

NEW ZEALAND RESEARCH

Strategies for improving the experiences of Māori students in a blended Bachelor of Midwifery programme

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ABSTRACT

Introduction: The New Zealand Māori population is predicted to increase to 16.6% of the total population by 2021 and more Māori midwives are needed.

Aim: The aim of this research was to ask Māori students about their experiences in the Bachelor of Midwifery programme and to identify strategies to optimise success for Māori students in becoming midwives.

Method: A participant research project was designed and undertaken, on behalf of the Midwifery School at Otago Polytechnic in New Zealand, by a Māori researcher, who was guided by Tuhiwai-Smith's seven codes of conduct. Nine of a possible 22 students who self-identified as Māori consented to participate.

Ethical approval for the study was granted by the Otago Polytechnic Ethics Committee, following consultation with the Kaitohutohu's (Māori advisor) office which provided support for the Māori researcher.

Findings: The Māori students appreciated the opportunities afforded by the blended midwifery programme model, such as the range of learning modes and being able to study in their home areas.

The students were challenged by aspects of the programme organisation, the learning environment, student placements and assessments, the lack of Māori visibility, and aspects of the support for Māori students. Recommendations were offered by the students for changes that would improve the learning experience for Māori.

Conclusion: Incorporation of the recommended changes has the potential to improve the learning culture for Māori students in this midwifery programme. This includes changes to the programme organisation and developing a learning environment that more visibly celebrates bicultural identity; thereby decreasing the attrition rate for Māori students in the programme, increasing the number of Māori midwives registering, and contributing to the richness, success and enjoyment of the programme by all students.

Keywords: Māori students, midwifery education, student support

INTRODUCTION

Māori are the first people of New Zealand (NZ) and, in common with indigenous populations in many developed countries, experience poorer health outcomes and are under-represented in health professions (Ministry of Health, 2016). Many health challenges are a legacy of a colonial past, with racist and social attitudes aimed at assimilation. For example, early nursing training (and, by default, midwifery training) reflected Victorian ways of learning (Costello, 1994; Tupara, 2001).

In response to the poorer health statistics for Māori in NZ, health educators have introduced programme elements to increase student understanding of cultural difference for Māori and others in their programmes. These include a successful immersion experience in Māori communities for medical students (Dowell, Crampton, & Parkin, 2001). Similarly, dentistry programmes have incorporated the Oranga Niho (Māori oral health, Table 1) programme into the dental health curriculum (Broughton, 2010), aiming to increase understanding about the wider health implications of poor dental health for Māori (Chia, Densie, & Mogan, 2015).

In nursing, the concept of "cultural safety" (Papps & Ramsden,

1996) was introduced in 1992 as a required component of all nursing education programmes (Nursing Council of New Zealand, 2011). This enabled examination of the Tiriti o Waitangi (which is the founding document signed by representatives of the British Crown and Māori chiefs in 1840) to show how knowledge and power have been, and continue to be, enacted at national and interpersonal levels in everyday practice (Horsburgh & Lamdin, 2004). This cultural safety programme was also a required component of direct entry midwifery education programmes until 2007 when the Turanga Kaupapa (position statements) were developed by Nga Maia o Aotearoa me Te Waipounamu - the national organisation of Māori midwives - and whānau (family), promoting and supporting Māori birthing (Midwifery Council of New Zealand, MCNZ, 2007, p.5). The Turanga Kaupapa are regarded as an ongoing framework to assist midwives to interact respectfully with those of other cultural backgrounds and to recognise the impact of one's own. This programme was adopted by the MCNZ and the New Zealand College of Midwives and is integrated into all midwifery undergraduate curricula in NZ from the first year of the programme.

As a percentage of the total, the Māori population in New Zealand is predicted to rise to 16.6 by 2021 (Statistics New Zealand, 2015). The Māori birth rate, however, is 25.2% of the total birth rate. While all birth rates in NZ are predicted to fall over the next five years, this fall is predicted to be slower for Māori (1.2% to 1.4% by 2021) compared to the rate for the rest of the female population of reproductive age (0.6% to 1.5%). It is thought the main reasons for this are the younger Māori population profile and the larger family sizes (Statistics New Zealand, 2015).

