

Ngā Manukura o Āpōpō



Evaluation of Tomorrow's Clinical Leaders training programme

Final Report

30 September 2014

Prepared for: Northland District Health Board



Kinnect
group

Judy Oakden Consultancy • Research Evaluation Consultancy
The Knowledge Institute • Julian King & Associates

Ngā Manukura o Āpōpō – Evaluation of Tomorrow’s Clinical Leaders training programme

Final Report

30 September 2014

Prepared for: Northland District Health Board

Prepared by: Julian King, Kataraina Pipi, Michelle Moss

Contract held by: Julian King & Associates Ltd
PO Box 41 339 St Lukes 1346
julian@kinnect.co.nz



Contents

1 Executive Summary	5
2 Introduction	8
Background	8
Evaluation objectives	12
3 Method	13
Underpinning approaches.....	13
Mixed methods.....	14
Ethical approval.....	15
Limitations.....	15
4 Findings.....	16
Process Evaluation	16
Outcomes	25
Value for Money	35
5 Conclusions	40
Appendix A Trainee cohorts	42
Appendix B Sample programme (Cohort 8).....	46
Appendix C List of guest speakers	50
Appendix D List of projects undertaken by trainees	51
Appendix E Participants' evaluations of the training	64
Appendix F Graduate survey	65
Appendix G Kaupapa Māori approach	67
Appendix H Literature Review	70
Appendix I Works cited	79
Appendix J Evaluative Rubrics	81

Tables

Table 1: Summary of <i>Tomorrow's Clinical Leaders</i> cohorts to date ..	23
Table 2: Participants' evaluations of the training	64
Table 3: Kaupapa Māori practice examples for use in the evaluation	67
Table 4: Evaluative Rubric for Process Evaluation	81
Table 5: Evaluative Rubric for Outcome Evaluation.....	85

Figures

Figure 1: Group discussion with Nandor Tanczos at Tapu Te Ranga Marae, Wellington (Cohort 2)	17
Figure 2: Team building on Te Awa o Waikato (Cohort 8)	20
Figure 3: Regions where graduates worked	24
Figure 4: Settings where graduates worked.....	24
Figure 5: Project planning at Tūrangawaewae Marae (cohort 7)	33
Figure 6: Changes for graduates since completing training (N=35) .	66

Fileref: 140930 NMOA Final Report.docx
Last saved: 30-Sep-14

Disclaimer: The information in this report is presented in good faith using the information available to us at the time of preparation. It is provided on the basis that the authors of the report are not liable to any person or organisation for any damage or loss which may occur in relation to taking or not taking action in respect of any information or advice within this report.

Intellectual property: Any text, tables or diagrams reproduced from this report should be cited as follows:

King J, Pipi K, Moss M. (2014). *Ngā Manukura o Āpōpō – Evaluation of Tomorrow’s Clinical Leaders training programme – Final Report*. Auckland: Julian King & Associates Ltd, a member of the Kinnect Group

1 Executive Summary

Tomorrow’s Clinical Leaders is a training programme designed to help grow Māori leaders in nursing and midwifery. The programme is provided under the umbrella of Ngā Manukura o Āpōpō, a four-year investment aimed at strengthening the Māori health and disability workforce. It is delivered by Digital Indigenous.com Ltd.

Over the past four years, 161 people have graduated from the programme including 135 nurses (4% of the Māori nursing workforce nationally) and 26 midwives (13% of the Māori midwifery workforce). Collectively, graduates have undertaken 78 projects as part of the training.

This evaluation of *Tomorrow’s Clinical Leaders* covers the design, content, delivery, outcomes and value of the programme from October 2010 to July 2014. The evaluation scope covers the training programme only, and not other aspects of Ngā Manukura o Āpōpō.

Process evaluation

The evaluation found that the design, content and delivery of the programme are highly effective when assessed against agreed criteria (Appendix J), reflecting the aspirations of the Advisory Group and participants. Specifically:

- The training is focused on ‘leadership in action’ and ‘leadership as Māori’. Māori cultural processes are integral to the programme (not tacked on), thus providing training that is uniquely Māori. This sets *Tomorrow’s Clinical Leaders* apart from other leadership training that the participants could attend.
- Participants rated the facilitators and guest speakers very highly, and were very satisfied with the ways in which the training guided and supported them to push their own personal and professional boundaries.
- The vast majority of participants who provided feedback indicated that the training exceeded their expectations for content (e.g., taught them things they didn’t know they needed) and/or moved them out of their comfort zones.
- The delivery of the training actively supports participants broadening and strengthening their networks. Participants valued this aspect of the training very highly as the networks are a source of support both during and beyond the training.
- Ngā Manukura o Āpōpō Advisory Group helped to promote the values and expectations of the programme and encouraged participants to implement the leadership knowledge and skills they acquired and move into leadership roles in their organisations.
- Digital Indigenous has continually made adjustments to the programme in response to learning and reflection about what has

worked well and what could be improved, including trainee feedback.

- Stakeholder feedback indicates the programme and its graduates are highly sought after in recognition of their calibre as effective Māori leaders.

Outcome evaluation

Tomorrow’s Clinical Leaders is demonstrably contributing to participants’ knowledge, skills and cultural identity (Whakamana) and is highly effective when assessed against agreed criteria. The training is also contributing to participants taking up leadership roles and achieving change (Ngā Manukura), with all criteria for ‘consolidating effectiveness’ being met. Many examples of training outcomes at the ‘highly effective’ level are emerging. Key outcomes are:

- Graduates have gained new skills, knowledge, and tools which they are applying in their personal and professional lives. They are comfortable viewing themselves as Māori clinical leaders and clearly attribute increased levels of confidence to their programme.
- Training has contributed to both personal and professional development, increasing their resilience to manage challenges and contribute to leadership in nursing/midwifery and in their organisations.
- Training has helped graduates develop stronger cultural identity – knowing who they are, where they are from, and encouraging them to further develop their cultural identity in ways that enhance their confidence and effectiveness as Māori clinical leaders. For example, some initiated their first exploration of their whakapapa and commenced learning te reo, others have pushed for stronger Māori perspectives and approaches in their workplaces.
- The majority of graduates have either progressed into leadership roles and/or key leadership activities such as national forums, policy development, mentoring others.
- Graduates have contributed to positive sector/social/whānau/hapu/ iwi outcomes through their project work. There are also examples of how graduates are contributing to positive community outcomes beyond these projects.
- Evidence and acknowledgement of learnings from the programme have been integrated into work which has been disseminated nationally and internationally.

Value for money

Tomorrow’s Clinical Leaders represents very good value for money. The vast majority of trainees completed the programme, at a cost per graduate that compares favourably to other high calibre leadership training. The tangible and intangible value of programme outcomes to graduates, employers, whānau, hapu, iwi and communities is likely to outweigh the cost of the programme.

Opportunities for improvement

The following opportunities have been identified to enhance Ngā Manukura o Āpōpō support of *Tomorrow’s Clinical Leaders*:

- Investigate options for formal industry endorsement of the programme, in line with stakeholder feedback that supports this option ahead of NZQA accreditation.
- Continue to follow up with graduates periodically to track their progress with their projects as well as their longer term leadership outcomes. The online survey that was used in this evaluation can be updated and re-run periodically to capture this information.
- Investigate ways to support graduates to complete and build on their projects post-training in order to maximise community benefit from these projects (e.g., advise or broker access to funding opportunities).
- Ongoing communication with employers to ensure they understand the benefits and value of the training and of Māori clinical leaders and are encouraged to nominate and support their staff to attend and undertake their projects. The findings from this evaluation may help in this regard (e.g., summary report and/or presentations on findings).
- Encourage employers as key stakeholders to provide support once trainees have graduated, e.g., to be aware of what their staff have learned, what their aspirations are and to provide mentoring and opportunities to continue developing their skills and experience in relevant areas. This could be instigated by encouraging employers to attend the graduation ceremony.
- At the end of the training, graduates could be encouraged to prepare a summary of what they have learned, what they have achieved, how they believe they can contribute to their organisation/community as a result of this, and their aspirations for further career development. This summary could be presented to their employer.
- Consider opportunities for providing ongoing support to trainees including possible support for the networks that have been established and further programmes to provide follow up training and support to those who progress into leadership roles within the sector.

2 Introduction

Background

The health sector has been experiencing a global shortage of health professionals as demand for health care services continues to increase. Projected workforce demand for the next 20 to 30 years requires continued emphasis on health workforce development initiatives to help address future labour requirements. In New Zealand, one of the key workforce priorities has been the recruitment and retention of Māori into the health workforce. Māori are under-represented as healthcare professionals, and are over-represented as healthcare users.

In 2006, the Ministry of Health published *Raranga Tupuake*, the Māori Health Workforce Development Plan (Ministry of Health, 2006). *Raranga Tupuake* sets out a 10 to 15 year plan to build a competent, capable, skilled and experienced Māori health and disability workforce. The strategy aimed to increase the number of Māori within the sector, expand their skill base, and enable equitable access to training programmes.

