



**NZNO**

# Strategy for Nursing (DRAFT)

**Advancing the health of the nation**

**Hei oranga motuhake mō ngā  
whānau, hapū, iwi**

**2018 – 2023**

## Whakataukī

Me haeretahi tātou mō te hauora me te oranga o ngā iwi katoa o Aotearoa: let us journey together for the health and wellbeing of the people of Aotearoa

*Reverend Leo Te Kira, 2005*

## Acknowledgements

The *NZNO Strategy for Nursing* acknowledges:

- NZNO members
- The expertise and commitment of Te Poari, Te Rūnanga, the membership committee, colleges and sections, and the combined contribution - current and future - that if enabled has transformative power for improved health of New Zealanders
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# Preface

New Zealand Nurses Organisation - Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO), is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 48,000 members - nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to international organisations including the International Council of Nurses (ICN), Global Nurses United, the South Pacific Nurses Forum; and within New Zealand the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces Te Tiriti o Waitangi (the founding document of New Zealand) and the inherent principles of partnership, participation and protection. NZNO contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision.

***NZNO's vision is freed to care, proud to nurse***

A critical function of NZNO is to provide leadership to nurses in Aotearoa New Zealand. Together the *NZNO Strategy for Nursing* and the *NZNO Vision for Nursing 2020* provide nursing with a contemporary voice and a definitive way forward within the current health context.

The New Zealand Nurses Organisation (NZNO) has a president and kaiwhakahaere, elected in accordance with the constitution, as lead governance partners of NZNO. NZNO continues to work on a bicultural partnership, guided in this process by Te Rūnanga o Aotearoa, New Zealand Nurses Organisation (Te Rūnanga).

Te Rūnanga is the bicultural partner, through which the moemoeā, the aspirations of Māori nurses, midwives, students, kaimahi hauora and health workers are achieved.

***Our aim is to enhance the health and wellbeing of all people of Aotearoa. We are united in our professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all people.***

Te Rūnanga represents the needs, concerns and interests of Māori members at regional, national and international forums. Te Rūnanga, through Te Poari (a standing committee of the NZNO board), provides direction for the development of Māori processes within NZNO.

NZNO has 20 colleges and sections. These are professional bodies that disseminate evidence-based nursing knowledge and professional support to members and related agencies. The colleges and sections are connected nationally and internationally. The expertise and commitment (all voluntary) of these nurses is a tremendous resource to drive change, service design, best practice and especially models of care and emerging leadership.

Equally NZNO has an extensive network of elected member delegates who protect and advocate for nurses terms and conditions of employment, and safe and healthy workplace environments.

The *NZNO Strategy for Nursing* is congruent with the major health strategies in Aotearoa New Zealand. Additionally it provides a unique nursing perspective as to how nursing is the solution to addressing current community need and health gain for the Aotearoa New Zealand population. Investment in nursing will deliver universal health coverage and progress the United Nations Sustainable Development Goals to ensure better health for everyone.

The strategy is both aspirational and intentional - the 2018 to 2023 time period is intended to create immediate prioritisation within the NZNO work plan. There has been significant stakeholder engagement in the development of the *NZNO Strategy for Nursing* and real support and commitment for this work. The strategy will be reviewed in 2020 and concludes in 2023. This fits with the current electoral cycle and the pace of change in the health sector.

The '*NZNO Strategy for Nursing 2018-2023*', is based on the premise that through investment in leadership, removal of structural and fiscal barriers to the prevailing model(s) of care and using the existing knowledge and skill of all nurses to the full, nursing in Aotearoa New Zealand can meet the health needs and improve health outcomes of New Zealanders.

# Executive summary

New Zealand nurses advance the health of the nation. Nursing is a key workforce (making up more than half of the regulated health workforce) that is able to promote health equity and address health disparity.

