Kaitiaki
NURSING NEW ZEALAND

NEWS

‘Absolutely slammed’ practice nurses bewildered over pay battle

BY CATE MACINTOSH

May 5, 2023

Practice nurses are ‘absolutely slammed’ as they try to provide basic community health care amidst overwhelming patient need. Some have called it quits, while others are living in hope their value will finally be recognised.

Senior registered nurse (RN) Hannah Madrid has never been to Perth, but she’s moving there with her whānau in two weeks’ time.

Madrid, 39, is hoping for more time with her two young children, and “of course, better pay” in a role at a private hospital.

Hannah Madrid and colleague Nicola Ferguson at the urgent care practice where they work. Madrid is leaving for Perth in two weeks, and Ferguson has applied for work at Te Whatu Ora. They have 25 years experience at the clinic between them.

This year, she took on a second job, in addition to her four-day role at an urgent care practice. She works one night shift a week at a rest home, earning $45 per hour, “to help pay the bills”. The RN has also “cashed out” some annual leave – which she accrued during COVID, to alleviate financial pressures.

> **‘The fight’s over for a lot of us, it’s been two years.’**

In her role at the urgent care practice, Madrid is paid a base rate of $38.25 as a senior nurse, who also takes on shift lead duties.

“Sometimes it gets to you. I just woke up and said ‘this is

not happening' . . . "

Other practice nurses *Kaitiaki* spoke to are staying put in New Zealand, but expressed deep concerns about the pay disparity with Te Whatu Ora nurses, and the impact of short-staffing on patients.

Cost of living spikes after MECA expires

In the 21 months since the Primary Health Care (PHC) Multi-Employer Collective Agreement (MECA) expired, a third of practice nurses have not received an increase in pay, a Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO survey found (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6520/nzno-research-shows-clear-pay-disparity-for-general-practice-nurses).

In that time, the cost of living has skyrocketed, with inflation rates moving from 1.5 per cent in March 2021 (when the MECA commenced) to 4.9 per cent by the time it expired in August the same year.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO members turned out in force on a recent National Day of Action, calling for urgent fixes to the health system. Pictured: the Dunedin rally.

In June 2022, the annual inflation rate was the highest in three decades at 7.3 per cent. It has remained high, at 7.2 per cent since then.

Across the country, wages have gone up. In the year to March 2023 average salary and wage rates (including overtime) increased 4.3 percent (https://www.stats.govt.nz/information-releases/labour-market-statistics-march-2023-quarter/), Statistics NZ said.

Other PHC sectors have received pay parity funding, or will get it from July 1. But those in primary care continue to wait.

> **'We are swamped, absolutely swamped from the minute we get in to the minute we go home.'**

A decision on whether to include practice nurses in government funding for PHC nurses and health care workers hinges on wage data being collected by Te Whatu Ora.

Te Whatu Ora community health system improvement and innovation, commissioning Mark Powell said a survey of GP owners was extended to May 3 due to a low response, with 50 per cent of GPs providing the data.

Information provided by NZNO will be used "to inform advice to ministers about whether practice nurses should be included into the pay disparities initiative", he said.

The response was welcomed by NZNO PHC Meca bargaining team, industrial adviser Danielle Davies.

NZNO industrial adviser Danielle Davies said bargaining will continue at a meeting with employers next week.

"We are pleased by the openness of the current Health Minister, Ayesha Verrall, in her consideration of including the PHC sector in additional funding effective 1 July 2023."

Despite the ongoing wait for a decision, the NZNO bargaining team will meet with employer advocates to resume negotiations next week.

Davies said they would be advocating on members' claims, including nurse prescriber pathways and long service leave entitlements.

Potential pay uplift too late

For Madrid's co-worker, Nicola Ferguson, the ongoing battle for pay parity and then being excluded from government funding has pushed her to look for work with Te Whatu Ora – a first in her 10 years with the practice.

"The fight's over for a lot of us, it's been two years."

As a shift leader, she said the stress and responsibility of trying to ensure sufficient nursing care when every shift was short-staffed by one to two nurses, was exhausting.

Members and supporters on the steps of Parliament, in Wellington for a recent National Day of Action.

Ferguson felt GP owners could do more to bridge the pay gap with Te Whatu Ora nurses, without government funding.

"They are businesses and they are making money. They wouldn't be in it if they weren't. And I think they have to take part of the responsibility."

Rest home pay lift puts thoughts of Aussie on backburner

Kapiti coast RN Freya Border, 55, has been toying with the idea of moving to Australia, but notice of an increase in her pay as a casual at a local rest home has put an end to that – for now.

Border works for two employers – a general practice and urgent care clinic, and a rest home.

This week the experienced RN was told her pay rate at the 24-bed rest home was increasing from $38.22 to $44.77 due to government funding.

The increased rates were still less than those she could earn at Te Whatu Ora, but would be a significant improvement, Border said.

She said it was hard to believe the Government would not include practice nurses in the pay parity funding.

"It's obvious. There's going to be no immunisations. Primary health keeps people out of hospitals – I can't even comprehend why they're not giving [us] a boost yet."

RN Freya Border she had thought of moving to Australia over the pay disparity for practice nurses.

'Hugely' reliant on government funding

Jessica Mead is a nurse prescriber at a practice on Waiheke Island and says her employer, Piritahi Hau Ora Trust, established by Piritahi Marae, relies "hugely" on government funding.

"We have some of the cheapest GP fees around the country, and we have a lot of patients who can't pay and with the visitors – some of them just take off and don't pay.

> **'A lot of us are trying to be nurse practitioners or get into nurse prescribing because the load on the doctors is huge.'**

"There's this concept that every general practice is owned by these rich GPs who are just not paying their nurses properly but it's actually often not the case."

Mead said for those practices the only option would be to put their fees up.

Nurse prescriber and RN Jessica Mead said her practice was 'hugely' reliant on Government funding.

The practice, which also provides urgent care, was under greater pressure as two other trust-owned clinics on the island had "closed their doors" due to staffing issues.

As a popular tourist area, the practice served a large casual patient load, in addition to enrolled patients.

Mead negotiated an hourly base rate of $42.30 with the trust, as nurse prescribers were not covered by the MECA. But this rate was $8 to $10 less than the pay for an equivalent role at Te Whatu Ora, she said.

Along with other nurses at the practice, Mead is continuing her studies to further extend her nursing scope, but already sees about 20 patients a day on her own.

"A lot of us are trying to be nurse practitioners or get into nurse prescribing because the load on the doctors is huge."

Leaving the job wasn't an option for her, as her home, young child and the child's father (Mead's ex-husband) were on the island.

"You can't do your job well."

Like Mead, RN Anna Mulloy is training to become a nurse prescriber, to help take on more patients at the South Auckland practice where she works.

"We are swamped, absolutely swamped from the minute we get in to the minute we go home."

Last winter Mulloy "stepped up" to do assessments for all child patients, in addition to all her other work – so that the GP could focus on complex adult patients, she said.

Mulloy is on Step 5 of the MECA and is paid $35 per hour, and says the pay gap with her hospital colleagues is "very frustrating", but she tries to focus on the job satisfaction the role gives.

She has no interest in moving to Australia, or working in a hospital as her part-time practice role fits in with parenting young children.

Mulloy said she is extremely concerned about the impact of staff shortages on patients.

"You can't do your job well."

Pressure to improve immunisation rates and complete flu and COVID vaccinations were impossible to achieve, Mulloy said.

" . . . your day is absolutely slammed with just the patients walking through the door and on the other end of the phone.

"So, we'd like to do our jobs properly and recall all these people but there's no time, you just can't get it done."

Practice nurse Anna Mulloy is concerned about the impact of staffing shortages on patient health care.

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NEWS

‘Humbled’ in the presence of global indigenous leaders

BY CATE MACINTOSH

May 9, 2023

Māori nurses joined over 1000 indigenous peoples calling for their rights to be upheld, and an end to discrimination at a United Nations forum.

Māori nurses have called for an end to discrimination in the health system for themselves and all tangata whenua at the largest international gathering of indigenous peoples in New York.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO Kaiwhakahaere Kerri Nuku attended the UN Permanent Forum on Indigenous Issues (UNPFII) on April 17-28, with Te Poari representatives Tina Konia and Tracey Morgan.

The UNPDII is the primary platform for all indigenous peoples to exchange ideas and discuss them with nation states and UN entities, Dario Jose Mejía Montalvo, chairperson of the forum said in a statement.

“The forum provides an opportunity to listen to the perspectives of those who have been marginalized, but who have always provided solutions to the enormous challenges facing humanity and our survival on the planet.”

Nuku said it was an opportunity to highlight inequities in access to health care for Māori, and learn about the struggles other indigenous peoples were having.

Tōpūtanga Topuhi Kaitiaki o Aotearoa NZNO Kaiwhakahaere Kerri Nuku (middle), Tracey Morgan (left) and Tina Konia (right) at the UN Headquarters.

"When you get there, you are humbled to be in the presence of such amazing indigenous people . . . when they speak up around atrocities that have happened to them, or their world view, it's very interesting to watch the governments' reactions."

Addressing the forum, Nuku said a Waitangi Tribunal inquiry in 2019 (https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_195476216/Hauora%202023%20W.pdf) found the Crown failed to provide equitable health outcomes for Māori and to ensure funding earmarked for Māori health was used for that purpose.

The Crown had also failed to hold health providers to account on upholding te Tiriti and ensure Māori have adequate decision-making authority for the design and delivery of services.

While legislation to reverse racially-based disparities in health outcomes – the Pae Ora (Healthy Futures) Act 2021 – had been enacted, it was still at risk of being undermined by racist agendas, Nuku said.

" . . . initiatives, such as the Māori Health Authority (Te Aka Whai Ora), have been weaponised and used as a political football with threats and fear, used by political parties to disestablish the authority before it had even begun.

The clear under-funding of the authority raises the clear concerns expressed in the report from the Tribunal and signals a further entrenchment of racism."

Nuku said the Government had not addressed "issues of pay parity and workforce for our indigenous workers".

"In conclusion, we call on the Special Rapporteur and the expert advisory to hold the New Zealand Government accountable for their breaches of indigenous rights."
Special rapporteurs are human rights experts appointed by the UN to monitor the human rights' situation of member states.

Nuku also called for the New Zealand Government to ratify the Indigenous and Tribal Peoples Convention, 1989 – known as the International Labour Organisation (ILO) Convention 169, a major binding agreement concerning indigenous peoples (https://en.wikipedia.org/wiki/Indigenous_peoples) and tribal peoples. (https://en.wikipedia.org/wiki/Tribe)

Tōpūtanga Topuhi Kaitiaki o Aotearoa NZNO Kaiwhakahaere Kerri Nuku, Tracey Morgan and Tina Konia in New York outside the UN Headquarters.

Ratification would commit the Government to the
protection of the rights of the indigenous workers, and guarantee "respect for their integrity".

New Zealand has signed up to the UN Declaration on the Rights of Indigenous Peoples, a legally non-binding resolution passed in 2007, which defines rights of indigenous peoples (https://en.wikipedia.org/wiki/Indigenous_rights), including cultural and ceremonial expression, identity, language, employment, health and education – but has not ratified the ILO Convention 169.

Te Puni Kokiri sent three kaimahi to the forum to represent the Government, but they were not aware of NZNO's intervention and had not seen it, a spokesman said.

The agency did not coordinate the invitations and attendance of non-government agencies.

"It's worth noting that the forum is an opportunity for governments and NGOs to present their whakaaro on a global stage, not necessarily to respond back and forth."

No sign of action to grow Māori nursing workforce

Despite a population of about 18 per cent, the proportion of the Māori nursing workforce has remained at about 7 per cent.

While there had been much talk, Nuku was not aware of any specific government initiatives to increase the Māori nursing workforce implemented to date.

Health care assistant Ruth Te Rangi with her mokopuna TeRangiHiroa at a recent National Day of Action by Tōpūtanga Topuhi Kaitiaki o Aotearoa NZNO.

In a joint statement, Te Whatu Ora Chief Nursing Officer Dale Oliff and Te Aka Whai Ora Chief Nursing Officer Nadine Gray said the entities and Manatū Hauora (the Ministry of Health), were working to grow and support the Māori healthcare workforce.

"Te Aka Whai Ora is working in partnership with Te Whatu Ora and Manatū Hauora to support this work and ensure these initiatives are fit for purpose and meet the needs of our Māori providers and communities," Gray said.

Te Aka Whai Ora chief nursing officer Nadine Gray.

Māori and Pacific nurses were being prioritised under the return to nursing support fund (https://www.tewhatuora.govt.nz/for-the-health-sector/nursing/return-to-nursing-workforce-support-fund/) for those who wanted to get nursing council registration, the statement said.

Kaupapa Māori health-care providers were prioritised to receive additional funding from April 1, for nursing and kaiawhina pay parity with peers in Te Whatu Ora, Gray and Oliff said.

In addition, Te Aka Whai Ora had opened Te Pitomata grants (https://www.teakawhaiora.nz/our-work/workforce/workforce-development/te-pitomata-grants/) for Māori health students on April 6, and said the budget of $3.27 for the programme had nearly tripled from the previous student scholarship programme investment.

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NEWS

‘They’re stabbing us in the back’ – Gisborne Hospital moves to block ward 5 nurses’ strike

BY MARY LONGMORE

May 21, 2023

Gisborne Hospital nurses say they’re not surprised by Te Whatu Ora’s move to try and block their strike with legal action.

“We weren’t actually that surprised — we were kind of expecting it,” NZNO delegate, ward 5 nurse Christine Warrander told *Kaitiaki Nursing New Zealand.*

Te Whatu Ora has applied for an interim injunction, trying to block a planned one-hour strike on May 24 citing “significant potential consequences for patients, their families, other staff, and communities generally”. About 24 ward 5 nurses plan to walk off the job from 1.30-2.30pm.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO is opposing the order and an Employment Court hearing is set for Monday May 22.

‘There have been drug errors because nurses are literally running from one patient to another’

Te Whatu Ora made the move this week — as they were telling *Kaitiaki* they respected staff's right to strike and were working with NZNO to make contingency plans.

"Patient and staff safety remain our top priorities, and while we respect our staff's right to take industrial action, our focus is on ensuring we have contingency plans in place," a Te Whatu Ora said in a statement on Wednesday.

However, Te Whatu Ora later told *Kaitiaki* it did not believe a strike was justified, given its efforts to address staff concerns.

Te Tai Tokerau nurses urged Gisborne colleagues to 'kia kaha – stand firm! Stand strong!'

"Te Whatu Ora acknowledges the right of staff to engage in lawful strike action," its statement said. "However given the work that is in progress and processes currently underway to address the health and safety concerns raised by employees in this instance, Te Whatu Ora does not consider that the threshold for justifying a strike on this basis is met. We believe that we have an obligation to ask the Court to determine this in the broader interests of staff and patient safety."

Warrander said that was "frustrating" the hospital had told media it was "right behind" staff the same time they were preparing a legal order to try and stop it.

Gisborne Hospital nurses Christine Warrander and Carole Wallis.

"They're stabbing us in the back. They knew when they gave you that statement that they had done this action — so for them to say they're supporting us for the right to strike? They're not."

'Te Whatu Ora does not consider that the threshold for justifying a strike on this basis is met.'

If the hospital was really concerned about patient safety, managers would have listened to staff, who had been "screaming at them for over a year 'there is no patient safety, things are really dangerous'," she said.

