

NEWS

'Disappointed' primary health nurses pin hopes on pay equity claim

BY MARY LONGMORE

August 31, 2023

NZNO is preparing to "urgently" lodge a pay equity claim for primary health care (PHC) members, who narrowly voted to accept a pay deal after two years of bargaining and a strike.



Primary health nurses on strike October 2022 in Wellington.

"The work is underway and it's urgent and it's being prioritised," said NZNO industrial services manager Glenda Alexander, who is already in discussions with employers about next steps in lodging the claim.

Alexander said NZNO hoped it could be lodged before the October 14 general election, so it would be in the legal system and "less likely" at risk from any post-election legislative changes.

PHC nurses have told *Kaitiaki* they are disappointed with a pay deal that lags 14 to 16 per cent behind Te Whatu Ora members, and cost

TOO LITTLE TOO LATE FOR SOME

After six years in primary health care, former PHC senior nurse Natalie Hughes quit a month ago over the inferior pay and GP and nurse staffing shortage.

"We've been fighting so long, so I gave up. I now work at the hospital!"

them “thousands” in back pay — but were too tired to fight on after two years of bargaining.

“It’s absolutely not enough – I just feel like it’s really unfair, it’s so different to what the hospital nurses are getting on top of their back pay,” said a Nelson PHC nurse, who asked not to be named.

About 3500 NZNO nurses, kaiāwhina, midwives and health-care assistants (HCAs) from 560 general practices, urgent clinics and after-hours voted August 23 to accept an offer from employers in the PHC multi-employer collective agreement (MECA).



Gael Bonnington

‘We’d like to see some equalisation between us and other nurses – nurses are nurses.’

The new [2023/24 PHC MECA](https://maranga-mai.nzno.org.nz/phc_meca) (https://maranga-mai.nzno.org.nz/phc_meca) –which includes health-care assistants (HCAs) for the first time — gives pay lifts ranging from 14 to 22 per cent to nurses, midwives and administrators/receptionists. New steps have been added to the RN, EN and administrator pay scales and HCAs have a new four-step pay scale.

It includes a lump sum in lieu of of back pay, determined by their role and hours, ranging from \$50 to \$200 for each month worked since the 2021 MECA expired two years ago, up to \$4800. It also widens merit payments to include nurses who go above and beyond caring for patients with long-term conditions and tackling Māori health inequities.

However, it still leaves them 14 to 16 per cent behind Te Whatu Ora rates, after those members accepted a [new collective agreement earlier this month](#).

Several nurses said they felt under pressure to accept it, with their previous MECA due to expire in two weeks, otherwise be faced with individual contracts.

“I don’t know any nurse I’ve talked to who’s said, ‘I’m really stoked with the terms of settlement so I’m going to vote yes’. I’ve heard of people voting ‘no’ and ‘I’m too scared to not have a MECA so I’m just going to vote yes’,” Kāpiti practice nurse Hannah McMurchie told *Kaitiaki*.

Another Kāpiti practice nurse, Gael Bonnington, said she appreciated the newly expanded pay scale steps for practice nurses and midwives, but believed PHC members deserved the same as their Te Whatu Ora colleagues.

“We’d like to see some equalisation between us and other nurses — nurses are nurses — that’s what I hear from my colleagues.”

In the past six years, her hospital peers had received back pays and lump sums that PHC nurses never did, leaving her “substantially financially worse off” than hospital nurses.



Many senior and experienced nurses were leaving PHC, she said. “I was one of the few seniors left and I didn’t want that pressure.”

While she would have liked to have stayed in PHC, she couldn’t afford it — financially or emotionally — and says the offer hasn’t made her want to return. “I’m much better off. PHC is so under the pump, under pressure and the workload is so intense.”

OLD AND NEW PHC RATES

RN pay scale	2021/22	2023/24	%
RN7	–	\$43.42	20%
RN6	\$36.02	\$42.15	17%
RN5	\$34.96	\$40.94	17%
RN4	\$31.74	\$36.83	16%
RN3	\$29.84	\$34.87	16%
RN2	\$27.56	\$32.82	19%
RN1	\$26.14	\$30.31	15%



Hannah McMurchie

But most nurses she talked to were very disappointed over the levels of back pay, which Bonnington described as “abysmal” compared to Te Whatu Ora.

McMurchie agreed, saying nurses were “fairly” happy with the reasonable hike in pay rates, but had been hoping for more than \$20,000 in back pay if the new rates had applied for the past two years, rather than \$4800. “So that’s ground a lot of people’s gears — people were really disappointed in that.”

‘We’ve been fighting so long, so I gave up. I now work at the hospital!’

NZNO college of PHC nurses chair Tracey Morgan said there were feelings of anger and frustration among PHC nurses.

“It’s not even about the money — this is about the people and the care, and we just don’t have the resources, and it’s so unfair,” she said. “We’re tired — it’s too little too late, it’s a drop in the bucket.”

One South Island nurse said her after-hours clinic had lost 17 nurses in the past couple of months, with senior nurses in particular leaving the sector for better paid roles.



Tracey Morgan

Alexander said while making a pay equity claim was “not instantaneous”, much ground work had already been laid in the four years leading to the successful [Te Whatu Ora pay equity settlement](#) in July.

“We hope we can truncate the process, as we have already settled a nurses’ pay equity claim,” Alexander said. The PHC claim would “most likely” use similar pay comparators in male-dominated professions, but with about 560 PHC employers, the process would be different, she said.

In April, an NZNO survey identified a 14 to 20 per cent pay gap for practice nurses. Minister of Health Ayesha Verrall shortly afterwards offered an [eight per cent pay rise](#) for kaiāwhina, practice and community nurses to help shrink the gap. This will now become part of the new PHC MECA rates.

NZNO chief executive Paul Goulter, president Anne Daniels and kaiwhakahaere Kerri Nuku raised the pay gap problem

Coordinator	2021/22	2023/24	%
Hourly rate	\$38.25	\$44.58	16%

EN pay scale	2021/22	2023/24	%
EN4	-	\$32.47	22%
EN3	\$26.32	\$31.42	19%
EN2	\$24.66	\$29.14	18%
EN1	\$23.26	\$27.84	19%

Admin pay scale	2021/22	2023/24	%
Step 4	\$23.68	\$24.84	~5%
Step 3	\$22.98	\$24.11	~5%
Step 2	\$21.92	\$23.50	~5%
Step 1	\$20.52	\$22.75	~5%

HCA pay scale	2021/22	2023/24
HCA 4	-	\$27.21
HCA 3	-	\$26.72
HCA 2	-	\$25.05
HCA 1	-	\$23.58



with Verrall directly at a recent meeting, Goulter said.

Nelson PHC nurses on strike, last October.



Kerri Nuku.

“We pointed out that the approach of begging governments to close the pay gap just didn’t work and we needed a sustainable funding mechanism that prevented the gap occurring in the first place.”

Verrall acknowledged the problem, and wanted to work on it with NZNO — but that would depend on the election outcome, Goulter said.

Meanwhile, he urged members to also [raise the issue directly with their MPs](#), from across political parties.

The PHC MECA covers around 3500 NZNO members including: RNs, practice nurses, midwives, enrolled nurses, medical receptionists and administrators. The new collective agreement expires on June 30, 2024.

About 600 employers — mainly medical centres, general practices and urgent care/ after-hours clinics — are represented at the bargaining table by three primary health organisations: GenPro (General Practice Owners Association), Primary Care Business Council and Green Cross Health.



Anne Daniels

Summary of 2023/24 PHC MECA:

- Coverage of HCAs for the first time with a four-step scale.
 - Terms from 23 August 2023 to 30 June 2024.
 - Backdated to July 1, which will be paid out in the next few weeks.
 - New minimum hourly rates for RNs/practice nurses/midwives, ENs and HCAs at 95 per cent of the interim nursing pay equity rates.
 - A new coordinator/lead nurse/nurse team leader rate of \$44.58.
 - A new step 7 for RNs/practice nurses/midwives.
 - A new step 4 for ENs.
 - A new four-step HCA salary scale.
 - Increases to medical reception/administration scale.
 - Wider availability of merit payments for RN/practice nurse/midwife/coordinator/lead nurse/nurse team leaders who provide high level care, particularly for patients with long-term conditions and which address Māori health outcomes and inequities.
 - Explicit access to merit payments for nurse prescribers.
 - Increased professional development allowance from \$1.20/hour to \$1.35/hour.
 - A lump sum in lieu of backdating (see criteria on pages 4-7 of the PHC MECA [terms of settlement](https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Primary%20Healthcare%20Nurses/bargaining/PHC_MECA_Terms_of_settlement_2023.pdf?ver=wiHQk0PFKB0wh2xPIsS8fQ%3D%3D)).
(https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Primary%20Healthcare%20Nurses/bargaining/PHC_MECA_Terms_of_settlement_2023.pdf?ver=wiHQk0PFKB0wh2xPIsS8fQ%3D%3D)
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NEWS

‘Do you live or do you try and finish this degree?’ – Taurira share the personal toll of trying to become a nurse

BY MARY LONGMORE

August 23, 2023

A third of nursing students are reconsidering their career choice, because the job seems too stressful, an NZNO student survey has found.



NZNO student members at their recent hui.

“Being a nurse in New Zealand at the moment seems really hard – there’s a massive shortage and the working conditions just seem less than ideal,” NZNO’s national student unit (NSU) member Elliott Pepper told *Kaitiaki*.

‘It’s actually the love we have for our people . . . which has pushed us to become nurses, to change that health care system, for the better of our future babies and moko.’

Yet many persevere because they want to make a difference to their families and communities, Tairāwhiti student Ariana Thompson-Kihirini said.

“It’s actually the love we have for our people and we look back at all the bad stuff we saw with our own families to do with the health-care system which has pushed us to become nurses, to change that health-care system, for the better of our future babies and moko.”



Ariana Thompson-Kihirini

either having to move back in with their parents, or sleep on people’s couches,” she said.

‘If I didn’t have the support I have, I would have given up ages ago.’

“You have to prioritise – what is the most important? Do you live or do you try and finish this degree? And most people choose to live.”

Clarke said she had only made it this far thanks to whānau but there were others who weren’t able to keep going.

“If I didn’t have the support I have, I would have given up ages ago. And even with the support I have, as amazing as it is, I was still wanting to quit every week, because it gets too much.”

About 30 per cent of nursing students drop out, with slightly higher rates for Māori and Pasifika — an overall attrition rate the Government wants to [drop to 20 per cent](#).

Tāmaki Makaurau student Hinemareikura Ngatai said help with parking and petrol vouchers on placement would make a big difference at a time of high cost-of-living and fuel prices.

Thompson-Kihirini said some nurses had even warned them to “get out now”.

“They’re almost telling us not to do nursing because of the amount of pressure they’re under.”

COVID and the Te Pūkenga merger had also contributed to student stress, Pepper said.

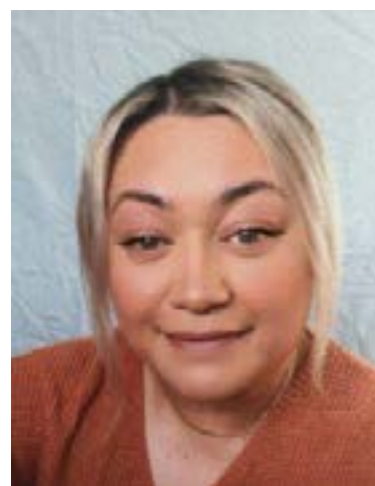
NZNO’s 10th national student survey, which takes place every two years, drew a record number of responses, with more than 1400 students participating — the highest ever, said NSU co-leader Rebecca Dunn.

Students reported the biggest stress was financial — especially while doing their clinical experience, with more than 80 per cent of participants saying they needed more support on placements.

Some students were driving five hours a day for their placements, or paying double rent for their duration if they chose instead to move, Dunn said. “That’s not sustainable, especially if you have whānau.”

Outgoing NSU co-leader Anna Clarke (Te Aupōuri, Te Rarawa and the Tongan village of Vaini) said the biggest challenge was the nine-week third-year placements during which students don’t have time to work — but receive no payment or stipend.

“So for some of those ladies in my class, if they don’t work they don’t have anywhere to live. So lots of them were



Anna Clarke



Rebecca Dunn

With classes mostly online until this year, due to COVID, students were not always familiar enough with the required assessments, he said.

The Te Pūkenga merger — which began merging the country's 16 polytechs into a single organisation in 2020 — had led to uncertainty as nursing lecturers quit. This resulted in staff shortages, last-minute lecture cancellations and delays of "several months" in marking assessments at some schools, Pepper said.

