

## RESEARCHED VIEWPOINT:

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## Reflections on Māori male nurses' experiences working in nursing education

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Nursing education in Aotearoa New Zealand is at a pivotal point. With a clear mandate to foster cultural safety and address persistent health inequities for Māori, teaching methods must evolve beyond traditional frameworks. The Nursing Council of New Zealand's *Guidelines for Cultural Safety, Te Tiriti o Waitangi/ the Treaty of Waitangi and Māori Health in Nursing Education and Practice* (Nursing Council of New Zealand [NCNZ], 2011) make it clear that nurses must be prepared to work with Māori in a way that is respectful and effective. The challenge, however, lies in moving from theoretical understanding to authentic, embodied practice. A powerful model for this is found in the lived experiences of a small but growing group: Māori male nurses. They bring a unique blend of cultural perspective, professional experience and personal identity that enriches the learning environment. This article explores the teaching philosophies of two such educators, John, a nurse of 27 years, and Seamus, a nurse of 12 years, both from the University of Waikato. By examining their personal and professional journeys, we aim to show how they translate their experience into a powerful form of pedagogy that not only teaches foundational nursing concepts but also normalises te ao Māori within the curriculum.

### Te ao Māori and whanaungatanga

Te ao Māori is a holistic and interconnected worldview that provides the foundation for Māori culture, identity and nursing practice in Aotearoa New Zealand (Durie, 2012; Ministry of Business, Innovation and Employment, 2025). It is essential to recognise the unique position of Māori as the Indigenous people of Aotearoa and the impact of colonisation on their health and societal outcomes (Reid & Robson, 2006; Wilson et al., 2022). Of the 2023 estimated resident population of New Zealand, Māori constitute 17.1 percent, with a total count of 914,400 people (Stats NZ, 2024). Despite this significant and growing presence, Māori experience considerable disparities in health, education and economic indicators compared to non-Māori, which is a direct consequence of historical and ongoing colonisation (Came et al., 2019; Durie, 2012; Reid & Robson, 2006). A critical factor that needs to be tackled in addressing Māori health inequities is the significant under-representation of Māori in nursing. Although Māori make up



John Hiakita, Seamus Hughes and Anna Tiatia Fa'atoese Latu

more than 17 percent of the population, they are only 7 percent of the nursing workforce (Heyes, 2024; Wilson et al., 2022). An increased Māori workforce is considered a “critical enabler” for reducing health disparity (Wilson et al., 2022). The ability of Māori nurses to understand and integrate te ao Māori concepts such as whanaungatanga (connectedness) and manaakitanga (care for others) into health care enables them to help address systemic inequities and foster culturally safe and effective care (Carlson et al., 2016; Lacey et al., 2011).

In nursing literature, the therapeutic use of self refers to the way a nurse can intentionally use their relationship with the patient (Kingston & Greenwood, 2020). They can use the therapeutic relationship to find out what knowledge whānau lack and help fill those gaps, and to use identified strengths and motivational interviewing to enhance the health of patients and their whānau (Erkayiran & Aslan, 2025; Kingston & Greenwood, 2020).

Te ao Māori concepts intertwine with the therapeutic use of self,

or therapeutic relationship-building, and then go above and beyond into whanaungatanga (Carlson et al., 2016). Whanaungatanga is the art of connectedness (Carlson et al., 2016; Lacey et al., 2011) which can be reflected in both informal and formal engagements between people. It involves an expectation of meaningful, purposeful engagement, grounded in mutual respect and caring (Lacey et al., 2011).

An example of this process is the use of tikanga Māori during formal engagements such as the pōwhiri ceremony (Opai, 2023). It helps to understand that the word “pōwhiri” (formal welcome) is made of two words, “pō” meaning “night” and “whiri” meaning “weaving”. Joining these two meanings, the word pōwhiri indicates the process of weaving distinct peoples together, including their time shared and the ancestors of each party (Opai, 2023). The meaning of “manuwhiri” (guests) enhances this understanding — birds (manu) come to a place for a time and weave (whiri) with the people who are there. A pōwhiri begins with a karanga (calling). The word “karanga”, again, strengthens the understanding of the process of connectedness. It derives from “raranga” (to weave), and indicates the start of the weaving of ancestral connections between hau kāinga (local people) and manuwhiri. Whaikōrero (oratory) and waiata (singing) follow after the two groups have come together and sat down. “Whaikōrero” is made up of the words “whai” (to follow) and “kōrero” (speech). Speakers from each side of the paepae (speakers’ line) take turns at speaking, ie “following the speech”. This further emphasises the process of connectedness. At the conclusion of speeches, the two parties become “one” with the use of hongī, pressing noses together and sharing the breath of life. This is followed by the sharing of kai (food) to whakanoa (make normal) and manaaki (take care of) all involved (Opai, 2023).