"We're doing eight hour shifts where there is less staff than they're proposing be on when we go out for an hour – and we're told we just have to suck that up and deal with it and do the best that we can?

'Close calls'

Warrander said there had been some "close calls" over the past few months due to the unsafe staffing levels and "huge" workloads.

"There have been drug errors because nurses are literally running from one patient to another – they're rushed, they're pressured, they're tired and so the concentration is not 100 per cent as it should be," she said.

"We're not being able to spend that time. . . we're not always able to recognise a deteriorating patient until it's crisis point," Warrander said. "Luckily nothing has happened to the patients, but there have been some close calls," she said.

"We know we shouldn't be working under those conditions. But we can't be calling in saying 'I'm mentally, physically exhausted, we can't come to work – because we know it'll be even worse for those left on the ward."

Messages of support have flowed in including this from Whakatāne's acute care unit: 'Kia kaha ward 5 Gisborne, we support you'.

Crucial patient treatments such as blood transfusions had been delayed at times, as staff did not have time to sit with them as required to watch for a reaction. "We're having to pick and choose what and when we do things."

'Heavy-handed'

NZNO chief executive Paul Goulter described Te Whatu Ora's move as "heavy-handed".

"Instead of acknowledging that there is a problem and seeking ways to work with us to solve it, the employer has responded by seeking an interim injunction to deny our members the right to strike for their own and their patients' health and safety."

Prior to the move, NZNO had been working constructively with Gisborne Hospital to agree on life-preserving services, within the required time frame set out in the Employment Relations Act's code of good faith for the Public Health Sector. (https://www.legislation.govt.nz/regulation/public/2006/0395/latest/DLM423941.html)

Goulter commended the Gisborne Hospital members for their bravery and said NZNO would be opposing the interim application in court tomorrow.

Staff from the general ward on Te Tai o Poutini West Coast's Te Nikau Hospital sent "love and support" to Gisborne's nurses.

The pressures faced by Gisborne nurses were shared "across the sector", he said.

NZNO members are being invited to share messages of support to campaigns@nzno.org.nz

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NEWS

‘This is for every other nurse in New Zealand’ – Gisborne ward 5 nurses celebrate right to strike over safety fears

BY MARY LONGMORE

May 24, 2023

Gisborne Hospital ward 5 nurses and health-care assistants are jubilant over winning the right to strike for safer conditions and say it opens the door for other nurses struggling in unsafe conditions to take action.

“We’ve made history — we haven’t been silenced,” Gisborne Hospital ward 5 nurse Christine Warrander told *Kaitiaki Nursing New Zealand.*

The Employment Court yesterday ruled in favour of Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO after an 11th-hour legal attempt by Te Whatu Ora to block this afternoon’s one-hour strike. The strike will now go ahead from 1.30-2.30pm today.

> **‘We’ve made history – we haven’t been silenced.’**

In his ruling, Judge Kerry Smith drew heavily on six Gisborne nurses’ written affadavits describing emotional and mental stress, exhaustion from relentless overwork, lack of breaks and fears over making patient errors.

Gisborne Hospital nurse Christine Warrander after Tuesday’s hearing.

He cited the words of one, Carmen West, "very starkly" telling her husband after a shift: "No-one died today, I don't think I made a mistake".

Others described high stress, a lack of breaks, long shifts and feeling they were failing patients on the acute medical ward due to daily short-staffing.

Smith rejected Te Whatu Ora's arguments that staff did not face "significant risk" and its workplace was safe, saying the evidence "painted a different picture".

A strike would not immediately resolve the problems — as Te Whatu Ora pointed out — but it was a chance to "draw attention to unsafe and unhealthy conditions", Smith said, noting staff's "deep professional concern" for patients.

'I just screamed – I gave the other nurse a hell of a fright!'

Warrander — who travelled to Wellington for the court hearing on Monday — said yesterday's win was "not just for us, but for every other nurse in New Zealand".

She was working on the understaffed ward 5 last night when she got the text about the judgement. "I just screamed — I gave the other nurse a hell of a fright!"

Other nurses, when they heard, "burst into tears" and hugged each other.

"It's huge – it's massive that we've actually managed to get this far," said Warrander. "We really didn't know which way it was going to go."

'We've gone through pretty much hell for the last nine or 10 months, both physically and emotionally'.

A 'slap in the face' by Te Whatu Ora

Warrander said staff weren't surprised by Te Whatu Ora's attempt to stop the strike as it would likely lead to widespread industrial action — "this has opened up the door now."

However, they were disappointed by its claim staff were safe. "To us, that's really a slap in the face," Warrander said.

"We've gone through pretty much hell for the last nine or 10 months, both physically and emotionally and for them to say, 'Well, actually no you weren't' — we found it really disrespectful and hurtful."

There were several ward 5 nurses ready to walk out over that claim, she said. "They were done . . . They were like 'They've got no respect for us, they haven't listened to a single thing we've been saying and just giving us lip service'."

Perseverance

Gisborne Hospital nurses (left to right) Christine Warrander and Carole Wallis

Warrander credited a "huge effort from all the staff on ward 5", perseverance and documentation.

"Like everything we get told in nursing — documentation. If it's not documented, it didn't happen . . . We had all the paper trail backing us up," she said.

"I felt like a bit of a slave driver sometimes — they'd be complaining we were short of staff, or it was a horrendous shift, and I'd be asking 'Have you done the escalation pathway? You really need to do this'. Reflecting back, they now know how important it was and the impact it's had. And we've made history. We haven't been silenced."

'No-one died today, I don't think I made a mistake.'

Warrander said it had taken months of perseverance. "You just have to keep going. There are days you feel it's just not worth it — but we've got there — just keep persevering."

While staff were happy to have won the right to highlight the safety issues they had faced every day for months, "it's kind of sad that we have to be doing this".

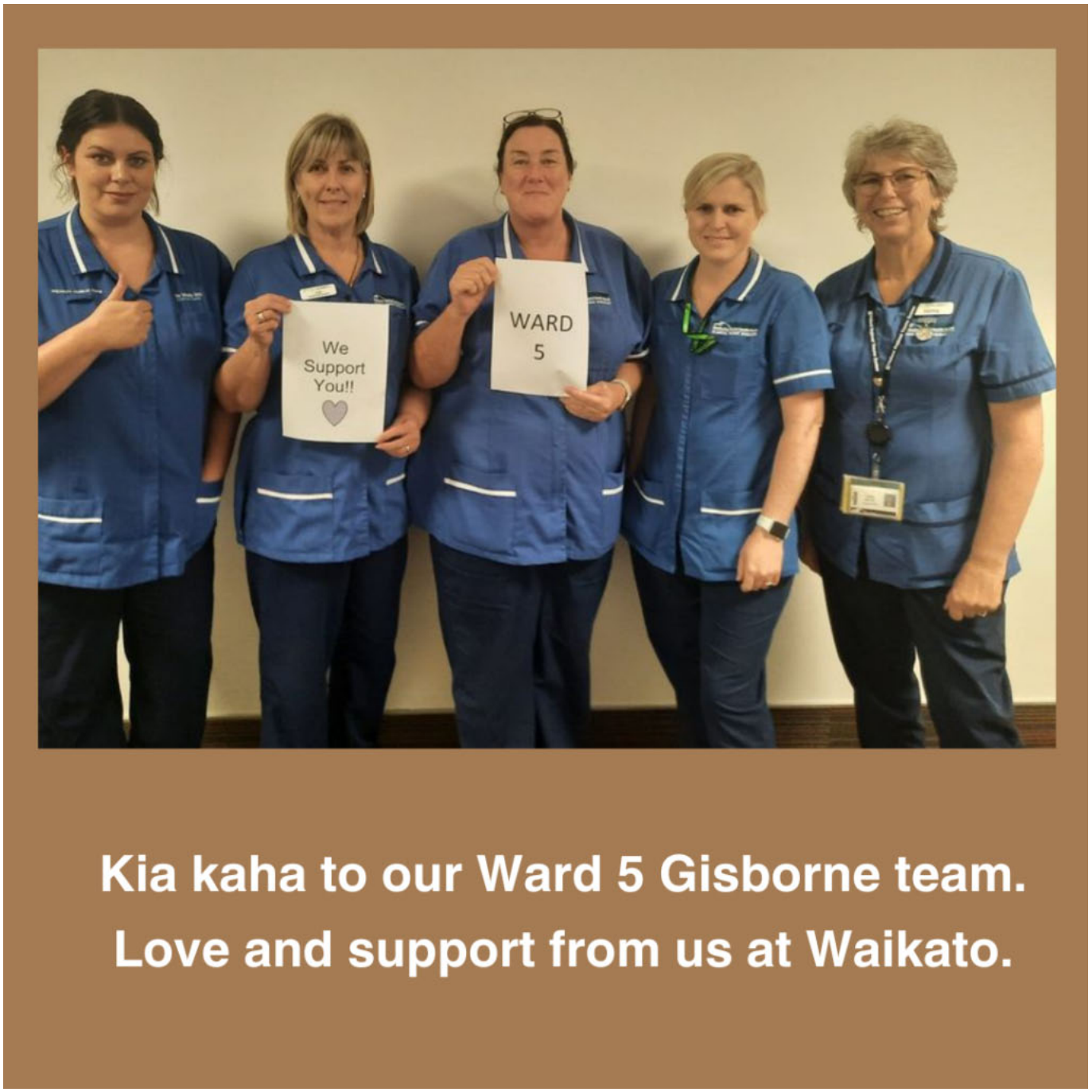
'Moral victory'

NZNO chief executive Paul Goulter said the ruling was a "moral victory" for the right of nurses everywhere to strike.

"Nurses right across the health system are not currently safe at work and to have denied them the right to strike over health and safety concerns would have been an intolerable injustice."

Warrander said it was bewildering that Te Whatu Ora chose to expend thousands in resources and taxpayer's money on fighting a one-hour strike, instead of putting those resources towards fixing their significant health and safety problems.

The judgement in full is available here: (https://www.employmentcourt.govt.nz/judgments/decisions/?Filter_Jurisdiction=17)



Messages of support have been flowing in from nurses around the motu

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NEWS

‘We’ve been rolling over too long, we’re not going to do it anymore’ – Gisborne nurses to strike

BY MARY LONGMORE

May 16, 2023

Nursing staff at Gisborne Hospital’s ward 5 feel they have no choice but to take strike action this month, after worsening conditions have left them and patients increasingly unsafe.

Gisborne Hospital nurses Christine Warrander and Carole Wallis.

About 20 nurses at Gisborne Hospital's ward 5 plan to walk off the job on May 24, from 1.30 to 2.30pm.

NZNO delegate Christine Warrander said there had been "no let up" this year with increased patient acuity amid ongoing loss of staff at the acute medical ward which also was a COVID ward. She regularly worked anything from six to 10 hours over her fulltime role.

> **'When we issued the PIN back in December, things were bad. But things are way, way worse now.'**

"It's not unusual to have a couple of horrible shifts and you can deal with that. But this is just shift after shift after shift – there's no let up. We're coming in exhausted, leaving absolutely exhausted," Warrander told *Kaitiaki Nursing New Zealand*. "You're just thankful you've got through the shift without something critical happening — and that's not through management, that's just pure luck."

The acute medical ward dealt with renal, cardiac and respiratory patients and was also a COVID ward, which added to pressures, said Warrander, who has worked at Gisborne Hospital for 10 years.

Nursing staff, including health and safety representative (HSR) Carole Wallis, issued a provisional improvement notice (PIN) in December, recommending several actions including closing off five of the medical ward's 25 beds to allow safer staffing.

A PIN is a legal notice obliging employers to respond within eight days or risk the intervention of workplace health and safety regulator WorkSafe.

While it had started targeted recruitment, the hospital has so far refused to drop bed numbers, citing patient safety, Warrander said. "But we are not keeping patients safe.".

> **'It's our registrations on the line, and it's patients' lives that are on the line.'**

Staff did not feel they were being listened to and had been pushed to the brink. "It's getting worse and worse with more nurses saying 'I've had enough, I'm getting out of here, I'm not doing it anymore."

This loss of morale led to the decision to go on strike, Warrander said.

“We felt we had no option – they really need to sit up and pay attention. It’s patient welfare but it’s the staff welfare as well. Staff were getting physically and mentally burnt out,” she said.

“When we issued the PIN back in December, things were bad. But things are way, way worse now.”

Instead of five nurses on duty during the daytime shifts, there were often just two. “We’re just saying ‘how the hell are we going to cope with this’?”

Many were leaving — some the profession altogether.

> **‘Every staff member on the ward is going to be walking off or greeting those who are walking off – everyone is in agreement we need to do this strike.’**

“We need them to know we’re not going to take this anymore. We’ve been rolling over too long and we’re not going to do it anymore — it’s our registrations on the line, and it’s patients’ lives that are on the line.”

Ward 5 staff had been getting plenty of support from other staff, Warrander said. “Other ward are watching us — even the doctors are in full support of us and say they’ll try and get out and support us.”

Every staff member on the ward is going to be walking off or greeting those who are walking off – everyone is in agreement we need to do this strike.”

The WorkSafe review was still going, but staff could not wait any longer, Warrander said.

‘Losing morale’

“We were losing morale as WorkSafe was taking a while, there was basically no end in sight – management weren’t paying attention no matter how much we screamed at them, cried at them, did all the paperwork and said ‘we can’t keep going like this, it’s unsafe’.”

A Te Whatu Ora spokesperson said Gisborne Hospital respected its staff’s right to take industrial action, and was now focusing on getting contingency plans in place.

Reducing beds in ward 5 “does not reduce the number of patients across the organisation or their needs.” Patients would need to be accommodated elsewhere “which would shift the pressure to other parts of the hospital”.

Its efforts to recruit more nurses and health-care assistants were “challenging due to national and international shortages and progress has taken longer than we would like”.

Instead, the hospital had been trying to increase support staff, redeploy staff from other areas and recruit locum support.

Meanwhile, Gisborne Hospital was working with NZNO to ensure safe services could be provided during the one-hour strike and with WorkSafe to address the concerns raised by ward 5 staff.

A WorkSafe spokesperson said that they expected to complete their review within the next month.

Nurses march in day of action last month.

Remember to sign and share our petition calling for more nurses and better pay this election year: weneednurses.nz (http://www.weneednurses.nz/).

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NEWS

‘Where’s the plan?’ Student nurses left disappointed by Budget 2023

BY CATE MACINTOSH

May 18, 2023

Nursing students were left bitterly disappointed by Budget 2023, which contained scant specific new initiatives to support them, and grow the nursing workforce.

“It’s quite disappointing.”

Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO) national student unit (NSU) co-chair and third year bachelor of nursing student Rebecca Dunn said students needed direct financial support such as earn-as-you-learn schemes, scrapping study fees, and paying for placements.

“But there’s clearly nothing in there about that.”

National students unit co-chair Rebecca Dunn said Budget 2023 contained no plan to support those training to be nurses.

The Labour Government's "no frills" Budget 2023 contained $4.8 billion in new spending, but little of this was on frontline health services.

Most spending on health services in Budget 2023, including workforce development and pay increases, had already been announced in 2022, as part of a multi-year funding programme, NZNO president Anne Daniels said.

"There was an opportunity in this Budget to commit additional funding beyond the $1.3 billion uplift announced in Budget 2022 that could have meaningfully addressed the workforce shortages and need for improved pay and conditions across the entire health system."

