Project Title
Organisational Leadership Investment Across Aotearoa New Zealand: Exploring the experiences of midwifery leaders.

5.1 Please describe any contractual obligations, expectations or restrictions that might have ethical impacts (e.g., publication restrictions, embargo).
***(maximum of 2000 characters)* ***
There are no third party contractual obligations that impose restrictions on this project. This is an independent research project conducted as part of a Master of Health Service Management degree. While the researcher intends to seek publication of the findings in peer-reviewed academic or professional journals upon completion, there are no contractual expectations, embargoes or commercial interest that would restrict or influence the reporting of the study's results.

6 Describe the knowledge, experience and skills of the applicants, including supervisors for student research, in relation to the proposed research, teaching, or evaluation activity. For research that implements Matauranga Māori, or activities being conducted in te reo Māori or using tikanga Māori, please describe your knowledge, experience and skills to undertake this teaching, research or evaluation activity.
***(maximum of 4000 characters)* ***

Researcher: Rachel Jury
I am a Registered Midwife with 11+ years of clinical experience and a candidate for the Master of Health Service Management at Massey University. My professional background provides me with significant contextual competence within the Maternity healthcare landscape, including a deep understanding of the profession, the midwifery career pathway and the specific organisational challenges faced by midwifery leaders in Aotearoa New Zealand.
Beyond this clinical expertise, my readiness to conduct this research is evidenced by my successful completion of the Postgraduate Diploma in Health Service Management, specifically the Research Design and Method paper. This academic foundation has equipped me with a comprehensive understanding of methodological rigour, ethical application, data analysis and interpretation and literature synthesis. By combing this academic training with my professional experience, I possess the necessary skills to ensure this study is conducted with the required rigour and sensitivity of the midwifery context.

Supervisor: Dr Inga Hunter
While I serve as the primary investigator, this project is conducted under the direct supervision of Dr Inga Hunter from the Massey University School of Management. Dr Hunter has over 25 years of clinical, teaching, researcher and student supervisor experience, with a particular interest in digital health and clinical leadership. She has conducted/supervised many survey-based research projects, resulting in multiple publications and has extensive experience with co-design and Māori participants in research. She is a member of OM1 Massey University Human Ethics Committee. Regular supervisory consultations ensure that the research remains ethically sound, methodically consistent and aligned with Massey University's academic standards for Master's level research projects.

Cultural Competency Engagement
While this research is not specifically a study of Mātauranga Māori, it is conducted within the context of the New Zealand health system and involves a diverse workforce.

- I am committed to the principles of Te Tiriti o Waitangi.
- This is reflected in the research design through the provision of an anonymous platform that protects the mana of the participants and ensure their voices are heard without risk to their professional standing.
- Cultural competency training is a requirement of being a registered midwife and a Te Whatu Ora employee, I have completed cultural competency education through Mauri Ora and will undergo this year the required Nga Maia Turanga Kaupapa education as required by the midwifery council.
- I acknowledge the importance of Māori perspectives in resilience and community safety and will engage respectfully with cultural values. I have sought appropriate guidance for any potential Māori participants.

7. Aim(s) of the project:
Describe the aims of the proposed research, teaching or evaluation activity, which might include research questions, hypotheses, teaching goals or evaluation purposes.
(maximum of 2000 characters) *

Project overview:
This research examines the leadership development pathways as experienced by midwifery leaders in Aotearoa New Zealand. As midwives transition from clinical practice into formal leadership roles, the level of organisational investment in their growth becomes a critical factor in their professional success and the sustainability of the midwifery workforce. Currently there is a lack of localised data regarding how these leaders are prepared, supported, and mentored within the New Zealand healthcare landscape.

Research Objectives:
RO 1: Identify the specific organisational leadership development opportunities (formal and informal) encountered by midwifery leaders throughout their career progression.
RO 2: Explore participants perceptions of how organisational investments (of lack thereof) influences their professional preparedness and leadership capabilities.
RO 3: Examine the barriers and facilitators experienced when accessing development opportunities during the transition from clinical to formal leadership roles
RO 4: Evaluate the perceived adequacy of preparation for health service management and the availability of ongoing mentorship to sustain leadership effectiveness.

