



Aniva Pacific Health Workforce
Development Programme

Student Experience Report

Prepared for Pacific Perspectives Ltd
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pacific perspectives

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Executive Summary

Research Focus

This research explored how the impact of the Aniva Programme manifested in the student's experiences, knowledge, skills and understandings. Its aims were to:

- better understand the experiences and expectations of participants in the Aniva Programme
- Indicate the outcomes of the Aniva Programme and how these have impacted on participants' personal, clinical practice and career development
- Identify how the Aniva Programme had impacted on the development of a critical mass of Pacific nursing leaders.

Methodology

Twenty nurses who had participated in the Aniva Programme between 2012 and 2016, took part in a talanoa with the researcher. The data collection took place between mid-March and April 2017.

Key Findings

■ Building capacities of Pacific nurse leaders

The Aniva Programme brought together Pacific nurses and midwives from a range of leadership, management and nursing positions, and in a variety of employment settings in the New Zealand health system (e.g. primary health, mental health, District Health Boards, educational institution). During the period between 2012 and 2016, 129 unique nurses and midwives had entered the Aniva Programme. By December 2016, 119 had graduated with a Postgraduate Certificate in Specialty Care (Pacific Health), 34 of these also graduated with a Postgraduate Diploma in Specialty Care (Pacific Health), and 3 with a Masters of Professional Practice (Pacific Leadership) degree.

The Pacific nurses associations, the tutors and graduates played key roles in recruiting and encouraging participants to take up the Aniva Programme. The majority of participants wanted to enter the Aniva Programme because of the opportunity to study in a programme that was specifically designed for Pacific nurses and delivered by Pacific staff with relevant expertise. Having access to postgraduate studies without having to pay fees was another important factor in participants' decisions to enter the programme.

Most participants had entered the programme not knowing what to expect, and what they had experienced and gained from the programme far exceeded their expectations. Outcomes which had exceeded their expectations involved the knowledge and skills learned from the programme, and the support and knowledge provided by the Tutors. Participants gained valuable knowledge about the Pacific cultures, their similarities and differences; Pacific health knowledge; and Pacific worldviews. The participants also gained important critical thinking, advocacy, self-reflection, research, presentation, writing and study skills, and networking skills. The knowledge, skills and experiences of Aniva led participants to become more confident, assertive, courageous, reflective, self-aware, knowledgeable and skilled. The expertise of the Tutors and their ability to speak at a level that students could understand as well as the calibre of the guest lecturers exceeded participants' expectation and these contributed to participants' experiences of success and positive learning experiences.

■ Identity development

The research reveals that nurses entered the Aniva Programme at different levels of acceptance of their identities – their ethnic, Pacific and leadership identity. The experiences of New Zealand born and those that were born in a Pacific country and had migrated to New Zealand in early childhood, suggest that it is problematic to consider nurses as just New Zealand born or Island born. Resolving one's identity appears to be critical to the success of a nurse; being confident about one's identity even if one does not speak the ethnic language fluently helps the nurse to move with confidence to also accept her or his identity as a Pacific Islander. Both New Zealand and Pacific born also need to accept their identities as Pacific Islanders. Knowing you are a Tokelauan, Fijian, Niuean, Tongan, Cook Islander, or Samoan, and having the confidence to stand firm as a Pacific nurse is critical to accepting one's identity as a leader. The safe learning environment and support given by staff and other students provided the means by which those who needed to were able to deal with and resolve identity issues.

■ **Culturally competent and evidence-based practices**

The importance of building a nursing workforce that is culturally competent and conscious of evidence-based practice is indicated by the results of the research. Nurses as researchers, reflective practitioners, and critical thinkers see the need to build evidence to support their arguments and Pacific worldviews. The Aniva Programme has challenged participants to critically think about their own workplaces, identify any gaps in policies, services and resources, and design approaches to improve healthcare services for Pacific people. A sound understanding of Pacific peoples and the issues that impact on their access to culturally competent health services required nurses to examine and reflect on their own views and stereotypes of Pacific peoples. These have resulted in nurses becoming more conscious of and sensitive to the patients' needs and taking on more proactive roles in providing better services not only to Pacific patients but to all populations that they serve.

The participants' awareness and understanding of Pacific worldviews and how different forms of knowledge and worldviews are created and impact on the design and delivery of healthcare services is another unique contribution of the Aniva Programme. Such an understanding of Pacific worldviews and perspectives provide a strong base from which they could advocate and seek changes, have better appreciation and understanding of the other worldviews that inform the design and delivery of health services in a multi-cultural and multi-disciplinary work environment.

■ **Leadership roles and career pathways**

The Aniva graduates reported an increased awareness and realization of themselves as leaders in their own workplace and the community that they serve. They have developed the mind-set that credentials, credibility and courage are important qualities to have for a Pacific nurse leader. About two thirds of the participants had designed career plans and had the courage to move to implement those plans by applying to senior positions and/or undertaking further studies in order that they achieve their career goals. The other one third had focused on taking leadership roles and improving the services in their current positions. Participants from outside of the Auckland region have benefited from meeting and hearing from colleagues that are in senior leadership and management positions in Auckland. Senior nurses from Counties Manukau DHB appear to have benefitted greatly from the Aniva Programme.

Pacific nurses enter the programme at different levels in their positions of employment. There is evidence to suggest that the younger nurses benefitted greatly not only from the programme and the staff but by having nurses in senior positions in the same classroom. The nurses in senior positions become role models and source of inspiration and knowledge for younger nurses. These results point to the value of having a mixture of nurses that are already in senior positions and young emerging leaders starting off their nursing career.

■ **Pacific health literature**

The research projects undertaken by Masters students have started and will continue to contribute to the body of research-based knowledge and the much needed research evidence and literature that will inform service design and delivery for Pacific people. Pacific nurse leaders are theorising, researching and looking for solutions. The Aniva Programme has motivated some of the students who did not meet the criteria for the Postgraduate Diploma to enroll in other university with the aim to continue pursue Pacific health research.

■ **Pacific nurses networks**

Another important outcome of the Aniva Programme involves the development of networks of like-minded Pacific nurse leaders who are committed to the development of Pacific nurse leaders, the Pacific nursing workforce, and improving services to meet the health needs of Pacific peoples. Such networks are necessary in order that nurses and midwives have a stronger voice in advocating for effective changes in the design and delivery of healthcare services in New Zealand. Those who have gone through the Aniva Programme have had common experiences and were exposed to the same body of knowledge and skills required for a Pacific nurse leader practicing in a multicultural and multidisciplinary working environment. Aniva graduates have set up networks, including small group networks within their areas of nursing, within their DHBs, and regionally as well as nationally in the form of the Pan Pacific Nurses Association. These networks provide ongoing support for participants when dealing with issues of concern. They act as information hubs on health issues and employment opportunities for current nurses and midwives, and new graduates. The Pan Pacific Nurses Association is a means whereby Pacific nurses can contribute and make inputs into national policies and initiatives. They have gained confidence that, together, they can sustain these networks beyond their involvement in the Aniva Programme.

■ Targeted programme

The research has demonstrated that targeted Pacific specific programmes such as the Aniva Programme are well-suited for the development of a critical mass of Pacific nurse leaders, and for developing a more culturally competent Pacific nursing workforce. The findings on participants' expectations of Aniva and the reality of the programme, as well as the type of knowledge, skills, and experiences that have impacted most on their development, suggest the following key features of the Aniva Programme be replicated in any future delivery of Pacific specific programmes for Pacific nurses:

- Staff that are knowledgeable, skilled, and experienced in a range of disciplines, and an effective pool of Pacific academics to deliver the programme
- A curriculum that includes a body of knowledge in Pacific cultures, histories, worldviews, health issues, and outcomes
- Activities and assessment tasks that are relevant to the participants' workplaces
- A safe, challenging, and supportive learning environment outside of the educational institutions
- Having a mixture of participants from a range of leadership positions and employment settings
- An affordable programme.

Recommendations

The research highlights the effectiveness and significant role that this targeted programme had played in the development of Pacific nurse leaders.

A key recommendation of the research is that Pacific Perspectives Ltd, the Ministry of Health, and Pacific nursing organisations vigorously pursue ways to build on the achievements of and foundations laid by the Aniva Programme for Pacific nursing workforce development so that:

- ways are found to have the Aniva Programme continue to be available for more Pacific nurses and midwives
- future programmes for Pacific nursing workforce development take into account the body of knowledge, calibre of staff, and methods of delivery used by the Aniva Programme

- Pacific nurses keep up the momentum within the Pan Pacific Nurses Association and links with other Nurses Associations to provide ongoing support for their peers, particularly those from outside the Auckland region
- the impact of the Aniva Programme be evaluated from the perspectives of student's employers and the patients that they serve.

1. Introduction

Developing the Pacific health and disability workforce has been one of the Ministry of Health's key strategies for addressing the health needs of Pacific peoples in New Zealand. The Pacific Workforce Forecast Services report sets out the Pacific health workforce vision to 2020 as one of:

A culturally competent workforce helping Pacific people live long, healthier lives

This vision acknowledges that a “culturally competent health workforce has the capacity to address the barriers that Pacific people face in accessing high quality health services that meet their needs; and improving health outcomes and wellbeing, by integrating cultural practices and concepts and diverse world views into high quality, evidence informed health services” (Pacific Perspectives Ltd, 2013:99). The vision also acknowledges the key role of the Pacific health and disability workforce in providing a Pacific culturally competent workforce for New Zealand.

In 2011, it was estimated that 2090 Pacific peoples were in the regulated health workforce, making up approximately 2.4% of the total New Zealand health workforce. The Pacific nursing workforce makes up the largest proportion, 77.8%, of the regulated Pacific health and disability workforce (Pacific Perspectives Ltd, 2013), and only 3% of the New Zealand nursing workforce (The Nursing Council of New Zealand, 2013).

In response to the Health Workforce commissioned report which recommended a focus on Pacific nursing leadership and the unregulated workforce, the Ministry of Health contracted Pacific Perspectives Ltd to deliver the Aniva Pacific Health Workforce Development Programme, from 2011 to 2017 (Pacific Perspectives Ltd, 2016). One of the key components of the Aniva Programme includes three specialty postgraduate qualifications, which were developed with Whitireia Polytechnic. These qualifications consist of the Postgraduate Certificate (PGC) in Specialty Care (Pacific Health), Postgraduate Diploma (PGD) in Specialty Care (Pacific Health), and Masters of Professional Practice (Pacific Leadership). The PGC was initially offered in 2011, the PGD was first offered in 2015, and the Master's degree in 2016.

In March 2017, Pacific Perspective Ltd contracted the researcher to undertake a piece of independent qualitative research on student's perspectives of the Aniva Programme.

2. Aims and Objectives

The research aims to explore how the impact of the Aniva Programme manifested in the student's experiences, knowledge, skills and understandings.

2.1 Objectives

The key objectives for the research are to gather qualitative information that would:

1. Contribute to a better understanding of the experiences and expectations of participants in the Aniva Programme
2. Indicate the outcomes of the Aniva Programme and how these have impacted on participants' personal, practice, and career development
3. Identify how the Aniva Programme had impacted on the development of a critical mass of Pacific nursing leaders.

2.2 Research Questions

The key questions that the research sought to address are:

1. What were the reasons participants entered the Aniva Programme?
2. How did the reality of the Aniva Programme match the participants' expectations?
3. What knowledge and skills did participants learn from the Aniva Programme?
4. How did participants utilise what they learned from the Aniva Programme to inform their practice?
5. How did the programme provide a setting that encouraged students to see their personal and career growth?
6. What are the participants' experiences/views of the importance of a critical mass of Pacific nurses, and the need to have role models?
7. What are the participants' views of the networks of Pacific nurses which had been set up? Can these networks be sustained without Aniva?

