Kaitiaki
NURSING NEW ZEALAND

FEATURES

A safe environment for Māori patients starts with a safe environment for Māori nurses

BY RANGI BLACKMOORE-TUFI

June 20, 2023

Rangi Blackmoore-Tufi reflects on some of the challenges she has faced being the sole Māori nurse in her perioperative department. Changes made following a frustrating and stressful day have made the department a safer place for Māori staff and patients.

This article is one of two companion pieces on cultural safety in perioperative care. The other is: How to provide culturally safe care in the Aotearoa perioperative environment

I have worked as a nurse in my hospital's perioperative department for around five years.

Coming from a very kaupapa Māori (a Māori way) upbringing and being surrounded with inspirational Māori leaders throughout my studies to become a registered nurse (RN), I had always envisioned from early on in my journey this is who I wanted to be. A Māori nurse, not just a nurse who happens to be Māori by ethnicity.

On both occasions, my concerns were not acknowledged and I was made to feel more of an annoyance.

Rangi Blackmoore-Tufi graduating as a nurse.

I have faced many challenges being the only Māori nurse in my perioperative department. Some nurses are fabulous at explaining why te Tiriti is such an important document, while others have told me it is a government document but cannot understand why it is so important. At one point I was faced with racial discrimination, which opened my eyes to the lack of cultural safety knowledge and understanding among nurses.

Tikanga 'stripped' away

One morning in 2021 I arrived at a shift where some in-house training was about to take place. When I heard the teaching was about tūpāpaku (deceased) patient processes, something that heavily incorporates tikanga (customs and traditional values), I became worried as this was a very tapu (forbidden, taboo) subject and this was the first time I had heard about this teaching happening.

I would have expected to have had some discussion around this in-service as I had been putting together the tikanga resource folder for the department. Twice I spoke to my leaders about my concerns as I was aware that tikanga was not proficiently understood in our department. On both occasions my concerns were not acknowledged and I was made to feel more of an annoyance.

> **As the teaching went on, I noticed all tikanga had been stripped from the presentation.**

As the presentation commenced, the first Māori word was not pronounced properly. I thought, "That is okay, she gave it a go and I know neither English nor Māori is her first language", so acknowledged that.

As the teaching went on, I noticed all tikanga had been stripped from the presentation. There was no aroha (love/affection/empathy) incorporated in the deliverance of such a tapu process. Te reo words that were incorporated in the policy had been removed from the slides and changed to English words. Kaupapa Māori services were replaced with English services.

At the end of this in-service, I asked, "Why was tikanga not incorporated in your presentation?" I was immediately interrupted by the presenter and told that "tikanga has nothing to do with the presentation".

As I tried to explain that the policy for this subject incorporates tikanga, I was talked over and consistently cut off in front of the department staff members present. I felt there was no point trying to explain myself as nobody could understand why this was impacting me and why I was so offended.

> **I felt embarrassed to be part of a workforce that did not appreciate what I bring to the department culturally.**

Following the presentation, other nurses made comments like "It's not all about Māori" and "Are you mad because you're not on the presentation?" This was never the case nor was it the reasoning behind my questioning. I felt a duty to ensure the delivery of this presentation was tika (correct). I had to stand there and watch a teaching session that I knew was not tika.

I witnessed a sacred process getting the mana and mauri (essence) stripped from it, while also being belittled, which was the reason I was offended. I became frustrated because I had voiced my values and beliefs and was then made to look like it was just myself who had the problem.

Support for Māori patients

Around two hours later, I was approached by my charge nurse, who urgently needed me out of theatre. I handed over what I was doing and went to her. She explained, "There is a Māori patient in pre-op who needs to have a caesarean section. There has been an incident involving the patient's partner and a staff member. The partner has left the hospital and is not allowed back and the patient is now not talking to anybody. I need you to come and talk to her because we need to get her into theatre."

I immediately went to this young hapū māmā (pregnant woman). I went into the bed space and asked everybody to leave, then sat with her. I immediately sympathised with her, held her hand, gave her a hug, and had a brief kōrero, instantly building rapport. Within five minutes she was ready to be taken into theatre.

I became doubtful in my own practice and began to wonder if nursing was even for me.

I became her support person and I sat with her through the whole operation into recovery until she went to the ward, even though this went through my lunch break.

Her continuity of care while she was in the perioperative department was my only focus. As anaesthetists were preparing for their procedure, the allocated midwife interrupted and asked the patient, "What's your partner's name and how is it spelt?"

I said to the midwife, "Not right now, that is not our focus." She continued to speak to the patient, stating that her partner will not be allowed to enter the hospital ground and security needed his name. The patient started to become frustrated, as did I. I had just spent time calming this māmā down, refocusing her mind on her baby that was about to enter this world and the midwife was compromising the progress we had just made.

I stood up and asked the midwife to leave it and go away and then I sat with this māmā, held her hand and spoke to her like "this is my sister". I opened my heart to this māmā and cared for her and connected with her as I would my own whanaunga (blood relatives).

It has been extremely difficult to be just one Māori nurse, one Māori voice and one Māori advocate in my department.

Devalued and embarrassed

I went home extremely frustrated. I surrounded myself with my whānau where I felt supported, and I began to reflect. I quickly went from being frustrated and angry to mamae (hurt). I felt devalued, isolated, unheard and embarrassed. I felt embarrassed to be part of a workforce that did not appreciate what I bring to the department culturally.

I became doubtful in my own practice and began to wonder if nursing was even for me. I have a passion for this specialised area of nursing and I know I love the mahi (work) we do, but my wairua (spirituality), hinengaro (mental health) and mana was being affected. My very own personal Te Whare Tapa Whā (four pillars of Māori health) had been compromised.

I started reflecting on everything that had happened to me culturally since starting in this department.

Tikanga in my area meant "blue pillows for heads" (in our hospital, different coloured pillowcases differentiate pillows for the head and those for other part of the body) and "do not touch a Māori patient's head", but they did not understand the reasoning behind this. On another occasion, a patient asked to have a karakia (prayer) in theatre prior to the procedure (a surgical termination of pregnancy). The nurses in theatre declined, saying, "Since when do we do that? They do that in pre op, not in theatre."

I was scared that I was going to be forced to be a nurse who just happens to be Māori.

I was shocked at this statement as these same nurses were using this karakia process in their professional development portfolios to advance in their careers, yet did not apply it to practice. This was not implementing the tikanga we have in our policy. I had to break it right down to them and then organise someone from the Māori health support team to come and do a karakia in my break as I was allocated to another floor that afternoon.

Another example I was present for was when nurses had mistaken an elderly lady for having mental health problems as she was not communicating with them in pre op. It transpired that this kuia (elderly Māori woman) only spoke

fluent te reo Māori and she had an involuntary tongue movement. This was only found out when I was asked to bring the patient into theatre. She noticed I had a Māori name when I introduced myself and she proceeded to speak fluent te reo Māori to me.

Restorative hui

I raised my experiences with the perioperative nurse director, who organised a restorative hui to discuss cultural safety.

I was supported by strong Māori colleagues and leaders that I felt safe with and that uplifted and supported me. I was able to say how I felt and the impact that the series of events had on my hinengaro and my mana.

I remember being scared, scared to speak up and tell the truth out of fear that I would break the relationships I had with my colleagues or superiors in my department. I was scared that my superiors would be angry at me for drawing attention to the department and I was scared that I was going to be forced to be a nurse who just happens to be Māori.

> **We are not there yet, however our department has made a positive start.**

The outcome from the hui was very different from what I anticipated and expected; I was heard at this hui. Changes have been made throughout my department to prevent this from happening again.

Karakia has been implemented — this is said in te reo and English at the beginning of each day. Tikanga sessions have been scheduled in the in-service calendar and my Māori resource folder is almost complete for staff to use and refer to when needed. We are not there yet, however our department has made a positive start.

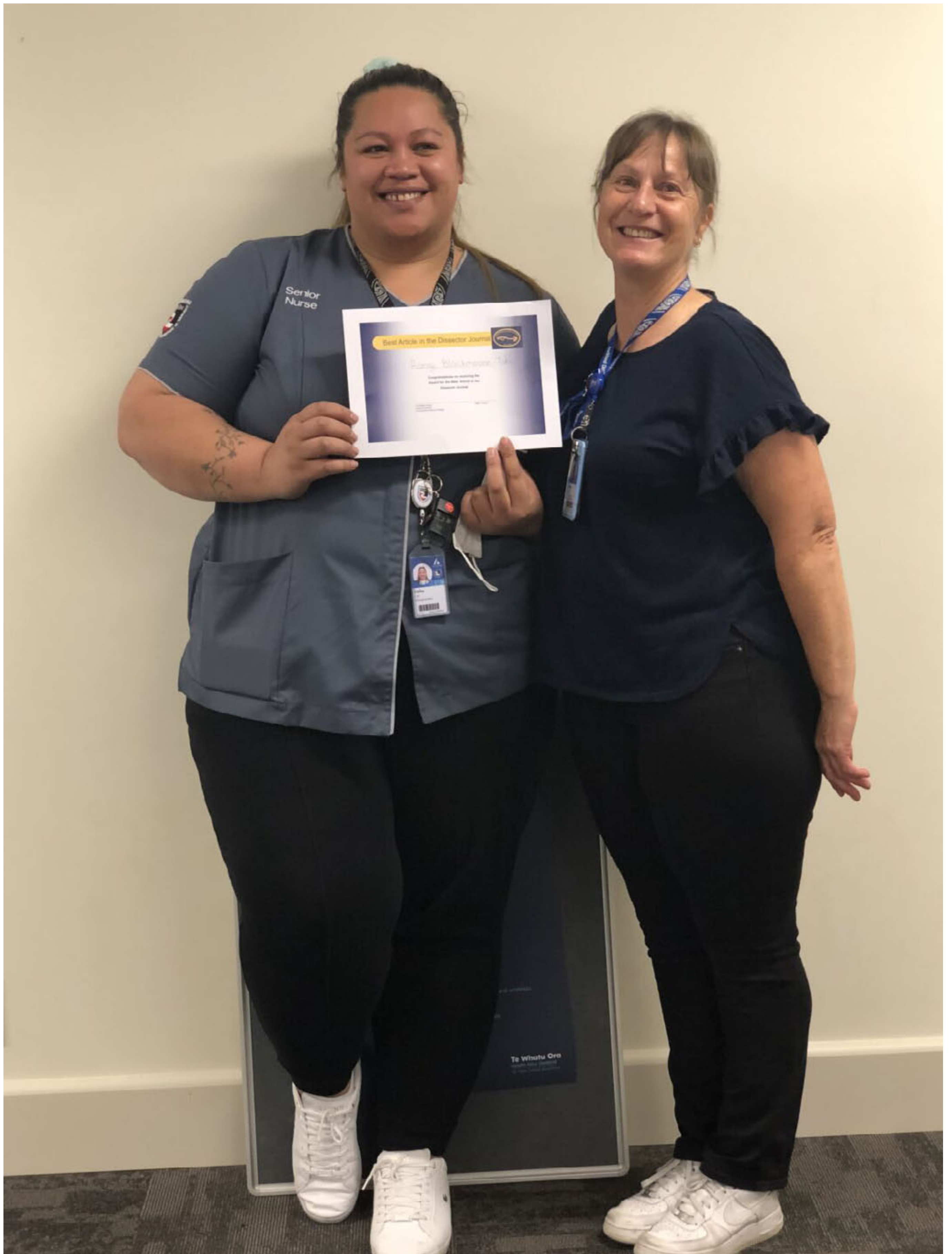
From my experience, Aotearoa has a fast-growing population of international nurses and a high ratio of Māori patients. It has been extremely difficult to be just one Māori nurse, one Māori voice and one Māori advocate in my department. Cultural safety and te Tiriti are heavily incorporated in the nursing degree in Aotearoa.

I have found that Aotearoa-trained nurses understand the importance of cultural safety and know how to incorporate this in everyday practice.

Internationally-trained nurses need more assistance in understanding these prior to practising in Aotearoa to gain a better perspective of the implications this can have on our Māori nurses and the departments they work in.

A safe environment for Māori patients starts with a safe environment for Māori nurses.

- *This article was first published in the June 2022 edition of The Dissector (https://www.nzno.org.nz/groups/colleges_sections/colleges/perioperative_nurses_college/the_dissector) and is reproduced here with the permission of its author and the Perioperative Nurses College (https://www.nzno.org.nz/groups/colleges_sections/colleges/perioperative_nurses_college) (PNC) national committee. Blackmoore-Tufi's "outstanding and brave reflection" won the PNC best article prize of $1000.*



Rangi Blackmoore-Tufi receives the best article award from Bron Taylor, chief editor of the perioperative nursing publication, The Dissector.

Restoration hui

By Bron Taylor

He aha te mea nui o te ao? He tāngata! He tāngata! He tāngata!

What is the most important thing in the world? It is the people! It is the people! It is the people!

Following the 2021 events outlined above, a restorative hui was called. Blackmoore-Tufi, supported by Māori colleagues, met with departmental and perioperative leaders to repair relationships. She was encouraged to share her experience, giving those around her an understanding of how deeply the events had affected her, and why. Nursing leaders listened and responded. Apologies were offered and accepted. Participants felt uplifted and relationships were restored.

> **Even though Blackmoore-Tufi no longer works in the department, these changes have been sustained, indelibly changing the DNA of the department.**

The department's senior nursing team carried the responsibility for delivering on the commitments made at the hui. It was agreed that these would be reviewed three weeks later to ensure progress had been made (see actions and outcomes in the table below).

Blackmoore-Tufi completed a Māori resource folder for staff to use and refer to when needed. A companion article *Culturally Safe Care in the Aotearoa Perioperative Environment*' was also inspired by the hui lessons.

Blackmoore-Tufi has since progressed to a new position as clinical nurse specialist with the kaiārahi nāhi team. This team (along with the Pacific planned care navigation team) walk alongside patients on their journey to surgery, supporting them to achieve the care they deserve. This can involve speaking to patients about the hospital system or clinical aspects of their surgery and pre-operative needs.[1]

Even though Blackmoore-Tufi no longer works in the department, these changes have been sustained, indelibly changing the DNA of the department.

