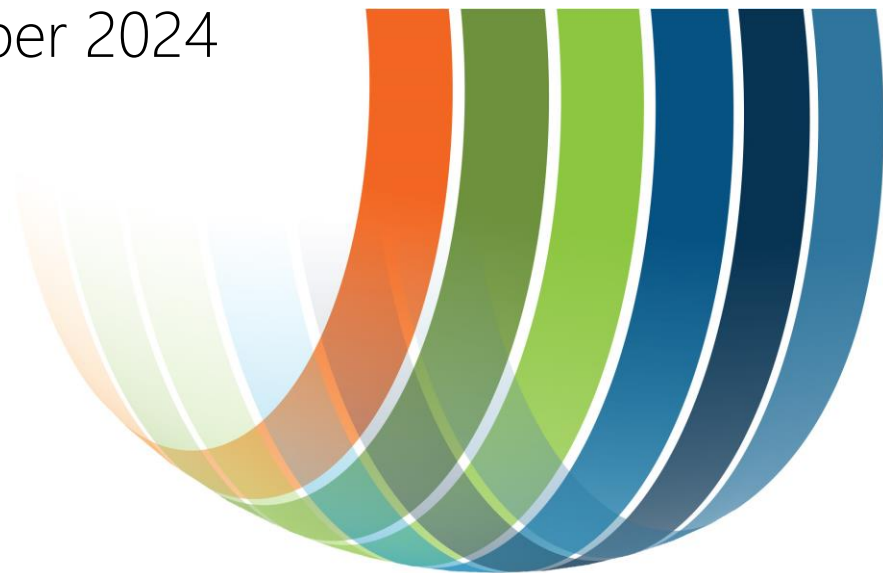


Growing, but not fast enough: Māori nursing workforce insights

for Te Rau Ora

October 2024



Infometrics

Economics put simply

Authorship

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Summary

The people who make up the health and disability workforce are the backbone of the system. No health service can be delivered, no person cared for, no health outcome achieved without input from a large group of workers.¹ As the largest of the regulated health professions, and with practitioners operationalizing care in every practice setting, nurses are arguably central to this backbone.

This report looks at Māori nurses and the workforce development issues that relate specifically to them. However, Māori nurses are also subject to the broader workforce development challenges of the nursing workforce and the health workforce as a whole, such as increasing demand for health care, funding constraints, workforce shortages, an aging workforce, pay inequity, long working hours, challenging working environments, and adapting to both new technologies and treatments.

Every whānau should have a Māori nurse

Māori registered nurses hold a unique and essential position within healthcare, blending their professional nursing expertise with the rich cultural values of the Māori people. Their approach to nursing is deeply rooted in te ao Māori (the Māori worldview), which recognizes health as a holistic balance of physical, emotional, spiritual, and social well-being. This distinct perspective allows Māori nurses to deliver culturally responsive care that fosters trust and deeper connections with Māori patients and their whānau (family), enhancing both individual and community health outcomes.

Māori nursing represents a specialized expression of care that intentionally integrates traditional Māori health frameworks and practices with contemporary nursing knowledge. Māori nurses draw on a unique combination of personal and professional perspectives shaped by indigenous worldviews, Māori health models, and modern nursing theory. The integration of manaakitanga (care and hospitality) and whanaungatanga (relationships and kinship) underscores a focus on the person within the wider context of their whānau, reflecting a culturally holistic approach to care.

This practice requires constantly navigating and weaving together two worlds: the Western scientific model and the Māori cultural paradigm. In doing so, Māori nurses play a pivotal role in bridging these frameworks, contributing to a more inclusive and equitable healthcare system that better serves Māori communities. Through their work, they actively promote health equity and uphold the principles of Māori health and wellbeing.²

¹ Health and Disability System Review (2020) <https://www.health.govt.nz/publication/health-and-disability-system-review-final-report>

² This statement acknowledges the following authors: Te Kaunihera o Ngā Neehi Māori, NZNO, Te Rau Ora, Te Ao Māramatanga, Te Pou, Simon (2006), Barton & Wilson (2008)

Why we need more Māori nurses

Māori health has improved on some indicators and the inequity between Māori and non-Māori in some areas has narrowed. However, Māori still have poorer health than non-Māori across many indicators such as cardiovascular disease mortality rates, cancer registration and mortality rates, diabetes prevalence, arthritis diagnoses, suicide mortality rates and incidence of assault and homicide mortalities. Māori also report higher levels of racial discrimination and unfair treatment by a health professional on the basis of ethnicity.

A diverse and representative health workforce is critical to deliver equitable health services that improve health outcomes. Māori make up 18% of the New Zealand population, but only 7.4% of the nursing workforce and this proportion has changed very little over time.

We need many more Māori nurses

To achieve population parity in the next ten years would require the number of new Māori nurses entering the workforce to increase more than five-fold from around 300 a year currently to almost 1,650. Achieving parity would also ensure that current Māori nurse to Māori population ratios are increased to an acceptable level.

To graduate this number of Māori registered nurses a year from nurse training would require almost 27,000 Māori enrolments because fewer than two-thirds of Māori nurse training enrolments complete their qualification. To put this enrolments figure in perspective, in 2023, a total of 3,230 students enrolled in registered nurse training, 435 of whom were Māori.

It is hard to see how the current government can be persuaded to focus on funding more tertiary education training places for Māori, more Nurse Entry to Practice Programme placements for Māori, and more nursing roles in the public health system for Māori to address Māori population parity because of:

- the current fiscally constrained environment, with Health New Zealand facing a \$1.4 billion spending deficit,
- the health system having not caught up with the demand for elective and other surgeries caused by COVID-19 isolations,
- the health system needing to keep pace with an aging population and cost inflation, and
- with nursing staff being offered higher salaries in Australia.

This is a multi-decade project

The Health New Zealand | Te Whatu Ora estimates of the numbers required to reach population parity by 2034 (as outlined in the Growing the workforce to meet demand on p34) demonstrate that the Māori nursing workforce is unlikely to achieve population parity in the next ten years. There simply aren't enough nurse training places available, and there may not be the demand to fill those places even if there were.

Population parity is most likely a 20-or even 30-year project. It requires cross-party buy in to ensure fidelity across electoral cycles, long-term planning and commitment from health agencies, consistent leadership across generations of leaders within those agencies, and collaboration between those agencies to ensure a joined-up approach to both the training and employment of Māori nurses.

If the overall strategic goal is population parity. Intermediate goals are needed to ensure the system is heading in the right direction. These goals could include key milestones such as Māori making up 9% of the nursing workforce (half-way to parity) and 13.5% (three quarters of the way). They could also include achieving parity in certain practice settings such as primary or community settings. They could also include goals relating to the cultural competence of all nurses.

More Māori nurses needed in primary and community settings

The 2020 Health and Disability System Review, Arotake Pūnaha Hauora, Whaikaha Hoki³ found that the improvements in Māori health outcomes will come from better primary and community care services. The Pae Tū: Hauora Māori Strategy also committed to delivering high-quality primary and community-based health services. This will require understanding the health needs of Māori communities, addressing these needs in a more connected way, expanding outreach and home-based care, and addressing the social and cultural determinants of health.

This could be achieved through the Iwi-Māori Partnership Boards (IMPBs which, under the new government, are expected to be given a much broader remit for the planning and delivery of primary and community services).

As a proportion of the total nursing workforce, Māori nurses tend to be more highly represented in primary and community settings such as Māori health service providers, Health New Zealand | Te Whatu Ora clinical community services and non-Health NZ primary health care/community services.

Nurses in primary and community settings face challenges such as a shortage of senior clinicians and pay disparities with nurses in medical settings. We have also been told by people working in the sector that a lot of the care that Māori nurses provide in primary settings is invisible because it is costed under the general practitioner. Resourcing is a broader problem. Primary care has been under-resourced for successive years.⁴ Patients at Māori-owned primary care providers tend to have higher needs than patients at other primary care providers because they come from poorer socio-economic backgrounds, have higher levels of morbidity and multi-morbidity, and tend to be located in rural settings which are further away from other health providers. Māori-owned primary care providers also tend to charge their patients lower fees.⁵

³ <https://www.health.govt.nz/system/files/documents/publications/health-disability-system-review-final-report.pdf>

⁴ General Practice NZ, Securing Sustainable General Practice in Aotearoa, (2024) <https://gpnz.org.nz/wp-content/uploads/Sustainable-general-practice-in-Aotearoa-New-Zealand-2024-GPNZ.pdf>

⁵ Sheridan et al, Hauora Māori – Māori health: a right to equal outcomes in primary care, (2024) <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-023-02071-6>

So, there are significant funding issues to address. But, if more resources were put into primary care and community settings, population parity for Māori nurses could be more easily achieved in these settings than in hospital settings where Māori nurse representation is currently lower.

Workforce development issues

Tauira Māori nurses face several barriers entering and remaining in tertiary education such as:

- poor access to Māori-centred health career information,
- a lack of Māori role models and mentors,
- financial hardship,
- institutional racism,
- complex enrolment processes,
- high entry criteria,
- the often-distant location of institutions from rural Māori communities,
- an absence of formal links between academic departments and Māori communities,
- inadequate Māori-relevant support programmes,
- programmes that are not responsive or relevant to Māori,
- limited Māori specific course content,
- unsuitable teaching and learning approaches,
- unsupportive and culturally unsafe learning environments,
- whānau commitments, and
- community expectations.

The barriers experienced by tauira Māori nurses in tertiary education programmes do not cease on graduation. Rather, they continue to impact new nurse graduates within the clinical environments where they are employed, and in postgraduate education settings.

Māori nurses face several barriers entering and remaining in the nursing workforce such as racism, compromised realities, and the pressure of community, employer and Māori nurses' own expectations. Compromised realities occur when the reality between caring in a Māori way and navigating western hospital models of care are in conflict and when Māori nurses are pressured to address the racist systemic inequities at the expense of their own identity and well-being.

Employer expectations include Māori nurses being allocated to Māori patients and Māori nurses being expected to carry out additional unpaid work such as educating their non-Māori colleagues, acting as unofficial spokespersons for Māori patients and whānau, and undertaking cultural events and protocols such as powhiri and karanga, all without the workload impact being considered often leading to burnout. Burnout leads to workforce exits which reduces the number of experienced Māori nurses available to mentor and support younger Māori nurses.

The Government Policy Statement on Health 2024–27 sets out five priorities for the health system, one of which is having a skilled and culturally capable workforce who are

accessible, responsive, and supported to deliver safe and effective health care.⁶ Having a culturally capable workforce should help reduce the workload of Māori nurses.

Strategic direction

- The nursing workforce must aim to achieve population parity for Māori by 2054.

To achieve this long-term target, we must have milestones along the way.

- The nursing workforce achieves population parity for Māori in primary and community settings by 2034 (18%).
- The nursing workforce achieves half population parity by 2034 (9%).
- The nursing workforce achieves three-quarters population parity by 2044 (15%).

Half population parity means the proportion of the nursing workforce that is Māori should be half the proportion of the total population that is Māori. Three-quarters population parity is calculated on the same basis.

Recommendations

Attract more Māori into the nursing workforce

1. Work with the Ministry of Education and support local initiatives to encourage Māori students to achieve in primary school and high school and take health, science, and maths-based subjects at high school.
2. Establish and fund a transition pipeline for Māori from high schools into the undergraduate nursing programmes which includes:
 - quality health career advice,
 - authentic whānau engagement,
 - support for transition from secondary school to tertiary education,
 - provisions for Māori students to access hardship funds to cover transport costs, uniforms, textbooks, computers, and childcare support, and
 - mentors and internships.
3. Establish and fund transition programmes for people applying for tertiary education nurse training courses as second-chance learners. This should include recognition of prior learning for any previous health related (particularly nursing) courses they have participated in whether or not they completed these courses.
4. Scale and fund paid work experience transition programmes such as earn-as-you-learn programmes and modular training pathways into health careers, such as enrolled nursing, that are flexible, low-cost, closer to home and in rural areas with primary and community hauora Māori partners.

⁶ <https://www.health.govt.nz/publication/government-policy-statement-health-2024-2027#:~:text=The%20GPS%202024%2D27%20sets,a%20prompt%20and%20efficient%20way.>

5. Include a focus on attracting people already in the health workforce such as kaiāwhina into the nurse training in line with the Kaiāwhina Workforce Action Plan.
6. Include a focus on attracting more Māori males into nurse training.
7. Provide opportunities and encouragement for Māori nurses to return to the workforce after a break.

Increase taura nurse completion rates

8. Nursing schools should strengthen measures to implement the Ministry of Health's Te Tiriti o Waitangi framework, which includes:
 - teaching Te Tiriti o Waitangi as part of their curriculum, if they don't already,
 - broadening and deepening the teaching of Te Tiriti o Waitangi in their curriculum, and
 - strengthen measures to gauge taura nurse understanding of their Te Tiriti o Waitangi obligations and ensuring they are applied in practice.
9. Nursing schools should adopt a zero-tolerance policy for racism which includes:
 - monitoring and proactively responding to racism and discrimination,
 - inclusion of implicit bias training for preceptors, educators, and clinical supervisors, and
 - support for students exposed to racism and discrimination.
10. Nursing schools should clarify and strengthen their activities, outcome measurement, and monitoring with respect to their responsibilities to Tiriti o Waitangi. This includes requiring all schools of nursing to collect, analyse, evaluate, and report data related to:
 - the recruitment, retention, and successful completion of courses and programmes for all Māori students entering and enrolled in nursing programmes, including transition pipelines from high schools, and transition courses, and
 - outcome measures relating to actions undertaken to improve the quality of the learning environment and experience for Māori.
11. Nursing programme content should be based on the outcome of Nursing Council proposals to increase the emphasis on Te Tiriti o Waitangi and cultural safety in Enrolled nurse and Registered nurse competencies⁷ as well as the practical application of Te Tiriti principles and cultural responsiveness to Māori, including adopting Kawa Whakaruruhau as the underpinning document for cultural safety for Māori.
12. Fund nursing schools to offer taura nurses support throughout the duration of their training, not just the first year as is currently provided.