Currently, 88.5% of the midwifery workforce comprises NZ European and other European ethnicities, compared to just 5.7% (174) who record Māori as their first ethnicity (MCNZ, 2015). Thus, Māori women are not always able to access care from a midwife who identifies as Māori and who shares their cultural world view. This view includes not just their obligations and connections to whānau, (family), iwi (tribe) and tūpuna (ancestor/s) but also connections to the natural world (Te Ara, 2010). Thus, the challenge in recent years has been to find ways to increase the number of Māori midwife graduates to address this need.

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E-learning platforms and other digital tools have opened up new and evolving ways to provide tertiary education at distance. E-learning appears to suit mature women with family responsibilities (Blum, 1999)—coincidentally the demographic profile of many midwifery students. However, Porima (2011) found that Māori students, while appreciating the flexibility that online learning provides, could experience a sense of isolation and the desire for more whanaungatanga (relationship-based) and kanohi te ki kanohi (face-to-face) interaction similar to a whānau environment. Accommodating cultural difference and diverse learning styles, while posing challenges for educators, provides opportunities to design and teach courses which address these (Lum, 2006).

Options for more flexible learning have been adopted and adapted by the Midwifery School at Otago Polytechnic (OP) to deliver the three-year, 4800-credit Bachelor of Midwifery programme accredited by the MCNZ (2006) across six sites; three in the lower half of the South Island and three in the lower North Island of NZ. The satellite structure and mix of learning modes provide flexible study options for students, enabling them to complete much of their programme close to their home area, avoiding the cost and disruption of moving to a large centre to study.

In the undergraduate midwifery programme at OP, learning packages are developed in modular form and presented on the Moodle e-learning platform—web-based, online conferencing software, accessible by students from anywhere with internet access. These are supported by real time tutorials using the Adobe Connect web-based, online, conferencing software, likewise accessible by students from anywhere that has internet access.

The midwifery students also come together four times a year—for an intensive week of face-to-face seminars—at either the OP campus in Dunedin in the lower South Island or at the Kāpiti Whitiāreia campus in the lower North Island. In addition, weekly ākongā (small tutorial group meetings) are held in each satellite area, for groups of 4-8 first- and second-year students, supervised

by an experienced midwife kaiako (lecturer) who resides in the area. The ākongā are opportunities for debriefing practice experiences, the practice of simulated midwifery skills, and pastoral care, plus discussion of theory content in the programme and its application to practice. In their third year, students are placed with midwife preceptors in a range of maternity practice settings, while continuing to be supported by their OP kaiako.

The mix of distance and face-to-face learning components means students are able to study independently as well as together, potentially mitigating some of the isolation experienced by students in wholly online programmes (Gorodnichenko & Roland, 2011). While all students need to find a balance between their study and their family and community roles, for some Māori students, particularly those who are the first in their whānau to study at a tertiary institution, accommodating family and community responsibilities with study can be particularly challenging (Wilson et al., 2011).

Importantly, the school is responsible for ensuring the full participation of Māori in education programmes as detailed in the Memorandum of Understanding (MOU) between OP and the Kā Papatipu Rūnaka (2004-current). The MOU is operationalised in the Māori Strategic Framework (2016-2018), the tenets of which are underpinned by Durie's (2011) vision for Māori futures; that is, for Māori to be able to live as Māori, participate as successful citizens of the world, and enjoy good health and a high standard of living. For this to be more than a vision, the following principles must apply: ngā kawenga, accountability for Māori goals and aspirations; tino rangatiratanga, supporting aspirations for Māori self-determination in relation to tertiary education; toi te mana, empowerment; and mana tiriti/ahu kāwanatanga, the space to make a contribution to the partnership. In addition to the shared vision, the accountability to Māori to whakanui (to magnify or celebrate) the respect for, and accommodation of, different Māori realities and innovations in the programme teaching and learning processes (OP, 2016-2018) must be in evidence.

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While the number of midwifery students in the programme who identify as Māori had increased over the previous years, it was not known how well our programme met their study needs. Thus, the aim was to ask Māori students about their experiences in the programme and about aspects of the programme organisation and teaching practices that could be changed to better assist them and future Māori students to succeed in their goal to become midwives.

The findings and recommendations from this participation project may be of interest to other midwifery schools looking for ways to increase the retention of, and rate of successful outcomes for, indigenous and minority ethnic student groups, both in New Zealand and internationally.