Actions	Outcome
Rangi to have time out to recover; two weeks suggested.	Completed and returned to work
Apology / recant of the teaching provided on the 'Deceased (Tūpāpaku) and referrals to the coroner for an adult, child, infant, neonate or stillbirth' Te Toka Tumai Auckland (Te Whatu Ora) policy presentation.	Completed – well received
Revisit the body of work completed to implement the Tūpāpaku process. Seek a partnership approach with the Tika Rōpū in the first instance.	Completed – led by nurse consultant and fed back to Tika Rōpū
Operating room manager to meet with RN who gave the presentation to ensure that there is a full understanding of the cultural level of incompetence it demonstrated. Set appropriate performance objectives around competencies for a RN especially (1.2) Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice and (1.4) Promotes an environment that enables client safety, independence, quality of life, and health.	Completed – plan made regarding a programme of education – mapped inclusive of RN competency domains 1.2 &1.4
Future inservice presentations to come via the Tika Rōpū to ensure tika.	Tika Rōpū happy to support
For the senior nurses in the department to engage and complete the resources on e-learning platform Ko Awatea intended to build knowledge in cultural safety, te Tiriti o Waitangi, our history, Māori health equity, institutional racism and self-awareness.	Ongoing
Design some intensive focused equity and Treaty of Waitangi/te Tiriti o Waitangi sessions to be facilitated during inservice sessions to assist the	Implemented

Actions	Outcome
teams understanding of Te Toka Tumai strategic imperatives and commitment to equity.	
Implement karakia at morning huddle.	Implemented
Implement whakataukī /word / phrase of the week and use this during huddles and meetings.	Implemented department 'word of the week' email which is displayed and practised during huddles, conversations and hui
Other initiatives	
Pokakapu Ātea: Education session – cultural safety.	Commenced September 2021. Facilitated and presented by Tika Rōpū hoa mahi

Note: Āhua Tohu Pōkangia Tika Rōpū is an advisory group consisting of members seconded as required. Their purpose is to advise senior leadership in Perioperative Services on:

- How to best achieve equity within Āhua Tohu Pōkangia | Perioperative Services.
- How to deliver our responsibilities enshrined in Te Tiriti o Waitangi.
- How to progress and deliver change that moves the directorate towards a workforce whose diversity represents the population of Te Toka Tumai.
- How to embrace Māori culture and tikanga and embed it in our service delivery.[2]

References

1. Te Toka Tumai. (n.d.a). Equity focused planned care for Maori and Pacific patients. (https://adhb.hanz.health.nz/Pages/Equity-care-for-Maori-and-Pacific.aspx)
2. Te Toka Tumai. (n.d.b). Tika Āhua Tohu Pōkangia — Equity in Perioperative Services. (https://adhb.hanz.health.nz/Perioperative/Pages/Tika%20%C4%80hua%20Tohu%20P%C5%8Dkangia.aspx)

Kaitiaki
NURSING NEW ZEALAND

FEATURES, COLLEGES & SECTIONS

Being queer in aged care

BY MARY LONGMORE

June 20, 2023

Caring for Aotearoa's ageing rainbow community and the importance of "flourishing" in aged care — for both nurses and residents — were among topics at the recent NZNO college of gerontology nurses conference.

Photo: AdobeStock

Older rainbow people have often lived much of their lives in "terror" and hiding, TapIn (https://tapin.co.nz/) diversity consultant Julie Watson told aged care nurses and caregivers recently.

> **'Sadly . . . we are seeing a massive turn back to conservative values'.**

More than 60 people attended the NZNO college of gerontology nurses (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_gerontology_nursing)' conference 'Onwards and Upwards' in Wellington recently.

Julie Watson

Until recently, Watson said she had been "delighted" at Aotearoa's social progress on gender diversity. "But sadly it's no longer that way — we are seeing a massive turn back to conservative values."

With rising anti-trans movements overseas "flowing back" here via social media and through the profile of anti-trans activists such as Posey Parker, New Zealanders still needed to be "incredibly vigilante" to discrimination. This was especially the case in aged care where many had been treated their whole lives as if being gay was a mental health disorder.

"We know that two lesbians who lived together their whole adult life, took two units . . . because they came to the [retirement] village as 'companions', as 'friends' – no one was to know the true nature of their relationship."

If you're trans-gender or inter-sex, with a "non-standard" body — "a body that might shock people when they come to do personal care" — it can be "really tricky" in institutions set up for binary genders.

> **'Walking past that behaviour means you're kind of aligning yourself with the joke teller.'**

Organisations may need gender-neutral bathrooms, paperwork such as admission forms that capture this type of information — "that's something that really needs to be thought about" — along with using neutral pronouns such as "they".

"We know a lot of people carry a lot of fear of coming out as an older person . . . So spending time with someone who you suspect is experiencing some kind of distress you can't put your finger on, maybe it's that queerness that they don't feel able to express."

Being a 'true ally'

Watson said being a true ally to the rainbow community means "you don't walk past bad behaviour.

"If you see someone telling a homophobic joke, telling a transphobic story, treating somebody without the dignity they deserve because of them being rainbow — walking past that behaviour means you're kind of aligning youself with the joke teller."

Photo: AdobeStock

> **'This is a really loving thing that people live in this world, and just adjust the headspace'.**

Wearing a visible sign of support such as a rainbow button, ribbon or bracelet — "anything to show the people you're working with you're an ally" — would also make a huge difference to people.

"All of those things might seem small, might seem token, might seem insignificant – but for the people who need to see them, they're like a neon sign, they're very, very visible."

Continually educating oneself on the rainbow world was also essential for caregivers, Watson said.

'Giant journey' for some staff

High numbers of aged residential care (ARC) staff came from overseas, often countries where anything rainbow was "extremely illegal" and harshly punished, Watson said. Working in a country where the minister of finance is a gay man may be "hard to reconcile" initially, Watson said.

"There always needs to be some tolerance and acceptance that people might take a while to have that soak into their soul. In this country it's different and this is not illegal — and this is a really loving thing and just adjust their headspace."

The original pride flag designed by Gilbert Baker in 1978 in New York.

Being queer, or rainbow, includes:

- sexual orientation — about relationships and who you love.
- gender — about identity. Who am I? How do I express myself to others?
- sex characteristics — about the physical characteristics people are born with, their hormones and chromosomes.

Person-centred care

Brendan McCormack

University of Sydney professor of nursing Brendan McCormack spoke about the importance of making aged care facilities flourishing and "passionate" places for staff and residents — "that we want to turn up to, day after day".

> **'I still have potential to flourish as a human being and that should never, never be taken away from me.'**

"Our goal, as registered nurses [RNs], is to help older people in our care to flourish. That is our only job."

Focusing on technical tasks such as medications, bowel motions, diet, "I find offensive — that is not our main job," McCormack said. "Our job is to put the framework around those activities that enables them to be the best that they can be, that helps that person flourish."

Older people, like everyone, wanted "to actually live", not just exist.

> **'It's something we're going to have to rethink as aged care nurses, as [at home] will be where we do our gerontology.'**

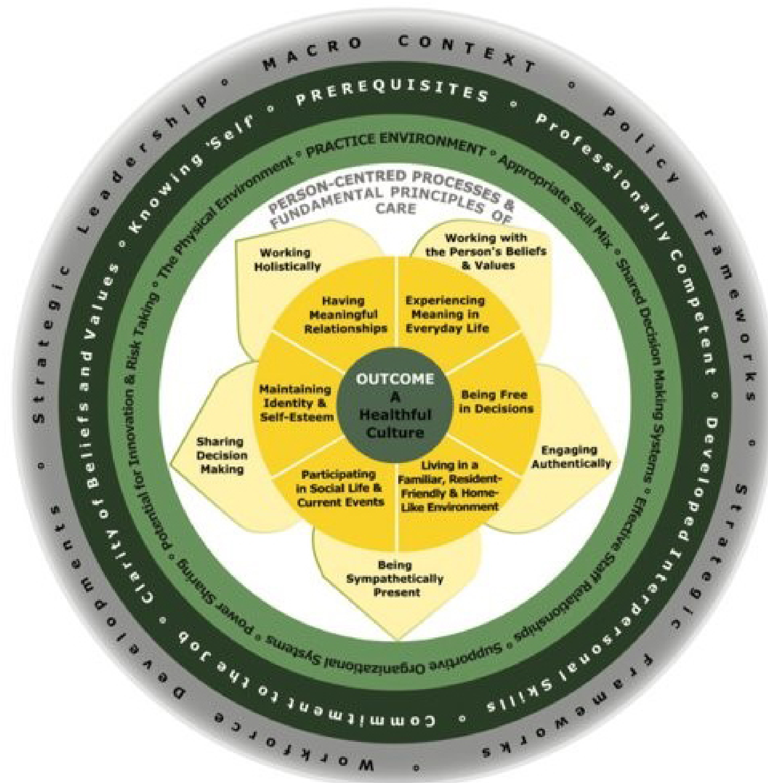
"Flourishing is the highest good, it's the thing we all strive for in our lives – and there is no point in our lives when we shouldn't still be flourishing, no matter how much dementia I have, how disabled I am – I still have potential to flourish as a human being and that should never, never be taken away from me."

Photo:AdobeStock.

There were many challenges to implementing person-centred care, such as nursing education, regulatory frameworks, workforce shortages and weak nursing leadership.

But nurses could still "rethink their role", focusing less on tasks, instead on helping people to:

- maintain their health by managing symptoms and risks well.
- manage distress and pain including mental health.
- maximise potential – "how do we help people to cope with things in their lives, to have ambition, hope dreams, desires — to continue to contribute to life".



The Person-centred Practice Framework for Long-term Care – PeoPLe. © Mayer, McCormack and McCance.

"If we can do that, I think we can transform the role of the RN in aged care."

Growth in home-based aged care

There was also a move away from residential aged care towards home-based aged care, particularly in parts of Asia, he said.

"It's something we're going to have to rethink as aged care nurses, as that will be where we do our gerontology . . . How do we do that in a way that is respectful? That is not just a sticking plaster or a 15-minute visit and the like – but actually really genuinely offers care and support for people in their homes?"

In Australia, where he worked, the recent Royal Commission of Inquiry into aged care quality and safety (https://www.royalcommission.gov.au/aged-care/final-report) had raised "profound" issues and had led to huge investments in aged care and a 15 per cent increase (https://www.health.gov.au/topics/aged-care-workforce/what-were-doing/better-and-fairer-wages) in aged care nurses and other workers' pay.

Further information about person-centred care can be found at: www.pcp-icop.org. (https://www.pcp-icop.org/)

Waikato aged care nurse practitioner/mātanga tapuhi Bridget Richards said it was exciting to be gathering face-to-face after four years of COVID-forced isolation, but warned aged care was close to "rock bottom" in terms of short-staffing.

Canterbury's Kōwhai programme coordinator Fiona Graham also talked about the benefit of providing skilled companionship to older people in hospital.

In the Canterbury region, there were now 53 trained Kōwhai companions providing one-to- one person-centred "safe, compassionate" care to vulnerable people — those with dementia, depression, hearing or vision impairment — which could reduce cases of dementia by up to 30 per cent.

She shared some clips of volunteers who said the older patients had also taught them things, like "not to sweat the small stuff".

Fiona Graham

"They just tell me all their stories, I just take them down for coffees – and at the end of the day I can tell it's made a big impact and put a big smile on their face. I can go home feeling really good knowing I made a difference to someone's day."

At its annual general meeting, the college also agreed to open its membership to include nursing students.

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NEWS, FEATURES

Celebration over pay disparity 'fix' for Māori, iwi, Pacific providers on hold for many

BY CATE MACINTOSH

June 26, 2023

Many nurses and kaiāwhina who work for Māori, iwi and Pacific providers haven't had a pay increase, despite an injection of $200 million towards closing the gap in rates with Te Whatu Ora.

Clinical manager Mihinga Robson, with a patient at Whakawhiti Ora Pai clinic, Te Kao.

It should have been a cause for celebration – $10 million to lift the pay of nursing staff who are delivering health care to "seriously unwell" Māori and Pacific people.

Instead, in many cases, delivery of pay disparity funding has not flowed through to those it is intended for – nursing staff, and NZNO members.

One problem is the Government's decision to exclude general practice nurses employed by Māori, iwi and Pacific providers from the first tranche of funding.

It's hard to know exactly how many nurses and kaiāwhina are in this category – but eight out of 10 Māori, iwi and Pacific providers whose staff are covered by collective agreements with NZNO operate two or more medical centres.

And then there's the issue of working out where each staff member sits on the Te Whatu Ora nursing scales. Some Māori, iwi and Pacific providers don't have pay scales, while others do – but they don't match Te Whatu Ora's.

The $200 million pay disparities funding initiative – split into two tranches – is to lift pay rates for nursing staff, including kaiāwhina, in the primary care sector to at least 95 per cent of the Te Whatu Ora rates, following a pay equity adjustment in March.

Ora Toa Poneke Medical Centre is one of four operated by the iwi-owned health provider in the Wellington region.

'Clinics can't function without nurses. We need to give the nurses who are hanging in there some hope.'

The first tranche of funding was delivered from April 1 for aged care, hospices and Māori, iwi, and Pacific providers, with the second tranche heading out from July 1, for GPs, and community nursing providers.

Te Whatu Ora said $10 million was offered to 114 Māori and iwi providers, and 19 Pacific providers from March 31, as part of the first tranche.

NZNO has about 300 members who are under collective agreements, while other members in the sector have individual employment agreements.

At the time of publication, seven providers with collectives had not passed on the funding to staff – but some delegates said they were expecting the issue to be addressed in collective bargaining in the next few weeks.

Kaitiaki confirmed that two providers with collective agreements have passed on the funding and increased pay to either 95 per cent, or in one case, to 100 per cent of Te Whatu Ora's rates. Neither of those providers offer a general practice service.

Inflation, cost of living bite into pay gains

One provider, Arowhenua Whānau Services in South Canterbury, increased pay for all of its nursing staff to match Te Whatu Ora rates last week.

RN Jo Fortune works for Arowhenua Whānau Services in Temuka, South Canterbury, providing community and tamariki ora health services.

For Jo Fortune, who is employed by the health provider on step 7 of the registered nurse (RN) scale, this will mean a jump in pay from $84,793 to $95,340.

She's grateful for the increase, and for her work being recognised as equally important to that of nurses employed by Te Whatu Ora.

But Fortune – who is still paying off a $60,000 student loan for her nursing study – says the pay lift won't make a huge difference to her financial situation, as living costs continue an upward trajectory.

On Monday, Fortune received an annual bill for insurance on land and vehicles, including a gypsy wagon and bus she and her whānau live in – it had gone up by $500.

She is currently supporting her 21-year-old son in the Bay of Plenty, paying for rent and food while he waits to start a university course.

When asked how she feels about the pay lift, Fortune pauses to consider how to respond.

