Kaitiaki
NURSING NEW ZEALAND

NEWS

Nursing Council drops 40-plus RN competencies in favour of six standards

BY MARY LONGMORE

July 31, 2024

The Nursing Council has listened to nurses and dropped a proposal to make registered nurses (RNs) meet 41 separate competencies and enrolled nurses (ENs) 29, after an outpouring of concern over the workload.

Photo: AdobeStock

Instead, RNs need only provide evidence to broadly reflect six standards or "pou", and enrolled nurses (ENs) five, its revised proposal (https://www.nursingcouncil.org.nz/common/Uploaded%20files/NCNZ028-Consultation-Document-V4.pdf) shows.

Consultation on the latest proposal closes on August 2. Details on making a submission can be found here (https://www.nursingcouncil.org.nz/NCNZ/News-section/news-item/2024/7/Consultation-on-proposed-standards-of-competence-for-enrolled-and-registered-nurses.aspx).

Accompanying the pou, are 31 new "descriptors" for RNs and 28 for ENs with more detailed guidance on what is required. (The "descriptors" replace the former "competencies" — which had replaced the earlier "indicators".)

The council is also changing the wording from "competencies" to "standards of nursing competence".

> **'Differential diagnosis has become a key element of nursing practice that incorporates history taking, comprehensive nursing assessment, and clinical reasoning skills.'**

Other changes see more emphasis on nurses' abilities to make clinical decisions and differential (preliminary) diagnoses, culturally competent practice, digital health skills and that global nursing practices and sustainability be considered in their nursing practice.

"Differential diagnosis has become a key element of nursing practice that incorporates history taking, comprehensive nursing assessment, and clinical reasoning skills," the latest proposal states.

The revised standards will also cover RNs across a range of practice settings, not just hospitals.

The review of both RN and EN competency standards was intended to ensure all nurses were competent to practise in a culturally safe and ethical matter, the Nursing Council has said.

Nursing Council chief executive Catherine Byrne has said the council wanted to see te Tiriti o Waitangi and health equity for Māori at the centre of nursing practice, and support a more collaborative relationship between enrolled and registered nurses.

Initial proposal created waves

But the council's initial change proposal in December saw required RN competencies leap from 20 to 41 — prompting 2225 nurses and 54 organisations to respond. Many were worried about the "huge amount of work" that would mean for nurses achieving continuing professional competence requirements such as workplace PDRPs (professional development and recognition programmes) every three years or so.

However, the council's general move towards a more te Tiriti-led, culturally competent workforce has been warmly welcomed.

"Nursing will be leading the way in health care towards equity and inclusion at a time when the Government is attempting to dismantle the rights of tangata whenua," one nurse said in NZNO's submission at the time.

EN and RN roles

EN competencies were reviewed to align with a new scope of practice which no longer requires them to work "under delegation" of RNs. Instead they can "seek guidance" when appropriate.

The proposed new EN standards of competency "recognise that the EN works in partnership and collaboration with individuals, their whānau, communities, and the wider health-care team that may include a leadership or coordination role", the current proposal states.

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa and Te Poari o Te Rūnanga o Aotearoa have both been part of the design group, along with a range of nursing leaders including Māori and Pacific.

NZNO suggested in its February submission — which drew on member feedback — that the competencies be aligned along five or six pou, rather than dozens of technical requirements.

Key changes are:

- reframing the language from "competencies" to "standards of nursing competence"

- requiring evidence for continuing competence requirements against each standard
- retaining the pou as core nursing standards (describing what is required to practise safely) and providing descriptors for each pou which give depth and context to each standard to guide quality practice across all settings
- aligning pou one (te Tiriti) and two (cultural safety) across the EN and RN standards of competence
- removing duplication with more concise descriptors and greater emphasis on the pou.

Click to view the latest proposed competency requirements, including 31 "descriptors", for registered nurses and 28 for enrolled nurses.

Pou	Registered nurses	Enrolled nurses
One	**Te Tiriti o Waitangi** Giving effect to Te Tiriti o Waitangi in nursing practice requires registered nurses to support the right of Māori to exercise self-determination for health and wellbeing. Registered nurses understand and recognise the status of tangata whenua in Aotearoa New Zealand, which includes the importance of kawa whakaruruhau. They work with individuals and whānau to achieve equitable healthcare outcomes.	**Te Tiriti o Waitangi** Giving effect to Te Tiriti o Waitangi in nursing practice requires enrolled nurses to support the right of Māori to exercise self-determination for health and wellbeing. Enrolled nurses understand and recognise the status of tangata whenua in Aotearoa New Zealand, which includes the importance of kawa whakaruruhau. They work with individuals and whānau to achieve equitable healthcare outcomes.
Two	**Cultural safety** Cultural safety in nursing practice ensures registered nurses provide culturally safe care to all people. This requires nurses to understand their own cultural identity, and its impact on professional practice, including the potential for a power imbalance between the nurse and the recipient of care.	**Cultural safety** Cultural safety in nursing practice ensures enrolled nurses provide culturally safe care to all people. This requires nurses to understand their own cultural identity, and its impact on professional practice, including the potential for a power imbalance between the nurse and the recipient of care.
Three	**Whanaungatanga and communication** Whanaungatanga underpins communication in nursing practice that requires registered nurses to establish relationships and connections through the use of effective communication strategies with individuals, whānau, and the interprofessional healthcare team.	**Knowledge informed practice** Knowledge informed practice requires enrolled nurses to apply knowledge and clinical expertise to enable assessment, clinical decision-making, and provision of safe quality nursing practice for individuals, whānau and communities. They integrate clinical and cultural expertise, recognising people's unique values and circumstances to improve health outcomes.
Four	**Pūkengatanga and evidence-informed nursing practice** Pūkengatanga and evidence informed nursing practice requires registered nurses to apply critical thinking, and scientific and nursing knowledge to inform the provision of quality nursing practice. Registered nurses use scientific and cultural knowledge to inform clinical decision making and the provision of care.	**Professional accountability and responsibility** Professional accountability and responsibility in nursing practice requires enrolled nurses to provide nursing care within professional, ethical and legal boundaries, that promote safe quality nursing practice by ensuring the rights, confidentiality, dignity and respect for people are upheld.
Five	**Manaakitanga and people centredness** Manaakitanga and people centredness in nursing practice requires registered nurses to work compassionately, collaboratively, and in partnership to build trust and shared understanding that enables decision making and incorporates the views of people and whānau.	**Partnership and collaboration** Partnership and collaboration within the context of nursing practice requires enrolled nurses to work with individuals, their whānau, communities, and the interprofessional health care team across the life span in all settings.
Six	**Rangatiratanga and leadership** Rangatiratanga in nursing practice requires all nurses to lead and act as change agents. Rangatiratanga is exercised when nurses act as independent thinkers, intervene, speak out, advocate, and follow processes to escalate concerns. Rangatiratanga is further demonstrated when nurses proactively offer leadership support	

Pou	Registered nurses	Enrolled nurses
	to others, providing solutions and leading innovative change for improvement.	

- *The number of "descriptors" for both RNs and ENs was clarified in this article post-publication.*

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Three out of five nursing students to get hospital jobs, Te Whatu Ora figures show

BY MARY LONGMORE

July 24, 2024

Te Whatu Ora says it has employed 334 of the 535 mid-year nursing graduates who applied into supported entry roles — leaving 166 facing uncertain futures in the general talent pool.

166 nursing grads have missed out on hospital jobs. Photo:Adobe Stock

Te Whatu Ora chief people officer Andrew Slater said Te Whatu Ora had hired 311 into hospital/specialist positions, 16 into mental health and addiction community roles and seven into other non-hospital roles.

Another 24 applicants had gone into primary health roles, two into aged care and nine into private health or hospital providers, he said.

> ‘So, directly within the hospital setting, very few people have been picked.’

“The remaining 166 unmatched nurses — a small number of whom did not accept initial offers — have been placed in a national talent pool, which will open to employers this month,” Slater said. “We expect graduates will be approached by other prospective employers.”

Andrew Slater

One new graduate told *Kaitiaki* she was “lucky” to have been accepted into her preferred NESP (nurse entry into specialist practice) mental health role at Te Whatu Ora.

However, she knew many who had applied for hospital roles had missed out.

> ‘A lot of people know they’re just going to go to places they won’t particularly enjoy until they can get into where they want.’

“All my classmates who applied for mental health have all got in – but there were five people going for surgical and two for medical and only one person was taken,” said the new graduate, who did not want to be named.

“So, directly within the hospital setting, very few people have been picked,” she told *Kaitiaki*.

Three of those who missed out were Māori — who are hugely under-represented in nursing — and would now have to wait in the employment pool for other opportunities, unlikely to be in their preferred field, she said.

NZNO nursing student representatives at a hui with heads of school earlier this month.

"A lot of people feel displaced and are left wondering if they will go to places they won't particularly enjoy until they can get into where they want."

Many new graduates felt disappointed and frustrated they had been accepted onto final placements which did not translate into jobs, said the student, part of NZNO's national student unit.

> **'If it gets to the end of the year with no RN job, I will likely do my new grad year in Australia as I don't see how else I can get experience.'**

"It's like 'why did you accept a student nurse on your ward, when we could've gone somewhere that could have taken us?' "

Another new graduate who contacted *Kaitiaki* said she applied for a supported NETP (nurse entry-to-practice) position in the midcentral region — but there were none available, "not even one!"

The nurse — who asked not to be identified — said she is now one of the 166 in the talent pool facing an uncertain future, and is eyeing up Australia.

"If it gets to the end of the year with no RN job, I will likely do my new grad year in Australia as I don't see how else I can get experience if I cannot be hired in midcentral," she said.