Funding announced in Budget 2022 included $63 million for "an additional 500 new nurses to be employed", and $76 million over four years "to develop the health workforce", Minister of Health Ayesha Verrall said in a media release today.

But Daniels said 500 new nurses would "not resolve burnout and fatigue that chronic staffing shortages brings to the workplace for nurses".

NZNO kaiwhakahaere Kerri Nuku said Budget 2023 didn't provide anything to specifically address the urgent need for Māori and Pasifika nurses.

"We need an increased percentage of Māori and Pasifika nurses to ensure people receive health care that that is culturally sensitive and appropriate for them. Nurses need adequately resourced and staffed workplaces to deliver the safe, timely, accessible care that New Zealanders deserve."

NZNO kaiwhakahaere Kerri Nuku said she wanted to see specific support in Budget 2023 to lift the number of Māori and Pacific nurses.

Dunn said she knew of students who had slept in their cars while on placements, and others who were working on training placements and then heading straight to paid night shifts, while others had no option but to drop out altogether, in order to support their family.

She said it was hard to fathom the apparent lack of action by the Government.

"Where's the plan? Where's the plan to support students, because we need more nurses, and they agree we need more nurses but they're not doing anything to help us get more nurses."

"It feels like they are just throwing darts at a dart board, with their eyes closed."

Council of Trade Unions economist Craig Renney said Budget 2023 did include measures to improve the social determinants of health, such as scrapping of a $5 prescription fee,

subsidising warmer home upgrades, free public transport for under-13s, and providing more free early childhood education.

“Helping to heat and insulate 100,000 homes will actually have a material benefit for the health system.

Council of Trade Unions economist Craig Renney.

“This is stuff that not only puts some money back into the pockets of some very low-income people, but it gets outcomes, and that’s the kind of smart investment we all want to see.”

Renney said that in the context of inflationary and political pressures, the Government had “pushed the envelope” for spending as far as it could.

While further spending was possible, it would have risked stronger accusations of “stoking inflation”, from political opponents, Renney said.

Responding to Budget 2023, National Party finance spokesperson Nicola Willis described it on Twitter as “Labour’s Blowout Budget” and said “Labour’s wasteful spending, added costs & business barriers are choking NZ”.

Willis told *Stuff* National would repeal the scrapping of the $5 prescription fee if elected to government.

Kaitiaki
NURSING NEW ZEALAND

LETTERS

2023 nominations for the election of Nursing Council members are now open

BY WARWICK LAMPP

May 24, 2023

Nominations are now being called for three nurse members to be elected by the nursing profession to the Nursing Council board. Elected members will serve for a period of three years.

Any nurse registered by the council as at 5pm, Tuesday, June 30, 2023, with a current annual practising certificate, may be nominated.

If you are considering standing as a candidate, please read all the nomination material, which is available at www.electionz.com/NC2023resource. (https://www.electionz.com/NC2023resource/)

Warwick Lampp of electionz.com Ltd has been appointed deputy returning officer. All nurses enrolled and registered with the council and with an annual practising certificate (voting roll) will be sent election information by iro@electionz.com.

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.

The key election dates are:

Nominations open	Wednesday 24 May 2023

Nominations close	5:00pm, Friday 30 June 2023
Voting opens	Monday 24 July 2023
Voting closes	5:00pm Friday 1 September 2023

Nominations must be received by the deputy returning officer by 5pm on Friday, June 30, 2023.

Nomination documents must include a nomination declaration, biographic sketch, statement to voters, recent photo and duty to disclose form, which is emailed to the deputy returning officer at nominations@electionz.com before the close of nominations at **5pm on Friday, June 30, 2023.**

Nominations received after this time will not be accepted.

If you require any further information, please call the free phone election helpline on **0800 666 045**.

Warwick Lampp
Deputy Returning Officer
Nursing Council of New Zealand
3/3 Pukaki Road, PO Box 3138,
Christchurch 8140
iro@electionz.com, 0800 666 045

Kaitiaki
NURSING NEW ZEALAND

NEWS

A dream come true – kaupapa Māori kaimahi-to-nursing initiative breaks barriers to training

BY CATE MACINTOSH

May 30, 2023

A Māori-led nursing earn-as-you-learn workforce initiative is giving some kaimahi (unregulated health workers) the chance to realise a life-long dream to be a nurse.

Enrolled nurses Virginia Wati and Jahnetta Tau.

Enrolled nurse (EN) Jahnetta Tau was a delivery driver before being offered the chance to study nursing – thanks to a small workforce initiative aiming to turn the tables on health inequities.

Tau, who has two young children, is one of 26 kaimahi who have signed up for an 18-month diploma in enrolled nursing, as part of a nursing workforce initiative funded by Te Whatu Ora.

Barriers, such as a lack of financial support, are reduced or eliminated in the scheme for kaimahi who have their fees paid, continue to receive an income, and are guaranteed a job when they finish.

> **'The kaimahi who have been given this opportunity still cannot believe this is happening, as it has been a lifelong dream for them to attend university.'**

Tau, who works for Ki A Ora Ngātiwai in Whangārei, said she felt an 18-month diploma course would be more manageable than a three-year degree.

"It was so hard, but I'm here," Tau said while visiting the EN section conference in Christchurch recently.

The earn-as-you-learn (EAYL) initiative, is a collaboration between the University of Auckland, Te Whatu Ora, Māori and iwi health providers, polytechs, and kaimahi, with funding in place until late 2024.

University of Auckland professional teaching fellow, registered nurse, and workforce development programme coordinator, Coral Wiapo.

Tau said seeing her father struggle to navigate the health system following a stroke motivated her to study nursing.

"I want to help our people get through the system and be a role model to my kids."

Ngā Puhi wahine and EN Virginia Wati had never considered training to be a nurse, but is pleased she took the step and graduated last year.

The mother of seven said she had been reluctant to visit health-care services in the past, and only went when she felt she had to, as the experiences were not generally affirming of her Māori heritage.

In 2020, during the COVID-19 pandemic response, Wati began working as a kaimahi (health care assistant) at Te Hā Oranga, operated by Ngāti Whātua, in Dargaville.

She decided to study enrolled nursing through the initiative, partly in memory of her late mother who was a nurse.

"It brought back memories of my Mum."

Wati, 54, was the first student to graduate with an EN diploma from NorthTec under the University of Auckland initiative.

Since graduating as an EN, she has worked with young people, providing lifestyle assessments and early intervention for drug and alcohol use, anxiety, depression, and domestic violence.

Māori and Pacific peoples are significantly under-represented in nursing, making up just 8 and 3.5 per cent of the workforce, respectively. This compares to Māori being 17.4 per cent, and Pacific peoples, 8 per cent, of the national population.

But Māori made up 21 per cent of the unregulated health workforce in 2017. This figure likely increased during the COVID-19 pandemic as kaimahi were employed for a "surge workforce".

'Enrolled nursing is its own designation, as it should be, but for others this will be their pathway into a future nursing career.'

The workforce initiative coordinator Coral Wiapo believes the model has potential to make a real impact on lifting health outcomes and the Māori nursing workforce.

"These are people who are well invested in their communities, they've been there for generations, their children are at school there. This is a sustainable workforce found in the places where they live, work and play.

"So [the initiative] enables them to provide services for their community, that they couldn't do in the kaimahi role."

To support the growth of the Māori nursing workforce, health-care providers need to fill the kaimahi roles, while their staff member is studying full-time, and provide preceptor support during placements.

Māori and iwi providers who have participated are impressed by the initiative.

"The kaimahi who have been given this opportunity still cannot believe this is happening, as it has been a

University of Auckland professional teaching fellow and initiative coordinator Coral Wiapo (centre, standing), with kaimahi and nursing leaders at a co-design session.

lifelong dream for them to attend university," a CEO of one rural Māori provider said in an email to the coordinator.

So far this year, 25 EN diploma students in Te Tai Tokerau and Tāmaki Makaurau are expected to graduate. Of those students, 84 per cent are Māori, and 16 per cent are Pacific.

Turning the tables on inequity

Key to the initiative's success was a co-design process based on kaupapa Māori principles and ideas, Wiapo said.

"Te reo Māori, mātauranga Māori (Māori knowledge), tikanga Māori (Māori custom) and ahautanga Māori (Māori characteristics) were actively legitimated and validated," Wiapo and co-authors said in an article about the initiative recently published by *Nursing Praxis* journal (https://praxis.scholasticahq.com/article/74476-from-kaimahi-to-enrolled-nurse-a-successful-workforce-initiative-to-increase-maori-nurses-in-primary-health-care).

Colonial attitudes, including a belief in the supremacy of westernised education and health-care have contributed to the low number of Māori in nursing, the authors said.

ENs, as a professional group, have suffered hurt and distress as a result of demeaning attitudes which questioned their value in the health system – with the role abolished altogether from 1993 to 2002, the article said.

For Māori ENs, this stigma was compounded by racist attitudes, and has contributed to limiting the growth and progression of the Māori nursing workforce.

> **'Te reo Māori, mātauranga Māori (Māori knowledge), tikanga Māori (Māori custom) and ahautanga Māori (Māori characteristics) were actively legitimated and validated.'**

The initiative's coordinators and stakeholders say supporting kaimahi, who live and work in "some of the most underserved communities", to become regulated health professionals through a kaupapa Māori EN diploma will build the capacity of the nursing workforce.

"Enrolled nursing is its own designation, as it should be, but for others this will be their pathway into a future nursing career," Wiapo said.

She said there was no reason the same model could not be developed for a bachelor of nursing

degree.

Future for initiative uncertain

Co-leader of the workforce initiative and senior lecturer Susan Adams said discussions were under way with Te Whatu Ora about extending funding for the initiative beyond the end of 2024.

Adams said the nursing pipeline workforce team, led by Te Whatu Ora and Te Aka Whai Ora were aware of, and supported the initiative.

University of Auckland senior lecturer Susan Adams is leading the kaimahi to EN workforce initiative.

Kaitiaki asked Te Whatu Ora and Te Aka Whai Ora how much funding had been allocated to workforce initiatives, including the kaimahi-to-EN programme. They did not respond to this request in time for publication.

In an earlier joint statement, Dale Oliff, Te Whatu Ora chief nursing officer, and Te Aka Whai Ora chief nursing officer Nadine Gray said Te Aka Whai Ora Te Aka Whai Ora will use $17 million of Budget 22 investments to support Māori workforce development to support Māori workforce development.

Increasing the number and type of Māori health workers was a priority action in Te Pae Tata – Interim New Zealand Health Plan 2022-2024.

Work under way included prioritising Māori and Pacific nurses under the return to nursing support fund, and the nurse practitioner training programme, they said.

Kaitiaki
NURSING NEW ZEALAND

NEWS

Budget 2023: Bigger investment needed to boost Māori, Pacific nursing

BY CATE MACINTOSH

May 17, 2023

Registered nurse (RN) Jo Fortune, 47, is a passionate advocate for community nursing, and even says she'd encourage her kids to follow in her footsteps – but she hopes Budget 2023 will provide more support for those pursuing the profession.

Fortune trained as a nurse after having four of her own tamariki, and says her early, harmful experiences of health services as a Māori teen mother inspired her to pursue nursing.

"I was young, I was Māori, I had too many kids, all of those things that I knew the average doctor who had their life together would be looking at me with, and going hmm, yeah.

"I think services like this take those fears away and give people safe spaces."

RN Jo Fortune and her colleague, Josh Ryan-Frost (a Whānau Ora navigator). Fortune is a community nurse at kaupapa Māori health provider Arowhenua Whānau Services in South Canterbury.

Fortune is a community RN at kaupapa Māori provider, Arowhenua Whānau Services, established by Te Rūnanga o Arowhenua in South Canterbury, in 2001. She splits her time between Tamariki Ora and primary health nursing.

Despite still paying off a $60,000 student loan seven years after graduating, she has no regrets.

"I think it is really rewarding, and it is a really good profession, especially community nursing. We get those huge connections with our community, that you don't in the hospital and I think that's really important."

> **'She said, 'look, I will be a taxpayer in three years, if you just help me', and she couldn't get the help and she dropped out and . . . nine years on she's still a solo mum on a benefit.'**

In addition to providing a Tamariki Ora service and a drop-in clinic in Temuka, Arowhenua Whānau Services nurses travel to provide weekly health clinics in Timaru, Waimate and Twizel – a three-and-a-half hour return trip.

Demand for the service has grown since the COVID-19 pandemic, and Fortune said increases in living costs were likely behind it.

"We need more nurses, we need to encourage nurses to stay, we need to encourage nurses to train, we need to make it more accessible and easy."

Fortune said the Government needed to invest more in support for nursing students, and especially Māori and Pacific students, to increase the workforce.

In a combined response to *Kaitiaki*, Te Whatu Ora chief nursing officer Dale Oliff and Te Aka Whai Ora chief nursing officer Nadine Gray said the agencies were working to grow and support the Māori health-care workforce, including those working in kaupapa Māori services.

Te Aka Whai Ora chief nursing officer Nadine Gray.

Specific initiatives to achieve this included prioritising Māori and Pacific nurses in the "return to nursing support fund", and the nurse practitioner training programme; pay parity funding for Māori, iwi and Pacific providers, and a greater investment in health scholarships for Māori (https://www.teakawhaiora.nz/our-work/workforce/workforce-development/te-pitomata-grants/) ($3.27 million).

Fortune said while she managed to complete her training about seven years ago, with the support of her whānau, others she trained with were forced to drop out because they couldn't afford the additional costs of transport, housing, and childcare.

A good friend, who was a solo mother, quit the course in her first year as she couldn't afford the cost of petrol for the hour-long trip to the nearest training college. As her whānau provided child support, moving closer to the training provider wasn't possible – and would have meant paying much more in rent.

Fortune says her friend was turned down for financial support by the Ministry of Social Development.

"She said, 'look, I will be a taxpayer in three years, if you just help me', and she couldn't get the help and she dropped out and . . . nine years on she's still a solo mum on a benefit. And she would have made an absolutely fantastic nurse."

The proportion of Māori nurses, at 7 per cent of the total nursing workforce, has remained relatively low when compared to the total Māori population – estimated to be 17.4 per cent by Stats NZ in June 2022.

‘I think services like this take those fears away and give people safe spaces.’

RN Jo Fortune (middle) and her Arowhenua Whānau Services colleagues, community connector kaimahi Hala Simmons (left), and Whānau Ora navigator Josh Ryan-Frost.

Pacific nurses account for about 3.9 per cent of the total nursing workforce, while people of Pacific ethnicity make up about 8 per cent of the population.

Māori and Pacific people have a much higher burden of disease and ill-health, on average, compared to non-Māori.

Arowhenua Whānau Services staff perform for Governor-General Dame Cindy Kiro on a visit last year.

A recent report (https://admin.tikatangata.org.nz/assets/Documents/Maranga-Mai_Full-Report_PDF.pdf) for the Human Rights Commission describes the “devastating” impact of colonisation and racism on the health and well-being of Māori, due to the “undermining of rangatiratanga (self-determination), dispossession of land, suppression of te reo Māori, and dismantling of iwi, hapū and whānau”.

This week children’s medical research charity Cure Kids released a report (https://www.curekids.org.nz/our-research/state-of-child-health) which found Māori, Pasifika, and children living in poverty were disproportionately affected by respiratory conditions, skin infections, rheumatic diseases and mental health conditions – many of which are preventable. The report called for deficits in accessible health care to be addressed urgently.

