




Original Research | He Rangahau Motuhake

Whakarōpū: An Exemplar Fostering Professional Development and Cultural Growth With a Collective Grouping of Māori, and Pacific, Nurses

Ebony Komene, BN(Hons)¹, Lisa Sami, BN¹, Coral Wiapo, BN, MN¹, Josephine Davis, MN¹, Sue Adams, PhD¹

¹ School of Nursing, University of Auckland

Keywords: Indigenous, Maori, Pacific, Nursing, Professional development, Cultural growth, Leadership

<https://doi.org/10.36951/001c.90845>

Nursing Praxis in Aotearoa New Zealand

Vol. 39, Issue 2, 2023

The path to increasing and fostering the Māori and Pacific nursing workforce in Aotearoa New Zealand is multifaceted and requires Indigenous solutions. As part of a national workforce programme to increase Māori and Pacific enrolled nurses in primary healthcare, the workforce team developed and supported a whakarōpū (collective grouping) to attend and present at the National Enrolled Nurse Conference. This paper reports on the experiences of five Māori and two Pacific nurses, together with three senior Indigenous nurse leaders, as a whakarōpū. Ongoing kōrerorero (conversations), both face-to-face and online, was the primary data source; however, participants also provided written and verbal feedback. Through kaupapa kōrero, a collective analysis of the data was conducted. To mitigate the barriers created by a dominant Western-centric learning culture, whakarōpū is a successful example of how to foster flourishing learning experiences for Māori and Pacific nurses. Keeping Māori and Pacific nurses connected, participating, and maintaining dialogue is essential for their collective professional development and cultural growth. The whakataukī, waiho i te toipoto, kua i te toiroa (let us keep close together, not wide apart), describes the weaving of people, and their aspirations as Māori and Pacific nurses who feel prepared to lead and provide culturally responsive care for their communities. Supporting whakarōpū is essential for Māori and Pacific nurses to develop cultural connections, enable clinically and culturally safe spaces, and feel empowered and prepared for leadership.

Te reo Māori translation

Ko te Whakarōpū, he Tauira Whai Painga Poipoi i te Whakapakaritanga Ngaio me te Tupunga Ahurea me tētahi Rōpū Tapuhi Māori, Moana-nui-a-Kiwa hoki

Ngā Ariā Matua

He tini ngā pekanga o te ara whakapiki, poipoi hoki i te ohu kaimahi tapuhi Māori, Moana-nui-a-Kiwa hoki, ā, me kimi hoki he rongoā nā ngā iwi taketake i te tuatahi. I whakawhanaketia e te tira kāhui kaimahi tētahi ohu whakarōpū (collective grouping) kia tae atu, kia tāpae kōrero hoki ki te Hui ā-Motu o ngā Tapuhi Rēhita, hei wāhanga o tētahi hōtaka ohu kaimahi ā-motu e whai nei ki te whakapiki i ngā tapuhi Māori, me ō Te Moana-nui-a-Kiwa. E tāpae kōrero ana tēnei tuhinga mō ngā kitenga a ētahi tapuhi Māori, Moana-nui-a-Kiwa hoki e rima, tae atu ki ētahi kaihautū tapuhi taketake mātāmua tokotoru, hei ohu whakarōpū. I noho ko ngā kōrerorero ā-kanohi, tuihono hoki hei puna raraunga tuatahi; ahakoa rā, i tāpaetia hoki e ngā tāngata whai wāhi mai ētahi whakaaro ā-tuhi, ā-kōrero hoki. I kawea ngā tātaritanga tōpū nā roto i ngā kaupapa kōrero. Hei kaupare i ngā maioro nā te ahurea akoranga o whenua kē i whakaara, he mea pai te ohu whakarōpū hei penapena i ngā wheako akoranga mō ngā tapuhi Māori, ō Te Moana-nui-a-Kiwa hoki. He mea taketake te whai kia honohono ngā tapuhi Māori, me ō Te Moana-nui-a-Kiwa, kia whai wāhi tonu, kia kōrerorero tonu mō tō rātou mahi whakapakari ngaio, tupunga ahurea hoki. E ai rā te whakataukī, waiho i te toipoto, kua i te toiroa (let us keep close together, not wide apart), kei reira te tauira o te whakapiri i te tangata, me ō rātou wawata hei tapuhi Māori, Te Moana-nui-a-Kiwa hoki, kua oti te

whakangungu hei kaiarataki, hei kaikawe taurimatanga tika ā-ahurea hoki mō ō rātou hāpori. He mea taketake te tautoko i ngā ohu whakarōpū mā ngā tapuhi Māori, me ō Te Moana-nui-a-Kiwa hei whakawhanake i ngā hononga ahurea, hei whakarite wāhi haumarū ā-tiakinga tūroro, ā-ahurea hoki, kia piki anō tō rātou mana, kia tika te tū ki te ārahi i ētahi atu.

INTRODUCTION

*Waiho i te toipoto, kua i te toiroa
Let us keep close together, not wide apart*

Enrolled nurses (ENs) are regulated by the Nursing Council of New Zealand (NCNZ) under the Enrolled Nurse Scope of Practice:

To work in partnership and collaboration with the health consumer, their whānau [family], communities, and the wider healthcare team to deliver equitable person/whānau/whakapapa-centred general nursing care, advocacy, and health promotion across the life span in all settings (NCNZ, 2023, para 3).

