

NEWS

'Hard work, comradeship and fun' – a history of hospital training in Palmerston North

BY KATHY STODART

June 3, 2022

'The Right Girls' is a journey back in time to the era of hospital training.



Joanna Selby, nee Jacob (right), with an unnamed nurse on the steps of the Ruahine nurses' hostel, on the grounds of Palmerston North Hospital, after graduating, circa 1940s. (Photo supplied by family.)

You only need look back four decades to discover that becoming a nurse used to be an entirely different experience to what it is now.

Back before the radical change of the 1970s-80s which brought nursing education into tertiary institutions, nurses were trained in hospitals, under an apprenticeship model.

Canterbury University nursing lecturer Wendy Maddocks was in the last class of nursing students to be hospital-trained in Palmerston North, graduating in 1986. That special status was a trigger for her to journey back into the past.

Nurses recalled looking after wards full of patients with now preventable infectious diseases, or themselves succumbing to disease like tuberculosis.

She has now written a book: *The Right Girls — a history of Registered Nurse Training at Palmerston North Hospital 1895-1986*. The “right girls” in the title refers to the the words used in hospital correspondence about attracting the right sort of girls to training.



Dawn Dowsett, who is interviewed in the book, pictured (right) in 1946 as a student. (Photo supplied by family.)

Maddocks started researching the history of hospital-based training at Palmerston North as a lockdown project.

Palmerston North Hospital matron Ellen Dougherty was renowned as the first nurse in the world to join a nurses’ register in 1901, paving the way for the future professionalism of nursing.

Maddocks, however, was unsure, when she started the project, what else she could find out. When travel was not possible, under lockdown rules, she was grateful for the support of volunteers at the medical museum associated with Palmerston North Hospital.

Once restrictions were lifted, researching the book took her and her research assistant (and son), Nyle Maddocks-Hubbard, to Archives New Zealand in Wellington, the Military Archives in Trentham, the Palmerston North Library Heritage Archives and the David Warnock Medical Museum. And finally — after a year of searching by a museum volunteer — hospital archives were located, long-forgotten in storage since the nursing school closed.



A group of students, circa 1940s, outside the Ruahine Hostel. (Photo, Ian Matheson Archives, Palmerston North Library.)

Maddocks says: “I interviewed nurses from across the decades and drew on official documents, diaries, family archives and newspaper stories to piece together as much of the history as was possible to collect.”

Her book tells the stories of the evolution of training, of discipline, welfare and the contribution of the local nurses to World Wars I and II, some earning great distinction and one losing her life on the *Marquette* in 1918.

The hard work, comradeship and sense of fun was apparent across the generations, and the book has a few ghost stories too. "Nurses recalled looking after wards full of patients with now preventable infectious diseases, or themselves succumbing to disease like tuberculosis."



Author Wendy Maddocks (right) donates a copy of her book to Canterbury University health faculty librarian Margaret Paterson.

One of the nurses she interviewed was in her 90s, the rest in their 50s to 80s. "They all emphasised the teamwork — that there was always someone around to support them. And although they knew they were exploited — they were treated as a workforce and not necessarily as being there for clinical learning — and that it was really hard work, none of them regretted it."

They made it clear that the experience of hospital training left them prepared for anything that life could throw at them, Maddocks said. "There were some incredible women among our predecessors. They had remarkable resilience, particularly those who served in the wars, and who were devoted to improving nursing standards, trying to advance the profession and advocate for better working conditions."

The big difference between hospital training and today's preparation of nurses is the level of practical experience. Maddocks teaches a graduate-entry nursing programme at

Canterbury University, for which students complete around 1000 hours of clinical experience. For hospital-trained nurses, their hands-on clinical experience was more like a 1000 days.

The book also documents the impact of changing policies on health care, from cost-cutting paper reduction after WWII, to the effects of neoliberal reforms.

Despite the title — *The Right Girls* — a whole chapter is devoted to the post-war evolution of male nursing, the strength of the male nurses' union, and the highly contentious issues of them being paid more and working shorter days.



Isabel McKinnon (right), in front of the nurses' hostel circa 1930. She went on to distinguished nursing service in World War II, and was highly decorated. (Photo supplied by her family with permission.)

Maddocks, who has self-published the book, has been a nursing educator since the mid-1990s. After she first qualified, she nursed in a range of specialties, including emergency, and intensive and critical care.

The book can be bought from nznursinghistory@gmail.com or by visiting this [Facebook page](https://www.facebook.com/PNHSNursing) (<https://www.facebook.com/PNHSNursing>).



Author Wendy Maddocks in 1983, in her prelims year, in her room at the Ruahine nurses hostel.

NEWS

Critical care nurses can make ICUs and hospitals greener

BY MARY LONGMORE

June 13, 2022

Nurses can play a crucial role in making hospitals more sustainable, says NZNO College of Critical Care Nurses chair Tania Mitchell, as [new guidelines](https://www.anzics.com.au/wp-content/uploads/2022/04/A-beginners-guide-to-Sustainability-in-the-ICU.pdf) (https://www.anzics.com.au/wp-content/uploads/2022/04/A-beginners-guide-to-Sustainability-in-the-ICU.pdf) are released.



Tania Mitchell

Mitchell — one of six critical care specialists from the Australian and New Zealand Intensive Care Society (ANZICS) who contributed to the guidelines — said they could be applied throughout hospitals, not just intensive care units (ICUs).

‘If it’s something quite important to you and you see there is real danger, you do it – you find the time, and find a way to make it happen.’

“I think that’s a real draw card that nurses will get out of it, by having a read and seeing there are lots of things that would be applicable to their own environment, rather than just intensive care.”