The common theme through this ceremony is weaving, using strands to create a strong korowai (cloak) that is bound together tightly and securely with whakapapa, shared experiences and connectedness. Time is spent weaving these strands together under the same roof. The weaving metaphor, which describes how the pōwhiri process builds whanaungatanga, the “art of connectedness”, can also be applied to the way the therapeutic nursing relationship works.

## The history of cultural safety in nursing

From the late 1980s through to 1990, meetings were held between education, health and nursing leaders to discuss two alarming and interconnected issues — the health needs of Māori, and the education needs of Māori nursing students, too many of whom were dropping out of their undergraduate courses (NCNZ, 2011; Ramsden, 2002; Richardson & Carryer, 2005; Wilson et al., 2022). During one of these meetings, a Māori nursing student voiced their concern about nursing education, saying they did not feel safe within the curriculum (Ramsden, 2002). A connection was then made to how Māori may feel when accessing health care in a dominant colonial culture (Richardson & Carryer, 2005). Led by nurse educator Irihapeti Ramsden, the concept of cultural safety — providing an environment in nursing education and in the health service in which Māori could feel culturally understood and free from racism and judgment — was introduced into nursing education and in 1990 became established as part of the Nursing Council of New Zealand nursing competencies (NCNZ, 2011; Ramsden, 2002). The concept was originally known as kawa whakaruruhau, but was renamed “cultural safety” in the 1990s due to racist social backlash, and was used to apply broadly to all cultures

(Wilson et al., 2022). Kawa whakaruruhau is often used interchangeably with cultural safety, but via the Māori worldview it has a particular meaning of practice (kawa) and of protection (whakaruruhau) from discrimination (Wilson et al., 2022). Since the development of cultural safety/kawa whakaruruhau in nursing education and practice, there have been many different ethical, legal and professional documents and guidelines developed to guide and translate the concept into practice. It is currently guided by the Nursing Council’s Standards of Competence for Registered Nurses (NCNZ, 2024b), Code of Conduct (NCNZ, 2012), and Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice (NCNZ, 2011); also by the New Zealand Nurses Organisation Code of Ethics (NZNO, 2019) and the Health and Disability Commissioner Act 1994 Code of Rights” (2024). Te Tiriti o Waitangi — the document signed by Māori leaders and representatives of the British Crown in 1840 — is referenced in all these documents and holds professional and ethical practice by nurses accountable to the articles or principles of Te Tiriti.

## Men’s experiences in nursing

Historically, there has been a slowly increasing acceptance of women entering male-dominated professions. The opposite, however, is not true (Jamieson et al., 2019). In March 2023, it was reported that 10 per cent of the nursing workforce was male (NCNZ, 2024a). Male nurses bring diverse perspectives and unique strengths to the profession, challenging traditional gender norms and enriching patient care through their presence. The dominant western culture, characterised by misogyny, patriarchy (Came et al., 2022) and cis-heteronormativity (Cui, 2024), has negatively affected men entering female-dominated professions (Lazzaro-Salazar, 2020). This has been compounded by the common misconception that nursing is a “caring profession”, and that men do not carry the appropriate “caring qualities” to be a nurse (Lazzaro-Salazar, 2020). Men working in the nursing profession must navigate these gendered stereotypes — the tensions between expectations of masculinity and femininity — ultimately leading to strain, gender discrimination and isolation (Hodges et al., 2017). On the other hand, men in the nursing workforce can have their career fast-tracked and promoted more than women (Lazzaro-Salazar, 2020), keeping in line with the gendered narrative of the colonial culture in Aotearoa.

## Māori nurses’ experiences in nursing

Māori nurses represent approximately 7 percent of the nursing workforce (NCNZ, 2024a) despite Māori comprising 17.1 percent of the population (Stats NZ, 2024). This is a consequence of Aotearoa’s colonial history and its legacy of racism and discrimination (Came et al., 2019; Wilson et al., 2022). The under-representation of Māori in the nursing workforce, due to historical and current racism and discrimination, is tightly linked with the experiences of Māori nurses in the workforce. Experiences of racism and discrimination are still all too common for Māori nurses, which facilitates and perpetuates their under-representation in the nursing workforce (Wilson et al., 2022). Improved Māori representation in the nursing workforce is believed to be a key contributor to Māori achieving health equity (Wilson et al., 2022). This is due to the unique worldview Māori bring to the profession, their dual role as a Māori and a nurse, and their lived experiences of racism (Wilson et al., 2022).

## Life experience as a tool for teaching

In two separate conversations, nurse educators John and Seamus articulated a shared philosophy: the most powerful teaching tool is one's own lived experience. They have both found unique ways to translate their personal journeys into lessons that resonate with students, to better prepare them for the realities of nursing in Aotearoa.