⁷ The proposed competencies included a strong emphasis on te Tiriti o Waitangi and cultural safety
<https://nursingcouncil.org.nz/Public/NCNZ/News-section/news-item/2023/12/Consultation-on-competencies-for-Enrolled-and-Registered-Nurses.aspx>

13. Nursing internships should be introduced for first year tauira nurses that enable them to observe nursing practice in healthcare settings without the added responsibility of having to contribute.
14. Deliver more Bachelor of Nursing – Māori programmes locally across NZ and invest in more kaupapa and matauranga Māori training opportunities.
15. Grow funding for Māori to access postgraduate and vocational training opportunities across health professions including in primary, community, rural and rongoā settings and lift the number of Māori trainees in the Nurse Practitioner Training Programme (NPTP).
16. Increase the number of Māori nurse educators, including funding hauora Māori partners to recruit and develop educator and trainer capability, and ensure pay parity between nurse educators and practicing nurses.

Increase Māori nurse workforce retention

17. The Nursing Council, Ministry of Health, and Health New Zealand | Te Whatu Ora should develop and adopt a joint position statement that explicitly refers to the achievement of population parity for Māori nurses to achieve equitable health outcomes for Māori and include Māori nurses in the review of nursing policy, competencies, and standards. Achieving population parity requires coordination between these and other agencies across training, recruitment, and retention activities.
18. The Nursing Council should develop competencies relating to modes of practice which are required to improve healthcare delivery for Māori entering the hospital. Modes of practice involve mana-enhancing engagement processes between healthcare providers, patients and their whānau. Modes need to be developed that facilitate respectful and effective engagement with, and responses to, patients and whānau, and are mindful of their realities. Māori nurses lead the development of nursing modes of practice for working with Māori patients.
19. Bring about cultural change in healthcare workplace setting by:
 - Placing greater value on cultural, as well as clinical, competence in the workplace. All nurses must be required to undergo ongoing professional development to be deemed culturally competent to engage with Māori. If all nurses were culturally competent to deal with all the cultural groups that they see in their practice, then the burden of responsibility for Māori patients becomes everybody's responsibility. (The Nursing council review of competencies might address this.)
 - Regulating patient ratios to enable time for whakawhanaungatanga, which directly benefits relational engagement by developing personal connections, setting intentions, and creating a therapeutic connection based on whakapapa, pono (trust, integrity), tika (correctly), aroha (compassion, empathy).
 - Strengthening workload policies to ensure equitable workloads between Māori and non-Māori nurses.
 - Reviewing recruitment policies to remove any biases and ensure they value the unique cultural and other skills that Māori nurses offer.

- Considering targets for employment of Māori nurses.
 - Promoting the use of employment contracts that are long term and encourage Māori nurse development, job security, long-term planning, and consistent service delivery. Enable power-sharing and Māori leadership in the development of contracts based on Māori nurses' intrinsic understanding of Māori patient needs from lived experience.
 - Involving Māori nurses in developing, monitoring, and evaluating workplace solutions.
 - Implementing evidence-based strategies to reduce Māori nurse burnout and improve wellbeing.
 - Ensuring Māori nurses have access to regular resourced Māori cultural supervision.
20. Fund strong mentoring, coaching, leadership, and development programmes using mātauranga Māori models for new Māori nurse graduates and Māori nurses throughout the continuum of nursing until retirement. Support Māori access to governance leadership development, to support health system stewardship and Iwi-Māori Partnership Boards.
21. Ensure that Māori nurses practicing across different settings, including General Practices and Māori health providers, have pay equity, that Māori nurses have pay equity with non-Māori nurses and that Māori nurse pay rates recognises the additional cultural competencies required of Māori nurses.

Introduction

Te Rau Ora commissioned Infometrics to provide insights into the following.

- How the size and composition of the Māori nursing workforce has changed over time.
- Whether the future size of the Māori nursing workforce will have the capacity to meet the demand for its services.
- Whether the setting in which care takes place needs to change to align with the needs and expectations of Māori regarding the healthcare that they receive, and where, how, and when they receive it.
- The challenges faced by Māori qualifying for, entering and remaining in the nursing workforce and what issues are important to Māori nurses.
- What the key workforce development issues faced by the Māori nursing workforce are and what these issues cost the health system.

Infometrics was also asked to look at whether the future size of the Māori midwifery workforce will have the capacity to meet the demand for its services. This has been addressed in a separate report.

The purpose of this report is to inform and make recommendations for how Māori nursing attraction and retention can be improved so that Te Rau Ora can advocate for changes in workforce development practices both within Te Rau Ora and externally to agencies such as Manatū Hauora Ministry of Health.

Strategic context

The current government has published a New Zealand Health Strategy,⁸ which sets the direction for achieving pae ora, healthy futures for all New Zealanders⁹ over the next 10 years, a Government Policy Statement on Health 2024–27¹⁰ sets out five priorities for the health system, a Pae Tū: Hauora Māori Strategy,¹¹ and five health targets for the health system.¹²

The New Zealand Health Strategy, while very broad, does signal that the new government's direction will address Māori issues with the way health services are designed, how they are delivered, and health workforce development.

The Pae Tū: Hauora Māori Strategy suggests that the current government is aware of the challenges and barriers that Māori face in receiving culturally appropriate healthcare, the need to grow the Māori health workforce, and the challenges that growth will pose.

However, the government's decision to disestablish Te Aka Whai Ora - Māori Health Authority brings into question their commitment to having Māori shape the changes needed to meet the government's goals. Having the health targets predominantly focus on hospital-based care, while benefitting Māori, will do little to address Māori need for delivery of care that is closer to their communities. A fiscally constrained environment also limits the health sector's capacity to grow its workforce and undergo fundamental change.

New Zealand Health Strategy

The new government's New Zealand Health Strategy states that it is founded on a commitment to Te Tiriti o Waitangi | The Treaty of Waitangi (Te Tiriti) and enacting the health system's obligations to Māori. The Strategy is underpinned by two long-term goals.

- To achieve health equity for our diverse communities, and especially for Māori, Pacific, disabled and other groups who currently have poorer outcomes.
- To improve health outcomes for all New Zealanders.

The strategy's six priority areas include the following.

- Giving people, whānau and communities greater control and influence over decisions about their health and the design of their health services.
- Developing services that are delivered closer to our homes and communities.

⁸ <https://www.health.govt.nz/publication/new-zealand-health-strategy>

⁹ <https://www.health.govt.nz/new-zealand-health-system/setting-direction-our-new-health-system>

¹⁰ <https://www.health.govt.nz/publication/government-policy-statement-health-2024-2027#:~:text=The%20GPS%202024%2D27%20sets,a%20prompt%20and%20efficient%20way.>

¹¹ <https://www.health.govt.nz/publication/pae-tu-hauora-maori-strategy>

¹² <https://www.health.govt.nz/new-zealand-health-system/health-system-targets/health-targets>

- Recognising our health workforce as our most valuable asset and supporting the development of sustainable, diverse, skilled and confident workers for the future.

Although very broad, these priority areas signal that the new government's direction will address Māori concerns about their voice being heard in how health care services are designed, the way healthcare is delivered, and the development of a Māori health workforce.

Pae Tū: Hauora Māori Strategy

Growing the Māori health workforce and sector to match community needs is one of five priorities in the Pae Tū: Hauora Māori Strategy. Engagement with Māori in the development of the Pae Tū: Hauora Māori Strategy found the following.

- Whānau Māori want the option of receiving care from Māori practitioners with healthcare delivered in a Māori way, regardless of the health setting they are in.
- There were concerns regarding the attrition and retention rates of Māori in the health workforce.
- There was inequitable access to training and development opportunities.
- There were culturally unsafe environments.
- Whānau Māori and those within the Māori health workforce identified racism as a routine experience.

All of these concerns and issues are backed by research which is summarised later in this report, particularly in the sections entitled *Māori receive poorer-quality health care* (p19), *Tertiary education challenges* (p.40), *Nurse entry to practice programme challenges* (p46), and *Workforce challenges* (p47).

The strategy goes on to say that 'we need more Māori in the health workforce, to keep pace with projected population growth and future health needs.' This is quantified in the section entitled *Future workforce capacity* (p34).

The strategy also points to evidence that there are a range of barriers and facilitators to Māori recruitment and retention across the health workforce pipeline such as:

- educational outcomes,
- access to affordable tertiary education,
- institutional commitment to Māori development,
- culturally safe working environments, and
- individual desires to serve and contribute to Māori health outcomes.

All these barriers and facilitators are also backed by research, as summarised later in this report, particularly in the sections entitled *Tertiary education challenges* (p.40), *Nurse entry to practice programme challenges* (p46), and *Workforce challenges* (p47).

The Strategy commits to:

- specific investment to rapidly build the capacity and capability of the Māori workforce,
- interventions that foster culturally safe environments that are conducive to Māori workforce wellbeing,
- ensure that the overall health workforce has the right skills and capabilities to deliver culturally safe and responsive health services, and
- delivering high-quality primary and community-based health services that are accessible, timely and clinically and culturally safe for Māori.

Government Policy Statement on Health 2024–27

The second of the commitments laid out in the Pae Tū: Hauora Māori Strategy (relating to culturally safe environments) is reinforced by the Government Policy Statement (GPS) on Health 2024–27. The GPS sets out five priorities for the health system, one of which is having a skilled and culturally capable workforce who are accessible, responsive, and supported to deliver safe and effective health care.

Having a culturally capable workforce would help reduce the workload of Māori nurses. The section entitled *Cultural loading* (p50) explains why a lack of cultural competence among non-Māori nurses adds to the Māori nursing workload.

Health targets are hospital-focussed

All but one of the five health targets: faster cancer treatment, improved immunization, shorter stays in emergency departments, shorter wait times for first specialist assessment, and shorter wait times for elective treatment, are focused on hospital care rather than shifting care into primary and community settings.

Disestablishment of Te Aka Whai Ora Māori Health Authority

The role of Te Aka Whai Ora was to commission Māori health services, achieve equitable outcomes for Māori and monitor the performance of the publicly funded health system. To help the authority and Te Whatu Ora, three other structures were also established:

- 15 Iwi-Māori Partnership Boards (IMPBs),
- localities, and
- the Hauora Māori Advisory Committee (HMAC).

IMPBs and their staff were employed to go into communities and gather the voices of whānau. Localities had a similar role but there were many more of them planned (60-80). The eight members of the Hauora Māori Advisory Committee (HMAC) were to advise the Minister of Health and ensure the voices of Māori were heard at all levels of the decision-making table.

Under the new legislation, IMPBs are losing a lot of the statutory power they had to influence policy and funding at a national level. However, they will be given responsibility for the delivery of local services in their areas. Iwi-Māori partnership boards will also no longer be involved in appointing members to the Hauora Māori

Advisory Committee (HMAC), which are all now chosen by the minister, localities are on hold.

Exactly how the new system will function remains unclear, but there is a perception that the previous government's principle that Māori voices should be heard at all levels of the decision-making table is not shared by the current government.¹³

¹³ <https://www.rnz.co.nz/news/in-depth/514549/how-the-coalition-plans-to-replace-the-quickly-scrapped-maori-health-authority>

Is the workforce meeting demand?

This section examines whether the Māori nursing workforce is currently meeting demand.

Causes of health inequalities include ethnicity

Manatū Hauora Ministry of Health's 2002 *Reducing Inequalities in Health*¹⁴ publication brings together a range of research into the causes of health inequality in New Zealand. It states that inequalities in the distribution of and access to material resources such as income, education, employment, and housing are the primary cause of health inequalities.

Differential access to health care services and differences in care for those receiving services also have a considerable impact on health status and mortality. Individual behaviours, such as smoking, only partly explain this relationship, and such behaviours themselves are strongly related to social and economic factors.

However, woven in with the social and economic determinants of health is the impact of ethnic identity. Māori at all educational, occupational and income levels have poorer health status than non-Māori. These ethnic disparities suggest that there are other, pervasive characteristics of New Zealand society that cause poor health in Māori.

These characteristics are thought to include institutional racism and the ongoing effects of our history of colonisation and land confiscations, for example, through narrowing the Māori economic base and reducing Māori political influence. Racism affects health partly because Māori tend to experience less favourable social and economic circumstances and access to health care and partly due to the more direct psychosocial stress that racism engenders.

Māori have poorer health outcomes than non-Māori

Manatū Hauora Ministry of Health's *Wai 2575 Māori Health Trends Report*¹⁵ brings together a wide range of data on socioeconomic determinants of health, risk and protective factors, health status indicators, and health service use. For example, the report finds the following.

- Māori experience lower socioeconomic status than non-Māori on a range of indicators such as economic deprivation, unemployment, income, and household overcrowding.
- Māori report higher levels of racial discrimination and unfair treatment by a health professional on the basis of ethnicity.

¹⁴ <https://www.health.govt.nz/system/files/documents/publications/reducineqal.pdf>

¹⁵ <https://www.health.govt.nz/publication/wai-2575-maori-health-trends-report>

- Māori smoking rates and cannabis use are higher than non-Māori and Māori adults are more likely to be obese than non-Māori.

Māori health has improved on some indicators and the inequity between Māori and non-Māori in some areas has narrowed.¹⁶ However, Māori still have poorer health than non-Māori across many indicators.

- Māori adults aged 15 years and over were less likely to self-rate their health as good, very good or excellent than non-Māori adults.
- Mortality rates in all cardiovascular disease indicators are higher for Māori compared with non-Māori.
- Māori adults aged 25 years and over have higher total-cancer registration and total-cancer mortality rates than non-Māori adults in the same age group.
- Māori adults aged 15 years and over have higher prevalence of reporting they have been diagnosed with diabetes than non-Māori adults.
- Māori have been more likely to report an arthritis diagnosis than non-Māori.
- Māori have higher incidence of suicide mortality than non-Māori over time, except for older Māori (aged 45–64 years).
- Māori have a higher incidence of assault and homicide mortality than non-Māori.
- Māori have higher levels of psychological distress than non-Māori.