Kaitiaki
NURSING NEW ZEALAND

LETTERS

Comprehensive guide to mesothelioma

BY JACOB BRYANT

May 17, 2023

A United States law firm which acts for people exposed to asbestos has produced a thorough guide to mesothelioma.

After coming across the helpful information your *Kaitiaki* website shared about mesothelioma, we would like to inform your readers of another resource on this important topic.

Mesothelioma is a rare cancer caused from exposure to asbestos that takes 20-50 years to develop. It's extremely important to spread awareness of this type of cancer, because misdiagnosis is common. Also, there are many different ways to treat it.

Our law firm has made a guide (http://lanierlawfirm.com/mesothelioma/) that includes everything

to know about mesothelioma.

This guide forms part of the expert service we provide to victims of exposure to asbestos.

For two decades, we have specialised in litigation on behalf of thousands of US mesothelioma patients, working to secure them compensation from asbestos manufacturers.

We hope this guide will prove useful to your readers.

Jacob Bryant
Lanier Law Firm,
Houston, Texas

Kaitiaki
NURSING NEW ZEALAND

NEWS

Enrolled nurses say new scope statement start of exciting re-set

BY CATE MACINTOSH

May 24, 2023

Enrolled nurses (ENs) say a new practice scope, launched this week, means they will be able to work to their full potential, without having to be under the direction and delegation of registered nurses.

About 110 attendees at the annual EN section conference in Christchurch responded positively to the announcement on Tuesday, delivered by Te Kaunihera Tapuhi o Aotearoa — Nursing Council of New Zealand chief executive Catherine Byrne.

"I think it's very exciting, it's going to open things right up," said EN Jenny Lopes, who works in an aged-care facility in Palmerston North.

Enrolled nurses Jenny Lopes and Joanne Proffer at the enrolled nurses section conference in Christchurch.

The updated statement (https://www.nursingcouncil.org.nz/NCNZ/News-section/news-item/2023/5/New_Enrolled_Nurse_Scope_of_Practice.aspx), which will take effect in early 2024, recognises te ao Māori,

including te Tiriti o Waitangi and the kawa whakaruruhau framework, and changes the relationship with registered nurses (RNs) from working under their "direction and delegation", to working with them.

The first part of the new statement says enrolled nursing "reflects knowledge, concepts, and worldviews of both tangata whenua and tangata tiriti". This is followed with the role's scope as it relates to te Tiriti.

"Enrolled nurses uphold and enact Te Tiriti o Waitangi ngā mātāpono – principles, based within the kawa whakaruruhau framework for cultural safety, that promote equity, inclusion, and diversity."

The statement goes on to describe ENs new relationship with health consumers, whānau, communities and the wider health care team – and in the last line, spells out how they work with RNs.

ENs on the enrolled nurses section organising committee who work at the Burwood Hospital spinal unit (from left): Michelle Cameron, Octavia Heugh, Maree Hurst and Debra Handisides.

"Enrolled nurses work with access to and seek, when appropriate, guidance from a registered nurse or other registered health practitioner."

Tōpūtanga Tapuhi o Kaitiaki Aotearoa – NZNO director of professional services Mairi Lucas, who was on the design team for the scope statement, said inclusion of a commitment to te Tiriti was something NZNO and Te Rūnanga had asked for, "for a long, long time".

Lucas said ENs needed to understand te Tiriti and tino rangatiratanga (self-determination), so that they can look after the people properly, and address the huge inequity in health outcomes for Māori.

"So, by putting it into the scope there's an expectation that nurses understand, and know what it means, and if not go and learn, go and find out, because it's about the mana of the people we are looking after."

Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO professional services director Mairi Lucas.

Lopes said the changed scope would mean she would no longer need to phone an RN to gain approval to administer paracetamol to a rest-home patient who had a headache – which was the policy of her employer.

"I have to go and phone the RN, having done a clinical judgment, and say, 'Mr R has a headache, his last paracetamol was two days ago, can I please give him something to take away his headache'."

There are just under 2500 ENs, representing 3.5 per cent of the nursing workforce, and those at the conference say the change will improve their status, job satisfaction and make the role more attractive.

Byrne said "ENs are skilled nursing professionals in their own right".

"They can work across a wide range of possible practice areas and settings, and this statement recognises that."

A design group, including representatives of the Nursing Council, Te Poari o Te Rūnanga o Aotearoa, the NZNO EN section, employers and educators, worked together on the statement review over the past year.

Next on the agenda for the design group is a review of the EN competencies and qualifications, with the full scope of practice coming into effect in early 2024.

NZNO enrolled nurse section chair Michelle Prattley.

NZNO enrolled nurse section chair Michelle Prattley, who is on the design group, said throughout the history of ENs, the scope review was the first time representatives of the group had been "at the table" to have a say in changes to their profession.

"Enrolled nurses will be able to practice in a wide range of health-care services with this less restrictive scope of practice and enrolled nurses have lobbied for these changes."

EN Debra Handisides, who works in Burwood Hospital's spinal unit, said she would be able to work to the "top of her scope", and there would be more recognition of her professional competence within her team.

Handisides said some RNs were not confident in their understanding of the EN scope and, as a result would restrict EN practice in the team.

"Now, we'll be able to collaborate a lot easier, and there won't be as much miscommunication around what I can and can't do."

Kaitiaki
NURSING NEW ZEALAND

NEWS

Hundreds support striking Gisborne nurses after court win

BY MARY LONGMORE

May 24, 2023

A hard-won one-hour strike by 24 Gisborne Hospital ward 5 nurses and health-care assistants (HCAs) this afternoon drew "huge" support, says an emotional nurse who led the fight all the way to the courtoom.

Gisborne Hospital nurse Christine Warrander (left) with ward 5 colleagues Carole Wallis and Carmen West.

"It was amazing — support was huge," NZNO delegate Christine Warrander told *Kaitiaki Nursing New Zealand* straight after the strike.

> **'Most of us were in tears . . . and amazed with all the support.'**

She estimated about 200 people lined the walls of the hospital, clapping, as ward 5 staff walked out to the picket lines, where another 100 people joined them.

"It was very emotional seeing all the people lining the halls," said Warrander who had been anxiously awaiting yesterday's Employment Court decision after attending Monday's hearing. "Most of us were in tears . . . and amazed with all the support."

It was a hard-won action for the ward 5 nurses, who have been raising safety concerns for more than nine months and saw off a last-minute legal challenge by Te Whatu Ora this week.

The ward was regularly understaffed with two nurses instead of the required five on day shifts, Warrander said. This had led to medication errors, delays in treatment such as blood transfusions and several "close calls", she said. "Nurses are literally running from one patient to another."

"We know we shouldn't be working under those conditions. But we can't be calling in saying, 'I'm mentally, physically exhausted, we can't come to work' – because we know it'll be even worse for those left on the ward."

In December, Gisborne Hospital nurse health and safety representative Carole Wallis lodged a provisional improvement notice (PIN) recommending five actions including reducing the beds on ward 5 — an acute medical and COVID ward — from 25 to 20.

A PIN is a legal notice obliging employers to respond within eight days or risk the intervention of workplace health and safety regulator WorkSafe.

WorkSafe is now reviewing the PIN — a review that is still underway.

Ward 5 nurses and HCAs walk out on strike this afternoon.

> **'It was very emotional seeing all the people lining the halls.'**

Rejecting Te Whatu Ora's claim its workplace was safe, Judge Kerry Smith said the evidence given by six nurses and HCAs in written affidavits painted a very different picture.

One nurse, Carmen West, "very starkly" described going home and telling her husband: "No-one died today, I don't think I made a mistake."

More than a hundred people came to support the ward 5 nurses' strike.

Te Whatu Ora argued its hospital was taking steps on four of the five recommendations — including recruiting specifically for ward 5 — but did not agree reducing bed numbers on the ward would resolve the issues.

Warrander said the court decision and strike had "opened the door" for other nurses to do the same.

NZNO chief executive Paul Goulter said to deny nurses who were not safe at work the right to strike over their concerns would have been an "intolerable injustice".

"These are exhausted nurses who have given everything they have for their patients for an extended period of time, and they have finally reached breaking point."

Kaitiaki
NURSING NEW ZEALAND

FEATURES

It’s cool to kōrero

BY KATHY STODART

May 26, 2023

PHOTO: Adobe Stock

it’s cool to kōrero

HAERE MAI, and welcome to the kōrero column for Haratua/Mei (May). Winter is closing in, and in Aotearoa, that can bring waves of polar air from te Pou Tonga (the South Pole).

Snow gets the better of vehicles on a Southland road during a winter storm. PHOTO: whatsoninvers.co.nz

Snow on the Lindis Pass, 2015. PHOTO: Adobe Stock

Snow closes in on the Desert Road, 2017. PHOTO: NZTA

Hukarere (snow) falls on the many mountain ranges, and, in more extreme cases, down to the coast. Snowfalls will periodically close the high-altitude roads, like SH1's Desert Road, before the snow ploughs can get through.

Ngāi Tahu people traditionally believed snow was the child of the god Whēkoi, and when it snowed, would say: "Kai te rere te tama a Whēkoi'. (The son of Whēkoi is falling). Others saw ice and snow as the children, or fish, of Whaitiri, the goddess of thunder.

Kupu hou (new word)

- **Hukarere** (snow) — *pronounced who-kah-rre (as in 'red') –rre (as in 'red').*

- **I tae mai te hukarere, a kua kati te huarahi.** — The road is closed because of snow.

More words related to snow:

- **huka** — snow, frost, hail, foam, froth
- **huka kairākau** — blizzard
- **tarahī huka** — light snow that melts as it lands
- **hukapapa** — ice or frost
- **huka-ā-whatu** — hail (stone-like snow)
- **koero** — thawing/melting of frost and snow
- **haumata** — snow grass/ red tussock, found from the central plateau southward.
- **Tāwhiri-mātea** — god of wind, clouds, rain, snow, storms

E mihi ana ki a Titihuia Pakeho rāua ko Mairi Lucas.

Sources:

1. *Te Aka Māori Dictionary.* (https://maoridictionary.co.nz)
2. Basil Keane, Tāwhirimātea – the weather (http://www.TeAra.govt.nz/en/tawhirimatea-the-weather), *Te Ara – the Encyclopedia of New Zealand.*

Kaitiaki
NURSING NEW ZEALAND

FEATURES

Managing hospital hierarchy – not 'just a student nurse'

BY KORINE DION ROSARIO, JESSICA MCCALL CONOVER, BRIANNA CAMPBELL, ALYSSA LYNCH, ANGEL OWEN LEGANO & WILLOUGHBY MOLONEY

May 2, 2023

Student nurses can feel intimidated by hospital hierarchy while on clinical placements, so don't always give their views or ask questions. In this article, five students reflect on their experience of hospital hierarchy.

'While we felt powerless at the start of our placement, over time we did begin to feel more supported and recognised as part of the health-care team.' PHOTO: ADOBE STOCK

A hierarchy exists among health-care professionals in health institutions such as hospitals.1 Student nurses undertaking bachelor of nursing programmes learn to navigate this hierarchy while on clinical placement.

Hierarchy is defined as a system within a society or organisation where people are organised into different levels of importance, from highest to lowest.2 In this article, hierarchy refers to the power structure in the health system with doctors at the top, followed by RNs, and then student nurses and health-care assistants (HCAs).

This structure is based on the division of health-care staff into separate professions, each with their own professional boundaries and fields of practice, which affects how health-care labour is divided.[3]

Although student nurses may seem to have less power within this structure, they do contribute to the work of the institution by reducing heavy workloads for other staff, helping integrate newly learned evidence-based practice into care, and bringing fresh innovative perspectives to the workplace.[4]

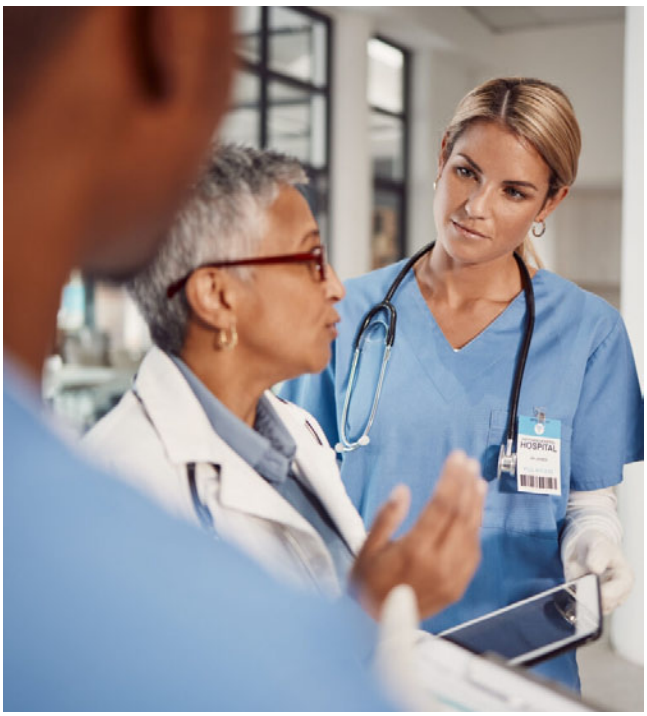
> **Students contribute to the work of the institution by reducing workloads for other staff, helping integrate newly learned evidence-based practice into care, and bringing fresh perspectives to the workplace.**

In this article, five student nurses reflect on their experiences of hospital hierarchy during their first clinical placement as second-year students last year.[5] Reflection helps develop the clinical competence of student nurses and is an important learning tool.[6]

We discuss issues associated with hierarchy in the hospital, including leadership, working in a time-constrained setting, self-advocacy and mentorship. Ways to manage the hierarchy will be explored, including effective communication, team briefings, the acronym PACE and interprofessional education.

Hierarchy in hospitals

Hospital systems are embedded in hierarchical structures where those with the most experience often have the most authority.[1] Student nurses are considered unregulated health-care personnel because they are yet to attain the qualifications required to work independently; however they should have hands-on experiences that align with their education.[7]



Having a good leader or nursing preceptor can help ease student anxiety.

During our first clinical placement, we had our first experience of working under the supervision of clinical preceptors. In our experience, when we reported that we wanted to independently perform tasks under the supervision of the preceptor, they often got impatient, lacked trust or wanted to do it themselves "their way".

We often felt we were not given the opportunity to try things because we were "just a student". We felt that some preceptors underestimated our abilities and did not include us in care because the preceptor "knew best".

We often felt that our learning opportunities were taken away and that we were burdens to the preceptors. This led to us withdrawing and becoming less likely to advocate for ourselves. However, while we felt powerless at the start of our placement, over time we did begin to feel more supported and recognised as part of the health-care team.

Benefits of hierarchy

Despite some issues, we did clearly note benefits of hospital hierarchy. For example, when an emergency code was called, the many health-care workers that converged had a wide range of skills. When there are time constraints, a hierarchy allows for the most appropriately skilled people to do their job as quickly as possible.[8]

> **If there is a sense of trust in the relationship, then students feel safe asking questions and practising their nursing skills.**

Many of us felt that our RN preceptors had a positive impact through their teaching and modelling of patient-centred care.

Good relationships across hierarchies in the hospital setting can help the student nurse develop skills and knowledge.[9] If there is a sense of trust in the relationship, then students feel safe asking questions and practising their nursing skills.