Racism

Racism — at times, from fellow students, preceptors and patients — and lack of cultural competency was also identified as a problem, ranging from anger over use of te reo Māori to non-Māori teachers who did not understand te ao Māori when marking papers.

Thompson-Kihirini said more Māori kaiako (teachers) were needed in nursing education. She knew of Māori students getting marked down for things that were actually tika — correct in te ao Māori.

Ngatai knew of taurira who had been asked to change their reo Māori kupu (words) to English in their assessments.

On placements, Thompson-Kihirini had to deal with aggressive patients, and at times staff, complaining about use of te reo Māori on signs "as if it's something I'm responsible for, personally".

"It just puzzles me how people start getting angry about it – 'why are we going to Māori? we've always done English'. Well, actually in the past that was our key language."



Elliott Pepper

Better te Tiriti education was needed within nursing curricula, she said.

"My biggest concern is if they're not educated enough, then they may not treat our people the same as everyone else."

The survey also explored how gender diversity was reflected in nursing curricula, Pepper said.

"For me and my friends, our experiences of the health care system have been pretty shite," he told *Kaitiaki*. Many nurses thought rainbow patients were a "specialty topic", he said. "Actually, as a nurse, you're going to be treating rainbow patients whatever area you are."

It was really important to have those with lived experience involved with designing the curriculum, he said.



Hinemareikura Ngatai

'These discussions are critical to ensuring we are removing barriers to ākonga success and

support the development of the nursing workforce Aotearoa needs'

Challenges 'acknowledged'

The initial survey results — now being compiled into a report — were presented to 60 nursing education leaders last month.



Claire Minton

Massey University senior nursing lecturer Claire Minton said she was aware of the financial pressures as clinical hours increased over the programme's years. Massey tried to place students close to their home and encouraged cost-sharing such as carpooling. Hardship allowances were also available for travel and the school of nursing was working on providing more scholarships in 2024 to support students to complete the BN.

A Māori kaitautoko (cultural support worker) at Massey worked with first-year students to mentor and help access support services.

Te Pūkenga national head of nursing Stephen Neville said he acknowledged the challenges for students at a time when the cost of living was high — particularly with limited opportunities to earn and learn.

In response to the survey, he said Te Pūkenga was putting together a student group to capture their views "to engage in a meaningful way" on issues raised.

Meanwhile, support was available through individual schools' student services to help access loans, hardship funds, budgeting advice and help finding part-time work.

Te Pūkenga was also talking to Te Whatu Ora on ways of supporting learners in the long term, "including by increasing opportunities to earn and learn".

"These discussions are critical to ensuring we are removing barriers to ākonga success and support the development of the nursing workforce Aotearoa needs."

Te Pūkenga was working on more te Tiriti and cultural competence professional development for its kaimahi.

However, Te Pūkenga's launch from next year of the three national nursing qualifications (bachelors of nursing, nursing Māori and nursing Pacific) would also better reflect "under-served" world views and indigenous mātauranga, he said.



Stephen Neville



John Snook

Te Whatu Ora director workforce planning John Snook acknowledged pressure on nursing students, especially during their final nine-week transition-to-practice placement "where financial pressures are likely to be most acute".

However, "at this point in time, paid clinical placements for nurses are not being considered as a separate earn-as-you-learn pathway". They were not allowed under current Nursing Council regulations and had a "significant cost", he said. Te Whatu Ora would not say how much that cost would be.

Student survey – summary of initial findings

- Over 1400 students responded to the two-yearly survey, including enrolled nursing, bachelor of nursing (BN) and BN Māori and BN Pacific students. NZNO has about 3400 student members.
 - Financial concerns were high across all programmes, impacting on physical and mental wellbeing.
 - Clinical experience was identified as a particular financial pressure point, with 84 per cent of students saying some financial compensation was needed on placements.
 - Costs associated with petrol, parking, travel, accommodation and food during clinical placements all contributed to financial hardship, students said.
 - Eighty six per cent of respondents reported feeling either moderately or excessively stressed during their studies. Alongside financial pressures, which included course costs, assessments being due at the same time and deadlines during clinical placements also featured as significant stressors.
 - A need for appropriate cultural support and pastoral care was also reported as important for students to feel safe and understood in both campus and clinical environments.
 - Māori and Pasifika taura reported unique practical and cultural barriers, including travel, whānau obligations and language difficulties.
 - One third of respondents had been impacted by extreme weather events, with flooding, road closures and cancelling of clinical placements.
 - More than 30 per cent reported questioning whether nursing was right for them.
-



NZNO student members at their recent hui where they presented initial survey findings to heads of schools. National Student Unit (NSU) leaders are at front. From left: Anna Clarke (outgoing Te Rūnanga Taura chair/NSU co-leader), Maddy Antony (NSU vice chair), Rebecca Dunn (NSU co-leader) and Stacey Wharewera (Te Rūnanga vice chair).

NEWS

And it's a 'yes' (just) – Te Whatu Ora nurses, members, accept pay proposal in close vote

BY MARY LONGMORE

August 7, 2023

Strike action has been called off as NZNO nurses, health-care assistants, midwives and kaiāwhina voted — closely — to accept Te Whatu Ora's offer, after more than 10 months of collective agreement negotiations.



This week's proposed strike on August 9/10 has been called off and life-preserving service plans cancelled after today's result.

A member of the NZNO bargaining team, Nayda Heays, said the team had mixed feelings at the result — hope for the future, but

The agreement includes:

- A salary increase for all roles covered by the collective of

disappointment that issues like safe staffing weren't "satisfactorily" resolved.

"We're still very hopeful for future negotiations but there is disappointment," she told *Kaitiaki Nursing New Zealand*.



Nayda Heays

The team was very aware many members continued to work in unsafe conditions — and would keep pushing for safely staffed workplaces for all.

"We have to be as inclusive of everyone under the collective agreement as possible, which has been a focus for every team member. We don't ever leave a nurse behind, we're together as one. In the spirit of Maranga Mai!, I think that's where we're at."

\$4000 effective from April 1, 2023.

- An additional flat rate salary increase of \$1000 to all designated senior nurses, nurse practitioners and designated senior midwives.
 - A further salary increase to all steps of all scales of \$2000 or three per cent, whichever is the higher, effective from 1 April 2024.
 - A lump sum payment of \$750 will be made to all NZNO members bound by this settlement at the date of ratification.
 - A further lump sum payment of \$500 to all employees.
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Hawke's Bay delegate Noreen McCallan, also on the bargaining team, said many delegates wanted more gains after so much work. However, members appeared to be taking a "wait and see" approach on promises made by Te Whatu Ora on safer staffing and senior nurses' pay.

'Let's see in a year's time if we're still having stories about people leaving work in tears because the environment is so awful and unsafe – that's when you'll see if there's been any difference.'

"Let's see in a year's time if we're still having stories about people leaving work in tears because the environment is so awful and unsafe – that's when you'll see if there's been any difference," McCallan said.

When negotiations next rolled around in October 2024, she said members would know how serious Te Whatu Ora was on its promises.



Noreen McCallan, with members of the Te Whatu Ora negotiating team, speaks in support of primary health nurses in Wellington earlier this year.

"They said [give us] 12 months – let's see if they really come to the party. The members will have had a year to see if Te Whatu Ora are actually going to treat them with the respect that this proposed terms of settlement suggests they will. And if they don't, well, it'll be all gloves-off next time around."

McCallan said there were definite wins in the collective, such as:

- A new \$24 shift coordinator allowance
- Extra money for senior nurses' professional development
- Staff to patient ratios mentioned "for the first time ever"
- More flexible work options for those nearing retirement
- A professional development pathway for health-care assistants

Nor were there any clawbacks, "so really you have to be positive and say . . . there are some absolute wins in this", she said. "If you're not having clawbacks and you're making small gains, then you're making progress."

NZNO chief executive Paul Goulter said there had been good participation in the ballot — which ran for the past seven days — and the "close" outcome was to accept the [proposed collective agreement](#).

(https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Health%20Sectors/DHB%20MECA/2023-07-18_HNZ_offer.pdf)

However, the tight vote showed many members wanted to keep fighting on key issues like safe staffing and the senior nurses' pay scale Goulter said the offer was "light" on health and safety at work and staff to patient ratios. "It doesn't provide a wage rise that meets the cost of living either."

Work would begin "immediately" to keep pressure on Te Whatu Ora and the Government to show they valued the nursing workforce and were prepared to take action for safer staffing levels, ratios, health and safety and the cost of living.

That work included:



Paul Goulter

- Developing a new designated senior nurse scale.
- Implementing a new safe staffing clause, which requires managers to work with NZNO on agreed minimum staffing numbers. (Details for both these matters can be found in the [terms of settlement](https://assets.nationbuilder.com/nzno/pages/1465/attachments/original/1690774066/TOS_offer_170723_with_MOA_PE.PDF?1690774066) (https://assets.nationbuilder.com/nzno/pages/1465/attachments/original/1690774066/TOS_offer_170723_with_MOA_PE.PDF?1690774066).
- “Going hard” on the [nurse we need](https://marangamai.nzno.org.nz/thenurseweneed) (<https://marangamai.nzno.org.nz/thenurseweneed>) campaign to gain public and political support to end the nursing shortage crisis.
- Early preparation for next year’s negotiations, with the new agreement due to expire October 2024.

‘In it for nurses’

Minister of Health Ayesha Verrall said nurses’ vote to accept the offer was “further positive news”, following last week’s [pay equity deal](#).

“This Government is in it for nurses, and over six years we have delivered pay equity as well as regular increases to this historically underpaid group of predominantly women workers,” Verrall said in a statement.

“This is further positive news for our nurses and midwives following the nursing pay equity settlement announced on 31 July, and the [increase in midwifery pay rates](https://www.tewhatauora.govt.nz/about-us/news-and-updates/pay-equity-milestone-achieved-for-midwives/) (<https://www.tewhatauora.govt.nz/about-us/news-and-updates/pay-equity-milestone-achieved-for-midwives/>) for pay equity announced on 6 July.”

Verrall said the deal meant senior nurses would now earn from \$114,025 to \$162,802 per annum plus penal rates; registered nurses (RNs) \$75,773 to \$106,739 and senior midwives (NZNO members) \$79,261 to \$103,535.

The settlement also included a “further commitment” to safe staffing, she said. The Government was working “at pace” to recruit and train more nurses to fill current nursing shortages — [estimated by Te Whatu Ora recently at 4800](#).

However, Goulter said the minister’s comments failed to make clear that the pay equity settlement was a “one-time correction of an historic wage injustice” — not a result of collective bargaining.

Bargaining fee

NZNO members also voted to introduce a bargaining fee for non-union Te Whatu Ora staff who will benefit from the new collective agreement rates and conditions.

However, those non-union members must now be balloted by Te Whatu Ora — and the combined ballot results would determine whether they pay a fee or not, Goulter said.

Goulter acknowledged the hard work of members, delegates and the bargaining team over the past 10 months representing nearly 35,000 nurses, midwives, HCAs and other kaimahi hauora.

