



AUT

Ngā Manukura o Āpōpō Programme

Evaluation Report: 2015-2016

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EXECUTIVE SUMMARY

Despite health workforce policies focusing on increasing the capacity and capability of the Māori health workforce, the proportion of Māori nurses and midwives remains relatively low. The Ngā Manukura o Āpōpō programme aims to grow the Māori nursing and midwifery workforce capacity and capability and provides equitable access to clinical leadership wānanga to support current and emerging leaders.

Increasing the Māori nursing and midwifery workforce remains an ongoing challenge, particularly with regard to recruitment and retention. The proportion of Māori nurses (6-7%)¹ and midwives (8.95%)² in their respective workforce remains static despite a number of health workforce policies that have targeted increasing the Māori health workforce. The demand for Māori nurses and midwives to better meet the needs of Māori seeking health and maternity care continues to exist.

Ngā Manukura o Āpōpō is a response to the need for culturally appropriate workforce initiatives to address participation, retention and achievement opportunities for Māori nurses and midwives in a number of areas. Thus, the Ngā Manukura o Āpōpō programme provides equitable access to clinical leadership wānanga to support emerging and current leaders. It is growing the Māori nursing and midwifery workforce through activities such as clinical leadership development, tuakana-teina activities to support new and developing registered nurses and registered midwives, and assisting them to create and develop portfolios that demonstrate their competence.

The Ngā Manukura o Āpōpō programme aims to better position Māori nurses and midwives to improve the quality of service delivery by developing capacity and capability to engage in delivery and redesign of health services.

This evaluation report focuses on the Ngā Manukura o Āpōpō activities between 1 January 2015 and 31 December 2016 within the following work streams: clinical leadership; tuakana-teina; e-Portfolio. A results based accountability framework (RBA) informed this evaluation.

How much did we do? There were 38 graduates of the NMoA leadership wānanga for Cohorts 10, 11, and 12. Cohort 13 was in progress at the time of the evaluation completed in November 2016. This marae-based training comprises four 2-day wānanga over a 4-month period, and students are required to complete a quality improvement project and present this at one of the wānanga.

How well did we do it? An intended consequence of the Ngā Manukura o Āpōpō clinical leadership wānanga (referred to as 'NMoA leadership wānanga') is that it is an intervention and a retention strategy in its own right. The wānanga re-ignited the graduates' passion, strengthened their cultural identities and connections, and importantly fortified their resilience so they could contribute to improving equity and outcomes for Māori. The training came at a time when some nurses and midwives had become disillusioned with their profession and career prospects, and were considering leaving nursing or midwifery.

¹ Nursing Council of New Zealand. (2014). The New Zealand nursing workforce: A profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses 2012 – 2013. Wellington, New Zealand: Author.

² Midwifery Council of New Zealand. (2014). 2014 Midwifery workforce survey. Retrieved from <https://www.midwiferycouncil.health.nz/images/stories/pdf/Publications/WorkforceSurvey2014.pdf>

Graduates overwhelmingly recounted the difference this clinical leadership wānanga had made to their professional, personal, cultural lives. They went from being reluctant to put themselves forward in their workplaces and lacking the confidence to embark on senior or leadership roles to having their passion in nursing or midwifery reignited and exploring leadership opportunities and areas that they could either contribute to or lead change in their practice settings. The training also had positive impacts for many of the graduates' whānau, including improved relationships.

Is anyone better off? The NMoA leadership wānanga clearly equips Māori nurses and midwives not only to survive better within their workplaces but opens up the possibilities and arms them with knowledge, skills and strategies so that they can actively take part in improving practice and service planning and delivery. Evident in the cohort interviews was the graduates' 'readiness' and positioning to undertake leadership opportunities as a result of having completed the clinical leadership wānanga.

Unique cultural experiences such as that provided by the clinical leadership wānanga enables Māori nurses and midwives to become better positioned to make a difference for Māori health and equity within their professions. It also motivates them to look at their career development and for many, they were inspired to seek senior and leadership positions. All of the graduates recounted ways in which this training provided the impetus for them to become more actively engaged in change activities within the practice setting, in service planning and delivery, and in themselves.

Recommendations

Clinical leadership wānanga

1. Continue the clinical leadership wānanga programme in its current form.
 - 1.1. Promote the programme, particularly as a strategy for the retention of Māori nurses and midwives.
 - 1.2. Work with nursing and midwifery leaders, NETS (Nurse Educators in the Tertiary Sector), nursing executives and other nursing and midwifery professional organisations and Tumu Whakarae to promote the programme among their leadership structures.
2. Ngā Manukura o Āpōpō work with Directors of Nursing and Midwifery, and Tumu Whakarae on strategies to promote leadership opportunities for Māori nurses and midwives.
3. Target Māori nursing and midwifery educators to complete the programme.

Tuakana-Teina Activities

4. Continue governance training. It appears to be successful, and those nurses and midwives completing the survey indicated their desire to take up governance-type positions.
5. Undertake activities at national and regional levels with those in senior leadership positions, Māori nursing and midwifery workforce group, NETS and Nurse Executives, so they can better support Māori nurses and midwives.

6. Consider setting up a tuakana mentoring network using graduates from the clinical leadership wānanga programme, with a focus on supporting Māori nurses' and midwives' knowledge and skills.

e-Portfolio

7. Continue making available the e-Portfolio for those Māori nurses who do not have access to a District Health Board portfolio.

Technology is the way of the future, and the e-Portfolio available through Ngā Manukura o Āpōpō enables those nurses and midwives not working within a District Health Board environment a tool to articulate their practice and competency.

8. Consider the role of Ngā Manukura o Āpōpō in preparing more Māori nurses and midwives as assessors of portfolios, which may include collaborative activities with District Health Boards who already offer assessor training. In terms of assessor training, consideration should be given to how it could be made available online supported by interactive technology like video-conferencing platforms Zoom³ or Skype.

³ Zoom is a video-conferencing and web conferencing service – see <https://zoom.us/>

BACKGROUND

Increasing the Māori nursing and midwifery workforce remains an ongoing challenge, particularly concerning recruitment and retention. The proportion of Māori nurses (6-7%)⁴ and midwives (8.95%)⁵ in their respective workforce remains static despite some health workforce policies that have targeted increasing the Māori health workforce. More Māori nurses and midwives are needed to meet better the needs of Māori and their whānau seeking health and midwifery care.

Ngā Manukura o Āpōpō programme is a response to the need for culturally appropriate workforce initiatives to address participation, retention and achievement opportunities for Māori nurses and midwives in some areas. Thus, the Ngā Manukura o Āpōpō programme provides equitable access to clinical leadership wānanga to support emerging and current leaders. It is growing the Māori nursing and midwifery workforce through activities such as clinical leadership development, tuakana-teina activities to support new and developing registered nurses (RNs) and midwives (RMs), and assisting them to create and develop portfolios that demonstrate their competence.

The Ministry of Health signaled greater investment to strengthen the Māori health and disability workforce in 2008. This investment supported the nurturing of clinical leadership and professional development of Māori nurses and midwives. In November 2008, a project team submitted a proposal agreed to by the Ministry of Health in March 2009. In September 2009, the steering group named the programme of work Ngā Manukura o Āpōpō.

The Ngā Manukura o Āpōpō programme aims to better position Māori nurses and midwives to improve the quality of service delivery by developing capacity and capability of this workforce to engage in the redesign of health services and their delivery.

This evaluation report focuses on answering the questions posed in the results based accountability (RBA) questions: *How much did we do? How well did we do it? Is anyone better off?* Specifically, it focuses the evaluation activities on the registered nurses and midwives who identify as Māori and who have engaged in the Ngā Manukura o Āpōpō programme offered between 1 January 2015 and 31 December 2016. This evaluation report documents activities to answer the RBA questions relating specifically to the clinical leadership programme, tuakana-teina and the e-Portfolio work streams.

⁴ Nursing Council of New Zealand. (2014). The New Zealand nursing workforce: A profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses 2012 – 2013. Wellington, New Zealand: Author.

⁵ Midwifery Council of New Zealand. (2014). 2014 Midwifery workforce survey. Retrieved from <https://www.midwiferycouncil.health.nz/images/stories/pdf/Publications/WorkforceSurvey2014.pdf>

OVERVIEW OF THE EVALUATION

Results based accountability (RBA) is the evaluation approach used and focuses on evaluating the three Ngā Manukura o Āpōpō work streams against three key questions:

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?

Table 1 presents the overall outcomes/criteria for each of these questions for the Ngā Manukura o Āpōpō programme. Presented in more detail in this report is the specific outcomes and criteria for each of the work streams.

In hindsight, setting the intended outcomes and criteria to measure against for the Tuakana-Teina and the e-Portfolio workstreams may have been somewhat aspirational. The reality of measuring these was somewhat difficult in terms of capturing the information intended. Nevertheless, there are areas of learning that can guide future development of the Ngā Manukura o Āpōpō activities.

Table 1. Summary of Overall Outcomes/Criteria for the Results Based Accountability Evaluation

	How much did we do?	How well did we do it?	Is anyone better off?
Outcomes/Criteria	Ngā Manukura o Āpōpō will deliver all three work streams (Leadership wānanga; Tuakana-Teina; e-Portfolio) to Māori nurses and midwives across Aotearoa.	The Ngā Manukura o Āpōpō programme will achieve its 2015-2016 targets for each of the work streams.	Graduates of the programme will report the benefits of the Ngā Manukura o Āpōpō programme for their (a) practice, (b) involvement in health service planning and delivery of services; and (c) career aspirations/plans

Method

A mixed approach to undertaking this evaluation utilised a range of information sources. To evaluate Work Stream 1, cohort group interviews with graduates undertaken occurred at the end of each NMoA leadership wānanga cohort. A thematic analysis of the interviews enabled overall themes to be determined. The Digital Indigenous 6-monthly reports also provided information to answer the results based accountability questions.

An electronic (and paper-based) survey using Survey Monkey went to all graduates (that is, Cohorts 1 to 13) and collected more detail about the clinical leadership wānanga, leadership, tuakana-teina activities and e-Portfolio outcomes for all graduates. The AUT Ethics Committee approved the survey. This survey was available between September and December.

