

Nurses – essential for improving the health of New Zealanders

Nurses working with children and infants

New Zealand's children experience some of the worst health outcomes of any children in the western world. Compared with 30 Organisation for Economic Development (OECD) countries, our children sit second to last for health and safety, and low in other important rankings such as material well-being and risk behaviours.¹ Our children also experience disparities in health – Māori and Pacific children are up to 23 times more likely to suffer from rheumatic fever than other children, and children in more socially and economically deprived situations are more likely to die from Sudden Unexplained Death of an Infant (SUDI – also known as cot death).²

Approximately 25% of New Zealand children live in poverty.³ The poor health status of our children affects us all and we must do better as a nation. Nursesⁱ are an essential element in improving the health of New Zealanders today and into the future and this pamphlet outlines how nurses can and do make a difference to the health of children.

Nurses work with infants, children, and their family and whānau in a variety of settings and contexts including:

- > birthing units;
- > neonatal units;
- > hospitals and out patients clinics;
- > early childhood centres and kohanga reo;
- > schools;
- > general practices and accident and medical centres;
- > well child and community clinics;
- > churches and maraes; and
- > in the home.

**All children, at some point in their lives, will come into contact with
nurses**

ⁱ Nurse includes registered and enrolled nurses and nurse practitioners unless otherwise indicated.



Figure 1 Diabetes nurse pregnancy specialist Elizabeth Johnson with mother and newborn.

What do nurses do?

Nurses care for unwell children, children who have disabilities, children who have chronic diseases and children who are well. Nurses:

- > assess children's, families', whānau, and community health needs and implement interventions to promote optimal health outcomes. This may include everything from providing intensive care in a hospital to undertaking a home visit with a new mother;
- > manage chronic conditions;
- > track and treat communicable diseases such as rheumatic fever;
- > immunise;
- > connect children and their families or whānau with other health and social care providers;
- > support families and whānau whose children are dependent on medical technology for life;
- > promote healthy lifestyles and behaviours through interactions with families, whānau, early childhood centres, kohanga reo and schools;
- > screen for family violence; and
- > offer parenting support and programmes for new mothers and their family or whānau.

A nurse is often the first person a family or whānau will talk to when things are not going well.

Nurses are a health care safety net for children of all ages and their family or whānau.

Leadership in child health

Nurses provide significant leadership in child health. Not only does evidence demonstrate the positive impact nurses have on child health outcomes in a range of areas, nurses are also active in policy formation internationally, nationally and locally and in developing, implementing and evaluating community interventions and activity.

The Nurse Family Partnership programme and the Triple P Parenting programme result in reduced violence and a return on investment of \$4 for every \$1 spent on the Family Nurse Partnership programme and a \$47 benefit to society for every \$1 invested in the Triple P Parenting programme.⁴

The Royal New Zealand Plunket Society has a long history of innovative child health practices. Nurses working for the Plunket Society have provided home visits and community based clinics for parents and caregivers and their infants and children for more than 100 years. One of Plunket's most recent innovations is the development of a new information system that will enable Plunket nurses to access child records from all over the country, resulting in more effective care for families and whānau using Plunket services.

The Neonatal Nurses College Aotearoa (NZNO) is actively supporting the development of neonatal care both in New Zealand and internationally. This includes supporting the education of neonatal nurses in Samoa and supporting the International Council of Neonatal Nurses to reduce infant and child mortality.

Nurses were at the forefront in development of the *Family Violence Intervention Guidelines: Child and Partner Abuse*⁵ and continue to take the lead in child abuse prevention, identification and intervention in New Zealand.

Nurse-led clinics focusing on children in both hospital and community settings improve health outcomes for children. For example, nurses providing care in a hospital-based, nurse-led clinic for children with asthma saw readmissions for asthma decrease from 22 per cent to six per cent.⁶ Registered nurses working in a school-based, nurse-led clinic which focused on education for families managing asthma, skin conditions and ear conditions, significantly decreased visitation to the city's children's hospital for ear, nose and throat and general medical services.⁷

International evidence demonstrates that care provided for children and young people by registered nurses and nurse practitioners in school-based health clinics reduces health care disparities,⁸ results in students engaging in a greater number of health-promoting behaviours,⁹ and improves attendance at school.¹⁰

Nurses' knowledge and expertise in working with children and their family and whānau enables them to provide expert input into the development of policies and practices to improve child health outcomes.

