Kaitiaki
NURSING
NEW ZEALAND

NEWS

‘Just don’t give up’: Decades-long journey sees Kate Te Pou become nurse practitioner

BY JOEL MAXWELL

March 30, 2022

Kate Te Pou’s journey started with a childhood spent in hospitals, continued when she became a nurse in the ’80s – now after the “hardest year” of her study life, it’s taken a new turn.

Kate Te Pou, back in green, relaxing with whānau who supported her during her learning journey.

Te Pou graduates from Massey University in May with her postgraduate diploma in nursing to become a nurse practitioner (NP) — after completing a Masters in Nursing.

"I deviated off course several times. You might have to put your dream on hold but if you've got a vision, it doesn't matter. Even if life side-tracks you, that still makes you who you are. It gives you those experiences and builds you up."

Her drive to become a nurse came after she spent much of her early childhood in hospital due to asthma — and surviving two paediatric cardiac arrests. Those years gave her a firsthand look at the impact of nursing in health care.

Te Pou started her nurse training in 1986, and via a series of life-changing work experiences here and overseas, and her latest education stint has fulfilled her dream to become an NP.

Kate Te Pou and her husband Tuiringa at Massey graduation for her Master in Nursing in 2021.

She initially started her NP studies back in the late 1990s — which would have placed her as one of the first waves of registered NPs in the country.

Instead Te Pou paused her study to travel and work in the United Kingdom with her family — a journey meant to last a single year, which ended up lasting six. This stint included work as a nurse manager in an intensive care unit (ICU).

She is Tararā-Māori, a person of Dalmation and Māori heritage from northern iwi Ngāpuhi, and was adopted according to Māori tradition as a whāngai in a whānau from Ngāti Tūwharetoa.

In 2018 she returned to study and was tasked with creating a Māori model of health care for a summer school course.

> **"Now I can say, I've become an equivalent of what my aunties would call a doctor."**

"It was a real lightbulb moment because it was relationship-centred. In whakawhanaungatanga, establishing relationships in a Māori context, you must give a little of yourself – this is who I am, and this is where I come from – to develop a connection..."

Her *Te Manawa o Te Ora/The Breath of Life* concept saw her gain top marks in the course, and an invitation to join the NP programme.

With her own experiences with asthma, Te Pou said she wanted to become a nurse practitioner in long-term care with a respiratory focus looking at the whole person and their health. "Studies around long term, multiple conditions show that whaiora [patients] and whānau want consistency and continuity of care..."

She is now working in Hawke's Bay as an NP in long-term care with expertise in respiratory health. It comes after what she described as the "hardest study year" of her life.

Her advice to others thinking about taking up the study was "don't give up". "It doesn't matter how hard it is or if it takes you 20-odd years like me, don't give up because life's still a journey."

Te Pou said for years she'd had aunties ask, "when are you going to become doctor Kate?"

"Now I can say, I've become an equivalent of what my aunties would call a doctor. It's because of having those conversations at the marae that inspired me to ask myself, 'What can you do for the people?'"

Kaitiaki
NURSING
NEW ZEALAND

NEWS

Canterbury regional hospitals closing as COVID-19 hits nurses

BY MARY LONGMORE

March 7, 2022

Canterbury District Health Board (CDHB) is temporarily closing four of its smaller regional hospitals to prepare for COVID-related staff absences, NZNO organiser Lynley Mulrine confirmed.

Oxford, Waikari, Ellesmere and Darfield hospitals will be shutting their doors from next week, Mulrine said. "They're doing it in anticipation of staff being off – and for once being pre-emptive is quite helpful."

Lynley Mulrine

Some of the 87 staff affected may be redeployed to the community response, however it would be only with their agreement, another organiser Helen Kissell said.

CDHB had assured NZNO the closure would only be temporary, Kissell added.

Darfield Hospital has eight beds providing for elderly, respite and end of life care. Ellesmere has 10 beds and provides older person care. Oxford Hospital has 15 beds and provides convalescence, palliative and long-stay care. Waikari Hospital provides a range of services.

Kissell said, while temporary, the closures would have a significant impact on staff, almost all nurses, as well as residents. All redeployment options would be by agreement, she said.

The closures were planned for March 15, when Omicron was projected to be near its peak. Kissell said the closure was for 12 weeks as CDHB anticipated the effect of Omicron lasting about eight weeks after the peak. "It is a difficult situation, but it is a difficult situation for our members too."

Darfield Hospital

Mulrine said staff absenteeism was growing and on March 3, there were 302 CDHB staff on COVID-related sick leave, including 116 nurses. "I think we're starting to see it grow exponentially now,"

COVID-related absenteeism is projected to hit 25-45 per cent of the health workforce at the peak of the Omicron outbreak, NZNO has said.

Canterbury organiser Ron Angel said staff were "managing okay, right now [but] it's a day by day basis". He said CDHB was expected to move to the next stage of its response this week, bringing in staff from "non-essential" services, diverting end-of-life patients to other providers and postponing most non-urgent procedures.

Ron Angel

No department was "really badly hit" so far, Angel said, however as case numbers grew, it was "highly likely" to feel the squeeze. There were 1390 new cases in Canterbury reported today, including 19 in hospital.

CDHB had projected a peak of 3500 COVID cases per day and actual numbers seemed to be tracking closely against projections, Angel said.

Kaitiaki
NURSING
NEW ZEALAND

PRACTICE

COVID anxiety – helping patients cope

BY DAVID CODYRE

March 8, 2022

Constant media saturation over the past two years has painted a catastrophic picture of COVID-19. While this has helped drive up immunisation rates, it is having unintended consequences.

GRAPHIC: ADOBE STOCK

Overseas experience and local modelling tell us that we are facing a three-month period of extensive community spread of the Omicron variant of COVID-19, before we enter the endemic phase and learn to live with this virus.

KEY POINTS

- Many people will experience significant symptomatic health

With our high immunisation rates, and lower rates of severe symptoms with Omicron, we may not see the devastation that has accompanied widespread community transmission of earlier variants overseas.

However, this comes after two years of mainstream and social-media saturation regarding COVID-19, and, as we know, not all information is good information. A lot of the "news" we have heard is alarmist and has little or no basis in fact. Added to this constant stream of catastrophic stories and images has been the active disinformation promoted – it seems we live in the age of conspiracy theory becoming "fact"!

Mental health consequences

The consequence of this is a level of fear of COVID-19 that is out of proportion to the actual risk most people face, especially with Omicron. Associated with that fear is significant stigma, adding to the challenges anyone who tests positive will face.

Anecdotal local experience (including that of health professionals) and overseas data tell us that a positive COVID-19 test is likely to evoke significant health anxiety in many people. As with any anxiety-provoking life situation, most will cope and manage this themselves, but for some, it will trigger problematic health anxiety, which is likely to complicate assessment and management of their viral illness.

- anxiety on testing positive for COVID-19, regardless of the variant.
- Some symptoms of health anxiety can also be symptoms of COVID-19, so will heighten anxiety and potentially drive unnecessary help-seeking at a time when health services are likely to be struggling.
- General practice will have a key role to play as part of wider care of people with COVID-19, in recognising and supporting people with this form of health anxiety.
- Normalising an anxious response, providing balanced information and reassurance, and promoting usual coping strategies and online resources will help most patients.

Health anxiety (or "illness anxiety disorder" as it is called in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*[1]) is a type of anxiety disorder where people spend excessive amounts of time worrying about being or becoming unwell. Typical symptoms include obsessive scanning of the body for symptoms, catastrophic interpretation of these symptoms, worrying about normal bodily sensations and/or interpreting these as signs of illness, obsessively researching diseases and/or taking extreme action to avoid exposure to disease.

With health anxiety, people are hypervigilant for bodily symptoms and then

have catastrophic thoughts regarding the significance of those symptoms.

Not surprisingly, people with health anxiety tend to present frequently in primary care.

So, while there will be people in our communities (and among health professionals) who have a degree of health anxiety in anticipation of the risk of contracting COVID-19, it is likely we will see a bigger group for whom the experience of contracting COVID-19 and testing positive will trigger significant anxiety.

The little research that has been done on this topic suggests female gender and having a pre-existing mental or physical health condition are the main predictors of risk of COVID-19 health anxiety, along with living alone and poor tolerance of uncertainty.[2,3]

Most people with health anxiety are aware their worry is excessive. PHOTO: ADOBE STOCK

Significant anxiety of any kind is accompanied by a range of physical symptoms, such as light-headedness, chest tightness or pain, subjective difficulty breathing/breathlessness, palpitations, muscle tightness/pain, nausea and diarrhoea.

With health anxiety, people are hypervigilant for bodily symptoms and then have catastrophic thoughts regarding the significance of those symptoms; a quick Google search will reveal that

most of the above somatic anxiety symptoms are also symptoms of COVID-19.

Complicating assessment in an environment where community management of COVID-positive cases will be virtual, where possible, is that the more serious symptoms of infection, such as breathlessness, are of course anxiety provoking.

Assessment and management

Assessment of any patient positive for COVID-19 begins with careful review of physical symptoms of the viral infection. As positive case numbers increase, supply of pulse oximeters will be restricted to those with significant risk factors, so, for everyone else, assessment will rely fully on history and the signs that can be assessed virtually. Most COVID-19 symptoms are not seen in anxiety, and the presence of overt anxiety does not preclude serious infection!

However, the great strength of primary care is that, in general, patients have a high level of trust in the team.

The key clue to the presence of health anxiety is where the level of illness-related anxiety significantly exceeds the apparent severity of symptoms. Where this is the case, gentle enquiry regarding how the patient is coping with testing positive and having to self-isolate is a good place to start, along with normalising the situation as being stressful!

Most people with health anxiety are aware their worry is excessive and will be relieved to share that worry.

The key clue to the presence of health anxiety is where the level of illness-related anxiety significantly exceeds the apparent severity of symptoms.

Also enquire about whether they are safe in their living situation and have access to the funds and food they need – worry in the face of these issues is normal and can be managed by referral to your local COVID-19 response NGO support services.

For most patients experiencing COVID-19 health anxiety, the following simple strategies will help them manage this:

1. Normalise an anxious response, and reassure them that this is common in your experience – "they are not alone".

PHOTO: ADOBE STOCK

2. Provide further reassurance that:

    - for most people, Omicron is a mild illness
    - for those who are immunised, risk is minimal
    - you are not concerned (share your assessment)
    - the clinic team will maintain proactive contact, but, of course, if symptoms do worsen, they should contact the clinic.

3. Give advice to focus on what they can control, such as:

    - avoid googling symptoms and media stories about COVID-19
    - engage in quiet activities that provide distraction – reading, TV, puzzles, video games, cooking, etc
    - maintain physical activity within the limits of current symptoms
    - reach out to usual social supports – "a worry shared is a worry halved".

4. For practices where the integrated primary mental health and addiction model has been implemented (see "How to treat (https://www.nzdoctor.co.nz/article/educate/how-treat/how-treat-te-tumu-waiora-integrated-primary-mental-health-and-addiction)"), warm handover – where the patient is referred to the practice's health improvement practitioner (HIP) – will provide further support and assistance with strategies to manage anxiety.

5. Provide links to the evidence-based online resources that are free to all New Zealanders, including:

    - the Mentemia (http://mentemia.com/nz/home) app, which is loaded with information and tools proven to boost resilience and reduce stress
    - the well-researched Just a Thought (http://justathought.co.nz/anxiety) generalised anxiety course that teaches skills using online cognitive behavioural therapy
    - mindfulness audio files on the University of Auckland's CALM website (http://calm.auckland.ac.nz/18.html).

With these simple strategies, the majority of patients will manage through what is a stressful time, and as they recover from the viral illness, anxiety will abate. Then, as COVID-19 becomes endemic, life will return to some sort of normal at last.

David Codyre is a primary care psychiatrist and clinical lead mental health at Tāmaki Health, Auckland

* This article was originally published in New Zealand Doctor Rata Aotearoa (https://www.nzdoctor.co.nz/), and is republished here with permission. (Nurses may find that reading this article and reflecting on their learning can count as a professional development activity with the Nursing Council of up to 0.25 PD hours).