"It definitely is going to be helpful, but you look at how much everything else has risen . . . and it's getting eaten up as quickly as we get it."

The 47-year-old mother of four, who works full-time as a tamariki ora and community nurse, said it was "really good" to be paid the same as Te Whatu Ora nurses. " . . . because we have a lot more autonomy, we don't have the back up of

doctors, you know, we're decent nurses, we're not worse nurses, we're not sub-standard, so I think it is really important."

One step forward, one step back

RN and delegate Laura Pepere is fiercely loyal to the kaupapa of her employer, an iwi-owned health entity delivering social and health services to Māori in the Whanganui region.

She and her team have not received a pay increase from the funding yet, but she's hoping this will be sorted in collective bargaining in the next few weeks.

"When I look at my team and the mahi they do on the day to day, I definitely think it will be welcome."

During negotiations last year, pay rates were increased by 7 per cent, closing the then pay disparity gap with Te Whatu Ora nurses to just 0.2 per cent.

Pay disparity funding – Māori, iwi, and Pacific health providers with NZNO Collective agreements

	Pay increase to 95% or above (of Te Whatu Ora nursing staff rates)	Pay increase, but not to 95% (of Te Whatu Ora nursing staff rates)	No pay increase yet
Ngāti Porou Oranga*			✓
Arowhenua Wānau Services	✓		
Raukara Whānau Ora	✓		
Ora Toa*		✓	
Te Oranganui Trust*			✓
Whakawhiti Ora Pai*			✓
Ngāti Hine Health Trust*			✓
Raukura Hauora o Tainui*			✓
Te Manu Toroa*			✓
The Fono Trust*			✓

Status as of June 26, 2023

Source: NZNO delegates

*Includes general practice services

But an equity adjustment for Te Whatu Ora nurses in March again opened up the pay gap for Pepere and her fellow members, to 15 per cent, on average.

The low-cost general practice, where Pepere works, serves a majority Māori and Pacific population.

She says most patients are "really unwell" with "high needs, co-morbidity plus plus, and long-term conditions", and are geographically spread out, living in urban and rural areas.

The service is struggling to keep up with the demand for new enrolments – "we get phone calls every day" – and has to regularly turn some people away, Pepere said.

Exclusion of general practice staff

A decision to exclude general practice staff from the tranche 1 funding has effectively split the pay parity funds in half for Māori, iwi and Pacific health providers with medical centres.

After being initially excluded, privately-owned general practices will now receive disparity funding from the second tranche, because a pay gap had "emerged" since November last year, Minister of Health Ayesha Verrall said in late May.

Minister of Health Ayesha Verrall.

Pepere said the decision to lump her team in with GPs reflected a poor understanding of what Māori, iwi and Pacific providers do and the important role they play in reducing health inequities for their communities.

She said for too long Māori and iwi providers have had to compete for equitable funding, when it should be a given.

"You throw around the term equity, but do you understand it? And is it actually a living, breathing expectation, that you are going to embed into your practice? Because I can put money on it that it isn't for a lot of [general] practices."

Not 'a lot of logic behind it'

Chief executive of kaupapa Māori provider He Waka Tapu in Ōtautahi Christchurch, Jackie Burrows said the decision to exclude RNs in medical centres from the first tranche didn't align with a stated commitment to reduce health inequities.

"The heart of it is they are wanting to do right and correct the years of underfunding, which we've sat with for God-knows how long. But there didn't seem to be a lot of logic behind it."

He Waka Tapu chief executive Jackie Burrows. The Māori provider is the oldest and largest in Ōtautahi Christchurch, and includes a low-cost medical centre.

The city's largest kaupapa Māori health provider opened a low-cost general practice two years ago and has just over 2000 patients enrolled.

About 80 percent of patients are from the most deprived part of the population, with high health needs, Burrows said.

"I understand, when it's a business, it would cost $50-$60 for a GP appointment, on top of whatever is received from the Government. Whereas, our fees are $19. So, for us, not to have any increase in that space is really difficult, because we can't provide the true wrap-around [service]. . . "

Alignment with pay rates not straightforward

Another complication for Māori, iwi and Pacific providers was the transfer of staff pay to the "relevant" Te Whatu Ora rate, as per the funding instructions.

"First, you must use the funding to increase the base pay rates of eligible workers to 95 per cent of the relevant Te Whatu Ora rates (to the extent that can be achieved within the funding paid to you)".

If there is any left-over funding, it still has to go towards lifting staff pay "to further increase base pay, or applied to penal rates, shift allowances or overtime rates", letters to providers about the funding said.

> **'. . . you know, we're decent nurses, we're not worse nurses, we're not sub-standard, so I think it is really important.'**

Ora Toa, owned by iwi Ngāti Toa Rangatira, in the Wellington region, has a 10-step pay scale for RNs, instead of the seven at Te Whatu Ora.

Ora Toa delegate and Pōneke Medical Centre senior nurse Anna Ward

The provider received disparity funding from the first tranche and gave all nursing staff a six per cent increase, but this still left some pay rates at less than the 95 per cent requirement (of Te Whatu Ora rates).

About half of the 44 NZNO members employed by Ora Toa work in one of four medical centres.

How was the funding pie dished up?

Te Whatu Ora group manager for community health system improvement Mark Powell said average pay rates were used "to determine each sector's pay gap with 95 per cent of Te Whatu Ora base rates".

"The setting of employee pay rates is the responsibility of the employer, subject to good faith bargaining with the relevant employee(s) and relevant unions(s)."

Ora Toa delegate and Pōneke Medical Centre senior nurse Anna Ward said the funding process had been very frustrating.

"The drawn out way this has happened, and the lack of communications to our employer [Ora Toa], has caused us to become incredibly disheartened – and in the mean time we're losing more nurses and our medical centre services are in crisis."

Ward hoped separate Government disparity funding for general practices would be applied swiftly from July 1.

> **'The heart of it is they are wanting to do right and correct the years of underfunding, which we've sat with for God-knows how long. But there didn't seem to be a lot of logic behind it.'**

"Clinics can't function without nurses. We need to give the nurses who are hanging in there some hope."

Kaitiaki understands that two of four Ora Toa medical centres are not fully staffed, with nurses from other clinics often asked to fill gaps, leaving them exhausted, and concerned about the future.

Jennie Smeaton, the chief operating officer of Te Rūnanga o Toa Rangatira, which operates the Ora Toa health services, said it had been difficult to retain nursing staff "post-COVID-19".

"It is a highly competitive space for our nurses and we're grateful to our team of dedicated nurses who remain with Ora Toa."

Historic inequity of funding continues

Funding of Māori, iwi and Pacific health providers has been historically inequitable, and the disparity initiative appeared to be a continuation of this, NZNO kaiwhakahaere Kerri Nuku said.

"A GP service is, as I see it, quite different from a medical centre, run [by] a Māori, iwi or Pacific provider, but they are being defined as the same."

A Waitangi Tribunal inquiry into primary health care provision (https://www.stuff.co.nz/national/health/107679218/waitangi-tribunal-investigates-sick-racist-health-system-that-fails-maori) (stage one of WAI 2575), in which NZNO was a claimant, found the current funding mechanism for primary health care to be highly inequitable and prejudiced against Māori.

NZNO kaiwhakahaere Kerri Nuku

Independent research by Sapere (https://www.nzdoctor.co.nz/sites/default/files/2021-08/Methodology%20for%20underfunding%20-%20FINALISED%2027-7-21.pdf), commissioned by a group of claimants, found Māori providers had been underfunded by up to $530 million since 2003, based on the true cost for expected service delivery against the 2001 Primary Health Care Strategy.

The Tribunal recommended a methodology for calculating the underfunding be undertaken by the Crown and claimants, compensation paid, and for a new funding structure to be agreed for future use.

Nuku said Māori, iwi and Pacific health providers needed to be prioritised for funding support if the Government wanted to truly address health inequities.

“We need to remember that Māori and Pasifika people are already years behind when it comes to interacting with the health system, especially those who live remotely or who are the most disenfranchised from a traditionally colonial health system.

“That means they are sicker with more acute health needs requiring more health resources in their treatment.”

Kaitiaki
NURSING NEW ZEALAND

PRACTICE

How to provide culturally safe care in the Aotearoa perioperative environment

BY RANGI BLACKMOORE-TUFI AND BRON TAYLOR

June 20, 2023

Perioperative nurses must provide safe patient care. An important aspect of safe care is culturally safe practice. This article discusses nurses' responsibilities for reducing inequities and providing culturally safe care in operating rooms in Aotearoa New Zealand.

The tino rangatiratanga flag stands for Māori sovereignty. It speaks directly to Aotearoa's past, present and future. Source: Trotter, C. (2015). Why the tino rangatiratanga flag should be our national choice.

This article is one of two companion pieces on cultural safety in perioperative care. The other is: A safe environment for Māori patients starts with a safe environment for Māori nurses.

Introduction

Equity is the absence of avoidable or remediable differences among groups of people.[1] Health-care providers, institutions, professional organisations, patient representatives and all stakeholders must collaborate to ensure equity in all aspects of care for all patients.[2]

Addressing and eliminating health inequities requires that health professionals and health organisations address the determinants of health inequities, including institutionalised racism, to ensure a health-care system that delivers appropriate and equitable care.[3]

Health-care professionals must examine themselves and consider the potential impact of their own culture on health-care delivery, including their own biases, attitudes, assumptions and stereotypes to enable provision of culturally safe care.[3] To provide culturally safe nursing care in Aotearoa, nurses must also have a sound knowledge of cultural beliefs and practices important to Māori, incorporating them into day-to-day nursing practice.[4]

Key questions

- Do you have an understanding of cultural beliefs and practices important to Māori?
- Are you actively incorporating these into our day-to-day nursing practice?
- How does your perioperative department display equity?
- How are you teaching cultural safety in your department?

Cultural safety

Cultural safety is defined by the Nursing Council of New Zealand as "the effective nursing practice of a person or family from another culture, and is determined by that person or family".[5] Cultural safety in health care relates to the experience of the recipient of nursing services, extending beyond cultural awareness and cultural sensitivity.[5]

Unsafe cultural practice is defined as any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual.[5]

The Nursing Council expects all nurses to reflect on their own cultural identity and recognise the impact that their personal culture has on their professional practice. Nurses must incorporate the articles of te Tiriti O Waitangi in their practice.[6] This is acknowledged within the professional development and recognition programme (PDRP) domain of professional responsibility.[7]

Cultural safety requires health-care professionals to influence health care to reduce bias and achieve equity within the workforce and working environment.[3]

Te Tiriti o Waitangi

Aotearoa's original founding document was He Whakaputanga o te Rangatiratanga o Nu Tirene: the Declaration of Independence of the United Tribes of New Zealand, signed in 1831 by 13 Ngāpuhi chiefs.[8]

In 1840, more than 500 Māori chiefs and representatives of the British Crown agreed to te Tiriti o Waitangi. Most of the Māori chiefs signed a copy in the Māori language, agreeing to give the British queen (Queen Victoria) te kawanatanga katoa (governance or government over the land) while retaining te tino rangatiratanga (the exercise of chieftainship over their lands, villages and taonga katoa – all treasured things). In return, the Crown gave an assurance that Māori would have the queen's protection and all rights accorded British subjects.[9]

As health-care professionals in Aotearoa, we must recognise and respect Te Tiriti o Waitangi (Treaty of Waitangi). Te Tiriti provides the health sector with a framework for Māori development, health and wellbeing.[10]

The Nursing Council defines four principles of Te Tiriti that form the basis of interactions between nurses and Māori health consumers.

- The first principle enables Māori self-determination over health, recognises the right of Māori to manage Māori interests, and affirms the right to development.
- The second principle involves nurses working together with Māori with the mutual aim of improving Māori health outcomes.
- The third principle indicates that nurses must recognise that health is taonga and act to protect it.

- The fourth principle requires that the nursing workforce recognise the citizen rights of Māori and the rights to equitable access and participation in health services and delivery at all levels.[5]

The historical "three P's" — partnership, participation and protection, which came out of the Royal Commission on Social Policy in 1986 — are now outdated and said to reflect a reductionist view of Te Tiriti.[11] The Nursing Council has recently described five enhanced principles, premised on the Waitangi Tribunal Claim — Wai 2575: the Health Services and Outcomes Inquiry. These are tino rangatiratanga (self-determination), pātuitanga (partnership), mana taurite (equity), whakamarumarutia (active protection), and kōwhiringa (options).[10]

10 DECOLONISATION
ACTIONS FOR TAUIWI-LED ORGANISATIONS

UNDERSTAND THE HISTORY & IMPACT OF YOUR WORK ON MĀORI

ENSURE THAT YOUR WORK BENEFITS MĀORI

INVOLVE MĀORI SO THEY CAN HELP SHAPE THE PROCESS

RECOGNISE THAT INSIGHT AND TENSION ARISE FROM DIFFERENT WORLDVIEWS WORKING TOGETHER

UPSKILL ALL STAFF ABOUT COLONISATION, RACISM AND THE RELEVANCE OF TE TIRITI

DEVELOP AN ORGANISATIONAL RESPONSE TO TE TIRITI ARTICLES

SHARE DECISION-MAKING POWER & RESOURCES WITH MĀORI

MAKE TIRITI RELATIONSHIPS COLLECTIVE RATHER THAN INDIVIDUAL

EMBED YOUR TIRITI COMMITMENT INTO STRATEGY, POLICY & ACTION

CREATE JUST AND MUTUALLY BENEFICIAL RELATIONSHIPS WITH MĀORI

10 Decolonisation Actions for Tauiwi-led organisations. Source: Rankine, J. (2020). Network Waitangi Ōtautahi (NWŌ).

Tikanga

Tikanga can be described as patterns of appropriate behaviour including customs and rites.[12] The concept is derived from the Māori word "tika" which means "right" or "correct". In Māori terms, to act in accordance with tikanga is to behave in a way that is culturally proper or appropriate.