While critical care nurses were among the busiest, climate change was significant, well-documented and impacted on people’s health, said Mitchell. “If it’s something quite important to you and you see there is real danger, you do it — you find the time, and find a way to make it happen,” she said. “Sometimes it seems too big and too hard, but actually small changes can make a difference.”

Recycling

Encouraging recycling bins in the staffroom, segregating food waste and using second-hand cutlery or crockery were some simple ways to reduce waste. “No-one comes to work and expects to have matching china sets!”

Even reducing unnecessary paper waste and printing could help, as well as ensuring that sharps bins – more expensive to dispose of with higher impact on the environment — were only used for sharps, she said.

‘Sometimes it seems too big and too hard, but actually small changes can make a difference.’

Nurses, in particular, were well-placed to make sure hospital resources were being used appropriately, not unnecessarily, eg during goals-of-care discussions with patients with limited life expectancy and their whānau, Mitchell said. Such discussions around treatment limitation or withdrawal could also improve the quality of dying and reduce stress, as per the ANZCIS statement on [care at end of life](https://intensivecareathome.com/wp-content/uploads/2015/05/ANZCIS-Statement-on-Care-and-Decision-Making-at-the-End-of-Life.pdf). (https://intensivecareathome.com/wp-content/uploads/2015/05/ANZCIS-Statement-on-Care-and-Decision-Making-at-the-End-of-Life.pdf)

Nurses could also play a key role in reducing waste, much of it around reducing what was new, Mitchell says. “Do I need this complex dressing on a wound or will a simple dressing suffice?” Or in an isolation room, when everything is thrown out on patient discharge, only prepare it with what is needed. “So, if you take out things [from the room] you don’t need first, it reduces what needs to be thrown away”.

Procurement ‘really important’.

But with only five per cent of hospital carbon emissions relating to waste, a sustainable supply chain and procurement was also very important, she said. For example, at Wellington Hospital ICU, when looking at calf compressors to prevent deep vein thrombosis, “we are going with a company where the device that goes around someone’s calf can be recycled and reused, which is excellent for reducing waste”, she said.

“That puts pressure on the company making things for health care — we can challenge them on their sustainable practices and their reduction of waste, even if it’s packaging,” she said. “You open things and there’s a plastic bag inside a plastic bag, and everything’s inside a box. There’s a lot of unnecessary packaging and waste.”

ICUs throughout New Zealand and Australia were already making changes, many driven by staff who contributed to the guidelines, which contained many examples. “We’re pooling our knowledge of the things that we do and sharing our knowledge with other people.”

Mitchell said many staff had an interest in sustainability and wanted their actions to reflect their personal values. “People who are passionate about it will make the small decisions, and every single decision to change things and make sure sustainability matters, no matter how small, is important.”

Guidelines ‘relatable’ across the health system

In her own ICU unit in Wellington, Mitchell said nurses working in isolation noticed the large amount of waste from the use of personal protective equipment (PPE), particularly single-use gowns which could be used more than 20 times a day per patient.

They asked the ICU COVID committee to source an alternative, washable gown which can be re-used 100 times and tracked each time they’re laundered.

Wellington ICU also has a communal “keep cup” shelf in the tearoom for staff and a “repurpose shelf” for charitable donations of items such as batteries, toys, books.

Mitchell said the guidelines were “relatable to any part of the health system”, with advice on reducing waste in the staffroom as well as clinical environments.

See also [Health reforms fail to deliver on climate change, say NZNO & other health professionals](#)

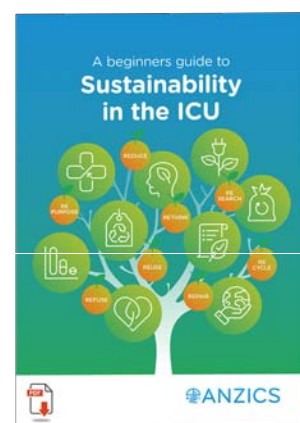


Wellington critical care nurses Jessie McFadyen, left, and Nicky Thompson with their new, reusable gowns for use in COVID isolation care.

A beginners guide to sustainability in the ICU -- suggestions:

(<https://www.anzics.com.au/wp-content/uploads/2022/04/A-beginners-guide-to-Sustainability-in-the-ICU.pdf>) **Staffrooms:**

- Set up recycling and introduce second-hand cutlery and crockery to reduce takeaway containers or encourage staff to BYO cups and containers.
- Rubbish and food waste recycling, eg if any staff make compost, or have worm farms or pigs to feed.



- Vegetarian catering and promotion of a more [plant-based diet](https://eatforum.org/eat-lancet-commission/) (<https://eatforum.org/eat-lancet-commission/>).

Patient care:

- Replace single use drug trays or containers with reusable varieties.
- When patients move around the hospital, they can take items like oxygen masks, nasal prongs and tubing with them.

Sustainable procurement:

- Choose reusable over single-use items where possible, and preferably biodegradable ones.
 - Consider reprocessing single-use devices through sterile cleaning services such as [Medsalv](https://www.medsalv.com/) (<https://www.medsalv.com/>).
 - Use product stewardship programmes to ensure manufacturers minimise waste.
 - Consider rehoming equipment in a developing country through organisations such as [Take My Hands](https://www.takemyhands.org/) (<https://www.takemyhands.org/>) or [Medical Aid Abroad](https://maa.org.nz/) (<https://maa.org.nz/>).
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LETTERS

Financial help available from Nurses Memorial Fund

BY HELEN WILLIAMS

June 15, 2022

In these ongoing challenging times of COVID-19, many people are experiencing financial hardship and we write to highlight the help available from the New Zealand Nurses Memorial Fund (NZNMF).

The NZNMF is closely allied with NZNO, and its philosophy is that it is there to help when social services and someone's own resources are not enough to meet their needs.

