

*Working in the Pacific, Working in Asia:
The Challenges of Sustaining International Partnerships in a Pandemic*

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Abstract

In early 2020, members of the international, nursing and research teams at Toi Ohomai Institute of Technology, New Zealand, met with a number of education and practice providers in China, to explore an education and research collaboration. These discussions facilitated the establishment of the Sino-New Zealand Aged Healthcare Association (SNZAH) which currently has 15 inaugural New Zealand members including academic staff, medical and healthcare practitioners, and aged care professionals. Membership is growing with the launch of a website, and interest from other Chinese universities and technical institutes. The advent and impact of COVID-19 has certainly stymied our progress. However, our early adoption of cultural lens theory as a way of understanding one another's contexts and drivers has enabled us to 'keep calm and carry on', and even begin to thrive. We have conducted an initial iterative review into good practice in aged healthcare in New Zealand and achieved several co-authored research publications; we have held an online symposium with simultaneous translation options; and we have established a Learning Centre in Chengdu – all from our New Zealand base, and despite a raft of challenges. This paper outlines the roles of effective leadership and management in pursuing goals of internationalisation, when all the usual protocols of relationship-building have had to be revisited. We are also interested in connecting with readers who may be involved in similar collaborations in the aged healthcare and nursing sector.

Keywords: Aged Healthcare, Internationalisation, International Research Collaboration

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Introduction

Aotearoa New Zealand is a trade-dependent country, and our economic relationship with China is our second largest, following our close exchange of goods and services with our nearest neighbour Australia. The New Zealand–China Free Trade Agreement (FTA) signed in 2008 (and further upgraded in 2016) was China's first FTA with a developed country. China is one of the world's fastest-growing economies and its vast population and growing middle class represent huge potential for our much tinier nation. Alongside our agricultural and forestry exports, education and tourism links have been growing steadily: prior to the arrival of Covid-19, around 450,000 Chinese tourists, and 40,000 Chinese students visited New Zealand annually (Ministry of Foreign Affairs & Trade, 2022).

New Zealand's providers of higher education have also pursued partnerships with Chinese universities and technical institutes, to progress research, collaboration and knowledge sharing through seminars, visitor exchanges, conferences, and collaborative research. This paper is an account of one such partnership, the Sino-New Zealand Aged Healthcare Association (SNZAH). Naturally the member institutes are interested in the inherent opportunities for profit generated through programme offerings, consultancy, and bilateral commercialisation ventures. However, first and foremost, SNZAH was born from an interest in the trade of ideas and good practice.

The following sections outline the SNZAH international partnership, and its context: the shared challenge of planning effective and emancipatory healthcare for an ageing population. Next, we discuss New Zealand's unique bi-cultural environment, which was one of the key interest areas for our Chinese partners, and how a cultural lens methodology has been an integral element within SNZAH. We then describe our progress to date, including research outputs, an online symposium with simultaneous translation, and a new China-based learning centre. These achievements have been hard-won, despite the restrictions and shock of a worldwide pandemic which has arguably affected China more than any other nation. We hope that some of our experiences and learnings will be transferable to likeminded colleagues in their own collaborative endeavours.

The SNZAH initiative

In early 2020, members of the international, nursing and research teams at our New Zealand institute of technology met with a visiting delegation of education and practice providers from China, to explore an education and research collaboration. Visits to these organisations had occurred in the previous year with an international consultant and senior nursing department staff. Discussions at these meetings focused on health workforce development and positive ageing for older people. The resultant SNZAH association was formed with 15 New Zealand members including academic staff, medical and healthcare practitioners, and aged care professionals. A number of Chinese nursing education providers were either early signatories or expressed an interest in considering joining the venture once the threat of Covid-19 had passed – although three years on, Covid remains an ongoing challenge internationally. Present or potential Chinese partners include Chengdu University, Sichuan Vocational College of Health and Education, China Medical University, and Jinjiang College (part of Sichuan University). We have also commenced discussion with representatives of the prestigious Peking University, Beijing (Honeyfield et al., 2021).

