Original Research | He Rangahau Motuhake

Exploring the Transformative Potential of Kaupapa Māori Methodology in Nursing Research in Aotearoa New Zealand

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The historical narrative of Aotearoa New Zealand (Aotearoa) has predominantly been shaped by Western perspectives, often reflecting views about Māori (Indigenous peoples of Aotearoa) rather than those of Māori. This has contributed to the ongoing marginalisation of Māori within key societal frameworks, including healthcare, welfare, education, and justice. Kaupapa Māori (ways of doing things with a Māori world view) methodologies (KMMs) are research paradigms which have expanded on the principles of Kaupapa Māori, in response to colonisation. They are reflective of Māori beliefs and values, embodying te ao Māori (Māori world view). Māori researchers who utilise KMMs are able to challenge Western methodologies and privilege the authentic experiences and realities encountered by Māori. This article explores the utility of KMMs in research concerning Māori nurses. We examined eight literary works that have utilised KMM approaches, highlighting their value in identifying culturally specific issues when exploring the challenges experienced by Māori nurses, and those in leadership. The aim is to enrich the existing knowledge base and support early career and emerging Māori researchers in this area. The use of KMMs in nursing research has been found to facilitate the collection of authentic data, which is crucial for driving transformative policy and practice to address the current nursing workforce disparities in Aotearoa.

Te Reo Māori Translation

Te Tūhura i te Pitomata Whakaumu o ngā Tikanga Mahi Kaupapa Māori i roto i ngā Rangahau Tapuhi i Aotearoa

Ngā Ariā Matua

I ngā tau o mua, i riro nā te whakaaro o tauiwi i tārei ngā pakimaero mō te tupunga mai o Aotearoa, ko tāna, he whakaatu i ngā whakaaro o ētahi kē atu mō te iwi Māori, kaua ngā whakaaro o te iwi Māori ake. Nā tēnei i pare atu te iwi Māori ki tahaki i roto i ngā āhuatanga pāpori, ko te taha taurimatanga hauora tērā, ngā mahi toko i te ora, te mātauranga, me te tika tērā. He ritenga rangahau ngā āhuatanga Kaupapa Māori (te mahi i ngā mahi i runga anō i te whakaaro Māori) (he KMM), kua tahuri ki te whakawhānui i ngā mātāpono o ngā Kaupapa Māori, hei urupare ki te taenga mai o tauiwi. Ka whakaata ēnei i ngā whakapono me ngā uara Māori, ā, ka whakatinanatia te ao Māori i roto (te titiro a te Māori ki te ao). Ka taea e ngā kairangahau Māori e whakamahi nei i ngā KMM te wero i ngā tikanga mahi a tauiwi, me te tō i ngā wheako me ngā kitenga o te tangata Māori ki mua rawa. Ka tūhura tēnei tuhinga i te whāinga take o ētahi KMM i roto i tētahi rangahau e pā ana ki ngā tapuhi Māori. I tūhuratia e mātou ētehi tuhinga pakimaero nāna i whakamahi te ara KMM, me te whakatairanga i ō rātou painga hei tautohu āhuatanga hāngai ki te ahurea, ina tūhura i ngā pīkauranga kei mua i ngā tapuhi Māori, me ērā kei ngā tūranga hautū tikanga Ko te whāinga hei whakaranea i te kahupapa mātauranga taketake, he tautoko hoki i ngā kairangahau Māori tau tuatahi, me ērā e piki ake ana, i tēnei wāhanga o te mātauranga. Kua kitea nuitia mā te whakamahi i ngā KMM i roto i ngā rangahau tapuhi ka ngāwari kē atu te kohi raraunga tūturu, e noho nei tēnei hei mea nui mō te kōkiri kaupapa here me ngā tikanga mahi whakaumu, hei whakatika i ngā korenga e ōrite o te ohu tapuhi i Aotearoa.