Aside from the moral obligation to reduce health inequalities, actions to improve Māori health also recognise Treaty of Waitangi obligations of the Crown.

Māori receive poorer-quality health care

Writing an editorial for Kai Tiaki: Nursing New Zealand in 2018 entitled *Why do we need more Māori nurses?*¹⁷, Denise Wilson, professor of Māori health at the Auckland University of Technology and fellow of the Royal Society Te Apārangi, stated that: “For Māori, their wairua and whānau are important for their well-being. But this is something often overlooked by many nurses and other health professionals who, instead, focus solely on their physical disease or illness.

“Māori and their whānau talk about being treated in judgemental and disrespectful ways; having to “talk to the back” of their health professionals; not being given necessary information about their health condition(s) and treatment; or being given unsuitable or inappropriate interventions. As a result, Māori experience persistent inequities when accessing health services, and they receive poorer quality health care, including that delivered by nurses.

¹⁶ Such as lung cancer registration and mortality rates, low birthweight rates, infant and child mortality rates and tuberculosis disease (TB) notification rates.

¹⁷ <https://www.proquest.com/openview/d88d57e306027022a86aec9532283170/1.pdf?pq-origsite=gscholar&cbl=856343>

“Māori and their whānau want to know who it is they are talking to (the beginnings of developing trust and a relationship – whanaungatanga). They want to speak to nurses kanohi ki-te-kanohi, not to their backs. They want to be cared for (manaakitanga) and leave feeling they have had their issues attended to and are better prepared to deal with their health condition than when they arrived. Importantly, they want their whānau involved, and they say they would prefer to deal with Māori nurses and other Māori health professionals.”

Barriers and facilitators to better health care

Rebekah Graham and Bridgette Masters-Awatere carried out a literature review to synthesise the broader perspectives of Māori patients and their whānau of their treatment within the public health system. Their research report *Experiences of Māori of Aotearoa New Zealand's public health system: a systematic review of two decades of published qualitative research*¹⁸ states that Māori patients and whānau mention both barriers and facilitators to health. Barriers are categorised as organisational structures, staff interactions, and practical considerations, facilitators as whānau support in the form of practical assistance, emotional care, and health system navigation.

Organisational structure

Māori patients report more actively hostile experiences, being treated with scepticism by health practitioners and experiences of overt racism and discrimination. Māori patients felt that they needed to compromise their cultural and spiritual needs in order to receive hospital care, where “everything is done in a kind of Western way”. Feeling culturally alienated in this manner contributed to patients feeling anxious and worried while in hospital, resulting in requests for earlier discharge than recommended.

Rongoā use was typically not discussed with doctors as the domination of the biomedical approach to healthcare left little room for traditional practices, leaving patients feeling uncomfortable discussing this with doctors. Instead, Māori patients in the included studies waited until discharge before accessing traditional healing techniques such as rongoā, karakia (incantation, ritual chant), and mirimiri (traditional Māori massage techniques).

Staff interactions

Māori patients reported clinicians’ inability to build rapport and an associated absence of warmth when providing patient care. Having “too many locums” and high staff turnover was “unsettling because it is difficult to build a relationship with a new doctor”. Māori patients reported minimising their pain and severity of symptoms to avoid “wasting the time of health professionals”.

Inadequate and inappropriate information provision prevented Māori patients from knowing what to ask for. Māori patients and whānau also had difficulty accessing resources and ancillary support services. The sharing of information appeared to be dependent upon staff knowledge, time and willingness to engage with patients and whānau.

¹⁸ https://www.sciencedirect.com/science/article/pii/S1326020023005484?ref=pdf_download&fr=RR-2&rr=8990473ffc087256

Practical considerations

Low-income participants mentioned financial costs, transportation issues and practicalities such as organising leave and/or childcare as obstacles to accessing clinics, attending appointments, and receiving appropriate levels of healthcare.

Whānau

Whānau support Māori patients to manage their health in a variety of ways including:

- practical support such as assistance with financial costs, transport and personal care,
- wellbeing: emotional support that encompasses hauora wairua (spiritual health) and hauora hinengaro (emotional health), and
- health system navigation such as sourcing information, advocacy during care, and managing medications.

The extent of support provided by whānau was typically unrecognised by health professionals and came at a cost, with whānau members sacrificing time, money and their own emotional wellbeing.

There was some acknowledgement of the ways that Māori health providers, individual health professionals, and whānau support Māori patients to enhance their emotional wellbeing by displaying interest in the whānau and personal life, and exhibiting qualities such as “compassion, warmth, honesty, [and] respect”. Consistency of care, along with interacting with one key hospital person, was recognised as having an emotional benefit.

Māori health providers

Māori patients and their whānau spoke highly of the services they received from Māori health providers. Māori health providers were more affordable, assisted with practicalities such as transport, and resulted in improved health outcomes.

Aspects such as being able to “talk a little bit more freely”, feeling understood, and having a connection with a Māori health professional who was “able to relate” were deeply appreciated.

Proffered supports from Māori providers varied, but for those who engaged with their services, they provided warm, holistic, culturally appropriate healthcare that “filled the gap” where it was needed. Māori health services who provided information and advocacy assistance, or helped manage medications, were typically described as “being like whānau” as they provided “whanaungatanga” (relationship, kinship, sense of family connection).

Recommendations

Graham and Masters-Awatere find that specific acts of recognition and affirmation, practical reimbursements in the form of parking chits and food vouchers for whānau, and intentional information provision would contribute significantly to a sense of value and reduce the financial strain Māori patients and their whānau face.

The Māori nursing workforce should reflect the Māori population's needs

In her Kai Tiaki: Nursing New Zealand editorial *Why do we need more Māori nurses?*¹⁹ Denise Wilson states that: “there are insufficient Māori nurses to match the demand for them. Despite years of government policy to increase the Māori nursing and wider health workforce, little has changed. Evident is the relatively static proportion of Māori nurses within the New Zealand nursing workforce over the last three decades, while the burden of health inequities for Māori and their whānau remains high.”

In an opinion piece published in Kai Tiaki in 2023 entitled *Māori nurses must be recognised as taonga — and key to a future with equal health for all*,²⁰ Denise Wilson talks about the need to achieve a Māori nursing workforce that reflects the Māori population. Population equity means the proportion of nurses who are Māori should equal the Māori share of the total population.

Manatū Hauora Ministry of Health's *Māori Health Action Plan 2020-25*²¹ states that the Māori health and disability workforce should be equitably matched to the health needs of the Māori population. Furthermore, it has been suggested that to seriously reduce Māori health disparity, mortality and morbidity, an overrepresentation of the Māori nursing workforce is required.²²

The Workforce size and composition section (p23) looks at the size and characteristics of the Māori nursing workforce and how close it currently is to reflecting the Māori population.

¹⁹ <https://www.proquest.com/openview/d88d57e306027022a86aec9532283170/1.pdf?pq-origsite=gscholar&cbl=856343>

²⁰ <https://kaitiaki.org.nz/article/maori-nurses-must-be-recognised-as-taonga-and-key-to-a-future-with-equal-health-for-all/>

²¹ <https://www.health.govt.nz/system/files/documents/publications/whakamaui-maori-health-action-plan-2020-2025-2.pdf>

²² Barton, P et al (2021), *Responding to Māori student nurse attrition rates: A summary of research and recommendations for the Nursing Pre-Registration Pipeline Working Group* citing Chalmers, 2020; Waitangi Tribunal, 2019; Wilson, 2018.

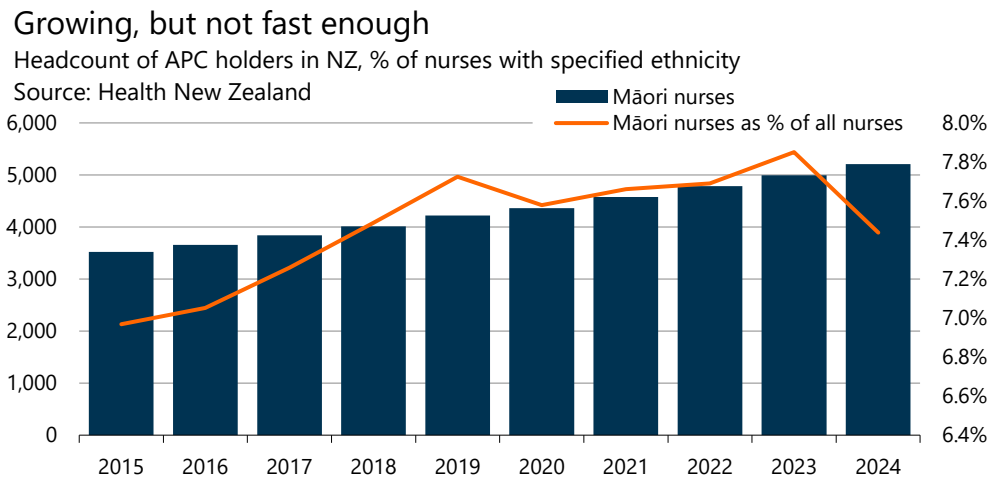
Workforce size and composition

This section looks at the current size, demographic characteristics and practice settings of the Māori nursing workforce and how they have changed over time, and compares the Māori share of the nursing workforce with the Māori share of the broader population both nationally and across DHB regions.

Growing, but not fast enough

The Māori nursing workforce has been growing, but not fast enough to significantly increase its proportion of all nurses. Chart 1²³ shows that between 2015 and 2024, the Māori nursing workforce grew 48% from 3,518 to 5,207. The total number of nurses grew 39% over the same period. As a result, the proportion of all nurses who are Māori rose from 7.0% in 2015 to 7.4% in 2024. The proportion of all nurses who are Māori actually fell from 7.9% to 7.4% between 2023 and 2024, mostly because of a large influx of overseas qualified nurses in 2024.

Chart 1



Population parity

The 7.4% of nurses who are Māori is significantly lower than the Māori share of the total population which stands at 18% in 2024.²⁴ In the *Future workforce capacity* section (p34) we look at the extent to which the Māori nursing workforce would need to grow to reach parity with the Māori share of the total population.

²³ Data in Chart 1 is New Zealand Nursing Council data, but it was sourced from Health New Zealand | Te Whatu Ora. Workforce counts for the years 2021-23 have been adjusted upwards slightly to account for a significant increase in the number of nurses with unspecified ethnicity in these years.

²⁴ Source: Infometrics

Compared with other OECD countries, New Zealand has a relatively high proportion of internationally qualified nurses in its nursing workforce, which drives under-representation of Māori.²⁵

New Zealand is also currently facing a record number of migrant departures with 138,600 migrant departures in the May 2024 year (provisional estimate) being the highest on record for an annual period.²⁶ We don't have data on the occupations or ethnicity of these departing migrants but, anecdotally, media coverage suggests that nursing is one of the most affected professions because the lure of higher salaries and improved working conditions in Australia is proving irresistible for many.²⁷

Workforce demographics

Both the Māori and non-Māori nursing workforces are skewed towards younger age groups. This is evident in Chart 2²⁸ which shows the age profile of the two workforces. Both workforces currently show an early peak, then a trough, then another peak which is lower than the earlier one.

A key difference between the age profile of the Māori nursing workforce and non-Māori nurses, is the greater proportion of non-Māori nurses in the 35-39 years age group. This is because internationally qualified nurses tend to enter the New Zealand workforce around the ages of 30 to 39 and their numbers have surged from 348 in 2015 to 2,094 in 2023.

Both the Māori and non-Māori nursing workforces are also shaped by a slight uptick in exits in the 25 to 39 age group and re-entries in older age groups. Nurses exit the workforce for a variety of reasons such as long working hours, shift work, lack of recognition and support within the workplace, low pay and pay parity.²⁹ The *Workforce challenges* section (p47) outlines the challenges that Māori nurses face in the workplace, which could lead to workforce exits.

²⁵ Source: Health Workforce Plan 2023/34, Health New Zealand | Te Whatu Ora, (2023), <https://www.tewhatauora.govt.nz/publications/health-workforce-plan-202324/>

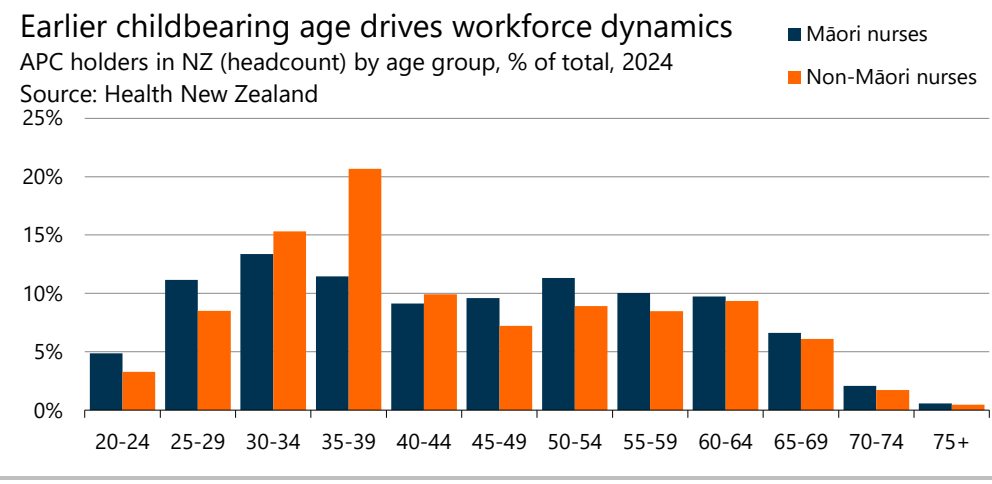
²⁶ <https://www.stats.govt.nz/information-releases/international-migration-may-2024/>

²⁷ <https://www.1news.co.nz/2024/07/17/its-just-better-why-kiwi-nurses-are-moving-to-australia/>

²⁸ Data in Chart 2 is New Zealand Nursing Council data, but it was sourced from Health New Zealand | Te Whatu Ora.

