

**Ngā Wawata o ngā Neehi Māori me  
Ngā Tapuhi Māori**

**Engagement Report**

**Responses from Māori Nurses and  
Midwives Nationally**

Te Rau Matatini  
February 2009



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Ngā mihi nui ki a koutou katoa,



**Kirsty Maxwell-Crawford**  
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## Executive Summary

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This report presents findings from a national engagement with Māori nurses and midwives, that Te Rau Matatini was commissioned by the Ministry of Health to undertake. The aim of the engagement process was to gain greater understanding about three specific focus areas. These areas are attraction and recruitment, professional development and leadership.

There were a total of 313 Māori nurses and midwives who provided feedback for this report. Of the total number of participants, 153 provided verbal comments during a series of 11 workshops held nationally. The remaining 160 provided responses through an online survey. Engagement with Māori nurses and midwives was undertaken during November and December 2008.

A mixed methodology of qualitative and quantitative research methods was utilised. Participants could also contribute to the information gathering process through korero, emails and phone.

The report outlines a number of solutions to addressing attraction and recruitment, professional development, and leadership challenges. An additional finding arose during engagement identifying the need for support during all levels of education, from pre-entry through till post tertiary education. Increased numbers of Māori tutors with skills and expertise both clinically and culturally were suggested by participants as greatly contributing to Māori educational success. Mentoring and peer support were also central throughout response sets.

In the focus area of attraction and recruitment, participants suggested that recruitment strategies need to target a more youthful population. Occupational stereotypes of nursing and midwifery professions need to be replaced through effective marketing.

Within the area of professional development, respondents expressed a need for greater organisational support as a prerequisite for achieving professional development. A substantial number of responses indicated a need for flexible work hours to enable participants the opportunity to engage in further study. Locally based training was also requested by participants from rural regions as the cost of travel

and accommodation to attend training outside of their location can mean that professional development is unaffordable. Participants indicated that cultural development training is important, and felt that the significance of it needs to gain better recognition from mainstream organisations.

Insights from participants in the focus area of professional leadership and development provided explanations for how leadership is valued within a Māori context. Fundamental aspects of leadership include the understanding of tikanga Māori and the ability to relate to people were consistently repeated throughout responses. Both these aspects are typical within the Māori culture, unsurprisingly they are valuable and necessary prerequisites to leadership from a Māori nursing and midwifery perspective. Additional qualities have been outlined in further detail in the report. A large proportion of respondents requested nationally driven specific training programmes inclusive of Māori cultural values.

The report provides more depth to the focus areas of attraction and recruitment of Māori nurses and midwives, professional development needs, and the development of professional leadership.

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## Introduction

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The recruitment and retention of Māori into nursing and midwifery has been a significant workforce development priority over the past decade. In 2005, there were approximately 2729 Māori active registered nurses which represented 7.0 percent of active nurses within New Zealand. The initial number of registered Māori active midwives during that year stood at 110 and by 2006 these numbers had increased to 157 representing 6.7 percent (Ministry of Health, 2006).

Despite its importance, outcomes increasing participation in the workforce for Māori nursing and midwifery have been relatively insignificant and requiring further attention. Workforce development for nursing and midwifery requires strategic leadership to extend upon the progress that has occurred and to continue progression (Ministry of Health, 1998; Chalmers, 2003; DHBNZ, 2005; Ministry of Health, 2006; Ratima et al, 2007).

In 2007, the Ministry of Health developed *Raranga Tupuake: Māori Health Workforce Development Plan, a 10 to 15 year plan* to build a competent, capable, skilled and experienced Māori Health and Disability workforce. The strategy aims to increase the number of Māori within the sector, expand the skill base, and enable equitable access to training programmes. In line with this, in April 2008 the Ministry of Health announced a significant investment toward the strengthening of the Māori Health and Disability workforce for the next four years (Ministry of Health, 2008a). Included in this investment is a commitment toward an implementation of initiatives, which focus upon the occupational development of Māori nurses and midwives.

Te Rau Matatini was commissioned by the Ministry of Health to undertake a review of Māori nurses and midwives that would contribute an increased understanding to workforce development. The areas targeted within the report include;

- raising an awareness and profile of Māori nursing and midwifery,
- professional development and
- leadership development / advancement.

To commence, this discussion it is important to acknowledge that nursing and midwifery are viewed as two separate specialist areas of health, further endorsed by the Nurses Amendment Act (Dept of Health, 1990).

The objectives of this report are to represent the combined views of Māori nurses and Māori midwives. Participants have provided their thoughts on the three focus areas outlined above of which generally, nursing and midwifery findings were largely concurrent. However, specific differences are included in the report as they have arisen.

Toward the final period of this project, preliminary findings were shared with key professional bodies such as Ngā Maia o Aotearoa [Māori Midwives professional body]; Te Runanga o Aotearoa [New Zealand Nurses Organisation]; and the College of Nurses with presentations to the Māori caucus [Te Ao Maramatanga] and Te Kaunihera o ngā Neehi Māori following the completion of the report.

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## **Methodology**

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The methodology used to undertake this review comprised of;

- Workshop discussion forums,
- Online survey and
- Informal discussion with key stakeholders.

### ***Workshops***

A series of one day workshops were conducted by a team of Māori nurses across 10 regions of New Zealand during November, 2008. The location of the one day workshops included: Kawakawa, Auckland (South Auckland and Point Chevalier), Hamilton, Whakatane, Gisborne, Taranaki, Wellington, Nelson, Christchurch and Dunedin. The workshops were intended to span a range of Māori nurses and midwives in various health, disability sectors and workplace settings.

There were a total of 153 workshop participants who partook in discussions nationally. The promotion of the workshops was disseminated via email, word of mouth, and phone contact with key stakeholders such as (but not limited to) Directors of Nursing, District Health Boards (DHBs), Primary Health Organisations (PHOs), Non-Government organisations (NGOs), professional bodies and the Ministry of Health.

As there were a number of Māori nursing facilitators conducting workshops in various regions concurrently, a training day was provided to ensure that the method of data gathering was consistent. Facilitators were provided with a standardised template of key prompters that aligned to the three focus areas. As fore mentioned these were raising an awareness and profile of Māori nursing and midwifery, professional development, and leadership development.

After each workshop was completed, the notes were cross analysed and themes extracted. As the information was analysed gradually, it was possible to identify some of the emerging themes from workshops and test some of these observations with participants in subsequent workshops.

### ***Online Survey***

The second method of information gathering involved an online survey consisting of prompts that encouraged both qualitative and quantitative discussions amongst Māori nurses and Māori midwives. The online survey was available for completion from the 4th of November 2008 until the 12th of December 2008. A total of 160 participants who identified as both Māori and as a nurse or midwife completed surveys. The purpose of the online survey was to provide Māori nurses and midwives with an ulterior option to providing comment if they were unable to attend the one day workshops. Participants were aware that they were able to withdraw from completing the survey without any negative repercussions. Participation was voluntary and respondents were not offered material rewards for the completion of the survey.

As both methods have their strengths and limitations, the combination of information gathering styles were utilised to ensure that the findings attained were robust. The data from the workshops and the online survey were collaborated together for thematic analysis.

### ***Discussions with Key Stakeholders***

Phone interviews and discussions with Māori nurses and midwives via email have also been incorporated into the data. In addition to this, there were discussions with key stakeholders (Ministry of Health 2008b, Oliver, 2008) who were developing or had completed projects that had a general interest in midwifery, maternity and nursing workforce development which added further depth.

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## Demographics

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### ***Gender***

The majority (86.9%) of respondents were female. This is likely to reflect the nursing and midwifery workforce. Concurrent with these findings, the high proportion of females within the health workforce profile was reflected in a report produced in Te Rau Matatini Training Needs Assessment (Te Rau Matatini, 2008). Furthermore, national statistics identified that Māori active registered nurses were predominantly female with figures standing at 92.9% (Ministry of Health, 2006).

### ***Ethnicity***

The majority indicated their ethnicity as Māori. Ethnicity was based on self identification, as this has proven to be the most effective means of gaining information on ethnicity (Hirini & Durie, 2003).

### ***Proportion of Māori Nurses and Midwives***

A greater proportion of participants identified as nurses reflected in the figures below. In addition to the information tabulated below, 16 respondents identified as being nursing students.

### ***Online Survey Data***

	Nurses	Midwives	Both	Total
Frequency	146	12	2	160
Proportion	91.25%	7.5%	1.25%	100%

### ***Attendees from National Workshops***

	Nurses	Midwives	Students	Health professionals	Total
Frequency	108	16	16	13	153
Proportion	71%	10%	11%	8%	100%

### ***Workplace Setting***

The Ministry of Health indicated that the most common employment settings for Māori active registered nurses were public hospitals DHB (47.5%), primary health care clinics (9.9%) followed by a public community service (9.7%). These statistics are similar to those identified by Te Rau Matatini outlined in this engagement report. The online survey has separated the two functions Public Hospital and District Health Board.

### ***Online Survey***

There were 160 respondents who completed the online survey. The greatest proportion of respondents worked for District Health Boards (35.1%), followed by Māori Health Providers (19%). A considerable proportion of respondents selected 'Other' as identified in the table below.