The report was to include interviews with employers, and while some graduates indicated their employers may be willing to be interviewed, none came forward.

FINDINGS

Workstream 1: Leadership wānanga

The programme has changed my life. It gave me the skills to believe in myself. Following a presentation from one of the speakers, I was able to let go of some issues I was unaware of in my childhood. I am now a nursing [educator] at [tertiary institution] ... I am making a difference. I have also just (today) finished my first masters paper. I chose to do it in leadership! I truly believe that without doing this programme I would not have gained the independence, mana and belief in myself that I have. I am forever grateful to the team, Tania and Grant for their ongoing tautoko, and I would love to give back in any way I can.

The leadership wānanga occur on marae settings and comprise four 2-day intensive live-in blocks over a 4-month period. The wānanga are underpinned by Māori pedagogy that provides nurses and midwives the opportunity to gather and learn together in a Māori environment, and importantly allows them to be Māori while they learn. Many Māori nurses and midwives struggle to be Māori in their everyday practice because their work environments and cultures do not necessarily value their being Māori. Instead, nurses and midwives report practising in settings where discrimination and racism are a daily encounter.

Learning is situated within te ao Māori, and the wānanga provide a socio-cultural experience that legitimizes being Māori, and where the notion of cultural identity and wellbeing is crucial for developing future Māori nursing and midwifery leaders. This enables participants to connect and or reconnect with their culture and with tikanga in a shared experience underpinned by whanaungatanga (building relationships and connections), manaakitanga (caring for each other), kotahitanga (working together and establishing local and national networks), and rangatiratanga (having contact with Māori leaders and role models).

The excerpt above is a graduate's account of participating in the clinical leadership wānanga reflects the sentiments of many of those undertaking this programme. The leadership wānanga has been overwhelmingly successful in making a difference to those taking part.

While some graduates began willingly with a desire to undertake a culturally based programme that spoke to them as Māori nurses and midwives, for others, directed to attend, began with a degree of skepticism. No matter how the graduates began this programme, everyone spoke of how the programme quickly changed them – personally, professionally and culturally.

An unanticipated finding of this evaluation is that this leadership wānanga is both an intervention (in terms of developing nurses and midwives personally, professionally and culturally) and as a retention strategy. A number of graduates talked about being at a 'cross-roads' and were looking to leave their respective professions – they were disheartened, overlooked as having potential, and for some indicated that they would never go anywhere in their current positions because of lack of opportunities for them. Without doubt, this programme made noticeable differences for these graduates, who could see themselves as progressing in their professions – they were willing to put themselves forward for more responsibility, senior roles, and leadership opportunities.

This section reports the findings from Work Stream 1: Leadership wānanga. Table 2 contains the outcomes/criteria and methods for Work Stream 1 evaluated. The findings present a narrative summary of the cohort interviews with information provided by Digital Indigenous in their 6-monthly reports included.

Figure 1 highlights some of the graduates' messages to those nurses and midwives considering clinical leadership wānanga in the future that highlights the positive success of the NMoA leadership wānanga (Figure 1).

Table 2. A Summary of Workstream 1: Leadership Wānanga

RBA Questions	Outcomes/Criteria	Summary
How much did we do?	NMoA will deliver leadership wānanga to 4 cohorts of Māori nurses and midwives (n=80) leading to more than 200 graduates	<ul style="list-style-type: none"> To date, 66 nurses and midwives have participated in Cohorts 10, 11, 12 and 13. 59 have graduated from Cohorts 10 to 13. Since 2009, in total NMoA has produced 238 nurses and midwives who have completed their clinical leadership wānanga between 2009 and 2016.
How well did we do it?	There will be a 64.4% (n=80) increase in graduates who have completed the leadership wānanga/satisfaction	<ul style="list-style-type: none"> 25% (n=59) increase in graduates who completed the leadership wānanga. During the period 1 January 2015 and 31 August 2016, the evaluations completed at the end of each cohort by Digital Indigenous show 100% graduates expressed overwhelming satisfaction with the clinical leadership wānanga (see Table 4).
Is anyone better off?	<p>40 nurses and midwives undertaking leadership wānanga between July 2015 and December 2016 will be contributing to leadership roles.</p> <p>90% of graduates have implemented a quality improvement project that aims to improve an aspect of clinical practice or patient outcomes.</p>	<ul style="list-style-type: none"> 22% (n=53) of all NMoA graduates responded to an electronic survey undertaken between September and October 2016 – questions directly relate to graduates' leadership roles. The survey showed: <ul style="list-style-type: none"> 90% were willing to take-on new roles and responsibilities 84% were mentoring others 84% were using evidence to inform their practice 39% were on a governance group 35% had completed governance training The end of cohort interviews with graduates of the clinical leadership wānanga has indicated a general willingness of nurses and midwives to 'step-up' into senior or leadership roles. 100% of graduates to date have completed a quality improvement project, of which 66% had implemented their project within their workplace. Appendix 1 presents a summary of these.

6 A 20-30% response rate is 'successful' for online surveys (Yimeng Guo, Jacek A. Kopec, Jolanda Cibere, Linda C. Li, and Charles H. Goldsmith. Population Survey Features and Response Rates: A Randomized Experiment. American Journal of Public Health: August 2016, Vol. 106, No. 8, pp. 1422-1426. doi: 10.2105/AJPH.2016.303198; Jelinek, G. A. and Weiland, T. J. (2013), Response from Prof. Jelinek and Dr Weiland to Surveys: Sample sizes and response rates. Emerg Med Australas, 25: 377–379. doi:10.1111/1742-6723.12108)

What Did We Do?

Four cohorts completed the NMoA leadership wānanga during the timeframe for this evaluation. The Cohorts (10, 11, 12 and 13) undertook the training at Tuahiwi Marae (Christchurch), Tūrangawaewae Marae (Ngāruawāhia) (Cohorts 11 and 13), and Tapu Te Ranga Marae (Wellington). Each cohort comprises four 2-day wānanga over a 4-month period.

- **59 nurses and midwives** have graduated from the NMoA leadership wānanga during the 2015-2016 evaluation period (see Table 3).
- A total of **238 nurses and midwives** have graduated from the NMoA leadership wānanga to date.
- There have been **31 quality improvement projects** completed (see Appendix 1 for a summary of the projects) in the following broad areas:
 - Improving responsiveness to and engagement with Māori
 - Service improvement and development, including alternative service provision
 - Improving Māori knowledge of health services
 - Indigenous health frameworks for nursing practice
 - Workforce development.



Figure 1. Graduate messages to other Māori nurses and midwives about the NMoA Clinical leadership wānanga

- **NMoA Exploring Leadership Opportunities: Health Quality and Safety Commission's (HQSC) Roopu Māori** (who advise the Commission and the HQSC Board). Margareth Broodkoom and

Taima Campbell both met with the Roopu Māori to discuss the ways in which Ngā Manukura o Āpōpō could work with the HQSC with the view to support graduates undertaking national leadership positions. For example, positions on the HQSC expert advisory panels to the various HQSC programmes of work, such as the deteriorating patient or adverse events projects.

Table 3. Clinical leadership wānanga Registration, Participation and Graduation Numbers

Cohort	Marae	Location	Registered	Participated	Graduated	To Complete
10	Tuahiwi Marae	Christchurch	10	8	7	1
11	Tūrangawaewae	Ngāruawāhia	24	19	18	1
12	Tapu Te Ranga	Wellington	23	19	13	4*
13	Tūrangawaewae	Ngāruawāhia	27	20	21*	-
TOTAL			84	66	59	

* These nurses/midwives will complete the clinical leadership wānanga and graduate with Cohort 13

An analysis of the cohort group interviews found:

- Most graduates embarking on the NMoA leadership wānanga initially asked the question, “What would I get out of this training?” However, shortly into the first wānanga they could answer this question in a positive way. Nevertheless, this question remained for their work colleagues who saw little value in their completing the clinical leadership wānanga.
- Cohort 10 graduates reported finding it initially difficult to find out information about the NMoA leadership wānanga. They also reported this was an area requiring better marketing. The Ngā Manukura o Āpōpō Leadership Group responded to this feedback (*what will I get out of this training?*) by revising their website and undertaking wider dissemination of information about the clinical leadership wānanga. This action was evident in later cohorts, whereby graduates reported their line managers, Directors of Nursing and CEOs had brought the opportunity of the training to nurses and midwives.
- Without a doubt, a key factor for a number of graduates completing the NMoA leadership wānanga was **being “pushed”** by others to register and complete it. Requiring this push related primarily to Māori nurses and midwives lacking self-confidence and the self-belief that they could be leaders.

Possessing self-belief and self-confidence were necessary attributes for these nurses and midwives to undertake positions of responsibility and leadership. Some graduates indicated they were ready to be challenged, and had been looking for Māori nursing and midwifery leadership positions.
- Factors that **enabled and facilitated** graduates to undertake the NMoA leadership wānanga. These included the following:

- Awareness and understanding of the content and benefits of the NMoA leadership wānanga is key to graduates registering, especially those working in community-based providers.
 - Encouragement by prior graduates of the training and line managers (team leaders, DONs, CEOs, for example) to enroll in and complete the training. For instance, some managers “shoulder tapped” graduates to attend.
 - Managers providing leave and transport to travel to the training venue facilitated graduates’ attendance.
 - Offering the NMoA leadership wānanga ‘free of charge’ – graduates commented that this was highly attractive to their employers and organisations.
 - The clinical and Māori leadership foci was highly attractive to graduates – they noted no other course like this was available for Māori nurses and midwives.
 - Receiving assistance from Tania Hodges, Digital Indigenous facilitator, to enroll, elicit workplace support and attend the wānanga when they faced barriers in attending.
- Some graduates **encountered some barriers and costs** associated with attending the clinical leadership wānanga, which fell into two main groups: barriers related to their workplace, and costs that burdened graduates’ whānau. More specifically, these included:
 - Work pressures and distractions that affected some graduates being able to commit fully to two days at a time, and remain focused. For instance, midwives who may have been on-call and having to be on alert to the possibility they had to leave.
 - Some Directors of Nursing did not appear to have “a handle” on who were Māori nurses and midwives within their respective organisations. Graduates believed this was a distinct disadvantage because they were overlooked and not offered this opportunity.
 - Organisational support ranged from employers being supportive and seeing the benefits in growing Māori nurses and midwives to being wholly unsupportive – with one graduate being denied study leave to attend the clinical leadership wānanga led her to her resigning so she could attend. This response confirmed to the graduate the lack of opportunity for her growth as a leader.
 - Some employers did not see the NMoA leadership wānanga as part of nurses and midwives’ professional development. This resulted in some being unable to access their professional development entitlements.
 - Non-Māori colleagues continually questioned the value of graduates undertaking the clinical leadership wānanga, along with being “given” time to attend the clinical leadership wānanga.
 - Costs to whānau related to:
 - Graduates being away at times when “things” were happening with their whānau and in their homes.
 - Obtaining childcare for two days at a time so graduates with children could attend each of the four wānanga.
 - Travel to and from the venue, particularly when a graduate lived a considerable distance from the wānanga venue. These graduates received no or only partial support for travel.
 - Some were completing the clinical leadership wānanga “under their own steam,” receiving no financial support to attend the training.

