Kaitiaki
NURSING NEW ZEALAND

FEATURES

‘I feel it was inevitable – why should I be any different to anybody else?’

BY MARY LONGMORE

July 13, 2023

Māori nurse, researcher and long-time advocate for equitable cancer outcomes in a Eurocentric and racist health system, Jacquie Kidd faces her own cancer diagnosis, that came too late.

Photo: John Cowpland/alphapix.

After a lifetime of fighting for other people’s lives, Māori nurse and health researcher Jacquie Kidd (Ngāpuhi) is facing the end of her own.

Diagnosed last year with bowel cancer at just 58 — two years shy of the aged-60 threshold for free screening — Kidd is not so much philosophical as resigned. Weary, after decades of fighting for equitable cancer outcomes for Māori.

“I don’t feel furious because I feel it was inevitable – why should I be any different to anybody else?” the Auckland University of Technology (AUT) professor tells *Kaitiaki Nursing New Zealand.*

It's news to few that Māori are devastatingly and disproportionately hit by illness. Māori die on average seven years earlier than non-Māori. Māori are 20 per cent more likely to get some form of cancer — and twice as likely to die from it. Bowel, breast, lung, prostate, cervical — across the board, the body, Māori have been dealt an appallingly grim hand.

> **'Had screening been introduced for Māori when it should have been, I would probably have been caught with a polyp and I would not now have terminal cancer.'**

The reasons are complex — colonisation, subsequent loss of resources, poverty, institutional racism and intergenerational mistrust in a culturally unsafe health system that pays little heed to the Māori concept of hauora which embraces tinana (body), wairua (spirit), whānau (social wellbeing) and hinengaro (mental wellbeing). All these, says Kidd, combine to lead whānau to reject health services — or delay accessing them until in desperate need, often too late.

Some fixes, however, are breathtakingly simple — such as lowering the free cancer screening threshold for Māori.

In 2017, after several years of talk, regional pilots, cost-benefit analyses and just the painfully slow grind of health bureaucracy, a national bowel screening programme was launched for those aged 60-74.

Six years on, the eligible screening age for Māori and Pasifika — Pacific people also endure significantly higher cancer rates at a younger age — will finally drop to 50 later this year. A Te Whatu Ora spokesperson confirmed to *Kaitiaki* it planned to lower the threshold nationally from late 2023.

For Kidd, the move is achingly bittersweet.

"Had screening been introduced for Māori when it should have been, I would probably have been caught with a polyp and I would not now have terminal cancer."

> **'You're going to kill people because of the way you've structured it.'**

Calls from Bowel Cancer New Zealand and health advocates for equity-based thresholds were ignored. "We knew what ages we needed to look at, had the evidence for it, but the later age was established anyway," recalls Kidd.

"From that moment . . . so many of us were advocating and saying 'you're going to kill people because of the way you've structured it'."

What's good for Europeans remains Aotearoa's "unspoken starting place" for cancer screening, Kidd believes.

Currently, free national screening only exists for bowel, breast and cervical cancers in Aotearoa. And while only bowel cancer screening, so far, is adapting its threshold, cervical cancer screening will, from September, offer self-testing at home which is likely to get more uptake from Māori, says Kidd.

Fears of racist 'backlash'

For Kidd, the six-year delay has been deeply frustrating — even before her own diagnosis. She says it was largely due to fears of an anti-Māori backlash. In a cancer research group she was part of, she challenged them: "Why can't we do this? Surely you realise the science is saying we need a lower screening rate?"

"Nobody had the appetite to deal with the racist backlash that would happen — this is Pākeha professors and doctors who don't have the appetite for dealing with that. It's not Māori saying: 'We're the ones who are going to get the backlash'."

> ‘Don’t apologise for being Māori. Don’t apologise for needing something different than what the system is providing for you.’

That attitude — “giving in to the power of the dominant culture’s belief structures” — is exactly what systemic racism is, says Kidd, a past member of Te Rūnunga o Aotearoa NZNO.

There were also barriers due to lack of infrastructure — a hard-hearted reluctance to deal with the all the extra work and surgeries that would be needed once the full extent of cancer rates emerged. In other words, a head-in-the-sand approach Kidd describes as “just nuts”.

“‘If we screen this many people, we’re going to have to come up with this many colonoscopy spaces and this much follow-up care . . . So we need to keep our heads in the sand and just adapt the screening criteria to make sure we don’t go too far over what we can cope with’.”

‘Everything happened really fast’

It was early 2022 when Kidd began experiencing pain and bleeding — “really small amounts, but the pain was the thing which worried me the most”.

She put it off for a few months — “I thought, like everyone, that the symptoms were fairly mild and that they’d go away if I improved my diet and attended to stress levels” — but eventually asked a GP to refer her for a colonoscopy. As she was too young for free screening, he only referred her as she had private insurance. After that, “everything happened really fast”.

> ‘The worst thing that can happen to a lot of the people I talk to is being stuck in a hospital without any of their cultural needs being attended to and dying that way.’

The colonoscopy found a tumour in her bowel — but also clear margins and lymph nodes and no apparent metasisis.

“I was going through the whole ‘oh my God I’ve got cancer I’m gonna die’ thing as well as ‘I need to fix my work up as I’m gonna be out for a while’ and I need to tell the kids – what am I gonna tell the kids? And there was all of that and that all happened within six days.”

A week later, Kidd was having surgery to remove her lower bowel and “they told me I would be fine”.

Sense of inevitability

As a researcher, Kidd said she was always coming up against this “really challenging” idea of inevitability among Māori whānau, when it came to poor health and early death.

“It’s the kitchen table stories, that say, ‘This is just what happens in our whānau – we get diabetes, we get breast cancer, we get ovarian cancer – we don’t live until we’re 60.’ It is normalised,” Kidd says.

“But layered with that, or even underpinning that, is this idea that dying is not the worst thing that can happen to you. The worst thing that can happen to a lot of the people I talk to is being stuck in a hospital without any of their cultural needs being attended to and dying that way – dying separated from all the things that matter.”

> ‘I knew I wanted something for my girls, my daughters.’

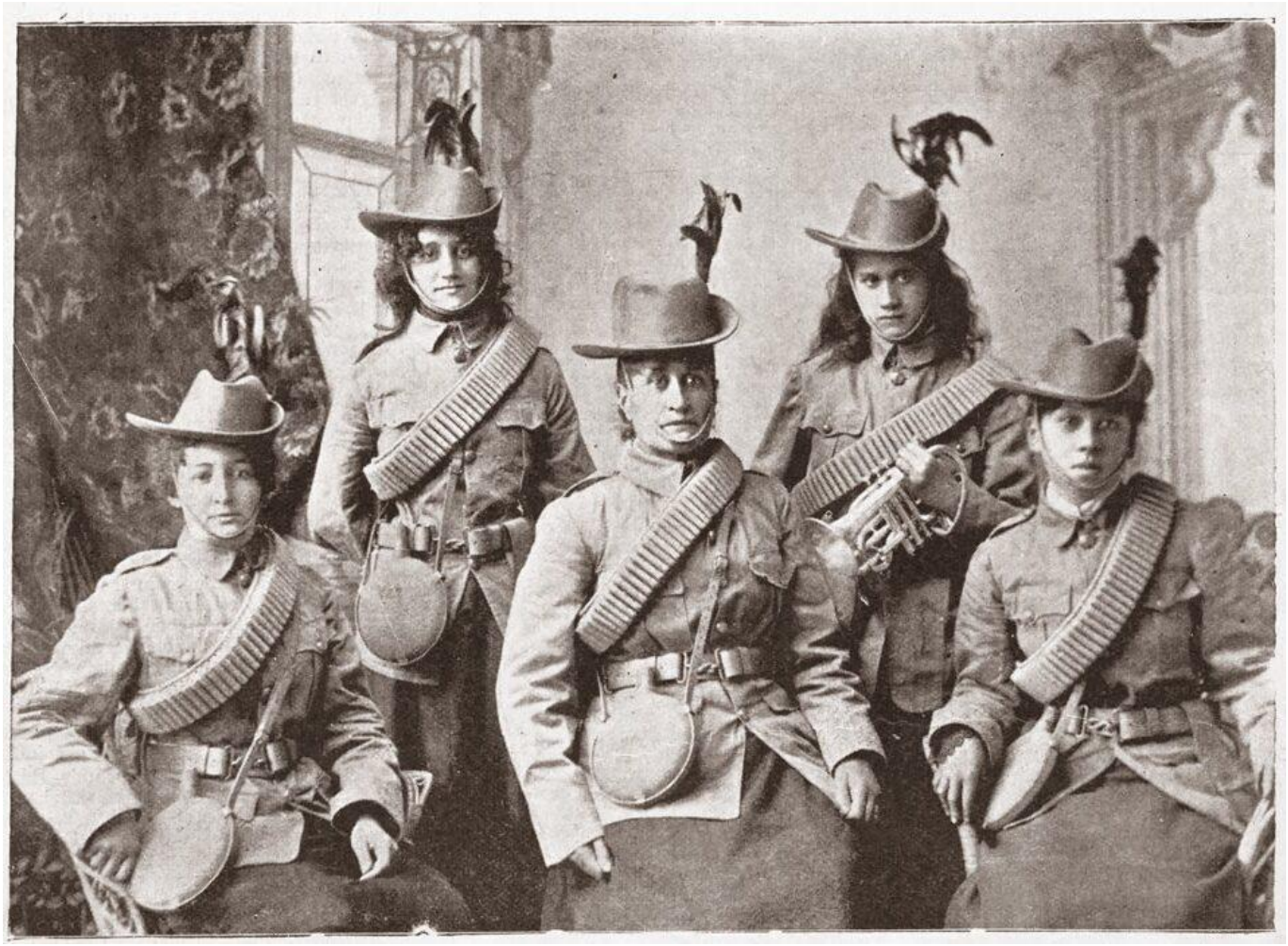
Jacquie Kidd at home in Napier this year. Photo: John Cowpland / alphapix.

