Kaitiaki
NURSING NEW ZEALAND

NEWS

‘We stand in solidarity’: Nurses and kaiāwhina turn out in support of Te Tiriti protests

BY MARY LONGMORE

May 30, 2024

Nurses, kaiāwhina and members of Te Rūnanga o Aotearoa NZNO joined tens of thousands who turned across the motu in support of Toitū Te Tiriti (honour the Treaty) protests aimed to disrupt the Government’s Budget 2024.

Nurses and students in outside the Beehive in Wellington today.

Te Pati Māori called on all Māori and tangata Tiriti (https://www.maoriparty.org.nz/toitu_te_tiriti_activation) to join its nationwide day of action on Budget day, May 30, “to prove the might of our Māori economy by disconnecting entirely”. More than 40 locations, as far away as the Gold Coast in Australia, held events.

Māori nurse Keely Vuletic said she was attending the Auckland march as a Māori student nurse and wāhine toa.

"It's very important for nurses to understand . . . [the significance of] their presence at things like hui and protests," she said.

> **'Nurses are patient advocates – we strive for equity in treatment and outcomes.'**

Wellington nurse and member of Te Rūnanga o Aotearoa NZNO Mereruia Rikihana with NZNO policy analyst Māori Tim Rochford, at Wellington's protest.

> **'This is about Maranga Mai! This is rising up, this is about te Tiriti o Waitangi.'**

"Protests to do with the Treaty are very important, especially [as] they co-exist in line with our competencies that prove our cultural safety — and that's why I'm here today."

South Auckland nurse Ara Aiba said she came to "stand in solidarity with Māori".

"Nurses are patient advocates — we strive for equity in treatment and outcomes. Unions and nursing organisations have a responsibility to support our patients and our communities."

NZNO kaiwhakahaere Kerri Nuku, who spoke in Hastings, said the protests represented "everything NZNO stands for".

> **'The feeling was there, the energy was there and it was great.'**

Kerri Nuku speaking in Hastings: 'The energy was there'.

"This is about Maranga Mai! This is rising up, this is about te Tiriti o Waitangi in its authentic implementation — so it was important we had a presence and a voice to represent our communities."

The NZNO flag was flying at Tāmaki Makaurau, Auckland's rally.

After a stormy night, Nuku said the sun rose "and this morning everything was just calm and beautiful sky".

"When we approached, the feeling .... the square was chock-a-block with Palestine flags, tino rangatiratanga, He Whakaputanga — it was great. The feeling was there, the energy was there and it was great."

Nuku said she spoke about the impact of colonisation and how policy redesign had minimised the voice of nurses over centuries.

"I spoke to that and the power of legislation and the need to come together more often than just to have to do this."

Te Rūnanga member Ruth Te Rangi, right, with kaumātua Kathy Simmons in Ōtautahi.

'Lights dimming' after Budget 2024

Nuku said that despite a broken health system the money set aside for health over the next four years in today's Budget was "barely enough to keep the lights on".

"What we have here is yet another Government perpetuating the problem of underinvestment and failure to plan for the future."

Young protestors at the Bridge of Remembrance in Ōtautahi, Christchurch

The health budget is $29.637 billion for 2024/25, it was revealed today.

That includes $14.611 billion for Te Whatu Ora hospital and specialist services — a 1.59 per cent increase on last year's actual spend.

Early NZNO analysis suggests while this meets the health system's cost status quo, it does little to address safe staffing levels for the nursing workforce.

> **'This will increase inequality and every New Zealander will pay for that in the long run.'**

There was "virtually nothing" about growing the health workforce, which was astonishing, Nuku said.

"Does the Government seriously believe the nursing shortage crisis has been solved?"

A protestor scales the statue of former prime minister Richard Seddon outside Parliament.

There was not even enough set aside for the Government to meet its own health targets for surgery wait times, cancer treatment and waiting times in ED.

The Budget seemed to be walking back Prime Minister Christopher Luxon's pre-election promise that all nurses in New Zealand would be paid the same, no matter where they worked.

Its contingency funding was not adequate to meet current pay equity claims — let alone more, Nuku said.

Wellington protestors.

"Until we get pay equity sorted, the problem of overcrowded emergency departments will persist. People turn up in ED because they can't get community care, and that's because nursing staff have left for better pay."

Nor was there enough set aside for hauora Māori, given projected Māori population growth — perpetuating health inequities.

"This will increase inequality and every New Zealander will pay for that in the long run."

Wellington scenes outside Parliament.

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‘People aren’t on a spreadsheet’ — nurses share pain over latest cut-backs with health leaders

BY MARY LONGMORE

May 30, 2024

A nurse who has quit and another who “literally ran” her entire shift were among those who spoke to Te Whatu Ora leaders face-to-face about latest cost-cutting — one breaking down in tears as she spoke.

Photo: AdobeStock.

“Nursing has always been my passion – I love clinical stuff, I love everything about nursing. It’s just that I can’t with a family anymore,” Suzette (last name witheld on request) told *Kaitiaki Nursing New Zealand.*

She was among several nurses who shared their experiences in person recently with Te Whatu Ora chief people officer Andrew Slater and national director of hospital services Fionnagh Dougan, while handing over a survey (https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Health%20Sectors/DHB/HNZ/2024-05-24_Health_Service_Cuts_Survey_Booklet.pdf?ver=uJo4Jb30FROhAjmLaIo7aA%3d%3d) of 925 NZNO members who work at Te Whatu Ora.

After media leaks, Te Whatu Ora revealed it had been ordered to cut back on spending in a bid to save $105 million (https://www.rnz.co.nz/news/national/515300/hospitals-asked-to-save-total-of-105-million-by-july-te-whatu-ora-confirms) by July 1, the start of its new financial year.

Measures include banning double shifts, limiting sick leave cover and wiping vacancies that are not part of a new structure. Staff are also being pressured to take leave on public holidays like Matariki and ANZAC day.

Shifts 'unsafe'

Despite her passion for nursing, Suzette ended up quitting for a non-clinical role after a particularly tough night shift on her ward.

> **'I felt guilty because I couldn't nurse the way I want my patients to be nursed. I'm all for patient safety – and that shift was not safe.'**

Instead of four registered nurses (RNs) there were just three, including a new graduate, when they were fully occupied with acutely unwell patients.

"We all ended up having six patients — I had seven — and I was coordinator on top of that," she said. "The three of us never had breaks, we just went through our whole shift."

NZNO delegates with Te Whatu Ora leaders last week.

It took Suzette two days to recover, emotionally and physically, and she decided to leave soon after.

"I felt guilty because I couldn't nurse the way I want my patients to be nursed. I'm all for patient safety – and that shift was not safe."

When she shared this with Slater and Dougan, she broke down — but was told everyone had to work within the new limits.

Another senior nurse at the meeting, Dawn Barrett, said the budget cuts created an "impossible situation" for nurses, already run off their feet.

Dawn Barrett

> **'It's not all about numbers and ticking boxes and CCDMs and shifts below targets. It's actually a really different picture on the floor.'**

Afterwards, Barrett told *Kaitiaki* it was one of the busiest shifts she'd ever experienced.

"We had the biggest number of acutes we've ever had since I've been here. Me and the other staff literally ran for the whole shift."

Nursing 'compromised'

Barrett said nursing was just getting back on its feet over summer, following COVID, loss of nurses to Australia and difficulty recruiting. But she feared the latest move would "undo all the good work".

"They've just compromised the whole nursing crisis by this move. All the measures that have done great work are going to be undone by putting incredible pressure on staff, especially when sick leave is off the chart."

Senior theatre nurse, Deena Cardon, told the leaders that not replacing sick staff could have a big "overflow" impact on other staff and patients.

Deena Cardon

"If one person's sick and they don't get replaced in preop . . . you might find the overflow effect is a patient's late to theatre. Theatre runs late, an anaesthetist, a tech, three nurses & a PACU [post-anaesthesia care unit] nurse all have to work overtime or a patient gets the operation cancelled," she said.

> **'We don't blame our charge nurses – we're angry at Te Whatu Ora and the New Zealand Government.'**

"We're in this decision every single day as to who's going to get their operation and who's not."

Cardon said what happened in reality was not always matched by the hospitals' acuity tools.

"It's not all about numbers and ticking boxes and CCDMs and shifts below targets. It's actually a really different picture on the floor."

And while she was glad the Te Whatu Ora leaders listened, their meeting seemed "hurried" lasting only 10 minutes or so, Cardon said.

Te Whatu Ora 'hands tied'

The leaders simply said their hands were tied and they were not allowed to start their financial year in deficit.

> **'But we need our leaders to make those decisions locally because they know their own situation**

best and each hospital and ward will be different.'

Cardon said she wanted to acknowledge that charge nurses were doing a "bloody amazing job" despite being stuck between their nursing staff and management "who just want to squeeze every dollar out of the department".

"We don't blame our charge nurses — we're angry at Te Whatu Ora and the New Zealand Government."

Of those surveyed by NZNO, the overwhelming majority said the moves would impact their health and wellbeing.

The main concerns were:

- Understaffing – leading to stress, burnout and nurses leaving
- An unsafe work environment
- Feeling undervalued
- Being unable to upskill or train new staff
- Financial impacts on staff

'Local decisions' – Te Whatu Ora

Slater said while hospital leaders had been asked to be "mindful" about overtime and backfill, he expected they would make the right calls based on the circumstances at the time.

"But we need our leaders to make those decisions locally because they know their own situation best and each hospital and ward will be different," he told *Kaitiaki* via email.

"They may not always need to use backfill if staff are away, for example when patient numbers on a ward are lower."

Slater said taking leave was important for nurses' wellbeing.

"For too long, nurses haven't been able to take the leave they need. Now we have more nurses, we're encouraging them to do that."

Te Whatu Ora had increased its nurses with another 2500 last year but Slater said he knew their experiences on the ground would vary. Te Whatu Ora was also working on nurse shortages in mental health, intensive care and emergency departments.

"Patient safety and outcomes, coupled with staff wellbeing, remain fundamental alongside the need for financial sustainability."

Andrew Slater

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Financial support for nursing students ‘the way to go’, says new head of Nelson nursing school

BY MARY LONGMORE

May 24, 2024

Lack of financial support is stopping many students realising their dream of becoming a nurse, says the new head of Nelson nursing school.

Linzi Birmingham, right, with daughter Tara -- who also trained a nurse -- being awarded her masters in 2008.

Yorkshire-born nurse practitioner (NP) Linzi Birmingham takes up the role this month, after many years of nursing across different sectors in the United Kingdom (UK), Australia and New Zealand.