Challenges facing nurses working with children

Despite the clear evidence demonstrating nurse's contribution to improving health outcomes for children and their families and whānau, nurses face a range of barriers that limit the impact they can have. We must address these barriers if we are to make real inroads into improving the health of our children. Nurse practitioners (NPs), for example, are highly educated, skilled and experienced nurses who have completed advanced education in a specific area of practice. NPs provide a wide range of patient assessment and treatments, including diagnoses and ordering, conducting and interpreting medical tests and therapies to help manage health needs.¹¹ Unfortunately, NPs are few in number and face significant barriers to practice, such as the inability to refer to specialist services in some locations, the inability to claim funding in the same way a general practitioner can, and a severe shortage of available positions. Yet evidence demonstrates that NPs provide high-quality, high-value care that meets the needs of consumers.¹² Barriers to NP practice must be removed.



School nurses also face barriers – many of these are about funding. For example, some schools fund nurses from within their education budget, others have reached agreement with local health providers to fund nurse services. These funding disparities result in little uniformity in rates of pay and the types of services provided, the consequences of which are disparities in care. All children in schools deserve access to effective and appropriately funded school nursing services.

Māori children have some of the worst health outcomes in Aotearoa New Zealand,¹³ yet nurses working for Māori and Iwi providers also face significant barriers in their work with children. While many Māori nurse-led initiatives have demonstrated good health outcomes for Māori, inconsistent, short-term contracts make providing consistent care challenging, as do variable relationships with mainstream providers and limited numbers of Māori nurses willing to take on positions within Māori organisations.¹⁴ Poor pay in relation to their mainstream nursing colleagues, compounds the problems.

These are just three examples of the types of barriers that limit the impact of nurses across the health sector. Nurses are educated to build effective professional relationships with the people they nurse, and provide appropriate and autonomous nursing care that ultimately results in improved health outcomes. Nurses work closely with other health and social care professionals, to ensure children and their families and whānau receive the care they need, provided by the right person at the right time in the right place. Barriers to nurses' effective care must be removed if we are to see the improvements in health outcomes we know can be achieved – particularly in primary health care.

Demographics and workforce planning

Children and young people under 15 years of age comprise 21.5 percent of the total population.¹⁵ Māori and Pacific children are a youthful population, comprising 35 percent of the total Māori population¹⁶ and 38 percent of the Pacific population¹⁷ compared with non-Māori children who comprise 19 percent of the total non-Māori population.¹⁶ While it is true that with people living longer, the total proportion of children in the population gradually declines, the health and well-being of children is essential to the future of New Zealand. When considered in this light, health and

education statistics for this group and their families are concerning. For example, in addition to the health statistics noted in the first paragraph of this document:

- > 13.1 percent of young people aged 15 to 24 are not in employment, education or training;¹⁸
- > Each year, up to 10,000 young people leave school with no qualifications;¹⁹
- > On average, New Zealanders have poor health literacy skills with both Māori and non-Māori males and females on average scoring less than the minimum required score for individuals to meet the complex demands of everyday life and work²⁰ impacting on their ability to care for themselves and their families;
- > Rheumatic fever rates for Māori children are 23 times higher than for non-Māori and non-Pacific children;²¹
- > The current economic downturn has increased the number of children reliant on unemployment and domestic purposes benefit recipients. Concurrently, hospital admissions for medical conditions for those at lower income levels (mainly infectious and respiratory diseases) have also increased.²¹

The majority of these issues and conditions are preventable and can be addressed by setting appropriate social and economic policies at government level. Initiatives focused on improving access to primary health care, in particular, are imperative.

As part of the policy agenda, appropriate workforce planning is also required. At present, approximately 3737 nurses (registered, enrolled and nurse practitioners) work in roles specific to child health out of a total nursing workforce of 47,129.²² This does not include a further 2511 practice nurses working in general practice settings²² who also contribute significantly to the nursing care of children. However, it is currently unknown how many nurses will be required to meet population health needs into the future, as little workforce planning has been undertaken. Health Workforce New Zealand (HWNZ) is mandated to undertake this work; however this has not yet been done, resulting in an inability to identify how many nurses are needed, where they are needed and how best this highly skilled workforce can be used to address child health issues.

Case study

A young working mother living rurally received an appointment for her 10-year-old son for a specialist hearing test at the closest hospital. The mother could not arrange time off and contacted the hospital to make alternative arrangements. She was told after-hours appointments were not available and to put her son on a bus - alone. Health care services must meet the diverse needs of families and whānau and be prepared to modify practices to meet these needs.