And that's why Māori don't go and see their GP — fear of how they'll be treated, by a racist system, she says.

"It's not low health literacy, it's a really complex cultural literacy that leads them to make [such] decisions."

Kidd's Ngāpuhi kuia (grandmother) Tirohia Amy, wasn't diagnosed with Parkinson's disease until it was very advanced and "clear to the whole whānau that something was going on", she says.

"She'd resisted and hidden it for years because she didn't want to let the doctors into her life. You can trust you're going to be treated badly – they couldn't say her name. They didn't value the things that she valued. She didn't want to go there."



Some of Kidd's tīpuna were nurses, and feature in this 1901 photo of Ngāpuhi nurses in Whangārei, during the South African Boer War. They were wearing miliary uniforms to collect funds for the New Zealand armed forces involved in the war. Source: Te Ara Encyclopedia of New Zealand.

Poverty, too, she says, plays a part. People ask themselves if they can afford to go to the doctor, not just because of the cost and need to take time off work, but because of the implications of serious illness — financial, time and energy.

"Can I afford to hear what the doctor is going to say?"

A significant diagnosis "is a pervasive consumer of all your resources, including but not limited to money".

Culturally unsafe

Kaumātua had warned Kidd for years that working with the health sector meant she would have to "leave my tikanga at the door".

"With my own illness, I've come to a much deeper understanding of what that actually means and why people are voting with their feet and not accessing health care. Because when you get to a certain point, tikanga is far more important."

When Kidd was admitted for surgery, she was asked if she had any cultural needs. She said no, thinking she would have enough support from her whānau and friends.

> **'The health sector chops you into mental, physical and sometimes behavioural – never spiritual and never whānau.'**

"But what I didn't realise was that by saying no they didn't pay any attention to closing the bathroom door, to not putting waste products on my food tray, to taking care with bedding and pillows — I didn't realise they thought that stuff was still okay, I thought we dealt with that back in the '80s."

Kidd describes herself as a "second-chance nurse". She left school at 16, started nurse training, dropped out, became a mother, then returned in her early 20s, going into mental health nursing. "I knew I wanted something for my girls, my daughters."

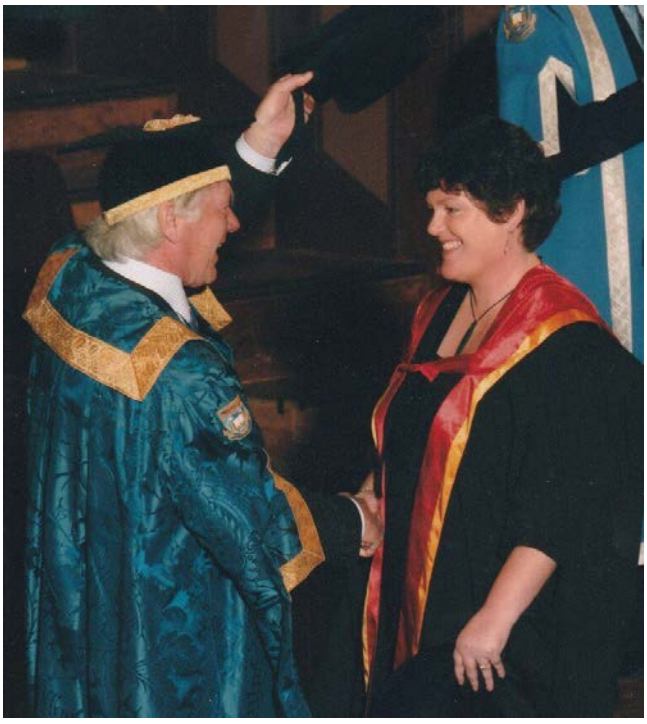
Training as a young single mum in the late '80s at what was then the Hawke's Bay Polytechnic, Kidd was quickly confronted with racism.

"Lecturers [were] standing in front of us talking about 'them, they'. 'They don't really care, they have lots of illnesses, don't really look after themselves, they make poor choices, they have babies really young'. I was like 'hang on, she's talking about my grandmother'. And then it was 'wait on, she's talking about my mother!' And then a little while later 'actually this is me'."

Her mum had been 17 when she was born and Kidd 19 when she had the first of her four children.

She is now a professor, with a PhD under her belt — and this a story she thinks young people need to hear. "You don't ruin your life if you don't do well at high school – some of us are just late bloomers. It takes a while to decide what we want to do and find the relevance in it."

Facing this attitude daily, Kidd made a conscious decision to became more vocal in support of her Māori peers.



Kidd's PhD graduation at the University of Auckland. "You don't ruin your life if you don't do well at high school – some of us are just late bloomers."

> **'You can either ignore this and cruise on with your life at surface value. Or do something**

about it.'

"To . . . listen to someone claiming that that was about poor choices and accidents and wanting to stay on a benefit and all the rest of it – I think there's some work we need to do really."

While she doesn't see herself as an activist, she has gone on to "amplify whānau voices in ways and spaces that can support change". Her research, she says, has always focused on whānau-based understanding of problems and their solutions.

Her anti-racism work — she is involved with a project to eliminate racism (https://www.aut.ac.nz/news/stories/aut-success-with-marsden-funding) in the health sector — is an unfortunate byproduct of her quest for equitable outcomes for Māori, "and I really wish it wasn't".

"I'd always had a certain amount of political awareness but because I appear white, I hadn't had to confront racism. And what my nursing training did was put it right in front of me and say: 'You can either ignore this and cruise on with your life at surface value. Or do something about it."

'Mostly we're busy and we just go with the flow – and going with the flow is racism'.

Her non-Māori appearance also gave her access to the Pākehā world. "I could get into spaces and say things that they couldn't. And I probably stayed in that space actually."

There was little attention to a kaupapa Māori approach to nursing in the '80s. Cultural safety was just beginning to emerge as a concept in 1989, but it was fraught and clumsily applied by mostly Pākehā lecturers. Kidd says she was "both really lucky and traumatised" as one of the first nurses to experience cultural safety training within the nursing curriculum.

"Can you imagine what that was like? We're sitting in this classroom and suddenly told we're going to be going to a marae – with very little preparation," says Kidd. "And it was very much Pākehā nurses trying to teach Māori things to a mostly Pākehā group – and yeah, the backlash was intense."

Kidd did get lucky in being taught by the late Irihapeti Ramsden, a pioneer in kawa whakaruruhau (https://www.moh.govt.nz/notebook/nbbooks.nsf/0/707224BC1D4953C14C2565D700190AD9/$file/kawa-whakaruruhau.pdf) when doing her post-graduate studies at Otago Polytechnic.

Irihapeti Ramsden

As well as culturally safe pedagogies (teaching methods) and keeping tauira safe, kawa whakaruruhau is about fostering nursing practice that respects and responds to whānau Māori, says Kidd.

Ramsden herself died in 2003 from breast cancer at just 57.

'Baked in' racism

With so much work put in over the years, by so many, to create a safer health system for Māori, Kidd is deeply frustrated so little appears to have changed in Māori experiences and outcomes.

"I don't see cultural safety in nursing practice. I see pockets of it but on the whole, the institutions that we work in are so incredibly powerful and racism is so baked into it that mostly we're busy and we just go with the flow – and going with the flow is racism."

> **'Allyship these days doesn't look like the tearing your hair out crying stuff. Allyship is more like being staunch.'**

Asked if she had a message for today's nursing tauira, eloquent Kidd is momentarily lost for words. Then she says the most powerful thing they can do is maintain their Māori support structures — and demand better.

"I would say more than anything to them — don't apologise for being Māori. Don't apologise for needing something different than what the system is providing for you."

And, she feels sorrow at the slow pace of change. "I'm just really, really sorry that we haven't been able to make that much difference."

"That's the worst of it — you do this work thinking 'surely. . . someone will listen'. But there's still the excuses — we don't have the resources, we can't build our Māori workforce because we don't have enough Māori nurses, we can't teach them in a culturally safe way because there aren't enough Māori lecturers.

"How do we get Māori lecturers? We introduce a culturally safe space so they will stay."

Non-Māori 'allies'

In an academic hui "of mostly white women" recently, Kidd was arguing for cultural safety across the health system. "Somebody said 'oh we haven't got the resources'. I said 'let's have a look at where the resources are sitting'."

> **'I have time. I have at least a couple of years, maybe a little bit longer.'**

It can't be all on Māori shoulders. Tauiwi — non-Māori — nurses and leaders need to be allies, they need to be doing health equity, decolonisation, anti-racism and cultural safety "every day", says Kidd.

"Allyship these days doesn't look like the tearing your hair out crying stuff. Allyship is more like being staunch. Being able to ask people to explain their assumptions so that they can be unpacked. Being really clear about where you stand in your own privilege."

'No way out'

After successful surgery on her primary tumour, Kidd had tested clear for any remaining cancerous cells. So, it was a shock when a precautionary follow-up scan a few months later found the cancer was not only back, but had spread to her lungs.

"I have a terminal diagnosis. There is no way out. But it's not immediate – I have time. I have at least a couple of years, maybe a little bit longer."

Kidd with Te Whatu Ora Waikato's cultural advisor Hemi Curtis (left) and Waikato University public health professor Ross Lawrenson, working with the community on early detection of lung cancer.

