



AOTEAROA NEW ZEALAND RESEARCH

Succeeding together: A Pasifika perspective of midwifery mentoring in Aotearoa

Dinah Otukolo^A • Shanti Daellenbach^{B,C} • Whitney Amadia^A • Mary Kensington^D • Lesley Dixon^C • Nicole Pihema^E • Jean Te Huia^F • Christine Griffiths^G • Elaine Gray^C

^A Pasifika Midwives Aotearoa

^B Corresponding author: shanti.daellenbach@nzcom.org.nz

^C New Zealand College of Midwives | Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa

^D Ara Institute of Canterbury | Ara Rau, Taumata Rau

^E Peowhairangi Midwives

^F Choices Midwives

^G Otago Polytechnic | Te Kura Matatini ki Otago

ABSTRACT

Background: Midwifery-led mentoring programmes are a key professional support mechanism for midwives in Aotearoa New Zealand. They include the Aunties Initiative, a Pasifika-led mentoring initiative for Pasifika midwifery students and new graduate midwives. There is currently no literature on the mentoring relationship from the perspective of Pasifika mentor midwives.

Aim: To explore the midwifery mentoring relationship from the perspective of Pasifika mentor midwives (aunties) in Aotearoa, and to strengthen understanding of Pasifika models of mentoring in midwifery.

Method: This was a qualitative study using talanoa-based, conversational focus group data from senior Pasifika midwives involved in the Aunties Initiative. Data were analysed using an inductive approach based on Braun and Clarke's (2006) six steps of thematic analysis. The study was led by Pasifika members of the research group, with members of the Pasifika midwifery community in Aotearoa providing feedback on the findings and the article's development.

Findings: Four key themes were identified. The participant Pasifika mentors (aunties) view their primary role as *Building the village*, a culturally safe and affirming learning space in which mentoring occurs collectively. The aunties described *Weaving a support system* around their mentees (nieces) to build their confidence in navigating clinical settings and relationships, which included each niece's family as a key support mechanism. The aunties engaged in *Role modelling* collegiality and passion for the profession to create positive workplaces for their nieces and as a way of giving back to their communities. Finally, mentoring was important for *Future-proofing the village* of Pasifika midwives, which was both reassuring and satisfying for Pasifika mentors. These themes were interwoven by an underlying concept of *Succeeding together*.

Conclusion: The aunties' culturally informed, collective approach to mentoring, guided by a commitment to collective success, benefits not only Pasifika mentee midwives, but also the mentors themselves and the communities Pasifika midwives care for.

Keywords: Pasifika mentoring, midwifery, cultural mentoring, Aunties Initiative, Aotearoa New Zealand

INTRODUCTION

Births to Pacific people represent a growing proportion of the total annual births in Aotearoa New Zealand (Aotearoa), sitting at approximately 11% in 2023 (Health New Zealand | Te Whatu Ora, 2025). As the number of Pasifika midwives practising in Aotearoa totalled just 124 (3.7%) in 2024 (Midwifery Council, 2024), most birthing Pasifika families are unable to access a midwife of their culture for their perinatal care (Pasifika is a term and identity that collectively refers to Melanesian, Micronesian and Polynesian people living in Aotearoa; Enari & Haua, 2021). While the Pasifika midwifery workforce is growing year on year, a 38.4% attrition rate

for all students undertaking a midwifery degree is hindering efforts to grow the Pasifika midwifery workforce (Health New Zealand | Te Whatu Ora, 2024). Strategies aimed at retaining and growing the Pasifika midwifery workforce, such as Tapu Ora, have been identified as a priority by the New Zealand government (Health New Zealand | Te Whatu Ora, 2024; Verrall, 2021).

Mentoring programmes are commonly employed as a strategy to improve the retention of Pasifika students in education programmes in Aotearoa (Alkema, 2014; Chu et al., 2013; Luafutu-Simpson et al., 2015; Mara & Marsters, 2009). Mentoring programmes

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that are culturally oriented have been identified as important to supporting the retention and professional development of indigenous health workers in general (Murry et al., 2022), as well as Māori and Pasifika midwives more specifically (Jackson, 2020; Te Huia, 2020; Tupara & Tahere, 2020). However, little research exists on cultural mentoring programmes and their professional impact within midwifery both in Aotearoa and abroad. This article contributes to the literature, by reporting the findings from a focus group interview with Pasifika mentor midwives, on their perspectives of the mentoring relationship and its impact on them as mentors. These findings are part of a larger project that examined midwifery mentoring perspectives from a range of cultural and practice backgrounds, including Māori, Pasifika and rural, and which aimed to identify the key elements of midwifery mentoring in the context of Aotearoa.

