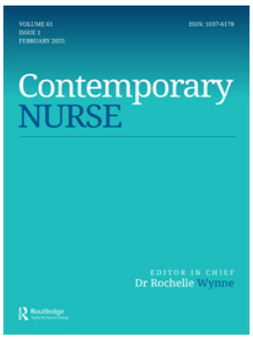

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Review Article

Exploring first nations nursing and midwifery leadership development: an international scoping review

Odette Best [a], Catelyn Richards [a], Lynne Stuart [b], Linda Deravin [a] and Aletha Ward [a*]

[a]*First Nations Strategy, University of Southern Queensland, Ipswich, Australia;* [b]*School of Nursing and Midwifery, University of the Sunshine Coast, Sippy Downs, Australia*

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Background: The development of First Nations nurses and midwives is crucial to addressing health inequities stemming from systemic injustices. However, this workforce is significantly underrepresented globally. Understanding the reasons for this underrepresentation and identifying key challenges and opportunities for leadership is necessary.
Aim: This scoping review aimed to explore the challenges and opportunities in leadership development of First Nations nursing and midwifery professionals internationally.
Design: A scoping review was conducted following the framework developed by Arksey and O'Malley (2005).
Data sources: Six databases including PubMed, CINAHL, Scopus, PsychInfo, Proquest and Australian Indigenous Health*InfoNet* were searched.
Methods: The search was performed on 30 January 2024. Items were included if the research focus was on First Nations nursing and midwifery leadership. Full texts were then thematically analysed for overarching themes, and extracted data was charted. After charting, key findings were reviewed, and emerging themes were grouped into common categories.
Results: The scoping review identified a paucity in the contemporary literature, with only ten articles retrieved. Analysis revealed five main theses: (1) systemic injustices impacting leadership opportunities, (2) complex responsibilities beyond typical roles, (3) underrepresentation in leadership positions, (4) shifting from colonial leadership models and (5) effective methods for leadership development. Opportunities identified included promoting equitable leadership, fostering integrated relationships, building cultural resilience and emphasising community-orientated leadership approaches.
Conclusion: Promoting adequate representation and developing culturally safe leadership models are essential steps towards empowering First Nations nurses and midwives in their leadership development. The study highlights the need for targeted leadership development strategies for First Nations nurses and midwives to enhance representation and impact within healthcare systems globally.

Impact statement

Culturally safe leadership programmes for First Nations nurses and midwives are critical. Addressing systemic inequities requires self-determined care models and increased

*Corresponding author. Email: aletha.ward@unisq.edu.au

representation and mentoring programmes enhance leadership and resilience. Policy changes would support First Nations nurses and midwifery leadership.

Plain language summary

This study explores the importance of leadership development for First Nations nurses and midwives. Currently, there is a significant underrepresentation of First Nations peoples in these fields, which arguably contributes to ongoing health disparities for Indigenous peoples globally. Our review highlights the critical need for culturally safe leadership programmes tailored to the unique challenges faced by First Nations nurses and midwives.

The authors found that addressing systemic inequities in healthcare requires leadership models designed and led by First Nations people. Such self-determined leadership models ensure that healthcare delivery is culturally safe and therefore effective. Increased representation of First Nations nurses and midwives in leadership positions is essential for improving health outcomes for First Nations communities.

Mentoring programmes emerged as a crucial strategy for developing leadership skills and professional resilience among First Nations nurses and midwives. These programmes provide valuable support and guidance, helping them navigate the culturally defined responsibilities and challenges they face in their roles.

Policy changes are necessary to support the growth and development of First Nations leaders in healthcare. These policies should focus on creating environments that value and respect the cultural expertise of First Nations nurses and midwives. By fostering leadership development and implementing supportive policies, we can work towards an equitable healthcare system that addresses the needs of First Nations communities and combats the lasting impacts of colonisation.

Introduction

Global workforce challenges in nursing and midwifery (N&M) persist, particularly in developing of culturally safe health services and First Nations leaders. This paper uses 'First Nations' respectfully to describe Indigenous, First Nations, Native, Aboriginal and Torres Strait Islander identifying peoples, frequently recognised in the literature to reflect people impacted by colonisation (Brooks et al., 2024). Disparities in health outcomes for First Nations people result from contemporary healthcare models privileging dominant cultural views (Marrone, 2007). Racism towards First Nations people is continually reported in healthcare (Barton, 2018; Cox & Best, 2022), as is racism experienced by First Nation N&M (Best & Gorman, 2016; Goold & Liddle, 2015; Iheduru-Anderson et al., 2021; Vukic et al., 2012; Wilson et al., 2022). Racism towards First Nations N&Ms perpetuates health inequities (Harris et al., 2012a; Paradies et al., 2015; Stout et al., 2021). First Nations N&Ms' play a critical role in improving health outcomes for First Nations peoples (Riley et al., 2021; West et al., 2010). Addressing racism and supporting N&M leaders in tackling health inequalities in First Nations communities is critical.

Background

The World Health Organisation (WHO) (2020) recognises the N&M workforce must include First Nations people to improve health service delivery. Greater First nations N&M representation improves patient outcomes, (Riley et al., 2021), workforce stability (Wilson, 2018) and health service delivery (Brooks et al., 2024). However, optimal representation of First Nations N&M has not been achieved (Adams & Davis, 2022). As at 2021, only 1.4% of the nursing

population and 1% of midwives in Australia identify as First Nations (Australian Institute of Health and Welfare, 2023); 8% of nurses and 6.11% of midwives in New Zealand (Midwifery Council of New Zealand, 2019; Nursing Council of New Zealand, 2019); approximately 3% of nurses in Canada (Statistics Canada, 2018) and 0.6% of both N&M in USA (Government Accountability Office, 2023). This is despite efforts from influential bodies to improve greater representation in healthcare of First Nations people (Adams & Davis, 2022). Despite underrepresentation, First Nations N&M are crucial to addressing health disparities, through cultural knowledge, community understanding and provision of culturally safe care (West et al., 2010).