> **'I think a lot of people are not achieving their dream of becoming a nurse because of the financial constraints.'**

"We — myself and lots of people I trained with — we would not be here if we hadn't had that support," said Birmingham, who was paid to study nursing in the UK in the early 1990s as a young single parent. "It seems the way to go," she told *Kaitiaki Nursing New Zealand.*

"There were married people, there were single parents, there were people who really needed an income – so if we didn't have any form of income, we would never have achieved these dreams," Birmingham said.

"And I think a lot of people are not achieving their dream of becoming a nurse because of the financial constraints."

Placements took up so much time, especially in the third year of study, forcing students to give up part-time jobs, she said. "I would be in support of some monetary gain for student nurses, definitely."

Raised in the small Yorkshire town of Dewsbury, Birmingham first came to New Zealand in 2002 after a few years of working around the UK.

Linzi Birmingham

> **'We were held in quite high esteem and respected and valued by the community, by the hospital that we worked for. That's how it should be.'**

An NP at a time when the role was barely on the radar in New Zealand (where it was introduced in 2000 (https://www.nzno.org.nz/support/professional_development/nurse_practitioners/advice_for_aspiring_nurse_practitioners)), she worked at Middlemore Hospital emergency department (ED) for a year — "a fascinating environment", she recalls.

But after a year she headed home, then tried Australia. She ended up in the small town of Portland in southwest Victoria as a rural ED nurse manager for six years — an experience which was a "really steep" but positive learning curve.

"We were held in quite high esteem and respected and valued by the community, by the hospital that we worked for. That's how it should be," she said.

To this day, she remains in touch with her colleagues from that time nearly 20 years ago.

In her time there, Birmingham completed her masters in advanced nursing practice (emergency), contributed nursing expertise to the development of the Australian triage standards and taught advanced life-support skills around Australia.

"The Australian health system were really open to new ideas and how to improve. I just felt really listened to over there, which was nice."

She had similarly always felt respected in the role in the UK — although had once considered walking away from the profession.

Birmingham volunteering at the 2006 Commonwealth Games in Australia.

Emergency nursing.

A few years earlier, while still in Yorkshire, Birmingham came close to giving up nursing after caring for her mum as she was dying from multiple myeloma, a type of blood cancer.

"I'd seen her be really stoic and going through this horrible illness, so brave. So I thought I can't go back into a ward situation when people are just moaning about little things."

But a nursing colleague urged her to try emergency nursing, saying: 'Nursing can't lose you'.

> **'There's just so many opportunities that we've been quite slow on the uptake in New Zealand.'**

Taking that advice and moving into emergency nursing at Dewsbury and District Hospital in the late 1990s, Birmingham said this was a "massive turning point for me, because I knew that were my place".

"The managers there just wanted you to be the best you could possibly be."

Birmingham with nurse colleague Victoria Hingaia helping provide medical services at Bay Dreams Nelson music festival last year.

With the support of the hospital, she completed her post-graduate emergency nursing and teaching qualifications as well as her NP training over the next few years — all of which was funded while she got paid her salary. Advanced nurse training in the UK was strongly encouraged and supported, she said.

"When I first became a nurse practitioner, the doctors loved it because it helped them to have more people in the workforce who can do a similar role. So I have seen over the years quite a mixed bag of opinions on the nurse practitioner."

"Really missing" New Zealand, Birmingham returned in 2011, and became ED charge nurse manager at Waitemata Hospital. She then moved on to a more senior management role in Waikato ED for a couple of years, before moving into primary health in the Nelson-Marlborough region.

She became general manager of Golden Bay's integrated community health centre, which provided everything from aged care to emergency and palliative care services to the semi-rural community.

Role of the nurse

Extending the nursing role and scope had always been a focus for Birmingham, after experiencing respect, encouragement and support to advance her nursing in the UK and Australia.

In New Zealand, by contrast, Birmingham felt she had to prove herself a lot more and opportunities for advancement were fewer — something she has tried to change.

"My big push is always to grow nurses, expand them – there's just so many opportunities that we've been quite slow on the uptake in New Zealand, and that's not a criticism," she said. "I know it's always been to watch and learn and see what everybody else does, but there've been opportunities that have been a slow burn rather than a fast pace."

Birmingham with her rescue dogs. An animal-lover, she has been a vegan for 17 years.

So, after seven years, when she got the chance to move into educating the future nursing workforce as head of nursing at NMIT, she jumped at it.

Birmingham wants to see student numbers grow, along with the number and variety of placements available — "to get them out and experience things in the clinical world".

But — with 1100 hours of clinical experience required across three years (including a nine-week placement in third year) — this could take its toll. Students often needed to quit part-time work creating more financial strain and need for "some monetary gain" to help them through, she said.

"I'm feeling really privileged to be in this position. I just can't wait to see how it's going to evolve and what we're going to do in the education sector and where nursing's going to sit in all of that."

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‘It’s bittersweet, but I don’t think I want to nurse here anymore’

BY MARY LONGMORE

May 16, 2024

An Auckland nurse says she is reluctantly giving up on nursing in Aotearoa after burning out just six weeks after coming back to work here.

After a night shift in Julia Creek, Queensland, the sunrises were spectacular, says Skye. But is the sun setting on her New Zealand career?

“I love district nursing and I love nursing and I love New Zealand,” said the nurse, who *Kaitiaki* agreed not to name. “It’s bittersweet, but I don’t think I want to nurse here anymore.”

The nurse — let’s call her ‘Skye’ — attended NZNO’s rally for safer staffing in Porirua last week while on holiday in Wellington.

Skye first left for Australia early in 2023 after finding her district nursing role here too demanding.

> **‘It’s still a stressful environment . . . But because you all have the lesser ratio, you all can help each other and so there was more time found to go over problems.’**

Her first contract was in a remote hospital in the small Queensland mining town of Mt Isa, population 20,000.

Queensland introduced legislated minimum nurse/midwife to patient ratios in 2016 (https://www.qnmu.org.au/Web/Campaigns/ratios-save-lives.aspx) for acute medical and surgical wards, and some mental health units, after nearly 10 years of lobbying by the Queensland Nurses & Midwives Union (QNMU). In 2019, it was extended to all adult acute mental health wards. In 2023, Queensland also committed to implement midwifery ratios in all public maternity wards by 2026.

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa is campaigning for legislated ratios (https://maranga-mai.nzno.org.nz/ratio_justice) for nurses here.

Working with mandated staffing levels for the first time in her life, Skye found herself caring for just four patients on the medical ward, instead of the usual five or six in New Zealand’s medical wards.

“It was amazing — you had a lot more time to do the care you would like to do, so it was more holistic,” she said.

The expatriate nurse (centre) joined delegate Anita Ward (right) and NZNO lawyer Machrus Siregar in Porirua last week on one of NZNO’s nationwide rallies for safer staffing.

Only once in her three month stint there did Skye see a nurse taking on more than four patients.

"When you're trying to assess deteriorating patients and rapidly assess people, four people was really manageable. Whereas five, I found in New Zealand, there was always your one stable patient who – I hate to say this – would get a bit ignored."

> **'Five to six was the norm [in NZ] – you'd never, ever have under five patients, it just didn't happen.'**

However, there were few health-care assistants (HCAs) on the floor in the Queensland hospital as their task was often watching patients with delirium or dementia.

"So you'd have four patients, but you would do everything," she said. "New Zealand's quite different . . . you have five patients but you have HCAs on the floor who will help you."

Skye's next contract was at Julia Creek, a tiny remote town of about 500 in the Queensland Outback. Working in its multi-purpose health service, which combined emergency services with general practice and aged care, she said ratios were similarly "really low".

It was either "all go" or relatively quiet, she said.

Julia Creek's multi-purpose health centre.

In contrast, during her first professional five years working in New Zealand, she had cared for up to six patients at a time in some medical wards. "Five to six was the norm – you'd never, ever have under five patients, it just didn't happen."

> **'You have more time to really spend with your patients and get to know them. With four patients I felt like I could actually give holistic care.'**

On one New Zealand acute renal and stroke ward, Skye said she was looking after five "very sick" patients, and would spend the entire shift running. All the patient cares needed two people, but there were usually only a couple of HCAs

available to help.

"So you're all really really pushed for time – and you're clinically assessing these people and you're giving medications – and stroke and renal are very high acuity specialities."

While it was hard to compare the urban settings she had generally worked at in New Zealand, with the Queensland rural settings, she said mandated ratios had made a "huge" difference.

"It's still a stressful environment, it's still a hospital, there's still funding issues – there's still the queues in ED we experience. But because you all have the lesser ratio, you all can help each other and so there was more time found to go over problems."

Like the environment, Skye found working conditions in Queensland very different.

Ratios allowed nurses to give safer, holistic care – and have time to think critically about what is important.

"You have more time to really spend with your patients and get to know them. With four patients I felt like I could actually give holistic care," Skye said.

"You can go to your other colleagues and help them, or go sit by the bedside and hear somebody's story and be like: 'Okay, how can we help you?' Or there's some grievance or they're upset. So you just physically have more time or you feel a bit more capable or on top of things for patients."

> **'It's such a hard space – there's not enough support and not enough nurses and we just keep on getting more and more work'**

'Not perfect'

Queensland wasn't perfect – sometimes the hours were shockingly long with some choosing to work double shifts up to 20 hours – but Skye said ratios definitely helped nurses provide safer care.

In New Zealand, she had usually been rushing around to get everything done in time.

"I found you had to cut corners and all nurses do it," she said. "You have to cut corners because there are certain things you have to get done at a certain time. You're trying to do the best you can within your capability but you're doing it in a system that's not working for you – so you're constantly working against it."

She came back to New Zealand earlier this year and tried a six-week district nursing contract – but found it too hard.

"The first week I remember just breaking down because the expectation was so high – you had to see so many patients."

'Really scary' conditions

Demand was so high, Skye said she did not feel she could practise safely, which was "really scary".

"I think what we're seeing in the community now is patients are sicker, acuity is higher – and it's not just wound cares, patients have become more complex as well."

Skye – who is on holiday in Wellington but about to return to Queensland – said she didn't know if she would ever come back to work as a nurse in New Zealand.

"But at the same time, I love this country – it's bittersweet. I don't think I want to nurse here anymore. I'm so burnt out after those six weeks, I was just like 'this isn't safe'."

> **'It's such a hard space – there's not enough support and not enough nurses and we just keep on getting more and more work.'**

Skye believed pay rates were also better in Australia, although as she was being paid agency rates she could not comment on permanent pay rates.