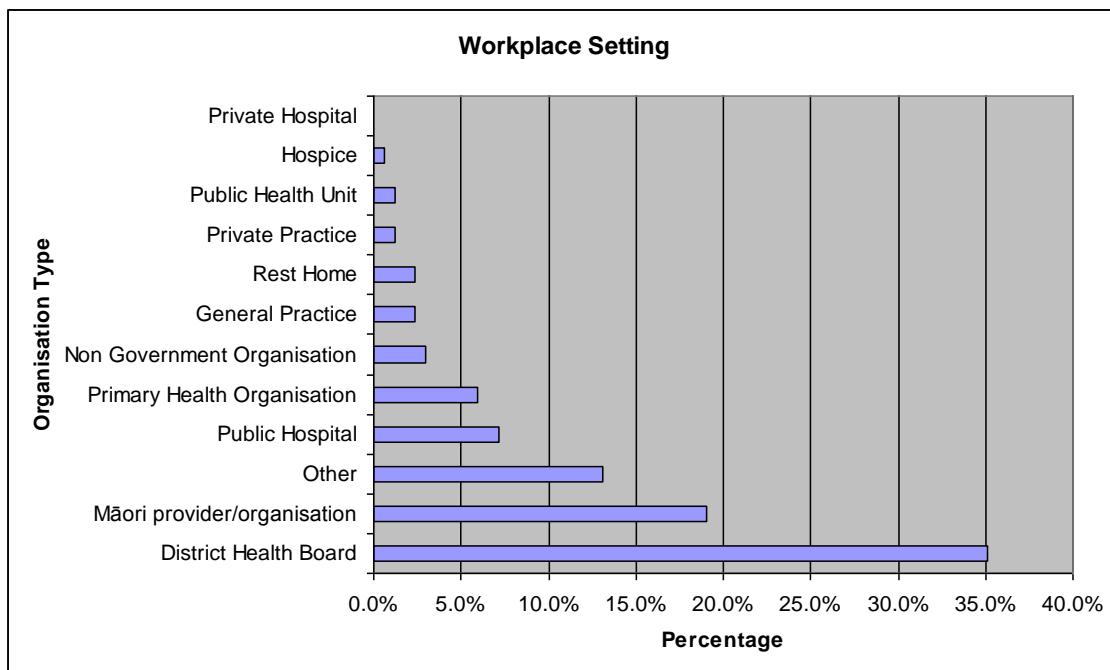


Figure 1. Workplace setting of Māori nurses & midwives completed online survey

### **Attendees from Workshops**

There were 153 workshop participants who provided information about their workplace. Similar to the online survey, District Health Boards (41%) and Māori health providers (20%) retained the highest proportion of respondents with primary health care settings [PHO and General Practice] being third.

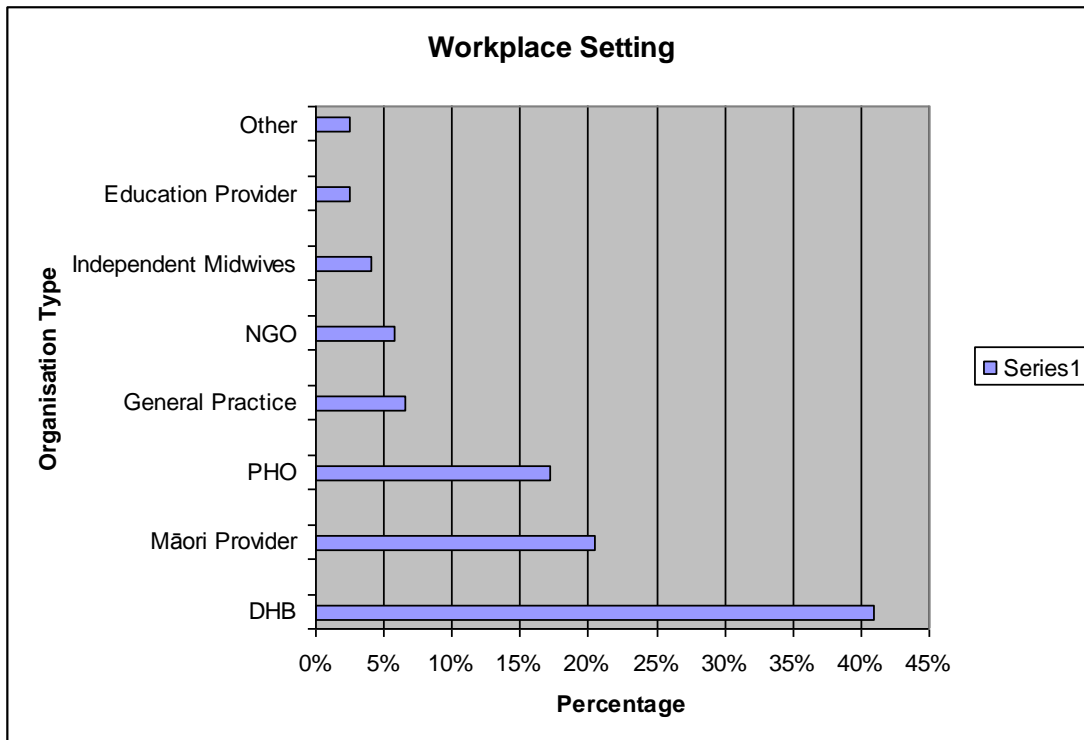


Figure 2. Workplace setting of Māori nurses & midwives attended workshops.

### **Health Career Duration**

A high proportion of respondents indicated that they had more than 10 years experience working in the health sector (63.1%), followed by those with experience from 1–5 years the (17.9%). When interpreting the information, the experience of participants is likely to add to the richness of insight into the professional development needs of nurses and midwives. However, a potential limitation of having mature participants is that the information captured about recruitment is targeted from this generation’s perspective rather than that of youth.

In support of these findings, the Ministry of Health identified specific age groups for Māori active registered nurses and found that they were more likely to be older than younger. Of the total number of respondents, 44.5% were between the ages of 30–44, with a further 46.3% aged 45 and over (Ministry of Health, 2006). The implications of the ageing workforce are discussed in more detail in the attraction and recruitment section of this report. As age was not an identifying factor amongst these participants, the duration of involvement in the health sector is an indicator of the maturity of participants.

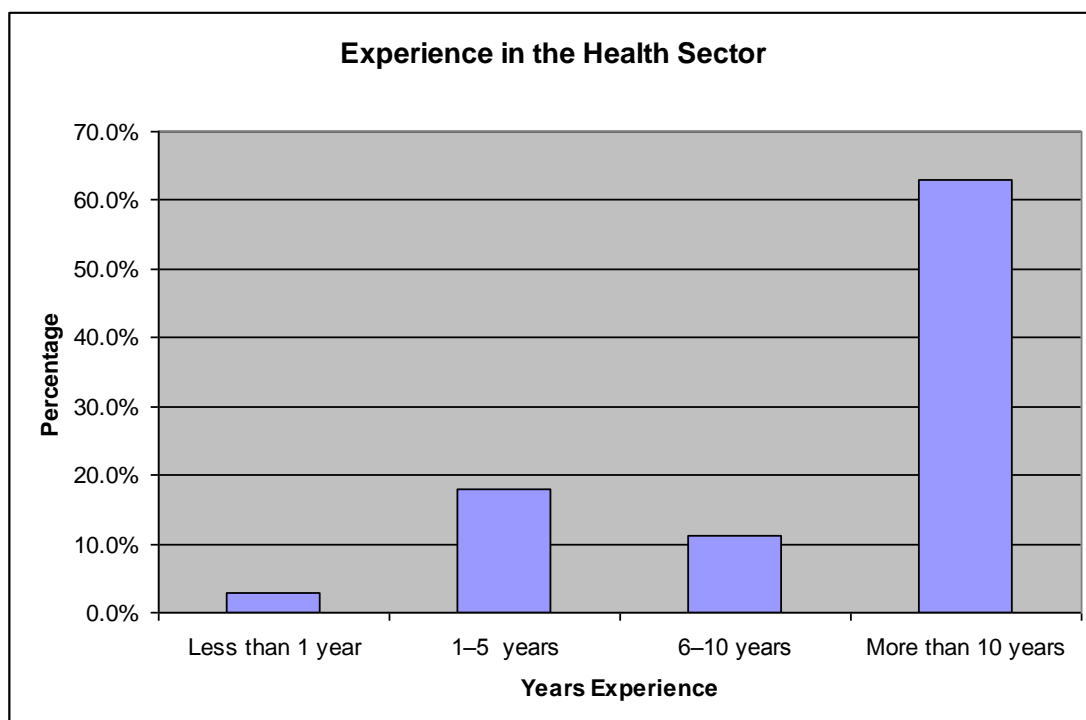


Figure 3. Experience in the Health Sector

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## Attraction and Recruitment

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The profile of Māori nursing and midwifery needs to be raised in order to gain greater interest in the professions. This section of the report outlines the key themes that will assist in the recruitment of Māori to nursing and midwifery professions. When participants were asked to describe features that may attract Māori to midwifery or nursing in the future, two main themes emerged. Firstly, participants who entered into the nursing and midwifery profession indicated that they have done so to improve health, specifically for Māori whānau, hapū and iwi. Furthermore, respondents viewed their “*passion*” for helping Māori move towards the improved quality of life, as the core attraction to nursing and midwifery.

Participants indicated that role models and mentors had contributed greatly in their career option too. A large proportion of role models included members from the participants extended whānau who recommended the profession.

When participants asked about how Māori nurses and midwives could be attracted in the future, respondents suggested *Māori models of practice* need to be implemented. Furthermore, participants noted that within *tikanga* Māori, it is considered virtuous to care for others and to connect to others. Individuals repeatedly referred to the use of *manaakitanga* and *whanaungatanga* as central to their nursing and midwifery practice. While both concepts have been simplified to caring and relatedness within the current context of the report, the culturally specific terms encompass a wider range of values relevant to nursing and midwifery (Simon, 2000). Implications from the current findings suggest that internalized cultural values contribute to the attraction of Māori to nursing and midwifery. Therefore, these concepts could be employed in targeted recruitment strategies in gaining prospective Māori to the occupations.