In 2008, a report commissioned by the Ministry of Health, the *Rauringa Raupa* report (Ratima, Garrett, Wikaere, Ngawati, Aspin, & Potaka, 2008), provided the health sector with a comprehensive analysis of barriers and influences which increase Māori participation in the health workforce as well as identification of retention issues. The report highlights Māori leadership as a critical component to the successful development of Māori health workforce and goes on to make several recommendations. Some of the recommendations include; consistent and coordinated leadership, strategic investment of dedicated, secure and adequate levels of funding, and prioritisation of piloting workforce development initiatives with Māori (Ratima, Garrett, Wikaere, Ngawati, Aspin, & Potaka, 2008).

Ngā Manukura o Āpōpō

In April 2008, the Ministry of Health announced a four-year investment aimed at the strengthening of the Māori health and disability workforce. This investment included a commitment toward the implementation of initiatives which focus upon the clinical leadership and professional development of Māori nurses and midwives.

There is a significant requirement for more clinical leaders in the health and disability sector to help address current and future workforce needs. As models of health care delivery change, programmes to support both clinical leadership and professional development for Māori nurses and midwives must be developed.

Ngā Manukura o Āpōpō, the National Māori Nursing and Midwifery Workforce Development Programme, was developed in partnership with the District Health Boards New Zealand (DHBNZ) Māori Workforce

Champions (a cross-sector reference group of workforce leaders from within DHBs, non-government organisations, health professional organisations, tertiary institutes and the Ministry of Health). The project team developed a proposal in November 2008 that was agreed to by the Ministry of Health in March 2009. The Advisory Group was established in September 2009 and gave the name Ngā Manukura o Āpōpō to the programme of work.

The kaupapa for the programme focuses on:

- Identifying potential leaders
- Career pathway options
- Providing direction and guidance
- Giving support and encouragement.

As articulated in Ngā Manukura o Āpōpō information pack:

Ngā Manukura o Āpōpō

Our mahi is in our name. We are identifying, supporting, guiding and nurturing clinical leaders.

The overall shape of our tohu is symbolic of the prow of the waka that leads us on our journey.

It curves upward, towards the heavens, reaching for the stars and navigating a path with stepped platforms on which to consolidate skills and reflect before continuing on.

The spiral in the middle with connecting koru at the centre references support, knowledge, nurturing, and life force.

The koru which springs from here is connected to the knowledge and learning of students.

The tops and curves are the steps of learning and climbing upwards.

The two larger koru represent the two key aspects of the programme.

They reference the kaumatua/kuia, tutors and tuakana helping and supporting the taura, teina to grow and learn. They are inclosed

The programme aims are to:

- Increase access to leadership training to support emerging and current clinical leaders in nursing and midwifery
- Contribute to increasing the size and skill base of the Māori nursing and midwifery workforce
- Expand our knowledge about the effectiveness of specific Māori health workforce development initiatives.

There are three key work streams within Ngā Manukura o Āpōpō. These are:

- *Clinical Leadership* – offering training to emerging leaders and practitioners in advanced leadership practice
- *Recruitment and Profile Raising* – raising the profiles of nursing and midwifery careers for rangatahi and mature adults considering health as a career
- *Professional Development* – the focus is on undergraduate programme enhancement and improved access to professional development opportunities.

Tomorrow’s Clinical Leaders programme

The overarching goal of the *Tomorrow’s Clinical Leaders* training programme is to train a minimum of 40 Māori registered nurses and midwives per year for four years from across New Zealand. The first cohort of trainees began in October 2010.

The training programme provides trainees with practical tools, theoretical background and opportunities to gain the relevant skills and knowledge to undertake clinical leadership roles within their own workplaces.

The programme is provided by Digital Indigenous through a contract with Northland DHB.¹ The programme is designed to:

- Integrate leadership theory and practice with the aim of enabling trainees to develop their knowledge and skills in the context of Māori health and disability service development
- Have a curriculum that describes the purpose, outcomes, content and process, assessment criteria and assessment methods
- Identify and demonstrate how Māori preferences for teaching/ learning are integrated into programme delivery
- Utilise blended-learning methodologies.

¹ Contract management transferred from Auckland DHB from 1 October 2012

From October 2010 to June 2014, eight cohorts have been through the programme and 161 people have graduated (further details are provided in the evaluation findings).

The curriculum for each cohort has been adjusted in response to learning and reflection about what has worked well and what could be improved. Across the cohorts, the curriculum typically included all or most of the following key modules:

- Setting the scene
- What to expect from the programme
- Turning talk into action
- Tools for the future
- Challenging the Sacred Cow
- Traditional and contemporary Māori leadership styles in a global setting
- Cultural competency – being Māori
- Writing skills for funding, planning, policy and board papers
- Leadership
- Resource management and prioritisation
- Communication strategies for engaging clinicians and the workforce
- Ethics
- Clinical governance and clinical excellence
- Presentation of projects
- Whānau planning
- Sustainability
- Mihi Whakamutunga.

Additionally, guest speakers presented on various topics that varied from cohort to cohort. Examples included Health Workforce NZ updates on direction, current activities and implications for nursing and midwifery; tikanga Māori and how it applies to health care; essentials of a Māori female leader; and approaches to address racism in the work and training environment.

A sample programme (for Cohort 8) is provided in Appendix B.

The training programme does not count towards a formal qualification. However, training time counts toward nursing professional development hours and the NZ College of Midwives awards CPE points. Nursing participants can include learning from the training in their portfolios. For graduates employed by DHBs this may also result in levels of practice payments in accordance with the MECA for submitting proficient or expert portfolios. The programme is sector-endorsed (but is not NZQA compliant, which would involve additional costs and reduce flexibility).²

² To award a qualification would require the programme to be at a minimum of Level 7 as all participants already have Bachelor degrees. Feedback to the project team from

Evaluation objectives

The evaluation of *Tomorrow’s Clinical Leaders* includes assessment of the processes and impacts of the programme.

Findings from the evaluation will inform policy makers, stakeholders and Māori communities about the impacts the programme has on transforming trainees’ leadership abilities, and how this translates into the impacts trainees have in the New Zealand health sector.

Key Evaluation Questions

The following Key Evaluation Questions (KEQs) were developed in consultation with the Advisory Group. These KEQs underpinned and focused the overall evaluation design.

- KEQ 1: How effective are *Tomorrow’s Clinical Leaders* design, content and delivery, and what are the opportunities to improve these?
- KEQ 2: To what extent did the programme meet the aspirations of the Advisory Group and participants?
- KEQ 3: To what extent, and in what ways, is *Tomorrow’s Clinical Leaders* achieving its intended short-term outcomes, and what are the opportunities for achieving these outcomes more effectively?

the Advisory Group and participants has supported the current status of the programme.

3 Method

Underpinning approaches

The evaluation methodology is underpinned by three interwoven approaches, as described below.

Kaupapa Māori approach

A key component of a Kaupapa Māori philosophy is the assertion of the strength and resilience of Māori voices, experiences and conditions (Smith, 2005). A strengths-based approach that honours and respects the strengths and resilience of communities and situations is more likely to lead to the transformation of these contexts (Mertens, 2009).

Kaupapa Māori principles informed the evaluation design and method selection. Kaupapa Māori research and evaluation sets out to make a positive difference for Māori, so is about social change and transformation; privileges Māori knowledge and ways of being; and provides a framework for organising and conducting research and evaluation involving Māori and non-Māori.³

Linda Smith outlines seven kaupapa Māori practices to guide Māori researchers and evaluators (Smith, 1999). These are summarised, defined and explained in Appendix G together with examples of how these practices were applied in this evaluation.

Evaluation-specific approach

The evaluation of *Tomorrow’s Clinical Leaders* aims to be transparent, evidenced-based and grounded in the Māori values and principles of Ngā Manukura o Āpōpō and the Advisory Group.

The evaluation team worked with Advisory Group representatives to develop agreed criteria for making evaluative judgements of merit, value and quality. The agreed criteria are set out in *evaluative rubrics* – rating systems that describe:

- The critical aspects of *Tomorrow’s Clinical Leaders* processes and impacts that are the primary focus of the evaluation; and
- Descriptions of levels of performance against these aspects (such as excellent, good, acceptable, etc.)

The evaluative rubrics are presented in Appendix J. They are supported by a literature review about what works in Māori leadership training and what outcomes should be expected from such training. The literature review is presented in Appendix H.

³ Cram 2008; Smith 2006

Capacity building approach

The evaluation team developed collaborative relationships with Digital Indigenous and the Project Team, and engaged regularly with the Advisory Group so that the evaluation was conducted as a partnership with shared objectives and values, and not as ‘outsiders coming in’.

The evaluation approach was designed to support the exploration of new ideas, practices and processes, as part of a shared cycle of learning, reflection and adaptation. In this way the evaluation played a formative role, facilitating the identification of areas for ongoing improvements to the programme.

The capacity building approach provided opportunities for the Advisory Group and Digital Indigenous to participate in evaluation design, data collection and critical reflection of how well the programme was working and how it could be improved. These processes also helped to develop evaluation capacity within the Advisory Group and Digital Indigenous.

Mixed methods

A mix of data collection methods was used to address the criteria set out in the evaluative rubrics. It is good practice to use a mixed-methods approach, to ensure that all data is triangulated, as this is one of the ways to improve the validity and reliability of any study (Babbie, 2007). In evaluation, multiple sources of evidence are vital for drawing robust evaluative conclusions (Davidson, 2005).