NZQA Accreditation

As part of the evaluation, graduates views about the clinical leadership wānanga programme having NZQA accreditation was explored. Digital Indigenous had also investigated the feasibility of obtaining NZQA recognition. Initially, graduates in each of the cohorts indicated support for the NMoA leadership wānanga having NZQA accreditation. However, as they reflected on the implications of obtaining this accreditation, they changed their views. Graduates were clear that NZQA accreditation would lose the “essence” of this clinical leadership wānanga and its cultural focus.

On one hand, having the training recognised by NZQA is appealing, although on the other hand graduates believed the current structure and delivery of the wānanga met their needs as individuals and as a group. In addition, the clinical leadership wānanga would most likely be a Level 4 programme (maximum), which is sub-degree level and below that required for entry into practice (Level 7). Graduates of all three cohorts interviewed have indicated any such move needed to be at a minimum of postgraduate level. They feared NZQA accreditation would lose the focus on building Māori clinical leaders, and questioned, “Why change something that is not broken?”

Currently, the NMoA leadership wānanga strengthened the graduates’ abilities to become and be clinical leaders along with fortifying their cultural identity and connectedness. Graduates in all cohorts articulated the importance of these factors, which they deemed essential for them to be resilient Māori nurse and midwife leaders within their clinical settings. They especially saw the national generic content control of courses by NZQA would “dilute” the Māori cultural component and the development of their cultural competency working with Māori. Graduates concluded NZQA accreditation would disadvantage their development as Māori nurse or midwifery leaders – they believed the training, if altered, would produce a different type of leader. Nonetheless, graduates recommended that Ngā Manukura o Āpōpō explore professional recognition of the clinical leadership wānanga for PDRP purposes by the Nursing Council and other nursing and midwifery professional organisations. Currently, the Midwifery Council recognises the NMoA clinical leadership wānanga for continuing education, and the Nursing Council does not require it to be formally recognised leaving nurses to indicate the hours when they complete their PDRP portfolio or when they are audited.

Digital Indigenous investigated the possibility of the NMoA leadership wānanga becoming NZQA accredited. They concluded:

- The costs related to becoming a PTE, having the programme accredited by NZQA, and becoming an accredited provider would significantly increase the costs of offering clinical leadership wānanga.
- The focus of the NMoA leadership wānanga would shift from responding to each cohort’s training needs and developing Māori clinical leaders to compliance with NZQA standards and requirements.

- Opportunity to strengthen Māori nurses' and midwives' cultural identity and connections would be lost.

How Well Did We Do?

The graduates participated in a group interview at the completion of the wānanga and also completed evaluation forms for Digital Indigenous. A summary of the Digital Indigenous evaluations demonstrates an overwhelming satisfaction with the NMoA leadership wānanga with more than 90% rating the course presentation, facilitators and venue as being excellent (Table 4).

A common thread for some graduates across the cohorts was that the NMoA leadership wānanga came at a time when their “vessel was empty”, and they were contemplating leaving their profession. This training not only reinvigorated them, but it also opened up previously unknown potentials and possibilities. They felt confident to “step-up” into more senior roles and leadership positions, evident by graduates seeing and articulating opportunities and then putting themselves forward.

Graduates talked about the marae environment being important and “perfect”. It was a relaxed, safe place where they felt nurtured and supported by the facilitators and each other. It was importantly a place to have a voice. The setting enabled the establishment of connections, which the graduates indicated would endure into the future.

The only negative comments were from three or four people who noted they were sleep deprived – primarily because they were “early to bed” people, and typical of wānanga this programme used all available waking hours.

Identification of and meeting learning needs

Digital Indigenous identified participants' learning needs at the time of application and via individual learning contracts. At the completion of the wānanga, participants reviewed whether their learning needs had been met or not. Graduates indicated that while challenging the NMoA leadership wānanga aligned to their needs and influenced how they viewed their practice:

- Graduates felt the NMoA leadership wānanga confidently “ticked” their cultural competence “box.”
- Developed greater self-awareness and uncovered information they were previously unaware of – they were now able to reflect on and re-evaluate their jobs.

Table 4. Overall Evaluation Scores

Cohort	Course Presentation (n)	Facilitators' Rating (n)	Presenters' Rating (n)	Venue Rating (n)	Kai Rating (n)
10 – Christchurch	Excellent (7)	Excellent (7)	Excellent (7)	Excellent (7)	Excellent (7)
11 - Tūrangawaewae	Excellent (12) Above Average (2)	Excellent (13) Above Average (1)	Excellent (12) Above Average (1)	Excellent (13) Above Average (2)	Excellent (8) Above Average (4) Average (2)
12 – Tapu Te Ranga	Excellent (15)	Excellent (15)	Excellent (13) Above Average (2)	Excellent (10) Above Average (1) Average (1)	Excellent (10) Above Average (5)
13 – Tūrangawaewae	Excellent (18) Above Average (1)	Excellent (19)	Excellent (17) Above Average (2)	Excellent (19)	Excellent (19)
OVERALL SUMMARY OF EVALUATIONS SCORES*					
Total Number	55	55	54	53	55
Excellent	95%	98%	91%	92%	80%
Above Average	5%	2%	9%	6%	16%
Average	-	-	-	2%	4%

Source: Indigenous Digital Evaluation Summaries; *Percentages have been rounded up where appropriate

Facilitation and guest speakers

Graduates reported the facilitators of the clinical leadership wānanga, Tania Hodges and Grant Berghan, worked well together and role modelled positive leadership skills. They created a safe environment within which graduates could be honest and grow as Māori nurses and midwives. From the time of registration, Tania remained in constant email contact, which established a connection with the participants before they began the training. The facilitators were:

- Motivating
- Always positive
- Consistent
- Stretched graduates minds and their self-imposed barriers
- Gave graduates permission to engage in self-care
- Inclusive, consistently making each graduate feel important.

Tania and Grant “inspire [graduates] to be unashamedly Māori” and reinforced the importance of them having a positive identity. Graduates described them simply as “rocks” and “energizer bunnies”, and key to the sustainability of the NMoA leadership wānanga.

Graduates described the calibre of the guest speakers as “absolutely amazing”. They appreciated being exposed to inspiring leaders with mana, especially those who were clever and innovative nurses and midwives (Appendix 2).

Is Anyone Better Off?

It is clear the NMoA leadership wānanga programme is highly beneficial to those completing the wānanga. It contributed to graduates becoming stronger being Māori, a nurse or midwife who was Māori. This programme facilitated graduates’ recognition of their professional role in addressing equity issues for Māori. Undoubtedly, the training has multiple benefits for graduates on several levels – that is, professionally, personally and culturally.

Benefits of the NMoA leadership wānanga

“Challenging but not confronting.”

“The whole course is invaluable for the rest of our lives – magical, empowering.”

The NMoA leadership wānanga had unanticipated collateral benefits. First, a number of graduates talked about the positive contribution their participation in the programme had on their whānau, which they believed would extend into the future. Seventy-seven percent of survey respondents strongly agreed/agreed that they were taking lead roles in their whānau (Figure 2).

Second, as already mentioned it appears to be both an intervention and retention strategy. Moreover, the training enabled and facilitated these nurses and midwives being able to extend themselves and their practice.

All of the graduates expressed the benefits and relevance of the NMoA leadership wānanga were “enormous” particularly professionally, personally, and culturally.

Professional benefits

Professional benefits primarily stemmed around graduates becoming a clinical leader and better understanding the expectations that accompanied being a Māori nurse or midwife leader. More than half of the survey respondents (54%) strongly agreed and 33% agreeing that they were comfortable seeing themselves as a leader. While the expectations were at times overwhelming, graduates articulated the NMoA leadership wānanga provided them with the necessary tools to implement what

they had learnt and to carry on their leadership journey. Of those responding to the survey, 83% indicated they were more resilient to manage challenges and 87% were using appropriate communication skills following completion of the clinical leadership wānanga (Figure 2).

The opportunity to meet other Māori nurses and midwives and the range of guest speakers enabled them to develop a national network that they felt comfortable to call on to kōrero and seek advice and guidance. Graduates viewed this network as a valuable resource that had the potential to develop because of the connectedness of the groups that became whānau. More than half of the survey respondents (68%) indicated that they would maintain contact with graduates, with the clinical leadership wānanga facilitators (67%), and with presenters (42%) (Figure 2).

A number of graduates talked about being able to take on confidently roles that are more senior as well as change management projects (Table 5). For some, this involved re-evaluating their positions. It was very clear from talking with each of the cohorts that the NMoA leadership wānanga was not only timely for many of the graduates, but it also renewed their passion for being a Māori nurse or midwife. Some nurses and midwives indicated that if it was not for this training, it was highly likely that they would have left their professions.