Te Whatu Ora figures supplied to *Kaitiaki* show that for last year's mid-year graduates, there were 541 supported entry positions available at both Te Whatu Ora and private employers through the national matching system ACE — about 60 per cent more than this year.

Graduate nurses 'vital'

Te Whatu Ora has itself identified a shortage of 4800 nurses in its 2023/24 health workforce plan.

However, Slater said there were more nurses employed in Te Whatu Ora hospitals than ever before, with 29,404 full-time equivalents (FTE) across the country — an increase of 2900 in the past year.

"While our progress in nursing recruitment has significantly changed the nursing workforce landscape – resulting in far fewer vacancies than in 2023 – we continue to look to place as many graduate nurses as we can into roles and are confident placements will increase over the coming weeks and months."

Gaps also remained in specialist areas such as mental health and addictions and critical care, he said.

With 25 roles still available, Te Whatu Ora was "committed to supporting nurse graduates to find employment" either within or in other areas of the health sector, he said.

"Graduate nurses are a vital part of our health system."

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa chief executive Paul Goulter said the high number of internationally-qualified nurses, who now made up nearly half the workforce, also "needed and deserved a high level of support" from a strong domestically-trained nursing workforce.

NZNO revealed last month that nursing leaders were told to "pause" mid-year intake of graduate nurses into NETP and NESP (nurse entry to specialist practice) places in hospitals due to budgetary constraints.

Te Whatu Ora chief nurse Nadine Gray denied a "pause" but said there were limited vacancies and graduates may have to look elsewhere.

Graduates are matched to supported entry roles across the sector through national matching system ACE (https://nursing.acenz.net.nz/) (advanced choice of employment). The new nurses identify up to three preferred practice settings, including those outside Te Whatu Ora and hospitals.

The supported entry NETP/NESP roles are not the only way into nursing for new graduates, but provide wraparound support such as clinical preceptorship, orientation, professional development, ongoing debriefing as well as post-graduate study pathways. They can also provide specialised support for new Māori and Pasifika graduates.

Nursing students said recently the uncertainty around new graduate hospital jobs was just one of many barriers they faced to become nurses.

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‘We are family’ – residents rally around nursing staff after bosses propose cutting 400 care hours

BY MARY LONGMORE

July 19, 2024

Upset residents and their families and friends turned out to support staff striking over a proposal to cut 400 care hours a week at a Wellington aged care facility.

Jill Tetley (left) and Bob Aldred (right) want Arvida to back down from proposed cutbacks.

“We are community, we are family,” resident Jackie McAuliffe told *Kaitiaki* from a picket line of about 150 people in the Wellington suburb of Berhampore on Thursday. “We care for our staff.”

> **‘If they must make cuts, start at the top level salaries . . . not the frontline’.**

Berhampore’s Village at the Park, one of 35 retirement villages owned by the for-profit Arvida Group around New Zealand, is proposing to cut 358 enrolled nurse (EN) and caregiver hours per week with loss of jobs, disestablish the activity coordinator role and cut back 54 registered nurse (RN) hours per week (without loss of nurses).

The village offers apartments as well as rest home, hospital-level and dementia care.

Jackie McAuliffe (centre) with Mark Dennehey (left) and Gary Pettitt.

Resident Bob Aldred — whose wife is in the Village's dementia unit — said staff cared for he and his wife "beautifully" but he was worried about the impact losing more than 400 hours of care a week would have.

‘You tell me how you can cut 450 care hours and not make a difference to the residents – it’s not possible.’

Jim and Frankie Szymkowiak

Another resident, Jill Tetley, said Arvida should trim management, not frontline staff.

“If they must make cuts, start at the top-level salaries,” Tetley said. “Not the frontlines, as that will affect residents’ lifestyles.”

Dorothea Pienaar and Pinky Agnew turned out to protest proposed staff cuts at Village at the Park.

Wellington comedian and celebrant Pinky Agnew, who has friends living in the village, said she was particularly concerned about the loss of activity coordinators — a role she believed was crucial to residents’ physical, social and mental wellbeing.

“For people like our friend, it’s crucial in terms of our quality of life.”

Resident Lew Skinner said residents were unhappy as they did not feel Arvida had been up front. “We are really upset, partly because they’re our community and we were also upset by the secrecy of it. They are picking on our most vulnerable staff.”

Lew Skinner

Long-time residents Jim and Frankie Szymkowiak were annoyed by Arvida's claims the proposed cuts would not affect them.

"You tell me how you can cut 450 care hours and not make a difference to the residents — it's not possible," Jim Szymcowiak said.

Resident Elizabeth Julian, a Sister of Mercy, said the village was a real community and they were picketing in support of staff.

Supporters Elizabeth Julian (left) and friends who did not want to be named.

Sri-Lankan-trained nurse Charith Weerasuriya Arachchige is working as a caregiver in the village's dementia unit, while going through New Zealand nurse registration. He said it was "hugely frustrating" for both the residents and staff, who are facing an uncertain future.

> **'It guts me they are going to have hours cut, everything cut, for profit.'**

"How am I going to give my maximum? It's not just a job — we are not working with machines, they are human."

Left to right: Village caregivers Vimu Waduge, Nama Wijesinghe and Charith Weerasuriya Arachchige.

He and other internationally-qualified nurses working as carers in the dementia unit, like Vimu Waduge and Nama Wijesinghe, also risked losing their work visas if their roles were disestablished. "We do not feel safe."

Hospital resident Zeta Jacobsen, her daughters Tracey and Anne Jacobsen and grandson Harley Christian, said they were "gutted" by the proposal.

"The residents are our most vulnerable and the staff are amazing," Anne Jacobsen said. "It guts me they are going to have hours cut, everything cut, for profit."

Village caregiver Silia Lavea said staff needed more time to spend with residents, not less. "We love our residents!"

Diana Sue, whose mother is in the dementia unit, said there had been an erosion of trust between Arvida and residents' families because of a lack of transparency around the proposals.

In a response to the proposed cuts, unions NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa and E tū say no reasons have been given for the cuts, which would be "very stressful" for staff who were already very busy.

"The reduction of staff care hours can only place greater pressure on each impacted staff member, risking their health and wellbeing, and create greater risk of poorer life quality and health outcomes for residents."

Nor had Arvida explained how they calculated that they were overstaffed, the unions said.

Arvida told *Kaitiaki* it would respond on Monday.

Diana Sue

Left to right: Tracey, Zeta and Anne Jacobsen, with Harley Christian.

Silia Lavea (left) with the Jacobsen family, including Zeta, whom she cares for.

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Nursing students share pain, tears and laughter with heads of school

BY MARY LONGMORE

July 18, 2024

There wasn't a dry eye in the house recently as nursing tauira (students) spoke of their struggles, exhaustion and despair.

About 22 members of NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa's national student unit (NSU) gathered in Wellington for their annual hui with heads of nursing schools earlier this month. NSU represents about 5000 nursing students across Aotearoa.

In a powerful performance which drew on holistic health framework te whare tapa whā, tauira shared their personal stories while holding signs reflecting their challenges — from being bullied and feeling disconnected, to compassion fatigue and mental health struggles.

> **'It's going to be around what we are facing and how paid placements can actually help relieve some of these barriers so that we, as students, can actually focus on our degree.'**

But they also offered solutions — asking their teachers to "stand with us", be kind and supportive, and advocate for "the future caregivers of your mokopuna".

"We need you to work in partnership with us — we can't do this alone," one said.

Jobs freeze the 'latest challenge'

NSU co-leader Shannyn Bristowe said recent confusion over whether Te Whatu Ora would have enough hospital jobs for graduates was just the latest of many challenges faced by tauira throughout their studies.

NSU co-leaders Shannyn Bristowe and Stacey Wharewera.

Rising living costs were hitting students hard and clinical placement requirements (1100 hours, including nine weeks in the third year) made it almost impossible for students to work part-time, she said.

A third of students (https://www.tewhatuora.govt.nz/assets/For-the-health-sector/Nursing/The-Nursing-Pre-Registration-Education-Pipeline-Final.pdf) drop out of their nursing studies, many telling an NZNO survey last year that money was the number one pressure.

"Our tauira are going to show you what it is really like for us and how we really do need your support," Bristowe said. "We ask you to stand with us."

The students were also planning a campaign for some form of paid support during placements, along with a national day of action to highlight the challenges they faced.

"It's going to be around what we are facing and how paid placements can actually help relieve some of these barriers so that we, as students, can actually focus on our degree and not have to worry about some of the extra burdens we are facing."

Co-leader Stacey Wharewera asked kaiako [teachers] to listen "with an open mind".

About 20 heads of school and Nursing Council representatives at the hui were visibly moved, thanking the tauira for opening up to them — and for offering ideas on how to resolve their challenges.

Tracey Cook

Nursing Education in the Tertiary Sector (NETS) co-chair Tracey Cook later told *Kaitiaki* the "amazing" presentation was very moving and brought her to tears.

"I was impressed the ākonga [students] offered solutions, some of which we can do immediately. Some is already being achieved in some institutes and some are more long-term and very political," she said.

NETS was also working on a strategic plan to address some of the barriers raised by the students, she said. "We are trying to influence this space."

Students asked nursing schools to:

- Recognise te Tiriti.
- Communicate, listen and host regular hui.
- Recognise family commitments when doing clinical rostering.
- Fund tuakana-teina (mentoring) support groups.
- Support a nursing student day of action.
- Help connect students with practical support and services.
- Allow hui, like this one between NSU and heads of schools, to contribute to clinical hours.

We are the foundation – we are whenua

'I am tempted — tempted to move to Australia, because of the better life that it offers. Even though my heart is here, to look after my people.'