INTRODUCTION

Māori nursing leadership is essential for achieving optimal health care for Māori and reducing health inequities in Aotearoa New Zealand (Aotearoa) (Davis et al., 2021). The evolution and utility of kaupapa Māori methodologies (KMMs) is currently transforming healthcare research in Aotearoa by ensuring that Māori voices are authentically represented and prioritised. However, there is a gap in the detailed exploration of these approaches in the context of Māori nursing and leadership (Wakefield, 2023). Kaupapa Māori can be appreciated as a framework of knowledge and practices grounded in te ao Māori (Māori world view), articulating the essence of mātauranga Māori (Nepe, 1991). Hikuroa (2016) describes mātauranga Māori as an Indigenous body of knowledge that encompasses Māori worldviews, ingenuity, and cultural practices, originating from ancestral teachings. KMMs demonstrate a commitment to the principles of kaupapa Māori and embody diverse research practices and rangatiratanga (sovereignty). They highlight the complexity of kaupapa Māori as both a theoretical framework and research methodology, ultimately enriching mātauranga Māori across various contexts (Pihama, 2022).

This article explores the role of KMMs in nursing research and their potentially transformative impact for Māori in nursing and leadership capacity. By examining the use of such methodological approaches, we aim to enhance the current knowledge base, thereby supporting the endeavours of emerging Māori researchers engaging in this field to exact change. The lead author (JW) is a Māori nurse, having recently completed a PhD. JW utilised KMM within their doctoral study which was focused on increasing the Māori nurse workforce and Māori nurse representation in leadership within Aotearoa. This doctoral research reflects the value of using a kaupapa Māori approach to facilitate authentic data collection in gaining a deeper understanding of the systemic challenges faced by Māori nurses and effectively sharing this knowledge.

An initial discussion exploring the historical context surrounding the experiences of Māori since the onset of colonialism offers valuable insights into the emergence of KMMs. Next, we provide a historical discourse regarding the Māori nursing workforce, highlighting the importance of further investigation in this field. This is followed by an exploration of nursing research that has used a kaupapa Māori approach, highlighting the effectiveness in uncovering systemic barriers faced by Māori nurses in both clinical practice and leadership positions. The discussion is bolstered by a review of the trustworthiness and critiques associated with kaupapa Māori research. Emphasis is placed on the potential of kaupapa Māori research promoting translational changes and model development for health sector transformation. We argue the use of this Indigenous research paradigm is essential in examining the relationship between colonisation and capacity development for the Māori nurse workforce and Māori nurses in leadership.

The ongoing impact of colonisation in Aotearoa

The historical account of colonisation began with the signing of He Whakaputanga o te Rangatiratanga o Nu Tireni (The Declaration of Independence) in 1835, which marked the retention of Māori sovereignty and independence in the face of increasing European settlement (He Tohu, 2021; O'Malley, 2017; Ruru & Kohu-Morris, 2020). O'Malley (2017) reflected on how British endeavours to assert dominance over Aotearoa resulted in the 1840 Treaty of Waitangi and te Tiriti o Waitangi (Māori version), which contained significant translation discrepancies between its English and signed Māori versions. These inconsistencies fostered conflicting interpretations of Māori sovereignty, ultimately facilitating British colonisation, despite the Māori version's assertion of retained sovereignty, governance, and equity (Ruru & Kohu-Morris, 2020). Rapid immigration by the British ensued with the subsequent introduction of Western infectious diseases. The impact on Māori was devastating, leading to a decline in population, while the colonist population thrived (Ramsden, 1990).

Marginalisation of Māori continued with the establishment of assimilationist policies including the Education Act 1877, Native Schools Act 1867, and the Tohunga Suppression Act 1907. These Acts not only prevailed in the decline of te reo Māori (Māori language) and existing culture, but also opposed Māori methodologies, eliminating the ability for tohunga (Māori experts/healers) to preserve Indigenous cultural healing (Durie, 1998; Penetito, 2002; Reid et al., 2014). In te ao Māori, wāhine Māori (Māori women) are descendants of ātua wāhine (female Māori gods) who are gifted strength, and stand equal to men (Haddon, 2020; Royal, 2005). However, colonisation introduced Western patriarchal beliefs and practices which led to even further marginalisation of Māori women (L. T. Smith, 2021). This ongoing marginalisation may be a significant factor in relation to the current under-representation of Māori in the nursing workforce, that is predominantly female. The challenge of marginalisation persists in contemporary contexts, particularly highlighted by the recent proposal of the Principles Treaty Bill (*Principles of the Treaty of Waitangi Bill*, 2024), which would have greatly impacted all Māori rights safeguarded by te Tiriti o Waitangi. This Bill was overthrown by the New Zealand Parliament following the 'Hīkoi mō te Tiriti' (March for te Tiriti) in November 2024 (Radio New Zealand, 2024b).