References

1. American Psychiatric Association. (2013). Illness anxiety disorder. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.*
2. Kurcer, M. A., Erdogan, Z., & Cakir Kardes, V. (2022). The effect of the COVID-19 pandemic on health anxiety and cyberchondria levels of university students. *Perspectives in Psychiatric Care,* 58(1), 132-40. https://pubmed.ncbi.nlm.nih.gov/34018194/
3. Heinen, A., Varghese, S., Krayem, A., & Molodynski, A. (2021). Understanding health anxiety in the COVID-19 pandemic. *International Journal of Social Psychiatry*, 25 November, online. https://pubmed.ncbi.nlm.nih.gov/34823387

Kaitiaki
NURSING
NEW ZEALAND

OPINION

Crisis of staffing and resourcing 'intolerable': new NZNO chief executive shares vision

BY PAUL GOULTER

March 7, 2022

Kia ora koutou – ngā mihi nui ki a koutou katoa. Ko Paul Goulter tōku ingoa.

My name is Paul Goulter and I am privileged to have been appointed chief executive of NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa.

Before I go on, just a little about myself. To take up this role, I resigned as national secretary of NZEI Te Riu Roa, the union of primary and early childhood teachers, support staff and Ministry of Education employees.

Paul Goulter

In my time there and with my previous experience in the union movement I have consistently seen the critical role that nursing unions play in representing and campaigning for their members as well demanding a recognised voice for the profession within the health sector.

I want to acknowledge the solidarity and unity of our members in this most difficult of times. Your contribution to the wellbeing of the peoples of Aotearoa New Zealand is widely acknowledged and comes at great personal cost – a cost that is the foundation of your profession.

As NZNO members you have done great things, but our challenges remain.

So what do I see as those challenges and how should we take them on?

Basically I see the union movement built on two cornerstone unions – the teaching unions and the nursing union.

What we bring to the table is something other unions struggle to attain. We bring a unique combination of industrial and professional capacity. A capacity that engages all of our members in winning whatever they set out to win.

> **"We need to build a powerful NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa that is rigorously fixated on winning."**

And to do that we need to be powerful – a powerful voice but more importantly a powerful force for change.

I believe that while our union has done great things, we can be better.

We need to build a powerful NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa that is rigorously fixated on winning. A NZNO that will embrace innovation and change and an NZNO that will continuously learn and be out there – visibly campaigning to win on our issues.

And fundamental to that is the crisis of staffing and resourcing. Your situation right across all of the parts of the sector is intolerable.

We have heard everyone saying how bad it is but what difference has that made? So we need to change things up: and to do that we are going to take a very public campaign out there – engaging our members, our whānau and communities – making it clear this has to change and change now.

Fundamental to that are our Te Tiriti obligations. NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa has embraced those obligations but we need to hardwire that right across the union.

In my previous union we called it *Moku te Ao*. NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa will develop its own take but we cannot win in Aotearoa New Zealand unless we acknowledge and address the fundamental issues of Māori health and the situation of those working in those areas. This must be part of the win.

That is what I bring to NZNO. It will require change – significant change in some areas but change that is worked through professionally and practically.

I already sense that our members are up for that – taking action (whatever that looks like) right across the motu to win on the issues close to our members′ ambitions.

I am really looking forward to meeting as many of you as possible and hearing from you about what you want from NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa.

Interesting times ahead!

Kaitiaki
NURSING
NEW ZEALAND

NEWS

First $22 million wave of cash announced for Interim Māori Health Authority

BY JOEL MAXWELL

March 16, 2022

Māori health spending, including nurse recruitment, received a $22 million boost with the initial tranche of promised funding for once-in-a-generation reforms.

Associate health minister (Māori health) Peeni Henare. (FILE)

Health minister Andrew Little announced the funding on Tuesday, part of the government's

ambitious reforms of the health system.

The money for the Interim Māori Health Authority (IMHA) was planned for a raft of services and programmes including:

- $3m for mātauranga Māori (traditional Māori knowledge) initiatives and services.
- $6m to support Māori providers with innovation and sustainability.
- $5m to support kaupapa Māori approaches to population health.
- $2m to expand existing rongoā services.
- $2m to support Māori workforce development.
- $3.2m was allocated to establish iwi-Māori partnership boards this year.

Under proposed changes to the health system, all 20 district health boards (DHBs) would be combined into a single entity, Health NZ, and a Māori Health Authority (MHA).

Currently, the IMHA operates as a department within the Ministry of Health — till legislation underpinning the reforms would make it a separate, permanent entity from July 1 this year.

The IMHA board is co-chaired by Sharon Shea and Tipa Mahuta, and the chief executive is Riana Manuel – herself a registered nurse.

Associate Health Minister (Māori health) Peeni Henare said the system had "for too long" failed to address the disproportionate bad health outcomes facing Māori.

"On average, Māori die seven years younger than other population groups. This situation cannot be allowed to continue."

The initial funding would "lay the foundations" for the MHA's ongoing role supporting kaupapa Maori health services, he said.

The $22m comes from Budget 2021's MHA commissioning funding.

In December last year, then-chief executive of Counties Manukau District Health Board, Fepulea'i Margie Apa was appointed chief executive of the interim Health NZ.

Kaitiaki
NURSING
NEW ZEALAND

PRACTICE

Hand hygiene: A student nurse perspective

BY KEENAN D'SOUZA, KATARINA CAMPBELL, AMJAD ALSIYABI, SALLY DAVIS, LUCY HOU, REBECCA ZHAO AND JACKIE WILLIAMS

March 21, 2022

RNs should be setting an example to student nurses on how to perform hand hygiene to the highest standards.

Hand hygiene knowledge must be shared with patients and visitors. PHOTO: ADOBE STOCK

Registered nurses (RNs) and student nurses have the most contact with patients. Therefore, it is essential that both these groups use effective hand hygiene techniques to prevent hospital-acquired infection in patients.[1]

RNs also need to be accountable for ensuring hand hygiene is performed adequately by other health professionals.[2] However, during recent clinical placements we all witnessed incidents of inadequate hand hygiene, including an RN drying her wet hands on the back of her uniform. This is alarming in a world experiencing a deadly pandemic.

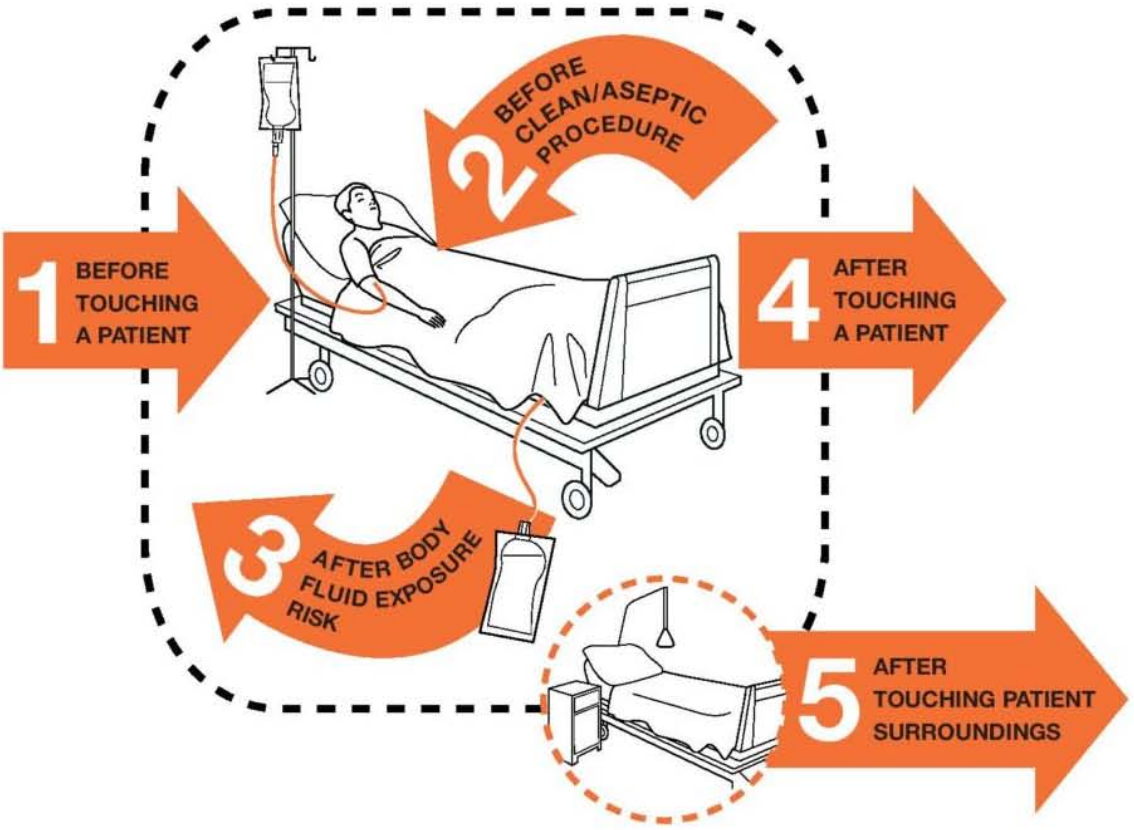
New Zealand Government and health officials have emphasised the importance of hand washing to stop the transmission of COVID-19.[3] This article discusses the pressures on nurses that undermine the gold standards of hand hygiene in the workplace. We explain the notion of the five moments of hand hygiene, and present reasons why hand hygiene can be a struggle for RNs. We give examples of exemplary hand hygiene compliance and make recommendations to ensure RNs provide a hygienic environment for patients.

Defining the gold standard of hand hygiene

The World Health Organization[4] has devised a "five moments for hand hygiene" framework, which is considered the gold standard for optimal hand hygiene in health care.[5] It specifies that care providers must wash their hands

- before touching a patient,
- before aseptic procedures,
- after body fluid exposure or risk,
- after touching a patient,
- and after touching a patient's surroundings.[4]

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.

World Health Organization | Patient Safety
A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

New Zealand health services use the WHO's "five moments" approach so health-care workers can provide safe care for patients and minimise risk of and transmission of infection to patients and themselves.6 Principle 4 of the Nursing Council's *Code of Conduct for Nurses*7 prompts RNs to employ health-care interventions to maintain consumers' trust. This requires competent RNs to nurture hygienic environments.

The five moments of hand hygiene is a simple and effective strategy to break the chain of infection.

Many countries around the world use the five moments as their gold standard for hygiene compliance, but studies often find that awareness and observance of the five moments are low.8 A study in South Africa found that RNs had the most inadequate hand hygiene compliance of all health-care professionals, with a prevalence of 15.76 per cent.9 This finding shows the importance of RNs improving their hygiene skills as they are the health-care professional most in contact with patients. However there are barriers which can make this a challenge.

Contributors to poor hand hygiene

Deterioration of hand hygiene practices may reflect systemic issues in modern health care.10 RNs have heavy workloads, leaving little time for washing hands properly. Another contributor to poor hand hygiene may be that wards lack the necessary facilities.10 Problems can include empty or broken hand sanitisers. This makes maintaining hand hygiene harder, and fixing equipment adds to nurses' already heavy workloads.

PHOTO: ADOBE STOCK

Moreover, patient-centred care requires nurses to place a higher priority on attending to patient needs than changing a sanitiser dispenser. Intergenerational factors could also potentially induce maladaptive hygiene practices. One study found a decline in performing hand hygiene among third-year nursing students, compared to first-year nursing students. This was attributed to the third-year nursing students seeing their preceptors washing their hands incorrectly.11

Positive measures we observed

The availability and effective placement of hand hygiene resources, including hand sanitisation stations and hand gels, is essential for the successful implementation of hygiene guidelines.[12] On placement, we also saw aspects of hand hygiene that were working well. An example of this was the provision and consistent maintenance of hand hygiene equipment. Bottles of cleansing gel were placed at each patient's bedside and at the entrance to every patient room. Also, several handwashing stations — consisting of a basin, hand soap, and paper towels – were placed throughout the ward. These measures contributed to the frequency at which RNs practised the five moments of hand hygiene.

On placement, we also saw aspects of hand hygiene that were working well. An example of this was the provision and consistent maintenance of hand hygiene equipment.

Another positive measure we observed involved tracking hand-hygiene compliance. One nursing student observed the charge nurse writing how well hand hygiene was being performed on the whiteboard in the nursing station. This served as a visual reminder for nurses to uphold hygiene standards and meet the criteria of the ward. The charge nurse held fortnightly meetings to discuss the observed data and hand hygiene compliance. This regular auditing appeared to be effective in maintaining adequate hand hygiene practices.

Recommendations

The approach to achieving good hand hygiene is multifaceted: there are numerous ways RNs can work to bring about the best outcomes. As previously mentioned, the charge nurse resuming responsibility for the ward is a starting point. A systematic review carried out in 2019, showed that interventions based on leadership and social support promote long-term adherence to hand hygiene.[13] Therefore, charge nurses should be active agents in their ward by tracking hand hygiene compliance to ensure that all RNs on the ward undertake their duty with due diligence.