²⁹ Source: Are we able to retain nurses in New Zealand in the public health sector?, Sahil, Z, (2021) <https://openrepository.aut.ac.nz/server/api/core/bitstreams/cf1d57fd-a573-4bda-9ae4-735144db2977/content>

Chart 2



The result of the influx of internationally qualified nurses is that the Māori nursing workforce tends to be both younger and older than the non-Māori nursing workforce.

- 16% of Māori nurses are aged 20 to 29 years compared with 12% of non-Māori nurses.
- 50% of Māori nurses are aged 45 years or older compared with 42% of non-Māori nurses.
- 34% of Māori nurses are aged 30 to 44 years compared with 46% of non-Māori nurses.

This means that the Māori nursing workforce is aging faster than the non-Māori nursing workforce, which has implications for the future size of the Māori nursing workforce as we will see in the *Future workforce capacity* section (p34).

Another key difference between the Māori and non-Māori nursing workforces is that a bigger proportion of non-Māori nurses are male. In 2024, 5% of Māori nurses were male compared with just 11% of non-Māori nurses.³⁰

Scopes of practice

Most Māori nurses are registered nurses. In 2024, Māori registered nurses made up 93% of all Māori nurses, 5.3% were enrolled nurses and 1.4% were nurse practitioners. These proportions have changed very little over the nine years for which data is available. Māori make up a greater share of enrolled nurses and nurse practitioners.

- In 2024, 12% of all enrolled nurses were Māori,
- 7.3% of registered nurses were Māori, and
- 9.4% of all nurse practitioners were Māori.

³⁰ Source: Health New Zealand | Te Whatu Ora

The proportion of enrolled nurses who are Māori has been steadily increasing, as has the Māori proportion of registered nurses (except for a fall in 2024). The proportion of nurse practitioners who are Māori had been falling but has started to increase again since 2022.

The relatively high proportion of enrolled nurses who are Māori reflects the broader trends that Māori tend to be more highly represented in lower skilled roles across the whole health workforce. The relatively high proportion of nurse practitioners who are Māori indicates that Māori nurses are becoming better represented in more highly skilled roles, although we are still some way from population parity.

Setting

Broadly speaking, Māori nurses tend to be more highly represented in community practice and employment settings, compared with all nurses.

Employment setting

Almost two-thirds of Māori nurses worked across three employment practice settings in 2024. By far the largest number were practicing in clinical hospitals (36% of all Māori nurses) followed by primary health care/community services (18% of Māori nurses), and clinical community services (11% of Māori nurses) (see Table 1).³¹

Table 1

Māori nurses' main employment setting, 2024

Main employment setting	Maori headcount	%
DHB/Te Whatu Ora Clinical (Hospital)	1,864	36%
Primary Health Care/Community Service (non DHB/Te Whatu Ora)	918	18%
DHB/Te Whatu Ora Clinical (Community)	568	11%
Māori Health Service Provider	374	7%
Unspecified	347	7%
Rest Home/Residential Care	238	5%
Other	230	4%
Private Hospital	196	4%
Government Agency (e.g. Ministry of Health, ACC, Corrections, Defence)	161	3%
Educational Institution	113	2%
Self employed	65	1%
DHB/Te Whatu Ora Non-Clinical/Other	60	1%
Rural	41	1%
Nursing Agency	32	1%
Total	5,207	100%

Source: Health New Zealand

³¹ Data in Table 1 is New Zealand Nursing Council data, but it was sourced from Health New Zealand | Te Whatu Ora.

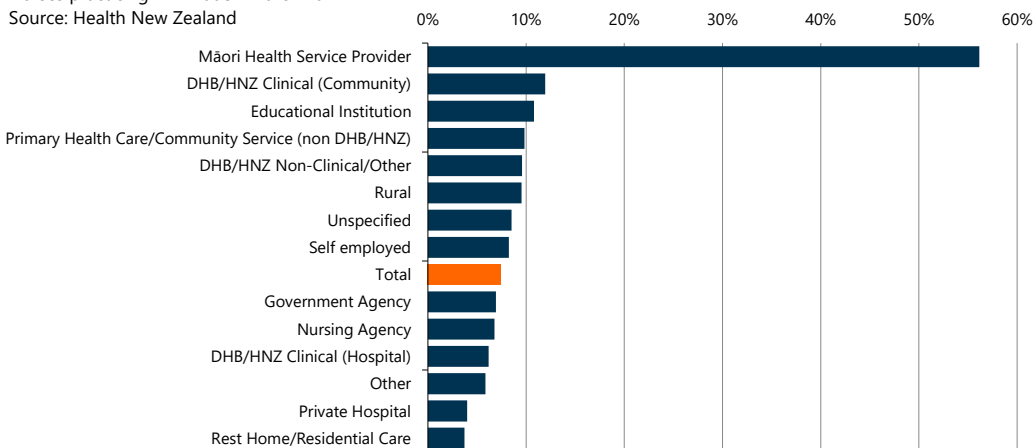
Māori nurses as a proportion of all nurses varies across employment settings. From 56% in Māori health service providers, followed by 12% in DHB clinical community services on 12% to 3.7% in rest homes/residential care (see Chart 3).³² Māori nurses tend to be more highly represented in community settings such as Māori health service providers, DHB clinical Community services, and non-DHB primary health care/ community services.

Chart 3

Māori nurses as % of all nurses by employment setting

Nurses practicing in NZ at 31 March 2024

Source: Health New Zealand



Over the past eight years from 2016 to 2024, Māori nurses have increased as a proportion of the total nursing workforce across most employment settings, most notably in rural, educational institutions, and non-DHB primary health/community health. Small declines have occurred in government agencies, rest homes/residential care, nursing agencies, and Māori health service providers.

Practice setting

Some 50% of Māori nurses worked across seven practice settings in 2024. By far the largest number were practicing in primary health care/practice nursing (15% of all Māori nurses) followed by medical, surgical, community mental health, inpatient mental health, emergency and trauma, and child health. Three quarters of Māori nurses worked across 15 practice settings (see Table 2).³³

³² Data in Chart 4 is New Zealand Nursing Council data, but it was sourced from Health New Zealand | Te Whatu Ora.

³³ Data in Table 2 is New Zealand Nursing Council data, but it was sourced from Health New Zealand | Te Whatu Ora.

Table 2

Māori nurses' main practice setting, 2024

Main practice setting	Maori headcount	%
Primary health care/Practise Nursing	769	15%
Medical (including educating patients)	365	7%
Surgical	350	7%
Mental Health (community)	313	6%
Mental Health (inpatients)	305	6%
Emergency and Trauma	263	5%
Child Health including Neonatology	246	5%
		50%
Aged Care	234	4%
Perioperative care (Theatre)	207	4%
Nursing administration and management	187	4%
Nursing education	142	3%
Assessment and Rehabilitation	141	3%
Public health	136	3%
District Nursing	132	3%
Intensive Care/Cardiac Care	121	2%
		75%
Palliative care	62	1%
Nursing professional advice/policy development	49	1%
Occupational health	45	1%
School Health	30	1%
Obstetrics/Maternity	30	1%
Oncology	26	0%
Addiction Services	23	0%
Nursing research	23	0%
Family Planning/Sexual Health	22	0%
Youth Health	21	0%
Non nursing health related management or admin	10	0%
Telehealth	8	0%
Intellectually Disabled	8	0%
Cosmetic/aesthetic nursing	6	0%
Other	379	7%
Unspecified	554	11%
Total	5,207	100%

Source: Health New Zealand

Māori nurses as a proportion of all nurses varies across practice settings from 17% in mental health to 3.7% in intensive/cardiac care (see Chart 4).³⁴ Broadly speaking, Māori nurses tend to be more highly represented in community settings such as community mental health, public health, youth health, addiction services, school health, family

³⁴ Data in Chart 4 is New Zealand Nursing Council data, but it was sourced from Health New Zealand | Te Whatu Ora.

planning/sexual health, and primary health care, and less represented in medical settings such as emergency and trauma, medical, surgical, perioperative care, and intensive/cardiac care. Only in the community mental health practice setting have Māori nurses reached parity with the population.

Chart 4

Māori nurses as % of all nurses by practice setting

Nurses practicing in NZ at 31 March 2024

Source: Health New Zealand



Over the past eight years from 2016 to 2024, Māori nurses have increased as a proportion of the total nursing workforce across most practice settings with the exception of small declines in some settings in which they were already a small proportion of the nursing workforce such as intellectually disabled, aged care, obstetrics/maternity, medical, surgical and intensive care/cardiac care settings.

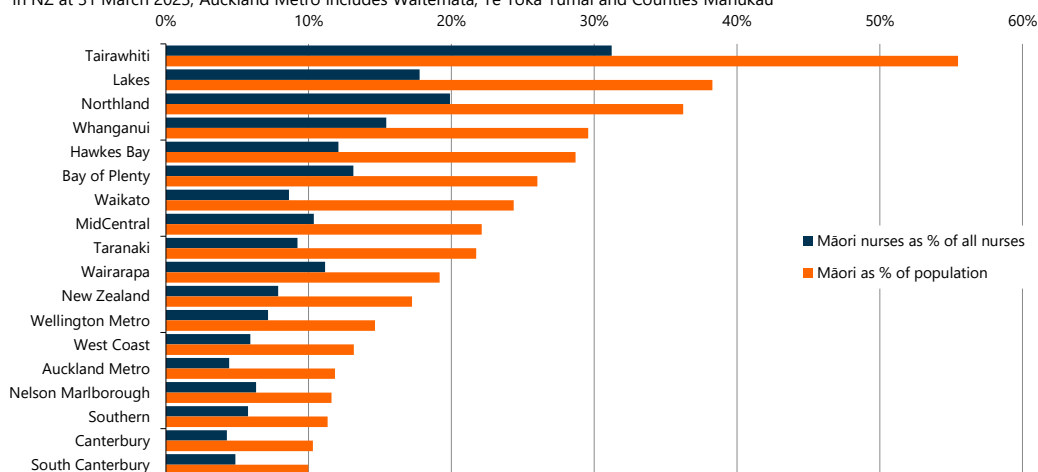
The workforce across Health New Zealand/Te Whatu Ora districts

No district Māori nursing workforce is close to achieving population parity (see Chart 5). Across many districts, the Māori nursing workforce would need to more than double in size to achieve parity.

Chart 5

No district is close to achieving population parity

Māori nurses as % of all nurses, Māori population as % of total population by HNZ district, nurses practicing in NZ at 31 March 2023, Auckland Metro includes Waitemātā, Te Toka Tūmai and Counties Manukau



The Māori nursing workforce pipeline begins at school

Achievement in science and maths subjects at school are deemed an essential foundation for a career in the healthcare sector.³⁵ Māori school student participation and achievement in maths and science subjects have improved over time but dropped back following the onset of the COVID-19 pandemic as learning was disrupted and school attendance declined.

Programmes such as **Pūhoro STEM Academy** have been introduced to improve Māori school student achievement in STEM subjects. However, a gap persists between the participation and achievement of Māori relative to non-Māori. This gap reflects, and is a consequence of, the gap in broader educational outcomes which are influenced by Māori tending to have lower school attendance and engagement, an earlier school leaving age, and poorer socio-economic backgrounds compared with non-Māori.

- Māori participation in science subjects in year 13 rose from 49% in 2012 to 72% in 2019 before falling back to 62% in 2023 (Chart 6).³⁶
- Participation of all students in science subjects in year 13 has been consistently higher than Māori participation, rising from 69% in 2012 to 81% in 2019 before falling back to 74% in 2023.
- Māori student and all student participation in mathematics subjects in year 13 follows a very similar pattern to science participation. Maths participation is slightly higher, perhaps because science is not compulsory after year 11.

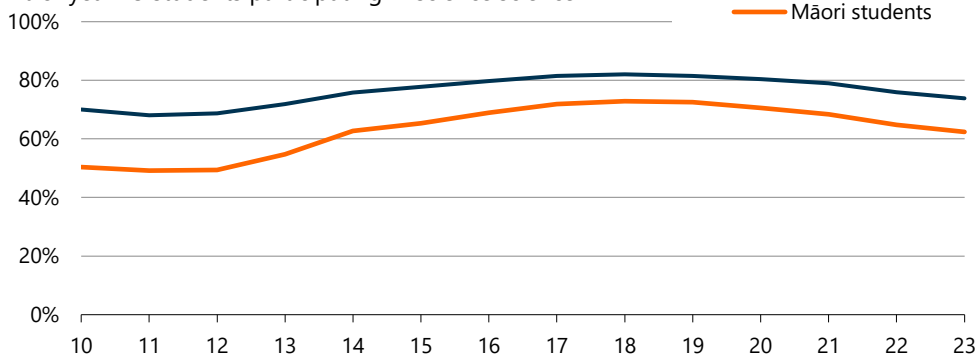
³⁵ Source: The effect of tertiary recruitment, admission, bridging/foundation education and retention on indigenous health workforce development, Curtis, E. (2016), <https://researchspace.auckland.ac.nz/handle/2292/30663>

³⁶ Participation is defined as being assessed in standards totalling 14 credits, cumulatively (i.e. includes results gained in prior years), for each given year.

Chart 6

Participation gap

% of year 13 students participating in science science



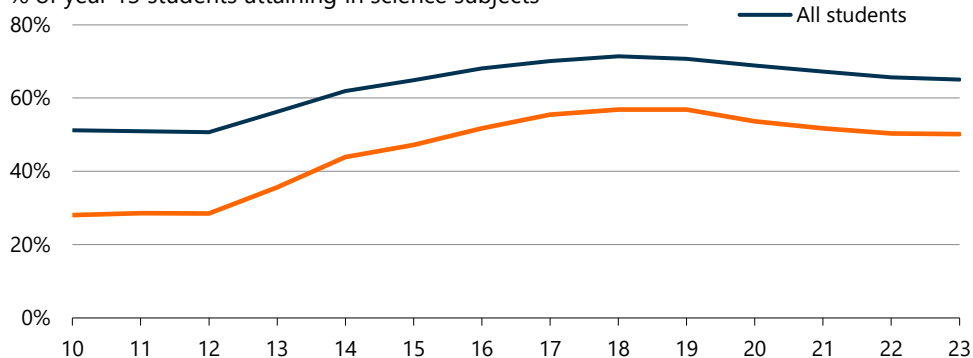
Māori school student achievement in science and maths subjects follows a similar pattern to participation.