'I am lost. Lost in the transition process and a job is not guaranteed. I am uncertain of what the future looks like.'

We are hinengaro (the mind)

'I am bullied. I am torn down by the person who was supposed to uplift me. "You shouldn't be a nurse". This is what I heard when I was supposed to be learning and growing.'

'Clinical placement is supposed to be a safe place for me to practise — but I don't feel safe.'

'I am disconnected. I feel disconnected from my whenua. My sense of place. My home. Where the bottom line is more important than the frontline service.'

'The potential freeze on new vacancies for NETP and NESP makes us feel unease. This will push many students overseas.'

'The temptation to seek greener pastures elsewhere is strong. Places that value our work are only one flight away.'

'Amid all the challenges we face as nursing students, we find ourselves lost. Uncertain if we'll even find jobs after our studies.'

'I have compassion fatigue. I'm empty and I have nothing left to give.'

'I am darkness — the darkness that envelopes us as we lie awake at night wondering if we even bother finishing this degree. Wondering if it was good that I chose to starve myself so my baby wouldn't. Wondering, do I actually keep going? What's the point?'

We are wairua (spirit)

'From an empty cup I pour my all, giving endlessly yet I stall.'

'I am overwhelmed. 17 hour days. . . Chores, sleep, spelling assessment, motivation lost. Yet through it all, I bear the cost.'

'I am wairua yet I am defeated. The load I carry on placements leaves not only my bank but my wairua bank depleted. The highest of standards I'm told I must meet – while working twice the hours to afford to eat. I spend my days preaching health is wealth, yet my hard work feels unnoticed like dust on a shelf.'

We are whānau

'I am disconnected. How am I meant to spend time with my whānau when I'm not there to attend whānau events?'

'I have no trust. We are continually let down by systems that fail us. Our whānau are the ones who bear the burden.'

'Being a fulltime tauira, my whānau miss out on spending time with me. My five-year-old, who is autistic, asked when will he see me, when can he cuddle me and when can he tell me how his day has been at daycare?'

We are tinana (physical body)

'I am unhealthy. I am fuelling my body with two-minute noodles and caffeine yet I preach to my patients healthy habits.'

'I am exhausted. I am only one person with 24 hours. Yet I am expected to work fulltime while providing for myself and my family.'

'I tell my patients to get rest and get a good night's sleep, but I am unable to do the same.'

'I am sick. I only have one body and I am running it to the ground.'

We are maru (the roof)

'I am collapsing from all the pressure of tauira, whānau. Collapsing from racism.'

'I am reinforcing. We need support – we need each one of you.'

'I am unifying . . . different parts, cultures and kaupapa.'


Sick


COLLAPSING

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NEWS

‘We work just as hard’ – community nurses strike for the same pay as hospitals

BY MARY LONGMORE

July 16, 2024

About 150 Access Community Health nursing staff went on strike around the country on this week, demanding the same pay and conditions as their Te Whatu Ora colleagues.

Wellington Access nurses striking in Pito-one.

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa delegate Rachael Webb said it wasn’t fair that nurses who cared for people in their homes were paid up to $18,000 less per year than hospital nurses.

> **‘We feel we have the same qualifications and experience and we work just as hard – we should be paid exactly the same.’**

Rachael Webb and colleague Vicki Puryer in Pito-one this week.

"We feel we have the same qualifications and experience and we work just as hard — we should be paid exactly the same," she told *Kaitiaki* from the small but loud picket line on Pito-one's busy Jackson Street in the Hutt Valley, as motorists tooted their support on Monday.

Access Community Health is a private company contracted by Te Whatu Ora, Ministry of Health and ACC to provide support to people in their homes with injuries, disabilities or who have been recently discharged from hospital.

Crucial link

Community nurses worked closely with district nurses, occupational therapists and hospitals, allowing people, often elderly, to stay safely in the community.

"Our service is a link in a chain between tertiary and primary health," Webb said.

"We facilitate care for people coming out of hospital and staying in their own homes — it's really important they can do that."

'The community needs nurses to be passionate and give the care they need.'

Members at the Christchurch strike.

Community nurses had chosen to work with people in their homes and were passionate about their work, Webb said. "But we are drained, just like the other health services. The pressure is immense.

"We work really hard for our clients, because we care — but we have families to feed."

Webb said it would be easier to walk away from community nursing — and many had, in search of better salaries elsewhere.

"But why would you want to walk away from something you're passionate about?, she said. "The community needs nurses to be passionate and give the care they need."

'Not even close' to cost of living

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa members have been in bargaining with Access for more than a year. Yet their current offer was "not even close" to a cost-of-living increase — while workloads had continued to grow, delegate Linda Ewbank said.

> **'We work really hard for our clients, because we care – but we have families to feed.'**

"The company has kept us bound in a lower pay scale with no opportunity to move forward in these negotiations — there have been roadblocks throughout."

As well as pay parity, community nurses wanted similar sick leave and long service leave entitlements as Te Whatu Ora, as well as recognition for experience.

Hawke's Bay, Taranaki and Whanganui members joined Palmerston North community nurses striking for pay parity with Te Whatu Ora.

higher rates negotiated in the [2023 collective agreement], they are not passing on enough funding to ensure these primary health care nurses are paid the same."

However, Te Whatu Ora group manager Mark Powell said while Te Whatu Ora provided annual funding increases for increasing costs including wages, it was not responsible for pay negotiations.

Mark Powell

"That responsibility rests with Access and the union representing the employees."

Powell said its funding to Access increased by five per cent on July 1, 2023, then another 3.2 per cent on July 1, 2024. That was on top of a funding boost for primary health nurses last year in recognition of the pay disparity given to employers, including Access, he said.

Access Community Health and Total Care Health Services were both sold last year by Green Cross Health to Australian private equity company, Anchorage, for NZ$50 million.

Access Community Health chief executive Androulla Kotrotsos.

Access began in 1927 and used to be staffed by "bush nurses" from the women's division of Federated Farmers, who would care for people in remote rural settings, often travelling on horseback.

Access chief executive Androulla Kotrotsos said she "fully supports the rights of individuals to strike and highlight the disparity in funding for nurses in our sector".

Pay parity with hospitals "remains beyond rates Te Whatu Ora is willing to provide us", she told *Kaitiaki* via email.

"While Te Whatu Ora is paying their own nurses at the

NZNO delegate Linda Ewbank (right) with early childhood teacher Glennis Murphy (left), who came to support the community nurses in Palmerston North.

Community nurses striking in Dunedin: Michelle Boereboom (left) and Robyn Hewlett.

Webb said Access — as a profit-making company — should be prepared to top up the difference itself.

"They are not willing to take any responsibility or put any investment into their own nurses."

"We just don't feel valued," said Webb. Mediation is planned for Monday and members were now preparing for a second strike next week.

Nurses and kaiāwhina in primary health care have long been battling for pay parity with hospital staff — a gap which widened further after Te Whatu Ora members accepted a new pay deal last year.

Invercargill Access members on strike. L-R Becky Shaw, David Clarke, Julia Hines & Abby Cathcart.

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NEWS

‘My God you’re influential – use it’. Call to action for nurses, kaiāwhina and midwives to push for safe staffing

BY MARY LONGMORE

July 9, 2024

The real-life stories of nurses, combined with hard evidence on the harm caused by poorly staffed hospitals, are crucial to getting safe nurse-to-patient ratios legalised here in Aotearoa, nurse leaders heard.

Photo: AdobeStock

Nurse leaders from around the world urged New Zealand’s nursing workforce to “use their power” to win safe staffing ratios, at a two-day nursing summit in Wellington recently.

He Tipua conference on nurse-to-patient ratios brought together international and local nursing, health and union leaders in Pōneke, Wellington, to share insights on how to implement legally enforceable ratios in Aotearoa, New Zealand.

CCDM ‘not perfect’

New Zealand nursing workforce specialist Rhonda McKelvie said nursing was at a “pivot point” after 15 years of safe staffing tool CCDM (care capacity demand management) had not yielded hoped-for results.

McKelvie, who helped develop CCDM — which was promised to fix staffing

Sarah Beaman (centre) with Te Poari's Tracy Black (left) and Tracey Morgan.

Sarah Beaman, secretary of the Nurses and Midwives Union in Queensland (QNMU) — where ratios were won in acute, medical and surgical wards in 2016 after a 10-year campaign — said NZNO could absolutely do the same thing here.

"Really, I want to do a call for action to you guys – you may not recognise your power but . . . my God you're influential – use it."

In Queensland, she said they knew it would be a long campaign — but they had a vision and were prepared to see it through.

"It's been a long journey, it's not over and it's also been really worth it. Every win you get, you're making a difference — not only for your members, but for the community, for someone's loved one, and it fills your bucket."

From despair and anger after 2012's slashing of thousands of health jobs, came hope, then action, with the union's "hands off our public health system" campaign.

Beaman said she and her family were personally enraged by the "ethical distress" they were facing in their nursing and health roles — but suddenly had a beacon of hope.

> **'The risk of someone dying rising by seven per cent, really should matter to everyone.'**

That led to the 2014 "ratios save lives" campaign, backed by evidence showing that every patient added to a nurse's workload increased their chance of dying by seven per cent.

"That's someone's family — it's someone's loved one. This person matters to someone. The risk of someone dying rising by seven per cent, really should matter to everyone."

The state opposition Labour Party agreed and implemented ratios in Queensland's public acute, medical and surgical wards after gaining power in 2015.

woes under the 2018 nursing accord — said the tool was not perfect. It had no bicultural foundation or te āo Māori perspective and had morphed away from its intent.

"This was meant to be a tool to help — but it's become a tool to push down," McKelvie said.