Nearly 70,000 nurses hold practising certificates in Aotearoa New Zealand, of whom 2,409 are ENs, a number that is annually growing (NCNZ, 2023). Māori nurses consist of 7.5%, and Pacific nurses 4%, of the total nursing workforce, despite Māori being 17.4% and Pacific peoples being 7.4% of the national population (Nursing Council of New Zealand, 2019; StatsNZ, 2022).

The representation of Māori, and Pacific people, in the nursing workforce has largely remained stagnant for nearly 40 years and inequities for Māori, and Pacific peoples, have persisted (Minister of Health, 2023b, 2023a; Reanga New Zealand Ltd, 2012; Wilson et al., 2022). To promote both equity of the workforce and health outcomes, there is a need to increase and foster the Māori, and Pacific, nursing workforce to be culturally reflective and responsive to their communities (Chalmers, 2020; Hunter, 2019; Wilson et al., 2022). Fostering this workforce requires the integration of Indigenous values and knowledge within learning environments and professional development opportunities to ensure that Māori, and Pacific, nurses flourish. This is important because Māori, and Pacific, nurses position themselves as Māori, and Pacific people, first, which demands appropriate recognition and support (Ioane et al., 2021; Komene et al., 2023). Creating an environment where Māori, and Pacific, nurses flourish, will in turn enable the flourishing of health and wellbeing for Māori, and Pacific, communities (Waiari et al., 2021).

This article describes and evaluates the experiences of five Māori nurses and two Pacific nurses working in primary healthcare, alongside three senior Māori nurses (CW, EK, LS) as a whakarōpū (collective grouping) who attended and presented at the national 2023 Enrolled Nurse Conference. The conference's theme focused on ENs making a difference and included students and registered professionals. Many conference attendees were from mainstream health services, such as hospital settings. We showcase how whakarōpū can support a flourishing environment for Māori, and Pacific, nurses to participate safely in shared learning and professional development opportunities.

Whakarōpū, in our context, refers to organising members into a group based on their professional and cultural backgrounds, and valuing their unique perspectives. Whakarōpū, instead of the term cohorting, better conveyed the group as a collective of Māori, and Pacific, nurses working toward their nursing aspirations. The term whakarōpū grounds itself in relational concepts including whakawhanaungtanga (the process of forming relationships), manaaki (respect and reciprocity), and kotahitanga (unity), which are specific to Māori, and Pacific peoples. In this context, whakarōpū recognised the inherent knowledge and experiences of participants which created a safe space and enhanced opportunities for Māori, and Pacific, nurses to have positive experiences. For most of the participants, this was their first experience meeting one another and attending a nursing conference, which required intentional support tailored to their needs.

BACKGROUND

Enrolled nursing in Aotearoa New Zealand has been nothing short of a rollercoaster ride (Wiapo et al., 2023). The enrolled nursing profession has experienced a long history of imposed changes to their scope of practice and regulation, together with various stops, starts, and changes to the length and content of EN training, resulting in hurt and distress (Davies, 2020; Wiapo et al., 2023). For Māori, and Pacific, ENs this has been further compounded by the duplicity of being both ENs and Indigenous. The additional experiences of racism, marginalisation, and discrimination are embedded throughout the whakapapa (history and genealogy) of nursing in Aotearoa (Ioane et al., 2021; Kidd et al., 2020; A. Smith et al., 2021; Wiapo & Clark, 2022). Enrolled nurses, however, present a great opportunity to deliver nursing services within communities, advocating for and meeting whānau (family) health needs.

The EN and Nurse Practitioner Workforce Development Programme (the Programme), funded by Te Whatu Ora, has offered an opportunity to raise the profile of the enrolled nursing workforce and its contribution to primary healthcare. Intentionally, the Programme has focused on increasing the capacity and capability of the Māori, and Pacific, nursing workforce. We previously reported on the Earn As You Learn initiative (EAYL) (Wiapo et al., 2023), where Māori and Pacific kaimahi (unregulated health workers) were supported through their EN training whilst retaining their salary. On completion of their EN diploma, they continued to work with their employing health organisation, delivering services as ENs within the nursing team. A second initiative has been to support already registered ENs into primary healthcare. In both initiatives, the ENs have been employed to deliver services that address unmet mental health and addiction needs within their communities (Wiapo et al., 2023).

Through the EN workforce initiatives, the Programme's leaders (authors) have been instrumental in implementing opportunities to strengthen learning experiences for Māori, and Pacific, nurses. Māori, and Pacific nurses, under the principles of manaaki and whanaungatanga (collectivism, kinship) are professionally and culturally committed to caring within their communities (Davis et al., 2021; Komene et al., 2023; A. Smith et al., 2021). Providing culturally safe and relevant learning environments are essential to growing and sustaining the development of the Māori and Pacific workforce, which in turn benefits their communities (Ahuriri-Driscoll et al., 2015). Such learning environments are required to protect individual and collective identities, as well as mana (prestige, authority, and control) and provide a place to be unapologetically Māori, and Pacific (Hunter & Cook, 2020; Zambas et al., 2023).

