening cultural identity in a wānanga undergraduate nursing programme contributes to the educational outcomes of Māori

students. The research objectives of the study were to generate insight into factors that support Māori student engagement, retention and success in nursing education.

**The research question.**

How does interweaving mātauranga Māori in Te Ōhanga Mataora: BHScMN influence student educational experiences and outcomes?

**Research objectives.**

This study explores the experiences of Māori students enrolled in the BHScMN programme to provide their perspectives and insights into learning in a wānanga, where cultural identity and mātauranga Māori are core elements of the curriculum. Thus, the objectives for this study included:

1. To explore how students experience the interweaving of mātauranga Māori throughout the degree programme to influence engagement, retention and completion outcomes.
2. To explore factors students feel assist them to be successful in the programme, and what factors are challenging and threaten their success.
3. To understand what influences Māori nursing students' confidence and competence to make a difference in Māori health.

**Selecting the research approach.**

As the aim of this research is to explore the experiences, perspectives and insights of Māori student nurses, a qualitative approach provided the best method to examine the phenomena. Denzin and Lincoln (2011) describe qualitative inquiry as being concerned with meaning and the way in which people make sense of their lives. Therefore, a qualitative inquiry enables rich descriptions of participants' experiences, insights, knowledge, and perceptions. Burns (2000) posits that "qualitative researchers are not concerned with objective truth, but rather truth as the source perceives it" (p. 388). Thus, qualitative data is understood through the participants' own frame of reference. It is through this important process that the participant information and data is illustrated and validated in the research findings.

L. Smith (2005) describes qualitative inquiry from a strengths-based approach, especially when it comes to indigenous communities and issues of representation:

> Qualitative research is an important tool for indigenous communities because it is a tool that seems most able to wage the battle of representation; to weave and unravel competing storylines, to situate, place and contextualise; to create spaces for decolonizing; to provide frameworks for hearing silence and listening to the voices of the silenced; to create dialogue

> across differences; to analyse and make sense of complex and shifting experiences, identities and realities; and to understand little and big changes that affect our lives. (p. 103)

Undertaking this qualitative research is intended to support better health outcomes for Māori by ensuring we have a strong Māori workforce that is reflective of Māori needs. Consistent with the principles of te Tiriti O Waitangi, this research project is responsive to the needs of Māori by ensuring that participation, protection and partnership in the research is nurtured so that Māori participants define indigenous knowledge and worldviews in their own way. This research recognises that health is a taonga and acts to protect it by ensuring that Māori can participate in the research; to directly benefit TWWOA, Te Ōhanga Mataora and the local community; and to support indigenous health science education; and improve Māori health service delivery. Furthermore, the researcher (master's student) and research supervisors ensured that the Kaupapa Māori methodology for data collection, analysis, and dissemination of findings is optimised and underpinned by tino rangatiratanga.

## Ethical Approval and Considerations

Ethical approval was sought from the University of Auckland Human Participants Ethics Committee (UAHPEC) and conditionally approved 29th July 2019, reference approval 023414 (Appendix A). Further clarification was required pertaining to editing and modifying the participant information sheet (PIS; Appendix B) to be no more than two pages; and editing the transcript option in the informed consent form (Appendix C). These factors were addressed, and approval was granted 5 August 2019.

## Recruitment Strategy

Consent was gained from TWWOA Executive Director of Research and Innovation Professor Te Kani Kingi in consultation with the School of Nursing faculty (Appendix D). Further evidence of UAHPEC ethics approval for this research was required, as well as evidence of the approved PIS (Appendix B) and informed consent form (Appendix C). The recruitment of participants was initially conducted using the wānanga intranet (Piki Mai Rā e Wānanga) and support of administration services.

## Purposive Sampling and Participant Selection

The selection criteria for inclusion in the study included: undergraduate student nurses, self-identified as Māori with affiliation to iwi/hapū; enrolled full-time in the BHScMN programme; and consented to a one-to-one interview.

A purposive sample method was used to allow for a diverse distribution of participants to be included in the study. Patton (2002) describes purposive sampling as a useful way to foster data that is rich, descriptive, and insightful. In qualitative studies, the purpose is to explore meanings and phenomena;

an adequate sample size in these studies is one that is large enough to accomplish this goal (Fain, 2004). Therefore, participant interviews continued until data saturation was reached, no new information or themes were identified, and concepts were well developed. According to Fain (2004), saturation refers to participants' descriptions becoming repetitive, with no new or different ideas or interpretations emerging.

An email invitation to an initial consultation hui (meeting) was sent via a wānanga administrator to all students enrolled in Te Ōhanga Mataora: BHScMN (Appendix E). The hui, located at TWWOA was to seek support for the research and to invite voluntary participation. At no time were participants directly approached to participate in the research project. Rather, written PISs with researcher contact details (email and phone number) and whakapapa were provided.

Originally, 18 participants agreed to participate in the research; however, one participant had withdrawn from the degree programme and no longer met inclusion criteria. One participant requested to be interviewed having completed the bachelor's degree in 2018 and was included. A group of five Year 1 students emailed the researcher to signal their interest to participate but had difficulty committing time to one-to-one interviews, related to competing study priorities. These students collectively expressed a strong desire for a group interview. I discussed this with my supervisors who advised that their inclusion was important so as not to place limitations on the findings and to give them an opportunity to have a voice. However, upon commencement of the group interview, three students stated on their personal details form that they were not of Māori ethnicity. Although their intention to participate was admirable and from a place of support for privileging Māori knowledge, KMR methodology has evolved as a direct response to concerns over culturally inappropriate research practices and processes (Bishop, 2005; L. Smith, 1999). KMR, as a "theory of research methodology," is a process that sets out to represent Māori and give them voice and meaning, as defined and determined by Māori, as the "expert" (L. Smith, 2005, p. 90). After discussion with my supervisors, it was agreed that the group interview of five students would be excluded from the study. To protect the trustworthiness, value, and validity of the data, it was too difficult to determine the impact that non-Māori participation may have had in this group interview. Twelve participants were included in the final study, all of whom were Māori and female.

### Informed Consent, Anonymity, and Confidentiality

The research was located at TWWOA, Whakatāne, Bay of Plenty region, which has a population of approximately 35,700 (Statistics NZ, 2019). The School of Nursing is very small and therefore protecting the participants' identity was paramount. All information about the research process was provided to the participants in person and made available in the PIS and consent form. Participants

were informed and reminded that their participation was voluntary, and that they could withdraw at any time from the study without penalty. Consent forms provided an explanation of the research and procedures to be used, a description of risks and benefits to the participants, permission to tape and record interviews, and an explanation of how the researcher would ensure their confidentiality and anonymity. Informed consent forms were signed by individual participants before any interviews commenced. To maintain participant anonymity, the participants were known only to the researcher throughout the research process and each was given a pseudonym. Confidentiality was also maintained and guaranteed throughout the research process by storing all written information including consent forms, interview notes, and printed transcripts in a locked filing cabinet and all digital files in password-protected files. Access to the transcripts was limited to the researcher and supervisors. Pseudonyms were always used in discussion with supervisors, and precautions taken to ensure that participants would not be identifiable in the reporting of the research findings.

### Interview Guide and Process

An interview guide is a list of topics or open-ended questions used by a researcher to elicit meaningful data (Fain, 2004). The questions for the interview guide were developed after reviewing questions used in relevant research literature and in consultation with the expertise of both supervisors. Prior to ethics submission, the interview questions were piloted on a range of volunteers including staff at TWWOA. Verbal and written feedback was provided by the volunteers and adjustments were made to the interview guide (see Appendix F). Piloting an interview guide is an opportunity to identify the effectiveness of questions being asked and to identify weaknesses or limitations (Fain, 2004).

### Data Collection

Individual kanohi ki te kanohi (face-to-face) semi-structured interviews were employed to collect data. The concept of kanohi ki te kanohi is a Māori practice which recognises the importance of physical presence to strengthen relationships. Participants were invited to have a support person during the interview if they chose to do so; however, each participant declined. Karakia (prayer) was performed by the researcher to commence and close each interview. Barlow (2005) posits that following tikanga ensures the integrity of our actions and consistency of strengthening Māori values and beliefs. Karakia allows for a sense of calm and recognises the presence of wairua (spirit) within the interview process.

The participants completed a demographic information form before the interview commenced that included age, iwi/hapū affiliation, and previous education and/or qualifications (Appendix G). Each of the interviews was recorded using a digital voice recorder and took place in a private room at TWWOA, as nominated by all participants. The interview guide allowed some structure for each interview; however, there was also flexibility dependent on the answers given by the participants. The advantage

of semi-structured interviewing is that the researcher can probe and further explore in a way that can give greater insight into phenomena being discussed (Fain, 2004). Interview duration ranged from 45 to 120 minutes. Notes were also taken during the interview to capture aspects that the audio-recording may not indicate such as body language and emotion. At the conclusion of each interview, karakia was given to settle the wairua or whakawātea and release the participant and researcher from the stories or any issues discussed during the interview (Barlow, 2005). Kai (food)was provided as an extension of manaakitanga (process of showing respect and care) for participants' time. Kai also symbolises the freeing of tapu (sacred spiritual restrictions); to share sustenance, enjoyment and companionship (Barlow, 2005).

The interviewing process took place over a 2-month period from September 2019 to November 2019. Once all interviews were completed, the digital files were transcribed by a third-party service, who signed a confidentiality agreement (Appendix H). None of the participants were known to the transcriber and names were omitted from the interviews to maintain confidentiality. Participants were offered the opportunity to have their transcripts returned to them for comment and review, of which two accepted; no changes were made.

### Thematic Data Analysis

Guided by Kaupapa Māori values and principles, a qualitative analytic method described by Braun and Clarke (2006) was used to guide the data analysis process. Thematic analysis requires the researcher to follow a step-by-step process to search for common themes or patterns in the data set. The first step requires initial transcription of the data, and repetitive reading of the transcribed verbatim. This important step allows the researcher to become familiar and immersed within the data. During this step, the transcripts were also checked against the audio recordings and my notes to ensure accuracy. Following the familiarisation with the data, I began to critically analyse the data by reading the transcripts again and making notes, generating initial codes and grouping patterns. I organised these groups by drawing a mind-map to identify common codes and explore any variations. To ensure that the dominant themes inferred accurately represented the views of the participants, I discussed data extracts, themes and subthemes with both supervisors (Braun & Clarke, 2006). According to Fain (2004), mentorship and guidance of the novice researcher is essential. Finally, the themes were reviewed thoroughly to ensure they were concise, accurate, and reflective of the data.

### Reflexivity

Maintaining a reflexive journal and having the guidance of strong Māori nursing and academic supervision throughout the research process ensured any biases or issues were addressed through discussion of assumptions, perceptions, thoughts, and feelings both personally and on a professional

level. Supervision took place initially once a month and moved to fortnightly as the research progressed. This was particularly useful to unpack and acknowledge the researcher's position in relation to the interview findings, analysis, and outcomes. Continuous self-appraisal and reflection also upholds the credibility and rigour of the research (Fain, 2004).

### Te Tiriti O Waitangi

The research design and objectives are consistent with te Tiriti O Waitangi principles, which are centred on protecting Māori interests, and ensure partnership and participation of tangata whenua throughout the research process. This was supported through the guidance of Māori nursing and academic supervision, peer-reviewed Māori research literature, and ongoing consultation with Māori academics at TWWOA and kaumātua (elders). These findings will benefit Māori communities and contribute to increasing the Māori nursing workforce and health equity for Māori communities.

### Limitations of the Research

KMR is at risk of interpretation that generalises or oversimplifies Māori realities because it may differ from individual to whānau to hapū and iwi (Denzin & Lincoln, 2011; Hawkins, 2017). It is also important to acknowledge that participant knowledge or familiarity with mātauranga Māori cannot be assumed. For example, some Māori participants may feel marginalised or disempowered if they do not speak te reo Māori or if they are not confident with their knowledge of cultural traditions or practices. Not all Māori consider themselves culturally confident or connected in their whakapapa relationships. To assume that all Māori are linguistically and culturally able is to ignore the past and the ongoing effects of colonisation that have fragmentated our cultural identity. Moreover, Lee (2010) posits that Māori are not a homogenous, standardised group of people; rather, Māori, like other indigenous or ethnic minority groups, may range from those who have strong, secure cultural identities, to those who are perhaps less secure and/or culturally uninformed. However, utilising a KMR approach created a safe space for the researcher and participants to explore their own cultural aims and desires in a way that strengthens Māori.

### Trustworthiness and Rigour

Lincoln and Guba's (1985, cited in Thomas, 2006) notion of "trustworthiness" is frequently used for judging the rigour of qualitative studies. Four criteria can be considered when assessing trustworthiness of a project: credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985, cited in Thomas, 2006). Credibility concerns the degree to which the qualitative research is credible from the perspective of the participants; thus their responses lay the foundations of validity. Transferability concerns the extent to which findings can be generalised or transferred to other contexts or settings. Dependability involves showing that the findings are consistent and could be

repeated. Confirmability concerns the degree of neutrality or the extent to which the findings of a study are shaped by the responses and not researcher bias or interest (Lincoln & Guba, 1985, cited in Thomas, 2006). There is debate over the value of these measures for qualitative research design, as such generalisability is not an aim of this research. As such, I employed techniques to enhance the trustworthiness of this study. As previously stated, in designing the study I drew on relevant research literature to contextualise the participants' stories and sought feedback from my supervisors. TWWOA academic faculty and kaumātua provided support, feedback and expertise throughout the research process. I shared the main findings with participants and they offered feedback to ensure that the data was interpreted in a manner that was consistent with their experiences. I have included participant verbatim responses to support and enhance their descriptions. My own self-reflections as researcher during each phase of the research process assisted with identifying my own biases and assumptions, and tracking the decisions made.

## Chapter Summary

This chapter has outlined how the research has a theoretical base within Kaupapa Māori theory which underpins the KMR methodology and methods used in this study. A qualitative inquiry was used to answer the research question, and informed by the rich descriptions of Māori student nurses' experiences. Details of the research process have been discussed, including limitations. The findings are presented in Chapter 5.

# Chapter 5

# Findings

## Introduction

This chapter presents the themes identified in this study. It features the participants' voices and explores Māori students' experiences while studying towards a health sciences degree in nursing. The excerpts presented in this chapter are examples of participants' experiences, insights and perspectives as nursing students learning within a wānanga. They identify the difference in approach where mātauranga Māori is privileged in the nursing curriculum and how this impacts their journey through the undergraduate degree programme. Participants have been given pseudonyms to protect their identity.

Braun and Clarke (2006) suggest use of visual representation to develop and group the themes generated from data analysis. A thematic mind-map was used, and five themes were identified which will be described and discussed in detail in this chapter (see Table 1).

**Table 1**

*Thematic Analysis of Interviews*

| Themes | Subthemes |
|---|---|
| Succeeding for whānau | • "There's a bit of a leap"<br>• "You can do it, we're right behind you"<br>• "To try and help inspire the younger generation"<br>• "I'm always thinking about my whānau, hapū, iwi, and what's best for everyone, not just myself, everyone" |
| Privileging mātauranga Māori in the learning space | • "It's just made me more confident in being who I am, speaking Māori, practising tikanga Māori"<br>• "Embracing our Māoritanga"<br>• "Everyone knows me. Location is an advantage" |
| Dual competence supports ethnic concordance | • "That's my doorway in to promote healthy wellbeing"<br>• "You just connect better with Māori"<br>• "There's a huge difference between a nēhi Māori and a registered nurse" |
| Whanaungatanga | • "We've all just got each other's backs"<br>• "We also know that that roles change quite a lot. So sometimes within a wānanga setting, it's blurred"<br>• "We're not just numbers: they know our names; they know who we are"<br>• "Chances, that's one thing this place gives is chances"<br>• "I like a bit of everything" |

| Themes | Subthemes |
|---|---|
| Threats to success | • "I still don't know why there is that stigma around wānanga"<br>• "Is that a real degree or is that a Māori degree?"<br>• "There aren't enough staff"<br>• "It's just doing everything, marrying it all together and being able to do it"<br>• "Just surviving" |

**Te Ōhanga Mataora BHScMN demographic data.**

Table 2 provides a summary of demographic data for total enrolments and completion, including age and ethnicity variables for the BHScMN 2015–2019. The enrolment totals include each group cohort (Years 1 to 3) and part- and full-time-equivalent students across the degree programme. In 2017, there were 19 graduates in the first cohort, from a total of 33 enrolments in 2015. Māori make up at least 75% of all student enrolments. On average, 80% of students are aged 25 years and over at the point of admission and 95.9% are female. Māori students completing the BHScMN and qualifying as an RN comprise 79.2% of total graduates. However, the total number of graduates to complete is significantly lower than the number of students at enrolment.