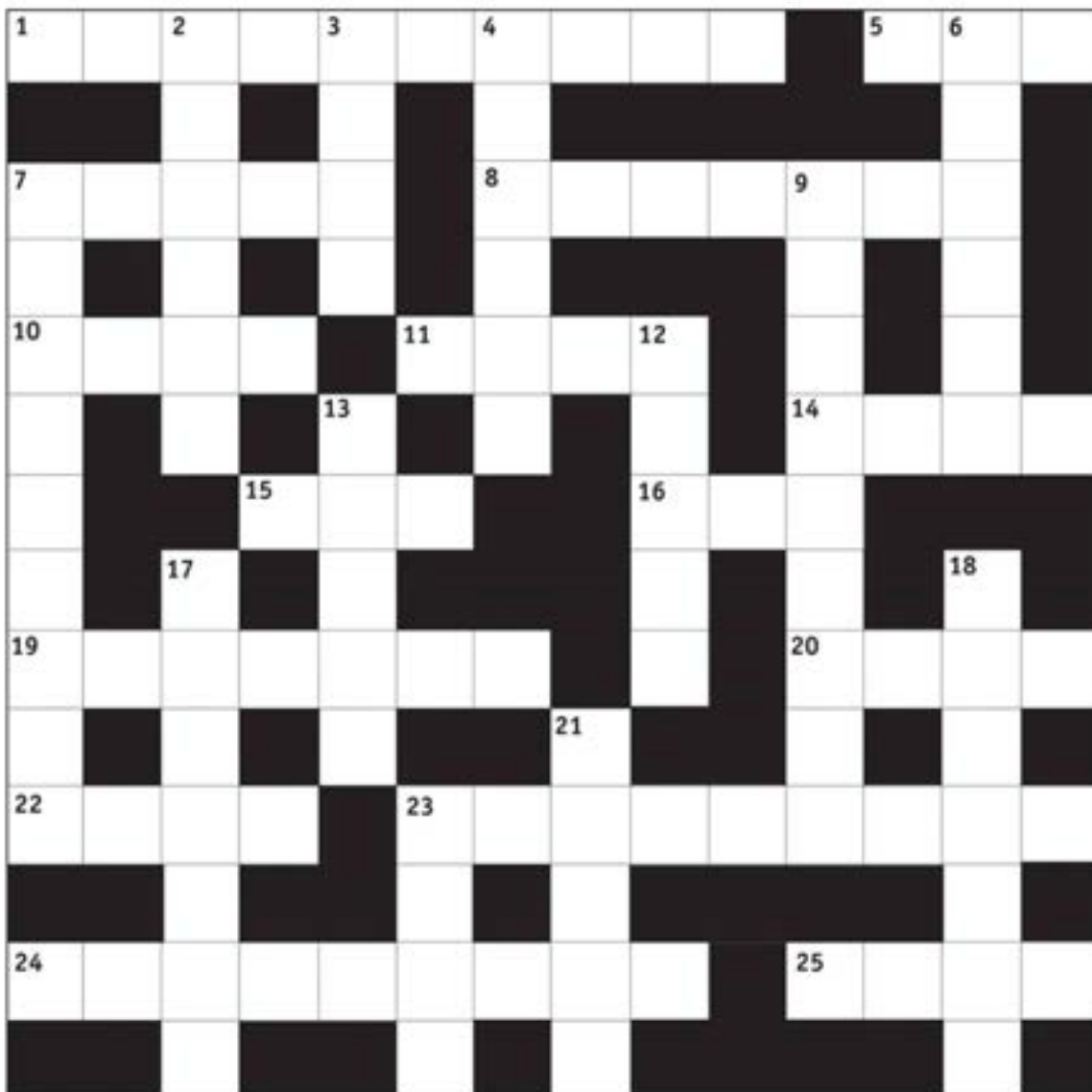
PUZZLES

AUGUST 2023 crossword

BY KATHY STODART

August 17, 2023

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



ACROSS

- 1) Tertiary education venue.
- 5) Consumed.
- 7) Love, compassion (Māori).
- 8) Tropical rainy season.
- 10) You have 10 of them.
- 11) Snail pace.
- 14) Intense anger.
- 15) Introverted.
- 16) River (Māori).
- 19) Keep apart.
- 20) Coloured part of eye.
- 22) Bird's bed.
- 23) Mass health testing.
- 24) Workplace clinical teacher.
- 25) Clenched hand.

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DOWN

- 2) Smoothed clothes.
- 3) Academic test.
- 4) Uncomplicated.
- 6) Adjusting guitar strings.
- 7) Loss of staff.
- 9) Surgery.
- 12) Exhausted.
- 13) Inexpensive.
- 17) He crows at dawn.
- 18) Keyboard player.
- 21) Cupid shoots this.
- 23) Takes small mouthfuls.

July answers

ACROSS: 1. Placenta. 5. Cheap. 8. Cruel. 9. Bistro. 11. Lie. 12. Peach. 13. Tongue. 14. Tikanga. 16. Tow. 18. Tutu. 20. Appetite. 21. Aft. 22. Daddy. 25. Kōrero. 28. Drool. 30. Elk. 31. Dementia. 32. Car.

DOWN: 1. Pillow. 2. Accept. 3. Emu. 4. Telehealth. 6. Eat. 7. Protect. 10. Isolated. 15. Impair. 16. Tracked. 17. Water. 19. Toddler. 23. Yolk. 24. Idea. 26. Eye. 27. Out. 29. Orc.

NEWS

Fast-track door to nursing in Aotearoa opens for Pacific nurses

BY MARY LONGMORE

August 7, 2023

A grandmother of seven is among 40 ākonga (students) who have signed up for a new diploma to support Pacific-trained nurses into the New Zealand workforce.



Class of 2023: The first intake for Whitireia's 18-month graduate diploma in nursing Pacific.

and I thought, 'Wow, this is amazing, this is a significant move,' said Salote Tuivakano, who trained and worked as a community nurse in Fiji for 14 years before moving to Ōtautahi/Christchurch 14 years ago.

Te Pūkenga Whitireia's 18-month graduate [diploma of nursing Pacific](https://www.whitireiaweltec.ac.nz/study-programmes/pacific/pacific-nursing/graduate-diploma-in-nursing-pacific/) (<https://www.whitireiaweltec.ac.nz/study-programmes/pacific/pacific-nursing/graduate-diploma-in-nursing-pacific/>) launched in July in Tamaki Mākaaurau/Auckland, where it is being hosted by Manukau Institute of Technology. It is aimed at Pacific-trained nurses with two years' nursing experience, who now reside in New Zealand — many of whom have been working in the unregulated health workforce for years.

Tuivakano's story is similar to many of her fellow ākonga. Unable to register and practise as a nurse here after the Nursing Council tightened its English language requirements in 2008, she worked as a health-care assistant (HCA) in the community and aged care for the next 14 years. But she is excited to finally have the chance to return to nursing

"I think I'll stay here for good! I'm not planning to go anywhere else, I love New Zealand!"

"I was so moved on the first day – I saw all of us



Lovelyn Gatchalian moved from the Cook Islands, where she worked as an RN, to New

Zealand last year seeking better education opportunities for her son. She worked as an HCA but wanted to return to nursing. "I've been searching and looking for pathway to become an RN over here and I am fortunate enough that I've been given the opportunity to do this course."



Sateleni Kalapu, from Tokelau, worked as an HCA then in a factory for many years before

enrolling in the diploma. "For all the years I have been living here, I was dreaming to become a registered nurse."

Fiji nurse Aashish Lal has worked in older people's mental health in Nelson as a caregiver and diversional therapist for the past 10 years. "I always knew I could do more — it's always been my



Salote Tuivakano

in search of better education for her daughter 11 years ago. But she always wanted to resume her nursing. "This is a great opportunity so I just grabbed it!" she told *Kaitiaki*.



Sureti Navecucu: "This is a great opportunity so I just grabbed it!"

register as a nurse in New Zealand. Hopefully we can have a better life, not only for me — for my family, my kids and my mokos," says Apati, a grandmother of seven.

Head of Pacific nursing Whitireia, Tania Mullane, said the ākongā Pacific — so long locked out of nursing in Aotearoa — would bring a "wealth of professional and cultural experience and knowledge that will significantly contribute to the Pacific populations that reside in Aotearoa".

"Being part of giving these ākongā an option to get New Zealand nurse registration is significant, especially knowing the sacrifices they have

'Standing here I'm so proud to have the opportunity to register as a nurse in New Zealand.'

Sureti Navecucu, also a Fiji-trained nurse, worked as an aged care HCA after coming to Waihōpai/Invercargill

Ane Apati, from the tiny island nation of Tuvalu where she had been an RN for 14 years, worked in a chicken factory when she first arrived in New Zealand seven years ago. But she didn't last and the desire to become a nurse "is really strong for me". She, too, worked as an HCA in aged care before gaining a scholarship and place on the diploma — one of just three Tuvaluans.

"Standing here I'm so proud to have the opportunity to



dream to do more." His dream is return as a nurse to Nelson and work with Indo-Fijians in the community

there. Pathways into nursing, especially for Indo-Fijians who do not qualify for indigenous scholarships, he says are limited. "It's been quite challenging . . . most because we have to start from scratch again, which I personally think is a waste of time and talent."



Ruth Peters has 10 years' nursing experience in Fiji, including neonatal intensive care, and a post-

graduate diploma in midwifery from Fiji. After moving to Kaitiāia in 2015, she worked as an HCA in aged and community care. Keen to get back into nursing, she struggled with the expense and standard of the English test and the only other option was starting again. She said it was "so depressing" that she considered leaving the country, but then found out about the diploma. As an Indo-Fijian nurse, she is not eligible for the indigenous scholarships, but says — while hard — she was managing by staying with a friend. "I'm so happy and thankful to the people involved in creating this programme, so that we can fulfil our dreams and passion," she said.



made to leave their home islands, come to NZ and to be on the programme."

Ane Apati



Tania Mullane

Most of the ākonga — 35 of 40 — had been supported through Te Whatu Ora's [Pacific health workforce scholarships](https://www.tewhatauora.govt.nz/for-the-health-sector/pacific-health/pacific-health-scholarships/) (https://www.tewhatauora.govt.nz/for-the-health-sector/pacific-health/pacific-health-scholarships/) which contribute to fees, uniforms, equipment, travel and stipends for indigenous Pacific islanders, whose communities here endure inequitable health outcomes. Te Whatu Ora was also providing support with clinical placements, Mullane said.

A high portion of the Pacific health workforce in New Zealand is made up of [unregulated workers](https://www.health.govt.nz/system/files/documents/publications/pacific-health-wsf-june-2014.pdf) (https://www.health.govt.nz/system/files/documents/publications/pacific-health-wsf-june-2014.pdf). Less than four per cent of the RN workforce identify as Pacific compared to a fast-growing Pacific population of eight per cent.

[Growing the Pacific health workforce](https://www.beehive.govt.nz/release/investing-our-pacific-health-workforce) (https://www.beehive.govt.nz/release/investing-our-pacific-health-workforce) is one of the aims of the Government's health workforce plan.

But, in a class-wide interview, many ākonga told *Kaitiaki* they had worked for years in non-nursing health roles since coming to New Zealand. This was despite extensive experience in their homes — countries like Niue, Tonga, Samoa and Kiribati — in areas such as maternity, primary health and paediatrics.

'For all the years I have been living here, I was dreaming to become a registered nurse,'

The Nursing Council requires most internationally-qualified nurses (IQNs) to pass expensive and difficult English tests and as well as paying \$500 for credentialling. NZNO's Pacific nursing section chair 'Eseta Finau has said many end up working for low wages in the unregulated workforce.

However, from 2024, English standards will be [eased](#) as the Nursing Council seeks to balance the need for more IQNs amid a global nursing shortage, with public safety.

Mullane said demand for the first intake had been high, with a waiting list already for next year's diploma. "It's very popular, as this was the first time an accredited programme has been developed that specifically meets the needs of Pacific Island-trained nurses," she said.

Mullane [has said](#) she hopes most ākonga would reach the standard of English required over 18 months.

Nursing Council chief executive Catherine Byrne said the council was "very supportive" of the diploma, which would likely lead to more Pacific RNs in Aotearoa.

The council continued to explore other pathways for Pacific nurses to register here, Byrne said.

- See [Maranga Mai! Registration — What needs to change?](#)



'Eseta Finau

OPINION

Holding hands across the globe – the power of indigenous nursing

BY KERRI NUKU

August 29, 2023

Visiting the recent International Council of Nurses (ICN) congress in Montreal, Canada, recently was a deeply emotional experience for myself and Tāpūhi Toputanga Kaitiaki o Aotearoa – NZNO's delegation of Māori nurses.



NZNO's Te Poari members (front, from left) Kathryn Chapman, kaiwhakahaere Kerri Nuku, Tracy Haddon and Alicia Barrett. At back, (left to right), are: NZNO chief executive Paul Goulter, Te Poari member Nayda Heays, NZNO kaumātua Keelan Ransfield and Te Poari member Rangī Blackmoore-Tufi.

We were able to reconnect kanohi ki te kanohi – face to face — with fellow indigenous nurses at the Canadian Nurses Association (CNA), which hosted this year's ICN congress [Nurses together: a force for global health](https://icncongress2023.org/) (<https://icncongress2023.org/>).

Te Poari's ties with the CNA and Canada's First Nations people go back to 2019, at the ICN congress in Singapore, where I shared my objections to the veneration of Florence Nightingale every year on the international day of the nurse, due to her harmful colonial views on Māori.

There are some NNAs with no indigenous voices or leaders. So I called on all NNAs to examine how inclusive their indigenous representation was.

A subsequent invitation from CNA to be part of their [indigenous leaders series](https://www.cna-aiic.ca/en/news-events/upcoming-events/indigenous-leaders-series) (<https://www.cna-aiic.ca/en/news-events/upcoming-events/indigenous-leaders-series>) would have seen me travel to Canada for three months to visit and provide support for indigenous nursing leadership. However this was denied by COVID, so the exchanges occurred online. However, our kōrero on growing indigenous nursing leadership has continued.