First Nations N&M's underrepresentation is multifaceted (Goold & Liddle, 2015). Historic prejudices impeded First Nations nurses from being recognised for their contribution to health service delivery (Best & Bunda, 2020). Despite colonial obstructionism (e.g. the blood quartile system), First Nations N&M have provided health leadership for communities for decades (Brockie et al., 2023). In Australia, many rural health services and Aboriginal missions, reserves and settlements relied on Aboriginal N&M to operate when they could not recruit white nurses (Best & Bunda, 2020). Exclusionism continues to permeate N&M professions, even today (Best et al., 2022). Undergraduate nursing schools that rely on Eurocentric epistemologies inhibit First Nations people from becoming nurses (Hamzavi & Brown, 2023).

These constraints limit nurses' understanding of First Nations ways of knowing, doing and being – allowing culturally dominant thinking, and misappropriation of knowledges to prevail (Hamzavi & Brown, 2023; Ramsden, 2002). Cultural Safety is the responsibility of all health professionals, not just First Nations practitioners (Cox & Best, 2022; Harris et al., 2012b; Ramsden, 2002). There is an impetus to understand how First Nations N&M can be supported through their education (Foxall, 2013), practice and leadership, as well as how leaders can be acknowledged, retained, and supported to advance the N&M professions.

While there is an abundance of scholarship on the areas of N&M leadership (Ecoff & Stichler, 2022; Labrague et al., 2020; Wolfgramm et al., 2016), and professional development (Vázquez-Calatayud et al., 2021), little is known about the unique needs, challenges and opportunities for First Nations N&M furthering themselves in their profession. Leadership in N&M is a multifaceted concept encompassing processes, traits, relationships and roles that influence policy, research, clinical practice and education (Squires, 2018, p. 5–7). First Nations leadership also involves cultural stewardship, community advocacy, and bridging traditional and contemporary practices. Leadership can be understood through the domains in which the leader affects: including policy, research, clinical areas and education systems (Doyle & Hungerford, 2015). It is presently unknown what, if any research exists to understand the leadership development of First Nations N&M. This review aims to explore the challenges and opportunities of First Nations N&M leadership development internationally.

Aim of the review

This review aimed to analyse the literature on First Nations N&M leadership development internationally, focussing on addressing health inequities and their underrepresentation through several key objectives:

1. What systemic challenges impact the leadership development of First Nations nurses and midwives?
2. How is leadership development for First Nations nurses and midwives currently addressed in the literature?
3. What strategies and interventions have been identified as effective in supporting the leadership development of First Nations nurses and midwives?

4. What are the specific needs and opportunities for First Nations nursing and midwifery leaders?

Design and methods

This paper presents a review of literature on First Nations N&M leadership development internationally. The primary research question is: What are the specific needs, challenges and opportunities in leadership development for First Nations N&M leaders? Secondary research questions included:

1. How has the professional development of First Nations nursing and midwifery professionals evolved over the past ten years – 2014–2024?
2. How do the identified challenges and opportunities impact the retention and attrition rates of First Nations nursing and midwifery leaders?

Study design

The approach taken in this study was framed by the scarcity of First Nations N&M, necessitating a scoping review. The framework developed by Arksey and O'Malley (2005) was used, which involves a five-stage process: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data and (5) collating, summarising, and reporting the results. In line with Arksey and O'Malley's (2005) framework for scoping reviews, we did not conduct a formal quality assessment of the included studies. This approach suits scoping reviews, which map literature in a given field, rather than assess study quality, focussing on identifying the types of evidence available, key concepts, and research gaps related to First Nations N&M leadership development.

Identifying the research question

Five researchers collaboratively developed the research questions, focussing on key themes related to First Nations, Indigenous, Aboriginal and Torres Strait Islander N&M' professional development, role modelling and leadership, to explore challenges and opportunities for future practice. The research team included five members, three identifying as First Nations including the lead author, with over 70 years of combined N&M experience. This cultural background informed our approach, particularly in interpreting nuances in First Nations contexts.

Identifying relevant studies

The researchers made informed decisions about the types of articles to analyse and the databases to search, following the Arksey and O'Malley (2005) framework. To answer the research questions, retaining both empirical research and leadership policy or strategy documents were identified as suitable records. Thematic analysis was employed to identify, analyse, and report patterns within the data. This approach was chosen for its flexibility and ability to provide rich, detailed, and complex accounts of the data (Braun & Clarke, 2006). As such, this review included a search of PubMed, CINAHL, Scopus, PsychInfo, Proquest and Australian Indigenous Health*InfoNet*. Suitable grey literature included policy and strategy documents, reports and programme evaluations. Non-peer reviewed nurse and midwifery magazine articles were excluded. The search strategy was developed by all researchers, through identifying and testing key search terms such as 'First Nations', 'Indigenous', 'Aboriginal', 'Midwifery', 'Nurse', 'Nursing', 'Professional development' and 'Leadership'. MeSH terms were mapped against the search terms to ensure thorough searching. The search terms were then reviewed and validated by an experienced senior librarian, TB. The full, search strategy can be found in Table 1.

Table 1. PubMed search strategy. Search terms with truncated key words and medical subject headings (MeSH) terms (adapted for CINAHL search).