METHOD

The OP Research Ethics Committee (OPREC) and the Kaitohutohu (Māori guardian) staff were approached about how best to proceed with this research, as it was not appropriate for

the lecturers in the school to undertake the fieldwork, or to be aware of which students had agreed to participate. It was agreed that a Māori researcher from another institution would establish a relationship with the local rūnaka (tribal council) through the Kaitohutohu office and undertake the data collection for the research. Once these relationships were in place, ethical approval for the study was granted (OPREC # 517).

A bulk email was sent to all students enrolled in the programme in 2013 using their student email address. Students who self-identified as Māori were invited to participate in the research and were encouraged to contact the Māori researcher for further information about the study.

The researcher chose to be guided by Tuhiwai-Smith's (1999) seven codes of conduct for Māori researchers. These guide the approach to students consistent with te ao Māori (the Māori world) processes (pp.119-120):

- Aroha ki te tangata (a respect for people)
- Kanohi kitea (the seen face; that is, present yourself to people face-to-face)
- Titiro, whakarongo ... korero (look, listen ... speak)
- Manaaki ki te tangata (share and host people; be generous)
- Kia tupato (be cautious)
- Kaua e takahia te mana o te tangata (do not trample over the mana of people)
- Kaua e mahaki (don't flaunt your knowledge)

The researcher met with the students as a group in May 2013 to introduce herself and to give the students the opportunity to ask questions about her whakapapa (genealogy), her academic experience and the research aims. This meeting was informal with a shared meal provided, following which the students could decide whether or not to sign a consent form to participate in the study. All students were given the opportunity to withdraw at any time during this research at no disadvantage to themselves.

In August and again in November 2013, the researcher met with the participants for individual interviews or in small groups, depending on their preferences and availability. Meetings were timed to coincide with the intensive weeks when the students would be on campus, but were held outside class obligations, at a time and location that best suited the student or small group of students. All the conversations were digitally recorded; the voice files were kept on a password-protected computer and the transcriptions in a securely locked filing cabinet.

In line with the kaupapa (purpose) of this research, a participant research model was used (Bergold & Thomas, 2012) which provides a place for groups or individuals with particular knowledge to share their experiences and offer recommendations for improvement and change. The students were asked about their experience in the programme and were invited to contribute ideas for how school practices and processes might be reconsidered and redesigned to improve the study experience for Māori in the programme.

The student contributions were collated by the researcher and a draft report prepared. This was circulated to, and the content validated by, the participants before the wording was agreed upon and finalised. Once editing was completed to the students' satisfaction, the participants agreed that the report be submitted to the School of Midwifery at OP. All the student comments and recommendations were incorporated into the report. A collation of the students' key points and agreed recommendations for programme improvement is presented in the report, rather than

the recording of individual verbatim comments. This presentation was preferred, by the small number of Māori students who participated, to avoid being identified with a particular comment.

FINDINGS AND RECOMMENDATIONS

The total number of students who identified as Māori enrolled for 2013 was 22. Of these, 13 were first-year, two were second-year and seven were third-year students. Nine (41% of the Māori students enrolled at that time) agreed to participate in the study, the majority of who lived in the North Island. Only the Māori researcher knew the identity of those who participated and this was a promise to the students to preserve their anonymity. Thus, the reasons why the remaining 59% of students did not choose to participate in the research are unknown.

Aspects of the programme that worked well for the Māori students were highlighted, as were aspects that might contribute to some Māori students withdrawing from the midwifery programme. Further, the students suggested ways in which the programme could be improved to attract and retain Māori students.

These findings and recommendations are discussed under the following headings: the structure and organisation of the programme; the learning experiences in the midwifery programme (including assessments and midwifery practice placements); support for Māori learners; and the learning environment—in particular the visibility of Māori, both in the staffing and in the programme content.

The structure and organisation of, and orientation to, the programme

The participating students said they appreciated the opportunities available from the blended learning programme with the mix of distance, satellite and face-to-face learning—the latter being valued more highly, being akin to a whānau environment.

All students travel to the Dunedin campus of OP for a week of orientation, which means additional costs for travel and accommodation for those from the North Island. The students suggested a separate orientation week in the North Island, but if this was not possible then assistance to find budget accommodation or possibly a marae stay in Dunedin would be helpful.

In addition to the ongoing costs of travel and accommodation, students needed to buy basic clinical equipment and text books, and pay the national examination fee. The students found that it was difficult to calculate the full costs and suggested that the school provide more detailed estimates in their orientation package for these expenses across the three years.

Changes were also suggested for the organisation and content of the orientation week. These included ensuring there was adequate technical support for students studying at distance. In addition, they wanted to be allocated to their ākongā group at this early stage to enable them to get to know each other.