Her work on anti-racism and Māori cancer equity continues and is "really meaningful" as her focus now turns to legacy-building.

She and AUT associate professor Heather Came are collaborating on a project to eliminate racism and inequities in the health sector called: 'Re-imagining anti-racism theory (https://www.aut.ac.nz/news/stories/aut-success-with-marsden-funding)'. For this, Kidd has been asking Māori participants what a non-racist health service might look like — but responses so far suggest the entire health system is based on a racist concept.

"The health sector chops you into mental, physical and sometimes behavioural – never spiritual and never whānau – and then you have to choose which bit of you is unwell in order to go see somebody who doesn't care about the rest of you."

Other projects include Hā Ora (https://jps.library.utoronto.ca/index.php/ijih/article/view/33106), Māori-led research into earlier diagnosis of lung cancer, and Oranga Tū (https://www.nzdoctor.co.nz/document/view/oranga_t_wh_nau_report_final.pdf), a project on community support for tāne with prostate cancer and their whānau, (which led to a "gorgeous' TVNZ documentary (https://www.maoritelevision.com/docos/oranga-t%C5%AB)).

> **'If you embrace the whānau, then your workload goes down, because you're not fighting, you're not pushing your way uphill.'**

Kidd also supports several "amazing" Māori post-graduate nursing students at AUT. "Just by standing there, I create space for Māori students — I do a lot of fiddling in the background to try and create safe spaces, and advocate for them."

'Whānau are the treatment'

Kidd has a message for non-Māori nurses too — be kind, welcome whānau into the patient space and "pay attention to the kids!"

Māori often avoid seeking care, as they fear they and their whānau will not be welcomed in a culturally safe way.

"We need to break that cycle. And the way you break that cycle is be kind to the kids who are coming into visit and show them that hospital doesn't have to be a cold, horrible, nasty place."

Don't treat whānau like a nuisance — "for Māori, whānau are the treatment", says Kidd.

"If you embrace the whānau, then your workload goes down, because you're not fighting, you're not pushing your way uphill. You're working with the group of people who are most invested in making things work."

Kaitiaki
NURSING NEW ZEALAND

LETTERS, COLLEGES & SECTIONS

Abstracts wanted for stomal therapy nurses' 2024 conference

BY NZNO COLLEGE OF STOMAL THERAPY NURSES

July 28, 2023

Conference Link: CSTN Conference 2024 (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_stomal_therapy_nursing/conferences_events)

Conference theme "Innovation"

Ellerslie Events Centre, Feb 29 – March 1, 2024

Please join us at our 2024 conference:

WHERE:	**Ellerslie Racecourse, Auckland**
WHEN:	**February 29th and March 1st, 2024**
KEY NOTE SPEAKER:	**Dave Letele – AKA Butter Bean –** remarkable motivational inspiring speaker
COST:	**Early bird –** $200 prior to 18th Dec 2023 **Full price –** $220 after 19th Dec 2023

Keep an eye out for email updates over the coming weeks.

Up-to-date information can be found on the NZNO College of Stomal Therapy Nurses (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_stomal_therapy_nursing) website

Calling for abstracts for peer presentations

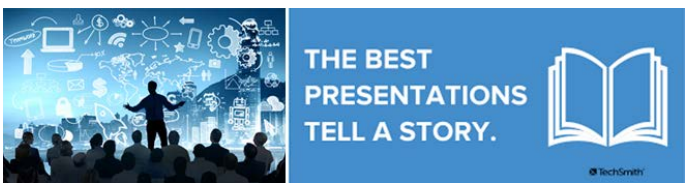
The NZNO college of stomal therapy nursing (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_stomal_therapy_nursing) (CSTN) committee would like to invite NZNO members to submit an abstract for consideration for the "peer presentation" section of our conference. With delegate participation, we are sure to have successful conference. Share your knowledge, tell your story to show off the innovative work you are doing. This is also a great opportunity to add to your portfolio!

All presentations will automatically go into a sponsored competition for the best presentation — (sponsorships and prizes to-be-arranged)

TOPIC:	Anything stoma, fistula management, experiential, task, knowledge and/or skills related, where you have used your innovation and/or your expertise.
TIME:	15-minute presentation, 5 minute question time.
PROCESS:	Submit abstract 100-200 words via email to the editors of our journal The Outlet, outlining your topic, content and a snapshot about your role. Preeti.charan@waitematadhb.govt.nz or Marie.buchanan@waitematadhb.govt.nz.

NZNO's CSTN committee members will review ALL abstracts. Outcome of submissions will be advised end of October 2023.

Submissions close 30 September 2023



Kaitiaki
NURSING NEW ZEALAND

NEWS

Boost to student placements 'amazing' – but do we have enough teachers?

BY CATE MACINTOSH

July 5, 2023

A commitment to boost nursing student numbers by 10 per cent has been welcomed as 'positive news' for the nursing sector, but concerns remain over how the additional recruits will be supported to get through their training.

The boost in placements will start with 130 extra places next semester, and a further 700 from 2024, Minister of Health Ayesha Verrall said in a statement (https://www.beehive.govt.nz/release/government-place-830-additional-nursing-students) on Sunday.

"In this year's July and August intake we're making it possible for 130 additional students to commence their nursing studies nationwide."

The clinical placements announcement was the first action from a national health workforce plan (https://www.tewhatuora.govt.nz/publications/health-workforce-plan-202324/), launched by the minister on Tuesday, to address a "confronting" deficit in health care staff. The current deficit of nurses is estimated to be around 4800 nurses.

Nursing student numbers would be lifted by 10 per cent as a result of the announcement, from around 7400 per year, to 8230 from 2024, the minister said.

Minister of Health Ayesha Verrall said she was delighted to announce a boost in student nurse places.

"This initiative responds to the New Zealand Nurses Organisation's (NZNO) Maranga Mai! (https://maranga-mai.nzno.org.nz/) campaign which calls for more people training to be nurses," Verrall said.

NZNO professional services manager Mairi Lucas said the minister's announcement of additional nursing student placements was "amazing", but concerns remained about the capacity of training infrastructure to support the additional students.

"Growing our own is what we've been pushing for as part of Maranga Mai! but we've got to have the infrastructure in place to do that."

Lucas said the ability of nurses to provide preceptorship for students, while managing their own busy workloads, had been compromised by the severe staffing shortage.

"Nurses are busy being nurses and to be preceptors on top of that is really difficult for them, it puts a lot of pressure on them.

"We're seeing a lot of problems come through, because [students] haven't had the basics, a lot of the basic clinical tasks and knowledge are not there, and it's not their fault."

Another concern was around the provision of nursing tuition, Lucas said.

"We know that nursing lecturers are leaving the profession because the pay rates are now much lower than those for nurses on the floor."

NZNO professional services manager Mairi Lucas.

Financial support for students would also be needed, if the high attrition rates of student nurses was to drop, Lucas said.

A report from June 2021 commissioned by district health boards found 29 percent of nursing students enrolled between 2010 and 2017 dropped out.

Kate Reid, University of Canterbury nursing lecturer and advisory committee chair for the Te Pūkenga nursing programme at Ara, in Christchurch, said the announcement appeared to be a "knee jerk" reaction from the Government.

Reid said Ara, which offers the largest undergraduate nursing programme in the South Island, will be accepting a third intake of nursing enrolments from next semester, but she had not been assured clinical placement agreements were in place.

" . . . there's been no discussions with the district health boards (DHBs) around can they cope with the additional placements, because the answer is no, they can't."

University of Canterbury nursing lecturer and advisory committee chair for the Te Pūkenga nursing programme at Ara, Kate Reid.

Reid has asked for more information from Ara management about what resources will be available to support the increased student numbers, including additional teaching staff, but hadn't had a response.

"They can't just up the numbers. They've got two intakes at the moment . . . to be told they have to take another one . . . they have no resourcing for that.

"It's just a directive. It's a knee-jerk reaction."

Te Pūkenga academic centre and learning systems deputy chief executive Dr Megan Gibbons said the education provider was consulted by Te Whatu Ora prior to the Minister of Health's announcement about how many additional nursing student enrolements could be accommodated.

However, Gibbons could not confirm if Te Pūkenga nursing programmes have agreements in place with health providers for additional clinical placements.

"We are working alongside Te Whatu Ora and Te Aka Whai Ora on how best to implement these additional places," she said.

Despite the issues that still needed to be addressed, Lucas praised the minister for taking action to invest in the nursing workforce.

"This is the first positive piece of news we've had for a long time and she's making a difference."

Verrall said the boost to training places was a significant investment "and an important step towards creating more opportunities for New Zealanders to become a nurse".

"It's something I am absolutely delighted to support."

Kaitiaki
NURSING NEW ZEALAND

LETTERS

Candidates for Nursing Council election

BY WARWICK LAMPP

July 11, 2023

Nominations for three nurse members to be elected to the Nursing Council of New Zealand (NCNZ) board closed at 5pm, Friday, June 30, 2023.

Twenty nine nominations were received for the three positions available. The candidates are:

Anneke BARKWITH
Kim CAMERON
Tamah CLAPHAM
Ruth CRAWFORD
Jane FERREIRA
Ingrid FOSS
Rebecca GRANT
Jax GRIGSBY
Marion GUY
Carmel HAGGERTY
Hineroa HAKIAHA
Emma HEDGECOCK
Jijo JOHN
Jolanda LEMÓW
Miriam MANGA
Kathleen McCRORY
Sandra McDONALD
Chris McKENNA
Kimberley McLELLAN
Leaha NORTH
Jocelyn PEACH
Emmanuel (Manu) PELAYO
Suzette POOLE
Sam POWELL
Jackie RICHARDSON
Henrietta SUSHAMES
Kathryn WADSWORTH
Coral WIAPO
Shelaine ZAMBAS

As there were more nominations received than positions available, an election will be required. Any nurse on the register of the NCNZ with a current annual practising certificate and a New Zealand residential address as at 5pm,

Friday, June 30, 2023, is eligible to vote.