Linda Tuhiwai Smith (2021) asserts that the historical narrative of Aotearoa post-colonisation has predominantly been shaped by Western perspectives. Documented beliefs and views concerning Māori, were not those of Māori, but rather observations and perspectives regarding Māori, from a Western or European standpoint. This has resulted in policy and frameworks that reflect westernised views rather than authentic Māori beliefs and viewpoints. Consequently, this has perpetuated the continued marginalisation of Māori within our society, including nurses, who continue to experience socio-economic and health and workforce inequities, as well as institutional and personal racism (Came, 2012; Hunter & Cook, 2020b; L. T. Smith, 2021; Wiapo et

al., 2024). The introduction of KMMs has challenged these prevailing norms and opened avenues for enhancing understanding in Māori health and addressing inequity.

Māori nursing workforce in Aotearoa

Aotearoa was the first country in the world to begin regulating nurses following implementation of the Nurses Registration Act 1901 (Papps, 2002). Despite this progressive movement, and until recently, little has been documented surrounding the journey of Māori nurses. The first recorded Māori to register were Mereana Tangata in 1902 and Ākenehi Hei in 1908, respectively (Masters, 2001). A true account of how many Māori nurses were registered in the late 1800s and early 1900s is not ascertainable due to Māori often using a Pākehā (New Zealand European) name within educational institutions (Masters, 2001). This practice of Māori using Pākehā names may be directly attributed to the segregationist and discriminatory policies that were prevalent during that era (Adams, 2023; Holdaway, 1993).

Over 120 years later, Māori remain under-represented in the nurse workforce (Nursing Council of New Zealand, 2020). As of the end of March 2023, the Māori population in Aotearoa represented 17.8% (Stats NZ, 2024). Among the total of 63,578 nurses in Aotearoa holding an annual practising certificate (APC) in 2023, Māori accounted for 7.2% of the registered nurses (RNs) workforce, 9.5% of nurse practitioners, and 10% of enrolled nurses (Nursing Council of New Zealand, 2023). The June 2025 quarterly report from the Nursing Council of New Zealand (2025) revealed 84,075 now hold an APC, though this report does not indicate active practitioners nor their ethnic backgrounds. The rapid increase in the percentage of internationally qualified nurses (IQNs) obtaining APCs, escalating from 27% in 2019 to 46% in 2025 and has contributed towards this growth (Nursing Council of New Zealand, 2025). This persistent and significant workforce disparity between Māori and non-Māori nurses is also evident in nursing leadership, education, and research (Wakefield, 2023).

In recent decades, the percentage of Māori in nursing has remained static, despite efforts to enhance this workforce to better represent the Māori population (Chalmers, 2020; Ratima et al., 2007). Initiatives such as the Tīhei Mauri Ora nursing programme (Simon, 2006) and Huarahi Whakatū (Maxwell-Crawford, 2011), both offered dual cultural and clinical competency nursing programmes designed to attract and retain Māori. However, while these and many other initiatives were well-intentioned, the outcomes have not yet aligned with expectations (Hunter, 2019). Furthermore, the Waitangi Tribunal (2023) 'Wai 2575' report highlighted the Crown's inadequate support for Māori health providers, leading to pay disparities for Māori nurses and breaching te Tiriti o Waitangi. This has resulted in under-representation of Māori in health leadership and a lack of resources for developing their own health services (Woods, 2025).

The most recent initiative to establish Māori Bachelor of Nursing programmes across Aotearoa to enhance the Māori nurse workforce has been compromised due to the disestablishment of Te Pūkenga (Chand et al., 2024; Radio New Zealand, 2024a). Further research is essential to enhance our understanding of Māori representation in nursing and in leadership. Exploring the challenges faced by Māori can provide valuable insights into the unique issues present to promote equity within the healthcare system. The most suitable research methodology for acquiring this knowledge are the Indigenous KMMs of Aotearoa, methodologies that include both theory and cultural praxis (Hiha, 2016; L. T. Smith, 2021).

