PAE ORA, POLICY AND MĀORI LEADERSHIP

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He Mihi

Tēnei au … tēnei au

Te hōkai nei o taku tapuwae

Ko te hōkai nuku

Ko te hōkai rangi

Ko te hōkai a taku tipuna a Tāne-nui-a-Rangi

I pikitia ai ngā rangi tūhāhā

Ki te Tihi-o-Manono

I rokohina atu rā

Ko Io-matua-kore, ko Io-nui, ko Io-rangi

I riro iho ai ngā kete o te wānanga:

Ko te kete tuauri, ko te kete tuatea, ko te kete aronui.

I tiritiria, i poupoua ki Papatūānuku

Ka puta te ira tangata

Ki te whaiao, ki te ao mārama

Whano, whano haramai te tōkī

Haumi e … hui e … taiki e!

Ko Io kai waho kai rōto;

Nikā nei tāu pononga e whakamoemititia.

Nāhau i manaaki ōku whakaaro.

Mā tō manaaki i ahau e tū ai te mana, e wehi ai au ki a koe.

Mei kore ake nei koe ka tutuki au i ēnei mahi.

Ko ōku tīpuna ki ngā taha mātua;

Nā taku hokinga ki te ao marama ki te ewe o taku māmā,

E whakawhanaunga ana tātau i a tātau ahakoa ngā taero ki taku ara.

E mānawanawatia ana!

E ūmia ana!

ka rangona e!

Ko tōku pāpā ko tōku māmā, ka auē tonutia!

Ko au ko kōrua,

Ko kōrua ko au.

Kai hea rā aku tūrangawaewae?

E kiia nei, kai ēnā takiwā e takahia ana e koutou ko ō tātau tīpuna!

Abstract

This independent scholarly project report is about the Māori[1] health workforce and the policy that develops Māori leadership capability in the Māori Health workforce. The report seeks out through the analysis of policy, Māori leadership development for the Māori health workforce and whether national, regional and organisational policy provides adequate or inadequate direction for the organisation and for the Māori health workforce.

Pae ora[2], the Ministry of Health (MOH) vision for improving Māori health, and an enabler for effective Māori leadership, is examined in conjunction with other national and regional policies. Supportive of this examination are 'Document Analysis' and 'Policy Analysis' methodologies that have been used in medical education and which deliver a systematic and structured approach in interrogating and analysing policy.

Unique also to this report is the positioning of Māori leadership relative to ethnophilosophy and kaupapa Māori theories: Māori cosmogony, Polynesian and Māori pūrakau[3] and te reo Māori[4] specific to the indigenous people of Aotearoa, and Eastern and Western Polynesia.

[1] Aboriginal inhabitant, indigenous person, native of Aotearoa New Zealand

[2] Healthy futures

[3] Ancient lore, myth, legend, story

[4] The indigenous language of Aotearoa New Zealand

Originality Declaration

I hereby declare that the work presented in this independent scholarly project report is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where acknowledged in the text and reference pages.

Signed: Date:

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To the Tūruki programme, thank you for the scholarship programme and its contribution to the health workforce: an enabler for the Māori health workforce to contribute to improving Māori health in the region.

'Nā tō rourou nā taku rourou ka ora ai te iwi'

But most of all to my beautiful wife Putiputi for your unconditional love and support for me to complete this programme of study despite your own study and nurturing of our tamariki and mokopuna. You are my source of love and strength and I thank you for being a part of my life:

'E kore e mimiti te aroha mōhau'

Table of Contents

List of Figures, Tables & Appendices

Chapter 1: Introduction

This independent scholarly project report is about the Māori[5] health workforce and the policy that develops Māori leadership capability in the Māori Health workforce. The report actively seeks out through the analysis of policy, Māori leadership professional development for the Māori health workforce and whether current organisational policy provides adequate or inadequate direction for the organisation and for the Māori health workforce.

Pae ora, the Ministry of Health (MOH) vision for improving Māori health, and an enabler for effective Māori leadership, is examined in conjunction with other national and regional policies.

Research question

The research question emerged from my interest in leadership and my professional journey in health and undergraduate/postgraduate studies and the frustration and difficulty to structure a career pathway in the organisation in Māori leadership and management, which was supported politically and organisationally.

The research question for this report is: How does organisational policy develop Māori leadership capability in its Māori health workforce?

Research theory

This report locates the researcher within Kaupapa Māori and Ethnophilosophy research theories and that is; traditions, lore, customs, practises and protocols specific to the indigenous people of Aotearoa New Zealand. The selection of the theories for this report supports my philosophy and that is; positioning postcolonial indigenous research and decolonisation research and methodologies (Smith, 2012) and ethnophilosophy (Chilisa, 2012) as legitimate research theories and where methodology such as language, oral literature and storytelling can be used as "sources of knowledge that communicate other ways of data collection, analysis, and interpretation of the worldviews of postcolonial and indigenous societies" (p.151).

Oral literature, language and storytelling has been used by indigenous researchers such as Chilisa (2012), Smith (2012), Pitama (2002) and Mitchell (1944). For this report, I have made reference to the oral literature of Whatahoro (1913, 1915) that he scribed from the dictation of

[5] Aboriginal inhabitant, indigenous person, native of Aotearoa New Zealand

the eponymous ancestor and tohunga[6] Te Matorohanga. More importantly, the writings of Whatahoro remains just as relevant today and continues to inform the East Coast tribe Ngāti Kahungunu of its history and the lore-of-the-wānanga.

This research is underpinned by the guarantees in the Te Tiriti o Waitangi / Treaty of Waitangi for protecting Māori taonga[7] such as the revitalisation and sustainability of te reo Māori[8] and the protection of tikanga[9] and the hauora[10] of iwi Māori[11]. And for this reason translations of reo Māori and Māori kupu[12] have primarily been drawn from the reference source that was used, and the Māori Dictionary 'Te Aka Māori-English, English-Māori Dictionary 2011'. A common term that has been widely used in this report is the word 'Māori', which translates to 'aboriginal inhabitant, indigenous person, native of Aotearoa New Zealand'.

Aims and Objectives

The aim of this report is to analyse policy that develops the Māori health workforce in Māori leadership. The report examines the political context of leadership and Māori leadership in national and regional policy documentation to identify whether there is adequate or inadequate policy direction for the organisation in developing Māori leadership capability in the Māori health workforce. This report explores also the historical context of Māori leadership that is underpinned by the research theories.

Rationale

This research report is based on my experiences in Māori leadership through numerous programmes, initiatives and people that I have interacted with over a number of years which

[6] Skilled person, chosen expert, priest, healer - a person chosen by the agent of an atua (deity) and the tribe as a leader in a particular field because of signs indicating talent for a particular vocation. Those who functioned as priests were known as tohunga ahurewa. They mediated between the atua and the tribe, gave advice about economic activities, were experts in propitiating the atua with karakia and were experts in sacred lore, spiritual beliefs, traditions and genealogies of the tribe.

[7] Treasures

[8] The Māori language

[9] Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context

[10] Whare tapa wha: physical, mental, spiritual and whānau dimensions of health and wellbeing (Durie, 1994)

[11] Māori people

[12] Māori Words

includes the frustration and difficulty that I have experienced within my profession and career pathway.

I have completed the 'Leadership programme For Māori Working in Public Health' (Digital Indigenous, 2009) and around the same year was employed as a team leader, completed the organisation's management and leadership programme and became part of a leadership team to advance health services that the team was delivering. In 2011, I was selected to be part of a national Māori reference group to reorient a national public health service strategy. And from 2013 to 2016, I completed the National Diploma in Public Sector Management with an endorsement in leadership & development and the Postgraduate Certificate in Health Science also with an endorsement in Health Services Management. I am currently on track to complete a Master of Health Science in 2017. I have been a marae trustee and contributing currently (alongside other whānau[13] leaders) to our hapū[14] vision, goals and strategies on how to improve the hapū and whānau educational, health, social and economic wellbeing. I am currently in my second term as a parent trustee and chair of a Kura-Kaupapa-Māori[15]. I am a director of two companies, a husband, father and grandfather.

It is my belief that Māori leadership is a well-balanced fusion of traditional and contemporary teachings and practises that enable agentic internalisation and shifts in thinking and behaviour. And that when hauora[16] is integrated and nurtured in all facets of a person's life, the potential to flourish is increased exponentially. I argue that Māori leadership is intrinsic to the Māori health workforce and when Māori leadership is valued, acknowledged, accepted and accommodated by the organisation – and employs a combination of Māori and mainstream discourse - personal and organisational agency is strengthened (Hooker, 2015).

[13] Extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society

[14] Sub-tribe

[15] Māori language schooling legislated under the Education Act 1989, Section 155

[16] Whare tapa wha: physical, mental, spiritual and whānau dimensions of health and wellbeing (Durie, 1994)

Independent Scholarly Report Structure

This research report aligns to the traditional thesis structure used by the Eastern Institute of Technology[17] but employs the conventional report structure as prescribed by O'Leary (2013). A Glossary of Terms has not been included in this report for reo Māori[18] and Māori kupu [19]. However, for ease of reading, translations of reo Māori and Māori kupu are available in the footnotes.