Furthermore, although limited, the research shows nurses flourish when they are situated in environments that are supported by cultural concepts including whanaungatanga, collective wellness, and tuakana-teina models (relationships centered on expertise where roles may be reciprocated and reversed at any time) (Naepi, 2015; Pere, 1994; Tiatia-Seath, 2018). The flexible funding has enabled the workforce programme team to develop learning opportunities that reflect the cultural concepts and worldviews of Māori, and Pacific peoples.

The purpose of this article is to report on how a whakarōpū was established and used to support a flourishing environment for Māori, and Pacific, nurses to participate safely in shared learning and professional development opportunities at a national conference for ENs. Further, we wanted to reinforce the importance of Indigenous values that support the professional and cultural well-being of Māori, and Pacific, nurses across conferences and other learning platforms.

THE APPROACH

A kaupapa Māori approach was used to strengthen and direct a Māori perspective appropriate for sharing knowledge and accelerating the translation of the research into practical outcomes for tangata whenua (Māori as Indigenous people of Aotearoa) and tagata Pasifika (Indigenous peoples from the Pacific islands) (L. T. Smith, 2012). This article recognises the diversities between the worldviews of Māori, and Pacific people, and acknowledges that Pacific peoples originate from many Pacific islands with diverse cultures and languages. Therefore, this research respects mātauranga Māori (Māori knowledge systems) and Māori status as tangata whenua in the first instance (Naepi, 2015; Sualii-Sauni, 2017).

Kaupapa Māori approaches are open to different methods and methodologies (Haitana et al., 2020). Therefore, Kaupapa Kōrero was an appropriate method for analysing personal kōrerorero (conversations) and integrating them within layers of cultural and clinical identity and society, which influence contemporary experiences of being Māori and/or Pacific people (Ware et al., 2018). As defined earlier, the use of whakarōpū as opposed to cohorting has been intentional to highlight the relational concepts that are spe-

cific to Māori, and Pacific peoples. The relationship between Māori and Pacific peoples (whanaungatanga relationship, tuakana-teina, Te Moana-nui-a-Kiwa) is highlighted in the term whakarōpū and the use of our method (Naepi, 2015).

The tuakana (EK, LS, and CW) invited ENs and EN students (teina) who were part of the workforce initiatives to join them at the 2023 Enrolled Nurse Conference and co-present. The tuakana were instrumental in the formation and positioning of the whakarōpū and in encouraging participation. Participants' ongoing kōrerorero between May and July 2023 were collected by text and email records and they were also invited to provide further feedback via Zoom, to which four participants agreed. These kōrerorero were informal and fluid. Three authors (EK, CW, and LS) collectively reviewed text, email, and Zoom transcripts to familiarise themselves with the data. The authors then met multiple times to discuss, refine, and reach a consensus on initial codes, and final themes. Kaupapa kōrero supported cross-examination of the data by the authors and identification of the interrelatedness and influence of societal expectations, indigeneity, culture, and nursing (Ware et al., 2018).

Ethics

Ethics approval for this research was granted in December 2022 by the Auckland Health Research Ethics Committee (reference AH25268). Written and verbal consent was obtained from participants and data remained de-identified to preserve confidentiality due to the small ethnic-specific sample. Te Ara Tika Guidelines for Māori Research Ethics (Hudson et al., 2010) informed this project with consideration given to the concepts of whakapapa (relationships), tika (research design), manaakitanga (cultural and social responsibility), and mana (justice and equity).

FINDINGS

Participants shared intelligent, challenging, and honest kōrerorero which gave a deeper understanding of Māori, and Pacific, nurses' experiences as a whakarōpū when attending a national nursing conference. All participants were wāhine (women), aged between 26 to 55 years old. Two of the nurses self-identified as Pacific peoples and the rest of the participants self-identified as Māori. The participants had varying levels of nursing experience from nearing graduation, newly graduated, to five or more years of practice. All were living and working in primary healthcare settings based in Te Tai Tokerau, North Island. While eight ENs attended and presented at the conference, four participated in this evaluation. Accordingly, the participant's quotes are de-identified using pseudonyms that reflect atua wāhine (female goddesses) in relation to nature ([Figure 1](#)).

Whanaungatanga: Setting up the whakarōpū

Based on the knowledge and experiences of the tuakana (CW, EK, and LS) there was some hesitancy as to whether the Enrolled Nurse Conference was both culturally safe for

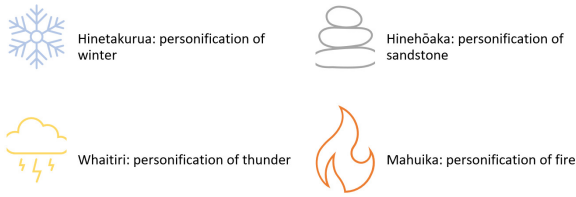


Figure 1. Atua wāhine (pseudonyms for participants)

Indigenous wāhine and a clinically relevant space for primary healthcare ENs. One of us commented:

Is this the right forum for us to be taking Māori nurses to their first ever conference? A mainstream, conference in Christchurch, at a Golf Club? This conference is a big shift, and we just want our rōpū [group] to feel safe, showcasing their mahi [work], and their way of being.