In addition to the delays Covid-19 has wrought, a compounding challenge is noted in the backdrop of New Zealand's higher education ecosystem. A large-scale transformation known as the Reform of Vocational Education (RoVE) is currently underway, which will see the amalgamation of 16 legacy institutes of technology and polytechnics into a single new entity: *Te Pūkenga – New Zealand Institute of Skills and Technology*. Alongside systemic changes to every level of operations, including curricula, assessment and service provision, Te Pūkenga now assumes responsibility for all international enterprises established by the previously independent subsidiaries. The Memorandum of Understanding signed with Chengdu University to establish a learning centre on behalf of SNZAH (described later in this paper) was Te Pūkenga's very first undertaking in this arena.

The account which follows describes SNZAH's activities and achievements to date. The association's key role is to act as an important link with key China health and education provider-partners, to share skills and knowledge and facilitate education at certificate, diploma, degree and postgraduate levels studies in aged healthcare. The Association's stated objectives are to promote:

1. Research and evidence-based practice in aged healthcare
2. Educational programme design, development, and delivery at all levels
3. Human resource, leadership, and management capability
4. Supportive built environments and infrastructure (www.snzah.org)

The ageing population: an international concern

The world's population is ageing, and in virtually every country in the world the population aged 65 and over is growing faster than all other age groups. The United Nations (2022) forecasts that by 2050, one in six people in the world will be over age 65 (16%), up from one in 10 in 2022 (10%). Further, the number of persons aged 80 years or over is projected to triple, to 426 million in 2050. Healthcare and long-term care systems will become increasingly critical.

Yet despite this growing demand for gerontology services and specialists, multiple studies are testifying to a looming crisis in the personnel pipeline (Gawande, 2014; King et al., 2011). Simply put, nurses, and nursing students, show a persistent disinclination to specialise in this area (Wilkinson et al., 2016). Our recent review of the literature for SNZAH (Honeyfield et al., 2021, p. 59) includes this illustrative account:

When the American Journal of Gerontological Nursing (Your turn, 2001) asked its readers for suggestions to improve recruitment of students into nursing programmes focused on elder care, the published correspondence noted a range of barriers: "...gerontology is at the bottom of the heap [due to] Western society's emphasis on the culture of youth"; "Nursing home experiences are poorly mentored and many instructors have an attitude of 'let's get this over with'"; "geriatric nursing is still viewed as 'the place where lousy nurses go'"; and "Gerontological nurses are overworked, undercompensated (e.g. money, benefits), understaffed and often work in outdated facilities with shoddy equipment." (pp. 44-45)

Ageism in healthcare, as a stereotyped and discriminatory response, has remained relatively unchanged over the last 20 years (Foster, 2021), and can be defined as judging an entire population group based on one shared characteristic (Fisher, 2018). Such bias, whether conscious or not, is clearly against the interests of the older person, and can lead to

disrespect; disempowerment and neglect (Rodgers & Gilmour, 2011). For nursing practitioners and students, such negative constructs, if unchallenged, will continue to see a shortage of nurses selecting aged healthcare as a preferred career pathway: a huge concern for governments, hospitals and communities (Parker et al., 2021).

Worldwide, there is a growing call for a paradigm shift (for example, Gawande (2014) in America; Song and Tang (2019) in Japan, and Rodgers et al. (2017) in New Zealand. Increasingly, accounts of successful re-alignment of care philosophy, revisited policies and procedural guidelines, and individualised quality care experience for those in the end stages of life are being sought, and shared. This is one way in which New Zealand can contribute value to our much larger Chinese partners, through the framework provided by SNZAH. Our country already has a 'wellness' orientation, with a vision for all New Zealanders to live well, stay well, and get well (MOH, 2016) and to ensure New Zealand is a great place to age (MSD, 2019). Overall, New Zealand's health system has many strengths, and our people are living longer and healthier lives, with generally high levels of self-rated health and wellbeing and good access to acute and emergency care (NZHDSR, 2020). Of course, there are still inequities and failures, and a considerable way to go, but we have made a start (NZHDSR, 2020).