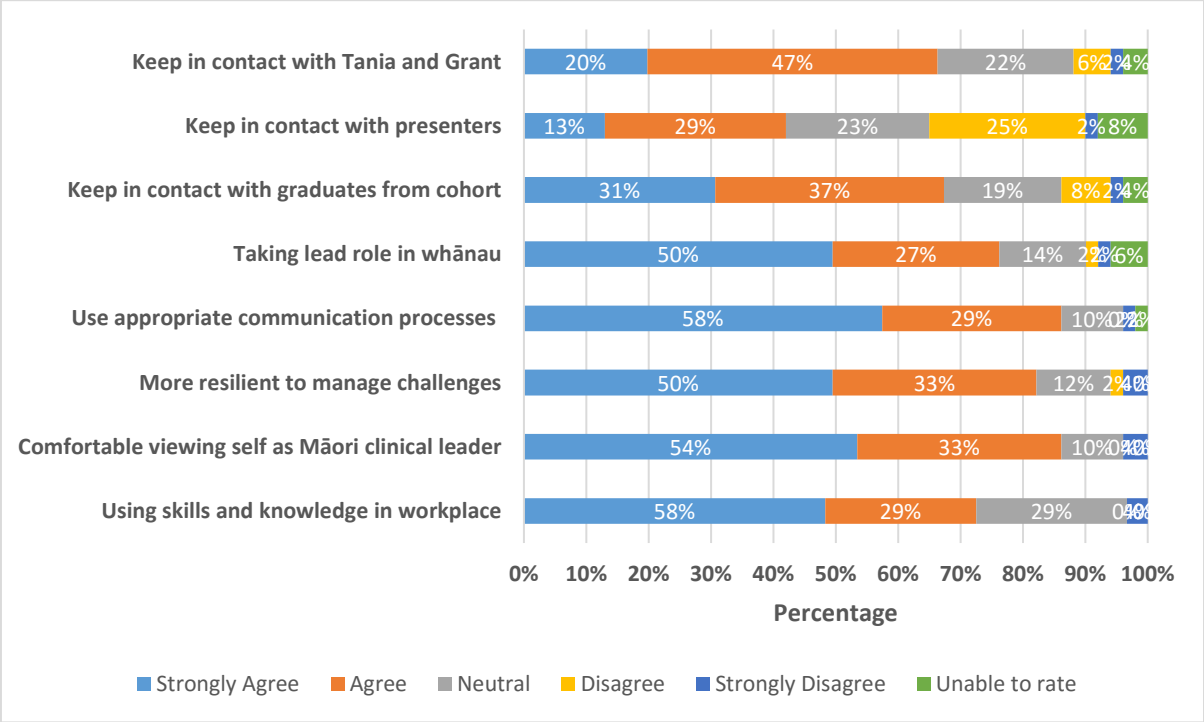


Figure 2. Professional changes related to being a leader

Graduates gained a range of knowledge, skills, and attributes, such as:

- The courage to practice newly acquired leadership skills, see things clearer, and move forward. One graduate talked about setting up a regional Māori Nurses Hui, so Māori nurses could support one another and further develop their leadership skills.
- Being better ‘positioned’ and equipped to challenge stereotypes.
- Having a better understanding of strength-based alternatives, initiatives, and positive strategies.

- Concisely pitching their ideas to progress their objectives.
- Having a structured approach to progress various initiatives.
- Acquiring strategies to assist navigating the barriers encountered in practice.
- Being able to speak up, when previously they would have remained silent.
- Possessing the incentive to build on the clinical leadership wānanga to gain a leadership or management position.
- Wanting to encourage and support Māori nursing and midwifery leadership.
- Deciding to complete their portfolio – for example, Huarahi Whakatu.

Of particular note, is 84% of the survey respondents indicated that they were using evidence to inform their practice following the clinical leadership wānanga programme (Figure 6).

Table 5. A Summary of Some Outcomes of the NMoA leadership wānanga for Graduates

Practice	Health Service Planning and Service Delivery	Career Aspirations/Plans
<ul style="list-style-type: none"> • Being included in decision-making • Gone from head nodding and avoiding extra responsibilities to understanding management • Not buying into bullying and bad behavior • Having pride in the workplace • Having a network to call upon • Being able to address issues in a professionally responsible manner • Not accepting the status quo • Taking on leaderships opportunities, such as: <ul style="list-style-type: none"> ○ Preceptoring a new graduate ○ Leading a project to increase the numbers of Māori nurses ○ Becoming a shift leader two days a week ○ Having a voice ○ Working with Pākehā nurses to work better with Māori patients <ul style="list-style-type: none"> ○ Undertaking a project to improve medication dispensing ○ Leading a project between the DHB and an education provider 	<ul style="list-style-type: none"> • Having “a million and one ideas.” • Being able to understand the language and having the language • Seeing how things can be better or adapted • Being able to adapt language for the different people in the organization • Looking at new ways to deliver patient education • Changing aspects of service delivery aimed at improving equity for Māori • Advising on how to improve clinics for Māori 	<ul style="list-style-type: none"> • Applying for higher levels of PDRP • Having a greater passion/spark of life/being excited • Seeing a new job – a senior position • Reflecting on and re-evaluating existing job • Wanting to be a role model for respect and humility, and for behaviour expected from colleagues • Realising cultural identity has credibility • Improved level of te reo and waiata • Recognition of the need for te reo me ōna tikanga to be a good leader for Māori nursing and midwifery

Almost one (28%) in three survey respondents had moved into a senior role (Figure 3). However, movement into senior or leadership roles is dependent upon both opportunity and availability of these roles, and the lack of these is a barrier for graduates moving into senior roles. Nevertheless, the survey

indicated that graduates of the clinical leadership wānanga were involved in a number of 'leadership' activities:

- One in four (26%) had written or contributed to a publication
- Almost half (49%) spoken had written or contributed to a submission or policy
- Just under half (40%) had presented at a conference
- A third (33%) had assessed a professional portfolio (Figure 3).

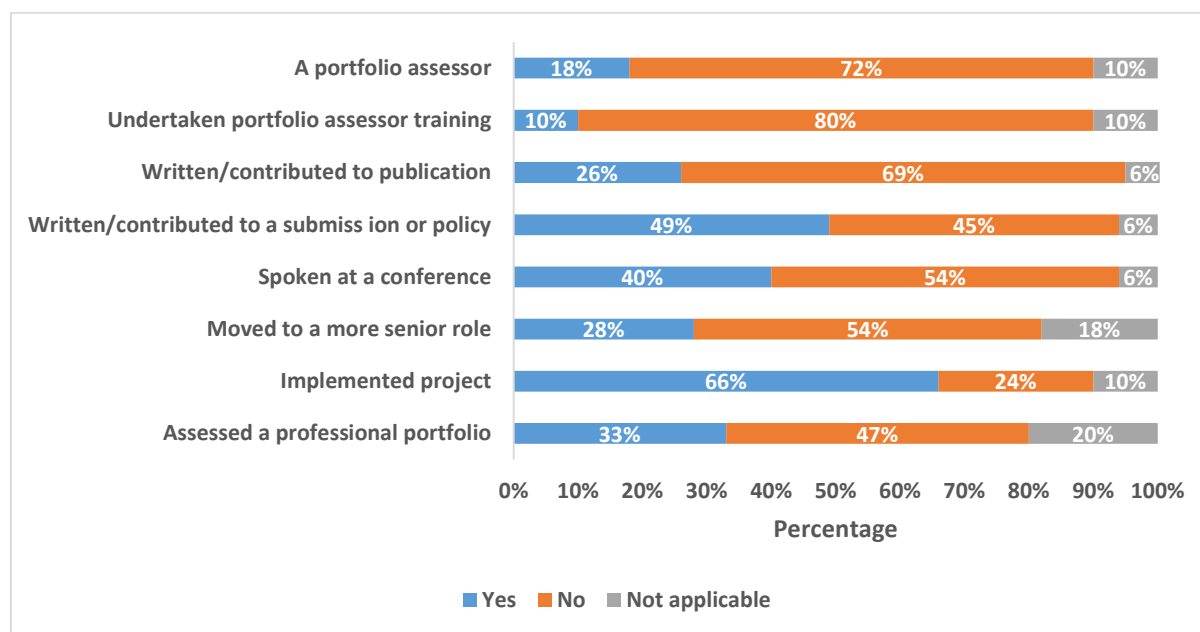


Figure 3. Leadership activities undertaken following the clinical leadership wānanga

While the service specification set a target that 40 nurses and midwives would contribute to leadership roles, a number of graduates also spoke about the absence of leadership roles or the opportunity within their workplaces to undertaken leadership activities. Nevertheless, evident in the cohort interviews was the graduates' 'readiness' and positioning to undertake leadership opportunities as a result of having completed the clinical leadership wānanga.

Unique cultural experiences such as that provided by the clinical leadership wānanga enables Māori nurses and midwives to become better positioned to make a difference for Māori health and equity within their professions.⁷ The opportunity for Māori nurses and midwives to develop and become effective leaders within the two worlds that they walk is important,⁸ because without this support for their professional, personal and cultural development and the safe space provided to do this, a number of these graduates would have left their profession. Ngā Manukura o Āpōpō should consider working with Directors of Nursing and Midwifery, and Tumu Whakararae on developing strategies to promote leadership opportunities for Māori nurses and midwives.

⁷ West, R., Geia, L. K., & Power, T. (2013). Editorial - Finding strength in our Indigeneity: Indigenous perspectives in nursing and midwifery leadership. *Contemporary Nurse*, 46(1), 3-5. doi:10.5172/conu.2013.46.1.3

⁸ Wilson, D., & Baker, M. (2012). Bridging two worlds: Māori mental health nursing. *Qualitative Health Research*, 22(8), 1073-1082. doi:10.1177/1049732312450213

Graduates clearly recounted how the clinical leadership wānanga provided them with strength, fortitude and an invigorated vision for their leadership potential to benefit Māori and whānau users of the health system. Furthermore, effective Māori nursing and midwifery leadership can support the development of health services and education curricula to be more responsive to Māori and their whānau.⁹ The clinical leadership wānanga, therefore, is both an intervention and a retention strategy for the Māori nursing and midwifery workforce.