After much deliberation amongst the tuakana and the co-leads (SA and JD) of the wider workforce programme, a decision was made to attend this conference. We carefully considered how the whakarōpū would remain supported and protected throughout this experience. By taking a tuakana-teina approach, the tuakana were able to awhi (nurture) and tautoko (support) participants within a mainstream environment and facilitate a cloak of cultural protection.

With tika [doing things right], pono [honesty and integrity] and aroha [compassion and generosity] we can shift that into any environment, to make them [ENs and EN students] feel comfortable. We are a collective based on our shared identity as Indigenous Māori nurses. He waka eke noa [we are all in this waka together]. [EK, LS, CW]

Whanaungatanga was instigated by the tuakana to intentionally allow everyone to feel connected and form relationships as part of the whakarōpū. Zoom sessions were organised and a WhatsApp group was created as an outcome. These points of connection enabled the members to organise actions such as meeting for breakfast, doing karakia (prayer), sharing photographs, and general daily updates. Therefore, whanaungatanga opportunities were a starting point for building trust and safety to attend to and intrinsically support the organic development of values including manaaki, developing kotahitanga (unity), and sharing whakapapa (establishing points of connection).

Whakawhanaungatanga: Establishing and maintaining connections

Within the context of whakarōpū, relationships between members were forged through shared experiences of being Māori, and Pacific peoples, and the moemoea (aspiration) of being a nurse.

Going as a group I felt comfortable and confident which made me comfortable about going because I knew we all had each other's back. This is not something I

thought I would have attended by myself; I would think twice about my expectations of going there and being accepted [within the conference]. [Hinetakura]

Outside of the conference schedule, daily activities happened organically grounded in the needs of the whakarōpū including organising morning karakia, breakfast and a whakarōpū dinner. Similarly, the opportunity to walk together to the conference venue, sit together, and attend the conference dinner allowed further whakawhanaungatanga. Hinetakura reiterated that the time required for connection as a whakarōpū was necessary, and intrinsic to building their relationships:

Our little walks together were the best part because we were able to get to know each other, share experiences, and then carry these experiences home. I was able to reflect on how you all [tuakana] were our leaders, so we felt more comfortable. You know my family background and you can understand where I come from. Especially, with you guys all listening to us and that felt good.

Ko wai au? Consolidating professional identity as an enrolled nurse

Despite being a predominantly mainstream setting, it was evident from the whakarōpū kōrerorero that the opportunity to attend a national nursing conference, specific to the EN profession was valuable. As said by Hinetakurua:

At the conference, I felt the learning was broad and good, especially since ENs aren't seen to be 'marketable' or 'doing much'. It was helpful for me to understand how the system worked and how they [ENs] were absorbed into different fields and able to mould their role into more. We [ENs] embed our roles into different services.

Collective kōrerorero also acknowledged that the conference theme was exemplified throughout, with the mana of enrolled nursing being lifted. Historically they noted, the light has always shone on registered nurses:

Everyone asked me, do I want to move on as an RN, but I feel happy staying as an EN because I feel like I have hit what I wanted to do. One of the ladies at the conference said to me, "A nurse is a nurse, whether you're an EN or an RN, a nurse is a nurse and don't let anyone tell you any different." [Hinetakurua]

The response and actions of the conference organisers demonstrated their commitment to ensuring Māori, and Pacific, nurses felt welcomed and valued when attending the conference. This included reducing or waiving conference fees, supporting the attendance of the tuakana, offering an opportunity to present at the conference, and changing their electronic registration system to include the whakarōpū. One of the conference organisers stated:

When you [CW] reached out to ask us if the group could attend [the whakarōpū were applying after the early bird cut-off date] the whole committee agreed it was too good an opportunity to miss... We want to be able

to engage better with our Māori, and Pacific, nurses, so we just made it happen.

Kia haumarū: Creating safe spaces for Māori, and Pacific, nurses

Participants spoke about the safety offered by the whakarōpū within the context of non-Indigenous spaces:

Being around other Māori nurses instead of being ‘spot the Māori’ and how we usually get singled out in these situations. Especially when we got up to do our kōrero, it was good to hear the stories of the other nurses that made it emotional... We’re all on the same journey and I loved that. I felt like we were one whole whānau, not separate people. [Mahuika]

For Waitiri, this was her first experience presenting at a national nursing conference. She described the importance of whakarōpū for Māori, and Pacific peoples, regardless of where they work or come from. For Waitiri, the connection was about feeling safe and building mana, particularly in spaces where they were the minority:

Presenting and introducing myself a little bit in te reo was really special for me as I do not usually get recognised as Māori. Doing this opened up conversations with other wāhine Māori at the conference and I was able to make connections.

Their passages also speak to the importance of whakarōpū for Māori, and Pacific, nurses to feel a sense of belonging and purpose and to participate in events that reflect their realities. The inclusion of Indigenous speakers was important to increase both knowledge sharing and build feelings of safety and confidence:

It would be encouraging for us, and the others to have more Indigenous speakers, seeing someone who represents Māori or Pacific will give me more confidence. [Hinehōaka]

Māori, and Pacific, nurses acknowledged navigating both te ao pākehā (white European worldviews) and their personal cultural worldview was challenging. Responding to this meant participants often facilitated their own learning. Hinetakurua reflected how knowledge was showcased and shared within the conference and between members of the whakarōpū:

Hearing what Hinehōaka was doing, I had no idea we could do that work. I wouldn’t have had the same line of thinking if I hadn’t gone to the conference. I think my manager is still trying to understand the role, and the conference helped to improve my understanding and confidence to explain to her.