THE EVOLUTION OF KAUPAPA MĀORI APPROACHES IN RESEARCH

Kaupapa Māori is an aspirational, philosophical framework that emerged in the 1980s in response to the impacts of colonisation, pioneered by Graham Hingangaroa Smith (Hiha, 2016; G. H. Smith, 1997). The foundational principles were designed to safeguard tikanga Māori (Māori customs and values), particularly in the realm of education (G. H. Smith, 2003). The introduction of kaupapa Māori facilitated kura kaupapa Māori (Maori language immersion schools), empowering Māori to challenge colonial assimilation and gain control over how Māori were educated. This has led to a new generation of self-assured, bilingual, bicultural young Māori (Pihama et al., 2002; Tomlins-Jahnke, 2025). The original principles of kura kaupapa Māori, considered to be crucial in the implementation of kaupapa Māori praxis included: self-determination, validating and legitimating cultural aspirations and identity, incorporating culturally preferred pedagogy, mediating socio-economic and home difficulties, incorporating cultural structures which emphasise the 'collective' rather than the 'individual', and a shared and collective vision (G. H. Smith, 2003). These principles have empowered Māori to lead their own learning journeys, fostering improved outcomes and social justice. This framework has consequently evolved further, resulting in the emergence of kaupapa Māori theory as a research methodology (Hiha, 2016; G. H. Smith, 2003).

Kaupapa Māori research is a research paradigm embedded with tikanga Māori which has expanded on the principles of Kaupapa Māori over the past 40 years to gain a fuller understanding of Māori people's lives and elements that influence their overall wellness (Cram, 2017). It is reflective of Māori beliefs, values, customs and incorporates holistic views, meta-physicality, and spirituality of te ao Māori (Wilson, Mikahere-Hall, et al., 2022). Kaupapa Māori research embodies a unique philosophy and strategy, aspiring for self-determination for Māori, with aims to reclaim control over research experiences and ensure these experiences are culturally safe (Tipa, 2019; Walker et al., 2006). The original kaupapa Māori principles have further evolved accordingly in pursuit of culturally appropriate research, as Māori researchers continue to insert knowledge into the academic realm (G. H. Smith, 2020). Researcher conduct in maintaining key Māori values has been outlined as most important when entering a respectful research process, resulting in the *Community-Up* model (L. T. Smith, 2006). This model established guidelines for researchers in a practical setting, inclusive of: aroha ki te tangata (respect for peo-

ple, enabling them to feel safe to define their own space and meet on their own terms); he kanohi kitea (it is important to meet people face to face when introducing the research and get to know the community); titiro (look); whakarongo (listen) then kōrero (speak); manaaki ki te tāngata (sharing, hosting, being generous); kia tūpato (be cautious – ensure protection of the participant during the entirety of the study); kaua e takahia te mana o te tāngata (do not trample on the pride or dignity of a person); and kia māhakī (do not flaunt your knowledge, avoid displays of arrogance). These values are considered paramount in kaupapa Māori research, driving decolonisation of the research process for Māori (L. T. Smith, 2021).

Research design within a kaupapa Māori framework

Situating research within te ao Māori is essential in kaupapa Māori research, supporting Māori researchers and participants to take a culturally congruent approach to understanding each other's realities. This may involve research tools used in Western paradigms, which can be interfaced with culturally appropriate approaches to produce transformational outcomes (Durie, 2004; Wilson, Mikahere-Hall, et al., 2022). In te ao Māori, mātauranga Māori is tāpu (sacred with cultural restrictions) and therefore must be treated with respect and protected (Hikuroa, 2016; Walker et al., 2006). Any data collected regarding Māori is recognised as sovereign Indigenous data, necessitating secure storage, with Māori maintaining authority over this information (Te Mana Raraunga, 2018). The Te Ara Tika Framework (Hudson et al., 2010) was subsequently published in 2010 to guide researcher conduct when engaging in research with Māori. Te Ara Tika includes four principles: whakapapa (relationships), tika (research design), manākitanga (cultural responsibility), and mana (justice/equity), which draw from mātauranga Māori and tikanga Māori to create positive research experiences. As a result, ethics committees now expect researchers to maintain a much higher standard regarding their interactions with Māori participants (Frances et al., 2019). Kaupapa Māori research is about privileging Māori worldviews throughout the research process and ensuring Māori are either leading the research, and/or involved in every stage and aspect of the research (Walker et al., 2006).