Research Questions:

1. What are the common pathways and developmental experiences of midwifery leaders in Aotearoa New Zealand?
2. How do midwifery leaders perceive the role of their organisation in supporting or hindering their transition to leadership?

3. What specific organisational factors contribute to a leaders sense of readiness and long term effectiveness?

Research Significance:
The findings of this research will provide evidence-based insights to:

- **Inform** future strategies for investing in midwifery leadership within New Zealand healthcare organisations (Te Whatu Ora and private facilities).
- **Highlight** the link between leadership support, workforce sustainability, and the quality of maternity services.

8 Project Summary
Outline in plain language for a non-specialist audience, the research, teaching, or evaluation procedures for this project, including, where applicable, methods of recruitment, data collection methods and location. Upload a flow chart in the Documents section for clarity (if appropriate).
(maximum of 4000 characters) *
Project overview
This research explores the leadership development experiences of midwifery leaders across Aotearoa New Zealand using an anonymous online survey hosted on the Qualtrics platform. The study aims to understand how midwives transition into leadership roles and the types of organisational support provided by employers such as Te Whatu Ora and Private healthcare facilities. By investigating these pathways, the research seeks to identify what helps or hinders professional growth in this sector.

This research is significant for the profession because there is currently a paucity of data regarding midwifery leadership within healthcare organisations in Aotearoa New Zealand. Specifically, there is a need to understand the experiences that contribute to the success of midwifery leaders and how they have been supported in their roles.

The quality of an organisations leadership has a direct correlation to staff well-being, retention, productivity, and patient health outcomes. In the current climate of high public and institutional pressure on the healthcare system, midwifery leaders must navigate complex expectations from multiple stakeholders, including the public they serve and Te Whatu Ora. Meeting these needs effectively requires a leadership cohort that is resilient, adequately prepared, and professionally developed. By identifying the factors that influence leadership effectiveness and workforce sustainability, this study aims to contribute to the development of robust leadership structures that support both the midwifery workforce and the quality of maternity care in Aotearoa New Zealand.

Inclusion Criteria Eligible participants include midwives currently holding formal leadership roles within the New Zealand healthcare system. This includes those in traditional midwifery management positions and midwives who have transitioned into broader health service management. Specifically, eligible participants are those who hold roles defined under the

leadership category of the Midwifery Career Pathway, developed by MERAS in conjunction with the Ministry of Health and the former District Health Boards.

Recognised role titles include, but are not limited to, Midwife Manager, Associate Director of Midwifery, and Chief Midwife. As midwives often transition into broader organisational leadership or other health specialties, this list is not exhaustive; roles such as Service Manager, Operations Manager, or other leadership positions with formal delegations are also included.

Exclusion Criteria: Clinical midwives who do not hold formal leadership or management delegations are excluded from this study. This distinction ensures that the data remains focused on the specific professional experiences and organisational support structures relevant to those in designated leadership pathways.

Expected participant size and recruitment logic.
According to the 2025 Midwifery Council Workforce Survey, of the 3,469 midwives who registered for an annual practicing certificate, 168 self-identified their primary work situation as a management role. This figure represents the total known pool of potential participants within the profession.

Qualitative research does not prescribe a fixed sample size, instead it focuses on the concept of data saturation. This occurs when no new themes or insights emerge from additional data collection. Indicating that the breadth of the phenomenon has been captured. Given the specialised nature of the participant pool (N=168), the study aims to capture a representative cross section of this cohort.

A review of current literature indicates that there is no definitive response rate required to establish the validity of a survey-based study; however, response rates between 40% and 75% are generally recognised as acceptable within the research community. Given the total identified population size of 168 midwifery leaders, a response rate within these industry-standard ranges would provide a robust and credible dataset for analysis. This sample size is sufficient to achieve meaningful thematic depth and ensure the findings are representative of the midwifery leadership cohort in Aotearoa New Zealand

Recruitment Methods
Participants will be recruited through several professional bodies to ensure a broad national reach. This includes:

- **Professional Organisations:** Formal invitations will be sent to members of the New Zealand Nurses Organisation (NZNO), and the New Zealand College of Midwives (NZCOM) via their established communication platforms for research recruitment. While application to these organisations for recruitment assistance is contingent upon ethical approval, preliminary communication with both organisations has confirmed that they have no additional requirements beyond the scope of this ethics applications.
- **Professional Networking**: Potential participants will be identified via LinkedIn based on their listed leadership roles and contacted using publicly available contact details. Only profiles that can be publicly found through online searches of role titles will be contacted.