Rangatiratanga: Leadership and empowerment

Participants spoke of the whakamana (increasing their self-esteem and autonomy) that flowed on past the conference. Mahuika reiterated how returning from the conference she felt empowered to prioritise her wellbeing and

take the lead in defining her professional identity as a nurse:

Since being at the conference... I can’t just wait and sit back [at work], I have been planning my own [study], and doing my own [clinical tasks, teaching, and planning]. I don’t want to be held back.

Hinehōaka spoke to the success of this experience as a whakarōpū by supporting participants to understand and know themselves better in relation to their cultural and clinical identity and feel prepared to walk this journey as Māori, and Pacific, ENs. She stated:

I wouldn’t change anything. What an incredible bunch of wāhine toa [strong women] to have the privilege to spend time with at our EN conference! Thank you for sharing your haerenga [journey], wairua [spirit] and mātauranga [knowledge]. Ki a koutou, tuakana [you are all leaders]. I know I wouldn’t be a nurse without the added support of you all. Not just putea [funding], either. You are all incredible, supportive, knowledgeable, and REAL! Thank you. [Hinehōaka]

DISCUSSION

By providing a narrative for Māori, and Pacific, nurses as a whakarōpū, we have contextualised their experiences as Māori, and Pacific, wāhine navigating both their professional and cultural identity when attending a national nursing conference. Their collective kōrerorero highlighted the importance of other Indigenous voices and faces within this setting and the strength of a whakarōpū to support connections and provide dialogue towards their collective aspirations. Our findings offer unique insights into how cultural and clinical identity and wellbeing can be supported for Māori, and Pacific, nurses. Their experiences are unique but consistent with literature that highlights the realities for Indigenous nurses, which are often non-reflective of the spaces they occupy (Hunter & Cook, 2020; Komene et al., 2023; A. Smith et al., 2021; Wilson et al., 2022).

The findings of this research reinforce the key initiatives from the newly released National Workforce Plan 2023/24 (Te Whatu Ora, 2023) as instrumental to creating flourishing environments for Māori, and Pacific, nurses. These key initiatives include cultural and mentoring support, funding to improve access to postgraduate training opportunities, and access to leadership development (Te Whatu Ora, 2023). In terms of dual competency and ethnic concordance, our findings highlighted that Māori, and Pacific, nurses require dual professional development opportunities that are firstly, reflective of their cultural identity and secondly, clinically reflective of them as ENs working in their communities (Komene et al., 2023; A. Smith et al., 2021). Aligning with the principles of Te Tiriti o Waitangi, it is of utmost importance that our current nursing education and professional development opportunities prioritise mātauranga Māori, and the worldviews of Māori, and Pacific peoples (Minister of Health, 2023b, 2023a; Tiatia-Seath, 2018).

Dominant western-centric learning systems continue to marginalise Māori, and Pacific peoples, knowledge systems,

and practices (Levac et al., 2018). However, Māori, and Pacific, values, practices, and knowledge are woven throughout their kōrerorero as inherent and the reason for the success of the whakarōpū. The whakarōpū for Māori, and Pacific, nurses is an example of how to create culturally safe environments that acknowledge and address the specific needs and experiences of these groups (Zambas et al., 2023).

Wiapo and colleagues (2023) and Southwick & Polaschek (2014) reinforce the importance of reclaiming and reimagining Indigenous worldviews in our nursing workforce. Tauīwi (non Māori) allyship is a critical component of creating such environments and allies have a role in supporting the participation of Māori, and Pacific peoples, in professional and career development (Hunter & Cook, 2020; Kidd et al., 2020; Thomas, 2020). Tauīwi acknowledge that continuous exploration of expertise and resources is required to develop these spaces for Māori, and Pacific, nurses (Came et al., 2022; Hickey et al., 2022; Kidd et al., 2020).

Integrating Indigenous practices and perspectives to deliver professional development and advance careers also supports tauīwi nurses to begin to understand how care aligns with the cultural expectations and preferences of Māori, and Pacific, communities. Wiapo et al. (2023) identified Te Ao Māori (the Māori world) values that gave mauri (lifeforce) to the EN Earn As You Learn Model, which is successfully increasing the number of Māori, and Pacific, ENs working in primary healthcare. These values are whanaungatanga, akoranga (shared learning), and tino rangatiratanga (leadership) and are reflected in the kōrerorero of the whakarōpū.