	Concept: Indigenous/ first nations	Context: Nursing	Concept: Professional and leadership development opportunities
Text words	'First Nation*' OR Aboriginal* OR 'Torres Strait Islander*' OR Indigen* OR Native OR Maori OR Inuit OR Sami	Nurs* OR Midwi*	'Professional Development' OR Leader* OR Manag* OR Retention OR Retain OR Recruit* OR Attrition OR Workforce OR Mentor* OR Racism OR 'succession planning'
Mesh (Scopus, PubMed)	Indigenous Peoples' [Mesh]	'Nurses'[Mesh] OR 'Nursing' [Mesh]	'Leadership' [Mesh] OR 'Mentors' [Mesh]

Study selection

The search was performed by one researcher on 30 January 2024 which yielded $n = 6227$ records. With duplicates removed, 4442 titles were retained. The title and abstract screen were conducted by two researchers for their relevance to the research aims and inclusion criteria. We used Covidence, a web-based software platform, to assist with the screening process. Inclusion criteria included: a population focus of Indigenous or First Nations N&M, and discussed themes of leadership development, methods or programmes, as well as challenges faced by these professionals. Papers that focussed on matters outside of leadership (for example, workforce papers that did not extensively discuss leadership development) or published before 2014 were excluded. Once the title and abstract screen was complete, 81 full-text items were assessed for inclusion. Common reason that records were excluded were due to wrong participant focus (not nursing/midwifery or the focus was on undergraduate students only) or the wrong study design (editorials, magazine articles and book chapters). Ten studies were then retained for inclusion and reference lists were reviewed for additional relevant items. During the full-text review, one additional study was identified from reference lists and screened. However, upon closer examination, it did not meet the inclusion criteria and was excluded from the final analysis. Full study selection is detailed in Figure 1.

Charting the data

Following Arksey and O'Malley (2005) charting approach, we systematically extracted and recorded key information from each full-text article. This charting process involved documenting the following data for each study: authors and year of publication; geographical location; methodology; study aims; key findings and important results. This step created a comprehensive overview of the included literature, preparing the data for subsequent analysis.

Collating, summarising and reporting results.

After extracting key information from each article, we conducted a thematic analysis following Braun and Clarke's (2006) approach. This process began with familiarisation with the data,

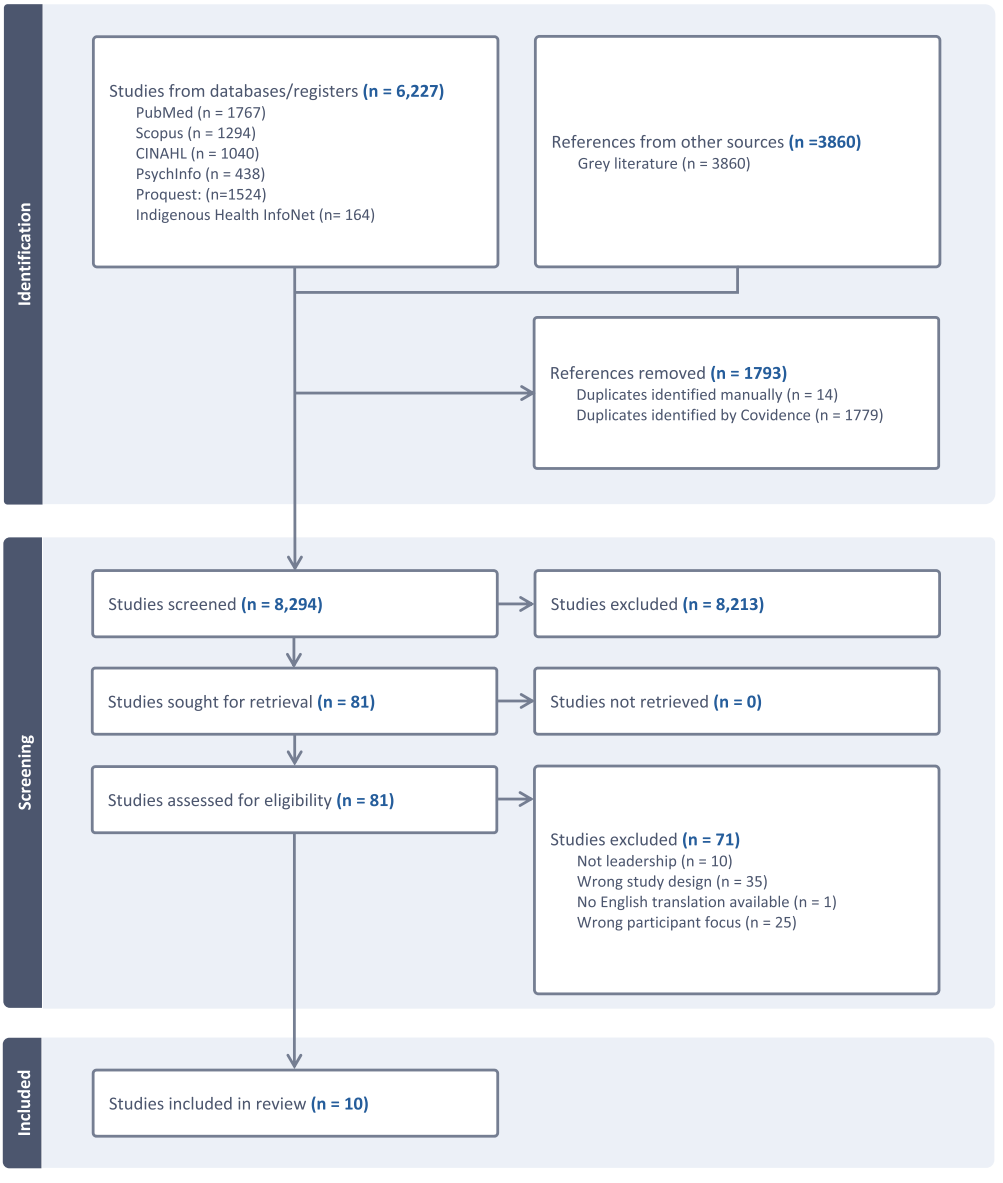

Figure 1. PRISMA-ScR first nations reporting diagram.