Good leadership

An essential aspect of the hierarchy in health care is the quality of leadership on the part of those with more authority and experience.[1] Effective management and leadership by health-care professionals enhances the quality of patient care.8

Good leadership creates daily organisation and structure in the health-care setting and ensures that health-care staff know their responsibilities, and those of their colleagues.

The health-care system is often new and challenging to student nurses, so having a good leader or nursing preceptor can help ease student anxiety. Good leadership can create positive learning experiences for students, enabling them to feel like they are part of the team and can make decisions.

It is important that student nurses feel comfortable asking questions in order to apply newly learnt skills appropriately. PHOTO: ADOBE STOCK

Struggling with self-advocacy

However, the hospital hierarchy may lead to students struggling with self-advocacy.[11] Research has shown that a common adverse effect of seniority-based hierarchy is a decrease in junior nurses' willingness to speak up.[11,12]

When student nurses come into placements, they aim to apply the clinical skills they have learnt in their education programme. However, they often hold back, in fear of being wrong or being reprimanded by those higher up in the hierarchy.

Many students do not have the courage to intervene when they witness poor practice by other health professionals because of a desire to "fit in" with the group.11 It is important that student nurses feel comfortable asking questions in order to apply newly learnt skills appropriately.

> **Our experience was that our higher-ranked preceptors often disregarded our voices and opinions.**

Many preceptors are often feeling stressed and burnt out due to demanding workloads.13 Their willingness to take time to teach students may be affected and students may feel like they are a nuisance if they ask questions.

Actions and recommendations

Effective communication is crucial. "Whistle-blowing" in the clinical setting refers to the responsibility of each member of the health-care team to confront any power imbalance or over-dominating senior colleagues.14 Our experience was that our higher-ranked preceptors often disregarded our voices and opinions. Therefore, we felt unsafe and needed to be supported and encouraged to speak up.

Daily team briefings helped us to feel comfortable and gave us an opportunity to raise concerns. These team briefings began with personal introductions and a discussion about feeling safe to speak up if we had concerns, without fear of retribution. The meetings helped remind those in higher positions in the hierarchy to listen to and respect others who are lower down.

Hierarchical barriers and the fear of negative reactions from those with higher status are the most common reasons health-care professionals do not speak up.15 The acronym "PACE" is a technique to manage this fear of being challenged. "Probe, Alert, Challenge, Emergency" provides a structured way for those of lower hierarchy, such as student nurses, to effectively communicate their concerns and approach challenging situations.14

> **Daily team briefings helped us to feel comfortable and gave us an opportunity to raise concerns.**

For example, if a student wanted to escalate concern about a patient with worsening vital signs, PACE enables them to do this in a systematic and non-confrontational manner. This information is then likely to be received more positively by those higher in the hierarchical structure.14

Managing the hierarchy through effective communication can also be achieved through interprofessional education (IPE), which involves learning to understand the duties and responsibilities of other health professions.16 IPE positively affects students on placement as they can better understand, and therefore communicate effectively with, all members of the health-care team.

Flat hierarchy

To make it easier to communicate within the hierarchy, one group of researchers has recommended that hospitals adopt a flat, instead of steep, hierarchical gradient.14 A flat hierarchy means each health profession, including doctors and RNs, is equally valued for its different skills and knowledge.

We, as second-year nursing students, found that team briefings created a democratic environment where RNs, student nurses, medical students, physiotherapists, social workers and doctors learned more about each other's professions. They allowed everyone to contribute equally to the planning of patient care. The briefings were a safe and respectful environment that allowed every member to have an input into the conversation.

Student nurses are the future of the nursing profession and an invaluable asset to the health-care system, and their contributions deserve to be listened to.[4] It is imperative to empower them with the tools to manage existing hospital hierarchies to support their transition to practice. There is no such thing as "just" a student nurse.

Korine Dion Rosario, Jessica McCall Conover, Brianna Campbell, Alyssa Lynch and **Angel Owen Legano** are third-year nursing students, and **Willoughby Moloney, RN, PhD**, is a nursing lecturer at the University of Auckland.

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

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Kaitiaki
NURSING NEW ZEALAND

MARANGA MAI!

Maranga Mai! Health and safety – nurses use power of the law for a safer workplace

BY MARY LONGMORE

May 12, 2023

Collective action, determination and courage — that's all it takes for change. Nurses and caregivers are using health and safety laws to make their workplaces safer, a key part of NZNO's Maranga Mai! (https://maranga-mai.nzno.org.nz/strategy)strategy.

Gore Hospital ED delegates, left to right: Zoe Hancox, Sarah Mantell and Lyndal Eason.

Maranga Mai !

Every nurse everywhere

Gore Hospital emergency nurse Sarah Mantell

- Got staff together to record work safety concerns.
- Wrote a letter of recommendation as per Health and Safety at Work Act.
- Followed up with warning of legal action.

"If we can make one change, it can be a ripple effect."

Māori rural health provider nurse Gina Chaffey-Aupouri

- Be aware and informed of your right to be safe at work.
- Find support — a mentor or mediator — and speak up.
- Look for the nurse health and safety representative on your team — or consider becoming one yourself.

"I think knowledge is power and knowledge is tino rangatiratanga. When you have the knowledge, you have the ability to stand up."

Aged-care health-care assistant Dave Dawson

- Get trained as a health and safety representative empowered to lodge warning notices and cease-work directives.
- Get collective and get your colleagues unionised.
- Put work safety concerns in writing to management.

"I wanted a bit of empowerment to improve the situation we have and also improve the workplace as well in general and make sure things are done safely."

After 17 years in nursing, Gore Hospital emergency nurse Sarah Mantell decided to make a stand over a department she says was increasingly unsafe — for staff and patients. "I was just like 'this is getting ridiculous, this is unsafe' — we're not getting meal breaks, we're not getting relieved, the overtime is ridiculous, double-shifts . . . and it was happening in the ward as well."

Summoning the energy, Mantell, an NZNO delegate, took to Facebook to organise a meeting of the hospital's NZNO members one evening to canvas concerns — "there were a lot!"

They included:

- A shortage of ED nurses, forcing staff to work 12 and 16-hour shifts at short notice
- Late rosters, filled with gaps
- Insufficient weekend staffing
- Discouragement of staff feedback
- No team resuscitation or emergency training
- No nurse educator

Mantle and nurse practitioner Trudee Sharp wrote them up into a letter, signed by all 24 staff present — including the health and safety representative (HSR) as required — and sent it off to Gore Health chief executive Karl Metzler and the Gore Health board on August 12.

They said they were "formally writing to express health and safety concerns regarding the untenable situation experienced by NZNO members and the wider work group who report feeling overwhelmed, underappreciated and overworked daily whilst at work".

> **'We've now got a second nurse – it helps us so much . . . it's a start'**

Not only were staff at risk, patient care was also compromised, they wrote. ED nurses were having to triage new patients, "interrupting and delaying" emergency patient care — or, conversely, unable to triage new patients as they were caring for existing ones.

"There is an urgent health and safety need to address these issues immediately."

Put it in writing

The letter made several recommendations — an external review of ED, post rosters 28 days in advance, involve staff in solutions, increase weekend staffing, set up an acuity tool to guide safe staffing levels and redirect triage calls to GPs or Healthline — to name a few.

Invoking the 2015 Health and Safety at Work Act (https://www.legislation.govt.nz/act/public/2015/0070/latest/DLM6544242.html) [schedule 2, clause 10 (2)], staff requested a reply within three weeks as a "reasonable time" required by law to consider health and safety recommendations.

And they got one. On September 9, Metzler apologised for a lack of communication, acknowledging a shortage of nurses, rostering problems and lack of breaks and sharing the hospital's recruitment challenges.

But staff were dissatisfied with a lack of resolution and detailed response to their recommendations. Supported by NZNO organisers, further correspondence led to a meeting in March where delegates warned management their recommendations must be met, or a plan put in place.

> **'Get collective – it's the only way. If people hadn't got together as a collective group, nothing would have ever happened, we would have been in a right mess.'**

If not, management were advised there would be legal implications.

NZNO could next have issued a provisional improvement notice (PIN (https://www.worksafe.govt.nz/managing-health-and-safety/health-and-safety-representatives/provisional-improvement-notices/)) — a legal notice which obliges management to respond within eight days or face possible intervention by workplace health and safety (H&S) regulator WorkSafe.

The Health and Safety at Work Act (HSWA), introduced in 2015 in response to the 2010 Pike River mining disaster, allows PINs to be served on employers who may be breaching health and safety law.

A WorkSafe spokesperson said if a trained HSR had issued a PIN "following correct process" the organisation was obliged to display the PIN prominently" or risk a $25,000 fine (https://www.legislation.govt.nz/act/public/2015/0070/latest/DLM5977007.html). Then they must "either comply with it by working to address the problem or seek a review of it by the industry regulator within seven days" — or risk a fine of up to $250,000 (https://www.legislation.govt.nz/act/public/2015/0070/latest/DLM5977009.html).

WorkSafe 'inconsistent'

NZNO organiser John Howell said WorkSafe had been inconsistent in its response to PINs, and needed to "lift its game" by engaging actively with the HSRs and unions — not just the employer.

"The sense has been that many WorkSafe inspectors talk with employers and shut HSRs and their representatives out of the communication loop."

The regulator also needed to be prepared to use the "stick" occasionally, he said. "There have been too many occasions when Worksafe could and should have used the many enforcement tools at its disposal — the 'kumbaya' approach only goes so far."

But, in Gore, these steps have not yet been needed. Gore Health has "finally" hired a second registered nurse (RN) in ED, a new space is being set up to triage ED patients, and two more health-care assistants (HCAs) have been hired for wards. The clinical nursing director will meet nursing staff to discuss a local acuity tool to guide safe staffing allocations. And managers have promised to post rosters earlier — about which Mantell says "we'll wait and see".

"I'm not sure what the hours are, but we've now got a second nurse – whatever that is, it helps us so much . . . it's a start," says Mantell, adding that staff felt "very positive" about the moves.

She hopes others can learn from Gore Hospital's approach.

"If this can make a change to somewhere else then that's great – that gives people the power. If that could help another hospital or rest home or GP practice, that would be amazing! If we can make one change it can be a ripple effect."

Be informed – then speak up

East Coast rural health nurse Gina Chaffey-Aupouri, Ngāti Porou, encourages nurses to be active in their regional NZNO and wider networks, in order to be informed of their rights and the correct pathways when it comes to raising work safety issues.

"I think knowledge is power and knowledge is tino rangatiratanga. When you have the knowledge, you have the ability to stand up," says Chaffey-Aupouri, a long-time NZNO delegate.

Gina Chaffey-Aupouri on strike for better pay for nurses in iwi and Māori providers in 2018.

Speaking up could be hard — but often having a supporter — a mediator, advocate or mentor in your corner, helped — "someone you can talk to and trust", she said.

If all else failed, legal avenues were an important tools. "When the worst comes to the worst, then we have to use the laws. The laws that set out what is tika, what is right."

Over time, Chaffey-Aupouri has also become better at setting boundaries to keep herself safe and well. Nurses freely give much of themselves to others — Māori nurses especially, she said. "We are 24/7 — whether you're at the marae or opening of a kōhanga — you're still the nurse," she said.

"One of the most important things is to maintain your wellness. For me, that's doing kapa haka or going for a hīkoi.

> **‘When the worst comes to the worst, then we have to use the laws. The laws that set out what is tika, what is right.’**

“Initially, I would just keep working to the end and then come home and die, really! As I’ve got a longer tooth, I’ve got more wisdom – if you don’t look after yourself, no one else is,” she said. “So I think safety is identifying that – the importance of rejuvenating yourself.”

Chaffey-Aupouri believed Māori and iwi providers tended to be more understanding of their staff’s safety and wellbeing than some mainstream providers, at least in her experience — “mine are very understanding and respectful”.

However, she had always stood up for her rights — “I’m a bit of a radical . . . I’ll stand up and march and say ‘this is why you shouldn’t do that’.”

Gina Chaffey-Aupouri, with her daughter Tomairangi Higgins, at Parliament House in 2022 where she received a Queen's Service Medal for services to Māori.

Aged care approach

Meanwhile, at an aged residential care (ARC) facility in the Waikato, staff have been struggling for nearly two years with what they say are unsafe conditions and management problems. About a third of the 30-odd nurse and

caregiving staff had quit or taken stress leave in that time, health-care assistant (HCA) and long-time NZNO delegate Dave Dawson reckons.

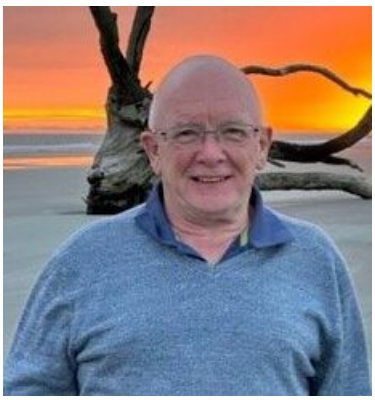
"We have lost at least seven RNs and nine caregivers as a direct result of this; including a clinical nurse leader who was an absolutely fabulous person."

> **'Health and safety issues are widely felt, deeply felt and totally winnable – it's one of the most powerful organising tools we have.'**

That has left the facility dangerously understaffed — "it's not safe".

Dawson, a former nurse, himself had to take stress leave for the first time in his 50-year career as a health professional. "I have never ever needed it, but it got so bad, I needed a couple of extra days off," he told *Kaitiaki*.

"As a delegate I was fielding so many complaints about [management] attitude, behaviour — how they were treating staff."



Dave Dawson

In late 2022, Dawson decided to do the H&S training and became the HSR, to try and help his colleagues.

HSRs have the right to two days per year H&S training paid for by their employers — and it must include the NZQA standard '29315 (https://www.nzqa.govt.nz/nqfdocs/units/pdf/29315.pdf)' which allows the HSR to issue PINs and cease-work directives.

"I wanted a bit of empowerment to improve the situation we have and also improve the workplace as well in general and make sure things are done safely."

An initial easy win was over a broken hoist — it would raise but not lower residents. With his new H&S hat on, Dawson advised management it needed urgent fixing — and it was, within three days. "So, yes, it does work. It gives you extra [legal] avenues you can potentially use if you need."

> **'If this can make a change to somewhere else then that's great – that gives people the power. If that could help another hospital or rest home or GP practice, that would be amazing.'**

However, dealing with the management situation has been a lot harder. Working closely with NZNO organiser Veronica Luca, Dawson made sure staff — many of whom were migrants from countries with few workplace protections — were unionised. This was challenging, and took many hours, as some were fearful of speaking up.

"We do have a lot of overseas caregivers and they were worried about their jobs . . . because [management] had [supported] their visas."

Photo: AdobeStock

But there was a strong caregiving team, they trusted Dawson — and with much hard work, more than 90 per cent are now NZNO members.

"Get collective – it's the only way. If people hadn't got together as a collective group, nothing would have ever happened, we would have been in a right mess," Dawson said.

In October, 28 of the 33 staff signed a letter of complaint over management and rostering issues, sparking a "culture and people" review by the wider organisation. However, no meaningful action had followed and NZNO was now considering the legal H&S route, including lodging a PIN over unsafe staffing levels.