A 2017 systematic review[14] sought effective intervention to improve compliance among nurses. The most common ways hand hygiene compliance was improved were through education and workplace

The latest NZ data

Hand hygiene compliance in New Zealand health facilities has remained high and improved during the COVID-19 pandemic, the Health Quality & Safety Commission (HQSC) says.[16]

The HQSC audits compliance with the WHO's five moments for hand hygiene framework. Its most recent hand hygiene compliance report (covering July to

strategies. Education is the most fundamental, as every RN has been instructed to wash their hands during basic training. Student nurses are responsible for ensuring their hand hygiene is carried out correctly.[15] Nursing students should take notice of poor hand hygiene habits and learn from their preceptors. If the student nurse is performing inadequate hand hygiene, the RN is responsible for observing and educating the student.[14]

Reminders around the workplace, such as posters and signs prompting nurses to wash their hands and showing the proper way of doing so, are credited as one of the main ways of improving hygiene.[14] This strategy benefits not only nurses but everyone else on the ward. Since the posters will be displayed on the walls for all to see, patients and their friends and family can see that they must also play their part in maintaining hand hygiene.[13] It is essential to share this hygiene knowledge with patients and visitors as not everyone knows how to do it.[2] This strategy will thus sponsor a culture that promotes hand hygiene and popularises it among the wider community.

Role modelling plays a vital role in ensuring that hygiene practices are performed to a commendable standard. This means that RNs must remain disciplined when washing their hands so the students can witness the correct hygiene methodology. When the nursing student is completing duties for patients, it is then crucial for preceptors to supervise them and push them to maintain the five moments.[11] The role of the student nurse is to seek help if they are not sure about the five moments, by attending lectures related to hand hygiene, searching online for guidance, and practising it during clinical placement.[11]

October 2021) found 16 of the 20 district health boards (DHBs) were at or above the target 80 per cent compliance rate, as were 17 of 21 private surgical hospitals (PSHs).

The aggregate national compliance rate for DHBs was 87.5 per cent, compared to 86.2 per cent in the previous audit period. For PSHs, national compliance was 82.4 per cent.

The HQSC said the four DHBs who didn't reach 80 per cent were not far away from it, rating 77.6 percent or above.

In DHBs, nurses and midwives had a compliance rate of 90 per cent, student nurses and midwives 87.7 per cent, and doctors 81.6 per cent. The HQSC said this audit period was the first time medical professionals had reached a compliance rate of 80 per cent or more.

These recommendations will ensure that RNs establish accountability in the health-care setting and uphold high health and safety standards.

Conclusion

In today's international circumstances, good hand hygiene is imperative. The five moments of hand hygiene is a simple and effective strategy to break the chain of infection. Adequate hand hygiene facilities are required, but it is also crucial to raise awareness about good technique. RNs, as health professionals, must practice strict hand hygiene and encourage nursing students to do the same. Through implementing strategies in and out of the workplace, RNs can do their part to ensure proper hand hygiene in the nursing profession.

Keenan D'Souza, Katarina Campbell, Amjad Alsiyabi, Sally Davis, Lucy Hou and **Rebecca Zhao** are third-year nursing students at the University of Auckland. **Jackie Williams, RN, BN(hons)**, is a professional teaching fellow in the University of Auckland School of Nursing, and is the students' academic supervisor.

- *This article was reviewed by Jo Stodart, RN, MPH, an infection prevention and control charge nurse at Southern District Health Board and a member of the Infection Prevention & Control Nurses College NZNO.*

References

1. Sickbert-Bennett, E. E., DiBiase, L. M., Willis, T. M. S., Wolak, E. S., Weber, D. J., & Rutala, W. A. (2016). Reduction of healthcare-associated infections by exceeding high compliance with hand hygiene practices. *Emerging Infectious Diseases*, *22*(9), 1628–1630. https://doi-org.ezproxy.auckland.ac.nz/10.3201/eid2209.151440 (https://doi-org.ezproxy.auckland.ac.nz/10.3201/eid2209.151440)
2. Perkins, A. (2017). Hand hygiene. *Nursing Made Incredibly Easy! 15*(6), 1–7. https://doi.org/10.1097/01.nme.0000525554.52280.69 (https://doi.org/10.1097/01.nme.0000525554.52280.69)
3. Wilson, S. (2020). Pandemic leadership: Lessons from New Zealand's approach to COVID-19. *Leadership and the Coronavirus Crisis*, *16*(3), 279-293. https://doi.org/10.1177/1742715020929151 (https://doi.org/10.1177/1742715020929151)
4. World Health Organization. (2021). *Save lives – Clean your hands.* (https://www.who.int/campaigns/world-hand-hygiene-day)
5. Gould, D. J., Drey, N. S., & Creedon, S. (2011). Routine hand hygiene audit by direct observation: Has nemesis arrived? (https://pubmed.ncbi.nlm.nih.gov/21316122/) *Journal of Hospital Infection*, *77*(4), 290-293.
6. Roberts, S., Freeman, J., & Jowitt, D. (2016). Hand hygiene New Zealand: The value of a national program in achieving and sustaining hand hygiene performance. In *Open Forum Infectious Diseases* (Vol. 3, No. suppl_1). Oxford University Press. https://doi.org/10.1093/ofid/ofw172.1074 (https://doi.org/10.1093/ofid/ofw172.1074)
7. Nursing Council of New Zealand. (2012). *Code of Conduct for Nurses.* (https://www.nursingcouncil.org.nz/Public/Nursing/Code_of_Conduct/NCNZ/nursing-section/Code_of_Conduct.aspx)
8. Woodard, J. A., Leekha, S., Jackson, S. S., & Thom, K. A. (2019). Beyond entry and exit: hand

hygiene at the bedside. (https://pubmed.ncbi.nlm.nih.gov/30584017/) *American Journal of Infection Control*, *47*(5), 487-491.

9. Bale, T. L. A., Ramukumba, T. S., & Mudau, L. S. (2021). Evaluation of compliance to the World Health Organization's five moments of hand hygiene: Cross-sectional observation of healthcare professionals. *Southern African Journal of Infectious Diseases, 36*(1), 255. https://doi.org/10.4102/sajid.v36i1.255 (https://doi.org/10.4102/sajid.v36i1.255)
10. Bezerra, T. B., Valim, M. D., Bortolini, J., Ribeiro, R. P., Marcon, S. R., & Batista Moura, M. E. (2020). Adherence to hand hygiene in critical sectors: Can we go on like this? (https://pubmed.ncbi.nlm.nih.gov/32301162/) *Journal of Clinical Nursing*, 23(13-14), 2691-2698.
11. Magaldi, M. C., & Molloy, J. (2010). Using Student Nurses as Hand-Washing Ambassadors. *Nurse Educator*, *35*(5), 183–185. https://doi.org/10.1097/nne.0b013e3181ed8189 (https://doi.org/10.1097/nne.0b013e3181ed8189)
12. Hand Hygiene New Zealand. (2009). *Guidelines on Hand Hygiene for New Zealand Hospitals.* (https://www.dcnz.org.nz/assets/Uploads/Consultations/2015/Infection-prevention-control-submissions/Att-2-CDHB.pdf)https://www.dcnz.org.nz/assets/Uploads/Consultations/2015/Infection-prevention-control-submissions/Att-2-CDHB.pdf
13. Martos-Cabrera, M. B., Mota-Romero, E., Martos-García, R., Gómez-Urquiza, J. L., Suleiman-Martos, N., Albendín-García, L., & Cañadas-De la Fuente, G. A. (2019). Hand Hygiene Teaching Strategies among Nursing Staff: A Systematic Review. *International Journal of Environmental Research and Public Health. 16*(17), 3039. https://doi.org/10.3390/ijerph16173039 (https://doi.org/10.3390/ijerph16173039)
14. Doronina, O., Jones, D., Martello, M., Biron, A., & Lavoie-Tremblay, M. (2017). A systematic review on the effectiveness of interventions to improve hand hygiene compliance of nurses in the hospital setting. (https://pubmed.ncbi.nlm.nih.gov/28114724/) *Journal of Nursing Scholarship*, *24*(2), 143-152.
15. Lillekroken, D. (2019). Teaching Basic Nursing Care: Nurse Preceptors' Perceptions about Changing the Teaching Context from the Clinical Setting to a School Simulation Lab. *International Journal of Nursing Education Scholarship, 16*(1). http://dx.doi.org/10.1515/ijnes-2018-0033 (http://dx.doi.org/10.1515/ijnes-2018-0033)
16. Health Quality & Safety Commission. (2021). *National hand hygiene compliance report.* (https://www.hqsc.govt.nz/assets/Our-work/Infection-Prevention-Control/HH-compliance-report-Jul-Oct21-final-web.pdf)

Kaitiaki
NURSING
NEW ZEALAND

NEWS

New member-led health and safety representative group launches after national meeting

BY JOEL MAXWELL

March 25, 2022

NZNO health and safety (H&S) representatives will form a national member-led group to build an organising and support network.

Ben Basevi

The decision to launch the group was made at a national online meeting of H&S representatives.

Auckland DHB H&S representative Ben Basevi said the decision would see the group aim to provide a member-led NZNO voice "specifically on health and safety in the workplace".

He said it would:

- Develop and promote workshops for NZNO H&S representatives and delegates in using the Health and Safety at Work Act to improve workplace safety and worker well-being.
- Share experiences and knowledge to develop nationally-consistent approaches, escalations, and strategies under the Act.
- Empower, advise, and support individual H&S representatives when exercising their functions and powers to resolve a workplace H&S matter, under the Act.
- Establish a robust working relationship with the independent regulator WorkSafe, both nationally and regionally.
- Ensure that H&S work is fully supported by fellow NZNO members and staff and is always a collective, member-led effort that builds union power.

▪ Link up with other union H&S groups.

Pike River law

Last year, H&S laws were used as a tool to improve staffing levels and hospital security in district health boards (DHBs).

The Health and Safety at Work Act was passed in 2015 in response to the Pike River mining disaster. It allowed H&S representatives to issue provisional improvement notices (PINs) to employers.

The PIN includes a description of a possible breach of the health and safety law and could include possible remedies and a fix-by date.

At the time, Basevi said the notices pushed management to deal with problems as under the law, the DHB board, the CEO and senior officers were legally accountable for any problems.

Rather than dealing with patient safety, the PINs focus specifically on staff safety in the workplace.

Last year hospital H&S representatives issued PINs in Auckland, Wellington and Palmerston North hospitals. The incidents covered staff security and low staffing numbers.

Now, Basevi said the first step in establishing the new group would be to connect via a national NZNO WhatsApp group, "which is now in place".

At the time, Basevi said the notices pushed management to deal with problems as under the law, the DHB board, the CEO and senior officers were legally accountable for any problems.

"All NZNO health and safety representatives are invited and encouraged to join the national NZNO health and safety representative WhatsApp group."

Basevi said the group aimed to set up a single source for members to access health and safety documentation including downloadable templates and/or forms such as a letter of recommendation, request for information, and PINs.

The group would aim to provide copies of issued PINs with a brief commentary of how that PIN was progressed – or not.

Representatives would seek formal NZNO recognition as a group with a home under the NZNO umbrella, he said.

NZNO health and safety representatives can apply to join the WhatsApp group by emailing John.Howell@nzno.org.nz.
Enter the email subject as: Application – NZNO HSR WhatsApp
Please provide your NZNO membership number and your mobile phone number.

Kaitiaki
NURSING
NEW ZEALAND

NEWS

Numbers of nurses on sick/isolation leave ‘unreal’ as hospitalisations grow

BY MARY LONGMORE AND JOEL MAXWELL

March 7, 2022

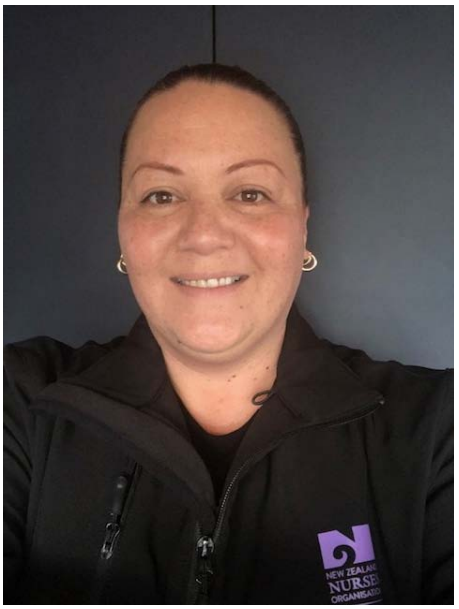
Nurses and their families around the country are falling prey to COVID-19 as hospitalisations near 700.