Participants mentioned the importance of whanaungatanga (feeling connected) and whakawhanaungatanga (making connections) and described ease of connection by drawing on cultural similarities and shared experiences of being a nurse, living and working in Te Tai Tokerau. Whanaungatanga is defined as a value, social, and spiritual process of relating between people (Benton et al., 2013). Identity in the form of whakapapa – described as narratives of genealogies that ground and situate people in relationship to time, ancestral connections, and their native surroundings - is an added layer to these connections for Māori (Wiapo & Clark, 2022). Therefore, whanaungatanga, whakawhanaungatanga, and whakapapa are concepts synonymous with the essence of being Indigenous, expressed tangibly and intangibly. As a framework, whanaungatanga is the bedrock on which Māori, and Pacific, nurses build trust, solidarity, and collective accountability (Benton et al., 2013; Manchester, 2018; Mullane et al., 2022; Rātima et al., 2022; Zambas et al., 2023). This sense of community can provide a supportive space for sharing experiences, discussing cultural challenges, and finding strength in shared identities (Zambas et al., 2023).

Like the nurses in our study, whakarōpū provided an opportunity for leadership development and empowerment. Power et al. (2014) argue that leadership is a cloak worn by all Indigenous women by virtue of entering the nursing workforce. By fostering their inherent mana, our Māori, and

Pacific, nurses were able to see leadership in action and step in and out of leadership roles reflecting the fluidity of the tuakana teina model (Reilly, 2010; Wiapo & Clark, 2022). Literature continues to highlight the need for Indigenous leadership within the health sector to support community empowerment, contributions to policy development, and decision-making processes in healthcare to achieve health equity (Brockie et al., 2023; Rumsey et al., 2022; Wolfgramm et al., 2016).

Recommendations

Our reflections of whakarōpū provide a significant contribution to our understanding of the conditions and environment needed for Māori, and Pacific, nurses to flourish. Wellbeing can be significantly enhanced by acknowledging and integrating existing cultural practices and group learning initiatives. We strongly recommend that mainstream settings embed Indigenous initiatives like whakarōpū for Māori, and Pacific, nurses, in professional development programmes. It is also crucial that resources allocated for whakarōpū are tailored to both individual and collective requirements, viewing Māori, and Pacific, staff as tuakana. For professional development in nursing to be truly holistic and representative, there must be robust cultural representation, ensuring content is both culturally inclusive and mirrors the lived realities of Māori, and Pacific, nurses. These insights highlight critical elements towards fostering a sense of safety, security, growth, and flourishing for these professionals. Recognition of the unique cultural and professional contributions are required for Māori, and Pacific, nurses so they not only feel protected but also thrive in their roles. By enhancing our body of knowledge in this area, we can better cater to the needs of Māori, and Pacific, nurses, ensuring that they are both valued and empowered in their cultural and clinical workspaces.

Acknowledgments

We would like to acknowledge the contribution of all the ātaahua wāhine (beautiful women) involved in this publication. Ngā mihi (thank you) for sharing your stories to empower others. We extend this acknowledgment to the Enrolled Nurse Section of NZNO for their commitment to supporting Māori, and Pacific, nurses. He kakano tātou, I ruia mai, i Rangiatea (We are seeds descended from greatness). A tetahi atu wā, kei a koutou, te wairua o te atua.

We also extend acknowledgements to Te Whatu Ora: as funders of the wider EN/NP Workforce Development Programme.

Funding

None

Conflicts of interest

The authors are all involved in the development and/or implementation of the EAYL Programme.

Submitted: September 07, 2023 NZDT, Accepted: November 02,
2023 NZDT



This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CCBY-4.0). View this license's legal deed at <http://creativecommons.org/licenses/by/4.0> and legal code at <http://creativecommons.org/licenses/by/4.0/legalcode> for more information.