KAUPAPA MĀORI METHODOLOGIES IN NURSING RESEARCH

Nursing practice, education, and research in Aotearoa has been dominated by Western paradigms, replacing Māori tikanga and culture with colonising values and beliefs, and has in turn impacted the recruitment and retention of Māori nurses (Hunter & Cook, 2020a; Simon, 2006). Indigenous researchers are increasingly utilising KMMs in hauora Māori (Māori health), nursing, and mental health, due to the value of supporting a greater understanding of the cultural values, beliefs, and norms of Māori (Simon, 2006; L. T. Smith, 2021). The emergence of KMMs and their utility is transforming current research by producing genuine authentic data which is critical to restoring and privileging Indigenous ways of knowing.

Kaupapa Māori methodologies are proving to be valuable in nursing research when exploring issues related to Māori nurses and the disproportionately low representation within the nursing workforce and in leadership. Eight examples of nursing research conducted in Aotearoa and utilising KMMs were selected from my PhD thesis (Woods, 2025) for their relevance to the discussion in this article (Table 1). All first authors were Māori and the majority of all authors were Māori. They illustrated the utility of KMMs effectively uncovering critical issues and challenges encountered by Māori nurses. Furthermore, KMMs encouraged critical examination of power relations and inequities. In the context of nursing leadership, utilising a KMM is proactive in identifying systemic barriers, and is useful for developing models and strength-based solutions for translatable and transformative perspectives and outcomes (Wiapo & Clark, 2022). Understanding these dynamics is crucial for developing strategies that foster equitable leadership opportunities for Māori in nursing. The following exploration of included literature and discussion of the findings demonstrate how the utility of KMM research not only highlights significant themes but also contributes valuable insights to inform future nursing praxis.

Exploration and findings of the literature

Most recently, Wiapo et al. (2024) undertook an integrative review using kaupapa Māori principles to identify how racism remains an ongoing challenge for Māori in nursing in Aotearoa and actions required to engender anti-racist praxis. These acts of racism, categorised as institutional, interpersonal, internalised, or societal, have been identified as prevalent in nursing within Aotearoa, and are similarly experienced by Indigenous nurses globally (Huria et al., 2014; Iheduru-Anderson & Wahi, 2022; Wiapo et al., 2024; Wilson, Barton, et al., 2022). Reports of discrimination and marginalisation have manifested in many forms, including the denial of advancement opportunities in educational and professional environments, as well as the imposition of heavier workloads based on perceived clinical and cultural competence (Huria et al., 2014; Wilson, Barton, et al., 2022). A qualitative kaupapa Māori study by Huria et al. (2014), which involved interviews with 15 Māori RNs to identify the impacts of racism, acknowledges this clinical and cultural competence as *dual competency*. These heavier workloads include the term *cultural loading*, a concept that has recently been articulated by Komene et al. (2023) following their study exploring the experiences of 12 Māori nurses in acute care settings. This concept encompasses the responsibility of delivering care to tangata tūroro (Māori patients), who often present with complex needs, alongside the obligation to educate non-Māori on engaging in culturally safe praxis (Komene et al., 2023).

Further research by Hunter & Cook (2020a), highlighted a phenomenon shared by Māori RNs, who often experience cultural dissonance while attempting to provide culturally sensitive care to their patients. These nurses face the dual challenge of addressing the complex needs of tangata

Table 1. Nursing research from Aotearoa using kaupapa Māori methodologies included in the review of literature.