The NZNMF was established as a benevolent fund in 1917 in memory of the 10 nurses lost in the sinking of the *Marquette* and has supported many nurses in emergencies and times of financial hardship for more than 100 years. We welcome applications from nurses with at least two years' post-registration experience in New Zealand.

The fund's income comes from interest on its investments and also from bequests, donations and membership subscriptions. You can become a member or life member and support the fund to help others. You can also encourage donations and bequests.

Applications for assistance can be made to the NZNMF committee by email nznmfund@gmail.com or by post to NZNMF, PO Box 5363, Dunedin 9054.

Annual subscription is \$10 and life membership \$100.

Bequests are welcomed.

Email your letter to: coeditors@nzno.org.nz.

We reserve the right to edit letters for sense and length. Shorter letters (under 400 words) are preferred. Please include address, nursing qualifications and phone number.

Helen Williams

Chair, NZ Nurses Memorial Fund committee

NEWS

Former chief nurse Broodkoorn among nurses honoured

BY KATHY STODART

June 14, 2022

The country's first Māori chief nurse is among the health professionals and advocates awarded honours in the Queen's Birthday list.

The country's first Māori chief nursing officer, Margareth Broodkoorn, has been made an Officer of the New Zealand Order of Merit (ONZM) in the 2022 Queen's Birthday and Platinum Jubilee honours list.

Broodkoorn, who is of Ngāpuhi and Dutch whakapapa, received the honour for her services to health and Māori. In a nursing career of more than 30 years, she has worked to strengthen cooperation between Māori and non-Māori in the nursing profession.

Before taking the top nursing role at the Ministry of Health at the start of 2019, she was director of nursing and midwifery at Northland District Health Board (DHB). In late 2020 she returned north to where she was born, to become chief executive officer of Hokianga Health Community Trust.

During the pandemic, Broodkoorn established and led the Ministry of Health's infection prevention and control team for the COVID-19 response, providing clinical guidance on the use of personal protective equipment across the health and disability system.

Over her career, she has worked with Māori health and community providers to mentor nurses and support Māori nurses across New Zealand. She was the chair of Tāmaki Makaurau Nurse Leaders Roopu between 1995 and 2000, and has worked with Māori health providers in Northland, and at Manukau Institute of Technology and Auckland University.

She has been an executive member of Te Kaunihera o Ngā Neehi Māori (National Council of Māori Nurses), a member of the Health Workforce New Zealand Nursing Advisory Group and had extensive involvement in the work of the Nursing Council. She was the sponsor of Ngā Manukura o Āpōpō, the national Māori nursing and midwifery clinical leadership workforce programme.

Other nursing and health-related honours recipients include:

Officer of the New Zealand Order of Merit (ONZM)

* **MARJET POT** has been made an ONZM for services to women's health, in both professional and volunteer capacities. She is a life member of the College of Midwives for her services to that profession.

She volunteered with the Auckland Home Birth Association in the 1980s, and was part of a small volunteer group working with medical professionals and consumers to set up the Midwifery Standards Review Committee (MSRC) peer review forum. She helped expand the programme from an annual review of independent midwives and has trained others in the programme nationwide.

She has worked for Auckland DHB in several roles since 1976 and has made significant contributions to a range of initiatives at National Women's Health, including improving services to women and their babies and information technology. She had a lead role in the closure of National Women's Hospital and the move to Auckland City Hospital in 2004.

Pot became project manager of the National Women's Health annual clinical report in 2003, ensuring the document met high epidemiological standards and that maternity information was accurately recorded.



Margareth Broodkoorn

* **BEV POWNALL**, of Auckland, has been made an ONZM, for her services to health, particularly breastfeeding. A nurse and midwife, she certified as an international board certified lactation consultant (IBCLC) in 1997, and has working tirelessly since to build the professionalism of IBCLCs nationally.

She has encouraged numerous GPs, paediatricians, nurses, midwives, dietitians and others to become IBCLCs, personally mentoring and clinically supporting many of them.

Pownall has been instrumental in shaping Baby Friendly Hospital Initiative (BFHI) administration at various DHBs and mentoring new BFHI coordinators around New Zealand. She is a current board member and has worked with the New Zealand Breastfeeding Alliance (NZBA) since 1996, mostly voluntarily, working on committees, reviewing and writing key documents, and as a lead BFHI auditor.



Bev Pownall

She worked on the New Zealand National Breastfeeding Strategy 2008 and the 2019/2020 working group for the updated national strategy, and has been active on the board of the New Zealand Lactation Consultants Association (NZLCA).

Member of the New Zealand Order of Merit (MNZM)

* Invercargill nurse **SANDY BORLAND**, has been made an MNZM for her services to nursing and the Pacific community.

Borland began working at the Southern DHB in 1984 as a nurse aide at Kew Hospital (now Southland Hospital), later qualifying as an enrolled nurse, then a registered nurse in 1999. With significant clinical experience in the surgical ward, dementia unit and day surgery, she joined the Pacific Island case management nursing service in 2004, for which she has worked ever since..

Mrs Borland has been a key leader for Miharo, a Māori and Pasifika cultural arts trust in Southland, since 2009, and a mentor for young people. She is heavily involved in the Invercargill branch of Pacifica, a women's organisation promoting the positive involvement of Pacific people in New Zealand society. Through Pacifica, she led a drive to support Samoa through the measles outbreak in 2019. After talking to nurses in Samoa about what they needed, she gathered donated baby products and disposable items and liaised with a local freight company for delivery.

She helped establish a Pacific health clinic in Murihiku (Southland) which provides health services to the community in a culturally responsive manner. Through the clinic, she supplies items to Pacific families in need, including bedding, furniture, food parcels and home-cooked meals.