The methods centred on engagement with programme participants, including:

- Interviews with trainees/graduates, employers, presenters, facilitators, Advisory Group members and other sector stakeholders
- Hui with trainees at the final wānanga of each cohort
- An electronic survey of graduates
- Review of post-wānanga feedback forms and other information (such as email correspondence) and data collected by Digital Indigenous.

Additionally, six case examples were documented, highlighting the success stories of six graduates. These success stories, provided in a separate report, exemplify the experiences of many trainees and graduates who provided feedback in the evaluation.

Ethical approval

As the Advisory Group and the evaluation team are interested in potentially publishing the results of the evaluation, ethical approval was obtained from the Northern Region HRC-accredited Ethics Committee

Limitations

The evaluation methodology was designed to deliver conclusions that are valid (supported by robust evidence and critical analysis), credible (underpinned by appropriate methods and true to stakeholder feedback) and useful (of practical value to inform future decisions) (Scriven, 2012). Methods were selected to maximise value from the available data, time and evaluation resources.

Due to the nature of the programme and the evaluative criteria, the study relied principally on qualitative information (feedback from individual and group interviews) together with ‘soft’ data (graduate survey and feedback forms), and limited programme data such as numbers and characteristics of participants.

The study did not include longitudinal data on graduate outcomes; nor did it include a comparison group. Causality was assessed qualitatively using Bradford Hill Criteria.⁴

⁴ <http://www.julianking.co.nz/blog/hill/>

4 Findings

Process Evaluation

This section addresses the key evaluation question: How effective are *Tomorrow’s Clinical Leaders* design, content and delivery, and what are the opportunities to improve these? It also addresses the extent to which the programme has met the aspirations of the Advisory Group and participants, with regard to design, content and delivery, as defined in the evaluative rubric.

Overall finding: The design, content and delivery of the training programme are highly effective and largely met the aspirations of the Advisory Group and participants.

The vast majority of participants who provided feedback indicated that the training exceeded their expectations for content (e.g., taught them things they didn’t know they needed) and/or moved them out of their comfort zones.

For example, post-wānanga satisfaction survey results rated the training very highly overall (Appendix E) and the vast majority of respondents rated each individual component of each wānanga 5 out of 5.

The training programme was recognised as offering something unique that could not be gained from other leadership training.

The programme content is better than the university business short courses I am also doing, including a postgraduate paper in leadership. The difference is applied learning. In the uni setting you get all the theory and different models. Ngā Manukura o Āpōpō it is done in a way that you can apply. (Graduate)

I’ve put heaps of people on the course. Sometimes people are a little disheartened they can’t credit it towards a postgraduate qualification – but once they’ve done it they say it’s way better than other training they’ve done. (Employer)

It’s the one truly transformational leadership programme I’ve witnessed. (Guest speaker)

Māori cultural content

Māori cultural processes are integral to the design, content and delivery of the training programme – they are not tacked on. In this way, the training is uniquely Māori, providing an environment and inspiration for growing Māori leadership that sets it apart from other leadership training that the participants could attend.

You can talk about the subjects you wouldn’t necessarily talk about in the mainstream. We spent lots of time talking about the

intangibles, like tikanga, cultural diversity, institutional racism.
(Graduate)

There’s a spiritual connectedness that’s fostered that you don’t get in other learning – it’s part of the facilitators, what and how they do – karakia, having it at the Marae. (Trainee)

This is a mana enhancing process for Māori, acknowledging where they are now and where they could get to in the future. (Trainee)

Māori preferences for teaching and learning are integrated into the programme. A key example of the way Māori cultural content defines the programme, are the special factors that come with conducting all wānanga *noho marae*. These factors include the cultural significance of the setting as well as the practical result that trainees are effectively living together – eating, sleeping, exercising, working together throughout the day and the evening. A particular highlight for participants was learning about the history of Turangawaewae marae and having the opportunity to go out on a waka on the Waikato river. These experiences reinforce the richness of Māori culture and identity.

The training recognises and reflects the value of wānanga as a model of learning. Historically, wānanga were a space, place or time of learning and teaching where specialised arts and knowledges were learned and taught, benefiting the individual and the wider community. In modern pedagogy, wānanga also involve expert practitioners sharing underpinning values and knowledge in a Māori context where traditional knowledge and practice are valued (Oxenham, 2012).

Figure 1: Group discussion with Nandor Tanczos at Tapu Te Ranga Marae, Wellington (Cohort 2)



Pictured: (L-R) Donna Tearii, Suzanne Grenfell, Ludmilla Vlassoff-Smith, Misty King, Lorraine Elgar, Nandor Tanczos, Carissa Thompsno, Rihi Karena, Mata Tamariki, Lucy Kereopa, Steph Hill and Mary Reekers

Māori pedagogy reflects a relational and culturally located world view; privileges reciprocity of knowledge; encourages discourses around the primacy of the student, the student and teacher relationship and student-environment relationships; and favours holistic teaching practices (mental, physical, spiritual, emotional, social, and whānau) (Oxenham, 2012).

The eight-day clinical leadership training consisted of four 2-day noho marae over a four-month period. The sessions were designed to stimulate learning, discussion, debate and action. Training days were well over 8 hours in length, typically running to 12 hours or more. Learning commenced from the time of arrival and maintained throughout the two days.

The history of Turangāwaewae marae was very relevant and poignant... In my role providing cultural support for Māori Nurses and Midwives [the training] has given me a deeper understanding of what it means to be Māori. (Graduate)

I was humbled by the richness of being a Māori wahine. I felt like I had come home in a way, as I had not felt Māori (sad!) for some time. I want to learn my te reo Māori. (Graduate)

Success cases highlight participants feeling safe in the marae setting (e.g., see *Success Stories* report Sonya’s story, Katarina’s story).

Māori leadership content

The training is focused on ‘leadership in action’ and ‘leadership as Māori’. The training provides participants with tools to develop leadership skills for envisioning and achieving positive change. It integrates leadership theory and practice with the aim of enabling trainees to develop knowledge and skills in the context of Māori health and disability service development.

Guest speakers provided insight into the Māori world to support participants understanding of leadership as Māori.

People [in other courses] are applying international models, what worked well in Toyota, rather than indigeneity and what works well in leadership... with Ngā Manukura o Āpōpō you are all on the same page (e.g.) leadership as kaumātua and what that means... at Ngā Manukura o Āpōpō we had those discussions. (Graduate)

Whāea (Guest speaker) helped to ground this learning journey in tikanga Māori and Koro’s knowledge around karakia and Māori mythology helped me to link tikanga Māori at a deeper level to being a leader. (Graduate)

The focus on Māori leadership content reflects deliberate decisions about the content and design of the programme, and subsequent refinements to these during the first year. These emphasised the importance of

ensuring training content had a primary focus on learning that could not be accessed through other training – i.e., Māori leadership content as distinct from generic management or administrative content.

Other aspects of leadership and management can be learned elsewhere. The course is only 8 days cumulatively. It’s important that we focus on the differentiating parts, not be all things to everybody. (Facilitator)

The outcome evaluation provides examples of how the training has encouraged people to further develop their cultural identity in ways that enhance their confidence and effectiveness as Māori clinical leaders.

Facilitators and speakers

Guest speakers stayed and interacted with trainees, typically spending 3-6 hours at the course. Often this involved sharing a meal with trainees and, in some cases, an overnight stay. Trainees thus gained significant access to guest speakers and were able to spend quality time with these Māori leaders. A list of guest speakers is provided at Appendix C.

Participants generally rated the two facilitators and 26 guest speakers very highly (Appendix E). Typical feedback on the facilitators included:

[The facilitators] are really honest. If they don’t know they say so, they make the effort to find out for you or put you in touch with those who know. (Trainee)

There’s a certain professionalism with [Facilitator’s] team - it’s easy to contribute to such a well organised process. This is a pretty powerful motivator to stay on with the course over the years. It makes it easy to do what I’m there to do. (Guest speaker)

Feedback on the speakers/presenters was similarly positive:

Every day spent at the wānanga couldn’t be faulted as every module and guest speaker I could grasp the fundamentals of the work they do. Their foundations are strong and their journeys are full of wisdom. Balance of everything, sharing the sad and good stories of all. Waka journey – final layer of being present for the 8 days. The finale of acknowledgment. (Graduate)

Often trainees gave examples of particular guest speakers who they had found particularly riveting or had provided unique insights. This feedback was diverse, reflecting the different interests of individual participants, and overall highlighted the importance of including a range of speakers and topics (for example, see the *Success Stories* report, Sonya’s story).

Pushing boundaries

Participants expressed a high degree of satisfaction with the ways in which they were guided and supported to push their own personal and professional boundaries.

Figure 2: Team building on Te Awa o Waikato (Cohort 8)



Pictured (L-R) Fraser Tumai, Grant Berghan, Putiputi McMahon, Waki, Sha Panapa, Victoria Simon, Elizabeth Campbell, Ruth Robinson-Beckett, Jackie McHaffie, Chris Baker, Taania Thomas, Naomi Walker, Natasha Cunningham, Dale Grace, Colleen Brown, Mitch Fray, Dianna McGregor, Anita Wilson, Shelley Hita, Karalyn Davie, Lee Guthrie, Emma Herewini-Hawkins and Tui Makoare.