Nurses with a valid email address recorded with NCNZ will be emailed their voting details on Monday, July 24, 2023. Nurses who do not have an email address recorded with NCNZ will be posted a voting credentials letter on Monday, July 24, 2023, which will take between three to five days to be delivered.

Voting will close at 5pm, Friday, September 1, 2023.

Warwick Lampp
Deputy returning officer – Nursing Council of NZ
0800 666 045, iro@electionz.com

Kaitiaki
NURSING NEW ZEALAND

PRACTICE

Ideas on culturally safe consultations

CPD 1.5 hours

BY HE AKO HIRINGA

July 26, 2023

The path to culturally safe practice is full of opportunity; however it can be hard to incorporate new ways of working (and thinking) in such busy times.

In this webinar, GP writer and medical educator Lucy O'Hagan leads a discussion on professional communication and the importance of critical reflective practice. Expert panellists consider how racial biases and assumptions impact the consultation and may influence the appropriateness of medicine prescribing and, most importantly, whether the patient feels that the medicine(s) prescribed are acceptable.

Panellists:

- **Lucy O'Hagan (chair)** — What consultation skills might we need to be pro-equity, culturally safe practitioners?
- **Bronwen Chesterfield** — Understanding cultural safety and racism in Aotearoa: The fundamentals
- **Kyle Eggleton** — Challenging our prescribing bias
- **Sarah Sciascia** — He aha te kai a te rangatira? He kōrero. What is the food of the leader? It is knowledge. It is communication. Understanding whakawhanaungatanga as an essential clinical skill in medicine

This video is a recording of the live webinar hosted by He Ako Hiringa on March 6, 2023. It is suitable for all health professionals. Watching this webinar entitles the viewer to 90 minutes of CPD.

Resource links:

- Ao Mai Te Rā: The Anti-racism Kaupapa (https://www.health.govt.nz/our-work/populations/maori-health/ao-mai-te-ra-anti-racism-kaupapa)
- Cultural Safety Training Plan for Vocational Medicine in Aotearoa (https://www.cmc.org.nz/media/4xmpx1dz/cultural-safety-training-plan-for-vocational-medicine-in-aotearoa.pdf)
- Decolonisation and the stories in the land (Moana Jackson) (https://e-tangata.co.nz/comment-and-analysis/moana-jackson-decolonisation-and-the-stories-in-the-land/)
- Hui process (https://static1.squarespace.com/static/5aaf7e29f407b4ae73902398/t/5e50d9cf169a2139bb5d15f3/1582356958396/Lacey2011TheHuiProcess.pdf)
- I love my culture but it's not the answer to Māori health inequities (Elana Curtis) (https://e-tangata.co.nz/comment-and-analysis/i-love-my-culture-but-its-not-the-answer-to-maori-health-inequities/)
- Medical Council statement on cultural safety (https://www.mcnz.org.nz/our-

standards/current-standards/cultural-safety/)

- Meihana model (https://www.researchgate.net/publication/241393435_Meihana_Model_A_Clinical_Assessment_Framework)
- Racism and white defensiveness in Aotearoa: a Pākehā perspective (Max Harris) (https://e-tangata.co.nz/comment-and-analysis/racism-and-white-defensiveness-in-aotearoa-a-pakeha-perspective/)
- The cost of doing nothing (Papaarangi Reid) (https://e-tangata.co.nz/comment-and-analysis/papaarangi-reid-the-cost-of-doing-nothing/)

Ideas on culturally safe consultations

PRESENTERS:

Lucy O'Hagan (chair)

Lucy is a GP writer and medical educator. She has worked in a diverse range of practices from rural Central Otago to Porirua. She is a regular columnist for *New Zealand Doctor* magazine and is currently writing a book called 'Doctor, patient, story', and recording a series of reflections written during the pandemic called 'Waiting for Covid'.

At the Royal New Zealand College of General Practitioners (RNZCGP), Lucy's roles include creating communication skills resources and professional development for GP teachers. As such she is interested in how we incorporate cultural safety and the idea of a pro-equity practitioner into our consultations. She believes our current tauiwi

consultation models need developing, to incorporate Māori models, an understanding of unconscious bias and equity, as well as an analysis of trust and power.

Bronwen Chesterfield

Bronwen Chesterfield is a public health physician originally from Cymru/Wales and worked in the National Health Service before emigrating to Aotearoa in 2006. She spent seven years working in hospitals and was formerly an advanced registrar in anaesthesia before starting public health medicine training.

Bronwen works for the Health Quality and Safety Commission and sits within Ahuahu Kaunuku/the Māori Directorate as the only non-Māori kaimahi. Bronwen also works for Te Whatu Ora, chairing the working group developing a quality and safety framework for the National Immunisation Programme. She has provided training on cultural safety, racism and equity for the New Zealand College of Public Health Medicine (NZCPHM), the RNZCGP and the Medical Council of New Zealand (MCNZ).

Kyle Eggleton

Dr Kyle Eggleton is the associate dean (rural) in the Faculty of Medical and Health Sciences at the University of Auckland. He is also the year 6 general practice course coordinator and a rural GP working part time in the Hokianga on the west coast of Northland.

Kyle's early childhood was spent in a small village in the Hokianga. After graduating from medical school, he returned to Northland to work as a rural GP. Early in his career he saw how many of his patients had poor health outcomes. The reasons for this were due to the structure of the health system, racism and the impact of colonisation. He started working for a Māori health provider and became interested in how Māori-led and community-designed projects could improve health.

He has experience in community-led research focusing on addressing health inequity.

Sarah Sciascia

Sarah is mum to her sons, Uenuku and Kahukuranui, and wife to Makere Te Whanawhana. She is director of Hauora2U, specialising in health practitioner cultural safety education and community health literacy promotion. Sarah is a Fellow of the RNZCGP and contributes to the general practice education training programme as medical educator and PRIMEX clinical examiner.

Her purpose in medicine is to pursue equitable health outcomes for iwi Māori, as promised by te Tiriti, and her every endeavour ensures another step forward in this journey.

Options for recording your CPD activities and hours include:
♦ the Nursing Council's MyNC "continuing competence tab"
♦ the council's "professional development activities template" (you can download a PDF from this page)
♦ the app "Ascribe" which can be found on Google Play or the App Store.

Kaitiaki
NURSING NEW ZEALAND

FEATURES

It’s cool to kōrero – July

BY KATHY STODART

July 31, 2023

Ko Rakaia tōku awa. — Rakaia is my river.

The Ruamāhanga is Wairarapa's largest river, with its headwaters in the Tararua Ranges. It flows through farmland and Wairarapa's townships before emptying into Lake Ōnoke and from there into Palliser Bay. Among the stories local iwi Rangitāne tell, is that of the Māori princess Te Aitu-o-te-Rangi, who was taken to Kapiti Island as a slave wife by Te Rauparaha after he invaded the Wairarapa. She fell in love with John Jury, a young man from a visiting whaling ship, and the pair fled across Cook Strait to Palliser Bay and up the Ruamāhanga River to safety in her ancestral homelands. Photo: iStock.

it's cool to
kōrero

Haere mai — welcome to the July kōrero column. Māori have traditionally regarded awa (rivers) as the veins of the earth goddess Papatūānuku. They are an intrinsic part of the vitality and lifeforce of the land. Identification with a particular river helps link a Māori person to their ancestral heritage.

Mingled in with their cultural and spiritual importance, awa were extraordinarily useful in the day-to-day life of traditional Māori. Settlements were often built at the mouth of a river.

Awa were a source of fresh water and kai, and an important means of travel — it was much easier to paddle a waka up or down a river than make an arduous journey on foot through rough country.

Kupu hou (new word)

- **Awa** (river) — *pronounced "ah-wah"*
- **Ko Rakaia tōku awa.** — Rakaia is my river.