Chapter Two begins with the background to this report which examines, through a brief literature review, the historical context of Māori leadership within Māori epistemology and the political context for pae ora[20], leadership and Māori leadership that is contained in policy. Chapter Three describes the research design and approach in this report using policy and document analysis, which includes limitations and ethical considerations of the researcher. Chapter Four conflates the findings and the discussion for ease of reading and includes the historical literature relative to Māori leadership. The chapter also discusses the political context of Māori leadership, the Māori health workforce and supporting policies. And finally at Chapter Five, I conclude with the relevance and importance of this research including recommendations.

[17] EIT Library and Learning Services. Writing a thesis. Retrieved from http://www2.eit.ac.nz/library/ls_guides_thesis.html

[18] Māori language

[19] Words

[20] Healthy futures

Chapter 2: Background

Leadership can be broadly defined as: the action of leading a group of people or an organization; the ability to do this using different styles of leadership; the office of position of a leader; the capacity to lead; or the act or instance of leading. Globally, there is a vast array of scholarly articles, books, journals and online medium that provide hegemonic view-points on leadership (Katene, 2013).

Māori leadership research is sparse (Katene, 2010) hence the examination of Māori leadership within a historical context relative to Māori epistemology, the political context of Māori leadership within the health sector and how Māori leadership in the Māori health workforce is positioned in organisations.

Theory

Historically, research is a Western-European construct that has its own philosophy, principles, beliefs, values and methods. Research for the indigenous research community, on the other hand, has been contentious and as described by Smith (2012) "research is inextricably linked to European imperialism and colonialism ... [and] the ways in which scientific research is implicated in the worst excesses of colonialism remains a powerful remembered history for many of the world's colonized peoples" (p. 1). Indigenous researchers who live within their indigeneity and who practice at the interface between science and indigenous knowledge, should be forever conscious of; accessibility to indigenous populations, research that is informed by indigenous knowledge, and research that is informed by science (Durie, 2004). Chilisa (2012) is also of the same view and strongly encourages indigenous researchers to "conduct research without perpetuating self-serving Western research paradigms that construct Western ways of knowing as superior to the Other [indigenous population being researched] ways of knowing" (p. 7).

Kaupapa Māori Research is one philosophy that is used by the Māori research community. The term 'Kaupapa Māori' has been around since the 1980s and was primarily associated with the struggle to introduce the Māori culture, its rituals and protocols into the education curriulum (Pihama, Cram, & Walker, 2002). Kaupapa Māori, as described by Ruwhiu and Cathro (2014) are "traditional ways of doing, being and thinking that is informed by collective and inter-generational wisdom embodied by Te Ao Māori" (p.4). They go on to say that "At the heart of Te Ao Māori, the Māori world, matauranga Māori refers to the complex systems of traditional knowledge, or tribal epistemologies" (p. 4). Providing a culturally appropriate space for the

Māori health workforce to say what they want is reinforced by Chilisa "It is important to give space and listen to the voices from these historically silenced [indigenous] groups" (Chilisa, 2012, p. 47).

Historical context for Māori leadership

Traditionally, there is a vast amount of pūrākau[21] that is unique and rich to each iwi[22], hapū[23] and whānau[24] in Aotearoa New Zealand. This can also be said about the leadership practises of tīpuna[25] and tohunga[26] and rangatira[27] and its associated tikanga[28] and its interconnectedness to te ao marama[29] and te ao wairua[30] (Shirres, 1997).

As identified by the Health Research Council of New Zealand (2010), tikanga and pūrākau are interconnected and that is "the primary indigenous reference for Māori values and ethics are the creation stories which highlight specific relationships deemed fundamental to the sustainability of life [and that] these relationships are embedded as kawa (primary values) and provide the foundation for the establishment of tikanga" (p.2).

As explained by Pitama (2002), in her report to the Ministry of Justice and Department for Courts, a Māori worldview of Māori cosmogony and Māori concepts can be used to develop policy associated with guardianship for tamariki[31] and access and custody. The connection that Pitama (2002) makes is via Māui-tikitiki-a-Taranga[32] and the various people that Māui was

[21] Ancient lore, myth, legend, story

[22] Tribe

[23] Sub-tribe

[24] Extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society

[25] Ancestors, grandparents

[26] Skilled person, chosen expert, priest, healer - a person chosen by the agent of an atua (deity) and the tribe as a leader in a particular field because of signs indicating talent for a particular vocation. Those who functioned as priests were known as tohunga ahurewa. They mediated between the atua and the tribe, gave advice about economic activities, were experts in propitiating the atua with karakia and were experts in sacred lore, spiritual beliefs, traditions and genealogies of the tribe.

[27] To be of high rank, become of high rank, ennobled, rich, well off, noble, esteemed, revered.

[28] Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context

[29] The world of life and light, Earth, physical world

[30] The spiritual world

[31] Children

[32] Māui was a demi-god; a man with supernatural powers

involved with throughout his life: his birth, upbringing, adulthood and eventually, his death at the hands of Hine-nui-te-pō[33].

Māori leadership 'in the beginning'

In Māori cosmogony, Māori leadership can be traced back to Io[34], the creation of Rangi-nui[35] and Papatūānuku[36] and their separation by atua Māori[37]. It was Tāne-Nui-A-Rangi[38] that persisted, encouraged and led the separation of Rangi-nui and Papatūānuku despite the objection of siblings (Smith, 2012; Whatahoro, 1913).

Whatahoro (2013) explains that Tāne accepted the wero[39] of Io and succeeded in fetching the kete-o-te-wānanga[40], via his chosen pathway, in the Toi-o-ngā-rangi[41]. Tāne had opposition to this challenge from his older brother Whiro[42] who, despite the warnings received about his chosen pathway to the Toi-o-ngā-rangi, failed in his attempt to fetch the kete-o-te-wānanga.

Whatahoro (2013) also explains that Tāne attained the design of the Whare-kura[43] from the Rangi-tamaku[44] and supported the coordination of the building of the first Whare-kura[45] on

[33] Hine-tītama was the eldest daughter of the atua Tāne-nui-a-Rangi and Hine-ahu-one. She had several children to her father, but on learning that her husband was her father she fled to te pō (the underworld) where she receives the souls of the dead and is known as Hine-nui-te-pō

[34] Supreme Being - some tribes have a tradition of a supreme being, which may be a response to Christianity. However, Io occurs in a number of traditions from Polynesian islands, including Hawai'i, the Society Islands and the Cook Islands. This suggests a more ancient tradition.

[35] Atua of the sky and husband of Papa-tū-ā-nuku, from which union originate all living things.

[36] Earth, Earth mother and wife of Rangi-nui - all living things originate from them.

[37] Maori deities

[38] 68th Māori deity of 70. Also known by other names; Tāne-matua, Tāne-whakapiriri, Tāne-mahuta, Tāne-te-waiora, Tāne-te-wānanga.

[39] Challenge

[40] Baskets of knowledge: kete tuātea - basket of ancestral knowledge of mākutu and whaiwhaiā and evil, including war; kete tuauri - kit of sacred knowledge. This basket relates to the creation of the natural world and the patterns of energy that operate behind the world of sense perception and the realm of the tohunga. It includes the knowledge of karakia; and kete aronui - basket of knowledge of aroha, peace and the arts and crafts which benefit the Earth and all living things - one of the three baskets of knowledge. This basket relates to knowledge acquired through careful observation of the environment. It is also the basket of ritual, of literature, philosophy and is sometimes regarded as the basket of the humanities.

[41] Uppermost heaven

[42] 6th Māori deity of 70. Atua of things associated with evil, darkness and death. Whiro-te-tipua is the full name.

[43] Temple of learning

[44] 11th heaven

[45] Temple of learning

earth to house the kete-o-te-wānanga, which included other houses being built for other atua Māori.

Over time, anger and hatred manifested in Whiro[46] so he encouraged and gathered other like-minded atua, who were disturbed with the ill-treatment of their mātua, Rangi-Nui[47] and Papatūānuku[48], and led them in rebellion with one common purpose in mind and that was to wage war and utu[49] on Tāne[50] and his elder brethren. And to this day, Whiro and his allied siblings continue to wage war on Tāne through, for example; Ruaumoko[51] and Tawhirimatea[52] (1913; Winitana, 1992).

Despite the achievements of Tāne, humanistic characteristics and social dysfunction occurred between the whānau atua[53], namely: the separation of the whānau to two different dwelling areas; persistence and strength of whānau members to complete the task at hand; belief that a taina[54] is capable of carrying out a task; and jealousy of tuakana[55] who believe that they have the tapu[56], mana[57], ihi[58] and wehi[59] to complete a task or job (1913).