Before she left to return to Australia, she told her New Zealand colleagues what an amazing job they were doing.

"It's such a hard space – there's not enough support and not enough nurses and we just keep on getting more and more work."

More than 9000 New Zealand nurses had registered to work in Australia (https://www.rnz.co.nz/news/national/509623/thousands-of-nz-nurses-register-to-work-in-australia) in the 10 months to February — an average of 900 per month, RNZ has reported.

Hamilton nurses and kaiāwhina rallied for safer staffing.

Call for nurse ratios in NZ

Speaking at a rally outside Wellington Hospital last week, NZNO kaiwhakahaere Kerri Nuku said in nursing in New Zealand was "in crisis".

"If this continues, we will see compromised health care . . . and we'll see more of our nurses leave for Australia, where they have implemented nurse/patient ratios that recognise that nurses are a valued workforce and that there must be a minimum on every ward."

In New Zealand, ratios must also be te Tiriti o Waitangi-led, and consider skill and culture mixes, Nuku has said.

Kerri Nuku and members call for safe staffing ratios outside Wellington Hospital.

In the two years after ratios were first mandated in 2016, QNMU (https://www.qnmu.org.au/Web/Campaigns/Ratios_Save_Lives/Web/Campaigns/ratios-save-lives.aspx?hkey=fcde45ec-53f2-4acf-80f1-24efd731faa1) said 145 deaths and 255 readmissions had been avoided, as well as $81 million saved.

Nurse ratios have also been legislated in California, British Colombia, Ireland and Wales.

NZNO is campaigning for legally mandated ratios in New Zealand, with a two-week nationwide bus tour planned for June and conference in July aimed at health decision-makers.

Chief executive Paul Goulter said evidence showed ratios brought better health outcome for patients and less burnout for health workers.

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NEWS

Nurses and kaiāwhina across Aotearoa brave chill winds to call for safer staffing

BY MARY LONGMORE

May 9, 2024

Nurses and kaiāwhina braving brutal near-zero temperatures in some places to speak up for safer staffing received warm support from the public as they rallied across the country today.

Whanganui nurses, midwives and kaiāwhina rally for safer staffing.

"Good on you!" and "You do a beautiful job!" passers-by call out to nurses outside Wellington Hospital, amid near-constant tooting from motorists — including a cheeky police car. "You deserve it!" adds a passing cyclist.

Ahead of the 2024 Budget at the end of this month, nurses and kaiāwhina rallied across the country today, in a call for more funding for health and enforceable safe nurse-to-patient ratios.

Nurses rallied against cold winds in Wellington.

As a freezing blast swept many parts of the lower North and South Island, nurses and the wider kaiāwhina workforce stepped out at more than 20 locations to protest over unsafe staffing putting them and patients at risk.

> **‘We’re haemorrhaging staff to Australia. The money is attractive but it’s also about conditions.’**

Wellington Hospital delegate Annie McCabe said nurses were frustrated with the lack of attention to ongoing serious understaffing.

“We’re haemorrhaging staff to Australia. The money is attractive but it’s also about conditions.”

NZNO delegate Annie McCabe outside Wellington Hospital today.

> **'We are having to compromise on all these things – we are not paid enough, we are not valued and we are not able to deliver the level of care we want.'**

McCabe said nurses wanted three things: To be paid what they're worth; to be valued and recognised at work; and to deliver the care they've been trained for.

"We are having to compromise on all these things — we are not paid enough, we are not valued and we are not able to deliver the level of care we want."

Members of Te Poari were at Wellington's rally.

Northland nurse Anna Clarke said when staff were sick or away, there was often nobody to cover.

"That's when all those unsafe practices come up — you end up putting patients' lives at risk."

NZNO kaiwhakahaere Kerri Nuku told Wellington's rally nurses must stand strong in their demand for safer staffing.

"If this continues, we will see compromised health care . . . and we'll see more of our nurses leave for Australia, where they have implemented nurse/patient ratios that recognise that nurses are a valued workforce and that there must be a minimum on every ward."

Anna Clarke

Health-care assistants in Wellington.

The day of action took place as NZNO released figures (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6776/official-nurse-unsafe-staffing-figures-genuinely-alarming) supplied by Te Whatu Ora revealing a quarter of shifts were understaffed in 2023 — and some wards nearly all the time that year.

NZNO chief executive Paul Goulter said the figures showed some neonatal wards were understaffed for 80 per cent of last year — and more than half the country's children's wards were understaffed 20 per cent of the time.

Other regularly understaffed wards included cancer , surgical, women's health and — most acutely — mental health.

Paul Goulter in Christchurch.

The Budget was the Government's "last chance" to show they cared about health, by funding safe staffing levels, Goulter said.

> **'It makes such a difference to have only four patients – to do with safety, to do with your patient interaction and your personal connections with your patients.'**

In Porirua, aged care delegate Anita Cook said public support was "huge" on a bitterly cold morning, with constant approaches and beeps.

NZNO aged care delegate Anita Cook (far right) with a visiting friend now working in Queensland, Australia, (centre) and NZNO lawyer Machrus Siregar in Porirua today.

Ratios 'such a difference'

Her visiting friend — who asked not to be named — joined the rally to show support after leaving New Zealand last year for Queensland where nurse-to-patient ratios are mandated.

Having worked in medical wards here, where she cared for up to six patients, and in Queensland, where she never had more than four patients, the experienced nurse said mandated ratios made a huge difference.

Taranaki members rally in New Plymouth.

"It makes such a difference to have only four patients — to do with safety, to do with your patient interaction and your personal connections with your patients."

She loved New Zealand, but did not believe its working conditions were safe for nurses or patients.

Wairarapa members rally in Masterton.

A bitter day with cold winds and rain did not deter the faithful at Wairarapa, organisers said.

Members of the primary teachers' union NZEI turned up to support the nurses, who also gained many supportive toots from the public — plus a free burger from the Rapid Relief (https://rrtglobal.org/nz/) food charity after the weather closed in.

Christchurch supporters, left to right: Eden Cruz, Merlie Cruz and Precy Padilla.

Nurses and kaiāwhina rally in Auckland.

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NEWS

Northland nurse director joins GP call for more funding as practices face closure

BY MARY LONGMORE

May 3, 2024

Primary health nurses will burn out alongside their GP colleagues unless they get enough funding to adequately care for their complex communities, warns a Northland nursing leader.

Mahitahi Hauora director of nursing Rhoena Davis

Jensen Webber, chief executive of Northland's biggest primary health organisation (PHO) Mahitahi Hauora, has warned of some of its 28 practices may have to close (https://www.nzherald.co.nz/nz/northland-gp-services-in-crisis-primary-health-leader/X5CF5MMJCZGHBMQW2ZSFDGBPPE/) due to lack of funding, burnout and staff shortages.

Mahitahi Hauora's director of nursing, Rhoena Davis, said a different approach is needed to the current model which funds practices

The realities of a primary health nurse practitioner's daily life

As a nurse practitioner, I am running most days. I start early to clear my inbox, then I start seeing people about 8am. Sometimes I meet people at the

according to patients' age and gender rather than need.

> **'GPs are leaving practice due to burnout and retirement – so are nurses.'**

"This exacerbates long-standing neglect and discrimination for our patients with chronic care needs from the health system," she told *Kaitiaki.* "In other words, they're not fairly funded to actually address complex needs."

A better way would be to allow local primary health providers to work with iwi-Māori partnership boards to determine the design and funding needed to care for their community, Davis said.

Years of underfunding, with high workloads, had seen many of Northland's primary health workforce quitting — often for better paid roles at Te Whatu Ora or elsewhere.

> **'The younger nurses are looking at the carrot that's hanging from secondary care services.'**

Jensen Webber

"GPs are leaving practice due to burnout and retirement – so are nurses," she said.

"The younger nurses are looking at the carrot that's hanging from secondary care services. As a young nurse, I would be doing the same," Davis said. "It's about family and it's about 'how do I advance what I'm doing and what I'm doing for my family'."

More equitable funding would allow for enough clinical roles to meet different communities' needs, as well as close the pay gap between general practice and Te Whatu Ora, Davis said.

"My personal perception is the solution would be to have appropriate funding models for primary care which iwi-Māori

door at 7am, waiting for someone to see a child who is sick.

This is a rural area. We've advocated so many years to say: 'Take your child to [a] hospital'. But it's a long drive to hospital for many. From Te Hapua to Kaitāia it's about an hour's drive. Then you may have to go to Whangārei from Kaitāia, so that's another two hours' drive — and it's bouncing. Sometimes you may need to go to Auckland, and that's another four hours' drive.

If you've got no petrol and you've got no means – the closest place you can get to is perhaps your general practice – then that is where families will come. These are some of the realities that compound our work.

I've worked in secondary care services for about five years and then moved into primary care. I felt that I filled my basket [there].

You've got to know your game to come to primary care and you've got to be highly skilled. You've got a broad range of services from antenatal, postnatal care – and we're not funded for it, but we see it. And we also see Tamariki Ora/Well Child, we see vaccinations, we see childhood illnesses and we move into teenage illnesses and mental health. So you've got a marriage of skill bases within general practice – hence the word general, because they're life-span issues.

It's the passion that drives you. I'm very passionate about Māori health, which we see a majority of the time. I'm also passionate about rural health — we do things differently in rural health.

The funding is not as great, but the connectivity within rural health and how you work and weave and navigate and connect with others and have great relationships – is part of the enjoyment of your role. It's not only within health, it's also within policing, education and social services. You become one big whānau. It's like the hāpu context we talk about as Māori . That makes me quite comfortable

partnership boards and primary care providers determine and co-design and fund in accord with their community and wellbeing."

working in that context because it's very much a part of what we do as Māori, but it's also inherent as nurses.

For many of the nurses I am working alongside, there still seems to be that passion and commitment to general practice. They seem to be still there – there is some movement, some short staffing in areas. But the commitment, dedication and loyalty to general practice continues to glow at the moment.

— By Rhoena Davis

Northland general practice 'in crisis'

A recent Mahitahi Hauora survey found Northland's general practices were "in crisis" after years of workload pressures and underfunding, Webber said in a recent press release.

"Our Te Tai Tokerau GPs are telling us loud and clear that they are feeling strained after years of workload pressures and underfunding. There is no doubt about it, Northland is in crisis."

Some of Mahitahi Hauora's rural practices may be forced to closed due to financial instability, "leaving those communities with the highest and most complex needs patients without access to primary care".

In the survey of Mahitahi Hauora staff across 28 practices, 88 per cent of respondents said they needed more funding for enough clinical staff and 76 per cent said that lower pay in primary health was the main barrier to staff recruitment and retention, the release stated.