- In 2012, 28% of Māori students who participated in science subjects in year 13 achieved in those subjects.³⁷ This proportion rose to 57% in 2019 but fell back to 50% in 2023 (Chart 7).
- Achievement of all students in science subjects in year 13 has been consistently higher than Māori achievement, rising from 51% in 2012 to 71% in 2019 before falling back to 65% in 2023.
- Māori student and all student achievement in mathematics subjects in year 13 follows a very similar pattern to science achievement but is maths achievement is slightly higher.

Chart 7

Attainment gap

% of year 13 students attaining in science subjects



Māori school leavers are less likely to transition to tertiary education. In 2023, 60% of Māori school leavers were not enrolled in tertiary education one year later compared with 44% of all school leavers. There are multiple, complex reasons why Māori school

³⁷ Achieved 14 or more credits in standards at either "Achieved", "Merit" or "Excellence"

leavers are less likely to transition to tertiary education. Some are covered in the *Tertiary education challenges* section on (p40). They include poor engagement and attainment at school, a lack of role models who have participation and achieved in tertiary education, as well as economic challenges with Māori school leavers entering work rather than tertiary education to bring money into their households. These economic pressures will have intensified during the COVID-19 pandemic and subsequent cost-of-living increases.

We need more Māori in nurse training programmes

In order to achieve population parity, more Māori need to be attracted into the nursing profession. This means attracting more Māori into nursing qualifications and supporting them to complete these qualifications.

At the very least, the proportion of qualification completions by Māori should reflect the Māori share of the total population. However, since population parity has not yet been reached within the nursing profession (7.4% of nurses are Māori compared with 18% of the population), to catch up the proportion of qualification completions by Māori needs to exceed the Māori share of the total population. However, this is not happening (see Chart 8).³⁸

- The proportion of total registered nursing (Bachelor/Honours) qualification completions by tauira Māori has remained around 13%-15% per annum between 2016 and 2023, this is despite tauira Māori registered nursing qualification completions increasing 33% over this time.
- The proportion of enrolled nursing (Diploma) qualification completions by tauira Māori rose from 10% in 2018 to 22% in 2022 but fell to 18% in 2023. This fall is despite tauira Māori enrolled nursing qualification completions increasing almost three-fold between 2018 and 2023.
- Over the period 2020 to 2023, 10% of nurse practitioner (Masters) qualification completions were by tauira Māori. Tauira Māori completions fell 3% between 2016/19 and 2020/23.

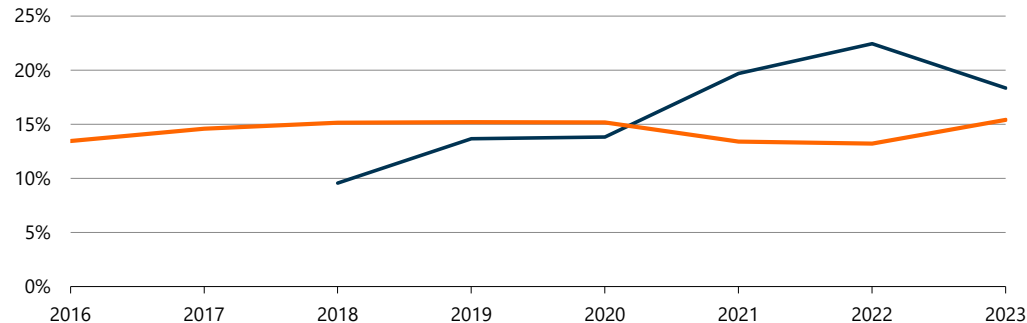
³⁸ Data in Chart 8 is Ministry of Education data, but it was sourced from Health New Zealand | Te Whatu Ora. To protect the privacy of individuals included in the data, we were asked to report percentages as far as possible.

Chart 8

Further growth needed

Tauira Māori tertiary education nursing completions as % of all nursing completions

Source: Health New Zealand



Tauira Māori nursing qualification completion rates are also below average.

- For registered nurse (Bachelor/Honours) qualification students initially enrolled in the years 2013-2017, 61% of Tauira Māori had completed by year five compared with 67% of all registered nurse students.
- For enrolled nurse (Diploma) qualification students initially enrolled in the years 2016-2017, 68% of Tauira Māori had completed by year four compared with 79% of all enrolled nurse students.
- For nurse practitioner (Masters) qualification in nursing students initially enrolled in the years 2013-2017, 71% of Tauira Māori had completed by year five compared with 75% of all registered nurse students.

The *Tertiary education challenges* section (p40) examines the challenges that Māori face in tertiary education nursing programmes.

Nursing qualification enrolment numbers provide little evidence that we will see further growth in completions any time soon.

- Tauira Māori enrolments in registered nurse (Bachelor/Honours) qualifications varied between 420 and 570 per annum between 2016 and 2023 but fell 24% between 2021 and 2023.
- Tauira Māori enrolments in enrolled nurse (Diploma) qualifications rose 89% between 2018 and 2023 compared with 76% growth in all enrolled nurse enrolments.
- Tauira Māori enrolments in nurse practitioner (Masters) qualifications rose 82% between 2016/19 and 2020/23, but completions fell 3% over the same period.

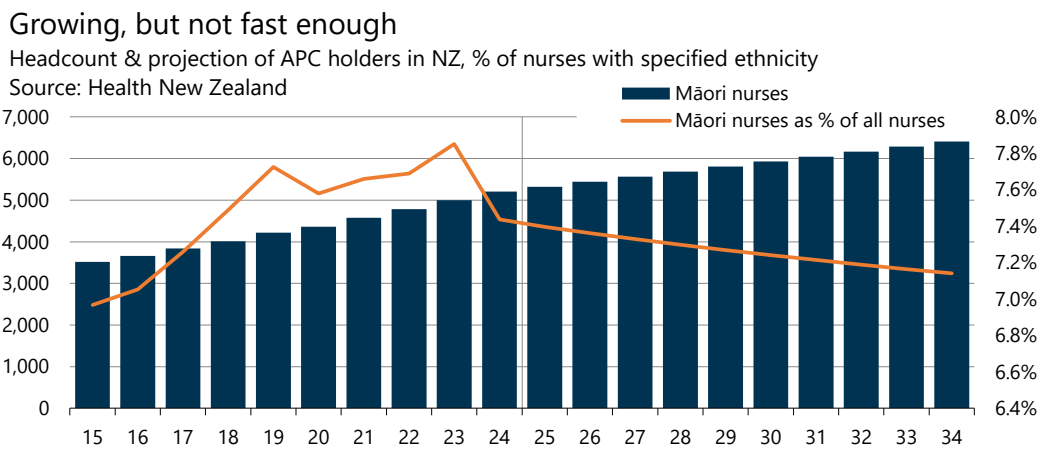
Future workforce capacity

This section looks at whether the future size of the Māori nursing workforce will have the capacity to meet the demand for its services, and whether the setting in which care takes place needs to change to align with the needs and expectations of Māori regarding the healthcare that they receive, and where, how, and when they receive it.

Projected Māori nursing workforce supply

Health New Zealand | Te Whatu Ora projects the future size of the Māori nursing workforce (and the total nursing workforce) based on historical entry/re-entry rates and the workforce age profile.³⁹ Between 2024 and 2034, Health New Zealand | Te Whatu Ora project the Māori nursing workforce to grow by 23%. However, the total nursing workforce is projected to grow by 28%. As a result, Māori nurses as a proportion of all nurses is projected to fall from 7.4% in 2024 to 7.1% in 2034 (see Chart 9).⁴⁰

Chart 9



Growing the workforce to meet demand

Health New Zealand | Te Whatu Ora estimate that to reach population parity by 2034 the annual number of newly registered nurses would need to increase from 302

³⁹ Health New Zealand | Te Whatu Ora projections effectively age the current workforce into the future, add practitioners according to average entry/re-entry rates for each 5-year age group for the past three years, and subtract practitioners according to the average exit rate for each 5-year age group for the past three years. Entry rates for Māori nurses in 2022 and 2023 are underestimates because of a relatively large number of new entrant nurses not specifying their ethnicity in Nursing Council surveys. Therefore, Health New Zealand | Te Whatu Ora projections are likely to underestimate the future size of the nursing workforce.

⁴⁰ Historical data in Chart 9 is New Zealand Nursing Council data, but it was sourced from Health New Zealand | Te Whatu Ora. Workforce counts for the years 2021-23 have been adjusted upwards slightly to account for a significant increase in the number of nurses with unspecified ethnicity in these years.

currently to 1,653. In other words, an additional 1,351 new Māori nurses each year. The population parity calculation is outlined in more detail below.

- Health New Zealand | Te Whatu Ora project the number of all nurses to reach 89,735 in 2034.⁴¹
- Stats NZ project that Māori will make up 18.4% of the total population in 2034.
- For population parity, there would need to be 16,489 Māori nurses in 2034 (18.4% of 89,735).
- Based on current workforce entries and exits, Health New Zealand | Te Whatu Ora project the number of Māori nurses to reach 6,410 in 2034 – well short of the 16,489 needed.
- To reach 16,489 Māori nurses in 2034, new entrants would need to rise from 302 (the average new entries for 2022-2024) to 1,653, while keeping the re-entry rate at 274.
- This calculation accounts for an increase in Māori nurses exiting the workforce as the workforce ages.

Achieving population parity would result in a Māori nurse per 1,000 Māori population ratio of 14.7. This is well above the current ratio of 5.8 and is even higher than the current ratio of all nurses to the total population of 13.4. Population parity would therefore ensure that current Māori nurse staffing levels are increased in line with population increases and would also go some way to addressing any current shortage of Māori nurses.

Implications for the tertiary education pipeline

Increasing the number of new entrant Māori nurses five-fold in ten years would be very difficult. Even if a sufficient number of Māori could be attracted to enter the nursing profession, the number of training places would need to be expanded, along with the number of clinical placements that nurses complete as part of their training, the number of Nurse Entry to Practice placements for graduate nurses, and more broadly the number of funded nursing positions across different settings in the health system.

- To graduate 1,653 Māori registered nurses a year from nurse training (assuming the 7-year completion rate remains at 62% as it is currently) would require 2,666 Māori enrolments.
- To put this 2,666 enrolments figure in perspective, in 2023, a total of 3,230 nurses enrolled in nurse training, 435 of whom were Māori.

Recent media coverage suggests that currently there are not enough funded vacancies in public health for graduate nurses due to budget constraints at Health New Zealand |

⁴¹ A surge in the number of internationally qualified nurses entering the New Zealand nursing workforce in recent years underlines the challenges of accurately forecasting workforce numbers. Workforce entry and exit rates change over time, and the number of internationally qualified entrants is influenced by changes in NZ visa policy, economic conditions and visa policy in other countries such as the UK and Australia, as well as broader global demographic and economic trends.

Te Whatu Ora,⁴² which is currently facing a \$1.4bn operating deficit by the end of the 2024/25 financial year if current monthly overspend continues. The Health New Zealand | Te Whatu Ora CEO Margie Apa has said that nursing costs (pay and a backlog of unpaid holiday pay) are a key driver of overspend.⁴³ Pipi Barton, a nursing lecturer at NorthTec, says that the nursing graduates are exiting programmes without the certainty of employment because of inadequate workforce planning which doesn't prioritise protecting employment opportunities for domestic graduates.⁴⁴

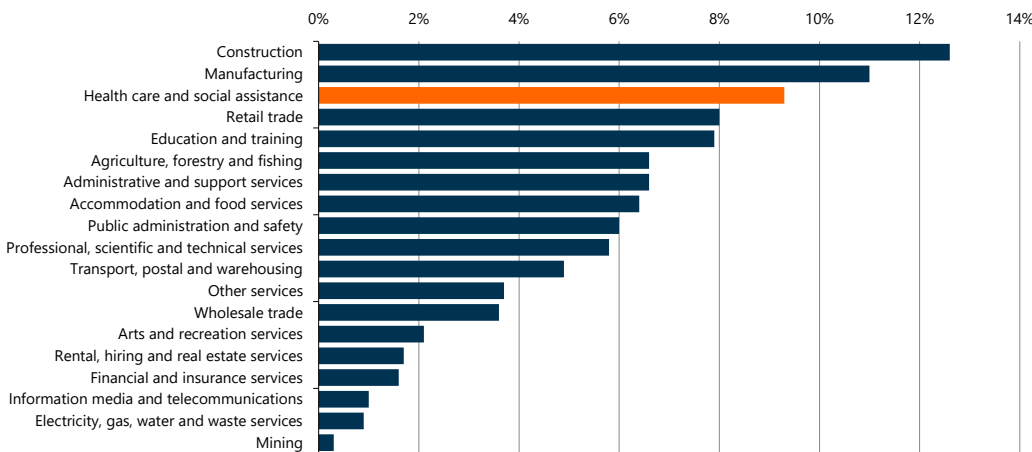
In the current fiscally constrained environment, with the health system having not caught up with the demand for elective and other surgeries caused by COVID-19 isolations, with the health system needing to keep pace with an aging population and cost inflation, and with nursing staff being offered higher salaries in Australia, it is hard to see how the current government can be persuaded to focus on funding more tertiary education training places for Māori, more Nurse Entry to Practice Programme placements for Māori, and more nursing roles in the public health system for Māori to address Māori population parity.

