

Consultation document | Tuhinga whai tohutohu

Consultation on proposed revisions to the Code of Conduct for nurses

January 2026



Contents | Ngā ihirangi

Have your say Me pēhea te whakatakoto tāpaetanga.....	3
How to make a submission	3
Next steps	3
Introduction Kupu whakataki	4
Te Tiriti o Waitangi and equity for Māori.....	4
What is the Code of Conduct for nurses?.....	4
Why are we reviewing the Code?.....	5
How was the Code reviewed?	5
When and how will these changes take place?	6
The use of Māori kupu (words).....	6
Our proposals Ō mātou marohi.....	7
Proposed structural changes	8
Proposed content changes.....	8
Proposed changes to principles	8
Proposed changes to the values underpinning professional conduct	12
Consultation questions.....	13
Glossary.....	17



Have your say | Me pēhea te whakatakoto tāpaetanga

We would like to hear your views on proposed revisions to the Code of Conduct for nurses (the Code). Your feedback is important and we appreciate the time and effort you put in to respond to this consultation.

Closing date for submissions: **5pm Monday 9 March 2026.**

How to make a submission

If you are submitting as an individual:

You can fill out an [anonymous survey](#) or give more detailed feedback via the submission template available on the [consultation webpage](#). We will ask you for some information about yourself to help us understand the responses and how our proposals affect different groups. We will only use this information to help the Council decide on the final content for the proposed Code.

If you use the submission template, we may publish your submission. If you want your response to stay confidential, please tell us clearly.

If you are submitting on behalf of an organisation:

Please use the submission template available on the [consultation webpage](#). This helps us understand your submission and make sure we consider your views. Please include your name and your organisation's name in your submission.

We may publish your submission. If you want your response to stay confidential, please tell us clearly.

How to send your submission:

Email your submission to consultations@nursingcouncil.org.nz.

If you have any questions about the consultation process, please email us at the same address.

Next steps

The Council will review all submissions before making a final decision. We will share the decision and a summary of the feedback on our website. Any changes to the Code will be published as secondary legislation and on the Council's website.



Introduction | Kupu whakataki

The Nursing Council of New Zealand is reviewing its standards on appropriate ethical and professional conduct for nurses. The Council wants your views on a new draft Code of Conduct for nurses, to make sure it sets the right standards to protect the health and safety of health consumers.

Te Tiriti o Waitangi and equity for Māori

The Council works within its commitments, responsibilities and obligations under Te Tiriti o Waitangi. Te Tiriti o Waitangi provides a framework for nursing practice. It upholds culturally safe, equitable care, and honours the mana and self-determination of Māori.

Nursing has been a leader in the integration of cultural safety into practice, in any clinical setting, since its recognition and acceptance in the early 1990s. This is now a fundamental part of providing effective and acceptable care. Cultural safety is a concept that has changed over time, but has consistently been an important part of education, standards of competence and conduct requirements of nurses. Cultural safety requires nurses to examine how their own preconceptions and biases may hinder the delivery of safe and effective care.

What is the Code of Conduct for nurses?

The Code of Conduct for nurses (the Code) is a set of principle-based standards that describe the behaviour or conduct that nurses are expected to uphold. The Code can be used by health consumers, nurses, employers, the Nursing Council and other bodies to evaluate the behaviour of nurses. The failure to uphold these standards of behaviour could lead to a disciplinary investigation.

The Code does not provide prescriptive guidance for all issues and situations. The standards are designed to cover all employment settings and practice areas, including emerging areas of practice. However, some areas of the Code contain additional guidance to explain the principles in practice to common issues.

The Code is not a Code of Ethics – it does not seek to describe all the ethical values of the nursing profession or to provide specific advice on ethical issues, ethical frameworks or ethical decision making. That advice comes from professional organisations.



Why are we reviewing the Code?

The Code was introduced in 2012. Since this time there have been significant changes to legislation, technology, society and the ways that nurses work. The proposed Code has been developed to ensure it is fit for purpose and reflects the complex environments nurses are practising in now and into the future.

The guidelines that support the Code, such as those on social media and professional boundaries, will be reviewed and updated once the refreshed Code is complete.

We also plan to introduce a new guidance document to support whistleblowing, or 'speaking out' requirements within the Code. This has been identified as an area needing greater attention, reflected through the Council's work to develop a public apology to survivors of abuse in state and faith-based care.