Polynesian leadership and the saga of the waka 'Takitumu'

Hiroa (1949) and Walker (2004) describe three settlement periods that occurred in Aotearoa New Zealand: the first settlement of migrants occurred between AD 800 and 900. Kupe[60] fits in closely with the first migration as the approximate arrival date for Kupe is around AD 925 (2013). The first settlers were also known as the Moa[61] Hunters (2004); the second settlement of

[46] 6th Māori deity of 70. Atua of things associated with evil, darkness and death. Whiro-te-tipua is the full name.
[47] Atua of the sky and husband of Papa-tū-ā-nuku, from which union originate all living things.
[48] Earth, Earth mother and wife of Rangi-nui - all living things originate from them.
[49] Revenge
[50] 68th Māori deity of 70. Also known by other names; Tāne-matua, Tāne-whakapiriri, Tāne-mahuta, Tāne-te-waiora, Tāne-te-wānanga.
[51] 70th Māori deity of 70. Atua of earthquakes and volcanic activity
[52] 7th Māori deity of 70. Atua of winds, tornados and storms
[53] Family of Māori deities
[54] Younger sibling
[55] Older sibling
[56] Be sacred, prohibited, restricted, set apart, forbidden, under atua protection
[57] Prestige, authority, control, power, influence, status, spiritual power, charisma - mana is a supernatural force in a person, place or object. Mana goes hand in hand with tapu, one affecting the other.
[58] Essential force, excitement, power, charm, personal magnetism - psychic force as opposed to spiritual power
[59] Dread, fear, something awesome, a response of awe in reaction to ihi.
[60] An early Polynesian visitor to Aotearoa New Zealand who returned to Hawaiki
[61] Large extinct flightless birds of nine subspecies endemic to Aotearoa New Zealand

travellers were Toi-Te-Huarahi, a great chief of Hawaiki[62], his grandson Atonga, and Atonga's nephew Tu-Rahui; and the third settlement of Aotearoa New Zealand was known widely as the "great migration" (1949, p.36), which included the waka[63] Takitimu and its captain Tamatea-Ariki-Nui. And as described succinctly by Wikitera (2011), "Māori have a history of being travellers and ocean navigators" (p.1).

The Takitimu (as it is known in Aotearoa New Zealand) was one of the seven waka of the great migration and was captained by Tamatea-Ariki-Nui (Hiroa, 1949). Complementary to this research report, and in acknowledgement of its significant history and its Polynesian connection, the Takitumu waka (as it was known in Eastern Polynesia) and the Takitimu waka is one and the same. And according to Davis (1992) the Takitumu waka had its own whakapapa[64] of name changes and prominent captains from Eastern and Western Polynesia - who were all related to Tamatea-Ariki-Nui in one way or another.

As explained by Davis (1992) the waka originated from Samoa and was initially crafted from the tamanu[65] tree by Orekeu and Oroinano, who were the younger brothers of Atonga. Atonga was of an Ali'i[66] bloodline due to his ancestral connection to his grandfather, Toi-Te-Huarahi. The waka at this point in time had no name however, due to the waka being built at night and the untimely deaths of Orekeu and Oroinano, Atonga completed the building and finishing of the waka and named it **Tārai-Po**[67]. As time passed, Atonga's son Te-Arutanga-Nuku desired Tārai-Po as his own and eventually attained it off Atonga. And on Atonga's gifting of the waka to Te-Arutanga-Nuku, Atonga renamed the waka **Te-Manu-Ka-Rere**[68]. On receiving the waka, Arutanga-nuku named the waka after his wife, **Te-Pori-o-Kare**[69]. Davis (1992) explains that Te-Arutanga-Nuku travelled Polynesia visiting whanaunga[70] on other islands and eventually, gifted Te-Pori-o-Kare to his son Te-Arutanga-Rangi. Te-Arutanga-Rangi was also skilful in sea-travel and eventually reached Fiji where he put down his roots and built a long house for the waka so it could be refitted and over-hauled. Hence the renaming of the waka to **Te-Orau-Roa-Ki-Iti**

[62] Tahiti
[63] Canoe
[64] Genealogy, genealogical table, lineage, descent
[65] Calophyllum inophyllum is a low-branching and slow-growing tree with a broad and irregular crown. It usually reaches 8 to 20m in height. IUCN Red List of Threatened Species 1998. http://www.iucnredlist.org/details/33196/0
[66] Samoan form for paramount chief
[67] Fashioned in the night
[68] The bird that will fly
[69] The beauty of Kare
[70] Relative, relation, kin, blood relation.

(Viti)[71]. As time passed, Te-Arutanga-Rangi's son Ka'ukura acquired the waka however, due to its deterioration, sunk it in the back water of a river in Samoa to cleanse it of sea impurities. And due to it resembling a great sleeping eel, appropriately renamed the waka **Te-Tuna-Moe-Vai**[72]. In time, Ka'ukura re-floated and refitted Te-Tuna-Moe-Vai and travelled widely throughout West Polynesia and East Polynesia moving people and populations, trading food, finery and flora. Ka'ukura after some time eventually settled in Tahiti to establish his own tribe. Ka'ukura's son, Te-Amaru, was also an accomplished sea-captain so in recognition of his seamanship and navigational skills, Ka'ukura gifted the waka to Te-Amaru who renamed it **Numia'au**[73] in recognition of his father's travels, leadership and the remarkable deeds that he did for his whānau[74], hāpu[75] and iwi[76]. After some time, Te-Amaru in turn gifted the waka to his mokopuna[77] Rakanui who gave it to her cousin Tangiia. The waka at this time was renamed **Te-Tika-a-Te-Tuaine**[78] due to Tangiia's feud with his cousin, Tutapu, who wanted jurisdiction over Rakanui's whenua[79]. During one significant fight between them both, and Tutapu's pursuit of Tangiia, Tangiia renamed the waka **Takipu**[80] due to his hasty departure from the island Bora Bora. Notwithstanding, Tangiia eventually subdued Tutapu in Rarotonga and in celebration of Tutapu's defeat, renamed the waka **Takitumu**[81]. The Takitumu was then gifted to Tangiia's mokopuna, Tamatea who in adulthood was to become the ariki[82] known as Tamatea-Ariki-Nui.

In comparison, the Mitchell (1944) version of the Takitimu waka (as it is known in Aotearoa New Zealand) has Tamatea-Ariki-Nui uttering "Let a giant canoe be made and be called Takitimu. We will journey far across the seas to this southern land of which they tell" (p.30). Mitchell goes on to say that the Takitimu was a sacred waka and only "selected chiefs were fit to be carried by Takitimu, these men and the sacred relics of the past" (p.30). Similarly, Hiroa (1949) affirms Takitimu's sacredness in The Coming of the Māori, "Raw food was loaded for the voyage,

[71] The long canoe house in Fiji
[72] The eel that slept in water
[73] Creator of fame
[74] Extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society
[75] Sub-tribe
[76] Tribe
[77] Grand daughter
[78] The right of the sister
[79] Land
[80] Depart in haste
[81] The burden is lifted
[82] Paramount chief, high chief, chieftain, lord, leader, aristocrat, first-born in a high ranking family

because cooked food could not be carried on a vessel that had been rendered tapu[83]" (p.43). Lambert (1998) also describes the sacredness of Takitimu by explaining that;

> Takitimu was a very sacred canoe, not only by reason of the many and varied ceremonies performed over her by the tohunga to render her seaworthy and proof against the waves and tempests of the Great Ocean of Kiwa, but because her chiefs and priests were the repositories of the ancient lore of their race, and it was they who brought much of the old Hawaiikian knowledge taught in the whare—wananga, or lodges of instruction, to the new land of Aotea-roa (p.76).

The journey of Takitumu/Takitimu to Aotearoa New Zealand would not have happened without renowned tohunga[84] Ruawharo, Te-Rongo-Patahi and Tupai. And through this group of tohunga and Tamatea-Ariki-Nui and the marea[85], Polynesian leadership evolved to become the traditional and contemporary Māori leadership that we know of today.

Traditional and contemporary Māori leadership

Traditional and contemporary Māori leadership is linked strongly to Māori culture for example; values and principles of rangatiratangi[86], manaakitanga[87], and katiakitanga[88], all of which have held strong since Māori first populated Aotearoa New Zealand (Pfeiffer & Tapsell, 2010; Wikitera, 2011). Durie (1994) and Katene (2013) both explain that Māori leadership in Aotearoa New Zealand, from pre-European to post-colonisation, is intrinsically linked to Māori development and personal agency. Mead (1979) describes Māori development and leadership in his initial framework for a 'Māui like plan' and that is to "establish a modern leadership system that is based partly on achieved and partly on ascribed status" (p. 3). Similarly, Katene (2013) and Diamond (2003) affirm a 'Maūi like plan', through well-known Māori leaders and their leadership approaches, which is needed for Māori development.

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[83] Be sacred, prohibited, restricted, set apart, forbidden, under atua protection

[84] Skilled person, chosen expert, priest, healer - a person chosen by the agent of an atua (deity) and the tribe as a leader in a particular field because of signs indicating talent for a particular vocation. Those who functioned as priests were known as tohunga ahurewa. They mediated between the atua and the tribe, gave advice about economic activities, were experts in propitiating the atua with karakia and were experts in sacred lore, spiritual beliefs, traditions and genealogies of the tribe.