AdobeStock

Waikato District Health Board (WDHB)'s emergency department was down nine registered nurses (RNs) over the weekend due to COVID sickness/contact, while pressure was intensifying in Auckland, Wellington and Canterbury.

NZNO organiser in Auckland, Sharleen Rapoto said Omicron's impact was "huge" across the city's entire health system.

In the private sector, staff illness/isolation levels meant even office workers were "chipping in" to help on the ground in some facilities, Rapoto said. Meanwhile, in the aged care sector the call had gone out for family members of patients to come and help too.



Sharleen Rapoto: "The ones that are left behind are absolutely struggling, like I can't even find a word to describe it, to be honest."

Some private sector bargaining had stopped – staff shortages meant members no longer had time to attend meetings.

"I know at Counties [Manukau], where I organise, senior nurses have been shoulder-tapped to come out of their offices and come down on the floor … that's been going on for weeks and weeks now."

She said the number of people off work was "unreal".

"The ones that are left behind are absolutely struggling, like I can't even find a word to describe it, to be honest."

Staff were scrambling to cover the shortages, which was impacting on the quality of care for patients.

COVID-19 vaccination requirements had seen the loss of some long-term staff – leaving behind a lack of experience on the floor.

"There's a whole lot of pressure on new grads … a lot of our new nurses are being put in some really challenging situations just because they are registered nurses … which is concerning because they really are new."

Rapoto said some graduates had simply "walked away" from nursing because of the current demands.

With MIQ facilities being closed, nursing staff from that sector were being snapped up elsewhere. Rapoto said one MIQ nurse she spoke to was redeployed "with an hour's notice" because of demand.

Members were also caring for family members – living with aged family members who were vulnerable. "They just don't want to be at work, don't want to risk it. It's massive."

Waikato

Waikato Hospital's emergency department (ED) was under growing strain, too, as registered nurses (RN) dropped off the roster due to COVID contact, NZNO organiser Nigel Dawson said. "Last night they had nine RN gaps in ED."

Staff absenteeism due to COVID was around 20-30 per cent at Waikato DHB, he said. That came on top of the loss of more than 80 full-time equivalent (FTE) RNs from ED since November 2020, he said.

That meant the entire ED nursing workforce was new. "They've lost all their senior staff, they've lost all but one of the ACNM (associate charge nurse manager) team of six – so that entire team has now changed".

One nurse feared he would lose his practising certificate if he carried on working in the ED as it was "just too dangerous" working in such stressed conditions. "It's horrendous, they're just not coping at all."

Sunday night on Facebook, Dawson said NZNO delegates were reporting 23 patients with just three nurses; patients still in the waiting room, untriaged; the triage area being used as bed space; along with a lack of support from doctors, who were saying 'this is how it is now, get on with it'.

Dawson said despite repeated pleas, no action had been taken by management, such as stemming patient flow into ED from outlying hospitals.

Wellington

In Wellington, sick leave due to COVID had grown to 15 per cent in the past week, NZNO organiser Jo Coffey said.

She said all areas were under pressure, but ED was "always at the frontline – they're having a hard time in ED".

Already, in the first week of March, 42 per cent of shifts across the hospital were below safe staffing targets. "It's almost red everywhere," Coffey said. "So that's dire. . . If you've got a combination of both of those things – your shifts below target and your unplanned sick leave goes up on top of that, you get into dire states on the wards."

Jo Coffey

On Monday, the number of COVID-19 patients in hospital was 696, up from 618 on Sunday. About four per cent of the entire population, 192,000 people, were active COVID-19 cases.

There were 13 people in intensive care units – up from 10 on Sunday.

NZNO has projected COVID-related absenteeism could hit 25-45 per cent of the health workforce at the peak of the Omicron outbreak.

The national view

Associate manager professional and nursing services Kate Weston said Omicron exacerbated an already chronic nursing staff shortage – which in some areas and sectors was now critical.


Kate Weston

Weston said it was difficult to put a number on overall absence due to illness or isolation – but metropolitan Auckland was under particular pressure. Absences due to illness/isolation there were reaching up to 40 per cent on some days.

"The increase in hospital presentations and admissions is putting pressure on an under-resourced system – so non-urgent care is deferred.

"We hear that there are 'plenty of beds' ... however what's missing is the staff to provide the care."

Weston said pressure was significant in the aged care sector where severe underlying staff shortages were already occurring.

Anecdotally there were similar problems in primary care – with high staff illness/isolation rates putting pressure on a sector that dealt with the majority of cases – those who remain in the community and not in hospitals.

Kaitiaki
NURSING
NEW ZEALAND

NEWS

Nurse shared explicit phone calls, ‘yummy yoga’ with prison inmate and former patient

BY JOEL MAXWELL

March 18, 2022

A nurse who shared explicit phone calls with her former patient, a prison inmate, and told him she loved him, was found to have breached the health and disability code of consumers’ rights.

AdobeStock.

The Health and Disability Commissioner (HDC) findings were released in a report this week on the foreign nurse who worked for a contractor providing prison health services.

The registered nurse, who is not identified in the report outlining the decision, started work in 2017 for a mental health support service operating in the prison. She left the position in 2019 and returned to her home country, where she is currently registered and holds a practising certificate. Her New Zealand practising certificate has expired.

The inmate has been in prison since 2011 and is serving an indefinite term of preventive detention.

His care plan outlined that he had a childhood history of trauma, substance issues, and sex addiction, the report said.

By September 2020 the nurse had started telling the inmate that she loved him when he said it to her. She told him that she missed him.

"It also outlined that he was experiencing feelings of worthlessness, sleep issues, weight loss, poor concentration, and excessive guilt, which had improved since the initial referral, and that future sessions [with the nurse] would focus on reducing anxiety."

The nurse's sessions included cognitive behavioural therapy and mindfulness techniques.

In May 2020 the nurse asked to have her phone number shared with the inmate, and to be added to his call list. She no longer worked in New Zealand but said she was concerned after reading about the impact of COVID-19 in prisons.

Seeking contact was in line with her "spiritual" beliefs, but the ongoing contact was not intended to be therapeutic, the report said.

The prison service records calls made by inmates. Over the next five months a total of 47 calls were made between the pair.

The HDC report said the calls were "personal in nature". There were 11 calls containing sexually explicit comments, primarily made by the inmate. However, both engaged "in personal discussions about their families, marriage, drug use, and their relationship".

From the first call, the inmate spoke of loving the nurse, and over subsequent calls discussed getting married, and "yummy yoga" poses the nurse showed him during their therapy sessions. Her clinical notes make no mention of yoga being performed during appointments.

By September 2020 the nurse had started telling the inmate that she loved him when he said it to her. She told him that she missed him. The pair also shared letters.

Ultimately the inmate told a mental health clinician about the relationship, after he asked the clinician if there might be work available for the nurse as she planned to return to New Zealand "to be with him", the report said.

The matter was "escalated" through the support service, to the Nursing Council, who referred it to the HDC, the report said.

The HDC findings noted the nurse had access to the inmate's personal medical information, "including discussion of his past childhood sexual abuse and documentation of his mental wellbeing".

Even though the therapeutic relationship had ended, an inherent power imbalance still existed between the pair, "where the [health care] provider is privy to extremely intimate details about a person's life and the person's mental health".

Findings

The nurse was found to have breached the health and disabilities consumers' rights code by initiating personal and often intimate contact after the end of the therapeutic relationship. She also breached the code because the ongoing power imbalance between the two was "exploitative" of her former patient. She was also found to have not followed the Nursing Council of New Zealand's code of conduct and guidelines.

The report recommended the Nursing Council "consider the nurse's fitness to practise" and whether any reviews of competence and/or conduct were required, if she returned to New Zealand.

Kaitiaki
NURSING
NEW ZEALAND

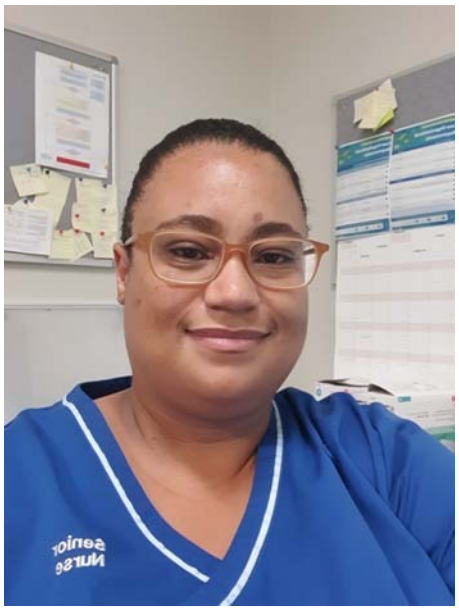
NEWS

Nurses with COVID-19 could be back at the coal face under health order changes

BY MARY LONGMORE AND JOEL MAXWELL

March 9, 2022

COVID-19 positive nurses could return to work in Covid wards under health order changes – a move described as as sign of desperation by NZNO leadership.



Llanell Maarman

Workers delivering critical health services, who are COVID-19 cases and who have no or mild symptoms, can now be asked to return to work in Covid wards.

Wellington nurse Llanell Maarman said she knew of one emergency nurse who felt pressured to return to work despite not being fully recovered from COVID-19.

However, many of her colleagues felt it "makes sense" for COVID-positive staff to work with COVID-positive patients, if necessary, so were not opposed to the idea.

"Everyone wants to just get through it."

Many were feeling the pressure, with increasing numbers of staff off sick with COVID or isolating.

"We are at simmering point, I would say. The staff are feeling the added pressure and we are calling on casuals more."

With Omicron peak still looming, "we are still very much in the trenches", she said.

As of March 9, there were 38 people in Wellington Hospital with COVID and 12 in Hutt Hospital.

NZNO kaiwhakahaere Kerri Nuku said the public health order change was another in a series of desperate changes to deal with the nursing shortage.

Jo Coffey

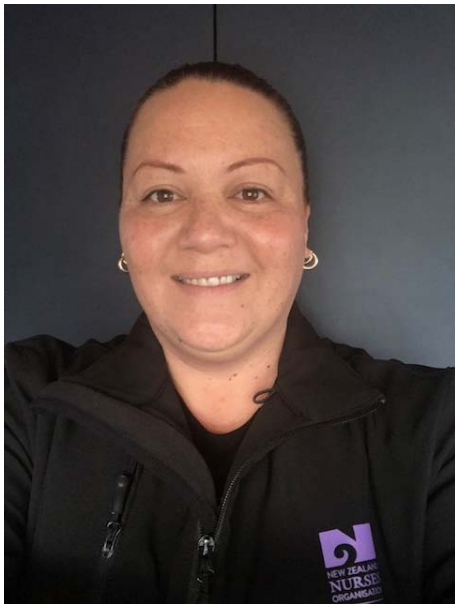
Nurses can still refuse to work if mildly symptomatic, but that many will be feeling the pressure not to leave their colleagues even further understaffed, she said.

"Only individuals can judge how unwell they are, and we really encourage nurses to be careful in what they commit to as symptoms can change very rapidly. They need to put their own wellbeing first."

NZNO organiser Jo Coffey said while there had been no incidents of nurses or health staff with COVID-19 being asked to work so far in Wellington, many were concerned over the possibility, since the announcement was made this week.

Coffey had asked Capital & Coast District Health Board (C&CDHB) for reassurance that was not part of current planning. Chief nursing officer Chris Kerr referred Kaitiaki to communications staff for a response.

On Wednesday Auckland organiser Sharleen Rapoto said that nobody was yet working with COVID-19 under the new guidance in the city.


Sharleen Rapoto

"My organiser colleagues have had reassurance from the district health board that the 'ask' would only happen if absolutely necessary and would be risk-managed."

Meanwhile, Nuku said understaffing in nursing was only going to get worse at a time when they were needed the most.

"The government has to take urgent action now, to attract nurses … back into the workforce, and recruitment drives to encourage people into nursing careers."

Director of Public Health Caroline McElnay said on March 8 that critical health-care workers with COVID would be allowed to return to work earlier than usual if their absence would halt a critical health service.

The move would allow COVID-positive staff to work on COVID wards and leave isolation six days after returning two negative rapid antigen tests, she said. It only applied to workers who were fully vaccinated, asymptomatic or mildly symptomatic and who agree to return They must use an N95 mask and follow strict infection prevention and control rules.