The basic principles underpinning tikanga are common throughout Aotearoa; however, different iwi (tribes), hapū (sub tribes) and marae (Māori community meeting places) may have their own variations.[13]

Tikanga encompasses, amongt other things, karakia tapū (incantation or prayers), rāhui (a temporary ritual prohibition), rangatiratanga (self-determination), kotahitanga (unity/oneness), wairuatanga (spirituality), and

manaakitanga (showing respect/kindness).12 Values include the importance of te reo (language), whenua (land) and in particular whānau (extended family).14

Tikanga best practice is focussed on Māori as it reflects Māori values and concepts. However, policies and delivery of care are relevant regardless of the patient's ethnicity as they should reflect best practice, standards of care and processes, helping provide quality of care for everyone.14 Tikanga best practice reflects the intent of tapu (restricted) and noa (free from restriction). For example, food is considered noa and kept separate from bodily functions, which are tapu, therefore anything that comes into contact with the body or its substances must be kept separate from food.14

Māori health is a complex interaction with multiple dimensions, extending beyond the physical being and medical diagnoses. Māori identity, beliefs, values and practices are considered significant factors that contribute to holistic wellbeing.5 Te Whare Tapa Whā (the four cornerstones/sides of health) model of health developed by Tā Mason Durie represents a Māori view of health and wellness in four dimensions. These are identified as taha wairua (spiritual health), taha hinengaro (mental health), taha tinana (physical health) and taha whānau (family health).15

Holistic, culturally safe care of Māori patients considers all four of these dimensions. For example, karakia (blessings/prayer) is essential in protecting and maintaining wairua, hinengaro and tinana aspects of a tāngata whaiora (Māori consumers/clients/patients).

Examples of tikanga in practice

All staff must introduce themselves and explain their role and service to the tāngata whaiora (Māori consumers/clients/patients) and whānau during all encounters. Where appropriate, an interpreter should be offered.14

Tāngata whaiora and whānau should be actively encouraged, included and supported by staff to be involved in all aspects of care and decision-making. At all times, tāngata whaiora and whānau should be offered the opportunity for karakia, unless physical care of tāngata whaiora is compromised. If karakia cannot occur, staff must sensitively explain the reasons and discuss options.

Taonga (valuables/heirlooms) worn on the body such as pounamu should only be removed if leaving them on will place tāngata whaiora at risk. Consent is required from tāngata whaiora or whānau before removing taonga and they must be given the option of removing taonga themselves. Wherever possible, taonga should be taped to the tāngata whaiora. Whānau should have the option of caring for removed taonga, or they should be stored in an identified valuables safe.14

One example of tikanga particularly important in the perioperative environment is the removal of body parts, which are considered tapu, regardless of how minor the part/tissue or substance is perceived to be by staff. The patient and whānau must be consulted before removal and return of body parts, tissues and fluids.

In cases where body parts are to be returned to the patient and whānau, these should be returned in a manner that reflects the appropriate tikanga practices that are set in place. They should also be checked by appropriate Māori staff before being returned to the patient's whānau.16

10 DECOLONISATION ACTIONS FOR NON-MĀORI KIWIS

LEARN ABOUT THE DECLARATION OF INDEPENDENCE & TE TIRITI O WAITANGI

READ, LISTEN & WATCH MĀORI MEDIA FOR A BROADER PICTURE

PRONOUNCE MĀORI WORDS CORRECTLY

SPEAK UP WHEN YOU HEAR RACISM

RESIST PĀKEHĀ CULTURE BEING IMPOSED ON OTHERS

LEARN ABOUT THE HAPŪ & MĀORI GROUPS IN YOUR AREA OR SECTOR

EXPLORE THE HISTORY OF YOUR ANCESTORS AND PEOPLE

UNDERSTAND THE HISTORY OF INVASIONS, LAND THEFT, COLONISATION AND MAORI RESISTANCE

ADVOCATE FOR A FAIR TREATY SETTLEMENT PROCESS

CHALLENGE INEQUITIES FOR MAORI & NEW TIRITI BREACHES

EMBRACE LIFELONG LEARNING AS TANGATA TIRITI - PEOPLE OF THE TREATY

10 Decolonisation Actions for Non-Māori Kiwis. Source: Rankine, J. (2020). Network Waitangi Ōtautahi (NWŌ).

Staff should give clear verbal explanations of procedures with tāngata whaiora and whānau as early as possible. This is important when the removal or retention of a body part is involved, especially amputations. The procedure needs to be explained, and both verbal and written consent required.

Time should be allowed for consultation between the tāngata whaiora and their whānau, unless their physical wellbeing is at risk. This allows tāngata whaiora to uphold the tikanga of whanaungatanga (sense of family connection) so that they can feel comfortable and more confident with their decision.16

Consent for the retention of all body parts and tissues is required and these must be stored and labelled correctly in case their return is requested. An example of this is during childbirth many Māori request that the placenta is returned to the whānau. This is because the placenta is translated into whenua (placenta/land). Many choose to bury the placenta and plant a tree over it, sustaining new life and making a connection back to the whenua.

This is an important tikanga as it enforces tāngata whenua (association with the land, home), just like the umbilical connection between an unborn child and its mother as well as the belief that Māori come from Papatūānuku (Earth Mother), as though they were born from the land itself.16

Culturally safe care of tūpāpaku (deceased) patients is also highly important in the perioperative environment. Care should be taken to ensure the safety and non-violation of mana (integrity/prestige) and tapu (sacredness of the tūpāpaku at all times. Staff must ensure care of tūpāpaku is performed with compassion, reducing distress to the whānau as much as possible. Any death can be extremely difficult for the whānau to cope with and it is important that an appropriate Māori health service is made available to provide support.[17]

The whānau will require time with the tūpāpaku as part of the grieving process and should be given as much time as they require whenever possible. Another area should be found for the tūpāpaku and whānau if the operating room is required. The whānau may wish to stay with the tūpāpaku and wherever possible they should be supported to do so. If this is not possible, for example if the coroner specifies, a full explanation should be given.

The whānau should be asked if they want to participate or assist with cleaning and laying out the body and any cultural practices or requests adhered to. Care must be taken with taonga, which may be released to whānau.[17]

Services should have a predetermined pathway for movement of tūpāpaku. Wherever possible, pathways should avoid public areas and pathways and where food or dirty linen is present wherever possible. Whānau should be allowed to accompany the tūpāpaku when it is being moved. Tūpāpaku should be moved feet first — however the wishes of the whānau should always be respected as to how tūpāpaku are moved.[17]

Māori nurses

Evidence suggests that a culturally diverse workforce can improve cultural competence of both health systems and health professionals, in turn creating improvements in patient outcomes.[2] Māori nurses comprise eight per cent of the Aotearoa nursing workforce.[18] The Māori nursing workforce is crucial to the delivery of high-quality, culturally responsive health-care services and for Māori and their family/whānau to feel culturally safe.[19]

Nurses who identify with Māori ethnicity are critical to enabling achievement of Māori health equity.[19] The Aotearoa Ministry of Health standard for achieving equity is that the proportion of Māori nurses matches the proportion of Māori in the population,[20] which is 17 per cent.[21]

This indicates that Māori are currently underrepresented in the Aotearoa nursing workforce, and thereby likely to be under-represented in the perioperative nursing workforce. It is crucial that health-care organisations actively work towards recruiting Māori nurses as part of our te Tiriti responsibilities.

Local research

A recent Aotearoa study on nurse staffing practices in the operating room found that ensuring patients had their cultural needs met during their perioperative experience was an essential element of safe patient care.[22] Findings support the need for nurses to understand and practice tikanga best practice.

The study identified that part of culturally safe patient care included accepting the patient as an individual with specific cultural needs. Findings indicated that culturally safe care includes ensuring that the patient's cultural and religious beliefs are respected and supported, with family/whānau considered as part of the patient's holistic care. Having family/whānau surrounding them was seen to be particularly important to Māori and Pacific patients. An example of this was making allowances for the family/whānau to come to the pre-operative area with the patient, so they could be with them right up to the time they go for surgery.[22]

Findings also indicated that to support provision of culturally safe care, training should be provided, which should include tikanga best practice.[22]

An identified limitation of the study was the lack of Māori nurse participants. One of the study's recommendations was for further research to ascertain what culturally safe perioperative nursing care looks like from Māori nurse perspectives, as well as Māori patient and family/whānau perspectives.[22]

Conclusion

To ensure provision of culturally safe care, all nurses working in Aotearoa should have an in-depth understanding of the revised principles of te Tiriti o Waitangi. It is not enough to be able to cite the outdated "three Ps". It is imperative

that the health system ensures access to cultural safety training, and actively monitors all nurses in Aotearoa, whether new, senior or internationally qualified, for culturally safe practice.

Perioperative nurses must have knowledge of te Tiriti and an understanding of tikanga principles, including te Whare Tapa Whā model of health.23 More research is required on what more can be done to provide culturally safe care in the perioperative environment.

Fig. 1

Whare Tapa Whā (Four sided house) health model (Durie 1994)

Source: Te Arai Research Group (2020). *The Bicultural Whare Tapa Whā Older Person's Palliative Care Model.* (https://tearairesearchgroup.wordpress.com/2020/02/21/the-bicultural-whare-tapa-wha-older-persons-palliative-care-model/)

About the authors

Ko wai au?
Ko Maungataniwha te Maunga
Ko Tāpapa te Awa
Ko Ngātokimatawhaorua te Waka
Ko Mangamuka Marae te Marae
Ko Ngāpuhi te Iwi
Ko Rangi Blackmoore – Tufi tōku Ingoa.

Rangi Blackmoore-Tufi completed her nursing degree in Te Matau a Māui (Hawkes Bay) at Te Aho a Māui (Eastern Institution of Technology). She moved to Tāmaki Makaurau (Auckland) to start her nursing career which began in rehab/stroke under the NETP programme. She wanted to become more specialised and this is where she began her career in the perioperative department. While working in the perioperative department, Rangi identified culturally unsafe practices. She wrote an article based on her lived experiences. "*A safe environment for Māori patients starts with a safe environment for Māori nurses*".

Rangi is now employed as a kaiārahi nāhi (clinical nurse specialist) working with Māori patients on the planned care pathway awaiting surgery. She also works part time in the community for an outreach team providing services to Māori and Pacific Island whānau. She is one of two proxies for the Tāmaki Makaurau region for Te Rūnanga o Aotearoa.

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Kaitiaki
NURSING NEW ZEALAND

NEWS

Huge attendance at stop-work meetings, as nurses say offer 'disrespectful'

BY CATE MACINTOSH AND MARY LONGMORE

June 2, 2023

Nurses, midwives and health workers turned out in huge numbers to off-site stop-work meetings, with many expressing their anger and disgust over Te Whatu Ora's offer for a new two-year collective agreement.

Nurses and health care workers at the Wellington regional stop-work meeting.

Thousands of members voted on whether they wanted the bargaining team to continue the fight for an acceptable deal — or not.

The bargaining team organised the stop-work meetings to discuss an offer (https://hnzca.nzno.org.nz/te_whatu_ora_offer_may_2023), which they said fell well short of the claims (https://hnzca.nzno.org.nz/claims).

Te Whatu Ora's initial offer follows bargaining for a new multi-employer collective agreement (MECA) between NZNO members and Te Whatu Ora, which has been underway this year.

Results of this week's ballot will be available next Tuesday, June 6.

Conference

Kaitiaki Nursing New Zealand

00:13

The offer included a $4000 increase to all base salaries from April 1, 2023, and a further increase of either $2000 or three per cent (whichever is the higher) to all base rates on April 1, 2024.

> **'It's disrespectful to nurses, midwives, health care assistants – the whole profession.'**

Whangārei members make their feelings clear yesterday.

Back pay is not offered between the expiry of the collective agreement on October 31, 2022, and the increase in rates from April 1, 2023. Instead, Te Whatu Ora proposed a lump-sum payment of $500 (pro rata) to recognise the delay.

A claim for minimum staffing levels based on staff-patient ratios for all areas – including where care capacity demand management (CCDM) was not in place or fully implemented – was not part of the Te Whatu Ora offer.

> **'I think nurses are absolutely sick and tired of being treated with total disrespect, with being left out in the cold.'**

Likewise a claim for a tikanga allowance — in recognition of instances where clinical staff use their te ao Māori knowledge and tikanga to support Te Whatu Ora's cultural obligations — was not part of the offer.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO president Anne Daniels said having large, collective, in-person meetings off-site provided an important opportunity for members, and was a visible sign of strength.

Over 600 members turned up at the Christchurch meeting.

The previous collective agreement negotiations in 2020 took place against the backdrop of a global pandemic. Stop-work meetings were held at various on-site locations, at multiple times, but were understandably poorly attended, Daniels said.

Daniels attended a stop-work meeting at The Edgar Centre in Dunedin on Thursday and said the venue was "packed out".

> **'We're asking you to tie a knot to hold onto with NZNO so we can go back to bargaining and try and improve this offer.'**

"The feeling was very, very subdued and people are very angry towards Te Whatu Ora. The words 'disrespected' and 'disgusted' were used quite liberally," she said.

In Christchurch on Thursday, over 600 members from Christchurch, Burwood, Hillmorton and Princess Margaret hospitals travelled by coaches and buses to the Riccarton Racecourse event centre. The 400-seat venue was packed, with many members standing for the 45-minute meeting.

Delegates and members of the Te Whatu Ora collective agreement bargaining team Al Dietschen and Debbie Handisides talked through the main aspects of the offer, and took questions before members voted on a resolution to accept the offer or return to bargaining.

'Ridiculous' offer

Christchurch Hospital plastics outpatients registered nurse (RN) and delegate Kirsty King said she thought the offer was "absolutely ridiculous".

"It's not even worth considering, yeah, no. It's disrespectful to nurses, midwives, health care assistants (HCAs) — the whole profession. It just proves how little the Government thinks of our profession and what we do in health care."

> **'This korowai, an obligation to care for ourselves, our whānau and our communities.'**

King said her biggest concern was safe staffing, and a claim for minimum staff-patient ratios.

RN Kirsty King spoke to Kaitiaki on the coach ride to the Christchurch stop-work meeting.

King said her unit was "so short" of staff due to illness, as they were not able to use pool staff.

"It just means that the time isn't spent [with the patients], that you would normally spend with them, they've just come in with a cancer diagnosis, but sometimes you can't be there because you're needed elsewhere, because you're short."

In Wellington, nurses, HCAs, midwives and kaiāwhina streamed out of Wellington, Hutt and Keneperu Hospitals at 2pm on Thursday and travelled by bus to their meeting in the Lower Hutt town hall.

More than 500 health workers filled the hall, some with their babies and toddlers. One nurse, Haley Johnson, had come from Otaki with her child to attend.

"I want to support everyone, I think turnout is the most important think – safe staffing is the main issue," she told *Kaitiaki*.

Staffing 'unsafe'

Concerns over unsafe staffing levels were echoed by many.

Nurse Haley Johnson and her child MacKenzie Fiso came all the way from Otaki to attend the Lower Hutt hui.

Wellington community health HCA Karen Don said staffing was the key issue for the region's district nurses.