They challenged each and every one of us... recognised us individually, and so opting out was not an option. There’s an authenticity about that, you take more away with you. It’s set in concrete that you do what is expected of you... which is leadership. You can’t be a wallflower. That is challenging because they might find a weakness or sore spot. But then they work with that in a supportive way. It’s not about who you are but what you are faced with. They do that very, very well. They’ve got to be authentic to be able to do that. (Graduate)

The participant presentations showed the passion of individuals for their projects and the difference they are making to improving service and outcomes. For those less confident speakers it was a supportive environment for them to gain experience presenting. Lots of learning from each presentation and they were all very different. Feedback to each group was very positive and constructive. (Graduate)

It’s an incredibly empowering programme. I love the honesty and integrity that [the Facilitators] bring to that. The context they set

up. There is honesty of discussion. If people turn up half-heartedly [the Facilitators] will challenge this. (Guest speaker)

Networks

The delivery of the training actively supports participants broadening and strengthening their networks. Participants valued this aspect of the training very highly as the networks are a source of support both during and beyond the duration of the training.

Some of the participants are at different levels. So you work yourself into groups. I ended up in groups with people who had similar roles to me. Within that, a tuakana-teina arrangement naturally occurs. (Graduate)

Participants find it refreshing to be with other Māori clinicians, recharge their batteries re tikanga, Māori health etc – otherwise they are lone battlers in mainstream environments. (Graduate)

From having that network I have been able to make recommendations about other people who should be involved in things, know who is the expert in a particular field or brings a particular view to the table. (Graduate)

It’s not just a training that starts and ends... there is ongoing commitment from [Facilitators] to build and strengthen networks and relationships... so the training lives on. (Graduate)

The graduate network played an important role in promoting the programme as well as continuing to support each other. For example, the network was recently mobilised to invite input (and dissemination to others) on a draft NZNO Knowledge and Skill framework that would impact on Māori nurses working with children and young people. Another example was a graduate working for DAA looking for Māori nurses and midwives to train to be auditors; this opportunity was picked up by some of the graduates from *Tomorrow’s Clinical Leaders*.

There may be opportunities to consider further ways to support the network of graduates to ensure connections are sustained over time – e.g., by fostering teina-tuakana relationships.

Advisory Group & Project Team

Ngā Manukura o Āpōpō Advisory Group helped to promote the values and expectations of the programme and encouraged participants to implement the leadership knowledge and skills they acquired and move into leadership roles in their organisations.

Other strengths of the Advisory Group (according to a self-assessment exercise undertaken in May 2012) are that it:

- Clearly communicated its aspirations and intentions for the training programme and wider Ngā Manukura o Āpōpō programme of work
- Was effective in providing direction, guidance, support and encouragement to the Project Team
- Privileged the unique factors pertaining to leadership in the Māori nursing and midwifery workforce
- Had strong sector relationships and kept its finger on the pulse of how wider sector issues might impact on the Ngā Manukura o Āpōpō programme of activities
- Was effective across the work streams of clinical leadership, recruitment, profile raising, and professional development.

The following areas for improvement were identified that could be considered for any future Advisory Group overseeing the training programme.

- Ensuring that the group consistently ‘walks the talk’, modelling kaupapa Māori principles and values in the way it provides input into the programme
- Having full and meaningful participation of members at Advisory Group meetings and back at their representative bodies and communities
- Providing effective direction, guidance, support and encouragement to participants.

Feedback indicated that the Ngā Manukura o Āpōpō project team worked effectively to keep the Advisory Group up to date on the training programme and supporting Digital Indigenous through promotion of the training (The project team and Advisory Group oversaw the whole Ngā Manukura o Āpōpō programme of which *Tomorrow’s Clinical Leaders* was one component).

Training needs analysis and continuous quality improvement

Training needs analysis was undertaken with each cohort and appeared to be effective in identifying the needs of the group.

Digital Indigenous continually made adjustments to the programme in response to learning and reflection about what has worked well and what could be improved. Feedback was sought from trainees on completion of each wānanga and for the training programme overall. There were also naturally occurring opportunities for reflection and feedback throughout wānanga and interactions with participants. Evaluation findings were also fed back to Digital Indigenous at regular intervals.

Examples of improvements that were made to the programme over time include:

- Prioritising *Māori leadership* course content over generic management or administration content

- Making the programme less intensive by reducing the number of speakers
- Changing from individual to group projects, in recognition of opportunities for learning through team work, and potential to achieve more collectively than individually
- Encouraging trainees to focus on achievable projects, after learning that some trainees’ projects early on had been overly ambitious and couldn’t be completed.

Participants

The training met its contractual requirements to deliver the training programme to 160 Māori nurses and midwives across 8 cohorts. Over the four years, 161 people have graduated from the programme, including 135 nurses and 26 midwives (Table 1). A total of 78 projects were undertaken (Appendix D).

Table 1: Summary of Tomorrow’s Clinical Leaders cohorts to date

Cohort	Midwives	R/N	Completed	To complete	Withdrawn
1	5	15	20	-	2
2	4	16	20	-	3
3	-	14	14	-	1
4	4	22	26	1 (N)	-
5	4	15	19	3 (1M:2N)	-
6	3	13	16	1 (N)	1
7	4	21	25		3
8	2	19	21		1
Total	26	135	161	5	11

Source: Digital Indigenous, July 2014

11 people (6% of those who started) withdrew from the programme. Some attrition is normal in any training programme as unforeseen circumstances can arise that prevent people completing. A further 5 people were unable to attend some wānanga but intend to complete the training by rejoining future cohorts.

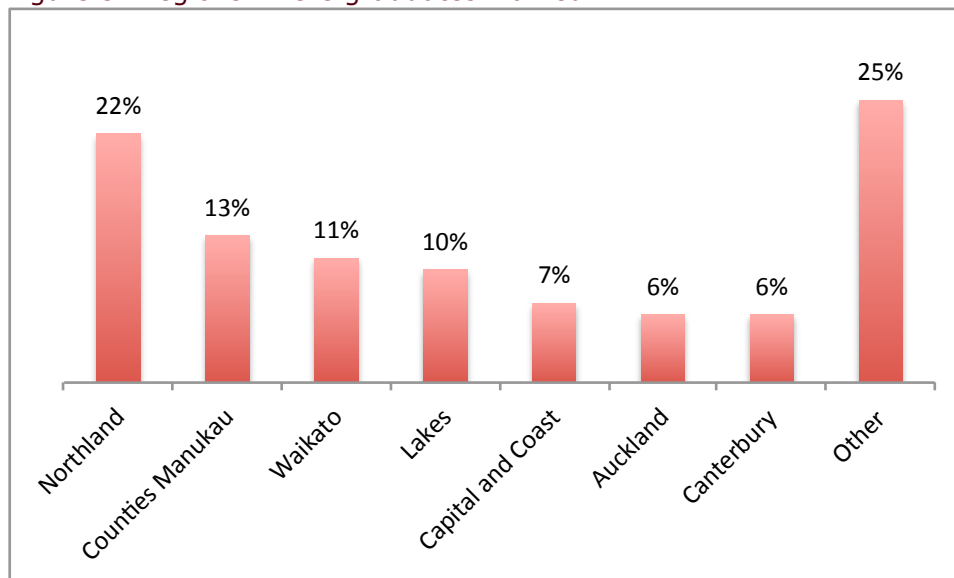
Recruiting a mix of nurses and midwives from a cross section of geographic locations and organisations was challenging. There was a limited pool of Māori nurses and midwives from which to identify and grow potential leaders. Despite this, the programme has achieved its intended numbers.

Although the vast majority (135) of graduates were Māori nurses, the number of midwives who took part (26) represents approximately 13% of the national population of Māori midwives. On this basis, participation

compares favourably to the number of Māori nurses (4% of the population of Māori nurses).

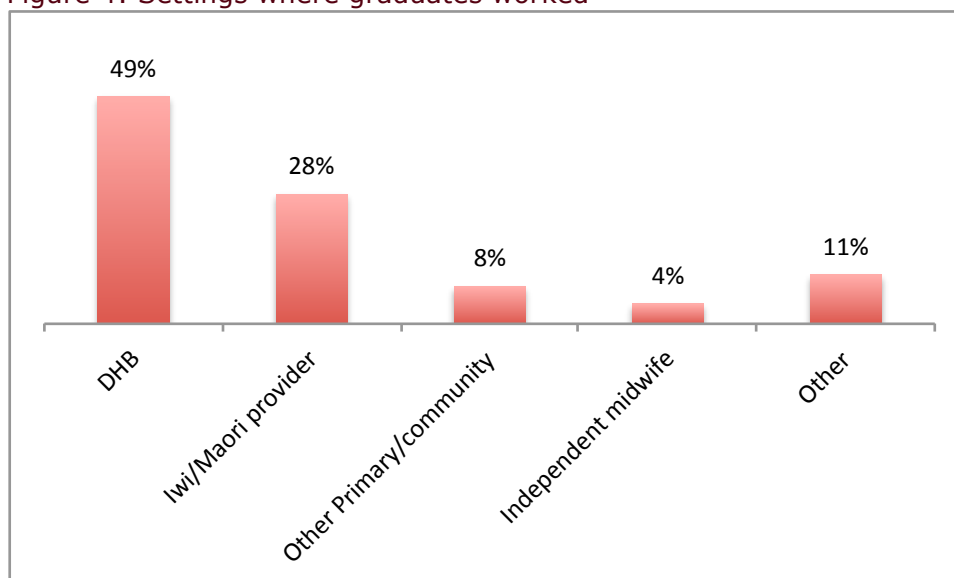
Graduates spanned 19 DHB regions, with three quarters of graduates being employed in the Northland, Counties Manukau, Waikato, Lakes, Capital and Coast, Auckland and Canterbury districts (Figure 1).