**Table 2**

*TWWOA Te Ōhanga Mataora: BHScMN Enrolment and Completion Data 2015–2019.*

| | | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|---|
| Enrolments | Year 1 | 33 | 26 | 25 | 19 | 46 |
| | Year 2 | NA | 25 | 21 | 19 | 22 |
| | Year 3 | NA | NA | 21 | 18 | 17 |
| | **Total** | **33** | **51** | **67** | **56** | **85** |
| Ethnicity | Māori | 29 | 43 | 58 | 56 | 71 |
| | NZ Euro/Pākehā | 3 | 7 | 7 | 7 | 7 |
| | Asian | 1 | 1 | | | 3 |
| | Other Not Stated | | | 2 | 2 | 4 |
| Age | ≤ 24 years | 2 | 7 | 10 | 19 | 27 |
| | 25 years + | 31 | 44 | 57 | 46 | 58 |
| Gender | Male | 1 | 1 | 2 | 3 | 5 |
| | Female | 32 | 50 | 65 | 62 | 80 |
| **Total number completed each academic year** | | **27** | **41** | **42** | **45** | **74** |
| Graduates | Māori | – | – | 15 | 15 | 12 |
| | NZ Euro/Pākehā | – | – | 3 | 3 | 3 |
| | Asian | – | – | 1 | 0 | |
| | Other/Not Stated | – | – | – | – | 2 |
| **Total new graduate RNs** | | – | – | **19** | **18** | **17** |

Note: Source: TWWOA Strategy Department (2020)

**Participant profiles.**

Participants were asked to provide demographic data including: age, gender, number of dependants, their highest qualification prior to entering the programme, and current employment. All participants were Māori women aged between 20 and 43 years. The distribution of participants across the degree programme included: three in Year 1, six in Year 2, two in Year 3, and one graduate who completed the degree programme and registered as a nurse in 2018. Six participants had attempted or completed a post-secondary education course such as a Level 3 or 4 Certificate, and one had a Level 7 bachelor's degree. Of the 12 participants, six had completed the TWWOA Level 4 Certificate in Study and Career Preparation. Three participants were employed in casual or part-time work, with most others receiving either a government student benefit or spousal financial support. Nine of the 12 participants had dependants, ranging from one to eight children. All participants were local to the area, living in Whakatāne or surrounding rural towns.

The participants were affiliated to a number of iwi throughout Aotearoa-NZ. These included: Tūhoe, Ngāti Pukeko, Ngāti Awa, Upokorehe, Ngāi Tai, Te Whakatōhea, Ngāti Tuwharetoa, Ngāti Maniapoto, Tainui, Te Arawa, Ngāti Whatua, Ngāti Porou, Ngāpuhi, Te Whānau a Apanui, Ngāti Raukawa, Ngāti Kahungunu. The following hapū (subtribes) were documented: Ngā Maihi, Umutahi, Te Rewarewa, Ōpeke, Korongata, Te Whānau o Kauaetangahia, Ngāti Huia, Ngāti Mahuta, Te Whānau a Rutaia, Ngāti Peehi, Te Pahipoto, Te Patuwai, Tuhourangi, Ngāti Wāhiao, Te Whānau Pani, Ngāti Rongo, Ngāti Ruingarangi, Ngāti Ruatākena, Hāmua, Ngāti Mua, Ngāti Hokopu, Ngāti Rangataua.

## Theme 1: Succeeding for Whānau

Māori participants were "not set up to succeed," with many not having the direct-entry prerequisites[13] to enter a nursing degree. Prior to entering the BHScMN programme, six participants had left secondary school with no qualifications, five had gained NCEA Level 1 and 2 or equivalent, with only one of the 12 participants gaining UE. Most of the participants with limited formal education prior to entry into the programme described a lack of confidence in academic skills or experience needed to

[13] Most TEPs have clear entry criteria for admission to BN programmes, with universities traditionally less flexible with special admission options. At TWWOA, applicants under the age of 20 are required to have NCEA Level 3 or equivalent, which includes 14 credits from approved Level 3 subjects, 10 credits in literacy at Level 2 or above, and 10 credits in mathematics at Level 1 or above. Applicants over the age of 20 who do not meet the required academic entry criteria may be directed towards a foundation programme of study that will provide them with the entrance requirements. Like some education providers, TWWOA also has provisional or discretionary admission criteria based around previous work and life experiences. TWWOA established a selection committee, led by the head of school, that in exceptional circumstances, may recommend or accept applicants who can demonstrate the abilities required to complete the degree programme. An interview process with each applicant is conducted by this selection committee and is weighted on literacy and numeracy, cultural competence and te reo Māori, character references, whānau support, academic support, and career background. Enrolment is then subject to the approval of the selection committee and head of school (TWWOA Student Handbook, 2020).

successfully complete a degree. Many of participants had negative education experiences at secondary school or previous failed attempts at tertiary-level study which had impacted their self-belief. Given that most did not have the traditional academic requirements for nursing, the participants were asked how those previous experiences affected their view of education, and how it was possible to grow beyond those encounters. In order to understand what led each participant to enrol in the nursing programme, they were invited to discuss their reasons for wanting to study at TWWOA and their choice of nursing as a field of study. Succeeding for whānau is a core theme identified as central to this decision making.

**"There's a bit of a leap."**

The participants who completed the TWWOA Level 4 bridging foundation certificate viewed this step positively, specifically in relation to having the confidence and courage to pursue higher education and learning "how" to study. The following statements were typical:

> *I don't think I could've done the degree without the bridging programme. We learnt how to structure reports, structure essays. What references were, how to do references, what are credible sources….just all those basic things that you have to know before you can actually go and write something.* (Hine)

> *There's a bit of a leap…. I found writing essays in high school is a lot different to writing essays in tertiary education. But I encourage everyone to do it…. if they wanna do nursing, just jump into bridging and go for it.* (Maata)

Aroha describes how she overcame her fear of failure after a previous attempt with another foundation course, with the support of whānau:

> *The bridging here's free and there [other institution] I paid just over two thousand. So, I was pretty bummed out and that put me off. I went straight back to working, stuck to what I know and just had in the back of my head, education's not for me. Studying is not for me. I left high school at the age of 14, so I didn't even get to sit NCEA…. I was put off for many years. But I had a cousin, she's a Year 3 student here at Awanuiārangi and she said, "Look, come on. This is a great place." Cos, she also studied at [other institution]. I talked to her about my concerns, "I've done it before I've failed." She said, "Look, the bridging's free. The amount of support that you get here is just amazing. Just give it a go." And, yeah, here I am.* (Aroha)

Kiri demonstrates the personal growth she has had in her own academic ability, from starting with a foundation course to contemplating postgraduate education.

> *I did the certificate [bridging] to see if I could handle academic writing and APA referencing. You come into the degree, which was really daunting and really hard. And as I'm coming off the end of my degree, I'm then starting to think to myself, actually I could go for my master's, eh?.* (Kiri)

Moana recalls her experiences in the bridging course related to exposure to science and collaboration with other undergraduate nursing peers as an important motivator:

> *So, then I did the career prep… the year before my first year of nursing. I was exposed to a lot of what the nursing programme offered. We had anatomy classes, we got to go and do a few labs and yeah, got to meet nursing students that were in other years. It was just the environment. The people that I had met were really positive and supportive and that's why I decided to come here to study.* (Moana)

**"You can do it, we're right behind you."**

In addition, participants also indicated it was important to know that others believed in them. Several participants inferred that if just one person believed in them, that was enough to encourage them to start believing in themselves and their learning capability. Some participants identified that the encouragement and support of partners or immediate whānau was a motivator to enrol in the programme.

> *Mainly my partner he was really good at installing belief in me, I didn't think that I would be able to do any tertiary study as I had left school 6 to 7 years ago I didn't think I would do anything else after I had left school and he made believe that I can do it and that I'm capable.* (Anahera)

> *Nursing is something I've always wanted to do but never believed that I could do it. I didn't even know what an essay was. A report. Being here in this degree is a really big accomplishment for myself. Yeah, I'm actually proud of myself. I've just come a long way and being here, the support that I get here has had a huge impact on my learning as well.* (Aroha)

For nine of the 12 participants who had children, parenthood provided the impetus that they needed to pursue a higher education. There was an underlying sense of a vision and resilience, to navigate their way through tertiary study to progress to completion. These excerpts describe the participants' courage and determination to succeed.

> *I never knew what I wanted to do with my life. I was just a stay at home mum on a benefit, in a shit relationship. So, I decided to make a change. And yeah, babies were definitely my thing.*

> *It's always been my dream. I always got told that I wasn't gonna get there straight away: I'd have to start in paeds and work my way up cos it's specialised. It's coming real now.* (Hine)

> *I got pregnant in 5th form. So, I had a lot of stuff that was said to me that wasn't very nice, and a lot of people that said my son would amount to nothing and neither would I. Instead of me being out there and saying to them, "Well, I'm doing this and my son's doing that," I just want to prove it to them*. (Kiri)

Two participants talked about spiritual guidance from tūpuna (ancestors) as influencing their decision to pursue a nursing career:

> *I've always said along my journey that my tūpuna will guide me to where I'm supposed to go to, but I actually just need to start listening. But āu wairua, yeah, it's always been my Nanny and my Koro, they've always been there guiding me. But I suppose what I had to figure out was not so much what I couldn't do—I needed to realise what I could do.* (Kiri)

> *I'm quite a spiritually connected person... my ancestors from above were pulling me to the nursing side of things. But yeah, here I am today…. so, it must be the ancestors above…. they've pulled me home.* (Manaia)

Several participants identified whānau role models that work in the health care sector as influencing their decision to enrol in the nursing programme:

> *I was also heavily influenced by my father—he's a mental health nurse and my mother is a Plunket nurse assistant. So, I suppose having those two people around me all the time and always talking about health and wellbeing—I don't know, it just become a part of me. I'm hearing all these things; I'm seeing them go to work in their uniforms.* (Maata)

**"To try and help inspire our younger generation."**

The importance of becoming role models in their own whānau was emphasised by the participants. Participants felt that it was their responsibility to act as positive role models for their children and for the wider whānau. They decided to go to the wānanga in the hope that their children and other whānau members might emulate this example:

> *I actually pinch myself knowing that I am doing a bachelor's degree. I'm like, "Wow, I'm nearly at the end of my second year. I never would've thought I would've done a bachelor's degree or any kind of study like this." But I even go up there and tell my whānau, "If I can do it, you can do it." I try and motivate them.* (Moana)

*Yeah, cos you know you want to show them that if I'm doing it they can look up to me and think you know if Mum's doing it then I can do something like that or even my own cousins, just my whānau really*. (Mere)

Three participants identified as being first in their whānau or generation to enter tertiary study. This gave them further motivation to be successful and make them proud.

*On my Mum's side [Māori] no one has ever done any tertiary study. They were all school leavers as well, so that's also another reason why I want to carry on and become a nurse and be the first one in my whānau to have graduated with a degree.* (Moana)

There was also a perceived pressure from whānau to do well and to succeed, particularly if the participant had experienced previous failure in education. Hine describes the response from her whānau when she told them she was enrolling in a nursing degree:

*They all kind of looked at me like, oh, here's another thing she's gonna start and not finish…. oh, yeah, go on then, go waste some more money.* (Hine)

Hine was determined to complete the degree by working hard to achieve for her own whānau aspirations:

*It's been hard doing it on my own with three kids, but at the same time it's kept me grounded. I'll revise… I'll get the lecture and I'll read it page by page. And this is me being a nerd, but I'll make a multi-choice quiz based on every lecture. So, for the last 3 years I've got quizzes from every lecture.* (Hine)

In addition to the financial rewards of completing a degree and becoming health professionals, Hine and Roimata also described this achievement as something that would have a positive effect on their lives, their children, and on gaining independence:

*It's gonna be cool to write on a piece of paper that I'm a nurse, not a beneficiary. It's really cool for my kids to see… to grow with them and help them to understand that this is what you need to do. They know we're broke as a joke, so next year hopefully they'll see the difference, even if it's a little difference at first. But yeah, just encouraging them to do better with their lives was my main goal.* (Hine)

*Yeah, I don't want them [children] sitting at home looking after their kids and relying on someone else for anything. I want them to get up and go and get what they want.* (Roimata)

Role modelling educational success was further described as benefiting the wider whānau, hapū, and iwi, and ultimately community development:

> *I've talked to my Mum cos she's quite respected on our marae, about having a whānau day—create activities, or try and find whoever's qualified, who's got their degrees and that. Can they come back home and guest speak and say, "hey, look, this is my journey, and this is what I've done and where I'm at now." To try and help inspire our younger generation.* (Aroha)

Many of the participants discussed their own experiences as consumers within the healthcare system as contributing to their decision to undertake a career in nursing. The participants could see the positive difference that Māori nurses can make to whānau experiences. A desire to care for or help others was also evident in the interviews, suggesting that the "helping role" within whānau is an intrinsic motivating factor:

> *My babies were born 3 months early so that's what made me go into this whole thing. There was this nurse up in the NICU in Waikato that said, "You'd make a really valuable nurse up here, having been up here twice as a mother." Cos I was 6 months in with my daughter and then 3 months in with my son. I can connect with them [whānau]. As soon as I tell them that I've had babies in the same position, it gives them a sense of reassurance*. (Hine)

> *I received four foster children and I was in and out of hospital with the two older ones. In my own history I've always looked after my loved ones. I cared for my Mum; she had cancer; she died of the age of 37, I was 15.* (Manaia)

Mere talked about her own experience of caring for her father and of increasing the visibility of Māori nurses in the healthcare system as her motivation to enter the nursing profession:

> *Never thought about it until I nursed my Dad when he was really sick. And so, he was always in Waikato Hospital and then Rotorua. I saw that there was that gap. Like there were hardly any Maori nurses, doctors and they just couldn't relate to him*. (Mere)

Three participants discussed culturally unsafe experiences they had encountered as consumers of healthcare services and how becoming a nurse can make a difference to Māori health:

> *I cared for my grandfather while he was dying…. it's little things like she [hospice nurse] would come in the house with her shoes on. This is what we do, this is our culture, and then you come in here and you just stomp all over us.* (Roimata)

> *With my whānau I did know that they were really shy to go to doctors and to go and have a simple check-up that could've prevented something major down the line. Yeah, that's also another reason why I decided to come here—cos I feel like there's a gap with our Māori whānau not going to the doctor's or seeing a nurse*. (Moana)

*I've always been a caregiver of my father; when I look back in my whakapapa, I went back 10 generations, and not one of my grandfathers, great-grandfathers had made it past 50-years old… so I came into this because of the barriers I faced within the health system and the structural racism that I faced when I was caring for my son, my father and my brother.* (Kiri)

**"I'm always thinking about my whānau, hapū and iwi and what's best for everyone, not just myself, but everyone."**

Most participants viewed obtaining a degree as not only an individual success, but also, more importantly, a collective one. Becoming an RN would have a significant impact on improving health outcomes for Māori communities. Many of the participants strongly indicated that they wanted to give something back to their whānau, hapū, and iwi. The following excerpts describe their strong desire to promote a better life for their whānau and iwi Māori:

*My only way of looking at things is through a te ao Māori lens. It's not about me, it's about my people; and it's not about what I want—it's what we need; and it's not the accolades I receive—it's the wellness of my people I'm after*. (Kiri)

*Individuals just think about their family. For me, I'm always thinking about my whānau, hapū, and iwi and what's best for everyone, not for just myself, but everyone.* (Manaia)

*Also just looking at the bigger picture for me is I want to go back to my community, into my hapū and my iwi and give back to them. Care for them, care for Māori and help lower our high statistics of bloody sickness*. (Ngaire)

Māori collectivist values were also influential in terms of participants' persistence at wānanga. The participants continued to persevere at wānanga because they strongly believed that together as Māori, they could positively impact Māori health outcomes in the future:

*I feel the reason most of us are here is to improve the standards of healthcare that Maori are currently receiving…. we are on the lower end of every single statistic and if it takes this programme to fix that, then why wouldn't you do that, so yeah that means a lot to me and my culture*. (Anahera)

Similarly, Kiri describes a sense of "giving back" to her whānau. She discusses the determination to gain her qualification as a collective effort with her whānau, therefore it will directly benefit her whānau towards better health:

*What that tohu means to my whānau is somebody within the health system that can help them to manoeuvre through the health system cos it's not easy and it is structurally racist. So, to be able to be there for my whānau and support them through their journey. My tohu is for my*

> *whānau and the hard work that they've had to go through for me to become a registered nurse.* (Kiri)

Anahera also commented that completing her degree is more than the qualification, but the reclaiming of cultural identity and her desire for other Māori to have an opportunity to be exposed to this experience:

> *I come from a family of people with degrees. I know that I want to get one, I thought I was never a good student. But having a Māori degree is amazing and exciting, it's definitely my cultural identity and it has changed so much and has made me so proud to be Māori. It makes me want to encourage other Māori to feel how I feel and have pride in their culture. That's the motivation right there.* (Anahera)

Beyond programme completion, what was most emphasised in the data was the determination to succeed for whānau and personal growth of the students as an indicator of success. Other factors such as life experiences, previous education experience, and a commitment to helping Māori are the key driving forces behind their desire to achieve their degree. Furthermore, confidence, self-belief, feelings of independence and overcoming fears were integral to their educational journeys.