Kerri Nuku (front, centre), Canadian Nurses Association president Sylvain Brousseau (second from left) and chief executive Tim Guest (far left) with Canada's first nation nurses and NZNO Te Poari members.

In 2021, we invited CNA to share our [Matariki celebration](#), connecting via Zoom as we offered karakia at dawn, after which the CNA board and NZNO's Māori **membership committee** Te Poari met online and our relationship expanded.

So, last month in Montreal, it felt incredibly emotional to meet our friends and fellow indigenous nurses in person on the other side of the globe and continue our kōrero on how we can work together to uplift the voices of indigenous nurses worldwide.

We have much in common with Canada's First Nations people – poorer health, shorter lives, disproportionately high incarceration rates. But we also have a fierce determination to change these statistics. For this to happen, we must speak up, share our stories and step into leadership.

Connecting with other like-minded people, creating a space we could work together in, and hold hands across the globe, felt very powerful.

We need indigenous models of care and leadership across national nursing associations (NNAs) to enable that.

There are some NNAs with no indigenous voices or leaders. So I called on all NNAs to examine how inclusive their indigenous representation was. I wanted to plant a seed, to ask: 'How are those NNAs going to grow and how can they be representative, if they don't include their indigenous workforce?'

I am also continuing to work with the CNA on how they can include and represent their indigenous voices and establish and extend their commitment to the First Nations people of Canada.

'Eurocentric' ICN

ICN has always seemed very Eurocentric – its European member voices seem louder and their issues more readily actioned.

So, this year, we came to Montreal determined our western Pacific presence and voices would be strong, and to support the voice of our western Pacific board member, Fiji nurse leader Alisi Vudiniabola. We want to see more focus from ICN on our region, as it deals with nurse shortages, ethical recruitment and nurse retention, climate change and how to prepare for the increasing likelihood of natural disasters.



NZNO's Te Poari delegation — some of whom had been invited to present abstracts at the congress — with Canadian Nurses Association board members.

The ongoing recruitment of nurses from the western Pacific region to wealthier countries is a huge problem.

Globally, everyone is short of nurses. There are some major financial incentives for nurses from poorer economies to go and work in places like Canada or the United Kingdom where conditions and pay are often far better.

The ICN's 2019 [ethical recruitment statement](https://www.icn.ch/news/international-council-nurses-calls-ethical-recruitment-process-address-critical-shortage) (<https://www.icn.ch/news/international-council-nurses-calls-ethical-recruitment-process-address-critical-shortage>) warned against aggressive recruitment, urging members to train and retain more of their own nurses amid a "catastrophic" worldwide shortage.

Unfortunately, that tactic appears to be ongoing from some. Here in Aotearoa, 40 per cent of our nursing workforce is now made up of internationally-qualified nurses (IQNs), according to the Nursing Council's latest statistics. Meanwhile, Māori nurses continue to languish at seven per cent of the workforce.

The Government's [health workforce plan](https://www.tewhatauora.govt.nz/publications/health-workforce-plan-202324/) (<https://www.tewhatauora.govt.nz/publications/health-workforce-plan-202324/>) appears to be to continue our reliance on IQNs, at least for the next two years, while working to improve student retention.

I did, however, notice an exciting new sense of global awareness at the congress this year. Climate change and growing the youth voice, in nursing leadership and governance, were both a big focus.

There was a shared sense of an overwhelming commitment we all had to wanting to do things differently.

It was inspiring to meet the strong young indigenous leaders coming through. Spending time with some from the CNA, we learned about the ceremonial gifting of names – a process involving fasting and being suspended by barbs – and

shared knowledge of traditional healing processes such as rongoā.

Connecting with other like-minded people, creating a space we could work together in and hold hands across the globe, felt very powerful.

At the end, we left a waka huia (treasure box) with some whakataukī for our fellow indigenous nurses. We will continue our communication online, building strength until we see the delegation at our next face-to-face meeting where we can add more kōrero to the waka huia.

There was a shared sense of an overwhelming commitment we all had to wanting to do things differently.

Kerri Nuku is the kaiwhakahaere of NZNO

NZNO president Anne Daniels' view on the ICN congress can be found here: [Recruiting IQNs not the answer to nursing shortages.](#)

FEATURES

It's cool to kōrero – August

BY KATHY STODART

August 23, 2023

Kai moana — food from the sea.



Kai moana -- food from the sea, in this case kōura -- Aotearoa's saltwater crayfish. Photo: Adobe Stock



Off the coast of Kaikōura, a mighty parāoa (sperm whale) flicks its tail as it dives.
Photo: Adobe Stock



A traditional Māori matau (fishing hook), crafted out of wood, bone and flax.
Photo: Adobe Stock



Haere mai — welcome to the August kōrero column. Traditional Māori were very much at home in te moana (the sea). They were fine navigators and builders of sea-going waka, which allowed them to make the long voyage to settle here. Te moana provided a vital means of travel, as well as being the source of bountiful kai moana (seafood), which remains a well-loved part of Māori cuisine.

Māori fishing skills are evident in the mythical creation story of Aotearoa: the Polynesian hero and trickster Māui went fishing with his brothers and, with his magic matau (fishing hook) hauled up a massive catch — Te Ika-a-Māui (the fish of Maui, ie the North Island). One of the Māori names for the South Island is Te Waka-o-Māui (the waka of Māui).

Kupu hou (new word)

- **Moana** (sea, ocean, lake) — pronounced “mo (as in more)-ah-nah”
- **I tēnei rā kua orua te moana.** — The sea is rough today.

More words related to moana:

- **pae moana** — sea level, sea surface
- **tārawa** — wave
- **tauā moana** — navy
- **Raukawa Moana** — Cook Strait
- **ika moana** — whale (general term)
- **moana waiwai** — open sea, ocean
- **Te Moana nui-a-Kiwa** — Pacific Ocean
- **ngohi** — fish
- **matau** — fishing hook
- **kai moana** — seafood

Whakataukī

- **He toka tū moana.** — A rock standing firm in the sea. (This refers to a person who is steadfast in their beliefs or position, like a rock that



A diver swims through a sea cave near Tawhiti Rahi (Poor Knights Islands), off the east coast of Te Tai Tokerau. Photo: Adobe Stock

withstands the battering of the elements.)

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

Sources

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 2. kupu.maori.nz (<http://kupu.maori.nz>)
 3. maoridictionary.co.nz (<http://maoridictionary.co.nz>)
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PRACTICE

Legendary Conversations – a podcast series on health care



BY HE AKO HIRINGA

August 17, 2023



Starting patients on new medications, gout and antimicrobial stewardship are explored in this podcast series from He Ako Hiringa. You can listen to them on this page, or download them on Spotify or Apple Podcasts to your phone or computer.



Improving outcomes for people with gout is one of the subjects canvassed in this series of educational podcasts. Photo: Adobe Stock

Episode One: Initiating new medicines (part 1)

In episode one, you'll hear a discussion with Professor Keith Petrie about the psychological effects of taking medicines, and what primary health care professionals need to know. He discusses why prescribers exhibit new medicines hesitancy, how this might affect the patient, and how to minimise the placebo effect.

Listen here:



[Click here to listen on Spotify](https://open.spotify.com/episode/2G0fNg2BhW2NMKUif0KbFF?si=csiYooSvTPSsT-eQQiAoxQ&dL_branch=1) (https://open.spotify.com/episode/2G0fNg2BhW2NMKUif0KbFF?si=csiYooSvTPSsT-eQQiAoxQ&dL_branch=1)

[Click here to listen on Apple Podcasts](https://podcasts.apple.com/us/podcast/episode-one-initiating-new-medicines-part-1/id1589713044?i=1000538158057) (<https://podcasts.apple.com/us/podcast/episode-one-initiating-new-medicines-part-1/id1589713044?i=1000538158057>)

Episode Two: Initiating new medicines (part 2)

In episode two, you'll hear a scripted discussion that uses the Ask, Build, Check health literacy model when talking with a patient about starting a new medicine. This episode contains learning moments that highlight the three steps of the model, as well as other important lessons to note.

Listen here:



[Click here to listen on Spotify](https://open.spotify.com/episode/5ZglZeYsf33mcmpZnDm5qz?si=GcJnC2Z2R6y4EMpe0Kon_A) (https://open.spotify.com/episode/5ZglZeYsf33mcmpZnDm5qz?si=GcJnC2Z2R6y4EMpe0Kon_A)

[Click here to listen on Apple Podcasts](https://podcasts.apple.com/us/podcast/episode-two-initiating-new-medicines-part-2/id1589713044?i=1000539948628) (<https://podcasts.apple.com/us/podcast/episode-two-initiating-new-medicines-part-2/id1589713044?i=1000539948628>)

Episode Three: Let's talk gout (part 1)

Episode three focuses on how to better communicate with people with gout, to improve health outcomes. You'll hear a discussion about attitudes towards gout, and learn about the Ask, Build, Check health literacy framework with three experts:

- Professor Nicola Dalbeth — academic rheumatologist at the University of Auckland School of Medicine. Her work focuses on understanding the impact and mechanisms of disease in gout.
- Carla White — director of Health Literacy New Zealand. She helped develop the ABC model discussed in this episode.
- Meihana Douglas – health psychologist and health improvement practitioner with the National Hauora Coalition. Meihana's post-graduate research focused on perceptions of gout by rural Māori, and general attitudes towards gout as an illness label.

Listen here:



[Click here to listen on Spotify](https://open.spotify.com/episode/2DjEmXiyigWxIKtpTUsV2E?si=slgPMIhVRSq_d-dIQptk4g) (https://open.spotify.com/episode/2DjEmXiyigWxIKtpTUsV2E?si=slgPMIhVRSq_d-dIQptk4g)

[Click here to listen on Apple Podcasts](https://podcasts.apple.com/us/podcast/episode-three-let-s-talk-gout-part-1/id1589713044?i=1000543092422) (https://podcasts.apple.com/us/podcast/episode-three-let-s-talk-gout-part-1/id1589713044?i=1000543092422)

Episode Four: Let's talk gout (part 2)

Episode four of *Legendary Conversations* demonstrates use of the three-step Ask, Build, Check health literacy model, through an acted discussion between a prescriber and a patient. The purpose of this podcast is to show how the ABC model can be incorporated into discussions about the long-term management of gout, to help improve outcomes. Throughout this episode you'll hear learning moments that highlight different steps of the model, as well as other important lessons to note.

Remember to link people to Arthritis New Zealand www.arthritis.org.nz/gout-arthritis (https://www.arthritis.org.nz/gout-arthritis) for free support and advice about gout. Educators can be called on 0800 663 463 or a call back can be requested online at www.arthritis.org.nz/0800-arthritis-educator-call-back-form (https://www.arthritis.org.nz/0800-arthritis-educator-call-back-form/).

Listen here:



[Click here to listen on Spotify](https://open.spotify.com/episode/5WhV3BrzzWCgqpn497GVBh?si=FXbVTeGVR_yxueh-tPqiKg) (https://open.spotify.com/episode/5WhV3BrzzWCgqpn497GVBh?si=FXbVTeGVR_yxueh-tPqiKg)

[Click here to listen on Apple Podcasts](https://podcasts.apple.com/us/podcast/episode-four-let-s-talk-gout-part-2/id1589713044?i=1000543455988) (https://podcasts.apple.com/us/podcast/episode-four-let-s-talk-gout-part-2/id1589713044?i=1000543455988)

Episode Five: Antimicrobial stewardship and UTI

Episode five focuses on the appropriate use of antibiotics for uncomplicated urinary tract infection. Lauren Smith, senior practice fellow at the University of Otago School of Pharmacy, uses a case study to discuss the current recommendations for UTI treatment.

Listen here:



[Click here to listen on Spotify](https://open.spotify.com/episode/1K7USkjeCGAWNvOJ5MKPka?si=1c3642b8e6f74bd0) (https://open.spotify.com/episode/1K7USkjeCGAWNvOJ5MKPka?si=1c3642b8e6f74bd0)

[Click here to listen on Apple Podcasts](https://podcasts.apple.com/us/podcast/episode-five-antimicrobial-stewardship-in-uti/id1589713044?i=1000597636298) (https://podcasts.apple.com/us/podcast/episode-five-antimicrobial-stewardship-in-uti/id1589713044?i=1000597636298)

Episode Six: Antimicrobial stewardship and topical antibiotics

Episode six continues the discussion with Lauren Smith, senior practice fellow at the University of Otago School of Pharmacy. In this episode, Lauren uses an impetigo case study to clarify the appropriate use of topical antibiotics.

