



New Zealand Nurses Organisation

**Submission to the Medical Council
of New Zealand**

On the

***Best health outcomes for Pacific
peoples***

Draft resource

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INTRODUCTION

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on *Best outcomes for Pacific peoples* draft resource and congratulates the Medical Council of New Zealand for developing such a well-researched, thoughtful and highly useful document.
2. The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 42 000 nurses and health workers on a range of employment related and professional issues across the public, private and community sectors.
3. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated.
4. The majority of our members are registered, enrolled and student nurses, and midwives, with kaimahi hauora, health care workers and allied health professionals making up a significant minority.
5. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public and primary health care for all New Zealanders.
6. NZNO has consulted its staff and members in the preparation of this submission, in particular our Professional Nursing Advisors, Policy Analysts and Pacific Nursing, Women’s Health and Children and Young Persons sections.
7. The New Zealand Nurses Organisation **warmly supports** this document, which we believe will be a valuable and widely used resource.
8. We include some suggestions for additions/amendments which may help to further the purpose of the document.

9. NZNO and our Pacific Nursing Section would be very happy to discuss these further or would welcome the opportunity of working more closely with medical colleagues to improve outcomes for Pacific peoples.
10. This resource has great value for all health professionals and potential for use as a standard document for all health professionals.

DISCUSSION

1. With seven percent of one of the fastest growing sections of the New Zealand population identifying themselves as Pacific, and largely concentrated in specific areas such as South Auckland, there are both challenges and opportunities for health professionals, who generally come from different ethnic and socio-economic backgrounds.
2. The challenges, that highlight disparities for Pacific peoples, are dauntingly defined in the summary points listed throughout the document and in the accompanying brief *Summary of key points for doctors*: lower life expectancy, higher rates of chronic disease and higher rates of premature disability.
3. The opportunities to make significant differences are commensurate, however, if the right connections are made.
4. Irahepeti Ramsden's pioneering work on cultural safety in the 1980's, provided both evidence and insight into the way inequitable power relationships between health professionals and their clients are a major contributing factor to inequitable outcomes. Since 1992 cultural safety has been an integral part of the New Zealand nursing and midwifery curriculum and has subsequently been incorporated into the training of most health professionals both in Aotearoa and internationally.
5. Most doctors practising here come from different ethnic and socio-economic backgrounds from Pacific peoples and indeed, a very large proportion are trained overseas and are much less familiar with Pacific culture than New Zealanders and may not understand its particular significance to Aotearoa.

6. By virtue of geography and history, our cultural bond with Pacific peoples is stronger than those of other ethnic groups. Pacific culture is, in many respects, part of our own culture, an understanding of which is essential for safe, culturally appropriate practise.
7. This document is, therefore, a vital and timely resource for any doctor practicing in New Zealand, and particularly for those who are new to New Zealand, students and newly registered doctors, and those working in health settings with Pacific peoples.
8. Section 2 *Background evidence* provides a very useful and relevant context. A small courtesy and demonstration of goodwill is to use an appropriate greeting and we suggest that examples of these could be included in this section.
9. Punctuating each section with Summary points is a useful device, delivering information in 'digestible bites' and guiding the reader to specific points of interest.
10. Subsequent sections all contain information which is accurate, easily understood and very well illustrated with case studies and scenarios highlighting doctor/client/family relationships.
11. The latter could perhaps be more solution focused, with exemplar conversations which illustrate positive ways of addressing particular situations.
12. NZNO members also suggest that doctors should use simple drawings or show pictures and processes if they're not sure if the patient understands what they are talking about. This is particularly important for older Pacific people who may nod and appear to understand and who would not want to 'bother' the doctor by asking for further explanation.
13. NZNO believes that reference could also be made to utilising nursing staff to ensure effective communication with Pacific peoples. Nurses often establish less formal relationships with patients because of the context in which they

are seeing them and so may have more opportunity to both elicit and give pertinent information.

14. Pacific Nursing staff are particularly valuable in this context. We note the research of Robinson et al (2006) into the standard of assessment and treatment interventions for Pacific patients with alcohol and drug dependencies which indicates that assessments by skilled professionals with Pacific backgrounds were highly effective, in contrast to those by unregulated Pacific health care workers – skills and Pacific knowledge are equally important for best health outcomes.
15. Access to and use of qualified interpreters is recommended especially if there is any doubt about comprehension or when the information is critical. It is often very difficult for the doctor to assess the extent of understanding, or circumstances which may prevent instructions being carried out properly, even when language is not a barrier.
16. Pacific people regard professionals very highly and care should be taken that this trust is not taken advantage of.
17. Cultural normalities, however, are not prescriptive and while Pacific peoples share many preferences, they are still individuals. Health is a sensitive issue and NZNO suggests that it is worth reminding doctors to establish at the outset the extent to which their Pacific clients want family members to be involved in their health decisions.
18. The one area which we would advise should be strengthened and kept as a primary focus is that of Children and young people, as this is the group that has been identified as significant at-risk and problematic within Pacific communities.
19. NZNO believes that the focus of this resource should be kept general rather than tailored to a specific group since doctors are likely to practice for several decades and in many different environments. Changing demographics which already show the different ethnic balance from twenty years ago especially

amongst young people also indicate that the audience for this resource is likely to grow.

20. In terms of publication options NZNO strongly recommends that it is published and that hard copies are available in relevant District Health Boards and Primary and Community Health Care organisations. This would also be a useful resource to have online.

21. We commend the useful and comprehensive bibliography and suggested reading.

CONCLUSION

22. Once again NZNO congratulates the MCNZ for producing this excellent draft resource, which we believe gives doctors insight and information for working with Pacific peoples which will lead to better health outcomes. We recommend that you:

- **Note** our warm support for the draft resource;
- **Consider** its potential to be developed as a resource for all health practitioners;
- **Note** NZNO's willingness to be involved in further discussion regarding health outcomes for Pacific peoples;
- **Note** that the section dealing with Children and Youth could be extended and that children and young people should be a primary focus throughout the resource;
- **Consider** including examples of relevant greetings for each Pacific group
- **Advise** that simple illustrations can be an effective form of communication especially with older Pacific people;
- **Include** solution-based scenarios to model culturally safe practice;

- **Agree** that registered nurses, especially those with knowledge of Pacific people can offer valuable assistance;
- **Include** advice on using of validated interpreters where necessary;
- **Note** that we believe the resource is best directed at a general audience which would include student, overseas trained and all practising doctors working with pacific communities;
- **Note** our support for this resource should be available and widely distributed in hard copy form and accessible online.

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REFERENCES

G. Robinson, H. Warren, K. Samu, et al. 2006. Pacific healthcare workers and their treatment interventions for Pacific clients with alcohol and drug issues in New Zealand. *New Zealand Medical Journal*.