



Weaving together the many strands of Indigenous nursing leadership: Towards a whakapapa model of nursing leadership

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Abstract

This article builds on current leadership theories and incorporates mātauranga Māori (Māori knowledge systems) and Kaupapa Māori methodology to inform a new model of Indigenous nursing leadership. The development of this model was inspired by one Māori nurse as she navigated her own leadership style that didn't 'neatly fit' within existing theories of leadership. The development of the *Whakapapa nursing leadership model* recognised her inherent mana and dignity as an Indigenous woman, a nurse, and lesbian; alongside the learned skills, the history, relationships, aspirations, and responsibilities that she negotiated in her role. This model recognises the mauri (essence) of a person, demonstrating that leadership cannot be separated from the whole, that it is dynamic and intrinsically connected through whakapapa (ancestry). The authors propose the weaving together of many strands of leadership; utilising existing mainstream models but with additional strands sourced from mātauranga Māori – *mana taurite* (pursuing fairness and equity), *whakatu tōtika* (seeking the best solutions), *i te wa tika me te waahi* (in the right time and place), *whakamana te tāngata* (uplifting the dignity of people), *ngā piki me ngā heke* (embracing the ups and downs), tika, pono, aroha (acting with integrity) and te whānau, te hapū, te iwi (being accountable to the collective). While these strands are not exhaustive, they intertwine with other unique nursing leadership attributes to create a strong and inclusive leadership model. Hence, leadership is like a kete (basket) - each kete is unique, has its own kōrero (story), its own strengths, and weaknesses; and is beautiful in its wholeness. Utilising a Whakapapa nursing leadership approach can enhance outcomes for Māori nurse leaders to be authentically themselves for the betterment of their services, teams, whānau and hapori (communities).

Keywords / Ngā kupu matua: disability / te hauā; Indigenous / iwi taketake; Kaupapa Māori; leadership / kaiārahitanga; Māori knowledge systems / mātauranga Māori; nursing / tapuhi ; sexuality / hōkakatanga

Please [click here](#) to go to our Te Reo Māori glossary

Te Reo Māori translation

Te tuitui i ngā whenu maha o te hautū mahi tapuhi iwi taketake: Te tārei tauira hautū mahi tapuhi iwi taketake i takea mai i te whakapapa

Ngā ariā matua

Ka kawea whakamua e tēnei tuhinga ētahi o ngā ariā hautū o nāianeī, ka whakauru hoki i te mātauranga Māori (ngā pūnaha mātauranga Māori) me ngā ritenga Kaupapa Māori hei whakamārama i te ara mō tētahi tauira mahi hautū tapuhi iwi taketake hou. I tupu ake te whanaketanga o tēnei tauira i ngā whakaaro o tētahi tapuhi Māori, i a ia e tūhura ana i āna ake tikanga hautū kāore i 'āta haumi rawa' ki roto i ngā ariā hautū o nāianeī. Nā te whanaketanga o tana tauira hautū tapuhi i takea mai i te whakapapa, ka whakapūmautia tōna mana hei wahine iwi taketake, hei tapuhi, hei takatāpui; waihoki ngā pūkenga i ākona, ngā ara kua takahia, ngā taura tangata, me ngā haepapa e kawea ana e ia i tōna



tūranga. E whakaū ana tēnei taurira i te mauri tangata, me te tūtohu mai kāore e taea te wehe te mahi hautū o te tangata i te ao katoa, e tūhonotia tonutia ana, mai i ōna paiaka, ki te whakapapa. Ko tā ngā kaituhi nei kia tuia tahitia ngā whenu maha o te hautū; me whakamahi ngā taurira mai i te ao whānui, engari me tuitui atu ētahi atu whenu i takea mai i te mātauranga Māori – ko te mana taurite, ko te whakatu tōtika, i te wa tika me te wāhi tika, ko te whakamana te tāngata, ko ngā piki me ngā heke, ko te tika, ko te pono, ko te aroha ā, ko te whānau, te hapū, te iwi. Ahakoa kāore i tuhia katoatia ngā whenu katoa o tēnei āhua, ka tuitui ēnei e takoto nei ki ētahi atu āhuatanga hautū mahi tapuhi ahurei, kia rere tētahi taurira pakari, hao hoki i te katoa. Nā reira, he tika te kī, he rite te hautū ki tēnei mea te kete - he rerekē tēnā kete, tēnā kete, he kōrero anō tō tēnā kete, tō tēnā kete, ōna pakaritanga, ōna ngoikoretanga, ōna mea ātaahua ina tirohia te katoa. Mā te whakamahi ara whakapapa mō te hautū mahi tapuhi ka piki pea ngā hua mō ngā kaihautū tapuhi Māori, kia piki ake te pai o ā rātou mahi mō ā rātou ratonga, tira, whānau, hapori hoki.