### Theme 2: Privileging Mātauranga Māori in the Learning Space

A clear theme that emerged from the data is that a culturally responsive learning environment supports and strengthens cultural identity for Māori students. Studying within a whare wānanga provided an opportunity for all participants to learn and understand the unique nature of their identity, language and culture. Specifically, privileging mātauranga Māori within the learning space supported the participants to get involved in the "Māori world" and normalise te reo Māori and tikanga as everyday practices. As a mediating structure, the wānanga was viewed as a safe space for these Māori students to be their authentic selves; to enable the participants to "be Māori."

**"It's just made me more confident in being who I am, speaking Māori, practising tikanga Māori."**

The following excerpts demonstrate how the wānanga environment provided cultural enrichment and personal growth for the participants, particularly with developing te reo Māori, Māori identity, and a sense of belonging.

> *I've seen Māori (and non-Māori) grow incredibly… so for people that didn't know where they came from and had that sense of self, that sense of identity, they've definitely benefited.* (Hine)

> *I was introduced to te reo in the bridging [foundation certificate]. I'm Māori, but I don't know my te reo. I actually thought it was great. I get to learn a bit of my own culture, language, te reo Māori, as well as learning nursing.* (Aroha)

> *Coming here, it's just made me more confident in being who I am, speaking Māori, practising tikanga Māori. I've always done karakia but being here it's almost like you can feel it. You can feel the energy. You can feel the wairua. It's indescribable…. learning waiata, I don't know how to describe it, it's soul food for me.* (Maata)

Kiri compares her experiences learning in a mainstream tertiary institution to the difference within a Māori wānanga:

> *The te ao Māori aspect, because we have karakia it is not just about the words you utter—it's about the emotion and everything else that goes with it. We never had karakia when I was at XXXX institute. You just got into the class and you were a number and you turned on the computer and you did what you had to do.* (Kiri)

Strengthening Māori identity is a consistent subtheme present in the participants' interviews that related to supporting academic outcomes. It is part of the cultural capital that Māori students bring with them into educational institutions. Ngaire, who is a fluent speaker of te reo Māori and schooled in Māori language immersion, describes how learning within the wānanga validates her indigenous Māori ways of knowing and being, where these are practised and viewed as normal:

> *So te reo Māori is my first language. I didn't know how to speak English till I was like 10. My whole whānau, they all know how to speak Māori and that's the only language you speak at home. When I was in high school going from kura kaupapa straight into a mainstream school, that was a really hard change for me, and I wasn't very good at English. I didn't know how to spell anything. It was just a big change, but I managed to adapt. Then when coming into here it's really lifted my skills as a student nurse, having tikanga and the usage of te reo Māori; when I'm practising to care for patients, when I'm writing my reports, when I'm writing my essays. I don't know, it's natural for me to always find the way to add Māori stuff into my essays and reports. I really like in labs as well, using te reo Māori and tikanga. It's normal, like sometimes I don't even realise that I'm using it*. (Ngaire)

Ngaire further describes the cultural norms interwoven in the learning space, where she is supported to move between situations that are perhaps bilingual, bicultural, and/or biliterate:

> *I just love how they encourage, especially me, to write reports and essays in te reo Māori. When I started, they gave me the option to do that. Even when we do our practical test for Hauora Week, I did it all in te reo Māori. I thought that was really cool*. (Ngaire)

**“Embracing our te reo and our Māoritanga.”**

The TWWOA approach to nursing education is unique, and Māori knowledge has priority. It is compulsory to learn te reo Māori me ōna tikanga during the 3-year degree programme. It is this acknowledgement and legitimisation of cultural knowledge in the teaching and learning environment that had the greatest impact on the holistic development of the participants. The following excerpts demonstrate how this positive learning environment connects students with their cultural backgrounds, and, as a collective, it can be transforming:

> *I think I’ve learnt more about tikanga and even just some protocols. Things that I thought I knew but actually I didn’t know that. And it’s made me want to embrace our te reo and even just our Māoritanga more.* (Mere)

> *It definitely has changed me a lot. Growing up I hear all these things, but I wouldn’t necessarily be one of the tamariki to speak up and kōrero Māori or start the karakia at the table. But since being here it’s just boosted my confidence; I suppose it’s an environment that helps me grow as a person. So, I’ve been just embracing it: embracing every opportunity I can get here at school and outside of school as well. I’m speaking more Māori than I ever have in my life*. (Maata)

> *I came in with knowledge of te ao Māori, but I didn’t have confidence about it because I was always told it was the wrong way of looking at life. It’s only actually since I’ve been in the programme, my confidence around it has actually started to progress. Without this programme I wouldn’t have taken the journey that I’ve taken and been more confident within myself and my practices*. (Kiri)

> *I've learnt so much te reo that I can pass down to my kids and I feel like if I didn't come here, I wouldn't have that at all, it's made me a whole different person*.(Anahera)

Anahera displays the courage it took for her to begin her self-identity journey:

> *It was confronting and scary but it's also confronting for anyone that comes in here that doesn't have a big Māori background, but I definitely wanted to find that part of me.* (Anahera)

Several participants described the concept of ako (a traditional Māori concept of reciprocity, to teach and learn) where relationships and connections between whānau were of benefit to their life circumstances. The following excerpts describe how incorporating culturally preferred pedagogy in the learning space connected the participants on many levels to their whānau and communities and their own tribal traditions and histories:

*I suppose I'm pretty grateful cos I always knew where I was from. But I'm becoming more confident to use te reo, I enjoy—those stories around why we do the things we do. Although you have an idea, growing up on the marae, what you should do, what you shouldn't do, having that explanation has been great for me. It's forcing me to reconnect more, which is a good thing…. in terms of reconnecting with whānau more and getting those stories from home. Then going out on placement, connecting with whānau, not being shy. To just go, "Oh, you know so and so"—whakawhanaungatanga.* (Āwhina)

*Connections, they got lost over the years. So being here at Awanuiārangi, I've found myself belonging. So, coming back and practising the protocols where we say a karakia every morning, or before kai, I'm actually connecting back with who I really am. I'm teaching my daughter a bit too. Yeah, I'm trying to integrate it into my everyday living.* (Aroha)

*It was just helping me to connect with my family and with the whenua again after being away for so long. Cos I was starting to lose my reo and, yeah, it was really starting to play on my mind, especially with my children, who are all Māori*. (Pania)

The excerpts above also illustrate the distributive action that is promoted when the positive student experience is further shared with whānau and the communities in which they interact and engage. Moana details this here:

*It is like a Māori journey as well. I didn't grow up speaking te reo, didn't know much about my Māori side—yeah, so much has strengthened. It even made me put my daughters into kura kaupapa… my whole home life has changed…. I'm trying to speak te reo at home. My partner's on a journey to learn his whakapapa… now he's a trustee member for some land, so it's changed a lot*. (Moana)

**"Everyone knows me. Location is an advantage."**

One of the major benefits of the regionally located nursing programme was that the participants did not have to move away to seek higher education. All participants referred to this as being a key aspect in deciding to pursue nursing. Tūrangawaewae is a powerful Māori concept where one feels especially empowered and connected to where they belong (Royal, 2012). It is often referred to as the foundation, our place in the world, our home. The following excerpts describe the benefits associated with the familiarity of learning in one's own community:

*Ōpōtiki is home. It meant a lot to me that it started here and that I could stay here with my family, my children and it's pretty much just like going to school every day, and then I get to go home, to home. I don't have to move away, and I don't have to make new friends and find new people. It was really good.* (Roimata).

> *I didn't feel comfortable leaving my home, which is everything I've lived and learned, and then going somewhere I'm not familiar with. I don't know what the culture's like up there [Auckland], whereas here I can walk down the road with no shoes on. I can dress how I like, be who I am. I don't have to change myself too much. Everybody knows me. Location is an advantage.* (Maata).

Participants acknowledged that many students were in no position to move away to study nursing due to responsibilities such as having young children, supporting family, or having cultural obligations within the community.

> *They had the degree here and this is my hometown. Family was important for that support with my daughter. So, it was a win-win to move back and be with my family and have the support while doing my degree. I felt being around my family is helping me dramatically with continuing my journey.* (Aroha)

It also provided an opportunity for those participants that had moved or lived away from their whānau in this region, to move home for study support:

> *I had started my first year at XXXX [institute]; completed it there. I realised I probably needed a bit more support with my boy in terms of placements coming up, just because there were gonna be a lot more. Then I read a write-up in one of the papers about Awanuiārangi. I took that as a sign to head home and then, yeah, quite a few things fell into place.* (Āwhina)

### Theme 3: Dual Competence and Ethnic Concordance

Evidence suggests that one means of improving Māori health is to ensure the existence and growth of a Māori health workforce. Increasing the number of Māori nurses in health care delivery has direct social, cultural, spiritual, political, and health benefits for Māori individuals, whānau and their communities (Curtis, 2016b). Te Ōhanga Mataora BHScMN programme supports the existing knowledge that the key to positioning indigenous and minority students towards success is to acknowledge and include relevant indigenous content in nursing education from a strengths-based approach. Theme 3 was identified from perceptions related to acquiring dual competency and providing ethnic concordance for Māori health consumers.

#### "That's my doorway in to promote healthy wellbeing."

Te Ōhanga Mataora nursing students are required to demonstrate competency within tikanga hauora (health) and tōna reo (Māori language) under the domain of cultural competence. This competency is in addition to the NCNZ (2007) competencies for the RN scope of practice. During the interviews, the

participants reflected on cultural safety and cultural competence related to the strength of their own Māori identity and possessing an in-depth understanding of the issues affecting Māori health:

> *At the end of the day, nursing doesn't define who I am. I'm first and foremost Māori in my community. They don't call me Nurse Manaia; it's always "Kia ora, Whaea," and we have to keep it real like that. Why? Because that's my doorway in to promote healthy wellbeing.* (Manaia)

> *I love how they embed the Māori values because when you walk away from Awanuiārangi, you feel whole. Even though you go into another workplace it may seem that their workplace… it's only lip service, their values—but as tauira [students] of Awanuiārangi those values are embedded in you. You practise it, you work it, you breathe it… straight away we have that connection when we say our pepeha or ask them where they're from. That's just building on our values… manaakitanga*. (Manaia)

> *There was this one patient who asked if I could do a karakia for them, I did the one that we learn here at Awanuiārangi. Afterwards she was just so happy and relaxed, and I thought that was really making a difference.* (Ngaire)

> *Especially for those old koro [elders] that come through. That's their language and that's what they speak. As soon as you start using words like that [te reo Māori], the whole therapeutic relationship builds way stronger.* (Hine)

**"You just connect better with Māori."**

The importance of ethnic concordance in the health provider–patient interface was highlighted in the participants' interviews. As such, these excerpts demonstrate why Māori workforce development matters and how increasing Māori nurses in the workforce can contribute to the elimination of inequities in health. Although research looking at the effect of ethnic concordance in NZ is limited, the participants' experiences highlight the difference they make to quality of care and rapport with Māori clients and whānau in their care:

> *Definitely there is a difference, like being Māori first of all is a privilege. I think when you walk into the hospitals because the majority of the patients are Māori here [Whakatāne] they just react differently to you and they end up talking to you, asking where are you from and then you make those connections…. you know somebody of their whānau, a niece or a cousin or you're related and yeah, I think they feel a bit more comfortable with you.* (Mere)

> *I speak te reo as well, so I found it much easier to gain co-operation from a lot of my Māori clients, because I could speak to them in their own reo [language]. I think it matters which way you approach them.* (Roimata)

**"There's a huge difference between a nēhi Māori and a registered nurse."**

The participants emphasised their insights and experiences of how having a strong cultural awareness and understanding of Māori ways of being was an advantage in clinical practice:

> *When I say my pepeha I'm always referring to myself as a nēhi Māori, because there's a huge difference between a nēhi Māori and a RN. You're probably going to ask me, "what's the difference?" The difference is that we're tūturu to who we are and our values, and we incorporate that in our mahi, in our nursing, in our clinical roles.* (Manaia)

> *The biggest thing is the therapeutic relationship I built with Māori patients; all patients, but especially Māori. When I went to the hospital, I asked my preceptor if there were any patients that could speak te reo Māori, am I able to know which ones they are and care for that patient, so for a few days I'd care for patients that spoke reo Māori. There's a difference; like I would come in and I would just say one word in reo and then they'll change. Then I feel like that's just an instant connection right there. Then the more you talk to them, especially when they know I speak Māori, it's like, "Oh, where are you from?"; whakawhanaungatanga with patients.* (Ngaire)

Āwhina shared perceptions of the programme she had encountered in the clinical practice environment. This was related to dual competence as Māori nursing students; they were recognised as having "culturally specialised" skills:

> *I was in a surgical ward and they enjoy having the Awanuiārangi students. But they have said they've noticed the difference in terms of the students, when they get employed, take a bit more time in completing all their tasks because they're used to doing that whanaungatanga/manaakitanga more so than other nurses. Not that it's a bad thing, cos they're still getting their work done. It's just they might be taking more time and not being as quick with procedures.* (Āwhina)

### Theme 4—Whanaungatanga

Social support networks that the participants established within the wānanga were explored. There was a common thread of relationships: relationships that the participants created with fellow students, the importance of the student–teacher relationship to their success, and formal learning support available at the wānanga. All participants spoke about the strong whānau relationships they

formed with other students. Being grouped with the same cohort of students over the 3-year programme enabled learning communities and a cultural enclave that were viewed positively by most participants. Many participants used the word *whanaungatanga* to describe the sense of support they experienced. The Māori dictionary (Ryan, 1995, p. 366) defines whanaungatanga as:

> Relationship, kinship, sense of family connection—a relationship through shared experiences and working together which provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship.

**"We've all just got each other's backs."**

Participant excerpts below illustrate the close relationships formed with fellow students and the strength of Māori learning communities:

> *That's the thing when you're in Māori kaupapa—it's really supportive. The Māori culture is all about whanaungatanga and just supporting each other. We've all just got each other's backs. That's probably been the best thing about being here, is how supportive, even the teaching staff, and just everyone is of your learning and your personal life. I probably wouldn't have made it without the support. When I was at XXXX [institution] it was just a whole mixture of cultures. You had the Chinese corner and the Indian corner and then the white people, and then there was a couple of brown people but not many; a couple of Māori.* (Hine)

> *We're more of a whānau… I wouldn't say that they're my colleagues—I'd say they are my whānau, because the dynamics we have with each other…. I'd never like to see that aspect of our programme change because that's the difference compared to the other institutions. And it comes back to a te ao Māori approach, it's the aroha and the manaakitanga and the tūmanako that, you know, it's that aspect that is really different.* (Kiri)

Participants described a Kaupapa-based whānau experience, where together they share a common purpose to support each other in both learning and on a personal level. This helped to grow a sense of belonging and connectedness:

> *What I knew was that this structure within this environment, at the wānanga, suited my learning. It supported my learning and it inspired me and it made me feel different to how I'd ever felt before—that I belong somewhere. Cos when I tried to study, which would've been at XXXX (institution), I didn't fit the structure and it was hard.* (Kiri)

> *I wouldn't narrow it down to just one thing—it is a lot of things. My class just… the whole nursing programme as a cohort. We're in separate years, year one, year two, year three, but when we're together we are all one. It's just the culture, the Kaupapa is very rich*. (Maata)

**"We also know that roles change quite a lot. So sometimes within a wānanga setting, it's blurred."**

Participants described the concept of a tuakana–teina relationship. Tuakana–teina refers to the relationship between an older or more expert person (tuakana) and a younger or less expert person (teina) or it can be peer to peer (Royal, 2012). In a learning environment that recognises the value of ako (reciprocity), the tuakana–teina roles may be reversed at any time. The process of "ako in action" relates to the social and interactive nature of teaching and learning in the wānanga.