More words related to awa:

- **he awa whiria** — braided river
- **pūao** — river mouth
- **tūhana** — river-crossing pole
- **muriwai** — backwater or lagoon/junction of streams
- **roto** — lake
- **takere** — river channel, river bed, seabed
- **pūkaki** — stream/creek
- **whiti** — to cross over
- **arawhiti** — bridge

The Rakaia is one of the largest of the braided rivers that cross Canterbury from Te Tiritiri-o-te-moana (the Southern Alps) to Te Moana-nui-ā-Kiwa (the Pacific Ocean). Braided rivers — te awa whiria — feature a number of ever-changing channels in a wide gravel bed. The Rakaia was historically an important travel route for Ngāi Tahu, to reach important kai sources in the maunga foothills. Photo: iStock

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

Sources

1. www.waiwetlands.org.nz/ruamahanga-river (http://www.waiwetlands.org.nz/ruamahanga-river)
2. maoridictionary.co.nz (http://maoridictionary.co.nz)
3. https://rangitaneeducation.com/te-aitu-o-te-rangi/ (https://rangitaneeducation.com/te-aitu-o-te-rangi/)
4. https://ngaitahu.iwi.nz/our_stories/ancient-paths/ (https://ngaitahu.iwi.nz/our_stories/ancient-paths/)

Kaitiaki
NURSING NEW ZEALAND

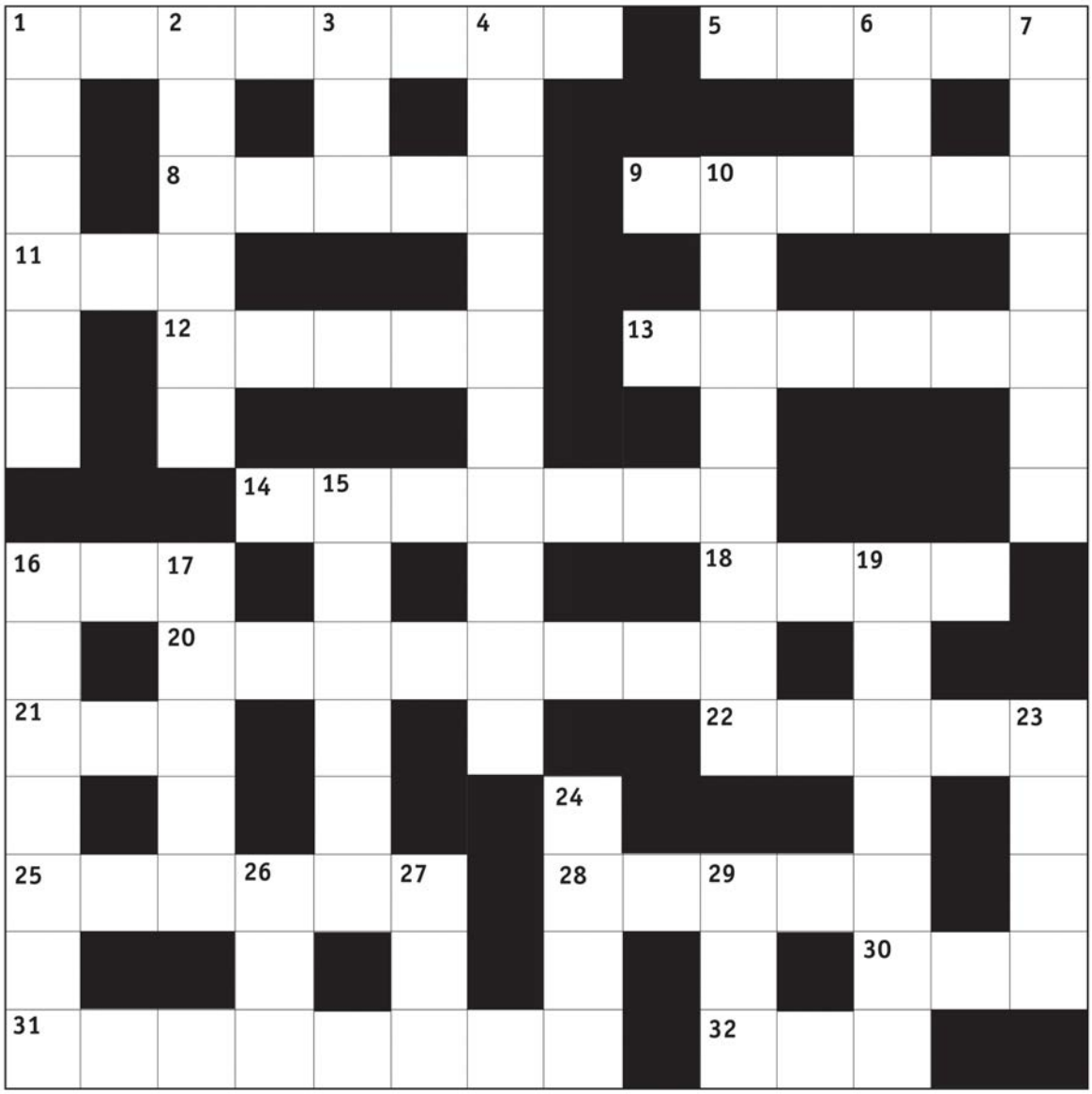
PUZZLES

JULY 2023 crossword

BY KATHY STODART

July 18, 2023

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



ACROSS

1) Temporary organ of pregnancy.
5) Inexpensive.
8) Vindictive.
9) Casual restaurant.
11) Tell untruth.
12) Juicy stone fruit.
13) Vital for tasting and speaking.
14) Correct practice (Māori).
16) Pull vehicle.
18) Ballet dress.
20) Hunger.
21) At the back of a boat.
22) Child's name for father.
25) Speech, discussion (Māori).
28) Dribble.
30) Large deer.
31) Loss of mental skills.
32) Automobile.

DOWN

1) It cushions the head.
2) Agree to.
3) Largest Australian bird.
4) Nursing over the phone.
6) Ingest.
7) Look after.
10) Separated from others.
15) Weaken/damage.
16) Followed/hunted.
17) H_2O.
19) Small child.
23) Sunny egg centre.
24) A thought.
26) Living optical device.
27) What you are when you are bowled (cricket).
29) Foot soldier of Mordor.

June answers

ACROSS: 1. Ward. 4. Tamariki. 8. Eve. 10. Ivories. 12. Negative. 14. Excel. 15. Complain. 18. Papaya. 22. Triage. 24. Taxi. 25. Sigh. 27. Eager. 29. Tūī. 30. Orange. 31. Popular.

DOWN: 2. Asbestos. 3. Decay. 5. Adieu. 6. Anorexia. 7. Icicle. 9. Exit. 11. Sew. 13. Wit. 16. Perth. 17. Fatigue. 19. Pathway. 20. Upset. 21. Visa. 23. Error. 26. Grip. 28. Gel.

Kaitiaki
NURSING NEW ZEALAND

PRACTICE

Managing patients' antibiotic expectations

CPD 0.5 hours

BY LAUREN SMITH

July 17, 2023

Tackling inappropriate use of antibiotics is vital to preserving the effectiveness of these important drugs. In this country, for example, amoxicillin + clavulanic acid remains the second most-used antibiotic, despite very limited indications for its use.

Inappropriate use of antibiotics may stem partly from meeting patient expectations for treatment. The following case study highlights how both prescribers and non-prescribers can help to ensure antibiotics are used appropriately.

Billy does not have any features of a bacterial infection – his sore throat will be due to his cold. Photo: Adobe Stock

CASE STUDY

Billy has a cold

Five-year-old Billy is a Pākehā boy, who lives with his parents and eight-year-old brother on a small lifestyle block in Canterbury. Billy's mum is concerned because he has a five-day history of sneezing, runny nose, nasal congestion and sore throat. For the past three days he's had a cough, which was initially dry but is now productive with yellowish sputum.

Billy's mum has administered several COVID-19 rapid antigen tests, which have all returned negative results. Billy's family received free COVID-19 and influenza vaccinations two months ago.

Billy's family is going camping for a week and his mum tells you she thinks Billy should start on antibiotics "just in case" he has an infection that could worsen while they are away.

Billy has erythema of the posterior pharynx with enlarged tonsils but no exudates. The tympanic membranes are mildly erythematous bilaterally, with no evidence of fluid or retraction. There is no palpable swelling of the lymph nodes in his neck, and lung auscultation reveals only a few scattered expiratory wheezes bilaterally. He does not have a fever.

> **There are no signs suggestive of bacterial infection at this time, so you are of the opinion he does not require antibiotics.**

Billy's signs and symptoms show strong evidence of a viral respiratory tract infection. There are no signs suggestive of bacterial infection at this time, so you are of the opinion he does not require antibiotics.

Mum expects antibiotics

How do you explain to Billy's mum that antibiotics are not needed, given her expectation for them?

Reassure Billy's mum that he has a cold that is caused by a virus, and that viral cold infections get better of their own accord, usually within a week.

Billy does not have any features of a bacterial infection – his sore throat will be due to his cold. Explain that antibiotics are not effective against viruses and will not reduce the time taken for Billy to get better. However, Billy may benefit from some rest and symptom relief such as:1, 2

- warm honey and/or lemon drinks
- ice blocks or cool drinks
- paracetamol or ibuprofen (these should be dosed by weight)
- gargling with a warm saline solution (1 tsp salt in 250ml water) if Billy is capable of gargling
- throat sprays, if appropriate for Billy.

Medicated throat lozenges may not be appropriate for a child of Billy's age because of choking risk.

Together with Billy's mum, devise a clear plan of action. Provide a printout of advice and red-flag information, such as that from Healthify He Puna Waiora (https://healthify.nz/health-a-z/s/sore-throat-children) (previously Health Navigator) or KidsHealth (http://kidshealth.org.nz/my-child-sick). Let her know that these patient handouts include the Healthline number (0800 611 116), which is a 24-hour, seven-days-a-week service providing free health advice. See also He Ako Hiringa's virus action plans (https://www.akohiringa.co.nz/virus-action-plans).

Stress that the development of red-flag symptoms is highly unlikely, but if any were to occur, she should take Billy to the nearest hospital. Red flags for children with viral respiratory tract infections include:1, 2

- drooling/dribbling – indicates difficulty in swallowing saliva
- difficulty breathing – struggling or grunting when trying to breathe
- bluish lips or tongue

How can decision-making be shared?

Given that the decision-making process should be shared by clinician and patient, how can we manage patient objections to, or concerns about a recommendation they receive no medicine, when they think one is required?

Shared decision-making involves aligning the goals of patient and health-care provider, acknowledging that each has a degree of expertise: the provider with medical evidence and clinical experience, and the patient with what is important to them and the treatment and outcomes they will accept.

Complete agreement between provider and patient may not occur, but their expertise combines to evaluate available options, resulting in an informed final decision.5

- stiff neck
- extreme drowsiness or confusion.