Healthcare competes with other industries

The healthcare sector as a whole employs a large number of Māori. In 2023, the healthcare and social services industry employed 9% of all employed Māori – the third largest employer behind manufacturing (11%) and construction (13%) and ahead of retail trade (8%) and education (8%)⁴⁵ (Chart 10).

Chart 10

Other industries compete for the Maori workforce
Māori filled jobs by industry, year to March 2023



Among the industries that employ large numbers of Māori, healthcare is expected to grow the fastest over the next ten years. Infometrics forecasts that filled jobs in healthcare and social services will grow 20% between 2024 and 2034. This compares

⁴² <https://www.1news.co.nz/2024/06/21/scarce-hospital-jobs-for-grad-nurses-great-problem-to-have-health-boss/>

⁴³ <https://www.politik.co.nz/healthnz-and-luxon-at-cross-purposes-over-budget-blowout/>

⁴⁴ Source: <https://kaitiaki.org.nz/article/left-out-in-the-cold-is-it-really-about-health-budget-constraints/>

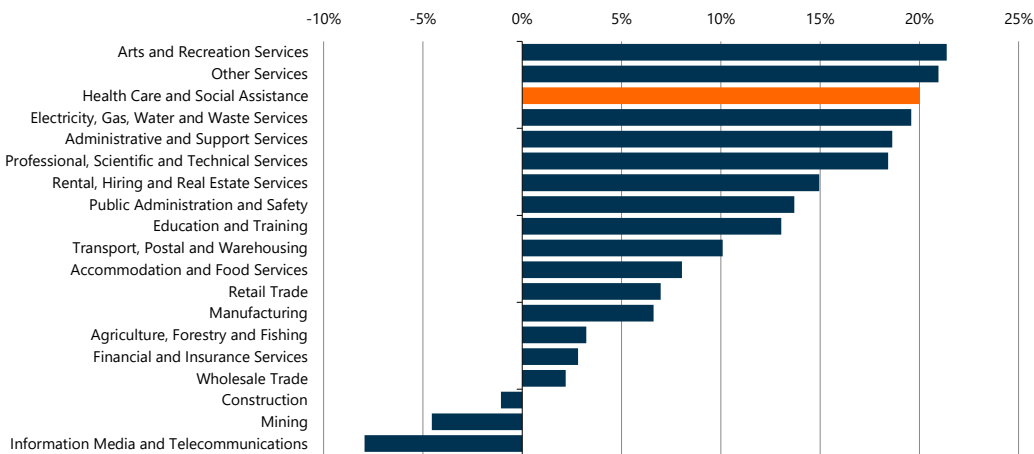
⁴⁵ Source: Infometrics

with growth of 7% in manufacturing, a decline of 1% in construction, growth of 7% in retail trade, and 13% in education. Other industries that are forecast to be fast-growing over the next ten years, but which are currently smaller employers of Māori are arts and recreation (21%), other services (21%), electricity, gas, water and waste services (20%), administrative and support services, (19%) and professional, scientific and technical services (18%) (Chart 11). New job growth is only part of the story. All industries will need to draw in new workers to replace those workers that exit the industry for retirement and other reasons.

The education and professional, scientific and technical services industries will compete with the healthcare industry for degree-qualified Māori. But most industries require degree-qualified workers for at least some of their jobs.

Chart 11

Other industries compete for the Maori workforce
Growth in filled jobs, 2024 to 2034



Is a change in setting needed?

The 2020 Health and Disability System Review, Arotake Pūnaha Hauora, Whaikaha Hoki⁴⁶ found that the improvements in Māori health outcomes will come from better primary and community care services being provided in ways that are more accessible and appropriate for Māori communities. The Pae Tū: Hauora Māori Strategy also committed to delivering high-quality primary and community-based health services that are accessible, timely, and both clinically and culturally safe for Māori.

Improving primary and community care services for Māori will require a much greater focus on understanding the health needs of Māori communities, addressing these needs in a more connected way, and expanding outreach and home-based care, and addressing the social and cultural determinants of health. This could be achieved through the Iwi-Māori Partnership Boards (IMPBs). Following the disestablishment of Te Aka Whai Ora Māori Health Authority, the 15 IMPBs are losing a lot of the statutory

⁴⁶ <https://www.health.govt.nz/system/files/documents/publications/health-disability-system-review-final-report.pdf>

power they had to influence policy and funding at a national level. However, they will be given responsibility for the delivery of local services in their areas.

Broadly speaking, Māori nurses tend to be more highly represented in primary and community settings such as community mental health, public health, youth health, addiction services, school health, family planning/sexual health, and primary health care, and less represented in medical settings such as emergency and trauma, medical, surgical, perioperative care, and intensive/cardiac care.

Primary care faces challenges such as a lack of senior clinicians to develop nurses' capabilities to broaden their scope of practice and pay disparity between nurses in primary/community care and medical settings. A survey by the New Zealand Nurses Organisation in 2023 found that, on average, general practice nurses were paid 14%-21% (between \$5.14 and \$7.88) less per hour than their Te Whatu Ora counterparts.⁴⁷

Primary care has been under-resourced for successive years.⁴⁸ Patients at Māori-owned primary care providers also tend to have higher needs than patients at other primary care providers because they come from poorer socio-economic backgrounds, have higher levels of morbidity and multi-morbidity, and tend to be located in rural settings which are further away from other health providers. Māori-owned primary care providers also tend to charge their patients lower fees.⁴⁹

So, there are significant funding issues to address. But, if more resources were put into primary care and community settings, population parity for Māori nurses could be more easily achieved in these settings than in hospital settings where Māori nurse representation is currently lower.

This is a multi-decade project

The Health New Zealand | Te Whatu Ora estimates of the numbers required to reach population parity by 2034 (as outlined in the Growing the workforce to meet demand on p34) demonstrate that the Māori nursing workforce is unlikely to achieve population parity in the next ten years. There simply aren't enough nurse training places available, and there may not be the demand to fill those places even if they were.

Population parity is most likely a 20-or even 30-year project. It requires cross-party buy in to ensure fidelity across electoral cycles, long-term planning and commitment from health agencies, consistent leadership across generations of leaders within those agencies, and collaboration between those agencies to ensure a joined-up approach to both the training and employment of Māori nurses.

If the overall strategic goal is population parity. Intermediate goals are needed to ensure the system is heading in the right direction. These goals could include key milestones such as Māori making up 9% of the nursing workforce (half-way to parity) and 13.5% (three quarters of the way). They could also include achieving parity in certain practice

⁴⁷ https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6520/nzno-research-shows-clear-pay-disparity-for-general-practice-nurses

⁴⁸ General Practice NZ, Securing Sustainable General Practice in Aotearoa, (2024) <https://gpnz.org.nz/wp-content/uploads/Sustainable-general-practice-in-Aotearoa-New-Zealand-2024-GPNZ.pdf>

⁴⁹ Sheridan et al, Hauora Māori – Māori health: a right to equal outcomes in primary care, (2024) <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-023-02071-6>

settings such as primary or community settings. They could also include goals relating to cultural competence of all nurses.

Workforce development issues

This section looks at the challenges and issues faced by Māori qualifying for, entering, and remaining in the nursing workforce, and what issues are important to Māori nurses in terms of their ability to provide the level of care needed by their Māori patients.

Tertiary education challenges

In 2021, Pipi Barton, Ramai Lord, a Clinical Senior Advisor in the Office of the Chief Nursing Officer: Te Tari o te Tapuhi Rangatira, Manatū Hauora Ministry of Health, and Lorraine Hetaraka, Chief Nursing Officer at Manatū Hauora Ministry of Health reported to the Nursing Pre-registration Pipeline Working Group.

Their report, entitled *Responding to Māori student nurse attrition rates: A summary of research and recommendations for the Nursing Pre-Registration Pipeline Working Group*⁵⁰ provided a summary of current literature describing the factors that act as barriers for Māori student nurses' entry and participation in undergraduate nursing education, strategies to overcome these barriers, and recommendations.

The authors found that for nursing students enrolling at Year 1 there is a considerable gap in Year 3 completion rates for Māori nursing students. The size of this difference diminishes with further years of enrolment. The reasons for Māori nursing student attrition are categorised as structural factors, health and education system factors, organisation factors and individual factors.

Structural factors

Structural factors include the socioeconomic position of Māori and institutional racism. Financial hardship contributes substantially to Māori nursing student attrition rates and impacts both the student and their whānau. The impacts are especially evident for Māori students who must work to self-fund study-related costs at the same time as studying to sustain themselves and support whānau.

Paid placements for trainee registered nurses are not currently permitted by the Nursing Council, which requires clinical learning to be exclusive of paid employment. Health New Zealand | Te Whatu Ora has said it is not considering paid placements as they had a significant cost and were not allowed under current regulations. Instead, it is looking at scholarships to grow pathways for all nursing students and is working with the Nursing Council, education providers, students and employees to find solutions to earn-as-you-learn and placement challenges. Third-year students are required to complete nine weeks of placement. This creates a real challenge for students who've got a job to pay their rent because flexible rotating nursing shifts make it hard to keep another job going

⁵⁰ <https://www.tewhatauora.govt.nz/assets/Whats-happening/Work-underway/Taskforces/Nursing-Pipeline-Programme/Responding-to-Maori-student-attrition-rates-v2.pdf>

at the same time. Students doing their required nine weeks of placement could easily be paid a stipend.⁵¹

Continuing with Barton's 2021 research, it found that, over time, institutional racism has been codified into New Zealand institutions through customs, practice, and law. Many nursing programmes are monocultural and fail to include Māori beliefs, values, and experiences.

Institutional and interpersonal racism are significant challenges that Māori student nurses face daily, during their education and then throughout their nursing careers. The harms include impacts on their wellbeing, grief, and anger, and has intergenerational impacts manifested as an inherited disadvantage.

Health and education system factors

Health and education system factors reinforce the failures of primary and secondary school education systems to deliver for Māori, which in turn impacts Māori abilities to access tertiary education.

These include:

- poor access to Māori-centred health and science career promotion information, and a lack of Māori role models and mentors in the health and education sectors,
- recruitment and marketing that is not tailored to rangatahi (young Māori people),
- a lack of confidence to study at tertiary level combined with complex enrolment processes and high entry criteria,
- high course costs and low awareness of funding sources,
- often-distant location of institutions from rural Māori communities and an absence of formal links between academic departments and Māori communities,
- in recent times the digital divide (electronic deprivation) inhibiting participation in online courses, and
- the length of courses, perceived study workloads, and inadequate Māori-relevant support programmes.

The lack of quality career information and educational planning means students are not given the opportunity to be inspired or even adequately prepared for tertiary study in health. Recruitment and marketing strategies lack targeting rangatahi and have the propensity to provide stereotypical images of nursing as an ageing non-Māori workforce.

⁵¹ Source: Kaitiaki New Zealand, *Maranga Mai! What needs to change for a safe, representative and flourishing nursing workforce?* (2023), <https://kaitiaki.org.nz/article/maranga-mai-what-needs-to-change-for-a-safe-representative-and-flourishing-nursing-workforce/>

Organisational factors

When Māori are successful in entering tertiary level education, they are then met with additional organisational barriers such as:

- reduced or an absent institutional commitment to Māori workforce development,
- environments that are not considered 'Māori friendly',
- programmes that are not responsive or relevant to Māori, limited Māori specific course content, unsuitable teaching and learning approaches, unsupportive and culturally unsafe learning environments, and
- a lack of Māori specific study pathways, not being able to access Māori role models and mentors and a lack of opportunities to work in a Māori way.

Organisational barriers are further enhanced through personally mediated racism in education and the low numbers of Māori nurse educators in nursing education.

Māori students must leave their families, communities, and support networks. They then enter a western tertiary environment that is unfriendly and foreign and can lead to their feeling isolated and culturally alienated.

Individual level factors

Individual barriers to success for Māori students include:

- limited exposure to tertiary education,
- an absence of role models and mentors from within their whānau,
- whānau commitments,
- community expectations, and
- lack of access to reliable Wi-Fi or internet, poor communication about their studies, and feeling undervalued, particularly during the COVID-19 pandemic when tertiary education delivery was disrupted by social distancing requirements.

For many Māori students they are first in the whānau to undertake tertiary education, often not knowing anyone who has studied or worked in the health sector, leading to additional pressure on the student as whānau may not understand the commitment necessary when undertaking tertiary study. Conflict or tension can emerge when students are forced to prioritise their whānau commitments over their study.

Some factors, such as racism, interact across all four structural, health system, organisational, and individual categories.

Māori student cohorting supported by Māori teaching practices

In 2023, Shelaine Zambas, Programme Leader BHSc (Nursing) at Auckland University of Technology, Jan Dewar, Head of Nursing at Auckland University of Technology (AUT)

and Jenny Tokomauri McGregor, at Auckland University of Technology (AUT) researched the effects of Māori student nurse cohorting.

In their report, *The Māori Student Nurse Experience of Cohorting: Enhancing Retention and Professional Identity as a Māori Nurse*⁵² they commented that, while Bachelor of Nursing (BN) Māori specific programmes have been successful, there are not enough of them.

The call for more culturally responsive teaching and learning strategies saw one tertiary provider implement Māori student cohorts for labs and tutorials in year one and two of the Bachelor of Health Science Nursing programme. Māori students attended tutorials and simulation labs together in their first two nursing courses. Where staffing allowed, Māori lecturers were assigned to facilitate the tutorials and labs. Zembas' research explored the student experience of the cohorts.

The main finding of the research was that cohorting of tauira Māori needs to be supported by teaching practices which include tikanga Māori, wānanga as a formal teaching strategy, and the overt demonstration of manaakitanga to ensure it meets the needs of Māori nursing students. When integrated into programmes of study, Māori student cohorts have the potential to not only support retention, but also the development of the student's professional identity as a 'Māori' nurse.

Participants spoke directly about the role of the cohort in enabling whakawhanaungatanga, that is, the cohort enabled the use of Māori social and cultural process to establish a metaphorical whānau. The inclusion of tikanga (cultural customs and practices) into the classroom and labs provided a sense of normality for participants and helped participants feel that they belonged. Karakia and waiata provide for a more culturally appropriate teaching and learning environment.