Personal growth.

The NMoA leadership wānanga was a journey that enabled graduates to know themselves better, strengthening their identity. To this end, graduates talked about undergoing considerable changes for the better, and some these were “enormous”. Some graduates shared that they were “shut-off” at the beginning of the training, but it opened their minds, allowed them to grow, and the kōrero they engaged with changed their lives. The training enabled them to “fill their kete”.

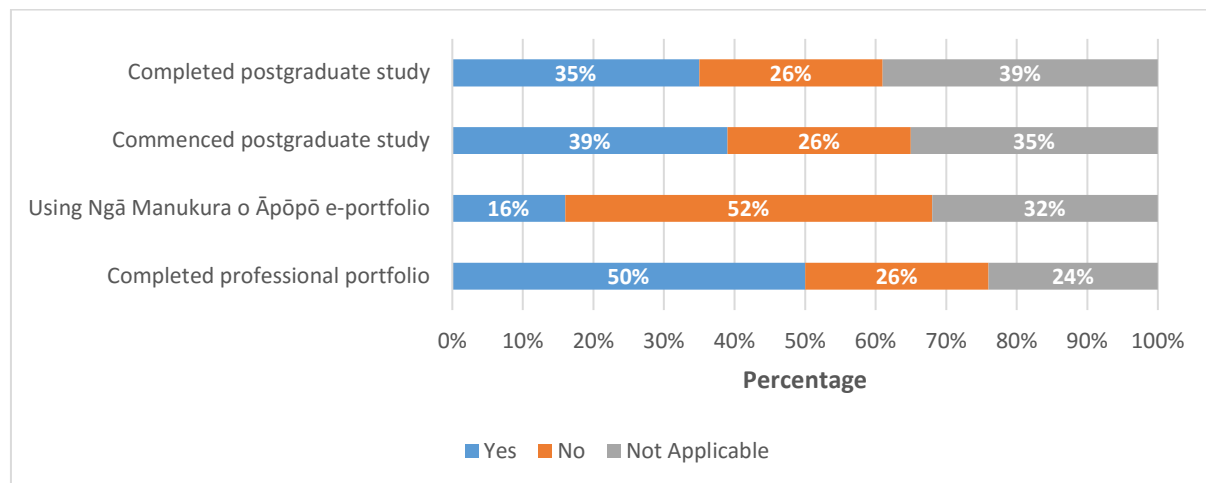


Figure 4. Personal professional development changes

Graduates learned humility and mana-enhancing advocacy because of the clinical leadership wānanga. They reported being comfortable to step out of their comfort zone and to say yes rather than no. The clinical leadership wānanga enabled graduates to talk about stepping up or needing to step-up into more senior positions and to take leadership in identified areas where change needs to occur. Importantly they learnt the need to look after themselves first. These activities occurred by candidates’ increased self-confidence and knowledge. Other personal changes included:

- Undertaking self-reflection and looking at oneself spiritually.
- Realigning priorities and engaging in goal setting.
- Learning to gain work-life balance.

⁹ Viridun, C., Gray, J., Sherwood, J., Power, T., Phillips, A., Parker, N., & Jackson, D. (2013). Working together to make Indigenous health care curricula everybody's business: A graduate attribute teaching innovation report. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 46(1), 97-104. doi:10.5172/conu.2013.46.1.97

- Being the best they can be, including how to assert themselves.
- Uncovering their inner abilities.
- Feel good about what they are doing.
- Being motivated to study.

Following the clinical leadership wānanga, 50% of those surveyed completed their professional portfolio, although many of those indicating not applicable indicated they already had a portfolio. More than a third (35%) of survey respondents had completed postgraduate study since completing their clinical leadership wānanga, while 39% had commenced postgraduate study (Figure 4).

Notably, the graduates talked about the NMoA leadership wānanga having **ripples beyond their workplace**. They all talked about how the training had benefits for not only themselves but also their whānau, particularly their children and the generations to come. Graduates talked about how the training also contributed to improving personal relationships within their whānau.

Cultural identity and connection.

A key outcome was that graduates were able to “grow and be Māori” while completing the NMoA leadership wānanga. A strong Māori identity and having pride in being Māori by the end of the programme occurred for those who had weakened or lost cultural connections. Less than half of the survey respondents indicated that they represented their iwi or hapū (41%) and were more active in their marae (40%) (Figure 5). Māori perspectives, and learning about and/or strengthening tikanga, kaupapa, waiata and karakia are cultural aspects graduates reported that were unavailable in other leadership wānanga programmes (Appendix 3).

While a number of graduates were involved in varied ways in cultural activities prior to undertaking the clinical leadership wānanga, the survey confirmed that the bulk of graduates became more active in Māori cultural activities because of the training. Half of the survey respondents were using mihi (52%), karakia (50%) and te reo (64%) in their work environments. Forty-one percent had commenced a te reo Māori course (Figure 5).

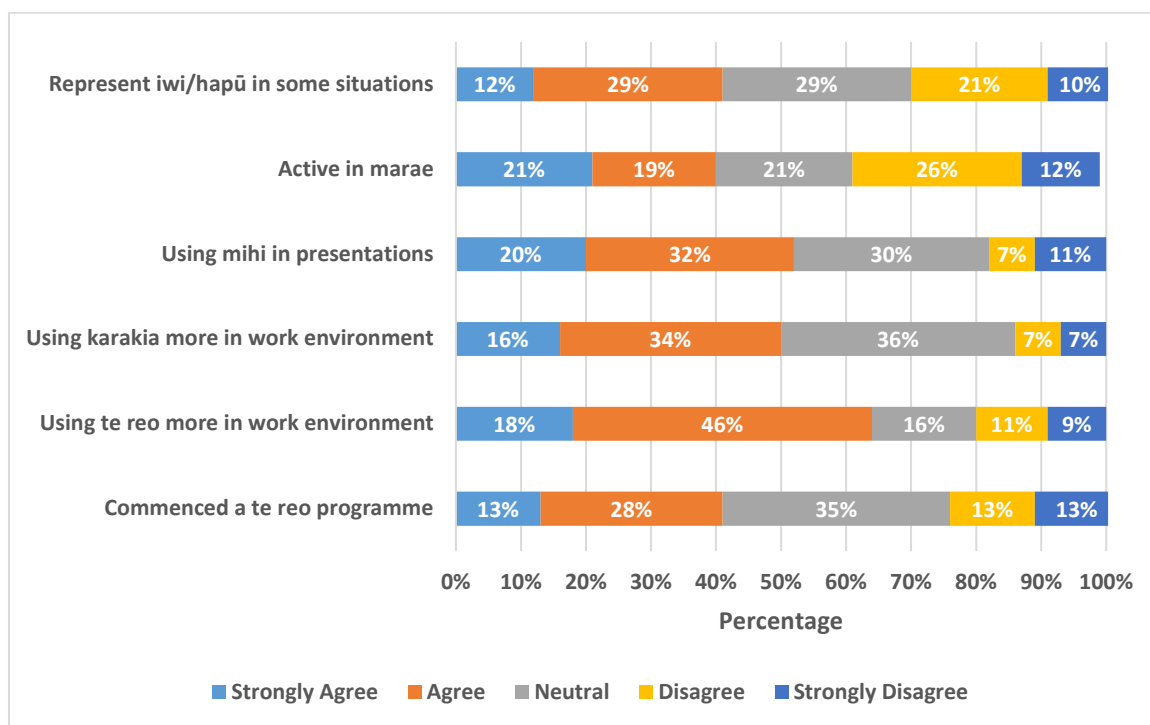


Figure 5. Cultural changes following clinical leadership wānanga

Recommendations – Clinical leadership wānanga

Based on the findings of this evaluation, the following recommendations are made to the Ngā Manukura o Āpōpō clinical leadership with regard to the clinical leadership wānanga delivered by Digital Indigenous:

1. Continue the clinical leadership wānanga programme in its current form based on the clear benefits for those nurses and midwives graduating.
 - 1.1. Promote the programme, particularly as a strategy for the retention of Māori nurses and midwives.
 - 1.2. Work with nursing and midwifery leaders, NETS (Nurse Educators in the Tertiary Sector), nursing executives and other nursing and midwifery professional organisations and Tumu Whakarae to promote the programme among their leadership structures.
2. Ngā Manukura o Āpōpō work with Directors of Nursing and Midwifery, and Tumu Whakarae on strategies to promote leadership opportunities for Māori nurses and midwives.
3. Target Māori nursing and midwifery educators to complete the programme.



Cohort 10 – Christchurch

Workstream 2: Tuakana-Teina Activities

Tuakana-teina activities revolve around graduates of the clinical leadership programme, past and current, engaging in mentoring-type activities. These activities, in reality, are difficult to capture as many Māori nurses and midwives appear to undertake such activities with little fuss and attention.

However, tuakana-teina activities are important for the continued growth of the Māori nursing and midwifery workforce, especially given accounts in the interviews and the surveys that opportunities for many Māori nurses and midwives are unavailable. They talked about being overlooked or other nurses and midwives being approached, which left them feeling devalued.

How Much Did We Do?

Ngā Manukura o Āpōpō delivered five 1-day governance workshops in Rotorua, Auckland, Christchurch, Wellington and Hamilton. A national graduate hui is held annually and is facilitated by Digital Indigenous (Table 6).

Table 6. A Summary of Workstream 2: Tuakana-Teina Activities

RBA Questions	Outcomes/Criteria	Summary
How much did we do?	Deliver two national graduate hui for Māori nurses and midwives and three 1-day governance workshops	<ul style="list-style-type: none"> NMoA delivered five governance workshops (Rotorua, Auckland, Christchurch, Wellington and Hamilton). 35% of those surveyed had completed governance training. 39% indicated they were on a governance group at the time of the survey.
How well did we do it?	50% of graduates will attend the hui	<ul style="list-style-type: none"> 28% of those surveyed attended the national graduate hui.
Is anyone better off?	100 nurses and midwives participating in alumni network 80% of graduates reporting involvement in tuakana-teina activities	<ul style="list-style-type: none"> Participation in tuakana-teina activities is difficult to measure beyond anecdotal accounts. 84% of those surveyed indicated they were mentoring others following the clinical leadership wānanga.