How was the Code reviewed?

Work on reviewing the Code began in 2023. The initial review focused on identifying gaps in the current Code and strengthening its alignment with Te Tiriti o Waitangi. A key finding from the early review was that the current Code is broadly fit for purpose. While some areas can be strengthened and future-proofed, the main need is a refresh rather than a full overhaul.

The review included an environmental scan of six international nursing regulators' codes of conduct and 12 Aotearoa New Zealand regulatory authorities' codes to identify current approaches, trends and themes in professional practice standards. It also considered alignment with the Health and Disability Commissioner's review of the Health and Disability Commissioner Act 1994 and the Code of Health and Disability Services Consumers' Rights. In addition, we mapped the new registered nurse standards of competence against the current Code to identify areas of alignment and potential gaps. Further detail on this work is provided in the accompanying [background document](#).

To support the review, we established an external reference group to provide expert advice and sector perspectives. Within this group, a dedicated Māori rōpū was formed to guide and influence the project, making sure tikanga Māori, mātauranga Māori, and Te Tiriti o Waitangi were embedded from the start.

Throughout the project, Te Toki (the Council's Māori advisory group) and Fautasi o le Moana (the Council's Pacific advisory group) received regular updates and reports. Their feedback helped shape the direction of the work, and they were given the opportunity to review and comment on draft versions of the revised documents.

Clear communication with the sector is a priority. We informed sector stakeholders about the consultation process and key timelines through regular updates. This included educators,



nursing leadership, the New Zealand Nurses Organisation (NZNO), employers, and a representative group of survivors of abuse in state and faith-based care. These engagements helped us understand what needed to be reflected in the Code and related guidance.

We also created an internal reference group, receiving advice from relevant technical and subject matter experts to ensure that the revised documents were legally sound and practical in application.

When and how will these changes take place?

Following consultation, we will consider and analyse all feedback. Depending on the themes and issues raised, we may seek some additional expert advice or further targeted consultation. We will publish a summary of the feedback and the Council's analysis on our website.

Once final decisions are made by the Council, the updated Code will be published as secondary legislation and on the Council's website alongside the refreshed guidance documents. We expect this to happen later in 2026.

We will work with the sector to implement any changes and will give plenty of notice before they take effect.

The use of Māori kupu (words)

The Council has included Māori kupu and concepts within the proposed Code. To reflect current practice in the Council's standards of competence, we have avoided direct translations. Aspects of the Code have both Māori kupu and English words to add depth and meaning which are not intended to be a translation of each other. A detailed glossary of terms is provided to aid understanding.



Our proposals | Ō mātou marohi

We propose several changes to the existing Code, most of which are minor adjustments to content and structure to improve clarity and make expectations for nurses more explicit. These include structural refinements to ensure the Code is easy to navigate and understand. In addition to these minor changes, we propose a small number of substantive changes that strengthen requirements in key areas. Together, these revisions aim to ensure the Code remains fit for purpose now and into the future.

We propose strengthening the Code in the following key areas:

- updating the values that underpin professional conduct
- more specific requirements around avoiding bias discrimination and racism
- strengthening areas around responding to bullying
- increasing diversity, equity and inclusion within the Code
- including students more explicitly
- strengthening requirements around speaking out
- more detailed information on informed consent
- the addition of self-care guidance.

We have retained many key aspects of the current Code, including the use of the term health consumer. This has been kept as the Health Practitioners Competence Assurance Act 2003 refers to health consumers, rather than patients or other alternatives.

The proposed changes aim to:

- maintain alignment with the Council's regulatory framework – ensure the Code complements the updated registered nurse and enrolled nurse standards of competence and supports clarity in distinguishing conduct from competence
- strengthen clarity and accessibility – simplify language and structure so the Code is easy to understand and apply in practice, while retaining its professional integrity
- embed cultural safety and Te Tiriti o Waitangi obligations – align the Code with Kawa Whakaruruhau and cultural safety principles, ensuring obligations to Māori health equity and responsiveness are clear
- reflect contemporary values and expectations – incorporate concepts such as diversity, equity, and inclusion, and consider explicit references to compassion, self-care and speaking out
- update design and format – review the framework to ensure principles, indicators, and guidance are logically structured and consistent with international best practice.



Proposed structural changes

Table 1 outlines the proposed changes to the structure of the current Code of Conduct for nurses.