BACKGROUND

Midwives in Aotearoa work across a range of clinical settings, either as Lead Maternity Care (LMC) midwives who are mostly self-employed and provide community-based continuity of care through pregnancy, labour and birth and up to six weeks postnatally, or as Core midwives employed in primary-, secondary- or tertiary-level maternity hospitals. Within the profession, mentoring has been formalised into a number of different programmes, supporting midwives across all practice settings. For example, all new graduate midwives receive one year of mandatory, formal, mentoring support from an experienced midwife through the government-funded Midwifery First Year of Practice (MFYP) programme established in 2007. MFYP provides a formal framework for mentoring, reflection, clinical practice support and professional education in order to promote professional growth and confidence in new graduate midwives in their first year of practice (Pairman et al., 2016). Within this programme, mentees are paired with a mentor from their own culture where possible.

Since 2012, Pasifika students enrolled in a midwifery degree programme in Aotearoa have also been able to access mentoring support through the Aunties Initiative, a Pasifika-led mentoring programme established by Pasifika Midwives Aotearoa (PMWA). The aim of the Aunties Initiative is to grow the Pasifika midwifery workforce by addressing the attrition rate of Pasifika students within the degree programmes (Jackson, 2020). Since 2021, the Aunties Initiative has operated alongside the Tapu Ora initiative which, focused on the same goal, provides academic, pastoral and financial support to Pasifika midwifery students across the country's five midwifery schools. Aunties are paired with an individual niece (mentee) and provide them with one-on-one support from their entry into the programme until completion of the four-year degree. However, aunties also provide collective pastoral support to the full cohort of nieces in their region through regular group fono (meetings), as well as informally (Jackson, 2020). Within existing midwifery mentoring programmes, the Aunties Initiative is unique in that it takes place in the pre-registration period, is voluntary for both aunties and nieces, is largely collective and informal, and the aunty role is predominantly unpaid. Furthermore, once a niece qualifies as a midwife, the aunty-niece relationship often continues through the MFYP programme or on an informal basis. There is currently no Pasifika-led formal midwifery mentor programme for registered midwives in Aotearoa.

Findings from one paper already published on this current research into the mentor's perspective revealed that: mentors create safe, empowering, mentoring spaces, build a professional support infrastructure around their mentees, and promote holistic

wellbeing and professional cohesion; and that mentoring may also support the sustainability and job satisfaction of the mentors (Daellenbach et al., 2024). In a second paper, Māori mentor participants were found to employ a decolonising approach to support mentees in navigating the challenges of working within a Eurocentric health system, through building a culturally safe mentoring hapū (sub-group) based on whakawhanaungatanga (mutually trusting relationships), tikanga (customary practices), te reo Māori (Māori language) and whānau (family), with mentoring also nurturing and sustaining the mentors (Pihema et al., 2023). Findings from these two papers compliment earlier studies that examine midwife mentees' experiences of mentoring in Aotearoa (Jackson, 2020; Kensington, 2006; Lennox, 2011; Lennox et al., 2008; Pairman et al., 2016; Stewart & Wootton, 2005). Previous research on the Aunties Initiative, from the perspective of Pasifika midwifery students and new graduate midwives, found that the programme supported and enabled those participants to remain in practice (Jackson, 2020).

METHOD

This article reports on the findings from the focus group with Pasifika mentor midwives, which aimed to explore the midwifery mentoring relationship from the perspective of Pasifika mentor midwives (aunties) in Aotearoa, and to strengthen understanding of Pasifika models of mentoring in midwifery. Findings from the other focus groups have been published previously (Daellenbach et al., 2024; Pihema et al., 2023). While the project was conceptualised collectively by the wider research group, the branch of the project examining mentoring from the perspective of Pasifika mentors was developed in consultation with Pasifika Midwives Aotearoa and led by Pasifika researchers DO and WA, who undertook the data collection and thematic analysis with support from the lead researcher (SD).