Rangatahi need assistance with early educational planning and preparation in order to instigate the choice of becoming a nurse or midwife as a career option. Students from years 9 and 10 need to be made aware of pre-requisite requirements for tertiary education (especially scientific components) when considering entry into these professions. Making information available nationally for career guidance counsellors in schooling is likely to assist in recruitment of rangatahi. Funding and resources targeted at attracting Māori to tertiary education in the area of health science will be

needed in order to achieve the outcome of increased Māori participation in tertiary education (specifically nursing and midwifery).

### ***Branding Health***

Similar to most developed countries, the population is ageing and New Zealand will be increasingly dependant upon young people to administrate the country. The Department of Labour (2007) provided a discussion document about the ageing workforces and occupations. The discussion paper suggests that Māori have much higher fertility rates than non-Māori. In addition, it is projected that Māori will contribute to a growing share of the working-age sector as Māori are presently more youthful than the rest of the population due to significantly higher fertility rates (Ministry of Economic Development, 2003).

The use of branding in the area of health is suggested to change current perceptions. A workforce profile of Māori nurses in 2005 suggested that nursing is dominated by individuals with an average age of 45 and over (46.3%), (Ministry of Health, 2006, 2007a). Of the Māori registered nurses in the study, 86.9% were female. As a result of the ageing nursing (and presumably midwifery) workforce, it is likely that occupational stereotypes have developed with the effect of averting prospective rangatahi Māori (especially males). Greater cognitive accessibility of younger role models from both genders is needed in order to promote a more youthful appearance for nursing and midwifery.

In the area of mental health, examples of successful branding include the campaign *Like minds, Like mine* utilising the phrase “*Know me before you judge me*”. Social marketing strategies alike this, used to reduce stigma associated with people who suffer a mental illness may be useful in providing similar principals to rebrand nursing and midwifery. Māori nurses and midwives suggested that the use of effective media coverage for nursing and midwifery is likely to attract Māori rangatahi to the professions. Examples of effective campaigns include TeachNZ, New Zealand Army or the New Zealand Police recruitment initiatives. While the Police campaigns were able to glamorise the workplace situations, the duration of training needed to enter the profession is considerably shorter than for nursing, midwifery, or teaching. Therefore, financial stress is not as high as for those choosing to train in other professions. For professions such as teaching (four year degree), it is likely that

financial assistance offered was an aspect that made the campaign more successful than relying on job satisfaction as a key selling point.

An evaluation report from a pilot recruitment strategy targeting rangatahi Māori in the area of Māori health provided valuable insights about successful recruitment of rangatahi (Te Rau Matatini, 2008). Key recommendations from the study suggest that the content of advertising material entice rangatahi through appropriate wording. Also, the inclusion of face to face visits from real staff talking about their roles would be useful when recruiting. The use of DVDs was another area that rangatahi explained was useful in attracting Māori youth to health professions.

Promotion through use of the internet is likely to prove profitable (for instance, social networks: namely; Bebo and Facebook). Along with multi media to promote messages or to market specific career options for rangatahi would seem appropriate given this generation of youth who have grown up with an exposure to internet, cell phones (texting), electronic games, and other forms of technology.

A recent internet search was conducted to investigate the accessibility of information on how to become a nurse or midwife. Results showed a shortage of information available and user friendly internet navigation is needed to increase accessibility of information to a novice about this career possibility<sup>1</sup>.

Participants suggested a range of strategic marketing strategies to attract rangatahi Māori to nursing and midwifery. These include the following:

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<sup>1</sup>The two best finds upon the Google search engine in December 2008 were [nzgirl.co.nz](http://nzgirl.co.nz) and a Taranaki based careers website; followed by two mainstream focused websites.

[www.nzgirl.co.nz](http://www.nzgirl.co.nz) is an online magazine which has a logon feature that enable blogs; participation within chat forum; various topics of interest immersed within fashion gossip. The magazine has promoted and presented insights into nursing and midwifery within separate articles.

[www.taranakicareers.co.nz](http://www.taranakicareers.co.nz) profiles a Māori nurse as a face to alleviating the health professional shortages in the location as well as profiling what it takes to become a registered nurse.

[www.genevahealth.co.nz](http://www.genevahealth.co.nz) provides a snapshot of what would be required to acquire qualifications to be a nurse but is pitched at an adult level.

[www.careers.govt.nz](http://www.careers.govt.nz) provides some information about how one might go about becoming a midwife.

Ngā Maia website offers an insight into māori midwifery students experiences although most of the internet search provides information about what state midwifery is in [in New Zealand] versus various training programmes and how to locate a Midwife that is pitched toward pregnant women.

### ***Engaging Rangatahi Nationally***

- Television advertisements (adverts placed after drama's such as *Shortland Street*),
- Online social networking e.g: BEBO; Facebook,
- Promotional bus touring NZ,
- Free phone 0800 lines for information,
- Tailored Website – a day in the life of a Māori nurse or midwife. Follow the diary of a group of Māori nurses & midwives,
- Documentary – tell a story about Māori nurses or midwives (past and current).

### ***Engaging Rangatahi at a Local Level***

- Utilise cell phones and text messaging to access information,
- Radio, Music, stage play, Hauora programmes (profile the role of the midwife or nurse),
- Specific Nursing and Midwifery EXPO,
- New graduates act as guest speakers enticing students from local schools.

Career development opportunities and earning potential are significant determinants for rangatahi to choose a career in health (Ratima et al, 2007) which was also supported by participants in this engagement process. Participants signalled aspects such as freedom to use the qualification internationally as an added bonus too.

Recruitment and attraction through advertising requires a nationally coordinated strategy. Initiatives are occurring nationally by District Health Boards, which aim to achieve a coordinated approach to Māori health workforce development (DHBNZ 2005, 2008). Still, additional support is required from a number of government stakeholders to achieve a significant increase in Māori nurses and midwives in the workforce. The Ministry of Health, Ministry of Education, and Tertiary Education Commission could collectively contribute to the promotion of nursing and midwifery.

As nursing and midwifery are health professions, it would be greatly beneficial for the Ministry of Health to source funding for the provision of resources to attract, recruit, and support students. District Health Boards and major health service providers (and professional bodies) could also provide incentives to attract Māori nurses and midwives.

Education is a key component to the improvement of the number of Māori working in the professions. This is expanded in the next section of this report.

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## Education

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Māori educational achievement rates need to be improved, from early childhood education through to tertiary education. Reasons for differences in achievement levels of Māori and non-Māori are complex and deep seated, with a history of intergenerational racism experienced within the education system (Waitangi Tribunal, 1986). Attempts to improve Māori aspirations towards education are included in a pilot programme named *Te Kotahitanga*, based in Waikato that focuses on effective teaching of Māori students (Ministry of Education, 2003). The research that informed the pilot found that Māori students' academic success was largely determined by the relationship they held with their teachers. That is, those positive relationships with teachers proved to be highly beneficial especially for Māori students. Teachers and parents expectations of students greatly impact on the achievement levels also. But, in order for Māori students to gain access to tertiary education, students need to be supported through compulsory education.

Skilled employment is accompanied with higher incomes, better health, and lifestyle outcomes (Nair, Smart & Smyth, 2007). Tertiary qualifications provide greater opportunities to experience skilled employment. Therefore, it can be assumed that greater quality of life will accompany those who gain a tertiary qualification. Māori that achieve successfully in their education and are confident in Māori cultural knowledge have been viewed as an asset in the employment market (Jackson & Fischer, 2007). Employment options for Māori with skills both culturally and technically are greatly increased through education. Therefore, investment in education for Māori is likely to produce profitable returns for Māori and others.

The following section describe the components that span across all possible age groups that the participants believed were important to invest in, in order to encourage Māori to choose nursing and midwifery as a career option.

### ***Formative Years - Building the dream***

Engaging people early about their educational decision making is an approach that teaches young people about the choices of learning, school and the education system. Feedback from the participants reiterated the need to facilitate the ambition of becoming a nurse or a midwife amongst Māori early, by exposing them to a range

of role models who will provoke an interest in nursing and midwifery (for example, Māori nurses and Māori midwives visiting local homes, preschools, school and community groups).

### ***Rangatahi Preparation***

While the majority of participant findings about engaging rangatahi have been expressed in the previous section, additional comments have been made below.

The preferred entry age into undergraduate nursing and midwifery programmes varies between the minimum ages of 17 and 18. School leavers are required to have at least 3 years of secondary schooling and either NCEA Level 2 or preferably Level 3. However, Māori are less likely to meet the university entrance requirements by the end of year 13 than non-Māori (Wang et al, 2007). Māori students with school qualifications below NCEA Level 3 have a lower chance of completing a Bachelors Degree within five years (Ministry of Education, 2005). The Ministry of Education's Māori Education Strategy 2008–2012 - Ka Hikitia aims to increase Māori engagement in education from early childhood through to tertiary education (Ministry of Education, 2008). In order to implement strategies, funding and resources are a necessary prerequisite in achieving the outcome of increased Māori participation in nursing and midwifery education.