Table 1: Proposed structural changes to the Code

Code of Conduct 2012	Proposed update	Reason for change
Principle 7 and Principle 8 are two separate principles	Principles 7 and 8 are combined into a new Principle 4	This removes duplication and makes the Code clearer
Principles 4, 5, and 6	These are now Principles 5, 6, and 7	The addition of a new Principle 4 means the numbers have changed
Standards are listed under each principle	The most serious conduct standards are listed first under each principle	This makes serious issues easier to see
Standards are listed individually under each principle	Standards are reframed to follow an introductory sentence linking each principle and its associated standards	This helps frame the standards and matches international practice

Proposed content changes

We propose a number of changes to the content. These strengthen areas where clarity was needed, where expectations for nurses needed to be more explicit, and where concepts required future proofing to ensure the Code is fit for purpose.

Proposed changes to principles

Principle 1 – Respect the dignity of health consumers and their whānau

- Whānau are now clearly included alongside health consumers, emphasising dignity and the involvement of whānau, rather than just individuality.
- Nurses, where practicable, must ensure that the physical environment supports cultural safety, alongside maintaining a health consumer’s privacy and dignity.
- The language highlights equity, diversity, inclusion, and respect for self-determination.
- Nurses are required to identify themselves and their role to help build trust, including their full name, title and employer.
- Compassion is included alongside kindness and consideration.
- Nurses must inform health consumers about how to access reproductive health services, not just refer them.



- Nurses cannot prejudice the care they give because they believe a health consumer's health choices contributed to their condition, as well as behaviour.

To view proposed Principle 1, [please click here](#).

Principle 2 – Respect the cultural needs and values of health consumers and their whānau

- Whānau are now clearly included alongside health consumers.
- The principle puts a stronger focus on cultural safety and mana-enhancing care.
- Nurses are expected to uphold mana, wairua and whakapapa in their interactions.
- There is an expansion on protecting people's rights to express their cultural, spiritual, gender and sexual identities without discrimination, including Rainbow communities, takatāpui, refugees and migrant communities.
- The principle introduces clearer expectations to work in a way that actively avoids racism, bias and discrimination and to actively hold people accountable when racism or inequity are observed in health settings.
- Nurses must build culturally responsive relationships that recognise both past and present trauma.
- There is a stronger commitment to Te Tiriti o Waitangi and to addressing the impacts of colonisation.
- The Code protects the integrity of mātauranga Māori and other cultural knowledge.

To view proposed Principle 2, [please click here](#).

Principle 3 – Work in partnership with health consumers and their whānau to promote and protect their wellbeing

- Whānau are now clearly included alongside health consumers.
- The principle includes manaakitanga and people-centred care.
- The language is more active, encouraging nurses to work in partnership with health consumers and support them to make decisions about their own care.
- The section on informed consent has more detail, making sure health consumers' views are central to decisions. These changes give nurses clearer guidance and provide stronger protections for health consumers.

To view proposed Principle 3, [please click here](#).



Principle 4 – Act with integrity to justify and maintain trust and confidence in the nursing profession

- This principle combines current principles 7 and 8 that focus on integrity, trust, and professional accountability.
- There is a stronger focus on how nurses behave on social media, with clear rules against making offensive, abusive, or poorly informed statements.
- Nurses are expected to take active responsibility for reporting unsafe practice and harm quickly, and for maintaining their own health and wellbeing, including letting others know about any conditions that might affect their work.
- Overlapping standards, such as those about gifts, personal benefit, and boundaries, have been combined for clarity. New standards have been added for prescribing and whānau has been included in boundary standards. The rule about sexual relationships now also covers previous health consumers.
- Legal and ethical responsibilities are clearer, with new references to the Protected Disclosures (Protection of Whistleblowers) Act 2022 (in the accompanying guidance), requirements for ethical approval for research and clear guidance on following organisational policies for responding to harm and respecting property.

To view proposed Principle 4, [please click here](#).

Principle 5 – Maintain the trust of health consumers and their whānau by providing safe and competent care

- Whānau are now clearly included alongside health consumers.
- A new standard has been added for telehealth.
- The principle puts more focus on safety. Nurses must ensure the health services they provide match their education, assessed competence and scope of practice, including administering and prescribing medicines.
- There is now a clear requirement to minimise risk and prevent harm, and nurses must consider both their own safety and their skills when helping in emergencies.
- The language encourages nurses to take active responsibility, such as engaging in professional development and asking for advice if they are unsure or lack confidence.
- Requirements around speaking out have been strengthened: nurses must not obstruct or intimidate anyone who raises concerns.