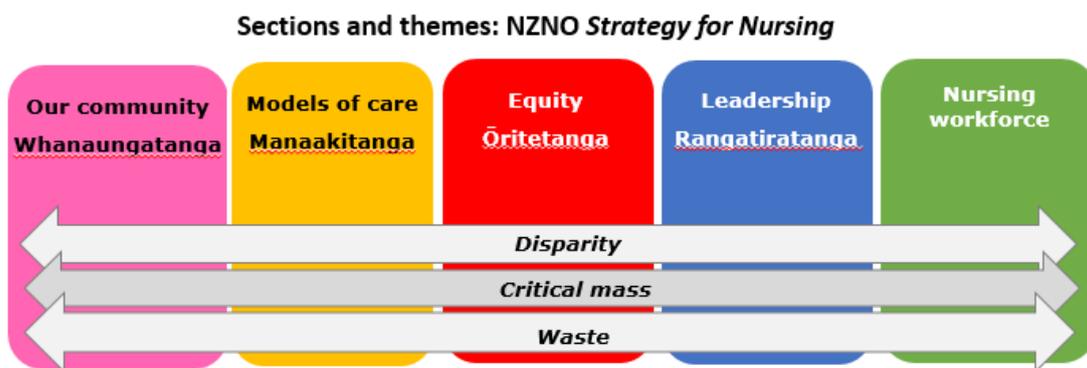
Nurses are skilled, knowledgeable and experienced, undertaking a comprehensive variety of roles within community and hospital settings.

The *NZNO Strategy for Nursing* is a key tool to resolve structural and systemic barriers that impede nursing effectiveness in Aotearoa New Zealand such as restrictive models of care and employment, contractual methods, funding mechanisms and institutional racism.

The critical strategic issues are known. They require momentum, political will and a resurgence in energy from nurses and health and social decision/policy makers to deliver better access and affordability in health care and support for all New Zealanders.

The *NZNO Strategy for Nursing - advancing the health of the nation* is a whole-of-profession document, irrespective of the role a nurse has. It has been created for the unique context of Aotearoa New Zealand from 2018 to 2023 and will be reviewed in 2020. The strategy pays particular attention to a Māori world view of health, care and support.

The conceptual model and the interdependent strategy sections and themes provide a strong platform for implementing strategic products and strategic actions through the NZNO membership and in partnership with aligned professional, legislative, regulatory and community agencies.



## **Our community (is our purpose) – Whanaungatanga**

Community representation is the term used to describe people who provide support by providing a patient, carer and community perspective in decision making, service planning and improvement. NZNO will have a consumer representative on its Governance Board by 2020.

## **Models of Care (and power) - Manaakitanga**

The current models of health care in Aotearoa New Zealand are not equipped to meet the needs that are emerging from a rapidly evolving health environment. Models of care are hindered by a lack of nursing input into design and decision-making, a conservative culture, biomedical approach and are led by the underlying business model. A coordinated approach is needed to identify new and evidenced-based models of care for Aotearoa New Zealand.

The major strategic action within the Model of Care *Manaakitanga* section of the strategy is to convene an internal expert advisory group from the NZNO Rūnanga, colleges and sections. The aim is to develop a model of care in which nursing is at the epicentre of care and is geared towards improving equity in service provision - removing the structural impediments of employment, contractual methods and funding mechanisms which currently exist.

NZNO will provide an innovation advisory review service relating to innovative practice, service design and model of care improvement. It is intended that NZNO will provide expert advice in reviewing proposal documentation and financial modelling.

### **Equity (fair and just) - *Ōritetanga***

The Aotearoa New Zealand health sector is undergoing a period of rapid change regarding matters of equity; however, disparities remain. NZNO will continue to work relentlessly to achieve pay equity across nursing and health worker groups through collective bargaining or legal processes.

Equity in relation to health determinants and the growing poverty, alarming health and social outcomes of our children and young people is another area of concern and will be a focus area for NZNO efforts.

### **Leadership (development and sustainability) - *Rangatiratanga***

Nursing governance, executive leadership, clinical leadership and point of care leadership are all essential components in establishing patient centred, evidence based and cost effective health care in Aotearoa New Zealand. A governance toolkit, executive leadership resource manual, and information compendium for point of care leadership will be created by NZNO to support and enhance the capacity of nursing leadership.

20% of District Health Board (DHB) director of nursing roles have been restructured in the last two years. NZNO will advocate positioning executive nursing leadership within DHBs as a mandated role reporting to the chief executive. Nursing leadership and the sustainability of such leadership at all levels and sectors of the health system are critical in ensuring the nursing voice is heard and acted upon.