Participants were recruited by email invitation circulated via Pasifika Midwives Aotearoa. The inclusion criteria were Pasifika mentor midwives who were listed on the New Zealand College of Midwives' (the College's) Find Your Mentor database, and who had actively engaged in a mentoring relationship as a mentor in the past three years. Participants were regarded as expert informants with unique, socially and culturally grounded midwifery knowledge and mentoring experience.

Focus groups were identified as an appropriate method for gaining access to participants' contextually-based knowledge and collective understanding based on their shared experiences (Belzile & Öberg, 2012; Kook et al., 2019). The Pasifika focus group was held in person at Ngā Hau Birth Centre Mangere, Auckland, in 2021. Of the five expressions of interest received, two midwives were able to attend the focus group on the day. The interview lasted three hours. Both participants were of Cook Island descent, identified as women and had 26 years of midwifery mentoring experience between them. A third Pasifika mentor midwife (researcher DO, of Tongan descent) facilitated the focus group, with the lead researcher SD (who identifies as Pākehā, a New Zealander of European descent) also present.

The focus group took the form of a talanoa, a conversational sharing of stories and reflections on and around a topic. Talanoa is a pan-Pacific concept referring to a type of social interaction or "personal encounter where people story their issues, their realities and aspirations" (Vaiolleti, 2006, p. 21). Talanoa as a research method has been described as "talking from the heart" as the stories told evolve naturally out of what is important to the interlocutors rather than solely to the researcher (Halapua, 2007; Vaiolleti, 2013). The

focus group was intentionally held in the participants' own cultural space, and the facilitator and participants were from the same cultural and social milieu and had a pre-existing trusted relationship, enabling the facilitator to become an active collaborator in the reciprocal exchange of stories and ideas characteristic of talanoa (Faleolo, 2021; Vaoileti, 2006). This created a balance of power between the facilitator and participants, leading to the generation of honest, rich and meaningful data. While several different topics were covered in the talanoa, a list of seven simple, open questions was also used to help ground the conversation in the purpose for coming together.

Transcripts of the focus group recording were de-identified. People's names, specific ethnicities, maternity units and geographic locations were deleted to protect the identity of participants before the transcripts underwent analysis by the research team. Ethics approval was granted by Ara Institute of Canterbury Research Ethics Committee (#1856).

Thematic analysis, following the six-phase process developed by Braun and Clarke (2006), was used to identify themes in the transcript. The analysis was inductive as we were not looking for pre-identified themes. We wanted the themes, like the talanoa, to be guided by the participants. Thematic analysis was chosen as the analytic approach because it allowed for a rich description and interpretation of our small dataset (Braun & Clarke, 2006; Braun et al., 2016).

Following familiarisation with the data, researchers DO, WA and SD carried out an inductive initial coding on the transcript. Grouping similar codes together, seven "candidate themes" were identified, based on their prevalence in terms of the time spent by participants discussing the theme and the level of importance placed on the theme by participants (Braun et al., 2016). Candidate themes were iteratively and collectively developed and refined during a one-day, in-person workshop attended by the research team members who undertook the initial coding. This resulted in the identification of the four final themes.

A full, de-identified draft of the thematic analysis and, later, a draft of the full paper were shared with the focus group participants and two other senior aunties from the Pasifika midwifery community (who had not been involved in the research) for feedback. This consultation process enabled the research team to confirm that the thematic analysis based on the focus group was robust, and that the analysis and discussion reflected the experiences and values of the participants and other Pasifika mentor midwives. It also allowed participants to see how their words would be presented in the final article and to identify which stories they felt were appropriate for inclusion.

FINDINGS

Four themes were identified: *Building the village*, *Weaving a support system*, *Role modelling* and *Future-proofing the village*. Each theme was found to include a number of sub-themes and was underpinned by an underlying concept, *Succeeding together*. The themes were identified as combining to make an interconnected whole, resulting in the development of a diagram to visually represent this holistic relationship (Figure 1).

Succeeding together

Succeeding together speaks to the underlying purpose of midwifery mentoring identified by participants, as well as to their mentoring model and approach. This mentoring model, oriented towards collective success, is captured in the four themes which describe how these aunties define and approach their role, how they view the role of mentoring in the midwifery profession and its impact on themselves and their community.