'Totally winnable'

Across the country, about 15 PINs have been lodged in the past two years when NZNO started getting more active in this area. Most were in hospital EDs but they could be used in any health workplace, says NZNO organiser John Howell. He would like to see H&S activism picked up by members across the country as a means of addressing issues like unsafe staffing, fatigue, violence and psycho-social harm.

"Escalating H&S won't be a magic bullet that will solve the health crisis overnight – but it is one of the most powerful organising tools we have," Howell told *Kaitiaki*. "H&S issues are widely felt, deeply felt and totally winnable."

John Howell

It was a way of pushing problems up to management, "rather than our members absorbing it and carrying it on their shoulders", Howell said.

"We put it to our members that it's as important, if not more important, that our member health and safety needs to be a priority for patient safety to exist."

Setting up health and safety representation in your workplace

- Make sure you have an HSR on your team — there should be one for every 19 workers (although this is rarely the case). H&S is core union business under the Employment Relations Act and HSRs should be 'in the fold' with delegates.
- Make sure the HSRs are NZNO members and are authorised to issue PINs and can direct people to cease unsafe work. This requires a specific NZQA qualification — '29315' — so ensure that is included in the training.
- If there are no or few HSRs, or they are filled by managers, request an HSR election be held and find some natural leaders and union members in your workplace to stand.
- Seek out Māori members if possible for such leadership roles, as part of actualising te Tiriti.

Escalating safety issues

- Start by following your employer's H&S processes – this leaves a paper trail to justify moving to a formal legal process.
- Put time limits on action so not to overwhelm burned-out staff – for example, report every incident for seven days only.
- Next step is to provide formal recommendations to management, with a deadline to respond. This needs to be collective – get everyone to sign – and signed by an authorised HSR. (The rep does not need the 29315 qualification at this step.) The employer cannot ignore this – they must either adopt the recommendations or outline in writing why not.
- If this does not happen, an HSR (with the 29315 training) can lodge a PIN. This gives employers eight days to challenge, remedy or provide a plan to remedy before WorkSafe can be called in.
- It is important to follow these steps so it is clear the employer has been consulted by the time WorkSafe is involved – or the PIN can be cancelled.
- Any problems or resistance from employers, contact your NZNO organiser.

— NZNO can support members everywhere to "collectively escalate their H&S concerns via this powerful piece of legislation", Howell says. There is now an NZNO WhatsApp group for HSR and those interested in health & safety. Contact John.Howell@nzno.org.nz for details or a copy of the NZNO members' guide to health and safety.

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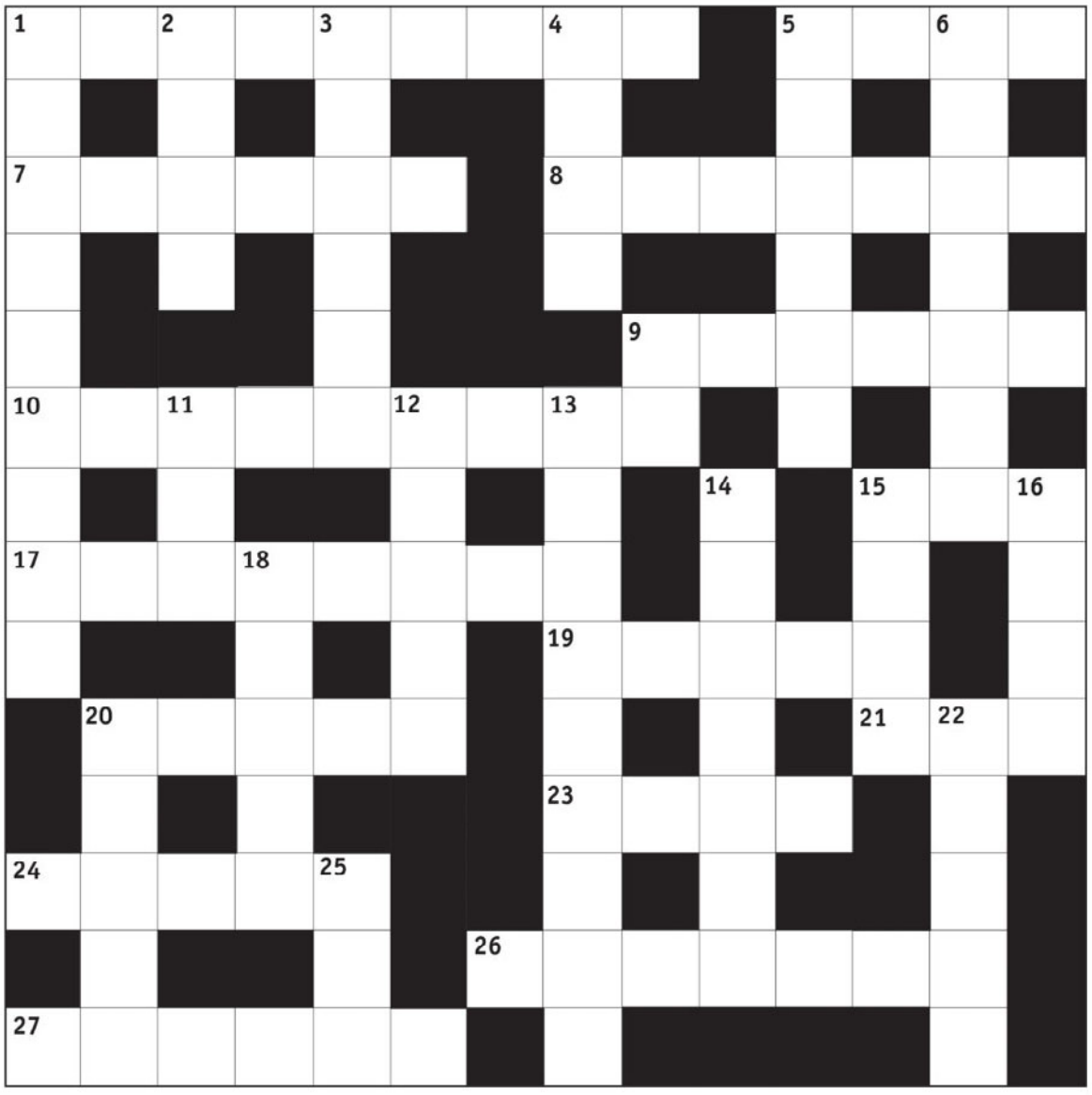
PUZZLES

MAY 2023 crossword

BY KATHY STODART

May 29, 2023

Print out the grid (using PRINT tab at the bottom right of this page) and use the clues below. April answers are below the clues.



ACROSS

1) Money expert.
5) Neat.
7) Needs sharpening before you write with it.
8) It points north.
9) Where the baby Jesus slept.
10) Convert to different language.
15) Peculiar.
17) Joint comprising head of humerus, clavicle and scapula.
19) Correct.
20) Speed.
21) A tree's blood.
23) Harakeke.
24) Dish.
26) Very contagious viral disease.
27) The cat sits in front of it in winter.

DOWN

1) Advanced skill.
2) Possesses.
3) Eyes may water when chopping these.
4) Unwell.
5) Ancestors (Māori).
6) Go downwards.
9) Myself.
11) *Much ___ About Nothing*, by Shakespeare.
12) Large spoon.
13) Very scared.
14) Puzzles of interlocking pieces.
15) Porridge is made of these.
16) Moist.
18) Distressed.
20) Cut in two.
22) Mistreat.
25) Female sheep.

APRIL ANSWERS

ACROSS: 1. Petition. 4. Scarf. 7. Our. 8. Valve. 9. Acorn. 10. Reduce. 12. Mentor. 13. Sob. 15. Common. 18. Beds. 19. Kaumātua. 20. Tūī. 21. Poi. 22. Diagnosis. 23. Ham.
DOWN: 1. Progress. 2. Tar. 3. Novice. 5. Alto. 6. Ferns. 8. Vacancy. 9. Autonomous. 11. Debrides. 12. Mum. 14. Karakia. 16. Moa. 17. Autopsy. 18. Beach. 19. Kings. 20. Twig.

Kaitiaki
NURSING NEW ZEALAND

NEWS

Nurses and hospital staff among survivors of deadly Wellington fire

BY CATE MACINTOSH AND MARY LONGMORE

May 16, 2023

A deadly fire at a Wellington hostel used by migrant nurses and other hospital staff described as a "one in one hundred year" event by Fire and Emergency New Zealand, has killed at least six people with another 11 still unaccounted for.

The still-smoking Loafers Lodge in Newtown on Tuesday afternoon

Capital, Coast and Hutt Valley Te Whatu Ora confirmed "a number" of their staff lived in

Loafers Lodge, a three-storey, 92-room hostel in Newtown, very close to Wellington Hospital.

On Tuesday afternoon, a spokesperson said: "As far as we are aware, all of our staff who lived at Loafers Lodge have been accounted for".

A total of 52 people were rescued from the blaze, including five residents from the roof of the lodge.

> **'Nothing happened there, it was a safe place for everyone to stay and there was light there all the time – especially for shift workers. It was safe for me to go at 11pm at night or midnight . . .'**

At a media briefing on Tuesday afternoon, police said an extensive scene examination would begin tomorrow, when the site was safe.

About six police staff were working on Operation Rose to establish who was at the lodge on Monday night, and those still unaccounted for.

They are urging anyone who was staying in Loafers Lodge in recent days and is safe — or anyone concerned for someone — to contact police (https://www.police.govt.nz/news/release/newtown-fire-update-operation-rose?ref=&search=&cmin=&cmax=).

A 'safe and cheap' option for workers

Kaitiaki Nursing New Zealand is aware of at least one nurse who escaped the fire at the hostel, which was a popular short-term accommodation option for migrant nurses, along with a range of hospital staff.

A Wellington nurse and former Loafers Lodge resident said after hearing about the fire, she had contacted one nurse, an acquaintance who had lived at Loafers Lodge for several years — and found she was safe and had escaped the fire. "She was fine, she said they were altogether at a Newtown hall."

The nurse told *Kaitiaki* she stayed at Loafers for a few months in 2012, after arriving in New Zealand from India.

"It was very handy, close to the hospital, and there were people around — it was a safe space to stay," she said. It was cheap, safe and convenient — she paid about $220 per week for a room, shared kitchen and bathroom.

"It was great for me — it felt very safe," she told *Kaitiaki.* "It was a bit of a shock to hear [about the fire] because I used to live there."

Loafers Lodge was a popular option with migrant nurses and a range of health workers, particularly the first and ground floor, where the professionals tended to stay, she said. Migrant nurses tended to stay just for a few weeks or months until they found more permanent accommodation or their families joined them, she said.

‘It was a bit of a shock to hear [about the fire] because I used to live there.’

“Nothing happened there, it was a safe place for everyone to stay and there was light there all the time — especially for shift workers. It was safe for me to go at 11pm at night or midnight, it was fine.”

On the higher levels, however, there had been reported thefts and were more “random” occupants.

Photo: Wellington City Council

During her stay at the lodge, the smoke alarms would go off “quite often”, requiring management to turn them off, she said.

Staff working overnight at Wellington Hospital described treating burn victims from Loafers. There were many minor injuries but also one person with major burns who was transferred to Hutt Hospital.

Hospital staff also said there were at least five admissions to the emergency department,

mostly for burns and smoke inhalation, but also one broken ankle suffered by a resident who jumped from a window to escape the fire.

The lodge's website says: "We boast the city's most practical and cost-effective rooms – especially if you want to stay near to the Wellington Hospital."

Grant Brookes

Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO board member, mental health nurse and Wellington resident Grant Brookes, said some mental health inpatients were discharged to the lodge, when rooms were available.

He said it was extremely difficult to find affordable housing for patients, without a permanent address and a lack of resources, due to a severe housing shortage in the city.

"[The fire] has the potential to further delay discharges for some of the tangata whaiora under mental health services in the region."

Wellington Mayor Tory Whanau said the fire had left 50 lodge residents displaced. Alternative accommodation had been arranged for 20 fire survivors so far.

Kaitiaki
NURSING NEW ZEALAND

PRACTICE

Phenobarbitone tablets: Brand change for epilepsy medication

BY HE AKO HIRINGA

May 23, 2023

The funded brand of phenobarbitone — a barbiturate used mainly to manage epilepsy — used in this country is about to change. Prescribers need to carefully manage this change-over for patients.

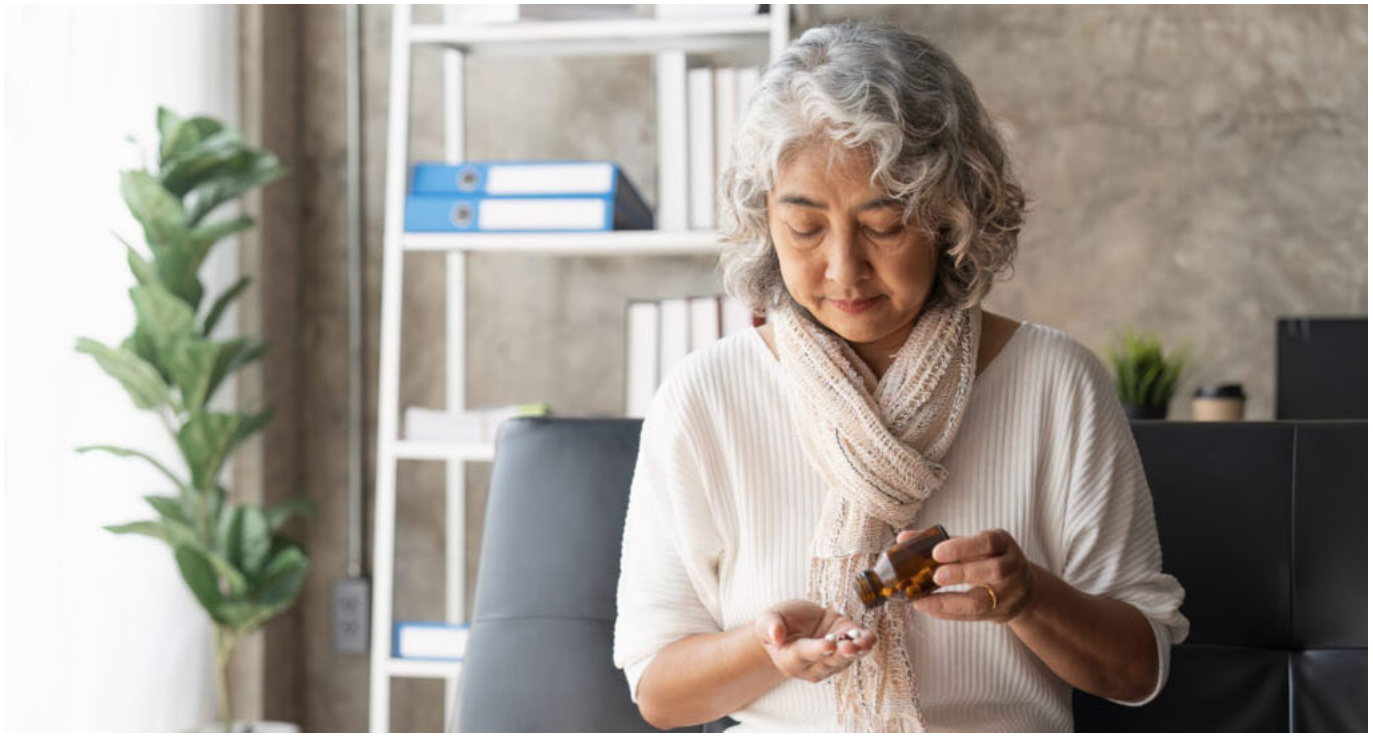


PHOTO: ADOBE STOCK

The funded brand of phenobarbitone tablets in New Zealand is changing and all patients taking these tablets will need to change brands.