An agreed programme of clinical leadership will be available to charge nurse managers (and equivalent roles) within six months prior to or post their appointment, improving the leadership pipeline.

### **Nursing workforce (invest in the solution) - *[Ite Reo translation to be inserted here]***

Aotearoa New Zealand needs a fit-for-purpose nursing workforce that is representative of the population it serves. A sustainable critical mass of nurses, working to the fullest extent of their practice, is essential.

**The headline concerns for the nursing workforce in Aotearoa New Zealand:**

- **The lack of a coherent national nursing workforce strategic plan** that is current, cogent, and has a timeline for implementation is reprehensible
- **The absence of a Māori nursing strategic plan** is equally lamentable
- **Less than 100% employment for graduate nurses.** Not all graduate nurses have access to a Nurse Entry to Practice programme (or equivalent)
- **Māori and Pacific Island nurses are underrepresented** for the population they serve
- **50% of the nursing workforce will be retiring by 2035**
- **A dependence on internationally qualified nurses** (the rate of nearly 30% is higher than any other OECD country).<sup>1</sup>
- Persistent and serious **underfunding for postgraduate nursing education.**

The strategy contains a range of actions to address these concerns, to be undertaken by NZNO and in partnership with other health care and related organisations. Such partnerships will be critical to success.

The *NZNO Strategy for Nursing* places nursing at the epicentre of healthcare.

Nurses are the solution: it is incumbent upon the profession and decision makers outside the profession to create the environment where nursing skill, knowledge and practice are utilised to the full, to improve health gain for the population.

## Key actions from the *NZNO Strategy for Nursing*

Section	Products	Strategic actions	Partners
<b>Our community</b>		NZNO to strengthen its processes for inclusion of consumer involvement  Consumer representatives on the NZNO board of directors by 2020	Community advocacy groups  Community consumer groups
<b>Model of care</b>	NZNO innovation service	Create an NZNO internal expert advisory committee	Ministry of Health, Public Health Association, Nurse Executives of New Zealand
<b>Equity</b>		Support conclusion of DHB Multi-Employer Collective Agreement (MECA) bargaining on the basis of inclusion of a pay equity process for health care assistants, enrolled, registered and senior nurses.	DHBs, Council of Trade Unions, employer representatives.
<b>Leadership</b>	Governance toolkit  Executive leadership resource manual  Point of care leadership compendium	Advocate for a mandated director of nursing role within DHBs that reports to the chief executive  Advocate for creation of a consistent National DHB director of nursing dashboard  Advocate future clauses in the DHB MECA to support leadership, education and external professional supervision for charge nurse managers or equivalent	Ministry of Health, DHBs, Nurse Executives of New Zealand, NZ Institute of Directors. Leadership New Zealand, National Council of Women, Ministry for Women  DHBs Multi Employer Collective Agreement (MECA) bargaining team
<b>Nursing workforce</b>	Campaigns to promote nursing as a career, including: <ul style="list-style-type: none"> <li>• Māori workforce</li> <li>• Pacific workforce</li> <li>• Men in the nursing workforce</li> </ul>	Advocate for a 50% increase in public health nurse numbers within 3 years  Advocate for an additional 200-250 nurse practitioners per year until 2020  Advocate to increase the postgraduate education budget for nurses (Health Workforce New Zealand) by 25% in 2019 and 35% in 2020	Nurse Educators in the Tertiary Sector, Nurse Executives of New Zealand  Ministry of Health, Health Workforce New Zealand, Nurse Practitioners New Zealand  National Nurses Organisation, Māori treaty partners.

# 1. Introduction

## 1.1 NZNO definition of nursing

Nursing in Aotearoa New Zealand is an evidence-based practice underpinned by nursing theory and research. The core focus is people (he tāngata) – promoting health or supporting people to regain health and wellbeing.

Professional nursing practice attends to the differing ways in which people experience health, well-being, illness, disability, dying and grief, the environment, health care systems and personal interactions, and brings coherence to the factors that contribute to positive health outcomes. It is the relational processes, knowledge and skills of nursing that enable people to get on with their lives, whatever their health circumstance.