Anahera describes ako in action related to her fellow peers:

> *There are some girls that didn't know how to speak English, we help them to speak te reo as well. We have some people that are better at presentations, essays and we feed off each other to help each other improve overall, you'll get someone to help you, just like a big family.* (Anahera)

Ngaire, as a fluent speaker of te reo Māori, spoke of the support she offered a fellow student:

> *Afterwards I had a chat with her [non-Māori student], and I was like, "If you need any help with your pepeha and your delivery of your pepeha or anything, or pronunciation, then I can help you with that." We had a practice and the next lesson she stood up and then she just said it, and her pronunciation was really, really good. She always says how happy she is that she's learning te reo Māori, cos she'll be the first in her family.* (Ngaire)

Kiri describes the tuakana–teina role reversal in circumstances where she is more knowledgeable than the teacher on matters concerning te ao Māori:

> *So, we then became the teachers in the class…. karakia, waiata…. if we were in a lab around the cultural practices, around tapu [sacred] and things like that…. if the non-Māori kaiako felt uncomfortable and they didn't.... We know when they are out of their depth, so you'd just step in… because if we're talking about a te ao Māori approach and tuakana–teina, we also know that roles change quite a lot. So sometimes within a wānanga setting, it's blurred. There's a lot of grey areas; it's not black and white*. (Kiri)

Noho marae (overnight stay) for all nursing students are facilitated at wānanga as a safe space for teaching, learning, sharing of stories, waiata, and strengthening whanaungatanga. Aroha talked about the tuakana–teina relationship students have across all year groups in the programme:

*But ever since the noho, it's actually brought all the years together. Just having that noho has just created this whole big bond… for the 3 years. The Year 2s and Year 3s are always happy to help with any questions or just little things. Yeah, everyone, not just the tutors but all the students, the librarians, Awhi Tauira. Yeah, everyone is supportive of each other. I think that makes a huge difference, and it shows people care too.* (Aroha)

Maata discussed the cultural exchange that is present within the learning space. The following excerpt describes the concept of the tuakana–teina relationship extended to all ethnicities:

*Yeah, it's cool seeing Māori practising Māori but to see not just Pākehā, to see other cultures in here, it's just, "Whoa, this needed to happen." Not just for them to teach us but we're also learning other cultures as well. It's very diverse.* (Maata)

**"We're not just numbers: they know our names; they know who we are."**

For all participants, the relationships with teaching staff were extremely important in terms of their success. Teaching staff spent time building relationships with students and understanding their individual backgrounds. This was viewed positively and contributed towards academic achievement.

Hine talked about lecturers genuinely getting to know students and the depth of their support:

*They [lecturers] know you well enough to know when something's wrong. Well, for me, yeah, they can tell. I think because we're so small and it's more personal. We're not just numbers: they know our names; they know who we are. They can identify when we're not ourselves.* (Hine)

Āwhina described the consistency of all teaching staff being committed to the Māori values and practices of the wānanga. This was observed as meaningful during her initial enrolment interview:

*even the interview. They start off with a karakia and it's just what it is for the whole programme. There's no "some people do it, some people don't." All the teachers...* (Āwhina)

All participants acknowledged the overwhelming support of the teaching staff within the School of Nursing, describing it is as "exceeding their expectations." Access to teaching staff for support was easy, direct, and prompt:

*Our science teacher, I flick an email; XX flicks me back within a day, usually within hours, whenever I'm struggling with something. If you wanna see any one of the tutors, you just flick them an email and then they're quite happy to sit down and talk with you and help you through what you need*. (Aroha)

> *Say a group is struggling with doing blood pressures—the tutors will set aside their own time and work with you and help you as a small group or as a whole class. So, yeah, I think the tutors are really dedicated to us all to succeed through this whole degree.* (Āwhina)

Aroha describes her previous experience as a student at a large institution. Her excerpt demonstrates the contrast she feels being within the wānanga environment:

> *I dramatically felt the difference. With here, I have built relationships with my tutors, each one of my tutors. They even know my name. Being in XXXX (institution), I was just a number. I was just someone in the class. If I wasn't in class, no one probably would even notice. They had student support people to go to but having high numbers you had to book in with them. I used to travel an hour away so that was an obstacle of getting help. Waiting around for hours for a slot was an issue. No one really followed up with me when I left or asked if was there anything they could have done to help me or anything.* (Aroha)

Similarly, Āwhina compares her previous student experience at another institution and the care taken at the wānanga to consider the reality of whānau responsibilities. The nursing school aligned the timetable to accommodate students with parental responsibilities during school holidays:

> *I don't know if the majority of teachers would care otherwise, but they do. I really feel they do. Even the fact that they don't run [the programme] in the school holidays. At XXXX [institute] they were just like, "suck it up, the timetable is the way it is." That amazed me at the start too, just that they care enough that most of their students here probably have kids, that they'll run it with the school holidays. It makes such a big difference*. (Āwhina)

Awhi Tauira is the student support service available at TWWOA. It offers academic support for all students in all study programmes. Support is available face to face, online, and by electronic tutorials. All participants had utilised this service to varying degrees over the course of their studies. Anahera spoke about the benefit of Awhi Tauira support:

> *I use it [Awhi Tauira] all the time. They are open. Their doors are never shut. So, you could just walk in there…. you don't even need an appointment. They are for academic things, but you could go in there and you can talk about your feelings, how you're feeling about an assignment and they just encourage you to keep pushing through. It's awesome.* (Anahera)

**"Chances, that's one thing this place gives is chances."**

The collective academic support offered to students at TWWOA exceeds expectations. For example, onsite accommodation is available for students with housing difficulties, domiciliary transport options from rural areas to attend wānanga, and support for students who are new mothers to bring their

pēpī (baby) to class. However, several participants expressed their perceptions related to inconsistency with academic rules and regulations. The following excerpts demonstrate these:

> *I think there's lots of academic support here, because when people fail or are struggling, they get to re-sit. That's not really a thing at other places. Chances, that's one thing this place gives is chances.* (Pania)

> *We had another one who's always produced the work, but then got sick and we know that they can do the work. But then there's ones that are able bodied, absolutely fine, they get chances when they just can't be bothered. Yeah, and they're just not doing it. They're not managing their time.* (Āwhina).

Āwhina and Kiri shared their observation of the need to balance the academic support offered to students, so they can learn to become independent learners:

> *Yeah like they know that we're broken arse students and we have other lives. I think sometimes they give us a little bit too much leeway but that's just me comparing.* (Āwhina)

> *Sometimes we rely on it a bit too much. I've noticed sometimes because we are always given stuff, we take it for granted that it should always be given to us.* (Kiri)

**"I like a bit of everything."**

Several participants talked about learning science within the nursing programme and viewed this core subject as challenging. Comments were shared about effective teaching styles that they found useful to enhance learning. Participants discussed some of the positive approaches that the science lecturers used such as group learning, visual or hands-on activities, and their overall availability and approachability outside the classroom. Combined, this helped to support academic achievement by scaffolding and adapting the learning:

> *I like a bit of everything, so it always helps when I'm looking at something visually. They're explaining the rationale behind whatever is being shown and then giving an activity to go along with that. It just helps me a lot.* (Maata)

> *XXX [lecturer] is really good about coming back and asking how we felt about a lecture and getting feedback and adapting. I expressed that I would prefer to have a lecture about a particular assessment and then a lab rather than doing a reading, then a lab, because it takes me a few times to read before I understand*. (Anahera)

Āwhina shared her personal growth in confidence to ask questions in a lecture. Group work was viewed positively so students were not made to feel whakamā (shame: lack of understanding and

generates a negative feeling). The concept of whanaungatanga is utilised here so learning is shared amongst peers. This is illustrated below:

> *I don't wanna ask cos then I might sound dumb… but it's making people a bit more comfortable to just say what they think. Nobody ever makes others feel dumb or anything. But it's good, cos even if you are wrong the teacher will go, "Have you thought about it like this?"* (Āwhina)
>
> *It's forcing us to be involved [group work]. Because you can choose not to be otherwise, and you cannot interact, which is what everybody was doing, so it's good*. (Mere)
>
> *Giving us scenarios, asking questions, making us get into groups. Doing a lot of group work, and we enjoy that cos it's team bonding as well.* (Pania)

Overall, the majority of participants expressed the need for learner-centred strategies; namely effective strategies that include co-operative learning and visualisation to bring science concepts to life, with visual and practical learning experiences.

### Theme 5: Threats to Success

Being an indigenous tertiary institution does not mean that TWWOA is exclusively for Māori students. Access and manaakitanga are extended to all students and are key to the vision of TWWOA: to provide education opportunities for all. However, the participants talked about the negative attitudes, racism, and stigma they had encountered because they chose to study at wānanga and not a mainstream university.

**"I still don't know why there is that stigma around wānanga."**

The participants discussed challenging conversations they had with friends, family, or community members regarding the wānanga not being a "real school" or producing "real degrees" or them "becoming a real nurse." It is perceived that students "get everything, they get extra help and they have an advantage over others." The participant excerpts below describe the negative attitudes and stigma they face and how they navigate racism:

> *I don't know what everyone has about this thing about going to wānanga. They don't think that a wānanga is highly recognised like a university, but we are still getting the same out of learning and education as those institutions. The cultural aspect of our degree is a lot bigger than mainstream institutions and that's the difference, but I still don't know why there is that stigma around wānanga, I just let them think what they want to think. I just hope that changes.* (Anahera)
>
> *She said I've heard that they just pass you… and I'm like you know it's a proper… and when I show her my work… she's just sceptical about it all, she's like "oh but that's a Māori*

*institution." I do get pissed off and you get quite defensive but then you have just got to tell them that we're doing the same stuff except we have that Māori aspect. We all sit state final exam. She goes "I heard you had 100% pass rate… yous must have cheated"….you've just got to have an answer to back yourself up. I feel like I shouldn't have to.* (Mere)

Moana, Mere, and Hine further express the colonial constructs present in education where university is associated with elitism and is the valued dominant Western knowledge system versus wānanga, which, despite being an education peer, is challenged because of its Kaupapa Māori approach:

*My dad had brought something up. He didn't know what a wānanga was. He's like, "Is it a course?" I'm like, "No, it's a university degree—it's just it's not called a university." I tell him it's the same as a university, but it's not called a university. I guess it doesn't sound as flash. I don't tell people, "I go to uni." I say, "I go to wānanga."* (Moana)

*We get lots of questions like, "Oh, so what happens when you finish? Can you go and be a nurse?" We're just like, "Yeah." What does that even mean?* (Mere)

**"Is that a real degree or is that a Māori degree?"**

In this study, unconscious bias means looking at the way institutional racism and stereotyping is structural and entrenched within institutions such as the tertiary education system. It manifests itself, for example, in power relations through privileging the dominant group over another. The participants had been subjected to racism and the assumption that wānanga education is associated with "inferior" or lower expectations:

*Is that a real degree or is that a Māori degree? We were already Māori so that was one strike. We were at a Māori institution, that's a second strike. So, we actually needed to up our game more than the non-Māori students from another institution because otherwise they'd say, "Oh, those Māoris aren't taught."* (Kiri)

*Because you're studying at the wānanga you're only gonna be able to work in Māori organisations. You're not gonna get to travel. You're not gonna work in a DHB that's run by Pākehā.* (Pania)

*"Why do people need to learn how to nurse Māori when everyone's the same blah, blah, blah." That kind of comment just from people out there…. why should they make a university solely towards Māori? Then I even had a staff member ask me about an African American person and what food they can and can't have in hospital. I was like, "I don't know." She was like, "Well, why aren't you learning about those cultures?" I was like, "Well, Māori is our culture, it's New Zealand. We're in Aotearoa."* (Hine)

Roimata experienced an encounter with a whānau member and described her attempt to challenge her bias about "normal" nursing education:

> *My sister-in-law had asked…. "What's the difference between a Māori-based programme and something normal?" She was like, "Why do you need to know Māori to be a nurse?" I just said there's different dynamics in caring for patients. There is a need for Māori nurses out there to make a difference. But she still didn't quite understand it. I guess I didn't sell her on that.* (Roimata)

When faced with racism, Aroha sought reassurance from a lecturer and a whānau member who is a RN about the validity of her nursing pathway:

> *She [Lecturer] reassured me that this degree is just as credible as any other degree. But we're learning the indigenous side as well. There's an advantage in that. I took my questions to my cousin, who's a RN. I talked to her about my concerns and she said to me, "having te reo Māori on my CV is a big tick, so you just keep doing what you're doing where you are."* (Aroha)

**"There aren't enough staff."**

One of the major threats to student success identified by the participants is the challenge to recruit nurse educators, specifically the need for more Māori nurse educators. Despite this need, Māori nurses continue to be underrepresented in the nursing workforce, including an inadequate pipeline to becoming educators in the academic environment. Currently, the TWWOA nursing programme operates with limited teaching capacity and this has impacted the student experience. This was vehemently expressed by all participants, and talking about it in their interviews was described as a chance to "debrief." Participants discussed multiple disruptions to timetabling, assessment deadlines, and absence of lecturers when a class was scheduled resulting in unexpected self-directed learning. The following excerpts illustrate these experiences:

> *This year's been all over the place cos we've had people come, we've had people go. Sometimes we haven't had lecturers in class, and it's been self-directed learning. But we fall behind and some of us lag. We're not supposed to be lagging. We're all supposed to be moving at the same time and getting to the end of the year together.* (Pania)

> *If I'm being completely honest, it is just not enough staff. We are learning what we need to learn. I feel a little bit disorientated in a way. I'm that person that organises my week a week before. I write in my planner, from start to finish. But towards the end of this year, as people know, there aren't enough staff. So, it's a little bit hard when you're going to a class and it's been changed because staff are not here.* (Maata)

Ngaire discussed her desire to have more Māori nurse educators in the programme particularly in the clinical space. This was important to acknowledge as participants voiced the need to have access to Māori nursing role models to validate their learning and experiences through a Māori lens:

> *In this programme, more clinical Māori staff. Yeah, on the clinical side, on the nursing side. That's what I think, cos it would make it better for us…. they'd be more approachable or might have a better level of understanding and just get it.* (Ngaire)

Mere recalls studying at another institution when unanticipated changes to classroom teaching were managed so that student expectations were met. The impact of unexpected changes is described in relation to the disruption caused to participants organising their home life, transport, the cost of petrol, and time to be in attendance:

> *I studied in XXXX (Institution) and there was always a tutor whether someone's away, there was always someone filling in and you always had class and sometimes I struggle with that. Being a mum, you could have been doing some other stuff that would have made your life a little bit easier… I could have gone to that school thing with my kids… We are paying for this at the end of the day… Sometimes I feel sorry for the ones that travel in from Tauranga, Ōpōtiki, Kawerau because they didn't have to come in just to do readings. It has been like that this year [2019] and I think there's not enough teachers, so that's been annoying.* (Mere)

**"It's just everything, marrying it all together and being able to do it."**

Although whānau provide a great deal of support, this also presented challenges for some participants. One of the themes identified from the interview data was the difficulty that many participants had balancing whānau commitments and prioritising their study. As a collectivist culture, maintaining whānau relationships and responsibilities is important for Māori. Making study a priority was not easy for some who had family and community responsibilities.

