



**Summary report**  
**Readying nursing students for**  
**culturally grounded practice that**  
**supports a new vision of older**  
**persons' healthcare environments**

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# Contents

1. INTRODUCTION .....	2
Research purpose.....	3
Framing literature.....	3
2. METHODOLOGY .....	4
Participants .....	5
Data analysis .....	6
3. FINDINGS – KEY THEMES FROM INTERVIEWS AND FOCUS GROUPS.....	8
Older people .....	9
BN teachers and academic leads .....	10
Preceptors/Student Nurse Educators .....	11
Students.....	11
4. FINDINGS – KEY ELEMENTS FROM DOCUMENT ANALYSIS.....	14
Quality Improvement (QI) projects .....	15
Students’ post ARC placement evaluations .....	16
5. IMPLICATIONS, OUTPUTS, DISSEMINATION.....	18
Insights from applying cultural lens theory.....	19
Project outputs.....	19
Dissemination .....	20
6 CONCLUSION .....	22
7 REFERENCES .....	24

# 1 | Introduction

Like most western countries, New Zealand's population is aging, and the effect will accelerate over the next decades. We also have a critical aged healthcare workforce shortage. A third feature of our changing demographic landscape which prompts this project is our increasingly multicultural society, with over 200 distinct ethnic communities (Statistics NZ, 2019). In this research, we focused on Māori and Chinese as specific ethnic groups for a cultural lens study. Māori as tangata whenua, people of the land, still experience inequitable outcomes in many measures of social-cultural wellbeing, including health (Health NZ, 2024). Chinese New Zealanders, because between the 2018 and 2023 census, their population increased about 45% – the fastest increasing ethnic group in the country. Enriching students' understanding of Māori and Chinese culture, and alignment or variance from Aotearoa 'norms', will help to prepare them for the workplace. The creation of learning and teaching resources to prompt this understanding is one of the key outcomes from the project described in this report.

## Research purpose

The purpose of this inquiry was to discover and share new learnings and understandings in order to improve student outcomes and produce well-prepared, culturally-confident graduates who will become the future leaders in our healthcare sector where older people are highly represented. Our key research question was, *'What do student nurses know, and need to know, about culturally-centred work in older persons' healthcare?'*

## Framing literature

There is a growing literature about the importance of culture in healthcare and education in New Zealand (e.g. Honeyfield et al., 2021; LiLACS NZ, 2015; 2016), although rather less about how this should be supported, or what tools are available. The resources produced as part of this project are intended to contribute to this gap. In addition, one of the outputs for this research project is an independent literature review, published as a separate document, and available from the same project webpage as this report (<https://ako.ac.nz/knowledge-centre/readying-nursing-students-for-culturally-grounded-practice>).

The review also introduces and outlines four cornerstone sources as the basis for exploring key themes in the literature related to how culture is, or is not, integrated into aged healthcare provision, with particular regard to older Māori and Chinese New Zealanders. The review includes: discussions of culture, biculturalism and multiculturalism; definitions of older age, and ageism; cultural lens theory (Hardin et al., 2014) and cultural dimensions theory (Hofstede Insights, n.d.); hallmarks of both Māori and Chinese culture; and how cultural identity in healthcare provision for older Chinese and Māori can be supported.

## 2 | Methodology

This research employed a mixed method exploratory (descriptive) design (Swedberg, 2020) and incorporated elements drawn from Kaupapa Māori research, cultural lens theory, narrative inquiry, and case study research design. Several data collection tools were employed:

1. An iterative literature review
2. Individual and group semi-structured interviews
3. Quantitative analysis of clinical placement evaluations
4. Document analysis of student assessment reports
5. Insights and perspectives from cultural engagement/dialogue

## Participants

Our Participant Information Sheet and our own preamble to the interview explained that we were seeking to produce narratives of aging and health from a cultural perspective, and the idea of a possible request to film a video record was also introduced. We recruited older people from personal connections and community groups, such as the Tauranga Ethnic Council, and the Tauranga branch of the New Zealand-China Friendship Society. Teachers, academic managers and student nurse educators/preceptors were colleagues at our own or other Bachelor of Nursing (BN) providers, and known to us through education networks. Third year BN students were approached through class teachers, following their clinical placement in Aged Residential Care and completion of a Quality Improvement assessment project. Recruitment was therefore a combination of snowball and convenience sampling (Bhattacharjee, 2019).