Rhonda McKelvie

"I didn't expect to find, in our good intentions as nurses, designing something to help nurses with nursing, we would actually create a monster that is subordinating the lived experience and knowledge a little bit further down in the organisation."

But CCDM had "great" potential, had brought hundreds more nurses into the system and McKelvie hoped it would not be thrown out "wholesale".

Her research found its staffing data was "compelling" — but there had been an inexplicable failure to act on it by employers.

Despite nurses' skill and knowledge, "we are not valued as credible knowers," she said.

"We are conveying to you that we are on fire and we need help. And you are saying 'sorry, can't help you, good luck'. How is that even possible?"

'The master's house'

Nurses had instead become "colonised" by the priorities of employers, worrying about targets, flow, budgets and performance — rather than focusing on caring for patients.

"We've come to believe as nurses that this is our work," she said. "As well as doing all the work of looking after the patients . . . we're trying to concentrate on all these performance indicators."

Ratios in acute adult mental health units and state-run aged care facilities followed, while work was continuing on midwifery ratios, operating theatres, prisons and all aged care facilities.

Beaman said "aim for the stars" but be ready for a phased approach, over time.

> **'They solved their shortage because when they had enough nurses, they attracted more nurses.'**

Collaboration — including with health departments — was essential, as was bringing the stories of members together with research-based evidence.

"Stories really matter. I can open a door to have them heard but they need to be there."

Commissioning and bringing together evidence on how ratios prevented death, readmission and time in hospital meant the "ratios save lives" campaign became "ratios save lives ... and money".

Beaman said community and political influence was "crucial". She had worked out that one in every 52 eligible voters in New Zealand was an NZNO member. "We are trusted, we are pretty reputable ... The influence is huge!"

In an effort to be heard, nurses had tried to to talk in the managerial "language of the master" — squashing their knowledge and testimony into data. But this had failed and only added workload.

While she did not want to see CCDM discarded completely — it had brought hundreds of new nurses into the workforce — McKelvie believed ratios could create a "protected space" for nurses.

A blend of the best tools including CCDM might work — but it had to be enforced by legislation and be bicultural.

"World view alone tells us that it's likely patient safety and safe staffing is fundamentally different for Māori nurses and for Māori patients. But we've never tested that, we've never developed and grown that. That's a flaw."

McKelvie said by working collectively, as in Queensland, nursing could get to a "brilliant" place here.

'The data don't lie'

University of Pennsylvania nursing professor Linda Aiken said decades of international research proved safe nurse-to-patient ratios saved lives — and money. They also encouraged more nurses into the workforce.

"In California, they had an acute shortage of nurses before enacting ratios, and within two years solved their shortage because when they had enough nurses, they attracted more nurses."

Linda Aiken. Photos: Marty Melville.

Aiken — an expert on the causes and consequences of nurse shortages in the United States and globally — has spent three decades researching the impact of unsafe staffing on patients, including in New Zealand.

She said having the evidence could help safe staffing campaigns get across the line — as had occurred in Queensland and her own home state.

There, in Pennsylvania, Aiken said nurses had been trying to pass ratios for 20 years, before her Penn nursing center research convinced the state health department last year.

"Research rarely makes all the difference but it certainly helps," said Aiken, adding she "loved" the concept of ratio justice. "The data don't lie."

In Queensland, her research showed the new ratios of one nurse to four patients in the day and 1:7 at night for acute, medical and surgical wards saw nurses caring for one to two fewer patients in the day and one to three fewer at night.

That resulted in a 9 per cent lower chance of dying in hospital, 6 per cent lower odds of re-admission, 3 per cent shorter stays and 145 deaths avoided. The ratios also saved an estimated US$20 million.

> **'Every hospital is not the same, and the outcomes are not the same, no matter if your doctor's good or not – because it's nurses who are maintaining the quality and standard of care.'**

Over 30 years of researching, Aiken said the impact of minimum safe staffing ratios on patient outcomes was irrefutable — no matter where or what type of hospital system they were in.

Nursing panel with host Miriama Kamo

For example, when the United States was considering cutting back hospital nurses in favour of nursing "teams" recently, a new Penn study, *Projections of shortages of hospital RNs foster unsafe staffing practices,* showed a 10 per cent drop in nurses would cost 10,000 lives.

Nurse staffing levels — along with their training and work environments — were critical in whether patients survived resuscitation in hospital, Aiken said. Research into surgery survival rates showed, too, that nurses were key to saving lives post-surgery.

"Every hospital is not the same, and the outcomes are not the same, no matter if your doctor's good or not — because it's nurses who are maintaining the quality and standard of care and are extremely important in your outcomes."

Research had also shown the problem wasn't that there weren't enough nurses — but that they didn't stick around in poor work environments. And the number one way to fix that was to improve staffing levels.

Given "overwhelming evidence" that minimum safe nurse staffing brought fewer deaths, shorter stays and fewer readmissions, the cost of more nurses "never cost as much as you think", Aiken said.

Shelley Nowlan

Queensland Health's chief nursing and midwifery officer Shelley Nowlan said the state health service had worked with the nurses and midwives union on implementing ratios.

Research by Aiken's Penn center on the patient benefits had been key — although the Queensland Government also did its own evaluation.

While the benefits of ratios in other hospital departments — such as emergency, and operating theatres — had been less clear in trials, other improvements had been made, such as introducing ED waiting room and ambulance triage nurses, Nowlan said.

A global movement?

Bonnie Castillo, executive director of the 225,000-strong United States (US) union, National Nurses United (NNU), called for nurses to unite globally and push for safe staffing.

In the corporatised American health sector, bosses did not listen to nurses' lived experience or the science — which had never been more evident during COVID.

"Hospitals used COVID as an excuse to make unsafe staffing levels even more dangerous by piling endless patients on one nurse — while they were also failing to take any necessary steps to protect the lives of nurses and other health-care workers."

Black, brown and indigenous nurses were the hardest hit, often working in hospitals with the fewest protections, said Castillo — named one of the 100 most influential people by *Time* magazine in 2020 for her work to protect nurses during the pandemic.

Bonnie Castillo

‘All the hospital industry’s fear tactics about how patients would be turned away and hospitals would have to close never happened. California has thrived with safe staffing ratios.’

From that, a rising labour movement had grown as nurses across the US realised they must join forces and organise to win better protections like safe staffing. This movement was gaining momentum globally, Castillo said.

“We can win on safe staffing when we stand together and grow our power. “

Minimum nurse-to-patient ratios were first mandated in California in 1999 after a decade of lobbying by the California Nurses’ Association and a “massive” grassroots movement, she said. They came into effect in 2004 despite “fear-mongering” by health corporates that hospitals would have to close if forced to invest in safe staffing.

Te Poari members Alicia Barrett (far left) and Charleen Waddell (second from right) with National Nurses United presidents (left to right) Zenei Triunfo-Cortez, Nancy Hagans and Jean Ross. Southland nurse Maike Rickertsen is at far right and NNU nursing practice assistant director Michelle Mahon is partially obscured at rear.

“All the hospital industry’s fear tactics about how patients would be turned away and hospitals would have to close never happened. California has thrived with safe staffing ratios.”

The win “lit a fire” among nurses across the country to push for safe staffing. The New York State Nurses Association achieved a safe staffing law in their state in 2021, while campaigns continue in Maine, Minnesota and Michigan.

National Nurses United membership was now fighting for safe staffing laws to be implemented nationally, Castillo said.

“The science of safe patient care must be carried forward by a movement.”

Māori must be ‘at the table’

NZNO kaiwhakahaere Kerri Nuku said Aotearoa needed an approach to ratios which allowed Māori to "stand proud within the workplace".

'Ratios are not going to be implemented unless they have cultural justice connected to it.'

Kerri Nuku

"Ratios are not going to be implemented unless they have cultural justice connected to it."

How that might look would be part of the kōrero — but Māori needed to be "at the table", she said.

"There will be no more fighting, we will impose our rights. Our rights to justice. Our rights to a universal declaration that reflects our rights as tāngata whenua Māori. And our rights to be who we need to be in this country."

Te Poari launched research into culturally safe ratios at the conference.

NZNO president Anne Daniels reflected on NZNO's own safe staffing campaign which began in 2001. The 2006 launch of care capacity demand tool (CCDM) was a hoped-for solution but progress had been slow.


Anne Daniels

"We need to implement certainty into the budgeting and implementation of safe nursing care. This is our why. We need legislated nurse-patient ratios underpinned by CCDM."

Watch the conference online here: day one (https://youtu.be/7auRBQelMtQ%20Day%201) and day two (https://youtu.be/BbBbcyEZR7k).

Te Poari member Kathryn Chapman spoke about the history of land confiscations and te reo Māori suppression in her kōrero about the need for Māori to give and receive culturally safe care.

Kaitiaki
NURSING NEW ZEALAND

NEWS

New Zealand can lead the world in culturally safe nurse-to-patient ratios

BY MARY LONGMORE

July 4, 2024

Māori nursing leaders want Aotearoa, New Zealand, to be the first in the world to introduce culturally safe nurse-to-patient ratios, alongside clinical.

NZNO Te Poari o Te Rūnanga Aotearoa members (left to right) Tracey Morgan, Ruth Te Rangi, Kathryn Chapman, Tracy Black and Titihuia Pakeho at He Tipua conference. Photo: Marty Melville.

But their design and implementation must be led by Māori nurses, NZNO Te Poari o Te Rūnanga Aotearoa member Tracey Morgan told He Tipua (https://maranga-mai.nzno.org.nz/he_tipua_conference_2024) conference this week.

Rongomaiwhiti recommends:

- Māori nurses need to lead the development (and implementation) of culturally safe staffing ratios and have the

> ‘Nowhere in the world are those conversations considering the importance of culture in the context of clinical practice.’