3. Methodology

The research used Talanoa to collect the information from the participants. The research design is informed by Kakala research framework. Details of the design is explained in Appendix A.

3.1 Individual Talanoa

Prior to the talanoa the researcher provided the Pacific Perspectives team with a list of prospective participants, which were purposively sampled from the database of all students that took part in the Aniva Programme, during the five year period between 2012 and 2016. A staff member from Pacific Perspectives contacted the prospective participants to inform them of the research and its purpose, to seek their participation in the research, and to introduce the researcher (Appendix B). The researcher then followed up with an email and/or a phone call to confirm a time and a place for the talanoa. A copy of the key focus questions was sent to each participant prior to the talanoa session (Appendix C).

The individual talanoa took place at a time and place chosen by the participants. Two participants asked to join together in one talanoa; therefore, one talanoa was conducted with these participants. The other 18 participants agreed to the individual talanoa session. These talanoa lasted between 45 and 55 minutes. Each talanoa was recorded using a digital voice recorder.

All recordings of the talanoa sessions were transcribed and a copy of each transcript was sent to each participant for checking. Participants could make any amendments and/or add information. Only four participants made minor amendments and/or provided additional information.

3.2 Participants

20 participants (17 females and three males) were purposively selected to cover a range of ethnicities, employment settings, programme of study, locations, and place of birth.

Whilst the Aniva students' database gave place of birth as either "Island" or "New Zealand", the information from the talanoa suggests that the nurses who were born in the Pacific and migrated to New Zealand in their childhood and had their nursing training in New Zealand, had similar experiences to those who were New Zealand born; therefore, any analysis based on place of birth must take this into account. Three

Samoans and one Niuean had migrated to New Zealand at the ages of 1 to 5 years old.

Six participants were Samoan, with the others made up of Niuean (3), Cook Islands (2), Fijian (2), Tongan (2), and Tokelauan (1). The remaining four reported more than one ethnicity.

TABLE 1. DISTRIBUTION OF PARTICIPANTS BY ETHNICITY AND PLACE OF BIRTH

Ethnicity	Place of Birth		No. of Participants
	Pacific Island	New Zealand	
Cook Islands	0	2	2
Cook Islands/ Palagi	0	1	1
Fijian	2	0	2
Indo-Fijian	1	0	1
Niuean	1	2	3
Samoan	6	0	6
Samoan/ Palagi	0	1	1
Tokelauan	0	1	1
Tokelauan/ Samoan	0	1	1
Tongan	2	0	2
Total	12	8	20

Twelve participants worked for District Health Boards (DHBs), six were employed in Primary Health Organisations (PHOs), and the remaining two in other organisations such as a tertiary education institution.

TABLE 2. DISTRIBUTION OF PARTICIPANTS BY EMPLOYMENT SETTING

Employment Setting	No. of Participants
DHBs	12
PHOs	6
Other	2
Total	20

The participants were equally distributed among the programmes of study and level completion. Four participants had completed the PGC; four were enrolled in the PGD at the time of the talanoa; four had completed both the PGC and PGD; four had completed both the PGC and PGD, and were enrolled in the Master’s degree programme at the time of the talanoa; and four had completed all three qualifications, the PGC, PGD, and Masters.

TABLE 3. DISTRIBUTION OF PARTICIPANTS BY PROGRAMME OF STUDY

Programme(s) of Study	No. of Participants
PGC	4
PGC and enrolled in PGD	4
PGC and PGD	4
PGC, PGD, and enroll in Masters	4
PGC, PGD and Masters	4
Total	20

More than half the participants lived in Auckland (13), with the remaining participants from Wellington (5) and other regions (2).

TABLE 4. DISTRIBUTION OF PARTICIPANTS BY LOCATION

Location	No. of Participants
Auckland	13
Wellington	5
Other Region	2
Total	20

3.3 Data Analysis

Thematic analysis of the data was undertaken through reading and re-reading the transcripts of the talanoa. The themes that emerged from the data were identified, coded, and described. The key objectives of the research were used to guide the analysis. Quotes were also selected from the talanoa data to illustrate the major themes and points of discussions in the report. These are included in the results sections of this report. Care was also taken to record any unintended outcomes of the Aniva Programme.

3.4 Limitations of the Data

The results of this research are based on the views and experiences of participants in the Aniva Programme. Information from the staff that had delivered the programme, and from the employers could have added more in-depth information to assess the impact of the Aniva Programme. Thus, the findings are limited to the viewpoints and experiences of 20 participants out of a total 129 that had taken part in the programme. These findings, therefore, should not be generalised to the whole population.

The qualitative data have some limitations in that the participants in the talanoa related what they could recall and what stood out for them at the time. Thus, it is possible that the data does not represent their full range of experiences and, therefore, certain aspects of the impact of the programme may have been overlooked.

Only two participants from outside Auckland and Wellington agreed to participate in the research; therefore, this limited the researcher’s ability to report on experiences of participants from these regions.

4. Experiences in and Outcomes of the Aniva Programme

4.1 Introduction

This chapter describes the participants' experiences in and outcomes of the Aniva Programme. Information from the talanoa gives an indication of the participants' reasons for enrolment in the programme. The key outcomes of the Aniva Programme are indicated by the new knowledge, understandings, and skills participants gained from the programme. These outcomes are further illustrated by the participants' explanations of how their expectations of the programme were met.

4.2 Reasons for Enrolment in the Aniva Programme

Participants gave a variety of reasons for entering the Aniva Programme. These included contact from the Pacific nurses associations, and encouragement by the tutors and/or Aniva graduates. The desire to be a part of postgraduate programme designed specifically for Pacific nurses was another important factor. Some participants welcomed the opportunity to take a programme which was free of charge. Their comments included:

I had a phone call from one of the tutors. I was not aware of the programme at the time. I was interested in the information given and wanted to do the course because I knew that I could benefit from further studies. The president of our nurses association also called me to get my CV, and then I entered the course. [PARTICIPANT 1]

It was a discussion amongst our colleagues in our nurses association. When I heard that this was specifically for Pacific nurses, it gave me the encouragement to pursue it because I'm a Pacific nurse. I thought if I go into this Pacific programme amongst my Pacific colleagues, it might help me. I really like to work and help to be part of the development of the Pacific health in New Zealand, because I understand how low some of the Pacific people's health statistics are. [PARTICIPANT 2]

I wanted to be in the Aniva Programme because it was specific to Pacific nursing leadership with the focus on how to enhance us as nurse leaders,

so we can influence health outcomes for Pacific people. That was for me exciting and to be able to network with the other Pacific nurses around, not just in our hospital because we knew we were around, but to get us all connected; it was missing. [PARTICIPANT 15]

I had not done any formal study beyond the Bachelor of Nursing, and felt disconnected in the environment that I was working in. I didn't feel that I was able or encouraged in that environment to progress Pacific ways of doing things, Pacific worldviews and models of care in a mainstream environment. I heard about this training for health professionals from a colleague who went on the course. Then I went online to read up what Aniva was all about. It spurred me to want to be in that space, it was all about Pacific and learning about Pacific. [PARTICIPANT 5]

I heard it from a colleague; she had already been through the postgraduate certificate and she told me about the Aniva Programme, and suggested "Why don't you give it a go?" She shared a little bit about it with me and then I went and looked for more information about it. [PARTICIPANT 17]

A few years ago I was awarded the Pacific Nurse of the Year Award for the DHB. I was honoured with the award because I don't really see myself as a Pacific nurse at all. I live a very Western lifestyle and I didn't see myself as Pacific, but when I was given the award I reflected on myself and thought, well people obviously think of me as being Pacific. So I touched base with a colleague who has a senior role at the DHB, and I asked her about the award. I have got the award and I want to be more proactive. She encouraged me to do the Aniva course because that was kind of a pinnacle for Pacific nurses. [PARTICIPANT 9]

I really have not done any formal studies other than what I had done at nursing school. By the time this programme came along, it was available and affordable, and you don't have to pay for it. This was my opportunity so I had to go for it, but

not really knowing the effect it would have on me. I was ready for it, ready to do some more studies, so I guess the big factor was that I did not have to pay anything extra. [PARTICIPANT 4]

4.3 Knowledge, Awareness and Understandings

Participants' responses show they gained knowledge, awareness, and understandings in a range of areas including Pacific cultural knowledge, histories and health issues; Pacific worldviews, models and frameworks; and Pacific nurses' knowledge and networks.

■ Pacific cultural knowledge, histories and health issues

Participants gained new knowledge of their own cultures, histories, genealogies, and origin and significance of their names; knowledge of the commonalities and differences between languages, customs and cultures; and knowledge of the Pacific peoples' migration to New Zealand and its impact on their health status and wellbeing. As the following participants shared:

The fascinating thing that I found out which I didn't really know much about is the relationship between our cultures. From the Samoans, Tongans, Fijians and how our ancestors have moved around and how that relationships had grown, also being able to identify how similar the language we speak, some of the words we use, even the cultural respect that we have for one another; the elders, and identifying the differences and commonalities too. [PARTICIPANT 2]

From the introductory day, it was a really good opener because it was about us going up to the board, writing down our names and telling each other where those names came from, how they related to us and how it related to our genealogy, and that tells a lot about a person. And then we gave backgrounds of our own family. There is a lot of diversity in the Pacific Community, so I was able to get to know that person and how different we are from each other, even though we have a lot of similarities at the same time. Looking at that stuff gave the foundation to what we're doing and understanding of why we do the things we do for our Pacific people. [PARTICIPANT 10]

One of my biggest learning was learning about other Pacific. We assume that we know about the Pacific, and the Pacific is made up of 22 countries and so just having that context. I was just fluent

and familiar with my own culture not with the others... I was able to gain some knowledge about other cultures, about other Pacific countries, about their different systems, class systems, the traditional beliefs and also there were some similarities with my culture [and] there were some differences, so I like that. [PARTICIPANT 8]

I gained a better appreciation of my culture. Aniva helped me to understand my culture, and the problems and issues that I face in my daily work. For example, our people have a high DNA rate. I came to appreciate and understand the issues faced by Pacific people after our discussions and research. I found out that Pacific people are underrepresented in many things. I gained a better appreciation and understanding of the issues. [PARTICIPANT 1]

It really opened my eyes as to how unfortunate our people are, what sort of reasons and how do you change that. So that was quite interesting and challenging because I had never been really involved in Pacific. So I really immersed in that area and I had to face my own culture. [PARTICIPANT 9]

The PGC was a good foundation for the PGD in the sense that it gave me the knowledge and skills around nursing in the context of Pacific. It gave me awareness about Pacific as a minority group working in a predominant culture. It made me aware of our position in healthcare, awareness about vulnerabilities that our Pacific people experience. It also made me aware that nursing is not just about your daily work, and knowing more and knowing how things are, not just in New Zealand. It gave me a perspective to see things differently. It gave me a perspective to see Pacific nurses in leadership roles. Also the participants in the cohort were already in leadership positions but there are not enough of us out there in the workforce. It set the benchmark to identify and bring the awareness of why there wasn't enough of us in those positions. [PARTICIPANT 12]

■ Pacific worldviews, models and frameworks

The programme also increased participants' awareness of Pacific worldviews, Pacific models of teaching and research frameworks, as well as understanding of concepts such equity, equality, ontology, epistemology, and phenomenology.