Introduction

It often takes a catastrophic event to make us consider what effective leadership looks like (Webster & Neal, 2021). Aotearoa New Zealand, particularly early in the pandemic, was considered to have led the world in its national COVID-19 response, with relatively low numbers of infection, death and hospitalisation rates (Jamieson, 2020). However, Aotearoa's Indigenous Māori population have continued to experience inequitable access to care, and significantly have poorer outcomes for COVID-19 and other health inequities, when compared to Pākehā (white European ancestry) (Steyn et al., 2020). There is evidence that when the health system is under pressure, the default response is to provide care for the dominant cultural group, perpetuating further inequities for Māori and other minority groups (Hamblin & Shuker, 2020).

Leadership in healthcare has predominantly been the domain of heterosexual, Pākehā males; often with a medical degree, and privileging certain preferences and priorities. By employing this model, a commitment to partnership as guaranteed in Te Tiriti o Waitangi (Te Tiriti; the founding document of Aotearoa New Zealand), has largely failed. The current health and disability system continues to perpetuate inequity at every level (Health and Disability Systems Review, 2020; Waitangi Tribunal, 2019). More recently, there has been a push to think of leadership in a different way, with future leaders reflecting the population they serve and with cultural values that are underpinned by te ao Māori (Māori worldviews) (Ruwhiu & Elkin, 2016). One exemplar of Indigenous nursing leadership are the Māori nurse leaders who prioritised cultural and clinical support and workforce safety during community COVID-19 outbreaks (Davis et al., 2021). However, the development of this type of leadership requires

purposeful growing and mentoring of a diverse workforce with skills, training and opportunities.

Leadership knowledge and skills are shaped by personal values, principles and accountabilities (Kouzes & Posner, 2011). Wāhine Māori (Māori women) who are nurses come with a different worldview, because of their lived experiences, wisdom and their responsibility to the collective. The Indigenous nurse workforce is constrained, with only 8% of Aotearoa New Zealand's nursing workforce identifying as Māori and very little increase over the past 20 years (Chalmers, 2020; Sewell, 2017). The reasons for the shortage of Māori nurses are complex, however, if this is to change, the breadth, knowledge and skills of our Indigenous nurse leaders will need to go much deeper than mainstream leadership theories currently permit. Māori models of care are required to respond to diversity, and wāhine Māori nurses also need leadership theories that align with their own unique multiplicity.

Gathering the strands of leadership

Finding the right strands of leadership can feel unfamiliar and uncomfortable to negotiate. When a Māori nurse is thrust into a nursing leadership role, they may identify leaders that they aspire to be like (Ruru, 2016), utilise their own experiences of being led (Hunter, 2019) and learn about the various models of leadership to guide them (Katene, 2010). Here we review four existing models of leadership that resonated with the first author, and how she sought to lead.

Transformational leadership is concerned with leading organisational change which transforms people and their expectations. This approach serves to reshape beliefs and values, as well as changing the desires and aspirations of team members



(Northouse, 2016). Transformational leaders use effective communication to motivate people for a higher good and to communicate a renewed sense of community. This leadership approach can potentially create an environment that willingly considers how it will prioritise indigenous populations to improve equitable outcomes. To build on and strengthen willingness to change also requires that the leader inspires people to act.

Adaptive leadership is the practise of mobilising people to face tough challenges and thrive (Heifetz et al., 2009). This type of leadership lends itself to building a workforce that advocates for values such as equality, justice, and community. Adaptive leadership focuses on the ability of the leader to support others to bravely adapt to the challenges they will face if they are to address the unfair treatment that Indigenous populations experience (Heifetz et al., 2009).

Stogdill's (1948) *trait theory* considers aspects of personality that make people more likely to become and succeed as leaders (Northouse, 2017). Trait theory may be characterised by a clear vision of what needs to be achieved and not about the desire for power itself. This vision and the aspirations of the leader support them to keep driving forward to affect change. By binding together this drive (trait theory), with the ability of the leader to motivate people to realign their values and beliefs (transformational leadership) and inspire people to actively address inequity and justice (adaptive leadership), we start to see that this strengthened emerging leader has the potential to significantly influence and reshape the performance of the workforce (Northouse, 2017).