Funding limitations 'acknowledged'

Te Whatu Ora director living well Martin Hefford said the organisation acknowledged the limitations of capitation funding, which did not consider "important factors such as socioeconomic status or ethnicity".

Martin Hefford.

Work to make funding more flexible, such as including multi-morbidity factors, was underway and would start unrolling in August, he said.

A primary care development programme (https://www.tewhatuora.govt.nz/health-services-and-programmes/primary-care-development-programme/) had also been established to support primary and community services, including urgent and after-hours care and rural health.

"We are continuing to work on future models that will incorporate community involvement in local health service planning and delivery. This will include working with iwi-Māori partnership boards, community leaders and other stakeholders."

Other efforts to remedy the funding had included a five per cent increase for primary and community health services from July 1, 2023; an equity adjustment to some practices in 2023/24; and more than $30 million to general practices over 2023/24 to assist with nursing pay parity.

Te Whatu Ora also acknowledged the workforce pressures primary care teams were facing, he said.

Kaitiaki
NURSING NEW ZEALAND

NEWS

‘It’s heart-breaking’ – nurses and kaiāwhina to rally across Aotearoa for safe staffing

BY MARY LONGMORE

May 8, 2024

From aged care to mental health, nurses and health-care assistants (HCAs) are rallying around the country tomorrow (May 9) for safer staffing ratios ahead of this month’s Budget 2024.

NZNO delegate Anita Cook (far left) with caregiving and nursing colleagues attending tomorrow's day of action for safe staffing.

"Heart-breaking", "disappointing" and "awful" is how nurses and kaiāwhina describe their current staffing levels across several sectors.

"It's quite heart-breaking actually and it's really disappointing," NZNO delegate and Auckland paediatric nurse Jade Power told *Kaitiaki.* "All of us, as nurses and health-care workers and midwives, want to provide the best care that we can."

> **'Caregivers are working back-to-back shifts many days a week. They might be doing 16 hours a day, five days a week – seriously, it is awful.'**

Jade Power

Power and colleagues are among those attending 20 rallies around the country Thursday calling for more health funding in the 2024 Budget, due on May 30.

In the current climate, nurses are often forced to ration their care, said Power.

"If a patient deteriorates, our whole focus is on them and we just have to hope our other three to four patients are okay."

Jade Power (far right) with fellow NZNO delegates Jojemarie Oaminal (left) and Lauren Weir last year ahead of the 2023 Election.

Te Whatu Ora documents, provided to NZNO, show more than a quarter of nursing shifts were below safe staffing targets in 2023 — and some wards had unsafe staffing levels almost constantly.

Power — a recent graduate — said many wards had few senior and experienced nurses which made it "really scary" at times.

"It's actually really scary. Nurses can't always see all their patients as much as they need to and at times can't provide appropriate care and the specialist care they need to provide. We are finding it really deflating."

> **'What happens then is the aged population we're caring for miss out on things like showers.'**

Aged care workforce 'burning out'

Wellington gerontology nurse and delegate Anita Cook said aged care staff were enduring "awful" pressure leading to burnout, particularly among health-care assistants (HCAs), who were the dominant workforce.

"We see burnout because the caregivers are working back-to-back shifts many days a week. They might be doing 16 hours a day, five days a week — seriously, it is awful," Cook told *Kaitiaki.*

And there often were no incentives like penal rates for the overtime: "Except for the fact their wages are so low and the cost of living so high, they have their backs to a wall and don't really have an option except to do those hours, if they want to survive," she said.

"By keeping them poor, they are driving this burnout."

Burnout led to lengthy sick leave, which left many care homes even more short-staffed, Cook said.

Anita Cook.

"What happens then is the aged population we're caring for miss out on things like showers. We've had people forgetting to hand out the meals to residents. We had one yesterday who missed breakfast, morning tea and afternoon tea and ended up having hypoglycaemia."

Nurses in aged care were also feeling the pressure, with at times just one caring for up to 100 residents when short-staffed. "Short-staffing is a really big problem for us."

It was hard to recruit and retain staff to aged care, which paid less than Te Whatu Ora and did not offer many benefits like penal rates and double time for public holidays.

> **'Sometimes staff get assaulted, and we listen to abusive words constantly which is not nice.'**

Now the pay equity taskforce had been disestablished (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6772/government-pay-equity-proposal-a-blow-for-women-and-community-health) by the Coalition Government — despite a promise to pay all nurses equally (https://www.rnz.co.nz/news/election-2023/498906/newshub-leaders-debate-the-new-commitments-and-refusals-to-rule-out) — she said.

"It just seems really discouraging. Nobody knows what's going to happen but definitely pay parity is a big issue for the caregivers and nurses."

Cook said she loved her job and "adores" her residents, but was unsure if she would stay in the long term unless there was change.

"I've thought about moving to Australia. I will give it another two years here and if things are not improving I'll think I'll just do 'fly in, fly out' [contracts] in Aussie."

'Dangerous' understaffing

Palmerston North Hospital mental health nurse and delegate Shigil Gopalakrishnan said with further health cuts signalled, more and more nurses were leaving, mainly for Australia.

> **'When you work in a short-staffed area for long, you get burned out and don't want to work in that place anymore.'**

This was leaving wards like his dangerously understaffed, endangering both tangata whaiora [patients] and staff, he said.

Students warned off nursing over burnout

Shannyn Bristowe, who will be speaking at Tauranga's rally tomorrow.

The Government must prioritise investing in both the present and future nursing workforce. Following Australia's lead, we urge the implementation of a "pay as you earn" system for nursing tauira (students), coupled with essential cost-of-living support.

Enough with the empty promises on safe staffing – action is needed now. As a health-care assistant (HCA) and student nurse, I've witnessed first hand the dire consequences of understaffing on patient safety and outcomes. The alarming rate of burnout among nurses and HCAs directly correlates with this crisis.

How can we expect our current workforce, already stretched thin and undervalued, to effectively mentor and teach future nurses during placements? I've even had a nurse tell me to reconsider my career choice because of the lack of appreciation and the burnout.

In this context, achieving true equity demands tailored solutions. The current system fails to address the unique needs of Māori and Pacific communities, resulting in stark health disparities. Racism and discrimination

"If you don't have enough staffing to cater to the patients' needs, they get overactive, physically and verbally, and that impacts on staff. Sometimes staff get assaulted, and we listen to abusive words constantly which is not nice."

Gopalakrishnan said while wards were understaffed, nurses could only focus on "basic" care.

"Sometimes sitting with them and talking to them might be more helpful than medication. When we are short-staffed we don't have enough time to do that."

Shigil Gopalakrishnan

Nurses were heading to Australia not just for pay — which was not dissimilar for those in Te Whatu Ora — but better conditions.

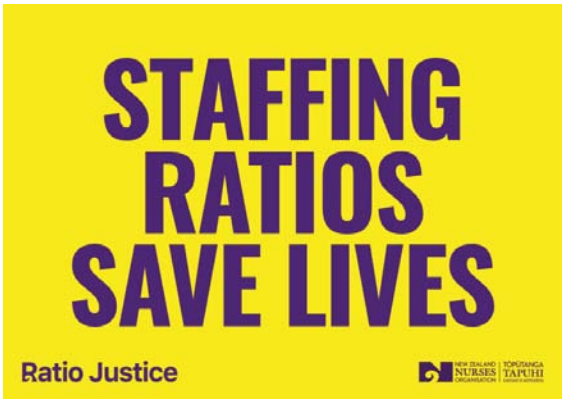
"When you work in a short-staffed area for long, you get burned out and don't want to work in that place anymore."

Clarity on nurse-to-patient ratios would help, but needed to be alongside the safe staffing system care capacity demand management (CCDM), he said.

persist within our health system, underscoring the urgent need for culturally responsive care provided by Māori nurses.

It's time for decisive action. The health and well-being of our communities depend on it. It's time to focus on recruiting, retaining, and empowering the future of our nursing workforce.

— By Shannyn Bristowe (Ngāti Porou, Ngāpuhi)
National student represententative Te Whare Wananga o Awanuiarangi
Co-chair NZNO national student unit



Ratios 'save lives'

NZNO kaiwhakahaere Kerri Nuku said the rallies were intended to highlight "alarming" rates of unsafe staffing in the nursing workforce — including culturally unsafe care and inadequate skill mix.

> **'I've even had a nurse tell me to reconsider my career choice because of the lack of appreciation and the burnout.'**

After legally-enforceable nurse-to-patient ratios were introduced in parts of Australia 10 years ago, there had been fewer readmissions and shorter hospital stays — saving lives and money.

Investment in a clinically and culturally safe workforce would help keep more nurses in New Zealand and address health disparities, she said.

See here for rally locations/times, or below:

North	
Whangārei Hospital	1.30-4pm
Kawakawa at the Paihia/Whangārei roundabout	1 – 2.30pm

Auckland City Hospital (Park Road)	2-4pm
North Shore Hospital	2-4pm
Waitakere Hospital	1.30-4pm
Middlemore Hospital	2-4pm
Elmwood Village, Manurewa	2-4pm
On the corner of Ranfurly and Manukau roads, Epsom	2.30-3.30pm
Hamilton: On the corner of Ohaupo Road and Lorne Street	1-2pm.
Tauranga Hospital (Cameron Road)	1-2pm
Middle	
Hawke's Bay: Stortford Lodge corner in Hastings	1-2.30pm
New Plymouth: Taranaki Base Hospital (south side) Tukapo Street	2-4pm
Whanganui Hospital main gate	11.30am-1pm
Masterton: Wairarapa Hospital	11.30am-1pm
Porirua: Hartham Place North at Cobham Court	11.30-1pm
Wellington Hospital	11.30-1pm
Nelson: Sundial Square, Richmond	2.30-4.30pm
South	
Christchurch Hospital (by the boatsheds bridge)	12.30-1.45pm
Christchurch: Outside BUPA Parklands, Papanui Rd	2.30-3.30pm
Dunedin Hospital main entrance	2-4pm
Dunedin: Meridian Mall	9am-6pm
Invercargill: Elles Road by Kew Hospital	9-11am
Invercargill: Elles Road & Tay Street intersection by Mitre10	2.30-4.30pm

I'M STANDING WITH NURSES, MIDWIVES, HEALTH CARE ASSISTANTS AND KAIĀWHINA HAUORA FOR RATIO JUSTICE.

WE CALL ON THIS GOVERNMENT TO:

- Commit to minimum nurse-to-patient ratios in all health settings.
- In Budget 2024 to put more money into health to fund more health workers.