[85] Multitudes

[86] Chieftainship, right to exercise authority, chiefly autonomy, chiefly authority, ownership, leadership of a social group, domain of the rangatira, noble birth, attributes of a chief.

[87] Service to others. Hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others.

[88] Guardianship and stewardship

Graham (2009) describes Māori leadership through a historical account of the chiefly character of Te Whatuiāpiti - renown warrior, leader, chief and eponymous ancestor of Ngāi Te Whatuiāpiti - and his traditional leadership that was characterised via the Māori creation stories. Furthermore, Graham (2009) discusses transformational Māori leadership exhibited by the many graduates of Te Aute College in Hawke's Bay; "leadership is recognised as playing a significant role in the realisation of Māori potential, the nurturing of this potential and the eventual contribution of this leadership to Māori advancement" (p.316).

In the 1900s, Te Aute College set a strong foundation for new Māori leaders to emerge which included Sir James Carroll, Sir Apirana Ngata, Sir Māui Pōmare and Te Rangi Hīroa (also known as Sir Peter Buck). And whose political interventions helped support the poor health and wellbeing of their people. In the 1950s and onwards, young Māori were leaving their marae communities to seek employment and opportunity in the cities and supported by a busy and thriving public sector, were able to contribute to the economic development of NZ. However, by the 1970s and due to the collapse of trade overseas, high unemployment and institutional racism, new Māori leaders emerged in the form of Māori activism and urban gangs (Pfeiffer & Tapsell, 2010; Walker, 2004). The Waitangi Tribunal and iwi and hapū claims have created further opportunities for contemporary Māori and iwi leadership to emerge through the Government's systemic processes (Pfeiffer & Tapsell, 2010).

Katene (2010) describes Māori leadership as a blend of western leadership theories, which makes up good leadership, using a Māori world-view. Katene (2010) goes on to suggest that Māori leadership, relative to 14 Māori-western theoretical leadership models and the practises of traditional and contemporary Māori leaders, can be defined as;

> Good followership makes for good Māori leadership. That is, without people who are willing to follow there would be no opportunity for anyone to exercise leadership. A good leader paints a picture of some identifiable vision that people have aspirations for and then focuses on motivating, encouraging and supporting people to follow them and a mutually beneficial strategy toward achievement of the common vision. They [leaders] have to prove themselves in service and be open, transparent and accountable to those for whom they serve and with the mandate to lead. Māori leadership is about iwi, hapū, whānau, Māori socio-economic advancement and political influence (p. 13).

Skerrett (2010), discusses pedagogical leadership and the interaction and relational bond between teacher and student that is necessary in order to create student agency and make a

difference in educational outcomes. Importantly, Skerrett (2010) explains that the revitalisation of te reo Māori[89] in Te Kōhanga Reo[90], Kura Kaupapa Māori[91] and Māori-medium[92] in primary schools provides the push for raukura[93] to emerge as potential Māori leaders: to challenge institutional and government inequities which impact on Māori and to advance whānau[94], hapū[95] and iwi[96] wellbeing.

Political context for Māori leadership

Government policy is normally developed within a hegemonic viewpoint where indigeneity doesn't normally feature (Chilisa, 2012; Smith, 2005, 2012) and yet despite each successive government's political agenda and policy and neo-liberal positioning, the Treaty of Waitangi/Te Tiriti o Waitangi continues to make the Government do everything within its stewardship role to afford equitable health and wellbeing for Māori and New Zealanders. Notwithstanding, there's a constant reminder to be vigilant and mindful of inhibitors and barriers such as institutional racism and bias, which increases inequity in organisations (Came, 2014).

Inequity in policy

The New Zealand Government is a member of the British Commonwealth of Nations that was founded on British structures, systems and policies that were established through colonialism, imperialism and colonisation (Chilisa, 2012; Smith, 2012). For that reason, mono-cultural systems and discourse are capable of racism, cultural insensitivity, inequity and discrimination of indigenous health workers and indigenous peoples that receive health services. (Durie, 1994; Nuku, 2013).

Came (2014), supported by counter-narratives from Māori leaders and managers working in public health, describes such structures as policy-related sites of institutional racism. And that is; majoritarian decision-making practices, the misuse of evidence, deficiencies in cultural and political competency, flawed consultation processes, and the impact of Crown filters (pp. 216-218). Came (2014) also offers multi-level interventions on how institutional racism can be

[89] The Māori language

[90] Māori language pre-school

[91] Māori language schooling legislated under the Education Act 1989, Section 155

[92] Māori language schooling legislated under the Education Act 1989, Section 156

[93] Graduates

[94] Extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society

[95] Sub-tribe

[96] Tribe

undone and equitable solutions initiated. Similarly, Phillips (2011) describes individual and institutional racialization and its occurrence at macro-meso-micro levels. And using case studies from education and policing, provides a conceptual way forward through "potential intervention points for policy makers and service providers working towards eliminating inequality" (p. 187). Griffith et al. (2007) explains that institutional racism and organisational change needs to be dismantled via a theory and action intervention. They say that there are four elements of action: increase infrastructure, accountability, and monitoring; develop a common language and analytic framework; reorganise power by strengthening relationships; and create opportunities for individual growth and professional development (p. 386).

'Unconscious bias' and 'implicit bias', which are similar in nature, and based primarily on social psychological science; is about peoples racial labelling of social groups, their bias and prejudice which is generally without awareness and is often at odds to individual's own philosophy and values system hence the difficulty to fight bias in health care (Dovidio & Fiske, 2012). Notwithstanding, strategies and interventions to undo bias and prejudice within policy and health systems, and of health professionals can be developed and implemented (Chapman, Kaatz, & Carnes, 2013; Dovidio & Fiske, 2012).

Leadership in the state and health sectors

In New Zealand, the approach to developing leaders in the state sector required a new approach due to the current government's priorities and targets in providing better public services (State Services Commission, 2013). Research carried out by Pratt & Horn (2014) presented the stimulus for developing leadership and capability development and deployment in the New Zealand State Services. At the same time, the State Services Commission, the Treasury, and the Department of the Prime Minister and Cabinet commissioned another piece of work and that was 'Getting to Great: your map to navigating the straits of internal leadership' (2014). The State Services Commission's latest report (State Services Commission, 2016) offers leadership insights on the development of leaders in the state sectors. At the State Services Commission's website, numerous leadership tools and resources are available. The Commission's three areas of work are: developing people for senior leadership, including functional leadership and key positions; developing and implementing a common set of tools and analytics to assess and develop potential and performance; and attracting and developing new talent for future leadership.

The MOH 'New Zealand Health Strategy: Future Direction' policy (2016b) proposes leadership development as an integral component of 'One team Kotahi te tīma', which is one of the five strategic themes to the strategy. The Ministry of Health states that;

> We need great leaders and managers to enable change. These leaders will make the most of the diverse skills in our system, use resources in the most effective way possible and continuously improve our management processes. Building on the leadership expertise already in the system, we want to foster a culture of adaptive and flexible leadership at all levels, including managers, clinicians and carers from across the health workforce. It is also important that we foster the next generation of leaders (p. 30).

Equally important is the New Zealand Health Strategy Roadmap of Actions (Ministry of Health, 2016c) – the Ministry's five-year action plan – which offers 27 areas of action that are essential for driving transformation across the sector. And one action in particular that relates directly to this report is "build[ing] leadership and manage talent" (p.1).

Pae ora, the Government's vision for health

The MOH Māori health strategy for improving health for the Māori population is via its publication 'He Korowai Oranga Māori Health Strategy' (2002) and 'Guide to He Korowai Oranga Māori Health Strategy' (2014a). The Ministry's overarching aim for Māori health is pae ora, as illustrated in *Figure 1*, and that is;

> Pae ora is the Government's vision for Māori health. It provides a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life. Pae ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high-quality and effective Services. Pae ora is a holistic concept and includes three interconnected elements: mauri ora – healthy individuals; whānau ora – healthy families; and wai ora – healthy environments. All three elements of pae ora are interconnected and mutually reinforcing, and further strengthen the strategic direction for Māori health for the future (p.3).

***Figure 1*. Pae ora framework (from Ministry of Health, 2014a)**

Foundational to this are the Paerangi Lectures that Sir Mason Durie delivered in 2009 at Massey University: Pae Matatū Sustaining the Māori Estate; Pae Ora Māori Health Horizons; and Pae Mana Waitangi and the Evolving State (Durie, 2011, pp. 351-405). The aim of the three lectures was;

> Consider the impacts of demographic change, global transformation, and technological innovation on leadership, the Māori economy, indigenous aspirations and Māori policy. Implications for Māori health, the Māori resource base, and the position of Māori in Aotearoa New Zealand, will be explored within the context of a rapidly changing world where Māori are both challenged and enriched by globalisation (Manu Ao Academy, 2009).