"Is it April Fools'?" she said of Te Whatu Ora's lack of response over safer staffing and conditions proposed by NZNO.

Short-staffing meant community patients were often deferred for wound care, showering or incontinence support, Don said.

Even palliative care in the community was stretched to ensure enough staff were available to attend, she said.

Hutt Hospital nurse Naomi Waipouri said members wanted fair pay and safe staffing, now — and for Te Whatu Ora not to accept this was "negligence to not only their employees but also to the public".

Hutt Hospital nurse Naomi Waipouri, at right in yellow jacket, at the stopwork meeting.

Of the turnout, Waipouri said: "It was like a blue and purple korowai that blanketed the Hutt Valley. This korowai, an obligation to care for ourselves, our whānau and our communities."

HCA Karen Don, centre in dark jacket, joins colleagues leaving Wellington Hospital for Thursday's stop-work meeting.

RN Virginia Pugh, who works in orthopaedic outpatients in Wellington, said few were happy with the offer.

"Staffing is the key issue – we're fearing for our jobs and patient safety," she told *Kaitiaki* on the bus.

Wellington Hospital delegate Hilary Gardner told members at the meeting nurses were "at the end of our rope" and did not believe the offer was acceptable.

"When you get to the end of the rope, tie a knot and hold on. We are at the end of that rope – we're asking you to tie a knot to hold onto with NZNO so we can go back to bargaining and try and improve this offer."

Keneperu Hospital delegate Rose Reed asked the 500-plus NZNO members in the hall where all the new graduates were going. "Australia" was the shouted response.

"It's not good enough" said Reed, talking about a lack of safety on wards, including for new graduates without adequate preceptorship.

Members arriving for a stop-work meeting in Palmerston North.

"Ratios are not rocket science and if we can't get the staff, we need someone to take action on the beds."

Lack of support to attend stop-work

Wellington Hospital clinical nurse manager Ryan Teahan, who works in post-theatre recovery, said management had done little to support nurses wanting to attend the stopwork meeting.

"There are eight of us – I'm the only one here".

NZNO organiser Jo Coffey with Wellington Hospital delegates Ryan Teahan (centre) and Richard McCormick.

They could have reduced the elective surgery list or brought in cover staff – but they were even more understaffed than usual, he said.

"They could have reduced elective surgeries and respected our legal right to attend a stopwork meeting."

Hilary Gardner

In Christchurch, three RNs from the opthalmology outpatient unit said there were 13 members who wanted to attend the meeting, but only three were able to.

Senior nurses' pay

While most talked about dangerous understaffing, some raised the issue of senior nurses who had lost their own pay gap, as the RN scale had caught up to them through the interim pay equity adjustment.

Another bone of contention was Te Whatu Ora's refusal to include a bargaining fee – meaning non-union members could benefit from union-driven pay increases without paying the usual "fee" they had always done.

Hutt Hospital delegate Nathan Clark said they wanted to put pressure on TWO for a better offer, as this one "falls well below inflation".

Christchurch Hospital outpatient RNs from left: Gilbert Alolor, Miguel Riveral, and Manelli Bragat.

Auckland delegate Ben Basevi said there was a "resoundingly unanimously high level of dissatisfaction" with Te Whatu Ora's offer. "It's actually pathetic".

Along with the unsafe staffing levels, he said members were annoyed about the lack of pay relativity for senior nurses, who had now been overtaken by the RN scale, and the below-inflation pay offer.

Daniels said the turnout for a majority of meetings across the country had been greater than expected.

"I think nurses are absolutely sick and tired of being treated with total disrespect, with being left out in the cold, with being told by Te Whatu Ora they are just not going to talk about staff-patient ratios, to keep us safe at work, to not provide equity, and not provide relativity from senior nurses . . . "

Dunedin region members turning out for the stopwork meetings

Kaitiaki
NURSING NEW ZEALAND

FEATURES

It's cool to kōrero – June

BY KATHY STODART

June 26, 2023

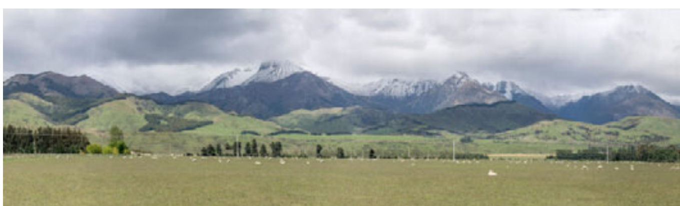
Ko Taranaki tōku maunga. — My mountain is Taranaki.

Taranaki Maunga is a dormant volcano which towers over the whole western region of Te Ika-a-Māui (the North Island). It is named after Rua Taranaki, the first ancestor of the Taranaki iwi, one of several iwi in the region. It was earlier named Pukehaupapa ("ice mountain") and Pukeonaki ("hill of Naki").

HAERE MAI, and welcome to the kōrero column for June. Maunga (mountains) are powerful features of the Aotearoa landscape and hold

Maungawhau (Mt Eden) is the highest volcano in Tāmaki Makaurau (Auckland), and was once a massive Māori pa.

Aoraki/Mt Cook, the highest mountain in the country, is the sacred maunga of South Island iwi Ngāi Tahu. In Ngāi Tahu's Treaty settlement with the Crown, Aoraki was to be returned to the iwi, who then proposed to gift it back to the nation as a symbol of its commitment to co-management of areas of high historic, cultural and conservation value.



immense cultural importance for tangata whenua.

Whether they be the volcanoes of Te Ika-a-Māui (the North Island) or the towering ranges of Te Tiritiri-o-te-moana (the Southern Alps), maunga are sacred to local iwi and are often named after their ancestors.

Naming their ancestral link to a maunga is one of the ways a Māori person introduces themselves, through a speech called a pepeha. In the pepeha, they will establish their identity and links to others through reciting the names of their ancestral maunga, awa (river), waka and marae, along with their iwi and hapu.

Kupu hou (new word)

- **Maunga** (mountain) — *pronounced "mow-ng (ng as in "king") -ah"*
- **Ko Taranaki tōku maunga.** — My mountain is Taranaki.

More words related to maunga:

- **pae maunga** — mountain range
- **te ihoiho o ngā maunga** — the sinews of the mountain (ie the tribes of that area)
- **tūpuna maunga** — ancestral mountains
- **rangitoto/puia** — volcano
- **puia korehāhā** — extinct volcano
- **puia moe** — dormant volcano
- **puia oho** — active volcano

Whakataukī (proverb)

Whāia te iti kahurangi, ki te tuohu koe, me he maunga teitei.
Seek the treasure you value most dearly. If you bow your head, let it be to a lofty mountain.
(This whakataukī is about perseverance and endurance — refusing to let obstacles get in your way while striving to reach your goals.)

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

Sources:

The Takitimu mountain range in Southland is named after the Māori migration waka Takitimu.

An ancient volcano, Mt Pirongia is the highest maunga in Waikato and has the largest area of native forest in the area. Historically the area around the mountain was settled by iwi whose ancestors had arrived on the Tainui waka. It was named 'Pirongia te aroaro o Kahu' (the fragrant presence of Kahu) by a tohunga of the Tainui canoe in honour of his wife.

1. *Te Aka Māori Dictionary.* (https://maoridictionary.co.nz)
2. kupu.maori.nz (https://kupu.maori.nz/)
3. www.takai.nz (https://www.takai.nz/)
4. ngaitahu.iwi.nz (http://www.ngaitahu.iwi.nz)

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PUZZLES

JUNE 2023 crossword

BY KATHY STODART

June 23, 2023

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

ACROSS

1) Section of hospital.
4) Children (Māori).
8) The night before.
10) Tickle the _____ (play the piano).
12) Not positive.
14) Do very well.
15) Express dissatisfaction.
18) Tropical fruit.
22) Sort patients by acuity.
24) Cab.
25) Loud breath.
27) Keen.
29) Effervescent native songbird.
30) Citrus fruit.
31) Well-liked.

DOWN

2) Carcinogenic building material.
3) Rot.
5) Farewell (French).
6) Eating disorder.
7) Spike of ice.
9) Way out.
11) Use needle and thread.
13) Humour.
16) WA capital.
17) Weariness.
19) Route through hospital services.
20) Distressed.
21) Permit to enter country.
23) Mistake.
26) Hold firmly.
28) Hair product.

MAY ANSWERS

ACROSS: 1. Economist. 5. Tidy. 7. Pencil. 8. Compass. 9. Manger. 10. Translate. 15. Odd. 17. Shoulder. 19. Right. 20. Haste. 21. Sap. 23. Flax. 24. Plate. 26. Measles. 27. Heater.
DOWN: 1. Expertise. 2. Owns. 3. Onions. 4. Sick. 5. Tūpuna. 6. Descend. 9. Me. 11. Ado. 12. Ladle. 13. Terrified. 14. Jigsaws. 15. Oats. 16. Damp. 18. Upset. 20. Halve. 22. Abuse. 25. Ewe.

Kaitiaki
NURSING NEW ZEALAND

MARANGA MAI!

Maranga Mai! – Nurses find their political voice

BY CATE MACINTOSH

June 7, 2023

A general election is a golden opportunity for NZNO members to take political action and achieve policy changes. But what does it mean to be politically engaged, aware and active? *Kaitiaki* spoke to some members who are leading the way.

Every nurse
everywhere

Naomi Waipouri

The registered nurse (RN), Te Poari representative for Greater Wellington and bachelor of nursing Māori kaiako (tutor) became politically aware after a bad placement experience.

Actualising te Tiriti: Supporting change within workplaces to actualise te Tiriti is an important political action that all nurses can take.

Being politically aware: Keeping up to date with health and industrial issues provides a strong foundation for political advocacy.

Being open to change: A challenging experience made Waipouri realise the importance of being able to advocate for herself and others.

Natalie Seymour

Aged residential care hospital service manager, RN and college of gerontology chair Natalie Seymour became politically active when COVID-19 put the aged care workforce under unprecedented pressure.

Speaking to media: People need to understand the challenges members are facing and speaking to media is a way to increase awareness, and achieve change.

Don't become complacent: Having "hard" data to support anecdotes is an important tool to reinforce the extent of the problem for those outside the health sector.

Multiple options for action: Taking action to advocate for change isn't only about standing on a picket line. There are many other ways to contribute to collective action.

Christine Warrander

Gisborne Hospital RN and delegate of four years, Christine Warrander led her ward on a one-hour strike over health and safety concerns.

Determination: Be persistent to raise unsafe staffing. Channel deep frustration and concern for patients and colleagues into consistent action.

Support from NZNO: Work closely with organisers, and seek advice about what action is legally possible.

Giving members a voice: Industrial action such as a strike is a platform to convey how serious the situation is, and this can be amplified by the media.

When she became an NZNO delegate, Christine Warrander would never have believed four years later she would be leading her ward to a strike and speaking regularly to national media – but she has no regrets.

"Walking out and seeing the amount of people lining the hallway, that have got our backs, it was like . . . mind-blowing, it was something we were definitely not expecting."

Warrander said members were still waiting to see if management would make the changes asked for – a reduction of beds from 25 to 20 – but remained determined.

"I think the amount of support we got is going to make management think we do have to do something . . . and if things don't change we're prepared to do it again."

Political focus for Maranga Mai!

The action Warrander and her ward-five members took is a fulfilment of Tōpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO's Maranga Mai! (https://maranga-mai.nzno.org.nz/) strategy for political action, where "delegates and members are supported to become politically aware and active".

Maranga Mai's political actions include:

- Te Tiriri o Waitangi leads all aspects of discussion and decision-making.
- NZNO is front and centre of all health discussions with government.
- NZNO will engage in high-level proactive politicisation of identified issues.
- NZNO delegates and members are supported to become politically aware and active.
- NZNO will challenge and promote change to immigration barriers experienced by Internationally Qualified Nurses (IQNs).
- MPs and local government targeted.
- Iwi leaders engaged and supportive.

Why do we need to be politically engaged and active?

NZNO kaiwhakahaere Kerri Nuku says being political doesn't mean taking sides with political parties, but standing up for changes needed in the health system.

"Being a nurse is political, because how else are you going to advocate for the best care for your patients?

NZNO president Anne Daniels agreed, and said Nursing Council competencies required advocacy for patients " . . . and that does not mean just that patient in front of you, it means all patients".

Both leaders agreed there has been a shift in the culture among nursing and health-care workers, who are more willing to voice their concerns and distress about their working environments.

NZNO has become better at protecting and supporting members to have a voice, than in the past, Nuku said.

"In the past, we've not necessarily protected members when they've gone out and spoken, and what I can do is reassure them that there are processes being built to support member voices, because that's really critical for the person at the coalface, or on the frontline."

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

Daniels said members' fears about speaking up about their concerns, were often stoked by employers.

" . . . employers have lied to them, they have said you cannot speak to the media."

NZNO president Anne Daniels at a rally.

Under the Employment Relations Act, schedule 1B (https://www.legislation.govt.nz/act/public/2000/0024/latest/DLM61726.html#DLM61726), section 14-18, employees are entitled to "comment publicly and engage in public debate on matters within their expertise and experience as employees", as long as they have first raised the issue with their employer.

If the employer's response is unsatisfactory, an employee can speak publicly as long as they make it clear they are speaking in a personal capacity, or on behalf of a union, and don't breach patient confidentiality.

"I would love to see in the future, an organisation that is full of people who don't run, when they are asked to stand up and talk to the media, but volunteer to do so," Daniels said.

The role of te Tiriti

A significant part of the political focus for NZNO is about being led by principles of te Tiriti o Waitangi, including tino rangatiratanga – self-determination.

"For me, the heart and soul of what makes Aotearoa unique is its commitment to te Tiriti, as tangata whenua, so that has to run across every single priority we have," Nuku said.

Naomi Waipouri at a national day of protest in April, 2023.

Nuku said this meant ensuring te rūnanga, and its governing body, Te Poari are actively involved in decisions of the organisation.

"In the past, te Tiriti stuff was compartmentalised to only Māori, and only sitting out to the side, which means that unless you consciously turn your head to it, it's ignored."

'Little voices can be heard'

For Warrander, finding herself leading a strike was unexpected, but empowering.

She became the face of the strike action for national media and was also involved in NZNO's legal fight for the right of the Gisborne Hospital members to take the action, after their employer, Te Whatu Ora, took the matter to court.

Warrander encouraged others to speak up and follow through on action to achieve better, safer conditions for staff and patients.

"Little voices can be heard, and there is strength in numbers, so there's no point sitting back moaning that things are not right, you kind of need to take some action on it.