That was the first time that I had ever heard about Pacific worldview; even when I went through my nursing, all I heard was the nursing worldview

and medicine worldview. I had never heard about Pacific worldview and what it actually meant, so through the Aniva I started to learn about what was Pacific worldview and the values that underpinned that Pacific worldview. I knew they were about values and the types of values that are important to Pacific people, but I did not know that there was an academic word for it or an explanation of it until I did that programme. Words like respect, humility, and reciprocity, and the importance of family – all those words, I knew about them but I didn't realise that these were connected to Pacific worldview, that it was shared by others, not just by me and my culture; it was similar to other Pacific cultures like Tonga, Samoa, and Niue. Then I realised there are other Pacific people that believe and live the values that I live. [PARTICIPANT 17]

The Aniva Programme has made me think outside my own comfort zone. It has been a fantastic programme for me. Having a programme that is specific to Pacific, it has been taught by three distinguished Pacific lecturers, all different in their personalities, different in the expertise that they bring, but it just makes sense when they talk about it because I am coming from a palagi worldview and not understanding what it means to be Pacific. And so I have had to learn my own culture as I have grown up here in [region of NZ] and working with the Pacific people that we have. [PARTICIPANT 15]

It was really good for me because going away and finding out more about my Pacific self as opposed to just working in mainstream thoughts, mainstream way of doing things. When I started with Aniva what I suddenly realized is that we can walk in two worlds; it's not just about this one and that's it. Although I've always tried to be an advocate for our people, it's been hard because we follow a certain rule, but then hearing the stories from other Pacific people and how things are different for different cultures like Tongan, Samoan... it brought the Pacific out of me. [PARTICIPANT 18]

That subject knowledge was sometimes new knowledge for me; for example, ontology, epistemology, you know I never really quite knew them although I had done a post grad but you sort of just brush over it but having to revisit that was helpful, and added to my knowledge. One of the biggest learnings from me was the way Pacific learned, and how to maximize our learning was not just doing classroom work but through

the medium of talanoa and through small group talanoa outside of the classroom, using our own different experiences to tell their stories so that we can learn from each other and align, so that was a big learning for me. [PARTICIPANT 8]

So, my interview with the new job: I know I walk in there all nervous, and when they start asking me questions, everything that they asked me, I was able to answer without any hesitation and it all came down to what I had learned in Aniva, and there was one question, where they said "what is the difference between equity and equality?" And I remember the session that we had in class, and so I said my example, and she said straight away "oh good, good, that's excellent", and she said "all the other applicants had always been stuck on that". I mean, it doesn't matter how many assignments they throw at us, it's the knowledge that you gain. [PARTICIPANT 3]

■ Pacific nurses' knowledge and networks

Participants gained valuable knowledge from other Pacific nurses, and insights into their journeys and pertinent issues in their workplaces and how they had dealt with those issues. They also became more aware of the types of networks set up by Pacific nurses in the Auckland region.

The other knowledge and skills that I have learned is the networking with other leaders – that we work together, not just Auckland but also outside of Auckland. I never knew that there was another Samoan who works in the same area... We just live in a small world but we didn't know that there are some other nurses that have been leading many projects all over Auckland and that's the network that I really love to listen to, and adopt some of their views of health, some views of leadership as well, and I really enjoyed it. [PARTICIPANT 11]

It is really good to hear from other nurses and what they are doing. You look at what they are doing and you say, "I think that I can do that". And you are inspired by seeing the senior positions that a lot of the Auckland nurses are doing. There are so many of them in that position... Why have we not bothered to apply for jobs like that? I think that [the jobs] have probably been there but we haven't applied, and I don't know why. [PARTICIPANT 4]

It has been very good, I have been able to shoulder tap people and share ideas. I am the [role in an organisational committee] so being able to network with our people, share ideas,

and how to make a change for our Pacific nurses within the system, and how you support the ones who have been through and have the Aniva thinking but also the ones who are coming through. How do you give support to the new people? We are in a position where we can be influential and share those ideas and be proactive. [PARTICIPANT 9]

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The PGC created a platform where we built the nursing network, and I met a lot of my colleagues that worked in nursing all over the country, and [saw] the work that they do. This was through assignments, through talanoa sessions between participants, through the moodle programme. [PARTICIPANT 12]

4.4 Skills Learned From the Aniva Programme

Participants also learned skills of critical thinking and self-reflection, advocacy, research, study, presentation, writing, and networking, and they gained the confidence and courage to use those skills.

■ Critical thinking and self-reflection skills

It has helped me realise the gaps that exist in the health system, helped me notice the gaps within our own workforce... by comparing it to how the Pacific nurses network are working in other [organisations]. It has helped me notice the gaps in the services that are provided for the Pacific population. It has helped me notice the gap in policies itself and available resources, so everything that is to do with and to do for Pacific people, not only in the workforce but the consumers as well. There's one thing about [the Aniva tutors], is the way [they] challenge you. It was a good thing to notice the gaps and then helping develop strategies and plans and implementing them in your own workplace. [PARTICIPANT 3]

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What they have taught me was that we needed to stand on authority and say that we can and that we need to be critical, cast a critical eye on everything that we hear and we see. [One of the Aniva tutors] has taught us to challenge data. The data that is presented to us about Pacific is not always right. We should critically analyse that and challenge why they have got the data that they have about Pacific. [PARTICIPANT 15]

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I am better at unpacking what stats look like and not to be afraid to ask, "how did that help

Pacific"? Or "where can we go with this"? I am a little more confident on how to unpack the stats, and why we are doing this? If we are looking at Pacific people, why are we looking at it this way? So, that confidence has come out because of Aniva. Even if I am right or wrong, it is important to question how other people think on how we do this. I think that it makes a big difference. [PARTICIPANT 4]

■ Advocacy skills

I became a better advocate for Pacific and Māori, whereas before I was a bit shy to speak up. One of the things that Aniva helped me do is to say, "You've got a voice. Use it; you're there to help people" and I suddenly realized that that was true. But finding that space to be able to do that came from being on this course, building that confidence and being proud of who you are, that sort of thing. [PARTICIPANT 18]

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It made me more assertive, I was more forthcoming, I was not afraid or intimidated, if I had a valid point I made sure that my voice was heard. I also learned [to see] a lot of things that had happened prior to my nursing career, such as bullying. What came about was that I was more assertive than anything else. [PARTICIPANT 12]

■ Research skills

It extended my knowledge on research and how to research. It extended my knowledge on how to search and research for information, which I used to rely on the library lady to do for me. It has helped me to understand how research is a huge part of evidence-based practice for nursing and also to understand evidence-based practice better. I have also been able to take what I have learned and applied that into my [work], because I understand it better than I did before the postgraduate diploma. [PARTICIPANT 17]

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It made me do the literature review and it forced me to read. That made me more interested in reading about health and different literature that's available to support me in my current work. If I'm interested in something, I know where to go. Just those study skills really, like navigating the library. [PARTICIPANT 6]

■ Zen presentation skills

One of the things I like about the programme was something they called Zen presentation, for five minutes. For my 3000-word assignment, I had to present that in only five minutes. I did not know

how to do that type of presentation before, so I had to learn the skills to present in five minutes. [PARTICIPANT 1]

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We did the Zen presentation and it was good learning because I had to organise my knowledge to fit within the time given for the presentation. I had to identify what was important for my topic, and try to fit my messages in five minutes. That was another good thing which was interesting. When your time is almost up the time keeper would go 'knock, knock, knock'. It was fun, it was funnier because we did it amongst all Pacific. There are certain Pacific views and sense of humour that only we Pacific would understand. [PARTICIPANT 19]

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One of our assignments is what we call Zen presentation. Basically it's to do a five minute presentation in front of a whole class and a judging panel. The real good thing about that is they challenge you afterwards, and ask you questions about it. It is about getting straight to the point, and how to sell your idea, and being strategic with a plan of attack. And not making yourself as the go-to Pacific Nurse, rather than the non-Pacific coming to you because you are Pacific, but it's about educating everyone how to look after Pacific people. [PARTICIPANT 3]

■ Writing skills

I learned how to really write assignments better, to read the assignments and that's a skill I think having done different University courses I felt I got better by being exposed to that environment, and so for me that was new knowledge; the system of referencing although I did APA they were quite particular in the Aniva Programme, with commas and full stops, we had to get that right. [PARTICIPANT 8]

■ Networking skills

The thing is with the plan that I was trying to make with the Pacific Networks here at [an organisation], the thing that questioned me was - why hasn't anyone done this before? And again it comes down to what Aniva has taught us. It's what we call the 3C Model - credentials, credibility, and courage... So take for example: for myself, I can have all these ideas and what we should do, but I wouldn't know what to do with them, whereas Aniva taught me how to network, and I'm a kind of person that needs to work on being assertive, I needed to work on being courageous, and I needed to know when I need

someone to come in with me, so if it wasn't for Aniva, I wouldn't have met these other nurses that come from [an NZ region] as well, and when I started going on board with this, I started bringing them in as well and all that. Now if Aniva hadn't have happened, I probably would've been trying to do the solo, still being frustrated that the managers aren't listening to me, but I can bounce the ideas back to them because of the network that I've established. And I think this network is needed, because we're so busy. [PARTICIPANT 3]

4.5 Expectations and Realities of the Aniva Programme

17 of the 20 participants reported that their expectations were met, while three reported some areas where their expectations were not met and some mixed experiences.

■ Met expectations

Participants' responses to the question whether their expectations of the Aniva Programme were met also show evidence of the benefits and outcomes of the programme.

100% met. I went in blindly not knowing what to expect but as I went along, I suddenly realised that I am just like everybody else - going to work, coming home, going to work, coming home, without even thinking about what it is I'm working to do; trying to make things better but not doing anything about it. Just like the research - if I hadn't done Aniva I wouldn't do this research. I probably would have thought 'oh well, we'll wait till somebody else figures out that there's a problem, maybe they'll do it'. [PARTICIPANT 18]

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I have received more than I expected, to be very honest. The reality of the studies have outweighed what I expected, and that has encouraged me to do more studies. The support that I got from the tutors was really good. To be very honest, they are not easy; they are very tough, and in a good and positive way. They're really serious about what they're doing, if we just listen attentively and follow the instructions that they give. I really appreciate their support because I think that kind of support I didn't really get from the other university. Maybe I did not know that similar support was available there. The Aniva Programme is like a family unit, so you support one another. We support each other as colleagues, and the support we get from the tutors. It has improved my standard of education academically, and confidence. [PARTICIPANT 2]

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The team at Pacific Perspectives were instrumental... they were my strong support system last year. They continued to provide the assurance, we will get there, and we do this together. [Their] approach was calm, collected, and non-confrontational. It has made me more resilient now. [PARTICIPANT 12]

Probably exceeded my expectations. I wasn't sure of what I would get out of it but I knew that it was by Pacific tutors. I just knew that it was something different, not like going to the local universities because you just go there and get the lectures, but there [at Aniva] I get a little bit more. I get the Pacific lecturers, their views, just their views but it does not make it right, but they have helped me to understand as a Pacific person. I love the lectures, even a bit of the history, it was really good as well, even if it was about someone else's history but how it impacts on us as a community, Pacific people today. You don't get that at other lectures, you don't get the Pacific views. [PARTICIPANT 4]

We are given many opportunities, and my expectations were met in the course. We had the opportunity to explore more because we came together as a group of Pacific nurses. That has great value in itself; although we speak in different languages, there is a special connection when Pacific people study together. Another opportunity is the support given by the tutors. I could see that they understood the level I was at. They come down to the students level and I like that. [PARTICIPANT 1]