Pae ora, the second lecture that was delivered by Durie, provides the foundation for the New Zealand Government and the health and disability sector to "achieve the best health outcomes for Māori" (2014a, p. 1). Durie (2011) states that the five outcomes of pae ora are:

1. to live in a healthy environment;
2. participate fully in te ao Māori;
3. enjoy balanced lifestyles;
4. benefit from quality education, the wise use of technology and expert opinion; and
5. belong to empowered whānau who are champions of health and wellbeing.
   (p. 405)

The regional literature suggests that some DHBs[97] are well on their way to meeting its obligations in achieving pae ora through the Treaty of Waitangi and improved alignment of Māori health strategies and plans.

The Treaty in District Health Boards

According to the MOH (2014a), the principles of Partnership, Participation and Protection underpin its relationship between the Government and Māori as articulated in the Treaty of Waitangi. And the meaning of the principles for health that the MOH has declared are:

> **Partnership** involves working together with iwi[98], hapū[99], whānau[100] and Māori Communities to develop strategies for Māori health gain and appropriate health and disability services.
>
> **Participation** requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.
>
> **Protection** involves the Government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.
>
> (p.11)

The MOH Māori health policy empowers District Health Boards (DHBs) to implement pae ora, which is inclusive of its aspiration to develop effective Māori leadership (2014a). DHBs are regulated in Aotearoa New Zealand through the New Zealand Public Health and Disability Act 2000 and as such are required to meet specific legislative requirements such as adherence to the Treaty of Waitangi and its functional responsibilities (New Zealand Government: Parliamentary Council Office, 2000) for example, DHBs are:

> To establish and maintain processes to enable Māori to participate in, and contribute to, strategies for Māori health improvement.
>
> To continue to foster the development of Māori capacity for participating in the health and disability sector and for providing for the needs of Māori.
>
> (Section 23)

[97] To maintain anonymity of organisations, these cannot be identified in this report

[98] Tribe

[99] Sub-tribe

[100] Extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society

The MOH negotiates and purchases DHBs health services through a 'statement of intent'. The DHBs statement of intent, when approved by the MOH, describes 'what' the DHB will deliver and how it will perform against its stated intentions.

Demographics of the Māori health workforce

Within the last decade or so, the Government and its health and disability workforce faces numerous challenges that need to be addressed in order to meet the future and diverse health needs of New Zealanders and migrants and the multitude of disparities that are impacting on Māori and Pacific peoples. One major challenge highlighted by the Organisation for Economic Cooperation and Development and brought to the fore by Buchan, Naccarella, and Brooks (2011) is that New Zealand is one of the highest recruiters of overseas health professionals. The World Health Organisation's code of practice on the international recruitment of international personnel (World Health Organisation, 2010) defines what member states like New Zealand must consider for self-sustaining a national health workforce so as not to rely on the international recruitment of health professionals such as doctors and nurses. Accordingly, Health Workforce New Zealand (HWNZ), the government's agency responsible for the development of the New Zealand health and disability sector's workforce, has identified and implemented numerous solutions to combat the challenges that faces the health and disability sector and strategies on how to increase and sustain the health workforce to meet the current and future demands of the New Zealand population (Ministry of Health, 2014b, 2016a).

Māori are under-represented per population base within the majority of regulated health professions (Nuku, 2013). According to the MOH report (2016a), there are: 52,729 nurses of which 6.5% are Māori; 14,678 doctors of which 5.1% are Māori; 2236 dentists of which 2.5% are Māori (2010/2011 workforce survey data); and 3068 midwives (based on 2014 data) of which 9% are Māori. Taking into account the total regional population and the region's Māori population; the regulated Māori health workforce is under represented across the majority of professions.

The unregulated health workforce (collectively referred to as Kaiāwhina[101]), consisted of 62,910 people in 2013, which does not include informal carers, whose numbers exceed 400,000. There is some evidence on what this looks like in regions through quarterly reports: data collected by

[101] The Kaiāwhina workforce roles include people working; in health-related corporate and administrative positions, in drug and alcohol addiction support roles, as aged or disabled carers in residential facilities, and as support workers for older, disabled or injured people living in their own homes. (Ministry of Health, 2016a, p. 22).

the District Health Boards' Shared Services. The unregulated Māori health workforce, many of which hold various titles, role descriptions and responsibilities, are recruited by mainstream and Māori health providers primarily to work closely with Māori communities to effect contracts that are "culturally acceptable ... developed in consultation with Māori … effective in terms of best outcomes for patients, accountable to consumers as well as funders, and able to provide Māori-specific information" (1994, pp. 185-186). Durie (2011) explains that Māori health workers who are culturally-connected are invaluable to the health sector and are instrumental in working at the interface and helping Māori whānau[102] navigate the complexities of the health system and other public sector systems.

DHBs throughout New Zealand are major employers of Māori health workers so Māori health workers are primary contributors to effective Māori health service delivery and contributing to improving Māori Health hence the importance of high quality professional development for the Māori health workforce (1994).

Creating a tika[103] working environment for the Māori health workforce

Ratima et al. (2007) describes five key elements which make up successful workforce development: "workforce development infrastructure; organisational development of health care providers; training and development; workforce information, research and intervention evaluation; and recruitment and retention" (p. 541). Hooker (2015) explains that when Māori workers are culturally satisfied, they will perform well and exceed organisational outcomes. Hooper (2015) also describes Māori worker satisfaction as a pool of equitable human resource and when management strategies - such as making sure that there is a culturally correct working environment, culturally competent managers and Māori peer support - are not in place the organisations effectiveness can be significantly reduced by non-achievement of performance outcomes, withdrawal and exit, turnover of personnel and high costs associated with recruitment and training of new staff.

Burchell and Robin (2011), supports Hooker's claims in building high-quality relationships "between employees and their leaders, between employees and their jobs, and between employees and each other" (p.4). Burchell and Robin (2011) go on to detail the elements that make up a great place to work which are "credibility, respect, fairness, pride and camaraderie" (Figure 1.1, p. 4) and that the critical factor that is born from these elements – through an

[102] Extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society

[103] be correct, true, upright, right, just, fair, accurate, appropriate, lawful, proper

employer perspective and an employee perspective - is trust in the workplace (Great Place to Work Institute, 2000).

The results of the Te Pou o te Whakaaro Nui (2016) survey report suggests that there is a need for seven future workforce development strategies which includes "continue to build Māori and Pasifika leadership in the sector" (p.12). Furthermore, the report highlights an area of future research and that is "identifying current and potential future disability support career pathways [in which leadership is an outcome]" (p.11). An exemplary example of Māori leadership in the Kaiāwhina[104] workforce is Turaukawa Bartlett - a whanau[105] support worker at Te Korowai Hauora o Hauraki (a rural iwi-based health and wellness service) - who won the Maori Future Leader award of the Future Business Leaders Forum; which is part of the multi-sector industry training awards that brings together New Zealand's future business leaders for **Got A Trade week**, the national campaign to raise awareness of the careers that exist in 140 trades and services in New Zealand[106].

[104] The Kaiāwhina workforce roles include people working; in health-related corporate and administrative positions, in drug and alcohol addiction support roles, as aged or disabled carers in residential facilities, and as support workers for older, disabled or injured people living in their own homes. (Ministry of Health, 2016a, p. 22).

[105] Extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society.

[106] Workforce in Action website: Developing the health and disability Kaiāwhina workforce. Retrieved from http://www.workforceinaction.org.nz/2016/09/29/kaiawhina-triumph-at-future-business-leader-awards/

Chapter 3: Research Design and Approach

The research design and methodology for this report is underpinned by ethnophilosophy and kaupapa Māori theories (Chapter 1). The approach employed is policy analysis and document analysis.

Policy analysis

The policy analysis employed in this research report is based on Musick's policy analysis framework (Musick, 1998) which delivers a systematic and structured approach to interrogating and analysing policy. The framework, developed for analyzing medical education policy, enables interrogation of different aspects of a policy. Musick's development of the policy was founded on his review of the literature which identified that in medical education there was no methodological, rigorous and structured approach to guide decision-makers in the analysis of policy. The Nursing Council of New Zealand (2010), in their evaluation of the Continuing Competence Framework, used an adaptation of Musick's framework to analyse key council policy documents.

Illustrated in Table 1 is an adapted policy analysis framework that was used, which includes two additional components specific to Aotearoa New Zealand's health context. The policy analysis framework (Appendix 1) catalogues the policy analysis that was undertaken with seven policy documents.

Table 1
Policy Analysis Framework

Component	Critical inquiry
Conceptual:	What are the core concepts under discussion? How are they defined? What are their measurable outcomes
Normative:	What "ought to be" true in regard to the policy? Do current views of key people or groups differ?
Theoretical:	Within what theoretical framework(s) does the policy fit?
Empirical:	Are there research studies in the literature which could prove helpful in illuminating Māori leadership? What important facts can we glean from these studies?
Economic:	Will it be necessary to add new operational structures for Māori leadership? What resources would be needed? Are resources available for this to occur?