**Table 1. Summary of participants (n 46)**

Category	NZ European	Māori	Chinese	Indian	Philippino	Pacific	Total
Older adults	2	4	5	3	1	1	16
Teachers & managers	7	3	1	1	-	-	12
Student nurse educators	3	1	-	-	-	-	4
Students	7	4	-	1	1	1	14
All							46

All data collection from participants was overseen by Māori members of the Bachelor of Nursing teaching team who agreed to assist us with this project by forming a ‘Komiti Kaupapa Māori research’ to advise on tikanga, and especially to support our consultations with Māori participants. This role included: ensuring the research was culturally safe and non-offensive for the participants; ensuring tikanga was recognised and adhered to; consideration of actual or potential implications for Māori, especially with respect to the new Nursing Council Standards of Competence framework which was introduced in October 2024; and respect for intellectual and/or cultural property shared.

## Data analysis

Qualitative data analysis was interpretivist and inductive and generally followed Braun and Clarke's (2006) six step approach: Familiarization; Coding; Generating themes; Reviewing themes; Defining and naming themes; Writing up. Quantitative survey data (48 post-placement survey evaluations) was formatted and exported to SPSS for descriptive and inferential analysis. Responses to qualitative open-ended questions were extracted from survey response forms and analysed through Leximancer, an exploratory content analysis software. Document analysis (157 student Quality Improvement assessments) also used Braun and Clarke's thematic analysis approach.

Testing the trustworthiness of findings and data accuracy occurred through:

- Triangulation – the use of multiple sources, including evaluations and interviews with a range of stakeholders.
- Review – all participants were offered the opportunity to verify our representation of their experiences, reflections and examples.
- Consensus in interpretation – individual analysis by different members of the team before comparing notes and agreeing data themes.
- Check-ins with our 'Komiti Kaupapa Māori research' team members
- Peer review of our findings and resources by experts. (1) Wintec and AUT Nursing schools (2) Access NZ and a visiting delegation of managers and Heads of the Nursing Department and International Division from Shenzhen Polytechnic University, China. (3) Feedback from a local social scientist and member of the LiLACs original study team, from the University of Auckland.

Ethics approval for the study was received from Toi Ohomai's Research and Human Ethics Committee in February 2024: resolution number TRC 2024.006; project code #24002.

Image next page – project participant Ying, narrative 12, taken from "Teaching resource: Older adults' narratives of health and wellbeing."



### **3 | Findings**

## **Key themes from interviews and focus groups**

# Older people

| “It’s the lucky people in life that get to be old” (G)

## Theme 1. Positivity and wellness

Participants’ enjoyment of life and appreciation for some of the advantages of ageing traversed all cultural groups. They belonged to community groups like marae and ethnic societies; some took on positions of responsibility and leadership of committees, others did volunteer work such as neighbourhood watch, or supporting kohanga reo. They talked about the importance of activity and engagement and ‘matter-of-fact thinking’

## Theme 2. Language

Language is well-recognised as one of the fundamental elements of culture and people’s identity (Edwards, 2010; 2018), and the importance of good communication was mentioned, either directly or tangentially, by every participant in this group of informants. People want to be seen as individuals, called by their name – and they want to know who they are speaking to. Thoughtful, clear communication and the use of simple language is important when a patient is a second-language speaker. For older Māori, recognition and use of te reo is an important aspect of making them feel culturally safe, and ‘seen’ in healthcare settings.