Sandy Borland

* Husband and wife **MATAIO BROWN** and **SARAH BROWN** were both made MNZM for services to mental health and prevention of family violence.



Sarah and Matt Brown

In 2019, they co-founded She Is Not Your Rehab, a non-religious and non-legislative movement to change the culture around abusive relationships, domestic violence and unhealthy ideals of masculinity. She is Not Your Rehab encourages men not to put the burden of past trauma on their partners and to seek help themselves.

They co-wrote the bestselling book *She Is Not Your Rehab*, which was published in 2021. Funds were raised to gift 9350 copies of the book to all prisoners in the country through the Department of Corrections. Since 2019, they have partnered with the Ministry of Social Development and Aviva as ambassadors for the anti-violence "It's Not OK" campaign.

Mataio Brown also founded My Father's Barbers, a community barbershop that supports men's mental health and family violence prevention initiatives, including weekly men's group sessions at the barbershop and daily talks with men in the chair.

He hosts and speaks at family violence prevention events, seminars, wananga on marae, group therapy on construction sites and barbershops, as well as internationally. In 2018, he started a barbering programme in men's prisons

throughout the country, in partnership with the Pathway Trust.

* Otago nurse **MARGARET FRASER** has been made MNZM for her services to hepatology. She has been a clinical nurse specialist in hepatology at the Southern DHB since 1996.



Margaret Fraser

She helped patients through a change in treatment of viral hepatitis infection from a year-long treatment plan — with limited success and high chances of complications and side-effects — to a three-month treatment plan with a near 100 percent success rate in curing the infection.

Hepatitis patients are often stigmatised, as the main route of infection is through intravenous drug use, tattooing and piercing. Fraser has supported patients beyond the administration of treatment. With only a small number of people coming forward for treatment to avoid contact with authorities, she set up the first clinic at the Otago Corrections Facility to diagnose and treat patients with hepatitis C and other hepatological illnesses.

With the Dunedin intravenous drug users organisation, she started offering diagnostic and treatment clinics, and worked with the community alcohol and substances service to reach patients outside the health service.

Fraser helped organise hui in Dunedin, Lower Hutt and Tauranga with members of the Mongrel Mob to facilitate testing and education of members and their families. She was appointed clinical nurse specialist representative of the South Island Alliance Hepatitis C Working Group in 2016.

Queen's Service Medal

* **REREMOANA NORMAN** has been awarded the Queen's Service Medal for her services to Māori and mental health, having worked more than 25 years in mental health services in Auckland and Northland.

She began her career in South Auckland in 1993 during a period of change, with the closure of Kingseat Psychiatric Hospital, an increase in community-based mental health services, and a drive to improve Māori mental health. Working for Counties Manukau DHB from 1999 to 2006, she advocated for Māori equity, developed Māori clinicians and kaumātua services, and represented Māori on regional and national mental health forums.

From 2007 to 2017, she was district manager of Far North Mental Health and Addictions at Northland DHB, facing challenges affecting the community such as paedophilia disclosures, increased criminal activity and high suicide rates.

Her roles have included director of Māori development and manager of community engagement with the Mental Health Foundation, and chair of the board of trustees of Te Rau Matatini (now Te Rau Ora), the national centre for Māori workforce development, education and cultural capability.



Reremoana Norman

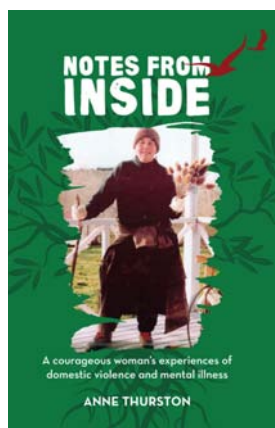
NEWS

Former nurse illuminates the effects of abuse

BY ANNE MANCHESTER

June 27, 2022

I have just finished reading Anne Thurston's recently published book *Notes from Inside: A courageous woman's experiences of domestic violence and mental illness*.



Writing under a pseudonym, Thurston is a former nurse and midwife who first came to the attention of *Kaitiaki Nursing New Zealand* in 2010 when she submitted an article entitled "Believing in the Paradigm of Recovery". This described her 18-month psychotherapeutic journey to recovery from post-traumatic stress disorder.

Two years later, she published a second article, "Midwife brings her whole-of-life experience to give the best care". The publication of these two articles was the kickstart Anne needed to write in greater depth about her experiences of mental illness and recovery. Thus, *Notes from Inside* was born.

Described in the foreword as "a collection of lived-experience vignettes" written between 2010 and 2021, the book is beautifully written and a courageous insight into Thurston's life and myriad experiences — some good, many deeply traumatic.

Thurston's own experience of intimate partner abuse does not involve physical attack – rather it is characterised by power control and silent violence.

The book is not an easy read, particularly part four which describes her sister's experience of mental illness. This blighted the latter years of her life ("My brilliant, gorgeous sister was reduced to a shell of her previous self") but a kind of catharsis is reached in her final months when the two sisters find some mutual healing.

Thurston's own experience of intimate partner abuse does not involve physical attack – rather it is characterised by power control and silent violence. She describes this as being "just as toxic and harmful" to the victims as physical violence.

Thurston hopes her book will be a learning tool, a way for others to recognise what is happening in their lives and to find the courage to make their own changes. Readers could be nurses, police, psychologists, psychiatrists, social workers, and so on. The appendix contains critiques of some of the stories by a trauma specialist psychotherapist.

I hope she keeps on writing, offering readers ongoing glimpses into the reality of mental illness and domestic abuse, told with raw and vivid honesty.