- The section on therapies now includes cosmetic therapies as well as complementary therapies.

To view proposed Principle 5, [please click here](#).

Principle 6 – Respect health consumers’ privacy and confidentiality

- The wording encourages nurses to work together with health consumers. For example, nurses should discuss with health consumers what information will be shared, rather than just informing them.
- Consent processes are stronger, and nurses can access or remove health records for evaluating care. It is now acceptable to disclose information for portfolios.
- The requirement to not discuss health consumers or practice issues in public or on social media is kept, with clearer wording.
- Legal and ethical responsibilities are strengthened, with a clear reference to the Health Information Privacy Code 2020 for guidance on sharing information without consent. Nurses are also reminded to keep health records secure and to only access or remove them to provide or evaluate care.

To view proposed Principle 6, [please click here](#).

Principle 7 – Work respectfully with colleagues and students to best meet the needs of health consumers

- New standards have been added to support a positive professional culture and accountability, including strengthening requirements around responding to bullying.
- Students have been included more explicitly, and standards around expected conduct when working with students have been strengthened.
- The expectations for respectful behaviour are stronger. Racism and sexual harassment are now clearly identified as unacceptable, and nurses now must not criticise the care provided by other health practitioners in front of health consumers.
- Nurses must raise any concerns about competence or practice promptly with senior practitioners, management, or the Nursing Council.

To view proposed Principle 7, [please click here](#).



Proposed changes to the values underpinning professional conduct

Our initial review of the Code highlighted that the values underpinning professional conduct need refreshing to better reflect contemporary nursing practice in Aotearoa New Zealand. These values are not enforceable standards, but they express the collective and individual ideals that guide nurses' decision-making and behaviour.

Integrity and te Tika me te Pono

- Builds on the previous value of 'Integrity' but strengthens the emphasis on moral integrity, courage and accountability.
- Explicitly incorporates te ao Māori concepts of pono and tika, guiding nurses to act with honesty and fairness.
- Highlights the importance of upholding dignity and mana in culturally safe ways.

Unity and Kotahitanga

- Expands the previous focus on 'Respect' and 'Partnership' to emphasise collaboration, compassion, and shared purpose.
- Embeds Māori values of kotahitanga and whanaungatanga, recognising connection as essential to safe care.
- Positions nursing as a collective responsibility, not just individual interactions.

Responsibility and Tiakitanga

- Evolves the previous value of 'Trust' into an active duty of care and protection across physical, emotional, cultural, and spiritual dimensions of health.
- Incorporates tiakitanga and manaakitanga, creating spaces of trust and respect.
- Emphasises safeguarding wellbeing, especially for those who are vulnerable or marginalised.

Knowledge and Mātauranga

- Introduces a new value focused on continuous learning and critical engagement with diverse knowledge systems.
- Reflects mātauranga as dynamic and relational, requiring openness to cultural and experiential wisdom.
- Acknowledges nursing practice is guided by clinical, cultural and experiential knowledge.



- Positions knowledge as central to public safety and professional growth.

To view the proposed values, [please click here](#).

Consultation questions

Principle 1 - Respect the dignity of health consumers and their whānau

- Do you support the scope and focus of Principle 1?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of Principle 1?

Principle 2 - Respect the cultural needs and values of health consumers and their whānau

- Do you support the scope and focus of Principle 2?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of Principle 2?
- Is the *cultural safety guidance* provided sufficiently clear to support nurses to meet the standards?
- What, if anything, would you strengthen, change, or add to improve the clarity of the *cultural safety guidance* under Principle 2?

Principle 3 - Work in partnership with health consumers and their whānau to promote and protect their well-being

- Do you support the scope and focus of Principle 3?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of Principle 3?