Participants described the learning in the labs as discussion based (wānanga). They were able to share stories to support their and other's learning. This style of learning is focused on collaborative knowledge creation rather than transmission from teacher to student.

Manaakitanga was used by participants to describe Māori clinical educator (CE) teaching practices within the labs. Questioning which allowed for wrong answers as a part of learning, or which encouraged open discussion maintains student mana within the learning environment. When the learning environment is created in such a way as to uphold mana, participants felt safe to make mistakes and learn from those mistakes. Participants identified the generosity, care and support of each other as being particularly important for Māori nurses.

More Māori nurse educators needed

In a 2022 paper, *Rhetoric, Racism, and the Reality for the Indigenous Māori Nursing Workforce in Aotearoa New Zealand*,⁵³ Denise Wilson, Pipi Barton and Dr Zoe Tipa, chair of Wharangi Ruamano – Māori Nurse Educators in Aotearoa and a Senior Lecturer in nursing at Auckland University of Technology commented on the continued low

⁵² <https://www.nursingpraxis.org/article/73358-the-maori-student-nurse-experience-of-cohorting-enhancing-retention-and-professional-identity-as-a-maori-nurse>

⁵³ <https://ojin.nursingworld.org/table-of-contents/volume-27-2022/number-1-january-2022/rhetoric-racism-and-the-reality-for-the-indigenous-maori-nursing-workforce/>

proportion of nurse educators in undergraduate nursing programs across Aotearoa who were Māori (fewer than 3% of Māori nurse educators).

Research with Māori students indicates that having Māori nursing role models and having their cultural identity affirmed is essential for their success. There is a lack of awareness amongst many non-Māori nurse educators of their responsibilities to deliver content related to cultural safety, specifically Te Tiriti o Waitangi and Kawa Whakaruruhau.

Nurse educators tend to be drawn from the pool of experienced practicing nurses. Burnout of Māori nurses and subsequent workforce exits result in a smaller pool of experienced Māori nurses. Pay rates are a further barrier. Pay rates for nurse educators are much lower than those of experienced practicing nurses which means practicing nurses need to accept a significant drop in earnings if they are to become nurse educators.

Monitoring performance of nursing schools needed

In their 2022 paper,⁵⁴ Denise Wilson et al commented that the Nursing Council do not regularly monitor performance of nursing schools for recruitment, retention, and success of Māori.

Underperformance, and resistance by nursing schools to provide a national dataset and metrics to track recruitment, retention, and success of Māori nursing students, remain an issue. Thus, the lack of a national strategy and robust evidence, despite calls from Māori nursing leadership, makes it difficult to understand the problems affecting Māori.

Recommendations to decrease Māori student nurse attrition rates

In their 2021 paper to the Nursing Pre-registration Pipeline Working Group,⁵⁵ Pipi Barton et al made several recommendations to decrease Māori student nurse attrition rates.

- Inter and intra sectoral collaboration must occur across all sectors involved in the education and employment of nurses.
- Address financial hardship barriers with targeted funding initiatives to attract and retain Māori in nursing programmes.
- Address institutional racism and marginalisation by requiring schools of nursing to adopt and implement the Ministry of Health's Te Tiriti o Waitangi framework, and a zero-tolerance policy for racism which includes monitoring and proactively responding to racism and discrimination, inclusion of implicit bias training for preceptors, educators, and clinical supervisors, and support for students exposed to racism and discrimination.

⁵⁴ Rhetoric, Racism, and the Reality for the Indigenous Māori Nursing Workforce in Aotearoa New Zealand, Wilson D, et al (2022) <https://ojin.nursingworld.org/table-of-contents/volume-27-2022/number-1-january-2022/rhetoric-racism-and-the-reality-for-the-indigenous-maori-nursing-workforce/>

⁵⁵ Responding to Māori student nurse attrition rates: A summary of research and recommendations for the Nursing Pre-Registration Pipeline Working Group, Barton, P et al (2021) <https://www.tewhatauora.govt.nz/assets/Whats-happening/Work-underway/Taskforces/Nursing-Pipeline-Programme/Responding-to-Maori-student-attrition-rates-v2.pdf>

- Address equity of outcomes by having the Nursing Council develop and adopt a position statement that explicitly refers to health equity and equity of outcomes and include Māori nurses in the review of nursing policy, competencies, and standards.
- Support the development of culturally relevant and engaging workforce and education marketing strategies developed by Māori that specifically target Māori.
- Establish and fund a transition pipeline from high schools into the undergraduate nursing programmes which includes quality health career advice, authentic whānau engagement, support for transition from secondary school to tertiary education, and funded transition programmes for people applying for tertiary education as second-chance learners.
- Establish and resource a national career pathway programme for nurses entering nursing education that prioritises growing the Māori nurse educator workforce.
- Promote Bachelor of Nursing curriculum changes that require the practical application of Te Tiriti principles and cultural responsiveness to Māori, including adopting Kawa Whakaruruhau as the underpinning document for cultural safety for Māori.
- Deliver more Bachelor of Nursing – Māori programmes locally across NZ to increase Māori student recruitment and retention.
- Require all schools of nursing to collect, analyse, evaluate, and report data related to the recruitment, retention, and successful completion of courses and programmes for all Māori students entering and enrolled in nursing programmes. This should include data from transition pipelines from high schools, and transition courses.
- Require all schools of nursing to adopt a national set of indicators that measure and report meeting their Te Tiriti o Waitangi obligations. This should include outcome measures that highlight improvements undertaken to improve the quality of the learning environment and experience for Māori.
- Introduce targeted funding initiatives to attract and retain Māori in nursing programmes and include additional provisions for Māori students to access hardship funds to cover transport costs, uniforms, textbooks, computers, and childcare support.

Health and Disability System Review recommendations

The 2020 Health and Disability System review made several recommendations regarding the training of the Māori health workforce that are relevant to the training of Māori nurses.

- Work with the Ministry of Education and supporting local initiatives to encourage Māori and Pacific students to achieve in primary school and high school and take health, science, and maths-based subjects at high school.

- Expose Māori and Pacific students to potential careers and link them with mentors and internships.
- Make it an expectation that more Māori and Pacific people are accepted into tertiary, polytechnic and other courses and making those courses welcoming for Māori and Pacific students while also supporting timely completion and balancing of other commitments.
- Offer learn-as-you-earn training and development opportunities (e.g. to upskill kaiāwhina), flexible, low-cost, closer to home, and rural training opportunities.
- Invest in more kaupapa and matauranga Māori training opportunities.

Recommendations relating to health career exposure, making courses more welcoming, enabling students to balance other commitments, and offering flexible, lower cost, closer to home, and rural training directly address issues raised by researchers covered earlier in this section.

Nurse entry to practice programme challenges

In 2021, Dr Jill Wilkinson, a Senior Lecturer in the Victoria University School of Nursing, Midwifery, and Health Practice and acting Associate Dean (Students) for the Faculty of Health, and Nadine Gray, National Chief Nurse at Health New Zealand | Te Whatu Ora reported to the Nursing Workforce Pipeline Group.

Their report, entitled *Nurse Entry to Practice Programmes: Review of the New Zealand literature*,⁵⁶ which was part of the Nursing Pre-registration Pipeline Working Group strategic review of the Nurse Entry to Practice programme (NETP) found that the barriers experienced by taura Māori in tertiary education programmes do not cease on graduation. Rather, similar structural, systems, organisational, and individual determinants continue to impact new nurse graduates (NGNs) within the clinical environments where they are employed, and in postgraduate education settings.

Their key findings were that the health workforce service specifications require NETP programmes to integrate the principles of te Tiriti o Waitangi into practice and promote equitable outcomes for Māori NGNs. Efforts to achieve health equity for Māori must include a culturally responsive effort to support successful NGNs to transition to practice and grow the diversity of the workforce.

A redesign of NETP must be fully informed by consistent and quality input from Māori nurses about their perspectives and aspirations for workforce development and policy. Efforts to increase Māori NGN success and retention in the nursing workforce need to account for the ways in which mātauranga Māori (knowledge and practices) shapes the NETP programme learning framework. Graduate career pathways are needed that align with Māori career aspirations and the desire to make a difference in Māori health outcomes. For example: targeted Māori workforce development programmes.

⁵⁶ <https://www.tewhatauora.govt.nz/assets/Whats-happening/Work-underway/Taskforces/Nursing-Pipeline-Programme/Review-of-NETP-in-NZ-literature-2022.pdf>

A subsequent report to the Nursing Workforce Pipeline Group by Nadine Gray and Lorraine Hetaraka drew on focus group research following on from the literature review to make the following recommendations.

- That Te Tiriti be deeply embedded, committed to, and acted upon by creating a new NETP framework for implementation cross-sector that plans for the growth in capacity and capability of the Māori nursing workforce.
- That this framework includes cross-sector plans for nurturing the mana, health, and wellbeing of new graduate nurses individually and collectively.
- This is inclusive of supporting the local growth of nursing talent among iwi/Māori and Pasifika communities. Equitable recruitment processes that champion Te Tiriti approaches that are inclusive of data sovereignty, iwi community involvement, and ensures the strategic intent of Pae Ora.
- That the framework is designed to guide a nurse with career pathway planning over a minimum of two years and includes dual competency development such as Ngā Manukura o Āpōpō or ANIVA.
- To ensure that the framework includes greater support and training options for increasing the visibility of Māori and Pasifika nursing leadership, inclusive of clinical coaches, educators and co-ordinators.
- Offer a choice of when to commence a postgraduate paper (at a minimum of six months or 'opt out' to start in year two) and choice of paper relevant to clinical practice setting.
- Ensure mātauranga Māori and Pasifika worldviews, values, and models of health are present in our work, including postgraduate study options.
- Appropriate resourcing of Māori specific support roles in addition to NETP coordinator and educator (FTE) roles.
- Redesign the NETP specifications and framework so they are fit for purpose in a variety of clinical practice settings – primary care, community and aged care.

Workforce challenges

Institutional barriers

In their 2022 paper, *Rhetoric, Racism, and the Reality for the Indigenous Māori Nursing Workforce in Aotearoa New Zealand*,⁵⁷ Denise Wilson, Pipi Barton and Dr Zoe Tipa, chair of Wharangi Ruamano wrote about institutional barriers to growing the Māori nursing workforce.

Citing multiple researchers, the authors said that the relative inertia in growing the Māori nursing workforce reflects the lack of genuine planning and commitment by

⁵⁷ <https://ojin.nursingworld.org/table-of-contents/volume-27-2022/number-1-january-2022/rhetoric-racism-and-the-reality-for-the-indigenous-maori-nursing-workforce/>

Aotearoa nursing leadership and the government to increase the Māori nursing workforce and address systemic racism that Māori nurses encounter regularly.

Despite the Ministry of Health and the Nursing Council of New Zealand recognizing the need to increase the proportion of the Māori nursing workforce, there has not been any targeted intervention for either education or practice. Understanding barriers to increasing the Māori nursing workforce, the authors said, requires an examination of the inertia in the nursing leadership in Aotearoa.

Mechanisms for representation on the Nursing Council of New Zealand highlight how structural racism exists in nursing leadership. The legislation deems members are either appointed by the Minister of Health or voted in by nurses themselves. However, as only 7.5% of nurses are Māori, the likelihood of selecting or voting Māori members is low.

Despite concerns raised about the divide between education (under the Tertiary Education Commission) and the employment of nurses for healthcare practice (under the Ministry of Health), there has been no resolution to connect these two sectors. This divide creates a disconnect between the education and supply of Māori registered nurses for the practice environment that enables rhetoric and racism to thrive.

Institutional racism

In their 2022 paper, *Rhetoric, Racism, and the Reality for the Indigenous Māori Nursing Workforce in Aotearoa New Zealand*,⁵⁸ Denise Wilson, Pipi Barton and Dr Zoe Tipa, chair of Wharangi Ruamano wrote about institutional racism head on. The authors comment on discrimination and marginalization ranging from:

- microaggressions that Māori nurses face daily,
- active denial of opportunities to progress professionally and educationally,
- being reported for transgressing professional boundaries when engaging with Māori whānau in culturally appropriate ways, and
- higher workloads imposed because they have dual clinical and cultural competence.

While some racism experienced by Māori nurse educators is overt, the authors said, the inaction of managers when racism occurs ensures its continuance. This expectation places responsibility for racially based cultural and structural change within nursing at the feet of Māori nurses — expecting Māori to fit within health services, rather than changing the health services and nursing practices to better align with cultural needs of Māori.

The pressure of expectations

Writing for the Nursing Review in 2016, Dr Lisa Stewart, University of Auckland, Associate Head of the School of Nursing asked, *Māori and Pacific nurses: is burnout*

⁵⁸ <https://ojin.nursingworld.org/table-of-contents/volume-27-2022/number-1-january-2022/rhetoric-racism-and-the-reality-for-the-indigenous-maori-nursing-workforce/>

*inevitable?*⁵⁹ Dr Stewart wrote about the pressure of community expectations, employer expectations, and Māori nurses' own expectations.

Stewart recalls as a young university student in the 1980s being told by Māori student association leaders that, on graduating, Māori students like herself should help their whānau, hapū and iwi in some way, be it serving on the marae committee or helping out at kohanga reo. She hears stories of nurses, particularly who work in rural communities with high Māori populations, that in the supermarket people approach you to ask you for your advice because you are whānau, Māori, and approachable. Then if you've got somebody sick within the whānau, you go to work, do your work, and then come home and take over your shift caring for the sick whānau member.

In the same article, Kerri Nuku, NZNO said she had heard of hospitals placing Māori new graduates in particular units or wards well known to be racist in the hope of trying to change the behaviour of the staff. Eseta Finaua, Chairperson Pacific Nursing Section NZNO, said another workplace expectation is the belief that Māori and Pacific nurses should be allocated the Māori and Pacific patients, without the workload impact being considered.