Author*	Title of work	Journal or thesis	Research design	Topic/description
Davis et al., 2021	Steadfast is the rock: Primary health care Māori nurse leaders discuss tensions, resistance, and their contributions to prioritise communities and whānau during COVID-19	*Nurse Praxis in Aotearoa New Zealand*	Kaupapa Kōrero	Māori nurse leaders hold a necessary role in providing an equity-focused response across mainstream and Māori health providers
Hawkins, 2017	Senior nurses' understanding of health equity	Master's dissertation, University of Auckland	Qualitative research	Exploring senior nurses understanding of health equity in Aotearoa
Hunter & Cook, 2020a	Cultural and clinical practice realities of Māori nurses in Aotearoa New Zealand: The emotional labour of Indigenous nurses	*Nursing Praxis in Aotearoa New Zealand*	Qualitative research	Māori nurses' emotional labour was evident in their endeavour to deliver culturally safe care
Huria et al., 2014	Working With Racism: A qualitative study of the perspectives of Māori RNs on a global phenomenon	*Journal of Transcultural Nursing*	Qualitative research	The nursing profession in Aotearoa and other countries need to acknowledge the presence of racism within training and clinical environments
Kidd et al., 2020	Māori and Tauiwi nurses' perspectives of anit-racism praxis: A pilot study	*AlterNative*	Qualitative research	Evidence that Indigenous nurses continue to have professional experiences of racism
Komene et al., 2023	A tohu (sign) to open our eyes to the realities of Indigenous Māori RNs: A qualitative study	*Journal of Advanced Nursing*	Qualitative research	Issues and areas nursing leaders need to heed to address Māori nurse retention
Simon, 2006	Characterising Māori nursing practice	*Contemporary Nurse*	Qualitative research	Non-acceptance of Māori within mainstream institutions is about processes and practices that exclude Māori
Wiapo et al., 2024 Aotearoa	An integrative review of racism in nursing to inform anti-racist nursing praxis in Aotearoa New Zealand.	*Journal of Clinical Nursing*	Integrative literature review	Need to implement anti-racist praxis to deconstruct racism

*All first authors were Māori; Abbreviation: RNs: registered nurses

tūroro while managing their own emotional responses to the pervasive racism they encounter. The emotional toll of witnessing injustices contributes to this cultural dissonance, which is now being acknowledged as a form of *emotional labour* (Hunter, 2019; Hunter & Cook, 2020a). One consideration identified as contributing to the reduction of these inequities is the support of non-Māori nurses who act as culturally responsive *allies*. The active involvement and support of these allies can help address and diminish disparities within healthcare (Komene et al., 2023; Wiapo et al., 2024; Woods, 2025).

Some researchers have been utilising a Kaupapa Kōrero approach (Davis et al., 2021; Ware et al., 2018). Davis et al. (2021) explored challenges faced by Māori nurses in leadership roles in Aotearoa. In this qualitative narrative study involving three Māori nurse leaders and academics, Davis et al. (2021) affirm Kaupapa Kōrero provided valuable insights into how nurse leaders negotiate multiple spaces to ensure equity. According to Davis et al. (2021), Māori nurse leaders have reported instances of bullying, social isolation, and burnout. They recounted that during the COVID-19 pandemic, a considerable amount of the work carried out by Māori nurse leaders went unnoticed and unacknowledged (Davis et al., 2021). They also expressed, that efforts to enhance Māori nursing leadership presence are met with frustration, as they often found themselves as the sole Māori member on committees or panels, embodying a feeling of *tokenism*, that inevitably rendered them silent and invisible

(Kidd et al., 2020; Wiapo et al., 2024; Wilson, Barton, et al., 2022). Davis et al. (2021) identified through a Kaupapa Māori approach that Māori nurse leadership integrates te ao Māori and mātauranga Māori into nursing, facilitating a comprehensive holistic approach to caring for tangata whenua.

Simon (2006) interviewed five Māori RNs who were educated under the Tīhei Mauri Ora nursing programme, to explore Māori nursing practice within Aotearoa. Simon (2006) highlighted the advantages of utilising KMM, particularly due to the researcher's Māori identity and peer status within nursing. This cultural alignment allowed the researcher to fully grasp the relevant nursing terminology and the cultural beliefs and values of the participants. The study was aimed at determining what constituted Māori nursing practice and Simon (2006) was able to gain valuable, rich data which highlighted the value of Indigenous nursing programmes in Aotearoa. Simon (2006) further emphasised the importance of amplifying the voice of Māori, without the limitations of historical Western research approaches.