“We recommend the urgent introduction of culturally safe staffing ratios within nursing,” Morgan told about 80 health and nursing leaders at the NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa conference on safe staffing in nursing.

Such an approach would be world-leading, she added.

“There are currently global debates about safe staffing ratios. Nowhere in the world are those conversations considering the importance of culture in the context of clinical practice.”

Māori nurse-led

Tracey Morgan launching Rongomaiwhiti research into culturally safe ratios. Photo: Marty Melville.

Guided by the work of the late nurse and cultural safety researcher Irihapeti Ramsden, culturally ratios must be defined by Māori nurses, alongside whānau, kaumātua, kuia and patients, Morgan said.

And far more Māori nurses — currently just seven per cent of the workforce — and better training for all undergraduates were needed in order to have a culturally safe nursing workforce.

Need more Māori nurses

“We need to expand the Māori health workforce, particularly nurses, to achieve culturally safe staffing ratios — and ensure all nurses, wherever they are trained, have baseline cultural and political competencies.”

NZNO’s Māori governance committee, Te Poari, also launched new research, *Rongomaiwhiti (uniqueness)* at the conference, drawing on interviews with 10 Māori nursing leaders on how to develop culturally safe ratios. What emerged was an emphasis on how central whanaungatanga (relationships) was for safe practice, and that tikanga and wairuatanga must be “normalised” in nursing practice, Morgan said.

> ‘Whanaungatanga is not a nice-to-have, it is essential to kaupapa Māori nursing practice.’

“Kaumātua and kuia need input to ensure tikanga is upheld and whānau, hāpu and iwi, through consumer input, define what is culturally safe practice,” she said.

overall final word over the approach.
- Kaumātua and kuia need to be involved to ensure tikanga is upheld.
- Whānau, hapū and iwi need to define what is culturally safe practce.
- The Māori health workforce, particularly nursing, needs to continue to grow across the entire health system to enable culturally safe staffing ratios.
- All nurses need to have baseline cultural and political competencies. To achieve the vision of Irihapeti Ramsden requires nurses proficient in te Tiriti o Waitangi, antiracism, equity, Māori advancement and cultural safety.
- All decision-making about staffing levels needs to be based on consideration of both clinical and cultural factors.

Kerri Nuku talks about the importance of cultural safety.

The research, which has been provided to *Kaitiaki* but is not yet publicly available, concluded whanaungatanga "is not a nice-to-have, it is essential to kaupapa Māori nursing practice".

Māori nurses must lead the work and have "final overall word" on a culturally safe approach, Morgan said.

Tracey Morgan and researcher Heather Came.

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa kaiwhakahere Kerri Nuku said the research established five questions core to defining culturally safe ratios.

- How might they enable whanaungatanga with whānau Māori?
- What does 'honourable kawanatanga' (power-sharing) look like?
- How can they advance tino rangatirotanga (self-determination)?
- How might they contribute to equitable outcomes, as defined by Māori?
- How might they normalise tīkanga (customs) and wairua (spirituality) in nursing practice?

Morgan and Nuku also acknowledged the support of public health scholar and te Tiriti o Waitangi consultant Heather Came in developing the *Rongomaiwhiti* research.

Kaitiaki
NURSING NEW ZEALAND

NEWS

Mid-year nurse graduate job matching 'still underway' – Te Whatu Ora

BY MARY LONGMORE

July 2, 2024

Te Whatu Ora says its job-matching process for 535 mid-year nursing graduates is "still underway" and it cannot provide figures for another couple of weeks on where new nurses are going to be working.

Photo: Adobe Stock

Nursing tauira (students) have said they are angry and confused after reports of a hiring freeze by Te Whatu Ora for its supported entry-to-practice roles in hospital and specialist services.

Te Whatu Ora chief nurse Nadine Gray has denied a hiring pause — but did suggest there may not be enough hospital roles to go around and some graduates would need look outside of hospitals.

"Graduates may also be employed in primary/community care, aged residential care or public health."

> **'Right now we are working to match those vacancies with the graduate nurses who applied as part of ACE.'**

This week, Gray said the ACE matching process was "still underway" following a June 27 deadline for vacancies to be submitted, so the number of graduates with hospital jobs could not yet be provided.

Nadine Gray

"Right now we are working to match those vacancies with the graduate nurses who applied as part of ACE," she said via email, in response to *Kaitiaki*.

Gray said Te Whatu Ora expected to be back in touch with ACE applicants in the week beginning July 15, and would respond "more fully" after then.

"We highly value our nursing workforce, and the immense contribution they make to the health system in New Zealand," she added.

At a June 18 hui, Te Whatu Ora's chief clinical officer, Richard Sullivan, instructed clinical and nursing leaders to "pause" the mid-year graduate intake for NETP (nurse-entry-to-practice) and NESP (nurse-entry-to-specialist-practice) in hospital and specialist services (HSS) due to fiscal constraints.

This followed an earlier communication, sighted by *Kaitiaki*, in which Sullivan referred to cost pressures and said there would be an immediate "pause" in recruitment for all non patient-facing hospital and public health roles.

Shannyn Bristowe

NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa student co-leader Shannyn Bristowe said last week she was "absolutely gutted" and had been inundated with calls from confused and angry tauira.

Graduates are matched to supported entry roles across the sector through national matching system ACE (https://nursing.acenz.net.nz/) (advanced choice of employment). The new nurses identify up to three preferred practice settings, including those outside Te Whatu Ora and hospitals.

Matching is ongoing after the deadline was extended from last week, with graduates to be notified on July 17.

The supported entry NETP/NESP roles are not the only way into nursing for new graduates, but provide wraparound support such as clinical preceptorship, orientation, professional development, ongoing debriefing as well as post-graduate study pathways. They can also provide specialised support for new Māori and Pasifika graduates.

> **'We are in a nursing crisis. As a country we do not train enough nurses to meet our own needs.'**

NZNO chief executive Paul Goulter said last week he was "extremely disappointed (https://www.nzno.org.nz/about_us/media_releases/artmid/4731/articleid/6791/no-place-at-te-whatu-ora-for-graduate-nurses)" by the move.

“We are in a nursing crisis. As a country we do not train enough nurses to meet our own needs and we rely heavily on IQNs [internationally qualified nurses] to fill the gap — we desperately need more homegrown nurses,” he said.

Further information on the new graduate employment process can be found here (https://www.health.govt.nz/our-work/nursing/developments-nursing/recruitment-new-graduate-registered-nurses).

Kaitiaki
NURSING NEW ZEALAND

OPINION

Former Te Whatu Ora chair speaks up for nurses

BY ROB CAMPBELL

July 29, 2024

Te Whatu Ora leaders say spending too much on nurses (https://newsroom.co.nz/2024/07/24/unexpected-success-in-hiring-nurses-drives-health-nz-deficit/) has pushed them into the red. Former chair Rob Campbell says nurses are part of the solution and must be supported with fair pay and safe staffing.

Rob Campbell speaking at last year's NZNO -- Tōpūtanga Tapuhi Kaitaiki o Aotearoa conference. Photo: Marty Melville.

The many issues facing health services in Aotearoa are well known. In this commentary, I focus on how we might do much better even, as the old adage goes, if you wanted to get to the right destination you would not start here. Like any traveller we have to start where we are.

> **The worst thing that can happen in any journey is to be guided by people who do not know, listen or learn. If you add do not care to the list it gets worse.**

I'm an outsider with very limited experience and expertise in health from either a clinical, education or management perspective. I hope I'm an ok listener and learner though. Let me know where I am wrong. The worst thing that can happen in any journey is to be guided by people who do not know, listen or learn. If you add do not care to the list it gets worse. You might recognise that situation.

The big issues seem to be:

- We do not have an effective national plan across good health, illness, disability, ageing and accident services, defining what we wish to have, what the standards should be, and who should be providing the services. There are lots of separate documents but no effective clarity on this across public, private and community sectors. Without this, we tinker and adjust management, training, operations and funding in an ad hoc manner that suits no-one and wastes resources. Yes, I wonder what the ministry does too.
- We do not rationally or equitably prioritise public funding across the various services on health-based criteria. Instead, we follow a narrow political and other public pressure-based auction process, overlaying what can be paid for privately or insured for by some.
- We do not involve the people providing services enough in deciding what and how to deliver them. Relationships between and within services and with funders are transactional and hierarchical. There are low degrees of trust that the endeavours are shared, with common goals and motivations. At a small team level, relationships are often strong and genuine, but at wider levels they can be unhelpful and even toxic.

> **The malignancies and inefficiencies embedded in the system will exact an ongoing toll on many people involved, far from least those working as or hoping to be nurses.**

All of these things are more important than what has been addressed in the Pae Ora reforms. A big set of structural changes imposed onto these issues was always going to be a struggle. A lot of that is about political, governance and management culture within the part of the system which was grouped as Te Whatu Ora.

The opportunity to build a contrasting culture in Te Aka Whai Ora was not optimised in either planning or implementation and has been eliminated without having a chance to develop.

As I noted, we now have to build from where we are, with structures we have. The malignancies and inefficiencies embedded in the system will exact an ongoing toll on many people involved, far from least those working as or hoping to be nurses.

So we must focus on how we can improve things, even within a highly compromised situation. The answers will not be found in shuffling senior management positions.

The critical things which can be done in respect to nursing are:

- Resolve and maintain fair remuneration and work practices, such as safe staffing levels across the whole system, private and public, hospitals and other services.
- Integrate training, placement, immigration, transfer and employment plans similarly on a whole sector basis, with engagement of the professional and union bodies as full partners.
- Embed equity and te Tiriti practice across the sector whether public, funded or private, including training and accreditation.