- **Social Media:** Invitations will be shared in closed, professional-moderated Facebook groups for New Zealand Midwives, subject to page administrator approval.
- **Snowball Sampling:** Initial participants will be invited to forward the study information to eligible peers within their professional networks.

Data collection Methods

Data will be collected through a one-time, anonymous online survey hosted on the secure Qualtrics platform. The survey includes both structured questions (quantitative) and open ended questions (qualitative), allowing participants to describe their specific experiences in their own words. Participants can complete the survey at any time and location that is convenient for them.

Participants will be asked to identify their broad geographical region. Any specific organisational names will not be asked and if disclosed by participants in their responses these will be removed or redacted to avoid any identification.

Confidentiality & Anonymity: Due to the size of the midwifery leadership workforce in Aotearoa New Zealand, extra precautions will be taken to prevent 'deductive identification'. In the final report and any subsequent publications, specific facility names will be redacted or generalised (e.g., a large urban tertiary hospital or a regional private facility). Any unique identifying details provided in open-ended responses that could link an experience to a specific individual or workplace will be de-identified during the thematic analysis process.

Data management and Analysis

- **Storage**: All data will be stored on a password protected Massey University OneDrive account.
- **Confidentiality**: No identifying information (such as names or specific small-workplace locations) will be published.
- **Analysis:** Numerical data will be analysed using descriptive statistics (such as means, frequencies, and percentages) within Qualtrics and Excel to identify trends in organizational support and mentoring satisfaction. Written responses will undergo thematic analysis to identify recurring patterns, barriers, and success factors in the participants' leadership journeys. Data will be aggregated to maintain participant anonymity; no individual or specific healthcare facility will be identified in the research findings, and any potentially identifying information in qualitative responses will be removed or de-identified prior to reporting.
- **Findings**: At the end of the survey the participants will be given the option to provide an email address solely for the purpose of having the research report sent to them on completion of the study. To maintain anonymity, this email address will be stored separately to the survey responses.

Participation and Consent

Participation is entirely voluntary. The first page of the survey will provide a Participant Information Sheet (attached in this application). Completion and submission of the survey imply consent. Because the survey is designed to be anonymous, any organisational data collected will be immediately de-identified during analysis, participants are informed that they

cannot withdraw their data once submitted. This is because the researcher will have no way of reliably linking specific completed survey back to an individual participant once the data is pooled.

9. Peer review and engagement:
Describe the peer review process used for this ethics application and any co-development of the project. Include who reviewed your application and why they are appropriate peers (e.g., supervisor, iwi or hapu, colleague) to engage with you in planning and review.
(maximum of 4000 characters) *

The ethical considerations of this project are informed by Massey's "Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants", and "Te Ara Tika Guidelines for Māori Research Ethics". Research ethics has been covered in detail as part of my postgraduate courses I've taken with Massey.
Cultural consultation by Dr Shirley Barnett (cultural advisor and Massey University staff member) has been undertaken to ensure this research is culturally safe and responsive to Māori.
Additionally, the ethical considerations of this project have been discussed at length with my research supervisor.

The project underwent screening with HDEC and deemed out of scope and is therefore exempt from HDEC review and does not require HDEC approval.

10. Describe the ethical issues you have considered, including during or as a result of peer review and co-development. Explain how these issues will be addressed in relation to the universal ethical principles of autonomy, avoidance of harm, benefit, justice and special relationships. If your project uses Matauranga Māori approaches, is it being conducted in te reo Māori or using tikanga Māori, please describe the ethical factors you have considered. This may include relational, language, cultural or experiential factors related to ethics.
(maximum of 4000 characters) *

Several primary ethical considerations have been identified and mitigation strategies identified.