Figure 3: Regions where graduates worked



Nearly half of the graduates were employed by DHBs, while 28% were employed by Iwi/Māori health providers, and 22% worked in other settings including PHOs, self-employment, academic teaching or research (Figure 2).

Figure 4: Settings where graduates worked



Māori nurses working in PHOs and/or rural locations faced additional challenges to attending training, as they tend to work in small teams (where they may be the only Māori team member) and there are practical

and financial barriers to their employers backfilling their positions to enable them to attend training.

Participant and other stakeholder feedback suggests that the right people attended the training: the vast majority of participants demonstrated genuine interest, commitment, capacity and intent to benefit personally, professionally and organizationally from the training (including having employers who are engaged in supporting their training).

A small minority of employers had a different understanding of what constitutes a ‘leader’ compared to the intent of the training programme: these employers sometimes focused on seniority or job titles when identifying candidates whereas the programme was intended for Māori nurses and midwives with emerging leadership qualities, who may sometimes be junior staff. This was clarified with employers over time to ensure the right people were nominated to attend the training.

Stakeholder interviews indicate that the programme is highly sought after by those employers who are knowledgeable about the programme and have seen its results.

I value the approach... totally in support of growing our own [Māori clinical leaders]. To develop our Māori staff for the future. There are lots of leadership courses out there... this was quite unique... for Māori by Māori and strong on cultural identity. We made it a priority to shoulder tap staff to take up the opportunity.
(Employer)

On the other hand, a few employers appeared to have a limited understanding of the training and what it was seeking to do (grow Māori leaders) and/or did not understand the value of having Māori leaders within their organisations. This highlights an important issue for the programme and for employers to ensure decision makers understand the benefits and value of the training and of Māori clinical leaders.

Outcomes

This section addresses the key evaluation question: To what extent, and in what ways, is *Tomorrow’s Clinical Leaders* achieving its intended short-term outcomes, and what are the opportunities for achieving these outcomes more effectively? It also addresses the extent to which the programme has met the aspirations of the Advisory Group and participants, with regard to outcomes, as defined in the evaluative rubric.

Overall finding: The training is demonstrably contributing to participants’ knowledge, skills and cultural identity (Whakamana), with evidence of this clearly meeting the ‘highly effective’ level of the rubric. The training is also contributing to participants taking up leadership roles and achieving change (Ngā Manukura), with all criteria for ‘consolidating effectiveness’ being

met. Many examples of training outcomes meeting the level of ‘highly effective’ are also emerging.

Whakamana

The intent of the training at a personal level is to strengthen the knowledge, skills and cultural identity of participants, thus the term Whakamana which in this instance refers to empowerment.

Training contribution to personal development

The vast majority of graduates reported that the training had contributed to their personal development. Participants from all cohorts alluded to a range of recurring themes, including:

- Feeling more confident in themselves (e.g., less shy, standing up for beliefs, speaking out more, “just being yourself”)
- Feeling more assertive
- Better prepared to respond to challenging situations, and increased resilience to manage those
- Sense of empowerment
- Being inspired to be more open and honest
- Having beliefs reaffirmed (and/or challenged in a positive way).

The following quotes illustrate these examples:

I am confident, stronger and more assured that I am on the right pathway/track. I am not feeling isolated anymore. (Graduate)

Eye opening. Made me open up and reveal stuff I had kept to myself for 23 years. (Graduate)

I'm asking more questions already which is so not like me!! And volunteering more for small projects within work. (Graduate)

This has been life-changing and affirming for me. (Graduate)

Employers interviewed also validated these changes within their staff:

Staff sent have definitively moved in turns of their own value. Their value and confidence to take on a leadership role within the areas they work. They may not have had the confidence in the past. [Ngā Manukura o Āpōpō] has been significant for our staff. (Employer)

The personal perspective gave her confidence and strength to address issues in her personal life... she made changes that benefited her in the long term. (Employer)

Participants associated the changes they were experiencing to: being pushed out of their comfort zones; having the opportunity to reflect on

their own beliefs, practices, and ways of life; and being exposed to positive role models (e.g., their peers, course leaders, and guest speakers), in a safe environment.

Talk about being pushed out of our comfort zone. The more we look in the mirror I guess the more we will actually find out about what we lack and need to acquire, what we already have that we can gift to those who are in need, the fears that we have re being in leadership are being positively exposed, the ability to look completely outside the square to accomplish great things is scary and exciting...te me te me te me, I am loving it all. (Graduate)

My confidence to lead has grown. I feel as though I have "grown up". The confidence comes from access to information. The role models that we were exposed to over the eight days were inspiring. I joined Taekwondo and lifted my exercise I now have a green tip belt. I have led waiata during our hui. (Graduate)

Since completing the programme I have made significant lifestyle changes, including being alcohol free as I now regard myself as a leader. I felt I wanted to role model as one not only in my own whānau, but as a professional in health care. The life I was living on a daily basis wasn't reflecting my higher aspirations and felt hypocritical and untrue to my potential. (Graduate)

Training contribution to professional development

In addition to having furthered their personal development, the vast majority of trainees and graduates (and those employers who provided feedback) felt the training had contributed to their professional development.

For example, participants said they:

- Felt better prepared for public speaking
- Felt more confident about conflict management
- Better understood change management
- Better understood the political system, how to bring about change (e.g., how bills are put through in parliament), and how this applies to their working context
- Felt they had improved skills for writing and submitting proposals (e.g., structure, language, relevant information/evidence needed)
- Had a better appreciation of ethics and its relevance for their working context
- Knew how to write project plans, how to deliver them well, and follow through
- Felt inspired to, and saw more clearly the value of, working in mainstream services (e.g., to contribute Māori perspectives and world views)

Ngā Manukura o Āpōpō – Evaluation of Tomorrow’s Clinical Leaders training programme

- Felt better prepared to deal with, and move on from, adverse events (i.e., quality and safety)
- Felt more confident about how to contribute to leadership in their organisations/fields.

In the words of graduates:

In my role providing cultural support for Māori nurses and midwives it has given me a deeper understanding of what it means to be Māori. (Graduate)

I am humbled with what I have achieved and feel well refreshed to take another step in my career. This programme has been excellent in validating my own practice and my life. (Graduate)

Similarly, guest speakers talked about the contributions they saw the training making to professional development:

They get the opportunity to think outside of clinical work, higher strategic thinking. I can feel that in them on the day that they think a bit higher about what their role is in Māori Health. (Guest speaker)

One guest speaker, who worked with many of the organisations that send their staff to the training noted... *they often say that the graduates come back enthused with a better idea of what they can and want to do.*

In addition, the course has acted as a catalyst for participants to pursue further learning.

This training gave me the impetus to choose my own pathway and commit to it. Now studying towards a Masters in Public Health. (Graduate)

Mixing with Māori nurses and midwives sharing their knowledge. Given me courage to go further with postgrad study. Inspiration gained from learning about work in Māori Health has given me goals to make a career change into primary health care in next 2-3 years. (Graduate)

[Graduates] have gone on to do further study; while the course doesn’t give them an academic outcome, it has served as a launch pad to graduate study. (Employer)

Cultural identity

A growing body of Māori experience suggests strengthening of cultural identity is an important precursor to wellbeing and productivity. Research is needed to better understand this relationship and its implications for

the Māori economy.⁵ However, the experience of participants in *Tomorrow’s Clinical Leaders* is consistent with this assertion.

The vast majority of participants (and their employers) felt the training had helped strengthen their cultural identity – e.g., knowing who they are, where they are from, encouraging them to further develop their cultural identity in ways that enhance their confidence and effectiveness as Māori clinical leaders (e.g., further Te Reo/ Te Ao Māori education).

Given me courage to find out about myself and how I can make a difference as Māori. Initiated being part of our Renal Conference just to encourage the programme to start and finish with a strong Māori emphasis, which our unit is supportive/happy with.
(Graduate)

Stronger cultural identity both personally and professionally. Confidence gained has allowed me to challenge myself to take up more senior roles. I asked the Waikato Region of New Zealand College of Midwives to add a brief introductions round into our monthly meetings so we can identify who we are, where we work and Iwi/Hapu/Whānau affiliation. (Graduate)

A stronger sense of being Māori and being a Māori nurse. Recognised the importance of my spiritual wellbeing as well as other dimensions of my health. More confident doing mihi and karakia in situations which include non Māori. (Graduate)

The ways in which cultural identity was influenced has varied between participants. Some had previously had little or no involvement with their Māori side and found the training inspired and support them to explore their Māori identity. For others, their Māori identity was already integrated to different levels in their personal and/or professional lives. For them, the course instead offered validation, affirmation, and/or ideas for how to take this further. The success cases explore these themes further – e.g., see France’s and Maria’s stories.