Building the village

The participants described mentoring as a collective undertaking, involving all the aunties building a supportive community around their nieces from the beginning of their midwifery journey because it is a village (FG6-2). The aunties maintain the village through practising reciprocity, mentoring collectively and encouraging teamwork among their nieces. Building the village was identified as important because, prior to the establishment of the Aunties Initiative, as explained by one participant: *Some students, the ones that didn't succeed, they were isolated, and they were just by themselves, and they didn't think anyone was there* (FG6-1). The village is a space of belonging.

Reciprocity

The aunties identified reciprocity as an important part of the aunty-niece relationship. In response to the question "what does a mentor do?", one aunty explained: *I think it's a really reciprocal thing, it's not a one-way thing, it's a two-way thing that ebbs and flows and might have a loose plan* (FG6-2). Another aunty emphasised the reciprocal nature of the mentoring relationship, explaining: *I can give a lot and they can give a lot back to me* (FG6-1). The reciprocal nature of the support relationships within the village was further identified as a cultural expectation rather than something exceptional: *I suppose we always have the expectation that you would pay it forward and that's just an accepted thing that we've always thought, isn't it?* (FG6-1). Reciprocity in the aunty-niece relationship is not simply an exchange between two individuals to the benefit of each but is shared within the village for the benefit of all.

Figure 1. Thematic diagram: Pasifika perspective of midwifery mentoring



Mentoring collectively

The aunts explained how, in a collective approach to mentoring, nieces could receive support around different aspects of their practice from different aunts. Having access to a wide range of midwifery experience was seen as beneficial for nieces, but was also valued by aunts for the *collegial support* (FG6-1) it provided to them in their mentoring role:

That's another thing with the aunts I like too is that if you didn't know the answer to something, like the ins and outs of jaundice you could say "Oh go to so-and-so", or "I can enquire about that and see who else knows that". (FG6-1)

The village that is built by Pasifika aunts and nieces is a space of collective midwifery knowledge and experience.

Teamwork

Mentoring is learning about teamwork (FG6-1). The aunts encouraged teamwork among cohorts of nieces, encouraging student nieces to study together and to support each other while on placement. Fostering teamwork was viewed as beneficial for Pasifika students and new graduate midwives by helping them to feel that they *have their own strengths, have a place and there is a role for you* (FG6-2) within midwifery.

Teamwork was seen as foundational for building collegial relationships that will support them in their midwifery practice in the future:

I think if you can start as a midwife doing the teamwork in your study groups and stuff like that then you've got that teamwork that you need to look after women after you've qualified as well. Because you need that, you can't do it by yourself. (FG6-1)

The aunts also discussed the benefit of building this relationship from the start of the nieces' midwifery journeys, which provided the aunts with a *greater depth of understanding* (FG6-1) of each niece and her situation. There is likewise a value in having *already done the warmup stuff; you already pretty much know her story* (FG6-2) before going on to mentor the same nieces in the MFYP programme.

Weaving a support system

While the aunts mentor collectively, they also build a personal relationship with their own niece in the Aunts Initiative or MFYP programme. Aunts provide support that is varied and responsive to their nieces' specific needs, to create a system that wraps around the niece to foster resilience and success. The aunts described how they weave support through: being present, building confidence through familiarisation and encouragement, gentle guidance, and honouring the role of the niece's family in her midwifery journey.

Being present

The aunts defined their role as mentors as being present for their niece. The key to being present was being available, being an active, responsive listener and letting them know *you don't stand alone* (FG6-2). One aunt described how it was a niece who made her aware of how her mentoring approach centres on being present:

She says, "You're just present". And I said, "What?" I think it's because she's passionate and I'm passionate about midwifery, and I was listening and she could see that I was listening, and it was great. That is my new mantra, "I'm present". (FG6-1)

Sitting alongside (FG6-2) their niece in a non-judgemental way through the ups and downs of her journey was felt to be a privilege.

Building confidence

Another aspect of weaving a support system was building nieces' confidence, particularly in their collegial relationships and the spaces in which they practise midwifery. The aunts identified that Pasifika students and new graduates needed support building confidence around the *relational stuff more than the clinical* (FG6-2).