The students talked about the complexity and intensity of the programme. To help them understand the programme the students asked for the year timetable to be provided earlier so that travel and childcare could be arranged in a timely way. To further help with orientation the students suggested scheduled, informal meetings with second- and third-year students who could share strategies for managing study and provide insights into aspects of the practice and theory content.

The learning opportunities and assessment in the midwifery programme

The blended nature of the programme means that there is less

face-to-face contact with lecturers or other students than would be expected in a more conventional classroom teaching model. Kanohi ki te kanohi (face-to-face) is an important element of teaching, learning and researching in te ao Māori (the Māori world) and, while the students are fully aware and accepting that this programme is a blended distance model, any opportunities to talk face-to-face are valued. One improvement suggested in the online environment was to ask lecturers to use cameras during the Adobe Connect online tutorial sessions. Students would then be able to see expressions and gestures which could assist them with the retention of information.

The regular face-to-face contact is welcomed in the ākongā groups and, while the Māori students found these learning opportunities beneficial, they would like more one-to-one opportunities with their kaiako. They would also prefer the meetings to be more structured to include discussion about upcoming assignments and/or exams. They agreed these sessions could help them manage their time more effectively and prompt them about what they needed to be working on for their assessments.

Other kanohi ki te kanohi opportunities occur during the intensive sessions. Although full days in class were tiring, all students said they benefited from this interactive face-to-face learning environment, which they found more compatible with their preferred learning style.

The Māori students agreed that feedback on their assignments was useful and helped them learn and improve for future assignments. One area many students struggle with is bioscience and they suggested that this seems to be the subject which can “make or break” a student. Thus, they suggested that the content could be broken up into smaller learning units.

However, an area that most of the students enjoyed was the video assessments for one of the first-year practice courses. The students are required to perform a selection of midwifery practice skills in relation to a practice scenario, which is subsequently uploaded for marking. While the cost of the internet or reliance on a library service to upload them was sometimes a challenge, as was the time involved to complete and upload the files, students found this assessment preferable to alternative ways of assessing skill acquisition such as the Occupational Skills Competency Examination (OSCE).

Experiences in practice placements

The students agreed that they had enjoyed, and continued to enjoy, “follow through” practice opportunities. These involved following a woman (and her family) through her pregnancy and birth experiences. Most also had positive experiences during their hospital and community placements.

However, while most of the students enjoyed their practice placements, some did not feel safe in them nor welcome, and these challenges shook their confidence. The students suggested that more monitoring of these placements by the school was needed to enable students to feel safe and to enjoy the placements.

Support for Māori learners

During the programme, the students wanted more contact with Māori support services. They said that they were only contacted when they showed signs of being academically challenged, such as failing an assignment. More regular face-to-face opportunities with the Māori support team were desired, where they could discuss their progress. In particular, they would value establishing ongoing relationships with these services over the course of the programme. This could include more informal meetings, such

as sharing a meal outside of class time, which would also avoid highlighting a difference between Māori and non-Māori, making Māori the “other” and to stand out in the programme as having more support. A further idea to increase a sense of community and support was to have access to classroom space in their local area to meet regularly to establish and maintain a whānau learning environment.

Visibility of Māori and Māori culture in the learning environment

Māori students who were accustomed to institutional learning found the learning environment satisfactory, but what was missing for them was the normalisation of Māori culture, values and terminology which, they suggested, only occurred in specific courses with content including te tiriti o Waitangi (Archives New Zealand, n.d.) and the process of colonisation. Further, the cultural sensitivity when working with Māori clients, which they were taught about in their courses, did not reflect how they themselves were treated. For example, when tikanga (custom, practice) was discussed and taught, the students said that important Māori values were only accepted and followed by non-Māori students and staff for a short time. This was particularly isolating for students with a strong involvement in their Māori community with strong te ao Māori values.

To help address these concerns the students said it would be beneficial to have some Māori lecturers who could teach across all subjects. This would bring a Māori voice and world view to their teaching, thereby normalising Māori culture within the programme. It was considered particularly important that the teaching of tikanga Māori was facilitated by Māori and that marae protocols were taught by someone from the relevant marae, such as one of their kaumātua (elders). It was also suggested that at the beginning of each course the students and lecturers could establish a set of class protocols or tikanga that would be culturally appropriate for all ethnicities. This would contribute to a safe learning environment for everyone, including learners not familiar with institutional learning.