Political:	Is it politically feasible to implement Māori leadership structure/programme as a course of action which will result from the policy?
Cultural:	How are different organisational, racial, gender and/or professional cultures within the organisation affected by the policy? Is the policy based on a sense of fairness or equity to the Māori health workforce? Is there Māori leadership development opportunities for the Māori health workforce?
Ideological:	How are the ideological and informational aspects of the policy interwoven? Do various parties participating in the policy development process bring strong ideological frameworks into the discussions?
Historical:	Does the proposed policy have a history within the institution? Have previous attempts been made to address Māori leadership in the organisation? If so, what was the result? What can be learned?
Logical:	Are statements made in the policy logically sound? Do they avoid illogical or faulty inferences? Can they withstand rigorous scrutiny by a "neutral" party
Pae ora:	Are there statements or outcomes or actions specific to the achievement of pae ora?
Treaty of Waitangi:	What does TOW Protection, Participation and Partnership look like?

Note. Policy analysis in medical education: A structured approach. Framework adapted from Musick, 1998.

Document analysis

This report began with a brief literature review which was captured through the historical and political context relative to Māori leadership. This report then situated itself on the analysis of policy. The research method that was employed to support policy analysis in this report was "Document Analysis" (Bowen, 2009; O'Leary, 2013).

O'Leary (2013) describes document analysis as the "collection, review, interrogation and analysis of various forms of written text as a primary source of research data" (p. 250). Similarly, Bowen (2009) describes document analysis as "a systematic procedure for reviewing or evaluating documents – both printed and electronic (computer-based and internet-transmitted) material" (p. 1). According to Bowen (2009), document analysis involves "skimming (superficial examination), reading (thorough examination), and interpretation" (p.32). He goes on to explain that document analysis is a combination of 'content analysis' and 'thematic analysis. Content analysis enables the interrogation of policy and it's organizing of information into categories that

is based on the central research question. Thematic analysis on the other hand is “a form of pattern recognition within the data. This process involves a careful, more focused re-reading and review of the data” (p.32). In Table 2 is the inquiry that was used to support the de-construction of policy documents.

Table 2
Thematic and content inquiry

What am I going to call it?	Māori Leadership.
How am I going to define it?	Leaders who are 'Māori', who work at all levels in the organization, who are 'regulated' and 'non-regulated' health workers, who practice within a Māori world-view and who are recognised, acknowledged and/or remunerated by the organization for transforming and sustaining 'effective Māori leadership'.
How am I going to recognize it in the data?	When the policy explicitly says "Māori leadership" or "Māori leadership development" or "developing Māori leaders" or "development of Māori leadership" or similar.
What do I want to exclude?	Attributions of clinical leadership or positional leadership (e.g. team leader, service manager, general manager, CEO).

Note. Adapted from Bowen, 2009

Advantages and limitations

The evidence suggests that conducting policy analysis and document analysis only without using any other methods of gathering data (such as interviews and surveys), brings its own advantages and limitations. Bowen (2009) identifies seven advantages with document analysis and that is: efficient method; availability; cost-effectiveness; lack of obtrusiveness and activity; stability; exactness; and coverage. Notwithstanding, Bowen (2009) does outline disadvantages and that is: insufficient detail; low retrievability; and biased selectivity (pp. 31-32).

Ethical considerations

I am conscious that the Māori health workforce and other Māori stakeholders have not contributed to the development of this report and as such, further research will need to occur to triangulate the findings and recommendations contained in this report.

I am an employee of the organisation that this research report is about hence the need for objectivity when interrogating, analysing, interpreting and reporting on organisational policy. I am aware not to bring disrepute to the organisation. But to create agency for the organisation and its policy and health system, and its Māori healh workforce. I have endeavoured to maintain a high standard of ethical practice through; justice, anonymity and privacy, confidentiality and veracity (Beauchamp & Childress, 2009). The credibility and trustworthiness of data was also discussed with my supervisor.

I am Māori so have also aligned this research report to the guidelines on ethical research involving Māori (Health Research Council of New Zealand, 2010) and in particular, its appendix 'Te Ara Tika. Guidelines for Māori research ethics: A framework for researchers and ethics committee members'. I have endeavoured to eliminate personal biases when carrying out research in this report through the use of tikanga: the principles of whakapapa[107], tika[108], manaakitanga[109] and mana[110], which are "the primary ethical principles in relation to research ethics" (2010, p.28).

Approval for carrying out the research report included an ethics proposal and ethics application to the EIT Research and Ethics Approval Committee.

[107] Relationships

[108] Research design

[109] Cultural and social responsibility

[110] Justice and equity

Chapter 4: Findings and Discussion

In this chapter I have conflated the findings and discussion for ease of reading. The findings are drawn from the historical and political context of Māori leadership and the analysis of national, regional and organisational policy documents. The findings and discussion have been structured into the following headings:

- Strengthening Māori leadership for pae ora
- State sector leadership
- Regional and organisational leadership

Strengthening Māori leadership for pae ora

The literature review found accounts of leadership in the purākau[111] of Whatahoro (1913, 1915) and the literature of Davis (1992) Graham (2009) and Katene (2013). The review included exemplary examples of Polynesian and Māori leadership by traditional and contemporary Māori leaders who sought better conditions for Māori people through Māori development (Durie, 1994; Walker, 2004) and Māui-type plans (Mead, 1979) in order to advance the social and economic development of their people. Based on the research of Katene (2013), Māori leadership is a synthesis of traditional-western leadership concepts. The evidence also suggests that the traditional interpretation of Māori leadership in this report is founded on tikanga[112] concepts and principles of rangatiratanga[113] manaakitanga[114], and kaitiakitanga[115] (Pfeiffer & Tapsell, 2010).

The MOH Guide to He Korowai Oranga: Māori Health Strategy 2014 (2014a) was developed as an update to the Ministry's Māori health strategy (2002). Developed from a range of submissions from stakeholders, this guide provides a framework for the government and everyone working in the health and disability sector for achieving the best outcomes for Māori. Special mention of DHBs is made in the guide and that is; for DHBs to consider, in their planning and in meeting

[111] Ancient lore, myth, legend, story

[112] Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context

[113] Chieftainship, right to exercise authority, chiefly autonomy, chiefly authority, ownership, leadership of a social group, domain of the rangatira, noble birth, attributes of a chief.

[114] Service to others. Hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others.

[115] Guardianship and stewardship

statutory objectives and functions, the guiding framework. The guide is strongly influenced by the government's expectations for improving Māori health through continuous quality improvement in the development, design and delivery of services for Māori. The guide is based historically on whānau ora[116] philosophy and Government policy which remains extant but broadens the improvement of Māori health via pae ora[117]. Likewise, the MOH is committed to Māori leadership through its Māori health strategy and its vision of achieving pae ora. Considering also that some organisational Māori health strategies and plans reflecting pae ora were found, it can be concluded that pae ora is being implemented in some MOH regions.

This guide (2014a) states that "effective Māori leadership is critical for setting the foundation for pae ora and improving Māori health outcomes for the future" (p. 12). Furthermore, the guide discusses leadership as one of the core components to strengthening and improving Māori health, which involves the provision of leadership for individuals, whānau, local Māori and iwi leaders as well as leaders at each level of the health and disability sector. The MOH defines the outcomes of Māori leadership in the guide as;

> Effective Māori leadership is critical to setting the foundation for pae ora and improving Māori health outcomes into the future. Supporting this leadership involves empowering individuals, whānau members, local Māori and iwi leaders as well as leaders at each level of the health and disability sector to champion pae ora and achieve health equity. As part of enabling excellence in clinical care, effective Māori leadership is required to support health services to be accountable for continuing quality improvement. The effective use of Māori leadership supports services to deliver culturally responsive health care for Māori and safeguards high standards of care. Investment in building the capacity and capability of the Māori health workforce is vital to fostering effective Māori leadership. Although Māori leadership in health is essential, improving Māori health is also the responsibility of everyone working in the health and disability sector. This includes people taking a leadership role across the whole health system to improve Māori health
> (2014a, p. 12).

The MOH 'Whakapuāwaitia Ngāi Māori 2030 Thriving as Māori 2030' (2012) document is a report that was initiated by the MOH and HWNZ to review Māori health workforce development

[116] Healthy families
[117] Healthy futures

in Aotearoa New Zealand – alongside other NZ health workforce development service reviews – to establish a 2030 vision. This report was developed from a wide range of Māori and non-Māori consumers, academics and professional stakeholders working within the area of Māori health workforce development. This report is supportive of developing Māori leadership and the Māori health workforce and the development of effective cultural practice by the health workforce in cultural competency and Māori cultural competency. This report also describes numerous workforce solutions and approaches in developing Māori leadership.

An extension of this report, which is outlined at Chapter Two, is the Kaiawhina[118] Workforce Action Plan: 5-year Actions 2015-2020 – Toward the 20-year Vision (Health Workforce New Zealand. & Careerforce New Zealand., 2016), which explicitly describes the leadership outcome and actions for Kaiāwhina as;

> Learning and skills development support Kaiāwhina aspiring to leadership roles. The outcome has two actions: provide tools and knowledge to organisations to recognise and embed achievable leadership and management pathways that are sustainable and recognised in their workforce development plans; and develop relevant and accessible programmes that support the development of leaders within organisations that lead to the award of New Zealand qualifications.
> (p.2).

