

**Becoming a Pasefika Registered Nurse: Reflections of their student nurse experiences in  
Aotearoa New Zealand**

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Degree  
Master of Health Sciences in Nursing**

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## ABSTRACT

This dissertation investigates the student experiences of Pasefika Registered Nurses in Aotearoa New Zealand. Its purpose is to identify the facilitators and barriers for Pasefika students in the Bachelor of Nursing degree. By recognising and identifying these factors and considering how these can be approached, we can influence change for the next generation of Pasefika nursing students.

Pasefika communities in Aotearoa New Zealand experience poorer health outcomes than their non-Pasefika counterparts. Combined with the predicted increase in demand for Pasefika health services, the deficit of Pasefika nurses in Aotearoa New Zealand will result in Pasefika labour supply issues and will continue to severely impact health outcomes for Pasefika people nationwide.

Participants of this study shared their own personal voyage in a Talanoa focus group setting. Five prominent themes were identified utilising thematic analysis: common *facilitators* and *barriers* that they encountered; *relationships* within the nursing profession; their *sense of achievement*; and *reflecting on their voyage as a nursing student*.

The participants' reflections strongly emphasised the following: the importance of strengthening the relationships between all stakeholders in the student's journey; a functional Pasefika support role within institutions to facilitate academic and pastoral support for Pasefika students; tertiary institutions understanding the complexities of the Pasefika student worldview; addressing the tendency to homogenise 'brown' students; and most importantly, encouraging and celebrating the Pasefika profile within the nursing programme.

## GLOSSARY

<b>Aotearoa</b>	Māori name for New Zealand
<b>’Ānau</b>	Cook Islands Māori term for family
<b>Aiga</b>	Samoan term for family
<b>Alofa</b>	Samoan word for love
<b>Fa’afetai lava</b>	Samoan word for “thank you very much”
<b>Fāmili</b>	Tongan term for family
<b>Fonofale model</b>	Pacific model of health promotion and wellbeing
<b>Kai Tiaki</b>	Māori concept of guardianship
<b>Kāiarahi Pasifika</b>	Pacific Academic Leader
<b>Kia ora</b>	Māori language greeting for hello
<b>Kiwi</b>	Term commonly used to describe New Zealanders
<b>Lagolago</b>	Samoan word for support
<b>Magafaoa</b>	Niuean term for family
<b>Matavuvale</b>	Fijian term for family
<b>Mōrena</b>	Māori language greeting for good morning
<b>Nga iwi o te moana ni a Kawa</b>	Māori term for people of the Pacific Ocean
<b>Palagi</b>	Samoan term that refers to an Anglo/European person
<b>Pasifika</b>	Collective term used to describe people of the Pacific
<b>Pasefika</b>	Samoan term used to describe people of the Pacific
<b>Pasefikaness</b>	Being, or of having characteristics regarded as Pasefika
<b>Savalivali fa’atasi</b>	Samoan term for walking together
<b>Talanoa</b>	Pasefika term for dialogue or to converse
<b>Tangata Whenua</b>	Māori term used to denote Māori as “people of the land”
<b>Tiriti o Waitangi</b>	Māori term for the Treaty of Waitangi, founding document of Aotearoa New Zealand
<b>U’ulima fa’atasi</b>	Samoan term for holding hands together
<b>Wairua</b>	Māori term for spirit or soul

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## CHAPTER ONE: Introduction to the study

*A fia vave o'o lou va'a, alo na'o oe, ae a fia tuli mamao le taunu'uga, tatou alo fa'atasi*

*If you wish to go fast, go alone; if you want to go far, go together*

*– Samoan Proverb*

### 1.1 My Personal voyage to becoming a Pasefika Registered Nurse

This voyage begins with a well-known Samoan proverb to encourage us all in our journey together – to never give up the crusade of improving Pasefika health in Aotearoa New Zealand and ultimately, health equity for all New Zealanders:

*O le upega tautau, ae fagota*

*If at first you don't succeed, try, try, and try again*

I jumpstarted my tertiary education journey in 2013 after an unsuccessful stint at the University of Canterbury in 1995 and 1996. My first attempt at university was hampered by family (aiga) responsibilities in Aotearoa New Zealand and in Samoa, full time employment to help support my aiga, and a deficiency in understanding the demands of the university environment and tertiary education system. This time, I returned to study with a wiser head, a mission and a commitment to empowering our Pasefika communities, and most importantly, a longing to prove to myself that I could reverse the unsuccessful tertiary experiences of nearly two decades prior. There was huge pressure from those who believed in me to succeed. My intention was to try again, to encourage and inspire my aiga and community to aim high, and to know that anything is possible if you put your heart, mind, and soul into your work.



With this burning desire to enhance Pasefika health and wellbeing, I graduated with a Bachelor of Health Sciences degree at the University of Canterbury in 2015 and went on to complete the two-year Bachelor of Nursing degree at ARA Institute of Canterbury in 2017. This is in conjunction with the Master of Health Sciences degree at the University of Canterbury which is awarded on successful completion of this dissertation. The two-year nursing pathway allowed me to complete the degree in less time, while combining my skills in fitness training and health education in a nursing role with the goal of empowering communities through a holistic lens to promote illness prevention rather than illness cure.

This research topic is important on a personal level as my own voyage to becoming a Pasefika Registered Nurse has been one of the biggest challenges of my life. This experience is also reflected in stories shared by my relatives and friends within the Pasefika community who contemplated nursing as a career but never pursued the training or started the degree pathway and dropped out of their studies. This is concerning as I believe our Pasefika community is well suited to the nursing profession. Pasefika people value relationships and connections. As a Samoan, it is in our *collective* nature to look after each other and to work collectively for the greater good. It is also in our nature to look after the vulnerable and the less fortunate. This can be seen as analogous to the crux of professional nursing and in particular the relational essence between the patient and the nurse. Whilst there are varying types of patient-nurse relationships, a mutually negotiated partnership as described by Morse (1991) is reliant on the patient's needs, the commitment of the nurse, the duration of contact between the nurse and patient, and the patient's willingness to trust the nurse. The relationship is dynamic and dyadic, dependent on how the other is perceived in an ongoing interaction (McQueen, 2000; Morse, 1991). The value of a negotiated partnership by embracing the concepts of *caring for* and *caring about* patients

has positive effects on patient recovery (McQueen, 2000; Pearson, 1991). These concepts sit at the core of Pasefika values of caring for one another.

As a Pasefika nursing student, I consistently struggled to understand nursing theory and at times the content was overwhelmingly difficult to comprehend. For me, science was a very challenging subject in high school, so I needed to change my mindset and approach towards learning science-loaded subjects such as pathophysiological conditions, pharmacology, and physiological implications. The demands required of clinical placements within the degree structure were significant. The nursing clinical placement is about connecting the dots or hooking the knowledge by aligning the nursing theory to the practical exposure in the workplace (Cadigan, 2017). The expectations of a firm understanding of the theory and asking plenty of questions can be viewed as arrogance and showing disrespect within Pasefika culture. However, the Clinical Lecturer may view this as a lack of confidence and disengagement from the student. In my experience, it was about finding a balance between impressing the preceptor, being respectful, and not sounding too overconfident. Despite these difficulties I was fortunate to be surrounded by a very supportive aiga and group of friends who understood the large amounts of time required to be away from home-life to study for the nursing degree. I was blessed with eager proof readers who read through my assignments and study buddies with whom I worked closely throughout the pathway, encouraging and supporting each other through the good and bad times. As a mature student I was diligent in accessing assistance during the most crucial times of the pathway. I knew that to succeed, I had to be vocal in my intentions in asking for help. To help ease the financial burden of student life, I pursued as many academic scholarships as possible and taught several group fitness classes throughout the school week. This also acted as a great stress release.

As the only Pasefika Registered Nurse graduating from my year, one of the goals from this research is to see how we can increase the number of Pasefika students who reach the finish line by identifying the successes, learning outcomes, and barriers for the Pasefika Registered Nurses interviewed for this study whilst on their student journey. As I reflected on my own student clinical placements, I noted a high proportion of Pasefika clients in the various health settings, yet a deficit of Pasefika health workers and only a small number of Pasefika nurses. As Pasefika clients connect more authentically with Pasefika health workers (Tu'itahi & Lima, 2015), this poses a real concern for a community with poorer health and education outcomes than their non-Pasefika counterparts (Sopoaga et al., 2011). An increase in the Pasefika nursing workforce would be one way to alleviate these discrepancies to help establish relationships with Pasefika individuals and their aiga in the various health settings and address their presenting concerns in a holistic manner.

Pasefika culture spans a 5000-year history with a richness of values, practices, dimensions, and knowledge of health and healing systems. The unique nature of this knowledge and experience defines Pasefika health as “the empowering of Pasefika peoples and their communities to take control of their holistic health and wellbeing, and their future. It is an indigenous approach that is inter-disciplinary and multi-dimensional” (Tu'itahi & Lima, 2015, p. 76). This is exemplified by Fuimaono Karl Pulotu-Endemann’s Fonofale holistic model which uses a Samoan traditional meeting house (fale) as a metaphor to explain the Samoan concept of health (Pulotu-Endemann, 2009). The Fonofale model (see Appendix A) is a Pasefika health promotion model that connects the health needs of Pasefika people to their cultural identity. According to the Fonofale model, the concept of a fale is the Pasefika way to symbolise the holistic partnership of culture, family (aiga/’ānau/fāмили/magafaoa/matavuvale), and the individual's health and wellbeing (Pulotu-Endemann, 2009).

In further developing the research area of interest, critical questions must be addressed about the discrepancy between Pasefika nurses and those from other cultures completing the nursing programme. What are the reasons behind Pasefika students not enrolling into nursing programmes nationwide or completing the nursing degree? Conversely, what are the driving factors for Pasefika students graduating in the Bachelor of Nursing degree both locally and nationally and how can we use these factors to influence change for the next generation of Pasefika nursing students?

As this voyage takes shape, may it encourage openness, integrity, passion, and all stakeholders working collectively for the greater good of improving Pasefika health outcomes.

## **1.2 Background**

Pasefika people are a minority ethnic group in Aotearoa New Zealand making up 7.4% of the total population (Wikaire et al., 2017) and this is forecast to increase to 10% of the total population by 2026 (Sopoaga et al., 2013). Pasefika communities experience poorer health and education outcomes and lower socio-economic status than their non-Pasefika counterparts (Sopoaga et al., 2011). According to Tukuitonga (2011), determinants that significantly impact Pasefika health and wellbeing include high unemployment status, low levels of income, and inadequate housing. Pasefika people underutilise health services across the preventative, primary, and secondary health sectors (Ministry of Health, 2016). Language barriers, health illiteracy and not questioning the clinician out of courtesy and respect are critical obstacles for Pasefika peoples (Sopoaga et al., 2011). Underutilisation of health services by Pasefika people is an indicator of the breakdown of the health system to provide accessible and appropriate services to these communities (Southwick, Kenealy, & Ryan, 2012; Tu'itahi & Lima, 2015). Furthermore, there is a major shortage of Pasefika people in the health workforce with only 2.2% of nurses, 1% of doctors, 0.6% of dentists, and 0.2% of pharmacists being Pasefika (Wikaire et al., 2017).

Increasing the Pasefika health workforce will contribute to improving health outcomes within this community and encourage a more diverse workforce within Aotearoa New Zealand's increasing multicultural society (Sopoaga et al., 2011).

### **1.3 Problem statement**

To increase the Pasefika health workforce there is a critical need to recognise and address the factors that contribute towards Pasefika academic achievement within the tertiary environment. Pasefika student dropout rates are higher than other non-Pasefika groups. Pasefika students are underrepresented in bachelor level programmes, with lower retention and higher attrition rates than their non-Pasefika counterparts (Ministry of Education, 2012; Wikaire et al., 2017).