The Aotearoa New Zealand cultural context, and the connection with ageing

Culture, says Statistics New Zealand (2009), is:

a general way of life that contributes to national identity and society. [It is also] the shared knowledge, values, and practices of specific groups...Cultural expression and participation contribute to individual well-being and sense of belonging. The expression of, and respect for, cultural practices, language, and beliefs is part of a socially cohesive society. These expressions of culture are sustained by being passed down generations, and through the protection of heritage. (p. 127)

The bi-lingual, full name of our country reflects its dual heritage of indigenous and western cultures, languages and world-views. By placing their language first, we acknowledge Māori as *tangata whenua*, the original people of the land. The symbolism of this convention is representative of our present-day efforts to live in a bi-cultural nation, respecting the values and wisdoms of each people. Our founding agreement, *Te Tiriti o Waitangi* (the Treaty of Waitangi), was signed by representatives of the British Government, and 46 Māori rangatira in 1840 (Orange, 2012). Despite disputed wording and different versions, *Te Tiriti* is integral to contemporary life in our country; its signing is commemorated by a public holiday, it is taught in schools and is widely referenced in all spheres of public life, including healthcare provision.

Redress for wrongs perpetrated against Māori in colonial times are ongoing and necessary. In health, as in many other areas, Māori are disadvantaged when compared to *Pākehā* (New Zealanders of European descent), with a lower life expectancy (a gap of approximately 7 years), a higher incidence of smoking, hazardous drinking and obesity. Māori health status is also unequal across almost all chronic and infectious diseases, as well as injuries, including suicide (Ministry of Social Development, 2019).

Informing government policy, a number of studies have focused on Māori health and ageing. One of the most significant is a longitudinal study begun in 2010, known as '*Life and Living*

in Advanced Age, a Cohort Study in New Zealand (LiLACS). Led by the School of Population Health at the University of Auckland and funded by the Ministry of Health and the Health Research Council of New Zealand, it is a “world leading research programme that aims to determine the predictors of successful advanced ageing and understand the trajectories of health and wellbeing in advanced age” (LiLACS NZ, 2015) and the first such study in the world of an indigenous population. The study clearly established the importance of culture to older Māori, as holders of heritage, knowledge and *tikanga* (customary protocols). Specific findings included:

- almost all participants (82%) had been to a *marae* (a traditional Māori tribal meeting place) in the last 12 months
- half (51%) of Māori in advanced age have a complete understanding of their *tikanga*
- forty-seven per cent of Māori reported that their contacts were mainly with other Māori
- ‘ageing in place’ was a vastly preferred option over institutional care, and represented a significant difference between Māori and non-Māori. Overall, less than half of Māori (36% of women, 50% of men) were living in residential care, compared to three-quarters (76%) of non-Māori men and women with a comparable level of need

The LiLACS team reported that strong cultural identity, participation and respect arising from their involvement in community, and the cultural norm of being cared for by *whānau* (family) were key contributors to the reduced demand for institutional care by this population sector. Emery et al.’s (2021) small community study endorses these findings, concluding that maintaining *whanaungatanga* (relationships) and undertaking *iwi* (tribal) cultural roles and duties are vital for Māori intergenerational positive ageing.

A cultural lens methodology

Cultural Lens theory is a five-step approach to evaluating how theories, practices or phenomena apply across cultural groups (Dik et al., 2019; Hardin et al., 2014). This tool, originally from the domain of psychology and often used in anthropology, is designed to help researchers metaphorically look through different cultural lenses to view the object of their inquiry in a different way – especially when we seek to understand a non-Eurocentric worldview. We have previously published extended descriptions of the tool and its use (Fraser et al., 2022; Honeyfield et al., 2021) and therefore will not repeat a step-by-step account here. However, what is worth revisiting and relevant to this discussion, is the very broad, but useful summary of the New Zealand-Chinese cross-cultural comparison generated by the Hofstede Insights Group (n.d.) online tool (Figure 1.). In this very generalised overview, it is national characteristics rather than ethnicity which is being described, so that even in highly multicultural societies all citizens are considered together. Thus the New Zealand scores and descriptors conflate Māori and Pākehā cultures, for the sake of highlighting international contrasts – an acknowledged limitation.