Discussion

Strengthening Māori leadership is one of the MOH core components for pae ora; which supports Māori development and developing a 'Māui like plan' for health. The MOH outcomes for effective Māori leadership in the health sector has been defined fairly well. However, what is not clear or defined currently in policy documentation in this report is, 'what is Māori leadership?' Whilst the main outcome of this research report may not have any direct relevance to Māori, defining what Māori leadership is and what it may look and feel like could be of value and advantageous to the MOH, HWNZ, Careerforce NZ, agencies and health organisations, who are responsible for developing Māori leadership capability in the Māori health workforce.

[118] The Kaiāwhina workforce roles include people working; in health-related corporate and administrative positions, in drug and alcohol addiction support roles, as aged or disabled carers in residential facilities, and as support workers for older, disabled or injured people living in their own homes (Ministry of Health, 2016a, p. 22).

The evidence shows that Māori leadership is a blend of Western-Māori leadership concepts and tikanga[119]. And the unrealised benefit and collective impact that would manifest could be: the potential to transform national, regional and rohe[120] leadership; develop and implement leadership that is 'Māui-like' and 'tikanga-centered' for the Māori health workforce (or in fact, for the whole-health workforce); enhanced Treaty of Waitangi partnerships; and agentic shift in current managers and leaders internalisation of leadership and their exercise of leadership. But most importantly, substantially enhance the health sector's and organisations' pathway to pae ora and improving the health and wellbeing of the Māori population.

State sector leadership

In Aotearoa New Zealand, leadership is 'state-wide' and is driven by the Government through the State Services Commission to improve better public services (2013). Consequently, the MOH and its agencies are developing system-wide leadership and talent management, and adaptive and flexible leadership for managers, clinicians and carers. The MOH New Zealand Health Strategy: Future Directions document (2016b) locates the MOH in a stewardship role, and is supported by the Ministry's Māori Health Strategy He Korowai Oranga (2002) and its recent update, Guide to He Korowai Oranga: Māori Health Strategy 2014 (2014a). This strategy was derived from a range of submissions from stakeholders, recognises the principles of the Treaty of Waitangi and the importance of the MOH Māori health strategy and plan, and pae ora. This strategy discusses the need for system-wide leadership and talent management and adaptive and flexible leadership at all levels which includes managers, clinicians and carers from across the health workforce.

The literature also suggests that institutional racism and unconscious and implicit bias does exist within mainstream policy hence the need for Māori-centric quality improvement solutions to be strategically positioned and operationalised in organisations in order to minimise and eliminate these types of barriers.

Discussion

The Government has stated clearly what its intentions are for leadership in the state sector and its state services departments. Likewise, the MOH has followed suit and even though the Ministry has stated the importance of pae ora, developing the Māori health workforce in Māori

[119] Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context

[120] Iwi regions

leadership has not been stated in this strategy. Notwithstanding, a window-of-opportunity may exist in the MOH articulating in this strategy 'adaptive and flexible leadership at all levels' and the 'importance of pae ora'. The challenge for organisations may be how it interprets what the MOH has stated in this strategy and what it may look like in organisational strategies and plans. The difficulty for the MOH on the other hand, may be inconsistency and lack of standardisation in leadership that may become evident across the whole health sector.

Regional and organisational leadership

The region's health system strategy is historically-based and was developed from a range of feedback from across the region. This strategy aligns to regional health informatics and the Primary Healthcare Strategy and commits the regions health organisations to government targets and the effective use of Health Vote funding. The strategy's approach is to further develop and improve the region's health system (inclusive of health providers and organisations) and includes having Māori engaged at each level of the sector to assist in planning and delivery of services. This strategy has a strong emphasis on; clinical leadership and talent management, cultural responsiveness training and creating better relationships with Māori providers, marae[121] and Treaty settlement groups. And despite this, pae ora and workforce development for the Māori health workforce in Māori leadership is not stated in this strategy.

The organisation's Māori health workforce development strategy developed in 2014 is based historically on earlier strategies. This strategy aligns to key Government and regional strategies and the MOH Whakapuāwaitia Ngāi Māori 2030 Thriving as Māori 2030 report (2012). This strategy also makes mention of the MOH He Korowai Oranga Māori Health Strategy (2002) in that it was being refreshed at the time this strategy was being developed. There is a strong emphasis on cultural competency and building the capability of the non-Māori health workforce and commits all organisational services and the NGO sector to its cultural responsiveness framework. This strategy restates commitment to reducing disparities in health outcomes for Māori through increasing the numbers in the Māori health workforce. However, despite the organisation's inference to Whakapuāwaitia Ngāi Māori 2030 Thriving as Māori 2030 (2012) developing the Māori health workforce in Māori leadership is not stated in this strategy.

The organisation's Māori Health Strategy is based historically on previous organisational strategies and was developed from a range of submissions from stakeholders and references

[121] Courtyard - the open area in front of the *wharenui*, where formal greetings and discussions take place. Often also used to include the complex of buildings around the *marae*.

key national and regional strategies. This strategy discusses the achievement of whānau ora[122] through strengthening partnerships with iwi[123] and hapū[124] treaty claimants and other key stakeholders. This strategy is collaborative and focused on: more efficient use of resources; workforce development; provider capability and capacity; and awareness of all health and wellbeing work. Furthermore, this strategy includes the development and promotion of cultural competency, and the cultural responsiveness of everyone across the regional health sector. That aside, development for the Māori health workforce in Māori leadership is not stated in this strategy.

The organisation's Māori health strategy annual plan expands on the organisation's Māori Health Strategy. This plan is primarily focused on increasing the number of Māori employees in the organisation and raising the cultural competence across the health workforce. This plan builds on improving Māori health through the achievement and non-achievement of previous annual plans and setting new Māori health targets in organisational service areas. This plan also discusses the organisation's Māori partnership board's input into the plan and its leadership and monitoring of the plan via quarterly monitoring reports and monthly non-performance reports. While this is the case, professional development for the Māori health workforce in Māori leadership is not stated in this plan.

Discussion

Four key organisational documents provided the data for analysis in this report. In all documents, developing the leadership capability of clinicians, team leaders and managers, and the community was important. Two significant omissions from all documents were; Pae ora[125], the MOH vision for achieving Māori health, and developing the Māori health workforce in Māori leadership. As identified earlier, the challenge for the organisation moving forward may be how the organisation interprets and defines what the Ministry has articulated in key strategic documents, and what this could look like in future updates of regional and organisational strategies and plans.

Summary

To sum up, as identified in the literature review and in the majority of policies that were analysed, mainstream leadership discourse is the norm in the state sector, its departments and

[122] Healthy families
[123] Tribes
[124] Sub-tribes
[125] Healthy futures

health and disability organisations. The evidence shows that Māori leadership and developing the Māori leadership capability for the Māori health workforce is absent in the majority of national, regional and organisational documents that were examined in this report, and that documentation may need to be updated to reflect MOH policy and strategy.

More importantly, is the inequity that was identified hidden within the findings and the discussions and that is, the preferential support of mainstream leadership – system-wide leadership and talent management, clinical leadership, manager and team leader, and community leadership – as opposed to Māori leadership for the Māori health workforce.

Chapter Five: Conclusions

Kaupapa Māori and ethnophilosophy theoretical approaches and blended research methodologies can be used to inform the improvement in policy. And although not widely used or accepted within mainstream, provides potential benefits for the organisation as well as the Māori health workforce.

Implications and significance

Pae ora, the New Zealand Government's vision for Māori health, is the MOH framework for advancing whānau ora to the next stage. The MOH The Guide to He Korowai Oranga: Māori Health Strategy (2014) presents the 'living' framework for the development, implementation and improvement of Māori health. Leadership and Māori leadership are core components of the Māori health strategy and are essential for improving Māori health and critical to setting the foundation for pae ora. Unfortunately, pae ora does not feature in regional and organisational strategies and plans.

Notwithstanding; national and regional policy documentation, health systems and people have experienced inequities in the form of institutional racism and bias hence the need for organisations to be vigilant and active in establishing Māori-centric solutions to mitigate inhibitors and barriers to improving the Māori population. The evidence suggests that quality improvement is integral to increasing equity in organisational policy, the health system, projects, and programmes and in human resource development. One significant inequity hidden in the majority of documents is the preferential support of mainstream leadership – system-wide leadership and talent management, clinical leadership, manager and team leader, and community leadership – as opposed to Māori leadership for the Māori health workforce.

The research in this report indicates that Māori leadership is directly related to Māori cosmogony, Māori pūrākau [126] and Polynesian leadership, which correlates with Māori development and contemporary Māori leadership. And according to this report, is a fusion of Western-Māori concepts. The evidence shows that tikanga[127] and a Māori worldview has been

[126]Ancient lore, myth, legend, story

[127] Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context

used by one Ministry to inform and develop policy involving the guardianship of children, custody and access.