Combined with the predicted increase in demand for Pasefika health services, the lack of Pasefika nurses in Aotearoa New Zealand will result in future labour supply issues in the Pasefika health sector and will continue to impact health outcomes for Pasefika people in Aotearoa New Zealand. According to Nana, Stokes, Molano, and Dixon (2013), the current Pasefika nursing workforce is severely disproportionate to the ethnic composition of Pasefika in Aotearoa New Zealand. Consequently, the shortage of Pasefika nurses will disadvantage Pasefika communities if these gaps are not addressed (Nana et al., 2013). Southwick and Solomona (2007) have previously challenged tertiary institutions across Aotearoa New Zealand to address low Pasefika access into the nursing programme. Apelu (2008) also recognised a need for professional nursing education and development programmes to address Pasefika mental health nursing shortages and issues pertaining to recruitment and retention of these nurses. There are currently two dedicated Pasefika nursing programmes in Aotearoa New Zealand, the Bachelor of Nursing Pacific programmes delivered by Whitireia New Zealand and Manukau Institute of Technology. However, this does not address the issues identified due to the location

of these nursing programmes, as their location is a geographical barrier for students not based in these regions.

#### **1.4 Importance of the research**

This study aims to explore the experiences of Pasefika Registered Nurses who have successfully completed the Bachelor of Nursing degree and to identify the factors that contributed towards their success. In addition, this research will identify the barriers and challenges described by the participants. There is currently no local research investigating Pasefika Registered Nurses' nursing student experiences, and there is very limited nursing literature regarding Pasefika nursing or nursing students nationwide or internationally.

#### **1.5 Research question and purpose**

This research investigates the student experience of Pasefika Registered Nurses and explores the nurses' perceptions of facilitators and barriers while on their student journey.

The purpose of exploring these research questions is to identify whether the experiences of Pasefika Registered Nurses during their nursing studies could help address the barriers to retaining Pasefika until successful completion of a nursing degree in Aotearoa New Zealand. This could potentially encourage strategies to stimulate growth and the retention of Pasefika nursing students in schools that do not have Pasefika nursing streams.

#### **1.6 Overview of the study**

This dissertation is divided into six chapters. In this chapter, I have outlined the scene of this voyage with an introduction of the study and the importance of this research topic. The problem statement and significance of this study has been identified. The following chapter will discuss and critique the available literature, including published research, relevant to this study. Chapter Three presents an outline of the qualitative research methodology, method, and design

used for this study. This chapter introduces Pasefika Talanoa research methodology in a focus group setting and considers the ethical requirements for this project. Chapter Four is a presentation of key findings based on thematic analysis that emerged from the conversation of the Talanoa focus group with the Pasefika Registered Nurses. Chapter Five draws from the previous four chapters to provide a discussion about the project and offers an insight into these findings. Chapter Six ends with concluding thoughts, an outline of its implications, limitations of the research, and the inclusion of recommendations for future practice.

## **CHAPTER TWO: Literature review and critique**

*Fakamalolo ke he tau amaamanakiaga, ke mafola ai e tau matakainaga*

*Strengthen all endeavours and the community will benefit*

*– Niuean Proverb*

### **2.1 Chapter introduction**

This chapter provides a critical review of the national and international literature on the experiences of Pasefika nursing students. This review considered peer-reviewed articles, published or unpublished theses, and government documents related to the research topic. A list of the databases utilised for the literature review and key words used in these searches is listed in Appendix B. All studies included in the review were required to have been peer-reviewed and fulfil the research topic requirements.

The review identified a deficit of published studies with respect to the experiences of Pasefika nursing students both in Aotearoa New Zealand and worldwide. Three key themes were evident in the literature review. First, almost all the literature reviewed focused on the complexities and the struggles of Pasefika students assimilating into tertiary institutions within Aotearoa New Zealand and overseas. Secondly, the review highlighted a Pasefika way of learning that incorporated a wider collective approach in improving learning and success outcomes for these students. Finally, there was a dearth of literature regarding Pasefika health professionals' education and the experiences of Pasefika student nurses' experiences in Aotearoa New Zealand or globally.

Literature suitable for this review has been categorised into four sections. The first section reviews the status of Pasefika tertiary education throughout Aotearoa New Zealand. Although tertiary institutions seek the overarching goal of achieving equitable academic



outcomes for all students in Aotearoa New Zealand, academic disparities for Pasefika students are clearly evident in the literature reviewed. The next section identifies tertiary learning environments that disadvantage Pasefika students. It also reviews literature of tertiary institution initiatives that cater for Pasefika students in enhancing their learning in a Pasefika culturally safe setting. The third section explores Pasefika tertiary education literature within the health professionals' sector. The final section examines literature relating to Pasefika students' experiences throughout nursing schools both in Aotearoa New Zealand and worldwide.

## **2.2 Research gap**

A gap identified in the literature is the paucity of studies which describe the experiences of Pasefika student nurses both in Aotearoa New Zealand and worldwide.

## **2.3 Pasefika education in Aotearoa New Zealand tertiary institutions**

A review of Pasefika education literature in Aotearoa New Zealand from 2001 to 2012 shows clear gaps in research-based knowledge with regards to strategies in improving learning and success outcomes for tertiary Pasefika learners nationally (Chu, Glasgow, Rimoni, Hodis, & Meyer, 2013). It highlights the lack of research with respect to disparities in Pasefika students' outcomes, and reinforces the importance of further research on teaching and learning practices to enhance Pasefika student participation, the roles that aiga and communities play within the student journey, supportive Pasefika-friendly environments affecting Pasefika learning, and increased interest given to transition into tertiary study (Chu, Glasgow, et al., 2013).

Tertiary institutions in Aotearoa New Zealand continue to fall below their overarching goal of achieving equitable academic outcomes for indigenous, ethnic minority, and poorer students enrolled in tertiary education (Wikaire et al., 2017). Pasefika families tend to live in lower socio-economic areas which can result in students being disproportionately academically underprepared for the tertiary environment (Millward, Stephenson, Rio, & Anderson, 2011; Tinto, 1993). The stumbling blocks that students from low to medium decile secondary schools

face when entering tertiary study include unrealistic expectations for tertiary study, inadequate academic preparations including making strategic subject choices, and high family expectations (Madjar, McKinley, Deynzer, & Van der Merwe, 2010). This results in significantly lower graduation rates for Pasefika and other disadvantaged groups in the lower income brackets in comparison to middle and high-income students, even if these students are highly motivated and talented (Carnevale & Rose, 2003; Millward et al., 2011). These socio-economic barriers are major contributors impacting higher attrition rates for Pasefika students in tertiary institutions around Aotearoa New Zealand (Wikaire et al., 2017).

The learning environments created by institutions in Aotearoa New Zealand have advantaged some ethnic groups over others, thereby resulting in academic disparities for ethnic minorities (Harris, Cormack, & Stanley, 2013). For example, a study of Pasefika women graduates identified low expectations and negative stereotyping by lecturers with regards to their academic performance. The women felt they had been treated differently from students of other ethnic groups within the tertiary education institutions (Mara, 2006). Tertiary institutions have a responsibility in understanding, listening and actively responding to the needs of their Pasefika scholars and their community and to widen Pasefika participation, retention, and degree completion (Toumu'a & Laban, 2014). Petelo (2003) advocates for an inclusive approach and practical initiatives from tertiary institutions to remove barriers from Pasefika students' learning.

In response to the New Zealand Government's education strategy in 2000 to increase Māori and Pasefika academic achievement, Auckland University of Technology, a tertiary institution in Aotearoa New Zealand, actioned a student initiative to hold extra tutorials for Māori and Pasefika students who had difficulties with an undergraduate paper in 2006 (Nakhid, 2006). Yet such initiatives can be problematic as evidenced by some of the academic staff at this tertiary institution who were opposed to the implementation of tutorial sessions for Māori and Pasefika students. Some academic staff deemed these tutorial sessions as unethical due to the

positive discrimination inherent in government grants focusing solely on Māori and Pasefika student needs at the expense of other ethnic groups. They considered the tutorials to be preferential treatment with the favouring of one group of students over another. Nakhid (2006) argued the need for social justice as tertiary staff at this institution who opposed this initiative were withholding opportunities for academic progression of underperforming marginalised groups and individuals.

Pasefika success, retention, and equitable access must be measured as an outcomes-based regulatory goal and educational institutions must be challenged to serve the needs of a more inclusive and equitable society (Benseman, Coxon, Anderson, & Anae, 2006). Benseman and colleagues 2006 study investigated the factors which led to retaining Pasefika students in tertiary institutions and identified the promotion of a Pasefika presence, availability and accessibility of Pasefika staff, and positive role models in the tertiary environment as positive factors for increased retention. Negative factors included a lack of support structures, pressures within family and peer groups, issues surrounding finances, language barriers, attitudes, and motivation (Benseman et al., 2006). Rio & Stephenson (2010) and Ng Shiu (2011) recognised family support and cultural identity as pivotal to academic learning, as well as connection to language and culture. Mentoring relationships between Pasefika peers enhances students' educational success (Chu, 2009), and provides the qualities of confidence and leadership for Pasefika mentors (Chu, 2010). The use of Pasefika mentors promotes an inclusive learning environment, and develops relationships between students and lecturers (Mara & Marsters, 2009). For example, mentoring and tutoring was made available to first-year University of Auckland Pasefika engineering students as part of a programme to successfully increase and engage students in the School of Engineering, resulting in higher achievement and retention rates for these first-year students (Murray & Morgan, 2009).

## **2.4 Pasefika orientated learning environments**

According to O'Regan (2006), Pasefika students live between the demands of their own culture and a Western worldview throughout their lives. Kalavite (2010) explains that it is essential for Pasefika students to straddle both worldviews successfully in achieving academic success in tertiary education. Kepa (2011) recommends that institutions must create culturally inclusive learning environments. Tertiary institutions must also consider the cultural learning styles of each student as they attempt to connect both worldviews to their learning (O'Regan, 2006). Learning advisers play a crucial role in communicating with lecturers to support students with their studies (Davidson-Toumu'a & Dunbar, 2009) as academic staff must also develop tools to assist marginalised Pasefika students. Knowledge of Pasefika ways of knowing and acting is required if they are to address their academic needs (Kepa, 2011). An example of this is understanding that Pasefika students tend to remain silent or not ask questions in the classroom out of respect, fear or reverence for the teacher (Davidson-Toumu'a & Dunbar, 2009).

Pasefika students require Pasefika solutions to better prepare and improve academic performance at tertiary level (Fletcher, Parkhill, Fa'afai, Taleni, & O'Regan, 2009). Ross (2009) identified a number of culturally relevant peer support programmes and tertiary learning support for Māori and Pasefika students, including study skills assistance, peer mentoring, advice and support, regular contact with student peers, academic counselling and teacher professional development. Improvements in learning and literacy for Pasefika students have been demonstrated in teaching and learning environments that embrace Pasefika values, cultural knowledge, and language identification (Fletcher et al., 2009).

Pasefika students in South Auckland identified barriers to tertiary learning such as living in an underprivileged socio-economic neighbourhood, aiga and work commitments, lack of physical study space, and belonging to a community that was over-represented in underachievement statistics (Millward et al., 2011). Despite the numerous challenges faced, these

students managed a learning pathway and were successful in completing their studies within their local environment. Similarly, Airini et al. (2009) advocated for Pasefika student learning environments and a partnership between educators, students, and Pasefika experts. This would promote teaching practices that were appropriate for Pasefika learners, with enhanced focus on achieving Pasefika success and addressing barriers to learning.

A report by Chu, Abella, and Paurini (2013) examined Pasefika tertiary student successes using best educational practices. Questions were framed around perception of success, the enabling factors that contributed towards achievement, and engagement of tertiary institutions. Group sessions were held at five institutions nationwide, including The Manukau Institute of Technology, Pacific Training Institute, University of Otago, Victoria University of Wellington, and Whitireia New Zealand. These institutions were selected for the project as they were regarded as Pasefika champions in creating learning initiatives for Pasefika students. The project identified key themes which contributed to student success, including robust teaching and learning relationships, institutional commitment, and appreciative pedagogy (Chu, Abella, et al., 2013). In building flourishing relationships, cultural identity, aspirations, and values were respected. The creation of Pasefika spaces and learning environments was the commitment from the institution to support Pasefika student wellbeing (Chu, Abella, et al., 2013). Institutional commitment also required active engagement between the institution and the Pasefika community, embracing supportive and significant Pasefika role models. Appreciative pedagogy incorporated family support and personal commitment to learning within a 'learning village' at the institution. (Chu, Abella, et al., 2013). Additionally, Fa'avale, O'Brien, Green, and McLaughlin (2016) challenge tertiary institutions to use cultural knowledge systems in supporting Pasefika students' needs to enhance academic performance and success.