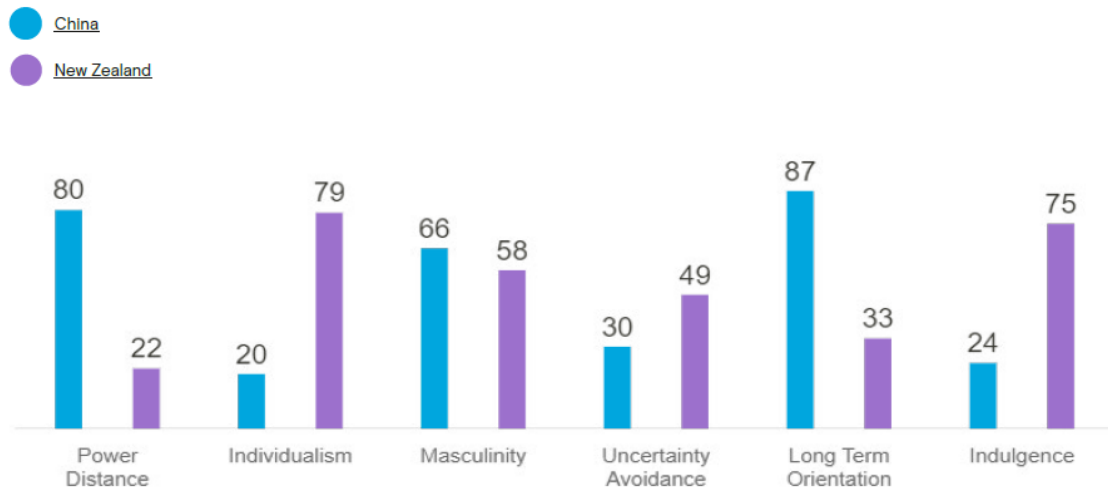


Figure 1. China-New Zealand cross-cultural comparison using the Hofstede Index. (Hofstede Insights, n.d. Reproduced under academic articles permission, <https://hi.hofstede-insights.com/faq>)

To borrow from our previous precis of the Hofstede Index dimensions:

Power Distance is defined as the extent to which people accept that power is distributed unequally. In China, for example, subordinate-superior relationships are more accepted than in New Zealand which aspires more to egalitarianism. *Individualism* is about people's self-image as "I" or "We". In contrast to New Zealand, China is a highly collectivist culture where people act in the interests of the group and not necessarily of themselves. *Masculinity* is used to describe societies driven by competition, achievement and success, a value system that starts in school and continues throughout organisational life. People will sacrifice work-life balance and are motivated more by being the best at what they do, than by liking what they do. *Uncertainty Avoidance* describes how a society responds to the unknown future. While New Zealand's score is neutral, China's lower score indicates comfort with ambiguity and an adaptable and entrepreneurial mindset. *Long term orientation* is about views of societal change and the importance of tradition. According to the Hofstede Index, New Zealanders are normative in their thinking: respecting established systems, seeking quick results, and with a relatively low commitment to saving for the future. China is a more pragmatic culture, adapting traditions easily to changed conditions, with a focus on saving and investing, thriftiness, and perseverance. *Indulgence* is "the extent to which people try to control their desires and impulses, based on the way they were raised" (Hofstede Insights, n.d.). Compared to China, this index score suggests New Zealand is a more indulgent society: optimistic, focused on enjoying life, having fun, acting as they please and spending money more freely. (Honeyfield et al., 2021, pp. 20-21)