How Well Did We Do?

Survey respondents indicated that 84% were mentoring others. A national graduate hui facilitated by Digital Indigenous is offered annually, and 24% of those surveyed attended one of these (Figure 6). Release time, travel and accommodation costs, and whānau commitments make attending these hui difficult for many Māori nurses and midwives. Work needs to occur with senior leaders regarding how to support Māori nurses and midwives to attend such activities.

Fifty-eight Māori nurses and midwives completed the governance training offered by Ngā Manukura o Āpōpō. Of the survey respondents, 35% had completed governance training, and 39% of respondents indicated that they were on a governance group at the time of the survey (Figure 6).

Māori nurses and midwives articulated the constraints to undertake tuakana-teina opportunities such as their availability and the support (or lack of it) provided within the workplace to undertake these.

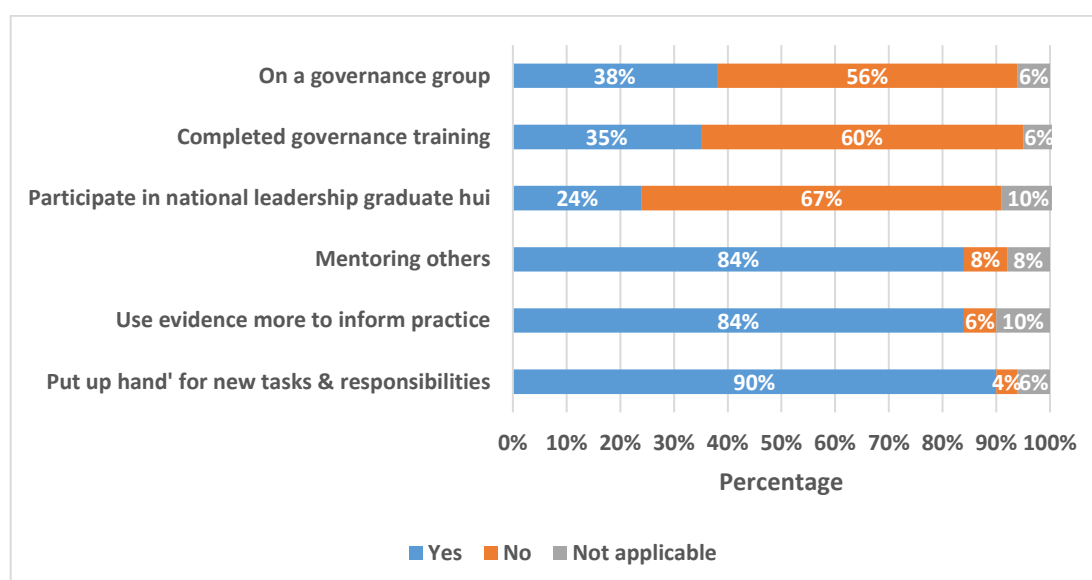


Figure 6. Tuakana-teina activities following clinical leadership wānanga

Is Anyone Better Off?

It is clear, where possible, graduates of the Ngā Manukura o Āpōpō programme are positioned better to undertake tuakana-teina activities, such as mentoring. This may include membership to their expert advisory groups for targeted projects. There is the potential for Ngā Manukura o Āpōpō to consider setting up a tuakana mentoring network, to support Māori nurses and midwives knowledge and skill development. It could also become a database for graduates to register their willingness to mentor other Māori nurses and midwives, and a place to share pertinent information. This could be an extension of the Ngā Manukura o Āpōpō Facebook forum.

The governance training offered to graduates appears to be successful and equips Māori nurses and midwives to sit on or prepared to be members of governance-type bodies.

Ngā Manukura o Āpōpō leadership have met with the Roopu Māori of the Health Quality and Safety Commission to discuss opportunities within its activities and processes for involvement of Māori nurses and midwives. This relationship provides opportunities for Māori nurses and midwives at a national level.

The clinical leadership wānanga strengthened graduates' sense of self-worth and highlighted their potential as leaders within their workplaces, particularly for them as Māori health professionals, but also for effectively supporting the improvement of Māori health service delivery and outcomes. Gillies¹⁰ suggests that,

Māori workforce development, especially in relationship to the health workforce, is dependent on effective Māori leadership, the application of Māori values to workplace practices, levels of resourcing that are compatible with training and development, critical mass, and targeted policies and programmes.

Mobilising the Māori nursing and midwifery workforce to participate in improving access to health services and contributing to reducing inequities in health outcomes requires strong Māori leaders to do so.¹¹ Tuakana-teina activities could be one strategy to do this.¹²

Recommendations – Tuakana-Teina Activities

Based on the findings of this evaluation, the following recommendations are made to the Ngā Manukura o Āpōpō programme with regard to the tuakana-teina activities:

1. Continue governance training. It appears successful, and those nurses and midwives completing the survey indicated their desire to take up governance-type positions.
2. Undertake activities at national and regional levels with those in senior leadership positions, Māori nursing and midwifery workforce group, NETS and Nurse Executives, so they can better support Māori nurses and midwives.
3. Consider setting up a tuakana mentoring network using graduates from the clinical leadership wānanga programme, with a focus on supporting the development of Māori nurses' and midwives' knowledge and skills.

¹⁰ Gillies, A. (2006). *Kia taupunga te ngākau Māori: Anchoring Māori health workforce potential*. (Doctor of Philosophy, Maori Studies PhD), Massey University, Palmerston North, NZ. Retrieved from <http://hdl.handle.net/10179/994>

¹¹ Keltner, B., Kelley, F. J., & Smith, D. (2004). Leadership to reduce health disparities: A model for nursing leadership in American Indian communities. *Nursing Administration Quarterly*, 28(3), 181-190.

¹² Ratima, M. M., Brown, R. M., Garrett, N. K. G., Wikaire, E. I., Ngawati, R. M., Aspin, C. S., & Potaka, U. K. (2007). Strengthening Maori participation in the New Zealand health and disability workforce. *Medical Journal of Australia*, 186, 541-543.



Cohort 12 – Tapu-te-Ranga Marae, Wellington

Workstream 3: e-Portfolio

Registered nurses in most employment settings are required to produce a portfolio to demonstrate evidence of practice competence for regulatory purposes. Given paper-based portfolios are somewhat burdensome and time-consuming to complete, e-Portfolios offer a tool that has greater accessibility and flexibility for nurses to collect evidence and demonstrate their practice competency. With the increasing use of technology to aid various aspects of practice, Ngā Manukura o Āpōpō offer an e-Portfolio for Māori nurses based on the Mahara platform, nurseportfolio.nz, hosted by Catalyst IT with Ngā Manukura o Āpōpō on a secure internet server. In 2013, the e-Portfolio was recognised in the LearnX Award for best new technology in the social learning platform.

While the initial intention of Ngā Manukura o Āpōpō developments was to transfer ownership the e-Portfolio to the sector, at the time of its development, employers and Nursing Council did not see it as their business or responsibility. Since this time (2011), there has been a proliferation of diverse electronic portfolios made available to the sector. Catalyst IT currently hosts the e-Portfolio. The Ngā Manukura o Āpōpō e-Portfolio has demonstrated its place in the market with many nurses, Māori and non-Māori, requesting access to this tool.

Ngā Manukura o Āpōpō produced an options paper exploring various options for the e-Portfolio going into the future.¹³ The option recommended that the e-Portfolio for Māori nurses to be cloned or separated from that available for non-Māori nurses, with the site administration for the latter transferred to the College of Nurses Aotearoa (NZ), and the Ngā Manukura o Āpōpō site be retained by the Northland District Health Board.

The e-Portfolio is available to those Māori nurses who do not have access to an established a Professional Development Recognition Programme (PDRP). The Ngā Manukura o Āpōpō e-Portfolio offers Māori nurses the technology when they are unable to access a District Health Board e-Portfolio.

The e-Portfolio is a tool for nurses to demonstrate competency (which differs from the levels of competency that nurses within the District Health Board settings need to demonstrate). Massey University successfully trailed the e-Portfolio with third year nursing students in preparation for their graduation.

The Ngā Manukura o Āpōpō e-Portfolio is successful and flexible, catering for the various needs of different Māori nurses. Importantly, it offers a multi-media platform that enables Māori nurses to record their evidence in a variety of modes, including orally, visually via photos or video clips, text and copies of records or evidence. A strength of the Ngā Manukura o Āpōpō e-Portfolio is that it belongs to the nurses, unlike other platforms where the portfolio belongs to the organization within which it is hosted.

Is anyone better off?

The Ngā Manukura o Āpōpō leadership membership promotes the use of the e-Portfolios in the clinical leadership wānanga and in other forums when the opportunity arises. While only 16% indicated that they were using the Ngā Manukura o Āpōpō e-Portfolio, some (up to 32% who indicated not applicable

¹³ Options for nurse portfolio service delivery – November 2016.

on the survey) were already using this platform. Half of the survey respondents (50%) had completed an e-Portfolio available elsewhere, such as within the District Health Board. Notably, a quarter (24%) of survey respondents had not completed an e-Portfolio at all (Figure 4).

The availability of Māori nurses to assess portfolios remains low – 18% of survey respondents indicated that they were a portfolio assessor. Only 10% of the survey respondents had undertaken portfolio assessor training, while 10% indicated not applicable were most likely were already an assessor. One thing that became evident across the evaluation interviews was the difficulty nurses and midwives have securing release time to attend workshops and training. Rather than Ngā Manukura o Āpōpō offering face-to-face training that brings participants together in a single venue, consideration should be given to utilising online learning that is augmented by video-conference sessions, in the evening for example. This has the potential to increase not only the accessibility of training but also the desirability of graduates to participate.