The aunts identified a number of strategies they used for building confidence, including *encouraging them* (FG6-2) to have confidence in themselves within the clinical hierarchies they have to navigate:

I always say to the new grads, "What you feel in the VE is what you feel, you put down what you feel, and you don't change it because the doctor got something different. And you believe in what you did". (FG6-1)

Promoting *familiarisation* (FG6-1) with different clinical settings and giving their nieces a *foot in the door* (FG6-1) by introducing them to colleagues helped nieces to build strong professional relationships with both midwives and other health providers:

Midwives are a big part of the picture, but you've got RNs [registered nurses] there, you've got HCAs [health care assistants], you've got consultants, you've got reg's [registrars], you've got the clerical staff, and all of those relationships need to be worked on. (FG6-2)

Gentle guidance

Gentle guidance around practice relationships, attitude and decision making was regarded as important for supporting nieces to reflect on their practice. One aunt shared an example of providing gentle guidance for a student around building relationships with other health professionals: *I find you're just talking, and you say, "You may want to call someone else or call the consultant?" You know you can say, "Why don't you have a chat to the consultant?"* (FG6-1).

Participants associated this guiding aspect of their role with a kin-like relationship: *...there is a time when – and it's probably when they are a bit more junior – you are big sisters, using the context of whānau* (FG6-2). Paramount to this relationship was to provide guidance tactfully, so that the mana (status, spiritual power) of all parties was protected: *It is keeping their mana, you know. You want to make sure that they feel OK and how you are doing that* (FG6-2).

Family and community

By weaving a support system around their nieces, the aunts not only focused on their professional confidence and networks but also recognised that, for Pasifika students and midwives, they are not completing the degree or entering midwifery practice alone: *It's definitely the whole family* (FG6-1). Nieces' families are often the cornerstone of their support infrastructure as both a student and a midwife:

Yes, well one of my nieces... she finished the course but when she started, she didn't even have her learner's license. Her family were running her around. I said, "Ah you've got to get your licence!" But that family, that was their support, it was fantastic. They were willing to run her around. (FG6-1)

The aunts described how they recognised families' needs and nieces' familial responsibilities, and incorporated these into the mentoring relationship. This included *inviting the families* [to fonos] and *trying to inform the families what they needed to do to support their mum or their sister through the programme* (FG6-1). They explained that they also supported families on their midwifery journey by being *someone else who could understand* (FG6-2).

Role modelling

The responsibilities described by the participants also extended beyond the mentoring village, to the wider midwifery community. They expressed a sense of responsibility to advocate for nieces in different settings and to role model collegial behaviour, passion and reciprocity for their nieces, as well as for other midwifery colleagues.

Role modelling collegiality

I think that role modelling is really a form of mentoring as well, it's one by osmosis (FG6-2). The aunts identified role modelling as an important aspect of their mentoring role because, for student and new graduate midwives, a clinical setting can be *a very medicalised hierarchical thing (FG6-2)*. It was important to role model communication with other midwives and *other health professionals that don't come within their way of being (FG6-2)* to help nieces to navigate clinical settings which culturally they may sit outside of or feel marginalised within.

Role modelling collegial behaviour to other midwives was also viewed by the aunts as part of their responsibility to their nieces:

I have sat with midwives who rubbished being a midwife or rubbished work that day, and I've just said to them, "Have you considered actually you might want to change professions?" And they look at me like this, [wide-eyed surprise] and I've said, "Well, it's just what I get from you that you are not very happy and if you are not happy, the women feel it, the women feel that too". It just means that they stop and think about what they're saying. (FG6-2)

Role modelling is important for creating a positive and supportive workplace for Pasifika student and graduate midwives to step into, but is also in the interest of succeeding together as a workforce to support women/birthing parents and the community.

Advocacy

The aunts felt motivated to advocate for Pasifika student and new graduate midwives because of *the culture that is out there in a lot of clinical places (FG6-2)*. For example, it was important for them to try to minimise their nieces' exposure to the negative attitudes and un-collegial behaviour that sometimes occurred in different work settings:

...here we are both as LMCs or core midwives, that core midwife is talking rubbish about a colleague or she's talking down to the student you know – we cannot sit there and allow that to happen. You have to actually step up because, once again, it's that role modelling, you are showing value for the student. (FG6-2)

At other times, the aunts' advocacy took the form of using their midwifery relationships to promote understanding around a student or new graduate who was struggling:

I know there was one student when I was mentoring – one of the students that was probably on the way out – and going to their LMC [they were on placement with] to say, "Mate, what are you guys about?" because this student had other things happening... But it was the relationship I could have with that LMC that made her feel that she could trust me and know what I was talking about, because I knew this student. That student is a fantastic midwife now. (FG6-1)

Having a deep knowledge of their niece enabled this aunty to advocate for her in a way that could support her to remain in the midwifery programme and become a practising midwife.