## **2.5 Review of Pasefika health profession education**

Wikaire et al. (2017) recently reviewed success outcomes for Pasefika, non-Pasefika, Māori, and non-Māori students in health professional education. This study demonstrated the impact of secondary school grades, bridging foundation programmes, and socio-demographic factors and their relationship to academic outcomes at tertiary level. These factors were shown to negatively impact Pasefika and Māori students to a greater extent than for their non-Pasefika and non-Māori counterparts (Wikaire et al., 2017). Wikaire and colleagues (2017) also highlight the institutional focus on individual learning rather than promoting a collective environment as a barrier to supporting the learning needs of Pasefika students. This reinforces earlier studies which describe the daunting experiences of Pasefika students who feel culturally isolated within large classes, and often experience racial discrimination in predominately white institutions (Curtis, Townsend, & Airini, 2012; Orom, Semalulu, & Underwood, 2013; Wikaire et al., 2017). Wikaire et al. (2017) recommends that new innovative learning and teaching approaches must be explored to cater for the needs of students from Pasefika, Māori and lower socio-economic environments.

The Sopoaga et al. (2011) study of first year Pasefika students enrolled in the Health Sciences pathway at the Otago University in 2010 showed 60% of Pasefika students passed all first semester papers. Furthermore, only 23% of Pasefika students were successful in progressing onto their chosen health professional pathway after completion of their first-year examinations (Sopoaga et al., 2011). This study highlighted the complexity of Pasefika achievement at tertiary levels. Transition into the tertiary environment and engagement factors were highly valued despite the low overall academic performance achieved. The students had maintained reasonable relationships with their local student associations, support networks, aiga, wider communities, and other Pasefika students. However, the study highlighted further investigation is needed with regards to Pasefika students' preparation for university, their perception of study, and methods

and purpose for learning (Sopoaga et al., 2011). In particular, it identified that better preparation is required at high school level with the focus on science subjects (Sopoaga et al., 2013).

## **2.6 The Pasefika nursing student journey**

The achievement rates for Pasefika nursing students enrolled in nursing pathways around Aotearoa New Zealand remain unacceptably low (Scott, 2018). The exception to this is the Bachelor of Nursing Pacific programmes delivered by Whitireia New Zealand and Manukau Institute of Technology which incorporates Pasefika values and practices throughout the programme. Scott (2018) attributes the success of the programme to “the active engagement of all relevant stakeholders” (p. 2). Furthermore, both nursing institutions recognise the need to provide structures for Pasefika students to incorporate their heritage and culture into their study programme (Penn, 2014).

Literature on Pasefika nursing student experiences in Aotearoa New Zealand is limited. Southwick (2001) reflected on the journeys of four Pasefika nurses who studied at various nursing schools throughout Aotearoa New Zealand. The study challenged the nursing profession to examine its role in creating a dominant culture that enforces boundaries between ‘them’ and ‘us’ and encourages Pasefika people to “move past states of alienation and learn how to walk in multiple worlds with confidence and power” (Southwick, 2001, p. 3). The birth of the Bachelor of Nursing Pacific by Whitireia New Zealand in 2004 was in response Southwick’s 2001 research (Scott, 2018). The programme reflected Southwick’s recommendations for Pasefika nursing students to feel safe in a culturally supportive study environment (Southwick, 2001). Whitireia took on a unique approach by creating an individualised nursing curriculum and specific course content to allow for an indigenous perspective (Penn, 2014). From a Pasefika perspective, this revolutionary programme catered to the learning and cultural requirements for Pasefika students in a collective supportive environment (Southwick & Scott, 2005). Southwick (2001) also contested the mainstream view of nursing education for indigenous nursing students

and highlighted that the complexities that these students face is often masked by the dominance of the hegemonic culture of nursing.

These experiences mirror the journey of Māori nursing students in their encounter of the tertiary environment. Panapa (2009) investigated the wellbeing of Māori nursing students and found that Māori students throughout Aotearoa New Zealand struggled through their nursing degree programme. The study highlighted the declining physical and mental health status of students who had no whānau support or were unable to have their cultural needs met whilst studying. This emphasises the importance of tertiary institutions to address issues of retention and improve recruitment by providing culturally supportive programmes deemed acceptable to kaupapa Māori for Māori students (Panapa, 2009).

Usher et al. (2013) explored the motivations and ambitions of student nurses in ten Pacific Island nations. Four themes were identified with respect to student motivation. The first was making a difference for their people by servicing the villages, increasing nursing numbers, and health promotion. The theme of helping others was prompted by saving their fellow villagers, as well as educating, and caring for their people. Other motivations included following in the footsteps of others such as family and friends, having observed nurses caring for others or themselves, and the financial and professional implications of nursing (Usher et al., 2013). By better understanding the motivation of nurses, improvements to nurses' recruitment in the future can be improved (Usher et al., 2013). The study illustrated the drive and willingness of the students to help their Pasefika nation regardless of the lack of resources and the potential to pursue lucrative offers of employment in the developed world (Usher et al., 2013).

A study by Gilchrist and Rector (2007) found higher attrition rates were evident from ethnic minority students in nursing schools throughout the United States of America. Their findings recommended the implementation of supportive learning environments by tertiary institutions to cater for different abilities and understanding. Attraction of ethnically and



culturally diverse students into the nursing pathway must start throughout high school and partnerships between tertiary institutions, school districts, health providers, and hospitals are essential. Programmes such as RN explorers, Nursing Future, and Kids into Health Careers gave clear information for the requirements of entering the nursing programme. Nursing programmes have the responsibility to recruit, retain, and graduate nurses. Diversity must also encourage both genders from all ethnicities and backgrounds. An active and positive recognition of a career in nursing, financial and social support, and educational preparation are key to supporting, retaining, and attracting students from diverse populations (Gilchrist & Rector, 2007).

Nurses from diverse backgrounds can improve the quality of health care. A diverse nursing workforce helps provide culturally competent nursing care and overcome language barriers within an increasingly diverse population (Gilchrist & Rector, 2007). The Nursing Network and Careers and Technology initiative has been developed as a pipeline programme in the United States to enhance successes and to work through challenges for students from ethnically diverse and rural backgrounds (Metcalf & Neubrandner, 2016). Nursing schools must be innovative with initiatives to attract ethnically diverse students, and support systems must be in place to deal with the educational, social, and financial barriers of these populations (Metcalf & Neubrandner, 2016).

## **2.7 Chapter summary**

In preparing for the voyage forward, preceding research must be acknowledged. The literature review identified several essential gaps. These included the paucity of studies which describe the experiences of Pasefika student nurses both in Aotearoa New Zealand and worldwide; with a predominant focus on learning complexities and barriers faced by Pasefika students in the tertiary institution. Furthermore, there is limited research regarding Pasefika ways of learning and the education of Pasefika health professionals’.

The following chapter outlines the methodology, methods, and design utilised to answer the research question on the student experience of Pasefika Registered Nurses in Aotearoa New Zealand and explores the nurses' perceptions of facilitators and barriers while on their student voyage.

## CHAPTER THREE: Research methodology, method and design

*Ala i sia, ala i kolonga*

*Skillful on the mound (Sia), skillful in the hut (Kolonga)*

*The ability to successfully function in multiple contexts:*

*skillful, adaptable and functional in more than one environment increases survival*

*– Tongan Proverb*

### 3.1 Chapter introduction

In any research, fulfilling the requirements of the research question requires the appropriate methodology and suitable methods of participant recruitment, collection and analysis of data in an ethically safe environment. This chapter looks at each component of this voyage. It describes why Talanoa, a Pasefika methodological approach, was chosen for this research and how it was applied in a focus group with Pasefika Registered Nurses based in Christchurch, Aotearoa New Zealand. This chapter also describes the use of thematic analysis to interrogate the data.

### 3.2 Philosophical assumptions

#### 3.2.1 Critical theory

Historically, research methodologies were designed to identify issues and provide solutions in the *taken-as-granted* dominant culture; however these are deemed unsuitable in searching for solutions applicable to Pasefika peoples (Vaiioleti, 2003). According to Miller (2015), a considerable proportion of literature involving Pasefika individuals has been undertaken by either non-Pasefika researchers or researchers that are not connected to or have misrepresented the ‘silenced voices’ of the community studied. These researchers are ‘cultural outsiders’ which raises several challenges. Cultural outsiders may distort, disregard or amplify

evidence therefore misrepresenting the participants' voices (Miller, 2015). Furthermore, these 'cultural outsiders' may draw conclusions which rather than being factual could emerge from their own assumptions, with the reporting and analysis reflecting their own covert value judgements (Miller, 2015). For example, Benham (2006) was critical of the quality of research work on the Pasefika population based in the United States, citing an absence of researcher positioning and a lack of the cultural, historical, and social context of the community.

Critical theory draws attention to 'decolonising' research by valuing and reclaiming indigenous voices and epistemologies. The process of decolonisation is used in research and in performance to create a cross-cultural partnership amongst indigenous researchers and their allied others to reiterate the 'silenced voices' of the indigenous (Denzin & Lincoln, 2008). Furthermore, Matheson (1997) argues that researchers must respect and endorse the worldview of indigenous peoples and allow their opinions to be voiced on an equal platform. Critical, decolonising, and indigenous methodology is perceived as inquisitive and performative and a demonstration of ongoing dialogue between all stakeholders within a dialectical process resulting in progression and advancement (Denzin & Lincoln, 2008). From a critical theory perspective, control is given back to the indigenous communities and ethical structures should reflect indigenous philosophies (Denzin & Lincoln, 2008). Decolonising methodology embodies an activist agenda working towards social justice, self-determination, sovereignty, and emancipatory goals (Swadener & Mutua, 2001).

Indigenous epistemology provides peoples from dominant cultures with an alternative view of knowledge production in diverse cultural insights and processes (Kincheloe & Steinberg, 2008). Researchers from indigenous or 'native' communities must "unlearn Western philosophies in order to re-learn or embrace one's spirit as a native" (Anae, 2010, p. 4). The researcher must make a sincere effort to unlearn or suspend colonising perspectives (Benham, 2006). Understanding one's own positioning within the context of the community studied is crucial in

qualitative research (Anae, 2010). Research frameworks designed for Pasefika individuals or communities require the acknowledgement of their holistic worldview, values of respect and consensus, insight of knowledge and wisdom, by utilising a verbal platform (Tupuola, 1998). As a result, methodological practices developed for Pasefika by Pasefika are viewed as more culturally appropriate. Talanoa is a well-known example of such a practice.

### **3.2.2 Pasefika Methodology – Talanoa Research Methodology**

Pasefika methodology requires the researcher to examine their own lens and to ensure that rigour is undertaken when dealing with the social, spiritual, cultural, and historical context of the group of Pasefika people studied (Benham, 2006). Its primary function is to generate understanding and knowledge of Pasefika peoples and their environments (Bennett et al., 2013). One of the most commonly used research approaches within the Pasefika realm is Talanoa.

Talanoa is a descriptive and qualitative Pasefika methodological approach which is oral, interactive, and ecological (Vaiioleti, 2006). Timote Vaiioleti, a Tongan philosopher and co-creator of the Talanoa methodology, states that the use of this methodology requires the researcher to understand Pasefika concepts, notions, and emotions expressed in Talanoa (Vaiioleti, 2006). There is an ontological issue here; ontological assumptions are steered by the nature of reality and being whereas the Pasefika worldview is guided by the essence and wairua (spirit) of the encounter (Vaiioleti, 2006).