Principle 4 – Work in partnership with health consumers and their whānau to promote and protect their well-being

- Do you support the scope and focus of Principle 4?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of Principle 4?
- Is the *escalating concerns guidance* provided sufficiently clear to support nurses to meet the standards?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of the *escalating concerns guidance* under Principle 4?
- Is the *professional boundaries guidance* provided sufficiently clear to support nurses to meet the standards?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of the *professional boundaries guidance* under Principle 4?
- Is the *professional misconduct guidance* provided sufficiently clear to support nurses to meet the standards?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of the *professional misconduct guidance* under Principle 4?
- Is the *fitness to practise and public confidence guidance* provided sufficiently clear to support nurses to meet the standards?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of the *fitness to practise and public confidence guidance* under Principle 4?
- Is the *self care guidance* provided sufficiently clear to support nurses to meet the standards?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of the *self care guidance* under Principle 4?



Principle 5 – Maintain the trust of health consumers and their whānau by providing safe and competent care

- Do you support the scope and focus of Principle 5?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of Principle 5?

Principle 6 – Respect health consumers' privacy and confidentiality

- Do you support the scope and focus of Principle 6?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of Principle 6?
- Is the *confidentiality and privacy guidance* provided sufficiently clear to support nurses to meet the standards?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of the *confidentiality and privacy guidance* under Principle 6?
- Is the *documentation guidance* provided sufficiently clear to support nurses to meet the standards?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of the *documentation guidance* under Principle 6?

Principle 7 – Work respectfully with colleagues and students to best meet the needs of health consumers

- Do you support the scope and focus of Principle 7?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of Principle 7?



Values – proposed changes to the values that underpin professional conduct

- Do you think the values articulate the spirit of the Code?
- What, if anything, would you strengthen, change, or add to improve the clarity or effectiveness of the values?

Additional questions

- How often do you refer to the Code of Conduct?
- What format would you prefer to have the Code of Conduct?
- Do you have any additional comments on the proposed changes to the Code of Conduct?



Glossary

Bullying	Workplace bullying is repeated and unreasonable behaviour directed towards a worker or group of workers. It can lead to physical or psychological harm. Bullying creates a health and safety risk, with power imbalances often involved. It's not a single incident but a pattern of actions like intimidation, humiliation, or undermining, which can range from verbal abuse and social exclusion to sabotaging work or threats. ¹
Colonisation	The action or process of settling among and establishing control over the Indigenous people of an area.
Cultural safety	Cultural safety is the effective nursing practice of a person or family/whānau from another culture and is determined by that person or family/whānau. Broader cultural safety includes, but is not restricted to, age or generation, gender identity, sexual orientation, occupation and socioeconomic status, indigenous status or ethnic origin or migrant experience, religious or spiritual belief and disability. The nurse delivering the nursing service will have undertaken a process of reflection on their cultural identity and will recognise the impact their personal culture has on their professional practice. Unsafe cultural practice comprises any actions that diminish, demean or disempower the cultural identity and wellbeing of people.
Kawa Whakaruruhau	Kawa Whakaruruhau is cultural safety within a Māori context. This is a foundational concept in Māori health and nursing that articulates the creation and maintenance of culturally safe environments for Māori health consumers. Kawa Whakaruruhau centres the experiences and aspirations of Māori and requires nurses to engage in sustained critical self-reflection — both professionally and personally. Effective nursing practice includes examining one's own cultural positioning, the dynamics of power within all relationships and the structural conditions that shape Māori experiences of care.
Kotahitanga	Kotahitanga means oneness or unity and expresses the idea of collective action or responsibility. There will not always be agreement on all things at all times, but alignment is needed on core issues or plans. ²
Mana	Mana refers to power, prestige, leadership or authority bestowed, gained or inherited individually or collectively. It infers that each individual has the right to determine their own destiny upon their own authority. Mana is an influencing factor in leadership and interpersonal and inter-group relationships. ³
Manaakitanga	Manaakitanga is a powerful way of expressing how Māori communities care about each other's wellbeing, nurture relationships, and engage with one another. Manaakitanga also extends to the whenua that needs care in order to ensure sustainability for future generations. The value of manaakitanga is often expressed through the responsibility to provide hospitality and protection. Manaakitanga derives from two words - 'mana' and 'aki'. Mana is a condition that holds everything in the

¹ [Examples of bullying behaviour | WorkSafe](#)

² [kotahitanga - Te Aka Māori Dictionary](#)