Professional nursing practice in Aotearoa New Zealand addresses the uniqueness of our cultural heritage. Practising in a culturally safe manner, and in compliance with Te Tiriti o Waitangi is a requirement for all nurses in Aotearoa New Zealand.

- ✧ Nurses have varied and evolving roles that span institutions, homes and communities - reaching across boundaries of all public and private service sectors.
- ✧ Nurses work collaboratively with other health professionals to address health need and provide professional, equitable, effective, and empathetic nursing care for individuals, families, whānau, hapū, iwi and communities.
- ✧ Nurses are educated, regulated and are fiscally and politically conscious.
- ✧ Nurses are key contributors to the quality and cost of health care provision and innovation in service design and delivery that aims to advance the health of the nation.

## 1.2 The aim of the strategy

The *NZNO Strategy for Nursing* outlines an integrated view of professional and industrial nursing issues and key workforce aspirations.

The overall aim of the strategy is improved health and wellbeing as an outcome of nursing practice.

The strategy aims to inform, influence and inspire all nurses in New Zealand and other stakeholders in the development of nursing. The *NZNO Strategy for Nursing* provides:

- A blueprint and timeline for nursing development and action
- A contemporary document with a future-focused nursing perspective
- A publicly available document that prioritises actual and emerging issues for nursing within Aotearoa New Zealand and internationally.

The development of the strategy, underpinning conceptual model and the five major sections and three cross cutting themes involved extensive consultation with nurses.

The *NZNO Strategy for Nursing* has been written to incorporate the unique perspective of Aotearoa New Zealand and within an international context.

### 1.3 Alignment with related New Zealand health strategies

The NZNO vision and strategy intersect and align with key Ministry of Health (MoH) documents:

NZNO Vision	MoH Vision	He Korowai Oranga
Freed to Nurse Proud to Care	Live well, get well, stay well	Whānau ora (healthy families)
NZNO Organisational Strategy	NZ Health Strategy	He Korowai Oranga Strategy
<ul style="list-style-type: none"> <li>Improved health outcomes</li> <li>Skilled nurses</li> <li>Strong workforce</li> <li>Effective organisation</li> </ul>	<ul style="list-style-type: none"> <li>People powered</li> <li>Closer to home</li> <li>Value and high performance</li> <li>One team</li> <li>Smart system</li> </ul>	<ul style="list-style-type: none"> <li>Pae Ora (healthy futures for Māori)</li> <li>Wai Ora (healthy environments)</li> <li>Mauri Ora (healthy individuals)</li> </ul>

#### ***Nurses are the solution: advancing the health of the nation***

Nurses are the largest regulated health workforce and the largest provider of supervision to the non-regulated health workforce in Aotearoa New Zealand

- The nursing contribution is unique because of its scale, the range of roles nurses undertake, and their adaptability and capacity to meeting changing health needs
- Nurses have a New Zealand Nursing Council audited undergraduate degree programme within tertiary institutions to support registration as a registered nurse and have an audited enrolled nurse programme
- Nurses have postgraduate pathways to support advanced practice
- Nurses have robust legislative procedures and professional processes in relation to registered nurse scopes of practice and prescribing
- Nurses have regulatory mechanisms related to keeping the public safe – primarily in conduct, competency and accountability for practice
- Nurses are required to be culturally competent
- Nurses have repeatedly demonstrated innovative models of care and service delivery that can be replicated at scale, are cost effective, meet client need and improve health outcomes
- Nursing is relational, holistic and collaborative; addressing health need and providing equitable, effective and empathetic nursing care for individuals, families, whānau, hapū and iwi
- Nursing is patient-centred, evidence-based and cost effective, and is underpinned by nursing theory and research

- Nurses work respectfully with colleagues to best meet patient need and act with integrity to gain patient trust.

### The conceptual model underpinning the *NZNO Strategy for Nursing*



The conceptual model above shows the central features of the *NZNO Strategy for Nursing*.

The **aim** of the strategy is **improved health and wellbeing** as an outcome of nursing practice.