Campbell with NZNO kaiwhakahaere Kerri Nuku at the 2023 NZNO conference. Photo: Marty Melville.

I know that some will see this as restrictive on freedom to operate. But the alternative is to continue with the systemically and personally destructive past and present as the sector faces ongoing high rates of demand along with work practice and technology changes.

It seems to me that over a long period we have corporatised and industrialised health services, separating them from communities and whānau. As part of that, we have devalued and disrespected the vocational aspect of the people who create, define and deliver services. People like nurses, along with the numerous other clinical, care and support providers. The public and private health systems must have governance and management which is dedicated to act for these people and those needing service.

Once you have governance and management feeling that the system is them and the others are their workforce, you are in trouble. We are.

— *Former Te Whatu Ora chair Rob Campbell was sacked last year by then-Minister of Health Ayesha Verrall over social media comments he made claiming Christopher Luxon was 'dog-whistling' with National's proposal to scrap Māori co-governance of the country's storm, waste and drinking water. Verrall said public servants must remain politically neutral and that economist and trade unionist Campbell's comments went too far.*

Kaitiaki
NURSING NEW ZEALAND

OPINION

‘Wonderful’ aged-care nursing is undervalued, says long-time nurse

BY ALENA LYNCH

July 16, 2024

Long-time gerontology nurse Sally Fleming reckons working in aged care is extremely undervalued.

Photo: AdobeStock.

Fleming – who has been working in aged care for 35 years, and has a long-held affinity with caring for older people — says she finds the work deeply fulfilling.

“I’ve carved out a really good career in the aged-care sector,” the Dunedin nurse says. “Early in my career, when I was working in an orthopaedic ward, there were many patients over the age of 65; many of them had broken bones such as hips and I felt a natural affinity to care for them.”

Asked why many nurses tend to shy away from the aged-care sector, she says there has been a stigma for decades — something she is trying to change.

“Developing a relationship with older people is wonderful, but unfortunately the work is under-valued,” says Fleming, who has been promoting its positive aspects for many years.

One of those is the opportunity to lead and practise more autonomously than in a hospital environment, she says.

> **‘In residential aged care, you’ve really got the best options to develop clinical skills if you choose to, and the opportunities are boundless.’**

Sally Fleming always felt an affinity for working with older people.

In hospitals, nurses will often defer to doctors’ medical expertise. But working in residential aged care, clinical staff such as registered nurses (RNs) are the ones who do resident assessments and communicate with them and their families, as well as their colleagues.

“In residential aged care, you’ve really got the best options to develop clinical skills if you choose to and the opportunities are boundless.”

Fleming has spent many years studying, including completing her master’s degree. She has also managed and helped build two rest-homes over the course of her career so far.

Opportunities to develop new skills

She said taking up a management role helped her gain new skills in areas such as health and safety, human resources and budgeting.

“As the manager, the buck stopped with me so if a shift was not completely full, it was my responsibility to fill the breach.”

Being involved with building also allowed her the opportunity to work closely with architects, as well as helping her understand more about the financial and business end of aged care.

> **‘If you’re curious and dig a little bit deeper, you’ll discover that aged residential care has the most complex patients.’**

A curious mind has played a large part in Fleming’s evolving career, she says.

“If you’re curious and dig a little bit deeper, you’ll discover that aged residential care has the most complex patients – older people, frail people with multiple conditions, or using multiple drugs.

“You get time to get to know who they are and understand how you can help them. Again, if you’re curious you take the time to develop good care plans and teach others to do the same.”

NP in palliative care

Fleming has gone on to do further training and is now a nurse practitioner specialising in palliative care. She visits residential aged care facilities to help support their palliative care services.

Palliative care plays a much larger part in aged care than previously, she says – and this will only continue as our population ages.

‘There’s a career pathway, starting with being a health-care assistant, becoming an enrolled nurse, then an RN and then a nurse practitioner.’

“That means more responsibility for clinical staff and this is a wonderful opportunity for nurses to develop their professional competency.”

Whenever the opportunity arises, Fleming encourages clinical staff to look at upskilling and expanding their horizons, and to realise how rewarding it is to work in the aged-care sector.

“There’s a career pathway, starting with being a health-care assistant, becoming an enrolled nurse, then an RN and then a nurse practitioner.”

— *Alena Lynch is communications manager at Presbyterian Support Otago.*

Kaitiaki
NURSING NEW ZEALAND

FEATURES

Former army medic recalls distressing memories, with return to Timor-Leste

BY ANDREW MACDONALD

July 31, 2024

A Canterbury nurse who served as an army medic in the East Timor crisis, has just visited the now-independent Timor-Leste with her old comrades. She has distressing memories of the brutality of that conflict.

Army medic Rachael Collins and local helper Sisqo near the village of Belulik Leten in East Timor in 2000. Photos: Supplied by Rachael Collins.

Macabre memories of exhuming villagers murdered during the former East Timor's struggle for independence 25 years ago intrude every so often on Canterbury military veteran Rachael Collins' life.

"I have sad memories of exhuming bodies from a cemetery in [the town of] Lolotoe," said Collins of the gruesome work. As an army medic (who deployed as Rachael Gill), she had accompanied Kiwi soldiers doing the digging in 2000.

"The families were present and they were wailing and crying and calling out in grief," she said.

Collins, who served as a Royal New Zealand Army Medical Corps medic in two deployments to East Timor and one to Afghanistan, has since qualified as a nurse and works for a Canterbury primary health organisation.

Recalling her experiences in East Timor, she said: "I only realised it had upset me when at the movies years later, and the same sounds [of people wailing grief] in the movie meant I had to leave."

The Christchurch mother of two returned to Timor-Leste, formerly East Timor, this month with the veteran-led "Back to Timor" group, to re-trace the highways and byways of their deployment more than two decades ago.

> **'The families were present and they were wailing and crying and calling out in grief.'**

The privately organised group included 15 veterans returning to Timor-Leste to mark the 25th anniversary of the New Zealand Defence Force's (NZDF) initial deployment there. They visited areas in which they served, pausing to honour those who lost their lives back then and to acknowledge the progress the country has made in the intervening years.

She expected that returning to the area – and particularly the town cemetery – would provoke difficult emotions.

"I'd like to see the locations where good and bad memories were made and hopefully leave the bad ones behind and make some positive ones in their place," she said.

Rachael Collins, who is now a nurse, and works for a Canterbury primary health organisation.

Collins served a total of about 15 years in the regular and territorial forces from 1997. Afterwards, her rich experience as a medic meant she breezed through a nursing degree.

"I like the medical side of things so wanted to stay in health care," said Collins. She now works as team lead for immunisation coordination at Pegasus Health, a public health organisation supporting general practices.

Rachael Collins (centre) surrounded by children of the former East Timor during her deployment as a medic.

East Timor was plunged into violence in 1999, when the population voted in a referendum to become independent from Indonesia. (The colonial power, Portugal, had withdrawn from East Timor in 1974. When East Timor declared its

independence in 1975, it was invaded and occupied by Indonesia.)

Following the 1999 referendum, the country was attacked by pro-Indonesian militia. Overall, about 1400 civilians were killed, an unknown number tortured, and women were raped and subjected to other forms of sexual violence. Some 500,000 people were displaced.

A lot of that chaos affected Lolotoe, on the border with West Timor. While some pro-Indonesian militia later stood trial for crimes against humanity, the outcomes were patchy.

NZ part of peace-making taskforce

Between 1999 and 2002, the NZDF deployed more than 5000 personnel to East Timor as part of the International Force East Timor (Interfet), a non-UN peace-making task force to address the unfolding security and humanitarian crisis.

Collins, now aged 46, spent a lot of time as a medic in Lolotoe during her two deployments to East Timor. It was a role that placed her close to the trials and tribulation of locals.

"I remember thinking how destitute the villages looked — dirt roads, some houses with no roofs, dogs everywhere, lots of kids running around with no shoes," said Collins.

"It was nice how they all waved and called out 'Bon dia' ['Hello']." With time, she got to know the people, the buildings and the sweeps of the high-country setting well.

> **'I remember thinking how destitute the villages looked – dirt roads, some houses with no roofs, dogs everywhere, lots of kids running around with no shoes . . .'**

The medical equipment and supplies she had were limited to what she carried, and the priority was treating members of her platoon. She was only allowed to help local people in life-or-limb situations, and then only when approached.

One case she encountered was a local child with seizures from cerebral malaria, who died while being evacuated by helicopter.

Rachael Collins was in her early 20s when she was deployed to East Timor in 2000.

Elsewhere, she treated a 61-year-old lady with a bleeding bowel. "I put in an IV, helicoptered her out — had to argue for this! — she had surgery and survived."

Another case was an unconscious man with arterial bleeding from a machete wound. Collins treated him in the flat bed of a ute and he apparently lived.

"Australians turned us away as [he] was local. Took him to a UNHCR [United Nations High Commissioner for Refugees] clinic we found instead. He was conscious and doing good when we dropped him off."

In May 2002, East Timor – which is about 500km north of Australia – moved to shrug off its past when it became the first new sovereign state of the new century, the Democratic Republic of Timor-Leste.

"I am really pleased that for the most part, the people of Timor-Leste have been able to live in peace and remain independent," Collins said.

She was in her early 20s when she deployed to East Timor in 2000 with Batt 2, which was drawn from Burnham-based 2nd/1st Battalion of the Royal New Zealand Infantry Regiment.

“I was attached to an infantry platoon [30 people, roughly] and wherever they went, I would go too,” Collins said.

“This meant patrolling through mountains, jungle or villages with them [if most of the platoon went]. I was responsible for the primary health care and treatment of injuries for those 30 people.”