Policies and practice

The primary factors that shape the health of New Zealanders are not individual lifestyle choices or medical treatments. It is the conditions in which New Zealanders live. The social determinants of health broadly refer to the conditions in which people are born, live, work and age including the health system.²³ These conditions are shaped by policy decisions concerning income, resource and money distribution. Mikkonen and Raphael outline 14 determinants of health that have a greater impact on health than the effects of physical exercise, diet, or alcohol and tobacco consumption.²⁴ They are:

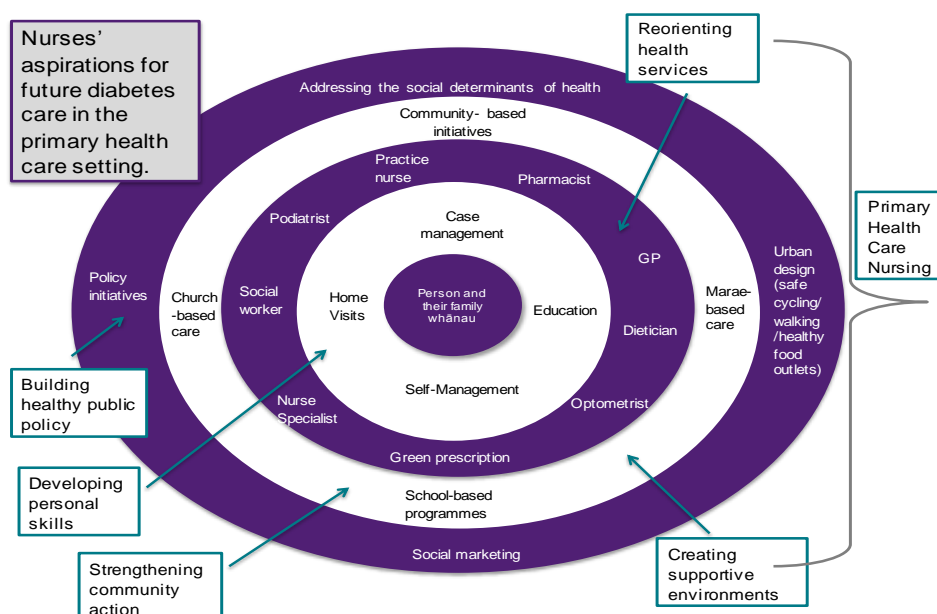
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|----------------------------------|--------------------------|
| > indigenous status | > employment and working |
| > gender | > conditions |
| > disability | > social exclusion |
| > housing | > food insecurity |
| > early life | > social safety net |
| > income and income distribution | > health services |
| > education | > unemployment |
| > race | > job security |

Primary health care promotes co-ordinated approaches to health from all public sectors, including health, housing, agriculture, education, and public infrastructure. Primary health care requires maximum community participation and involvement in the planning, organisation, operation and control of health care initiatives. Addressing the social determinants of health is a key element of a primary health care approach and must be integrated within all policies and practice.

Policies and practice must ensure equitable access to primary health care for children and their families and whānau. Although care for under six year olds is free, cost remains a significant barrier for many families and whānau to accessing general practice services. A reorientation of the GP funding model away from a business model toward one that is focused on ensuring equitable access to primary health care is essential. Enabling nurses to be directly funded for providing holistic, wraparound services to address the primary health care needs of families and whānau will ensure medical practitioners are freed to provide essential medical care. The Convenient Care Clinic in Rotorua is an excellent example of the type of care nurses can effectively provide to children and their families and whānau where access is an issue.²⁵

Early intervention with children and families is essential. Early intervention starts with good ante-natal care and this should be the starting point for all early intervention programmes. Researchers have found that the most successful early intervention programmes are those aimed at socially disadvantaged families and whānau, which use combined strategies for improving both child and parent/caregiver outcomes.²⁶ As noted earlier, international evidence clearly demonstrates that early intervention programmes which involve nurses, including the Nurse Family Partnership programme and the Triple P Parenting programme, result in reduced violence and a return on investment of \$4 for every \$1 spent on the Family Nurse Partnership programme and a \$47 benefit to society for every \$1 invested in the Triple P Parenting programme.⁴ These types of policies and practices must be available in all communities throughout New Zealand and must be made a policy priority by government.

Long-term, integrated planning that takes a broad approach to both health need and workforce planning is required to ensure effective policies are developed and implemented. Long-term conditions such as diabetes will have a growing impact on morbidity and mortality in New Zealand and effective, early interventions are required now. Research with nurses undertaken in 2011 identified an holistic model of intervention that addresses the multiple contributing factors to diabetes care and prevention.²⁷ The figure below outlines the model. This type of model could be applicable to any long term condition, with an emphasis on prevention from childhood.



Policies and practice designed to address child health needs must start early, address the social determinants of health, be founded on the principles of primary health care and effective integrated approaches, and provide for child- and family-specific education for practitioners.

Conclusion

Nurses work with infants, children, and their family and whānau in a variety of settings and contexts. Nurses assess, treat, screen, educate, co-ordinate care and refer where needed to ensure children receive the care they need. Nurses also advocate for children at local, national and international levels, providing significant leadership in child health. However a range of barriers limit nurses' ability to practise to the full extent of their knowledge and skills. These barriers must be removed to ensure children and their families and whānau receive the care they need to improve health outcomes.

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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NZNO Research Policies that can transform healthcare:

References

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