The following statements are illustrative:

> *I'm pretty strong academically. I don't struggle with any of the coursework. What I have to juggle is being able to do that while I'm still giving bits of myself where else I need to. If I was just studying and I wasn't mum and I wasn't a daughter and I wasn't wife and I wasn't all the other things, I'd have no trouble. It's just everything, marrying it all together and being able to do it.* (Roimata)

> *So, I wake up in the morning, do my dad's meds, weigh him, check his oedema up his legs to see how bad. Do all his checks, go to school—oh, go to shift, work my 8 hours then finish. I did that for 2 weeks it just about killed me. I was absolutely buggered to the point I probably*

*should've not gone to placement some days cos I was so tired. Cos while I'm a daughter I'm still a wife and a mother. And I still tried to keep up everything else I was doing.* (Kiri)

**"Just surviving."**

Generally, financial challenges associated with being a full-time undergraduate student are acknowledged for both Māori and non-Māori students. Most of the participants stated that they "survived financially" through student allowances; three participants had part time or casual jobs; and others had assistance from partners or whānau. Affordability of uniforms, books, and state final examination fees were extra costs that the participants struggled to pay, with some students resorting to fundraising events. In partnership with the TEC, the TWWOA School of Nursing made changes in 2019 so that course-related costs such as state examination fees were included in the total tuition fee to mitigate financial barriers.

*This year they've changed all of that [fees]. Even our state, we had to fork out over $200, and a lot of us didn't have that, so it was about doing sausage sizzles. This year they [students] paid it in their fees, so state final exam is already paid. The first cohort and our second cohort, we said we need everything [course costs] in the fees. Cos a lot of us struggled to come up with that extra money. We've also handed our uniforms on to other tauira [students] so it's not an extra expense… books and all that sort of stuff, yep we just passed them down.* (Manaia)

*I'm quite independent. I have a partner and a daughter… I have a part-time job that helps keep me sane. Other than that, I'm just on student wages so, yeah, just surviving. If I didn't have a partner I'd probably be at my parents' house. Things can get tough, but it's the sacrifices that you make to get to where you wanna be*. (Aroha)

## Summary

The chapter has presented an overview of the data that was generated from the participant interviews. By performing a thematic analysis process, five themes were identified from the participants' experiences, perceptions and insights as Māori nursing students enrolled in the TWWOA BHScMN programme. Specifically, these experiences were explored in relation to how the interweaving of mātauranga Māori and strengthening of cultural identity has contributed to their success, and the challenges they faced as undergraduate students.

The first theme was succeeding for whānau. The ideas expressed within this theme show that most Māori students that enrol in the wānanga programme begin their pursuit of higher education at an older age and in an academically disadvantaged place. To ensure success, they require an extensive amount of whānau and institutional support, and ideally academic career preparation to "make the leap" into the degree programme. Most participants were committed to pursuing a career in nursing

because of their strong desire to provide a better life for their whānau and more broadly, to contribute to their communities. However, if the overarching goal is to increase the Māori nursing workforce, more work is required to support the foundations that enable Māori students to succeed in higher education.

Theme 2 explored the impact of mātauranga Māori as an integral aspect of the learning space. For Māori nursing students, the familiarity of the wānanga environment, lack of competitiveness, and strengthening of cultural identity was essential in supporting their success. Thus, creating culturally responsive environments that support the cultural capital of students is needed to bolster academic success for Māori.

The third theme focused on dual competence and ethnic concordance. The participants identified the strengths that learning Māori knowledge, concepts, approaches, and practices brings to clinical practice and Māori health. Building a Māori nursing workforce that can negotiate both worlds is an asset, but may also be a challenge for Māori nurses once in the workforce. For students of TWWOA, the programme brings depth to cultural safety and cultural competency training and is viewed as an intrinsic factor when caring for Māori whānau.

Theme 4, whanaungatanga, explored the social networks established in the wānanga setting. Participants formed strong bonds with student peers which established a Kaupapa-based whānau, informal learning communities and a cultural enclave. The collective effort required to support Māori students was exponential, specifically related to the human resources available to the students. Teaching staff provided time in and outside the classroom to support students' learning. However, balancing academic support was identified as important to promote both consistency with academic rules and regulations and the need to "grow" independent learners.

The final theme, threats to success, looked at the challenges participants face on their journey to completion. These include: academic preparedness for bachelor-level study; experiences of negative attitudes, racism and stigma; the difficulty of recruiting Māori nursing academics to the wānanga; balancing whānau and study priorities; and the financial hardship of student life. These challenges will be explored further to support recommendations for nursing education and Māori nursing workforce development.

In the following chapter, the key findings from all five themes are analysed and discussed with the wider literature. The implications and recommendations of the study are then presented.

# Chapter 6

# Discussion

## Introduction

The study aimed to explore how privileging mātauranga Māori and strengthening cultural identity in a wānanga undergraduate nursing programme contributes to the educational outcomes of Māori students. This study found that, overwhelmingly, Māori nursing students reported a strong determination to succeed for whānau and that privileging mātauranga Māori in a nursing degree was central to their engagement. The findings of the study demonstrate that learning dual competency in both mātauranga Māori and nursing knowledge allowed these students to successfully negotiate working with Māori and non-Māori patients and their whānau with competence and safety. Furthermore, the wānanga education environment was highlighted as culturally responsive, affirming of cultural identity, and adaptive to student teaching and learning needs. Intensive academic and pastoral support was available to students throughout the 3-year degree. This approach demonstrated both affirmative action and a commitment to increasing Māori achievement and academic success. In the wānanga context, strong relational trust between students, faculty, and the local community was identified; this created a sense of connectedness and belonging. The location of the indigenous university was an advantage as being based locally allowed students to stay in their communities and access whānau support networks. This was identified as a key factor to pursue a career in nursing and for student retention. However, there remained significant barriers for Māori students in terms of academic preparedness for bachelor-level study, the difficulty of recruiting Māori nursing academic faculty, experiences of racism and stigma, and ongoing challenges of financial hardship while maintaining whānau responsibilities. These findings are important for all TEPs providing nursing education, to inform programme delivery and to facilitate change that aims to achieve equitable outcomes for Māori students. In this chapter, these findings will be discussed with relevance to the wider literature. Strengths and limitations will also be summarised.

## Realising Māori Potential

Factors that supported student participation in the BHScMN programme were centred on cultural aspirations and the socioeconomic benefits of qualifying as a Māori RN: to enable whānau, hapū and iwi development. According to Pidgeon (2008), family background has the largest and most consistent influence on indigenous students' intentions prior to pursuing a degree. Moreover, role modelling was identified as instrumental in participants' determination to succeed for whānau, particularly to set educational aspirations for the next generation. The findings conceptualised student engagement and determination to succeed as broader than the individual self; rather, the focus was much broader and

encompassed Māori collectivist values of success in education. Other research supports this knowledge base, where Māori and indigenous minority students share similar values such as empowerment of self and capacity building, and community goals towards improving indigenous health (Curtis, Wikaire, Kool, et al., 2015; Goold-Oam & Usher, 2006; Loftin et al., 2012; Milne et al., 2015; Tranter et al., 2018; Usher et al., 2005; Wilson et al., 2011). Similarly, this is a core principle of the Māori-medium educational movement: to provide for the needs and aspirations of Māori peoples (Pihama et al., 2019; G. H. Smith, 1997). As such, Kaupapa Māori education models are located as part of a wider struggle by indigenous Māori to make transformative change that is underpinned by self-determination (Pihama, 2001; L. Smith, 1999). Thus, the findings emphasise the importance of active engagement of families, whānau, and communities in health career recruitment and retention (Curtis, Wikaire, Stokes, et al., 2012; Sciascia, 2017; Usher et al., 2005; Usher et al., 2006; Wilson et al., 2011).

Consistent with Durie (2006), the findings confirm that students' motivation for learning is co-constructed with whānau, to jointly identify potential and enable "promise" to be realised. This was significant for participants who were the first generation in their whānau to go to university. The study found that attaining a university education was perceived as an opportunity to drive educational and future-oriented goals within their immediate and extended whānau. This was considered an external motivator to succeed. Numerous authors report that first-generation indigenous minority students have greater needs transitioning into higher education, specifically students whose parents or wider community have not experienced a university system (Apfelbaum et al., 2016; Burger & Walker, 2016; Dennis et al., 2005). This study suggests that first-generation students have a significant role to play in building a sense of self-efficacy and peer mentoring within their whānau, to guide future recruitment and the experience of transitioning into tertiary study. This is an important finding because it places emphasis on factors that may influence academic outcomes for Māori, such as whānau aspirations and Māori potential, rather than cultural-deficit theories of failure. It reflects the need for TEPs to address and allocate resources to improve engagement with and early health career advice for Māori students and their whānau. The literature supports this finding as a means to address deficit or failure discourse so that Māori and whānau have access to enrichment activities [14]in the tertiary environment and to build trust within the community (Curtis, Wikaire, Stokes, et al., 2012). In addition, exposure to enrichment activities may enhance a student's confidence and motivation to apply for undergraduate study, thus unleashing Māori potential.

[14] Enrichment activities such as visits to tertiary institutions to expose indigenous minority students to the university environment, role models, and health career advice (Curtis, Wikaire, Stokes, et al., 2012).

**Privileging mātauranga Māori in nursing education.**

The privileging of mātauranga Māori in the TWWOA BHScMN programme had a significant impact on participants' educational experiences and outcomes. Findings of this study correspond with the literature suggesting that inclusion of indigenous epistemologies in educational institutions and within nursing curricula is crucial to recruitment, retention, and completion outcomes for Māori and indigenous minority students (Adds et al., 2011; Anonson et al., 2008; Curtis, Wikaire, Kool, et al., 2015; Curtis et al., 2014; Curtis, Wikaire, Stokes, et al., 2012; Foxall, 2013; Goold-Oam & Usher, 2006; G. H. Smith, 2000; Loftin et al., 2012; Martin & Kipling, 2006; Mayeda et al, 2014; Mills et al., 2014; Milne et al., 2016; Morrison, 1999; Pijl-Zieber & Hagen, 2011; Pidgeon, 2008; Pihama et al., 2019; Ratima et al., 2007; Stansfield & Browne, 2013; Theodore et al., 2017; Tranter et al., 2018; Usher et al., 2005; Wilson et al., 2011). Results of this study found that inclusion of mātauranga Māori as a core component of the nursing curriculum supported and nurtured Māori students to feel culturally safe. TWWOA, as an indigenous university, created a welcoming and culturally responsive introduction to higher education for these Māori students. The cultural familiarity of the learning environment, lack of competitiveness, and affirming of cultural identity were consistently voiced as pivotal to student persistence in the programme. This supports evidence in the NZ literature that advocates the need for tertiary institutions to empower Māori students in their education experiences, where Māori knowledge, worldviews, and norms can and should be nurtured (Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al., 2015; Curtis, Wikaire, Kool, et al., 2015; Curtis, Wikaire, Stokes, et al., 2012; Foxall, 2013; G. H. Smith, 2000; Ratima et al., 2007; Sciascia, 2017; Theodore et al., 2017; West et al., 2013; Wilson et al., 2011).

Scholars have argued that the retention of Māori students in higher education requires TEPs to intentionally create cultural spaces that are inclusive of physical, cultural, theoretical, methodological, and pedagogical spaces to make meaningful and transformative change (Morrison, 1999; Pihama et al., 2019; L. Smith, 1999). Similarly, the findings in this study suggest that there is a critical need for universities to commit to indigenous interventions that support indigenous students and their knowledges, and to prioritise decolonising of dominant education structures. Thus, the strengths of learning within an indigenous context for these participants were clear. The opportunity to learn te reo Māori and tikanga Māori extended students' learning beyond vocational nursing training: to learning for self-discovery and to make useful contributions back to their whānau and communities. Unique to this study was the insight that interweaving mātauranga Māori in nursing education assisted with reclaiming or reaffirming of taha Māori (Māori heritage). The participants were diverse not only in terms of their previous educational experiences, but also in terms of their whānau backgrounds and "access" to te ao Māori. Comparable to other indigenous peoples, Māori suffered colonial trauma

because of systemic colonisation of all aspects of Māori ways of life, including suppression and marginalisation of Māori language. The research findings strongly reflect that the provision of culturally relevant curriculum content created a sense of connectedness where Māori students were empowered to "be Māori," to reclaim te reo Māori, to strengthen links to their whakapapa, and practise tikanga Māori. This supports the vision of current government policy and strategies for Māori advancement, where the expectation is that Māori learners are supported to "live as Māori" (Māori Tertiary Education Framework, 2003). Comparably, other studies suggest that learning in ways that draw on student's cultural backgrounds creates a sense of institutional inclusion and pedagogical norm (Chauvel & Rean, 2012; Wikaire, 2015; Wilson et al., 2011).

Culturally sustaining learning spaces such as whare wānanga challenge the Eurocentric Western education model to shift towards inclusivity of Māori approaches to learning—specifically, effective and adaptive approaches that are conducive to Māori learner success (Bishop, 2008; Pihama et al., 2004; Tahau-Hodges, 2010). Participants' descriptions of culturally appropriate learning as "soul food" and "feeling a strong sense of wairua" emphasised the powerful experience of connecting with cultural (the self) identity. This insight is also expressed in the literature indicating that Māori pedagogical approaches may trigger a process of positive transformation that goes beyond the course of study, where Māori students are empowered to actively and confidently participate in Māori society (Pihama et al., 2019; Taniwha, 2014). Education driven from within a Kaupapa Māori framework enables the intergenerational transmission of te reo Māori, mātauranga Māori, and connectedness to the Māori world (Pihama et al., 2019; Taniwha, 2014). Furthermore, this finding has wider implications for Māori health workforce development, where future TWWOA-graduate Māori nurses are culturally competent and safe in who they are as Māori practitioners, and are confidently skilled to engage with Māori whānau, hapū, and iwi to promote Māori wellbeing and better health outcomes.

**Location of training institution.**

One of the major benefits of the regionally located nursing programme was that participants did not have to move away from their whānau support networks to access higher education. Pidgeon (2008) found that internationally, indigenous minority students were more likely to pursue local community education programmes as they were perceived as a less threatening environment, and often geographically closer to indigenous communities. Other NZ studies report the barriers Māori students face when moving away from their home communities, particularly struggling with feelings of isolation and separation (Foxall, 2013; Wilson et al., 2011). Pivotal to the location of this programme was that most participants were mothers, hence being close to whānau support was not only about their own wellbeing, but the wellbeing and care of their children as well. Being located in their home community was an advantage because it lessened some of the social and economic barriers that students may

normally face when relocating for study. Location of the programme was also perceived as contributing towards local iwi development by "growing their own" Māori health workforce to meet the needs of the local population. This is a reflection of one of the original core principles of whare wānanga establishment: to strive for self-determination (Penetito, 2014).

This study found that another core strength of the regional location was the connectedness and relationships built between the TWWOA School of Nursing, local iwi Māori and the surrounding communities. Access to kaumatua was highlighted as important to both students and academic staff for professional and cultural support. Pihama et al. (2019) note that a crucial consideration of tertiary institutions is to become "culturally ready" to support Māori students and their knowledges. This can be actioned through supported cultural professional development of academic faculty that is connected to whānau and their communities (Curtis, Wikaire, Stokes, et al., 2012; Foxall, 2013; Sciascia, 2017). This study highlights that for Māori students to thrive within mainstream tertiary contexts, education providers must facilitate and nurture meaningful relationships with iwi Māori to develop collective approaches to indigenous student success.

**Dual competency—mātauranga Māori and nursing knowledge.**

A strong theme identified in the findings related to attaining dual nursing competency through learning knowledge and skills from two worlds: nursing knowledge and mātauranga Māori. There is a dearth of literature on this, although some previous research has explored Māori-centred nursing-practice models and the relationship between contemporary nursing practice and integrating Māori worldviews (Barton & Wilson, 2008; Curtis, Wikaire, Kool et al., 2014; Walker et al., 2016; Wilson & Baker, 2012). This study adds to the current literature where the foundations of Te Ōhanga Mataora BHScMN curriculum are built upon dual competence in hauora Māori (Māori health knowledge) and safe nursing practice. Specialisation in this programme occurs because students must meet dual competency requirements by demonstrating the bridging of these two knowledge bases in academic assessments and clinical practicum assessments. Further, professional development of students in the wānanga context ensures that cultural safety and cultural competency training is prioritised through a Kaupapa Māori lens. This encompasses the utilisation of te reo Māori me ōna tikanga alongside nursing knowledge to make complex nursing decisions. Students also possess an ability to whakapapa to their iwi and understand the historical and contemporary influences that affect the health of Māori.