where all articles were read multiple times to ensure a deep understanding of the content. Initial codes were then generated by identifying significant features and patterns across the data. These codes were systematically organised and grouped into potential themes, reflecting recurring ideas or constructs relevant to the research questions. The themes were reviewed iteratively, ensuring they accurately captured the coded data and were distinct yet interconnected. Next, themes were refined and clearly defined, with each theme named to encapsulate its central concept. The themes were then synthesised into three broad categories – challenges, opportunities and methods for leadership development – and further distilled into five overarching themes and strategies. This process allowed for a rigorous and transparent analysis that directly addressed the research questions and objectives. Key findings are presented Table 2.

Table 2. Key themes.

Challenges	
Systemic injustices	Children removed illegally or without just cause, racism, land theft, violence, alienation from land, country and traditional food systems, alienation from culture and social exclusion have all contributed to unfolding inequities across most Indigenous Communities.
Complex responsibilities	First Nations nursing and midwifery leaders have complex responsibilities to community, family, country and patients
Representation	The literature demonstrated a dilemma akin to the 'chicken-and-egg' problem concerning the representation of First Nations nurses and midwives in both the workforce and leadership roles. There's an established need for the growth of the First Nations workforce to cultivate a reservoir of nurses who can succeed into healthcare leaders. Simultaneously, having established and capable First Nations leaders in nursing and midwifery is crucial for fostering and sustaining this workforce expansion. Without effective leaders, opportunities for growth remain muted, while suboptimal numbers of nurses makes succession planning for current leaders exceptionally challenging.
Enduring colonial perspectives	Colonial models of leadership that centre individual authorities as a leader or 'hero' still influence the way that leadership is viewed and valued in health systems.
	Self-preserving methods of operating health services (i.e. concerns primarily with budget and resource allocation) threaten more collective and collaborative methods of operation.
Opportunities	
Integrated relationships	Fostering cohesion between groups, advocating fiercely for relationships to be built and honoured. Honouring ancestry, country, and community. Mindfulness and presence are embedded into leadership development.
Fairness and equity	This includes both promoting fairness and equity as a central pillar of leadership, as well as setting leadership as a response to injustices that have occurred throughout history leading to inequity.
Community leadership	Strengthening leadership development that strongly situates the leader within their community. Actively transitioning away from the enduring paradigm of the leader as a central, solo hero.
Cultural resilience	Strength in culture, despite oppositional forces. Leaders promote spaces where there is no need for people to deny their identity.
Methods for leadership development	
Mentoring and peer support	Supportive mentoring programmes with mentor training, resources, mentoring contracts and evaluations all collectively foster leadership development for First Nations' nurses and midwives.
Yarning circles, conversation and relationship building.	Using conversation techniques to build relationships.
Scholarships and awards	The provision of support and recognition of efforts made by First Nations leaders.
Career pathway seminars	Engaging with pre-tertiary students and tertiary students to explore pathway opportunities
Creating leadership roles	Understanding Scopes of Practice; developing leadership roles and micro-credentialling opportunities.

Results

This scoping review identified a paucity in the literature pertaining to articles examining the leadership and professional development opportunities for First Nations N&M professionals, with only ten records meeting the criteria for inclusion (Biles et al., 2021; Biles et al., 2023; Brockie et al., 2023; Chamberlain et al., 2016; Davis et al., 2021; Doyle & Hungerford, 2015; Etowa et al., 2015; King, 2014; Pipi et al., 2021; Wiapo & Clark, 2022). Among these, only two studies explored the impact of leadership development on retention of nurses across the sector (King, 2014; Pipi et al., 2021).

One of the earlier studies, developed by Doyle and Hungerford (2015) established that there was a critical lack of evidence to inform an understanding of effective leadership development in nursing.

Study characteristics

Four articles were set in in the Australian context (Biles et al., 2021; Biles et al., 2023; Chamberlain et al., 2016; Doyle & Hungerford, 2015); four in the New Zealand, Aotearoa context (Davis et al., 2021; Wiapo & Clark, 2022); one in Canada (Etowa et al., 2015) and one in a mixed geographical setting (Australia, Canada, USA and New Zealand) (Brockie et al., 2023). The focus of leadership varied across settings, ranging from nurses as leaders in primary health settings during extenuating circumstances (Davis et al., 2021), to nurses providing mentorship across practice settings (Biles et al., 2021; Biles et al., 2023; Etowa et al., 2015). With the exception of one paper focussed on midwifery (Chamberlain et al., 2016), and two that focussed on both N&M (King, 2014; Pipi et al., 2021), all papers had a population focus of nursing. The full summary of the retained articles can be accessed in Table 3.

Key themes

The literature identified five key themes: (1) Responding to systemic injustices towards leadership embedded with fairness and equity, (2) Being met with complex responsibilities, towards shaping integrated relationships (relationship with duty, with people and with Country), (3) Strengthening Representation towards cultural resilience, (4) Shifting from colonial leadership models to community-oriented approaches and (5) Methods that support leadership development. These themes are interconnected, reflecting the complex landscape of First Nations N&M leadership. They collectively highlight the systemic barriers, unique responsibilities, representation issues, and cultural factors that shape leadership development in this context. Each of these themes are discussed below.