References

- Ahuriri-Driscoll, A., Boulton, A., Stewart, A., Potaka-Osborne, G., & Hudson, M. (2015). Mā mahi, ka ora: By work, we prosper-traditional healers and workforce development. *New Zealand Medical Journal*, 128(1420), 34–44.
- Benton, R., Frame, A., & Meredith, P. (2013). *Te mātāpunenga: A compendium of references to the concepts and institutions of Māori customary law*. Victoria University Press.
- Brockie, T., Clark, T. C., Best, O., Power, T., Bourque Bearskin, L., Kurtz, D. L. M., Lowe, J., & Wilson, D. (2023). Indigenous social exclusion to inclusion: Case studies on Indigenous nursing leadership in four high income countries. *Journal of Clinical Nursing*, 32(3–4), 610–624. <https://doi.org/10.1111/jocn.15801>
- Came, H., Kidd, J., & Mc Creanor, T. (2022). Re-imagining anti-racist theory for the health sector. *New Zealand Medical Journal*, 1335(1554), 105–109.
- Chalmers, L. (2020). Responding to the State of the World's Nursing 2020 report in Aotearoa New Zealand: Aligning our nursing workforce to universal health coverage and health equity. *Nursing Praxis in Aotearoa New Zealand*, 36(2), 7–19. <https://doi.org/10.36951/27034542.2020.007>
- Davies, L. A. (2020). Coming to terms with the enrolled nurse scope of practice. *The Dissector: Journal of the Perioperative Nurses College of the New Zealand Nurses Organisation*, 48(2), 21.
- Davis, J., Wiapo, C., Rehana-Tait, H., Clark, T. C., & Adams, S. (2021). Steadfast is the rock: Primary health care Māori nurse leaders discuss tensions, resistance, and their contributions to prioritise communities and whānau during COVID-19. *Nursing Praxis in Aotearoa New Zealand*, 37(3), 84–93. <http://doi.org/10.36951/27034542.2021.038>
- Haitana, T., Pitama, S., Cormack, D., Clarke, M., & Lacey, C. (2020). The transformative potential of kaupapa Māori research and indigenous methodologies: Positioning Māori patient experiences of mental health services. *International Journal of Qualitative Methods*, 19, 160940692095375. <https://doi.org/10.1177/1609406920953752>
- Hickey, J., Crawford, M., & McKinney, P. (2022). Academic Allyship in Nursing: Deconstructing a successful community-academic collaboration. *Quality Advancement in Nursing Education - Avancées En Formation Infirmière*, 8(3), 9. <https://doi.org/10.17483/2368-6669.1361>
- Hudson, M., Milne, M., Reynolds, P., Russell, K., & Smith, B. (2010). *Te Ara Tika Guidelines for Māori research ethics: A framework for researchers and ethics committee members*. Health Research Council of New Zealand. <https://www.hrc.govt.nz/resources/te-ara-tika-guidelines-Māori-research-ethics-0>
- Hunter, K. (2019). The significant cultural value of our Māori nursing workforce. *Nursing Praxis in New Zealand*, 35(3), 4–6. <https://doi.org/10.36951/ngpxnz.2019.009>
- Hunter, K., & Cook, C. (2020). Cultural and clinical practice realities of Māori nurses in Aotearoa New Zealand: The emotional labour of Indigenous nurses. *Nursing Praxis Aotearoa New Zealand*, 36(3), 7–23. <https://doi.org/10.36951/27034542.2020.011>
- Ioane, J., Percival, T., Laban, W., & Lambie, I. (2021). All-of-community by all-of-government: Reaching Pacific people in Aotearoa New Zealand during the COVID-19 pandemic. *New Zealand Medical Journal*, 134(1533), 96–103.
- Kidd, J., Came, H., Herbert, S., & McCreanor, T. (2020). Māori and Taiwi nurses' perspectives of anti-racism praxis: Findings from a qualitative pilot study. *AlterNative*, 16(4), 387–394. <https://doi.org/10.1177/177180120974673>
- Komene, E., Gerrard, D., Pene, B., Parr, J., Aspinall, C., & Wilson, D. (2023). A tohu (sign) to open our eyes to the realities of Indigenous Māori registered nurses: A qualitative study. *Journal of Advanced Nursing*, 79(7), 2585–2596. <https://doi.org/10.1111/jan.15609>
- Levac, L., McMurtry, L., Stienstra, D., Baikie, G., Hanson, C., & Mucina, D. (2018). *Learning across Indigenous and Western knowledge systems and intersectionality: Reconciling social science research approaches*. University of Guelph. <https://www.criaw-icref.ca/wp-content/uploads/2021/04/Learning-Across-Indigenous-and-Western-KnowledgesFINAL.pdf>
- Manchester, A. (2018). Nurses apply cultural lens to care. *Kaitiaki*, 24(5), 12–13.
- Minister of Health. (2023a). *Pae Tū: Hauora Māori Strategy*. Author. <https://www.health.govt.nz/publication/pae-tu-hauora-maori-strategy>
- Minister of Health. (2023b). *Te Mana Ola: The Pacific Health Strategy*. Author. <https://www.health.govt.nz/publication/te-mana-ola-pacific-health-strategy>
- Mullane, T., Harwood, M., Warbrick, I., Tane, T., & Anderson, A. (2022). Understanding the workforce that supports Māori and Pacific peoples with type 2 diabetes to achieve better health outcomes. *BMC Health Services Research*, 22(1), 672–672. <https://doi.org/10.1186/s12913-022-08057-4>
- Naepi, S. (2015). Navigating the currents of kaupapa Māori and pan-Pasifika research methodologies in Aotearoa New Zealand. *MAI Journal*, 4(1), 71–84. <http://www.journal.mai.ac.nz/content/navigating-currents-kaupapa-m%C4%81ori-and-pan-pacific-research-methodologies-aotearoa-new>
- Nursing Council New Zealand. (2023). *Nursing Council quarterly data report March 2023 quarter*. Te Kaunihera Tapuhi o Aotearoa/Nursing Council of New Zealand. <https://www.nursingcouncil.org.nz/PublicNews/Media/Publications/Workforce-Statistics/NCNZ-publications-section/Workforce-statistics.aspx?hkey=3f3f39c4-c909-4d1d-b87f-e6270b531145>