The village of Lolotoe, where Kiwi soldiers had to exhume murdered civilians.

Collins said the challenges of the climate – cooler high country versus the heat of the lowlands – made it a “difficult balance between having enough water for a patrol so hydration could be maintained, but not too much that it made my pack too heavy.”

She vividly recalls the chronic humidity, the rainy season and the resultant oozing mud that found its way into every piece of equipment, and the experience of living in a clammy tent city.

She vividly recalls the chronic humidity, the rainy season and the resultant oozing mud that found its way into every piece of equipment.

“I remember preferring to be in the smaller outpost camps such as Bobonaro or Gate Pa in the mountains. It was picturesque and the locals seemed happy enough to have us there.

Rachael Collins, far left, with other Kiwi soldiers at the Belulik Leten village chief's house.

"I thoroughly enjoyed patrolling, especially covert patrols, as it was a slow pace and very peaceful."

She drank in the contrasts of rice paddies nestled beneath mountain ranges, and remembered the thrill of helicopter rides, versus the depressing low of sleeping on dry, rocky and rat-infested river banks.

> **'I thoroughly enjoyed patrolling, especially covert patrols, as it was a slow pace and very peaceful.'**

The patrols Collins was on did not come in contact with armed, pro-Indonesian militia groups who infiltrated from West Timor, but the New Zealanders were nonetheless well aware of the danger they posed.

Several deaths – Kiwi soldier Private Leonard Manning and Nepalese soldier Private Devi Ram Jaisi, both killed in action, and Irish soldier Private Peadar O'Flaitheara, accidently killed – were stark warning of the potentially high stakes at play, as was the death of a local child at Belulik Leten.

Overall, Collins said she remains proud of her deployments to East Timor, and was looking forward to returning and seeing the progress that the country has made.

"My first trip especially tested me both physically and emotionally and made me a stronger person."

Andrew Macdonald, PhD, is official historian for the Royal New Zealand Returned Services Association. He is a fellow of the Royal Historical Society (London) and a Captain (Honorary) in the Royal New Zealand Navy.

Kaitiaki
NURSING NEW ZEALAND

FEATURES

Nurse specialist wants to help other nurses caring for rare cancer patients

BY LIANA MEREDITH

July 29, 2024

An Auckland nurse specialist describes her work with patients who have neuroendocrine cancer, after returning from an international conference on the rare and often slow-moving disease.

Some of Auckland Hospital's neuroendrocrine cancer team, from left to right: Clinical nurse specialist (CNS) Avril Hill, oncologist Ben Lawrence, CNS Liana Meredith, nuclear medicine specialists Rachelle Steyn and Karin Wells, and registered nurse Jean Duffus.

One of the unexpected benefits of attending the European Neuroendocrine Tumor Society (ENETS (https://www.enets.org/)) annual conference in Vienna recently was realising that — for a little country at the bottom of the world — we are right up there in giving excellent care to our patients. This makes me proud and

Creating neuroendocrine nurse 'champions'

NeuroEndocrine Cancer New Zealand has just launched a new online course Living with NETs (https://www.neuroendocrinecancer.org.nz/living-with-nets) aimed at people newly diagnosed with the rare

to want to continue to do my best within the dedicated team I am part of at Auckland Hospital.

The ENETS event, from March 13 to 15, attracted more than 1500 people from more than 60 countries. I, along with endocrinologist Veronica Boyle, were the only New Zealand representatives.

It was a wonderful opportunity to mix, mingle and learn from some of the brightest and best in the world. Presentations included the latest in research and clinical trials and exposure to this vast spectrum of knowledge was inspiring and invigorating.

Liana Meredith

A highlight for me was the nursing and dietitian symposium. It was interesting to hear how nurses in the United Kingdom (UK) are navigating liver transplants for patients with liver metastases.

This is something I have not yet come across in my role but it is likely we will be offering more patients this option in the future in in New Zealand.

> **In a health system that is fragmented and overworked, it can be pretty helpful to be able to talk to an actual human being.**

My impression was that it will require a high level of skill and wraparound care to support patients who may be contemplating a transplant. NET patients are often very well informed, and I will now feel more confident if they ask about this as a treatment option.

Another interesting presentation was about online support groups for patients.

As the NETs group of cancers are considered uncommon, symptoms (such as profuse and frequent diarrhoea) can be very debilitating, and diagnosis is often protracted. This means patients can feel very alone and misunderstood.

The UK-based online support service for those with rare diseases, Rare Minds (https://www.rareminds.org/), is a professionally facilitated counselling service which runs

Michelle Sullivan

cancer, says the charity's chief executive Michelle Sullivan.

"It's for people who have been recently diagnosed, who are struggling to get their heads around – they've never heard of neuroendocrine cancer, they've probably got metastisised cancer – they don't know what any of the jargon means. It's not like other cancers where you can go google it," Sullivan told *Kaitiaki Nursing New Zealand*.

"For this, every person's cancer is different every person's treatment journey is different. So they all kind of end up becoming experts in understanding what their symptoms mean. And we help them to get there," Sullivan said.

"So when they're struggling with everything and really bewildered, this will create that cohort and community because people do really well in not feeling isolated. If you realise everybody who's been diagnosed in the last 6-12 months is feeling exactly as bewildered as you, you don't feel so alone."

NET nurse champions

One of the things Sullivan – along with NET nurse specialist Liana Meredith — are really keen to start are some online mini-trainings, she says: "Bite-sized information sessions to share some of the latest research and information Liana has learned from her trip."

Nurses in sectors like primary health or other areas may be working with NET patients in their area, but not know a lot about this rare cancer, Sullivan said. Only about 400 people are diagnosed each year in New Zealand.

"They might not have much experience with them because pretty much no one does," said Sullivan. "So what I think will be great, particularly for NET-interested nurses, or people who've got NET patients that they're caring for, would be some online Zoom education miniseries."

Only 50 or 60 NET patients require specialist PRRT treatment in Auckland each year, depending on whether their cancer is susceptible to the treatment, and whether the timing is right.

over six sessions, covering different topics and giving time for participants to share their experiences. Feedback has been overhwemingly positive and has got me thinking about ways to better support our patients here in New Zealand.

Impact of global events

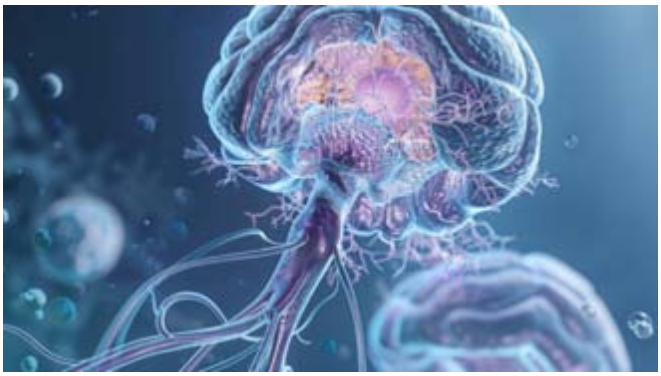
As Auckland Hospital is currently the only publicly-funded centre providing peptide receptor radionuclide therapy (PRRT) — a targeted form of radiation therapy — for NET patients in New Zealand, I was grateful that a significant portion of the conference was dedicated to PRRT.

PRRT — which has only been available in New Zealand since 2021 — delivers targeted, high-dose radiation to the neuroendocrine cancer cells. Previously, patients needed to travel to Melbourne for treatment.

> **We have oversight of patient care and we troubleshoot – we are the glue that holds everything together.**

These conference sessions helped consolidate my knowledge, reinforcing the need to be vigilant for bone marrow toxicities and other effects.

It seems New Zealand is not alone in facing some of the challenges and barriers to administering PRRT. One, for example, is the impact of geo-political events on the procurement of lutetium, a radioactive substance required for the treatment.



Macro view of the human brain's hypothalamus with neuroendocrine cells, highlighting central nervous system regulation and hormone secretion. Photo: AdobeStock. (Generated by AI).

One of our main suppliers is based in Israel and when the Gaza conflict began last year, we needed to quickly source an alternative. So far, they have been able to continue supply but we know this could change at any moment.

Others can be treated in their own regions through a range of options. That might include chemotherapy or monthly octreotide injections at their local GP clinic — a drug which can limit the hormones produced by the neuroendocrine tumours and help control the symptoms.

So, as well as oncology nurses, nurses working in primary health, endocrinology and medical may also be caring for NET patients for the first time.

NET cancer can also be tricky to diagnose, Sullivan says. Because the neuroendocrine tumours originate from hormone-producing cells, people often turn up with symptoms that look exactly like irritable bowel syndrome or menopause – hot flushes, diarrhoea or bloating.

> **'Most patients have a journey that involves several years of misdiagnosis before finally getting confirmation they have neuroendocrine cancer.'**

Sullivan — who is also general manager of the Cancer Research Trust – says for a $3000 travel grant to result in a nurse specialist sharing that knowledge with colleagues and the wider nursing and professional community is a huge impact.

"And if we end up with a dozen or more nurses around the country upskilling in NETs – you just can't get better value from that."

Equity, the whole person and Māori NETs rates

Overseas, Sullivan says often the focus is on how to treat the most complicated of NET cases. "But in New Zealand I think one of the things that sets us apart is our focus on the whole person, not just the condition."

Sullivan is also part of the Commonwealth Neuroendocrine Society, which represents Canada, Australia and New Zealand – all countries with indigenous populations.

She believes what is remarkable is how far ahead New Zealand is in considering equity and co-designing and developing new services.