Listen here:

[Click here to listen on Spotify](https://open.spotify.com/episode/5YGlcTovOYsEWfmP8o4x0o?si=9bGRIW9GQICHh8E5ib1n8w) (https://open.spotify.com/episode/5YGlcTovOYsEWfmP8o4x0o?si=9bGRIW9GQICHh8E5ib1n8w)

[Click here to listen on Apple Podcasts](https://podcasts.apple.com/us/podcast/episode-six-antimicrobial-stewardship-and-topical/id1589713044?i=1000602388481) (https://podcasts.apple.com/us/podcast/episode-six-antimicrobial-stewardship-and-topical/id1589713044?i=1000602388481)

Options for recording your CPD activities and hours include:

- the Nursing Council's [MyNC](https://www.nursingcouncil.org.nz/MyNC/MYNC/Sign_In.aspx?WebsiteKey=940918e5-df3e-4c60-9746-7312cd202474&LoginRedirect=true&returnurl=%2fMYNC) (https://www.nursingcouncil.org.nz/MyNC/MYNC/Sign_In.aspx?WebsiteKey=940918e5-df3e-4c60-9746-7312cd202474&LoginRedirect=true&returnurl=%2fMYNC) "continuing competence tab"
 - the council's "professional development activities template" (you can download a PDF from [this page](https://www.nursingcouncil.org.nz/Public/Nursing/Continuing_competence/NCNZ/nursing-section/Continuing_Competence.aspx?hkey=6542ac27-9b56-4e89-b7ae-db445c5cb952) (https://www.nursingcouncil.org.nz/Public/Nursing/Continuing_competence/NCNZ/nursing-section/Continuing_Competence.aspx?hkey=6542ac27-9b56-4e89-b7ae-db445c5cb952))
 - the app "Ascribe" which can be found on [Google Play](https://play.google.com/store/apps/details?id=com.ascribe.pdrp_diary) (https://play.google.com/store/apps/details?id=com.ascribe.pdrp_diary) or the [App Store](https://apps.apple.com/nz/app/ascribe/id1667199802) (https://apps.apple.com/nz/app/ascribe/id1667199802).
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LETTERS

Anaesthetic technicians no threat to perioperative nurses, says their society

BY MATTHEW LAWRENCE

August 31, 2023



The New Zealand Anaesthetic Technicians' Society (NZATS) would like to thank our nursing colleagues for their [views](#) in relation to the [review](https://www.msccouncil.org.nz/assets_mlsb/Consultation-Review-of-the-Scope-of-Practice-for-Anaesthetic-Technology-Practitioners-v2.pdf) being conducted by the Medical Sciences Council (MSC) into the anaesthetic technician (AT) scope of practice. While the message portrayed by the perioperative nurses is nothing new and was not unexpected, it does allow us the opportunity to share our views, relay some context and correct some misinformation.

It is true the review is looking at expanding the areas in which ATs can provide patient care. However, two of these are already considered part of the expanded scope of practice — PICC (peripherally inserted central catheter) and PACU (post-anaesthesia care unit) practice. These pathways have been supported with comprehensive additional training. Yet, despite having these pathways available, a review of the current AT workforce shows the number of registered ATs who have taken up this opportunity is low and has largely not replaced the nursing workforce in those areas.

All health-care professionals are under stress, but by working together, sharing ideas and skills, we can achieve better outcomes for the people of Aotearoa.

There is a huge discrepancy in the number of staff registered in our respective professions. The Government recently stated that about 8000 nurses registered for the first time in New Zealand last year. Compare this to the less than 150 newly registered ATs in the same timeframe.

It is staggering that there is still the belief that our workforce would ever replace nurses — be that in an operating room or elsewhere. With nearly 70,000 nurses in the national workforce, compared with 1200 ATs, the nursing profession is not at risk of losing its foothold in any area of the hospital.

Over this timeframe there has also been a small group of RNs who have completed RNAA (RN assistant to the anaesthetist) training across the country, having had appropriate support, often from their AT peers.

Both Te Whatu Ora and the Ministry of Health are promoting the need for a flexible workforce to help overcome the staffing crisis that all health-care professions are facing. Being able to share workloads in areas of stress may eventually help reduce waiting list times and ease the level of burnout felt by all members of the operating theatre team.

ATs have been trained for more than 40 years with an increasing level of higher education pathways, to now stand on par with nursing educational pathways.

All health-care professionals are under stress, but by working together, sharing ideas and skills, we can achieve better outcomes for the people of Aotearoa.

There is no suggestion in the review that graduates of the health science degree in [perioperative practice](https://www.aut.ac.nz/study/study-options/health-sciences/courses/bachelor-of-health-science/perioperative-practice-major-bachelor-of-health-science) (<https://www.aut.ac.nz/study/study-options/health-sciences/courses/bachelor-of-health-science/perioperative-practice-major-bachelor-of-health-science>) will be placed in roles that are outside our current prescribed AT scope of practice as soon as they graduate. Their course work still has a heavy focus on anaesthetic assistance and any scope expansion will likely require additional support and training during a supervision period after graduation. This would be no different to the current process for new graduate nurses entering the perioperative field. They undertake new-to-operating-room programmes, as nursing students are given limited time in perioperative care during their undergraduate training.

It is disappointing that the perioperative nurses define themselves as the “trusted, safe and educated workforce”. ATs have been trained for more than 40 years with an increasing level of higher education pathways, to now stand on par with nursing educational pathways.

The fact that we are a lesser-known health-care workforce due to our lack of numbers does not make us less safe or educated. A three-year degree with clinical placements provides our future workforce not only with the clinical knowledge to provide safe patient care in the perioperative environment, but also allows them to learn the reflective and critical skills that are expected of all health-care professionals today.

NZATS is saddened and disappointed that this siloed mindset of nurses-versus-techs still exists, when we should be working together in our multidisciplinary teams to best service the needs of our patients.

Much mahi has been done to achieve a flexible and resilient workforce, for now and into the future — a goal stated by Te Whatu Ora in its health workforce plan 2023/24.

The potential changes to our name and scope reflect this mahi and signal a start to addressing the health workforce crisis. This is not about taking the jobs of another health-care profession, but rather sharing a goal of patient care through teamwork and the efficient use of available and suitably skilled resources.

Matthew Lawrence,
President, NZ Anaesthetic Technicians' Society

LETTERS

Colorectal Surgical Society of Australia and NZ nursing scholarship 2023

BY THE COLORECTAL SURGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

August 17, 2023

The Colorectal Surgical Society of Australia and New Zealand (CSSANZ) offers a nursing scholarship every year. Applications for the 2023 scholarship close on Monday, September 4.

Purpose

To promote the collegiate relationship between nursing and medical professionals involved in the specialty of colorectal surgery, the CSSANZ will award a scholarship for a nurse to attend their annual spring meeting. For 2023, the Colorectal Spring Meeting will be held in Gold Coast, 17-18 November.

Award value

The scholarship will cover registration to the annual CSSANZ Spring Meeting, an economy class airfare, accommodation, and A\$500. The winner is presented with the certificate at the meeting but is not required to make a presentation as part of the Award.

Eligibility Criteria

Applicants must be:

- Currently registered by their relevant professional body in either Australia or NZ
- Currently working in the field of colorectal surgery in Australia or NZ
- Able to attend the CSSANZ Spring Meeting within or outside Australia.

Process

CSSANZ will accept one submission per applicant, suitable for publication in a Nursing Journal. The article should cover a colorectal topic and may be in the form of, but not limited to:

- A clinical case-study
- Research project
- Book review not previously published
- Educational poster or teaching tool
- Professional issue pertinent to Colorectal Surgery

The article (preferably in electronic form), plus a completed official application form with a copy of current nursing registration, to reach the CSSANZ Secretariat, admin@cssanz.org by Monday 4 September, 2023.

Late applications will not be considered. The scholarship award is not transferable and if there are two or more authors, the application must arrive with the name of the one person that would be awarded the scholarship – it cannot be shared.

Selection Criteria

The judges' decision will be final and based on the following criteria:

- Presentation
- Originality
- Appropriateness to nursing and colorectal surgery
- Demonstrated integration of theory and practice
- Suitability for publication



LETTERS

Participants sought for nurse-led research into eating disorders

BY LOUISE FLETCHER

August 22, 2023

I am a registered nurse looking for people affected by eating disorders, and their family members, for my PhD research.

I work in Dunedin, having graduated with a MNSc from Otago University in 2020. I am also a PhD student enrolled with the department of psychological medicine and the centre for postgraduate nursing studies at the University of Otago (Christchurch).

I am undertaking my PhD with both affected individuals and family members of those with an eating disorder in New Zealand. My aim is to gather their experiences and expert knowledge to better understand the impacts of eating disorders on family dynamics and relationships.

My master's thesis focused specifically on the impacts of eating disorders on carers of affected individuals. It was clear from that work that families are challenged by the intensive demands of diagnosis and treatment, and that there is a perceived lack of support for both the affected individual and other family members. Hence the PhD was proposed and I am a year into that journey with the excellent support of my supervisors, associate professor Jenny Jordan and Dr Henrietta Trip.

I am now recruiting for participants in these sub-studies:

- 1) affected individuals (AIs) and a primary caregiver nominated by the AI;
- 2) fathers or other adult family members of AIs;
- 3) siblings of AIs.

The design of the research is qualitative. I aim to recruit between 10 and 15 participants for each of these demographic groups. Each participant will be interviewed twice — once at the time of recruitment and once six months later. The interviews are expected to take around an hour and at each interview participants will receive a small koha in acknowledgement of their time.

For anyone who is interested, I can provide further information about the study. Please contact me at flelo115@student.otago.ac.nz or 021-2791921.

Louise Fletcher, RN, MNSc,
Dunedin

LETTERS

Trauma-informed care micro-credential in Aotearoa

BY TRACEY HOWARTH

August 21, 2023

At Western Institute of Technology at Taranaki (WITT) Te Pūkenga, we offer the only trauma-informed care micro-credential in Aotearoa and would love more people to know about our next intake.

Research undertaken by WITT nursing tutors Helen Bingham and Tara Malone on the trauma-informed care micro-credential they created and teach, shows that participants have demonstrated a positive change in their empathy and compassion towards people who have experiences of trauma.

“The aim of the programme is to develop people’s proficiency in the principles, knowledge and practice of trauma-informed care, when caring for and working with people who have multi-dimensional experiences of trauma,” says Malone.

The next trauma-informed care eight-week programme starts on April 24, 2024. It is offered online over 10 weeks, and includes two face-to-face workshops.

Research undertaken by WITT nursing tutors Helen Bingham and Tara Malone on the trauma-informed care micro-credential they created and teach, shows that participants have demonstrated a positive change in their empathy and compassion towards people who have experiences of trauma.

The programme gives people an understanding of the neuroscience behind trauma, trauma in the context of Aotearoa New Zealand and how trauma manifests in a variety of behaviours. It also offers some brief interventions to use with a client, patient or whānau member.

Developed in 2019, the programme was borne out of recommendations made in [He Ara Oranga](https://mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf) (<https://mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf>): *Report of the Government Inquiry into Mental Health and Addiction (2018) report* and [Kia Hora Te Marino](https://terauora.com/kia-hora-te-marino-trauma-informed-care-for-maori/) (<https://terauora.com/kia-hora-te-marino-trauma-informed-care-for-maori/>): *Trauma-informed care for Māori (2018)*.

Recent participant Sheryl Robinson said: “On reflection I have definitely benefited from completing the trauma-informed micro-credential. It has deepened and enhanced my understanding of being trauma-informed and good practice using a trauma-informed lens.”

The application of this programme is suitable for everyone in a client-focused health and social service role, from those who work in Corrections through to those in social services, mental health, counselling and health.

Bingham and Malone both have a strong interest in trauma and find it satisfying to know that their programme and work in this area is making a difference.

Find out more [here](https://www.witt.ac.nz/study/nursing-and-wellness/nursing/trauma-informed-care-micro-credential/). (<https://www.witt.ac.nz/study/nursing-and-wellness/nursing/trauma-informed-care-micro-credential/>)

Tracey Howarth,
Western Institute of Technology communications and engagement advisor

FEATURES

Mahere hau – an integrated bicultural nursing assessment framework

BY MICHELLE CAMERON, DONNA FOXALL AND GRAHAM HOLMAN

August 2, 2023

Learning how to assess patients is at the foundation of nursing education. Staff at Waikato University's new nursing programmes have devised an assessment framework which incorporates the values they espouse — using a bicultural and holistic approach to care which embeds mental health in all parts of the curriculum.