1.0. *Responding to systemic injustices towards leadership embedded with fairness and equity*

Systemic injustices resulting from colonisation present ongoing challenges for First Nations N&M (Brockie et al., 2023; Davis et al., 2021; Doyle & Hungerford, 2015; Wiapo & Clark, 2022). This was a recurrent theme across all the articles reviewed. First Nations people have endured ongoing injustices, including the illegal or unjust removal of children, various forms of racism (violence, oppression, corrupt systems and lack of opportunities), land theft and unceded Sovereignty. They faced social exclusion and alienation from culture, land, country and traditional food systems (Brockie et al., 2023). Post-colonial systems perpetuate dominant Western cultural values and norms that exclude First Nations ways of knowing, being and

Table 3. Summary of retained articles.

Reference	Geographic focus	Study design	Research aims	Key findings	Themes
(Biles et al., 2023)	Australia	Systematic Scoping Review.	To understand the experiences of mentoring programmes	Mentoring programmes are effective at establishing networks between colleagues; and building culture within the workplace. They need to be implemented as long term strategy, rather than adhoc processes.	Cultural safety Mentoring Racism Building networks and partnerships
(Biles et al., 2021)	Australia	Hermeneutic phenomenological philosophical framework.	To understand the experiences of Aboriginal and Torres Strait Islander nurse mentees and mentors.	The mentoring experience was empowering for both mentor and mentee; bring considerable opportunities	Yarning
(Brockie et al., 2023)	Australia, Canada, USA and New Zealand	A Kaupapa Māori case study design.	Advancing Indigenous nurse leadership to promote better health outcomes.	Five strategies were identified from four countries: '(1) Indigenous nationhood and reconciliation as levers for change, (2) Indigenous nursing leadership, (3) Indigenous workforce strategies, (4) Development of culturally safe practice and Indigenous models of care and (5) Indigenous nurse activism'.	Academia Inequity Developing clinical skills Benefit of Indigenous nurse leadership

(*Continued*)

Table 3. Continued.

Reference	Geographic focus	Study design	Research aims	Key findings	Themes
(Chamberlain et al., 2016)	Australia	Synthesis of the literature and unpublished sources.	Synthesising the understanding of midwifery, leadership and Indigenous leadership to develop a conceptual understanding of the assemblages between the areas.	The authors consolidated their findings to develop four principles of midwifery: being an empowering leader who liberates others; embodying both wisdom and ethical practice; exhibiting competence skill and emotional intelligence; and the capacity to respond effectively in emergency situations.	Yarning Mentorship Emotional Intelligence Promoting nuanced respect for Indigenous knowledge and traditional practices of midwifery.
(Davis et al., 2021)	New Zealand	Narrative approach informed by Caine et al. (2022) and a Kaupapa Kōrero approach (which embraces customary practices through conversation/Kōrero).	To understand the reflections of Māori nurse leaders during the Covid-19 pandemic.	Building, fostering and mobilising networks and relationships. Utilising karakia (ritualistic prayer-like manifestations) to sustain teams during uncertainty and trying circumstances. Embodying resilience, respect for others and responsibility (Manaakitanga) despite hostility and exclusion from some providers. Drawing upon nursing wisdom and skills to drive better outcomes for Māori.	Leadership during Covid-19. Introducing customary practices such as the Tikanga protocol, and karakia. Embracing core Māori values into leadership. For example: Manaakitanga (respect for others, responsibility and reciprocity). Promoting equity and justice.
(Doyle & Hungerford, 2015)	Australia	Indigenous methodology – storytelling.	To provide a consideration of leadership models in the applied context of First Nations/Indigenous nursing.	Explores the shortcomings of transactional, transformational and servant leadership styles – and builds on these models to address the needs of Indigenous communities.	Mindfulness Building on Eurocentric models of leadership.

(Etowa et al., 2015)	Canada	Grounded Theory research using principles of Community Based Participatory Research.	Using Aboriginal nurses' experience with mentorship to develop a theoretical framework for understanding the influence of their Aboriginal identity on nursing practice.	Theme four of the results of Aboriginal nurses' work-life experience pertained to 3. Creating an Environment of Change.	Mentorship Recruitment and retention
(King, 2014)	New Zealand	Grey Literature – Programme evaluation.	To understand the efficacy of a Māori nursing and midwifery leadership development programme.	The leadership programme was effective in supporting nurse and midwifery leaders to reconnect with their Māori cultural identity, network with leaders and develop skills to support their leadership.	Leadership programme Retention of nurses Cultural identity Relationship building
(Pipi et al., 2021)	New Zealand	Content analysis.	To understand the impact of a leadership development programme for Māori nurses and midwives in Aotearoa.	The programmed helped to retain nurses and midwives that may have otherwise left the workforce. Nurses and midwives have opportunities to experience professional development through integration of project-based work and training. Challenges experienced by the participants included encountering racism.	Racism Retention Leadership programme.
(Wiapo & Clark, 2022)	New Zealand	Mātauranga Māori Kaupapa Māori methodology.	Establishing a new model of Indigenous nursing leadership.	Development of the Whakapapa nursing leadership model.	Leadership as a response to discrimination and inequity. Social Justice Leadership in the context of the whole.

doing, leading to loss of culture, land, home, resources, family, and identity, thereby driving inequities across the social determinants of health (Doyle & Hungerford, 2015).

Racial prejudice, both direct and indirect racism, and ethnic discrimination continue to persist in healthcare settings (Brockie et al., 2023; Davis et al., 2021; Etowa et al., 2015; Pipi et al., 2021). First Nations healthcare workers frequently witness direct acts of discrimination and racism towards First Nations patients (Brockie et al., 2023). Entrenched racism in workplaces has profound consequences for the self-efficacy and retention of nurses. One study highlighted how racism influenced nurses' personal and professional identities (Etowa et al., 2015, p. 16).