Ratio Justice

NEW ZEALAND NURSES ORGANISATION | TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

Kaitiaki
NURSING NEW ZEALAND

NEWS

Southern PHO first to get Rainbow Tick for inclusive practice

BY MARY LONGMORE

May 7, 2024

A South Island nurse leader says being the first primary health service to receive a rainbow tick for inclusive practice is a "fantastic" achievement for her workplace.

Members of WellSouth's Dunedin office get together to celebrate Dunedin Pride Month as well as receiving the Rainbow Tick.

Otago and Southland primary health organisation (PHO) WellSouth has been officially recognised by diversity certifier Rainbow Tick (https://www.rainbowtick.nz/) as an inclusive service that embraces sexual and gender diversity.

What does a Rainbow Tick mean?

Rainbow Tick has previously come under fire (https://www.rnz.co.nz/news/national/390

WellSouth professional nurse lead Kate Norris said it spoke to the values of the organisation and would support and hold staff accountable in promoting an inclusive culture.

Kate Norris.

WellSouth has a diversity, equity and inclusion committee, which meets monthly to review policies, organise inclusive events and identify ways to support staff of all genders, sexual orientations and identities.

Norris said it was a "fabulous resource supporting nursing colleagues to remain reflective, and to value diversity of sexual and gender identity both in the workplace and clinically".

Part of Ngāti Whātua iwi social and health service provider Kāhui Tū Kaha, Rainbow Tick is contracted by Te Toku Tumai Auckland to provide services to the LGBTQI (lesbian, gay, bisexual, transgender, queer and intersex) communities.

Rainbow Tick certifies workplaces that meet its benchmarks on accepting and valuing gender and sexual diversity through policies, staff training, staff support and ongoing monitoring.

WellSouth community engagement advisor Deb Gallon — who co-chairs its diversity, equity and inclusion committee — said attaining the Rainbow Tick was "just the start".

Deb Gallon

The organisation had begun advertising for roles using more inclusive language, celebrating a range of rainbow community events such as 'Sweat with Pride (https://www.sweatwithpride.com/?utm_source=search&utm_medium=cpc&utm_campaign=swp24&utm_content=flatacq&gad_source=1&gclid=EAIaIQobChMImp_qnO73hQMVcRJ7Bx29Sgi5EAAYASAAEgJ0xfD_BwE)' and offering rainbow competency training to all staff.

The committee has also established a rainbow support network — a safe and welcoming online space to support staff of all sexual orientations and identities across WellSouth's Otago and Southland locations.

Future plans included more pride walks across locations, developing relationships with rainbow groups, discussing rainbow-inclusive health-care with all teams at regular hui and updating job interview and induction policies, Gallon said.

787/box-ticking-are-rainbow-tick-workplaces-really-safe-for-lgbtqi-staff) for being a "box-ticking" exercise costing thousands per year but with little accountability for the organisations it endorses. In 2019, Victoria University law professor Jessica Lai said (https://newsroom.co.nz/2019/06/02/rainbow-tick-is-not-a-certification-mark/) that by choosing to become a trade mark, rather than an certification mark, Rainbow Tick had bypassed any external checks on its processes.

In contrast, certification marks — such as Fairtrade or New Zealand-made — are subject to scrutiny by the Commissioner of Trade Marks, she said. The standards they uphold are publicly available on the Intellectual Property Office website (https://www.iponz.govt.nz/manage-ip/).

Rainbow Tick programme director Wikitoria Gillard said its advice was that it could legally certify organisations with its mark.

Documents provided to Kaitiaki by Rainbow Tick — but not yet on its website — showed its process includes surveying staff to identify areas of need before providing guidance on inclusive policy and workplace practices. Its accreditation — which needs to be renewed each year — appears to be based on self-evaluation.

Rainbow Tick's process (click to enlarge)

"Making rainbow inclusion a priority for organisations is important mahi and we have seen the positive impact it has on the staff from rainbow communities," Gillard said.

"We are committed to educating staff, updating our policies and making ongoing changes to uphold our commitment."

An organisation's Rainbow Tick is re-evaluated annually. Set up in 2014, it grew from a 2013 Rainbow Health (https://www.rainbowtick.nz/wp-content/uploads/2019/03/Affinity_Services_Rainbow_Health_Report.pdf) report into the public health needs of LGBTTI+ (lesbian, gay, bisexual, takatāpui, transgender and intersex) communities in Aotearoa. The report recommended policies to ensure rainbow communities received safe and appropriate health care.

Rainbow Tick is part of iwi health and social service organisation Kāhui Tū Kaha (https://kahuitukaha.co.nz/).

A WellSouth spokesperson said the organisation had checked extensively through its General Practice NZ networks, and believes it is the first PHO to achieve the Rainbow Tick in Aotearoa, New Zealand.

Staff from the WellSouth Invercargill office celebrating winning a Rainbow Tick for inclusivity.

Kaitiaki
NURSING NEW ZEALAND

OPINION

Strengthening cultural capability and Māori health nursing practice in Aotearoa

BY MARYANN WILSON

May 16, 2024

A graduate course run by Ara Institute of Canterbury and Te Whatu Ora aims to equip nurses with the skills and knowledge to be better nurses for Māori patients.

Photo: Adobe Stock

Tēnā koutou, tēnā koutou, tēnā koutou
Ko Aoraki te māunga
Ko Waitaki te awa
Ko Murihiku te marae
Ko Wharetutu rāua ko Tahu Pōtiki ngā tipuna
Ko Takitimu te waka
Ko Ngāi Tahu, ko Kāti Māmoe ngā iwi
Ko Wilson te whānau

Ko Maryann Wilson taku ingoa
Nō reira, tēnā koutou, tēnā koutou, tēnā tātau katoa

E hara taku toa i te toa takitahi,
engari he toa takitini
My strength is not from myself alone,
but from the strength of the group.

For Māori and other indigenous people of the world, natural disasters, unusual weather events and the arrival of COVID-19 have magnified health inequities and longstanding negative health outcomes, as well as disturbing their usual way of life.

Maryann Wilson

Government pandemic strategies originally aimed to stop the spread of the COVID-19 virus, primarily by vaccinating Aotearoa's Māori and non-Māori populations and use of lockdown measures. These lockdown measures aimed to reduce the movement of populations in order to limit the virus's access to its main vehicle of respiratory transmission — people.

However, for many people, lockdown measures undermined their ability to access essential health determinants such as education, employment, income, housing, and connection with whānau and other support systems, including cultural.

Opportunities in a crisis

As can happen in crises, however, opportunities also presented themselves.

While the COVID-19 pandemic highlighted how stretched and fragile health-care services in this country are, it also demonstrated the value of nurses and health professionals as frontline essential workers caring for, and collaborating with, tāngata whai ora (people seeking health) who were affected by the virus.

It is within this context that Māori wānangatanga (knowledge) and whanaungatanga (relationships between people, things and the environment) and Māori health nursing gained significance.

Crises such as the pandemic can encourage the use of Māori health nursing skills because emergencies force us to work together, encouraging kotahitanga (unity).

At the same time, the usual health-care structural constraints are loosened, freeing nurses and other health professionals to exercise the human values of warmth, kindness and fellowship, which are made explicit in te ao Māori.

During the pandemic, this country was also experiencing a rapid increase in the use of te reo Māori and Māori knowledge.

This was particularly evident in the news media, but also in crown entities such as educational and health-care organisations, which have a significant role in ensuring te Tiriti o Waitangi principles are embedded in the structure and delivery of education and health care.

Health service crises such as the pandemic can encourage the use of Māori health nursing skills because emergencies force us to work together, encouraging kotahitanga (unity).

This growth in the use of te reo and Māori knowledge during the pandemic could be partly seen as coincidence, partly the ongoing process of revitalising te reo and a way of connecting with Māori during the lockdown.

Before the pandemic, the Crown's health and social services were expected to engage in a meaningful way and demonstrate a consistent cultural approach when working with Māori[2].

During the pandemic, nurses and other health professionals were able to gain skills and demonstrate their knowledge through the use of te reo, engaging with tikanga practices and being aware of te ao Māori in their mahi.

Using this cultural approach to providing care can potentially help reduce Māori health inequities and improve health outcomes.

The indigenous health framework[3] (see diagram below), comprising the hui process[4] and the Meihana model (a clinical assessment framework)[5], are cultural approaches which can expand nurses' ability to improve health care for Māori and their whānau[5].

Presentation in Australia

At the 19th National Nurse Education Conference held on the Gold Coast, Australia, in June last year, I gave a presentation on the development of the Waitaha (Canterbury) graduate certificate in Māori health nursing.

I explained to an appreciative audience of both nursing educators and clinicians that the development of this course, which started in 2016, was a collaboration between Te Whatu Ora in Canterbury and the Ara Institute of Canterbury.

Underpinned by te ao Māori, te reo, tikanga practice, Māori beliefs and values and the indigenous health framework[3,4,5], the Māori health nursing course goes some way to strengthening and advancing cultural capabilities within the nursing workforce.

The key learning outcome of this course is for nurses to be able to critically analyse and discuss the contributing factors that affect the health of Māori, with the aim of improving their health status.[6]

How the course was developed

Ada Campbell and myself, Maryann Wilson — senior nursing lecturers in the department of health practice at Ara Institute of Canterbury — were reviewing the content and structure of the Wanaka Hauora (https://www.ara.ac.nz/products/formal/6/bnwh600-wanaka-hauora/) (Māori health) course in Ara's undergraduate bachelor of nursing programme.

At around the same time, at Te Whatu Ora Waitaha, postgraduate education nurse coordinator Jo Greenlees-Rae and her nursing workforce development team were reviewing aspects of their nursing education programmes. These included their nursing entry to practice (NETP) programme and professional development recognition programme (PDRP).

During our collegial discussions with the Te Whatu Ora team, it became apparent that while staff from both organisations were responsible for developing the same nursing workforce, they had different approaches to teaching te Tiriti o Waitangi and different learning objectives in these programmes.

> **We agreed that it was important to engage and collaborate in the development of Māori health nursing.**

Yet these undergraduate students and registered and enrolled nurses were working together in health care. We agreed that it was important to develop a consistent approach to Māori health nursing, rather than just developing a pipeline of nurses for the Waitaha region. Hence the graduate course on Māori health nursing was jointly developed.

Course participants tend to come from a broad range of nursing backgrounds, including occupational health, primary health, mental health, Māori health providers, and surgical and medical units.

Positive feedback

Participant and stakeholder feedback has been positive. For example, one participant reported their pre-course expectations as being: "I thought I would learn about health statistics, Māori models of health, cultural safety, and te Tiriti o Waitangi . . . and I did, but I learnt so much more.