" . . . we're a small hospital and for Gisborne to achieve something that has never been done before is a massive win for us, and if we can do it there's no reason why other places can't do it as well."

She said the support of NZNO staff, providing advice on what was legally possible, gave her and the ward five members confidence to follow through with the action.

Gisborne Hospital members arriving at a rally, after walking off the job for an unprecedented health and safety strike.

The snowball effect of political action

Warrander said the recent action by members marked a shift in attitude. In the past, members had been more reluctant to take action, afraid it would affect their careers negatively.

Warrander said she and her colleagues were emboldened to "go the whole hog", after many attempts to get safety issues addressed, including issuing of a provisional improvement notice (PIN), had made no difference to management of the ward.

When a decision was made to put in a strike notice, Warrander was already committed to follow through on the process.

"I joked on the ward, 'oh well, the mark on my back is already there, I may as well just make it bigger, make it a proper target, not just a small one'."

Te Whatu Ora's attempt to stop the strike through legal action, its denial of the safety issues, and the resulting impact on employees only served to strengthen Warrander's resolve, she said.

"I just thought, there's no holds barred now, I'm done on it. To me it just seemed like a total lack of awareness of what we were going through, and it just seemed disrespectful."

Warrander said she was incredibly buoyed by the strength of support from members across the country, and other parts of the hospital.

"It's been amazing, and the staff are still talking about it. It gave us a bit of a morale booster to know the support is out there, because we know there's short staff everywhere but we felt like we were . . . struggling on our own."

Christine Warrander on her way to an 11th hour hearing over the Gisborne Hospital strike.

Elections – key opportunity to flex political muscle

NZNO campaigns director Tali Williams said the act of joining a union was itself a political move, but fixing a broken health system would require more.

The 2023 general election presented a powerful opportunity (https://maranga-mai.nzno.org.nz/election_2023), Williams said.

"We need to use the opportunity of the election to put pressure on the current government to agree to our fixes, and further, to make it clear to any incoming government the expectations of nurses."

In April, NZNO launched a national petition asking political parties to commit to key "fixes" for the health system (https://maranga-mai.nzno.org.nz/we_need_nurses). A lobbying campaign is underway through June and July, with members taking their experiences and solutions to their local MPs.

"[MPs] are going to listen much more to members than they will to one or two union leaders, because what they are looking for is which way voters are going to go, and nurses are voters, and nurses have families who are voters," Williams said.

Turning disempowerment into empowerment

Te Poari member and RN Naomi Waipouri (Ngāpuhi), 25, says a bad student placement experience catapulted her into an advocacy role as a young Māori student.

While Waipouri and another Māori student were on a placement, some staff there made derogatory comments about Māori patients, and the attitudes made the students feel disrespected and unsafe, Waipouri said.

The students stopped attending the placement and were then threatened with expulsion from the course by their education provider.

Waipouri sought help from NZNO's national student unit, and kaiwhakahaere Kerri Nuku became involved, advocating for them to continue their studies, which they did.

The experience and support she received motivated Waipouri to learn more about how to advocate for herself and others, and led her to become a regional representative on te Rūnanga Tauira, and later, a member of Te Pōari.

"I didn't want any other student nurses to go through that."

Waipouri now splits her work time between supporting Māori nursing students at her former educational institute and working in the Hutt Hospital burns unit.

But she has continued to be politically active.

Just in the last week, Waipouri attended multiple political meetings including those held by the Labour Party, the National Party and the Council of Trade Unions.

On Wednesday, she and attended a [rally](https://www.stuff.co.nz/manawatu-standard/300893383/advocacy-group-calls-for-government-to-hit-pause-on-therapeutic-products-bill) (https://www.stuff.co.nz/manawatu-standard/300893383/advocacy-group-calls-for-government-to-hit-pause-on-therapeutic-products-bill) calling on the Government to pause work on its Therapeutic Products Bill. Some health advocates, including Waipouri, [oppose the inclusion of rongoā Māori in the](https://www.stuff.co.nz/pou-tiaki/131399560/rongo-mori-expert-worried-over-proposed-therapeutics-bill) (https://www.stuff.co.nz/pou-tiaki/131399560/rongo-mori-expert-worried-over-proposed-therapeutics-bill)proposed bill because tangata whenua could lose control over where and how it is used. There are also concerns about how it will affect access to unfunded medications.

Naomi Waipouri, in action, at a NZNO rally.

For Waipouri, keeping up to date with political issues was an important foundation for advocacy and action.

"[It's] trying to be updated with everything that's going on around you, being involved in meetings, whether they are NZNO ones, Te Whatu Ora, or political party election meetings, just so you can have a bit more of an idea about what is going on in your area, while also being able to question and challenge some of the things."

> **'I could not have cared less previously. There was always someone else out there fighting the good fight.'**

Having a presence at the political meetings was about letting politicians know what nurses needed, to "help shape policies that will have a real impact on people's lives".

But advocacy could also take place while on the job, Waipouri said.

Discriminatory attitudes were still "alive" in some placements. Supporting efforts towards individual and workplace cultural competency was an important political action that all nurses could take, Waipouri said.

"I've seen tick box systems . . . but I haven't seen true understanding, and it's like that comes with the nature of nursing and the busy environments, but we all need to make an effort here."

The trigger for political action: a pandemic-fuelled staffing crisis

In late March 2020, the country went into lockdown, with the threat of a global pandemic shouldered by essential workers – including those at the coalface in health care.

Aged residential care (ARC) hospital service manager, RN and college of gerontology chair Natalie Seymour says her rise to action came from a call from NZNO communications manager Rob Zorn. Could she talk to a journalist about the impact of COVID-19 on the aged-care sector?

Seymour, 43, decided it was time for her to speak up.

The pandemic brought an already strained and exhausted workforce in the aged residential care sector to crisis levels and media interviews gave Seymour a chance to provide a reality check on what was happening, she said.

Seymour said the experience was daunting, but she was highly motivated to convey the distress of staff and concerns for patients. She felt well supported by NZNO and had gained experience through talking to *Kaitiaki.*

'I didn't want any other student nurses to go through that.'

"It was not about telling stories that holes could be poked into but speaking from first-hand experience and from colleagues' perspectives," Seymour said.

From one interview, the requests flowed, with Seymour speaking to multiple journalists over the following months.

In 2021, she was invited to share her experiences of short-staffing as part of a submission to a parliamentary health select committee calling for mandatory staff-patient ratios for aged residential care.

Natalie Seymour gave evidence at a parliamentary health select committee hearing on a submission by NZNO to bring in staff-patient ratios in aged residential care. From left: NZNO president Anne Daniels, professional nursing advisor Marg Beasley, Natalie Seymour, and kaiwhakahaere Kerri Nuku.

Before the pandemic, Seymour says she was not at all interested in speaking up about issues in her workplace.

"I could not have cared less previously. There was always someone else out there fighting the good fight."

There was also fear of being perceived as a "troublemaker", but Seymour said she now felt people needed to hear about the struggles of nursing.

A nurse for 22 years, Seymour said nurses and health care workers were more willing to talk about their experiences – a reflection of the deep frustration and anger they felt about conditions faced on a daily basis.

"I think nurses, in general, are just fed up and because of that they are no longer afraid to voice that."

However, the appetite for political action varied among members, for different reasons, and Seymour said she respected those choices.

> **‘Walking out and seeing the amount of people lining the hallway, that have got our backs, it was like . . . mind-blowing, it was something we were definitely not expecting.’**

For those still reluctant to take action, Seymour said there were many ways to be political.

“It could be you just have those quiet discussions with your peers and colleagues, or you just support the rest of us who aren’t afraid to be the voice or the face of whatever it is we are trying to raise,” Seymour said.

Kaitiaki
NURSING NEW ZEALAND

NEWS

Members encouraged to have say on NZNO's future

BY CATE MACINTOSH

June 30, 2023

NZNO members are being urged to give feedback (https://www.nzno.org.nz/get_involved/nzno_constitution_review) on the future of the organisation, it's structures and governance as part of a wide-ranging review which many hope will result in a re-write of the constitution (https://www.nzno.org.nz/Portals/0/publications/Constitution - NZNO Constitution 2022-2023.pdf?ver=rgiA2QtTsnzp29Mw62VCFA%3d%3d).

President Anne Daniels said the constitution (https://www.nzno.org.nz/resources/nzno_publications#1_48) had become unwieldy, impossible to use and no longer reflected the organisation, its values and aspirations.

"We need to have an organisation that is fit for purpose and serves the needs of our members and it hasn't done that for a long time."

Members' views will contribute to the development of key concepts for a new constitution, to be drafted and voted on at the 2024 Annual General Meeting (AGM).

NZNO president Anne Daniels said the kōrero underway about the future shape of the organisation was "huge" and she hoped members would give their feedback.

Views are sought on any or all of the following: the current constitution's wording on NZNO's vision, mission, philosophy, objects (or goals) and powers; and five key functions of the organisation – accountability, shared identity, avenues to participation, leadership at all levels and NZNO structures.

The closing date for feedback is July 7.

Members have been encouraged to consider whether the current structures adequately reflect te Tiriti o Waitiangi principles, including tino rangatiratanga (self-determination), are democratic, and support the aims of Maranga Mai!

Constitutions describe how an organisation functions, it's structures (representative groups), powers and processes.

NZNO Constitutional Review Framework and Member ...

As an incorporated society the union is required to have a constitution under law. But the current document has had 18 amendments since it was adopted in 2011, creating confusion, repetition and inconsistencies.

> **"So, it's not just thrown in there, we want [te Tiriti] built into it, so it's actually actualised, realised, reclaimed."**

A review panel was established by the Tāpūtanga Tapuhi Kaitiaki o Aotearoa – NZNO board and te Poari to lead the process following last year's AGM.

The panel includes Te Poari regional representatives: Tracy Black (Chair), Kathryn Chapman and Nayda Heays; NZNO board members: Simon Auty, Grant Brookes and Nano Tunnicliff; and independent member and former Council of Trade Unions president Ross Wilson.

Why are we doing this?

Te Poari representative for Bay of Plenty – Tairāwhiti, and the review panel Tracy Black said the review came in response to a despire by members to make changes.

"The members asked for it, that's why we're doing it. This was actually led by the members – starting with a remit asking for a constitution review."

Te Poari representative for Bay of Plenty – Tairāwhiti, constitution review panel chair Tracy Black.

In 2020, the Mental Health Nurses Section and the Cancer Nurses College called for an independent review of the constitution in a remit, which was endorsed by a member vote at the 2020 AGM.

Mental Health Nurses Section chair Helen Garrick said the groups' were upset about NZNO leadership discord in 2019/20 which saw two special general meetings held over the leadership of then president Grant Brookes, who later resigned.

Mental Health Nurses Section chair Helen Garrick.

" . . . [the remit] was designed to improve NZNO's overall organisation, to ensure that we didn't have that level of very public discord again."

The groups want all representative voting by member groups such as regional councils replaced by "one member, one vote" for all election processes.

In response to the remit, legal firm Morrison and Kent were contracted to conduct a review of the constitition. (https://www.nzno.org.nz/Portals/0/Files/Documents/Consultation/Constitution%20review/NZNO%20Constitution%20Review%20document%202%20-%202022%20Constitutional%20Review.pdf)

The review included a survey of over 5000 members, and interviews with board members, the groups who submitted the remit, the kaiwhakahaere, the president, te Poari and the NZNO legal team.

The firm concluded the constitution document:

- did not adequately reflect a bi-cultural organisation as described in the NZNO mission
- did not reflect changes to modern voting processes
- had become inconsistent and confusing over time

The terms of reference for the Morrison Kent review (https://www.nzno.org.nz/Portals/0/Files/Documents/Consultation/Constitution%20review/NZNO%20Constitution%20Review%20document%202%20-%202022%20Constitutional%20Review.pdf) did not include wider assessment and recommendations for structural, organisational or governance issues.

They recommended changes to the constitution, to better reflect te Tiriti provisions, address inconsistencies, lack of clarity, and duplication of processes, as the first step in a multi-stage process of change.

Next, Morrison Kent suggested the board make a decision on whether to undergo a larger review of the organisational structure itself. If this went ahead, the constitution would then be updated to reflect any changes.

Daniels said the board asked former CTU president and WorkSafe chair Ross Wilson to assess the Morrison Kent review, and advise on next steps.

Wilson said the process underway aimed to engage members in the discussion about what NZNO should look like in the future to provide the best possible representation and participation.

Black said Te Rūnanga members wanted to see a constitution and organisation that was built on te Tiriti.

“So, it’s not just thrown in there, we want [te Tiriti] built into it, so it’s actually actualised, realised, reclaimed.”

Former CTU president and WorkSafe chair Ross Wilson is an independent member of the constitution review panel.

Kaitiaki
NURSING NEW ZEALAND

NEWS

Mental health nursing 'beyond crisis'

BY MARY LONGMORE

June 19, 2023

NZNO mental health nurses say their workforce is "beyond crisis" with record levels of violence — often fuelled by methamphetamine — coinciding with a dearth of senior nurses.

NZNO mental health nurses' section members Katie Neal, Helen Garrick (chair), Joy Neilson, Debbie Watson and Jenni Rae say mental health nursing is 'beyond crisis'.

"We've never seen it this bad," said mental health nurses section chair Helen Garrick, who is calling for better mental health training for all nurses and a national action plan on violence.

Nurses around Aotearoa are dealing with "daily" assaults — from having things thrown at them to being punched or scalded by hot liquids, she said.

> **'They don't want to work in an inpatient unit and be thumped – it's as simple as that.'**

One Auckland nurse hasn't returned to work in five months after being punched in the head repeatedly (https://www.rnz.co.nz/news/national/492117/police-admit-forgetting-to-tell-nurse-her-attacker-had-been-charged-pleaded-guilty) until she lost consciousness after asking a patient not to vape.

A "vacuum" of experienced nurses meant staff often lacked de-escalation skills and the ability to spot patient cues, said Garrick, who would like to see more mental health skills taught as part of undergraduate nursing training and/or a return to specialised mental health nurse training.

Wakari Hospital in Dunedin

A national action plan on reducing violence would also help attract and retain nurses into mental health, she said.

Dunedin's Wakari Hospital mental health ward 9A was cutting beds as it had only 50 per cent of the staff needed to run at full capacity — this was "unacceptable" Garrick said.

There was also an "absolute crisis" brewing at Southland Hospital, where community nurses had been called in to plug gaps, leaving communities unattended.