Future-proofing the village

Mentoring for the participants was seen as *self preserving (FG6-2)* and a way of future-proofing Pasifika midwifery in Aotearoa. They spoke about how belonging to the village kept them grounded in a collective that supported them and also opened them up to new knowledge and perspectives that supported their growth and professional enthusiasm. They also drew satisfaction and reassurance from being able to pass on their passion for midwifery to subsequent generations of Pasifika midwives.

Excitement and learning

The aunts described it as *exciting (FG6-2)* and *fantastic (FG6-1)* to watch cohorts of nieces grow and flourish through their degree and first years of practice: *I love working alongside them afterwards as a midwife and a midwife – that is even more exciting (FG6-1)*. They described how, as students and new graduate midwives come to the relationship with their own learning and perspectives: *It does definitely give you insight about how to do things differently (FG6-1)*. Learning also occurred when nieces worked in a different practice setting to their aunts: *It's a good learning thing for me when I have LMC mentees, it's quite good because I'm a core midwife and I don't do clinics and stuff... You do learn a lot of things from your mentee (FG6-1)*.

Sharing the passion

Sharing and passing along their passion for midwifery were key motivations for becoming a mentor. As one aunty explained:

Mentoring is important because you want them to stay in the profession. If you can give anyone a hand to stay and keep that passion alive or rekindle the passion – because we know that it benefits our women and our babies – I think that's the driver for it. (FG6-1)

Growing the village

Similarly, the aunts explained that the reassurance of *knowing that the midwives coming through are in a good place, because I am not going to be there forever (FG6-1)* was one of the greatest rewards of mentoring. They expressed sadness for midwives who chose not to mentor because *they don't see anything in it for them or look at it as a chore (FG6-2)*. By contrast, the aunts regarded mentoring as *your stake in your future (FG6-1)* and, by helping to grow the village of Pasifika midwives, they secure this future for themselves and for the benefit of Pasifika women/birthing parents, their babies and their communities.

DISCUSSION

Previous studies examining the midwifery mentoring relationship in Aotearoa have focused on the experiences of those receiving mentorship, in particular student and new graduate midwives (Jackson, 2020; Kensington, 2006; Lennox, 2011; Lennox et al., 2008; Pairman et al., 2016; Stewart & Wootton, 2005), with Jackson's study (2020) exploring the experience of Pasifika midwifery students within the Aunts Initiative. The findings from our focus group with Pasifika mentor midwives build on Jackson's work to provide further insights into Pasifika midwifery mentoring relationships and contribute to knowledge on Pasifika approaches to mentoring more generally.

The four themes identified in our analysis were woven through with a common thread: *Succeeding together*. From a Pasifika worldview, the success and wellbeing of individuals are tied to that of the whole community. Pacific Island scholars explain that "most if not all understandings of personhood in the Pacific are deeply

relational" (Vaai & Nabobo-Baba, 2017, p. 6), so that the self is made sense of as inherently collective (Enari & Matapo, 2021). This is reflected in scholarship on Pasifika students' perceptions of success in tertiary education in Aotearoa (Luafutu-Simpson et al., 2015; Matapo & Baice, 2020; Mayeda et al., 2014). According to research by Mayeda et al., Pasifika tertiary students "conceptualized their university successes as broader pushes towards community well-being" (2014, p. 173). The same can be said of the aunts in our study. The measure of the success of the Aunts Initiative is not each mentee becoming an independent, self-sufficient midwife, but for all Pasifika students and their families to succeed in their midwifery journey together, for the benefit and wellbeing of Pasifika mothers, babies and the wider community.