Nationally, there are a diverse range of methods to communicate to or encourage Māori rangatahi the promotion of and a consideration in health as a career possibility. Proposed strategies are as follows;

- Māori nurses and Māori midwives available to schools, for career days and in the community,
- Mock interviews provided by Māori so that potential Māori students understand entry processes and what is required within undergraduate education programmes,
- College students spending a day or so in a typical undergraduate nursing or midwifery class,
- Course / programme advise to be easily available,
- Pre-entry educational support programme,

- Mentoring/peer support,
- Academic preparation and guidance.

There are initiatives that are developed for Māori rangatahi, which deliberately invoke an interest in health as a career by orientating them to the necessary qualification or and education programme, by an exposure to health career possibilities, by guidance and support academically and socially to ensure they meet the necessary entry requirements<sup>2</sup>. One initiative extends further upon these elements with the ongoing provision of mentorship throughout the undergraduate journey into the first year of practice<sup>3</sup>. Participants suggested that face to face interaction is the most effective means of improving academic outcomes for students, so mentoring is likely to be greatly beneficial.

### ***Engaging Mature Audiences***

Attracting and retaining workers of all ages and developing the existing workforce are high priorities. A key strategy is to visibly position health careers in a manner that is accessible and appealing to a wider range of people who may not have previously considered working in the sector (Ministry of Health, 2007a). The majority of mature Māori (over the age of 30 years) are currently enrolled in *Wananga*, with more than twice the amount of women enrolling than men (Ministry of Education, 2006). Nursing and midwifery education could capitalise on the current trends of mature Māori participation in education through targeting recruitment in *Wananga* accompanied by resources to support the influx. Mature students often have responsibilities of supporting dependents (Department of Labour, 2007), therefore flexible learning was requested by participants as being a key requirement.

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<sup>2</sup>E.g: Counties Manukau DHB; [historically] Nelson Marlborough DHB; Whakapiki Ake; Manawatu DHB[developing].

<sup>3</sup>Auckland District Health Board – Rangatahi Programme

Comprehensive and integrated approach to Māori health workforce development through the promotion of health careers tailored toward rangatahi. The programme entails the guided introduction of Year 12 and 13 students to health as a career. Its components consist of mentorship that has a specific focus upon the student attaining the necessary educational results in order to enter- an undergraduate educational program of their choice; exposure to the realities of a health professional; the development of relationships between the rangatahi and Māori and non-Māori clinicians. Once the undergraduate qualification is completed transitional assistance is provided to bridge the new graduate into a programme for the first year of practice and into employment. The aim is to facilitate the development of ten new Māori health professionals annually with the first cohort graduating in 2010 (Waetford, 2007).

Strategies to attract undergraduate mature students have been outlined as follows;

- spending a day or so in a typical undergraduate nursing or less midwifery class,
- course and programme advise to be easily available,
- pre-entry educational support programme,
- mentoring,
- academic preparation and guidance,
- peer-support and
- recognition for prior learning and bridging opportunities for community support workers.

### ***Foundation Courses***

The alternative admission process to undergraduate nursing and midwifery programmes is via a foundation course. The decision of the potential student's entry is based on the observed maturity of the student assessed by the training institution also. This process consists of an interview, the completion of a foundation or preparation type programme to meet the entry criteria of an undergraduate programme.

There are a range of foundation courses to assist students to prepare for entry into nursing or midwifery. These are specifically developed for students that require an enhancement of academic skills who have no academic qualifications, and require grounding in science and mathematics. Graduates who attain a certificate in health sciences or a certificate in nursing may meet the academic criteria for entry into a Bachelor of Nursing or Midwifery programme.<sup>4</sup> However, some programmes specify that students who have achieved so will be eligible only with a 'B' grade average.

Most tertiary institutions that provide the Bachelor of Nursing degree offer foundation programmes. The length of each course varies from 17 to 36 weeks. The range of

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<sup>4</sup> Foundation programmes including: Auckland University; Auckland University of Technology; Manukau Institute of Technology; Unitec ; Waikato Institute of technology; Tai Rawhiti Polytechnic; Eastern Institute of Technology ; Bay of Plenty Polytechnic; Western Institute of Technology {free}; Universal College of Learning ; Massey University; Whitireia Community Polytechnic ; Nelson Marlborough Institute of Technology; Otago Polytechnic; Southern Institute of Technology ; Te Whare Wānanga o Awanuiarangi.

fee structures is just as variable which fluctuate from no cost to fees between \$1500 and \$5000.

Feedback from the participants expressed a need for pre-entry academic and financial support for Māori. Financial assistance to support Māori entry into pre-entry and undergraduate courses is likely to have the effect of increased Māori nursing and midwifery graduates. Māori student achievement rates suggest that the education system continues to struggle in its ability to support Māori in education. Māori students often do not possess the full amount of credits needed to directly transition from secondary school to the nursing or midwifery core courses so alternate pathways are required to ensure the recruitment of Māori into nursing and midwifery. In addition, participants suggested that education providers could support students to connect to an employer as a possible bonding solution for recruitment and retention in nursing and midwifery.

### ***Tertiary Education Provider – Māori Student Support***

Māori student support of varying types is available at most of the tertiary education providers that deliver nursing and midwifery programmes. Most support systems for Māori in education consist of appointed Māori staff within the institutions with specific roles that either provide support to all Māori students on campus or in some cases provide targeted support to Māori in humanities or sciences (inclusive of nursing or midwifery). Components of these support roles for Māori consist of a range of the following;

- course advice within the institution and enrolment assistance to Māori,
- liaison within the community such as but not limited to the attendance to expo's or events that profile careers and education,
- information about available scholarships and grants,
- student allowances and student loans,
- varying levels of whānau and cultural support,
- availability of someone for Māori students to talk to,
- access to resources,
- access to mentor and peer support and
- a general access to a network or rōpū of other Māori students within the institution.

Proactive contact by key Māori support staff to Māori students has been identified as being critical to a Māori student's progress throughout their course (Morrison, 1999, Ross, 2008). Participants noted that the type of contact Māori students have with their support leaders varies between education providers (Maani, 2000). Some education providers are more proactive than others to make contact with their students and maintain those relationships. Therefore, educational support for Māori needs to be consistent and instigated by the supporter rather than relying on the student to initiate or ask for help.

The Māori nursing and Māori midwifery participants expressed the need to have Māori support staff employed within nursing and midwifery programmes with specific roles and capacity to 'walk alongside' Māori throughout their programmes. Māori retention facilitators or offices placed in all foundation and undergraduate programmes that proactively support Māori students could assist in accomplishing effective student support. Massey University's Te Rau Puawai<sup>5</sup> programme was consistently raised across New Zealand as the ideal model to comprehensively support Māori in nursing and midwifery.

### ***Support for Prospective Nurses and Midwives***

Improved financial support is vital in attracting prospective Māori into nursing and midwifery. The fees for an undergraduate nursing or midwifery degree can extend up to \$15,000 for a three year programme<sup>6</sup> exclusive of normal living costs throughout the period of study.

Without advice, tertiary students do not necessarily know how to attain financial assistance. Specific grants targeted at Māori students, such as the Special Supplementary Grants (Ministry of Education, 2008), need to be highly accessible to students. Through increased access to funding, greater long-term participation by Māori students is a likely outcome. In addition, adequate resources (including funding) are likely to reduce the risk of having students face difficult financial situations, and subsequently withdrawing from education (Ministry of Education, 2005). Feedback from the participants described variable knowledge about available financial support during their undergraduate tenure as students, many expressing a discovery of scholarship assistance after the completion of their undergraduate degrees.

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<sup>5</sup> Te Rau Puawai – provides support to Māori seeking qualifications in mental health fields: [incl: nursing]

<sup>6</sup> With the exception of one programme having no fees – Southern Institute of Technology.

Students who are supported whilst they are studying, academically and financially, are more likely to achieve their full potential. Financial assistance for Māori has demonstrated a significant difference to the completion of their qualifications at a rate of three times more likelihood of completion (Auckland University Students Association, 2008).

In some geographical areas scholarships are made available to undergraduate or and postgraduate nursing and midwifery students. These are available through;

- health providers<sup>7</sup>,
- professional bodies<sup>8</sup>,
- workforce development organisations<sup>9</sup>,
- tertiary education providers<sup>10</sup>,
- some iwi and
- via the Ministry of Health<sup>11</sup>.

However, while financial assistance may exist in a limited capacity, many resource opportunities are not well known or easily accessible. Participants repeatedly expressed a pressing need for financial assistance for Māori and efficient dissemination of information of available funds is critical.

To improve support in education, scholarships need to be available and easily accessible. Scholarships will support students initiating studies and the ongoing costs of living. Many participants expressed the difficulties of maintaining regular daily living expenses (including accommodation, food, supporting whānau, and childcare). For many Māori women, responsibilities of being a sole income earner are a reality (Statistics New Zealand, 1998). Within whānau the impact of having a sole income earner entering into tertiary education can more than likely be unfeasible without additional financial support.

Family responsibilities for those entering into tertiary education were expressed by participants as possibly deterring students from taking on studies. To attract Māori students, specific incentives (for living costs or childcare costs) are needed that

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<sup>7</sup> Usually Māori; rurally based and primary health care providers such as: Six Northland Primary Health Organisations; Northland District Health Board

<sup>8</sup> Ngā Maia offer scholarships of \$500 to 2x third year Midwifery students per annum

<sup>9</sup> Te Rau Matatini (Henry Rongomau Bennett Scholarship)

<sup>10</sup> Unitec offer financial grants for students

<sup>11</sup> Hauora Māori scholarship programme

reduce negative repercussions for the family through poor economic standards of living.