*Tala* means to tell, notify, ask, relate, or narrate (Vaiioleti, 2006). *Noa* implies to the context of the dialogue. This could be in a range of situations: informal, contemporary, historical, formal, in everyday conversation, or without contemplation or effort (Vaiioleti, 2006). Talanoa may be used either positively or negatively. When Talanoa is used in a positive frame, *noa* creates an embracing environment that allows for a welcoming space for conversing and fellowship (Vaiioleti, 2006). *Tala* combines the knowledge, experiences and feelings of both the

participants' and investigators' (Vaiotei, 2006). Talanoa as a form of dialogue brings people and communities together to share their views without concealment (Halapua, 2008).

Talanoa demonstrates a commitment to inclusiveness where there is an agreed purpose (Fletcher et al., 2009; Vaiotei, 2003, 2006). In a culturally-appropriate environment, the participants and researcher converse openly with or without intrusion of a formal questionnaire, either in a group environment, or with families, or in one on one interviews (Vaiotei, 2006). This process helps to break down the barriers between the two groups and empowers the participants with equal ownership of the pathway and heart of the discourse (Vaiotei, 2003). Both the researcher and the participants become co-creators of this knowledge. Consultation and accountability are explored at the early stages of the research as a crucial element of the Talanoa process. Pasefika communities and societies are extremely varied so relationship building is the essence of the process. Common Pasefika values to consider while building relationships in Talanoa include respect and humility, family links and obligations, collective responsibility, community focus, love, service, charity, reciprocity, and spirituality (Bennett et al., 2013). Empathy as an emotional response is viewed as an essential element in Talanoa (Farrelly & Nabobo-Baba, 2014). The cultural bond between the participants and the researcher in the sharing and construction of knowledge makes Talanoa uniquely different to similar approaches such as narrative interviews (Vaiotei, 2006). According to O'Regan (2006), Talanoa can be used by both Pasefika and non-Pasefika researchers as an appropriate methodological approach for Pasefika participants.

### **3.3 Research method**

#### **3.3.1 Using Talanoa in a focus group setting**

Talanoa is widely used within formal or informal conversational settings and utilised for different purposes, either in a group context or one-to-one conversations. By utilising diverse language and behaviour, the context of Talanoa is used to teach ideas or a new skill embedded in

values, attitudes, and knowledge (Chu, Abella, et al., 2013). Talanoa is used as both a verb and a noun (Manu'atu & Kepa, 2002). Talanoa in verb sense is an account of the stories from the past or relating to the experiences, whereas Talanoa in noun form is the art of conversing or talking, or the story or tale (Manu'atu & Kepa, 2002).

Talanoa, in a focus group setting, was applied for this research as it enabled the development of themes and ideas in alignment with the context of this research. The use of focus groups are popular in studies relating to ethnic and cultural minority populations (Morgan, 2008a) and this setting was the appropriate approach in working with the Pasefika nursing community.

Focus groups capture valuable information from participants' knowledge and experiences within the group setting to help better understand the research topic. This research method is particularly useful for examining what and how people think and say, and why they think that way (Nagle & Williams, 2013). Focus groups utilises different elements of communication people use in daily interaction such as storytelling, narratives, anecdotes, and accounts of past experiences (Nagle & Williams, 2013). The exchange of ideas, knowledge, experiences and thoughts is beneficial as peoples' attitudes and knowledge are not fully evident in response to direct questions (Nagle & Williams, 2013). Furthermore, group member comments can assist to trigger responses from other participants (Doody, Slevin, & Taggart, 2013).

Talanoa with the Pasefika Registered Nurses was crucial in providing useful evidence around their experiences as students in their respective nursing programmes. By bringing together people who shared a similar background, Talanoa in a focus group created a platform for the participants to engage in meaningful discussions about the phenomenon of interest. It generated an opportunity for the participants to share and reflect on their experiences as Pasefika learners. The forum helped transcend, share, and compare lived and personal experiences, values and decisions, educational ideology, cultural knowledge, and perspectives in which participants

pursued their own thoughts and discussion. It also helped to pursue the researcher's own data collection goals (Morgan, 2012).

### **3.3.2 Participant recruitment**

Due to the small nature of this dissertation and the amount of time available, purposive and snowball sampling was employed to identify Pasefika nurses that fitted the criteria for this study. Purposive sampling comprises a group of different non-probability sampling techniques that relies on the researcher's judgement in selecting the target population studied (Barbour, 2001). The key objective of purposive sampling is to focus on a population's characteristics that are of interest. Given the subjectivity of the selection mechanism, especially when compared to probability sampling techniques, purposive sampling is deemed the most suitable choice for selecting restricted samples from a confined geographical region or a small subgroup of the population base (Battaglia, 2011; Palys, 2012). Purposive sampling was used to invite Pasefika Registered Nurses in the Canterbury region who fitted the research participant selection criteria to partake in the project. A limitation of this sampling method was the small pool of Pasefika Registered Nurses in the Canterbury region that fitted the selection criteria, compared to the main centres in the North Island.

Snowball sampling is a method utilised to identify potential participants for studies that is limited to a small subset of a restricted population (Morgan, 2008b). If other people were eager to participate in the research, a participant information sheet (see Appendix C) was forwarded to the potential participants. The interested persons were asked to contact the researcher if they wished to participate. This type of sampling technique worked like a chain referral thereby enabling the researcher to access a population that was challenging to sample if employing other sampling approaches (Morgan, 2008b).

The researcher was aware of two potential participants who fitted the selection criteria for this research through contacts in the Pasefika community. The researcher then approached them



to ascertain whether they would be interested in participating. After receiving confirmation from the first two potential participants to partake in the study, the researcher asked these participants to identify people with similar traits of interest, who met the eligibility criteria for the study, and were potentially interested in participating in this study. No pressure or coercion was applied to the participants to contribute.

### **3.3.3 Selection criteria**

Selection criteria was aimed at Registered Nurses who identified as Pasefika origin and had completed their nursing degree in Aotearoa New Zealand in 2012 or after. Recall of the student experience was vital so this project required Registered Nurses who had graduated with a nursing degree in the last five years.

### **3.3.4 Exclusion criteria**

Registered Nurses who did not identify as Pasefika, or Pasefika Registered Nurses who had completed their nursing degrees outside of Aotearoa New Zealand or had completed their degrees in Aotearoa New Zealand before 2012 were excluded from selection.

### **3.3.5 Participants**

Nine Pasefika Registered Nurses who fulfilled the requirements of the research responded to the call to participate. Of the nine potential participants, six attended the Talanoa focus group session held in March 2018. All attendees were female with ages ranging from their early twenties to late forties. Four of the participants were born in Aotearoa New Zealand. One of the participants identified as mixed Pasefika and Palagi (of European descent), and another participant identified as mixed Pasefika and Māori descent. The participants were from four island groups within the Pasefika region: Cook Islands, Niue, Samoa and Tonga.

Half of the participants in the study took up the nursing degree programme straight after completing high school. Five of the participants completed their nursing training in Christchurch and one participant completed her nursing degree in a Wellington institution. All participants had

to juggle aiga obligations while studying the nursing pathway. One participant had childcare responsibilities in conjunction with her study.

### **3.4. Ethics**

The key objective of research ethics is to safeguard participants and to verify that the study is managed in a safe environment that serves interests of individuals and groups within a society (Mutch, 2005). Institutional ethics protect the institution (whichever that may be), the participants of the study and the researcher. But as Amituanai-Toloa (2006) notes “for Pasefika researchers, this protection is limited because it does not address the invisible cultural processes of research nor their rules, procedures and outcomes” (p. 217). When it comes to culture, ethical issues become more complicated and researchers must acquire a sound knowledge of cultural practices that assist them with the formulation of necessary ethics appropriate to research involving participants of their cultural affiliation (Bennett et al., 2013). The project was supported by cultural input from both the University of Canterbury’s Kāiarahi Pasifika (Academic leader) and the Pacific Development Team advisers.

The primary ethical consideration surrounding this project was informed and voluntary consent. Although this work investigated the experiences of a minority cultural group in Aotearoa New Zealand, the nature of the investigation caused no cultural or emotional offence. The research was not cross-cultural in that the researcher identified as Pasefika. Ethical approval for this project was granted by the University of Canterbury Human Ethics Board on 19 February 2018 (see Appendix D).

#### **3.4.1 Participation information sheet and Consent form**

All participants received a participant information sheet which introduced the researcher, a brief outline of the research, the participant’s role in the research, how the research would be used, the process of making a complaint, and the researcher’s and supervisor’s contact details. The participants gave their consent by reading, agreeing to and signing the consent form (see

Appendix E). Participants had the option to withdraw at any time up to the time of the Talanoa focus group. Participants were also informed that once the focus group session finished, their data could not be withdrawn. The participants were interviewed in an appropriate setting using a culturally appropriate format and no distress was encountered. For their time, participants were offered four hours towards their Professional Development Recognition Programme (PDRP) as they were contributing to nursing research (see Appendix F).

The consent forms are kept with the supervisor in a secure and locked environment. The focus group transcripts are kept on a computer file requiring a password entry. Computer data is stored in a secure manner and only accessible to the researcher. Records are retained and stored subject to the requirements of the University of Canterbury and will be destroyed after five years at the completion of the project.

### **3.4.2 Anonymity and confidentiality**

In protecting all participants in the study, the researcher is obligated to the codes of conduct to ensure that the participants' privacy and confidentiality has not been breached throughout the research and that the benefits outweigh the harms (Preissle, 2008). Participants' personal information was removed from the focus group transcript and replaced with numbers to ensure anonymity. Pseudonyms were used to protect the identity of the participants.

### **3.5 Data collection**

The Talanoa focus group conversation was recorded by audio tape for data collection. The participants were informed of this on the information sheet and at the start of the focus group session before signing the consent form. Ground rules were set at the start of Talanoa that included respect for one another's views and opinions, autonomy in an open environment, confidentiality, and patience in the process. Agreeing to participate in the research project meant that any identities of other Pasefika nurses in the focus group or information of opinions provided in Talanoa was kept confidential. To ensure anonymity, no material that could

personally identify the participants was used in any reports on this study. Research data will be destroyed upon completion of this project.

### **3.5.1 Talanoa focus group questions**

In collecting data from the participants, a series of prompts was designed to engage the participants to the topic and encouraged the flow of the conversation. These questions are outlined in Appendix G. The prompts helped to further examine the research question: what were your student experiences of becoming a Pasefika Registered Nurse?

Talanoa ensured that the researcher and participants came together to collaborate and share ideas and knowledge in a meaningful way. Using open-ended questions gave control back to the participants of the topic and at the same time utilised the Talanoa method of collating data in the Pasefika context.

### **3.6 Data analysis – Thematic analysis**

The focus group was transcribed by the researcher to facilitate identification of themes and trends within the data. In interpreting the data, thematic analysis was the appropriate choice for this research. Thematic analysis identifies, analyses, and reports patterns into themes within the data (Braun & Clarke, 2006). The phases of thematic analysis used to analyse the transcript included familiarisation with the content, reading and rereading the transcript many times, and noting down initial ideas (Braun & Clarke, 2006). This led to coding of the data in a systematic fashion, collating data relevant to each code and then categorising these into potential themes. Once this was completed, a working map was constructed to combine the emerging themes from the interpretation of the data before weaving all the information into a coherent story (Braun & Clarke, 2006). The final stage was to apply these themes to write up the research report (Crossley, 2007). The researcher utilised the Microsoft software package which is useful for qualitative research to import, organise and code the data into themes, and to identify patterns and connections (Bazeley & Jackson, 2013).

### **3.7 Chapter summary**

A project of this nature required the researcher to consider the cultural needs of the participants and incorporate their culture into a suitable methodological framework and written text. Talanoa methodology in a focus group setting was chosen for the purposes of this dissertation. Once the researcher was granted approval from the Human Ethics Committee, the process of participant recruitment, data collection, and thematic analysis was applied in ethically safe conditions.

The next chapter will discuss the themes from the analysis of the Talanoa focus group data.