## Theme 3. Whanau/family

Some of our Māori, Chinese and Indian participants directly attributed their wellbeing to the close connections and care provided by family. They also talked about how caring for elders is seen as a filial responsibility within their cultures. Yet for others, living in New Zealand meant accepting a separation from family, and connections meant visits home, Facebook and video calls. Pakeha New Zealanders also talked about appreciating visits from family living in the same city. Support appreciated from nurses and the healthcare system included hospital stays made comfortable when nursing staff allowed free visitation by family – including ICU.

## Theme 4. Tikanga/cultural practices

Māori contributors talked about kaupapa and tikanga and offered examples of what this looked like for them: use of te reo, respectful relationship building, whanau wards, karakia, serving food...Some also wanted to make us aware of the long-term, even inter-generational fear and distrust of hospitals and white coats many older people still hold as a post-colonial legacy. One participant told us about the perception of hospitals in his home country of Fiji: *You don’t go there for them to save your life, you go there to lose your life – there’s lots of talk like this on social media”* (J).

## Theme 5. Social justice

Two of our older participants had a strong interest in public life and policy and felt strongly about older people’s entitlement to an equitable health experience. This means, they told us, access to government services, including healthcare, must be available to both English and non-English speakers, and providers need to have strategies, such as a

contacts database for translators, ethnic group leaders and English as a Second or Other Language (ESOL) linguistic experts. Other participants also mentioned phone apps which offer voice and text translations, and how nurses all needed to know how to use these – rather than letting the burden of cross-cultural communication fall to the unwell person. Nurses and healthcare professionals also need to understand the ‘longevity dividend’ (Scott, 2021) as healthy older people add value and enrich a community’s economic, social, and cultural life through their elder wisdom and knowledge. Respect for elders is deserved, and not just an outdated politeness.

## BN teachers and academic leads

(Toi Ohomai, Waikato University, Wintec, AUT and Unitec)

“Remember, I tell them, we’re not there to intervene, to judge, to advise. We don’t need to have confronting conversations. We are there to contribute”

### Theme 1. Culture shock

Educators talked about how students get their ideas of what nursing is from fairly glamorized depictions in the media, like *Shortland Street*, *ER* and *Grey’s Anatomy*. In reality, when they encountered older people, they were unprepared for grief, loss and loneliness. In particular, families leaving relatives to be cared for other was a cultural shock for many students. Too, there was the shock of “*old bodies*” and also of menial tasks: “*used as just another pair of hands*”. Most participants in this group agreed that ARC clinical placements could often be off-putting for students considering older adults’ care as a career, and would like to see a balance with students in the community, seeing older people in other settings, “*like in the library getting their books. Or in soup kitchens*”, or working with Grey Power, Aged Concern and ethnic societies.

### Theme 2. A cultural lens – on students and with clients

Teachers reported that students were often shocked when they encountered examples of ageism and racism, stereotypes and assumptions being perpetuated by ARC staff, including RNs and HCAs during their placements. Educators talked about their professional role here, supporting students, noting that they may need to be ‘talked down’ from wanting to intervene, or counter facility protocols. This is where cultural competence and cultural safety teaching and learning needs to prepare student nurses understanding that prejudice is a part of everyday reality for many New Zealanders, and that they will encounter this in their healthcare career – often far sooner than they might expect.

Nursing educators agreed that it was very hard to change others’ cultural lenses, but that there were two areas of responsibility held towards students. First was the curriculum focus on Te Tiriti, whanaungatanga and cultural sensitivity and ensuring students understood and practised appropriate tikanga. Second was their responsibility as a role model. They emphasised the importance of a strengths-based approach rather than focusing on problems and modelling different approaches: “*making overt what we are doing and why*”.

### Theme 3. Anticipatory classroom preparation

Many participants from this group alluded to the wealth of cultural capital found in the classroom, with students from diverse backgrounds, ethnicities, ages and previous careers. Educators talked about a range of activities and approaches to preparing students for clinical placements, in readiness for working with both older adults and different cultural groups: role plays, marae time, case studies, simulations and lab exercises.