### ***The undergraduate programme***

There are seventeen educational institutions offering undergraduate programmes leading to registration as Registered Nurses<sup>12</sup>, and five educational providers that deliver undergraduate Midwifery programmes<sup>13</sup> in New Zealand.

The attrition rates of Māori students within the undergraduate nursing and midwifery programmes are the highest in the first year of study (DHBNZ, 2008). Māori students over the age of 25 years are more likely to drop out of study in their first year in comparison to students under 25 years which may be contributory to the additional commitments of mature students (Ministry of Education, 2007). However, the first year of study is the most crucial and can contribute to the likelihood of Māori completing their course (Earle, 2007). Therefore, it is important that support is available for Māori students transitioning into tertiary education and is enhanced throughout their first year.

The District Health Boards of New Zealand (DHBNZ) have established a project to analyse data upon the attrition rates of Māori and Pacific undergraduate nursing and midwifery students. The report will identify levels of supports required to assist Māori students to complete their degree. Also, the report will outline the barriers and strategies to overcome these attrition and completion rates and will be due in early 2009 (DHBNZ, 2008). Findings will compliment the current report, and are likely to be important in addressing key mechanisms for the retention of Māori in undergraduate nursing and midwifery programmes.

Currently, it seems that some educational providers are considering the method that their undergraduate programmes are being delivered by taking into account the issue of access, mobility, and learning preference of potential students<sup>14</sup>. Throughout the

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**12** Northland Polytechnic; Auckland University of Technology; Auckland University; Manukau Institute of Technology; Unitec; Massey University; Waikato Institute of Technology; Eastern Institute of Technology; UCOL- Universal College of Learning; Waiariki Institute of Technology; Te Whare Wānanga o Awanuiarangi (new); Western Institute of Technology at Taranaki; Whitireia Community Polytechnic; Nelson Marlborough Institute of Technology; Christchurch Polytechnic Institute of Technology; Otago Polytechnic and Southern Institute of Technology.

**13** Auckland University of Technology; Waikato Institute of Technology; Massey University; Christchurch Polytechnic Institute of Technology and Otago Polytechnic.

**14** Northland Polytechnic Nursing programme: rural outreach and online components; mobile tutor [academic support]. Otago Polytechnic and Christchurch Polytechnic Institute of Technology (CPIT) will provide midwifery education to students living outside of the main centres of Dunedin and Christchurch. It will utilise midwifery practice

workshops, the Northland Polytechnic and one of the pending midwifery programmes were articulated as being innovative delivery modalities to observe over time. The programme *Tīhei Mauri Ora* at Waikato Institute of Technology and the newly endorsed *Whare Wānanga o Awanuiārangi* were also raised as programmes that blended both Māori and clinical worldviews exceptionally for Māori students.

The Māori nursing and Māori midwifery participants expressed the need for academic mentoring and guidance as a focal resource for aspiring nurses and midwives. The employment of the *tuakana - teina* relationship is emphasised by participants (that is a *tuakana* (mentor) supports the *teina* (learner)). Participants suggested the need for increased Māori peer networks and support systems. Peer support that employs the concept of *tuakana - teina*, assisting developing nurses and midwives to assist themselves. As previously mentioned, the discussion amongst the participants about the undergraduate nursing and midwifery programmes, their delivery and content were common recommending that the delivery and content required review if Māori were to be retained.

### ***Māori Nursing and Midwifery Tutors***

A concerning education provision factor is the limited number of full time employed Māori Nurses and Midwives teaching across the undergraduate nursing and midwifery programmes. This may reflect the general shortage of Māori in nursing and midwifery professions and potentially the lack of professional development opportunities to guide Māori nurses and midwives into tertiary teaching roles. Numbers of Māori health professionals in teaching positions need to be increased in order to produce a future workforce of Māori who are competent both culturally and clinically.

Participants suggested an interest in being provided opportunities to provide formal and informal support to undergraduate nursing and midwifery programmes at varying levels. Participants suggested that they would enjoy contributing to students in class, to student tutorials, student clinical placements, into areas such as Māori health, for cultural safety and a diverse range of clinical and health care topics. However, in order for this to be achieved, employers need to be supportive of Māori employees to do so.

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experiences in local communities and learning resources delivered through a variety of electronic media as well as block courses held in central locations.

Māori nursing tutors who participated in the engagement process of this study consistently raised the point that they are put in situations where additional and unavoidable expectations from colleagues and Māori students are placed upon them. Expectations include the provision of pastoral care, extensive academic support and generally supporting students extensively with matters, which impact on academic performance, that fall outside of their role as a formal educator. Despite this, most Māori staff accept these additional roles although it falls outside their job descriptions (Ministry of Education, 2005). It was suggested that as Māori consistently work additional unpaid hours, employers will need to recognise the additional resources required for Māori tutors to ensure Māori student success. Participants expressed the need for specific ongoing professional development of Māori nursing and Māori midwifery tutors to relieve their workload and to enhance their professional development too.

The delivery of cultural safety within the Nursing undergraduate programme across New Zealand received much criticism from participants, questioning the integrity of its variable delivery and an overwhelming concern that its original purpose is not being honoured. In order to address the issues raised about cultural safety, solutions from participants have been outlined as follows;

- an increase in the number of Māori nursing and midwifery tutors,
- the establishment of compulsory standards for all nurse educators to work effectively with Māori students and
- the availability of cultural expertise within the programme (and for the tutors).

Once recruitment and attraction to the professions have been achieved, through increased teacher supply (which have the capability to teach Māori students both clinically and culturally), New Zealand will achieve a national increase in skilled Māori nurses and midwives. The following suggestions have been deduced from participant feedback.

### ***Support from the Ministry of Education***

- Participants consistently requested the implemented strategies to increase participation in pre-requisite subjects to nursing and midwifery.
- Generally, efforts to increase the number of Māori school leavers eligible to enter into tertiary education. A national implementation of successful pilot programmes

such as *Te Kotahitanga* (Ministry of Education, 2003) would assist in achieving this goal.

***Support from the Tertiary Education Commission***

- Participants suggested that additional academic support/cultural support is strongly needed. Financial assistance allocated to tertiary education providers needs to be effectively monitored.
- Financial assistance for tertiary providers, (such as Equity Funding, formally referred to as Special Supplementary Grants: Tertiary Education Commission, 2008), should be used to ensure the delivery of assistance to Māori students over and above the mandatory provisions necessary for all students.
- Conduct a review of the current teacher supply in Māori nursing and midwifery courses, and where supply is inadequate, implement actions to address shortages.

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## Professional Development

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### *Organisational Support*

As previously communicated in this report Māori have a youthful population. For New Zealand to gain maximum economic potential in the future, a skilled Māori workforce is essential. In order to achieve this, Māori require to be transitioned to skilled employment such as nursing and midwifery and retained by supportive employers once the transition to employment has been made. When successful transition has been made and Māori are actively participating in the nursing and midwifery professions, ongoing professional development is vital for retention. Māori nurses and midwives who engaged in this engagement exercise suggested that staff retention in the immediate future is largely dependent on employers or organisations ability to demonstrate an appreciation of Māori staff. Participants suggested that organisations could begin to support Māori employees through the following;

- awards to acknowledge and celebrate Māori nursing and midwifery,
- better remuneration,
- good team and work environment,
- supportive of whānau commitments and
- flexible hours of employment.

The employment conditions such as workload demands, team or work environment and remuneration are just as influential for Māori in nursing and midwifery roles as non-Māori, impacting on job satisfaction and retention. To enhance the workplace suggestions offered were the overt recognition of the value of Māori staff, comfortable remuneration and working conditions.

Participants raised the need for pay parity, sufficient study leave, financial support, and an appreciation for the value of Māori and clinical knowledge. It was also apparent that there is a reliance on employers for continual support of nursing and midwifery professional development.

Pay parity between Māori health organisations and mainstream services was the primary concern indicating that low salary rates contribute considerably to job dissatisfaction and the retention issues of Māori staff within Māori health providers. Pay disparity has lingering effects upon all nursing recruitment and retention (Ministry of Health, 2007b). Māori health organisations who contributed to this report expressed difficulty in competing with the rates of mainstream providers (such as district health boards) and needed to devise alternative methods to recruit and retain staff.

Access to study leave varied across the health and disability sector. Many participants described employment situations where their clinical responsibilities tended to take precedence over study especially if they were in sole employed positions. In such situations, the availability of locum or staff cover was not accessible to release the Māori nurse or Māori midwife from their duties. Some study leave allocations per annum were standard amongst large organisations and some inflexible for Māori to negotiate time to complete postgraduate or Masters programme expectations.

For the majority of Māori nurses and midwives, guidance, expectations, and resources of organisations contribute to the feasibility of professional development. Effective management and leadership support is required for the nurses and midwives to attain time for study without being penalised, or feeling as though they are neglecting responsibilities to their patients.

Suggested solutions to improve support of Māori nurses and midwives professional development considers an integrated approach of the following;

- study leave that is embedded within the culture of the work environment and associated with each role,
- ability to negotiate release time to meet study commitments,
- locum cover that enables the nurse or midwife to attend to professional development options (attendance to class, study, assign writing etc),
- training incentives,
- extended leave and financial assistance for longer periods of study (6 months to a year),

- scholarships and
- childcare, travel, and accommodation assistance.