To conclude, state sector policy is generally developed by way of a mainstream worldview and informed most of the time via consultation with Māori. Politically, there is adequate policy for the state sector and for the MOH to implement mainstream leadership sector-wide. Notwithstanding, there is inadequate documentation to define what Māori leadership is in order to achieve pae ora and in particular, Māori leadership outcomes. In addition, the organisational and regional strategies and plans that were examined do not align to pae ora and as such, is inadequate for guiding the organisation and the Māori health workforce in developing Māori leadership capability.

Limitations

The research design and approach helped to answer the research question however, the methodology that was used – policy and document analysis – had its own limitations, which were outlined in Chapter Three; insufficient detail, low retrievability and biased selectivity. A further limitation that was identified for this research is that the policy analysis sample is for one organisation only.

Recommendation

Further research to triangulate the data that was found on this research topic.

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Appendix A
Analysis of policy documents

Components of framework	MOH NZ health strategy - future directions	MOH Whakapuāwaitia Ngāi Māori 2030 Thriving as Māori 2030 report	MOH Guide to He Korowai Oranga Maori health strategy (2014)	Organisation Māori health workforce development strategy	Organisation Māori health strategy	Regional health system framework strategy	Organisation Māori health workforce annual plan
Conceptual: what are the core concepts under discussion? How are they defined? What are their measurable outcomes	Only system-wide leadership and talent management stated	Maori workforce development which includes developing Maori in leadership	Overarching framework to guide the Government and the health and disability sector to achieve the best health outcomes for Māori.	Operationally and strategically developing Māori health workforce capacity and capability and improving the cultural competency of the non-Māori health workforce.	Provides a framework that will guide the sector in responding to our population, delivering consistent high-quality health care, and being more efficient through more effective partnerships with our	Strong emphasis on clinical leadership and talent management.	Focus on engaging better with whanau which includes community leadership development
Normative: What "ought to be" true in regard to the policy? Do current views of	Strategy developed from a range of	Developed from a wide range of consumer, academic and	Policy developed from a range of submissions from stakeholders. DHBs in particular	Hospital and community providers and individuals	Māori communities Policy developed from a range of	Strategy developed from a range of	Direct alignment to the organisation Maori health strategy. Maori relationship board

key people or groups differ?	submissions from stakeholders	professional stakeholders working within the area of Maori health workforce development	should consider He Korowai Oranga in their planning, and in meeting their statutory objectives and functions for Māori health	involved in the consultation and development	submissions from stakeholders	feedback across the region	involved in its development
Theoretical: Within what theoretical framework(s) does the policy fit?	NZ Health and Disability Act 2000	Key Maori & non-Maori leaders within the public sector co-creating collaborative impact & agency in the Maori health workforce	Whanau Ora - the philosophy and the policy	Alignment to national and regional regulatory strategies and plans	Key policy influences HKO and Whanau Ora, MOH strategy, SSC and Iwi runanga	Aligned to regional health informatics and primary healthcare strategy	Whanau Ora and region's 5-year framework
Empirical: Are there research studies in the literature which could prove helpful in illuminating Maori leadership? What important facts can we glean from these studies?	Strategy provides a stewardship role for MOH. Some leadership roles identified throughout the system	Literature from Maori providers and professionals has informed Maori leadership development. Some of this is based on empirical research	Literature on Maori development & leadership and whanau ora has informed the development of the policy	Reanga New Zealand Consultancy Ltd, (2012). Whakapuawaitia Ngai Māori 2030: Thriving as Māori 2030 stated	Makes reference to Whanau Ora policy and work		
Economic: Will it be necessary to add new operational structures for Maori leadership? What		High-level only - establishment of a National Māori Health &	Investment in planning, resourcing and evaluating the effective use of Maori leadership support	Coord of funding pools is a priority ie HWNZ,	Strategically focused on more efficient use of resources; workforce		

resources would be needed? Are resources available for this to occur?		Disability Workforce Development Centre of Excellence.	services to deliver culturally responsive health care for Maori and safeguards high standards of care	Pumau Whakapakari and Maori Provider Development Scheme.	development, provider capability and capacity and awareness of all health and wellbeing work. Māori leadership for the Māori health workforce not stated.		
Political: Is it politically feasible to implement Maori leadership structure/programme as a course of action which will result from the policy?		Maori leadership programmes (and other) currently delivered nationwide and funded by the MOH. The policy also provides future-direction for the HWNZ	Govt will continue to measure and monitor progress in Maori health and national, regional and local levels in order to drive continuous quality improvement in the development, design and delivery of services for	Direct alignment to the NZ Triple Aim model	Supported by numerous Govt and agencies policies and strategies	Committed to Govt targets and effective use of Health Vote funding	
Cultural: How are different organisational, racial, gender and/or professional cultures within the organisation affected by the policy? Is the	Discusses cultural development within the health system and in quality and safety improvement,	Emphasis on effective cultural practice by the health workforce through cultural competency (coupled with clinical	Mandated by NZ Public Health Disability Act 2000, which recognises the principles of the Treaty of Waitangi and a need to improve	Strong emphasis on cultural competency and the 'cultural responsiveness framework' - Treaty of Waitangi	Strategic activity on workforce development and includes developing and promoting cultural competency and	Commits to cultural responsiveness training, recruitment and cultural and structural	Improved targets in achieving Maori cultural competency

policy based on a sense of fairness or equity to the Māori health workforce? Is there Māori leadership development opportunities for the Māori health	and foster a culture of adaptive and flexible leadership at all levels, including managers, clinicians and carers from across the health workforce	competency) and Maori cultural competency.	health outcomes for Maori	Responsiveness Framework - and building the capability of non-Maori health workforce	using the Treaty of Waitangi Responsiveness Framework as a support and monitoring tool across the whole-health sector	changes to the health system	
Idealogical: How are the ideological and informational aspects of the policy interwoven? Do various parties participating in the policy development process bring strong ideological frameworks into the discussions?	Discusses culture of adaptive and flexible leadership at all levels, including managers, clinicians and carers from across the health workforce. It is also important that we foster the next generation of leaders. (p.30)		Guides the Govt and the health and disability sector tto achieve the best health outcomes for Maori	Firm commitment to reducing disparities in health outcomes for Maori through increasing the Maori health workforce. Notwithstanding developing Maori leadership capability is not stated	Discusses the achievement of 'Whanau Ora' through strengthening partnerships with Maori/Iwi, inter-sectoral collective impact and having Maori engaged at each level of the health sector to assist in planning and delivery of services	Transformational approach to organisational & health sector/system development	

Historical: Does the proposed policy have a history within the institution? Have previous attempts been made to address Maori leadership in the organisation? If so, what was the result? What can be learned?	Builds on The NZ Health Strategy 2000 and He Korowai Oranga 2002	The policy has been overseen and guided by the Māori Health Review Workforce Expert Steering Group	Expands the aim of He Korowai Oranga from whānau ora to pae ora – healthy futures.	Makes inferences to key providers and strategies. Also extends on two previous Maori health workforce development strategies	Builds on previous Maori health strategies		Builds on improving Maori health via previous annual plans and improved Maori health targets within service areas
Logical: Are statements made in the policy logically sound? Do they avoid illogical or faulty inferences? Can they withstand rigorous scrutiny by a "neutral" party?	Strong emphasis on 'stewardship role of MOH' and 'improvement of the health system'	Maori leadership is one of many components that has been identified for sustaining a Maori health workforce and improving Maori health outcomes		Strong emphasis on developing a sustainable Maori health workforce	Primary emphasis is on Whanau Ora and responding to community development, leadership and communication	Strong emphasis on developing clinical management and leadership.	Emphasis on increasing the number of Māori employed at the DHB and raising the cultural competence across the workforce
Pae ora: Are there statements or outcomes or actions specific to the achievement of pae ora?	Discusses the importance of the policy for Maori alongside the Maori Health Strategy He Korowai Orangi and Pae	Developed prior to the update of HKO 2014	States that "Pae ora is the Government's vision for Māori health"	States that He Korowai Oranga "was being refreshed by the MOH at the time [this strategy] was developed"			

	Ora - healthy futures.						
Treaty of Waitangi: What does TOW Protection, Participation and Partnership look like?	Reinforces the provisions in the New Zealand Public Health and Disability Act 2000 to recognise and respect the principles of the Treaty of Waitangi with more support to participate in the sector and in making decisions on services.	The Treaty is transparent throughout the policy - participation, partnership and protection	The policy is strengthened by core components which includes: the Treaty of Waitangi principles; quality improvement; knowledge; leadership; planning, resourcing and evaluation; and outcome/performance measures and monitoring	Commits all organisational services and NGO sectors to a Treaty responsiveness framework and action plans that improve the quality of responsiveness of their services for Maori	Discusses a Treaty responsiveness framework, monitoring the progress of hapū treaty settlements,	Discusses creating better relationships with Treaty settlement groups, Maori providers and marae. Cultural responsiveness training. Increasing the Maori health workforce.	Maori partnership board leads the Maori health strategic direction via 1/4 monitoring reports and monthly non-performance reports.

Framework informed by Musick (1998) Policy analysis in medical education: A structured approach.