I think initially I didn't have any expectations, and because I didn't have any expectations the programme was quite exceptional. I was just blown away with the quality of the people that they had, the inspirational speakers as well, being exposed to that network of different people. And the Diploma - the expectation was to complete the Diploma with knowledge about research, but it got you thinking of data collection as well; 'what we can use with data collection', 'what's the importance of data collection, and numbers?' If you collect data and you have the numbers then you can prove that evidence, you've got evidence there, so it was getting that understanding as well. I'm very grateful though for Aniva, because I do understand that it was expensive and I didn't have to fork out anything for it. I think we're very blessed and lucky that we didn't have any financial deficits on our side, we just had to do

the work. That was our contribution to it and I am very thankful to Pacific Perspectives for the Aniva Programme, to the staff from the Ministry of Health, and all my down-to-earth tutors, Karl and Margaret, who have been there to say, 'get over yourself'. It's been good. [PARTICIPANT 13]

Oh, over and beyond... I never thought I would come out doing something practical and useful. I never thought I'd actually bother about looking at policies in the wider organization and its impact on my work, our people - it just made you think. I live in my own little world, I go to work, do my assessment, go home again, as long as I meet my stats, my KPIs, get paid, go home, because I tried the best I can, and if the access to the services is not appropriate or poor, what can I do about it? Whereas this course helps me to think, actually I can do something about it, and this is how I might do it, or if I read a bit more I could find out how to deal with it, so that's what I meant by 'way beyond'. I never thought I'd be presenting to a National Conference about my [research] because my managers really liked it, and my colleagues thought it was useful. Never thought I'd be a health researcher because, like I said, before I did Aniva, I was going to retire from my current job, I was comfortable, so that's what I mean, way and beyond, because it's made me change my career really, which I never thought I would. But I'm happy and I'm quite stimulated, challenged, and excited. [PARTICIPANT 6]

■ Mixed and unexpected experiences

Whilst the experiences in the Aniva Programme led to mainly positive outcomes, a few participants experienced events that challenged and hurt them. Thus, their expectations were not met in those instances. Tutor's feedback on participants' assessment tasks challenged and hurt two students, whilst a Tutor's "rude language", in part, led to a participant's decision not to seek enrolment in the Postgraduate Diploma programme.

I was shamed in front of my class, in a classroom of nurses, who are Charge Nurses, Nursing leaders, and to be stripped down in front of your colleagues in what was called constructive feedback, but in my opinion that is not what I received. I was ripped apart, meaning that I was criticised for everything that I was, and it wasn't just the academic feedback but the critique of the presentation was actually personally in front of a classroom of registered nurses, who are leaders. And nobody in the class said anything and I guess that's the power of our lecturers, which is

absolutely fine, but it just disappointed me from my colleagues' side for not saying anything, and I understand that they probably didn't want to put themselves out there. [PARTICIPANT 17]

The impact of the above event was so hard on the student that they took some time out to "heal", later returning to complete the Postgraduate Diploma. They had built some "resilience", picked themselves up, and kept going. They had learned from that experience to be "tactful" in their communication with people, and not to use this approach in their workplace.

Personally, I did not like it when the facilitators sometimes used rude words. For me, this is a group for leadership training. You don't use those kind of words as a leader. If you are there as a facilitator and every so often you use inappropriate language, and maybe it is just me that defines them as 'rude'. I know which words are appropriate to use in this type of forum. Perhaps if they could look into that aspect in the future and improve on it because we are all adults. Some people might have liked it but I did not like it, and that was another reason why I did not want to return to the postgraduate diploma programme. [PARTICIPANT 19]

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This study is challenging and having a young family makes it more challenging, and trying to find time to fit it in. I had to look at my own self being Pacific, and having that kind of Pacific focus. And trying to understand it from a Pacific perspective rather than a Western perspective. We know what we are trying to achieve from Aniva and all the challenges that we face, but the marking is still very much Westernised, because it has to meet a system. One of the things that I am frustrated about, the kind of challenges that we want to change, and yet we still have the marking that is based on a Westernised system, because that is the standard. When you are writing and taking it from a personal perspective, it is marked against you because it is marked in a Westernised context. That is what I found most challenging because I am a passionate writer, not an academic writer. [PARTICIPANT 9]

4.6 Conclusions

The Pacific nurses associations, the tutors, and graduates played key roles in recruiting and encouraging participants to take up the Aniva Programme. The majority of participants wanted to enter the Aniva Programme because of the opportunity to study in a programme that was specifically designed for Pacific nurses and delivered by Pacific staff with relevant expertise. Having access to postgraduate studies without having to pay fees was another important factor in participants' decisions to enter the programme.

Most participants had entered the programme not knowing what to expect, and what they had experienced and gained from the programme far exceeded their expectations. Outcomes which had exceeded their expectations involved the knowledge and skills learned from the programme, and the support and knowledge provided by the tutors. Participants gained valuable knowledge about the Pacific cultures, their similarities and differences; Pacific health knowledge; and Pacific worldviews. The participants also gained important critical thinking, advocacy, self-reflection, research, presentation, writing and study skills, and networking skills. The knowledge, skills and experiences of Aniva also led participants to become more confident, assertive, and courageous. The expertise of the tutors and their ability to speak at a level that students could understand and the support from the Pacific Perspectives team exceeded participants' expectations and these contributed to participants' experiences of success and positive learning experiences.

Whilst the majority of participants had benefited from programmes, three of the participants had a few unexpected experiences which had affected their overall view of the programme. Feedback on the assessment tasks and language used by tutors had harmed and discouraged students from returning to the postgraduate diploma.

5. Impacts of the Aniva Programme

5.1 Introduction

This chapter presents findings from the talanoa and explores the impacts of the knowledge, understandings and skills learned in the Aniva Programme on participants' personal and professional lives. These impacts are indicated by reported changes in practice in five key areas:

- Changes at personal level
- Changes in practice and service delivery
- Advancement in their career pathways
- Developments in the Pacific nurses' networks
- Changes in their contribution to the New Zealand healthcare system.

5.2 Changes at Personal Level

■ Identity

All participants reported personal growth as a result of the knowledge, understandings, and skills that they had gained from the programme. Participants explained growth in their awareness and acceptance of their ethnic identity as Samoan or Niuean or Fijian, identity as a Pacific nurse, and identity as a leader. Prior to their enrolment in Aniva some participants who were New Zealand born and/or raised did not see themselves as a Pacific nurse nor as a leader. Likewise, some Pacific born participants identified with their own ethnic culture but not as a Pacific person. Gaining Pacific knowledge, Pacific worldviews, and their experiences in the Aniva Programme (see chapter 4) led participants to be confident in their own ethnic, Pacific, and leadership identities. The following comments illustrate this:

It's pretty much the team leader, knowing who I am, my own identity and my surroundings. My identity like my name, and my roots and why I was so special in a way that I never thought about. Like, I have this name that I have been carrying for [over 40] years and didn't even realise that there is a meaning behind it, and it was gifted by my grandma, and now I started to look at that side which is something I never thought about. So those are the knowledge that I have actually got it from the Aniva. [PARTICIPANT 7]

The tutors are really good; they have brought in a lot of knowledge that I did not even know before. Even the cultural knowledge because I know my [Pacific ethnic] culture but it was really nice to see the other Pacific Island cultures, the Tongan, the Samoans, and the connections. It was really nice, it was eye opening. They set us on a platform that you can identify yourself as a Pacific Islander, and also the determination. Yes, that I can relate back to my work and I can start to pick up the gaps at my work, for our Pasifika patients. That helped me a lot. It allowed me to see the gaps. [PARTICIPANT 2]

The certificate really highlighted all the things that I was thinking about but didn't know what to do with at that time, such as I realised over the years that I'm a New Zealand born Pacific Islander and I've always thought of myself to be New Zealand born, never liked to be put in to a group, that you're a Pacific Islander, I just want to be a New Zealander. As I got to know about my island and me, I realised that people don't view us in the same way, even though I'm a New Zealand born Pacific Islander, I'm still a Pacific Islander. So, they identify me, even in this role, I'm a Pacific Islander. I'm a Manager, they know that, but I'm always referred to as a Pacific Islander. I'm looked at as a Pacific Islander, that's how I feel. [PARTICIPANT 10]

Aniva has given me confidence to stand as a Pacific person in my space, own it, and go forward knowing I have a team of mentors, tutors, community, elders, ancestors that are supporting, carrying, sometimes telling me off, directing me, but always with much alofa to ensure my journey is not about me but about how to help people along the way with my skills. [PARTICIPANT 14]

Aniva helped strengthen my confidence, so then I could confidently say that I am a Pacific Islander. And there is no other course in an institution that would be able to do that. Just because of the culture that has developed and how they deliver in institution, there is none that could do it like this. [PARTICIPANT 16]

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I have always wanted to work for Pacific when I was a younger nurse but there was always this belief that you can't help Pacific because you can't speak the language. How are you going to communicate? There was always this question, and that played heavy on my mind. May be at times that blocked me from progressing sooner rather than later for Pacific. I guess Aniva threw the lifeline, it threw the fishing hook, it reeled me back and opened up that space to say 'Yes, I can, I can work for Pacific, and I don't have to speak fluently before I can help my people. That's what Aniva did, it woke me up. [PARTICIPANT 5]

Whilst the majority of the New Zealand born and raised participants were able to embrace their Pacific identity by the end of Postgraduate certificate programme, at the time of the talanoa one was still struggling to identify as a Pacific person.

I said earlier that I am not culturally immersed, I don't follow the customs, so that kind of prayers and all those, I found uncomfortable because it is not what I am used to, it's not me. I understand it is not about me, but it is a programme about Pacific people, so when it comes to doing cultural songs, I don't know, I mumble my way through it. I can only fall back on my own European experiences. So, it really highlighted the kind of insecurity for me. [PARTICIPANT 9]

■ Leadership

Participants reported an increased awareness and realisation of themselves as leaders in their own workplace and the community that they serve.

The certificate was really an eye opener for me. At first I didn't know that I was a leader, you always work at the grassroots... When I went to enroll I remember I told a tutor I didn't believe nurses should become a manager or a leader, they should go and do their work as what we were taught in the nursing school. So that is where I started to grow, and to see and I thought to myself, I have done all that but no one even told me that I was a leader until I sat there... The older nurses always take the thinking that we are there to do the job and that is it, but never acknowledge that you are a leader, no matter where you are you are always a leader, and that is how I feel when I first started doing the certificate; that is where I thought 'wow I didn't realise that I was a leader'. [PARTICIPANT 11]

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I can see myself growing so fast now that I have been asked to take over the [Senior Nursing] role,

compared to some of my Pacific colleagues who have been in the [organisation] for more than 10 years. Before I would ask, why me? I don't ask that question any more. I take the opportunity and I want to grow, I want to do the best. The majority of nurses working in [an area of the organisation] are Pacific but none of us has a team leader role. We are really good at standing in for others when they are not there, and then we would go back onto the floor but we never had a Pacific nurse acting as the [Senior Nursing role] or having that role as a team leader, so that is something that I actually gained from Aniva. [PARTICIPANT 7]

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Having that voice and being confident as a leader, and having the skills and the knowledge to go with it. I don't think I would have had any confidence about speaking if I didn't have the knowledge, because you guarantee there will be a Pacific person out there who will know more than you, and you'll be in big trouble if you were saying things that you thought was true and it wasn't or being off about anything. It forced me into reading, forced me into finding out all these policies and a lot of things, especially in mental health. [PARTICIPANT 18]

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We talked about clinical leadership; leadership and I never really gelled, I always had a negative view of leadership, because to me I saw leaders - as can I say - power trip, they weren't very humble, and so leadership really didn't resonate too well with me at the time. But when we explored leadership even further and the different kinds of leadership, I was able to relate it to me, so that was another thing, I never saw myself as a leader. Leadership for me was about serving my people, that's what it was about, but then I learned to articulate it more when I came to Aniva, because thanks for the transformational kind of leadership and the different kinds of leadership taught and I thought 'Ok, I can identify with that', and then realised I do have some leadership skills, so that makes a difference. [PARTICIPANT 10]

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They have to change the cultural mind-set of their area of practice. I am only one in the division, I have to go and change the mind-set of the people around me at this level. And it is the same with them, they need to go and change the mind-set of everyone around them at their level. As a Pacific health leader you have to go and see what can be changed to influence patients' better health outcomes for our Pacific people, how they can be a bit more culturally

competent in looking after our Pacific people. It will be very sad to see [Aniva] discontinued, it is still needed. The successes have been seen now and it needs to be continued. We want to pick up the younger ones into the programmes, at a younger age so that they can then progress to this level when they are younger. I would like to see Aniva do a programme in Clinical Governance. [PARTICIPANT 15].