## CHAPTER FOUR: Findings and interpretation

*‘A’ohe hana nui ke alu ‘ia*

*No task is too big when done together by all*

*– Hawaiian Proverb*

### 4.1 Chapter introduction

Analysis of the Talanoa focus group revealed five themes. In describing their student nursing experiences, all participants identified common (1) *facilitators* which enhanced their nursing pathway and (2) *barriers* that they encountered as a nursing student. Three associated themes were also evident in the findings: all participants alluded to the importance of (3) *relationships* within the nursing profession; the (4) *sense of achievement* on an individual level and as a collective; and that of (5) *reflecting on their voyage as a nursing student* to enable change and further improve the experience of future Pasefika nursing students entering the nursing pathway. In the work that follows, pseudonyms are used to protect the identity of the participants.

### 4.2 Theme One – Facilitators

*“It’s just lucky that my family and friends were there just to pull me through because it was hard”.*

With this comment Sala summarised the thoughts of each participant. Aiga and friends played a substantial role in completing their nursing degrees. This was mirrored in Pua’s comment that she had the “whole family involved” in her pathway:

*“I didn’t have a [driver’s] licence, mum and dad would have to drop me in every day ... if I needed a break they would ship me off to my aunty and she would shut everyone out”.*

The high workload demands of the degree meant that Sala could not commit to religious and cultural responsibilities. In spite of this, her parents were understanding: “I was lucky that I had supportive parents, I would say I can’t come to church and they were all good about that”. Her faith also played a massive part in her success with “lots of praying” to give her strength throughout the degree. Tavalea was thankful that “a friend who is a nurse would help me with essays and all that nursing stuff”.

Ana-Malia, Pua and Lave all reiterated support from their fellow students for “getting them over the line”. Ana-Malia acknowledged the support of her closest class mates with her assessments and exams. Pua described that her aiga had “a lot going on in her second year” and was fortunate to lean on a fellow Pasefika nursing student for assistance in her placement:

*“I gravitated towards this Cook Island nursing student and she honestly took me under her wing, even though she had children, she got me and would take me into placements because we were on the same ward. She was someone I will always remember because she just had that mother figure and I just felt comfortable around. She had a similar cultural upbringing. It’s so important”.*

Lave was thankful of the supportive network of her “Pasefika friends through the Pasefika stream” who she referred to as her aiga. Sala had friends who worked in the community and in health and were able to assist her with tutoring and applying for health scholarships. Laisa enlisted the support of the staff at the Māori faculty in her local educational institution as she was unable to find any Pasefika support, “we don’t care that you’re Pasefika or whatever you know you’re just part of us. They found me some support with some of their tutors advocating for me”.

Along with aiga and friends she also had support from a Pasefika academic based at another institution. The nursing tutors at her School were supportive of Ana-Malia and after failing some of her papers she turned to them for assistance ... “the tutors helped me through because they could see I was struggling”. One tutor in particular guided her thorough her degree:

*“when I failed she picked me up ... I have her to thank for a lot of my scholarships and her support because she could see there was no support for our people ... she could tell that I was in a minority”.*

Lave had a different learning experience to the other students as she went through the Pacific nursing stream at a Wellington nursing institution. She describes the copious amounts of wrap-around support throughout her pathway from everyone: “family, tutors, and classmates”. It meant they worked together for the collective goal of successfully completing their pathway together:

*“I loved it ... I was lucky to study there. In my class we call ourselves a family, we could go to anyone like a family member. We did everything together and it was nice because it was a mixture of younger and older people”.*

Lave also commented on the diversity of support offered in the pathway which was a highlight of her student experience:

*“We had Pasefika tutors and Kiwi tutors as well, all very supportive of us ... we had supports at the library where you can have assistance on your essay or your assignment ... it was cool, you get to have fun like play volleyball after class”.*



### 4.3. Theme Two – Barriers

Although there were a number of supports in place throughout their student voyage, the participants also faced numerous barriers to completing their degrees.

With the exception of Lave it was unanimously agreed by the participants that support was inconsistent and lacking from Pasefika staff based in the institution. Sala spoke of her dismay with the role of the Pasefika support person and their own agendas that served their own interests:

*“the people in those roles changed all the time, like three different people in my degree ... it was inconsistent ... there was funding for Pasefika students ... and they focused on other departments like trades and their own projects ... it’s disappointing because they get paid to do a job”.*

Ana-Malia re-emphasised the inconsistency of support, “it was a different face every time something came up”. Tavalea was frustrated with the lack of communication from the Pasefika support team, “nobody sent me an email that said yay you’re Pasefika ... we really want to support you in your journey and this is our team ... none of that was explained”. Pua wanted to brush up on the Samoan language and heard about the course being offered, “I sent numerous emails about their Samoan language courses and got nothing in response ... it’s not very good communication”.

Lack of support was a common theme for the participants. Tavalea spoke of the deficiency in academic and pastoral support offered to Pasefika students:

*“I understood they had a pastoral care unit ... my friend was saying she tried to get some help and somebody else I know tried to get some help and what they would do is just fob them off to other people ... I’m not sure what that unit was there for”.*

As a younger Pasefika nursing student Laisa felt disillusioned with the lack of Pasefika support, she described a disappointing experience:

*“one time I was feeling a little down, so I emailed one of the Pacific peoples, got no reply ... they say they will be there for you but not really, it’s all talk”.*

Pua described how lack of support would result in severe repercussions on a student’s overall academic performance, “I didn’t get any support from them. I can see if there was a struggle for someone else how they would be let down”. As a mature student Sala found she was not comfortable with accessing support from her tutors especially with “doing APA [American Psychological Association] referencing ... and getting critique, so I just gave it [my assignments] to my friends to have a read, is that ok? Yip that will do”. Tavalea was also a mature student and was able to use her life experience to advocate for herself:

*“I’ve had years behind me to be able to speak up for myself especially when I see that there’s injustice and racism, but I think if you’re quite young and not used to dealing with that it would be very hard”.*

The degree was financially draining for all participants especially with the demand of “shift work on placements and travelling commitments.” Ana-Malia alluded to the financial demands when she spoke of the financial burden and stress to the family:

*“when you look at the fees and you look at our families and our obligations, it’s quite stressful like there’s no way my family could have put me through unless I got scholarships”.*

Unfortunately, this was not the case with other Pasefika students who were unable to complete the pathway as Tavalea revealed:

*“I know of one girl that fell out ... why did she fall out ... she shouldn’t of because if she was Pasefika then she should have been supported right from day one, like wrap around support, instead of letting it get to the bottom of the cliff and that’s the institution’s responsibility”.*

All participants agreed with Tavalea’s reflection, “it’s important that institutions must look at what support they are offering our Pasefika students”.

As part of their nursing degree, students were required to work on clinical placements. Lave reflected on her negative experiences from tutors and patients “you can really see some people look down at you because you’re a Pasefika student nurse”. Lave had a tough time with her preceptor in her last year:

*“there was this young nurse, she was my preceptor, and I had a tough time with her. She failed me on my competencies and talked about me and another student from the same class to everyone. She told everyone that we were bad, that we couldn’t do anything right. Every little thing we missed out she was like, what the hell are you doing? She painted a picture that she doesn’t really like Pasefika and brown people”.*

Laisa also recalled a situation with a tutor in her final year:

*“she was just horrible, she couldn’t understand why I wasn’t putting in a hundred percent, going home and doing my homework, but she didn’t realise that I got family stuff to deal with and she was like, why can’t you do this? It’s all black and white to her but you know we have other priorities”.*

Tavalea spoke of her experiences as a mature student in regard to her interactions with patients in one of her placements:

*“Oh, are you the cleaner? Are you the coffee person? Especially if they were old and Palagi and didn’t understand that cultural shift”.*

Ana-Malia also described interactions with patients in her placement not valuing her as a nursing student but rather obsessing on her ethnicity:

*“So where do you come from? You tell them, and they ask where’s that? Then you explain it to them. They are not listening to anything else but where you are from. It shouldn’t matter where I come from”.*

Pua alluded to her experiences of losing her Pasefika identity throughout the degree:

*“there was a couple of us that were Pasefika and you get lumped with brown ones who come through because you’re brown you know and it’s kind of like yeah, I get that”.*

Sala spoke of Pasefika being seen as the poor cousin to their Māori counterparts:

*“we came under the Māori Department so does that mean that Pasefika are not as important as Māori? I totally understand that Māori is Tangata Whenua but when we look at our Pasefika statistics they are bad in all the chronic diseases so why isn’t Pasefika seen as just as important?”*

Ana-Malia added to the reflection:

*“the Māori student nurses got sponsorships to go up north but there was nothing for Pasefika or if there was something then the Pasefika support staff did nothing about it”.*

#### **4.4 Theme Three – Relationships**

All participants acknowledged the importance of being surrounded with other Pasefika peers and connecting with Pasefika patients. Ana-Malia was always on the lookout for Pasefika staff, “trying to look for another Pasefika and it was hard to find and so I became an introvert”. Sala explained the close connection with her community, “Pasefika patients responded better to me than they did to my colleagues”. Being of mixed Pasefika and Palagi ethnicity, Pua was able

to share her village affiliations and enhance the value of relationship building with her Pasefika patients:

*“I felt like my mother in me was coming out and it’s just valuable having that upbringing and knowing your mum’s village, being able to say that to someone and they are surprised as not many Kiwi born know where their families are from”.*

The connections were not only limited to Pasefika patients but also to patients of other minority groups. Tavalea found she had similar experiences with Māori patients in the wards on her placement “that connection when you see a brown face and I will always say ‘kia ora’ or ‘mōrena’, that was a door opening, it’s simple things like that form a relationship”. Ana-Malia had attached herself to the Filipino nurses on her placement as they had “similar viewpoints about family” and they “understood me a wee bit more”. Tavalea spoke of a situation that occurred involving a Pasefika aiga where several people wanted to visit, yet hospital policy meant that only one person could visit. She disagreed with this “its explaining that it is normal for Pasefika to be surrounded by numbers. It’s about changing attitudes, or policy or mindset”. Ana-Malia experienced a similar situation having to explain “some of the family dynamics for Pasefika communities as they didn’t understand it. I was trying to put it in a way that they understood it”.

All participants found that throughout their placements that were able to establish a therapeutic relationship with patients from different cultures and ethnicities. Tavalea could “flip from island culture to Palagi culture, and the patients responded well”. Laisa found her passion for “Pasefika people” in her community placement:

*“connections with the community made me more aware of the need for more nurses from our Pasefika community. I am more aware of how little our people are represented in health but represented in the wrong ways”.*

#### **4.5 Theme Four – Sense of achievement**

The sense of achievement when completing their nursing degree impacted the participants and their aiga. Sala acknowledged the difficulties of student life that took a huge toll on her physical, mental, and spiritual wellbeing and was “just glad to get it over and done with by the end”. Ana-Malia had done a lot of “soul searching” over the pathway and was “more confident now” with her student experiences. Laisa’s mother was proud of her daughter’s achievement and “as the first nurse in the family” it meant that she could help her aiga and community. The degree was a collective aiga effort according to Tavalea as her “children became really organised as a family” especially over the clinical placements and assessment period:

*“Every Sunday we drew up this huge big whiteboard for the week with everyone’s name down the side with who was doing what, where they were going, what sport they were doing, who was on what meals”.*

#### **4.6 Theme Five – Reflecting on their voyage**

The participants were asked if they were to do the nursing degree again, what would they as an individual do differently and would want from the institution?

All participants except Lave spoke of the very low number of Pasefika students in their nursing pathway and all agreed that this needed to be addressed. Pua spoke that in her DEU [Dedicated Education Unit] staff role she “was always looking at the list to see if there are any Pasefika students which is hardly ever”.

Tavalea spoke of disadvantaged Pasefika children which was further intensified by a disconnect to their culture:

*“when you look at our statistics for our Pasefika children, no wonder they don’t stay on in that tertiary level because there is no support, there is no understanding of our culture and being able to work in with the Palagi culture is quite hard”.*

This prompted Tavalea to study nursing due to the disparities for Pasefika.