McElnay said it was a “pragmatic” approach to allow the health system to keep functioning, which “balances the significant risk to patients when hospital services are not being able to operate against the small risk to patients from staff who have COVID with all the protections in place”.

Kaitiaki
NURSING
NEW ZEALAND

NEWS

Nursing magazine ditches century-old healthy-food title, finally becomes 'guardian'

BY JOEL MAXWELL

February 25, 2022

Ahakoa he iti, he pounamu (Although it is small, it is a treasure).
After 114 years, an incorrectly-named nursing magazine has – in a small physical correction, but big bicultural statement – gained its proper title.
Kai Tiaki magazine has now become Kaitiaki.

An old copy of Kai Tiaki - complete with title mistake.

Since it was first published in 1908, NZNO magazine *Kai Tiaki Nursing New Zealand* mistakenly split the word 'kaitiaki' (guardian) into kai tiaki (healthy/protective food) .

NZNO kaiwhakahaere Kerri Nuku said initial publisher, Australian-born nurse Hester Maclean, was likely trying to be inclusive and respectful when she chose a Māori word for the title.

Kerri Nuku

"Unfortunately, in doing that it trampled on the mana of the name for Māori. So I think that correcting the grievances, is a signal of maturity and a better way of moving forward in a bicultural way."

Getting the name right was about respecting the mana of tipuna (ancestors), and how they intended words to be used, she said.

"That's why the name change, as small as it is, is a mana-enhancing thing for Māori."

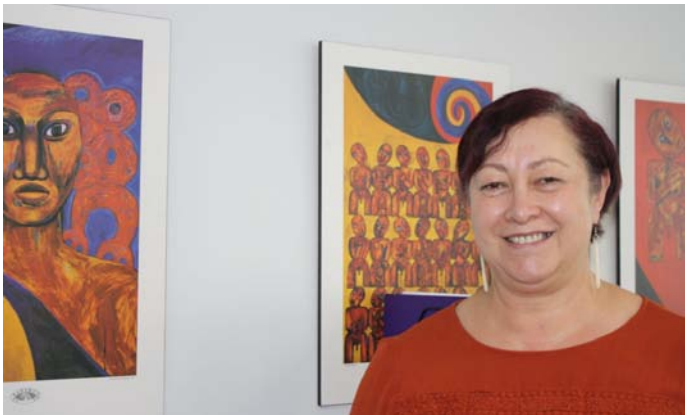
Outgoing acting chief executive Mairi Lucas said the name was "taken" by the publication when it started, but was not given by Māori – a reference to an apparent lack of consultation over being able to use the word.

"That's why I think it was wrong: they took it, it wasn't given...that's created a century of a wrong title. It isn't good enough."

Lucas said she was "so happy" to see the mistake, which she had flagged, was finally being fixed. "On behalf of our tupuna, its taken far too long to fix that wrong."

Like all efforts for Māori equity, creating even small changes was a challenge, she said.

"Everything's a fight: nothing's been handed to us .... but this is another tick for us, and I'm really happy being part of it."



Mairi Lucas

Opinion: Creating history with a simple keystroke

If you take a look at the top of our website you will see a we have a new name – very similar to our old name, but also, completely different.

With the deletion of a single space, *Kai Tiaki* (something like 'healthy food') has become *Kaitiaki* (guardian) – a more fitting title for a nursing publication. As the whakataukī (proverb) at the start of the news story says, the change is both small and important.

Joel Maxwell, co-editor of Kaitiaki

As a co-editor I'm very happy to see a longstanding error corrected.

As a Māori person, I'm completely unsurprised that even with the best of intentions our treasure, te reo Māori, can be so easily co-opted, misused and mistreated.

As a reo Māori speaker I am once again reminded of how simple changes in the way we present the language – an extra space here, a missing tohutō (macron) there – can create vastly different and unintended meanings.

And as a New Zealander, I know that all of the above is why we need to respect te reo Māori, our one and only indigenous language.

Co-editor Mary Longmore and myself welcome this new era for our nursing magazine: an era of health-care knowledge, professional and workplace development, and above all, an era of bicultural guardianship of all people of Aotearoa.

That, after all, is what the nursing life is all about.

Kaitiaki
NURSING
NEW ZEALAND

NEWS

NZNO announces campaign to fix staffing crisis across the health sector

BY MARY LONGMORE AND JOEL MAXWELL

March 21, 2022

The opening shots have been fired across the Government's bows as NZNO announces preparation underway for a "large scale" campaign to fix the staffing crisis in nursing.

Kerri Nuku

NZNO president Anne Daniels and kaiwhakahaere Kerri Nuku spoke to media last week – covering aspects of the chronic staffing problems in the profession.

It comes as new NZNO chief executive Paul Goulter sent a statement to members announcing preparation was underway for a new campaign to address the "nursing staffing crisis". The "large scale" campaign would launch as the health sysyem faced intense pressure from COVID-19: and as the countdown begins on national elections in 2023.

Goulter said the crisis existed across the health sector, "and has been caused by decades of planning neglect by both governments".

The campaign would not stop till NZNO's demands were met, and "all nurses, midwives, health-care assistants and kaimahi hauora" were safe and fully resourced in the workplace.

Nuku spoke on the *TVNZ Breakfast* (https://www.facebook.com/Breakfaston1/videos

/469835044821820/) show about the impact of public health order changes that allowed COVID-19 positive nurses to voluntarily return to work in COVID-19 wards.

She said nurses were angry and frustrated after keeping the health-care system functioning in the two years of the pandemic – "let alone the many, many years before that".

Nurses believed the system was not "fit for purpose" and they were burnt out and angry because they were not being listened to.

"These health orders come without consultation with our organisation, and we represent the largest nursing workforce throughout the country."

The changes meant some COVID-19 nurses were being put under "incredible pressure" to return to work, as they would feel an overwhelming sense of obligation to patients and colleagues.

"When does the nurse get the chance to recover? We're already talking about a workforce that is fatigued, and now we're expecting them to go to work in the most difficult environment ever."

Nuku said nurses still needed access to adequate PPE (personal protective equipment), and better understanding from employers of their health and safety obligations. While some nurses were offered financial incentives to keep working, they were still being treated as "disposable": asked to return to COVID-19 wards while COVID-19 positive, she said.

After the pandemic, nurses should be invited to participate in future planning for the health system, she said.

Daniels – who works in Dunedin Hospital's emergency department – told Radio New Zealand (https://www.rnz.co.nz/national/programmes/lately/audio/2018834657/nurses-burnt-out-amidst-health-system-crisis) everyone was "doing it hard" amid a staffing crisis, despite director-general of health Ashley Bloomfield's claims to the contrary.

"I wish he would walk into any tertiary hospital and see what's happening – or any community vaccination centre or small rural hospital, where they're really doing it hard. . ."

Nurses and doctors struggled to say no to do extra shifts, often back-to-back, she said. "Many do step into the breach because. . . they know their colleagues are not going to cope if they don't, and the patients

will suffer and be put at risk also. So it is a very difficult choice."

Anne Daniels

The current crisis had been a "long time coming", she said. NZNO had been calling on the Government and Nursing Council to prioritise safer staffing levels for the past 15 years.

The Government's safe staffing review (https://www.health.govt.nz/system/files/documents/publications/nursing-safe-staffing-review-final_report-feb22.pdf) found 83 per cent of staff said that patients were not receiving complete care on understaffed shifts last year. "Here we are in March/April with COVID just screaming along and things are a hell of a lot worse. So when I say we're in crisis, I really mean that."

Working while exhausted also increased the risk of nurses getting sick. "Trying to fix the short-term problems with doing more and more and more when you've got less energy and you're absolutely exhausted will make you more inclined to become ill and catch COVID as well," Daniels said. "Long-term, it's not sustainable, and it's not sustainable now."

Many were simply walking away – to plant trees, work in desk jobs – "anything but nursing, and I think that's really sad".

One immediate solution could be more flexibility in the Nursing Council's registration requirements for internationally qualified nurses, and Immigration New Zealand's visa requirements for overseas health workers' partners and families to join them here, Daniels suggested.

"We need to start talking to each other as NZNO represents 55,000 nurses and there are only about 64,000 nurses working in NZ – so we do have the majority of nurses working, and we need to be given the opportunity to talk about the short and long-term solutions to this crisis we have so we don't go down this rabbit hole ever again."

Kaitiaki
NURSING
NEW ZEALAND

NEWS

NZNO mental health nurse leader welcomes recruitment drive

BY MARY LONGMORE

March 24, 2022

An NZNO mental health nursing leader is welcoming a new campaign to double the number of nurses training in mental health and addictions.

Health Minister Andrew Little this week announced plans to double the number of registered nurses doing specialist mental health and addictions training from 234 to around 500, in two

years.

Helen Garrick

Mental Health Nurses Section (MHNS) chair Helen Garrick said community mental health nurses in particular had been heavily impacted by COVID over the past two years, as they tried to support people often living in "dire" conditions who lagged in vaccination uptake.

"To address their poor conditions at the same time as their mental illness and COVID on top. . . it has been a real challenge in the community," Garrick said.

Garrick has long-called for investment into growing the mental health nursing workforce and in 2019, complained the voice of nurses was "not visible" in the Government's mental health and addiction inquiry, He Ara Oranga.

But in this Ministry of Health campaign, nurses – both NZNO's Garrick and Te Ao Maramatanga NZ College of Mental Health Nurses – had been involved "right from the very beginning, which was quite unusual", Garrick said. "This has been very nurse-driven."

"To address their poor conditions at the same time as their mental illness and COVID on top. . . it has been a real challenge in the community"

The *Are You Ready? (http://www.realnurses.co.nz/mentalhealth)* campaign is aimed at young people undecided on their path, nursing students and Māori and Pasifika, as well as attracting former mental health nurses back to the profession, she said.

While it would take four years to complete a nursing degree plus the one-year mental health and addictions training, former mental health nurses could be retrained and on the ground within months, with enough support, Garrick said. It was hard to know how many there might be. "We don't have any idea how many possibilities there are but we can live in hope that there're going to be a few who will come out of the woodwork," she said.

"I know a lot of nurses who left to have kids and... once you've been out for five years or more it's a rigmarole to get back in and it's also a bit costly."

Overseas nurses were another possibility, although Aotearoa's cultural competency requirements meant this was "not simple", she said. "Language can be an issue at times – it's not a perfect solution but it is a shorter term solution than waiting for people to do a three-year grad programme then go into a specialty practice programme."

The campaign had been two years in the pipeline, due to COVID disruptions, Garrick said.

It is being funded from a $77 million workforce development fund, set out in the 2019 "Wellbeing" Budget, Little said.

Lorraine Hetaraka

Chief nurse Lorraine Hetaraka said the campaign showed what a rewarding path mental health and addiction nursing could be.

Also this week, the Mental Health and Wellbeing Commission released its report on mental health and addiction, which found little improvement in mental health services since 2019, despite $1.9 billion allocated for mental health and wellbeing.

Little said much of the investment was in infrastructure and skills development which would not be seen for another two to four years.

Garrick said she would continue to push for direct-entry mental health and addictions nursing programmes.

Kaitiaki
NURSING
NEW ZEALAND

NEWS

Pay equity paperwork awaits legal advice as ratification process continues

BY JOEL MAXWELL

March 16, 2022

District Health Board (DHB) nurses will likely receive details of an historic pay equity settlement by April 8.

Glenda Alexander.

An NZNO statement sent to DHB members this week said the proposed settlement needed further legal input "from all parties" before it is presented to members.

"It is in our best interests that these are resolved because they relate to how the pay equity settlement will be implemented and maintained."

Previously, NZNO industrial services manager Glenda Alexander said the settlement was "historic" – correcting an longstanding sex-based undervaluation of nursing work. It would ensure that DHB nursing, a predominately female-staffed profession, would be paid the same as similar work in other professions.

The latest statement said the legal issues should be resolved by the end of this week.

Once the legal issues were resolved, the employers would follow set processes necessary under law – likely completed by March 25.

“This will enable the release of the details of the settlement to those covered by it, by the end of the week ending April 8.”

If approved it would be the biggest pay equity settlement ever reached under the Equal Pay Amendment Act passed in 2020.

When the settlement details were released, NZNO would provide the timeframe for online member Q&A sessions and the voting process.

The in-principal agreement was made in December last year. Once the settlement is presented to members, then virtual meetings and presentations would be organised (online due to Omicron) and voting would be done electronically, with a simple majority of eligible votes cast carrying the outcome.