5.3 Changes in Practices and Service Delivery

The participants made use of new knowledge, understandings and skills to change the ways they delivered services. This was shown in the way they advocated for Pacific patients and families, made changes to policies and guidelines for working with Pacific people, took on more leadership responsibilities, supported the development of other Pacific nurses within their organisations, and provided clinical training for nursing students.

■ Advocacy for Pacific patients and families

Participants were more confident and courageous about advocating for the needs of Pacific patients and working to improve health care services. Participants were more confident and assertive about speaking up for Pacific staff and on Pacific issues in the organisation, asking questions and challenging the status quo and things that are inappropriate for Pacific people. They were more confident to make effective contributions to meetings within District Health Boards, more prepared to articulate Pacific worldviews and to see other colleagues' worldviews when there were conflicts relating to care plans for Pacific patients, and to work collaboratively within a multi-disciplinary team to develop effective and relevant care plans not only for Pacific patients but all patients that they serve.

I would speak up if Pacific people came in... I will try and provide appropriate gowns that is culturally appropriate for our Pacific culture, like providing a draw sheet to cover them like a 'lavalava' because sometimes the gowns are too short and patients may be exposed at the rear part. I respect their culture and their expectations of it and be attentive to the cultural needs of my patients. That is the best thing about this Aniva Programme, educating us to be good leaders. I applaud the tutors for being so direct in running the programme because I literally learned a lot from it. I have gained a lot of respect from my colleagues... for providing appropriate care and advocating for best practice. [PARTICIPANT 2]

It helped me to expand more and to be mindful of certain things and that even though I always knew that Pacific was a minority in our workforce, with those minorities you need to stand out in some shape or form if you really want to speak for our people... That's what I found last year had impacted on my role, because it allowed me to speak out more. I was employed because of the knowledge that I have, and the skills that I've gained, and I realise that's what I need to use, so it gave me confidence. It actually moved that journey along in regards to being a Manager even faster because I remember my boss would say to me that she'd seen the difference. [PARTICIPANT 10]

I just have to say thank you Aniva for the opportunity because before I never thought of my Pacific people and my family; now I am more conscious of their needs. I have to admit that I was one of those nurses who didn't think about Pacific people before; I am a nurse and that's my role, I treated everyone the same, but now I can actually see that I should act more like a nurse and try and help out. [PARTICIPANT 7]

I have always believed that I was a very good clinical nurse, and having the right skills was important. Having the confidence to take up the role that I am in now. I feel that I can do a lot more for my community by taking up this role... Even just coming from the frontline and because I am passionate about nursing and I think that offering quality is really important. We push that sort of thing when we have our meetings. When I go to meetings at the DHB you get more opportunity to speak about what frontline looks like. And so Aniva has taught me that actually I have the qualification, and I have the background and I have the ability. I thought that all other people have that, but what I have that is more important to them, is that I am a Pacific person. I can speak it better than others. [PARTICIPANT 4]

■ Policy and guidelines

Participants' responses indicated that they identified gaps in policies and practices for Pacific patients, and proposed ways to address those gaps. Participants were more prepared to actively work with management to make changes in current approaches and guidelines for work with Pacific peoples; and have courage and confidence to try again if not successful the first time around. A few of those initiatives had been taken up by the organisations.

I thought about quality, it was quality and the leadership skill I had to identify and it was communication for me... So I developed a guideline for effective communication with Pacific people and Pacific families, and that guideline I went through each section that we have [in a work process]... I presented my guideline to all my colleagues. There was about 30 or 40 of us and they were like, "really?", and it never occurred to me that they might not know, because we're pretty much independent; we've got our workload, we arrange our appointments, just get on with it... This course is really good for me because it made me hone in on Pacific and Pacific issues at my workplace, so I could identify, that made me stop and think. So, I went through each section and I made something relevant for Pacific people, questions to ask, to clarify, or things like that, that would be helpful, relevant for us, to get the right information so that we're not glossing over. Quality, so it was a quality issue that I was after. [PARTICIPANT 6]

I am really privileged that... my managers trust me, and give me the autonomy to do things the Pacific way, as long as outcomes are met and are achieved. Some outcomes are measured in the mainstream way, and some outcomes are measured in the Pacific way. The privilege of my role involves building of relationships, and there are so many relationships with so many different people. I had to learn to accept that sometimes people's hearts and minds are not always so open and I can only role model the Pacific way of caring relationships, especially with people who have the power. I'm still learning how to negotiate in a way to get the outcomes, I can't just go in with guns blazing even though barriers and walls are there for Pacific people. [PARTICIPANT 14]

We looked at a lot of the issues that the Pacific population have here in New Zealand. We looked at Ministry of Health papers, Pacific Perspectives' papers, 'Ala Mo'ui Pathways [to Pacific Health and Wellbeing]. It gave me a better view of what is really going on in New Zealand. Because... for a long time all I see is what is in front of me, no one tells me 'how about you go and look at this strategy', so being in Aniva has helped me to look at that. There's a lot of stuff out there, and it's helped me to learn about it by reading, it's helped me to research things that I didn't think to research, and it's given me a bit more understanding around certain issues, and how they impact, and also brought it back to where I'm working, how could I make a difference here in what I do with our people. [PARTICIPANT 10]

I need to be more proactive, like we had a social event at work and I was really surprised when one of them said that one of our sponsors was Coca Cola, and I thought we are in a hospital and people's health are affected by their product and now you want them to support our social function. The argument was they (Coca Cola) are the problem but they are also the answer. That was short term thinking, so if you endorse them for that you can endorse them some more. I was not happy with that, so I took it to the CEO and I said if you don't pull this funding, I will be proactive in taking this to the media and embarrassing this hospital, because it stood for the wrong things, and it is affecting Pacific people. So, the CEO said 'I understand' and pulled that funding. If it was not for Aniva and the research that I learned about obesity, would I have been proactive in standing up, and being so passionate about it that I wrote to the CEO? I had the courage to stand, because they made a decision based on all the wrong reasons. One person can actually make a difference. [PARTICIPANT 9]

■ Taking on leadership roles

Since I started with the Aniva Programme I have been involved in a lot of family meetings, consultations with the doctors, and I have grown so fast in the way that they've actually put me as a leader if the [permanent role holder] is not there... As I have said before, before I was focusing on the patient so I didn't have any involvement with the medical team at all, I was just there as a staff nurse, I do my job and I go home. But now I hardly work on the floor, I facilitate and coordinate the wards, there are two wards... This week I was involved in the [health promotion event] and I had to present on... an area that I am a champion [of] in the ward itself but I never had the opportunity to actually go out and speak in front of my own colleagues, and my own staff... At the moment I'm ready to hand in my expert portfolio, which is something I never thought about before. I got my profession last year and this year I'm in the process of the expert since I've been involved with the Aniva, and I have also been asked to take over the [Senior Nursing Role] at the end of June this year. [PARTICIPANT 7]

It has given me that confidence and I know that during my work I know exactly the details of what is required and if anything falls short I question it. The practice I know that we did in the islands was that we follow what the surgeons demand because the doctors probably have a higher status than nurses. Somehow, I came

through that culture of nursing, but here I can be autonomous in my nursing approach. I am taught to be autonomous because you can only protect yourself because you can be accountable for all that you do and can be on your own if you have to stand in court, which means you have to really know and identify what you're doing and if you are not sure of anything you ask. That confidence has really helped me a lot here, to be very honest. I can be very quiet where I work but I do make eye contact with surgeons, with my bosses and question any concerns that I may have. That confidence was strengthened during the Aniva course. So, leadership is not only leading a group of people but it's really taking up leadership in areas of our practice where you have to shine the light. [PARTICIPANT 2]

■ Pacific nurses' workforce development

Participants in leadership and management positions are involved in identifying potential nurse leaders and mentoring them within DHBs.

It has been very good, I have been able to shoulder-tap people and share ideas. I am the [role in an organisational committee] so being able to network with our people, share ideas, and how to make a change for our Pacific nurses within the system, and how do you support the ones who have been through and have the Aniva thinking but also the ones who are coming through. How do you give support to the new people? We are in a position where we can be influential and share those ideas and be proactive. [PARTICIPANT 9]

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The first thing that I learned from that programme was actually the confidence as a Pacific nurse amongst every other nationals that I work with. In our [area of the organisation], there are only three of us Pacific nurses apart from the 90 plus nurses that are there, so I actually identified that we have quite a lot of Pacific patients that come through with few Pacific nurses to support them. Maybe I could help in identifying that, and be able to support the employment of more Pacific nurses. [PARTICIPANT 2]

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My role for the last 5 or 6 years has been on workforce ever since I started the certificate programme in 2012. But I've been big on workforce before, I've been involved in groups outside of the [organisation] looking at health workforce but having done this course... I feel I have gained some credibility, some courage, some credentials to speak on workforce and

Pacific workforce – and they are not my words, they are [our tutor's] words. It's been a journey to get to those and I feel I have some but I know there is a lot more to develop; like with courage it is a constant thing because it is a big system that you challenge in, all the time. Being in the Pacific space I have realised that is not only about getting Pacific people into the workforce but also keeping people and developing people and helping them progress. Aniva has been helpful for me in that sense, given me that insight and I know that I have the support of the people like my tutors, my classmates, and Pacific Perspectives, to push this agenda. [PARTICIPANT 8]

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My passion has been to grow our nurses, particularly our Pacific nurses... so for me it was getting them involved in the Aniva Programme... I would go and talk to them about what it is about, the commitment that is involved. If they needed to be in a Senior Leadership role then when they go to classes the context will be related to the leadership level. With all the support now you can see the progress here, and it's been great to see them continue to PGD and Masters. I have had to push many nurses and they know my story. When people come with their [wounded] stories I tell them if I can do it with all these anyone can... we need to lift our Charge Nurses to the Clinical Governance role. It is an executive role... We have to change their mind-set. I am not a Pacific rep, I am a [Senior Role in Organisation] who just happens to be Pacific. That has been my main goal, driving the Pacific Charge Nurses to do the study. [PARTICIPANT 15]

■ Initiatives to support nursing students

Participants became more active in supporting Pacific nursing students' learning experiences within their organisations. For instance,

Aniva was useful in bringing us nurses together, to provide us with postgraduate qualifications. One of the things that they provided us in our postgraduate certificate was it reignited my passion for Pacific people. I felt that you are just this little flame in this big nursing world, sometimes you are almost out, almost burned out. Going to some of these forums at the beginning and even now that I have finished Aniva, if I can spark a flame, I have got a fire. It is fire for Pacific, for helping... Pacific students and others and it's not just isolated to Pacific, but it is helping them to achieve, to become a registered nurse and then moving on to Postgraduate studies. [PARTICIPANT 17]

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I also approached a colleague who recommended that I do Aniva. Look, this [organisation] is not supporting our Pacific people, we have got people who are wanting some assistance but can't get any. I have gone to my bosses and explained that we have [people] who can't put into practice what they have learned... [so we help them]. That takes a little time, but it's all done in my own time. I have also the assistance of my other colleagues who would take people on to help if I was not there. We have assisted a few people but Aniva talked about networking and working with your own people. [PARTICIPANT 9]

5.4 Advancement in Career Pathways

The assignment on career development and planning led students to critically examine their existing positions, and opened up their minds to see where they could position themselves. The presence of nurse leaders in senior management and leadership roles also inspired others, particularly those from outside of Auckland, to aspire to more senior and leadership positions. The results revealed two main groups of nurses in terms of career development and planning. First, there was a group of 13 participants who had their career plans and had already applied for more senior positions or were taking up further studies in order that they might reach their career goals. The second group consists of 7 participants who were very happy with their exiting positions and were committed to using their skills and knowledge to improve their services.