Designed and edited by Paul Stewart and printed by [YourBooks](http://www.yourbooks.co.nz/) (<http://www.yourbooks.co.nz/>), *Notes from Inside* (<https://bmbooks.co.nz/product/notes-from-inside-a-courageous-womans-experiences-of-domestic-violence-and-mental-illness/>) is available in bookshops and some libraries. It can be purchased from [www.nationwidebooks.co.nz](https://www.nationwidebooks.co.nz/author/anne-thurston) (<https://www.nationwidebooks.co.nz/author/anne-thurston>).

For copies of the Kaitiaki articles, please contact library@nzno.org.nz.

Anne Manchester is a former Kaitiaki Nursing New Zealand co-editor.

OPINION

Health reforms fail to deliver on climate change, say NZNO & other health professionals

BY MIKEY BRENNDORFER

June 29, 2022

Climate change remains the greatest threat to human health, according to the World Health Organization.¹

For this reason, NZNO, along with OraTaiao (the New Zealand Climate and Health Council) and 10 other health professional bodies, signed [a public letter to the Minister of Health](https://www.orataiao.org.nz/letter_to_the_minister_of_health_on_world_health_day_2022) (https://www.orataiao.org.nz/letter_to_the_minister_of_health_on_world_health_day_2022) Andrew Little calling on him to incorporate climate change and sustainability into our health system reforms in a meaningful way.



Mikey Brenndorfer: "...we need a coordinated effort at every level to avoid catastrophic climate change and ecosystem destruction".

Our health system has so many opportunities to greatly reduce its impact on climate change and the environment, and we need a coordinated effort at every level to avoid catastrophic climate change and ecosystem destruction. Our health system also needs to adapt to a warming world, and the new health challenges that will arise from the levels of climate change that are already unavoidable.

For these reasons, 11 organisations including NZNO, the Royal New Zealand College of GPs and the College of Midwives, in April called on Little to establish a dedicated unit within the health system reforms to oversee the active decarbonisation of this sector.

Our district health boards (DHBs) are not carbon-neutral entities. Unfortunately the current business-as-usual model in the health-care system

Recommendations

Our open letter recommended the following

generates avoidable carbon emissions at every level. One estimation of the carbon emissions generated by DHBs found energy usage — ironically primarily for temperature control of hospital buildings — made up around two thirds of the total DHB emissions. This included several DHBs that burn coal in boilers to heat hospitals.²

Unfortunately our current business-as-usual model within the health-care system generates avoidable carbon emissions at every level.

Missing from this estimation, however, were the carbon emissions associated with the production, transport and disposal of countless single-use clinical items we use on a daily basis across the health-care system.³

The supply chain of clinical consumables is one of the biggest climate change and sustainability issues, and one our health system must address at every level. This must be treated as an urgent issue by the ministry during the current health reforms — ignoring it will have drastic health impacts.

In response to this open letter, Little claimed that the concerns “about an alleged lack of climate action health reform discussion is unfounded”. He referred to a statement he made at the Sustainable Healthcare and Climate Health (SHCH) Conference Aotearoa (2020) in which he said the health sector was the “largest public-sector source of carbon emissions, and we recognise the challenge is a big one”. Sustainability was part of every Government decision, Little said, in his response to OraTaiao.

However, lacking from the reply — as was lacking from his response to direct questions about this very topic at the SHCH conference — was a direct commitment to establish a dedicated sustainability unit to address the decarbonisation of the health system and oversee the climate change readiness of this system.

OraTaiao, along with all its member organisations such as NZNO, will continue to call for the MoH to incorporate specific structures within the health-care system to ensure it reduces its carbon emissions, improves its sustainability and prepares for the increased adverse health impacts of climate change.

We invite individual NZNO members to also join OraTaiao to support our efforts to this end: https://www.orataiao.org.nz/join_us (https://www.orataiao.org.nz/join_us).

actions be part of the health reforms:

- Establish a dedicated sustainability unit, which will oversee decarbonisation within the sector and be supported by practising health professionals.
 - Increase collaboration between the health sector and other public agencies to ensure a healthy climate response becomes a central factor for decision-making in transport, housing, welfare, food systems and other core government work.
 - Mandate that adequate funding, resourcing and agency is given to the Māori Health Authority so it can be a central player in our health system's response to climate change. Too often lip-service is paid to the need to have te ao Māori at the heart of our climate response. This is an opportunity to actually achieve that.
 - Effectively incorporate primary care into the wider health-sector climate response.
 - Outline the early climate gains that will be achieved in the initial two years. These gains could result from ongoing repurposing of coal boilers, a ban on new gas boilers, all medicine and equipment procurement decisions to have greenhouse gas emissions as a key decision factor, an immediate stop on international business-class flights for staff, plant-based hospital catering, and an urgent switch from metered-dose to dry powder asthma inhalers.
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No estimations have been yet carried out for the carbon emissions associated with the production, transport and disposal of “countless” single-use clinical items.

Mikey Brenndorfer is a youth health specialist nurse and NZNO's representative on OraTaiao's executive board. OraTaiao is part of a global movement focusing on the health impacts of climate change particularly on those already experiencing disadvantage. It currently has more than 800 health professional members in Aotearoa.

See also [‘Critical care nurses can make ICUs and hospitals greener’](#).

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OPINION

It's time to truly recognise the contribution of enrolled nurses

BY ROBYN HEWLETT

June 30, 2022

The struggles of the enrolled nurse (EN) profession are well-documented and it is time ENs are truly recognised for what they contribute.