To ensure patients transition safely, prescribers are

Key points

- Patients taking phenobarbitone tablets

encouraged to discuss changing brands (https://pharmac.govt.nz/phenobarbitone) with their patients as soon as practicable, so the required pre-switch phenobarbital serum level measurements are not missed.

Background

Phenobarbitone (under the PSM brand) 15mg and 30mg tablets, supplied by API Consumer Brands, will soon be replaced with another brand of phenobarbitone tablets in these two strengths.

The new brand will be funded by Pharmac and available from June 1, 2023, ahead of expected depletion of PSM 30mg and 15mg tablets in July and October, respectively.

The closure of the API manufacturing facility in Auckland has necessitated this brand change for phenobarbitone *tablets*.

Note that the supply of phenobarbitone injection and powder formulations will *not* be affected.

Phenobarbitone is a barbiturate most often prescribed in this country for managing epilepsy in older people.

In tablet form, it is sometimes used "off-label" for premedication and sedation, and for conditions other than epilepsy, including anxiety, sleeping disorders and cyclic vomiting syndrome.

Phenobarbitone tablets can also be used to manage palliative care, assisted dying, and drug withdrawal/neonatal abstinence.

The advice concerning serum phenobarbital monitoring in this article relates only to people with epilepsy.

Patient group

Around 400 people are dispensed phenobarbitone tablets each year in Aotearoa New Zealand (see

for epilepsy require alerting to the impending brand change and required actions.
- Two appointments with a health-care provider are needed: one before and one after the brand change.
- Serum phenobarbital testing is required to check that concentrations remain at the same level before and after the brand change. Testing is recommended:
  – three weeks before the change
  – within the week before the change
  – within the first week of the change
  – one month after the change.

- The brand change necessity may provide health professionals with an opportunity to review patient clinical management.
- Pharmac funding is available to avoid extra patient cost associated with this change.
- Waka Kotahi recommends patients consider a voluntary driving stand-down period of eight weeks following an antiepileptic medication brand change.

table), with most of the dispensing occurring in the community and prescribed by GPs.

Number of people dispensed phenobarbitone from July 1, 2022, to January 2023[1]

Phenobarbitone	Total	Māori	Pacific peoples
15 mg	60	7	2
30 mg	374	30	10

It is estimated that around 80 per cent of people currently taking phenobarbitone tablets have epilepsy. Many of these patients (most aged 65 and older) have been on phenobarbitone for a substantial amount of time.[1]

Recognise vulnerable people

Health services need to be vigilant to ensure people in disability care facilities and aged residential care who are prescribed phenobarbitone are not overlooked for this brand change.

Monitor for change in therapeutic effect

Phenobarbitone is a UK-classified category one epilepsy medicine. Hence, clinically relevant differences between different brands of phenobarbitone may occur, despite bioequivalence having been demonstrated and pharmaceutical formulations being the same between brands.[2]

During this brand change, it is important for health professionals to monitor serum phenobarbital concentrations in patients with epilepsy (although this is not usual practice), to check that these remain at the same level before and after the medication switch.

Testing timeline

Testing for serum phenobarbital concentration should be performed on samples collected at trough (pre-dose) periods and by the same laboratory, to maintain consistency.

Four occasions are recommended for testing, relative to the time of the patient changing phenobarbitone brands.[3]

1. Three weeks before the change (baseline 1).
2. Within the week before the change (baseline 2).
3. Within the first week of the change – ideally four to 10 days after the first dose of the new brand.
4. One month after the change.

Prescribers will need to monitor the results of these blood tests.

Testing outcomes

The formal therapeutic range for serum phenobarbital concentration is derived from group average data, and can differ between laboratories.

Some clinicians may find their patient's serum phenobarbital concentration is less than the lower limit of this range and therefore may be considered sub-therapeutic.

However, if the patient's phenobarbitone dose is providing a clinically therapeutic effect and the patient is well-managed, there is no need to increase the dose in order to meet the lower limits of the serum phenobarbital formal therapeutic range.3

A variation of ±10 per cent between the two baseline measurements is considered stable. However, appreciable variation indicates instability and, in this case, a patient will require closer monitoring of their serum phenobarbital concentrations after the brand change, especially early on.3

What to expect if phenobarbital levels are too low or high

Effects of reduced phenobarbital levels include:3

- sleep difficulties
- insufficient clinical effects, including seizure activity.

Effects of increased phenobarbital levels may include:3

- headache
- mood changes
- drowsiness
- sedation.

Once phenobarbital serum levels increase above the therapeutic range, the patient is at substantial risk of adverse effects. GRAPHIC: Adobe Stock

Once phenobarbital serum levels increase above the therapeutic range, the patient is at substantial risk of adverse effects. Symptoms of barbiturate toxicity vary between individuals but commonly include:4

- difficulty thinking
- decreased level of consciousness

- bradycardia or rapid and weak pulse
- poor coordination
- vertigo
- nausea
- muscle weakness
- thirst
- oliguria (low urine output)
- decreased temperature
- dilated or contracted pupils.

Deaths have resulted from marked respiratory depression, hypotension and coma.

Extra funding provided to help cover costs

Patients will require two appointments with their health-care provider, one before and one after the brand change, in addition to the testing required to assess serum phenobarbital levels.

To reduce barriers and so that patients pay no extra costs associated with this brand change, Pharmac will fund GP co-payments for the two recommended appointments.

Pharmac will also implement an early brand switch fee (BSF) as support for pharmacists to discuss the brand change with patients, as well as proactively identify those who haven't yet discussed the change with their prescriber.

To reduce barriers and so that patients pay no extra costs associated with this brand change, Pharmac will fund GP co-payments for the two recommended appointments.

Driving after a brand change

Waka Kotahi, the New Zealand Transport Agency, (https://www.nzta.govt.nz/assets/resources/medical-aspects/Medical-aspects-of-fitness-to-drive-a-guide-for-health-practitioners.pdf) recognises that health professionals — due to their knowledge of their patient's medical history and other

relevant factors — are best placed to determine the patient's ability to drive.[5]

To help clinicians make this determination, Waka Kotahi has developed a guide (https://www.nzta.govt.nz/assets/resources/medical-aspects/Medical-aspects-of-fitness-to-drive-a-guide-for-health-practitioners.pdf) for health professionals on the medical aspects of fitness to drive,[6] and a fact sheet (https://www.nzta.govt.nz/assets/resources/factsheets/17/docs/17-epilepsy.pdf) on epilepsy/seizures and driving.[7]

Waka Kotahi recommends patients consider a voluntary eight-week driving stand-down after this medication brand change. PHOTO: Adobe Stock

Waka Kotahi has previously recommended advising patients not to drive during medication changes or withdrawal of antiepileptic drugs, and for six months afterwards.

When changing brands of the same medication, Waka Kotahi advises caution and recommends that patients consider a voluntary driving stand-down period of eight weeks following the change.[5,8]

Other guidance available

If the patient's epilepsy is not currently well controlled on phenobarbitone tablets, the necessity to change brands provides an opportunity to review a patient's clinical management. Switching to an alternative epilepsy medicine could be considered.

Although not a requirement when managing the phenobarbitone brand change, health professionals treating patients with epilepsy may like to discuss the change and seek guidance on switching epilepsy medicines with a neurologist.

Talking with a neurologist may help medical clinicians, practice nurses and pharmacists to understand potential issues with a brand change and the need for serum phenobarbital monitoring. This information will also aid in discussions with patients, so they feel appropriately and accurately informed.

Information for consumers about phenobarbitone (https://www.healthnavigator.org.nz/medicines/p/phenobarbitone/), anti-seizure medicines, (http://www.healthnavigator.org.nz/medicines/a/anti-seizure-medication) and a variety of epilepsy topics (https://www.healthnavigator.org.nz/health-a-z/e/epilepsy-topics/) is also available on Health Navigator.

The Māori Pharmacists' Association, Ngā Kaitiaki o te Puna Rongoā, has a non-urgent, free phone line, 0800 664 488, to answer questions whānau have about their medicines.

Reviewed by Dr John Mottershead, consultant neurologist at Te Whatu Ora Southern.

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Kaitiaki
NURSING NEW ZEALAND

LETTERS

So much more than ‘just a nurse’

BY ANNA HICKEY

May 8, 2023

An Auckland clinical nurse educator explains, in poetry, why you should not say ‘I’m just a nurse’.

PHOTO: ADOBE STOCK

So many nurses say this at one time or another, so after my shift one night recently, I wrote this poem about why it annoys me:

Not ‘just a nurse’

When you say
“I’m just a nurse”
I say NO,
You ARE a nurse.

You assess
Think
Respond
Reflect.
Super fast
Lightning speed

No-one can see
What happens in your brain
But you are thinking
Intervening
Critiquing
Responding.

When you say
“I’m just a nurse”
They agree.
Where is the doctor?
I want to be seen
You are right there
But they look straight past.

When you say
“I’m just a nurse”
They see a doctor’s aide.
You give medications
You follow orders
You do what you’re told;
That is what they see.

When your patient deteriorates
You are the first one there
You act fast
You respond
You catch it before they arrest.

Sometimes they notice
Sometimes they thank you.
Often they say “the doctors saved me”
Because you’re just a nurse.

When your patient is crying,
You're by their side.
When your patient is dying,
You're by their side.
When your patient is crashing,
You're by their side.

You're just a nurse
But you're there.
You listen
You empathise
You escalate care
You save lives.

So hold your head high
Be the superhero you are
Because
You
Are
NOT
JUST A NURSE.

Anna Hickey, RN,
Auckland

Kaitiaki
NURSING NEW ZEALAND

NEWS

Students and nurses douse National's 'brainless' bonding scheme

BY MARY LONGMORE AND CATE MACINTOSH

May 2, 2023

Would-be-nurses need financial support during their studies — not afterwards, say NZNO nursing students.

Nursing students at the 2022 NZNO conference.

National Party leader Christopher Luxon said at the weekend if elected, National would pay $22,500 off nurse and midwife student loans (https://www.national.org.nz/deliveringmorenursesandmidwives) in return for graduates working in New Zealand for five years.

But NZNO student co-

leaders Rebecca Dunn and Anna Clarke said National's approach would not help students when they needed it — while studying.

Unpaid work placements of up to 600 hours per year in the final stages of the bachelor of nursing (BN) degree were the biggest financial strain.

Anna Clarke

Rebecca Dunn

"That's where we're losing students, during placements — particularly during their last placement in their third year, because they cannot afford to feed themselves and get to placement and pay for everything that they need for daily life while they're doing 40 hours of unpaid placements.

'That's where we're losing students . . . they cannot afford to feed themselves and get to placement and pay for everything that they need for daily life while they're doing 40 hours of unpaid placements.'

Research in 2021 (https://www.rnz.co.nz/news/national/468612/covid-19-having-impact-on-already-high-rates-of-nursing-students-dropping-out) suggested about third — 29 per cent — of nursing students drop out, with higher rates for Māori (33 per cent) and Pasifika (37 per cent).

BN students must complete at least 1110 hours clinical experience in their three-year degree, mostly in their second and third years, as well as a transition-to-practice placement of 9-10 weeks.

NZNO's national student unit has called for paid placements and fees-free training for the entire three-year nursing degree, as the best way to grow the nursing workforce, particularly Māori.

'Just pay us internationally competitive rates and we'll stay.'

Former health minister Andrew Little said in November the Government was "actively considering" paying third-year students for their placements "as soon as possible".

Minister of Health Ayesha Verrall has said that clinical placements were "an important area" to support students, and Te Whatu Ora was "actively working" on a proposal to do that. She told RNZ (https://www.rnz.co.nz/national/programmes/morningreport/audio/2018888161/national-s-plan-to-attract-nurses-not-effective-health-minister) this week that could mean paid work as health-care assistants on placement.

Ayesha Verrall

Asked by *Kaitiaki* whether paid placements were on the horizon, Verrall would only say "a range of other workforce initiatives are being considered in support of our nurses".

Asked about free training, she said raising pay was the first priority, as per the $500 million interim equity payments to Te Whatu Ora nurses in March.

'Brainless' policy?

Youth health nurse Mikey Brenndorfer described National's policy as "brainless".

"It does nothing to increase the number of nurses going through training and does nothing to prevent senior/experienced nurses from leaving — the loss of skill mix is the problem," he said.

"Just pay us internationally competitive rates and we'll stay."

Mikey Brenndorfer

NZNO had already made it clear with its Maranga Mai! five fixes (https://maranga-mai.nzno.org.nz/we_need_nurses) what steps would help with the shortage of nurses. "If any party wants to address the issue, they can use our blueprint," Brenndorfer told *Kaitiaki.*

> **'It will at best delay the departure of junior nurses by a few years, still resulting in a growing deficit of experienced, expert and senior nurses.'**

National's proposal "slightly" increased the amount new

graduates could get in the current bonding scheme, Brenndorfer said, "but when you consider that National intends to remove fees-free study in the first year, meaning new grad nurses will be graduating with larger student loans than they currently do, the end result of this policy will be nearly identical to the status quo".

On the existing voluntary bonding scheme, (https://www.nursingcouncil.org.nz/NCNZ/News-section/news-item/2022/12/Voluntary_Bonding_Scheme___2023_Intake_Information.aspx) registered nurses (RNs) who graduated in 2022 can get $8500 after three years' working in hard-to-staff specialties such as aged care or mental health, or regions such as the West Coast, Wairoa or South Canterbury. They can get another two payments of $2800 for a fourth and fifth year, bringing the potential total payments to $14,100 over five years. Enrolled nurses (ENs) can get the same if they work in aged care or mental health.

Under National's proposal (https://www.national.org.nz/deliveringmorenursesandmidwives), recent RN and midwife graduates would get $4500 per year paid off their student loans in return for working in New Zealand for five years — a total of $22,500.

National leader Christopher Luxon at his party's health policy launch at White Cross Health Centre in Auckland on Saturday. Photo: David White, Stuff Limited.

However, the plan did nothing to address the real issue of safe staffing levels, Brenndorfer said. "It will at best delay the departure of junior nurses by a few years, still resulting in a growing deficit of experienced, expert and senior nurses."

‘What about all of us who’ve paid off our loans and done the hard yards?’

Meanwhile, Brenndorfer said he was “constantly” targeted with ads from Australia and Canada, “trying to recruit me with offers of annual pay over $25,000 more than I’m getting right now, more than National is offering as student loan write off over five years. National’s policy here can’t compete with that draw card”.

Urgent care practice nurse of 10 years Nicola Ferguson said it was a “start” but wouldn’t help experienced nurses.

“What about all of us who’ve paid off our loans and done the hard yards? They need to get all these nurses back from overseas, and make it liveable,” she said.

“They’re the ones you want to keep, they’re the ones you want to get on the floor. . . . we’ve worked so hard for so long.”

Kerri Nuku

NZNO kaiwhakahaere Kerri Nuku said the plan only benefited a few and didn’t address the bigger issues.

“Students drop out because of financial pressures, and other things, so [the policy] only rewards people who have got through their training,” she said. “We’re not helping the supply chain, for students to actually graduate.”

New graduates then ended up working in the most “toxic and unsafe environments”, she said.