Additionally, Billy's mum should seek out a health-care provider for review if Billy:[1, 2]

- develops a very high temperature
- is unable to drink much or has a dry mouth, difficulty swallowing or reduced urine output
- develops severe pain at the back of his throat
- breaks out in a rash
- has increased snoring episodes or stops breathing occasionally while asleep
- has a cough lasting more than four weeks
- has no improvement in symptoms after 48 hours.

What about strep throat?

If Billy's mum is still not convinced that antibiotics are not needed, and asks if it could be strep throat, explain to her that her son has features of a cold, such as a runny nose and a productive cough, features that are unusual in strep throat.

Additionally, antibiotics would be used only if he was at high risk of developing rheumatic fever which is a rare complication of a strep throat bacterial infection.

However, Billy's risk of rheumatic fever is very low.[3] Similarly, Billy doesn't require a throat swab as he is at low risk of rheumatic fever and not significantly unwell.[3, 4]

Explain that it is important to use antibiotics only when needed, to avoid possibly experiencing adverse effects such as diarrhoea, and to limit the development of antibiotic resistance and safeguard their usefulness.

Māori, Pacific children more at risk

Billy is of European ethnicity; how would his management change if he were of Māori or Pacific ethnicity? What other history would be important?

Māori or Pacific children are at increased risk of developing rheumatic fever, relative to children of other ethnicities. Risk criteria for rheumatic fever include:[3]

- personal, family or household history of rheumatic fever or two or more of:
  - Māori or Pacific ethnicity
  - aged 3-35 years (with emphasis on children and adolescents)
  - living in poor or crowded living conditions.

If Billy were of Māori or Pacific ethnicity, he would have two of the high-risk criteria (age and ethnicity). Early treatment of his sore throat would be needed, as antibiotics can stop the development of rheumatic fever following infections caused by *Group A Streptococcus* (GAS).

Billy's throat should be swabbed to check for GAS and he would need a prescription for 10 days of empiric penicillin or amoxicillin. If the swab is positive for GAS, Billy should be isolated at home for 24 hours after starting the antibiotics, which should be continued for the 10 days. If the swab is negative, the antibiotics can be stopped.[3]

Overestimating benefits of antibiotics and underestimating their risks can be a common theme among both providers and patients. If the patient is interested, discuss with them the benefits and risks of antibiotics for the condition they are presenting with.[5]

Inform them that resolution of a viral infection will not be any quicker with antibiotic than with symptomatic and supportive treatment, and unwanted side effects (such as nausea, diarrhoea, thrush and rash) are more likely to occur.

Ask about goals and expectations from antibiotic use. When do they expect to feel better? What would be the impact on them of nausea and diarrhoea caused by an antibiotic?

Seek out decision aids to help inform the patient, and provide these in printed or electronic form.

Finally, health-care providers may presuppose the patient wants an antibiotic prescription when the patient just desires a clear plan of action.[5] If the patient is willing, work together on a specific plan, including non-pharmacological measures to relieve symptoms, and detailed criteria for when the patient should return to their provider to seek further advice.

It would be important to know if anyone else in the household or family is sick. Strep throat is spread through coughing and sneezing, and sharing cups and utensils. The incubation period is between two days and one week.

If someone in the family has strep throat, often others in the household are also infected, so recommend all symptomatic household members have their throats swabbed, especially if they are children or adolescents.[3]

Māori or Pacific children are at increased risk of developing rheumatic fever, relative to children of other ethnicities.

If Billy were of Māori or Pacific ethnicity, he would have two of the high-risk criteria — age and ethnicity — for rheumatic fever. Photo: Adobe Stock

Notes about amoxicillin + clavulanic acid

Non-prescribers can access He Ako Hiringa's online EPiC dashboard (https://epic.akohiringa.co.nz/antibiotics) to explore national dispensing data. Prescribers, including pharmacist and nurse prescribers, can use the EPiC dashboard to freely access their own prescribing data. They can compare their data with practice data and national data.

Amoxicillin + clavulanic acid use is high

The addition of clavulanic acid to amoxicillin extends the antibiotic amoxicillin's spectrum of activity, adding cover against anaerobic and gram-negative bacteria. In primary care, amoxicillin + clavulanic acid is recommended first-line for only a small number of clinical indications.[6] Generally, these are:

- human and animal bites
- diabetic foot ulcer
- mastitis in males and non-lactating females.

Given these few first-line indications, low levels of amoxicillin + clavulanic acid dispensing in the community would be expected. However, data from the EPiC Antibiotics dashboard clearly show high use of amoxicillin + clavulanic acid in Aotearoa. In fact, this drug combination remains the second most-used antibiotic after amoxicillin.[7]

There is a seasonal shift in prescribing

The EPiC dashboard also shows a seasonal shift in antibiotic prescribing, indicating they are likely being used inappropriately, and possibly for viral illnesses, over the winter months.[7]

Amoxicillin + clavulanic acid should not be used to treat community-acquired pneumonia; this condition is most commonly a result of gram-positive bacteria. Treatment guidelines suggest community-acquired pneumonia can usually be sufficiently treated with amoxicillin alone.[6]

Including indications on prescriptions may reduce use

Before prescribers provide a script for amoxicillin + clavulanic acid, they should be considering whether this extended cover is required for the infection they are treating.

One of the World Antimicrobial Awareness Week recommendations, from a World Health Organization initiative, is for prescribers to add a meaningful indication to a prescription for antibiotics, ie to state what specific condition the antibiotic is treating. This prompts the prescriber to reflect on their choice of antibiotic and facilitates communication between health-care providers and patients.[8]

Infectious diarrhoea is more likely

Nearly all antibiotics can increase susceptibility to colonisation and overgrowth of toxin-secreting bacteria *Clostridioides difficile* (previously called *Clostridium difficile*) — which causes infectious diarrohoea — but amoxicillin + clavulanic acid along with cephalosporins, fluoroquinolones and clindamycin increase risk to the greatest extent.[9]

Using the EPiC dashboard for CPD

Reading this article and completing the reflection activities mentioned below can earn 0.5 hours CPD.

The EPiC dashboard has an antibiotics theme (http://epic.akohiringa.co.nz/antibiotics) which includes three data stories:

1. *Amoxicillin + clavulanic acid,*
2. *Urinary tract infection*
3. *Topical antibiotics.*

Each of these has a set of reflection activities that are suitable for completing as part of your continuing professional development. Clicking on the EPiC Reflect button helps you, as an individual or as part of your team, to think about your current practice.

For example:

1. *How does dispensing of antibiotics to different demographic groups compare nationally?*
2. *How do national dispensing data compare to the recommendations for urinary tract infection antibiotic choice and length of course?*
3. *Does the EPiC dashboard show a winter seasonality shift in amoxicillin + clavulanic acid prescribing in your practice?*

Lauren Smith is a senior practice fellow at the School of Pharmacy at the University of Otago and a member of the New Zealand Antimicrobial Stewardship and Infection Pharmacist Expert Group (NAMSIPEG).

This article was reviewed by Dr Jim Vause, an emeritus GP; and Dr Noni Richards (BPharm, PhD), a senior consultant at Matui Ltd, developers of the EPiC dashboard.

This article has been reproduced with permission from He Ako Hiringa (https://www.akohiringa.co.nz/).

References

1. Healthify He Puna Waiora. *Patient resources: Sore throat in children.* (https://healthify.nz/health-a-z/s/sore-throat-children) (updated Aug 3, 2022); Cough in children (https://healthify.nz/health-a-z/c/cough-in-children) (updated Nov 24, 2022); A cold or the flu? Or COVID-19? (https://healthify.nz/health-a-z/c/cold-the-flu-or-covid-19) (updated Nov 24, 2022).
2. KidsHealth. Patient resources: Sore throat in detail. (https://www.kidshealth.org.nz/sore-throat-detail) (reviewed Mar 5, 2021); Cough in children (https://www.kidshealth.org.nz/cough-children) (reviewed February 14, 2022).
3. Heart Foundation. (2019). *New Zealand guidelines for rheumatic fever: Group A streptococcal sore throat management guideline: 2019 update.*
4. HealthPathways Community: Auckland Region. (https://aucklandregion.communityhealthpathways.org/) (2023). *Sore throat*. (log on required).
5. Ko, L., Ha, R., Leung, V., & Langford, B. J. (2020). Shared decision making and antibiotic stewardship: Will pharmacists rise to the challenge? (https://doi.org/10.1177/1715163519885981) *Canadian Pharmacists Journal,* 153(1), 12-14.
6. BPACnz. (2023). Antibiotics: Choices for common infections. (https://bpac.org.nz/antibiotics/bpacnz-antibiotics-guide.pdf)
7. He Ako Hiringa. (n.d.) EPiC: Antibiotics. (https://epic.akohiringa.co.nz/antibiotics)
8. Pharmaceutical Society of New Zealand. (n.d.). Antimicrobial Indication Initiative (http://www.psnz.org.nz/practicesupport/antimicrobial/indication).
9. Mullish, B. H., & Williams, H. R. T. (2018). *Clostridium difficile* infection and antibiotic-associated diarrhoea. (https://doi.org/10.7861/clinmedicine.18-3-237)*Clinical Medicine Journal,* 18(3), 237-41.

Kaitiaki
NURSING NEW ZEALAND

LETTERS

New Zealand Faith Community Nurse Association closes

BY CHARLES TYRRELL

July 4, 2023

The New Zealand Faith Community Nurse Association (NZFCNA) has served many communities throughout New Zealand since a pilot at Nelson Cathedral over two decades ago begun by Elaine Tyrrell. This form of nursing practice combines practical nursing with the Christian ministry of health care.