■ Group 1 – Taking steps to implement career plans

The first group included nurses who were already moving to implement their career development plans either through submitting applications for more senior positions, or had already secured more senior positions. This group also included those that were moving to take up further studies to help them realise their career goals. Further analysis of the data revealed that all seven participants from outside of the Auckland region were in this group. Being among Auckland nurses who were already in senior roles motivated others to believe that it was possible to move to senior and leadership positions. The challenges put forward by the tutors also prompted nurses to reconsider their career pathways, to plan, and to move to implement those career plans.

Aniva has helped me to be courageous, to try and move on from where I am. The encouragement to say, you have to get out there now! It's time to move on. So that's what Aniva has provide me, the push to open up space in my head to now move on to position myself within the environment that I am in, that could help change the way

we do things to help Pacific. I have transferred that to applying for a Charge Nurse role. But unfortunately, I did not meet what they wanted, but I have moved. And the second one was I had applied for a position that had a Pacific focus. I got the job but I probably underestimated the environment that I went into. Despite the project being awesome, and it was an opportunity to have a Pacific lens on what the project was all about, but I really felt unsupported within that context, and it just did not work so I had to step out of that position for my sanity... So, I guess movement that is what I gained from Aniva, the confidence to say 'I can do this' but also the confidence to step out. Be certain about when you make those decisions. [PARTICIPANT 5]

The long term plan for me is, if the opportunity comes up for me, to provide any form of support in terms of consultancy work in the Pacific and outreach programmes for Pacific. I would like to see myself working for UNICEF or WHO. That is where I see myself. I want to see myself go back and contribute to the people of the Pacific, whether it be in health promotion, whether it be in planning, or providing clinical support or teaching. That is why I have deviated from my management role because education is where the challenges are. To get me there I think that when they took my Resume, all those postgraduate studies contributed to it. You get more respect for it. You don't ask for it but you know it is there. In the Pacific, when you come from humble beginnings you struggle and the achievement is more worthwhile, your celebration is not just your celebration. [PARTICIPANT 12]

The Pacific nursing workforce has gone from strength to strength over the last few years, and it is all through Aniva. I don't think that it would be anything without that. We may have just carried on with our roles but without Aniva we would not have had that different perspective or as much knowledge about Pacific, and particularly about raising our profile locally, regionally, and at a national level. I am saying to my Charge Nurses 'I am succession planning, I am not going to be in this role forever'. I am succession planning for another Pacific to come in to this role, and we need to be looking at the Nursing Council role. We need to be looking at the Director of Nursing role that comes up, don't just limit. Why are we still there that is where I think that influencing at a population level, and sitting at the Executive level, with CEOs, that is where things will happen. [PARTICIPANT 15]

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I would really like to get my PhD. [One of the Aniva tutors] had introduced this idea of nurse-led clinics, that is something I'd really love to do, that's out in the community. Whereas if I'm still here in a hospital, I would definitely would like to be... a Clinical Nurse Director at a DHB. I would like... to strengthen our network [in a region of NZ], and be the voice that the nurses need in connection with all the managers here and just empower Pacific, all the way from primary right through to tertiary and even in hospice. [PARTICIPANT 3]

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My goal is to go back to the Pacific and be the Manager in one of the hospitals that is opposite from my house, working for our people. It's high but it's achievable. I don't want to be working on the floor, I want to be a nurse leader. If I could get to a Master's degree then I can be a manager in the Pacific. At the moment I am conducting a health promotion for Pacific people in the community, so that is another outcome of Aniva. Yes, it is another benefit of this programme. I didn't know that Pacific people are dying, not until I went into that health promotion and working with the community. I can either be in Pacific working for our people or maybe in the next five years I will be in the community working for Pacific people in the community. I can see my role as a nurse in the Primary Health, because my family are also getting sicker and sicker. [PARTICIPANT 7]

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The career plan assignment was one of the best ones. It made me think because I was really comfortable in my job. I found my perfect job because it fits in with the kids, I was going to retire here, I was comfortable, but through Aniva I was learning more about Pacific and also career plan, forcing me to look at my career plan, where am I going to be in 5 years? It forced me to re-evaluate my retirement, I've still got another 20, 25 years left, and so then I talked to other people about it, my colleagues, other students, and that's where I felt I'd actually like to be a health researcher. I'd like to do research as a specialty, which isn't quite nursing but it's still in health. This is as a result of learning more about the literature review, learning more about my area and health gaps; it made me think I'd like to do some more research. [PARTICIPANT 6]

This participant went on to explain why she has not enrolled in the Postgraduate Diploma but had enrolled at another university to pursue a qualification that may help her to achieve her goals.

That's why this year, from the Aniva Programme and from that career plan, I enrolled in the Postgraduate Diploma for Healthcare but I'm doing Research Methods and Policy, those two papers because I think they kind of go together and follow on from what I've been doing from last year at my work place, because it's always got to be relevant to my workplace and the area that I work in... Then I'd like to do the Masters, and enroll in the Masters of Health Research and do the 120 points thesis. [PARTICIPANT 6]

■ Group 2 – Happy with current positions

The second group of seven participants were quite happy with their current positions and had committed to using the knowledge, skills, and experiences gained through Aniva to effect changes in the delivery of services to improve health care delivery and outcomes for their clients. Further analysis of the data showed that six participants were employed as managers or in a senior nursing role within a DHB, whereas one was a staff nurse in a PHO. Three participants had completed the Postgraduate certificate, two had completed all three qualifications, one had completed the PGC and enrolled in the PGD, whereas the remaining participant had the PGC and PGD and was enrolled in the Masters programme. The two important factors which contribute to their decisions to remain in those positions were related to their satisfaction with and their autonomy within their current roles, and that the role fitted their family responsibilities and interests outside of their employment. Comments made by a few of these participants demonstrate their views and experiences.

When you do nursing on a daily basis, that's leadership. When you manage your time and what is required for your role and members of your team that is leadership. A few of us will go to management positions: wherever you go, whether you are in management or you are working just as a nurse and you do your work well, that is leadership to me. I can see the challenge for us to go into management positions, but probably it will be too boring for me to do that daily. I see myself as a hands-on person working face to face with my clients. [PARTICIPANT 19]

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I haven't really changed jobs. You know other people have gone from Charge Nurse to find other places, but I'm quite happy where I am, and it's autonomous, so why would I move somewhere else if I'm in a job which I love as well? So, I enjoy the people, I love the patients, and I enjoy putting people through that journey as well.

[PARTICIPANT 13]

5.5 Developments in Pacific Nurses Networks

An important development that took place as a consequence of the Aniva Programme was the creation of Pacific nurses' networks at personal, local, regional, and national levels. The establishment of the Pan Pacific Nurses Association in October 2015 signaled the commitment from Aniva alumni to mentor Pacific nurses into leadership positions, undertake Pacific health research, and to use their cultural and clinical skills to contribute to health service delivery and design. Eighteen participants indicated that they believe these networks can be maintained and sustained without the Aniva Programme, whereas two did not think that the networks can be maintained. These two participants had completed the PGC only, and it is possible that the other participants' experiences in the PGD and Masters had provided them with the knowledge, skills, confidence, and courage to believe that they could sustain the networks without Aniva. They could see themselves taking a leadership and/or a supportive role in maintaining, developing, and strengthening these networks. These networks are used to:

- Share information on job opportunities for Pacific nurses and encourage other Pacific nurses to apply for those positions
- Act as a pool of resource and support for referrals of Pacific patients and to bounce off ideas about how to approach issues and problems in their workplace
- Organise and facilitate Pacific nurses' feedback and response to national consultation documents from the Ministry of Health and Nursing Council.

Participants' comments reveal how they have contributed to the developments of Pacific nurses' networks.

For me personally, it's very supportive. I've built a relationship with quite a few of them individually, and so we share the same... if I've got a problem I can ring that one or vice versa. So, for me it was good because here, like I said, I'm pretty much isolated from nurses and because I work...

by myself anyway, although there is 200 of us in the organisation there is only me that does this job, so it's hard to go and ring someone from the hospital and ask for help because there is nobody. So just having that companionship, that camaraderie amongst other Pacific nurses is good. [PARTICIPANT 18]

One of the biggest benefits is that we built this link with each other; we as a group want Pacific nurses number to grow. Whatever job opportunities that may come up in our various areas, we link up with one another and make sure that we give each other the information and support people to apply to positions in that area of nursing. It is a collaborative group. We would like to see more nurses enrolled in postgraduate studies, we would like to see Pacific nurse leaders in the health workforce. We would also like to see more Pacific nurses in acute care settings. We realise that quite a number of Pacific nurses are working in rest homes so we would like to see more in mainstream healthcare. But also, how we can contribute to bring about change in health, in education, in health promotion, [and] improving the statistics that this country has been saying about the health of our Pacific people. [PARTICIPANT 12]

We are going to step up, we can do this, or we target someone. Like I send a job description to a Pacific nurse. She can do this so I flicked it. She has applied for that position and she has got that position within the DHB, which is fantastic for Pacific. So that is really great. Yeah, the building of the network has been very positive in terms of better communication, better support, and there is always room to improve these communication channels... So, it has really encouraged Pacific nurses who had been on the Aniva Programme, has really opened up their enthusiasm. You can see their enthusiasm about coming together. So, that is really courageous. [PARTICIPANT 5]

And another good thing that has come out of Aniva is our Pan Pacific Nurses Association. Having like-minded people from Aniva that have been through the programme and have been able to learn from the tutors as well about the knowledge that is there and that we should try to share more of what we have learned. One tutor always talks about the 3 C's, and it is about that credibility, but having the credentials behind it and the courage. [PARTICIPANT 13]

The other thing that has come out of the Aniva network, a few of us have come together to start our Pan Pacific Nurses Association. What we found is that there is a cohort of Pacific nurses that don't feel like they belong anywhere in particular or are not affiliated strongly with what is currently available and if you are not confident in your [Pacific] language skills but you still live within Pacific values, you still want to be part of a Pacific group. We are really trying to create a place for that group, to feel comfortable and safe to come to. Aniva brought us together, it was a big mission to bring a group of very busy people together for two days at a time, and from around the country. It gave us a standard and we were all challenged with the same thing and we have all been taught the same things and we all know our responsibilities with that knowledge. We will be continuing beyond any programme because what we have done is that we have accepted that no one else is going to do it. We know what is needed, but before we would say someone will do it, someone else that is more qualified or has more academic [credentials] but no it is up to us to do it. [PARTICIPANT 16]

I think that it will be sustained because we have more of a voice, we are more confident about who we are as Pacific nurses that all the students that come through, we would really push them. We are bit more out there now, telling them that you are going to lead this next group and make sure that you do what you have to do to get where you need to go. And the waiting for them is so much different especially when I did it. We are now more focused on career building and clinical cannot build it. They focus on how to advance themselves which is quite different from when we were training. I believe that anyway. I think that having more of us having a voice then it will trickle down, we can inspire our next generation of nurses that are coming. [PARTICIPANT 4]

Yes, I think that it can be sustained. Part of it is our own responsibility, it would be sustained but I think that we need the ongoing mentoring. Even as Nurse Leaders we still need the mentoring and support, and that it something that we lack, we are busy mentoring the young ones but the senior ones lack the mentoring. I mentor the PGD and the masters but people forget that I need mentoring. Where is the mentoring for me and the support? There is a gap in how do we continue to support the ones who are going to complete the Dip and the Masters this year, to continue doing what they are doing, to get to those senior roles.