### ***Employers Valuing Māori***

Participants expressed concerns about the inadequacies of some employers and colleagues lack of appreciation and value for the importance of culture to Māori. Participants also raised the need for employers to recognise the dual responsibilities and expectations of Māori health professionals. The majority of the participants described situations where their colleagues failed to understand the dual roles of Māori nurses and Māori midwives or support their access to cultural professional development opportunities in the workplace. Māori nurses or Māori midwives are expected to attend to the cultural and clinical needs of Māori and employers need to acknowledge that access to cultural support, cultural supervision and cultural development are required for Māori health professionals to maintain their practice.

Participants outlined key areas they felt would be beneficial for the support of Māori employees. These include the following;

- equitable acknowledgement of clinical and cultural professional development,
- easy access to cultural support, cultural supervision and cultural development (e.g. te reo and tikanga Māori) in the workplace,
- acknowledgement and support by employer of tikanga,
- inclusion of Māori models of practice and
- being valued and recognised for Matauranga Māori.

### ***Financial Support***

Funding to support ongoing professional development is needed to ensure the retention of current Māori nurses and Māori midwives. Some participants were aware of available grants, scholarships and initiatives outside of their employer.<sup>15</sup> The difficulty some participants had about gaining information about Clinical Training Agency (CTA) funding arose many times. Therefore, information or marketing financial assistance needs to be made highly accessible.

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<sup>15</sup> Such as Te Rau Matatini scholarships; Ministry of Health - Primary Health and Māori Health scholarships.

The need for childcare assistance was identified as an important aspect for Māori. Both traditionally and contemporarily, Māori typically have a higher child dependency ratio than non-Māori (Ministry of Economic Development, 2003). The predominant proportion of nurses and midwives (especially in public hospitals) work outside standard employment hours. Recent education and social development policies have attempted to increase access to and availability of childcare for the general population, for parents (who are nurses or midwives), these policies are largely ineffective (Ministry of Social Development, 2007). It is recommended that specialised child support policies and initiatives be developed and implemented to ensure work life balance as an option for Māori nurses and Māori midwives.

Responses from participants within rural areas indicated the cost of travel and accommodation was an additional barrier to participation in education. This may be remedied through locally based training or financial assistance to access training where excessive transport is required.

### ***Specific Guidance to Support and Develop Māori Nurses and Midwives***

Nurses and midwives have a professional responsibility to support the orientation and development of colleagues who are new to the profession, the area of practice, to a specific skill or knowledge area. However, the type of support that is available to Māori nurses and Māori midwives from graduation throughout their career is inconsistently available.

Peer support is essential for all Māori nurses and Māori midwives. However, direct access to career guidance and supervision hold equal importance for the personal and professional growth of new graduates. New Graduate programmes for nursing<sup>16</sup> and first year of practice program for midwives<sup>17</sup> are critical in supporting new practitioners in their first year of practice. The transition from student to practising registered nurse or midwife is a very important time in the development of an effective health professional. As, it is where the new graduate should be strengthening and consolidating their knowledge and clinical skills, developing skills

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<sup>16</sup> Provided via District Health Boards under Directors of Nursing

<sup>17</sup> New Zealand College of Midwives- Midwifery first year of practice programme

in decision making and priority setting, and gaining confidence through the increased application of what has been learnt as an undergraduate.

Most of the current new graduate nursing programmes consist of additional academic expectations, preceptorship, and workplace orientation and supervision support of some type. However, feedback from the participants indicated that there is a lack of career guidance and preparation to support new graduate nurses with minimal access to Māori cultural support. Once the new graduate programme has completed, the support in the following years of practice are unpredictable according to the resource available. Participants noted that the following actions would be useful in supporting new Māori graduates;

- A career pathway and guidance,
- Preceptor training in 1st year of practice (as there is an expectation to work with students directly after graduation),
- Access to Māori peers or a cultural focus group,
- Second year of practice supports or extended period for new graduate programmes.

### ***Professional Support***

Essential aspects that participants requested for professional support include peer support, mentoring, clinical and cultural supervision as central to the professional development of Māori nurses and midwives. Each support component has a relationship and human resource feature to it, requiring the development of a specific workforce that can provide a dual (clinical and cultural) support approach for Māori nurses and Māori midwives.

Māori nursing and Māori midwifery peer support networks across New Zealand vary. For participants linked to professional bodies or larger sector areas, opportunities to meet regularly is possible provided release time is endorsed. However, for many Māori nurses (especially in the South Island) regular forum or peer support networks were deficient. One successful model is the Northland–Iwi Capacity hui, which is shared across a number of Iwi providers in a region which facilitates regular meeting of Māori at least 3 times a year across the area (Kawakawa workshop, 2008).

Workshop participants generated a consensus that Māori nurses and midwives value from hui with peers, especially when there are similar interests or a sharing of ideas are made possible. It was suggested that a list or database of Māori nurses and Māori midwives across the health and disability sector for reference would be valuable for those requiring professional advice or guidance.

The two types of supervision participants regarded as important for their ongoing development were regular protected time for facilitated in-depth reflection upon clinical and cultural practice, and consistent ongoing development (clinically and culturally). Together, the aim is to assist the Māori nurse or Māori midwife to achieve, sustain and develop their practice through a specific means of focused support and development.

There are a variety of ways to deliver clinical and cultural supervision. However, many of the participants expressed the utmost importance and critical need to have ready access to cultural supervision from an informed Māori facilitator. For many participants, both clinical and especially cultural supervision had been infrequently available in their careers. Participants suggested that the lack of supervision was due to the limitation of appropriately trained supervisors that understood both realms and a lack of understanding and support to have access to both by their employers.

Suggested improvements outlined by participants include;

- tailored mentorship,
- cultural and clinical supervision for Māori,
- access to a series of discussions and sharing of ideas,
- peer support (access to other Māori nurses and Māori midwives),
- national database of Māori nurses and Māori midwives,
- a list of Māori nurse/midwife mentors in each location,
- career pathways (formal tertiary education; informed guidance and direction),
- an approachable person - who knows all about career paths, educational and financial supports.

### ***Technical Support***

Participants request for academic guidance supports an earlier request for career pathways, career planning, and guidance. The extension of qualifications, skills and knowledge are articulated by participants as desired attributes amongst Māori nurses and midwives. However, often decisions to undertake postgraduate programmes are not made in the confidence that these will lead onto their best career options for their future. Practical areas that require support include assistance with university enrolment processes, programme choice and academic writing.

From a practice perspective, participants requested specific training support to increase their skills in the areas of, public speaking and presenting, negotiation, conflict resolution and mediation. The skills previously mentioned require fostering as it is often expected that Māori nurses and midwives will advocate on behalf of Māori in a non-Māori context.

### ***Cultural Professional Development***

Participants reported that cultural components of educational training is devalued and not recognised as holding equivalent standing to that of non-Māori clinical aspects of education or qualifications. Respondents suggested a number of avenues to address this problem through increasing access to cultural components within curriculum design and implementation of postgraduate programmes, increasing the numbers of Māori teaching staff, and additional resources to support revised curriculum, and effective training.

The majority of Māori nurses and Māori midwives strongly expressed the need for their own Māori cultural development. Participants suggested that aspects of Māori cultural development they would like included were;

- to learn or maintain the use of *te reo me ona tikanga*,
- to enhance traditional and contemporary Māori knowledge,
- to enhance their knowledge and relationships with local Iwi through collaborative ventures,
- to educate Māori nurses and midwives about tangata whenua or methods utilised for hauora,

- better access to noho Marae and wananga and
- Māori led and facilitated mediums are desired with a preference of these being locally or regionally based so that sustainability is guaranteed with local Māori being key to the delivery.

Again, the need for the development of career pathways for Māori nurses and Māori midwives that is supportive of cultural professional development and maintenance was reiterated so as to provide support and structure to their professional advancement. Key aspects of professional development identified within the engagement process have been outlined below;

- support the learning of *te reo me ona tikanga* as a part of professional development goals or hours or points,
- request to enhance Matauranga Māori (Māori philosophies/epistemologies) in practice,
- desire to learn more about mana whenua; Māori models of practice, rongoa and healing methods,
- postgraduate study with a Māori focus,
- noho Marae based professional development opportunities,
- accessible options,
- training that evolves “not one hit wonders”,
- dual career pathway to assist and support clinical and cultural development [and mentorship].

### ***Māori Midwifery Professional Development***

As previously noted, Māori have the highest fertility rates in New Zealand, yet there are limited numbers of Māori midwives practicing (Ministry of Health, 2006). As the majority of Māori midwives are presumably older, the projection of the general midwifery workforce has indicated dramatic decrease (New Zealand Health Information Service, 2004). Projections suggest that Māori will increasingly become a more youthful population, coupled with the increasing Māori birth rate leads to a

serious need for action. Strategies to recruit and retain Māori into midwifery require specific investment to meet the demands of Māori women and their whānau<sup>18</sup>.

There are barriers for recruitment and retention of rural midwives that place Māori midwives at specific retention and professional risk (Robertson, 2008). Threats to the workforce include isolation (for instance not having a corpus of Māori staff to relate to), shortage of and distance to specialist services and access to continual education can be a difficulty for rurally based health professionals. For Independent Midwives who participated in the study, there is the issue of locum coverage, the access to available technology and the time and ability to access suitable information. For Māori midwives, the expectation to attend to cultural elements when working with whānau and Māori is an element that non-Māori colleagues do not understand or appreciate, which can provoke some tension.

The Māori midwifery participants expressed a need for a return to practice programme for Māori midwives with cultural components included, access to traditional birthing, Hauora models of practice and regular access to medical support and collegial appraisal.