### John's narrative:

*I began my journey in nursing as a young Māori man in a largely female-dominated profession. At over six feet tall, I quickly realised my physical presence could be intimidating to people I was trying to care for. I knew I had to find a way to connect with people who might hold biases about me. I had to find ways that I could use the way that I look, the way that I stand, the way that I talk, my body language.*

*With over 27 years of nursing experience, I've had time to master the therapeutic use of self. One of the first things I learned was to sit down. I never read that in any nursing manual. It was something I had been taught while working in acute mental health. It was an essential skill, especially if the person I was nursing were Pākehā, female and were very small. This simple act of lowering myself to their level was a form of communication that often helped to build trust. It's a lesson I now teach our male nursing students, showing them that their best resource is themselves, and that care is about meeting the patient where they are.*

*My background in mental health and forensic services also gave me a unique perspective. I'd seen firsthand the effects of colonisation on Māori, not just in a historical sense, but in the systems and policies that continue to cause harm. Having worked to help develop a Māori forensic service, I've seen the dilemma of nursing up close: how do you provide wellness and optimal health for Indigenous peoples when the very systems we are in can be restrictive and harmful?*

*This is why I believe that teaching manaakitanga is so important. For me, it is the ultimate expression of trust-worthiness, a value I learned from my parents. My father, to put it in context, was from Tuhoē, and he came from Te Waimana Valley close to Opotiki. He was very self-reliant ... we could always trust that he would always do right by us. Our mother, who is from Whatawhata in the Waikato, also exemplified these values. Their unwavering reliability is what I strive to provide for my students. I want them to trust that I will be a consistent presence in their learning journey and that I will honour their decision to come to me for help.*

### Seamus's narrative:

*I am a second-generation male nurse, with both my father and uncle working as registered nurses. My father graduated in the early '90s and my uncle in the early 2000s, so being a male nurse has not been a foreign concept for me and has in fact been normal for my entire life. With 12 years of nursing experience and a second-generation male nurse in my whānau, my teaching focuses on applied sciences and pharmacology. It might seem like a rigid, scientific*

*field, but I believe it is a perfect place to normalise te ao Māori and te reo. My ultimate goal is that te reo becomes normalised, conversational language in Aotearoa. I do this by interjecting Māori words and concepts into my lectures. I'll be talking about pharmacokinetics and then introduce concepts like manaakitanga or whanaungatanga and explain how they apply. I am showing students how these two worlds, Western science and te ao Māori, can intersect and grow together.*

*I also believe that my teaching is about more than just delivering content; it's about building trust and connection. My approach is to be as relatable as possible, so that students can come to me with any question, no matter what it is. I had two Pacific students who came to me for assistance with medication calculations and technology. They needed more than a lecture, they needed personalised support to help them understand how to find reliable information online.*

*I believe that my role is to break down the power dynamics that can exist between students and teachers. Reflecting on my own student experience, when I see students today, I make myself available and approachable, ensuring they know that I am more than just a lecturer. I want them to know who I am, a father, a husband, a person to help break down those barriers. It is this authentic connection that allows students to feel comfortable enough to ask for help outside of class time.*

## Shared perspective and implications

In both conversations, a powerful and unified philosophy emerged. John and Seamus are fundamentally committed to teaching cultural safety in an authentic and relational way. They demonstrate that Indigenous pedagogy is not an abstract theory but a living practice. By embodying the principles they teach, they empower their students to do the same.

They are also vital role models. By simply existing as Māori male nurses in academia, they challenge stereotypes and provide a counter-narrative to traditional perceptions of the nursing profession. They show their students that a nurse can be a protector, a leader, a scientist, and a cultural facilitator, all at once, making their lessons more compelling and helping to create a more inclusive learning environment for all.

The lessons from John's and Seamus's stories offer clear, actionable takeaways for all nurses and educators. Their approach challenges us to move beyond superficial training to embrace a more authentic, heart-centred practice.

- **For male nurses:** Tuakana teina (mentoring) — support other male nurses in the profession and male students aspiring to become nurses. Your experience as a male in a female-dominated profession provides valuable insights on how to nurture others into the role.
- **For educators:** Use your own life experiences as a teaching tool. Be authentic and vulnerable with your students, as this builds trust and makes learning more meaningful. Normalise the use of

te reo and te ao Māori in your everyday teaching, regardless of the subject.

- **For the nursing profession:** Recognise the immense value of manaakitanga. Actively recruit and support more Māori nurse educators, as their unique perspectives are crucial for a curriculum that is truly fit for purpose in Aotearoa.
- **For all nurses:** Embody the principles of whanaungatanga and manaakitanga in your daily practice. Approach every patient interaction with a commitment to building a trusting relationship and providing care that is culturally safe and based on authenticity.

## Conclusion

The narratives of John and Seamus are a powerful testament to the value of Indigenous pedagogy in nursing education. Through their unique journeys as Māori men in nursing, they have forged a new path for teaching cultural safety, grounded in lived experience, building relationships, and a deep commitment to their students. Their shared philosophy demonstrates that to prepare nurses for the complexities of health care in Aotearoa, we must move beyond the confines of traditional teaching and embrace educators who model the very principles they seek to instill. In doing so, we not only honour the past, but also create a healthier and more equitable future for all.

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