Further, kaupapa Māori research concurs that westernised institutional and cultural practices are dominant in the nursing profession in Aotearoa (Hawkins, 2017). Despite Māori RNs speaking out, te reo Māori continues to lack the respect afforded to English within the nursing field, where English is spoken widely without criticism or opposition (Hawkins, 2017). Hawkins (2017) conducted a qualita-

tive master's thesis to explore senior nurses' understanding of health equity and its integration into nursing practice through a KMM approach. The study involved eight senior nurses and one nurse practitioner. Their findings indicated that Māori senior nurses viewed non-Māori leadership as a barrier, hindering their ability to address issues of institutional and systemic racism, leading to feelings of compromise and isolation. The study reflected that KMM can be utilised as the most appropriate methodology to ensure the information gathered from nurses who identify as Māori, reflects the true essence and mana (pride/esteem) of the narratives and pūrākau (traditional Māori stories) of Māori RNs.

Hawkins (2017) further described how KMM was utilised within their research to determine senior nurses' understanding of health equity as it related to Māori, and the embedding of health equity in nursing practice. Findings from their study revealed overall, that nurses' health equity knowledge is variable and mostly left to chance, unless they engaged in postgraduate study where health equity was included. According to (Hawkins, 2017) the KMM approach facilitated a transparent focus on health equity for Māori in their study. By adhering to kaupapa Māori principles during data collection, the research yielded a more comprehensive understanding that may not have been achieved through traditional Western methodologies. It has also enabled the researcher to contribute towards growing a reliable evidence base which protects the rights of Indigenous peoples (Hawkins, 2017).

Kidd et al. (2020) conducted a pilot study on Māori and non-Māori nurses' views on anti-racism praxis, featuring one focus group of five Māori and another of four non-Māori, using a KMM approach. They identified the phenomenon of "Pākehā paralysis or White fragility" (Kidd et al., 2020, p. 389). They explain this as a lack of responsibility and/or accountability by non-Māori to address the need to mitigate inequity in Māori health. Kidd et al. report that the behaviours linked to this phenomenon predominantly include avoidance, where non-Māori nurses opt to ignore inequities and racism when confronted with them. This phenomenon has been reported globally among many Indigenous cultures within the context of nursing (Iheduru-Anderson & Wahi, 2022). Other behaviours identified through this study included accounts of *victim blaming* where tangata tūroro are held accountable and blamed by non-Māori health professionals for their poor health, particularly in relation to perceived individual lifestyle choices (Kidd et al., 2020). Nonetheless, Kidd et al. reported that both Māori and non-Māori nurses recognise the importance of implementing policies and setting objectives, with a greater emphasis on Māori leadership, to drive transformation and implementation of anti-racist nursing praxis.

DISCUSSION

Kaupapa Māori methodologies draw inspiration from the rich heritage and principles of Māori culture (Hiha, 2016; L. T. Smith, 2021). These approaches reflect a culturally nuanced response to research design, yielding outcomes that are more relevant, meaningful, and transformative for Māori communities. Embracing the implementation of KMMs in research promotes the rebuilding of trust among Māori in the research process. It also privileges the voice of Māori nurses, who are predominantly female, thereby acknowledging and enhancing their cultural and professional identity, and mana within the nursing profession (Houkamau & Sibley, 2015; Wiapo et al., 2024). The research project that prompted this article, suggests that collaborating with Māori nurses using a Kaupapa Māori approach can enhance our understanding of the impact of systemic factors on nursing practice (Woods, 2025).

The studies by Davis et al. (2021); Hawkins (2017); Hunter and Cook (2020a); Huria et al. (2014); Kidd et al. (2020); Komene et al. (2023); Simon (2006); and Wiapo et al. (2024) highlight the significance of a kaupapa Māori approach in nursing research to identify and understand the genuine experiences of Māori nurses with the intention of improving outcomes within Aotearoa. KMMs emphasise the importance of whanaungatanga (relationships) and community engagement (L. T. Smith, 2006, 2021). These insights can inform research in Māori nurse leadership capacity by promoting collaborative approaches that involve stakeholders at all levels, ensuring that leadership strategies are grounded in community needs and aspirations (Wiapo & Clark, 2022).