A key theme identified in our study was the role of these aunts in *building the village* in which mentoring can occur in a culturally safe way, and that *weaves a support system* around their nieces. The mentoring village is clearly a collective form and described by the aunts as a communal space of connection, learning and nurturing relationships. The mentoring village as a space can further be understood through the cultural concept of *vā*. *Vā* is a pan-Pacific concept defined as a space of social exchange, communication and the generation of knowledge (Enari & Matapo, 2021; Muliaumaseali'i, 2017). In contrast to the Eurocentric idea of space as an absence that separates things from each other, *vā* is a space that connects and holds things together (Wendt, 1996). It is also governed by a relational ethics premised on mutual respect, humility, service and social harmony (Ana, 2019; Enari & Matapo, 2021). These characteristics can be seen in the mentoring village created by the aunts, which is structured around communal life and kin-like relationships (aunts, nieces and big sisters) and characterised by reciprocity, teamwork, being present, gentle guidance, the importance of family and community, role modelling and shared passion.

Understanding supportive collegial and learning spaces as villages has been discussed elsewhere. The creation of "learning villages" has appeared as a recommendation in a number of reports on supporting retention and achievement for Pasifika learners in Aotearoa (Alkema, 2014; Chu et al., 2013). Beatson et al. (2018), in their study on Pasifika students' experiences of a midwifery degree programme in Aotearoa, also identified the creation of learning villages as providing a sense of belonging, which supported retention. Our findings affirm the conclusion drawn in that study, and in the wider literature, that the village is a successful and effective model for learning that also applies to the mentoring of Pasifika midwifery students and midwives.

Belonging is important in building confidence and a positive cultural identity (Beatson et al., 2018). The sense of belonging created by the aunts' mentoring village is also intended to support Pasifika students in navigating a midwifery degree that is grounded on a Eurocentric educational model. As such, it bears similarities to what Solorzano and colleagues have defined as an academic counter-space (Solorzano et al., 2000; Solorzano et al., 2002). According to Ong et al. (2018), academic counter-spaces are:

...social safe spaces that allow underrepresented students to: promote their own learning wherein their experiences are validated and viewed as critical knowledge..., challenge deficit notions of people of color (and other marginalized groups) and establish and maintain a positive collegiate racial climate for themselves. (p. 209)

The aunts' promotion of teamwork among Pasifika student midwives, and of being present, support nieces to validate their

own experiences and modes of learning. Our study also found that the participants worked to challenge deficit notions of Pasifika student midwives and to create a positive climate through advocacy and building nieces' confidence in themselves in both educational and clinical settings. This is reflected in the experiences of Pasifika students, who described the Aunts Initiative as a shared sisterhood that enabled and empowered them and was culturally safe (Jackson, 2020). There are also similarities here to findings from research with Māori mentors, who spoke about mentoring as creating a midwifery hapū as a place of cultural strength from which to navigate working in a Pākehā system with their mana intact (Pihema et al., 2023).

Another key theme identified in our study findings was *role modelling*. Role modelling is an important way in which the educational successes of Pasifika learners are shared with the wider community (Matapo & Baice, 2020). Success comes with responsibility, both to give back to the community and to role model for younger siblings, children and the next generation of learners (Luafutu-Simpson et al., 2015). The aunts in our study evinced a strong sense of responsibility to become mentors, informed by a cultural expectation that they would *pay it forward* (FG6-1). Part of this responsibility is to role model a sense of passion for midwifery and a commitment to the families, women/birthing parents and babies in their care for students and new graduate midwives. That the aunts also role model professionalism and collegiality in clinical spaces in order to create positive and supportive workplaces is another way of giving back to both the Pasifika community and the midwifery profession at large.

Our study found that being involved in mentoring is also a source of wellbeing and *future-proofing* for the mentors themselves. The aunts experience excitement and joy from being part of the mentoring village, as well as learning new practice perspectives and skills from their nieces. This finding is reflected in those from other branches of our research: being in a mentoring relationship exposes mentor midwives to new practice perspectives, keeps them connected to practice settings different from their own, and helps them to feel positive about the profession and optimistic about its future (Daellenbach et al., 2024; Pihema et al., 2023). The satisfaction that the aunts gained from seeing nieces progress through their degree to then being able to work alongside them as midwives echoes Māori mentors' descriptions of mentoring as filling the kete (basket; Pihema et al., 2023) and the sustaining power of knowing that midwifery is in safe hands (Daellenbach et al., 2024).