³ [mana - Te Aka Māori Dictionary](#)



	highest regard. Aki means to uphold or support. Extending manaakitanga requires respect, humility, kindness and honesty. ⁴
Mātauranga Māori	Is a te reo Māori word meaning knowledge, wisdom and understanding. It can also refer to education or a knowledgeable person. Mātauranga Māori is broadly defined as a body of knowledge, experience, values and philosophy of Māori. ^{5,6}
Pono	A te ao Māori term meaning to be true, valid, honest, genuine, sincere. ^{7,8}
Racism	The Human Rights Commission describes racism as “any individual action, or institutional practice backed by institutional power, which subordinates or negatively affects people because of their ethnicity.” This means racism is any belief in the superiority of one group over another, or any behaviour or system that overpowers or negatively impacts people because of their ethnicity or the colour of their skin. There are many forms of racism. It can be hidden or obvious, conscious or unconscious. ⁹
Rainbow communities	An umbrella term to refer to all members of LGBTQIA+ communities, describing people of diverse sexualities, genders, and variations in sex characteristics.
Rōpū	Te reo Māori term meaning group, collective, or committee.
Takatāpui	A traditional term, reclaimed to embrace all Māori who identify with diverse sexes, genders and sexualities. Takatāpui denotes a spiritual and cultural connection to the past. It is best understood within its cultural context and may mean something different to each person. ¹⁰
Tangata whenua	A te ao Māori term meaning the indigenous people of the land. In Aotearoa New Zealand, tangata whenua refers to Māori. ¹¹
Te ao Māori	The Māori world, which represents a holistic worldview and encompasses many cultural concepts and practices.
Te Tika me te Pono	This refers to taking responsibility to commit to doing things right. This can include embracing the differences of others, holding ourselves and each other accountable, and taking responsibility to do what we say we will.
Te Tiriti o Waitangi	One of the founding documents for Aotearoa New Zealand signed in 1840 by the Māori people and the British Crown.
Tiakitanga	A te ao Māori concept that broadly means guardianship, care, and protection, often with a strong sense of responsibility and reciprocity. It comes from the root word <i>tiaki</i> , which means to guard, keep, or care for. ¹²

⁴ <https://houkura.nz/value-report-manaakitanga>

⁵ [mātauranga - Te Aka Māori Dictionary](#)

⁶ Mead, H. M. (2016). *Tikanga Māori: Living by Māori values* (Rev. ed.). Huia Publishers.

⁷ [pono - Te Aka Māori Dictionary](#)

⁸ Mead, H. M. (2016). *Tikanga Māori: Living by Māori values* (Rev. ed.). Huia Publishers.

⁹ [National Action Plan Against Racism | New Zealand Ministry of Justice](#)

¹⁰ [InsideOUT Terminology Handout](#)

¹¹ [tangata whenua - Te Aka Māori Dictionary](#)

¹² [tiakitanga - Te Aka Māori Dictionary](#)



Tika	Tika refers to what is right and what is good for any particular situation. To act in a way that is tika is to be correct, true, just, fair, accurate, and appropriate. ¹³
Tikanga	Māori customary practices or behaviours. The concept is derived from the Māori word 'tika' which means 'right' or 'correct'. So, in Māori terms, to act in accordance with tikanga is to behave in a way that is culturally proper or appropriate.
Wairua	Wairua is the emotional and spiritual side of a person that remains even when the body no longer exists. This includes the spiritual essence of all beings and creatures of the natural world, including animals and human beings. Wairua is also described as a soul or spirit which can be energised or subjected to damage by external factors that can greatly affect a person. ^{14,15}
Whakapapa	Whakapapa refers to relationships; the term encompasses the quality of those relationships, the reasons for their formation and the structures or processes that have been established to support them.
Whānau	Whānau refers to family, extended family and family groups. It is a familiar term of address to a number of people. In the modern context the term is also sometimes used to include friends who may not have any kinship ties to other members. ¹⁶
Whanaungatanga	Relationships and connections are central to Māori and Māori wellbeing. Whanaungatanga is about forming and maintaining relationships and strengthening ties between kin and communities. This value is the essential glue that binds people together, providing the foundation for a sense of unity, belonging and cohesion. ¹⁷

¹³ [tika - Te Aka Māori Dictionary](#)

¹⁴ [wairua - Te Aka Māori Dictionary](#)

¹⁵ [Principle 4: Wairua & Mauri - data.govt.nz](#)

¹⁶ [whānau - Te Aka Māori Dictionary](#)

¹⁷ <https://houkura.nz/value-report-whanaungatanga>