Tomorrow’s Clinical Leaders encouraged many people to go on to use te reo and tikanga in their work environments. For example, in the graduate survey, 50% said they were using te reo more at work, 38% were using karakia more at work, and 35% were using mihi in presentations more. Additionally, 24% had commenced a te reo Māori programme. Te reo Māori and tikanga are intertwined, central and critical to developing Māori clinical leaders. Learning te reo is part of what gives trainees access to te ao Māori (the Māori world) and to Māori world views.⁶

Applying the knowledge and skills learned

Virtually all (91%) of participants completed the training. In the graduate survey (Appendix D), 76% of respondents said they were using skills and

⁵ Prof. Manuka Henare, personal communication, July 2013.

⁶ www.tereomaori.tki.org.nz

knowledge from the training in their workplace. The vast majority of interviewees and trainees at wānanga provided similar feedback.

The success cases provide examples of how graduates have applied the knowledge and skills they have gained. Examples include:

- Applying learning from project work to help plan and secure funding for other projects (Sonya’s story)
- Using conflict resolution and communication skills in a preceptor role (Mary’s story)
- Writing a set of clinical practice guidelines for a Māori health provider (Mary’s story)
- Using whānau planning skills to help set goals and support whānau (Katarina’s and Beverly’s stories)
- Public speaking and presenting (Maria’s story)

Graduates’ comments on how they had applied knowledge and skills they had learned included:

The program was instrumental in improving my knowledge to research, plan well and be confident in debating in leadership forums that I believe will improve access to care for patients within my scope of practice. (Graduate)

I believe I am clearer and [more] concise in my communication. I am also more aware of time and my use of it, and get key, clear messages across. (Graduate)

The challenge now is to take what I have learned and make the conscientious effort to weave it all into my life. I have also begun yearly whānau goals – sat down with my daughter and nephew and set out what we wanted to do. (Graduate)

Whānau planning was something I hadn’t given a lot of thought about so it was very helpful. I will begin to implement this approach with my family and grandchildren. (Graduate)

Ngā Manukura

Viewing themselves as leaders

Most participants (67% of survey respondents) said they felt comfortable viewing themselves as leaders, and were clear about ways they could contribute as leaders.

Being a leader, being acknowledged as a leader, has been good, having support from your work colleagues, and management. To be able to speak confidently about issues within your workplace, and not to be scared about going to management to address issues, may they be small, they are important for you. The course

has given so much support and really great knowledge for being a great leader. (Graduate)

Feedback from all stakeholder groups indicates that one of the key outcomes of NMOA has been the acknowledgement by participants that if they want to see things change, they have to step up and make it happen.

I knew many personally beforehand and I got to see how they blossomed in terms of interest of doing things... they are more likely to put their hand up. (Guest speaker)

I was aware of things happening but didn’t make it my problem.... I was like an ostrich with my head in the sand. Just wanted to keep going. It was ok because someone else was doing something about it. (Graduate)

It’s having had that exposure [to knowledge and expertise]... knowing how things work and an ability to appreciate their own influence in the bigger scheme of things. (Guest speaker)

Taking up leadership roles

There are many examples of participants taking up more leadership roles, or moving in this direction, including:

- Successfully applying for more senior positions (e.g., Clinical Liaison, Clinical Nurse Manager, Charge Nurse, Director of Nursing roles)
- Putting their names forward for national forums (e.g., the Nursing Council)
- Joining, or being a key driver in setting up, local boards and governance groups
- Presenting at educational institutions and national forums (e.g., 12th New Zealand College of Midwives conference)
- Getting involved in policy development.

In the graduate survey (Appendix F), 56% of respondents said they were mentoring others; 53% had put their hands up for new tasks or responsibilities; 29% had moved to more senior roles; 26% had presented at a conference; and 18% had written or contributed to a submission/policy.

One guest speaker who had provided mentoring for some graduates gave an example of a graduate who wanted support to create a better team culture within her work place. There was no sense of spirit or whanaungatanga. With the right support, the graduate turned the culture of the organisation around (e.g., people started to turn up on time, engage in discussion).

These outcomes are also evidenced by the following participant quotes:

I now mentor a Māori Midwifery Student, am involved in facilitating a project aimed at Māori Midwifery support for Māori Midwifery students. I am involved with establishing a regional group for Ngā Maia Midwives. I took up a new role, instead of working in an urban DHB out of my area, I have moved home and am now practicing rurally in the Waikato. I am now registered to support a Midwifery Student in the New Zealand College of Midwives Midwifery First Year of Practice programme for 2015. I also enrolled in a Mentoring program myself for 1 year. (Graduate)

Have been successful in securing ACNM (Associate Charge Nurse Manager) role as a six month secondment. (Graduate)

Have gone from clinician to Māori health manager and setting up and leading a team to implement the philosophy of whānau ora within secondary care. (Graduate)

I am now a member of leadership team working on a new Midwifery Strategy for the next 3 years. I co-ordinate projects and I have taken on the role as educator. (Graduate)

I have since become the Māori Advisor for [a national NGO] and a committee member of [a nurse specialist group]. (Graduate)

I am now more vocal and asked more for my opinion and advice. (Graduate)

Experienced Māori clinical leaders (e.g., members of the Advisory Group) are deliberately starting to step back from leadership roles (e.g., nomination for Nursing Council) where they can instead support graduates of the programme to take up these opportunities to participate and contribute.

There are also examples of graduates starting to work with other emerging Māori leaders, e.g., by promoting the course, starting up leadership groups and mentoring trainees and undergraduates.

Contribution to positive sector/social/whānau/hapū/iwi outcomes

Examples of how the training has contributed to positive sector/social/whānau/hapū/iwi outcomes (because of what graduates have done after completing) are starting to emerge. This is specifically evident in the project work that trainees have planned and undertaken. A full list of completed projects is provided in Appendix D. Examples include:

- Helping staff to understand and apply tikanga Māori and cultural safety in practice.
- Providing mirimiri to dialysis patients, with anecdotal accounts suggesting that the service is well received by patients and that they are experiencing lower pain levels after their treatment.
- Implementing a culturally appropriate SUDI (Sudden Unexplained Death of an Infant) Alert screening and audit sticker to firstly,

assess SUDI risk, and secondly, activate a coordinated clinical response from Maternity Health Care providers at Northland DHBs maternity and newborn special care unit.

- Securing access to free dental health care for 18-21 year old rheumatic fever clients who are receiving monthly bicillin injections in the far north – most of whom are Māori or Pacific.
- Introducing more formal training around how to care for dying patients and their whānau (and what this means) within the DHB.
- Supporting and educating mothers referred for hypoglycaemia control at Wellington Hospital’s Gestational Diabetes Clinic.
- Planning the implementation of a Māori Primary Birthing Unit in Christchurch.

Figure 5: Project planning at Tūrangawaewae Marae (cohort 7)



Pictured: (L-R) Carmen Timu-Parata, Leith Porter-Samuels, Caroline Landon, Tracy Narbey and Denise Riini.

There are also examples of how graduates are contributing to positive community outcomes outside of these projects. For example, one graduate (see *Success Stories*, Sonya’s story) attributes her successful bid for \$150,000 worth of funding for an innovative Smoke Free project in her area to the skills, knowledge and support she gained from NMOA.

Some graduates have become more involved in their marae, contributing positively on an iwi/hapū level. One graduate (see *Success Stories*, Mary’s story) is now the Treasurer of her marae (and has been actively involved in a major building project, a Treaty claim, data gathering, and held several presentations).

In the graduate survey, 50% of respondents said they were now taking a lead role in their whānau, 21% were more active in marae, and 18% were now representing iwi/hapu in some situations.

Integration of evidence and acknowledgement of learnings into work

Learnings from the programme are being integrated into work which is disseminated at national and/or international levels. For example:

- A presentation at the Indigenous Health Knowledge & Development Conference, The Role of International Indigenous Research in Health, in Brisbane, September 2012
- Since completing the NMOA leadership programme, one graduate presented at a national Care Capacity Demand Management forum in late 2012
- A presentation about the Miri for Comfort⁷ project at the Renal Society of Australasia conference in Hobart
- Writing a breast feeding plan for the Hawkes Bay region, which received nominations for the Hawkes Bay Health Awards two years running – in the categories of inequality, innovation, and integration. As a result of this project the graduate was asked to go to Mongolia to provide feeding advice as part of a UNICEF and Rotary project (see *Success Stories* report, Beverly’s story)
- Participation of Tomorrow’s Clinical Leaders graduates, NMOA team, Advisory Group, Digital Indigenous in a range of other national forums – e.g., presentations at international and NZ conferences.

Sustaining outcomes

It is clear from participant feedback that the training programme is having a range of positive outcomes in their personal lives (as well as their whānau), their practice, and the people they care for (i.e., the sector).

Many are commenting that they would like some type of follow up training once they have graduated from the programme. Many are also referring to the networks they have become part of – and how these provide support and inspiration.

I have a network of clinical leaders that I can touch base with, to make sure I stay balanced and support each other to reach our full potential in our mahi and future challenges and aspirations.
(Graduate)

An opportunity for improving and sustaining outcomes may lie in the consideration of possible support for the networks that have been established; and/or further programmes to provide ongoing support to those who progress into leadership roles within the sector.

What next? If you did the training and you wanted to do something more, what can we do next, there’s nothing in place...