These findings emphasise the benefit of acquiring nursing knowledge and skills that are embedded in indigenous Māori ways of being and knowing. Importantly, it contributes to the growth of a Māori nursing workforce that is specialised in hauora Māori and provides much needed cultural and ethnic concordance for Māori health consumers. The participants vehemently voiced that being Māori RNs

represented the difference that they bring to the health workforce. Furthermore, building a Māori nursing workforce that can successfully negotiate both worlds, te ao Māori and professional nurse, was considered fundamental to improving Māori health inequalities. These findings support the literature on the importance of having representative indigenous minority groups within health professions. Specifically, this will make a positive impact on service delivery and outcomes of healthcare, and provide for the future health needs of indigenous minority communities (Anonson et al., 2008; Curtis, 2016b; Goold-Oam & Usher, 2006; Martin & Kipling, 2006; Naepi et al, 2019; Williams, 2010).

All participants emphasised the increased level of engagement and relational trust they encountered with Māori clients and whānau in their care, particularly when utilising te reo Māori and the process of whanaungatanga (cultural processes for establishing relationships) in their nursing practice. International literature reflects the benefits of creating a linguistically and culturally diverse nursing workforce: to address growing ethnic disparities within indigenous minority populations, and in the provision of culturally congruent care (Tranter et al., 2018). At the same time, this research acknowledges the importance of training all health professionals to be aware of Māori health contexts so that everyone is accountable for the role they play in providing culturally safe care (Curtis, 2016b). Retaining TWWOA graduates in the workforce is an opportunity to lead transformational change where recognition and integration of indigenous knowledge, approaches, and models of healthcare become the norm. However, Huria et al. (2014) found that for Māori RNs, the application of dual cultural–clinical skills in practice was often undervalued and not recognised in the workplace or reflected in pay parity. Further, Māori RNs who are recognised for their unique collectivedual competencies may have extra cultural expectations placed upon them by non-Māori colleagues. Huria et al. (2014) report that Māori RNs also receive little support with managing racism in the workplace; rather, as Māori RNs became more experienced in their nursing careers, they learn to cope with racist comments or develop an ability to confront racist attitudes. These experiences have the potential to impact workforce retention of Māori graduates. A recommendation from this study is research that explores the experiences of TWWOA newly graduated Māori nurses transitioning into the workforce, to inform cultural safety in the workplace and eliminate racism.

**Whanaungatanga—academic and pastoral support.**

An inherent theme identified in the findings was the concept of whanaungatanga related to the academic, pastoral, and social support networks available to nursing students. Whanaungatanga is fundamental to Māori culture, both as a value and as a social process (McMurchy-Pilkington, 2013). The study found that student engagement and social integration was a strength of the educational environment. Participants described a strong sense of connectedness to their local community and

culture which facilitated meaningful relationships between student peers and academic faculty. The value of whanaungatanga nurtured the establishment of a Kaupapa-based whānau (total nursing cohort) and supportive learning community for Māori students and teaching staff. The wānanga learning community reflected a collectivist culture rather than individualist, and this is also acknowledged in the literature as implicit for indigenous minority student success (Edwards, 2013; Goold-Oam & Usher, 2006; Levett-Jones et al., 2009; Williams, 2011). Further, the findings demonstrated that being with other Māori, in an indigenous cultural enclave, was crucial for navigating the challenges of degree-level study, including the need for additional study support. The Kaupapa-based whānau provided encouragement and emotional and cultural support to persist with study. Other literature consistently reports that the provision of culturally specific student support services is fundamental to Māori doing well in higher education, so Māori learners feel at home and are connected to academic staff , role models, and their peers (Chauvel & Rean, 2012; Curtis, 2016b; Foxall, 2013, Williams, 2010, 2011, in press; Wilson et al., 2011). In this study, cohort-bonding activities such as noho marae and learning waiata deepened the participants' sense of connectedness and belonging at TWWOA. Other literature discusses the importance of eliminating feelings of isolation or cultural alienation for students transitioning into tertiary settings (Curtis, Wikaire, Stokes, et al., 2012; Madjar et al., 2010). This research adds to the knowledge base that through culturally appropriate orientations and activities, Māori students can experience institutional inclusion.

Participants praised the level of commitment academic faculty invested in students' academic development. This also included additional pastoral support where faculty members acknowledged the complexities of balancing personal lives, accepting that it is also part of the student journey. The findings reinforce the evidence base that positive and nurturing teacher–student relationships are crucial to the educational success of Māori students (Airini et al., 2011; Curtis, 2016b; Foxall, 2013; Mayeda et al., 2014; Williams, 2010; Wilson et al., 2011). In this study, the academic faculty prioritised building relationships, taking time to get to know students and their individual backgrounds, and being accessible both in and outside the classroom.

Like other research, this study found that to enhance learner experiences and aim for success, teachers must incorporate adaptive approaches to learning and expose students to different ways of thinking (Airini et al., 2011; Mayeda et al., 2014; Tahau-Hodges, 2010; Williams, 2011). Teaching staff used interactive teaching approaches (group-based learning, visual, HoloLens,[15] kinaesthetic, and marae based) that influenced positive engagement in learning for participants. Sciascia (2017) posits

[15] HoloLens is worn like a pair of sunglasses as a head-mounted unit and simulates virtual images with spatial effects such as holographic images of practitioner–patient scenarios and human anatomy. It is used at TWWOA as a teaching–learning tool for science and clinical practice.

that “learning becomes a holistic exercise where student needs are catered to and the learning environment is conducive to reciprocal interaction and communication” (p. 11). Within this study, the concept of ako was expressed as a teaching and learning approach that Māori students experienced. This is where the teaching model places the teacher and student at the same level, and where they both learn from each other (Lee, 2005). Participants described learning as “team bonding” because working in groups alleviated feelings of whakamā and created a sense of safety. Furthermore, participants highlighted that non-Māori academic staff consistently demonstrated a commitment to Māori cultural traditions and values and the use of te reo Māori in the classroom. Previous research complements this finding where the “decolonised nature” of the teaching and learning environment can positively enhance class cohesion, cultural identity, and students’ motivation to learn (Airini et al., 2011; Curtis et al., 2014; Curtis, 2016b; Prebble et al., 2004).

However, balancing the provision of additional academic support was identified as an important issue in this study, particularly to ensure consistency with academic rules and regulations and the need to grow independent learners. The findings suggest that the perceived “overprovision” of academic support for some students who struggled with meeting course requirements needs to be addressed. The limited literature on balancing appropriate levels of support recommends that faculty must evaluate what is appropriate for teacher–student interactions, from both a cultural and a professional perspective, as this is crucial to enabling the growth of independent learners (Curtis, 2016b; Curtis, Wikaire, Kool, et al., 2015). Curtis (2016b) found that “providing less than professional type of interactions with students that encourage dependency is to be actively discouraged within programmes” (p. 200). These findings support the need for teaching staff to provide guidance while allowing students to develop and practise independent learning. This study recommends further research to evaluate and critique academic- and pastoral-support models to guide independent learning in nursing programmes.

## Barriers to Success

### Addressing the gaps in academic preparation for bachelor-level study.

Current literature reports that within the NZ context, despite the introduction and availability of bridging foundation programmes to support recruitment of ethnic minority students (Māori and Pacific), retention remains a significant issue once students transition into degree-level programmes (Curtis & Reid, 2013; Curtis, Wikaire, Jiang, McMillan, Loto, Airini, & Reid, 2015; Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al., 2015; Curtis, Wikaire, Stokes, & Reid, 2012). The findings in this study suggest that the TWWOA BHScMN programme is no exception. At TWWOA, the bridging foundation programme offers an alternative admission pathway into the BHScMN. This aims to increase equity in access and performance within the degree programme. More than 60% of enrolments into the

BHScMN are mature students over 25 years of age. Like other TEPs in NZ, TWWOA has flexibility in student admission processes to identify the "best starting point" for entry (Curtis, Wikaire, Jiang, McMillan, Loto, Fonua, et al., 2015; Curtis, Wikaire, Stokes, & Reid, 2012; TEC, 2014; TWWOA, 2020). Ratima et al. (2007) recommend that tertiary institutions pay more attention to broadening academic criteria for degree entry, to consider life experience, childcare experience, and other work skills to assess potential to succeed. This is reflected at TWWOA, where participants who completed the bridging programme described it as offering more than simply "tertiary access" but supporting them to develop the skills and confidence necessary to pursue the degree.

However, the findings show that even though some students transition into the BHScMN via the bridging foundation programme, overall completion data (graduates) remain concerning (see Table 2). Wikaire (2015) found that for Māori students who did not meet direct-entry criteria into health sciences bachelor-level programmes, bridging foundation programmes were shown to be positively associated with increased achievement in the first year of health sciences study. Therefore, if the overarching goal is to increase the Māori nursing workforce, more work is required to explore the admission processes that support Māori students to succeed. Curtis (2016b) posits that TEPs have an ethical obligation to ensure that students they do recruit have a "realistic chance or pathway for entry" (p. 123) into bachelor-level study, underpinned by a comprehensive suite of culturally responsive interventions. Another study suggests that targeted interventions during the first 2 years of a degree programme may lead to improved academic performance of Māori students and are more likely to lead to greater retention (Wilson et al., 2011). McKinley and Madjar (2014) posit that, to retain students, thorough and regular monitoring, goal setting, and engagement with students are necessary.

This study supports the delivery of bridging foundation programmes as an alternative pathway for Māori students entering BN programmes. However, more work is needed to examine the effectiveness of recruitment activities and, specifically, the academic performance and outcomes of the TWWOA BHScMN. Further, it is imperative that research includes data analysis that explores the predictive effects of admission into the bridging foundation programme and the link to qualification completion, including identification of external factors that contribute to student withdrawal and departure. This will assist with improving future developments in nursing education for Māori.

**Racism and stigma.**

A number of participants described experiencing negative attitudes, stigma, and racism associated with being TWWOA nursing students. Some of the challenging conversations they had with community members, student nurses from other institutions, and health professionals, were

questions related to the legitimacy of wānanga qualifications, such as "not being a real school" or not "producing real degrees" or "becoming a real nurse." The assumption that wānanga education is associated with inferior or lower expectations reinforces the ongoing marginalisation of Māori and Māori knowledge and the colonial constructs present in mainstream education (Pihama, 2001). Similar to the international literature, within NZ "everyday colonialism and racism" have been shaped by the powerful white hegemonic systems that perpetuate institutional racism at a deep and often unconscious level (Al-Busaidi et al., 2018; Anonson et al., 2008; Curtis et al., 2014; Mayeda et al., 2014; Martin & Kipling, 2006; Milne et al., 2016; Ratima et al., 2007; Stansfield & Browne, 2013). Unconscious bias is an automatic tendency for humans to perceive people, situations, and events in stereotypical ways. In this study, the focus on unconscious bias means looking at the way institutional racism and stereotyping is structural and entrenched within institutions such as the tertiary education system. It manifests itself, for example, in power relations through privileging the dominant group's knowledge and is expressed in Eurocentric curricula (Mayeda et al., 2012; G. H. Smith, 2000). Participants clearly illustrated the discrimination they faced with their choice of an indigenous tertiary education. The findings in this study reflect the ongoing domination of unequal power systems in the sector.

Racism experienced during clinical practicum placements was centred on the assumption that teaching staff were "easier" on Māori students and that TWWOA BHScMN students received a lot more support and privileges in comparison to mainstream nursing programmes. These encounters often left the participants feeling stigmatised and challenged for *being Māori*. Pihama et al. (2019) argue that "Māori success in the academic world should not have to be at the expense of our culture and connectedness to the Māori world" (p. 55). The findings add to the literature base where some participants felt grounded in the strength of their cultural identity to challenge discrimination and further propel them towards success (Mayeda et al., 2012). Glynn and Berryman (2015) posit that Māori students have the right to preferred ways of learning and teaching that are grounded within their own ways of knowing. These findings represent a clear need to disrupt the colonial structures of mainstream tertiary institutions and the notion of elitism. Curtis et al. (2014) and Pihama et al. (2019) note the importance of decolonising the academy as the process of re-presenting indigenous health in professional education and training programmes.

Whare wānanga contribute not only to decolonising the academic academy, but support Māori potential towards the collective wellbeing and transformational aspirations of iwi Māori. Nonetheless, there is more work to do to rupture the cycle of oppression of mātauranga Māori in education. Professional development of academic faculty is required so that our teachers and leaders engage with Māori concepts, values, and philosophies to equip them with the tools to create diversity in

learning experiences for Māori and non-Māori learners. Furthermore, it is important for academic staff to understand and appreciate the historical context that Māori learners are operating in to "unlearn" previously accepted "truths" used to deficit theorise Māori culture (Curtis et al., 2014, p. 160). Hence, this study highlights the importance of examining the impact of unconscious bias and "everyday racism" that indigenous minority students experience. Culturally specific training in nursing education is paramount for both students and academic staff to promote cultural understanding, safety, and competence in our future workforce.

**Recruitment of Māori nursing academic faculty.**

A key finding in this study was the challenge to recruit Māori nurse academics. This was considered a priority as the programme was functioning with limited teaching capacity, of which, very few academic teaching staff identified as Māori. Similar to other research, this study found a key factor to effect change in tertiary education is the pressing need to increase the number of indigenous minority academic staff, role models, and leadership roles within universities (Anonson et al., 2008; Curtis et al., 2014; Curtis, Wikaire, Stokes, & Reid, 2012; Foxall, 2013; Goold-Oam & Usher, 2006; Loftin et al., 2012; Martin & Kipling, 2006; Mills et al., 2014; Milne et al., 2016; Naepi et al., 2019; Pidgeon, 2008; Pijl-Zieber & Hagen, 2011; Stansfield & Browne, 2012; Theodore, Gallop, et al., 2017; Theodore et al., 2018; Usher et al., 2005; Williams, 2011; Wilson et al., 2011). Māori academics have remained severely underrepresented despite government diversity policies and strategies that urge action within TEPs to be inclusive of culturally relevant practices, indigenous knowledge, and committed to te Tiriti o Waitangi (Naepi et al., 2019). In addition, the dearth of published literature on the transition of indigenous minority nurses into academic positions both internationally and within NZ, supports and suggests other factors also contribute to the shortage of Māori nurse academics. Other studies note that the ageing of current academic nurse faculty, lack of a clear "academic pipeline" for nurses into academia, and poor preparation for the complexities of the role, hinder development (Logan et al., 2015; Manning & Neville, 2009; McAllister et al., 2019; McDermid et al., 2012). This study supports the need for further research that explores the recruitment, transition, and retention of Māori nurses into academic nursing positions. It also challenges schools of nursing to look at their current strategies and evaluate the provision of equitable academic career pathways for Māori nurses. This study confirms that Māori students need Māori academics who can validate Māori ways of knowing and being in nursing education. Importantly, to create transformational change within the monocultural knowledge systems of mainstream TEPs, institutions must enable and support entry of emerging nurse academics into the academy (Naepi et al., 2019). This will ensure that Māori nursing students have access to Māori nursing role models who have cultural and social insight and a deeper understanding of Māori student realities. The active recruitment of Māori academics is critical to the

systemic change required in the education sector. Creating space within nursing education programmes that privilege and nurture mātauranga Māori is central to the academic success for Māori student nurses.

**Financial hardship.**

The findings highlight the constant financial hardship that Māori students face in the pursuit of attaining an academic degree. Most of the participants stated that they survived financially; however, affordability of extra course costs, care of dependents, and financial commitments of whānau were barriers to completion. In NZ, Māori are more likely to live in households affected by poverty and, as a consequence, Māori students are likely to enter tertiary study with poorer financial circumstances than non-Māori (Perry, 2013; Theodore et al., 2018). In the literature, the cost of higher education is frequently identified as a barrier to Māori participation in tertiary education. Wilson et al.'s (2011) research validates the findings of this study where participants were motivated to study by the prospect of financial stability; however, they found financial hardship is a consistent challenge to staying in the degree. Other studies found that even if Māori students are doing well academically, they are more likely to withdraw after their first year at university for financial rather than academic reasons (Curtis, Wikaire, Kool, et al., 2015; Wikaire, 2015; Williams, 2011).