Going on from Aniva is where the gap. They have provided us with the confidence, believing that we can do this. [PARTICIPANT 15]

5.6 Contribution to the New Zealand Healthcare System

■ Increased number of Pacific nurses with postgraduate qualifications

The Aniva Programme has significantly increased the number of Pacific nurses with postgraduate qualifications, and with a common understanding of Pacific health issues and outcomes and with a shared commitment to contribute to improving health outcomes for Pacific people. Figures from Pacific Perspectives Ltd showed that by the end of 2016, 119 participants had completed the Postgraduate Certificate; 34 had also completed the Postgraduate Diploma; and 3 students had graduated with the Masters of Professional Practice. There is evidence from this qualitative research that Pacific nurses in leadership positions are moving to strategically position themselves in key positions so that they could mentor more Pacific nurses into leadership positions and senior positions in mainstream organisations, and contribute to the development of the Pacific nursing workforce.

■ Contribution to the body of knowledge and literature on Pacific health

The research undertaken by Masters students has started and will continue to contribute to the body of knowledge and the much needed research-based evidence and literature that will inform service design and delivery for Pacific people. Pacific nurse leaders are theorising, researching and looking for solutions.

One of the things that I wanted to do was to include an awareness about how excessive use of the internet can actually be detrimental to the development of our youth, especially Pacific youth. Because when I looked at the research, they are saying that Pacific people have higher rates of substance abuse, higher gambling problems than anybody else and by substituting the word 'gambling' with 'internet' you're going to have the same rate in another five or ten year's time because we have a high rate of addiction. So, if it's going to be alcohol, drugs, gambling, this is a new thing so you just put internet on that list too. I'm pretty sure we're up there with the rest of them, but that's my theory. Another thing I did in my paper in the post-grad diploma was a literature review on past, present, future epidemics; so looking at the past epidemics and how we prepared for all that, and then we built immunisation to protect the kids so we

protected them there and then you protect the future. My theory is if we address this issue now and get prepared then we're not going to have problems in the future so kids will be able to use their mobiles, not abuse them. Another part of the research is the fact that kids' eyes are deteriorating really bad from the blue light that's ruining their eyes, so the generation of kids that can't see, can't write, don't socialise. So I guess for me it's bringing them that awareness and just being prepared and I would probably have thought 20 years ago that this was rubbish, but now we're seeing the results big time and it's getting worse. [PARTICIPANT 18]

■ A model for the delivery of leadership and postgraduate qualifications for Pacific nurses

One of the significant outcomes of the Aniva Programme from an educational perspective is the demonstration of an effective model for delivery of leadership and postgraduate programmes for Pacific nurses. The majority of the participants enjoyed the setting, valued the methods of delivery, and compared their experiences in the Aniva Programme to those that they had experienced in other Universities.

One of the things is the way they used a lot of Pacific models of teaching, they used Pacific frameworks to help and guide us, more mentorship throughout assignments, helping us to really understand. And the other thing was we had a good student network which is quite different from the mainstream university, in the sense that the mainstream university you were quite an individual, you sat in a class of 100 and I didn't know anybody. I did assignments on my own, nobody really discussed with me, but with this programme we had groups that we could go to... we met regularly, discussed assignments and so that was really helpful I found, and different from mainstream. [PARTICIPANT 8]

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And can that environment be duplicated in a mainstream university? Will I get that Aniva in a place like Victoria University? How [can] we fashion our programme that provides that Pacificness about it? I think that it just had an immense impact on my learning, and what I took in, and just refreshed, reframed, and reshaped it. [PARTICIPANT 5]

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For Pacific leadership this is the platform for it, I have no doubt about that because I think they've already set that bar that will allow us in a way to achieve academically; clinically or non-clinically this is the real pathway and I would say

Aniva is the platform for it especially for Pacific nurses, 'cause I don't really know that there is any other similar existing nursing platform for post-grad, academics, that is specifically for nursing. [PARTICIPANT 2]

5.7 Conclusion


The Aniva Programme has had positive impacts at different levels – on participants' personal development, practices, career advancement, development of the Pacific nurses organisations and networks, and contribution to the New Zealand health sector.

An important impact of the knowledge, skills, and experiences has been on participants' three key identities – their ethnic, Pacific, and leadership identities. Participants entered Aniva with different levels of awareness and acceptance of these identities. Their increased acceptance and awareness of these identities helped participants to gain more confidence, courage, vision, and passion to accept the challenges and responsibilities they encountered as Pacific nurse leaders.

The Aniva Programme has challenged participants to critically think about their own workplaces, to identify any gaps in policies, services, and resources, and to design approaches to improve healthcare services for Pacific people. A sound understanding of Pacific peoples and the issues that impact on their access to culturally competent health services required nurses to examine and reflect on their own views and stereotypes of Pacific peoples. This has resulted in nurses who are sensitive to the patients' needs and confident about taking on more proactive roles in providing better services, not only to Pacific patients but to all populations that they serve.

The participants' awareness and understanding of Pacific worldviews and how different forms of knowledge and worldviews are created and impact on the design and delivery of healthcare services is another unique contribution of the Aniva Programme. Such an understanding of Pacific worldviews and perspectives has provided a strong base from which they could advocate and seek changes, and have better appreciation and understanding of the other worldviews that inform the design and delivery of health services in a multi-cultural and multi-disciplinary work environment.

About two thirds of the participants had designed career plans and had the courage to move to implement those plans by applying for more senior positions and/or undertaking further studies in order that they achieve their career goals. Participants from outside of



the Auckland region have benefited from meeting and hearing from colleagues who are in senior leadership and management positions in Auckland. Senior nurses from Counties Manukau DHB appear to have benefitted greatly from the Aniva Programme.

Aniva has also developed a pool of like-minded nurse leaders who have moved to set up networks of support at local, regional, and national levels. Assuming leadership and taking on the responsibility to set up the Pan Pacific Nurses Association further indicates the impact of the programme in the development of a 'critical mass' of Pacific nurse leaders who believe that these networks could be sustained without the Aniva Programme. These networks have started to play an important role in Pacific nursing workforce development, and contribution to the Pacific literature and evidence-based research which are much needed in the New Zealand health sector.

6. Discussion and Recommendations

This report has explored the impacts of the Aniva Programme on the experiences, knowledge, understandings, and skills of participants in the programme using primarily data from the talanoa. It also describes the outcomes of the programme as revealed through the type of knowledge, skills and understandings gained by the participants; how those outcomes impacted on participants' personal growth, career development and advancement, practices in their workplaces, and the creation of various networks of Pacific nurses at local, regional, and national levels. The findings have some limitations given the small sample size and what participants could recall at the time of the talanoa. Despite these limitations, these findings have important implications for Pacific Perspectives Ltd, The Ministry of Health, the Pacific nursing community, and tertiary education institutions.

This final section considers the implications of the findings and presents a number of recommendations related to these.

6.1 Building the Capacity of Pacific Nurse Leaders

The research has demonstrated how the Aniva Programme had made a significant contribution to developing the capacity of Pacific nurses in leadership positions and emerging nurse leaders. The programme has impacted on the personal development of nurses, challenging participants to examine their roles and responsibilities as Pacific nurses within the health sector, and in the provision of clinically and culturally competent services. Learning new knowledge and skills led participants to embrace their ethnic identity such as a Samoan, Niuean, or Tokelauan, their collective Pacific identity, and their identity as a leader. The knowledge and skills learned include knowledge of Pacific cultures, Pacific health issues, and Pacific worldviews; and critical thinking, advocacy, research, presentations, and study skills. These have also resulted in participants becoming more confident, assertive, courageous, and passionate about Pacific peoples and their health needs, and about their nursing profession. Furthermore, these have led participants to be more outspoken, proactive, involved, and willing to take on leadership responsibilities to make changes

that would help their organisations deliver more effective services for Pacific people as well as all the people that they serve.

The research reveals that nurses entered the Aniva Programme at different levels of acceptance of their identities. The experiences of New Zealand born and those that were born in a Pacific country and had migrated to New Zealand in early childhood, suggest that it is problematic to consider nurses as just New Zealand born or Island born. Resolving one's identity appears to be critical to the success of a nurse; being confident about one's identity even if one does not speak the language fluently helps the nurse to move with confidence to also accept her or his identity as a Pacific Islander or Pacific person. Both New Zealand and Pacific born also need to accept their identities as Pacific Islanders. Knowing you are a Tokelauan, Fijian, Niuean, Tongan, Cook Islander, or Samoan, and having the confidence to stand firm as a Pacific nurse is critical to accepting one's identity as a leader. The safe learning environment and support given by staff and other students in the Aniva Programme provided the means by which those who needed to, were able to deal with and resolve identity issues.

One of the positive impacts of Aniva is seen on those participants who acknowledged that they had just focused on their work to meet their targets and their Key Performance Indicators. Aniva used relevant activities so that participants were challenged to examine and "cast a critical eye" on their workplace and identify pertinent clinical issues which they could address. Such exercises had allowed participants to see the gaps and continue to look critically at themselves and their organisations and how they could improve services to address the health needs and help improve health outcomes for Pacific peoples. Aniva has successfully challenged these participants to accept that they have the authority to influence and make appropriate changes to improve the design and delivery of health services. Participants that identified clinical issues of concern, and then designed and implemented a plan to address those issues, have found that their efforts could make a difference in services and outcomes for their patients. Such impacts acted to motivate and confirm to participants that they could indeed make a difference in the way services

are delivered to Pacific patients. The success of these activities further enhanced their confidence to be proactive and advocate for Pacific patients, families, and all the clients that they serve.

These participants have developed the mind-set that credentials, credibility, and courage are important qualities for a Pacific nurse leader. Whilst the programme has successfully inspired about two thirds of the participants to plan and set career goals and move to implement those career plans, the other one third had focused on taking on leadership roles and improving the services in their current positions. Although it was not a major focus of the participant's responses, there is some evidence to indicate that employers and colleagues could observe these changes and commended participants for demonstrating leadership and initiating changes to improve the qualities of services.

The importance of building a nursing workforce that is culturally competent and conscious of evidence-based practice is indicated by the results of the research. Nurses as researchers, reflective practitioners, and critical thinkers see the need to build evidence to support their arguments and Pacific worldviews. They are more conscious of the diverse worldviews that can exist in the multi-disciplinary environment in which they practice. Having the research skills to gather more information on issues and search for evidence to support their Pacific worldviews, combined with the ability and confidence to articulate those views in a multicultural and multidisciplinary environment, can add to their effectiveness as Pacific nurses.