⁷ Mirimiri for comfort (2013). Poster presentation prepared by *Ruth Waka and Tracey Boyd* for Annual Renal Society of Australasia Conference 2013. With support from Lakes District Health Board and Te Kāhui Hauora Trust.

people went back and did their own isolated things. Can we support it better by providing more structure around the next thing? (Advisory Group member)

Causal attribution

The extent to which graduate outcomes are attributable to *Tomorrow’s Clinical Leaders* (and would not have occurred without the programme) is not proven. However, available evidence is consistent with Bradford Hill Criteria⁸ for causal inference of:

- Consistency (without exception, across all cohorts, graduates were able to articulate personal, cultural and professional changes that they attributed to the training programme)
- Strength (graduates and other stakeholders generally described impacts of the training programme as significant or transformative rather than minor)
- Specificity (the eight cohorts of graduates were not systematically receiving any other training or intervention that would offer an alternative explanation for the outcomes seen)
- Temporality (the timing of outcomes for each cohort was consistent with the training programme having a causal role)
- Plausibility (outcomes are consistent with the objectives of the training programme, and with published evidence and expert opinion about what works in Māori leadership training as summarised in Appendix H).

Together, these considerations strongly support an inference that the outcomes are attributable to *Tomorrow’s Clinical Leaders*.

Value for Money

A review of Ngā Manukura o Āpōpō for the Ministry of Health (Raenga Consultancy, 2012) recommended that the Ministry ascertain value for money aspects of the programme. Although outside the contracted scope of work, the following value for money assessment was conducted as part of the evaluation, as a value added service.

Overall finding: *Tomorrow’s Clinical Leaders* represents very good value for the resources invested. The vast majority of trainees completed the programme, at a cost per graduate that compares favourably to other high calibre leadership training. There is no other equivalent programme currently available in an education institution. The programme is achieving its intended outcomes. The tangible and intangible value of these outcomes to graduates, employers, whānau, hapu, iwi and communities is likely to outweigh the cost of the programme.

⁸ <http://www.julianking.co.nz/blog/hill/>

The term ‘value for money’ refers to the general concept of *using resources well*. Because resources are limited, there is an opportunity cost associated with their use: if we use resources one way, we lose the opportunity to use them in some other way. It is therefore desirable to allocate resources to activities that return as much value as possible, and to ensure that those resources are used effectively and efficiently.

The value of *Tomorrow’s Clinical Leaders*, as expressed by graduates and other stakeholders, has a strong intangible dimension. While the programme also has tangible (monetisable) value, it was beyond the scope of this evaluation to conduct a cost benefit analysis. Instead, this evaluation qualitatively assesses resources used, outcomes achieved, and the prospect of achieving a positive return on investment.

Resources used

The average cost of training delivery was \$5,311 excluding GST per graduate (\$664 per graduate per day or \$55 per hour for eight twelve-hour days of contact time including marae-based accommodation, activities and catering; presenters’ fees, travel and accommodation; course materials and resources; and support outside of wananga).⁹

This cost compares favourably to other high calibre leadership training. For example, an online search of university-based and privately operated leadership development training showed prices typically in the range of \$783 to \$1,722 per day (\$98 to \$215 per hour) excluding GST for courses of 2-5 days’ duration. Moreover, these costs *excluded* accommodation and catering, and covered 6-8 hours of training per day compared to the 12 hours per day provided through *Tomorrow’s Clinical Leaders*.

As another point of comparison, a postgraduate certificate (60 points) in a nursing programme is understood to cost approximately \$4,173 excluding GST¹⁰ for 6-8 days’ study (study block mode) which excludes noho marae, with fewer guest speakers and associated costs.

It is important to note that none of the courses cited above are directly comparable in terms of content. There is no other programme currently available in an education institution with a curriculum specific to Māori clinical leadership, according to Ngā Manukura o Āpōpō Advisory Group.

The success of the programme depends on more than financial resources alone. There are a number of ingredients that come together in *Tomorrow’s Clinical Leaders* that work synergistically. Key examples, as highlighted in the evaluation findings, include:

⁹ Includes all direct costs for delivery of *Tomorrow’s Clinical Leaders*. Excludes indirect costs associated with Advisory Group and project management involvement in the wider Ngā Manukura o Āpōpō programme, of which *Tomorrow’s Clinical Leaders* is one component.

¹⁰ Based on 2014 University of Auckland tuition fees (domestic) and student services costs.

Ngā Manukura o Āpōpō – Evaluation of Tomorrow’s Clinical Leaders training programme

- Participants with the right personal and professional traits to become future leaders
- A programme that is clearly focused on te ao Māori
- A clear emphasis on high performance as Māori leaders, challenging and developing systems that impact on development, giving due consideration to the range of learning needs and providing opportunities to expand each learner’s perception and vision of their own leadership potential and that of the collective
- The marae setting and noho marae delivery model
- The interweaving of personal and professional growth
- Stretching participants at all levels (physically, emotionally, intellectually, culturally, spiritually and professionally)
- A strengths-based approach
- A high calibre of presenters and facilitators with the credibility, experience and skills to nurture and develop leadership capabilities, and commitment to active Māori leadership development
- Whanaungatanga, the ability to develop, maintain, and utilise networks and connections
- An ethic of giving – Awhi mai, Awhi atu (a kaupapa Māori principle: support others and you shall receive support back)
- Recognition of the contribution of identity (including cultural identity) to wellbeing
- Recognition of wairuatanga, the concept of an integrated physical and spiritual world.

Critically, the core values that underpin the delivery of the training are integral to its effectiveness and sustainability: without these ingredients, *Tomorrow’s Clinical Leaders* would be a different programme and the same results could not be expected.

Also important is the level of commitment by the trainers to individuals both personally and professionally. Support is provided outside wananga, including regular contact with participants, preparation for upcoming wananga, follow up after wananga, feedback on projects, coaching participants when they are challenged with a task. This regular contact is important for keeping people on track and supporting them to stay on the programme.

Support for participants continues beyond the end of the course with ongoing contact, mentoring and support through the wider graduate network; also, the trainers held additional catch-up wananga, at their own cost, for those who could not attend any part of the overall course.

Having the right number of participants is also an important consideration when it comes to value for money. The training provider has learned

through experience in delivering similar training programmes that 20 graduates per cohort represents the best balance of cost per participant and outcomes achieved. In order to achieve 20 graduates, it is necessary to over-recruit (i.e., start with 24-25 people) to allow for some attrition. More than 27 people is too many people to ensure all individuals are pushed and receive the attention they need to progress.

Outcomes and value for investment

Since October 2010, 161 people have graduated from the programme, including 135 nurses and 26 midwives, exceeding contractual requirements. These attendance figures demonstrate strong demand for the training programme. Although other leadership programmes are available, they are not Māori-specific and (anecdotally) uptake and graduation rates of these other options by Māori have been relatively low.

Evaluation findings demonstrate that the training has achieved its intended outcomes. These outcomes have potential value to individuals, employers, whānau, hapū, iwi, communities, businesses and the Crown in a number of ways. Examples include:

There is also evidence of participants contributing to positive sector/social/whānau/hapu/iwi outcomes through their project work. Collectively, graduates have undertaken 78 projects.

Value for investment

These outcomes have potential value to individuals, employers, whānau, hapū, iwi, communities, businesses and the Crown in a number of ways. Examples include:

- Health and economic benefits through increased productivity, effectiveness and contribution to Māori health and Māori development: as a clinician, parent, member of a whānau, hapu, iwi and marae
- Cultural benefits and contribution to Māori health and wellbeing through graduates increasing their confidence, communication and effectiveness as Māori clinicians and leaders by learning or improving their confidence and competency in te reo (language), tikanga (customs), whakapapa (genealogy), and contribution to te ao Māori and Māori development.
- Personal, social and economic benefits associated with graduates making positive changes in their lives such as stopping smoking, drinking, drug use, losing weight, taking up postgraduate studies, leaving a dysfunctional relationship
- Contribution to sector effectiveness through completion of projects, by increasing the profile of Māori initiatives and Māori clinicians by presenting at conferences, and by taking up leadership roles in ways they would not have done before.

Workforce development is well-known to pose issues in regard to finding direct linkages between overall spend and actual outcomes. For example,

a pure productivity measure cannot be accurately gauged due to the medium to longer term effect of most workforce development initiatives (NMOA, 2013).

Although these benefits cannot be comprehensively valued in monetary terms within the scope of this study, the depth and breadth of outcomes seems commensurate with the value of resources invested. For example, the programme cost of \$5,311 per participant is roughly equivalent to:

- Half the savings to an employer associated with promoting one 'home grown' clinical leader from within an organisation rather than recruiting externally through an agency;¹¹
- One to two years' salary increase associated with a senior nurse or midwife moving up a pay grade (a proxy for the increase in 'value' to the employer as exhibited by the employer's willingness to pay);¹² or
- The personal annual cost of smoking a pack of cigarettes a day¹³ (and conversely the personal annual saving from stopping – a significant underestimate of the true cost of smoking bearing in mind health and social impacts).

It is important to note that these illustrative examples do not purport to represent the full value of outcomes from *Tomorrow's Clinical Leaders*. They provide snapshots of three aspects which should not be considered in isolation. Even on the basis of a two-dimensional (and therefore limited) appraisal of potential value to employers a 2-3 year payback period is plausible.¹⁴ If other benefits were analysed in this way it seems likely that the returns could be significant and thus outweigh the cost of the programme within a shorter time frame.