“We’ve got little time to care, we’ve got shifting models of care, so we haven’t done anything to stabilise the environment and make it safe to work in.”

NZNO college of gerontology nurses chair Natalie Seymour said it would be better to focus on attracting people into nursing study then retaining them. There were not enough graduates to fill existing vacancies in cities, “so finding many willing to be incentivised to go to areas of high need seems unrealistic”.

Natalie Seymour

‘Once again, this is reflective of ‘doing for nurses, without us’

NZNO president Anne Daniels said while any effort to boost nurses was welcome, National had not talked to NZNO prior to their announcement. “Once again, this is reflective of ‘doing for nurses, without us’ — and that is something we cannot continue to allow to happen.”

Anne Daniels

NZNO wanted to work collaboratively with Government, employers and educators, on recruiting and retaining nurses through a range of initiatives — including ensuring good preceptorship and placements for students.

“Until that happens, these one-off, headline-grabbing political announcements by political parties — in an election year — will not be conducive to gaining the votes they want.”

Remember to sign NZNO’s petition (https://maranga-mai.nzno.org.nz/we_need_nurses) calling for more nurses and better pay this election year!

Kaitiaki
NURSING NEW ZEALAND

FEATURES

Turning perception into practice: Advocating for cultural safety in health care

BY HOLLY ANN TAYLOR

May 17, 2023

The journey to complete a master of nursing has served to further ignite Tania Bailey's passion for reducing health inequities for Māori.

Master of nursing graduate Tania Bailey -- 'as a tauira Māori, you do not have to feel isolated'.

The 54-year-old graduated in Manawatū this month and says while challenging, the hard work was worth it.

“As a single māmā of three boys, it meant finding ways to navigate and balance life, whānau and mahi all whilst studying. There were further complications when I had to put my study on hold because of an injury, but I was able to negotiate with ACC to incorporate it into my treatment plan, one paper at a time. This was the best rehabilitation and perseverance pays off!”

Bailey (Te Āti Haunui-a-Pāpārangi, Ngāti Rangi, Te Ātiawa, Ngāti Mutunga) began her nursing journey when she was 18, working as an enrolled nurse before completing a nursing degree at Waikato Institute of Technology to become a comprehensive registered nurse (RN) in the early ’90s.

Throughout her career, Bailey has remained in a clinical role and worked across the health spectrum in both primary and secondary care while attaining an expert nursing professional portfolio and becoming an RN prescriber.

She started her postgraduate journey at Eastern Institute of Technology, before transferring to Te Kunenga ki Pūrehuroa Massey University after moving to Palmerston North. Tania says her journey with Massey has been special.

“I’ve learned that I love research! It’s been a privilege to conduct research with neehi rangatira [Māori advanced practice nurses], to be part of Te Rau Puawai (https://www.massey.ac.nz/student-life/m%C4%81ori-at-massey/he-ringa-%C4%81whina-tauira-m%C4%81ori/te-rau-puawai-m%C4%81ori-mental-health-workforce-development-programme/about-te-rau-puawai/), Te Pūtahi a Toi – School of Māori Knowledge, (https://www.massey.ac.nz/about/colleges-schools-and-institutes/college-of-humanities-and-social-sciences/te-p%C5%ABtahi-a-toi/) and have the opportunity to complete this tohu [postgraduate degree] alongside my supervisors.

“As a tauira Māori, you do not have to feel isolated – there is tautoko [support] and manaakitanga [hospitality, kindness, generosity] from various rōpū Māori [Māori groups] at Massey. Whanaungatanga (https://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=Whanaungatanga) is everything!”

> **‘Māori advanced practice nurses hold vital resources to inform Te Aka Whai Ora – the Māori Health Authority.’**

Her research project involved asking seven Māori advanced practice nurses (APNs) around Aotearoa New Zealand the question: “Are we culturally safe yet?” The research explored the current views of kawa whakaruruhau (cultural safety) at individual, organisational and systemic levels.

Bailey said the purpose of this question was to understand more profoundly what the barriers and enablers are to implementing cultural safety.

“This research follows on from the formal programme initiated by Dr Irihapeti Ramsden over 30 years ago. The findings have provided valuable information about the support needed for career progression and growth for Māori APNs to work to their full potential.”

‘This shift to a more authentic enactment of cultural safety will result in improved outcomes for Māori whānau, health-care practitioners and the system as a whole.’

Noteworthy findings in the study include highlighting the different and unique pūkenga (skill sets) of Māori APNs, which Bailey says positions them as key players in addressing inequalities within the profession and system.

“Māori APNs hold vital resources to inform Te Aka Whai Ora – the Māori Health Authority. One of the biggest challenges faced is how to move beyond simply having knowledge or awareness of cultural safety into operationalising cultural safety.

“This shift to a more authentic enactment of cultural safety will result in improved outcomes for Māori whānau, health-care practitioners and the system as a whole.”

Cultural safety pioneer and nurse, the late Irihapeti Ramsden.

“This research is dedicated to all neehi Māori o Aotearoa to acknowledge their mana and strength to continue to drive for transformative changes in health for our whānau, ngā iwi Māori,” Bailey said.

She is now working on publishing her research report which has implications for further research to guide policy and strategies for cultural safety in nursing and other health professions. Bailey is also considering a PhD pathway to continue her lifelong study and says she hopes to both see and help implement real change.

"I hope to see a full critical review of the nursing system in Aotearoa, with strategies to grow and strengthen the Māori nursing workforce. We need to grow and support our own nurses as an over-reliance on overseas nurses is unsustainable."

Bailey has recently switched from clinical practice as an RN at He Puna Hauora to a research assistant role for a kaupapa Māori organisation. She is also now a pou a rongo (mentor) for Te Rau Puawai (https://www.massey.ac.nz/student-life/m%C4%81ori-at-massey/he-ringa-%C4%81whina-tauira-m%C4%81ori/te-rau-puawai-m%C4%81ori-mental-health-workforce-development-programme/about-te-rau-puawai/), having been a recipient of a Te Rau Puawai scholarship herself.

> **'As a single māmā of three boys, it meant finding ways to navigate and balance life, whānau and mahi all whilst studying.'**

She says support is everything when it comes to undertaking study.

"I'm extremely grateful for the tautoko, not only in the financial sense but being able to study with and draw support from other Māori health professionals and academics – being Māori with other Māori."

She encourages current and future Māori tauira to ensure they seek similar foundations.

"Study is a commitment, but know there is support at Massey. Do your due diligence and plan your pathway, kōrero with someone who has or is studying the same course, kōrero to tutors and find out if any scholarship programmes would suit you. Find other Māori – there is a whole new whānau waiting there to tautoko you!"

Bailey says she's incredibly thankful for her own support system.

"It's been a privilege to work with my supervisors, Distinguished Professor Graham Hingangaroa Smith, Dr Kerri-Ann Hughes and Dr Jeremy Hapeta. Ngā mihi nui koutou katoa for your tautoko, guidance and belief in me. To my whānau whanui, aku tama tane: Weraroa, Raniera and Wiari – thank you for keeping the home fires burning.

"To my hoamahi [workmates] at He Puna Hauora and 'Team Tania': Janice Harrington, Matt Ward, Charlotte Bruce and Nici Scott-Savage, thank you for holding this space for me as I made my way back to Te Ao Marama. Thank you Te Ropū Ohu Rangahau.

“I’d also like to express my immense gratitude and admiration to the seven rangatira Māori APN who shared their pūrākau [story], their mamae [pain] and their aroha with me.”

— Written by Massey University communications coordinator Holly Ann Taylor and reproduced with permission from Massey News (https://www.massey.ac.nz/about/news/turning-perception-into-practice-advocating-for-cultural-safety-in-healthcare/).

Kaitiaki
NURSING NEW ZEALAND

OPINION

Who are our practices serving? The ‘need profile’ of enrolled patients varies dramatically

BY NICOLETTE SHERIDAN, TIM KENEALY AND TOM LOVE

May 18, 2023

Where are high-needs patients cared for in general practice? This is the second in a series of articles about a major research project comparing models of general practice in New Zealand.

Left out of the system were about 360,000 people who were not enrolled in a practice and paid higher fees than enrolled patients when they attended any practice. Photo: Adobe Stock

For our research on general practice models, our team studied 924 general practices in Aotearoa New Zealand at September 2018. We noted different levels of enrolment across practice models for Māori, Pacific and people living in quintile 5 (highest-deprivation) areas.

We found that practice models with more patients with high needs provided more nurse, nurse practitioner and general practitioner (GP) time.

This increase in clinical input was insufficient to meet the level of need and may not be the only resource required to achieve equitable patient health outcomes.

Practice differences

Most of the practices in our study – 695, or 75 per cent – were traditional practices.

The other practice models were corporate (103 practices), Health Care Homes (127), and those owned by a primary health organisation (PHO) or former district health board (27), a trust or non-governmental organisation (NGO) (99), Māori practices (65) and Pacific practices (15).

Some practices fitted more than one model, for example, 59 of 65 Māori practices were owned by a trust/NGO. (For definitions of the different practice models, see panel at right.)

Half the practices in Aotearoa New Zealand had fewer than 3622 enrolled patients. The smallest practices (by median number of enrolled patients) were Pacific (2356) and Māori (2954). The largest were corporate practices (5527) and Health Care Homes (5750).

Practice size was not associated with either better or worse patient outcomes.

Twice as many Māori practices (34 per cent) were rural compared with the overall percentage (17 per cent).

The practice types studied were defined as follows:

- **Corporate practice:** A group of practices owned and run as a business entity, including practices that deliver high volumes of care, with low costs for patients and often without the need for an appointment. Corporate practices have a relatively high degree of standardisation in business and clinical processes across different sites. Most corporate practices had been traditional practices before being bought by a corporate entity.

- **Health Care Home (HCH):** As defined by the HCH Collaborative, HCHs emphasised ready access to urgent and unplanned care; proactive care for those with more complex need; better routine and preventative care; and improved business efficiency and sustainability. Most had been traditional practices prior to embarking on the HCH programme.

- **Traditional general practice:** Such

Traditional practices were the most widely spread geographically but only 14 per cent were rural, slightly higher than corporate practices (11 per cent). All Pacific practices were urban.

Of the newest model, Health Care Homes, 21 per cent were rural, with some Health Care Homes also being trust/NGO practices.

The vast majority of Māori and Pacific practices held very low cost access (VLCA) contracts and so had low patient co-payments – 94 per cent and 87 per cent respectively. By contrast, 21 per cent of traditional practices, 23 per cent of Health Care Homes and 35 per cent of corporate practices were on VLCA contracts.

Overall, VLCA contracts were held by 30 per cent of practices.

Traditional practice patients

The average traditional practice comprised 12 per cent Māori patients. Because of the large number of traditional practices, they enrolled 59 per cent (390,895) of all Māori patients, and 73 per cent of the total population.

The average Māori practice enrolled 52 per cent Māori patients but collectively the 65 Māori practices enrolled 124,854 (19 per cent) of all Māori patients, and 5 per cent of the total population.

Similarly, traditional practices enrolled 56 per cent of all patients living in quintile 5 areas, but in the average traditional practice and Health Care Home, 11 per cent of their patients lived in quintile 5 deprivation areas. The average for corporate practices was 17 per cent, for Pacific practices was 46 per cent and for Māori practices was 58 per cent.

Left out of the system were about 360,000 people who were not enrolled in a practice and paid higher fees than

practices typically centred on the general practitioner, with nursing support. They could span the range from very small to very large organisations, and could serve high-need or low-need populations. Traditional general practice was not typically part of a formally standardised approach to organising care, with the individual practice having a high degree of autonomy over service delivery.

- **Māori practices:** Practices owned and governed by Māori entities. They were identified through lists from the Ministry of Health and the (former) district health boards together with web searches, direct contact with practices and advice from our Māori investigators.

- **Pacific practices:** Practices owned and governed by Pacific entities. They were identified through lists from the Ministry of Health and DHBs together with web searches, direct contact with practices and advice from our Pacific investigators.

enrolled patients when they attended any practice.

Averages can hide huge variability. For example, 47 traditional practices had an average of more than 30 per cent Māori patients and 120 practices had an average of more than 30 per cent patients who lived in quintile 5 deprivation areas.

Left out of the system were about 360,000 people who were not enrolled in a practice and paid higher fees than enrolled patients when they attended any practice.

Providing preventive care

Preventive care varied across the practice models. Huge variation was seen between the proportion of practices providing cervical screening (93 per cent) and those providing cardiovascular risk assessment (46 per cent).

Nicolette Sheridan

Traditional practices had the highest rate for HbA1c testing (for type 2 diabetes).

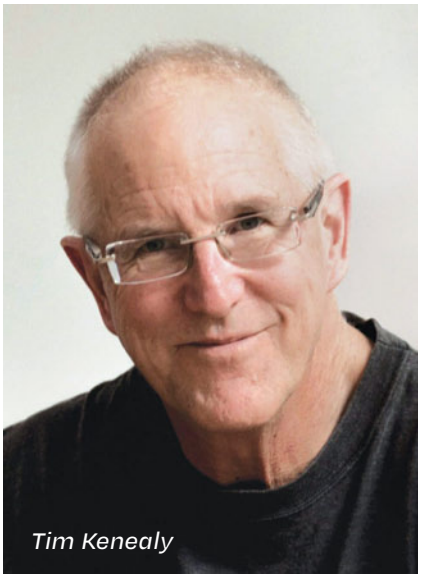
Corporate practices had the highest rate for cervical screening but were near the low end for cardiovascular risk assessment. Pacific practices had the highest rate for cardiovascular risk assessment and were near the high end of HbA1c testing.

Māori practices were intermediate for cervical screening, and cardiovascular risk assessment but lowest for HbA1c testing.

Health Care Home practices had the lowest rates of cervical screening and cardiovascular risk assessment.

Best patient outcomes

Most variation in patient health outcomes was explained by differences between patients, and not by practice model.



Tim Kenealy

Outcomes associated with practice models of care, after adjusting for patient factors, included the following:

- Health Care Home practices had child immunisation rates, at age six months, 4 per cent higher and emergency department (ED) attendances 11 per cent lower than other practices.

- Pacific practices had lower immunisation rates (by 12

per cent) and lower ED attendances (by 15 per cent) than other practices.

- Māori practices had lower child immunisation rates (18 per cent) but were not different from other practices with respect to child and adult ambulatory sensitive (ie avoidable) hospitalisations and ED attendances.

- Corporate practices had a higher ambulatory sensitive hospitalisation rate than traditional.

- Hospital use was higher for trust/ NGO practices than for traditional practices: child and adult ambulatory sensitive admissions were 38 per cent and 31 per cent higher, respectively, and ED attendances 15 per cent higher.

Continuity of practice

Patients who were enrolled for more than a year in the same practice, across all models, had fewer child and adult ambulatory sensitive hospitalisations, and fewer ED attendances (24 per cent, 19 per cent and 20 per cent, respectively).

We conclude that patients changing practice may have more health need.

Patient continuity with a specific GP within a practice was associated with fewer child ambulatory sensitive hospitalisations, but not with other patient health outcomes.

Tom Love

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For the first article in this series, see Patient need the crucial factor. Nurse work will be the subject of the next article. This article has been reproduced with permission from New Zealand Doctor Rata Aotearoa. (https://www.nzdoctor.co.nz/article/opinion/patient-need-crucial-factor-study-general-practice-models-shows-there-are-no-stars)

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