Currently, the government provides TEPs with equity funding to improve Māori participation in higher education. However, TEPS determine how that is managed based on their own strategies and goals (Theodore et al., 2018). At the same time, the government has introduced changes to the tertiary sector which include increased student fees; reductions in student allowance entitlements based on parental income; and increased student loan repayments (Mayeda et al., 2012). Furthermore, student allowances stop being available to students after 4 years of study (The Treasury, 2012). These government policies are significant and may further impact financial hardship for Māori students, particularly if a student requires extra time to complete a degree. Theodore et al. (2018) suggest that to increase Māori participation in bachelor-level study, the government must lower student fees and increase allowances to address equity. If Māori students are already marginalised by poverty from participating in higher education, this likely affects their children as well. Further, the impact of poverty on wider whānau can be overwhelming for Māori students while studying. In NZ, Māori child poverty is staggering in comparison to non-Māori and translates into poorer educational performance, poorer health, higher incidence of crime, lower income, and higher state-dependency rates (MSD, 2016). It is essential that Māori students who access government study allowances or loans, or those that need more time to complete qualifications, are not disadvantaged further (Curtis, 2016b; Wikaire, 2015). To break the generational cycle of poverty and reduce welfare dependency, the government

must financially incentivise and support the aspirations of Māori students and their whānau to achieve economic, cultural, and social prosperity.

A unique finding in this study was the partnered approach between the TEC and the TWWOA School of Nursing to find solutions to student financial hardship related to course costs. In 2019, changes were made so that all course-related costs for the BHScMN programme were included in the total tuition fee. Providing support for students constrained by their economic circumstances was perceived as contributing to student persistence. Furthermore, TWWOA, with the support of community and iwi funding, also provided low-cost campus accommodation for students in financial hardship and transportation for students living in remote areas who had no access to transport. The international literature supports the need for implementation of financial solutions that contribute to retention. Examples are: positioning satellite programmes in indigenous communities, financial assistance (bonding schemes, study resources, stipends, scholarships), childcare provision, and accommodation arrangements (Anonson et al., 2008; Curtis, Wikaire, Kool, et al., 2012; Curtis, Wikaire, Stokes, & Reid, 2012; Foxall, 2013; Reanga NZ Consultancy Ltd, 2012; Usher et al., 2005). This study recommends exploring a collective approach inclusive of local communities, key nursing organisations, and government, to develop financial solutions that support Māori nursing students to participate in, and achieve, degree completion.

### Strengths

The use of KMR methodology in this study recognises Māori as tangata whenua, the indigenous people of Aotearoa-NZ. It ensures that Māori worldviews, values, and realities are central to the research approach, in a way that is meaningful to Māori (Pihama, 2011; L. Smith, 1999). The value of qualitative methods used, interviews and thematic data analysis, validates the experiences of indigenous Māori student nurses and provides evidence of factors that influenced their engagement and retention in tertiary study. In the NZ context, the strengths of the findings provide a theoretical basis for transformational change in the education sector. The research findings highlight the need for tertiary institutions to create space for Māori that is inclusive of Māori epistemologies and to ensure equitable outcomes for Māori students. Thus, driven by a KMR approach, this study rejects cultural-deficit theorising of Māori inequities in education; rather, it challenges the privileging of Western knowledge systems that impact Māori student outcomes and calls for effective government policy that facilitates real change and accountability (Curtis, 2016b; L. Smith, 1999). Moreover, location of the study within a whare wānanga supported the research by providing an insider view through which knowledge and understanding of the research context was acquired. In addition, the location provided a culturally safe space within which KMR could be conducted.

## Limitations

The small cohort of participants for the qualitative interviews were all from one TEP of an undergraduate wānanga nursing programme in Whakatāne, NZ. Therefore, care should be taken when generalising these findings. Factors that were outside of scope for this dissertation are that other mainstream nursing programmes offered in NZ often require Māori students to move away from their support systems geographically. It would be important to explore additional factors and challenges that may hinder student success in these settings. Further, only female Māori nursing students volunteered to be interviewed; therefore, this study may not represent the perspectives and experiences of all Māori student nurses. This offers an opportunity for more research that involves Māori men who are student nurses and those from other regions. Future research could explore the inclusion of students from a range of programmes, including wānanga, that describe the influence of wānanga environments compared to mainstream TEPs for Māori students. Non-Māori students who volunteered to participate in this study (but were excluded for the purposes of this study) are also an area to be further explored to understand the experience of non-Māori in a wānanga environment.

Despite the limited exploratory scope of this study, it provides rich insights and experiences where there has been very little research. The purpose of KMR methodology is to "allow for the positioning and contextualising of relationships between people, communities, participants, landscape, and the universe as a whole" (L. Smith, 1999, p. 189). These findings claim power and give voice to these Māori nursing students and their experiences in nursing education, and therefore have validity in their own right.

## Summary

In summary, this research is significant because it provides valuable insights into the educational experiences and perceptions of Māori nursing students learning within an indigenous Māori context. The TWWOA BHScMN is distinct from any other NZ tertiary programme in nursing education because it represents the privileging of mātauranga Māori in health science education. This research provides evidence of the effectiveness of indigenous cultural approaches to education delivered through a Kaupapa Māori lens, and the barriers Māori students identified in their journey to completion. The research findings highlight the need for institutional change in tertiary institutions that deliver nursing education. Tertiary institutions must take affirmative action and commit to increasing equity in Māori student recruitment, retention, and academic success to ensure Māori students complete their qualifications. Inclusion of indigenous epistemologies and culturally responsive learning environments that nurture diversity, is critical to growing the capacity and capability of the future health workforce.

Recommendations and final conclusions informed by this research will be made in the following chapter.

# Chapter 7

# Recommendations and Conclusions

## Introduction

This dissertation aimed to explore how privileging mātauranga Māori and strengthening cultural identity in a wānanga undergraduate nursing programme contributes to the educational outcomes of Māori students. The research findings demonstrate the importance of a culturally responsive learning environment that is inclusive of Māori knowledge and practices; is in a geographical location (community-based) that fosters whānau support networks; affirms cultural identity; provides quality academic and pastoral support; provides a culturally safe space that fosters connectedness; and follows culturally adaptive teaching and learning approaches to positively enhance Māori learner success. The findings also reveal challenges to success including: the difficulty of recruiting Māori nursing academic faculty; negative attitudes, racism and stigma that impact student experiences; and whānau commitments and financial hardship. Implications of the research findings are discussed, and broad recommendations for institutional change that supports the engagement and retention of Māori nursing students are made. The chapter ends with overall conclusions for this study.

## Implications

This research contributes to the current knowledge base that seeks to improve Māori participation, persistence, and success in undergraduate nursing education. In addition, it has wider implications related to Māori health workforce development and the education sector. The findings provide valuable insights for TEPs to prioritise action that will improve engagement and academic outcomes for Māori nursing students. Specifically, this research clearly reinforces the need for institutional change and commitment to te Tiriti o Waitangi, embodied in curriculum content that includes Māori epistemologies and culturally relevant approaches to nursing education. Fundamentally, implementing diversity and inclusion policies and practices in tertiary health education is likely to contribute to wider system benefits. For example, growing the capacity and capability of a culturally safe and competent workforce to improve the quality of health services delivered to high-needs minority populations. Furthermore, tertiary institutions must address the need for structural changes that transform the recruitment, retention, and promotion pathways of indigenous Māori academics. These positions are critical to the provision of academic and cultural support, role modelling, and leadership for Māori and non-Māori health sciences students and faculty.

This research demonstrates the need for tertiary institutions to review academic entry criteria and processes as Māori students often enter bachelor-level study at an academic disadvantage and face

other significant institutional barriers including financial and social hardship. This research reflects the importance of location and building strong relationships with indigenous communities. As such, the benefits for these Māori nursing students were centred on being able to remain close to home, connected to whānau support networks, and building collaborative relationships that linked the local community and wānanga. Therefore, fostering strong partnerships between schools of nursing and local indigenous communities is important to ensure access to cultural support for both students and faculty. Moreover, the findings emphasise the need for institutions to critique the provision of academic and pastoral-support strategies throughout nursing degree programmes, to ensure Māori nursing students successfully obtain qualification completion. This study provided local examples of collaborative financial solutions to mitigate financial hardship for Māori students who were economically disadvantaged. Collective solutions to reduce financial hardship and the risk of student departure are necessary to ensure that indigenous minority students are supported to completion and grow diversity in the workforce.

## Recommendations

1. **Informed by the research findings, the following recommendations outline actions that should be employed to facilitate change. Tertiary education providers.**

The findings provide evidence of the effectiveness of indigenous health sciences education interventions delivered through an indigenous Kaupapa Māori lens. This research challenges TEPs to be inclusive of indigenous epistemologies to ensure targeted support for indigenous students towards successful completion. Recommendations include:

- Development of equitable academic career pathways for Māori and indigenous minority academics.
- Recruitment of Māori and indigenous minority nurse academics in all schools of nursing.
- Development and implementation of indigenous nursing curricula and content that is culturally inclusive and affirms cultural identity to support retention.
- Provision of additional academic and pastoral support for Māori students that is culturally appropriate and whānau-based to enhance a sense of belonging.
- Access to subsidised childcare particularly for clinical practicum requirements.
- Establishment of partnerships between schools of nursing and indigenous communities to ensure the provision of academic and cultural support for students and faculty.
- Development and implementation of professional development for nursing faculty that includes adaptive teaching and learning approaches that are culturally responsive.

- Development and implementation of professional development for nursing faculty that includes: cultural safety and competence training related to understanding the multilevel needs of Māori students, and re-presenting indigenous nursing curriculum and content to reduce institutional racism and discrimination.
- Continued development of pathways from secondary school into BN programmes that are accessible to Māori. For example, bridging foundation programmes. This also requires strengthening relationships between secondary schools and TEPs to ensure Māori students and their whānau have early support to entry requirements into higher education.
- Exploration of the development of community-based nursing education programmes that: support Māori participation in tertiary health study, promote indigenous student success, enhance access to whānau support networks, and ensure that local community workforce and population health needs are met.

**2. Policy**

The findings from this research inform the need for policy makers to prioritise equitable outcomes for Māori in the education sector and the ongoing impact to growing diversity in the health workforce by:

- Improving reporting of ethnicity and academic performance data of TEPs for Māori and non-Māori nursing students to ensure transparency. Reporting should also include the number of Māori academic staff in each nursing institution
- Driving the development and implementation of culturally inclusive indigenous education models across the education sector to target Māori achievement and improve academic success, including exploration of community-based nursing programmes that target population health needs.
- Assessing and developing funding investment (bonding scheme/financial stipends) for wānanga nurse graduates to increase the capability and capacity of the local nursing workforce and to meet the health needs of the region.
- Reviewing and changing government funding policy for student allowances and loans to ensure Māori are incentivised and supported to participate in and complete higher level tertiary qualifications. Ensuring that Māori whānau achieve positive outcomes across all social determinants of health and wellbeing through investment policy that boosts Māori achievement in education.
- Ensure pay parity for nurses who work in Māori providers and community settings to encourage student nurses into these settings.
- Committing to te Tiriti o Waitangi to ensure Māori are represented at all levels of education and health leadership and decision making.

**3. Further research.**

Further Kaupapa Māori research is recommended to add to the knowledge base for establishing and implementing best practice interventions that target equitable educational outcomes for Māori nursing students. This can be achieved by:

- Conducting a longitudinal study and analysis of a large cohort of undergraduate Māori nursing students that examines enrolments, progression, attrition, completion rates, and educational experiences.
- Exploring and measure the impact of bridging foundation programme participation on academic performance and outcomes for Māori nursing students at TWWOA.
- Developing further research that measures institutional factors that promote academic success (e.g., the proportion of Māori academic staff, culturally relevant course content, interventions that address struggles with certain papers) across all TEPs that offer undergraduate nursing programmes, Māori nursing programmes and/or Māori parallel nursing streams.
- Conducting research that explores the experiences of TWWOA Māori new graduate nurses transitioning into clinical practice.
- Conducting research that explores the experiences of Māori nurses transitioning into academic educator roles. This could develop a Māori academic career pathway that supports the recruitment of Māori health professionals into academia.

## Conclusions

This research aimed to provide valuable insight into the experiences of Māori nursing students learning health sciences (nursing) within an indigenous university and underpinned by mātauranga Māori. Unique to other undergraduate nursing programmes offered in NZ, Te Ōhanga Mataora BHSCMN represents the positive impact that inclusion of indigenous knowledge, worldviews, and practices has on Māori student success. Given the significant workforce shortage of Māori nurses and the inequitable health status of Māori, there is an urgent need to improve and support the recruitment, retention, and completion of Māori student nurses in undergraduate programmes. These findings call for all TEPs to examine and critique their current education models, curricula and content. Importantly, TEPs must look deeper at how nursing programmes are delivered to ensure that they are culturally inclusive, relevant, and that they are deliberate in their actions to meet the needs of Māori students. Implications of the findings call for transformational change in the education sector to address the educational drivers of inequity at a secondary school level and subsequent barriers to access to higher education. This has major repercussions for the advancement of iwi Māori and requires critical examination of societal structures. Schools of nursing must also recognise that Māori

students require strong whānau support to thrive in academia. Pastoral care that is inclusive of whānau and supports whānau relationships through geographical location and inclusivity, will build stronger Māori educational outcomes.

In summary, TEPs and the government must commit to driving institutional change that is focused on providing equitable and engaging educational opportunities for Māori, to being accountable for improving academic outcomes, and to realising Māori potential into the future. Adopting a strengths-based approach and maintaining the cultural integrity of indigenous students can be achieved through building strong reciprocal relationships and understanding the sociopolitical and economic realities and challenges Māori students face on their journey to completion.

# APPENDICES

## Appendix A: Application for Ethics Approval

**Office of the Vice-Chancellor**
Office of Research Strategy and Integrity (ORSI)

The University of Auckland
Private Bag 92019
Auckland, New Zealand

Level 11, 49 Symonds Street
Telephone: 64 9 373 7599
Extension: 83711
humanethics@auckland.ac.nz

**UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE (UAHPEC)**

05-Aug-2019

**MEMORANDUM TO:**

Dr Terryann Clark
Nursing

**Re: Application for Ethics Approval (Our Ref. 023414): Approved**

The Committee considered the application for ethics approval for your study entitled **Perspectives, motivations and experiences of Māori student nurses enrolled in Te Ohanga Mataora: Bachelor of Health Sciences Māori Nursing Programme..**

We are pleased to inform you that ethics approval has been granted for a period of three years.

The expiry date for this approval is 05-Aug-2022.

**Completion of the project:** In order that up-to-date records are maintained, you must notify the Committee once your project is completed.

**Amendments to the project:** Should you need to make any changes to the project, please complete an Amendment Request form in InfoEd, giving full details along with revised documentation. If the project changes significantly, you are required to submit a new application to UAHPEC for approval.

**Funded projects:** If you received funding for this project, please provide this approval letter to your local Faculty Research Project Coordinator (RPC) or Research Project Manager (RPM) so that the approval can be notified via a Service Request to the Research Operations Centre (ROC) for activation of the grant.

The Chair and the members of UAHPEC would be happy to discuss general matters relating to ethics approvals. If you wish to do so, please contact the Ethics Administrators at humanethics@auckland.ac.nz in the first instance.

**Additional information:**

1. Do not forget to complete the 'approval wording' on the PISs, CFs and/or advertisements and emails, giving the dates of approval and the reference number. This needs to be completed before you use the documents or send them out to your participants.

Please quote Protocol number **023414** on all communication with the UAHPEC regarding this application.

*(This is a computer generated letter. No signature required.)*

UAHPEC Administrators
University of Auckland Human Participants Ethics Committee

c.c. Head of Department / School, Nursing
Mrs Nadine Gray

**Appendix B: Participant Information Sheet**

Faculty of Medical and Health Sciences
Building 505, level 2
85 Park Rd, Grafton
Phone: 09 373 7599
The University of Auckland
Private Bag 92019
Auckland, New Zealand
Email: nmal009@aucklanduni.ac.nz

## PARTICIPANT INFORMATION SHEET

### Perspectives, motivations and experiences of Māori student nurses enrolled in Te Ōhanga Mataora: Bachelor of Health Sciences Māori Nursing Programme.

Thank you for your interest in this study. The information sheet will help you decide if you would like to take part. If you choose to be involved, please contact Nadine Gray (nmal009@aucklanduni.ac.nz) or Dr Terryann Clark (t.clark@auckland.ac.nz).