"On reflection, I realised people I knew and cared for had become health statistics and that they were reflective of the health disparities which currently exist in New Zealand."

Participant feedback has enabled the graduate course to be expanded to include both online and kanohi ki te kanohi/face-to-face delivery. While the original participants were from the Waitaha region, participants are now from all over New Zealand.

Successful graduates also return to share how their practice has changed since completing the course, and contribute to the course's kaupapa.

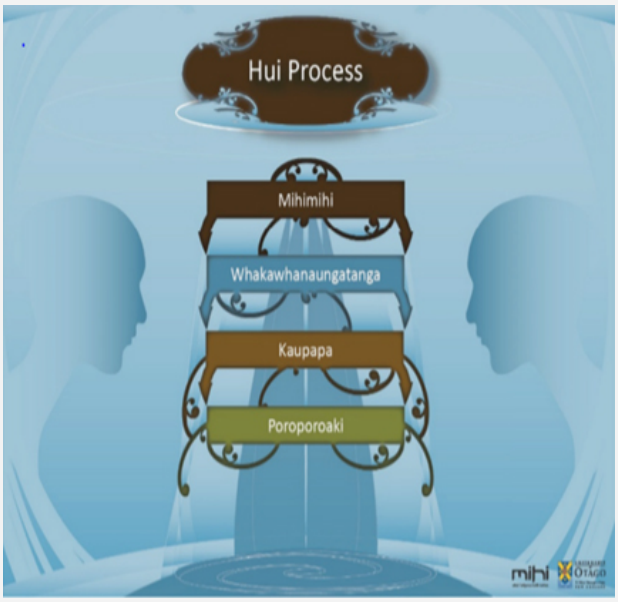
> **However, the application of this new knowledge requires a development process that involves time and long-term commitment.**

Participating in Māori health education enables nurses to gain cultural competence, knowledge, values and skills, with the aim of improving the experience of Māori engaging with health-care services.

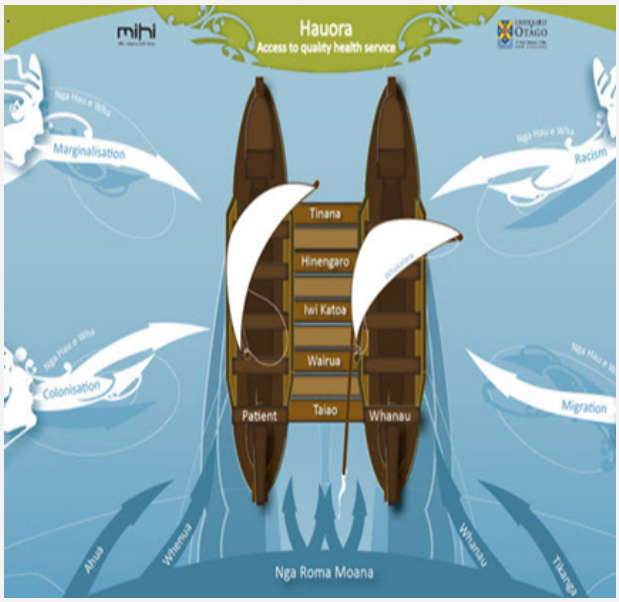
However, the application of this new knowledge requires a development process that involves time and long-term commitment. Once applied, nursing practice can be strengthened and be effective across different Māori health contexts.

Course participants are required to produce a 2000-word case study. This requires them to analyse health disparities due to colonisation, racism, migration, and marginalisation on Māori. They then apply the indigenous health framework[3, 4, 5], and cultural safety and te Tiriti o Waitangi principles[7] to the case study.

The Indigenous health framework (Al-Busaidi et al., 2018[3])



The Hui Process – (Lacey, et al., 2011 [4])



The Meihana Model – (Pitama et al., 2007 [9] & 2014 [5])

Analysing the health experiences of Māori to whom they have provided care, enables nurses to strengthen their practice to better meet Māori health needs.

Since the course started in 2016, it has been delivered annually by Te Whatu Ora staff, and eight cohorts have graduated, a total of around 100 nurses. It includes two days in class in Christchurch, hearing presentations from Māori nursing leaders from across the Waitaha health sector.

Feedback from participants last year lead to the course's name being changed to "graduate course in te Tiriti o Waitangi and Māori health nursing".

Observing the stressors on nursing staff

As part of ongoing professional development, I spent time in clinical practice during the pandemic. This allowed me to witness the stressors of the clinical environment in the lead-up to Christmas. It also allowed me to witness and participate in the use of Māori health nursing skills in an understaffed unit.

One particular stressor was the movement of nurses between units to fill nursing shortages. In the unit I was working in, one nurse was moved away and not replaced for a shift — the remaining staff still had duty of care for tāngata whai ora in their unit, which was at capacity.

The removal of one nurse highlighted how equity of care for tāngata whai ora could be compromised. In our unit, this impaired our ability to conduct a successful admission process, so our efforts to connect and engage with tāngata whai ora and provide effective nursing care became vulnerable.

Yet the day flowed — we all worked together: RNs and ENs updated computer information and tag-teamed with clinical data — of who was doing what, where and when. And lunch was taken on the run.

Using elements of te ao Māori

As I mentioned earlier, it is within crisis events that opportunities present themselves and on this day they did. Elements of te ao Māori/the Māori world and te Tiriti o Waitangi principles were demonstrated by the nursing staff.

These ranged from answering the ward telephone in te reo — *"Kia ora, welcome to..."* — to demonstrating whanaungatanga with tāngata whai ora at the beginning of their admission process, and empowering them to establish whakamanatanga, ie make connections between previous and new health experiences.

For tāngata whai ora, this kind of nursing practice helps them to establish tino rangatiratanga/self-determination for their care and future life meaning — a key aspect of their recovery journey.

> **This involves practising in the moment, and viewing the care they provide through the lens of te ao Māori.**

I am aware that crisis events and their protracted impacts, as well as adjusting to the daily changes and expectations of the current health environment, are stressful. Such stresses are now considered by many as the new normal for both nursing staff and tāngata whai ora.

However, even in stressed circumstances, nurses can practise the art of nursing from another, different perspective. This involves practising in the moment, and viewing the care they provide through the lens of te ao Māori; it involves incorporating Māori models of health such as te whare tapa whā[8], the hui process[4], and the Meihana model[5], and undertaking reflective practice.

This entails nurses moving their perspective from what care they should be providing, given appropriate resources, to what cultural care they are effectively providing at this moment in time, for this tāngata whai ora and whānau.

Collective kotahitanga

This creates an environment of collective kotahitanga/unity.

In the example from clinical practice mentioned earlier, the removal of one nurse for a shift enabled those nurses remaining in the unit to join with tāngata whai ora and practise with a Māori cultural perspective.

On this occasion, the environment of collective kotahitanga enabled the nurses to buffer the stressors of the clinical environment, and show the strength of their cultural capability and Māori health nursing practice.

So, in those often self-defining crisis moments of nursing, "be brave, be bold", and be that culturally capable nurse who can achieve positive health gains for Māori.

Maryann Wilson (Ngāi Tahu, Kāti Māmoe), RN, MN, PGDipHSci (mental health), GradDipTertTchgLn, is a senior academic nursing lecturer and kaiāwhina Māori ākonga support for Tihi-o-maru/Timaru, at Te Pūkenga — Ara Institute of Canterbury, Ōtautahi/ Christchurch.

Acknowledgements: *The author acknowledges the support and assistance of Ada Campbell, RN, CertAT, DTT, MHealSc, an academic nursing lecturer at Te Pūkenga — Ara Institute of Canterbury, Ōtautahi/ Christchurch; Jo Greenlees-Rae, RN, BN, MN, Cert AEd, postgraduate education nurse coordinator/kairuruku nehi, nursing workforce development, Te Whatu Ora/Health New Zealand Waitaha/Canterbury.*

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Kaitiaki
NURSING NEW ZEALAND

OPINION

Why a new assessment of IQN competence was developed

BY CATHERINE BYRNE

May 1, 2024

Nursing Council of New Zealand — Te Kaunihera Tapuhi o Aotearoa chief executive Catherine Byrne explains the new rules for overseas-trained nurses who want to practise in Aotearoa, New Zealand.

Photo: AdobeStock.

There have been a number of questions raised about why the Nursing Council has developed and implemented a new competence assessment process for internationally qualified nurses (IQNs).

It was not a decision that was taken lightly.

The previous system had served us well.

But the council, whose board members include nurses, determined that we needed a consistent and objective approach to assessing competence, with public safety our over-riding priority.

We first signalled in 2022 that changes to the IQN process were being looked at.

Catherine Byrne

> **The focus is to test a nurse's competency rather than rely on qualifications which may be many years old.**

Competence assessment programmes varied across the country, so the council wanted to move to a rigorous national approach based on examinations. That would mean that IQNs would take the same objective theoretical and clinical examinations.

A design group, which included nurses, was set up to develop content for the revised examination and there has been ongoing consultation with the sector. The new process, which began on December 4, 2023, is as follows:

If a competence assessment is required, an IQN will need to successfully complete:

- an online theoretical exam (https://home.pearsonvue.com/Clients/Nursing-Council-New-Zealand.aspx)that tests a nurse's theoretical and conceptual nursing knowledge, taken at an accredited Pearson virtual exam centre, overseas or in New Zealand.

and

- a two-day orientation and preparation course followed by a clinical examination known as an OSCE (objective structured clinical examination). The three-hour OSCE, which tests clinical and professional skills, is held at the Nurse Maude simulation and assessment centre in Christchurch. Applicants must attend the orientation and preparation course, plus the OSCE, in person.

IQNs will also need to complete a new online Welcome to Aotearoa (https://www.nursingcouncil.org.nz/IQN?WebsiteKey=fa279da8-a3b1-4dad-94af-2a67fe08c81b#) programme to introduce them to culturally safe nursing in New Zealand and te Tiriti.

Online te Tiriti course an 'introduction only'

These types of theoretical and clinical examinations are used internationally across the health sector for nurses and doctors, among others, to objectively assess health-care professionals. The focus is to test a nurse's competency, rather than rely on qualifications which may be many years old.

> **The courses are designed to introduce IQNs to te Tiriti o Waitangi and our unique cultural context.**

One concern raised has been that the new online cultural safety courses would not be sufficient to prepare nurses for the unique cultural requirements of nursing practice in Aotearoa New Zealand.