## Preceptors/Student Nurse Educators

“You can’t guess what will improve someone’s quality of life – you have to ask, and listen...”

### Theme 1. Developing a holistic understanding of practice

SNEs were supportive of a third year ARC placement, commenting that they saw a big difference between first and third year students who had generally moved on from “*seeing the entire population as disabled to some degree*” to a more personalized understanding and a readiness to form relationships. Other comments related to the importance of language, and the opportunity of working with students towards the end of their education, to influence communication approaches, encourage critical thinking and provide opportunities to gain deeper insights.

### Theme 2. Valuing professional standards – the role of Nursing Council Standards of Competencies

The Nursing Council of New Zealand (2024) has just updated its *Registered Nurse Standards of Competencies*. SNEs talked about how students were required to show evidence of working within and towards these competencies, and how they felt this contributes value to the placement experience, but that the Competencies (and similar theoretical frameworks) can seem unrelated to how the students initially think of nursing. Therefore, this is the importance of clinical placements: to apply concepts to practice, and see how enactment makes a difference.

## Students

“They have the attitude, this is normal for that patient, this is just old age, they are complacent, but actually it’s not normal. Not OK.”

### Theme 1. A mismatch of expectations and experience

Overall, students felt they were well-prepared for their placements, but experienced frustrations related to the facilities and staff, with one student saying they felt as if they were considered a “*glorified HCA*”, another that “*staff don’t know what a Year 3 can, and should be doing*”, and a third: “*The nurses don’t always take us seriously*”. Students found that they were not able to distribute blister pack medications, as most facilities used an online system and students were not given a login – despite having trained for this task. There were similar comments about access to health and safety equipment.

A second area with which students felt that they were not able to engage effectively, and in which observed practice showed considerable variance with what was taught in class was an almost entirely medically and treatment-oriented approach to care, rather than our current, patient-centered and holistic understanding of wellness.

Students would have liked more training students in advocacy and conflict de-escalation, given their challenges in forging collegial relationships with some members of staff, which had the potential to limit the Quality Improvement projects with client-participants that they needed to undertake as part of their practicum requirements.

## **Theme 2. Ageism is real**

Overlapping with a predominantly bio-medical practice, students commented that they observed attitudes in the ARC facilities they worked in that perpetuated assumptions and stereotypical judgements about older adults that students had been taught in class to question. Other examples given related to communication from facility management that was often via notices posted in communal areas, which would exclude those who were visually impaired, immobile, or socially reclusive. Students also had stories of staff avoiding residents who had a history of aggression or intransigence, but having shown little interest in the individual's psychosocial backstory, such as earlier trauma.

## **Theme 3. Mixed practice in cultural responsiveness**

Perceptions of how well centres catered for cultural inclusivity varied considerably. Some students reported ARC centres with no client diversity; others with “lots” of Māori and Pacific residents. Both positive and challenging examples were offered, including practices students saw as tokenism and ‘virtue-signaling’. Another shared feature of many students’ ARC placement experience was the large number of internationally qualified staff and the impact that this had on ARC facilities’ organisational culture.

Image next page – project participant Lydia, narrative 5, taken from “Teaching resource: Older adults’ narratives of health and wellbeing.”



## **4 | Findings**

### **Key elements from document analysis**

## Quality Improvement (QI) projects

Student nurses in the final year of their undergraduate programmes undertake a self-selected QI project during clinical placement working with older people in care facilities. Previous research conducted by Honeyfield's team (2020) had shown that most students selected medically-oriented aspects of care as a focus. For this current study, 157 final reports from 2022 (n=81) and 2023 (n=76) were included in the analysis. Only nine QI projects (5.7 %) which focused on supporting older people's culture and cultural connections were identified. Three common elements were noted.