Understanding one another's cultural character was important during the outbreak of Covid-19, as SNZAH members fought to keep the momentum of the new partnership through the challenges of 2021 and 2022. China's *long term orientation* meant that they were the more prepared to step back, pause and wait for conditions to be more favourable before progressing our agreed agenda. China also has one of the world's highest *power distance* scores and embraced their leadership's strict internal enforcement of authority and sanctions related to

lockdowns and damage control more readily than many western cultures. Some of this isolation mindset may have affected enthusiasm for international ventures. Certainly, the *collectivist* considerations of safeguarding a national population did not encourage top tier management support for prioritising SNZAH initiatives. It is probably not surprising, either, that New Zealand, with its high *individualism* and *indulgence* ratings, and low *long term orientation* score, took the lead in progress during this period. However, it must be noted that New Zealand did have the benefit of a locally based cultural mediator and translator in *Access New Zealand* to steer these efforts and keep the initiative on track.

SNZAH achievements to date

1. Research and publications

Collaborative research opportunities were one of the key drivers for the partnership, and the subject of some of our earliest dialogue. SNZAH's first project was an integrative literature review of good practice reports regarding aged healthcare provision in both countries. The research would then be used to guide the development of a culturally-responsive teaching and learning programme, in which healthcare of older people is an attractive and valued career choice. Following early discussions, the New Zealand and Chinese partners expected that each would conduct a parallel integrative review of the relevant literature published in English and Chinese as Volumes I and II, to be then amalgamated into a single bilingual account. Three key strands as priority areas of mutual interest were set to guide the structure of each volume:

- Wellness and positive ageing
- Culture and indigenous populations – and in New Zealand, biculturalism
- Education

Unfortunately, the impact of Covid-19 caused delays for each research team, but with far greater consequences for the Chinese teaching hospitals, medical educators and professionals who had intended to participate. The New Zealand team therefore determined to proceed with Volume I, (Figure 2), as an independent text, hoping that in the future the original intention of parallel accounts and a synthesis of cross-cultural learning will be completed.



Figure 2. 'What is good practice in aged healthcare provision?
A literature review of international studies informed by cultural context:
The Aotearoa New Zealand perspective'
(Honeyfield et al., 2021. Reproduced with permission from <https://snzah.org/>)

A conference presentation, poster and journal article by New Zealand members of the association have further assisted the dissemination of this first volume. This is an example, we believe, of ‘leading from the side’ (Burke & Baron, 2014), trying to offer an example without overstepping a partnership relationship, or minimising the different challenges of their lived reality. It is about being productive, setting high standards, and persevering in our own realm while keeping the door open for our colleagues to join us, when they are able.

2. An online symposium

International fora, such as conferences and symposia, are another effective way to share accounts of good practice across both academic and healthcare practitioner communities. Pre-pandemic plans had embraced the idea of an annual aged healthcare symposium, alternating between New Zealand and China as host nations, although by 2021 this had clearly become impossible. Nevertheless, in March 2022 the association successfully held an online conference via *Zoom* video-conferencing. Keynotes were shared between Chinese and New Zealand experts, a team of professional interpreters provided simultaneous translation, and the *Programme and Book of Abstracts* (Figure 3) was bi-lingual. A key challenge of not being able to convene face-to-face was the five-hour time difference, meaning that New Zealand delegates were in attendance late into the evening.

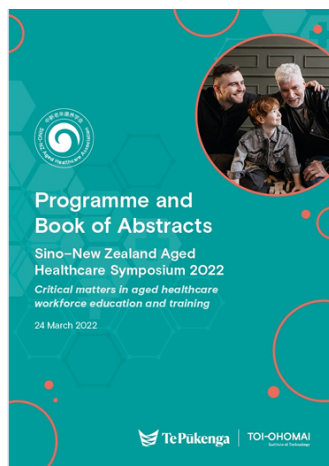


Figure 3. SNZAH symposium 2022 *Programme and Book of Abstracts* (Reproduced with permission from <https://snzah.org/>)

Our keynotes for this inaugural event were:

- Professor Stephen Neville, Director of the AUT Centre for Active Ageing and Head of Department (Nursing) at Auckland University of Technology
- Cheyne Chalmers, an adjunct professor at Deakin University and an Executive Director at Ryman Healthcare
- Professor Matthew Parsons, clinical chair in gerontology, Waikato District Health Board and the University of Waikato
- Professor Liu, China Medical University
- Professor Shangbin, Peking University Health Science Center
- Dr. Li Liu, Director, Health care service and management, School of Medical Care, Chengdu Polytechnic

Addresses from delegates covered a wide spectrum of topics related to aged healthcare: the importance of exercise, the impact of Covid-19, the role of nurse practitioners, a cultural

approach to caring-in-place, elderly care informed by Artificial Intelligence, vocational education advantages – and many more.

At the time of writing, the location and format of our 2023 event remains uncertain as China’s current travel restrictions make travel for this purpose unlikely, but we hope that with goodwill and a strong inaugural event to pave the way, we will be able to continue this annual exchange of ideas – tentatively scheduled for October/November 2023. Our management and leadership learning here is to do with flexibility and adaptability. Covid-19 has delivered uncertain and unpredictable circumstances on a scale not previously seen, and has had the potential to derail our partnership, but an optimistic approach of problem-solving and a readiness to ask external experts for advice (Burke & Baron, 2014) has enabled us to continue, and grow.

3. A purpose-built learning centre

Where research and the symposium have thus far been largely driven by SNZAH’s New Zealand partners, the opening of the Chengdu Learning Centre in Chengdu, South-West China in 2022 is a tangible expression of both countries’ commitment to advancing academic collaborations. A joint venture between Chengdu University and Te Pūkenga, the Centre (Figure 4) will have multiple uses, including online meetings, Symposia, professional development and train-the-trainer workshops. An important proposed use will be as China’s first testing centre for the Occupational English Test (OET). OET was founded in 2013 by partners Cambridge Assessment English (UK) and Box Hill Institute (Australia) and is widely used internationally by hospitals and universities as proof of ability to communicate in English-medium healthcare environments (<https://www.occupationalenglishtest.org/about-oet/>).



Figure 4. Classroom, Chengdu Learning Centre. (Photo: Access New Zealand)

At the time of writing, final agreements to offer OET at this site are still in progress, yet the Centre has been built. Leadership and management texts frequently warn against the ‘Build it and they will come’ approach as unsubstantiated wishful thinking. Yet our learning to date, has been more aligned with (Ellis (2018) four pre-planning tips: be realistic, be prepared, be in community, be courageous. A further admonition by this author is to think long-term, not short-term – a mindset which tallies closely with China’s cultural characteristic of *long-term orientation* (Hofstede Insights, n.d.).

Conclusion

In August 2020, New Zealand's prime minister, the Right Honourable Jacinda Adern, addressed the China Business Summit, referencing a Māori *whakatauki* (proverb):

Tuia ngā waka, Tuia ngā wawata, Tuia ngā hou-kura

Let us bind our connection, let us bind our vision, let us bind our shared aspiration for peace and prosperity (<https://www.beehive.govt.nz/speech/pm-speech-china-business-summit>)

Adern was drawing on an indigenous cultural value from Aotearoa New Zealand, but using the saying also as a reference to New Zealand and China's desire to work together, and to collaborate for mutual benefit. This is a vision which SNZAH shares, and one which has sustained members from both countries through the ravages of Covid-19, and the challenges of national responses. We have learned new ways to support one another, we have learned to be pragmatic and expedient, and we have committed ourselves to a confidence that one day soon, we will be able to work alongside one another rather than through screens. So much of what we have managed to achieve to date has drawn on relationships forged through a willingness to understand each other, and our respective cultures. With one foot in Asia and one in the Pacific, we have a solid platform from which to launch future actions in aged healthcare education, and we hope, to make a real contribution to older peoples' care, wellbeing and quality of life.

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