The literature elucidates how these historic and ongoing challenges impact leadership development. Nurses discussed the impact of residual systemic inequities of colonialism on their determination to drive change (Etowa et al., 2015). Witnessing the outcomes of broken systems motivates First Nations nurses to champion solutions (Brockie et al., 2023). Aboriginal nurses, possess a unique ability to address the 'socio political context of their practice' (Etowa et al., 2015, p. 22), which becomes the impetus for their continued commitment to leadership development.

The *Whakapapa nursing leadership model* (Wiapo & Clark, 2022) sets 'mana taurite' (pursuit of fairness and equity) as a distinctly important principle for Māori leaders. Responding to the historic oppression of First Nations people, community leaders are reimagining leadership models to incorporate fairness and equity as central principles. Thus, injustice not only necessitates advocacy and leadership from First Nations nurses, it serves as a central principle of First Nations leadership models.

2.0. *Being met with complex responsibilities, towards shaping integrated relationships (relationship with duty, with people and with country)*

The multifaceted and complex layers of responsibility faced by First Nations N&M leaders culminate in additional pressures. These leaders manage responsibilities that extend beyond conventional professional duties, encompassing accountability to their employers, colleagues, communities, and families (Davis et al., 2021). For example, Davis et al. (2021) examined the experience of Māori leaders during the Covid-19 pandemic, noting that such crisis exacerbates pre-existing inequalities, particularly in First Nations groups. The pandemic had disproportionately impacted First Nations peoples due to 'socio-economic deprivation; compromised living conditions, existing poorer health status and age, and poor health literacy' (Davis et al., 2021, p. 85). First Nations N&M were frequently placed in high-stress, demanding conditions that often exceeded those experienced by their non-Indigenous colleagues (Davis et al., 2021). Their unique role often involved additional responsibilities such as cultural brokering and community advocacy. Much of this work, driven by a commitment to collective well-being and the greater good, went unrecognised by mainstream healthcare systems (Davis et al., 2021, p. 92). This lack of recognition further compounded the challenges faced by First Nations healthcare leaders.

3.0. *Strengthening representation towards cultural resilience*

Four articles identified an underrepresentation of First Nations N&M, relative to their total national populations. Brockie et al. (2023) discussed inequalities that are prevalent across the Māori Nursing workforce, noting that despite New Zealand's targets to increase the prevalence of Māori nurses to match that of the Māori community, the current trajectory suggests these targets are unlikely to be met (Brockie et al., 2023). The creation of First Nations leadership is vital, as non-First Nations nurses cannot lead the development of First Nations strategies

tailored to First Nation's needs. Self-determined models of care must be developed to respond to the specific needs of First Nations communities (Brockie et al., 2023). Nurses are uniquely positioned to advance health outcomes for First Nations people and lead the transition of the health system towards holistic First Nations models of care (Brockie et al., 2023).

The miniscule amount of First Nations nurse leaders inhibits the role modelling necessary to encourage more First Nations nurses to see themselves within the profession (Brockie et al., 2023). One study described that Aboriginal people were less likely to take on a position or engage in a programme if they were the only Aboriginal participant (Etowa et al., 2015). Those who did participate often felt the need to conceal their Aboriginal identify and experienced feelings of isolation, loneliness and difficulty fitting in (Etowa et al., 2015). Consequently, leadership development and workforce growth must be strategically considered together. While growing the First Nations nursing workforce is necessary to creating a reservoir of future leaders, having established effective First Nations leaders provides inspirational role models for nurses to aspire to (Doyle & Hungerford, 2015; Pipi et al., 2021).

Several articles highlighted the importance of cultural resilience within an underrepresented health system. Davis et al. (2021) emphasised the importance of 'steadfast is the rock' as a leadership framework, prioritising strength in one's culture, beliefs and position despite opposition. They highlighted the value of Manaakitanga, a central Māori value that accentuates respect for others, responsibility, and reciprocity. Despite facing oppositional forces, Māori nurse leaders 'advocated, negotiated and facilitated change to the system as expressions of Manaakitanga' (Davis et al., 2021, p. 90).

4.0. *Shifting from colonial leadership models to community-oriented approaches*

Colonial leadership models often emphasise individual achievement and organisational self-preservation over community needs. This approach contrasts sharply with First Nations leadership philosophies that prioritise collective well-being and community-orientated decision making. In addition to ongoing racism, colonial leadership models pose a significant challenge to the leadership development of First Nations N&M (Chamberlain et al., 2016). A key challenge is the unauthorised appropriation of First Nations knowledges, including leadership philosophies, which often strips this information of its essential and complex contexts (Chamberlain et al., 2016). The oversimplification of First Nations knowledges, when superficially integrated into dominant Western philosophies, hinders the development of rich and culturally dynamic societies (Chamberlain et al., 2016). Further, contemporary leadership models and theories, which often fixate on 'heroic individualism' (Chamberlain et al., 2016) often fail to adequately meet the needs of First Nations people (Wiapo & Clark, 2022).

Chamberlain et al. (2016) highlight that First Nations leadership does not typically revolve around single, all-purpose leaders, but involves a complex cultural and authority structure. Historically, conclusions about First Nations leadership systems have often been generalised by colonial ideologies, particularly when attempting to 'negotiate' with communities. Leadership exhibited by women, for instance, has often been misinterpreted as mere community involvement rather than leadership, undervaluing the significance of this powerful form of leadership essential for cohesive community cooperation (Chamberlain et al., 2016).