It may be argued that Western leadership behaviours can be both culturally similar and different, however most leadership theories do not reflect or respond to cultural diversity, depth, and understandings. Spiller's (2015), *wayfinder leadership* asks that the leader weave together mātauranga (knowledge—past, present and developing) with mindfulness and presence to enable us to discover the leader within ourselves. That when we can silence the internal 'chatter', let go of our worries and not be distracted by external influences, we create the opportunity to step into our rangatira (leader) space (Spiller et al., 2015).

While transformational, adaptive, and trait leadership theories all resonate and contribute to the authors understanding of leadership, they don't fully

represent the essence of Māori nursing leadership. Wayfinder leadership offers a strong foundational Indigenous model for the authors to build a Māori theory of wāhine nursing leadership that responds to their unique and valuable attributes. Further to the development of the Whakapapa nursing leadership model, a Kaupapa Māori approach ensured that lived experience, mātauranga Māori, and Māori wisdom were centred at its very heart.

Embedded in te ao Māori is a central concept of whakapapa. Whakapapa can be defined as a distinctly Māori narrative of genealogies or stories which grounds people and forms the base knowledge to guide them (Ngata, 2019). Our whakapapa provides us with our identity, our history, our future, our knowledge and a genealogy that directly connects us with our tupuna (ancestors) and our whenua (land). This belief system is important as it signifies the very essence of what it means to Māori. Te ao Māori also acts as a guide for those who are entrusted to lead and protect this whakapapa for the benefit of all, and therefore, Māori leadership roles are required to be multi-dimensional (Pfeifer, 2005). Within our unique model, the authors specifically acknowledge whakapapa as the space in which wāhine Māori stand and hold relationships with the world, people, and life (Matthews, 2021). So, before whakapapa as a model for nursing leadership is explored, the authors will position themselves with whakapapa.

Ko Māhuhu-ki-te-rangi te waka
Ko Pukekaroro te maunga
Ko Kaipara te awa
Ko Te Uri o Hau te hapū
Ko Ngāti Whatua te iwi
Ko Otamatea te marae
Ko Wiapo te whānau
Ko John Wiapo (Skipper) tōku pāpā
Ko Gail Skipper tōku māmā
Ko Corey, Jack, Tama rātau ko Portia āku tamariki.
Ko Deb Hastings tōku wahine
Ko Coral Wiapo tōku ingoa

This whakapapa provides the lead author (CW) with an Indigenous perspective, a connection to land, sea, place, whānau, ancestors and people. She is a woman, a lesbian, a partner, a mother, stepmother and step nana, a widow, a nurse, and a leader. The second author (TC) has Ngāpuhi whakapapa, however colonial adoption practices mean she is yet to find her whakapapa connections. She is a woman, a mother, a step grandmother, a nurse, an academic, lives with a



physical disability and is a leader. These perspectives do not neatly fit into traditional notions of nursing leadership, or the dynamic and cumulative nature of the leadership experience.

Why is a new approach needed?

The authors believe that wayfinder, adaptive, trait and transformative leadership theories have both inherent strengths and shared values that can be woven together to create a model of leadership, which can be used to guide in our own leaderful journey. A process of purposefully bringing people together in a particular way to strengthen, inspire and share their knowledge. These various models of leadership resonate with the type of leadership that Indigenous nurses seek, with each expressing some vital concepts and contributions, but not fully expressing and acknowledging all of the parts that contribute to a sense of leadership. Often missing are the stories of failed leadership and vulnerabilities of leading in a Māori context which contribute to resilient and wise leadership. Similarly, the wairua (spiritual) nature of leadership is often ignored. Indigenous concepts do not operate in silos, and they do not hide vulnerabilities, the wholeness, and whakapapa.

All of our strands contribute to weaving: Discrimination and vulnerability in leadership

There are other factors that impact on the performance and behaviour of a leader. Marginalisation is characterised by disadvantaging, or making a person feel insignificant (Harris & Jones, 2018). Came et al. (2019), observed the scarcity of Māori at leadership levels. Their study revealed that Māori often reported being isolated, as the only person in a leadership/advisory group. They experienced a lack of support, emotional distress, arrogance from their peers and that their contributions were not shown value. These patterns of behaviour that actively depicted marginalisation, and discrimination were often covert, sophisticated, and institutional. It would be fair to say that these experiences also impact on other marginalised groups making it difficult to shift the mainstream belief that there is inherently a right colour, right sexuality, right gender, right weight, right physical attractiveness, and able bodies within leadership, and

that those that do not fit this ideal face the biggest challenges in the quest for leadership roles (Came et al., 2019).