### Element 1. A holistic approach to health

Providing culturally responsive care is often described by the interconnected balancing of Durie's (1998) four cornerstones, or walls, of his Te Whare Tapa Whā model. Wellbeing is defined by the individual, within their own family, culture, socio-political and environmental contexts, meaning people's mental outlook plays a significant role in maintaining wellbeing (McBride-Henry et al., 2022).

When students engaged in projects which considered their participant's needs from a number of perspectives rather than initiating a bio-medical treatment response, they were acknowledging existing cultural and spiritual beliefs and providing resourcing and education to support these. Examples of values which individuals linked to their sense of wellness are easily seen in the nine projects listed above: faith and religiosity; hearing your mother-tongue; community and inclusion; explanations and tools from an indigenous, not westernised perspective.

### Element 2. Meaningful communication

Communication is more than just semantics. In all but one of the nine QI projects, understanding the English language was not the issue. Yet outcomes from some of these projects indicate that older adults from non-Pakeha cultures gained a higher level of understanding and appreciation of what nursing staff had been asking and advising, when it was presented in language and frameworks which were culturally familiar. Several student nurses' reports of these projects described the importance of establishing rapport and building therapeutic relationships as part of supporting wellbeing. Respecting mana was important.

### Element 3. Client-centred initiatives

Initiatives introduced clients to new ways of thinking and new access to funding, demonstrated new documents and approaches to cultural inclusiveness to staff, and socialised important tikanga like karakia for other residents. For some participant-clients, deeply-held values which surfaced through multi-dimensional discussions about wellbeing, like a love of music or a deep Christian faith, were brought to the attention of staff and opportunities for engagement were put in place.

# Students' post ARC placement evaluations

## Quantitative

The survey contained 23 items for which students were asked to select a response from the options: *Strongly Disagree*; *Disagree*; *Agree*; *Strongly Agree*. (A complete breakdown for each item, and the results of a regression analysis of the independent and dependent variables, is included in the Appendices of the full report).

Overall, participants were predominantly satisfied with their placement experience. The majority of responses to most questions were more positive than negative. However, most participants (78.4%) believed that this positive experience did not make them more likely to apply for a position within this area of nursing after they graduate. It could be also the reason for 24% of respondents not being willing to encourage other students to seek clinical placements at their placement provider.

Some of the most noticeable factors negatively affecting placement experience were the lack of useful orientation (30%), the lack of preceptor's support with learning opportunities and limited, if any, opportunities to meet learning objectives (10%).

## Qualitative

Analysis of 48 surveys using Leximancer software produced a map of concepts (i.e., groups of words appearing in the text in similar places) and themes (i.e., clusters of concepts related to similar topics). The eight themes identified by Leximancer were support, placement feedback, work experience, working with residents, SNE feedback, daily routine, communication with clinical team, and workplace practices.

The prominence of the "Support" theme in the narrative of respondents suggests that students found they needed assistance and encouragement in a new environment. The second-ranked theme "placement feedback" overlapped with the theme of "support", as it is natural to reflect on one's experience in terms of how they were treated in a new environment. The theme "Work experience" included feelings experienced during work ("fantastic" and "confident") while also emphasizing the demanding work environment by referring to the importance of time management ("time", "week", "complete") and challenging environment ("change" and "situation"). Some respondents felt like their work was not properly managed linked to the RN.

The theme "Working with residents" consisted of concepts referring to parties involved ("staff", "manager" and "residents"), as well as "concerns" and "incident" suggesting that students experienced some challenges when working in ARCs. In the theme "Daily routine", participants reflected on how their shifts were organised. The theme "Communications with clinical team" reflects mostly positive concepts (e.g., "nice", "amazing", and "positive"). Although the eighth theme "Workplace practices" is ranked lowest in terms of the number of connections to other themes and concepts, it contains a few critical points about unprofessional practices observed by students at their placement. Some of these observations suggest that Toi Ohomai may need to reconsider their cooperation with certain placement providers.