Previously, the community spread of Omicron delayed the DHBs’ ability to complete the in-principle agreement documentation for NZNO.

Kaitiaki
NURSING
NEW ZEALAND

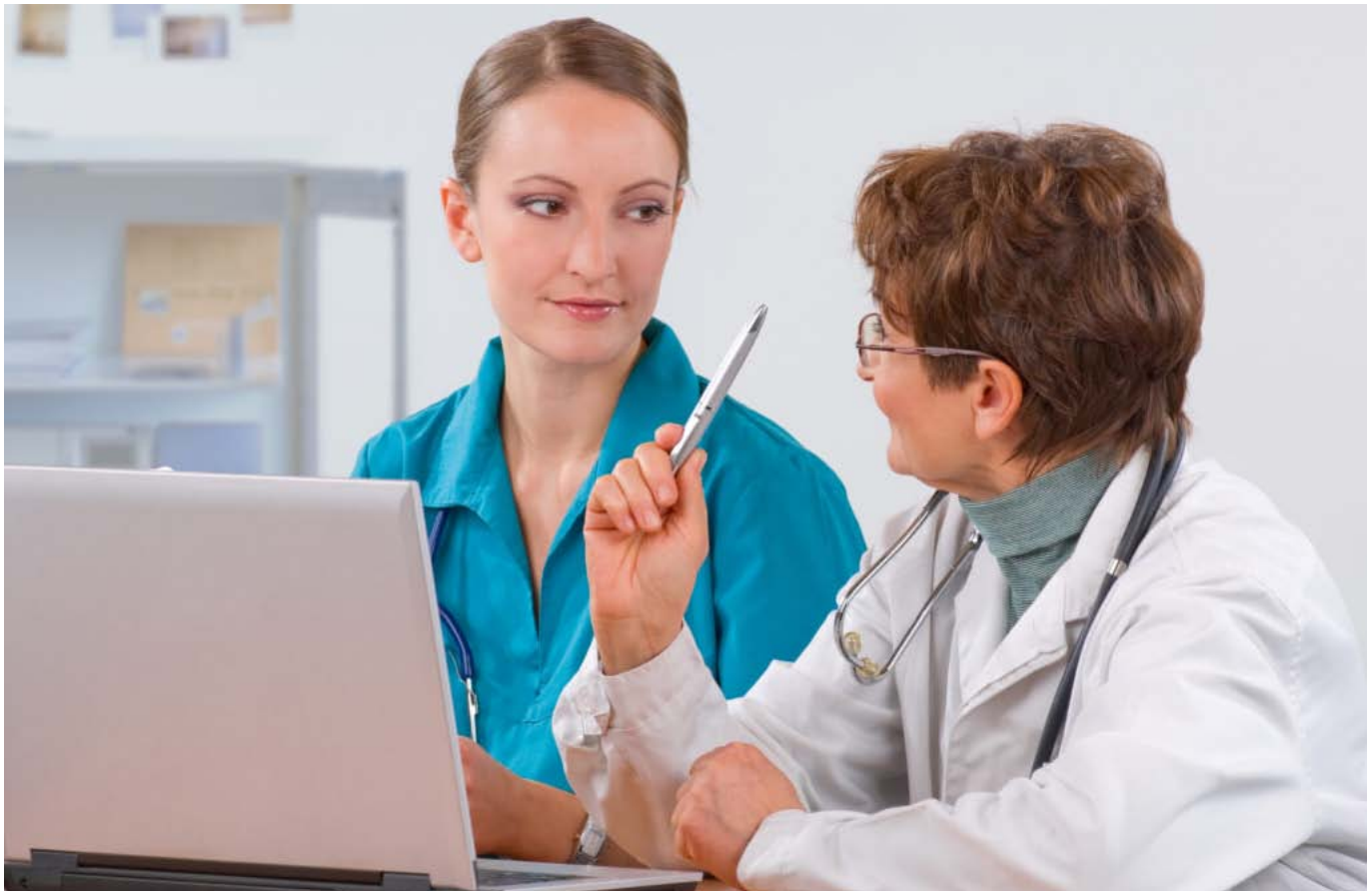
EDUCATION

What makes a great preceptor? Nursing students have their say

BY STEPHANIE ROOKE, GRACE THEVENARD, SAUMI SUTHENDRAN, SUYEON SKYLA JUNG, NATHALIE TOLENTINO, JAMIE FRASER ANNANDALE AND KIM WARD

March 28, 2022

Students chronicle their good and bad experiences with preceptors and give their view on how to perform the role well, to educate and inspire the next generation of nurses.



'Preceptors who made us feel welcome and comfortable created the best opportunity for us to learn.' PHOTO: ADOBE STOCK

RNs are required to fulfil a preceptorship role, to mentor, teach and support colleagues and student nurses, as detailed in principle six, standard seven, of the Nursing Council Code of Conduct.[4] The requirement is also listed in the Nursing Council's Competencies for Registered Nurses.[5] RNs must maintain professional development through contributions to supporting, directing and teaching others (competency 2.9) and provide care through collaboration, guidance and support with colleagues, including students (competency 4.1).[5] The relationship between preceptors and students is essential to developing a student's skills helping them integrate theory into practice, and fostering their clinical reasoning and judgment.

Therefore, preceptors are responsible for creating an open, supportive relationship with students to foster an effective and constructive learning environment.[2]

Impact of negative preceptor behaviour

A poor experience of preceptorship can negatively affect a student's learning while in the clinical setting. In one study, some students reported feeling unwelcome or that their needs were unmet, which led to inhibited learning and feelings of discomfort in clinical settings.[6] In another 2019 study, New Zealand student nurses reported experiencing negative preceptor behaviours and poor treatment, such as bullying.[7] One individual in this study claimed that her preceptor said,

> *"I don't know why we have to put up with you students and have you on the ward. You're not trained properly, I look stupid when you make a mistake and I don't get paid any extra money for your being on my shift with me".*[7]

Students in that study also reported being ignored, being verbally abused, and, in some cases, being sexually and racially harassed. These students, along with others who witnessed the abuse, subsequently described a loss of learning opportunities and decreased motivation. Student nurses tend to be younger than the preceptor they are working with and can be more vulnerable to bullying due to the power dynamic.[7]

A co-author of this article experienced feeling unwelcome and a burden to the staff on the ward when a preceptor rolled their eyes and negotiated to have the student re-assigned to another colleague. Negative clinical experiences and preceptor behaviours are one reason that students drop out of a nursing programme, thus posing a risk to the retention of nursing students.[8]

Impact of positive preceptorship

Positive preceptorship can have a profound impact on student nurses' future professional practice. Their experience of clinical practice is critical for gathering real-life experiences in the modern health-care environment and forming ideas about the kind of nurse they want to

be. The 2019 New Zealand study also described students feeling valued and welcomed in their clinical placements by preceptors who encouraged them to ask questions and elaborate on their ideas — to engage in collaborative learning.[7]

> **However, we also experienced preceptors who put effort into building rapport, encouraged our involvement, encouraged and answered questions, and modelled skilled nursing practice.**

From a student's perspective, the critical attributes of a successful preceptor include a willingness to develop a relationship with the student, helping the student define and reach their goals, having sufficient knowledge and expertise, and having confidence in their own practice. Other crucial attributes include honesty, sincerity, active listening, responsiveness, accessibility, reliability and being non-judgmental.[9] Students learn better from preceptors who are committed to being actively involved in the student's clinical education.[10]

Two main themes of good preceptorship include a caring student-preceptor relationship and a safe, supportive learning environment.[11] Compassionate preceptors, who are willing to share experiences and knowledge, leave a better imprint and inspire students to provide skilled patient care.[12]

Preceptorship can also be beneficial for RNs. Preceptors who enjoy sharing knowledge and expertise with students may find that being a preceptor increases job satisfaction and enhances self-fulfilment.[1]

Students should receive an informative learning experience from willing preceptors when asking questions about practice. Preceptors should also maintain respect, support and compassion when engaging and teaching students. One group of researchers found that learning was enhanced when there was a positive preceptor-student relationship due to the active participation of both parties.[13] When students are observing procedures, they tend to ask questions. Such inquiry should be seen as positive, rather than negative. Students need to feel confident to talk through their thinking with their preceptor before undertaking nursing actions to avoid mistakes. Asking questions and discussing experiences encourages students to learn through reflection — a process that preceptors facilitate. When students seek knowledge from preceptors who are motivated to share, this creates a mutually beneficial relationship that positively impacts student nurses' future practice.

Barriers to great preceptorship

Barriers to great preceptorship are often out of

preceptors' control. Preceptors have reported that they have difficulty mentoring students while at the same time providing care for a large patient load.[14] A reduced workload would allow preceptors time to invest in improving the education and experience of student nurses.

A good preceptor helps students feel part of the nursing team. PHOTO: ADOBE STOCK

One hallmark of a successful preceptor is educational preparation for their role, which results in a better understanding of preceptor requirements,[15] and gives them the confidence and knowledge to educate students.[14] Preceptors do receive initial education on how to be a preceptor,[15] but more support is needed for RNs to attend preceptor training.

Preceptors would benefit from a clinical adult teaching course to prepare them for their important role.[16] They need to be able to assess students' capabilities, know their curriculum background – ie where the student is at in their nursing education programme – and delegate safe nursing care. This then would "free up" preceptors and help students to feel part of the nursing team, contributing positively to lessen the preceptors' clinical load.

Supporting great preceptorship by easing preceptor workloads and supporting their education in the role is essential to improving student experiences in the clinical setting.

Suggestions for preceptors

Preceptors as individuals can take steps to improve the student nurse experience of preceptorship. These steps include strategies to build rapport, role modelling, strategies to promote growth and learning and being passionate.[3,14,17,18]

Building rapport

Supportive environments are essential for clinical learning. Rapport between a student nurse and their preceptor fosters a safe learning environment.[16] Preceptors can build rapport simply by using a student's first name, finding shared interests, or being receptive to questions.[17] Rapport creates a more supportive and safe environment where students are comfortable asking questions and making mistakes.[17]

A caring relationship is a foundation for learning, while respect creates a good atmosphere, which encourages reciprocity and mutuality.[19] Preceptors can build a caring relationship by paying attention to students' verbal and nonverbal cues. Students may be apprehensive about attending clinical placement, but by paying attention to body language and cues such as fidgeting, preceptors can observe when a student is uncomfortable and ask if they are okay.

Building mutual respect is important to the preceptor role.[20] Mutual respect comes from being willing to facilitate learning and bolstering self-confidence to help students develop the skills to stand up for themselves and advocate for patients.

Supportive environments are essential for clinical learning. Photo: ADOBE STOCK

Role modelling

Good preceptorship also involves role-modelling. Student nurses learn by watching preceptors, often imitating the professional and clinical practice that their preceptors demonstrate.[18] A preceptor who is a good role model and demonstrates good nursing practice will, therefore, improve the practice of future nurses. The Nursing Council's domains of nursing competence offer a framework in which nurses can model good practice.[5] It is important preceptors make professional responsibility visible by adhering to professional, ethical and relevant legislated requirements. It is also important to apply Te Tiriti O Waitangi principles to enable client safety, independence, quality of life, and health.[5]

Student nurses learn by watching preceptors, often imitating the professional and clinical practice that their preceptors demonstrate.

Introduction

The time that student nurses spend in clinical practice is vital in the pathway to becoming registered nurses (RNs). During this time, clinical preceptors play an important role by teaching students valuable lessons and modelling good RN practice. Preceptors have a significant impact on student nurses' learning, on their view of nursing, their motivation and their love for the career.

As second-year student nurses on our second clinical placement, we encountered a variety of preceptor behaviours that negatively and positively motivated us.

We experienced preceptors who complained and rolled their eyes when assigned a student, or who had to be convinced to do so. We experienced being given "scut" work (ie unrewarding menial tasks), minimal effort from preceptors to build rapport, and expressions of annoyance at our questions.

However, we also experienced preceptors who put effort into building rapport, encouraged our involvement, encouraged and answered questions, and modelled skilled nursing practice. Preceptors who made us feel welcome and comfortable created the best opportunity for us to learn.

> **'We experienced preceptors who complained and rolled their eyes when assigned a student, or who had to be convinced to do so.'**

Precepting is an essential role that helps build the next generation of nurses. In this article, we describe student nurses' experiences working with preceptors and outline what we believe makes a great preceptor.