From the days of being seen as mere side-kicks, many ENs now work in genuine partnership with registered nurses (RNs). But [our scope](https://www.nursingcouncil.org.nz/Public/Nursing/Scopes_of_practice/Enrolled_nurse/NCNZ/nursing-section/Enrolled_nurse.aspx?hkey=963854c0-246c-4bb1-800c-920a19b022dc) (https://www.nursingcouncil.org.nz/Public/Nursing/Scopes_of_practice/Enrolled_nurse/NCNZ/nursing-section/Enrolled_nurse.aspx?hkey=963854c0-246c-4bb1-800c-920a19b022dc) – which still requires ENs to work “under the direction and delegation of a registered nurse (RN) or nurse practitioner (NP)” — has not yet moved on.

In 1991, a group of nursing leaders involved with a “Vision 2000 project”¹ looking at the future of health care amid a major restructure, asked the Nursing Council to review the role of the EN and consider whether it would be relevant in future. They suggested flexible training which recognised prior learning should be developed to assist ENs to gain registration as RNs or midwives. I was training at the time and our class was devastated, wondering what we would do. Yet, some of us ended up having long careers as ENs.

They wanted the role of ENs gone – but despite that, we are still here and we’re here to stay.

Despite our resistance, hospital-based EN training stopped for 10 years but was re-introduced in 2003 by the Labour Government after intense lobbying by NZNO and its Enrolled Nurse Section (ENS). Education has now progressed to become an 18-month New Zealand diploma in enrolled nursing.

They wanted the role of ENs gone – but despite this, we are still here and we’re here to stay.

Since the EN scope of practice was broadened in 2010 to allow us more involvement in the assessment process, a variety of roles have emerged where ENs now work in collaboration with their RN and NP colleagues. In such roles, ENs provide such services as home haemodialysis, care for intubated patients and support for people with mental health and addiction problems in primary health care. ENs can also work as provisional vaccinators — and since the end of May can apply to be fully authorised vaccinators.

In 2019, the ENS surveyed all NZNO's EN members, receiving a high 57 per cent response rate. One of our questions was about the understanding of the EN scope of practice and its restrictions. Of respondents, 67.6 per cent believed that the most restrictive part of the scope was the requirement to practise under the direction and delegation of the RN or NP. One EN commented: "I think our biggest restriction is lack of understanding of the EN scope of practice and enabling ENs to work to their full potential."



Robyn Hewlett: Despite repeated challenges to the enrolled nurse role, "we are still here".

That comment is true — lately more recognition has been given to health-care assistants (HCAs) who are not regulated yet are being allowed to do more and more. HCAs in some DHBs are being trained to take blood pressure and blood-sugar levels, and carry out electrocardiographs. HCAs in aged care give out medications from blister packs, and can also draw up insulin for diabetic residents.

Meanwhile, the EN is being left behind. Is it the nursing shortage and underfunding that is driving this? I would say yes.

Now, with the Nursing Council's decision to fully review the EN scope, we are hopefully moving forward into a new era for ENs.

After publishing our survey results in August 2020, our ENS national committee began discussing a potential review of the scope with the Nursing Council. We also discussed a bridging programme for ENs to become RNs without having to complete the three-year bachelor of nursing (BN). (Although some polytechnics do currently give ENs credits in clinical practice for the first year of the BN).

There has also been a lot of discussion regarding the staircase model over the years, which gives HCAs and ENs an achievable pathway to becoming RNs by allowing them to exit and return at any point, as finances and family circumstances allow.

Meanwhile, the EN is being left behind. Is it the nursing shortage and underfunding that is driving this? I would say yes.

The New Zealand diploma in enrolled nursing is provided at eight polytechnics and has a national standardised curriculum – yet ENs throughout New Zealand do not yet have a standardised practice. We are not always allowed to practise to the full extent of our scope – what I can do in Dunedin, an EN may not be able to do elsewhere. For example, some ENs are not allowed to manage admissions and administer medications, although our competencies permit these.

Now, with the Nursing Council's decision to [fully review the EN scope](#) this year, we are hopefully moving forward into a new era for ENs, and the profession of nursing.

We sincerely hope a new scope-of-practice statement will reflect that. We would like to see the complete removal of the wording “under direction and delegation”, and replace it with wording which fully reflects how an EN practises now.

Our suggestion was “the EN works in collaboration and partnership with the RN or NP to deliver nursing care and health education across the life span to health consumers in community, residential or hospital settings”. This statement is not task-oriented but future-focused and forward-thinking for enrolled nursing in Aotearoa. Such a scope allows ENs to not be confused with the unregulated health worker, but recognised as a nursing professional alongside the RN.

Robyn Hewlett is outgoing chair of the NZNO Enrolled Nurse Section. She has been involved with the ENS for 26 years, including three spells as chair.

Reference

1. Vision 2000 Committee. (1991, March 14-16). *Vision 2000: Project 1991: A forum on nursing & midwifery education*. Auckland, New Zealand.