Table 7. A Summary of Workstream 3: e-Portfolio

RBA Questions	Outcomes/Criteria	Summary
How much did we do?	Deliver 10 information sessions at leadership wānanga and in other forums	<ul style="list-style-type: none"> Information on the e-Portfolio was covered in the clinical leadership wānanga with each cohort. NMoA leadership group members promoted the NMoA e-Portfolio in a wide variety of forum, when opportunities arose
How well did we do it?	60% of nurses attending an information sessions registered for the e-Portfolio	<ul style="list-style-type: none"> Because of the variety of e-Portfolio platforms that exist, these metrics were difficult to measure. Most nurses utilise e-Portfolios available within the DHB setting that they worked. In retrospect, the indicators set for the e-Portfolio were difficult to measure. The NMoA e-Portfolio provides those nurses the opportunity to complete their portfolios to demonstrate competency for those who do not have access to DHB platforms.
Is anyone better off?	25 nurses complete their e-Portfolio for assessment against Nursing Council competencies 100% of those nurses completing their e-Portfolio demonstrate evidence of competency.	

Because of the variety of e-Portfolio platforms that exist, in retrospect the outcomes/criteria set for the RBA proved difficult to measure with any accuracy. Also observed that most nurses, including Māori nurses, utilise e-Portfolios available within the District Health Board settings that they worked

or have a MoU via their non-DHB employer. Nevertheless, the Ngā Manukura o Āpōpō e-Portfolio provides those nurses without access to DHB platforms the opportunity to complete their portfolios to demonstrate competency (Table 7).

Recommendations – e-Portfolio

Based on the findings of this evaluation, the following recommendations are made to the Ngā Manukura o Āpōpō clinical leadership with regard to the e-Portfolio:

1. Continue making available the e-Portfolio for those Māori nurses who do not have access to a District Health Board portfolio.
 - 1.1. Technology is the way of the future, and the e-Portfolio available through Ngā Manukura o Āpōpō enables those nurses and midwives not working within a District Health Board environment a tool to articulate their practice and competency.
2. Consider the role of Ngā Manukura o Āpōpō in preparing more Māori nurses and midwives as assessors of portfolios, which may include collaborative activities with District Health Boards who already offer assessor training. In terms of making assessor training, consideration should be given to how it could be made available online supported by interactive technology like video-conferencing platforms Zoom¹⁴ or Skype.



Cohort 11 – Tūrangawaewae

¹⁴ Zoom is a video-conferencing and web conferencing service – see <https://zoom.us/>

Summary

The evaluation of the activities Ngā Manukura o Āpōpō have delivered have overall been resoundingly successful, although, there were some difficulties in the measures set for the tuakana-teina and e-Portfolio workstreams that were in reality difficult to capture.

The clinical leadership wānanga for Cohorts 10 through to 13 articulated the benefits this had for them professionally, personally and culturally, which has extended into their undertaking tuakana-teina activities such as mentoring others. The e-Portfolio, while not achieving the reach initially intended, provides a platform and tool for those Māori nurses and midwives who are unable to access District Health Board e-Portfolios. The lack of reach relates to Māori nurses and midwives completing portfolios on one of the many diverse electronic platforms attached to their workplaces now available.

The cohort interviews and the survey results reinforce the value of the activities undertaken by Ngā Manukura o Āpōpō between 2015 and 2016. The focus on developing Māori nursing and midwifery leaders that respects and nurtures them as Māori while providing a safe environment to strengthen the cultural assets they bring to the health sector cannot be under-estimated. An unanticipated consequence of the clinical leadership wānanga is that it appears to be both an intervention and retention strategy for Māori nurses and midwives.

Appendix 1. Summary of Projects Undertaken in Clinical leadership wānanga

PROJECT	DESCRIPTION
COHORT 10	
Improving engagement with Māori whānau in a culturally responsive manner	To identify if Family Partnership communication could be considered a model for culturally responsive nursing practice when delivering Well Child/Tamariki Ora visits to Māori tamariki and whānau.
Tikaka Best Practice	To review how Tikaka Best Practice is demonstrated in the Southern District Health Board focusing on two specific services – Emergency Department at Southland Hospital and 4 th Floor Outpatients Dunedin Hospital. To carry out an audit of Tikaka Best Practice from both clinical settings and review the policies that underpin the clinical implementation.
Manaakitia i taku haerenga: “Embrace me on my journey.”	To develop a clinical pathway to meet the cultural needs of a Māori patient’s journey from entry to the hospital through to discharge at West Coast District Health Board (Greymouth) and Christchurch District Health Board (The Princess Margaret Hospital).
Combined palliative care, heart failure, function clinic proposal	To validate the role of Māori participation and decision making in a proposal for a community-based integrated palliative care/heart failure clinic. This will introduce Māori to the principles of palliative care and improve access to palliative care for Māori with end stage heart failure.
Applying an indigenous health framework to nursing practice	The art of engaging whānau and tangata whaiora in their healthcare is often dependent on the knowledge and understanding the nurse has of whānau health and wellbeing. The Bachelor of Nursing programme offered at Te Mātāpuna o te Matauraka that provides an opportunity for second-year student nurses to become knowledgeable about an indigenous health framework in both theory and clinical application. This framework utilises the hui process as a means to engage with whānau and tangata whaiora and the Meihana Model: clinical assessment framework to utilise in clinical practice.
To attend Well Child/Tamariki Ora visits	To identify if Family Partnership communication could be considered a model for culturally responsive nursing practice when delivering Wellchild/Tamariki Ora visits to Māori tamariki and whānau.
COHORT 11	
Rongoā Māori	Development of a modulated workshop to raise an awareness of Rongoā Māori. A powerpoint presentation alongside a pamphlet/brochure for health professionals to access and serve as a directory on how and where to access Rongoā in Tāmaki Mākaurau.
Pre-diabetes in UAWA	This project was to initiate a planned approach for the whānau of Uawa identified with Pre-diabetes, to encourage and support them to reduce the risk of developing DMT2.

Project “Awhi”	Project “Awhi” is an outreach service that consists of a 0.2 FTE, which would sit inside Ngāti Pikiao and Korowai Hauora Services. Their purpose would be to reduce ‘Did Not Attend’ appointments in Ngāti Pikiao and Korowai Hauora Services.
Project Preconception	Project Preconception was developed to raise awareness of the importance of preconception planning in primary health and thereby reduce risks for women with pre-gestational diabetes and their babies.
Māori midwifery team project proposal for Counties Manukau DHB	This project identifies the need for a Māori Midwifery Team in Counties Manukau DHB, supported by Maternity Reviews and health workforce data. We have established a proposal with a model of midwifery care that offers sustainability for midwives and does not compromise the continuity of care for women. The proposal addresses key factors raised in the Maternity Reviews to improve LMC and continuity of care for women in Counties Manukau DHB. The proposal also identifies the need for funding support needed by DHB to create a successful and sustainable team.
Increasing awareness and education of the effects of diabetes on wounds and wound healing among Māori in NZ	<p>The project aims to:</p> <ul style="list-style-type: none"> • Raise awareness and education on the effects of diabetes on wounds and wound healing; • Increase education and provide up-to-date statistics on the effects of diabetes on Māori in NZ today; • Provide evidence-based research to enhance the knowledge of Māori on the possible effects of diabetes on wounds and wound healing; • Develop a pamphlet for use as an education tool either in the inpatient or rural community setting; and • Introduce an education and informational resource via telecommunication and social media.
Network 64	This project intends to set up a Māori RN Database, which can deliver clinical support for and mentor our Taura Neehi Māori. This is to develop a strong future Māori nursing workforce clinically equipped for future practice. Our targeted stakeholders are Taura Neehi Māori (Manukau Institute of Technology) and Māori Registered Neehi (currently practicing within the Counties Manukau region). The Governance Roopu for “Network 64” consists of four senior Māori South Auckland Registered Neehi who collectively have 64 years of nursing experience between them.
COHORT 12	
Ngā Kahui Rangatira: Palliative care project	The aim of this project is to provide a resource in palliative care that ensures responsiveness to Māori. This will be passed and implemented within St. John of God Hauora Trust (SJOGHT) for Māori and non-Māori. Māori models of health regarding Te Whare Tapa Whā will become the new normal practice within SJOGHT.
Rangatahi project	The objective of this project is to break down barriers for Māori youth to access primary health care by making them aware of what services are available. A directory was created using social media,

	<p>Facebook, as a platform listing health services for youth to have easy access to. It was envisioned that the youth will eventually take over the responsibility of this kaupapa with the hopes that other services will link up with the page.</p>
<p>Operation Lizzy-Nikki</p>	<p>The objective of this project was to enhance performance excellence through the provision of leadership and Māori workforce development within Regional Public Health. The Māori staff morale appears low and disinterested. An injection of positive change and thinking from positive staff to the kaupapa will effect change.</p>
<p>Guideline for orientation pack for Māori patients</p>	<p>To produce a guideline identifying concepts necessary to provide appropriate care to Māori patients. Internal and external resources were sourced as literature reviews. Verbal feedback was gathered from Māori patients, their whānau and my colleagues regarding what they thought was necessary concepts when looking after Māori patients. Five main concepts were identified from the information: pronunciation; the Treaty of Waitangi; cultural safety; Te Whare Tapa Whā, and basic terminology. These concepts will formulate the guideline for staff and included in the orientation packs.</p>
<p>Kaupapa rangahau</p>	<p>This kaupapa reviewed the current pre-operative inpatient and post-operative processes for Māori and whānau undergoing surgery from the patient's perspective within their organisations. The purpose was to identify gaps in the process from pre-admission, surgery, post-operative care and discharge, and to offer recommendations. The project team felt that better access to, and knowledge of, Māori services available within the hospital would significantly improve Māori health outcomes.</p>
<p>Reducing the risk of lower limb amputations</p>	<p>This project focused on reducing the risk of lower limb amputations for Māori with high-risk diabetic foot disease. The aim was to implement a Māori model of health i.e. Te Whare Tapa Whā into education for primary health care nurses for prevention and referral process. The project is still in progress. The next step is to develop and disseminate nationally te reo Māori resources educating Māori on basic foot care for diabetic people. A survey will be conducted for all Māori who come through the podiatry clinic.</p>
<p>Reducing seclusion for Māori</p>	<p>The aim of the project was to review current research and statistics in conjunction with other District Health Boards to collaborate new ideas regarding seclusions reduction and clarify proposed changes to reduce seclusion for Māori. Some of the findings to support the reduction included employing more Māori nurses in healthcare settings, employing a Māori DON, having services delivered by Māori for Māori, having te reo Māori classes available for all DHB staff, and by employing a kaumātua for each inpatient site.</p>
<p>Tū tonu</p>	<p>This project explored issues and possibilities for decreasing wait times to diagnostics for Māori who had cancer. The initial project plan culminated in a presentation to DHB executives requesting resource and support for a working group to explore issues around Māori wait times to diagnostics and make recommendations. The project changed course after initial discussion with key people indicating a lack of support and complexities of the routes to diagnostics. This meant that a solution was then explored outside</p>