What is preceptorship

The New Zealand Nurses Organisation defines preceptorship as an education-focused model for teaching and learning in a clinical environment, using clinical staff as role models.[1] Typically, preceptors orientate students to the clinical role, help them develop clinical skills and socialise them to the department or institution.[1] The role of a preceptor requires a number of diverse qualities[2] — it can be described as teacher, tutor and role model responsible for sharing knowledge, guiding and inspiring.[2,3]

Preceptors model quality nursing care through skilled use of the nursing process, demonstrating professional, caring and supportive nurse-patient relationships.[5] When students observe preceptors in situations such as interacting with the family of a deceased patient, the preceptor must demonstrate a caring but professional relationship. Some interactions and skills are harder to teach in the classroom than in a real-world setting, and are much better demonstrated by skilled nurses. The skills that preceptors show in these situations are the skills that student nurses will take away and apply as RNs.

Promoting growth and learning

Preceptors who encourage students to ask questions, who don't judge those questions, and who willingly respond, enhance the growth and learning of students.[3] Encouraging student involvement, critical thinking, and problem-solving skills (except where this compromises patient safety) also promotes learning. Preceptors can seek out opportunities for students to learn and practise new skills.[3]

Being passionate

The ability to motivate and instil passion in student nurses is also a quality of a great preceptor. Preceptors can do this by being passionate about nursing themselves, thus inspiring the next generation of nurses. Preceptors who lacked interest in or commitment to their role could have harmful effects on student development.[14] A positive, patient, supportive and passionate preceptor role-models their passion which is more likely to instil that same passion in their students.

Table 1 outlines preceptor behaviours that may help support students in clinical practice.

TABLE 1: GOOD PRECEPTOR BEHAVIOURS AND RATIONALE

Behaviours	Rationale
Builds rapport and creates a supportive environment by: • Addressing student nurses by their first name. • Identifying shared interests. • Being receptive to questions. • Answering questions willingly, providing valuable and informative answers. • Spending time building rapport.	Builds a relationship between student and preceptor that means students feel comfortable asking questions, making mistakes, and being open to criticism. Helps student nurses feel safe and supported, creates an environment for growth and learning.

Behaviours	Rationale
Role model: • Demonstrates the four domains of competence. • Continues to put patient safety first. • Demonstrates professional, caring and supportive nurse-patient relationships.	Demonstrates best nursing practice. This allows student nurses to observe essential nursing skills and implement them themselves once a registered nurse.
Encourages growth and learning: • Encourages involvement in all situations (dealing with codes, last days of life, after death cares) unless it will affect patient safety. • Helps students seek opportunities for learning, such as experiencing procedures or scenarios that might be interesting and beneficial to the student nurse. • Encourages students to ask questions. • Is receptive to questions, and does not judge what is asked. • Encourages critical thinking and problem solving.	Encourages student nurses to apply the skills they have learned in theory, develop understanding, and improve the nursing care they will provide in the future.
Motivates: • Demonstrates their passion. • Is willing to inspire. • Shows interest and commitment to the nursing profession.	Has positive effects on student development, encourages students to be passionate about the role of nursing.

Conclusion

This article explores preceptorship from the perspective of second-year nursing students. Being a good preceptor is an essential part of an RN's role and a professional responsibility, and contributes vital clinical learning to student nurses' development. Understanding preceptorship and what it entails guides preceptors to enable student nurses to learn in the clinical setting. To improve nursing education, it is vital to understand how preceptors' behaviour encourages or discourages students. This article offers suggestions for preceptors to enhance the quality of student education during their clinical practicum. Student nurses must be taught well by enthusiastic and kind preceptors to foster these same qualities in the next generation of nurses.

Stephanie Rooke, Grace Thevenard, Saumi Suthendran, Suyeon Skyla Jung, Nathalie Tolentino and **Jamie Fraser Annandale** are third-year student nurses at the University of Auckland. **Kim Ward, RN, PhD,** is a senior lecturer at the School of Nursing, University of Auckland.

- *This article was reviewed by Louise Rummel, RN, PhD, a senior lecturer, academic/research, in the School of Nursing, Manukau Institute of Technology (MIT), Auckland.*

References

1. New Zealand Nurses Organisation. (2013). *Mentorship/Awhinatanga.* (https://www.nzno.org.nz/LinkClick.aspx?fileticket=BxYYxkAHhzE%3D&portalid=0)
2. Bengtsson, M., & Carlson, E. (2015). Knowledge and skills needed to improve as preceptor: development of a continuous professional development course – a qualitative study part I. *BMC Nursing, 14*(51), 1-7. https://doi.org/10.1186/s12912-015-0103-9 (https://doi.org/10.1186/s12912-015-0103-9)
3. Kazemi, D., Behan, J, & Boniauto, M. (2011). Improving teaching strategies in an undergraduate community health nursing (CHN) program: Implementation of a service-learning preceptor program. *Nurse Education Today, 31*(6), 547-552. https://doi.org/10.1016/j.nedt.2010.10.024 (https://doi.org/10.1016/j.nedt.2010.10.024)
4. Nursing Council of New Zealand. (2012). *Code of conduct for nurses.* (https://www.nursingcouncil.org.nz/Public/Nursing/Code_of_Conduct/NCNZ/nursing-section/Code_of_Conduct.aspx)
5. Nursing Council of New Zealand. (2007). *Competencies for registered nurses. (https://www.nursingcouncil.org.nz/Public/Nursing/Standards_and_guidelines/NCNZ/nursing-section/Standards_and_guidelines_for_nurses.aspx)*
6. Sedgwick, M., & Rogeau, J. (2010). Points of tension: A qualitative descriptive study of significant events that influence a student nurse's sense of belonging. *Rural and Remote Health, 10*(4). https://www.rrh.org.au/journal/article/1569 (https://www.rrh.org.au/journal/article/1569)
7. Minton, C., & Birks, M. (2019). "You can't escape it": Bullying experiences of New Zealand nursing students on clinical placement. *Nurse Education Today, 77, 12-17.* https://doi.org/10.1016/j.nedt.2019.03.002 (https://doi-org.ezproxy.auckland.ac.nz/10.1016/j.nedt.2019.03.002)
8. Bakker, E. J. M., Verhaegh, K. J., Kox, J. H. A. M., Van der Beek, A. J., Boot, C. R. L., Roelofs, P. D. D. M., & Francke, A. L. (2019). Late dropout from nursing education: An interview study of nursing students' experiences and reasons. *Nursing Education in Practice, 39,* 17-25. https://doi.org/10.1016/j.nepr.2019.07.005 (https://doi.org/10.1016/j.nepr.2019.07.005)
9. McClure, E., & Black, L. (2013). The Role of The Clinical Preceptor: An Integrative Literature Review. *Journal of Nursing Education, 52*(6), 335-341. https://doi.org/10.3928/01484834-20130430-02 (https://doi.org/10.3928/01484834-20130430-02)
10. Raines, D. A. (2012). Nurse preceptors' views of precepting undergraduate nursing students. *Nursing Education Perspectives, 33*(2), 76-79. https://doi.org/10.5480/1536-5026-33.2.76 (https://doi.org/10.5480/1536-5026-33.2.76)
11. Hilli, Y., Melender, H., Salmu, M., & Jonsen, E. (2014). Being a preceptor — A Nordic qualitative study. (https://pubmed.ncbi.nlm.nih.gov/24801746/) *Nurse Education Today, 34*(12), 1420-4.

12. Edward, K., Ousey, K., Playle, J., & Giandinoto, J. (2017). Are new nurses work ready – The impact of preceptorship. An integrative systematic review. *Journal of Professional Nursing, 33*(5), 326-333. https://doi.org/10.1016/j.profnurs.2017.03.003 (https://doi.org/10.1016/j.profnurs.2017.03.003)
13. Omer, T. Y., Suliman, W. A., Thomas, L., & Joseph, J. (2013). Perception of nursing students to two models of preceptorship in clinical training. *Nurse Education in Practice*, *13*(3), 155-160. https://doi.org/10.1016/j.nepr.2013.02.003 (https://doi.org/10.1016/j.nepr.2013.02.003)
14. Haggerty, C., Holloway, K., & Wilson, D. (2012). Entry to nursing practice preceptor education and support: Could we do it better? (https://www.nursingpraxis.org/entry-to-nursing-practice-preceptor-education-and-support-could-we-do-it-better.html) *Nursing Praxis in New Zealand, 28*(1), 30-39.
15. Withington, J., & Taylor, P. (2020). Preceptorship: the neglected area. *Kai Tiaki: Nursing New Zealand, 26*(1), 27.
16. Rummel, L. G. (2001). *Safeguarding the practices of nursing: The lived experience of being-as preceptor to undergraduate student nurses in acute care settings.* (https://mro.massey.ac.nz/bitstream/handle/10179/2094/02_whole.pdf?sequence=1&isAllowed=y) (Unpublished thesis.) Massey University, Albany, New Zealand.
17. Newton, J. M., Billett, S., Jolly, B., & Ockerby, C. (2011). Preparing nurses and engaging preceptors. In Billett S., Henderson A. (Ed.), *Developing Learning Professionals, Professional and Practice-based Learning.* (7, pp. 43-57).
18. Shinners, J. S., & Franqueiro, T. (2015). Preceptor skills and characteristics: Considerations for preceptor education. *The Journal of Continuing Education in Nursing, 46*(5), 233-236. https://doi.org/10.3928/00220124-20150420-04 (https://doi.org/10.3928/00220124-20150420-04)
19. Hilli, Y., Salmu, M., & Jonsén. (2013). Perspectives on good preceptorship: A matter of ethics. *Nursing Ethics, 21*(5), 565-575. https://doi.org/10.1177/0969733013511361 (https://doi.org/10.1177%2F0969733013511361)
20. Myrick, F., Yonge, O., & Billay, D. (2010). Preceptorship and practical wisdom: A process of engaging in authentic nursing practice. *Nurse Education in Practice, 10*(2), 82-87. https://doi.org/10.1016/j.nepr.2009.03.018 (https://doi.org/10.1016/j.nepr.2009.03.018)

Kaitiaki
NURSING
NEW ZEALAND

LETTERS

Better deals needed to encourage IQNs to work in NZ

BY ASHLY MANGALASSERIL

March 28, 2022

I am a registered nurse (RN) who completed the competency assessment programme (CAP) in May 2021. But I had to pay nearly NZ$12,000 to finish CAP. Travelling plus the OET (occupational English test) exam fee — all this adds up to huge amount.

Other countries are way less expensive. Moreover, they reimburse nurses the cost of the OET and ticket fare, plus CBT [UK compulsory basic training/RN competency training] exam fee etc. Hence many of my friends who would love to come to New Zealand as RNs go to the United Kingdom and Ireland instead. If something could be done about this, we are likely to get more nurses than we get now.

This shortage of nurses is otherwise going to keep rising, especially in this pandemic. Some attractive packages or reimbursement would definitely make a difference.

Ashly Mangalasseril, RN (India),
Hamilton

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.

Nursing Council of New Zealand chief executive Catherine Byrne replies: The council acknowledges the significant cost associated with migrating and gaining registration as a nurse in New Zealand. These costs are attributable to the verification and authentication of the source document process through an external company and

the council's in-depth assessment of each application for registration (NZ$485). The completion of a competence assessment programme (CAP) is required by some applicants and the cost of this programme may vary depending on the course. The CAP is a 6-8 week programme where education about the New Zealand nursing context is provided and an assessment of competence occurs. IQNs can contact iqn@nursingcouncil.org.nz for further information.

Kaitiaki
NURSING
NEW ZEALAND

LETTERS

Difficulty reading online

BY SUSAN ORPIN

March 25, 2022

How do I get a printed version of Kaitiaki? It is too hard to read this [online] and you have to be computer-literate to navigate the site.

I'm not. I am unable to access *Kaitiaki* now. This excludes so many people who are unable to read off the computer. If I unsubscribe, I take it that I get nothing, Then I should be entitled to a reduction in fees. Please advise.

I find it most infuriating and, with a vision impairment, struggle to read more than a few lines. I do wonder how others feel. Many people do not have computers.

Susan Orpin, RN

Whanganui

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.

NZNO professional and nursing services manager Mairi Lucas' reply

Kaitiaki
NURSING
NEW ZEALAND

LETTERS

Health-care assistant plea over residency visa

BY SANGITA SHRESTHA

March 28, 2022

I am writing today to bring some issues to light.

I work as a health-care assistant (HCA) in one of the aged care facilities. There are a lot who are working as HCAs — nurses and even doctors who didn't qualify for the [one-off] 2021 resident visa [fast-tracked for over 5000 health and aged care workers] just because some of them were holding student or partnership visas when it was announced.