Although we have more recently seen a shift towards diversity amongst leadership, nevertheless, there continues to be inequity in the representation of women, ethnic/racial, disability and LGBTQTI+ minorities (Fassinger et al., 2010). It is difficult to believe that this inequity can be attributed to these groups not having suitable skills, knowledge and qualifications and would instead suggest that Pākehā men are more likely to experience the privileged position of their race, gender, and sexuality. If diversity of leadership in Aotearoa New Zealand does not progress, then there will continue to be significant groups who are not justly and fairly represented (Came et al., 2019).

The marginalisation of women in workplaces in Aotearoa New Zealand is not a unique experience (Holmes, 2020). However, the effect of discrimination on wāhine Māori is multiplicative in impact, having to negotiate lower rates of educational opportunities, lower incomes, and poorer health outcomes (Gemmell, 2013). The inequality that is experienced by Māori women in leadership roles may influence their ability to optimise their true potential (Gemmell, 2013). For LGBTQTI+ leaders, the lens from which they understand themselves and their self-awareness may mean that they temper the behaviours that could 'out' their sexuality. However, Fassinger et al. (2010) found that some lesbian and gay leaders believed that many of their leadership strengths were grounded in their experience as sexual minority identities. Similarly, those with a disability in nursing leadership positions could foster inclusiveness and creative problem-solving (Anyinam, 2018; Powers et al., 2002).

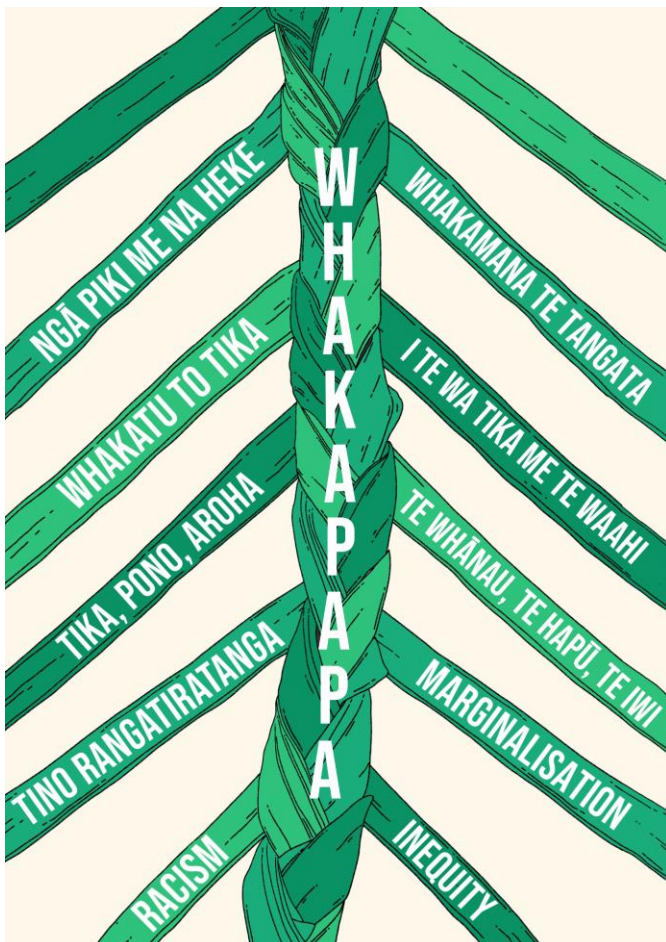
The ability to negotiate these multiple experiences and identities can be difficult but can also be a source of great strengths in leadership; being able to challenge the status quo, facilitate collaboration, value inclusive behaviours, whilst showing empathy and a willingness to grow, learn, and be flexible. These traits of course align with those attributes that are seen to be present in strong and effective Māori leaders.



Weaving new and old strands together: Towards the concept of Whakapapa leadership

Indigenous leadership models create space for Indigenous models, spirituality, genealogy, the environment, and creativity. This kete of knowledge, requires many strands and perspectives. Using the analogy of weaving, we have developed this model that sees whakapapa as the *whiri* – the backbone of the kete bringing together the various strands (Figure 1). The whiri, holds the weight, it is the structure that provides strength and pulls together the various strands of the kete. Whakapapa weaves threads in and out, drawing on connections and linking the past, present and future. Whakapapa distributes the burden and cultivates the skills, the readiness to take on tasks and embraces the beautiful patterns and uniqueness of wholeness that emerges. The process of binding these strands tightly within the whiri, intertwine and take shape to reflect Whakapapa leadership which is consolidated by the lived experiences of being Māori nurse leaders.