- Nursing Council of New Zealand. (2019). *The New Zealand nursing workforce: A profile of nurse practitioners, registered nurses and enrolled nurses 2018-2019*. Te Kaunihera Tapuhi o Aotearoa/Nursing Council of New Zealand. https://www.nursingcouncil.org.nz/Public/News_Media/Publications/Workforce_Statistics/NCNZ/publications-section/Workforce_statistics.aspx?hkey=3f3f39c4-c909-4d1d-b87f-e6270b531145
- Pere, R. R. (1994). *Ako: Concepts and learning in the Maori tradition*. University of Waikato, Department of Sociology.
- Power, T., Sherwood, J., Geia, K. L., & West, R. (2014). Indigenous leadership in nursing: Speaking life into each other's spirits. In J. Daly, S. Speedy, & D. Jackson (Eds.), *Leadership and nursing: Contemporary perspectives* (pp. 141–152). Elsevier.
- Rātima, T. M., Smith, J. P., Macfarlane, A. H., Riki, N. M., Jones, K.-L., & Davies, L. K. (2022). *Ngā Hau e Whā o Tāwhirimātea: Culturally responsive teaching and learning for the tertiary sector*. Canterbury University Press. <https://doi.org/10.26021/11870>
- Reanga New Zealand Ltd. (2012). *Whakapuāwaitia Ngāi Māori 2030: Thriving as Māori 2030: Māori health workforce priorities*. <https://terauora.com/whakapuawaitia-ngai-maori-2030-thriving-as-maori-2030/>
- Reilly, M. P. J. (2010). *Tuakana–Teina* relationship and leadership in ancient mangaia and Aotearoa. *The Journal of Pacific History*, 45(2), 211–227. <https://doi.org/10.1080/00223344.2010.501698>
- Rumsey, M., Leong, M., Brown, D., Larui, M., Capelle, M., & Rodrigues, N. (2022). Achieving Universal Health Care in the Pacific: The need for nursing and midwifery leadership. *The Lancet Regional Health - Western Pacific*, 19, 100340. <https://doi.org/10.1016/j.lanwpc.2021.100340>
- Smith, A., Fereti, T., & Adams, S. (2021). Inequities and perspectives from the COVID-Delta outbreak: The imperative for strengthening the Pacific nursing workforce in Aotearoa New Zealand. *Nursing Praxis in Aotearoa New Zealand*, 37(3), 94–103. <https://doi.org/10.36951/27034542.2021.040>
- Smith, L. T. (2012). *Decolonizing Methodologies: Research and indigenous peoples* (2nd ed.). Zed Books.
- Southwick, M., & Polaschek, N. (2014). Reconstructing marginality: A new model of cultural diversity in nursing. *Journal of Nursing Education*, 53(5), 249–255. <https://doi.org/10.3928/01484834-20140415-01>
- StatsNZ. (2022). *Māori population estimates: At 30 June 2022*. Author. <https://www.stats.govt.nz/information-releases/maori-population-estimates-at-30-june-2022/>
- Suaalii-Sauni, T. (2017). The Va and Kaupapa Māori. In T. K. Hoskins & A. Jones (Eds.), *Critical conversations in Kaupapa Māori* (pp. 161–178). Huia Publishers.
- Te Whatu Ora. (2023). *Health Workforce Plan 2023/24*. Wellington: Te Whatu Ora - Health New Zealand. <https://www.tewhatauora.govt.nz/publications/health-workforce-plan-202324/>
- Thomas, A. (2020). Pākehā and doing the work of decolonisation. *Imagining Decolonisation*, 107–132. https://doi.org/10.7810/9781988545783_4
- Tiatia-Seath, J. (2018). The importance of Pacific cultural competency in healthcare. *Pacific Health Dialog*, 21(1), 8–9. <https://doi.org/10.26635/phd.2018.909>
- Waiari, D. A. K., Lim, W. T., Thomson-Baker, A. P., Freestone, M. K., Thompson, S., Manuela, S., Mayeda, D., Purdy, S., & Le Grice, J. (2021). Stoking the fires for Māori & Pacific student success in psychology. *Higher Education Research & Development*, 40(1), 117–131. <https://doi.org/10.1080/07294360.2020.1852186>
- Ware, F., Breheny, M., & Forster, M. (2018). Kaupapa Kōrero: A Māori cultural approach to narrative inquiry. *AlterNative: An International Journal of Indigenous Peoples*, 14(1), 45–53. <https://doi.org/10.1177/1177180117744810>
- Wiapo, C., & Clark, T. C. (2022). Weaving together the many strands of Indigenous nursing leadership: Towards a Whakapapa model of nursing leadership. *Nursing Praxis Aotearoa New Zealand*, 38(2), 4–11. <https://doi.org/10.36951/27034542.2022.08>
- Wiapo, C., Sami, L., Komene, E., Davis, J., Wilkinson, S., Cooper, B., & Adams, S. (2023). From kaimahi to enrolled nurse: A successful workforce initiative to increase Māori nurses in primary health care. *Nursing Praxis in Aotearoa New Zealand*, 39(1). <https://doi.org/10.36951/001c.74476>
- Wilson, D., Barton, P., & Tipa, Z. (2022). Rhetoric, racism, and the reality for the Indigenous Māori nursing workforce in Aotearoa New Zealand. *Online Journal of Issues in Nursing*, 27(1), 1–13. <https://doi.org/10.3912/ojin.vol27no01man02>
- Wolfgramm, R., Spiller, C., & Voyageur, C. (2016). Special issue: Indigenous leadership – Editors' introduction. *Leadership*, 12(3), 263–269. <https://doi.org/10.1177/1742715016646930>
- Zambas, S. I., Dewar, J., & McGregor, J. T. (2023). The Māori student nurse experience of cohorting: Enhancing retention and professional identity as a Māori nurse. *Nursing Praxis in Aotearoa New Zealand*, 39(1). <https://doi.org/10.36951/001c.73358>