What was appreciated, however, was that students who had obligations to their Māori community or family situations—for example, to attend a tangihanga (funeral)—were able to gain extensions for an assignment and that this was achievable in a non-threatening manner.

DISCUSSION

The students have offered the gifts of their experiences in the programme and have extended this to suggest ideas for changes to processes and practices that would enhance their experience and ultimate success in the midwifery programme, with an emphasis on the support for, and visibility of, Māori.

Understanding the organisation and demands of the programme

The programme was described by the students in this course as “intense”, meaning that the pace and the detail about the programme content and the mix of learning modes took time to assimilate. It is expected that if students are confused about their course, they would ask lecturers for clarity. Durie (2011) suggests that “Māori are more able to participate in society as Māori if they have a secure cultural identity” (p.8) and Māori students who score highly on their Māori identity, and who have a positive self-concept, are found to be more likely to ask for help to understand course requirements (Cumming-Ruwhiu, 2015; van der Meer, Scott, & Neha, 2010). This leaves Māori students who are less confident in their Māori identity at a disadvantage.

Therefore, increased opportunities for students to get together to share information and computer skills could support their shared learning and help build their confidence (Hall, Rata, & Adds, 2013).

Entering a full-time study course means that managing time for study, family, and community commitments is a challenge. While this is so for most students, Theodore et al. (2015) explain that, in some Māori families, the student may be the first to undertake tertiary study and that the time and space needed by the student to complete course work may not be fully understood by whānau. Further, students would be expected to put their whānau and community responsibilities ahead of their study. This is more likely to be an issue when they are studying at home (as in this programme), where they would feel obliged to help with household and community activities (Wilson, M. et al., 2011). To help whānau understand study demands, dedicated meetings between lecturers, students, and whānau were advocated by Wilson, McKinney, and Rapata-Hanning (2011) in relation to Māori nursing students who, in common with midwifery students, found it difficult to balance study and family demands.

The teaching and learning environment

Meeting face-to-face provides additional information and the opportunity to ask questions in real time. These aspects of their programme were highly valued by the Māori students. While the ability to complete much of their coursework from home was appreciated, some struggled with topics such as bioscience. In this and other topics the students desired more *kanohi ki te kanohi*.

Kana and Tamatea (2006) emphasise the value of the face in communication, and share the saying “He kitenga kanohi, he hokinga whakaaro—When a face is seen, after a period of absence, memories associated with that face return” (p.15). While these authors were referring to a physical closeness, sharing a live image could come some way to bridging the distance. One suggestion from the Māori students was for lecturers to use their computer camera when facilitating online tutorials. Seeing the face of the lecturer enables students to see expressions and gestures that could add cues to assist with the retention of information (Ferguson, 2014)—for example, smiles, nods and the sense of having a face to focus on were more likely to encourage student online engagement. Further, Ferguson suggests that lecturers could use the camera when responding to student questions, providing immediate feedback, which would allow for the sharing of stories. This practice could be adapted to mitigate the sense (and reality) of being so physically distant, which is often experienced with online learning.

Support for Māori learners

Ongoing support options are available for all students; however, the Māori students in this study wanted more regular contact from the Māori support team. They were disappointed to find that this contact happened only when they failed an assessment or their results were marginal. This need for dedicated support for Māori learners is emphasised by Wilson, M. et al. (2011) and requires an attitude of understanding and approachability from lecturers. This should be in addition to that provided by the Māori support team. What was also important was for all those engaged in student support to have high expectations for academic success for Māori students, in addition to support for their cultural identity (Tahau-Hodges, 2010). Whatever mix of support is offered, it should be subject to evaluation and ideally include integration of *iwi* (Taiapapaki et al., 2012) and suitably qualified staff able to provide support for Māori learners (Greenwood & Te Aika,

2008). These sentiments were clearly expressed by the students in this study.

While support may be provided in the study setting, it is a challenge to extend this to the bustle of hospital practice placements where some students in this study sometimes felt unsafe or unwelcome and experienced a loss of personal confidence. In common with most workplaces, misunderstandings can occur but some practitioners, including midwives, can bully students (Gillen, Sinclair, Kernohan, & Begley, 2009). Feedback about practice experiences requires prompt discussions with practice colleagues and key hospital management. It is often the students who feel most vulnerable in these settings, though, who may not feel confident enough to share these stories. Thus, an ongoing relationship with a named Māori support person could help students work through these challenges.