Enduring colonial impacts often prioritise the organisational needs above the collective well-being, including budget management, present challenges for First Nations leaders (Davis et al., 2021; Doyle & Hungerford, 2015). For example, Davis et al. (2021) described how their commitment to mahitahi (working together) was not always prioritised or valued by all primary health providers. Despite efforts to foster cohesion and collaboration, they were sometimes met with hostility.

Several leadership theories derived from First Nations perspectives, such as Kenny's Liberating Leadership Theory: The Seven Pillars of Wisdom and the Tahdooahnippah model emphasise leadership as a persuasive influence rather than positional authority (Chamberlain et al., 2016). Chamberlain et al. (2016) describe that First Nations leadership traditions often view the community or group as the 'source of leadership' (Chamberlain et al., 2016, p. 352). This value on community-oriented leadership was echoed in articles from other geographical settings (Davis et al., 2021; Doyle & Hungerford, 2015; Pipi et al., 2021; Wiapo & Clark, 2022).

Doyle and Hungerford (2015) discuss servant leadership as an effective model for promoting stewardship, empathy, and community values. However, earning respect from all community members can be difficult, particularly when traditional models of charismatic, transactional or transformational models of leadership are valued. Servant leadership may not always be suitable for advocacy work, a frequent requirement in First Nations leadership (Doyle & Hungerford, 2015). Doyle and Hungerford (2015) advocate for an adapted approach to leadership that incorporates a social identity perspective, which includes fostering the needs and shaping the identity of the community.

5.0. *Methods that support leadership development*

Six articles identified interventions designed to promote First Nations N&M leadership (Biles et al., 2021; Biles et al., 2023; Brockie et al., 2023; Chamberlain et al., 2016; Etowa et al., 2015; Pipi et al., 2021). One programme in particular was designed as a leadership development programme implemented in New Zealand for Māori N&M development, underpinned by Māori pedagogy (Pipi et al., 2021). This programme included various topics embedded into curriculum, including leadership, cultural competency (being Māori), resource management, writing skills, ethics and clinical governance (King, 2014).

Collectively, the articles described (1) integrating mentoring programmes (Biles et al., 2021; Biles et al., 2023; Brockie et al., 2023; Etowa et al., 2015), (2) supporting leadership roles for First Nations leaders (Brockie et al., 2023) (3) providing scholarships and awards for First Nations N&M (Brockie et al., 2023) and (4) developing and funding First Nations leadership programmes with First Nations principles embedded within the programme (Brockie et al., 2023; Chamberlain et al., 2016; Etowa et al., 2015; Wiapo & Clark, 2022), as key strategic priorities for leadership development.

Mentoring structures emerged as being helpful to both mentor and mentee, fostering relationships, and building integrated systems. Several studies identified that mentorship models for First Nation N&M were a salient method of sharing support, opportunities, and knowledge, aiding them in meeting their complex responsibilities (Biles et al., 2021; Biles et al., 2023; Brockie et al., 2023; Etowa et al., 2015; Pipi et al., 2021). Mentors played a significant role in helping nurses address and overcome the systemic injustices and racism they encountered (Etowa et al., 2015; Pipi et al., 2021). First Nations N&M leaders, through their lived experiences, provided valuable advice and support to other First Nations N&M, creating a safe environment for sharing experiences (Biles et al., 2021) (Etowa et al., 2015).

Mentorship programmes facilitated reconnection with cultural identify, an aspect participants described as fostering a sense of safety and belonging (Biles et al., 2021). The Māori leadership development programme similarly found that participants felt a stronger sense of cultural identity after their involvement (King, 2014; Pipi et al., 2021). Additionally, mentorship allowed N&M to connect with First Nations leadership and identify pathways for influencing broader policy changes, enhancing their community impact (Biles et al., 2021). Early exposure to First Nation staff in leadership positions through mentoring is a critical benefit, fostering integrated relationships and professional growth.

Discussion and recommendations

This scoping review highlights a significant gap in the literature regarding leadership and professional development opportunities for First Nations N&M. Our findings reveal a paucity of leadership development programmes and a lack of evaluation of their impact on leadership outcomes, with only two studies addressing these aspects (King, 2014; Pipi et al., 2021).

Addressing social justice and inequity

Social justice and inequity emerged as prominent themes across the reviewed articles. First Nations N&M often bear the added burden of the enduring traumatic impacts of colonialisation, which have been exacerbated during crises such as the COVID-19 pandemic. The underrepresentation of First Nations professionals in N&M underscores the urgent need for increased efforts to promote and support First Nations leaders in N&M. Addressing this underrepresentation is to challenge and redress systemic inequities and improve health disparities for First Nations communities. These findings align with the broader literature on Indigenous health professionals' experiences. For example, similar challenges of underrepresentation and cultural burden have been reported among Indigenous physicians (Burm et al., 2023).

Promoting First Nations leadership in N&M requires targeted recruitment, scholarships, and leadership opportunities within healthcare organisations (Biles et al., 2023; Brockie et al., 2023). These should be complemented by self-determined models of care and leadership programmes grounded in cultural values and practices, reflecting the diverse experiences and needs of First Nations communities (Pipi et al., 2021). Engaging community members in leadership selection and development processes ensures that leadership roles reflect the community's values and aspirations, fostering a deeper connection between leaders and their communities (Wiapo & Clark, 2022).

Healthcare organisations must establish comprehensive support systems for First Nations N&M, including mentorship programmes, peer networks, and resources to manage the burdens of cultural advocacy. Cultural safety training for all staff is essential to raise awareness and understanding of the unique challenges faced by First Nations peoples (Biles et al., 2021). Fostering partnerships with First Nations communities and advocating for policy changes that support First Nations leadership and self-determined healthcare models will help address social justice and equity disparities. These actions have the potential to significantly improve health outcomes and a more inclusive healthcare system for First Nations N&M, and their communities.