¹¹ e.g., Recruitment fee at 15% x \$70,000 salary = \$10,500

¹² e.g., MECA Grade 2 to 3 is a \$6,208 increase; Grade 3 to 4 \$4,367; Grade 4 to 5 \$4,366; Grade 5 to 6 \$2,913; Grade 6 to 7 \$2,910; Grade 7 to 8 \$4,809, based on the lowest steps within each Grade. See: <http://www.nzno.org.nz/Portals/0/Files/Documents/Membership/DHB%20NZNO%20MECA%202012%20-%202015%20Searchable.pdf>.

¹³ \$5,000 according to <http://smokefree.org.nz/costs-smoking>; Furthermore the burden of smoking was \$30 billion in 2004 or approximately \$8,400 per taxpayer. http://www.cancernz.org.nz/Uploads/IS_TC_smkcost.pdf

¹⁴ It is not known exactly how many graduates have been promoted to higher paying positions, nor the extent to which *Tomorrow's Clinical Leaders* contributed to any promotions. However, 10 respondents (29%) in the graduate survey indicated they had moved into more senior roles. Survey respondents were predominantly from cohorts 7 and 8, demonstrating that this progression can happen quite quickly after completing the training. Thus, among the full 161 graduates, a minimum of 10 and possibly upwards of 40 graduates may have moved into more senior roles. Based on the combined value of salary increases and recruitment savings, this very limited appraisal of potential value to employers could be sufficient to break even on programme costs within 2-3 years. (Assumptions: recruitment savings \$10,500 per graduate promoted; average pay increase \$5,000 per annum; resulting in a breakeven point of 32 graduates being promoted with a 3 year payback period or 40 graduates promoted with a 2 year payback period).

5 Conclusions

This evaluation found that *Tomorrow’s Clinical Leaders* is making important positive contributions to the Māori nursing and midwifery workforce and represents very good value for money.

The design, content and delivery of the programme are highly effective and largely met the aspirations of the Advisory Group and participants. Māori cultural processes are integral to the programme, providing training that is uniquely Māori and setting the programme apart from other leadership training. Participants rated the training, facilitators and guest speakers very highly. They also valued the way the programme broadened and strengthened their networks.

Tomorrow’s Clinical Leaders is demonstrably contributing to participants’ knowledge, skills and cultural identity (Whakamana). The training is also contributing to participants taking up leadership roles and achieving change (Ngā Manukura). Among the key changes:

- Graduates have gained new skills, knowledge, and tools which they are applying in their personal and professional lives. They are comfortable viewing themselves as leaders and clearly attribute increased levels of confidence to their programme.
- Training has contributed to both personal and professional development, increasing their resilience to manage challenges and contribute to leadership in nursing/midwifery and in their organisations.
- Training has helped graduates develop stronger cultural identity – knowing who they are, where they are from, and encouraging them to further develop their cultural identity in ways that enhance their confidence and effectiveness as Māori clinical leaders.
- The majority of graduates have progressed into leadership roles and/or key leadership activities such as national forums, policy development, and mentoring others.
- Graduates have contributed to positive sector/social/whānau/hapu/ iwi outcomes through their project work. There are also examples of graduates contributing to positive community outcomes beyond these projects.
- Evidence and acknowledgement of learnings from the programme has been integrated into work which has been disseminated nationally and internationally.

Literature suggests that a strengthened Māori clinical workforce has wider benefits than those outlined above. An increased presence of Māori in health roles may better meet health needs for Māori patients due to improved communication and trust between people of the same culture interacting. Strong and capable Māori leadership within the health workforce is necessary to inspire such a change, and subsequently, to lead

institutions to more equitable and culturally effective health care (Burrell et al, 2005). The programme’s 161 graduates, comprising 13% of Māori midwives and 4% of Māori nurses nationally, represent a substantive contribution to growing a critical mass of Māori leaders.

Looking to the future, Ngā Manukura o Āpōpō has prepared a business case that builds on activity to date, and proposes a re-focused package of work to respond to needs identified in the areas of recruitment, education and practice. The business case includes continuation of *Tomorrow’s Clinical Leaders* for further cohorts of trainees.

The evaluation has identified the following opportunities to enhance Ngā Manukura o Āpōpō support of *Tomorrow’s Clinical Leaders* into the future:

- Investigate options for formal industry endorsement of the programme, in line with stakeholder feedback that supports this option ahead of NZQA accreditation.
- Continue to follow up with graduates periodically to track their progress with their projects as well as their longer term leadership outcomes. The online survey that was used in this evaluation can be updated and re-run periodically to capture this information.
- Investigate ways to support graduates to complete and build on their projects post-training in order to maximise community benefit from these projects (e.g., advise or broker access to funding opportunities).
- Ongoing communication with employers to ensure they understand the benefits and value of the training and of Māori clinical leaders and are encouraged to nominate and support their staff to attend and undertake their projects. The findings from this evaluation may help in this regard (e.g., summary report and/or presentations on findings).
- Encourage employers as key stakeholders to provide support once trainees have graduated, e.g., to be aware of what their staff have learned, what their aspirations are and to provide mentoring and opportunities to continue developing their skills and experience in relevant areas. This could be instigated by encouraging employers to attend the graduation ceremony.
- At the end of the training, graduates could be encouraged to prepare a summary of what they have learned, what they have achieved, how they believe they can contribute to their organisation/community as a result of this, and their aspirations for further career development. This summary could be presented to their employer, as well as contributing to the cumulative evidence base about the impacts of the programme.
- Consider opportunities for providing ongoing support to trainees including possible support for the networks that have been established and further programmes to provide follow up training and support to those who progress into leadership roles within the sector.

Appendix A Trainee cohorts

Cohort 1: October 2010 to March 2011 at Tūrangawaewae Marae, Ngāruawāhia. Twenty people graduated (5 Midwives and 15 Nurses).



Cohort 2: March to June 2001 at Tapu Te Ranga Marae, Wellington. Twenty people graduated (4 Midwives and 16 Nurses)

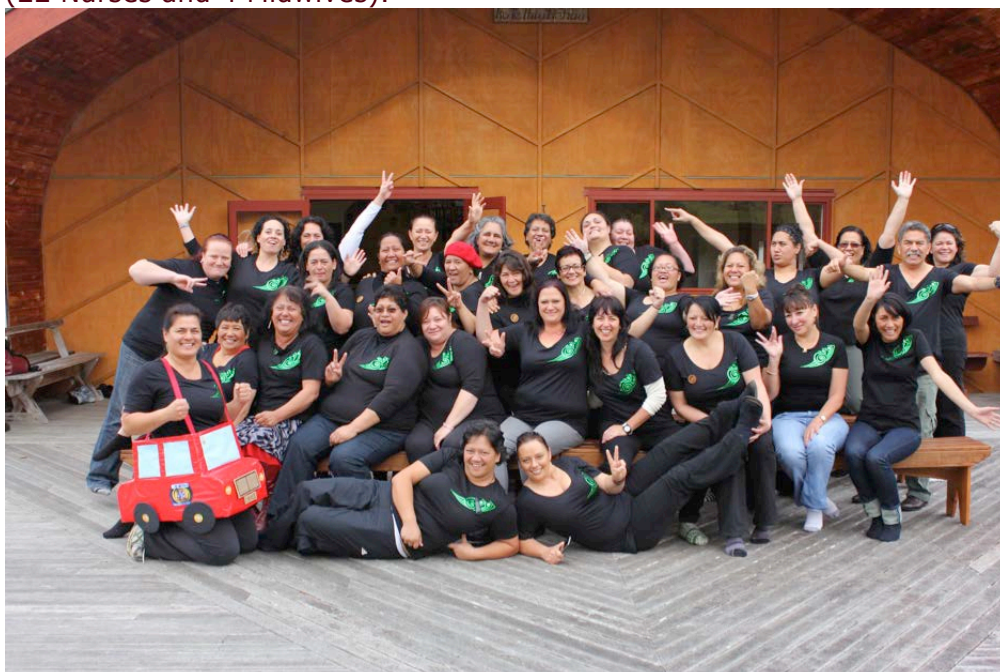


Ngā Manukura o Āpōpō – Evaluation of Tomorrow’s Clinical Leaders training programme

Cohort 3: August to November 2011 at Tūrangawaewae Marae, Ngāruawāhia. Fourteen Nurses graduated.



Cohort 4: March to June 2012 at Pehiaweri Marae, Whāngarei and Whakapara Marae in Whakapara, Northland. Twenty-six people graduated (22 Nurses and 4 Midwives).



Ngā Manukura o Āpōpō – Evaluation of Tomorrow’s Clinical Leaders training programme

Cohort 5: August to November 2012 at Tūrangawaewae Marae, Ngāruawāhia. Nineteen (19) people graduated (15 Nurses and 4 Midwives).



Cohort 6: April to July 2013 at Rehua Marae in Christchurch. Sixteen people graduated (13 Nurses and 3 Midwives).



Ngā Manukura o Āpōpō – Evaluation of Tomorrow’s Clinical Leaders training programme

Cohort 7: August to November 2013 at at Tūrangawaewae Marae, Ngāruawāhia. Twenty-five people graduated (21 Nurses and 4 Midwives).



Cohort 8: March to June 2014 at Tūrangawaewae Marae, Ngāruawāhia. Twenty-one people graduated (19 Nurses and 2 Midwives).