> **'Oh, you're not like real nurses, all you do is sit around and have a cup of tea.'**

Loss of experience

Garrick said ageing mental health nurses often chose to leave mental health or the nursing profession, or move into telehealth, as she had, "because they don't want to work in an inpatient unit and be thumped – it's as simple as that".

One Auckland inpatient mental health nurse of 29 years said new grads were being thrown in the deep end as senior shift coordinators, with little guidance from senior nurses — who simply weren't there.

"There are ones like me getting up to retirement age, but there've not been a lot who have come in, in between. So basically you've got that lot getting close to the timer but not the generation in between."

In the 1990s, there were "lots of senior staffers around, they were always there, and you looked to them for guidance."

Photo: AdobeStock

Another experienced nurse said many chose to leave the wards for community mental health nursing in their mid-career in their 30s, 40s or 50s for better work-life balance without the shift-work — or just for a change.

Garrick said to keep experienced nurses in acute settings — or even just in mental health — more "respect" and safer workplaces were needed.

"Things like ensuring the health and safety of staff is looked after — if you're not providing a safe working environment, you're less likely to retain staff."

As well as a good skill mix, it also included the physical environment — "making sure there are safe exits [for staff] and that sort of thing".

'Stigma' vs rewards

Another challenge was that mental health nursing was often "looked down on" by other nurses., one member said. "The general . . . nurses were like 'oh, you're not like real nurses, all you do is sit around and have a cup of tea'."

> **'You tend to build a relationship with your mental health patients because they get unwell again and they come in again.'**

In fact, mental health nursing could be incredibly rewarding, with the chance to build relationships and make a difference to people's lives, the nurses said.

"When you do general nursing, your patient gets better and goes home and that's the last you see of them," one member told *Kaitiaki*. "You tend to build a relationship with your mental health patients because they get unwell again and they come in again and some of them end up like revolving door patients so you actually build that rapport with them."

However, staffing shortages were making it hard to spend enough time with patients. "Ideally, with enough staffing, you would spend time talking to and connecting with people."

More mental health skills needed

NZNO's mental health nurses' section has long pushed for better mental health nursing training to ensure all nurses graduated better equipped to deal with mental health patients.

Garrick also suggests a specialist mental health nursing programme be launched to allow direct mental health nurse entry into the workforce.

Te Whatu Ora said it would be responding in detail to all issues raised within the next few days.

Police 'not mental health specialists'

Garrick said "dozens" of serious assault cases had been reported to police but nothing had so far been done.

In a statement to *Kaitiaki,* a police spokesperson said they were "committed to responding to and assisting hospital staff where complaints of assault are made".

However, in a mental health ward, "the issue of a person's competence to be immediately charged can complicate decision making for frontline staff, in particular for lower level assaults".

Police also recognised they were not specialists in mental health and said, "a health-led response is preferred unless there is an immediate risk to life".

Work was underway to set up multi-agency "co-response" teams around Aotearoa and "provide a holistic approach" to people in distress, the police statement said. Such teams were active in Wellington, Southern districts, Counties Manukau, central districts and Waitemata.

An NZNO survey last year found nearly a third of all members had experienced multiple physical assaults — but only five to eight per cent of hospital staff reported them.

New mental health laws are currently being drafted after the Government decided to repeal the 1992 Mental Health Act in favour of a more te Tiriti o Waitangi, whānau and human rights-based approach.

That followed the He Ara Oranga inquiry (https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/) into mental health and addiction services in 2018.

Kaitiaki
NURSING NEW ZEALAND

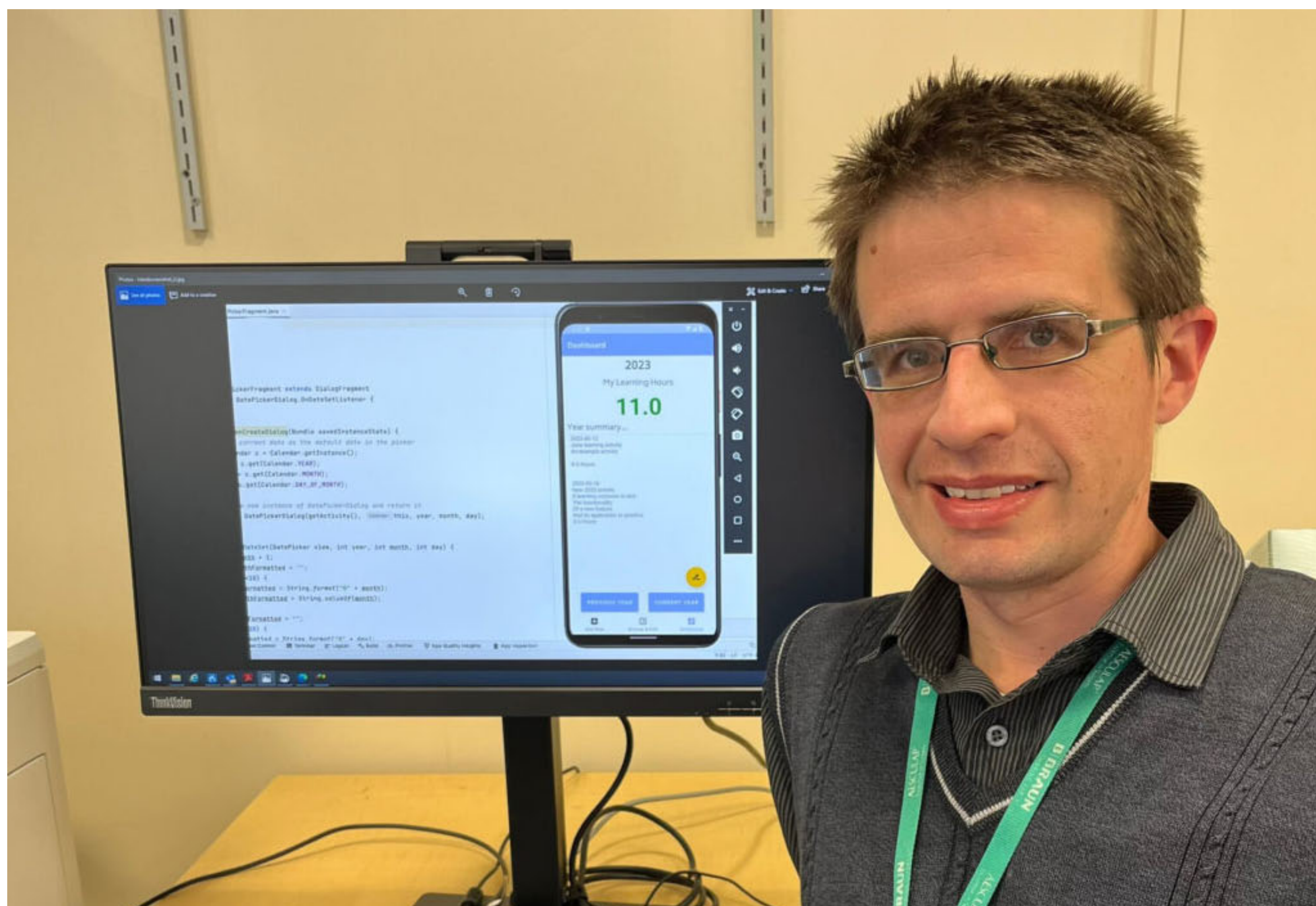
FEATURES

Now there's an app for your CPD, thanks to a nurse

BY KATHY STODART

June 19, 2023

Nurses are obliged to show proof of ongoing clinical learning — but it can be a chore to keep track of what you've actually done.



Nurse practitioner Chris Aldridge with the app he designed.

To solve this problem, cardiac nurse practitioner (NP) Chris Aldridge has designed a free mobile app for nurses to use to keep track of their clinical learning hours, after struggling himself to find all the records for his own learning portfolio.

“I couldn't find the records of my learning activities, and I thought it would be very handy to have an app where you could record professional development on the spot, track your hours and export your learning records for copying over to a portfolio,” Aldridge said.

The app is called “Ascribe” and is available for both iPhone and Android devices, from both the Google Play and Apple app stores. It is free to use, but Aldridge says it does contain ads to cover his costs in developing and upgrading it, as well as the cost of keeping it in the app stores.

Aldridge, who works at Middlemore Hospital, says several of his colleagues — registered nurses, clinical nurse specialists and NPs — have downloaded the app and are finding it “very useful” to keep track of their continuing professional development (CPD).

“I developed this initially for Android phones but some of my nursing colleagues then asked me where the Apple version was, and hence I spent another few months to put together a version for Apple devices.”

He said not all nurses print out learning records on paper and some complete their portfolios online on hospital systems. “In this case the app makes it easy to access your learning records and copy and paste them over to other templates.”

While the app could help nurses record and track their CPD hours and put together evidence of ongoing professional development, he said it was still important nurses kept attendance certificates and other proof of ongoing learning where required.

Easter egg included

Each version has its own little Easter egg (an extra feature): the Android version has a CPD expense-tracking module, and the Apple version has a sync to iCloud, which allows use across multiple Apple devices.

So far, there have been around 100 downloads of each of the two versions of his app. He said the app wasn't limited to nursing — other health professionals could also use it if their CPD learning requirements were similar to those of nurses.

Aldridge learnt Java, an Android programming language, as a lockdown hobby (while still continuing to work through the lockdowns), then later learnt the Apple language, Swift.

Developing the two versions of his app had taken up “way too many” hours, he said.

Kaitiaki
NURSING NEW ZEALAND

OPINION

Nurses' work underestimated in general practice, say researchers

BY NICOLETTE SHERIDAN, TIM KENEALY AND TOM LOVE

June 22, 2023

Nurses' work in general practices is underestimated to an unknown degree due to the way practice records are kept, according to researchers in a major New Zealand study.

Our study of models of care in general practice included 924 practices with 4,491,964 enrolled patients at September 2018. The aim was to determine whether differences in patient health outcomes were associated with different models of practice.

Models of care

We defined seven models of general practice/primary care: traditional, corporate, primary health organisation (PHO)/district health board (DHB), trust/non-governmental organisation (NGO), Māori and Pacific practice, and Health Care Home (HCH). (See

Key points

- Work not attributed to nurses in practice records meant nurses' work was underestimated to an unknown degree.
- Nurses contributed more care to more clinically complex patients.
- Nurses undertook more cardiovascular risk assessment

definitions at bottom of article.) Most Māori and Pacific practices were owned by a trust or NGO.

Nurses' work was reported from practice data provided by 13 (of 35) PHOs: 60 per cent of 695 traditional practices, 64 per cent of 103 corporate practices, 67 per cent of 27 PHO/DHB practices, 43 per cent of 99 trust/NGO practices, 38 per cent of 65 Māori practices, 80 per cent of 15 Pacific practices, and 74 per cent of 127 HCH practices.

Invisible nurse work

Nurse work was harder to identify and analyse than GP work. GP templates were consistently coded with the GP's Medical Council number and names nearly always began with "Dr". Nurses used generic and named provider templates that mostly did not record profession.

More clinical input

Worse patient health outcomes were associated with higher patient need, and also with higher clinical input but this was insufficient to achieve equity in all outcomes. More nurse, nurse practitioner and GP FTE is required, especially in practices with high volumes of complex patients.

than GPs in all but one model of care, and more cervical screening in Pacific, Māori, and trust/NGO models of care.

- Preventive care by nurses — cervical screening, cardiovascular risk assessment, PHQ9 assessment (for depression), HbA1c testing (for diabetes) — was highest in Māori, trust/NGO and Pacific practices.
- Nurses' work showed an eight-fold difference, across models of care, in percentage of PHQ9 assessment and a five-fold difference in cervical screening and HbA1c testing.
- Nurse time (FTE) was substantially higher in Māori, Pacific, trust/NGO models of care.
- Nurse consultation rates after hours and with unenrolled patients were highest in Pacific, Māori, and trust/NGO models of care.

Preventive care

Nicolette Sheridan

Compared with GPs, nurses undertook more cardiovascular risk assessment in all models of care except PHO/DHB, and more cervical screening in Pacific, trust/NGO and Māori practices. The highest rates of preventative care by nurses — cervical screening, cardiovascular risk assessment, PHQ9 assessment (for depression), and HbA1c testing (for diabetes) — were in Māori, trust/NGO and Pacific practices.

There was an eight-fold difference, across models of care, in percentage of PHQ9 assessment by nurses and a five-fold difference in cervical screening and HbA1c testing. In traditional, HCH and corporate practices, more preventive care could be transferred to nurses, releasing GP FTE for other work.

The highest rates of preventative care by nurses were in Māori, trust/NGO and Pacific practices.

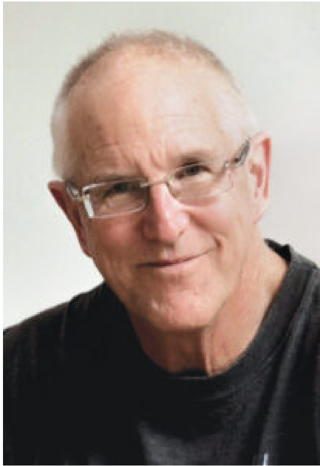
Consultations with patients not enrolled in a practice

Almost twice as many casual or walk-in patients were seen by a nurse or NP than a GP in a Pacific, Māori, or trust/ NGO practice compared with a traditional, corporate or Health Care Home practice.

Approximately 360,000 people (7.3 per cent of the population) were not enrolled in a practice. They were less likely to have acute hospitalisations than those enrolled, with the exception of children aged one to four and, to a lesser extent, five to nine-year-olds, Māori and Pacific children, and those living in high-deprivation areas.

Consultations after hours

A higher percentage of after-hours consultations were undertaken by nurses or NPs than by GPs in Pacific practices and PHO/DHB practices. In corporate and traditional practices, the highest percentage of after-hours consultations



Tim Kenealy

were by GPs.

Nurse, NP and GP time (FTE)

Traditional, corporate and HCH practices had the lowest FTE for nursing workforce (nurse and NP), total workforce (nurse, NP and GP), and the lowest ratio (nurse and NP to GP). Trust/NGO, Māori, Pacific and PHO/DHB practices had the highest nursing workforce, total workforce, and ratio of RN and NP to GP.

Tom Love

Nursing workforce and total workforce were higher in small practices, rural practices, practices with more multimorbidity, more Māori patients and more patients living in high-deprivation areas. The highest ratio of RNs and NPs to GPs was in small practices. NPs had a greater presence in small practices, rural practices, very low cost access (VLCA) practices, and practices with more multimorbidity.