The courses are designed to introduce IQNs to te Tiriti o Waitangi and our unique cultural context. They are intended to serve as an introduction only and will be the start of the cultural journey for nurses across their career.

Employers will need to continue to invest in orientation to build on the initial introduction. The two-day preparation course prior to the OSCE will provide a basic overview of culturally safe practice in the context of te Tiriti.

Old and new systems both run till next year

The council will continue to offer the existing competence assessment programmes (CAPs) alongside the new process of competence examinations for the next year as we transition from the previous to the new process.

There are nurses in the pipeline who applied under the previous process, so throughout 2024 and early 2025 we expect there will be demand for CAP placements, and the council will continue to work with CAP providers on this.

> **IQNs are a valued and valuable part of our nursing workforce who fill roles in our hospitals, aged care homes, GP clinics, and in our community.**

Some IQNs, who have an offer of a CAP, are being given the opportunity to choose the examination process. This is about being fair to IQNs and providing them with the option to undertake the new assessment system if that is what they would prefer.

Drop in required hours of practice for IQNs

There was a concern voiced about the number of practice hours required for IQNs to register. These have now been reduced from 2500 to 1800 hours. The hours were used as a proxy measure of competence but now that competence is being directly tested, and after consultation, 1800 hours was thought sufficient.

With an ageing population which is presenting with increasingly complex health needs, there is an ever-expanding demand for nurses in what is a tight global market. New Zealand has always and will continue to require IQNs to bolster the workforce gaps.

IQNs are a valued and valuable part of our nursing workforce who fill roles in our hospitals, aged care homes, GP clinics, and in our community. They will continue to be a valuable part of our workforce as health demands increase.

The new competence examination system will deliver a robust process. We believe objectively assessing the competence of IQNs is the right path forward to assist in building a diverse and competent workforce.

The theoretical examination is available in over 15 countries internationally and the orientation, preparation course and OSCE is taken in person in Christchurch.

— Catherine Byrne is the chief executive of the Nursing Council.

Kaitiaki
NURSING NEW ZEALAND

PRACTICE

Antimicrobial stewardship in Aotearoa: Striving for safe, effective and equitable antimicrobial use

CPD one hour

BY HE AKO HIRINGA

May 30, 2024

Pharmacist Sharon Gardiner presents an overview of antimicrobial stewardship (AMS) and antimicrobial resistance (AMR) — watch this webinar and earn CPD time.

Presented by pharmacist Sharon Gardiner, this webinar covers:

- an overview of antimicrobial stewardship (AMS) and antimicrobial resistance (AMR)
- global and national initiatives to combat AMR
- why it's important to include an indication on antimicrobial scripts
- where to find resources to help you address AMR
- an update on the development of national antimicrobial guidelines
- results of a local study on antimicrobial prescribing and administration in aged residential care.

This video is a recording of a live webinar hosted by Mobile Health on November 21, 2023. It is suitable for all primary care health professionals.

Antimicrobial stewardship in Aotearoa: Striving for safe, effective and equitable antimicrobial ...

Speaker:

Dr Sharon Gardiner

Sharon Gardiner, BPharm(Hons), MClinPharm, PhD, is the antimicrobial stewardship pharmacist at Te Whatu Ora Waitaha Canterbury and co-lead of the New Zealand Antimicrobial Stewardship and Infection Pharmacist Expert Group.

She was a member of the expert panel for the Prime Minister's Chief Science Advisor's major report entitled Kotahitanga – Uniting Aotearoa against Infectious Disease and Antimicrobial Resistance (2021). She has co-led multiple national antimicrobial stewardship initiatives, including a viewpoint calling for urgent national leadership and co-ordinated antimicrobial stewardship action (2021). She has co-led four national World Antimicrobial Awareness Week initiatives, and a major sepsis improvement programme in Waitaha Canterbury.

Gardiner has enjoyed a varied career as a pharmacist, including hospital, community and academic work. Her research interests centre on antimicrobial stewardship and optimal antimicrobial dosing strategies.

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) "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))

- the app “Ascribe” which can be found on Google Play (https://play.google.com/store/apps/details?id=com.ascribe.pdrp_diary) or the App Store (https://apps.apple.com/nz/app/ascribe/id1667199802).

Kaitiaki
NURSING NEW ZEALAND

FEATURES

It’s cool to kōrero – May 2024

BY KATHY STODART

May 28, 2024

Kanohi — face, eyesight

'We are kanohi-ki-te-kanohi people'. Photo: iStock

Haere mai and welcome to the May “it’s cool to kōrero” column. The Māori word

Issues are debated kanohi-ki-te-kanohi on the marae. Photo: Adobe Stock

Making the effort to turn up in person can indicate a person's commitment and integrity. Photo: Adobe Stock

Meeting someone kanohi-ki-te-kanohi allows you to not only hear their words but also read their body language. Photo: iStock

kanohi means face, and also eyesight.Many people will be familiar with the phrase *kanohi-ki-te-kanohi*, meaning face-to-face. This is an important concept in tikanga. To make the effort to turn up in person, to deal with others *kanohi-ki-te-kanohi*, can indicate a person's integrity.If you are there, in person, eg at a hui or tangihanga, it suggests your commitment to people, to a place, to an issue. It also means that others can assess you by more than just your words, but can also read your body language.

The marae is a place where ideas and issues are debated *kanohi-ki-te-kanohi*. Although the social distancing required during the COVID-19 pandemic was vital, and the rise of distance learning and e-health is good for isolated Māori, these changes can be challenging for a culture that values being there in person. "We are kanohi-ki-te-kanohi people," a Māori educator said during the lockdown.

Kupu hou (new word)

- **Kanohi** (face) — *pronounced "car-nor-hee"*
- **He rawe kia kite, kanohi ki te kanohi aku mokopuna.** — It's good to see my grandchildren face to face.

Other words and phrases related to *kanohi* include:

- **Kanohi-ki-te-kanohi** — face to face, in person
- **Pātū kanohi** — face guard
- **Kanohi hōmiromiro** — keen-sighted (after the bird hōmiromiro (tomtit) which has very good eyesight)
- **Kanohi kākāpō** — short-sighted
- **Kanohi wera** — kitchen hand (literally "hot face")
- **Kanohi taiaha** — person who keeps on good terms with both sides in an argument/two-faced
- **Kanohi mōwhiti** — wax-eye/silver-eye (small green bird with white rings around eyes)
- **Kanohi kē** — mask

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

Sources

Kanohi wera means "kitchen hand" — it literally translates as "hot face".

Kanohi mōwhiti is the little native bird which has distinctive white rings round its eyes (known as a wax-eye, silver-eye or white-eye in English). Mōwhiti can translate as "rings" or "spectacles". Photo: iStock

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Kaitiaki
NURSING NEW ZEALAND

FEATURES

Hardworking Solomons nurses tackle rising tide of diabetes

BY KATIE CROOM

May 2, 2024

A large array of challenges face the hardworking diabetes nurses in the Solomon Islands, as they strive to deliver care amid a growing diabetes crisis.

Nurse Connie Panisi manages the National Diabetes Centre in the Solomon Islands capital, Honiara. Photo: Katie Croom

It's eight in the morning and already the tropical heat is sweltering. Outside the Diabetes Centre at the National Referral Hospital in Honiara, the capital of the Solomon Islands, a crowd of patients gather and wait to be seen.

Many have bandaged limbs from amputations — the devastating consequences of diabetes.

VSA and the Solomon Islands

The Solomon Islands is a nation of more than 900 islands, situated to the east of Papua New Guinea. It has a

On the frontline

Stepping through the door, you quickly see the National Diabetes Centre is humming with activity. Connie Panisi and her nursing team occupy every corner of the small wooden building. The nurses attend patient after patient, while dealing with challenges such as limited resources, insufficient space and ageing infrastructure.

Panisi is the manager of the National Diabetes Centre, providing direction and clinical support amongst the hustle and bustle. She draws from 17 years of diabetes nursing experience as she leads the team.

She attended Fiji National University as a scholarship recipient, obtaining a Bachelor of Public Health and a Postgraduate Certificate in Health Service Management. Her theoretical knowledge and practical skills are underpinned by her first-hand experience of living with type 2 diabetes.

population of approximately 735,000 mainly Melanesian people.

More than three-quarters of the workforce is engaged in subsistence agriculture and fishing, and the country lacks adequate fresh water, sanitation and infrastructure.

Volunteer Service Abroad (VSA) New Zealand (https://vsa.org.nz/) works in the Solomons assisting in fields such as governance, agriculture, business and health.

Panisi explains that this allows her to relate to the patients she cares for.

"I tell the patients – I'm diabetic too. I teach people from my own experience. I explain to them that when I eat certain foods my blood sugar goes up. I know the struggles that the patients face, not having money or time to eat healthy.

> *'I tell the patients – I'm diabetic too. I teach people from my own experience.'*

"I tell them that when you keep your blood sugars under control, you can delay the complications. We learn from each other."

The National Diabetes Centre is the largest provider of outpatient diabetes services in the Solomon Islands. Panisi says the clinic sees more than 100 patients per day. Despite no formal training in diabetes care, the hardworking nurses do it all, from wound dressings to diet and lifestyle advice.

No postgraduate education available

"One big problem is the lack of education. There are no postgraduate studies in diabetes care for our nurses.

"I went to Fiji to do a Bachelor of Public Health, and I took a component in nutrition and dietetics. I've come back to the Solomons and taught the rest of the staff based on my experience.

"We get advice from visiting experts, but the nurses themselves haven't done any postgraduate study. We deliver education to our patients the best we can, but we need specialised nurses and training."

Behind the scenes

Nevalyn Laesango, an RN who works as national noncommunicable disease coordinator at the Solomon Islands Ministry of Health. Photo: Katie Croom

Nevalyn Laesango sits in the Ministry of Health building across the Kukum Highway from the hospital. She has spent her career striving to improve health outcomes for diabetic patients.

Like Panisi, Laesango is a registered nurse. While Panisi works on the frontline of health-service delivery — Laesango operates at a governmental level. Her official title is the national non-communicable disease (NCD) coordinator, a role that varies from consulting on legislation to facilitating workshops and coordinating provincial diabetes services.

She has coordinated diabetes research such as the STEPS survey, a surveillance project on non-communicable disease risk factors. The results of the STEPS survey have improved the understanding of the burden of non-communicable diseases in the Solomon Islands.

Insulin – one of the primary drugs used to treat diabetes – is not readily available in the country

Laesango explains the many challenges of delivering diabetes care in the Solomons. She says that insulin — one of the primary drugs used to treat diabetes — is not readily available in the country. Instead, diabetes is managed with Metformin or sulphonylurea drugs such as glipizide.