Figure 1: Strands of Whakapapa leadership (Illustrated by Huriana Kopeke-Te Aho)



Strand one: Whakamana te tāngata speaks to the relational networks that Māori nurses draw on, to bring together the people, the skills, experiences, connections and content of the leadership task. There is a spiritual process of uplifting one another, enhancing dignity and mana and supporting each other.

Strand two: I te wa tika me te waaahi is the comprehension of historical Indigenous experiences and the potential to foster change by looking both backwards and forwards and identifying whether this is the right time and space.

Strand three: Te whānau, te hapū, te iwi recognises the impact of the differing perspectives, politics, people and strategies on Māori communities.

Strand four: Ngā piki me ngā heke captures the ups and downs of leadership and the ability to identify the challenges to success, then thoughtfully dig deep and find the resolve needed to continue. It is conscious of the unique lived experiences that contribute to people being at various phases of their journey and requires careful thought to identify allies and champions.

Strand Five: Tika, pono and aroha are complex constructs that encourage leaders to act with integrity to do the right thing, in the right way, for the betterment of the collective and actively fulfil our vision of Pae Ora (Healthy Futures) (Ministry of Health, 2020). These can be deeply spiritual practices that require reflection and karakia.

Strand Six: Mana taurite acknowledges the pursuit of equity to realise the dreams and aspirations of the collective, and what matters to whānau (Mahitahi Hauora, 2019). This is the driving force that inspires Whakapapa leadership to grow from adversity, to reflect on the challenges and successes of our own diverse lives and to skillfully negotiate and strategise to improve outcomes for Māori communities.

Utilising the kete (Figure 2), we have highlighted the social context for leadership to occur. This includes the systems and structures that can constrain leadership like marginalisation, racism, and inequity. Although often seen as negative concepts, they can also be used to strengthen the kete. The Māori nurses lived experience of marginalisation and inequity based on their ethnicity, gender, disability, sexuality, parenting and work experiences that have reinforced their own kaha (persistence, strength) and skill in negotiating systems and structures.

Illustration 2: The kete of Whakapapa leadership (Illustrated by Huriana Kopeke-Te Aho)



The *puritanga* (handles) of our kete bear the weight and signify Te Tiriti and the partnership that this requires between Māori and tauwiwi (non-Māori). A true partnership requires equitable resources, and each partner must acknowledge their responsibilities, if the kete is to remain balanced, and not unevenly burden the people who carry it.

The authors acknowledge that these strands are not an exhaustive list of Māori leadership requirements but are illustrative based on lived experience. The essence of Whakapapa leadership is that every kete will be reflective of the weaver/leader and will develop a unique pattern that reflects their own inherent leadership qualities, gifts and knowledges.

The essence or mauri of a person demonstrates that leadership cannot be separated from the whole, that it is dynamic and intrinsically connected through whakapapa, inherent and learned skills, education, and birthright. Leadership can be a spiritual place, where our tupuna are with us, while we are creating new worlds for our mokopuna (grandchildren). We argue, weaving together the many strands of leadership, life experiences, identities and inherent gifts, create strong, beautiful and inclusive leadership models that can enhance outcomes for leaders to be

authentically themselves for the betterment of their team members, whānau, and communities.

Conclusion

As Indigenous nurses we are asked to take on leadership roles, and may at times feel ill-prepared, reluctant and overwhelmed by the task ahead. Having skills, experience and an understanding of leadership theories are essential, however there are also skills that are not visible on a resumé. We have outlined the Whakapapa leadership model that is a living and cumulative model. It brings together existing knowledges on leadership from westernised models and theories, with mātauranga Māori. Whakapapa leadership embraces the inherent mana and dignity of Indigenous nurses, wāhine Māori, along with their learned skills, history, relationships, aspirations, and responsibilities. Indigenous perspectives of leadership do not compartmentalise the various theories and aspects of leadership, rather viewing leadership holistically. Whakapapa leadership cannot be understood without the socio-cultural context, including vulnerabilities and discriminations at the individual and system level. Te Tiriti requires a commitment to equity, including Māori leadership



within healthcare. Māori nurse leaders are essential in this pursuit. Finally, Whakapapa leadership reminds us of the aspirations of our tupuna for self-determination and to live valued lives, as Māori. It is time for Māori nurses to step into leadership positions in healthcare, claiming new leadership models, Indigenous knowledges, and working to transform healthcare for our people.

Ka pū te ruha, ha hao te rangatahi

The old net is cast aside, while the new net goes fishing (cited in Elder, 2020 p. 197)

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