A first-year nursing student undertaking a community-based assessment. Photo: University of Waikato

**Hutia te rito o te harakeke
Kei hea te kōmako, e kō?
Kī mai ki ahau
He aha te mea nui
He mea nui o tēnei ao?
Māku e kī atu kia koe
He tangata, he tangata**

Background

Waikato nursing leaders have developed a new nursing programme at the University of Waikato — Te Whare Wānanga o Waikato. Underpinned by te Tiriti o Waitangi,¹ the programme aims to support equitable health outcomes for the region's Māori and rural population.

Additionally, those developing the curriculum were responding to clear direction from the Government for a broad and collaborative approach to meeting mental health needs in Aotearoa.²

Two pre-registration nursing courses were launched at the University of Waikato in 2021 — a three-year bachelor of nursing, and a two-year master of nursing practice course for students who already have another degree. Both the bachelor and masters curricula aim to provide an integrated programme with “mental-health-in-nursing” embedded from day one.³

Rather than mental health being siloed in one section of the nursing programmes, at Waikato mental health skills are integrated into all parts of the curricula, based on the belief that physical and mental health are intertwined and that a truly comprehensive nurse needs mental health skills that could potentially be used in any nursing interaction.

This article explains how the authors developed a health assessment approach that supports the growth of a truly comprehensive nurse, who intentionally has a whole-person view and who places the health consumer and whānau at the centre of their care.



Michelle Cameron

The interrelationship between mental and physical health is not a new concept to nursing practice in Aotearoa;⁴ nor is the understanding that many dimensions — including ecological, environmental and social factors — contribute to overall well-being.^{5, 6}

Strong evidence highlights that poor physical health is directly linked to mental health problems including depression, and social challenges.⁷ There are clear links between mental health conditions and an increased risk of poor physical health, specifically apparent in rates of diabetes, respiratory conditions and cardiac disease.^{7, 8, 9}

At the University of Waikato, we have emphasised looking at health and well-being in people and communities through a holistic Māori lens. This has led to us developing a curriculum in which the assessment of mental well-being is integral to comprehensive health assessment, which emphasises “mental-health-in-nursing” skills, and which breaks down barriers between physical and mental health nursing care in all practice settings.

There are clear links between mental health conditions and an increased risk of poor physical health, specifically apparent in rates of diabetes, respiratory conditions and cardiac disease.

Assessment skills are foundational to nursing practice; the ability for nurses to accurately and efficiently assess and interpret findings is essential in providing safe, appropriate and effective care.¹⁰

The priority of assessment is identified clearly in the scope of practice for all registered nurses (RNs) in Aotearoa. RNs use their “knowledge and complex nursing judgment to assess health needs and provide care”.¹¹ To assess a client's needs in a way that is culturally responsive and cognisant of the whole person and their whānau environment requires a comprehensive and intentional approach to nursing assessment and practice.

Structured assessment frameworks provide essential guidance to nursing students as they develop their clinical reasoning skills.¹⁰ However “health assessment” has traditionally been closely linked with physical assessment, from which there is a focus on developing physical assessment skills.¹²



Donna Foxall

In our undergraduate programme, we have integrated “mental-health-in-nursing” skills into the curriculum and the assessment frameworks we teach, to help meet the holistic and wellbeing needs of patients.

An integrated approach

Developing an integrated approach to health assessment

The development of an integrated approach to health assessment in the curriculum was initially iterative — an ongoing process where the lecturers were refining ideas through discussion, teaching together, and trialling. We quickly identified that there were three elements to our way of working:

- lecturer collaboration and co-design of curriculum,
- co-delivery of lectures and tutorials, and
- use of a nursing framework to guide thinking in health assessment.

The first two elements required a willingness among staff to invest time into exploring and understanding our different practice backgrounds and our shared values, and developing a collective understanding of what specific skills and knowledge students would require to be able to reflect our intended graduate profile.

Thirdly, we aimed to develop an assessment framework to underpin an integrated approach to assessment that can be scaffolded over the length of the degrees.

The framework, underpinned by Māori models of health, aims to support holistic assessment and provide an integrated structure. Aspects of a bicultural approach and mental health are interwoven into existing approaches to health assessment.

Although there are existing frameworks for health assessment in physical and mental health specialties, we have aimed to develop one framework that can be adapted and implemented across different contexts and clinical settings.

Our intention is to shape this framework around “aromatawai”. The word “aro” means to take heed, take notice of, pay attention to and to consider; “mata” can mean face or surface, and “wai” means water.

“Matawai” means to look closely, to scrutinise, to inspect and to examine. This idea is very important when considering wairua, whānau, hinengaro, tinana, whenua and reo. Figure 1 (below) illustrates the key components that contributed to the development of a unique and still evolving integrated nursing assessment framework at the University of Waikato.



Graham Holman

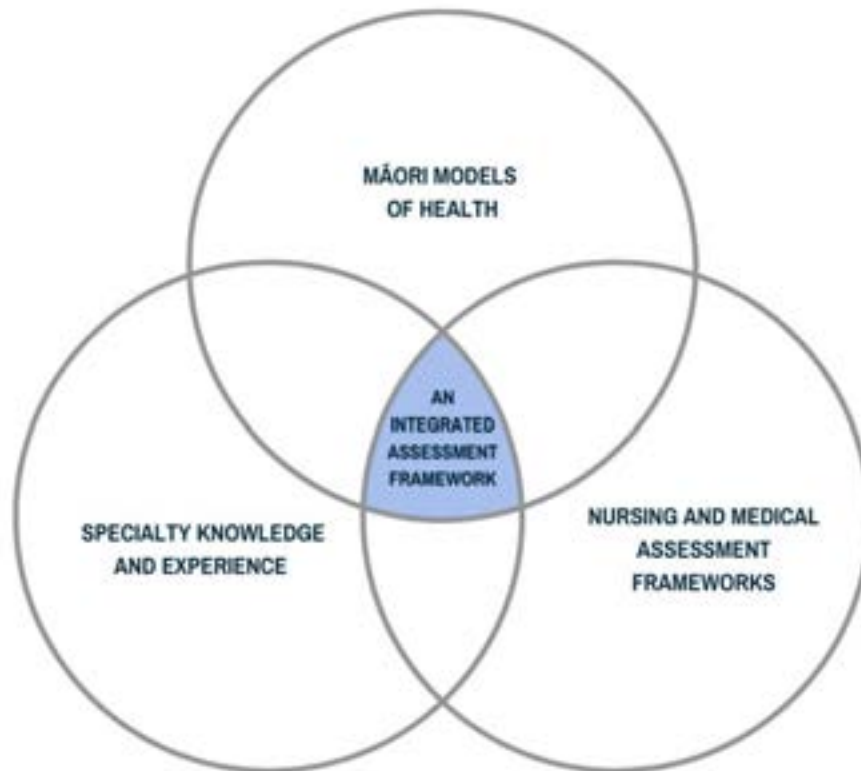


Figure 1: *Development of an integrated assessment framework*

An integrated framework

The conceptual assessment framework is structured in a way that is recognisable to registered health professionals. Its five broad sections are reflected in most approaches to comprehensive nursing assessment and include:

- preparing for the assessment,
- a health history interview,
- focused assessment,
- closing of the assessment, and
- summary (as outlined in figure 2).

However, there are key differences with applying an integrated approach. Students are encouraged to structure their thinking and approach to comprehensive assessment by making an intentional connection with individuals and whānau.

At the beginning of an assessment, students practice preparation through an approach that asks them to reflect both inwardly and outwardly. Early parts of the curriculum focus on developing the students' understanding of their own personal values, worldviews and biases.

They are also encouraged to look outwardly at their surroundings, assessing the environmental and contextual safety for both themselves and the health consumer.

Our framework is informed by the hui process and the Meihana model of clinical assessment. These two models are based on Māori values which emphasise the importance of establishing and maintaining a trusting and responsive nurse-patient/whānau relationship.[13](#), [14](#)

Recent publications have highlighted the importance of the health professional-health consumer relationship in terms of cultural responsiveness. They have also noted the relevance of the hui process in guiding conversations

about that with nursing students in Aotearoa.^{13, 14, 15} Understanding and implementing the hui process is crucial for relationship-building with health consumers.



Figure 2: An overview of an integrated assessment framework

Consideration of mental and emotional well-being, and the importance of mental- health-in-nursing skills are reflected in the framework. This helps students apply the ideas of holistic well-being in their everyday assessment practice.

Drawing on principles of mental health-focused assessments, the framework prompts students to think about safety for both the nurse and health consumer when conducting interviews. It also encourages developing rapport and from that a shared understanding of the issues.¹⁶ We have used assessment language and terminology that is inclusive, non-stigmatising, and focused on the health consumer experience.

Another key difference in Waikato's approach is the inclusion of a "mental state assessment" (MSA). Although an MSA is often undertaken when a mental health or neurological assessment is clinically indicated, the framework taught at Waikato considers the information obtained from an MSA as equally important as vital signs and other objective data.

Therefore, students are encouraged throughout the assessment to be reflecting on a person's mental wellbeing and to be prepared to explore that dimension of health in all settings.



The framework encourages developing rapport with the health consumer and from that a shared understanding of the issues. Photo: Adobe Stock.

Delivering an integrated approach in health assessment

Terminology and teaching principles

Close attention is paid to the terminology we use when teaching comprehensive assessment. For example, we have moved away from using the phrase “presenting complaint” or similar, to encouraging students to seek to understand the *kaupapa* of the presentation and the purpose of the encounter.

This is important to the philosophy of the curriculum because we aim for our students to understand that the stated reason for referral or the priority of the assessing health professional may be different to that of the health consumer or *whānau*, and that this must be captured and understood.

We discuss the concept of focused assessment of systems or needs, rather than a generic term such as “physical assessment”.

We have moved away from using the phrase ‘presenting complaint’ or similar, to encouraging students to seek to understand the kaupapa of the presentation and the purpose of the encounter.

The delivery and facilitation of learning is also undertaken in an integrated way. To facilitate students’ learning about the framework, we use a number of teaching principles, including co-teaching, *ako*, scenario-based learning and incorporating clinical practice.

Teaching in collaboration (where two lecturers develop course content together and/or teach a class together) takes advantage of the different strengths, skills and cultural perspectives of lecturers from different specialties. Collaborative teaching not only enhances the delivery of theory, but also creates an interactive and potentially more inclusive learning experience.

Based on the concept of *ako*, course developers value the importance of recognising the knowledge that both students and teachers contribute.¹⁷ Co-delivery allows for a more interactive approach in which facilitators encourage students to share their knowledge – this is particularly evident with conversations about health history.

The structure of the clinical practice hours and the theory blocks enables students to bring experiences of using the framework back to the campus. Through reflective practice and group discussion, both educators and students share their experience, understanding, and perspective.

Closing the gap between theory and clinical practice is a common focus in nursing education. The Waikato programme’s increased clinical practice hours — 700 more than the 1100-hours minimum required by the Nursing Council — enables students to regularly apply the theory of this integrated framework, adapting it to the context they encounter in a range of placement settings.

Where to from here

The holistic framework guides our students’ thinking so they can understand their role in reshaping health services in a way that responds to the needs of our communities.

With the application of *kawa whakaruruhau* to this conceptual framework, our intention is to continue to evaluate and adapt our teaching principles of this integrated approach to nursing assessment.

The development of this conceptual framework has also supported conversations between colleagues about what bicultural integration looks like in the programme. Teaching the framework, and specifically, the intent behind the *hui* process, has strengthened colleagues’ understanding of a *te ao Māori* view and the importance of developing that shared understanding in relation to the programme’s aims.

Future development of the framework will include collaboration with the recently appointed Poutumatua Pasifika (Tausisoifua) to broaden the inclusivity and co-ownership of this approach.

We also intend to extend the teaching of this approach into post-graduate education, including the critique of how assessment of cultural and mental health needs are captured and addressed.



This 2021 photo, published in *Kaitiaki Nursing New Zealand*, shows the first intake of students in the new undergraduate nursing degree programme at the University of Waikato. It was accompanied by the article [Nurses 'can do more' in mental health](#).

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This article was reviewed by *Sally Dobbs, RN, MSc, EdD*, former head of the nursing school at the Southern Institute of Technology (SIT) and now SIT's head of faculty for SIT2LRN and Telford.