She says that geographical location also presents a significant barrier to diabetes care in the provinces.

"A small number of patients are on insulin; most are on oral tablets. It is a long way for the medicine to travel — especially out to the provinces where it might be days on a boat in the hot sun.

“Being on insulin is difficult because most people do not have electricity or a fridge to safely store the medication. We tell patients to keep their insulin in a cold insulated container in a dark place, like under the bed.”

Early diagnosis important

Panisi explains that the early diagnosis of diabetes leads to early intervention, and ultimately a better life expectancy.

Many Solomon Islanders do not realise that they have diabetes until they begin to experience complications of the disease, such as diabetic foot ulcers. By this point they may also have damaged blood vessels, impairing circulation, and reducing wound healing.

> **Many Solomon Islanders do not realise that they have diabetes until they begin to experience complications, such as diabetic foot ulcers.**

This is partly because HbA1c testing, an important indicator of long-term glycaemic control, has been unavailable at the National Diabetes Centre for the past three to four years, due to procurement issues. It has only just become available again in the past couple of weeks.

Panisi says that without access to this critical tool, it has been difficult to prevent complications before they occur.

HbA1c reflects average blood glucose levels over a two-to-three-month period. This pathology test is used to diagnose new diabetics and monitor disease progression.

SOLPEN programme improves early detection

Laesango and her team at the Ministry of Health have implemented the SOLPEN (Solomon Islands Packaging of Essential Intervention for NCD) programme to improve the early detection of diabetes.

The country-wide programme was implemented in conjunction with the World Health Organization (WHO) and has been rolled out across the nine provinces of the Solomons.

SOLPEN enables nurses to screen for new cases of diabetes and provides an assessment tool to determine if the disease is worsening. The nurses take vital signs, blood sugar levels, ask questions and obtain a family history. This information is then used to calculate a risk score and create a treatment plan.

Panisi says the nurses at the National Diabetes Centre have found the SOLPEN programme very helpful.

“SOLPEN has given us a way to properly assess patients. We can tell them their risk factor, and that they have ‘x’ amount of years before they will start developing complications from diabetes.

“It helps us to decide what treatment plan is right for them. If they are in the medium or high-risk category, SOLPEN tells us how frequently we need to see them in clinic.”

Photos illustrating salty, fatty and sugary food are displayed outside the National Diabetes Centre in Honiara. Photo: Katie Croom

Shift away from traditional lifestyles

Panisi and Laesango agree that traditional Solomon Islands "village life" promotes physical activity and a healthy diet. However rapid urbanisation has caused a shift away from traditional living.

More Solomon Islanders are now choosing convenience food and adopting sedentary behaviours. The two nurse leaders believe this has contributed to the diabetes crisis the Solomons is now facing.

Laesango explains that diabetes is influenced by lifestyle choices, and that risk factors such as physical inactivity, unhealthy diet, smoking, chewing betelnut and excessive alcohol consumption influence the development of the condition. Panisi says that all these risk factors are widespread in Solomon Islands.

> **'Now they have solar power and would rather stay inside and watch TV. They are living a more sedentary lifestyle.'**

"When people were living in villages – they were active, out working in [communal] gardens all day. Now they have solar power and would rather stay inside and watch TV. They are living a more sedentary lifestyle.

"There is a lot of healthy kaikai [food] available at the market — things like fish, fern, cabbage, cassava, and taro, but it is not always affordable. Some people can't afford to maintain a healthy diet.

"Empty carbohydrates like rice and noodles are very cheap and fill you up fast. People want convenience."

A Solomon Islands street vendor sells betelnut and cigarettes, both of which are risk factors for the development of non-communicable diseases such as type 2 diabetes. Photo: Katie Croom

Working together to beat diabetes

Diabetes develops due to many lifestyle factors — therefore addressing the crisis extends beyond the health system. The inundation of patients at the National Diabetes Centre is the cumulative effect of several larger systemic issues. Panisi and her team are the metaphorical *"ambulance at the bottom of the cliff".*

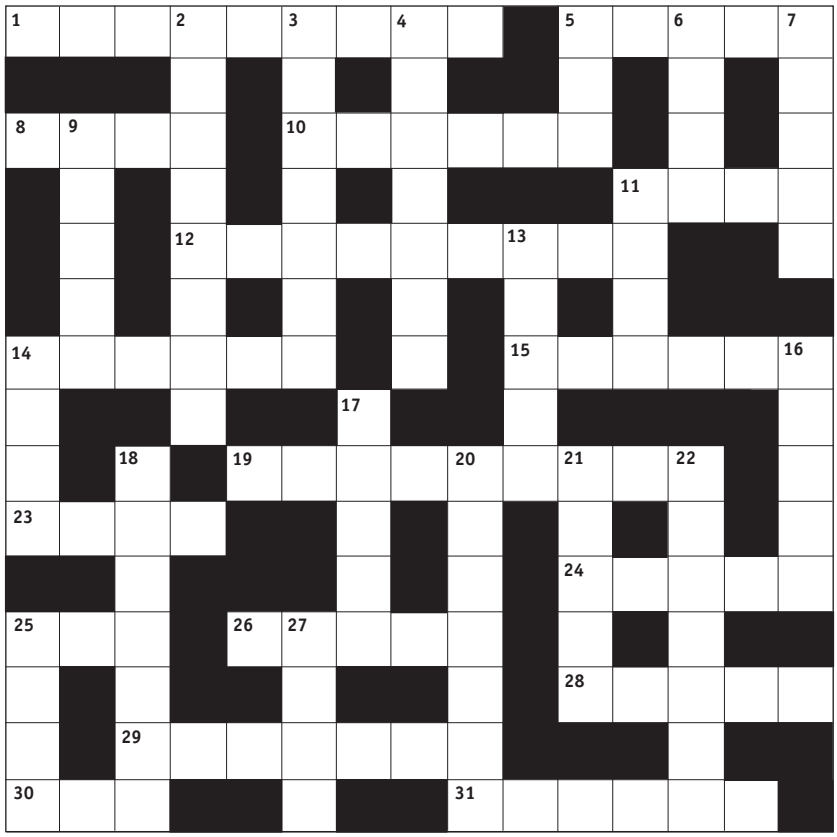
Laesango says that to tackle the diabetes crisis, a whole of government, whole of society approach must be taken. This means all sectors, from law enforcement to agriculture, should consider their potential impact on the health of the Solomon Islands population.

She explains that different stakeholders such as churches, government, private businesses, and NGOs must all be involved — only by working together can the crisis be addressed.

"The main message I want to tell people is that we need to work together to beat diabetes — including the government and across all sectors. Everyone has some responsibility."

Katie Croom, RN, **GradCert (development studies), Postgrad Cert (public health)**, is a New Zealand nurse on assignment with Volunteer Services Abroad (VSA) at the National Referral Hospital in Honiara, Solomon Islands.

May 2024 crossword



ACROSS

1) Pain relief
5) H_2O
8) Scottish tribe
10) Union protest, often used to bar entry to building
11) Clenched hand
12) Ten Kiwi nurses died when this ship sank in 1915
14) Trimmed trees
15) Commotion
19) Health workers (Māori)
23) Unwanted email
24) Elephant tusks
25) Animal doctor
26) Fragile
28) Sauce for meat
29) Fast-running bird
30) Number of toes
31) Coldplay song/colour

DOWN

2) Explosive device hidden in ground
3) Past use-by date
4) Bring into a group
5) Saturated
6) Car with driver, for hire
7) They grow underground
9) Related to moon
11) Terror
13) Hard to chew
14) Bench seats in church
16) Corroded
17) Arm (Māori)
18) Words explaining photo
20) Rich
21) Cake topping
22) Main ingredient of guacamole
25) Sleeveless jacket
27) Uncommon

April answers

ACROSS: 1. Transparent. 7. Rug. 9. Roe. 10. Poppy. 11. Tūī. 12. Ill. 13. Taro. 14. Enrol. 15. Fluke. 16. Sit. 18. Amnesia. 20. Upoko. 22. Rot. 23. Seeing. 24. Idiot. 27. Anaemia. 29. Hen. 30. Ice. 32. Ladies. 33. Burden. 34. Tot.
DOWN: 1. Tent. 2. Anxious. 3. Strike. 4. Apples. 5. Expertise. 6. Try. 7. Relapse. 8. Gerontology. 15. Flourish. 17. Cafetaria. 18. Aorta. 19. Net. 21. Pianist. 25. Inner. 26. Cello. 28. Noon. 31. Eat.

Kaitiaki
NURSING NEW ZEALAND

LETTERS

Notice of NZNO 2024 Board Leadership Elections and call for nominations

BY WARWICK LAMPP

May 27, 2024

Nominations are required to fill the following leadership positions on the NZNO Board: Kaiwhakahaere and Tumu Whakarae, and President and Vice-president.

NEW ZEALAND NURSES ORGANISATION | TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

Financial NZNO members are eligible to stand as a candidate. All candidates must be nominated and seconded by two financial NZNO members and be endorsed by regional council, Te Poari or national colleges or sections.

Any financial NZNO member who is considering submitting a nomination is encouraged to read the candidate information booklet and familiarise themselves with the Code of Conduct and campaigning guidelines.

The election is being conducted by *electionz.com Ltd*. Election information will be sent to NZNO members by email, including the call for nominations and voting details. Members are encouraged to update their contact details via the NZNO website.

Key 2024 election dates		
	Kaiwhakahaere and Tumu Whakarae	**President and Vice-president**
Nominations open	Friday 24 May	Friday 21 June
Nominations close	12 noon, Thursday 20 June	12 noon, Friday 19 July
Voting opens		Wednesday 7 August
Voting closes	Hui-ā-Tau, Sunday 18 August	5pm, Thursday 12 September

Nominations will be called for on Friday 24 May for the Kaiwhakahaere and Tumu Whakarae positions and on Friday 21 June 2024 for the President and Vice-President positions by email to NZNO members, a notice on the NZNO website and in *Kaitiaki*. Members without an email address will be posted a letter.

Completed nominations must be received by the Returning Officer by 12 noon of the specified closing date for each part of the leadership nominations.

If elections are required, the election for Kaiwhakahaere and Tumu Whakarae will be held at hui-ā-tau on Sunday 18 August and the election for President and Vice-President will be held by online voting only between Wednesday 7 August and Thursday 12 September 2024.

For further details, call the election helpline or contact the Returning Officer using the details below.

(https://www.electionz.com/home/)
Warwick Lampp
Returning Officer – 2024 NZNO Elections
iro@electionz.com, 0800 666 044