**Student Researcher:** Nadine Gray (nee Maloney)
**Supervisors:** Associate Professor Dr Terryann Clark
Associate Professor Dr Deborah Rowe

Tēnā koe I invite you to take part in this study that explores Māori health workforce development and what contributes to the experiences and success of Māori student nurses. I currently working as a Clinical Nurse Educator and have previously worked in Māori health at Auckland District Health Board. As a Māori nurse I became aware after reviewing the literature, that little has been written about this topic specifically when learning health sciences [Nursing] from within a Māori tertiary institution such as Te Whare Wānanga o Awanuiārangi. My Masters in Health Science that I am completing at the School of Population Health, University of Auckland aims to add to the body of knowledge and understanding in this area by making the unique experiences of Te Ōhanga Mataora nursing students visible.

**Aims of the research project:**
The aims of this study are to explore your experiences as a Māori student nurse, to provide your perspectives and insights into learning in a wānanga setting where cultural identity and mātauranga Māori are core elements of the curriculum.

**To be eligible to participate in the research**

- You must be enrolled as a full-time student in the Te Ōhanga Mataora: Bachelor of Health Sciences Māori Nursing programme
- You must consent to a recorded one-to-one interview

**What participation involves:**
Your participation is completely voluntary, and you may decline this invitation to participate without any penalty. You may withdraw your participation in the study at any time without giving a reason and without penalty. Assurance has been given from the

Executive Director of Research and Innovation at Te Whare Wānanga o Awanuiārangi that participation or non-participation in his study will not affect your grades, academic relationships, or access to any student services available to you.

If you wish to participate, we will arrange a suitable time and venue for an interview. The interview will be for approximately 1 hour. Before the interview, you will be asked to read and sign a consent form. You will also be asked to answer some demographic questions at the time of the interview, which are voluntary. You can ask for the audio-recorder to be turned off at any time and/or choose not to answer particular questions, without the need to provide a reason. A transcript of the recorded interview will be made available to you to check for accuracy or make any changes. Should you participate and then wish to withdraw your data from the study, you may withdraw your traceable data for up to 1 month after your interview without giving a reason. You will be invited to attend a voluntary consultation hui (meeting) to be held at Te Whare Wānanga o Awanuiārangi to discuss the findings of the research project.

**Data Storage and Retention:**

Your data will be stored securely on password-protected computers and/or in locked filing cabinets. It will be kept for a period of six years and then destroyed. You consent form will be kept for six years, after which it will be destroyed. It will be stored in a locked file separate from your interview data.

Findings from the project will be written up as a Master's dissertation and may also be written up in journal articles or presented at conferences. If the information you provide is reported/published this will be done in a way that does not identify you as its source. There is always potential when conducting research to uncover sensitive and unexpected information. If this were to occur, the research team will respond appropriately and safely and act to find local resources and support for you.

**What are the benefits?**

Although there are no financial benefits or compensation for voluntary participation in the research project, I acknowledge your valuable contribution of time. I also anticipate that by sharing your educational experiences you will benefit future Māori health science students and inform Māori specific educational strategies needed to be successful.

**Further questions or interests:**

If you have any questions about this study, please feel free to contact myself, the Supervisors or the Head of Nursing School at the University of Auckland.

Associate Professor Dr Terryann Clark
Ngāpuhi
University of Auckland
School of Nursing
t.clark@auckland.ac.nz
Direct Dial line: 09 923 9266

Associate Professor Dr Deborah Rowe
Kāi Tahu
Te Whare Wānanga O Awanuiārangi
Director of Nursing and Health Science
deborah.rowe@wananga.ac.nz
Direct Dial line: 07 306 3361

**Student Researcher:**

Nadine Gray Master of Health Science Student (Te Whakatohea)
(nmal009@aucklanduni.ac.nz)
Faculty of Medical and Health Sciences University of Auckland

For any concerns regarding ethical issues you may contact the Chair, the University of Auckland Human Participants Ethics Committee (UAHPEC) at: The University of Auckland Human Participants Ethics Committee, Office of Research Strategy and Integrity, The

University of Auckland, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 ext. 83711. Email: humanethics@auckland.ac.nz

Approved by the University of Auckland Human Participants Ethics Committee on 5 August 2019 for three years. Reference Number 023414.

**Appendix C: Consent Form: Participants**

Faculty of Medical and Health Sciences
Building 505, level 2
85 Park Rd, Grafton
Phone:09 373 7599

The University of Auckland
Private Bag 92019
Auckland, New Zealand
Email: nmal009@aucklanduni.ac.nz

**CONSENT FORM**

**THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS**

**Research Title: Perspectives, motivations and experiences of Māori student nurses enrolled in Te Ohanga Mataora: Bachelor of Health Sciences Māori Nursing Programme.**

**Name of Supervisors:** Associate Professor Dr Terryann Clark
Associate Professor Dr Deborah Rowe

**Name of Student Researcher:** Nadine Gray
Master of Health Science Student

I have read the Participant Information Sheet, have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have had them answered to my satisfaction.

I agree to take part in this research. I consent to the recording of my interview. I agree that the supply of information is voluntary and that the recording of my interview and associated material will be stored securely in a locked filing cabinet and password encrypted computer files.

I understand that the taped interview will be transcribed professionally and the transcriber is bound by a confidentiality agreement. I **wish / do not wish** to edit the transcript of my interview. It can be emailed or mailed to me at the following email/postal address:

_____
___

I also understand that I may amend the transcript up until the end of the data collection phase. I will have two weeks to make any changes. I understand that the data collection phase will end as soon as I approve and return my interview transcript to the researcher.

I understand that I am free to withdraw from the research without any questions or consequences up until the end of data collection.

I have been informed of my right to remain anonymous. A pseudonym (mock name) will be used to protect my identity. I understand that my identity in all information gathered about me will remain confidential to the researcher.

I understand that assurance has been provided by the Executive Director of Research and Innovation at Te Whare Wānanga O Awanuiārangi that participation in the study will not affect my grades or [academic/student] relationships with the organisation.

I agree to the use of anonymous extracts in the dissertation and in associated publications such as conference proceedings and journal articles.

I have been informed of my right to complain and understand that I can approach a Supervisor or the University of Auckland Human Participants Ethics Committee [UAHPEC] Chair at the University of Auckland Research Office with any concerns I have about this research project.

I have been informed that a consultation hui (meeting) will be held at Te Whare Wānanga O Awanuiārangi where all participants and staff will be invited to attend at the end of the project.

I **wish/do not wish** to receive a summary of the findings, which can be emailed or mailed to me at this email/postal address:

_____

Name _____

Signed _____Date _____

Approved by the University of Auckland Human Participants Ethics Committee on 5 August 2019 for three years. Reference Number 023414.

**Appendix D: Consent Form: Institution**

MEDICAL AND HEALTH SCIENCES
SCHOOL OF NURSING

Faculty of Medical and Health Sciences
Building 505, level 2
85 Park Rd, Grafton
Phone:09 373 7599

The University of Auckland
Private Bag 92019
Auckland, New Zealand
Email: nmal009@aucklanduni.ac.nz

**CONSENT FORM**
**DIRECTOR OF RESEARCH AND INNOVATION**
**TE WHARE WĀNANGA O AWANUIĀRANGI**

**THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS**

**Research Title: Perspectives, motivations and experiences of Māori student nurses enrolled in Te Ōhanga Mataora: Bachelor of Health Sciences Māori Nursing Programme.**

**Name of Supervisors:** Associate Professor Dr Terryann Clark
Associate Professor Dr Deb Rowe

**Name of Student Researcher:** Nadine Gray
Master of Health Science Student

I have read the Participant Information Sheet and have understood the nature of the research project. I have had the opportunity to ask questions and have had them answered to my satisfaction.

I agree that participation and the supply of information is voluntary. I understand that the recording of all interviews and associated material will be stored securely in a locked filing cabinet and password encrypted google drive computer file(s) at the University of Auckland.

I understand that the taped interview will be transcribed professionally and the transcriber is bound by a confidentiality agreement. I understand that participants will receive a copy of their transcripts for editing and that they may amend the transcript up until the end of the data collection phase. I understand that the data collection phase will end as soon as participants approve and return their interview transcript to the researcher. I understand that participants are free to withdraw from the research without any questions or consequences.

I understand that participants have been informed of their right to remain anonymous. A pseudonym (mock name) will be used to protect identification in this research. As such, participant identities in discussions, reporting and all information gathered in this study will remain confidential to the researcher.

I give my assurance as Executive Director of Research and Innovation at Te Whare Wānanga o Awanuiārangi that student participation [or non-participation or withdrawal] in this study will not affect grades or [academic/student] relationships with the organisation.

I have been informed of my right to complain and understand that I can approach a Supervisor or the University of Auckland Human Participants Ethics Committee [UAHPEC] Chair at the University of Auckland Research Office with any concerns I have about this research project.

I have been informed that a consultation hui (meeting) will be held at Te Whare Wānanga O Awanuiārangi where all participants and staff will be invited to attend at the end of the project.
I understand that I will receive a report of the findings at the conclusion of the research project.

I hereby give consent for the research project to be undertaken at Te Whare Wānanga O Awanuiārangi.

Name : _____

Designation:_____

Signed: _____Date:_____

Approved by the University of Auckland Human Participants Ethics Committee on 5 August 2019 for three years. Reference Number 023414.

**Appendix E: Email Invitation**

## EMAIL INVITATION TO RECRUIT RESEARCH PARTICIPANTS

**Nau Mai Haere Mai**

**Research Participants Wanted!**

**Title of the Research Project:**

Perspectives, motivations and experiences of Māori student nurses enrolled in Te Ohanga Mataora: Bachelor of Health Sciences Māori Nursing Programme

Nadine Gray (Te Whakatōhea) is a University of Auckland, Master of Health Science student. Nadine is a Registered Nurse and is conducting a research project that will fulfil the requirements of this degree.

**Research Supervisors for this research project are:**

Associate Professor Dr Terryann Clark Associate Professor Dr Deb Rowe

**What is the research about?**

The specific research question that this project will address is:

How does interweaving mātauranga Māori (traditional Māori knowledge) in Te Ohanga Mataora: Bachelor of Health Sciences Māori Nursing programme influence student educational experiences and outcomes?

**The aim of the study is to**:
This study is aiming to explore your experiences, perspectives and insights of being a Māori student nurse enrolled in the wānanga-based programme. This study attempts to explore your educational experiences with the interweaving of mātauranga Māori in the teaching and learning of the health science programme. It will also explore the factors that you feel assist you to be more successful in the programme, and what factors are challenging and perhaps threaten your success. We want to understand what you believe influences Māori nursing students' confidence and competence to become a well-prepared nurse, to make a difference in Māori health.

To be eligible to participate in the project you must identify as Māori, be enrolled as a full-time student in the Te Ohanga Mataora: Bachelor of Health Sciences Māori Nursing programme, and consent to a recorded one-to-one interview.

If you choose to participate, your personal identity will remain confidential to the researcher. As such, a pseudonym (mock name) will be used to protect your identity. Recordings of interviews, transcription and all associated material including your consent form, will be stored securely in a locked filing cabinet and password encrypted computer file at the University of Auckland.

Although there is no financial benefit for your voluntary participation in the research project, we acknowledge your valuable contribution of time and the sharing of your experiences to benefit future health science students, Māori educational strategies and Māori health workforce development.

**When and Where is the Hui?**
If you are interested in learning more about the research project I invite you to a hui (meeting) to discuss participant information in more detail:

Te Whare Wānanga O Awanuiārangi Campus
Whānau Meeting Room

**Date:** XXXXX **Time:** XXXXX

**CONTACT:**

Please feel free to contact us at any time if you have any questions.

Associate Professor Dr Terryann Clark
University of Auckland
School of Nursing

t.clark@auckland.ac.nz

Associate Professor Dr Deb Rowe
Te Whare Wānanga O Awanuiārangi
Director of Nursing and Health Science

deborah.rowe@wananga.ac.nz

Ngā mihi,

Nadine Gray nmal009@aucklanduni.ac.nz

Approved by the University of Auckland Human Participants Ethics Committee on 5 August 2019 for three years. Reference Number 023414.

**Appendix F: Interview Guide**

Faculty of Medical and Health Sciences
Building 505, level 2
85 Park Rd, Grafton
Phone: 09 373 7599

The University of Auckland
Private Bag 92019
Auckland, New Zealand
Email: nmal009@aucklanduni.ac.nz

## INTERVIEW GUIDE

Tell me about why you decided to come into Te Ohanga Mataora: Bachelor of Health Science Māori Nursing.

Are there any key people or events that contributed to this decision?

What did your whanau and friends think about your decision to enrol in the programme?

Have you experienced any questions about Wananga vs. University? How have you navigated that conversation?

Did you know this programme was different to other nursing programmes and would include mātauranga Māori/tikanga/te reo Māori prior to enrolment in the degree programme?

If yes, why did you choose this option?

How have you found the inclusion of Māori world views, knowledge, tikanga and learning te reo Māori as a key component of the programme? What were your expectations and is it all that you expected it to be?

How have you found the experience of learning waiata, karakia, pepeha, noho marae etc?

Tell me what being a Māori student nurse means to you?

Maori identity strengthened? Deepening of cultural identity? How?

What have you found to be rewarding about being a student nurse in a wānanga environment?

What do you enjoy and find challenging about studying at Te Whare Wānanga O Awanuiārangi and the nursing programme?

What academic support and pastoral support is available and what has helped you?

Have there been times when you wanted to give up? How did you make it through?

If yes, did you get support from staff/students within the Te Ohanga Mataora Nursing programme. Describe what helped you.

What do you think has contributed to your success in staying in the programme? Whanau/students/wānanga/goals etc. Who has helped you in your success?

What do you think needs to be done to make it easier for Māori student nurses to succeed in the degree?

Discussion about science base papers:

How did you feel about doing [health] science-based papers? Previous experience with learning science?

How is science taught in the programme? What have you found an effective teaching/learning method for you?

Does the science 'make sense' when you have applied it to the clinical setting? How?

Are there any other things that you think are important for me to know about how this programme could be better to keep [retain] students and prepare them better?

Finally, what does "getting your degree" and becoming a Māori nurse mean for you and your whānau?

Approved by the University of Auckland Human Participants Ethics Committee on 5 August 2019 for three years. Reference Number 023414.

**Appendix G: Transcriber Confidentiality Statement**

Building 505, level 2
85 Park Rd, Grafton
The University of Auckland

Private Bag 92019
Victoria Street West
Email: nmal009@aucklanduni.ac.nz

**CONFIDENTIAL RESEARCH MATERIALS**
STATEMENT OF CONFIDENTIALITY
For Transcriber

**Research Title: Perspectives, motivations and experiences of Māori student nurses enrolled in Te Ohanga Mataora: Bachelor of Health Sciences Māori Nursing Programme**

**Researchers:** Associate Professor Dr Terryann Clark, Associate Professor Dr Deborah Rowe, Nadine Gray (student researcher).

In working with research data (digital files and transcripts of interviews) from participants in the above-named study,
I, _____, will maintain the confidentiality of their identities and accounts. I acknowledge the risk of exposing particularly sensitive information about the research participants and thus I will not discuss these details with anyone other than the researchers, [named above]. In my transcription practices, I will ensure that any printed information that has identifiable information on it will be securely stored in a locked filing cabinet when not in use, across the duration of the project, and not left in view. While it is not likely, but possible, to encounter distressing information through the interview transcripts, I will contact the researcher to initiate discussions about appropriate support services to debrief with. If necessary, provision may be made to discuss confidential aspects of the material with qualified counsellors or psychologists who are bound by confidentiality agreements. After I have received confirmation that the researcher has received the transcripts I will delete any copies I have made as part of the transcription process.

Signed: _____ Date: _____

Approved by the University of Auckland Human Participants Ethics Committee on 5 August 2019 for three years. Reference Number 023414.

**Appendix H: Personal Details Form**

Faculty of Medical and Health Sciences
Building 505, level 2
85 Park Rd, Grafton
Phone:09 373 7599

The University of Auckland
Private Bag 92019
Auckland, New Zealand
Email: nmal009@aucklanduni.ac.nz

## Personal Details Form

Full Name _____

Gender: Male / Female / Gender Diverse

Date of Birth _____

Iwi Affiliation(s) _____

_____

Hapū Affiliation(s) _____

_____

Year of Study Semester: _____ Year 1 2 3
(Please circle)

Contact Details:

Mobile _____

Email _____

**Academic Qualifications (please include the years attended)**

School Qualifications

_____
_____
_____
_____

Tertiary Qualifications

_____
_____
_____
_____

In what year did you leave school? _____

Approved by the University of Auckland Human Participants Ethics Committee on 5 August 2019 for three years. Reference Number 023414.

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