Complex responsibilities and expectations

The limited number of First Nations N&M working in the healthcare system often face significant challenges in attaining leadership positions. Expectations placed on First Nations professionals by their employers and colleagues frequently extend beyond typical leadership roles, expecting them to act as cultural brokers. This additional responsibility places a disproportionate burden on First Nations N&M, often leading to a hidden workload that exceeds that of their non-First Nations counterparts (Doyle & Hungerford, 2015). First Nations healthcare professionals frequently act as cultural advisors, which involves sharing knowledge and fostering safer spaces for employees and patients, which can add significant stress and result in breaches of cultural protocols (Davis et al., 2021).

To manage these complexities, it is critical that healthcare organisations provide structured support systems specifically designed for First Nations N&M. These systems should include access to mentorship programmes that connect emerging leaders with experienced mentors

who understand the unique cultural challenges they face (Biles et al., 2021). Providing cultural safety education to all healthcare staff to alleviate some of the undue burden placed on First Nations N&M leaders to act as sole cultural advisors is essential. Moreover, cultural safety education can enhance overall healthcare quality by promoting cultural competence among all staff, improving communication, and reducing health disparities (Best et al., 2022).

Given the unique challenges faced by First Nations N&M, healthcare organisations should foster a supportive environment that recognises and values their cultural expertise. This involves creating policies that respect cultural protocols and providing resources that allow First Nations N&M to manage their roles without the added pressure of acting as the primary cultural liaison. This aligns with findings from Brockie et al. (2023), who reported that Indigenous nurses often experience a disproportionate burden of cultural representation and education in their roles. Encouraging a more inclusive approach to leadership that incorporates, and respects First Nations health expertise can alleviate the burden on these health professionals but can enrich the overall healthcare environment, making it more responsive to the needs of First Nations communities. As Davis et al. (2021) demonstrate, when First Nations nurses are supported in leadership roles that value their cultural knowledge, they can effectively advocate for and implement changes that benefit both Indigenous and non-Indigenous patients.

Effective leadership development programmes

Programmes like the Tomorrows Clinical Leaders training programme offer valuable examples of how to support First Nations N&M in their leadership development (King, 2014; Pipi et al., 2021). Mentoring programmes such as the Deadly Aboriginal and Torres Strait Islander Nursing and Midwifery Mentoring DANMM mentoring programmes (Biles et al., 2023) provide a platform for First Nations N&M professionals to receive guidance and support from cultural allies or existing First Nations leaders. These programmes facilitate the sharing of lived experiences and strategies to address challenges, including racism and culturally unsafe practices, which are critical for developing resilient and effective leaders. Unlike traditional non-Indigenous leadership models that often focus on individual achievement and organisational hierarchy (Squires, 2018), First Nations leadership development programmes emphasise collective well-being, cultural identify, and community responsibility (Doyle & Hungerford, 2015). For example, while conventional mentoring programmes might prioritise career advancement and skill development, First Nations mentoring initiatives like those described by Biles et al. (2023) and Etowa et al. (2015) also incorporate cultural reconnection and community advocacy as key components.

To enhance the leadership pipeline for First Nations N&M, it is essential to develop and fund mentoring programmes that provide continuous professional development opportunities (Biles et al., 2023; Etowa et al., 2015). This aligns with findings from Brockie et al. (2023), who emphasise the importance of culturally tailored leadership development programmes for Indigenous nurses across multiple countries. These programmes should be tailored to address the unique challenges faced by First Nations healthcare professionals, including systemic biases and racism (Wilson et al., 2022).

Investing in the development and funding of culturally safe leadership programmes is necessary for nurturing the next generation of First Nations N&M leaders. This approach is supported by Doyle and Hungerford (2015), who argue that leadership development for Indigenous health professionals must incorporate cultural identify and community values. Healthcare organisations must prioritise the creation of such programmes, ensuring they are adequately resourced and accessible to First Nations N&M (Davis et al., 2021).

Mentorship programmes that connect First Nations professionals with culturally safe mentors can improve retention and empower them to take on leadership roles confidently. This aligns with Chamberlain et al. (2016), who highlights the importance of culturally grounded leadership models in midwifery. Pipi et al. (2021) also found such programmes enhance the cultural identity and leadership capabilities of Māori N&M.

Limitations

Many grey literature articles on nurse leaders were excluded for not directly addressing the research aims. Although storytelling is vital for First Nations people, this exclusion is a limitation. Despite thorough efforts in search conceptualisation and review, the experience of all First Nations groups was not fully captured, limiting the global applicability of findings to all First Nations populations. A notable strength of this study is that over half of the research team identify as First Nations, enhancing the cultural authenticity and analytical depth of the findings.

Conclusion

This scoping review highlights a gap global literature on First Nations N&M leadership development. The underrepresentation of First Nations in N&M highlights the need for targeted initiatives to address systemic inequities and enhance leadership. Despite ongoing challenges of systemic injustices and complex responsibilities, several leadership development programmes provide valuable mentorship growth platforms. Promoting self-determined leadership models and prioritising support systems that value cultural expertise can empower the First Nations N&M workforce and improve health outcomes for First Nations peoples.

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ORCID

Odette Best http://orcid.org/0000-0002-2362-0101
Catelyn Richards http://orcid.org/0000-0002-5472-2514
Lynne Stuart http://orcid.org/0000-0001-6708-5318
Linda Deravin http://orcid.org/0000-0001-6181-3708
Aletha Ward http://orcid.org/0000-0003-4549-0704

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