Understanding the historical context of Māori health and education provides insight into current Māori nursing and leadership challenges (Pipi et al., 2021). KMMs encourage researchers to consider historical injustices and their impact on contemporary nurse leadership opportunities, fostering a deeper understanding of the importance of culturally competent nurse leadership. Further kaupapa Māori research is necessary to investigate the issue of tokenism and to enhance our comprehension of Māori nurse resilience in managing cultural loading and emotional labour (Hunter & Cook, 2020a; Komene et al., 2023). This is essential for establishing strategies for measuring and compensating for dual competency skills (Huria et al., 2014; Komene et al., 2023).

Future research is required to explore the concept of nurse leadership from a Māori perspective and how it manifests in nursing practice, alongside effective strategies required to promote equity. Efforts to facilitate transformation also require further investigation into the Pākehā paralysis/White fragility phenomenon and subsequent transformative policy (Kidd et al., 2020). In using KMMs within nursing research in Aotearoa, Māori nurses will benefit from having researchers who share their cultural background and conduct the research process with a culturally sensitive approach. Research by Māori, for Māori is essential to gain perspective from the very demographic we are trying to support, protect, and increase (Wilson, Barton, et al., 2022).

Kaupapa Māori methodologies offer unique opportunities in qualitative research involving Māori, cultivating authentic knowledge for greater comprehension of current issues and contributing towards the enrichment of mātauranga Māori (Hikuroa, 2016). However, as highlighted by Walker et al. (2006) it is important to acknowledge two cri-

tiques. These critiques pertain to the trustworthiness and validity of the data collected; a common challenge faced by all qualitative methodologies, and the assertion that KMMs demand a greater investment of time. Firstly, Walker et al. (2006) assert that any research procedure properly conducted will yield trustworthy results. Secondly, Walker et al. (2006) respond that, as research utilising KMM approaches are conducted by Māori, engaging with te ao Māori is customary practice. This engagement is central to the research process, allowing researchers to draw upon and further enrich mātauranga Māori (Hikuroa, 2016). According to Mead (2016) when researchers respect and uphold the customs and values of te ao Māori, participants develop a strong sense of confidence, with the understanding that their narratives and pūrākau will be collected, analysed, and distributed in accordance with tikanga Māori. Authentic nursing knowledge can only be effectively gathered when nurse researchers invest the necessary time and effort, upholding tikanga Māori, within a kaupapa Māori methodological approach.

CONCLUSION

We have presented literature that have utilised kaupapa Māori methodologies in research exploring Māori nurse views and experiences within the health sector, which impact engagement in leadership roles and capacity building. Incorporating KMMs into nursing research not only enriches the understanding of nursing and leadership challenges in education and organisational contexts, but also promotes cultural integrity, tino rangatiratanga (sovereignty/empowerment), and systemic change. Utilising KMMs to gather rich, authentic knowledge can lead to the implementation of transformative practice to enhance recruitment of more Māori into the nursing profession, with improved pathways into academic, research, and leadership roles. This knowledge may also develop and strengthen existing strategies for retaining Māori in the nursing workforce. The integration of Indigenous philosophy through KMMs generates hope and opportunity in nursing research, allowing for the recognition and understanding of the genuine issues and challenges encountered by Māori RNs in Aotearoa. As we embrace the significance and utility of KMMs, Māori nurses engaged in research are empowered to significantly contribute toward informing, and transforming nursing practice and outcomes, ultimately promoting equity for Māori within the nurse workforce and health sector.

Conflicts of interest

None.

Glossary

Each Māori word or phrase is translated for the first instance within the text. This glossary is a compilation of repeated words, within the context of this article.

Māori word/phrase	English translation
Kaupapa Māori	Ways of doing things with a Māori world view
Kōrero	Speak / narratives
Mana	Pride/esteem, justice/equity
Māori	Indigenous peoples of New Zealand
Pākehā	New Zealand European
Pūrākau	Traditional Māori stories / narratives
Tangata tūroro	Māori patients
Te ao Māori	Māori world view
Te reo Māori	Māori language
Tikanga	Cultural practices, customs, protocols and values
Tikanga Māori	Māori cultural practices, customs, protocols, and values

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