This is even though we are working hard and so closely with COVID patients, helping to fill in the gaps for other HCAs, nurses and doctors who got COVID in the process.

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.

NZNO should put pressure on Immigration New Zealand that all who missed out just because of being on a different visa, insufficient time spent in New Zealand or earning less than $27 per hour, should be included and granted the opportunity to be a New Zealand resident.

For all of us working in this field who missed out on that opportunity of one-off 2021 residency visa, it is heart-breaking and very unfair on us.

HCAs' contribution is no less than any others who are working in the medical field in this extreme situation.

Hope to get some answers.

Sangita Shrestha, HCA,
Auckland

Associate industrial services manager Iain Lees-Galloway replies: *Thank you to members who have written to* Kaitiaki *about their experiences as internationally qualified nurses (IQNs). NZNO is acutely aware of the issues faced by our internationally qualified members. This is something our president, Anne Daniels, has identified as a key area of work for the union. Anne and I recently met with immigration officials along with other unions. During that meeting we advocated for a sharper focus on the needs of people working in the health system. Officials committed to meeting with health unions, including NZNO, to discuss the challenges our members face. We are working with the Council of Trade Unions to arrange that meeting as soon as possible. We look forward to reporting on future meetings with Immigration NZ and to working further with internationally qualified members to advance your interests.*

Kaitiaki
NURSING
NEW ZEALAND

LETTERS

Is there a way to get Kaitiaki as a PDF?

BY CHRIS HATTAN

March 25, 2022

Now that the NZNO monthly magazine is only online, I have been trying to find a downloadable file so I can read the magazine offline.

I had been looking for a week or two and decided then to contact the co-editors to find out what was what.

Basically they said that the latest magazine is only available on the website and not downloadable. Only archived copies of magazines from last year are available to download.

"What?" I thought. "This is definitely a backward step." Being able to download a pdf file of the magazine seemed to be the logical way to go. You can read it offline — sure there would be some data use to initially download it — but now you need data to be able to read it. Offline, you can go back to it relatively easy and read where you left off.

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.

I belong to two other organisations that have cut paper magazines but provided a pdf file to download.

These days, a lot of folk have tablets, phones, computers. Electronic documents are gaining traction; even libraries have access to ebooks.

I understand NZNO is using the WordPress format to form the basis of the upload which makes it easy to publish the magazine. Perhaps a pdf needs a more traditional formatting paper design/formatting approach? That's the technical aspect from an ex-website developer's

point of view — albeit rusty.

I'm sure other members would appreciate the ability to be able to download the magazine offline and read at their leisure.

Chris Hattan, RN,

Hamilton

> **Co-editors' response to Chris Hattan:** *Kaitiaki Nursing New Zealand* is no longer a hard copy magazine, but members can download a printable PDF bundle of our web stories at the end of each month, here.

Kaitiaki
NURSING
NEW ZEALAND

LETTERS

NZ English test for Pacific-trained nurses too tough?

BY ITALIA TIFFANY FARANI

March 28, 2022

My name is Italia. I am currently working as a health-care assistant in mental health.

I am a registered nurse (RN) from Samoa. I am writing regarding international RNs who have experience and knowledge in the field, about reviewing some of the requirements for us such as doing the academic level IELTS [international English language testing system]. We have so many nurses from Samoa who are currently working as health-care assistants but have so much experience and knowledge to contribute in the field – especially at this time with such a shortage of staff.

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.

This IELTS is the one barrier that is stopping us from getting a New Zealand registration, because of the academic level it requires. We kindly ask for help so we can get on the floor and help out our sisters and brothers who are working tirelessly because of the shortage they are facing right now.

Italia Tiffany Farani, RN (Samoa),
Napier

NZNO Pacific Nurses Section chair 'Eseta Finau replies: Malo Italia. The NZNO Pacific Nurses Section (PNS) has been actively working with various agencies in New Zealand to address this issue. We have had consultation talks with the Nursing Council to look at pathways for registration and practice here in New Zealand for Pacific-trained nurses. We have also discussed the IELTS (international English

language testing system) and OET (occupational English test) criteria and some work is being done to look at these requirements. Our recommendation is that nurses look at both options before deciding which test to take.

We have also consulted with the Ministry of Health (MoH) and Whitireia Community Polytech to look at a bridging programme for our Pacific-trained nurses. Work is underway to develop a curriculum for this and PNS is consulting with Whitireia. We hope this will start next year, subject to curriculum development and endorsement by the regulatory authorities.

In addition the MOH recently released grants for a return-to-nursing support programme (https://www.health.govt.nz/our-work/nursing/developments-nursing/return-nursing-workforce-support-fund) for non-practising nurses who reside in New Zealand. The PNS has been encouraging our Pacific-trained nurses who live in New Zealand to access this funding to assist them with their New Zealand nursing registration programme.

Kaitiaki
NURSING
NEW ZEALAND

LETTERS

Retired nurse misses printed Kaitiaki

BY SHIRLEY BLACKIE

March 25, 2022

It is with regret that I have made the decision to stop my NZNO membership.

As an experienced, multi-skilled, multi-specialist enrolled nurse (originally graduated as a registered community nurse (Auckland Hospital Board School of Nursing — Registration No 1725), I have been retired from nursing since 2011. I have continued with NZNO membership to receive *Kaitiaki,* as I love being informed and kept up to date about nursing, and continuing to learn about all aspects related to nursing. *Kaitiaki* also informed me about current lectures and courses, as well as reunions.

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.

It has been several years since I attended a reunion, but it was such a lovely experience to meet up with other nurses and recall how Auckland Hospital used to be (so many original buildings and nurses' homes no longer around). When I graduated, it was team nursing, with a shared approach and good support as you continually learned new skills. This gave me a good medical grounding to build on and add all the numerous skills I accrued over 30 years of nursing.

Initially, Auckland Hospital had several prefab buildings, near the children's Princess Mary hospital.

For any ward in any part of the hospital that we worked in, we wore a long-sleeved uniform and changed into a short-sleeved uniform (and always a cap — cloth initially then cardboard — and you couldn't have any hair below the collar) for duty; only to to have to change to long sleeve to go to lunch, which was only half an hour, then change at ward into short sleeve for after

lunch duty and again change into long sleeve at end of shift. This was for morning, afternoon and night shifts. Going to and from night shifts and on cold winter days we had a wool cape.

The brick building housed cancer patients. All had very noticeable fungating tumours of various kinds, eg face, breast. The patients were long-term. On nice sunny days it was normal to take patients (some in their beds) outside onto the verandah, which had great views over the Domain, and you could watch cricket games etc.

Yes, those were very different times, and the wards were spick and span and tidy. Part of a nurse's duty was sterilising stainless steel instruments, and bedpans and sputum mugs. There were a lot of glass eyes soaking in receptacles on lockers overnight!

Then as changes developed over the years, and old buildings were demolished for new ones, nursing changed and developed too and a patient's stay in hospital shortened. Now it is so different– New Zealand's population is larger, beds are at a premium and nurses continue to adapt to the changes.

From my day one of nursing, careful handwashing was instilled in all of us, and I have maintained this practice all my life, meaning no issue during COVID-19. Initially masks and gowns were cloth before disposable ones. Disposable gloves were not as prevalent initially.

Being born in 1949, we all got chicken pox, measles, whooping cough, mumps, polio (my brother has one emaciated leg from this) flus etc — there being no vaccines until the '50s.

Before starting nursing training at Auckland Hospital School, you had to have smallpox, typhoid etc vaccines, and all throughout my nursing, regular tests over the years proved I had immunity to the necessary requested viruses and infectious diseases that emerged, including the more recent MRSA.

I am pro-vaccine updates and have had the current two COVID-19 vaccines and the booster.

Thank you for all the previous years of paper issues of *Kaitiaki*.

Unfortunately I prefer the paper magazine to digital. It's more meaningful for me. Digital methods just flash in and out for me, and I don't seem to retain the content, no matter how many times I view it! It's not the learning I've grown up with and I guess it never gets into my long-term memory! It will be different for all those who have just grown up with digital.

Shirley Blackie, EN
Wellington

Kaitiaki NURSING NEW ZEALAND

LETTERS

Rural nurses struggle to access Kaitiaki online

BY JANET JIN

March 25, 2022

I write in response to [associate manager professional and nursing services] Kate Weston's reply to "A loss for rural nurses" by Liz Perales in the December 2021 issue of Kaitiaki Nursing New Zealand.

Instead of offering an apology and spouting a politically-correct excuse, NZNO needs to do better for rural nurses who will face the same problem accessing *Kaitiaki* as Liz, until internet access to rural regions improves. Chorus and Spark are in the process of providing ultrafast broadband across the country. Soon, this rollout will benefit rural areas.

2022's vast increase in membership fees ought to allow NZNO to put aside some funds to produce hard copy for these nurses; we are not talking forever. Besides looking at revenue, NZNO needs to look at reducing expenses. I find the frequent travel by its committee members and executive unacceptable, as are the refreshments provided for talks and meetings.

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.

Janet Jin, RN
Dunedin

NZNO professional and nursing services manager Mairi Lucas' reply

Kaitiaki NURSING NEW ZEALAND

LETTERS

Upset at Kaitiaki going digital-only

BY GAYLEEN WATKINS

March 25, 2022

Now you are digital-only, I am very upset!

I am not reading educational publications online for a variety of reasons which I outline below (this is affecting my abilities to stay up to date with current trends):

1. They have to be read on a laptop or desktop computer, which means that I have to find time to sit down and log in — I rarely have time to do this. When short on time, it is so much easier to leave a printed copy on the coffee table and pick it up when I have a few spare minutes; alternatively I can put it in my handbag and read it on the plane or when I am waiting somewhere.
2. We are bombarded by so many emails, that digital copies are easily lost in the crowd.
3. Issues with my eyesight mean it is better for me to read a hard copy than try and look at a screen (and I am sure that many people's eyesight has been affected by having to spend so much time in front of screens).
4. It is easier to flick through hard copies when trying to find an article that grabbed my interest — there is no way that this is an easy task online.
5. I am unable to access online publications if I do not have easy access to the internet. I can do so in my own home, but I cannot access these when I am at a meeting, at other people's houses, etc (if we were going to be referring to an article in the issue, I would take that copy with me).
6. If I am interested in a particular article/s I have to print it out — which is a cost for me. Otherwise I cannot study and digest it (you can't highlight sections on the computer

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.

screen, or make notes in a margin.)

I accept that we are moving into a more digital age. However when computers stop working, important saved documents can be lost.

What about the nurses that live and work in remote areas which have very limited access to the internet, if they have access at all? This decision penalises a group of nurses who rely on publications, like *Kaitiaki*, to keep up to date.

It is still nice to be able to sit outside on a nice sunny day to do some study/reading — it is impossible to read on a computer screen in the sunshine, assuming you have internet access.

I often take interesting articles to read if I am spending a day at the cricket — this will no longer be possible.

The generation who are the most comfortable accessing everything on the digital platform have also proven to be the group of nurses who rarely, if ever, attend study day conferences and other educational opportunities. Your decision to stop producing hard copies of *Kaitiaki* is penalising the very active group of nurses who remain keen to learn and network. This is unfair and discriminatory.

This decision also means that I will be unable to access *Kaitiaki* in the workplace because you cannot use the work internet for personal use — I have often taken copies of an issue to work if there was something of interest in it.

I presume that there will be a slight drop in membership fees now that a magazine is not being published?

Gayleen Watkins, RN,
Dunedin

Professional and nursing services manager Mairi Lucas' reply

Kaitiaki
NURSING
NEW ZEALAND

LETTERS

NZNO professional and nursing services manager Mairi Lucas replies

BY MAIRI LUCAS

March 25, 2022

I apologise for the inconvenience that some are experiencing when trying to access the new platform. I truly hope that these issues may change for you in the near future.

NZNO board and management made the decision to change to digital format in line with the NZNO strategic direction, the financial benefits and the environmental impact of considerable paper and plastic.

The timeliness of stories getting to members has been greatly enhanced by the online format. Overall, feedback has been positive and readers are grateful for the ability to access through multiple devices.

Kaitiaki is an additional benefit of being a member of NZNO — this has always been free to members and will continue to be now that it is fully online.

Ngā mihi
Mairi Lucas

Kaitiaki Nursing New Zealand is no longer a hard copy magazine, but members can download a printable PDF bundle of our web stories at the end of each month, here.