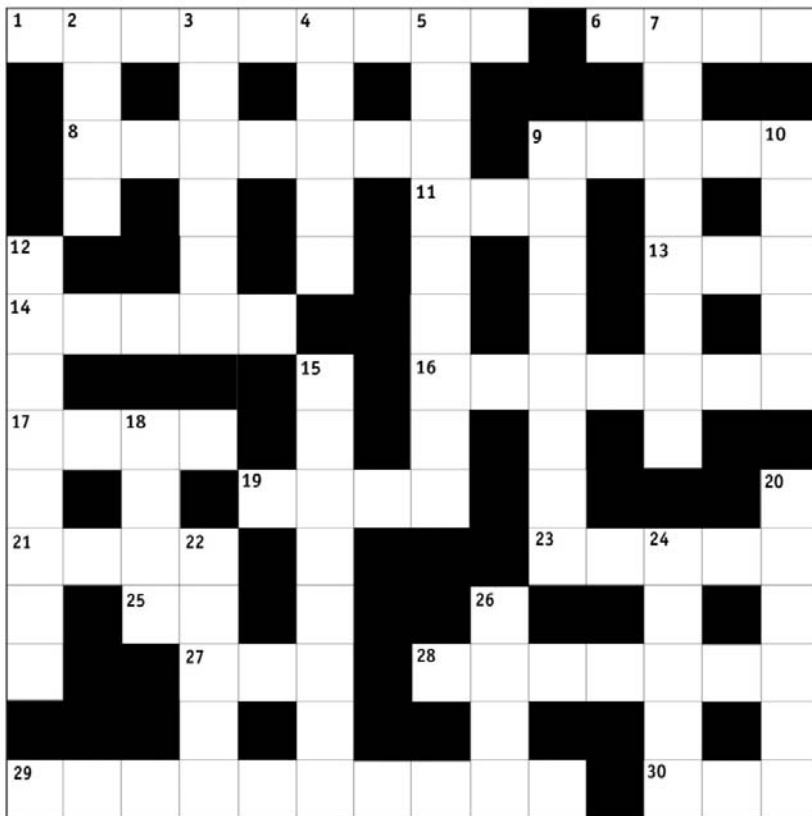
PUZZLES

JUNE crossword

BY KATHY STODART

June 21, 2022

Print out this crossword grid (see PRINT tab at bottom right of page), and use the clues below.



ACROSS

- 1) Hospital department where ambulances arrive.
- 6) Five (Māori).
- 8) More delicious.
- 9) Of the countryside.
- 11) Night before.
- 13) Vessel for washing or bathing.
- 14) Leaves out.
- 16) Unfilled job.
- 17) It leads to the desire to scratch.
- 19) Just, reasonable.
- 21) Defrost.
- 23) One who gifts body organ.
- 25) Either/___, neither/nor.
- 27) Small, trivial (Māori).
- 28) Varied.
- 29) Stealing of intellectual work.
- 30) Tolkein's tree-like creature.

DOWN

- 2) The country (Māori).
- 3) Outcome.
- 4) Corrects.
- 5) Most common staff role in aged care.
- 7) Thing that causes 17 Across.
- 9) Spurned.
- 10) Press government for change.
- 12) Care that involves the whole person.
- 15) Nazi symbol.
- 18) Italian greeting.
- 20) Needing quick action.
- 22) Squeeze out water.
- 24) Most common professional in health.
- 26) Comes in first.

May answers

ACROSS: 1. Exhausted. 5. Dead. 7. Billion. 8. Suffer. 10. Robust. 12. Mandate. 14. Engine. 16. Repeat. 17. Vie. 20. Tahi. 21. Pango. 22. Amateur. 23. Hygiene.

DOWN: 2. Ail. 3. Shortage. 4. Discharge. 5. Defund. 6. Amen. 7. Barrier. 8. Lobe. 11. Text. 13. Migrant. 15. Carnage. 16. Rest. 17. Virus. 18. Vogue. 19. Soak. 21. Plug.

OPINION

Looking after your health and wellbeing in a pandemic

BY HELEN DUYVESTYN

June 30, 2022

Mental health nurse and life coach Helen Duyvestyn shares her insights into maintaining our chill in the midst of a global pandemic.



Helen Duyvestyn

The pandemic is probably one of the biggest challenges that health-care professionals have ever faced.

It's been two years and there are many things at play that may be causing you to feel stressed and/or burnt out: The uncertainty around the pandemic itself, the staffing issues your area might be facing, concerns for your own health and well-being, juggling family duties, and guilt or other difficult emotions that you may have been experiencing.

From my experience and years of exploration into mental well-being and building resilience, supporting yourself needs to come from more than one avenue. We need to look at self-care for our body, our mind and our soul.

Here are some recommendations on how to care for yourself during this time.

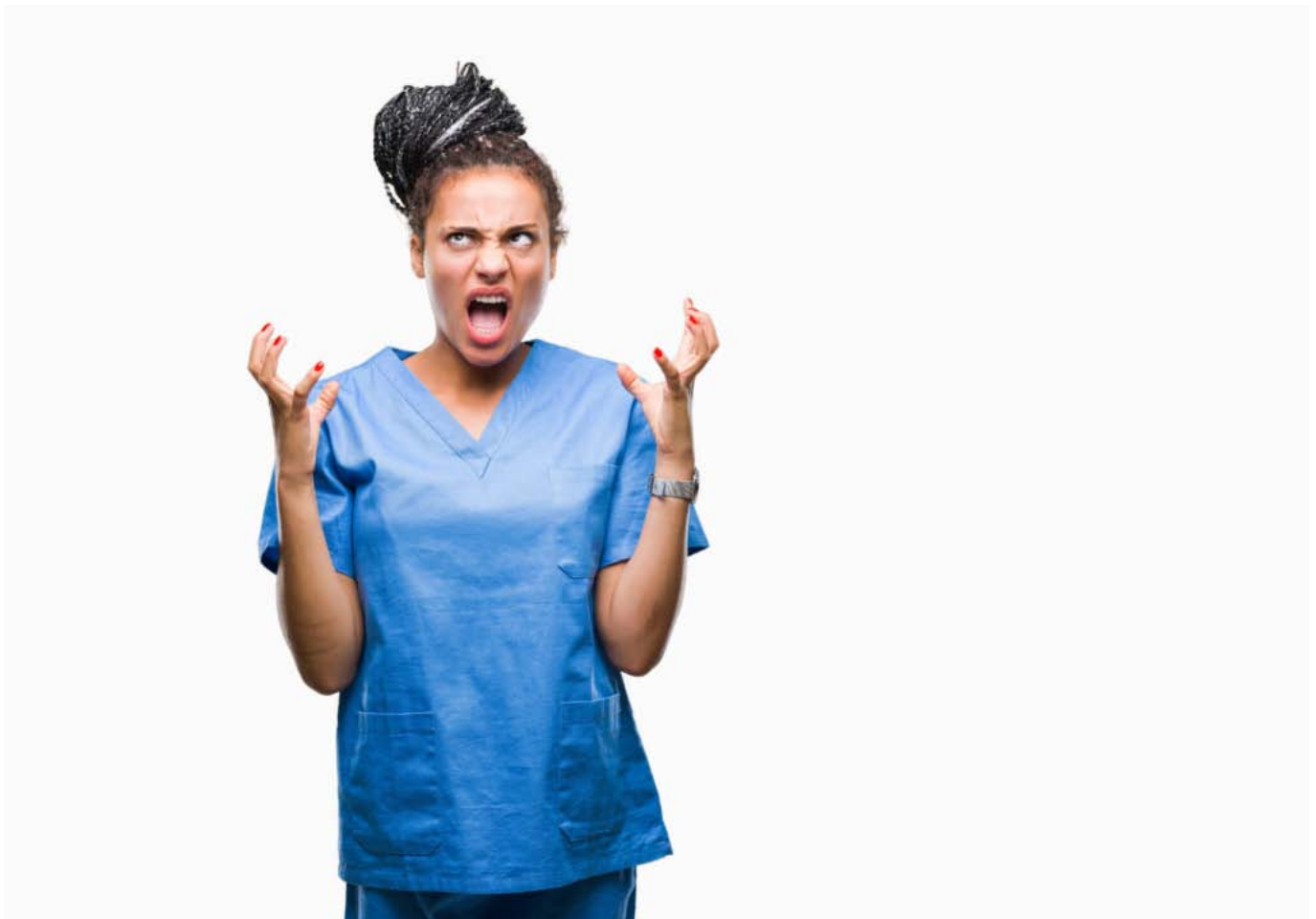
Physical (the body)