Contextual influences such as employment arrangements, financial assistance, professional liaisons, relationships and mechanisms that are conducive to Māori midwifery practice were key areas requiring attention.

The following areas have been outlined by participants as being significant in the advancement of midwifery;

- employment contexts need enhancement e.g. policies for family friendly areas and breastfeeding,
- the need to enhance relationships between independent midwives; General Practitioner's and District Health Board's,
- to enhance relationships with hapū and Iwi to Māori students as there is a minimal link with the educational institutions,
- better access to rural funds; relocation funds; mobilizing services to isolated areas and
- recognition of traditional birthing methods by mainstream.

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<sup>18</sup> Ngā Maia & NZ College of Midwives {with educational providers} working upon this strategy

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## Advancement and Leadership

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The practice of nursing and midwifery carries the responsibility of leadership, management, and the facilitation of others (for instance patients, their whānau, and within health teams). There is a shortage of Māori nurses and midwives in key leadership positions in New Zealand which creates difficulties for health service delivery and development in areas with high Māori populations. The shortage of Māori in leadership positions provokes a strain on the current few Māori leaders. The responsibility placed on those few staff can contribute to the increased likelihood of staff turnover as Māori nurses and Māori midwives are in high demand (Ministry of Health, 2007b).

Participants were asked to elaborate on their vision for Māori nursing and Māori midwifery leadership. The majority of respondents expressed positive views for the future and expressed the maintenance of their passion to assist other Māori as the key cause of them considering their nursing or midwifery careers.

The subject of 'leadership' amongst Māori nurses and midwives was deliberately structured in a way to elicit an understanding of what leadership might mean to Māori and to uncover the key attributes for advancement (professional development). The main themes contributing to responses from a positive vision included the potential that Māori nurses and midwives had to provide in terms of;

- improvements for Māori well-being,
- strategic decision making and
- organisational developments.

The participants defined what leadership meant to Māori nurses and Māori midwives by reflecting upon key characteristics that listed a range of attributes, behaviours and skills. The central desired attributes and skills were consistent with previous focus areas, indicating competencies both culturally and clinically are needed to be perceived as a Māori nurse or Māori midwifery leader.

Outlined below is a graph generated from responses from the online survey. General leadership qualities expected of nurse and midwifery leaders includes;

- a. a demonstration of leadership qualities and leads by example,
- b. a demonstration of strength within their role,
- c. effective succession planning,
- d. being sensitive, compassionate, respectful, and passionate,
- e. an ability to respond to the changing health needs of Māori and
- f. a demonstration of effective listening and communication skills.

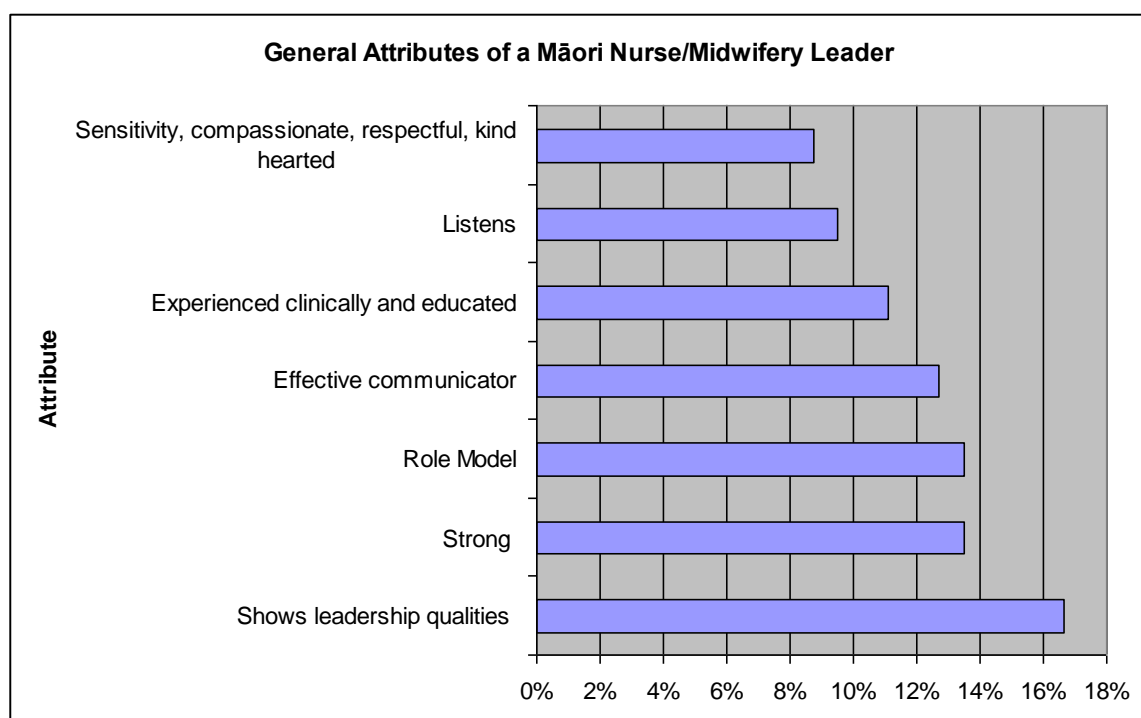


Figure 4. Attributes of a Māori nurse or Māori midwifery leader

Participants expressed that traditionally non-Māori nursing and midwifery leadership was acquired via a hierarchal process that celebrated the individual. In contrast, participants perspectives of leadership in a Māori context is viewed as someone who is dually competent (clinical and cultural knowledge and experience) and maintains contact with the sector with relationships with whānau, hapū, and iwi.

From order of significance, *culturally specific* attributes include the following:

- a. understanding of tikanga and how it is applied in practice,

- b. can relate to people (including Māori) and anticipate their needs,
- c. have secure links within their whānau and iwi ensuring a secure sense of identity,
- d. are encouraging of other nurses,
- e. manaakitanga and whanaungatanga – ability to make people feel comfortable and welcome within a service and understands the value of relationships and
- f. knowledge of or fluency in te reo Māori.

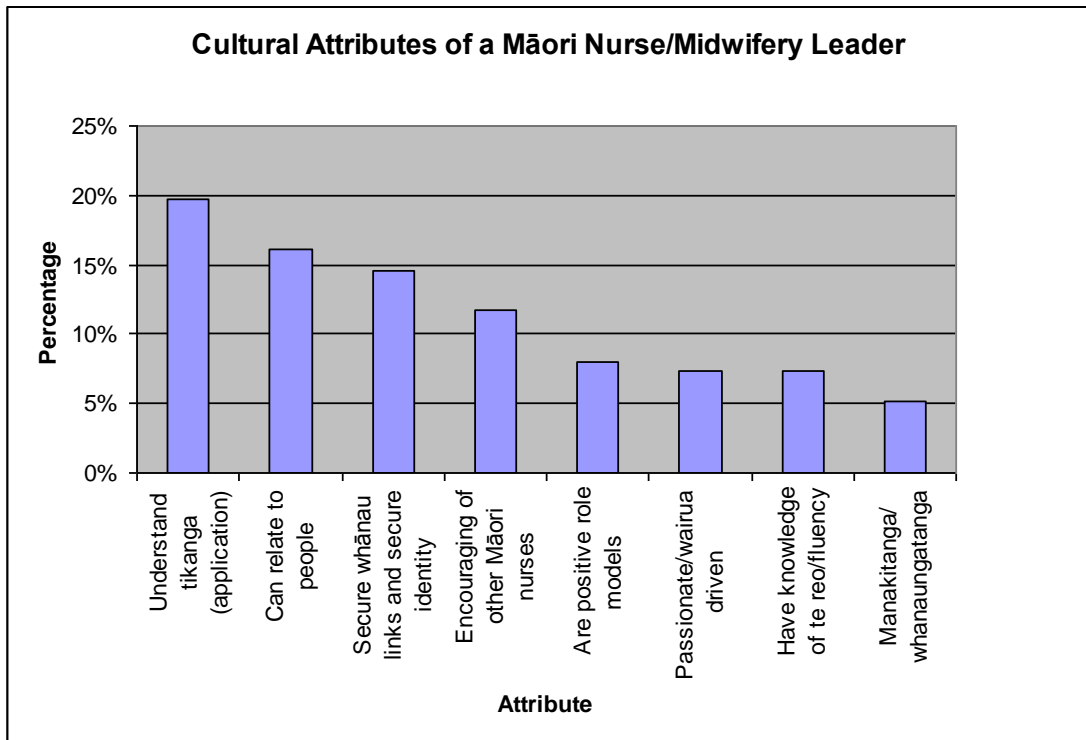


Figure 5. Cultural attributes of a Māori nurse or Māori midwifery leader.

The leadership qualities from the perspectives of Māori nurses and Māori midwives indicate that the taha Māori aspect of leadership is critical and a baseline expectation. Discrepancies between expectations and current practices of leaders may contribute to a feeling of inadequacy felt by participant nurse and midwives towards their leaders. Effective relationships between nurses, midwives, and their leaders are indicated as vital for organisational development. Reduced variance in expected qualities of nurse or midwifery leaders and practiced behaviours is likely to be beneficial to the nurses, midwives, and their patients. Benefits of having staff who respect management and leadership is likely to impact on the well-being of staff, and therefore, is likely to be reflected in job satisfaction.

Increased numbers of Māori in management roles is central to the retention and leadership possibilities of Māori staff. Additional Māori staff and management would also assist in the process of recognising the additional qualities that Māori nurses and midwives acquire to achieve. Participants have indicated that they require encouragement from leadership and colleagues to progress towards leadership roles.