Having an advocate who understood the Pasefika worldview and their realities but also had a background in tertiary education, nursing or health sciences was missing in their nursing student pathway. For these participants and for Sala in particular, there was no one you “could take in with you that would be able to advocate from these backgrounds. They just sat in that office, I can see it in my head now”.

One of the common threads from the discussion with the participants was not being able to embrace their culture and identity as Pasefika. Participants acknowledged the occasional email from the institution advocating for social events, but the demands of the degree for Pua took a toll on her Pasefika identity, “I just left my Pasefika side kind of go to the way side and just focused on getting through the degree. I just thought it wasn’t worth it”. This was in contrast with Lave who wanted to embrace her Pasefika culture and felt that each time she tried to explore it, she felt burdened or it was addressed negatively by the nursing institution, “they were like yeah, you’re a Pacific Islander, that was it”.

This was reflected in the cultural safety teaching on different ethnicities and cultures. With the exception of Lave, all participants agreed that there was not enough Pasefika cultural learning for student nurses. Tavalea commented:

*“We got one tutorial on it and that was crammed in with the health of cultural and linguistically diverse communities. So that needs to be addressed because most nurses are Palagi, how will they know how to engage with our Pasefika patients?”*

All participants wished they had had the confidence to challenge the decisions made by the institution and agreed that the institution needed “to attract more Pasefika nursing students and to guide and support them in their pathway”. Tavalea’s comment succinctly summarised a thread that ran through all the conversations, “how will they make the degree more attractive and accessible if you look at our increasing Pasefika numbers that are overrepresented in healthcare in Canterbury?”

The participants thought it was important for Pasefika Registered Nurses to engage with potential nursing students and their aiga on career days. Pua was “happy to help with the application process, connect, talk and even mentor students as required”. Lave reiterated that she “would love the institute to contact us about a Pasefika student on placement, my passion is pulling them through”. Sala spoke of a Pasefika friend who missed out on entering the pathway due to poor preparations and falling off at the first hurdle, “we don’t know how many Pasefika have missed out because they couldn’t write a proper CV [curriculum vitae] or a 200-word essay and that’s a real shame”. Laisa also saw this as problematic and suggested simplifying the application and interviewing process, and “targeting her Pasefika friends working in aged care to consider a nursing career”.

#### **4.7 Chapter summary – Experiences as a Pasefika student nurse**

The reflections of the participants’ experiences as nursing students drew both positive and negative experiences. Participants had strong supports from their friends, aiga, other students, community advocates, church connections, and nursing tutors. Participants agreed that their degree was a collective effort and that the personal implications included improved self-



confidence in the nursing profession and a sense of achievement and satisfaction in completing the degree.

One of the participants went through the Pacific nursing pathway in her nursing institution and felt very well supported throughout her degree. The other participants of this study noted a lack of support and inconsistency from the Pasefika support staff in their institution. They also felt that their own nursing institutions had let Pasefika students down by not understanding their Pasefika worldview and the systemic disadvantage of being Pasefika within the institution. These reflections of their personal experiences and findings from the Talanoa focus group will be discussed in the next chapter of this voyage.

## CHAPTER FIVE: Discussion

*Mā te mōhio ka mārama, mā te mārama ka mātau*

*By discussion comes understanding, through understanding comes wisdom*

*– Māori proverb*

### 5.1 Chapter introduction

The findings from the Talanoa focus group exposed several issues worthy of discussion. The reflections of the participants strongly emphasised the importance of strengthening the relationships between all stakeholders in the student's journey. Most critical is a functional Pasefika support role within institutions to facilitate academic and pastoral support for Pasefika students which enables students to access learning and financial resources. Finally, tertiary institutions must understand the complexities of the Pasefika student worldview, address the perception of homogenising 'brown' students, and most importantly, encourage and celebrate the Pasefika profile within the nursing programme.

### 5.2 Pasefika support within nursing institutions

The Pasefika community has a huge responsibility to support their Pasefika students in nursing pathways around Aotearoa New Zealand. According to Boon-Nanaia, Pontana, Haxella, and Rasheeda (2017), Pasefika student success requires a nurturing relationship between the student with their aiga, communities, and the tertiary environment whilst upholding the values of their heritage. This partnership has proven to be successful in the Pasefika nursing programmes delivered at Whitireia New Zealand and Manukau Institute of Technology (Scott, 2018). The Pacific nursing degree at Whitireia was a drawcard for Pasefika students due to the supportive

nature of this unique programme in preparing the students to become Registered Nurses (Stodart, 2018). This echoes findings by Penn (2014) acknowledging the uniqueness of the individualised nursing programme at Whitireia that allowed for an indigenous perspective. The uniqueness of both Pacific nursing programmes was the integration of Pasefika values and practices interwoven within the syllabus, in addition to the wraparound services in supporting the Pasefika nursing students (Stodart, 2018). As can be seen from the findings of the current study, the challenge for institutions holding small numbers of Pasefika nursing students is to create a culturally supportive and learning environment for their students. The full backing and support of the community and church affiliations in conjunction with the student's aiga, Pasefika and tertiary supports is pivotal to the student's success.

Tertiary institutions have a duty to ensure that the correct supporting roles are in place to support Pasefika students. Persons appointed to Pasefika student support or liaison roles must be able to facilitate both academic and pastoral care and strongly advocate for the student's wellbeing and identity as Pasefika. Appointment of these roles should not be based solely on their ethnicity as Pasefika, or their work within the community. These values are vital, but it requires the right person who understands the tertiary academic environment and the worldview of the student. This is a multi-layered role that requires an open relationship with a number of stakeholders including tertiary staff and local Pasefika community affiliations. However, due to the close and intimate nature of local Pasefika communities, these persons must remain neutral to the affiliations and pressures of the communities. Pasefika peoples may not seek their own communities for support due to issues of mistrust or lack of discreteness, therefore a relationship built on trust and respect between the support persons and their students is essential.

In supporting Pasefika nursing students, the support person must understand the demands and academic components of the degree's structure and have a positive relationship with the

nursing school to ensure the student is fully supported. This is also reflected in Boon-Nanaia et al. (2017) study of Pasefika health student voices at the Auckland University of Technology in Auckland, Aotearoa New Zealand. Health students reported successful experiences with respect to Pasefika support staff at both an academic and pastoral level, and accessibility of learning communities within the Pasifika Learning Village. Cultural spaces and access to role models were identified as factors which enhanced their learning capacity (Boon-Nanaia et al., 2017).

### **5.3 Accessibility to learning and financial resources**

The findings from this study also suggest that institutions must offer more options within the nursing degree to give Pasefika students space to embrace their culture and the confidence to speak up and challenge the education system. More learning on different cultural perspectives, an understanding of the Pasefika communities in Aotearoa New Zealand throughout the degree is recommended. Boon-Nanaia et al. (2017) reinforced this by concluding that cultural pedagogies integrated into mainstream are successful as they recognise traditional models within contemporary settings to improve and empower Pasefika student success.

The participants in this study strongly agreed that tertiary institutions need to drive viable initiatives to increase and retain Pasefika nursing numbers. One suggestion was for the institutions to develop partnerships in conjunction with Pasefika Registered Nurses, local secondary schools and workplaces to sell nursing as an attractive career option. This included developing a nursing plan at early secondary school level or targeting Pasefika working in areas such as aged care to stimulate interest and help navigate the student in their preparation. As noted in the literature review, this was also recommended in Gilchrist and Rector's (2007) study in the United States. Their findings encouraged partnerships between high schools and the nursing institutions to promote the prerequisites for entry into the nursing programme.

The findings from the Pasefika Registered Nurses strongly suggested for institutions to explain to both interested and current students how and where scholarships could be accessed, and to offer scholarships to entice Pasefika nursing students to apply and “not just for people wanting to study trades”. In contrast, participants in the current study had to look for external assistance for financial scholarships as this was not offered by the institutions. Scott (2018) noted financial stresses such as undertaking paid employment whilst studying and looking after family members experiencing ill health are barriers for Pasefika nursing students. Pasefika learners have to prioritise learning, work, family, religion, and community commitments (Ryan, Kitone, & Flemming, 2017). Therefore, addressing some of these financial barriers will lighten the burden for the student and their aiga whilst completing their nursing training.

#### **5.4 Changes to lift Pasefika equity in tertiary institutions**

The findings of this study mirror three recommendations for transformative change to lift equity for Pasefika tertiary learning within the Canterbury tertiary sector as voiced by Pasefika students. Luafutu-Simpson, Moltchanova, O'Halloran, Petelo, and Uta'i (2015) looked at suggested approaches to enhance Pasefika student success at three Canterbury tertiary institutions. A total of 55 Pasefika student voices were heard from Christchurch Polytechnic Institute of Technology, Lincoln University, and the University of Canterbury. The report found that Pasefika collectivist values of interdependent learning were just as important as independent study and teaching pedagogy and curriculum design needed to reflect this for the Pasefika student (Luafutu-Simpson et al., 2015). Similar findings were also noted by Alkema (2014) in promoting Pasefika success in the tertiary environment. The call for tutoring and mentoring programmes was also endorsed in the Luafutu-Simpson et al. (2015) report. Such programmes were also identified by the participants as a way for nursing students to connect with Pasefika Registered Nurses, and for the nurses to give back to their community as a mentor and a role

model. The third recommendation was for a visible Pasefika space and imagery reflecting a Pasefika presence (Luafutu-Simpson et al., 2015). Further investigation of preferred effective models of Pasefika learner supports and of professional development in resources on culturally responsive programmes for staff are required to meet the needs of the Pasefika learner and their communities. In addition, institutions must celebrate Pasefika success by recognising the student's achievement in collaboration with their aiga and communities (Alkema, 2014; Luafutu-Simpson et al., 2015). In contrast, most of the participants in the current study believed that their tertiary institution did not understand the dynamics involved in the success of their Pasefika students.

The findings from the Luafutu-Simpson et al. (2015) report strongly suggest the development of a Pasifika Success Toolkit to enhance student success for Pasefika tertiary students. The proposed toolkit incorporates the following approaches: designing an authentic connection between the Pasefika learner, their aiga and communities in their studies; teaching and learning environments that contextualise Pasefika learning such as small group learning and understanding the learner's needs; increasing Pasefika visibility within the institution that create a sense of belonging; opportunities to learn and appreciate Pasefika languages, cultures and identities; and the cultivation of strong relationships that reflect Pasefika values (Luafutu-Simpson et al., 2015). The report concurs with findings by Chu, Glasgow, et al. (2013) noted in the literature review emphasising the three key factors; appreciative pedagogy, teaching and learning relationships, and institutional commitment in contributing to lifting Pasefika student success in the tertiary environment.

From the findings there was an expressed desire by the participants to give back to their Pasefika community. This could be addressed by the implementation of a mentoring or tutoring role for Pasefika nursing students with their assignments or in their practicum. An initiative to

mentor Pasefika students in their nursing placements by Pasefika Registered Nurses could be a devised model similar to the Pacific Dedicated Education Unit trialled in Auckland, Aotearoa New Zealand. In 2017, Counties Manukau Health (CMH) approved the pilot of a Pacific Dedicated Education Unit (DEU) in a surgical ward at Middlemore Hospital in Auckland (Manchester, O'Connor, Stodart, & Longmore, 2018). The vision of the Pacific DEU-PLUS initiative was to cater to the needs of Pasefika nursing students in a culturally safe learning environment and to build confidence while in their clinical learning practicum. Pasefika students were encouraged to embrace their culture, heritage and their Pasefika language on the ward (Manchester et al., 2018). The mastermind behind this initiative, nursing manager Helen Bretherton, of Cook Island, Chinese and Samoan descent, emphasised that the clinical placement not only enhanced their clinical learning but helped to identify the student's strengths and weaknesses in preparation for the nursing profession (for example, tips on greeting potential employers and making eye contact). Pacific DEU-PLUS is under proposal with the CMH Board, which if approved, will become the first Pacific DEU model in Aotearoa New Zealand. PLUS stands for Pasifika, Lagolago (support), U'ulima fa'atasi (holding hands together to guide), and Savalivali fa'atasi (walking together to achieve a goal) in the Samoan language which encourages partnership between the student and the clinical placement (Manchester et al., 2018). According to Ryan et al. (2017), Pasefika learner success in workplace environments require supportive relationships with facilitators to create a motivating learning environment. Facilitators of learning support are important catalysts for participation and achievement, continuation and completion (Ryan et al., 2017).