Visibility of Māori culture in the learning environment

The lack of Māori lecturers was highlighted by the Māori students as an issue in the programme. Without these role models, some students felt culturally isolated. This desire for teaching role models was also found in other studies to be important for Pasifika students (Benseman, Coxon, Anderson, & Anae, 2006), as were alternative approaches to teaching (Sopoaga et al., 2013). For Māori students, lecturers who identify as Māori have the opportunity to use alternative approaches to their teaching, such as the creative use of *pārākau* (stories from the Māori world), as suggested by Lee (2009). These methodologies and others could provide alternate approaches to narrative inquiry in a range of theory and practice topics—thereby contributing to the richness, visibility and normality of *te au Māori* knowledge and culture in the programme.

According to Durie (2006):

The measurement of Māori wellbeing requires an approach that is able to reflect Māori world views, especially the close relationship between people and the environment. This ecological orientation carries with it an expectation that social, economic and environmental aspects of wellbeing will be given adequate consideration and that cultural and physical resources will be similarly considered alongside personal wellbeing. (p.15)

Durie's aspirations for Māori wellbeing are aligned and operationalised in the OP's MSF (OP, 2016-2018). However, success and participation have been demonstrated to be more likely for Māori when there is a connectedness and a sense of whānau environment in the institution which serves to affirm the learner's identity (McMurphy-Pilkington, 2013), but changes need to be more than token. This requires schools to consider ways to make the Māori world visible in all aspects of programmes, with appropriate and frequent use of *te reo* and Māori symbols in course materials, classroom teaching and online tutorials. The inclusion of a *noho marae* (when students stay on the marae overnight) early in the programme is also important to expose all students to the Māori world and to meet *tangata whenua* (hosts and people of that place).

What must be acknowledged, however, is that whatever adjustments or additions are made to the programme, the predominant ethos continues to reflect a Eurocentric educational approach with the risk of reinforcing negative aspects of colonisation (Raumati Hook, 2008). Such an approach puts the focus on individual success and study forms which potentially clash with collectivist (group) ways of learning and valuing knowledge (Kepa & Manu'atu, 2011).

Table 1. Glossary of te reo Māori words and terms and how they are used in this study

Te reo Māori term or concept	Definition*	How the term is applied in this study
Ākonga	Student, learner, pupil or protégé	Small learning groups of students
Iwi	Extended kinship group, tribe, nation, may refer to a large group of people descended from a common ancestor or territory	
Kaiako	Teacher or instructor	Teacher or lecturer
Kaitohutohu	Advisor or instructor	Adviser to our institution in relation to things Māori
Kanohi ki te kanohi	Face-to-face or in the flesh	Face-to-face
Kaumātua	Adult, elder, elderly man, elderly woman, old man - a person of status within the whānau	
Kaupapa	The main purpose, policy, initiative, agenda, plan or matter for discussion	Purpose of the study and plan for engagement of the participants
Mana Tiriti /Ahu Kāwanatanga	The space to make a contribution to the partnership	
Mana Tiriti-whakanui	In addition to the shared vision, the accountability to Māori to magnify or celebrate the respect for, and accommodation of, different Māori realities and innovations in the programme teaching and learning processes	
Ngā kawenga	Accountability for Māori goals and aspirations	
Noho marae	Noho - to sit, stay, remain, settle, dwell, live, inhabit, reside, occupy, located Marae - courtyard - the open area in front of the whareniui, (the large meeting house where guests are accommodated) where formal greetings and discussions take place. Often also used to include the complex of buildings around the marae	Students visit and stay overnight at a local marae for an immersion experience in Māori culture and instruction in the tenets of the Treaty of Waitangi - the founding document of New Zealand signed in 1840 (https://nzhistory.govt.nz/politics/treaty-of-waitangi)
Oranga niho	Survivor, food, livelihood, welfare, health, living. Niho – tooth or tusk	Dental health initiative for Māori
Pārākau	Ancient myths and legends	
Rūnaka (rūnanga)	Council, tribal council, assembly, board, boardroom, iwi authority - assemblies called to discuss issues of concern to iwi or the community	Refers to the MOU signed by Otago Polytechnic and the Kā Papatipu Rūnaka
Tangata whenua	Local people, hosts, indigenous people - people born of the whenua, i.e. of the placenta and of the land where the people's ancestors have lived and where their placentas are buried	
Tangihanga/Tangi	Rites of the dead, funeral to cry, mourn or weep over	
Te au Māori	The Māori world	
Te reo	Language, dialect, tongue, speech	
Tikanga	Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context	Agreed ways of working together in the class to avoid offence
Tino rangatiratanga	Supporting aspirations for Māori self-determination in relation to tertiary education	
Tiriti o Waitangi	Treaty signed in 1840 between Māori and the Crown	Attendance and engagement in a Treaty of Waitangi workshop is integral to, and compulsory in, the programme
Toi te mana	Empowerment	
Tūpuna	Ancestors, grandparents	
Turanga kaupapa	A stand, position, situation, site, foundation, stance	An ongoing mechanism to assist midwives to interact respectfully with those of other cultural backgrounds and to recognise the impact of their own background
Wairua	Spirit which resides in the mind which exists beyond death	Spirit of the student
Whakanui	To enlarge magnify and expand	
Whakapapa	Genealogy and lineage	
Whānau	Extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members	Family or significant people in the student's life
Whanaungatanga	Relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial friendship or reciprocal relationship.	Students' sense of connection and belonging with their peers and lecturers providing mutual support and reciprocity