Background information on model of care research

The study entitled "Evidence to guide investment in a model of primary care for all" involved senior academics from five universities – Massey, Auckland, Otago, Cambridge (UK) and the Karolinska Institute (Sweden) – together with Sapere Research Group, DataCraft Analytics, and experts from general practice, nursing, public health, health policy and consumer advocacy. Māori and Pacific academic clinicians on the team held central roles in project governance.

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 before embarking on the HCH programme.
- **Traditional general practice:** Such 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 district health boards (DHBs) 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.

Nicolette Sheridan, *project lead, is professor and head of the School of Nursing at Massey University.*

Tim Kenealy, *project co-lead and specialist GP, has an honorary appointment in the Department of General Practice and Primary Health Care at the University of Auckland.*

Tom Love, *project co-lead, is a director of Sapere Research Group, an international research organisation.*

For earlier articles in this series, see Patient need the crucial factor and Who are our practices serving? The 'need profile' of enrolled patients varies dramatically. Māori patients/populations and Māori practices will be the subject of the next article.

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(https://www.nzdoctor.co.nz/article/opinion/patient-need-crucial-factor-study-general-practice-models-shows-there-are-no-stars)

Interested in free primary care data? Explore the EPiC dashboard (https://epic.akohiringa.co.nz/).

Kaitiaki
NURSING NEW ZEALAND

NEWS

Primary health care will 'implode' – eight per cent not enough to stem practice nurse haemorrhage

BY MARY LONGMORE

June 2, 2023

Practice nurses say an eight per cent pay rise is a "step" closer to hospital nurses' salaries — but does not go nearly far enough.

Primary health nurses strike in Wellington in October

"Nurses are looking for pay parity with Te Whatu Ora — it should be 100 per cent or nothing," Christchurch primary health care (PHC) nurse Denise Moore told *Kaitiaki Nursing New Zealand*. "Otherwise you're still going to get nurses leaving."

Minister of Health Ayesha Verrall announced recently (https://www.beehive.govt.nz/release/8-pay-boosts-gp-community-nurses) that 4800 general practice nurses and kaiāwhina would get an eight per cent pay rise from July, to bring them closer to hospital nurses' salaries.

> **'If they don't start paying the nurses pay parity with Te Whatu Ora, primary health-care is going to implode on itself – it's going to collapse.'**

Christchurch practice nurse Denise Moore

Another 1300 nurses and kaiāwhina who worked in Family Planning, Plunket/Well Child Tamariki Ora, school nursing, mental health and addiction, rural hospitals, telehealth, community care and the Youth One-Stop-Shop were also included in the pay rise — a total of 6100 nurses and kaiāwhina.

"Nurses with the same skills and experiences should receive comparable pay, regardless of which part of the health system they work in," Verrall said in a statement. The funding was a "major step towards tackling the long-standing issue of pay gaps between nurses who work in the community and those who work in hospitals", she said.

But at least double that was needed "immediately" to stem the loss of nurses from communities, Moore said.

"Unless you have full pay parity you're not going to win — nurses are going to keep jumping ship and going to where the pay is better."

Pay gap of up to 27 per cent

An NZNO survey in April (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6520/nzno-research-shows-clear-pay-disparity-for-general-practice-nurses) found practice nurses (registered and enrolled) were paid an average of 14 to 20 per cent less than their Te Whatu Ora peers — and some as much as 27 per cent less.

Yet practice nurses were initially excluded from a $200 million fund launched in December to boost community health workers' pay — then-health minister Andrew Little saying there was no "real evidence" of pay disparity.

But — after asking Te Whatu Ora to carry out a survey — Verrall said evidence of a pay gap had emerged for practice nurses.

Te Whatu Ora community health system improvement manager Mark Powell said its survey of just over half the country's general practices showed a 16 per cent pay gap for registered nurses (RNs) compared to hospital RNs. However, the overall average pay gap for the general practice workforce — including senior nurses, RNs, ENs and kaiāwhina — compared to hospitals was 13 per cent.

But an eight per cent increase would shrink the pay disparity from 13 to five per cent — Te Whatu Ora's current aim. Acknowledging that fell short of 100 per cent parity, Powell said the aim was to "work with the funding available to reach all eligible nurses and kaiāwhina".

> **'It's hard watching nurses breaking – we're seeing it on a daily basis.'**

Te Whatu Ora also was "encouraging" practices to use a five per cent funding boost on July 1 to increase workforce wages, he said.

A "sizeable majority" of practices — about a third — appeared not to have passed on funding increases in 2021/22 and 2022/23 to their nurses, Powell said.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO is currently in negotiations for a new PHC collective agreement.

'Only a start'

New Zealand college of primary health care (PHC) nurses chair Tracey Morgan said it was good "we've been finally recognised" but it was only a start.

After waiting so many months, nurses were leaving or "breaking", said Morgan, a practice nurse manager at a Rotorua Māori health provider.

Tracey Morgan

"Until they actually see it, nothing's going to change. It's hard watching nurses breaking — we're seeing it on a daily basis. Nurses just can't cope anymore . . . it doesn't mean that it's fixed it overnight."

> **'This is an insult to those hard-working nurses whose pay is up to 27 per cent less than their equivalent hospital employed counterparts.'**

Moore said "disgruntled" PHC nurses were leaving general practice either for Australia or Te Whatu Ora, where they could get $46.50 per hour compared to about $30 or less in general practices here.

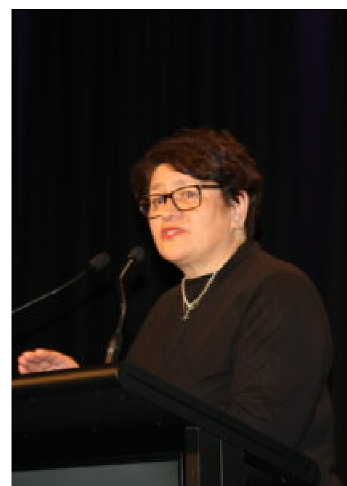
"We've all got the same qualifications. In primary health care, I've said it a hundred times, we are the first stop for preventing hospital admissions. If they don't start paying the nurses pay parity with Te Whatu Ora, primary health-care is going to implode on itself — it's going to collapse."

In April, 8160 nurses working in aged residential care, hospices, home support and Māori and Pacific health care got up to a 15 per cent pay rise (https://www.beehive.govt.nz/release/thousands-community-nurses-getting-april-pay-boost) under the fund to "help retain nurses in important community roles", Verrall said, acknowledging the flow of nurses out of those areas. Most would be getting 95 per cent of their hospital-based colleagues' wages, she said.

But Morgan said PHC nurses — including practice nurses — would continue to fight for "100 per cent" parity with Te Whatu Ora.

"Why is it primary health — whether it's Plunket, aged care or whatever — why are we having to justify that we should be paid equally?"

> **'We say the target should be 100 percent pay parity so every nurse everywhere is equally valued.'**



Kerri Nuku

NZNO kaiwhakahaere Kerri Nuku said an eight per cent rise for practice nurses was a "step in the right direction" but would not even reach 95 per cent parity with hospitals. A hundred per cent parity was needed, "so every nurse everywhere is equally valued and so can work where they feel they are most needed and contribute best, not where they are best paid".

Nuku also hoped Māori providers who had missed out on the first wave of payments as they operated out of general practices would now be able to access it.

Tim Malloy

New Zealand's General Practice Owners Association (Genpro) chair Tim Malloy said in a statement that an eight per cent rise would "do nothing to address the workforce crisis in our sector that is leading to reduced services and reduced operating hours, and leading to people having to wait weeks to get an appointment to see their family doctor.

"This is an insult to those hard-working nurses whose pay is up to 27 per cent less than their equivalent hospital employed counterparts".

Kaitiaki
NURSING NEW ZEALAND

NEWS

Strike action not ruled out as nurses overwhelmingly reject Te Whatu Ora's proposal for offer

BY MARY LONGMORE

June 7, 2023

'Disheartened' but resolute nurses, midwives and kaiāwhina are not ruling out industrial action after a resounding rejection of Te Whatu Ora's proposal for an offer.

Wellington's were among the health workers who voted to return to the table.

In a vote, 98 per cent of NZNO members who attended stop-work meetings voted for a return to the negotiating table. "I think the other two per cent must have accidentally ticked the wrong box", Keneperu delegate Rose Reed told *Kaitiaki Nursing New Zealand.*

> **‘They had this awesome opportunity, they could have really run with – they could have set themselves off on the right foot as an organisation and I think that’s really disappointing.’**

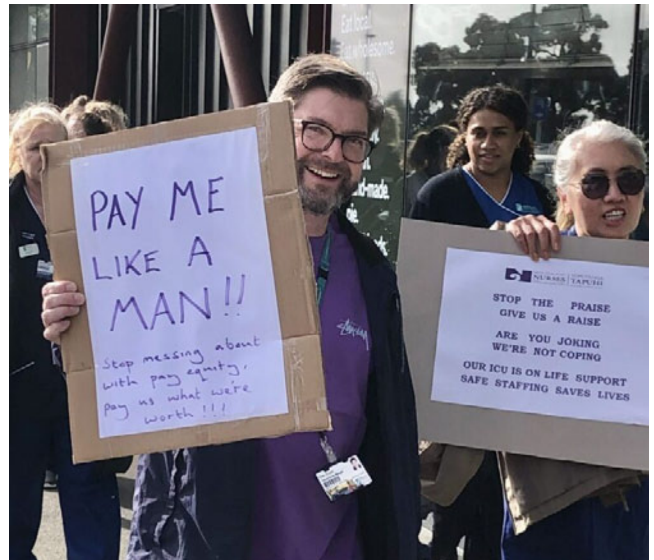
Bargaining for a new two-year collective agreement between NZNO and Te Whatu Ora has been underway for much of this year. Te Whatu Ora has so far proposed a $4000 increase to all base salaries from April 1, with another three per cent or $2000 (whichever is higher) from April 1, 2024. This proposal for an offer was not formalised and put out for ratification to members.

The proposal did not accept several NZNO claims such as:

- addressing senior nurses’ pay relativity to the newly expanded registered nurse (RN) scale.
- ratio-based minimum staffing levels in all areas, which can be built upon using safe staffing system CCDM (care capacity demand management).
- improving health and safety conditions.
- extra payments for extra shifts due to staff shortages.
- a tikanga allowance for staff who use their te ao Māori knowledge to support cultural obligations.

Nor did its proposed offer include back pay to October 31, 2022, when the collective expired, or adequately address the high cost of living, NZNO’s summary (https://hnzca.nzno.org.nz/te_whatu_ora_offer_may_2023) said.

Details of NZNO’s claims can be found here. (https://hnzca.nzno.org.nz/claims)



Auckland health workers attending last week’s stop-work meetings — an overwhelming 98 per cent of NZNO members voted Te Whatu Ora’s offer down.

NZNO said the proposed offer failed to address the urgent needs of members. Without progress on its claims, “members will decide on necessary actions to achieve an acceptable settlement”, NZNO stated in a member-endorsed resolution.

Wellington Hospital delegate Hilary Gardner said nurses were feeling disappointed, undervalued and angry by the proposed offer, which had ignored NZNO’s safer staffing claims. They would not rule out “strike action of some kind”, she said. “The main kick is there is just so little movement, on any of our issues.”

Te Whatu Ora had refused to engage on half the issues, “and those they have . . . they have responded to incredibly poorly and almost with insult”, Gardner said.

“A lot of people are feeling insulted. Everyone’s so tired – tired of fighting for ourselves.”

Workers wanted an offer that showed Te Whatu Ora valued them as people – “our wellbeing, our work-life balance [as well as] reimbursing us for the work we do”, she said.

> **‘We will not rule out strike action of some kind.’**

“We will be resolute – we expect recognition. Not just in terms of pay but to be valued as important and critical components of the organisation.”

Hilary Gardner with daughter Hazel at the recent NZNO day of action.

Missed opportunity

The historic first bargaining round with a single employer instead of 20 district health boards had been a missed opportunity for Te Whatu Ora to connect with its workers in an "open, honest and transparent" way, Gardner said.

Timaru members on their way to vote whether to accept Te Whatu Ora's offer last week.

"They had this awesome opportunity, they could have really run with — they could have set themselves off on the right foot as an organisation and I think that's really disappointing."

Turnout shows 'strength'

Thousands of nurses, midwives, health-care assistants (HCAs) and kaiāwhina turned out last week to 58 packed-out stop work meetings around the country 29 May – 2 June to discuss the proposal for an offer in what NZNO president Anne Daniels said was a "visible sign of strength".

Many described being burned out from relentless short-staffing which left them struggling to provide adequate care to patients, fearing mistakes would cost them their practising certificates or patient lives.

Hutt Hospital registered nurse (RN) and NZNO Te Poari Greater Wellington representative Naomi Waipouri said the proposed offer made nurses feel "worthless".

"Australia is looking really good right now."

Waipouri said members had been asking for safer staffing for "numerous years" and had not been listened to.

"It's a mental struggle to get up and go to work these days, because you just don't know what you will be faced with, or you don't know if there's going to be any support behind you."

Many nurses — senior nurses especially — seemed keen to take strike action, Waipouri said.

Kenepuru Hospital district nurse and delegate Rose Reed said district nurses appeared to have disappeared from the negotiations completely. "We weren't there — we simply vanished," she said.

"They lost a group of nurses – we're not even being offered a pay rise because we don't exist."

Naomi Waipouri at the Wellington stopwork meeting.

Te Whatu Ora Waitaha (Christchurch) NZNO delegate Al Dietschin agreed members were burned out and "not in the mood to accept a [proposed] offer that does not value them or address their dangerous workplaces".

Te Whatu Ora Te Toka Tumai (Auckland) delegate Ben Basevi said dissatisfaction with the proposed offer had been "resoundingly unanimous".

Negotiations resume today.

Kaitiaki
NURSING NEW ZEALAND

LETTERS

The New Zealand Nurses Memorial Fund ready to support nurses in times of hardship

BY HELEN WILLIAMS

June 30, 2023

In these challenging times of COVID, climate change and global recession, many people continue to experience financial hardship and we write to highlight the financial help available from the New Zealand Nurses Memorial Fund (NZNMF).

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

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

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

Applications for assistance can be made to the NZNMF committee by email at nznmfund@gmail.com or by post to NZNMF, PO Box 5363, Dunedin 9054.
The annual subscription is $10 and life membership $100. Bequests are welcomed.

The annual general meeting will be held in Dunedin on July 27 and all nurses and midwives are welcome to attend. If you wish to attend, please RSVP to nznmfund@gmail.com

Helen Williams,
Chair, NZ Nurses Memorial Fund committee