1. **Insider-researcher**: This risk is mitigated by the specific nature of my professional position and recruitment strategy. While I am a midwife in a newly appointed leadership role, I am positioned at the entry level of this hierarchy. Consequently, I do not hold any managerial authority or disciplinary power over the potential participant pool. Furthermore, my professional network is localised; the vast majority of participants across Aotearoa New Zealand will have no prior personal or professional connection to me, ensuring a significant degree of social and professional distance. The separation of my roles as a clinician and a

researcher is a priority to ensure the study remains valid and results in a credible, valuable piece of research for the midwifery profession.

2. **Geographic and Position de-identification**: Participants will be asked to provide their specific job titles and health districts within the survey. This is a **methodological necessity** for two reasons:
    a. **Inclusion verification:** To confirm that participants meet the inclusion criteria (e.g., they are a midwife in a formal leadership/management role, they work within Aotearoa New Zealand).
    b. **Nuanced analysis:** To enable a comparative analysis of leadership support structures across different organisations.
    c. Anonymity:
        i. **Suppression of identifiers**: While specific position titles and health districts are necessary for internal analysis, this information will be strictly supressed in the published report.
        ii. **Generalisation of roles/districts**: The methodology section of the report will list the types of positions titles accepted as part of the inclusion criteria and define New Zealand health regions/district. While the results section will not provide any analysis on results according to the participants role or locale, as this is felt to closely to be re identifiable data.
        iii. **Qualtrics**: The Qualtrics platform enables configuration that collected data can be anonymous even to the survey creator. All anonymity features will be utilised within the platform.
        iv. "The Qualtrics platform will be configured using the Anonymise Responses setting. This feature ensures that the data is anonymous even to the researcher by permanently stripping all identifying metadata, including IP addresses and location coordinates from the record at the point of submission. This creates a technical 'firewall' that ensures responses cannot be traced back to an individual.

3. **For example:** The final research report will present findings in a generalised way such as “Survey respondents identified as working across 3 of the 19 Te Whatu Ora health districts” or compare the experiences of leaders in “Tertiary or secondary units”.

Ethical safe guards and management of peer researcher role

I am conducting this research as a peer-researcher. While my professional role of Midwife Manager falls within the inclusion criteria for this study, I acknowledge the potential for role conflict and offer the following points to satisfy the ethics committee:

- **Role Hierarchy**: I am newly appointed to my role, which sits at the entry level of the leadership hierarchy defined in the research inclusion criteria. Being new to this

position and operating at this tier ensures I hold no authority, professional influence or disciplinary power over the potential national participant pool.

- **Lack of Pre-existing Relationships:** As I am new to this leadership role and the region I'm working in, I do not have established professional or personal networks with the cohort of midwife leaders being surveyed. This mitigates the risk of "social desirability bias" (where participants answer in a way they think I want to hear).
- **Organisational separation.** This research is not seeking ethical approval from Te Whatu Ora, therefore it cannot be conducted within their premises or have access to their resources. This establishes a clear boundary. I cannot use any information I am privy to through my employment to support this research, nor can I discuss or promote this research project within my workplace or during my contracted work hours. This boundary is essential to maintaining ethical integrity and protecting participants trust.
- **External recruitment:** Recruitment will strictly occur through external professional bodies and publicly available LinkedIn search to ensure that the recruitment process remains independent of my clinical workplace.

Mātauranga Māori and cultural considerations

While this study is not specifically conducted within a Mātauranga Māori framework or in Te Reo Māori, cultural safety is an important ethical consideration. I am committed to the respectful representation of all perspectives, including thouse of Maori participants. This study acknowledges the principles of maori data sovereignty, ensureing that data is handled with the integrity and mana it deserves. Particular care will be taken during the interpretation and paraphrasing of qualitative responses to ensure that the essence of the participants contributions are preserved and not misrepresented.

Avoidance of Harm/participant burden

The primary risk to participants is the burden of time, given the high pressure nature of midwifery leadership. To mitigate this, the survey is designed to be concise and can be completed at the participants convenience. As the survey discussed professional challenges, there is a minor risk of emotional fatigue; participants will be reminded that they may skip any questions they find uncomfortable or withdraw from the survey at any point prior to submission.

Benefit to Participants

While there is no direct financial compensation, participants may benefit from the opportunity to reflect on their professional journey. This research provides a platform for an under-researched cohort to have their voices heard, potentially influencing future policy and support structures for midwifery leadership in Aotearoa New Zealand.