### **5.5 Stigmatisation and homogenisation of 'brown students'**

Some of the challenges presented in the participant feedback mirror a review of Pasefika nursing students by Scott (2018) outlining their lived experiences of stigmatisation and racism

within the profession. The participants in this study saw this as the system's failure to understand the worldview of Pasefika students and the inability of the tertiary institutions to deal with Pasefika inequity. Participants felt they were unable to express their 'Pasefikaness' throughout their pathway, whilst others had been homogenised as brown students, placed under the Māori department, or treated as the poor cousin to Māori. In some institutions both Māori and Pasefika students' needs are catered for by one department. The need to ensure the commitment to the Tiriti O Waitangi/Treaty of Waitangi may lead to Pasefika needs being subsumed by those of Tangata Whenua. Additionally, there is a tacit assumption that by addressing issues for Māori students this will also provide solutions for their 'brown cousins'.

Māori are regarded as the indigenous peoples of Aotearoa New Zealand whereas Pasefika are known as the people of the Pacific Ocean (nga iwi o te moana ni a Kiwa) (Nakhid, 2011). Pasefika communities are complex with a very diverse mix of Pasefika ethnicities representing over twenty island nations throughout the Pacific. These Pasefika complexities include the cultural challenges of being New Zealand-born or island born, and the collision of Pasefika and Western values in a multicultural environment. Each Pasefika ethnic group is unique in terms of language, culture, and identity. However natural synergies in spiritual, mental, physical, and genealogical connections play out between the ethnic groups (Peteru, 2014). In recognising their 'Pasefikaness', participants were able to navigate their Pasefika worldview when connecting to Pasefika and Māori patients, but also switched to a Western worldview when immersing with both European and non-European patients and nursing colleagues. Utilising an appropriate cultural lens will enable institutions to understand the Pasefika worldview of their students to enable learning opportunities, to acknowledge and celebrate their uniqueness, and to realise their learning potential (Boon-Nanaia et al., 2017).



Although Māori and Pasefika experience lower levels of enrolments and degree completion rates than their European and Asian counterparts, both Nakhid (2011) and the participants in this study argued that both groups should not be presented as being the same, as they are two different ethnic groups. A study by Blackwell (2010) of students from ethnic minority backgrounds in White-dominated college classrooms found that race-related topics were addressed in decontextualised and stereotypical ways, and these students were often silenced, marginalised, and stigmatised from the academic process (Blackwell, 2010). Similarly, a study by Byrd, Brunn-Bevel, and Sexton (2014) found evidence of colourism among Black students at elite colleges and universities in the United States. Colourism is a form of discrimination against individuals with a darker skin tone by the dominant ethnic group or amongst the same ethnic or racial group. The participants in this study experienced colourism through the homogenisation of being brown, being the poor cousin to Māori, and experiencing racial discrimination in their placements. Tackling racism in nursing schools requires Pasefika support staff to work alongside academic staff in understanding the challenges of experiencing racial injustices for minority groups such as Pasefika (Nakhid, 2011).

## **5.6 Chapter summary**

The discussion of facilitators and barriers acknowledged by the Pasefika Registered Nurses that participated in this project clearly shows a demand for institutions to review changes to best support Pasefika students endeavouring to complete the nursing pathway. A multi-layered approach is recommended to support the academic and pastoral needs of the Pasefika student. The encouragement, guidance, and wrap-around supports from the aiga, staff, tertiary institutions, and Pasefika communities are vital to ensure that Pasefika students have optimal opportunities to successfully complete their pathway, whilst being able to acknowledge their ‘Pasefikaness’ worldview. Ultimately, it is about eliminating the barriers to make the voyage for

Pasefika student nurses more enjoyable and achievable. The final chapter looks to enhance the voyage by ensuring that meaningful suggestions are shared, while allowing the researcher to reflect on the process of the journey.

## CHAPTER SIX: Concluding thoughts

*E laga kita ko te fanau, te lumanaki o fenua.*

*Our endeavours are for the children, the future of the nation*

*– Tokelauan Proverb*

### 6.1 The voyage to becoming a Pasefika Registered Nurse

This dissertation set out to develop an understanding of the student experiences of Pasefika Registered Nurses in Aotearoa New Zealand. The purpose of this study was to identify the facilitators and barriers that these participants faced as nursing students. The overarching goal from their experiences and from considering previous literature is to make recommendations to tertiary institutions in conjunction with Pasefika communities to ensure that they have the right supports in place to recruit and retain Pasefika students through to the completion of their nursing programme.

The Talanoa focus group allowed for participants' voices to be heard and valued. All participants identified facilitators such as their aiga, friends, student colleagues, community supports, and nursing tutors as their supports. The participants recognised barriers that inhibited their own learning. They were keen to see a growth in Pasefika nursing numbers, more adequate supports in place, and a desire to help mentor students in the pathway. Participants noted their motivations to pursue nursing were due to exceptional nursing care experiences, relatives and friends in the nursing profession; a desire to become a nurse to help their community and make their aiga proud of their achievement; and studying in their local city to be closer to their aiga. Southwick (2001) argues that the experiences of participants cannot be fully appreciated without

the context of their own life narratives. Each lived experience “vividly demonstrates how people ... constantly refer to their past in order to interpret their present “ (Southwick, 2001, p. 112).

The reflections of these Pasefika Registered Nurses as students in their nursing programme demonstrated a need to address these barriers faced and enhance the facilitating factors.

The concerns that resonated from the findings included the lack of Pasefika support in the tertiary institution, the homogenising of brown students, and the importance for all stakeholders to work collectively to enhance the ‘Pasefikaness’ of the nursing student. The Bachelor of Nursing Pacific pathways offered by Whitireia New Zealand and Manukau Institute of Technology are examples of radical innovations that have successfully implemented a culturally inclusive programme with a strong communal focus on enhancing the ‘Pasefikaness’ of the nursing student in a tertiary institution. The focus is how to best replicate these supports for nursing programmes across Aotearoa New Zealand that have small numbers of Pasefika students. The demands of this degree require a collective approach from all facets of the student’s support network, drawing on supports from aiga, communities, the nursing school, and the tertiary institution. The Pasifika Success Toolkit is one such initiative to enhance Pasefika student success.

## **6.2 Trustworthiness**

The notion of trustworthiness is used in qualitative research to define rigour which can be best understood as defining the quality of the research (Saumure & Given, 2008). Qualitative researchers must prove that their findings are trustworthy through a comprehensive and accurate process that demonstrates effective data collection techniques and analysis in a cohesive manner (Nowell, Norris, White, & Moules, 2017). This enables the reader to decide on the credibility of the process and accept the research findings as trustworthy (Nowell et al., 2017), which in turn persuades the reader that the findings are worthy of attention (Lincoln & Guba, 1985).

This research was designed to best meet the qualities of credibility, comparativeness, reliability, transparency, and reflexivity given its pragmatic restraints. To ensure maximal reliability and comparability, the data collected was categorised into themes. To warrant credibility, the researcher validated the findings of the Talanoa focus group with the participants from whom he had collected the data. This was then discussed with research academics from the University of Canterbury, the Pacific Academic Group at ARA Institute of Canterbury, and key stakeholders within the Pasefika community to assess whether the researcher's interpretations were in line with what others were thinking and were representative of the voices present in the findings.

### **6.3 Limitations**

Limitations of this study include its small sample size, which was collected from one geographical region in Aotearoa New Zealand. There was also a potential gender bias, with seven of the potential nine participants identifying as female. There may be gender differences in the Pasefika nursing training experience which are outside the scope of the current study. Unfortunately, the timing of the Talanoa focus group meant that only six Pasefika Registered Nurses could partake. Although these findings cannot be generalised, the richness of their experiences are consistent with other previous studies involving Pasefika students. Furthermore, the participants in this study had successfully completed the pathway. Further studies are needed which follow current Pasefika students in the nursing programme or investigate why those that began the pathway dropped out of the programme. The factors contributing to the 'dropping out' may reveal more about barriers and about what should be included in the Pasifika Success Toolkit and would be a worthwhile area of further investigation.

## **6.4 Heading in the right direction for future Pasefika nursing students**

The findings from this study are in line with the suggested approaches of the Pasifika Success Toolkit pertaining to student success for Pasefika tertiary students (Luafutu-Simpson et al., 2015). They reinforce the need to increase Pasefika visibility within tertiary institutions alongside teaching and learning environments that contextualise Pasefika learning. The employment of dedicated Pasefika staff is essential in creating relationships with Pasefika students to help recognise their “Pasefikaness” and install a sense of belonging within the institution.

Furthermore, identifying a Pasefika champion within nursing schools to work alongside the institution’s Pasefika support team and community stakeholders is crucial to supporting and advocating for Pasefika nursing students. In order to achieve health equity, the nursing profession needs to understand the Pasefika worldview and nursing schools have a responsibility to thread Pasefika content throughout the degree. Finally, it is recommended that mentoring and tutoring roles for Pasefika Registered Nurses are developed to support nursing students within the tertiary institution or on clinical placements.

The findings of this study are timely, with Pasefika nursing in Aotearoa New Zealand being the main feature of the June 2018 Kai Tiaki Nursing New Zealand edition. To address the Pasefika nursing deficit, The New Zealand Nurses’ Organisation, the Ministry of Health and the Health Workforce New Zealand need to utilise available data to inform workforce planning. This will in turn have implications for institutions involved in undergraduate nursing education.

Although this study has focussed on the undergraduate nursing pathway, the nursing profession must also be mindful that Pasefika nurses are underrepresented at Postgraduate level.

Further research is required to look at barriers and facilitators for Pasefika nurses into Postgraduate level.

## **6.5 Conclusion**

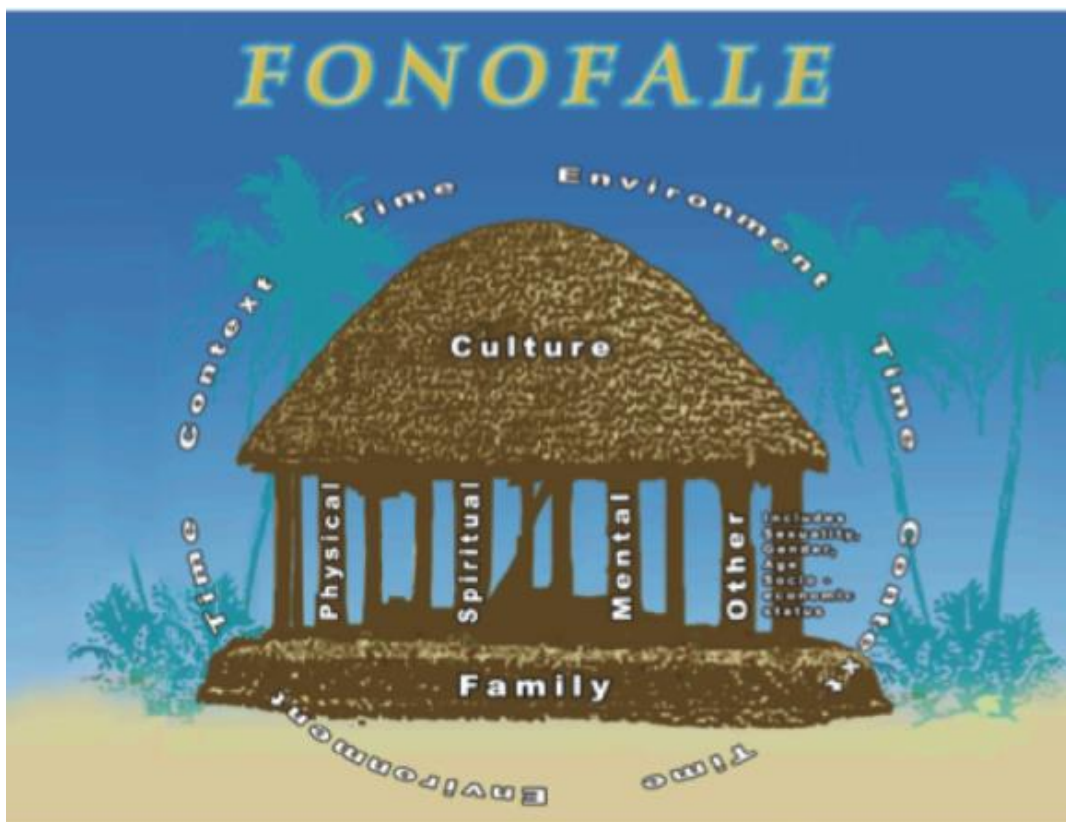
This dissertation has provided insights on how to best support our future Pasefika nursing students in nursing schools that do not offer the Pasefika nursing stream. I believe this will increase our Pasefika nursing population and most importantly make each Pasefika nursing student's journey achievable in a well-supported collective environment. Like most things in life it is ultimately the individual's responsibility to get themselves over the line. However, in this case of Pasefika nursing students, all stakeholders are responsible to collectively guide and nurture the individual over the line. Therefore, this voyage does not end, but continues to flourish with another well-known Samoan proverb to encourage us all to stay in the journey together, to never give up the crusade of improving Pasefika health in Aotearoa New Zealand and ultimately to achieve health equity for all New Zealanders:

*O le tele o sulu e maua ai figota*

*Through collaboration the most difficult challenges can be overcome*

## APPENDICES

Appendix A - Fonofale model of health (Pulotu-Endemann, 2009)





## Appendix B: Search strategy

### Database search

The following *databases* were searched:

SAGE Research Methods database

Medline (OVID) – 15 potential journal articles retrieved

CINAHL – 12 potential journal articles retrieved

Web of Science – 7 potential journal articles retrieved

Wiley Library – 5 potential journal articles retrieved

Index New Zealand – 3 potential journal articles retrieved

Sociological Approach – 6 potential journal articles retrieved

GOOGLE scholar citation searching

ARA Institute of Canterbury library database

University of Canterbury library database

The following *websites* were searched:

Ministry of Health, Ministry of Education, Statistics New Zealand, World Health Organisation

### Key words

*Key words* used in the above databases included combinations of the following:

Academic success, Aotearoa, culture, cultural competence, cultural relevance, discrimination, diversity, education, equity, ethnicity, family, indigenous, inequity, low socio-economic status, health, health equity, health professional, health outcomes, health science, health workforce, inclusion, income, institute of technology, language, leadership, learning opportunities, Māori, method, methodology, New Zealand, nurse, nursing, nursing degree, nursing literature, nursing review, nursing school, nursing student, Pacific, Pacific Islander, Pacific Islands, Pacific methodology, Pacific research, Pasifika, Pasefika, peer support, polytechnic, qualitative, race, rates, recruitment, relationship, research, retention, social determinants, student, student nurse, success, support, Talanoa, teacher, tertiary education, tertiary institution, theories, undergraduate, university

### Medline (Ovid) Search Strategy

15 potential articles retrieved

Database: Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) <1946 to Present>

#### Search Strategy:

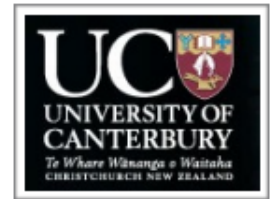
- 
- 1 Oceanic Ancestry Group/ (9066)
  - 2 pacific islands/ or exp melanesia/ or exp micronesia/ or exp polynesia/ or pacific ocean/ (23813)
  - 3 (pasefika or pasifika or pacific or samoa\* or tonga\* or tokelau\* or tuvalu\*).tw. (29417)
  - 4 1 or 2 or 3 (49887)
  - 5 new zealand/ (34548)
  - 6 new zealand.tw. (43471)
  - 7 new zealand.in. (66702)
  - 8 5 or 6 or 7 (112273)
  - 9 4 and 8 (4048)
  - 10 exp nurses/ (80484)
  - 11 students, nursing/ (20461)
  - 12 nurs\*.ti. (234526)
  - 13 10 or 11 or 12 (284939)
  - 14 9 and 13 (138)

The Medline (OVID) search strategy produced 138 possible articles. Further scrutiny and refinement of articles related to the research topic resulted in 15 potential articles used in the literature review.

### CINAHL Search strategy

12 potential articles retrieved

#	Query	Results
S3	S1 AND S2	12
S2	nurs* OR student*	84,257
S1	pasefika or pasifika or pacific or samoa* or tonga* or tokelau* or tuvalu*	547



**Contact details for lead researcher**

Suli Robert Tuitaupe

Telephone: 021300176

Email: [srt28@uclive.ac.nz](mailto:srt28@uclive.ac.nz)

**Becoming a Pasefika registered nurse: Reflections of their student nurse experiences in  
Aotearoa New Zealand**

**Participant Information Sheet**

This research intends to investigate the student experience of Pasefika nurses and explore the nurses' perceptions of facilitators and barriers while in their student journey.

**What is involved?**

If you choose to take part in this study, you will be invited to meet with myself, the researcher, for a Talanoa focus group session at St Pauls Trinity Pacific Church on Monday 19<sup>th</sup> March 2018, 6pm. You will be asked to participate in the group forum, to discuss your Bachelor of Nursing student experiences. The Talanoa focus group will be audio recorded by a dictaphone. Refreshments will be provided.

Participation is voluntary, and you have the right to withdraw at any stage up to the commencement of the focus group, or during the focus group if you become uncomfortable. However, once the focus group session has begun, it will be impossible to remove the information you have provided as all discussion is interconnected.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: your identity will not be made public without your prior consent. To ensure anonymity and confidentiality, no material that could personally identify you will be used in any reports on this study. Consent forms will be stored on password-protected computers at the University of Canterbury for a period of five years. Research data will be destroyed upon completion of the project.

This project is being carried out as part of a component of the Master of Health Sciences degree from the University of Canterbury under the supervision of Dr Thomas Harding, who can be contacted at [thomas.harding@canterbury.ac.nz](mailto:thomas.harding@canterbury.ac.nz). He will be pleased to discuss any concerns you have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to the Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch ([human-ethics@canterbury.ac.nz](mailto:human-ethics@canterbury.ac.nz)). If you agree to participate in the study, please complete the consent form and return to me in the sealed envelope provided by 1 February 2018.

Thank you for participating in this research project

***Suli Tuitaupe***

Appendix D: Ethics application approval



HUMAN ETHICS COMMITTEE  
Secretary, Rebecca Robinson  
Telephone: +64 03 369 4588, Extn 94588  
Email: [human-ethics@canterbury.ac.nz](mailto:human-ethics@canterbury.ac.nz)

Ref: HEC 2017/120/LR

19 February 2018

Suli Robert Tuitaupe  
School of Health Sciences  
UNIVERSITY OF CANTERBURY

Dear Suli

Thank you for submitting your low risk application to the Human Ethics Committee for the research proposal titled "Becoming a Pasefika Registered Nurse: Reflections of their Student Nurse Experiences in Aotearoa New Zealand - a Qualitative Descriptive Study".

I am pleased to advise that this application has been reviewed and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 9<sup>th</sup> February 2018.

With best wishes for your project.

Yours sincerely

*R. Robinson*  
pp.

Professor Jane Maidment  
***Chair, Human Ethics Committee***

## Appendix E: Participant consent form



### Contact details for lead researcher

Suli Robert Tuitaupe

Telephone: 021300176

Email: [srt28@uclive.ac.nz](mailto:srt28@uclive.ac.nz)

## **Becoming a Pasefika registered nurse: Reflections of their student nurse experiences in Aotearoa New Zealand**

### **Participant Consent Form**

I have been given a full explanation of this project and have been given an opportunity to ask questions.

I understand what will be required of me if I agree to take part in this project. I understand that the focus group will be audio recorded by a dictaphone

I understand that my participation is voluntary and that I may withdraw at any stage up to the commencement of the focus group.

I understand that any information or opinions I provide will be kept confidential to the researcher and that any published or reported results will not identify me.

I understand that I am unable to disclose the identities of other Pasefika nurses in the focus group or disclose any information or opinions discussed in the focus group.

I understand that in the unlikely case that if harm or distress is felt to have been done during the focus group session, the researcher's supervisor or the Kāiārahi Pasifika for University of Canterbury will be advised and supports will be offered to me.

I understand that all data collected for this study will be kept in locked and secure facilities at the University of Canterbury and will be destroyed after five years.

I understand that I will receive a report on the findings of this study. I have provided my email and phone details below for this.

I understand that if I require further information I can contact the researcher, Suli Tuitaupe or his supervisor, Dr Thomas Harding, who can be contacted at [thomas.harding@canterbury.ac.nz](mailto:thomas.harding@canterbury.ac.nz). If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch ([human-ethics@canterbury.ac.nz](mailto:human-ethics@canterbury.ac.nz)).

By signing below, I agree to participate in this research project

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please return this completed consent form to the researcher prior to the focus group commencing.

Appendix F: Professional Development Recognition Programme (PDRP) form

**Contact details for lead researcher**

Suli Robert Tuitaupe  
Telephone: 021300176  
Email: srt28@uclive.ac.nz



**Becoming a Pasefika Registered Nurse: Reflections of their student nurse experiences in Aotearoa New Zealand**

To whom it may concern,

..... a Registered Nurse contributed four hours of time to a research project in 2018. This project related to an issue pertaining to nursing education and was approved by the University of Canterbury's Human Ethics committee.

This time involvement meets **Competency 4.3**, Participates in quality improvement activities to monitor and improve standards of nursing (Nursing Council of New Zealand, 2007) (Competencies for Registered Nurses).

As such it can be used as evidence for the Registered Nurse's Professional Development Recognition Portfolio.

Yours sincerely,

**Dr Thomas Harding RN, PhD**

Senior Lecturer and Nursing Pathway Coordinator  
Post-graduate and Masters Coordinator for School of Health Sciences awards  
Te Kura Mātai Hauora | School of Health Sciences  
College of Education, Health and Human Development  
Waimairi Building, Dovedale Campus  
University of Canterbury

## Appendix G: Talanoa Focus group prompts

- 1. Research question: What were your reasons and motivations behind studying the nursing degree?**
  - 1a. What did you need to put in place for you to prepare you to undertake nursing?
- 2. Research question: What were your student experiences of becoming a Pasefika registered nurse?**
- 3. Additional question: Was there a placement, or a year, or a person that stood out for you in terms of helping with your success?**
  - 3a. Additional question: On the other hand, was there a placement, or a year, or a person that acted as a barrier?
- 4. Additional question: What supports were in place for you either provided by the tertiary environment, or through self, aiga, community or other factors whilst completing your degree?**
  - 4a. Additional question: Similarly, what were the **barriers** in place within the tertiary environment, or through self, aiga, community or other factors whilst completing your degree?
- 5. Additional question: Were you aware of any supports in place for Pasefika nursing students at your institution, and if so what were they and did you use them?**
  - 5a. Additional question: If not, why not?
  - 5b. If you did, were they helpful, and if not, why not?
- 6. Additional question: Were you surprised with the demands of the degree, and what coping mechanisms or strategies did you use if you haven't stated them already?**
- 7. Additional question: How did your study impact on you, your family, your identity as Pasefika, and your connections to the community?**
- 8. Additional question: Were you aware of other Pasefika students and nurses throughout your nursing programme, and were you able to connect with them through their own journeys?**
  - 8a. What did this mean for you as Pasefika?
  - 8b. How important was it for you to have other Pasefika students or staff in the programme?
- 9. Additional question: What would you advise Pasefika nursing students to do to help them with their studies?**
- 10. Additional question: If you were to complete your degree again, what would you do differently?**

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