To create long-term wellness and have mental and physical well-being, we need to start with the basics — what I term the long-term fundamentals of self-care. We need sleep, rest, relaxation and down time. This is important for recovery (of both mind and body), it supports our immune system, it helps stabilise hormones such as ghrelin and leptin, involved in food satiety as well as cortisol and melatonin. It gives us space to regroup, refocus and renew ourselves mentally, allowing us to see things in a new light. It promotes creativity and solidifies learning which can be especially important when figuring out ways to solve problems.

Ensure you are getting adequate sleep for your needs — the recommended amount is seven to eight hours (some need more, others less). Utilise sleep hygiene techniques wherever possible to support this.

Something often overlooked in mental health and resilience education, is what you put on your plate. For optimum mental wellness, we actually need good nutrition. Food has a lot to do with mood — so pulling back on the alcohol, sweets, processed carbohydrates (and processed food in general) and focusing on a whole-food mostly plant-based diet can have a huge impact on how we feel. There is research that supports the use of B vitamins in times of stress — and many people find extra nutrients in the form of high-quality supplements helpful.

Movement/physical activity, in whatever form it comes in — work, gardening, walking, gym, yoga, dancing — is associated with improved mental health, physical health and general overall wellbeing. However I often see issues with people who over-exercise. If you are already physically on your feet all day and feeling exhausted — doing a hard workout might be the last thing you need. Instead, look at something gentle and nurturing. Yoga, nature walks and tai chi are more calming, relaxing and less draining on the body.



Health-care professionals need to remember the old adage: Fill your own cup first, for it is doing so that enables us to help others.

Mental

Meditation and mindfulness have been shown to be very helpful in reducing the stress response and promoting relaxation.

A simple practice to help to calm the mind and body is simply noticing your breath, placing all your focus on your breathing. Ensure you are breathing through the nose, and try to slow the breath right down — make it long and slow. Focusing on the exhalation actually supports the parasympathetic (the rest and digest) system.

While focusing on your breath, you can also try practising being in the present moment. Let thoughts come and go, don't buy into all the stories your thoughts tell you and allow them to pass.

A strange but simple technique is the half-smile. Research has shown that a simple half-relaxed smile actually improves mood and may help you feel a little less stressed.

Soul

During this time it is important to do things that nurture your soul. What can you do for yourself? What do you know you can do that makes you feel good? Go for a nature walk? Speak to a friend/family member? Prepare a nice meal or food treat? Go for a swim? Head to the bush? You may choose to turn off all media for 24 hours or so and give yourself a break from it all. Spend the time watching the grass grow, smelling the flowers and noticing the sky.

Remember: We are truly all in this together. We are all struggling, trying to do our best. Practise self-compassion and kindness, not only to others but especially to yourself. Self-compassion can help reduce burnout and stress. You can find guided self-compassion meditations online from experts such as Kristen Neff.

Get checked out

If you are doing all the above and still struggling, don't hesitate to get a full assessment from your general practitioner. There are medical factors that can cause changes in mood or mental state and it's important to have these ruled out.

Some obvious issues to rule out include: Anaemia (which can affect mood, energy and sleep and present as mild depression), hypothyroidism (which can present as feeling low in energy, fatigue, wanting to sleep all the time as well as increased weight gain despite a reduced appetite) and low B12 and folate levels.

Remember you can also request EAP (Employee Assistance Programme) counselling, or counselling through your GP.

As health-care professionals, we need to remember the old adage: Fill your own cup first, for it is doing so that enables us to help others.

Helen Duyvestyn, RN, MHSc, PGDipHSc (MH nursing), has over 20 years experience in nursing including 15 in mental health. She now runs a wellbeing service for people with mild mental health needs, [One Life](https://www.onelifenz.com/). (<https://www.onelifenz.com/>)