Risks to Researcher

As a peer-researcher, I have considered the risk of "insider bias" or professional burnout while engaging with the challenges of my peers. To manage this, I will maintain regular debriefing sessions with my supervisor to ensure objective distance and personal well-being.

Privacy, Confidentiality, Data Security

All collected data will be stored securely in password-protected files within a dedicated **Massey University OneDrive** folder. To ensure total anonymity, identifiable data (such as email addresses for report distribution) and non-identifiable survey responses will be kept in separate, unlinked folders.

- **Anonymisation and deductive identification:** Any specific mention of locations, hospitals or DHBs/organisations within the qualitative text will be redacted or generalised to prevent "deductive identification."
- **Minimal demographic collection:** to further protect participant privacy and ensure the study remains within the scope of a low-risk Master's level project, the survey will not collect personal demographic information such as age or ethnicity. By focusing strictly on professional leadership experiences and organisational challenges rather than person identifiers, the risk of privacy breach is significantly minimised.
- Data will only be available to the primary researcher and supervisor.
- Qualitative data: Only short extracts of quotes from the free text questions will be included in the research report.
- Data will be securely disposed of in line with Massey University's Research Data Management Policy.

Justice

This project adheres to the principle of justice by inviting participants of diverse identities and backgrounds. I recognise that some participants may have historically experienced power imbalances or a diminished voice within the healthcare system. By providing an anonymous platform for these leaders to share their experiences, this study seeks to empower the workforce and ensure a fair representation of the midwifery leadership landscape. Participants may choose to include cultural practices and are welcome to have a support person/ whānau

11. Te Tiriti o Waitangi

Describe how the articles of Te Tiriti o Waitangi have been considered in the development of this research, teaching or evaluation activity. You may wish to reflect and elaborate upon the associated principles of practice derived from Te Tiriti, including considerations for Māori data sovereignty.

Please upload any evidence of consultation.

(maximum of 4000 characters) *

Te Tiriti o Waitangi

Te Tiriti o Waitangi has been a foundational component throughout my midwifery practice and underpins the approach to this research. As tangata Tiriti, I recognise my responsibility to uphold Te Tiriti in both the design and conduct of this study, ensuring that Māori perspectives are respected, protected, and not subsumed within dominant systems.

This research is undertaken with the understanding that Māori midwives hold a unique position and have the right to lead within maternity services. It acknowledges that existing leadership pathways have not always been designed with Māori in mind.

Tino Rangatiratanga (Self-determination)
This study recognises that the experiences shared by Māori midwives belong to them. My role is as a facilitator rather than an owner of this knowledge. In alignment with Māori Data Sovereignty principles, Māori participants' data will be treated as taonga. Māori-specific insights will not be generalised or diluted within aggregated findings, and will be handled with care, confidentiality, and used only to advocate for improved leadership pathways for Māori clinicians. All data will be securely stored within Aotearoa New Zealand.

Kāwanatanga (Governance and Partnership)
This research seeks to uphold partnership through transparent and equitable engagement. Recruitment occurs through external, non-employer channels to minimise power imbalances and avoid any perceived coercion.

Oritetanga (Equity)
This study critically examines whether leadership pathways are equitable and accessible for all midwives. By exploring what midwives identify as necessary supports for leadership development, the research aims to highlight gaps and inform more equitable, culturally responsive organisational practices.

Protection and Whanaungatanga
Protection is enacted through a strong commitment to maintaining the mana and

confidentiality of participants. Given the small midwifery workforce, particular care has been taken to ensure anonymity. Survey design prevents identification of individuals, including by the researcher. This supports safe participation and protects professional relationships, enabling honest reflection without risk to current roles.

Consultation

The development of this project has been informed by ongoing informal kōrero with Māori midwifery colleagues. These conversations have shaped the focus and framing of the research to ensure its relevance and cultural appropriateness within the Aotearoa New Zealand context. Furthermore, formal consultation has been undertaken with **Dr Shirley Barnett** (Cultural Advisor and Massey University staff member). This consultation ensures that the research design is culturally safe, responsive to Māori, and aligns with best practices for engaging with Māori participants and data.