Outlined below are a number of key suggestions raised by participants in this engagement report;

- more Māori in Directors of Nursing positions,
- Māori CEO (with background in midwifery or nursing),
- nurse led initiatives in District Health Board's that foster the further development of Māori,
- chief Māori nurse advisor role,
- Māori nurses and midwives lead research,
- Māori nurses and midwives in management and
- more Māori in mainstream community and leadership roles, governance.

Additional expectations of the Māori nurse or Māori midwife include being easy to access for Māori, that they will provide support and advocacy to Māori and be a change agent when necessary. Participants expect leaders to be accountable to and connected with whānau, hapū, and iwi, and visible within communities. Also, participants explained that leaders needed the skills to negotiate and to have the ability to act as agents for change.

A point of interest within the findings is that Māori nurses and midwives commented on others expectations of them because they identify as Māori. For instance, one participant commented that *"quite often when a clinician is identified as Māori they become the tick box for services to achieve cultural obligations or accreditation"*.

Having Māori staff does not provide health services justification for reducing baseline culturally safe service delivery for Māori patients. Furthermore, while Māori clinicians strongly prefer to have cultural elements brought into nursing and midwifery practice, it should not be assumed that because an individual identifies as Māori, they have culturally competent skills. Ongoing cultural development and support will be

beneficial. Cultural development can be achieved through providing resources such as mentoring, and exposure to Māori nursing and midwifery practices through the provision of progressive professional development and training opportunities.

### ***Advancing Leadership Approach***

Participants identified the most significant strategies of achieving leadership would be through addressing the following areas;

- quality supervision and mentoring,
- improved sharing opportunities,
- specialised and relevant training,
- innovative opportunities to develop leadership skills,
- support to develop career pathways and strategies for leadership,
- dedicated wananga for Māori leadership,
- networks with other Nurse and Midwifery leaders in NZ,
- access to video conferencing and other forms of communication,
- access to Māori nursing and midwifery workforce development funding,
- collaborative strategies across primary, secondary and private sectors, also mainstream and Māori contexts,
- formalised strategic direction – Māori nurse and Māori midwifery leadership development.

For Māori nurses or Māori midwives currently in leadership roles, respondents outlined a need for ongoing access to peer-support and leadership forums in support of ongoing professional development. Beneficial support includes Māori nurses and midwives in management, education, clinical leadership roles.

### ***A specialised leadership programme for Māori nurses and Māori midwives.***

Participants described the need for specialised leadership training, relevant to the needs of Māori nurses and Māori midwives. Specific training programmes drawing on leadership attributes outlined by participants are needed. Secondment opportunities and role development options with formal study would be constructive.

The majority of participants wanted a programme that would be Māori developed and delivered. Cultural development components included *te reo me ona tikanga* and *matauranga Māori*. Access to superior expertise in global areas of leadership and management including contract management, quality improvement, policy development, implementation, funding, and planning are needed.

It was suggested that this leadership programme could be delivered through the exposure to Māori and non-Māori leaders in various sectors and roles for this programme. Transferability of skills can be learnt in a practical setting with an applied learning approach to nursing and midwifery.

Participants from workshops explained the characteristics of past *noho Marae* or *wananga*, which were similar to leadership programmes for Māori nurses and Māori midwives<sup>19</sup>. However, these past programmes were only available in certain areas, with some being discontinued due to funding and resource deficits. For many geographical areas there is a clear shortage of professional development resources, let alone a critical mass of Māori nurses or Māori midwives to lead such ventures. However, should there be the development of a specifically tailored programme for Māori nursing and midwifery leadership development. A key recommendation or implication of such a programme would need to include local capacity building and collaborative delivery of the programme together (so that it can be sustained in the area if nationally delivered).

The key comments gained from participants regarding strategies to improve leadership for Māori nurses and midwives are as follows;

- need for a co-ordinated national approach to build leadership amongst Māori nurses and Māori midwives that can be regionally led and locally delivered,
- current Māori nurses and Māori midwives to pilot a programme approach,
- develop specific leadership pathways to all possible positions,
- need for specific knowledge of management and leadership,
- consider business mentor model,
- scholarships, career packages and a programme specifically for Māori nurses and midwives,

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<sup>19</sup> Such as but not limited to: Te Wero me te Aranga [Northland]; Te Puni Kokiri – Māori leadership programme; Auckland DHB – Māori Nurse Leadership programme.

- access to a range of successful Māori rangatira (credible Māori) and
- access to key leaders in global market and health (across all lead roles).

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## Recommendations

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### *Attraction and Recruitment*

- a. Foster attributes that are culturally important to Māori when marketing the professions,
- b. increase and promote Māori models of practice,
- c. market nursing and midwifery to younger generation and mature audiences,
- d. implement programmes in compulsory education that produce Māori students with skills (and NCEA credits) needed to enter directly into tertiary training,
- e. provide alternative entry options for Māori students who the compulsory education system failed,
- f. develop specific strategies of study support for both school leavers and mature students,
- g. increase the availability and accessibility of scholarships specifically for Māori students entering into nursing and midwifery,
- h. increase peer support programmes nationally,
- i. provide additional resources to sole income earners with dependents wanting to initiate study in the area of nursing and midwifery,
- j. monitor current funding allocated to tertiary institutions to provide additional support for Māori students (over and above services provided for all students),
- k. undertake a review of teacher supply in courses offering nursing and midwifery and where shortages appear, implement strategies to address shortages,
- l. undertake a review of current programmes and initiatives (such as the foundational programmes) to ascertain achievement rates and
- m. consolidate relationships between Tertiary Education Commission, nursing and midwifery education providers and health to collaborate future efforts for Māori nursing and midwifery development.

### ***Professional Development***

- a. enhance organisational support for sufficient Māori nursing and midwifery professional development,
- b. promote paid study leave and leave options for Māori nurses and midwives,
- c. increased accessibility and availability of cultural and clinical supervision is necessary,
- d. availability of courses which promote Māori models of practice,
- e. locally provided clinical and cultural professional development options and
- f. Marae and wananga based training programmes available.

### ***Advanced Leadership***

- a. Leadership programmes that foster leadership as valued by Māori,
- b. increase the number of Māori in leadership positions,
- c. create innovative options and methods to engender leadership in the workplace,  
and
- d. devise a national strategy to support the development of leadership for Māori nurses and midwives.

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## Conclusion

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### ***Attraction and Recruitment Summary***

Findings from the Attraction and Recruitment focus area included a number of key findings.

- a. *Branding and Marketing* - need to target and engage Māori from a national and local level using multiple methods.
- b. *Educational guidance* – promotion of nursing and midwifery to Māori should commence early in pre-secondary school with targeted interventions that profile Māori nurses and Māori midwives, their roles and their achievements. Extending onto quality course and career information, academic guidance as rangatahi and targeted support to transition into undergraduate study. Specific consideration for the mature student including academic guidance, preparation and targeted support to transition into undergraduate study.
- c. *Financial support* – scholarships specifically for Māori nursing and midwifery students, support for childcare, travel and accommodation support, and for rural nurses where locally led education is inaccessible.
- d. *Undergraduate programme enhancement* – more flexible learning options, more Māori content (which holds weight in grading) should be included in the programme. Also, increased access to peer-support and mentoring.
- e. *Māori nursing and midwifery tutors* – increase Māori nursing and midwifery tutors, need for career pathway to develop tutors and need professional development support for current tutors.

### ***Professional Development Summary***

To reiterate findings from the Professional Development chapter, the following areas are a summary of the salient responses.

- a. *Organisational Support* - need to enhance the understanding amongst employers of the dual roles of Māori nurses and Māori midwives, their needs are not fulfilled and there is a request for better employment conditions as well as support and recognition [value] for the cultural component of practice.

- b. *New Graduate guidance* – requiring access to peer and cultural support, mentoring and a continuation of support following new graduate programme completion. Preceptor training requested in first year of practice as well as career guidance.
- c. *Professional support* – request for access to peer support, mentoring, clinical and cultural supervision, facilitated forums, access to clear career pathways [guidance and direction].
- d. *Professional Development opportunities* – academic guidance, preparation and writing assistance. Request for communication skill enhancements in presentation skills, negotiation, conflict resolution and mediation.
- e. *Cultural professional development opportunities* – better and more access to te reo me ona tikanga, Matauranga Māori, Māori models of practice and to have access to noho Marae and wananga modes of delivery.

### ***Advancement and Leadership Summary***

To reiterate findings from the Advancement and Leadership chapter, the following areas are a summary of the salient responses.

- a. *Leadership Vision* – there is a positive Māori vision that incorporates whānau; hapū and Iwi that will improve Māori wellbeing, strategic decisions and organisational developments.
- b. *Leadership attributes* – there are central desired attributes and skills that indicate dual competencies [clinical and cultural requirements].
- c. *Expectations of a leader* – the expectations of a Māori nurse or Māori midwifery leader infers continued accessibility to whānau, hapū and Iwi and expects to be in touch with the sector and workforce.
- d. *Advance leadership*-there is a requirement for quality supervision and mentoring; improvement of sharing between leaders and peers; the need to access specialised and tailored training, the access to innovative opportunities to develop leadership skills and support to develop career pathways and strategies for leadership.

- e. *Maintaining leadership* – For Māori in current leadership roles there is a need to access financial support for their ongoing professional development and contact with other peer support.
- f. *Māori leadership programme* – there is a request for a tailored leadership programme that includes taha Māori components (including a Māori delivery) and exposure to key leadership skills and knowledge.

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