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NEWS, COLLEGES & SECTIONS

Matariki brings a new name for college of child and youth nurses

BY MARY LONGMORE

August 25, 2023

Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO's college of child and youth nurses (CCYN) has been gifted a new name to reflect its commitment to equitable health outcomes for tamariki in Aotearoa.



Tapuhitia ngā mokopuna mō apōpō, college of child & youth nurses at the launch of their new name on Matariki. Chair Sarah Williams (second from left) and member Jo Clark-Fairclough (holding tohu in white top).

The ingoa (name) “tapuhitia ngā mokopuna mō apōpō” — to nurse and care for the next generation — was gifted to CCYN by Tōpūtanga Tapuhi Kaitiaki o Aotearoa —NZNO kaumātua Keelan Ransfield after a three-year process.

Chair Sarah Williams said it was back in 2020 that the college began thinking about the need for a name which reflected its commitment to equitable health outcomes for tamariki and whānau Māori.

With guidance from committee member Jo Clark-Fairclough (Te Rarawa, Ngā Puhi and Tainui), the college was able to formally launch its new name — and tohu (emblem) — at Matariki this year.

Clark-Fairclough said she worked with Ransfield, NZNO's Māori membership group Te Rūnanga and its committee Te Poari to koha a name reflective of the college's kaupapa.

The “amazing” talent of Te Tai Tokerau artist Te Awatea Pawa then “breathed life into our new ingoa/taonga”, said Clark-Fairclough.



Jo Clark-Fairclough with the new college tohu.

Pawa said the tohu signified nurturing, courage, people and strength — in essence, a unified group which guides others through nursing.

It contains two koru, as was requested by the college.

“One of the koru is small, which represents ‘child and youth’, and the other koru represents ‘nurses’. The koru face each other, showing caring and looking after little ones (bigger koru over small koru). Placing them this way, these two koru create the heart shape, symbolising love, care.”



Te Awatea Pawa

At Te Poari’s Matariki celebration last month, Williams talked about how the college had grown from the former New Zealand Nurses Association “child health division” in the 1980s.

In 1995, after the association had merged with the nurses’ union to become NZNO, the child health division became a section to “raise the profile of the needs of children and young people and the specialty of caring for them in the community and in hospital”.

The section became a college in 2014 and had been working hard over the past 10 years to advocate for children, youth and their families, she said.

NEWS

Proposed perioperative practitioner role could push nurses out of theatres – college

BY MARY LONGMORE

August 2, 2023

Nurses fear a proposal to turn anaesthetic technicians (ATs) into 'perioperative practitioners' could spell the end of nurses in operating theatres.



Perioperative nurses college chair, Cassandra Raj, third from left, with her team of perioperative registered nurses (RNs), enrolled nurses and RN assistants to the anaesthetist.

"Essentially it pushes nurses out of the nursing role in the perioperative space — it means employers can employ a non-nursing health-care professional in that role," chair of the NZNO perioperative nurses college (PNC) Cassandra Raj told *Kaitiaki Nursing New Zealand*. This was "very much a patient safety concern".

The AT profession's regulator, the Medical Sciences Council, is proposing an [expanded scope of practice](https://www.msccouncil.org.nz/assets/mlsb/Consultation-Review-of-the-Scope-of-Practice-for-Anaesthetic-Technology-Practitioners-v2.pdf) (<https://www.msccouncil.org.nz/assets/mlsb/Consultation-Review-of-the-Scope-of-Practice-for-Anaesthetic-Technology-Practitioners-v2.pdf>) to give them a "broader, more flexible" role. Instead of focusing only on anaesthesia and assisting the anaesthetist, they would also focus on "perioperative care", including scrub and pre and post-operative care, the document states.

The proposed new title "reflects a more agile and broad scope of practice", it said.

That meant the new practitioner role would be able to pick up specialty work in operating theatres usually carried out by nurses, Raj said. This might include circulating (coordinating surgical team and overseeing patient care before, during and after surgery), assessing the theatre, skill mix and patient complexity as well as having a "whole clinical and surgical consciousness of the operating theatre, all of the staff and their roles".

The title was also easily confused with that of nurse practitioner — a role which took at least nine years to attain.



Cassandra Raj

'... you could have operating theatres run with no nurses in them. And that's a concern for our patients'

Until now, the AT role had been to assist the anaesthetist. While this was a vital part of the team, it was "very separate" to the nursing role, said Raj, a perioperative nurse for 22 years. But she feared the proposal would see them encroaching on the nursing role without the same level of knowledge, education and skills.

Raj said the proposal could ultimately lead to patients being cared for in theatre without a single nurse.

"If this was to come to full fruition, you could have operating theatres run with no nurses in them. And that's a concern for our patients," Raj told *Kaitiaki Nursing*

New Zealand.

Education changes

At the same time, the two-year AT diploma at Auckland University of Technology (AUT) recently changed to a three-year health science degree, which will see 23 new graduates coming into the workforce next year.

They would be able to be employed as perioperative practitioners if the change in scope went ahead, as proposed, later this year.

Raj said it was "alarming" to think up to 23 new AT graduates might be looking after surgery patients next year without the appropriate skills.

"The three-year degree doesn't show the skills and knowledge base that perioperative nurses have today to safely look after our patients."

It was also unclear who would be responsible for clinical supervision of AT graduates when they started in the workplace, she said.



Proposed scope of practice change by the Medical Sciences Council of New Zealand.

Overseas models

Pressure to expand the AT scope had been coming for many years from a group of health professionals originally from the United Kingdom (UK) called "operating department practitioners" — similar to the proposed perioperative practitioner — who wanted to introduce the model here, Raj said.

"This is also a historical battle that has been ongoing since the 1980s – it came up again in 2018 – and it's really been wrapped up and pushed forward by strong vocal overseas practitioners."

Raj warned perioperative practitioners could also step into other nursing specialties, with the flexibility to work in emergency, maternity, medical imaging, patient transport and radiology as well as post-anaesthetic care units (PACU). "They're pitching themselves as such a flexible workforce."



Photo: AdobeStock

'Contemporary' workforce?

Medical Sciences Council chief executive Susan Calvert said the purpose of the review was to ensure ATs' scope was "contemporary" and reflected a changing work environment and technology.

Asked about the impact on nurses, she said ATs were part of a team who worked collaboratively in a theatre environment. The council was seeking feedback before making any decision.

Calvert said the council's role was to protect the health and safety of the public by ensuring ATs were fit and competent to practise their profession.

Consultation details

Consultation on the proposal is open till September 14. NZNO is preparing a submission and seeking member contributions. Please contact the PNC on periopchair@gmail.com.

The Medical Sciences Council is also holding two webinars on the proposal this week on Wednesday August 1 at noon and 7pm. Please email consultations@medsci.co.nz to attend.

OPINION

Recruiting IQNs not the answer to nursing shortages – president reports from ICN congress

BY ANNE DANIELS

August 17, 2023

Wealthier countries' continued unethical recruitment of nurses from poorer countries was an important subject of discussion at this year's International Council of Nurses (ICN) Congress.



NZNO president Anne Daniels, kaiwhakahaere Kerri Nuku and kaumātua Keelan Ransfield at the 2023 ICN conference in Canada.

ICN has estimated the global shortage of nurses at around 5.9 million currently, with 89 per cent of the shortfall found in low and low-middle income countries — countries that can least afford to lose more nurses.

The shortage of nurses, factors that have contributed to the shortages and solutions that are being used, such as nurse/patient ratio legislation rather than unethical recruiting, dominated the presentations I attended.

The congress was held in Montreal, Canada, in the first week of July, hosted by the Canadian Nurses Association. Its theme was "[Nurses together: a force for global health](https://icncongress2023.org/)"

Need for nurse/patient ratios

The need for legislated nurse/patient ratios is a priority for a growing number of nursing associations. ICN sees “patient safety and nurse staffing as two sides of the same coin”. It believes better ratios would improve recruitment and retention of nurses, reduce avoidable healthcare-associated patient harm, and support planning for the numbers of nurses and midwives required to support nations’ health needs.

On the issue of unethical nurse recruitment, ICN’s position is that “lower income countries should invest in the pay and conditions of their workforce and higher income countries should become more self-sufficient”.¹ Despite calls for adherence to this position, this does not seem to be occurring.

Unethical recruitment of nurses perpetuates the disparities and inequities between comparatively wealthy nations and those that struggle to meet the health needs of their people.

While it is important to uphold the individual rights of nurses to choose where to work, it was clear that recruiting IQNs as a stopgap measure to answer nursing shortages is not the answer to meet the needs of health care nationally or internationally.

Unethical recruitment of nurses perpetuates the disparities and inequities between comparatively wealthy nations and those that struggle to meet the health needs of their people.

So it was with some dismay that, on my return from the congress, I noted that the recently published [Te Whatu Ora workforce plan](https://www.tewhatauora.govt.nz/publications/health-workforce-plan-202324/) (https://www.tewhatauora.govt.nz/publications/health-workforce-plan-202324/) has a stated heavy reliance on increasing IQN recruitment.



Canadian Nurses Association (CNA) president Sylvain Brousseau, CNA president-elect Kimberly LeBlanc, Namibian Nursing Association vice president Desderius Haufiku, and NZNO president Anne Daniels, at the ICN Congress.

In New Zealand, there is a projected shortfall of more than 4000 nurses by 2032. The workforce plan relies on a reduction of student nurse attrition rates from 30 to 20 per cent and commits to “earn as you learn” — but is silent on what that might look like.

NZNO has, for a long time, clearly stated the strategies needed to meet the current and future health workforce needs of our nation. These include free fees and cultural and pastoral care for our nursing students, as well as retaining experienced and qualified nurse preceptors to support safe clinical placements. However these strategies were not evident in the workforce plan.

The NZNO student unit (based on a recent survey of nursing students) supports these strategies as appropriate responses to the huge financial, logistical, and family-focused challenges students grapple with, on a daily basis. Many countries presenting at the ICN congress spoke of similar challenges.

The need for legislated nurse/patient ratios is a priority for a growing number of nursing associations.

The ICN congress brought together national nurses associations (NNA) representing 28 million nurses worldwide. It focused on how the lessons learned through the COVID-19 pandemic could be used to

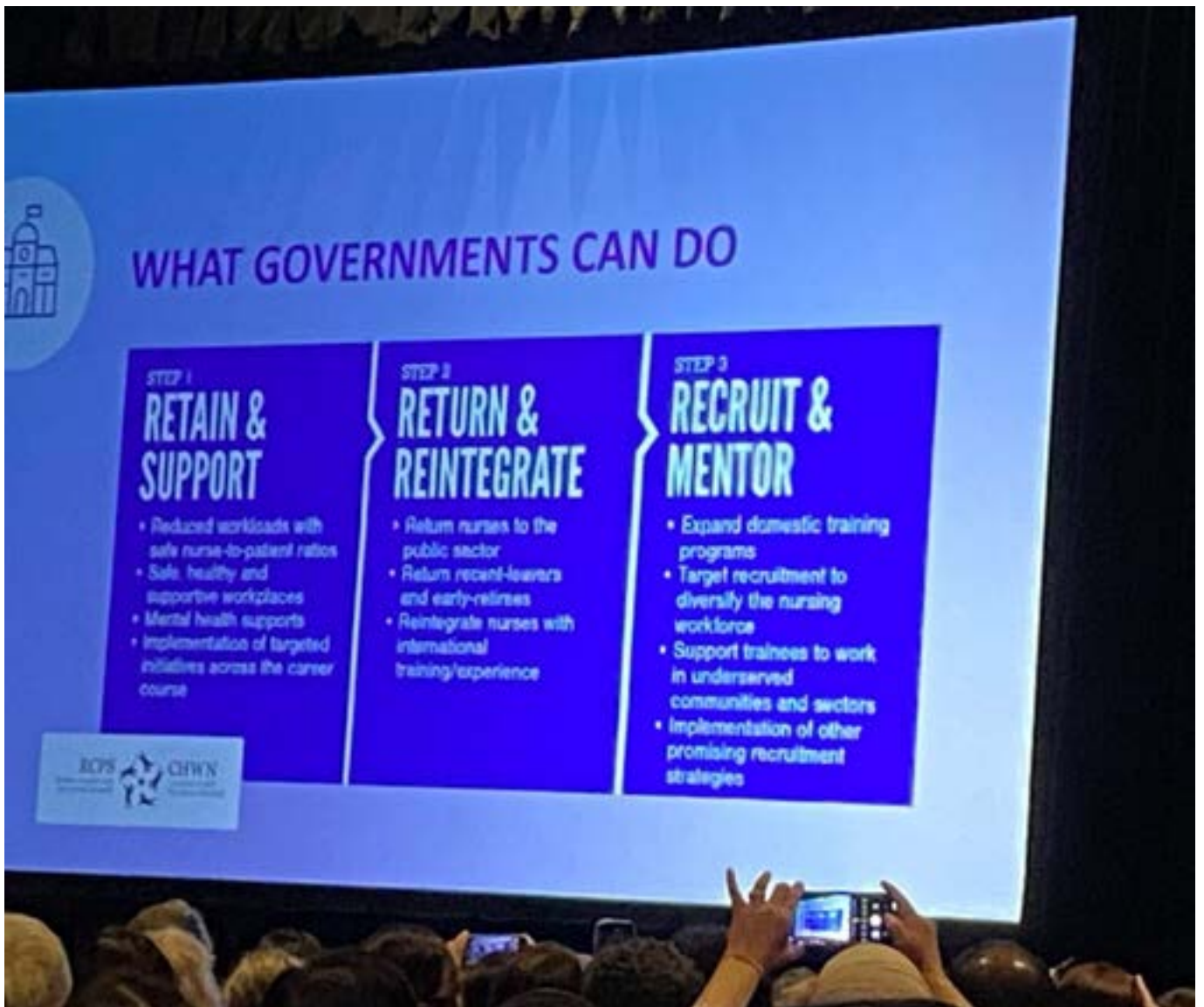
- protect nurses' rights
- ensure decent working conditions and fair pay
- optimise nurses' scope of practice
- drive nursing leadership and respect for the profession, and
- ensure nurses have a greater impact on health policies at all levels.