	<p>mainstream. A Te Pūtahitanga funding round opened and an application was successful to undertake a feasibility study to explore possibilities for funding diagnostics privately. Members of the Māori community have supported this application.</p>
<p>COHORT 13</p>	
<p>Māramatanga – Cultural competency online learning tool</p>	<p>The aim of this project was to create an electronic toolkit for nurses that supports the integration of cultural competence in nursing practice when working with Māori rangatahi and their whānau to enhance the overall experience in healthcare settings for Māori, therefore improving outcomes.</p>
<p>Student nurse orientation package: Kete to help with clinical placements</p>	<p>This project was designed to deliver and implement a taura orientation tool to be utilised in clinical placement, with the purpose of supporting taura, as prior clinical placements lacked such tools. Feedback from taura was that the tool helped them feel more supported as it provided a structure with guidance regarding clinical placement process, policies and timetable.</p>
<p>Midlands hapū wānanga curriculum launch – train the trainer</p>	<p>The aim was to produce and distribute a high quality Māori-specific pregnancy and parenting curriculum across the Midlands Region for childbirth educators and midwives to use for Hapū Wānanga (antenatal education/classes). The transition between no children to parenthood can be a difficult one and yet a time when parents can be more receptive to health information. Having knowledge, information and helpful parenting skills before birthing a pepi can empower wahine and tane and lead to positive birthing outcomes for all.</p>
<p>Nehi toa – nursing assessment tool relevant for Māori</p>	<p>The aim was to create a Nurse Assessment Tool that is culturally relevant to Māori, making sure that the assessment tool aligns with ‘He Korowai Oranga’ in achieving the best health outcomes for Māori health users and able to be used in a variety of settings. The Nurse Assessment Tool is to record health required information and cultural information to make sure the clients’ health needs are met and that the correct services are in place.</p>
<p>Hikoi for Hope</p>	<p>Hikoi for Hope was a project that raises funds for the community for whānau enduring the cancer journey. Hikoi for Hope is a 12 hour walk around Whakarua Park, Ruatoria for all individuals to have fun, laughter, exercise, whanaungatanga, manaakitanga and awhinatanga. Significant community involvement and support for this project was volunteered, resulting in over 350 people participating and over \$3000 raised. The initiative sparked interest from other parts of the East Coast, with Uawa soon following the same initiative and raising over \$5000 for cancer.</p>
<p>Reducing seclusion amongst Māori at Tumanako Intensive Psychiatric Unit</p>	<p>This project focused on strategies that were put in place to reduce seclusion rates, which has been successful. This work is ongoing as despite the improvements, there are still significant gaps.</p>
<p>Dying with dignity</p>	<p>This project focuses on assisting whānau to help their loved one with a terminal illness die with dignity. A resource booklet is currently being developed for whānau highlighting the pathways at times of need when caring for their whānau member. There are linkages with palliative and hospital services in the Manawatu in the development of the resource.</p>

<p>Smoking reduction – cessation challenge</p>	<p>The premise of this project is to engage a group of motivated whaiora (service users) in a fun and rewarding 8-week smoking reduction/cessation programme. The aim is that each whaiora from two District Health Boards compete for the lowest recorded CO² levels each week. Whaiora are motivated by their own desire to improve their personal results from the previous week and compete for the overall lowest result against the other participants. Whaiora with the best results are rewarded with better personal health outcomes when smoking is reduced or stopped. As a second motivator, the weekly winner is given a gift voucher to be used at a supermarket to purchase kai. At the end of the 8 weeks the overall winner is the person/people with the best results over the longest period of time. That whaiora is given a \$200 supermarket voucher and ongoing confidence and knowledge that positive changes can have rewards and benefits to improve health outcomes.</p>
<p>Whakamana Taiohi</p>	<p>The Whakamaa Taiohi project focused on developing and designing a sexual health and reproduction awareness programme for young predominately Māori offenders, male and female, aged 17-25 who are currently on probation and under the Department of Corrections. The aim was to ensure the young offenders participating in the programme know where to access resources, tools and information that will assist them and their whānau to make informed decisions for their sexual and reproductive health. Ultimately, this will educate and empower them enabling confidence to improve health decisions for themselves and their whānau.</p>
<p>You make me feel like dancing</p>	<p>This project brief was developed with the intention to get people of Māori descent and their whānau who are 50 years of age and older and live in the Hamilton area to socialise more, and increase their daily activity by engaging in a local, already established, dance class/club. An information resource was developed providing people with information regarding services available.</p>

Appendix 2. Guest Speakers on the NMoA leadership wānanga

Guest Speaker	Affiliation	Topic
Professor David McKie	University of Waikato	Leadership
Taima Campbell	Hauraki Health Consulting	Common strategies for engaging clinicians and the workforce
Shelley Campbell	CEO Sir Peter Blake Trust	Leadership insights
Lorraine Hetaraka-Stevens	Nursing Director ProCare; NMoA Advisory Group Member	Clinical governance and Clinical excellence
Dr Mānuka Hēnare	Assoc Dean Māori & Pacific Development; Director of Mira Szazy Research Centre University of Auckland	Traditional and contemporary Māori leadership styles in global settings
Dr Heather Came	Senior Lecturer, Auckland University of Technology	Deconstructing institutional racism
Nandor Tanczos	Consultant	Role of government and policy process
Mana Neho	Director Waimarama Institute for Healing and Education	Cultural competency, Rangatirtanga
Dr Rorohera Ngāpō	Senior Lecturer, University of Waikato	Cultural competency, Being Māori
Ngāhuia Murphy	Director, He Puna Manawa Ltd	Reconstructing stories, ceremonies and practices regarding menstruation in the pre-colonial Māori world
Jade Tamatea	Senior Lecturer, Te Kupenga Hauora Māori, University of Auckland	Clinical governance and Clinical excellence

Appendix 3. Examples of the impact of the NMoA leadership wānanga

CE Update
24 December 2015

West Coast
DISTRICT HEALTH BOARD
TE PEHARI HĀKOLA A ROHĀ O TĀI POUTU

Māori Health

Theatre registered nurse Jo Bentley has just completed the Ngā Manukura o Apopo course, giving her renewed enthusiasm and ideas for championing Māori health.

Of Ngāi Tahu descent, the Invercargill born nurse and mother of three girls applied for the course which roughly translates as "Leaders of Tomorrow", after seeing it advertised on the West Coast DHB's intranet pages.

The course took Jo to the Tuahiwi Marae in Christchurch for eight days over six months and included team building exercises, reading course material, and hearing from guest speakers.

Topics covered included institutional racism, managing staff conflict, being a positive leader and "owning up".

"To be able to care for others in the way we need to, we first need to care for ourselves and identify our own barriers," Jo admits she was quite nervous at the start of the course.

"I don't speak a lot of Māori, I was a new graduate last year, so am quite a junior nurse. But you can become a leader from anywhere, even just in what you do every day. I wanted to set a good example for my girls," she says.

"This course wasn't solely about health, but also self-awareness and owning up to how you portray yourself to others."

One of the course requirements is developing a project to create better health outcomes for Māori patients, and Jo has started working on that, consulting with Māori Health General Manager Gary Coghlan, Director of Nursing and Midwifery Karyn Bousfield and Māori Mental Health Services Manager Mal Robson.

The project utilises "nursing minds and ways of thinking" to ensure Māori patients are receiving the care and resourcing they need. It builds on the cultural competency training nurses receive when they first study, helping to draw that back out and create a holistic cultural care plan, working with the patient at the centre.

Jo can see that when developed, her ideas might be able to be adapted for other cultures as well.

For more information on the Ngā Manukura o Apopo course, visit <http://www.ngamanukura.co.nz>.



Joanne Bentley

24-hour Holter cardiac recorder

The recorder looks for arrhythmia, checking that there are no dangerous palpitations. Results are transmitted to Canterbury via the cloud (it's a network of servers accessed via the internet) and any treatment necessary started in a more timely fashion than previously. The older (and clunkier) version lies on the bed.



Cardiac Physiologist Jackie Sutherland and patient Cheryl Culling with the new 24-hour Holter cardiac recorder. Patients wear the new device over a 24-hour period, keeping a diary to record when they feel any palpitations.

On 5/07/2016, at 4:13 pm, Maryann Wilson <Maryann.Wilson@ara.ac.nz> wrote:

Kia ora Tania & Grant

I thought you might be interested in what Ada and I have developed following completion of the Nga Manukura ō Āpōpō Clinical Leader Programme. The following has grown from our projects we undertook as part of the Nga Manukura ō Āpōpō Clinical Leader Programme.

Ada and I have been working with CDHB staff (New Entry to Practice Programme) with the view of strengthening nursing practice and its response to meeting the needs of Maori. Ara is offering a 3 day Maori Health course as part of the Graduate Certificate in Nursing Practice programme for Registered Nurses and Enrolled Nurses. Delivered in Christchurch and over 3 days – 30th of November -1st and 2nd December. It will explore Health inequities, contemporary Maori health perspectives and models etc., and the application of cultural safety and the Treaty of Waitangi in nursing practice. We think this is a great opportunity to update nursing skills and knowledge in order to meet the needs of Maori.

<image001.png> Ngā mihi
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