**Determinants of health** represent the holistic nursing approach in health and areas that impact on health (present and future)

The **catalyst for change** represents the current issues that require improvement and the **zone of action** is where the strategy can identify and recommend changes to improve the knowledge, clinical and professional practice and necessary changes to the health system.

#### Strategic themes

**Waste** refers to:

- omission, delay, and underutilisation (of skill, knowledge, or competency) within any nursing role
- resources that are not focused on improved health and wellbeing outcomes
- innovation that cannot be used at scale and /or is not evaluated or disseminated
- aspects of the health system that impede forward thinking, execution of knowledge, practice and opportunities for health gain
- the absence of nursing presence and involvement in policy, funding decision making and service design and innovation.

**Critical mass** refers to the number of nurses and skill mix required within a set time frame to achieve the desired health outcome for the people it serves.

**Equity** is embedded in the New Zealand triple aim framework, and refers to the distribution of resources and other processes.

These themes align with the experience of nurses across disciplines, national health strategies and the experience of communities in Aotearoa New Zealand.

The following assumptions support the strategy's conceptual model:

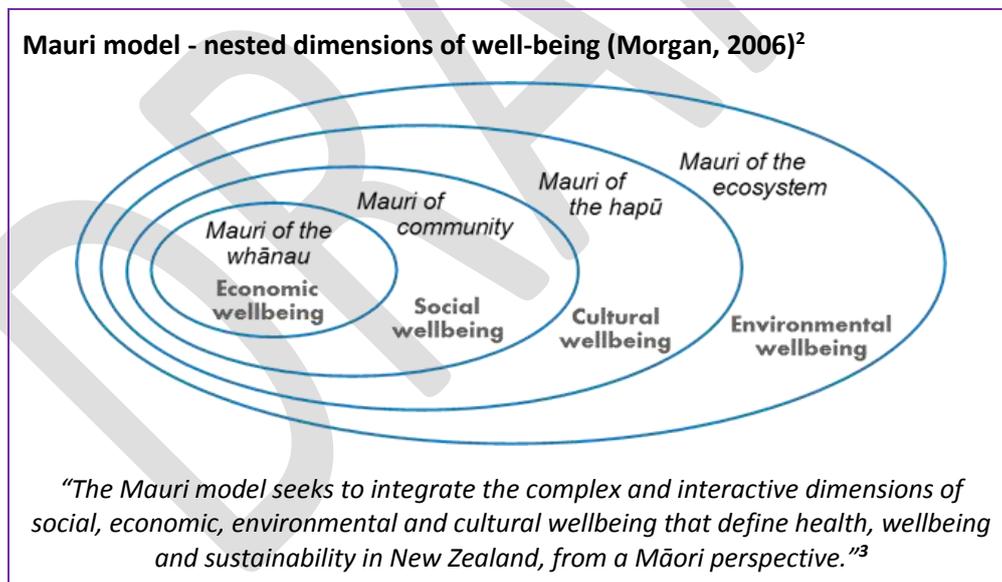
- Health and self-determination are basic human rights
- Health care should be universally available for all New Zealanders
- Achievement of health potential is affected by the determinants of health across the social, economic and psychological spectra
- The profession of nursing embraces the principles of te Tiriti o Waitangi.

#### 1.4 The NZNO Strategy for Nursing from a Māori worldview

NZNO embraces Te Tiriti o Waitangi. The Māori world view in regards to health and wellbeing is highly relevant to the *NZNO Strategy for Nursing* and helps to progress it. Nursing is a holistic profession, and the Māori world view on health and wellbeing fits well with nursing's philosophy of care and practice.

Māori thinking involves linking spiritual wellbeing with physical wellbeing and is understood as a balanced, connected, holistic life-force. The term that relates to this understanding is Mauri.

These ideas are captured in the diagram below.



The next step for NZNO is to communicate the important values that promote Mauri and actively support engagement with Māori people, in promoting health and wellbeing through nursing practice. Implementation of the *NZNO Strategy for Nursing* will be guided by the values outlined in the diagram below.