Changing circumstances have seen a drop in numbers of faith community nurses, and as a result, the membership agreed to the dissolution of the association at a special general meeting on June 10 this year.

Our sister organisation, the Australian Faith Community Nurse Association (https://afcna.org.au/), is available to support and share professional resources with New Zealand nurses. Also, Nurses Christian Fellowship NZ (https://www.ncfnz.org.nz/) has offered a platform to maintain fellowship and education as well as a means of holding NZFCNA archives.

We are hopeful that the vision which began our specialised service may be picked up again as we believe the Church to be a movement of healing and hope.

For further information, please contact Elaine Tyrrell of the NZFCNA at etyrrell@xtra.co.nz or Mark Jones of the Nurses Christian Fellowship of NZ at mark.jones@ncfnz.org.nz

Very Rev Charles Tyrrell
chair, NZFCNA board

Kaitiaki
NURSING NEW ZEALAND

NEWS

Nurses welcome 'critical' $128 million funding boost for tertiary education

BY MARY LONGMORE

July 18, 2023

Nurse educators are welcoming a $128-million funding boost for tertiary education, saying it is is "critical" to maintaining a highly skilled nursing workforce and improving patient outcomes.

Photo: AdobeStock

Minister of Education Jan Tinetti recently announced an extra $128 million over two years (https://www.beehive.govt.nz/release/government-provides-significant-extra-support-universities-and-other-degree-providers) for courses at degree level in the face of falling tertiary enrolments and fears of mass staff cuts at some universities.

She said it would "help maintain the quality and breadth of higher education offerings and research capacity in our tertiary institutions". This was "vital for our students, our tertiary workforce, our broader research system, and for economic and social wellbeing in New Zealand".

Jan Tinetti

Welcoming the news, Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO nursing research section (NRS) chair Kerri-Ann Hughes said it was crucial for patients that nurses were supported to underpin their training and practice with research.

"Supporting nurses with research and evidence-based practice courses, both professionally and clinically, is critical in nursing education — and fundamental to achieving effective patient health outcomes", Hughes told *Kaitiaki Nursing New Zealand*.

'Advanced education creates clear pathways for nurses to gain knowledge and skill and be valued for their significant contribution to health outcomes in Aotearoa.'

It was also important for registered nurses (RNs) working in education, as well as clinical settings, to draw on evidence-based research to mentor and teach student nurses, said Hughes, a senior nursing lecturer at Massey University.

Kerri-Ann Hughes

NRS member Ebony Komene (Ngāpuhi, Ngāti Pikiao, Ngāti Whakaue, Tapuika) said tertiary education was "one part" of the picture to enable Māori and Pacific nurses to deliver "innovative models of care that are responsive to the needs of whānau and their communities".

A culturally, as well as clinically, competent health workforce was critical to achieving more equitable health outcomes, said Komene, a teaching fellow at the University of Auckland's school of nursing.

Ebony Komene

She hoped the tertiary funding would support clinical, leadership, and research skills "as part of building and strengthening the capacity and capability of our Māori and Pacific nursing workforce".

The College of Nurses Aotearoa also welcomed the tertiary funding, which would contribute to a "strong and sustainable" nursing workforce, executive director Kate Weston said.

Amid a nursing "crisis", preserving the supply was critical, she said.

Ongoing tertiary education supported nurses to become advanced practice nurses, nurse practitioners (NPs) or researchers — all of which improved patient outcomes, as well as supporting new graduates and students with expert mentoring and preceptorship.

Advanced practice nurses worked with patients with chronic long-term conditions such as diabetes, cancer, heart and respiratory — "all areas of high disease burden where considerable inequity exists, especially for Māori and Pasifika people", Weston said.

NPs were able to complete a wide range of clinical assessments and diagnoses and develop treatment plans, including for acute or long-term conditions.

"Advanced education creates clear pathways for nurses to gain knowledge and skill and be valued for their significant contribution to health outcomes in Aotearoa," Weston said.

The funding was "timely", Weston said, as New Zealand marks 50 years since nursing moved out of hospitals and into tertiary education.

It also comes as at least three universities — Victoria, Massey and Otago — are considering staffing cuts in the face of falling enrolments, including to health and nursing staff.

Tinetti said the latest funding would go to all degree-providers as many were facing declining enrolments, not just those which have signalled cuts.

Victoria University school of nursing and midwifery is facing the potential loss of a quarter — 26 per cent — of its academic nursing and midwifery staff, staff have told *Kaitiaki*. Massey University has also signalled potential job losses of 300-400. Tertiary Education Union (TEU) organiser Ben Schmidt said at this stage Massey had asked for "voluntary enhanced cessation" — voluntary redundancy — of 15 to 20 positions from its school of health which included nursing.

Kate Weston

The Government has also this month promised a 10 per cent boost to nursing student numbers, with an extra 130 places next semester and a further 700 from 2024. The move is part of a national health workforce plan (https://www.tewhatuora.govt.nz/publications/health-workforce-plan-202324/) announced by Minister of Health Ayesha Verrall to address a "confronting" shortage of an estimated-8000 health-care staff, including 4800 nurses.

Kaitiaki
NURSING NEW ZEALAND

NEWS

Nurses' vote 'overwhelmingly' to accept pay equity offer

BY MARY LONGMORE

July 31, 2023

After more than a year of litigation, more than 30,000 nurses, health-care assistants (HCAs) and other kaimahi hauora today voted "overwhelmingly" to accept Te Whatu Ora's pay equity offer.

NZNO members on strike in June 2021

Under the settlement, nurses will receive a lump sum payment of up to $15,000 (in addition to $10,000 already paid) and a 4.5 per cent increase on the equity rates proposed in 2021 for most nurses, health-care assistants, midwives and kaiāwhina, and a 6.5 per cent increase for senior nurses. These would apply from March 7, 2022, onwards.

Details of the settlement can be found here. (https://nzno.cmail20.com/t/r-i-tthluia-l-n/) A separate vote on Te Whatu Ora's revised collective agreement offer opens tomorrow, August 1, when voting details would be sent to members. A decision on the offer — and a planned August 9 strike — was expected by August 7.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO chief executive Paul Goulter said the result was a historic milestone for nursing and a "long overdue step towards addressing significant gender-based inequality nurses, midwives, health-

care assistants and kaimahi hauora face in their work every day".

'Just a beginning'

However, settling the pay equity claim was "just a beginning" — pay parity for all nurses was next, he said.

"NZNO will not rest until these new rates addressing gender inequality are extended to every nurse, everywhere in Aotearoa New Zealand."

All nurses needed to be paid the same according to their qualifications and experience, no matter where they worked, Goulter said.

Paul Goulter with NZNO member Lisa Blackmore earlier this year

It would mean nurses could work "where they believe they can best contribute, rather than where they can earn enough to pay the bills". It would also help end the discriminatory wages and conditions faced by Māori and iwi, Pasifika, rural and other disadvantaged health service providers, Goulter said.

"We look forward to working with Te Whatu Ora to address other forms of gender-based discrimination nurses face."

The settlement covers members of NZNO and the Public Service Association (PSA), as well as some non-union members.

The result also had two important implications, Goulter said.

Firstly, that the salary scales in the Te Whatu Ora collective agreement offer (https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Health%20Sectors/DHB%20MECA/2023-07-18_HNZ_offer.pdf?ver=BUGj6ULiB7i1qiA-lFVk6w%3d%3d) would be those set out under new pay equity rates (in appendix one).

Secondly, all nursing pay equity litigation before the Employment Relations Authority and Employment Court would cease.

The pay equity and back pay claims have been embroiled in litigation since early 2022. However, the battle stretches back to 2017 when both unions, NZNO and PSA, lodged a pay equity claim under the Equal Pay Act (1972). That came hard on the heels of a historic equal pay settlement by E Tū union for 55,000 care and support workers fronted by Kristine Bartlett.

Ending gender-based pay discrimination

Minister of Health Ayesha Verrall said today's result meant more than 30,000 Te Whatu Ora-employed nurses would receive a pay rise and one-off lump sum payment to address historic pay equity issues.

"This Government values nurses, and ending gender-based pay discrimination is a crucial part of our work in this area," Verrall said in a statement.

Higher pay would also improve the retention of nurses and address workforce shortages, she said.

"We're also committed to improving pay rates for our nurses to help address decades of under-payment, and to remove the undervaluation of work performed by women."

Already, there had been a 60 per cent increase in nurses — another 8000 — registering in 2022 compared to the previous year, she said.

Further details about the pay equity claim can be found here. (https://nzno.cmail20.com/t/r-i-tthluia-l-p/)

- *Kaitiaki will be reporting more fully on these issues after the Te Whatu Ora collective offer member ballot closes next week.*

Ayesha Verrall


Hey Aussie!
HOW YOU DOIN'?
Fair Conditions Or we Fly.
Recognise our value
FAIR PAY

Kaitiaki
NURSING NEW ZEALAND

NEWS

Nursing schools fight 'significant' proposed staff cuts

BY MARY LONGMORE

July 20, 2023

Proposed cuts to more than a quarter of Te Herenga Waka, Victoria University of Wellington (VUW)'s school of nursing and midwifery staff have been paused after a $128 million Government tertiary education rescue package.

Victoria University director of nursing and midwifery Kathy Holloway

Five of the nursing and midwifery school's 20 or so academic staff were to be axed as part of campus-wide cutbacks in the face of a $33 million deficit (https://www.stuff.co.nz/national/education/132121025/up-to-260-jobs-may-go-at-victoria-university-to-address-massive-deficit).