A challenge, however, is that New Zealand does not fund drugs at the same rate as other developed countries – as recent coverage (https://www.rnz.co.nz/news/political/518617/lack-of-

Role of the nurse specialist

Sometimes, the role of nurse specialists is not widely understood. We are many things. We are like project managers. We have oversight of patient care and we troubleshoot – we are the glue that holds everything together. From the moment a person is diagnosed with NETs, we become their point of contact. We coordinate their cancer treatment with other services they may need, such as surgical. When patients need help with anything we try to be there for them.

> **It can be emotionally tough work – we get to know our patients really well and often their families, too.**

To ensure those people who need PRRT access it, we liaise with colleagues all over New Zealand, building relationships with other nursing teams and those people in their care who may be coming to us for that specialised treatment.

It can be emotionally tough work –- we get to know our patients really well and often their families, too. When you're overwhelmed as a patient and struggling, and you don't know who to call –- call us. In a health system that is fragmented and overworked, it can be pretty helpful to be able to talk to an actual human being.

In Vienna, the opportunity for networking was invaluable as it is so rare to have face-to-face conversations with colleagues from all over the world. As a result of attending this conference, I will join the nursing section (https://www.enets.org/nurses-and-dietitians.html) of ENETS and look forward to ongoing collaboration and building of collegial relationships internationally.

Keen to share what I've learned

Another benefit is that I now have online access to recordings of all the sessions. This means that a huge amount of up-to-date information is at my fingertips which I can refer to as I wish. I have already done a brief presentation to my Auckland NET colleagues and intend to utilise these resources to continue to share what I have learned by doing mini teaching sessions.

> **I did notice at the conference, however, the absence of the patient voice, and almost no mention was made of equity.**

cancer-drug-funding-cruel-labour) of the decision to postpone its promised funding of 13 cancer drugs demonstrates.

However, fortunately for those eligible NETs patients, PRRT is separately funded allowing us better access to that than many other countries, she says.

"So while we are really behind in many ways in our cancer treatments, in NETs we are really up there in PRRT access, considering equity and putting the whole person and their cultural identity front and centre."

For example, when researchers were looking to set up a new database to collect information on outcomes from PRRT, Neuroendocrine Cancer NZ organised the patient consultation that lead to a dedicated Māori governance group that included Māori patients.

"That process highlights how the health sector can partner with patient charities and the result is that the new database has a te ao perspective baked into it, making the result much richer for everyone."

NeuroEndocrine Cancer NZ, invites nurses around the country who may be working with NET patients for the first time to online mini-training sessions on caring for people with this rare disease. Please contact Michelle Sullivan at hello@neuroendrocrinecancer.org.nz if you are interested or just want to learn more about NETs.

Neuroendocrine Cancer NZ's website (https://www.neuroendocrinecancer.org.nz/patient-support) and public Facebook page (https://www.facebook.com/neuroendocrinecancernz) or private patients-only Facebook (https://www.facebook.com/groups/neuroendocrinecancernz) page have details on upcoming events and courses.

- *Michelle Sullivan, PhD, biochemistry, is both chief executive of NeuroEndocrine Cancer NZ and general manager of Cancer Research Trust NZ.*

NETs at a glance

Neuroendocrine tumours (NETs) is an umbrella term for a group of unusual and often slow-growing cancers in neuroendocrine cells.

Most people, including nurses, haven't heard of it even though it was the cancer that Steve Jobs, Aretha

My next topic is about patients with gastrointestinal NETS having a less diverse microbiome than controls – isn't that interesting?

I did notice at the conference, however, the absence of the patient voice, and almost no mention was made of equity. Again, acknowledging that we have a long way to go, I think New Zealand is actually at the forefront of some of these important issues.

I would like to express my deep appreciation for NZNO and the Nursing Education Research Foundation (NERF) supporting my attendance at ENETS. I believe my nursing practice has been enhanced and at the end of the day, it is my patients and their families who will benefit most from that.

For more information on neuroendocrine tumours go to https://www.neuroendocrinecancer.org.nz/ (https://www.neuroendocrinecancer.org.nz/)

- *Liana Meredith is a neuroendocrine tumour nurse specialist at Auckland Hospital. Her trip was supported by NERF conference/short course grant (https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/NERF/2024/2024_2025%20NERF%20Scholarship%20Grants%20Availability.pdf?ver=JzXUguKNx6dUwIOSY8O4FA%3d%3d), administered by NZNO, the Pollard Fund (https://www.nzno.org.nz/support/scholarships_and_grants) and Cancer Research Trust (https://www.cancerresearchtrustnz.org.nz/) NZ.*

Franklin – and possibly late United States Supreme Court justice Ruth Ginsberg died from.

As NETs nurse specialist Avril Hull wrote in *Kaitiaki (https://link.gale.com/apps/doc/A414692634/AONE?u=per_nzno&sid=bookmark-AONE&xid=bb8bd5be)* in 2015[1], the cells are commonly found in the mucosa lining the gastro-intestinal tract, the lungs and bronchi, as well as endocrine organs such as the thyroid and adrenal glands. Different neuroendrocrine cells are responsible for controlling different hormones and peptides in the body.

-NeuroEndocrine Cancer NZ and Michelle Sullivan

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1. Understanding a little known form of cancer (https://link.gale.com/apps/doc/A414692634/AONE?u=per_nzno&sid=bookmark-AONE&xid=bb8bd5be) Hull, A. (2015). Kaitiaki Nursing New Zealand, 21(4) pp 24-25.

Kaitiaki
NURSING NEW ZEALAND

PRACTICE

Medicines and older Māori – ‘It is through shared conversations that I understand’

CPD one hour

BY HE AKO HIRINGA

July 10, 2024

How do kaumātua view the medicines service they receive and how could it be improved? What ethnic variations are there in this service? This educational course focuses on medicines and older Māori and is relevant to nurses in primary care, alongside pharmacists and GPs.

Photo: AdobeStock (AI)

This course, on medicines and older Māori, comprises four videos, an independent reflection exercise, and a list of extra resources. It also includes downloadable posters developed after discussions with kaumātua, which can be displayed in your workplace.

He Ako Hiringa
Learning Always

Watching the videos and completing the independent reflection qualifies as one hour of continuing professional development (CPD).

This material was produced by He Ako Hiringa with Joanna Hikaka (Ngāruahine), a pharmacist from the former Waitematā District Health Board, whose research as a PhD candidate formed the basis of this resource. Her research was made possible with funding from the Health Research Council.

Videos

The four videos are:

Video 1: Course introduction

This video outlines the course and what clinicians can expect from the videos and other resources.

Video 2: Ethnic variations in the quality use of medicines for older adults in Aotearoa

Video two looks at why extra care is needed with medicines use in older adults, how to measure the quality use of medicines, and what the New Zealand data shows us about inequities in medicines use in older adults.

Video 3: Medicines review services for older Māori

The third video in this course examines medicines review services, how these can improve the safe and effective use of medicines for older adults, and what inequities there are within these review services.

Video 4: Older Māori experiences of medicines and medicines-related services

In the last video, clinicians hear directly from kaumātua about their experiences of medicines and medicines-related services. These quotes will improve clinician awareness about the real-life impacts of inadequate prescribing on older Māori.

As one kaumātua so aptly stated: "No te whitiwhiti kōrero i mohio ai – It is through shared conversation that I understand."

Video 4 also presents posters that have been developed from the experiences of older Māori. These are available in te reo Māori and English and can be displayed in your place of work.

Posters

These posters have been developed by Hikaka, in consultation with kaumātua, and are intended to encourage them and others to have discussions with clinicians about their medicines.

If you display these posters, the intention is that you are prepared to engage in any discussions they generate. Viewing the four videos in this course helps to give context to the posters.

English Posters

Māori Posters

Pharmacy-specific (English) Posters

Independent reflection

After watching the videos and exploring the additional resources (below) in this course, you can complete an independent reflection (https://www.akohiringa.co.nz/sites/default/files/public/2021-05/Independent%20reflection.pdf). This activity encourages you to set goals to improve your management of older Māori patients. You can claim continuing professional development points/hours for watching the four videos and completing the independent reflection.

We have provided example answers in some of the reflection activities to help you formulate your goals and actions. You should replace these examples with your own thoughts.

Photo: AdobeStock

Additional resources

These additional resources include tools, articles and links that could help you to improve your treatment of older Māori.

- Hikaka, J., Jones, R., Hughes, C., Connolly, M. J., & Martini, N. (2021). Ethnic Variations in the Quality Use of Medicines in Older Adults: Māori and Non-Māori in Aotearoa New Zealand. (https://link.springer.com/epdf/10.1007/s40266-020-00828-0?sharing_token=vFQoO-CUn44JpNCbKNorG_e4RwlQNchNByi7wbcMAY5a0wxT5KK7bbK_CVD_G6ZCjVtRi3cHZJFH1_5EhpgyZFGod2FbxqglWtB344FCS1RtYABY-pIl2CHgQmTIU8sX8cZwjAn_V71mqB2EKKcKAw2Z7H4lLKt0TNa9ToVnMaE%3D)*Drugs & Aging,* 38(3), 205-217.
- Māori experiences of healthcare – videos (https://healthify.nz/hauora-wellbeing/m/maori-experiences-of-healthcare-videos/).
- Tāhū Hauora, Health Quality & Safety Commission. Tools to guide which medicines should be considered for deprescribing. (https://www.hqsc.govt.nz/our-work/system-safety/reducing-harm/medicines/projects/appropriate-prescribing-toolkit/tools-to-guide-which-medicines-should-be-considered-for-deprescribing/) Updated April 2022.
- Pharmaceutical Society of New Zealand. Pharmacy Healthcare Services: Medicines Use Review (https://www.psnz.org.nz/healthservices/mur).