Image next page – project participant Tamati, narrative 9, taken from "Teaching resource: Older adults' narratives of health and wellbeing."



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## **5 | Implications, outputs, dissemination**

## Insights from applying cultural lens theory

The concept of cultural lens theory (Hardin et al., 2014) is covered in more detail in the separate literature review output from this AARIA project. Fundamentally, adopting a cultural lens to examine how aged healthcare is offered to, and received by different cultural groups, throws the assumptions behind central constructs into relief. Relevant concepts here include that medical research and teaching literature is overwhelmingly ‘Weird’: western, educated, industrialised, rich and democratic (Dik et al., 2019). We also know that in this country, there is a well-recorded history of the impact of colonialism (e.g. Podsiadlowski & Fox), and ample evidence today of inequities in health and other social outcomes for people (e.g. LiLACS, 2015; 2016).

One counter is the holistic, hauora-based approach adopted by Bachelor of Nursing curricula. A tradition of scholarship which understands that Māori and non-Māori have very different world views has delivered a rich suite of cultural tools, such as *Te whare tapa whā* (the four-sided house), *Te Wheke* (the octopus) and *Te Pae Mahutonga* (Southern Cross star constellation) (Honeyfield et al., 2021). Bicultural and Te Tiriti o Waitangi positioning is woven across the curriculum, and supported by national policy and guidelines. Many of these documents already include reference to multicultural practice, such as requiring nurses to “ensure that care is inclusive of all identities and backgrounds, upholding the right to self-determination” (NCNZ, 2024, p. 3). In both education and healthcare, the process of cultural consciousness is a fundamental step in the preparation for multicultural learning, teaching and research (Heath et al., 2023).

## Project outputs

From inception, this project has been designed to contribute to both the theory and practice of nursing education related to healthcare provision for older adults in Aotearoa New Zealand. As a first deliverable, we hope that the data and discussion in this report will directly feed into our own delivery of the Bachelor of Nursing, and more widely across the sector.

In addition to both short and long versions of the report, further outputs include:

- A stand-alone literature review.
- Teaching resource 1: Narratives and lesson plan example. A series of 12 real-life case studies of older adults’ experiences of health care and ageing, related to their own cultural identity, and linked to the Nursing Council of New Zealand’s six Standards of Competency Pou (NCNZ, 2024).
- Teaching resource 2: Five video clips of some of the project’s interviewees talking about their own health and ageing journeys.
- Teaching resource 3: A poster for classroom use: “*What older adults in Aotearoa would like nursing students to know: Findings from the research*”.

## Dissemination

- To date, dissemination has included:
- Return visits to informants to test teaching resources in development
- Presentation of resources to delegation from Shenzhen Polytechnic's nursing and international departments, China, facilitated by Access NZ
- Conference presentations – Rotorua (Te Manawa Reka Curiosity Research Symposium) and Christchurch (OPSITARA Research Symposium)
- Interview and article in national magazine: Hauora Research eNewsletter, December 11, 2024



## 6 | Conclusion

This year-long, co-funded project has been satisfying and successful, from the perspective of the project leads and authors of this report. We are deeply grateful for the outputs achieved to date and the wisdom of the participants, colleagues, managers, students, and nurses, and Ako Aotearoa and Toi Ohomai that have assisted us. We look forward to extending their use and dissemination – internationally, regionally and internally – throughout 2025 and beyond.

We hope that colleagues will find this report and the resources useful. Our ageing and increasingly culturally diverse population will be a feature of our social and healthcare landscape for years (decades) to come – as will be our need for skilled practitioners to provide care and services. When we prepare our students for the world of work, we need to balance the contributions of classroom approaches – textbooks, lectures, labs, simulations, avatars, role play – with authentic voices from real life. We hope that this project offers a possible starting point for teaching and learning discussions which ready our nursing students for culturally grounded practice that supports a new vision of older persons' healthcare provision.

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