Community, and employer, expectations may be high of Māori and Pacific nurses but often so are the nurses' expectations of themselves in doing their best to improve the health outcomes of their people. Dr Stewart said Māori and Pacific nurses don't usually see this work as a burden but more a natural extension of being part of a community.

Stewart's research found that occupational stress was not lower in kaupapa Māori health providers than in mainstream providers – on the contrary, role overload and organisational constraints were all higher. But the coping strategies were better, which matched earlier research findings that the top factors encouraging Māori health workers to stay with a health provider included being able to make a difference to Māori health and to their iwi or hapū, and that Māori practice models and approaches were valued.

Cultural competency of all staff is important

Dr Stewart recommended placing value on cultural, as well as clinical, competence in the workplace. If all nurses were culturally competent to deal with all the cultural groups that they see in their practice, then the burden of responsibility for Māori patients becomes everybody's responsibility.

Dr Stewart gave an example of an organisation she worked at where it was clearly expected that a Māori staff member would lead the karanga but all ethnicities and nationalities were invited to be part of the waiata group that performed support songs and helped set up the powhiri.

In the same article, Kerri Nuku, NZNO, said that clinical competency outweighs the need for nurses to be seen to be culturally appropriate. For example, nurses must undergo ongoing professional development to be deemed clinically competent, whereas it is accepted that nurses will still be culturally competent after attending, though not necessarily participating in, a Treaty of Waitangi workshop five years previously.

Kerri Nuku also advocated for strong mentoring programmes not only for new Māori nurse graduates but also for Māori nurses throughout the continuum of nursing until

⁵⁹ <https://www.nursingreview.co.nz/issue/february-2016-vol-16-1/maori-and-pacific-nurses/>

retirement. Stewart commented that networking with other Māori health professionals has emerged as an important coping strategy for stress.

Māori first, nurse second

In 2023, Ebony Komene, a Researcher at the University of Auckland Centre for Medical and Health Sciences Education, Debra Gerrard, a Researcher at Auckland University of Technology Department of Health Care Practice, Bobbie Pene, a Nursing consultant at Health New Zealand, Jenny Parr, a Researcher at University of Auckland School of Nursing, Cath Aspinall, a Senior Lecturer at University of Auckland, and Denise Wilson carried out a qualitative study of Māori registered nurses.

Their findings, outlined in *A tohu (sign) to open our eyes to the realities of Indigenous Māori registered nurses: A qualitative study*,⁶⁰ were grouped under three themes: Māori first, nurse second, cultural loading and compromised realities. Many of the findings support comments made by Dr Stewart in her 2016 Nursing Review article *Māori and Pacific nurses: is burnout inevitable?*⁶¹ outlined above.

Māori nurses' relationships with Māori patients and whānau through whakapapa meant whakawhanaungatanga (making and maintaining relationships), manaakitanga (hospitality and generosity), tino rangatiratanga (self-determination, sovereignty) and mana enhancement (all part of Māori knowledge) were foundational to their ethic and philosophy of care.

Including Māori knowledge, values, and theories was a key priority in improving Māori patient experiences in acute services. The nurses offered suggestions such as regulating patient ratios to enable time for whakawhanaungatanga because this directly benefitted relational engagement. Māori nurses bring with them an understanding of te ao Māori and cultural values and practices. This enables them to effectively engage with and respond to Māori and their whānau to meet their needs. Māori nurses in this study saw themselves as fundamentally Māori first, and therefore, intrinsically prioritized Māori cultural knowledge and practices.

Cultural loading

Cultural loading burdened Māori nurses with additional unpaid work, often going unrecognized. Māori nurses were expected to fill knowledge gaps and educate their non-Māori colleagues, undertake care of Māori patients and whānau in addition to their daily work and act as unofficial spokespersons for Māori patients and whānau. This is despite legislated requirements (s.118(i) Health Practitioners Competency Assurance Amendment Act 2019) making it clear that health practitioners in Aotearoa are required to be culturally competent, including being respectful and effective in their interactions with Māori.

These extra responsibilities are undertaken without recognition and remuneration. Continuous cultural loading of Māori nurses perpetuated distrust in their non-Māori colleagues' ability to provide care for Māori. Māori nurses talked about feeling tired,

⁶⁰ <https://onlinelibrary.wiley.com/doi/10.1111/jan.15609>

⁶¹ <https://www.nursingreview.co.nz/issue/february-2016-vol-16-1/maori-and-pacific-nurses/>

undervalued, and unrecognized because of their duty to care for whānau, but their Māori identity and value by the healthcare system are under-recognised.

The resistance by non-Māori colleagues when they encountered 'the aggressive, angry or difficult Māori patient' was not a reason to absolve their nursing, cultural and team responsibilities.

Issues of cultural loading have been raised by other researchers (e.g. Pipi, B at al 2002) in the context of institutional racism.

Compromised realities

The reality between caring in a Māori way and navigating western hospital models of care is a conflicting space that means Māori nurses disengage with their cultural identity to continue in their nursing role. Māori nurses bridge two worlds to resolve conflict that arises for Māori patients and whānau seeking health services. This involves Māori nurses advocating for, and defending, Māori customary practices, and interpreting the movements that patients and nurses need to make between the non-Māori and Māori worlds.

The healthcare system and structures Māori nurses work in compromise the hybridity of Māori nurses' expertise that combine their respective Māori knowledge, priority for equity, and application of clinical theory to patient care. The compromised reality is nurses being pressured to address the racist systemic inequities at the expense of their own identity and well-being.

Modes of practice rather than models of care

The authors found that modes of practice rather than models of care are required to improve healthcare delivery for Māori entering the hospital. Modes need to be developed that facilitate respectful and effective engagement with, and responses to, patients and whānau, and are mindful of their realities. Modes of practice involve mana-enhancing engagement processes between healthcare providers, patients and their whānau. The authors recommended the following.

- Māori nurses have access to regular resourced Māori cultural supervision as best practice.
- Workload policies are strengthened to ensure equitable workloads and leadership development for Māori nurses.
- Māori nurses lead the development of nursing modes of practice for working with Māori peoples.
- The non- Māori workforce is developed and supported to work more effectively with Māori and their whānau in culturally safe ways.

Health and Disability System Review recommendations

The 2020 Health and Disability System review made recommendations regarding the recruitment, retention, and development of the Māori health workforce that are relevant to the training of Māori nurses.

- Review of recruitment policies to remove any biases and ensure they value the cultural and other skills that Māori staff can offer.
- Consider targets for employment of Māori staff.
- Māori provider development and pay equity.
- Provide mentoring, leadership training and development for Māori and involve them in developing, monitoring and evaluating solutions.
- Provide opportunities and encouragement to return to the workforce after a break.

The review also identifies several opportunities to strengthen best practice employment processes. These are not mentioned in the context of Māori workforce development but would be beneficial to the Māori nursing workforce.

- Recruitment processes should value different skills and experience and be more open to considering 'fit' as being critical when trying to grow a workforce that better reflects the communities being served.
- Active evidence-based strategies to reduce staff burnout and improve wellbeing.
- Deliver programmes to upskill kaiāwhina, in line with the Kaiāwhina Workforce Action Plan, and to staircase into other roles such as nursing.
- All staff must develop cultural safety and competence to engage with Māori and to understand Māori perspectives, understand and respect te Ao Māori concepts, knowledge, values and perspectives, understand and, where appropriate, use tikanga Māori, and develop some te reo Māori.

The costs of burnout

When Māori nurses experience burnout, what does it cost them and the health system? The cost to the individual is hard to quantify but that is no reason to underestimate its significance. Burnout can materialise in any number of ways from lack of sleep to feelings of exhaustion, grief, anger, frustration, and an inability to cope with daily life. Physical manifestations can include gastrointestinal problems, high blood pressure, poor immune function (getting sick more often), reoccurring headaches, inability to concentration, and depressed mood.⁶²

For the health system, the cost of burnout can include an increase in sick leave or an increase in referrals to occupational health. Patients are less likely to receive empathetic care from nurses experiencing burnout. Workforce exits rates might be higher as burnout prompts Māori nurses to leave the workforce. Higher workforce exits make it harder to increase the size of the Māori nursing workforce to fill current workforce shortages, achieve population parity, and to maintain service levels as the population increases. Burnout-related workforce exits reduces the number of experienced Māori nurses available to mentor and support younger Māori nurses.

⁶² <https://www.verywellmind.com/stress-and-burnout-symptoms-and-causes-3144516>

The Health Workforce Plan 2023/24

Health New Zealand | Te Whatu Ora's Health Workforce Plan 2023/24⁶³ pinpoints growing our nursing training intake and significantly improving the retention of trainee nurses as our best opportunities to meet future demand for nurses. Student intakes are not impeded by domestic training capacity but by student interest and the availability of placements in the right locations for students.

The workforce plan commits to doing the following:

- better engaging young people in nursing as a career of choice,
- to making nursing pathways much more accessible to adults who want to retrain into health or progress from kaiāwhina roles, and
- to better coordinate placements across providers nationwide.

The workforce plan recognises that reducing attrition in training will require wrap-around support, including academic and cultural support, to students – particularly tauira Māori.

The plan also specifies a range of initiatives to grow pathways for Māori in health that are relevant to nursing which include the following.

- Expanding access to hardship support for tauira Māori.
- Growing existing, tailored programmes which support tauira Māori into hauora tertiary programmes and rongoā Māori pathways.
- Extending opportunities for rangatahi and tauira Māori to have paid work experience opportunities in the health system that are within their own rohe with primary and community hauora Māori partners.
- Funding hauora Māori partners to recruit and develop educator and trainer capability, so they can grow capacity over time.
- Scaling and funding Māori access to earn-as-you-learn and modular training pathways into health careers, such as enrolled nursing.
- Growing funding for Māori to access postgraduate and vocational training opportunities across health professions including in primary, community, rural and rongoā settings.
- Lift the number of Māori trainees in the Nurse Practitioner Training Programme (NPTP).
- Expand cultural and mentoring support for kaimahi Māori prioritising those who are training while working in health and into leadership roles.
- Expand access to clinical coaches for our Māori workforce using mātauranga Māori models.

⁶³ <https://www.tewhatauora.govt.nz/publications/health-workforce-plan-202324/>

- Support Māori access to governance leadership development, to support health system stewardship and Iwi-Māori Partnership Boards.

Many of these initiatives align with the recommendations made by researchers into the barriers that Māori face entering and remaining in nursing training and the workforce (summarised above). The research should also inform the implementation of the workforce plan initiatives. Implementation should address, for example, how best to alleviate financial hardship for tauira Māori, the adoption of culturally relevant marketing practices, the practical application of Te Tiriti principles and cultural responsiveness to curriculum and course delivery, and the delivery of more Bachelor of Nursing – Māori programmes locally across the NZ.

Making nursing pathways more accessible to adults who want to retrain into health or progress from kaiāwhina roles can be achieved with earn-as-you-learn initiatives such as those introduced in Te Tai Tokerau and Tāmaki Makaurau. Iwi providers employ the ākonga as kaiāwhina, then release them to study full-time for an enrolled nurse qualification. Manatū Hauora Ministry of Health pays for the salaries, course fees, and materials such as laptops, travel costs, and milestone payments for student progress. In all, about \$78,000 per student over the 18 months. The employers must also provide clinical placements to other ākonga.⁶⁴ Earn-as-you-learn schemes were recently recommended by General Practice NZ in their report *Securing Sustainable General Practice in Aotearoa 2024*⁶⁵ as a means to address workforce shortages.

The workforce plan also points to the need to change models of care which require improved pathways to nurse practitioner, nurse prescriber, and other specialist roles. We need to ensure that Māori are sufficiently represented in these roles. Research is required to better understand the barriers that Māori face transitioning into these roles.

With regards to racism in the workplace, the plan mentions the need to continue to promote equitable recruitment practices to further reduce racism and bias in hiring and promotion. Based on research into the deep-rooted racism that Māori face in the nursing workforce, focussing solely on recruitment practices does not seem like a sufficient response.

The plan also commits to developing a national cultural capability framework to recognise staff's cultural skills consistently, and to roll out consistent national cultural safety and Tiriti o Waitangi supports. These might support the development of cultural competence and safety in professions that do not currently have such standards. However, nursing has had cultural competence standards for some time. Based on research into cultural loading, the issue in nursing is that standards are not maintained over time and not applied in the workplace.

⁶⁴ Source: Kaitiaki New Zealand, *Maranga Mai! What needs to change for a safe, representative and flourishing nursing workforce?* (2023), <https://kaitiaki.org.nz/article/maranga-mai-what-needs-to-change-for-a-safe-representative-and-flourishing-nursing-workforce/>

⁶⁵ <https://gpnz.org.nz/wp-content/uploads/Sustainable-general-practice-in-Aotearoa-New-Zealand-2024-GPNZ.pdf>

Technical appendix

Counting Māori nurses

Data on the number of Māori nurses was provided by Health New Zealand. Health New Zealand gets its workforce data from the Nursing Council which keeps a register of nurses with Annual Practicing Certificates and surveys nurses annually to gather information about their ethnicity, among other things. Nurses can report multiple ethnicities in this survey.

In this report, a nurse is counted as part of the nursing workforce if they are registered, have been issued with an Annual Practicing Certificate in either an enrolled nurse, registered nurse, or nurse practitioner scope of practice as of 31 March each year, and who report that they are practicing in New Zealand.

In this report, any nurse reporting Māori as one of their ethnicities is counted as a Māori nurse. The percentage of all nurses that are Māori is calculated as the number of Māori nurses as a percentage of all nurses who specified their ethnicity in the survey.

In most survey years, the number of nurses who do not specify their ethnicity is small (usually less than 100). However, between 2021 and 2023 the number jumped to several thousand. Expressing the percentage of all nurses that are Māori as the number of Māori nurses relative to all nurses who specified their ethnicity in the survey accounts for this jump in non-responses.