* Sourced from <http://maoridictionary.co.nz/word/3664>

While te reo and ceremonial protocols are easily incorporated into face-to-face events, it is perhaps more important to find ways with e-education pedagogy to maintain Māori values that preserve the wairua (spirit) of the Māori student (Ferguson, 2014).

STUDY STRENGTHS AND LIMITATIONS

The strength of this current project has been the generous sharing of the experiences and ideas by Māori students—signalling aspects they felt could be changed or improved in the programme. These were carefully and sensitively captured by using Tuhiwai-Smith's (1999) seven codes of conduct for Māori research approach and subsequent collation of the student comments by our Māori researcher.

A limitation is the small number of participants—nine out of a possible 22. However, their experiences in tertiary study, and desires for a more culturally compatible learning environment, correlate with findings in the education literature in relation to Māori and other indigenous groups both in NZ and elsewhere. Nonetheless, collective translation of the feedback may have silenced some voices despite the careful efforts of the researcher. However, while confidentiality was assured, there remains the potential for identification, if not with the detail, then with the group sentiment. This invites further research. For example, this study could be repeated to see how helpful the changes resulting from the research have been and if further changes are needed.

CONCLUSION

This kaupapa Māori study has provided ideas for change in the learning experiences and learning environment of this Bachelor of Midwifery programme. The students highlighted how acknowledgement and visibility of, and engagement with, their Māori world and values would provide a sense of belonging that would enhance their success and enjoyment in their study programme. Further, they have offered specific suggestions for how this might be realised. This includes comprehensive and timely information about the demands of the programme, timetables and costs, as well as changes to learning opportunities and assessment processes. Most importantly, the Māori participants identified that culturally sound relationships with lecturers, fellow students and midwives in practice, as well as more iwi/whānau involvement, plus course advice and dedicated academic support, would assist them to be successful in their goal to become registered midwives.

Implementation of the changes advocated in the report by these Māori students at the School of Midwifery at OP will further contribute to an environment that visibly celebrates our bicultural identities, while preserving the energies of Māori midwifery students for their study. These changes have the potential to help fulfil Durie's (2011) vision for Māori to be able to live as Māori, participate as successful citizens of the world, and enjoy good health and a high standard of living. Other midwifery schools may consider these findings for their context with Māori midwifery students as a mechanism to enhance successful programme completions and increase the number of Māori midwifery graduates.

Kia mahi a tātou tahi kia whāia ara ki mua (Let us all work together to find ways forward) (OP, 2016-18, p.3).

ACKNOWLEDGEMENTS AND CONFLICT OF INTEREST STATEMENT

The research team would like to thank the Kaitohutohu for her guidance in the early stages of this study and our Māori researcher (EN) for her careful work on behalf of the Otago School of Midwifery. Most of all we thank the Māori students who shared the gift of their experiences and ideas in such an open and generous way.

We also declare that a contribution to the costs of completing this research was awarded by the OP Research Committee.

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Accepted for publication September 2017

Patterson, J., Newman, E., Baddock, S., Kerkin, B., & See, R. (2017). Strategies for improving the experiences of Māori students in a blended Bachelor of Midwifery programme. *New Zealand College of Midwives Journal*, 53, 45-52.

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