It was an opportunity for nurses to come together in solidarity, to learn from each other how we can turn the tide from illness to wellness in the context of safe health care.

It was the first time I had the opportunity to attend such an event, which presented both challenges and opportunities. The NZNO constitution requires the president to attend the ICN congress, so it was important for me to make the most of the time spent in Montreal on behalf of the organisation.

The conference had 152 presentations, plus poster presentations and master classes, running concurrently, in a variety of subjects, over five days from 7am to 6.30pm every day.

Considering our current New Zealand context, I was interested in exploring the experiences and activism of different nursing associations in protecting nurses' rights, fair pay, and safe work conditions, now and in the future.



Government strategies to tackle the nursing shortage were recommended in a presentation by Linda Silas and Fely Marilyn Elegado Lorenzo called "ICN Growing and sustaining the global nursing workforce."

Networking with nurses from around the world and from New Zealand (Nursing Council, Te Aka Whai Ora, nurse educators and clinical nurse specialists) resulted in a respectful interchange of ideas, research, leadership strategies and relationships.

The way forward for nursing involves us understanding what local, national and international policies will work best to tackle nursing shortages. This will help enable us to work together to eliminate health inequities and disparities, and show that nurses are a real force to be reckoned with, resulting in improved health and wellbeing for all.

Anne Daniels is the president of NZNO.

NZNO kaiwhakahaere Kerri Nuku's view on the ICN congress can be found here: [Holding hands across the globe — the power of indigenous nursing.](#)



Reference

1. International Council of Nurses. (2022, Aug 11). [ICN calls for stronger codes for ethical recruitment of nurses and investment in nursing education](https://www.icn.ch/news/icn-calls-stronger-codes-ethical-recruitment-nurses-and-investment-nursing-education) (https://www.icn.ch/news/icn-calls-stronger-codes-ethical-recruitment-nurses-and-investment-nursing-education) (press release).
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NEWS

Schools of nursing unite in urgent call to protect 'at risk' nurse educators

BY MARY LONGMORE

August 23, 2023

Academics from across Aotearoa's 20 nursing schools are speaking up in an unprecedented and "urgent" call to protect what they say is an at-risk but crucial part of the nursing workforce.



Photo: AdobeStock

Academics — nurses working in tertiary education — take at least 10 years to train and make up just 1.5 per cent of the nursing workforce. But they were crucial to fostering a clinically and culturally competent workforce, as well as research-informed practice, teaching and curricula, group spokesperson Kathy Holloway said in a statement.

The group represented all 20 schools of nursing in Aotearoa — Te Pūkenga, universities and wānanga — and about 1000 staff, she said. Joining forces to speak up was an unprecedented move, driven

RECOMMENDATIONS

1. Prioritise growth of the Māori nurse academic workforce and the Pacific nurse academic workforce with clear pathways.
2. Establish a clear academic nurse career pathway for registered nurses as an advanced practice nursing role (reflecting parity to clinical advanced nursing practice).

by the high level of concern, Holloway told *Kaitiaki Nursing New Zealand*.

Recent [job cuts](#) across universities and Te Pūkenga, alongside a growing pay gap with nurses in clinical practice, had put the academic workforce under threat, said Holloway, who is head of nursing, midwifery and health science at Victoria University of Wellington.

“Current funding cuts across the tertiary sector result in increased workload, burnout, emotional fatigue and frustration as staff navigate to support the health sector workforce,” she said.

The challenges had been exacerbated after the [NZNO-Te Whatu Ora collective agreement](#), which made it “even harder to attract nurses into academia due to increasing pay inequities”, Holloway said.



Kathy Holloway

“Without sufficient nursing staff . . . there is the risk of missing opportunities for nursing innovation and population-facing health responses.”

This development would consider nurse academia as an area of specialty practice.

3. Align salary and working conditions for nurse academics with nurses in clinical practice.

She said in 2022, salaries began at around \$80-100,000 for an entry-level nursing lecturer role — sometimes even less at Te Pūkenga. This compared to \$96-144,000 for an equivalent senior nurse working for a then-district health board. Under the new [NZNO-Te Whatu Ora collective agreement](#), the gap would be even wider.

Having fewer educators would impact on numbers of sorely-needed nursing graduates in Aotearoa, she warned.

“Any exacerbation of nurse academic shortages at nursing schools across the country will limit student capacity at a time when the need for registered nurses continues to grow.”

Research was the “backbone” of nursing education and was primarily led by nursing programme providers, she said.

‘To attract Māori students into nursing, we need Māori educators and academics to provide education, lead and promote research, influence system changes and inspire the next generation of nurses to improve health care for all people in Aotearoa New Zealand.’



Te Herenga Waka Victoria University of Wellington students protesting last month over proposed staff cuts. Photo: STUFF

'Urgent' support for Māori, Pacific needed

The group wants urgent support to increase Māori and Pacific nurse educators, clearer pathways for all registered nurses (RNs) into academia and more aligned salaries and working conditions to peers in clinical practice.

Just three per cent of the nurse academic workforce identify as Māori or Pacific.

Co-chairs of Wharangi Ruamano, which represents Māori nurse and midwife educators, Jan Dewar and Zoe Tipa, said it was important to increase the number of Māori educators. This would “ensure nursing schools are equipped with the cultural insight and expertise to develop the cultural safety of all students when caring for whānau Māori”.



Zoe Tipa



Jan Dewar

Māori nurse numbers — seven per cent of the workforce compared to a population of 15 per cent — needed to increase to match population need and bring equity to health experiences and outcomes for Māori, said Dewar and Tipa. Dewar is head of nursing at Auckland University of Technology and Tipa is chief nurse at Whānau Āwhina Plunket — both hold doctorates.

“To attract Māori students into nursing, we need Māori educators and academics to provide education, lead and promote research, influence system changes and inspire the next generation of nurses to improve health care for all people in Aotearoa New Zealand.”

Whitireia's Pacific nursing head Tania Mullane said Pacific nursing educators were essential to running Pacific nursing programmes to ensure their “essence, philosophy and intent” was maintained.

“Indigenised” programmes such as the BN Pacific brought a Pacific lens to, not only cultural, but academic and professional aspects of the programme, through “who teaches them, how they are taught and where they are taught”.



Tania Mullane

The “severe” pay disparity deterred Pacific nursing graduates from becoming educators, said Mullane, who estimates there were only about 25 Pacific nurse educators currently.

Whitireia was “incredibly lucky” to have Pacific nurses willing to work part-time as educators on top of full-time clinical roles, she said.

The need for more locally-trained nurses, particularly in under-represented communities like Māori and Pacific was identified in the recent [health workforce plan](#).

Holloway said the goal of nurse academics was, through education and research, to support “safe, confident, competent, clinically and culturally competent registered nurses for Aotearoa at both the undergraduate and post-graduate levels”. They also supported post-graduate development of nurses across clinical, management, leadership, education and research areas.

The group comprises Wharangi Ruamano, the Council of Deans of Nursing and Midwifery (Australia and New Zealand), and Nurse Education in the Tertiary Sector.

The Minister of Health Ayesha Verrall referred *Kaitiaki* to Te Whatu Ora, which was not able to provide a response by deadline.

See also: [Maranga Mai! Workforce – what needs to change?](#)

NEWS

Victoria University's nursing staff escape cuts but midwifery remains in sights

BY MARY LONGMORE

August 3, 2023

Nursing staff at Te Herenga Waka Victoria University of Wellington (VUW)'s school of nursing and midwifery are breathing a sigh of relief today after finding out there would be no cuts to its nursing programme staff.



VUW students held a 'funeral for tertiary education' this week over the proposed cuts. Photo: STUFF

However, its midwifery school remains under review, although it's been given a year's grace to boost enrolments and meet the university's financial targets.

'We're all one school – we all work together to support each other. It's not nursing versus midwifery.'

Director of VUW's school of nursing, midwifery and health practice Kathy Holloway said her feelings were "mixed" at the news. It was great no nursing staff would be cut, but "a real concern" the midwifery programme remained under review.

"So it's ironically good news for one part of the school . . . But the real pressure is on the midwifery programme to enrol students over the next year, to protect its viability within the university — so that's a real concern," Holloway told *Kaitiaki Nursing New Zealand*.



Kathy Holloway

"We're all one school — we all work together to support each other. It's not nursing versus midwifery!"

Up to a [quarter of the nursing and midwifery school's 20 staff were under threat](#), as part of a wider VUW review in the face of a \$33 million-plus deficit. However, the review was paused last week after VUW received \$12 million from a [\\$128 million Government tertiary rescue package](#) for degree programmes nationally.

'We were able to find some more information that . . . demonstrated that the qualifications that sat in our [nursing] programme were financially viable.'

VUW instead invited voluntary redundancies — this week revealing 74 people had taken up the offer, about a third of those the university said it needed before the cash boost. A final decision will be made by September 21.

Holloway said nobody at the nursing and midwifery school took voluntary redundancy. However, with the extra time, they were able to make "a more detailed analysis" of its finances, which showed the nursing programmes would be

able to meet the university's financial targets after all. That followed the university's initial "very high level" budget analysis across 59 programmes, she said.

'We need to make sure we get as many midwifery students as we can.'

"We were able to find some more information that we were able to feed up to the university that demonstrated that the qualifications that sat in our [nursing] programme were financially viable," Holloway said.

"We were [also] able to make a case for midwifery . . . that we should give it more time."

The [nursing school](https://www.wgtn.ac.nz/health/schools/nursing-midwifery-and-health) (https://www.wgtn.ac.nz/health/schools/nursing-midwifery-and-health) had about 600 students enrolled across a range of post-graduate nursing qualifications from a diploma to masters and doctoral programmes.

The [bachelor of midwifery](https://www.wgtn.ac.nz/health/schools/nursing-midwifery-and-health) (https://www.wgtn.ac.nz/health/schools/nursing-midwifery-and-health) — which only began at VUW four years ago — had about 20 students poised to graduate shortly, Holloway said. It also offers post-graduate midwifery options. "They wouldn't be there if we didn't have that programme."



VUW's school of nursing and midwifery is based at Wellington Hospital.

"The midwifery programme is one of good standing — it just needs enrolments . . . We need to make sure we get as many midwifery students as we can."

COVID and high vacancies had heightened pressure on the midwifery workforce. "We definitely need more midwives to be graduating — the health workforce plan is really clear about the gap that there is in the midwifery service across New Zealand".

Nurses, midwives 'strategically important' to NZ

Recognition, in the Government's [health workforce plan](#), of the "strategic importance to New Zealand" of highly qualified nurses such as nurse practitioners (NPs) and nurse prescribers had also helped the school make its case, she said.

The plan called for more nursing graduates, NPs and prescribers within two years. Holloway said the school would certainly be able to now contribute to those aims — and was keen to get more details on how Te Whatu Ora would be supporting the plan with funding and expanded clinical placements

"There's a package of stuff we are really poised to do".