*Ko tāku Manawa ko tāu Manawa, from my heart to your heart*

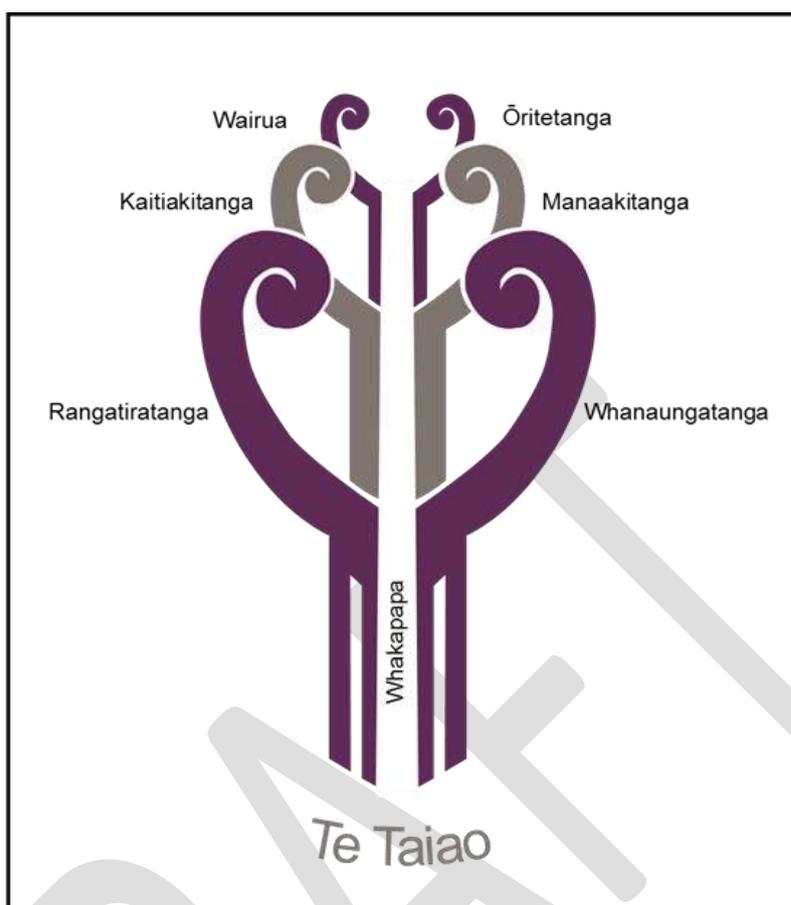


Diagram adapted with permission from Te Rūnanga o Aotearoa (NZNO)<sup>4</sup>

Te Rūnanga’s whakatauakī ‘*Ko tāku Manawa ko tāu Manawa, from my heart to your heart*’ (pictured above) reflects the intrinsic relationships with the whenua, te Taiao, our wairua and the commitment to kaitiakitanga, as we are the present guardians and are entrusted to leave a sustainable future for the next generation of Māori health professionals. It is through these values of manaakitanga, whakapapa, wairua, mauri, mana and tapu that we acknowledge and promote Te Ao Māori.

Explanation of Terms	
<b>Wairua</b>	Spirituality as an underlying essence to wellbeing.
<b>Kaitiakitanga</b>	Guardianship, protection or preservation. It is a way of managing the environment. People are not superior to the natural order; they are part of it. All life is connected and to understand the world, one must understand the connections and relationships within it.
<b>Manaakitanga</b>	The duty of care to meet the needs of the whole person, family or whānau.
<b>Te Taiao</b>	Earth, natural world, environment, nature, country
<b>Mauri</b>	An energy, internal element, a sustaining life force or spirit. In all living and non-living things
<b>Mana</b>	Prestige, authority, control, power, influence, status, spiritual power, charisma - <i>mana</i> is a supernatural force in a person, place or object
<b>Tapu</b>	Sacred
<b>Te Ao</b>	The knowledge and heritage that forms a Māori world view
<b>Whakapapa</b>	Ancestral lineage, ancestral connections, genealogical relationships

## 1.5 International context

NZNO is an affiliated member of the International Council of Nurses (ICN), the Global Nurses United organisation, the International Alliance of First Nations Nurses and Midwives Working Group and the South Pacific Nurses Forum, and is committed to nurses working within a universal health care paradigm as part of the wider World Health Organisation’s Sustainable Development Goals (adopted by the United Nations in 2015).