Implications for the profession

In 2024, the midwifery workforce shortage in Aotearoa was estimated at approximately 20.3%, and likely higher for the community midwifery workforce (Health New Zealand | Te Whatu Ora, 2024). Targeting retention in midwifery degree programmes has been identified as a key focus for continuing to address this gap (Health New Zealand | Te Whatu Ora, 2024). In this context, the Aunts Initiative's approach to mentoring as a village, involving collective support from a community of local midwives that begins in the first year of the midwifery degree and continues on into the MFYP year, could prove a beneficial concept for adopting more broadly. Internationally, personal and work-related burnout have been found to be more prevalent among younger midwives (Hunter et al., 2019), while midwives with 11-20 years in the profession found their work less invigorating compared to newer midwives or those with more than 20 years' experience (Mollart et al., 2013). Aotearoa-based and international literature has also identified a sense of peer connection and generosity of spirit among

midwifery colleagues as sustaining and protective against burnout (Dixon et al., 2017; Hunter et al., 2016; Moran et al., 2023). A mentoring village model promotes a collective intergenerational approach to sustainable midwifery practice which has the potential to be both protective and rewarding for midwives at every stage of their practice lives.

STRENGTHS AND LIMITATIONS

This paper makes an original contribution to the currently minimal literature on Pasifika mentoring in midwifery. It provides insight into how Pasifika midwives approach mentoring based on cultural values of collectivism, reciprocity and family, and demonstrates the important role of the Aunties Initiative in sustaining and growing the Pasifika midwifery workforce. By presenting the perspective of the aunties in their own voices, it is also the first study to report on how mentoring impacts the Pasifika mentor midwives themselves. The study was limited by the small number of participants who attended the focus group. Aunties are a comparatively small subset of the cohort of mentor midwives in Aotearoa. COVID-19 pandemic travel restrictions and workforce shortages at the time the focus group occurred contributed to the low number of participants. The participants were senior midwives in the Aunties Initiative and the MFYP mentoring programme and had many years of continuous mentoring experience between them. As such, we sought to validate and substantiate the findings via feedback from the participants, and two other midwives with long involvement in the Aunties Initiative, on the early thematic analysis and a full draft of the article. Further research is needed that explores strategies for supporting and growing the Pasifika midwifery workforce and the benefits of collective and culturally informed mentoring approaches in Aotearoa.

CONCLUSION

This article reports findings from a focus group examining the midwifery mentoring relationship from the perspective of the participant Pasifika mentor midwives who are involved in the Aunties Initiative, a cultural mentoring programme for Pasifika midwifery students in Aotearoa. Our findings describe how the aunties' (mentors') approach to mentoring is underpinned by a Pasifika world view premised on a relational notion of self, values of mutuality, respect and family, and grounded in a common purpose of succeeding together. The aunties build a mentoring village which promotes reciprocity, teamwork, family support and collegial relationships that will support and sustain nieces (mentees) throughout their midwifery lives. The mentoring village also provides a space of cultural safety and belonging, from which Pasifika students can collectively navigate Eurocentric educational and clinical settings. Through advocacy and the role modelling of professional passion and collegiality, the aunties also demonstrate their commitment to the success and wellbeing of their communities and the midwifery profession. Their collective approach to mentoring is a strategy for future-proofing Pasifika midwifery, as well as sustaining themselves as midwives through strong intergenerational connections. The Aunties Initiative, beginning in the first year of the midwifery degree and continuing into professional practice, offers valuable insights into how attrition and work satisfaction among both students and midwives can be addressed through a collective, intergenerational approach to mentoring.

DECLARATION OF INTEREST

The authors declare that, at the time the research was carried out, research team members Dinah Otukolo and Whitney Amadia were

members of Pasifika Midwives Aotearoa and the Aunties Initiative; Nicole Pihema was the president of the College; Shanti Daellenbach was affiliated with the College in her employment by the Midwifery and Maternity Providers Organisation; and Lesley Dixon and Elaine Gray were employed by the College as midwifery advisors. The College holds the contract to administer the Midwifery First Year of Practice programme. The authors received no funding for this research.

KEY POINTS

- Pasifika mentor midwives (aunties) take a collective approach to mentoring and create a mentoring village that is mutually supportive and culturally affirming.
- Aunties' role model collegiality and passion with the aim of strengthening Pasifika midwifery and the wider profession.
- Pasifika mentoring is informed by cultural concepts of relationality, family and succeeding together.

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