However, VUW school of nursing and midwifery director Kathy Holloway said a "pause" was now in place after VUW was allocated an extra $12 million over the next two years from the Government's $128 million cash boost for degree-level providers struggling with falling enrolments.

> **'My personal goal is to make sure that nobody leaves, because we need them – the country needs us.'**

"What that did, was give the university some space to take a slightly different approach," Holloway told *Kaitiaki Nursing New Zealand.*

Now, staff across the university were being invited to take voluntary redundancy in the hope it would stave off forced cuts. That would finish at the end of the month, she said.

"My personal goal is to make sure that nobody leaves, because we need them – the country needs us to have sufficient academic staff. Not only for pre-registration nursing, but for advanced practice roles," Holloway said.

Impact 'significant'

About 600 people enrolled for post-graduate nursing study at VUW in 2022, while its two-year nursing qualification for any graduate also saw strong growth, she said.

The impact of such extensive staff cuts would be significant — not just on the school, but on the nursing workforce and patients — "the people we are here to serve. As nurses and midwives, that's our reason".

> **'We won't have anybody coming out the other end – no nurse faculty means no nursing graduates.'**

Nursing academics had devoted "many years" to clinical work and study. "To be an academic nurse, I've calculated takes about 10 years and costs the Government around $75,000," Holloway said.

"It's a resource that is hard to grow. So strategically as a country we can't afford to lose any of them."

And without such educators, at a time of critical nursing shortages, "we won't have anybody coming out the other end — no nurse faculty means no nursing graduates".

More, not less, advanced practice nurses needed.

The just-released 2023/24 health workforce plan noted the need to improve pathways to specialist nursing roles such as nurse prescribers and practitioners (NPs).

"That's what our health system needs. Because of access for vulnerable populations, we need all of those team members to be able to work to the full extent of their education training – so we need to be able to provide them with the education and training they need."

Massey University is also undergoing a staffing review. Tertiary Education Union (TEU) organiser Ben Schmidt said at this stage Massey had asked for "voluntary enhanced cessation" — voluntary redundancy — of 15 to 20 positions from its school of health which included nursing.

> **'It's a resource that is hard to grow. So strategically as a country we can't afford to lose any of**

them.'

Massey nursing professor Jenny Carryer said the situation was not yet clear but she hoped the nursing faculty would be spared.

Jenny Carryer

"Clearly as we look to receive a vital increase in student numbers it is to be hoped that capacity for faculty will build rather than shrink," she said.

A University of Otago spokesperson said there were no plans to disestablish roles at its department of nursing. The university was currently going through a voluntary redundancy process.

Proposed cuts to 400 jobs at Te Pūkenga did not affect teaching staff at this stage, a TEU spokesperson said.

Holloway said it was "deeply ironic" that nursing academics were facing cuts in 2023, the year New Zealand marks 50 years of nursing education moving from hospitals into the tertiary sector.

A decision will be made on staff cuts by VUW at the end of July.

Photo: AdobeStock

The workforce plan identified that New Zealand needed another 4800 nurses. It aims to slow nursing student dropout rates from 30 to 20 per cent with better financial support, through hardship grants, scholarships and earn-as-you-

learn opportunities. It also would better support clinical placements, including with kaupapa Māori and Pacific providers, from 2024.

Kaitiaki
NURSING NEW ZEALAND

NEWS

Scale of nursing deficit 'confronting', says minister as workforce plan announced

BY CATE MACINTOSH

July 5, 2023

A long awaited national health workforce plan includes a target to reduce attrition rates of student nurses from 30 to 20 per cent, and provide more support to the existing workforce.

Provision of nutritious food for nightshift staff and psychological support following adverse events, are among a wide range of measures to retain and grow the health workforce, announced yesterday.

Speaking to media about the national health workforce plan (https://www.tewhatuora.govt.nz/publications/health-workforce-plan-202324/) to fill 8000 missing health-care staff vacancies, Minister of Health Ayesha Verrall said some of the gaps were "confronting".

Minister of Health Ayesha Verrall announced a national health workforce plan on Tuesday.

Of about 8000 health-care workers who are missing from the system right now, 4800 of those are nurses.

The report said if no action were taken, the deficit in nursing staff would be 8000 by 2032.

Verrall said it was important the existing workforce was properly supported, but they also needed to know that progress was being made.

" . . . we've grown the number of nurses by a thousand in the last 18 months, our international recruitment is actually quite strong, we're making progress, and we have a plan to address the long-term challenges."

She said the current staffing shortages had been "decades in the making" and she wasn't surprised by the sobering data in the report.

" . . . and we've heard from our health workforce they are under pressure, so no, I'm not surprised."

NZNO manager of nursing and professional services Mairi Lucas welcomed the plan, but said it should have been produced at least 20 years earlier.

"Significant mahi has been done by NZNO delegates, members and officials to highlight the dire situation nurses have struggled with for too long, so the plan – which includes many of the focus areas of NZNO's Maranga Mai! strategy – is certainly welcome."

NZNO manager of nursing and professional services Mairi Lucas said the national health workforce plan

The workforce plan was aiming to increase growth in the recruitment of internationally qualified nurses (IQNs) in the next two years, while putting in measures to boost and retain the domestically trained workforce in the longer term.

needed to be implemented with urgency.

Under pressure nurses needed support, Minister of Health Ayesha Verrall said.

Maintaining the current rates of recruitment of IQNs would be "difficult" and would "likely require growing incentives over time to continue to attract sufficient nurses".

A reduction in high student-nurse attrition rates from 30 to 20 per cent was a key target, to increase New Zealand trained nurses. This alone would result in an additional 345 nursing graduates per year, according to the report.

Reducing attrition rates among student nurses would require increased "academic and cultural support" for students, in addition to financial support.

> **'To still be facing an understaffed, inaccessible and frankly dangerous health system in 2032 is the last thing anybody wants to see.'**

The plan aimed to increase provision of scholarships, hardship grants and earn-as-you-learn programmes, however it did not include specific targets for these in the long or short-term.

Student clinical placements would be increased and, better supported, from 2024. The plan would:

- grow placements with kaupapa Māori and Pacific providers and other primary health care services;
- develop a consistent, national approach to funding placements;
- improve coordination to make better use of available placement settings;
- ensure cultural safety on placement, and exposure to diverse training experiences.

Verrall's announcement of a major increase in clinical placements on Sunday – an additional 830 from 2024 – was the first measure to be announced as part of a shorter-term funded plan, for the year from July 1, 2023.

The national health workforce plan includes initiatives to grow and retain Māori and Pacific health staff.

The minister said the workforce plan had been co-designed by Te Whatu Ora and Te Aka Whai Ora and a core aim was to increase the Māori and Pacific health workforces, which were significantly disproportionate to those populations.

Over the next year, supports for Māori and Pacific health students would be expanded, including access to hardship assistance, provision of tailored programmes for high school students to enter tertiary and rongoā Māori pathways, and rolling out piloted earn-as-you-learn opportunities for kaiāwhina working in the community.

Lucas said NZNO welcomed the planned actions to grow pathways into health for Māori and Pasifika.

" . . . we agree that we cannot fix staffing shortages or reduce the health burden without more Māori and Pasifika nurses providing culturally appropriate care."

Lucas said it was good to see a commitment to supporting the existing health workforce through settling outstanding pay issues, collaborative pay negotiations and helping staff stay safe at work.

A key test for Te Whatu Ora in delivering on the plan would be their response to an NZNO claim for staffing ratios, guaranteeing enough staff to meet patient demand at all times, Lucas said.

"For health and safety reasons, we need to be confident that the plan takes those future ratios into account."

Lucas said the implementation of the plan was critical in ensuring "a health system that can provide safe, quality care to ensure the wellbeing of us all".

"To still be facing an understaffed, inaccessible and frankly dangerous health system in 2032 is the last thing anybody wants to see."

A national health workforce plan must include staffing ratios to meet health and safety standards, NZNO manager of nursing and professional services Mairi Lucas said.

Kaitiaki
NURSING NEW ZEALAND

NEWS, MARANGA MAI!

Te Whatu Ora members prepare to strike as call goes out for 4000 more nurses

BY CO-EDITORS

July 27, 2023

Te Whatu Ora nurses, midwives, kaiāwhina and health-care assistants are preparing to strike next month, as NZNO calls for thousands more nurses to fill the gaps.

NZNO members Denise Lemis-Lavea, Alana Krishna, Rebecca Millsteed and Kim Dittmer back the call for more nurses..

Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO's #thenurseweneed (https://maranga-mai.nzno.org.nz/thenurseweneed) campaign is asking the public to show support to nurses and the upcoming strike by sharing social media posts, tagging nurses and their whānau — and creating a cut-out nurse to share on social media. Posters, cutouts and social media tiles can be found here (https://maranga-mai.nzno.org.nz/thenurseweneed).

The new campaign is part of NZNO's Maranga Mai! (https://maranga-mai.nzno.org.nz/) strategy for a well staffed, fairly paid and equitable health system demands 4000 more nurses "recruited, trained and on the job", including Māori and Pasifika.

It comes as nurses, midwives, health-care assistants and kaiāwhina around the country prepare to take 24-hour strike action from 7am on August 9, after 10 months' collective NZNO-Te Whatu Ora bargaining.

There are “significant differences” between the parties around pay, safe staffing and health and safety, NZNO chief executive Paul Goulter has said.

- *Kaitiaki will be reporting more fully on the strike, Te Whatu Ora-NZNO collective negotiations and related issues such as the pay equity and back pay offers after member ballots have closed.*

(https://maranga-mai.nzno.org.nz/thenurseweneed)