The ICN diagram below illustrates the components of universal health care, all of which are necessary for universal health coverage to occur. Universal health coverage is an underpinning construct throughout the *NZNO Strategy for Nursing*.



Source: *International Council of Nursing (2017)<sup>5</sup> (adapted for the New Zealand context)*

## 1.6 How to read this strategy

The *NZNO Strategy for Nursing* should be read in conjunction with the *NZNO Vision for Nursing 2020*. *Vision for Nursing 2020* provides extensive background information and acts as a foundation for the *NZNO Strategy for Nursing*. Extensive literature review has been undertaken in writing the *NZNO Strategy for Nursing* to ensure the information and direction presented is current and informed by evidence and best-practice. The strategy is expressed through five interdependent sections and three cross-cutting themes:



These integrated themes and their associated actions are where NZNO believes that health gains can be improved significantly.

The word ‘patient’ is used in this strategy as a broad term incorporating all clients within the health care sector.

The *NZNO Strategy for Nursing* provides opportunity for activity within NZNO, and through strategic partnering and collaboration with other health professionals, researchers, academics, public health advocates, community groups, government agencies, other health unions and many other agencies that align with NZNO nursing goals and activities. These savvy relationship engagement skills and partnerships will be fundamental in achieving the outcomes from the strategy. See where you can be involved!

DRAFT

## 2. Our community - Whanaungatanga

### *Our community is our purpose*

Nurses in Aotearoa New Zealand have a proud tradition of caring for individuals, families or whanau, and communities. Since the mid-19<sup>th</sup> century – through good times and bad - nurses have provided services to communities by horseback and bicycle through to four wheel drive and flight transfer. Nurses are integral to the health, social and psychological care of New Zealanders and will continue to touch and transform lives.

Nurses appreciate the respect afforded to them by the community which has endured over many decades. Nursing has changed throughout this time, and people are often unaware of the knowledge and skill involved in contemporary nursing. The community perception of contemporary nursing needs to expand beyond traditional virtues - to be seen as compassionate, knowledgeable, qualified, clinically skilled and professional in service delivery.

### **2.1 Our community is changing**

- Our overall population is ageing – with an increasing proportion of people over the age of 85 years
- In contrast, our populations of Māori and Pacific Island peoples are younger - service provision will need to reflect the requirements of these groups
- Our population is becoming more diverse – care and support will need to be adapted to meet the needs of migrants from around the world
- There is a growing understanding of the lesbian, gay, bisexual, transgender, queer and gender diverse community - however much needs to be done to achieve full inclusion into our society
- There is a change in where people are living – more people are choosing to live in the cities rather than regional areas. There are more people living in multigenerational households
- Many people are employed beyond the age of 65, and people of all ages are working longer hours. It is becoming harder to find volunteers for health and social related charities and service groups
- The gap between rich and poor is increasing and this affects our whole society
- Peoples' expectations of health care and support are increasing.

### **2.2 NZNO: advocating for the community and for government investment in health**

'*Shout out for health*' is the NZNO member-led campaign for a fully funded public health system. Member-leaders around the country are ready to talk about how health underfunding

is affecting their work, their patients, and their communities. Through this campaign, NZNO now has trained member leaders throughout Aotearoa New Zealand who have increased capability to continue to advocate on behalf of the profession and the community in which they live and work.

<b>Strategic actions</b>	<p><b>NZNO will:</b></p> <ul style="list-style-type: none"><li>➤ NZNO will amend its documentation policy to require consumer involvement wherever the work of NZNO involves direct care to the consumer as an outcome of that work, e.g. models of care, standards of care, service design</li><li>➤ Ensure there is a consumer representative on the NZNO board by 2020.</li></ul>
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### **2.3 Health needs in the community is changing**

Health care is increasingly being moved out of hospitals and into the community.

Community care aims to reduce hospital length of stay, increase patient choice and satisfaction, improve health outcomes, reduce unscheduled health care use, embed prevention and health promotion models, and deliver care closer to home.<sup>6</sup>

Home and community-based services can improve outcomes by supporting active recovery and rehabilitation by preventing unnecessary loss of independence.