Pacific nurses enter the programme at different levels in their positions of employment. There is evidence to suggest that the younger nurses benefitted greatly, not only from the programme and the staff but by having nurses in senior positions in the same classroom. The nurses in senior positions become role models and a source of inspiration and knowledge for younger nurses. These results point to the value of having a mixture of nurses that are already in senior positions and young emerging leaders starting off their nursing career.

6.2 Targeted Aniva Programme

The research has demonstrated that targeted, Pacific-specific programmes such as the Aniva Programme are well-suited for the development of a critical mass of Pacific nurse leaders, and for developing a more culturally competent Pacific nursing workforce. The findings on participants' expectations of Aniva and the reality of the programme, as well as the type of knowledge, skills, and experiences that have impacted most on their development, suggest the following key

features of the Aniva Programme be replicated in any future delivery of Pacific-specific programmes for Pacific nurses:

- Staff that are knowledgeable, skilled, and experienced in a range of disciplines, and an effective pool of Pacific academics to deliver the programme
- A curriculum that includes a body of knowledge in Pacific cultures, histories, worldviews, health issues, and outcomes
- Activities and assessment tasks that are relevant to the participants' workplaces
- Safe, challenging, and supportive learning environment outside of the educational institutions
- Having participants from a range of leadership positions and employment settings
- Affordable programme

The success of this programme has depended largely on the knowledge, skills and expertise, and courage of the staff, and support services and the learning environment that they provide. Participants particularly appreciated tutors' ability to speak at a level that students could understand; their facilitation skills which challenged students to move out of their "comfort zone" and take action; their encouragement and support of participants to deal with difficult issues; and their interactions and work with each other as a team which provided important role modeling for participants. While a small number of the participants revealed that the language used by staff and feedback had hurt and discouraged them, suggesting an area for improvement, the benefits they gained have prompted the majority of the participants to recommend the Aniva Programme for upcoming Pacific nurses.

6.3 Pacific Nurses Networks and Organisations

The development of networks of like-minded Pacific nurse leaders who are committed to the development of Pacific nurse leaders, the Pacific nursing workforce, and improving services to meet the health needs of Pacific peoples is an important outcome of the Aniva Programme. Such networks are necessary in order that nurses and midwives have a stronger voice in advocating for effective changes in the design and delivery of healthcare services in New Zealand. It is evident that those who have gone through the Aniva Programme have had common experiences and exposure to the same body of knowledge and skills required for a Pacific nurse leader practicing in a multicultural and multidisciplinary working

environment. Aniva has brought together a pool of Pacific nurses and provided a platform for them to set up networks, including small group networks within their areas of nursing, within their DHBs, and regionally as well as nationally in the form of the Pan Pacific Nurses Association. These networks provide ongoing support for participants when dealing with issues of concern. They act as information hubs on health issues and employment opportunities for current nurses and midwives, and new graduates. The Pan Pacific Nurses Association is a means whereby Pacific nurses can contribute and make inputs into national policies and initiatives. Relationships with other Pacific nurse associations need to be strengthened and the participants are very aware and committed to sustaining these connections. They have gained confidence that, together, they can sustain these networks beyond their involvement in the Aniva Programme.

6.4 Pacific Perspectives Ltd Support Mechanisms

A key factor to participants' success is the calibre of the staff that deliver the programme, and the support services provided by the Pacific Perspectives team.

This research data will add to other evaluation data and results that Pacific Perspectives Ltd has undertaken throughout the course of programme, between 2012 and 2016. What this research has provided are the voices of participants, more than half of whom had already left Aniva, indicating how the Programme and support mechanisms that were offered to them had positively impacted on their lives as Pacific nurse leaders and clinicians. Furthermore, without the funding support provided, all the participants would not have had the opportunity to go through a leadership professional development programme specifically designed and targeted for Pacific nurses and midwives.

This research points to the critical role that Pacific Perspectives Ltd had played in delivering a postgraduate programme outside of the mainstream tertiary education institution, in partnership with Whitireia NZ. Although this was not a focus of the research, the experiences of participants in the setting and learning environment set up by Pacific Perspectives Ltd has some important learnings for future delivery of Pacific nursing and health workforce development programmes.

6.5 Recommendations

The main purpose of the Aniva Postgraduate Certificate in Specialty Care (Pacific Health) was to support:

Pacific health workforce to develop the knowledge skills and abilities to deliver evidence-based health care for Pacific people and their communities. The nursing qualifications enable learners to make the transition from a developing sense of their own professional practice to its application in a systematic way, and prepare them for higher level postgraduate learning and research. (PACIFIC PERSPECTIVE LTD, 2016:1)

During the period 2012 to 2016, 119 nurses and midwives had completed this qualification. Thirty-four of these had also completed the Postgraduate Diploma in 2015 and 2016, and three out of the 15 that started the Masters degree in 2016 had graduated. Twenty out of 119 Aniva graduates, (that is, 17%) took part in this research. As discussed above, the findings indicate the positive impact of the Aniva Programme on participants' personal development in their Pacific and ethnic identities, and had enhanced their knowledge, skills, and abilities to deliver evidence-based health care practice not only for Pacific people and their communities but for the majority of the people that they serve. Those that moved on to the Postgraduate Diploma and Masters degree have acquired knowledge in Pacific worldviews and ways to articulate those views in the workplace settings. The Masters degree has also enhanced their knowledge and skills in developing and creating evidence through their research.

A key recommendation of the research is that Pacific Perspectives Ltd, the Ministry of Health, and Pacific nursing organisations vigorously pursue ways to build on the achievements of and foundations laid by the Aniva Programme for Pacific nursing workforce development so that:

- ways are found to have the Aniva Programme continue to be available for more Pacific nurses and midwives
- future programmes for Pacific nursing workforce development take into account the body of knowledge, calibre of staff, and methods of delivery used by the Aniva Programme
- Pacific nurses keep up the momentum within the Pan Pacific Nurses Association and links with other Nurses Associations to provide ongoing support for their peers, particularly those from outside the Auckland region
- the impact of the Aniva Programme be evaluated from the perspectives of the employers, and patients that they serve.

Appendices

APPENDIX A: RESEARCH DESIGN

The research design is underpinned by the Kakala framework. The original Kakala framework was articulated by Professor Konai Helu Thaman (1992) based on her conceptualization of teaching and learning. The original Kakala research framework had three processes – *Toli*, *Tui* and *Luva*. This framework was further developed by Professor Konai Helu Thaman and Dr 'Ana Tuafe'ulungaki, Dr Seuula Johansson Fua and Dr Linita Manu'atu which led to the addition of three more processes – *Teu*, *Malie* and *Mafana*. The existing Kakala Research Framework consists of six process – *Teu*, *Toli*, *Tui*, *Luva*, *Malie* and *Mafana* (Johansson Fua, 2009). This research will use the first four key processes of the Kakala framework to underpin the design. This includes the *Teu*, *Toli*, *Tui* and *Luva*.

■ I. *Teu* – Preparation for the Research

This involves the conceptualisation and preparation phase whereby the researcher works with the Pacific Perspective team to confirm the objectives and design the key questions for the research. It also involves the sampling of the prospective participants from the students' database and the organisation of the talanoa sessions with the participants.

■ II. *Toli* – Gathering of the Kakala

This process involves the researcher undertaking the talanoa sessions with the participants, organising the transcription of the recorded talanoa, reviewing the transcript from the talanoa sessions, working with the participants to check the accuracy of the information on the transcripts, and analysing the data.

■ III. *Tui* – Making or Weaving of the Kakala

This involves weaving together the data that will be gathered (*toli*) into various kakala or reports. The main kakala will be the final report that will be prepared for Pacific Perspectives Ltd. Another possible kakala could be journal articles for publications and/or power point presentations on the summary of key findings to participants.

An important process for this research is the weaving together of the talanoa data. The objectives and questions will be used to guide the pattern for the kakala that will be woven together. The outcomes of the Aniva Programmes in terms of the new knowledge, understandings and skills gained from the Aniva

Programme will be identified and drawn out from the talanoa data. How these knowledge, understandings and skills had been used by the participants to make changes in their personal growth, practices and career development will be gauged from their responses to the talanoa. These will indicate the impact of the Aniva Programme. Selected quotes will be identified from all 20 participants so that their actual voices are used throughout the report to convey and illustrate the outcomes and impacts of the Aniva Programme.

■ V. *Luva* – Presentation or Giving away of the Kakala

The fourth process is *luva*, that is, the giving away of the kakala. This will involve the presenting of the report to Pacific Perspective Ltd and summary of key findings to the participants.

APPENDIX B: INFORMATION FOR PARTICIPANTS

■ Aniva Qualitative Research

Thank you for agreeing to be interviewed as part of this Research on the Aniva Programme.

What is the purpose of the talanoa or interview?

The purpose of this talanoa is to assist us in evaluating the Aniva Programme. We wish to hear about your experiences of the programme and how the programme may have impacted your knowledge and skills.

What will we do with information from your talanoa?

This information is important to us because we want our services to include the views of the students we serve. Your stories and experiences are important in shaping the way we develop programmes in the future.

Confidentiality

This project is bound by research ethical guidelines and the processes will ensure confidentiality in the collection and use of your information. While all information will be recorded in the interviews to ensure your views are captured accurately, we will not use your name and family's names in any of the reports and you will not be able to be identified in any of the information used.

Your participation in the research is entirely voluntary and will not in any way affect your current or future involvement in the Aniva Programmes.

Who will facilitate the talanoa?

Pacific Perspectives has contracted an independent provider of Pacific research to carry out the interviews, Dr 'Ana Hau'alofa'ia Koloto. Dr Koloto is a respected and experienced independent researcher specialising in Pacific research and evaluation using Pacific methodologies. Dr Koloto has recently returned to New Zealand following a position as the Tongan Campus Director at the University of the South Pacific, and she has conducted a range of Pacific-focused research including the effective use of e-learning for Pacific learners (2006) and the National Survey of Pacific Nurses and Nursing Students (2003).

What you need to do

If you wish to participate in this talanoa, please read and sign the consent form. The researcher will also have a hard copy available at the talanoa. Soon you will be contacted to set a date, time and venue for the talanoa.

If you have any further queries, please contact Jonathan Malifa on jonathan@pacificperspectives.co.nz or 021 024 52278.

APPENDIX C: ANIVA QUALITATIVE RESEARCH

■ Key Focus Questions

The aim of the research is to explore with Aniva students how the impact of the programme manifested in their experiences, knowledge, understandings, skills and practice.

Background and Reasons for Enrolment in the Aniva Programme

1. Tell me about your background and work experiences before the Aniva Programme.
2. Why did you enter the Postgraduate Certificate programme?
3. What made you decide to continue or not continue on to do the Postgraduate Diploma or the Masters programme?

Knowledge, Skills and Understanding and their impact on Nurses' Practice and career pathway

4. What specific knowledge and skills did you gain from the Postgraduate Certificate Programme? How did these impact on your services?
5. What specific knowledge and skills did you learn from the Postgraduate Certificate Programme? How did these impact on your own practice in the work place?
6. How did the Aniva Programme provide a setting and/or encourage you to see your personal and career growth?
7. What leadership skills did you learn from the Aniva Programme? How have you use these in your workplace and community?

Contribution to the development of a network of Pacific nurses

8. How did Aniva develop a network of Pacific nurses with postgraduate qualifications? Do you think that this can be sustained without Aniva? What role if any, do you see yourself play in this network of Pacific nurses and/or in the health sector?
9. How was your expectation met by the reality of the Aniva Programme?
10. Do you have any additional information about the Aniva Programme that you would like to share?



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