Research has found that in particular, primary care can be an effective alternative to hospital treatment for older people and those with long-term conditions.<sup>7</sup>

### **2.4 Patterns of health and ill-health are changing in our communities**

Although nursing activity is part of the continuum of care from prevention through to palliative care, for the purposes of the NZNO strategy for nursing, the major health issues facing Aotearoa are featured due to their impact on nursing and the health system.

#### **Ageing**

Aotearoa New Zealand has an ageing population that is living longer. Over 60% of people in acute settings are over the age of 65 – every nurse is a gerontology nurse!

NZNO supports the care and support of seniors in their own home. The current strategic direction of: a comprehensive evidence-based assessment for people aged over 65 (interRAI NZ), guaranteed hours, and a wage that is stepped to educational achievement for home and community support workers is welcomed. However, the ratio of registered nurses to home and community support workers in this sector is unacceptable, and registered nurses do not have pay parity with their District Health Board counterparts.

Nursing services for ageing clients aim to:

- increase ability to remain living well in one's home, to remain connected with friends and family, and to remain meaningfully engaged within their community
- reduce long-term reliance on formal supports
- reduce avoidable hospital admissions
- avoid, or delay, premature entry into aged residential care service.

NZNO supports the Ministry of Health's *Healthy Ageing Strategy* of which ageing in place is a fundamental concept. It is important to keep ageing New Zealanders well and functioning at their best, in the home of their choice. However NZNO notes that the strategy must be accompanied by the investment required for successful implementation. The strategy understates the significance of frailty and advanced frailty for older people living in the community.

#### Strategic actions

##### **NZNO will:**

- Advocate for increased service funding and particularly for greater registered nurse numbers and pay parity with DHB-funded older persons home-based care and support services
- Work with Health Workforce New Zealand and Careerforce to ensure that registered nurse clinical leadership, direction and delegation is integrated into planning and implementation of the Kaiawhina Workforce Action Plan Framework.

## Frailty

Frailty is a common syndrome, characterised by age-associated decline in physiologic reserve and function, leading to increased vulnerability to adverse health outcomes. Frailty is increasingly prevalent with age and is largely irreversible. Caring for frail, older patients is challenging because they have an increased burden of medically complex symptoms and often have uncertain recovery potential and longer recovery time.

Many clients are living in their own home in severe frailty states. This has implications for delivery of home based support services, registered nurse input (including oversight of community support workers) and specialist gerontology nursing.

#### Strategic actions

##### **NZNO will:**

- NZNO will use its gerontology and enrolled nurse sections to support the emerging science of frailty, and in particular nurse-sensitive indicators.
- NZNO will advocate strongly for the updating of the New Zealand sector standards for aged care, and in particular for safe staffing levels.

## Dementia

Dementia is one of Aotearoa New Zealand’s most significant healthcare challenges. 60,000 New Zealanders have dementia and this number is forecast to increase to more than 170,000 by 2050.<sup>8</sup>

NZNO supports the goals of the Alzheimers New Zealand Dementia Strategy: good brain health, early recognition and assessment, living well with dementia and high quality services. To achieve these goals greater investment is required in education for all persons working in home and community care and in long-term residential facilities.

Registered nurses must have the means to acquire the specialist skills and knowledge to support people with dementia (and their family or whānau) in any practice context.

## Long-term conditions

Long-term conditions are ongoing, long-term or recurring conditions that can have a significant impact on peoples’ lives.

Long-term conditions are an increasingly important issue in healthcare - they have high prevalence, and extensive personal and social effects, requiring an approach to health care that emphasises integration, continuity and self-care. Nurses are in an ideal position to respond to the burgeoning increase of long-term conditions, as they work across the lifespan and across the continuum of care.

Aotearoa New Zealand needs a critical mass of nurses who have expertise to assess and prescribe in the area of long-term conditions, a model of care that supports long-term condition management in flexible settings, and access to health care for those who are at the most risk. Nurses are flexible, deployable and transferable in relation to models of care (access and affordability). Action is required NOW to prevent this non-communicable disease epidemic which has severe consequences for the individual or whānau and the population of Aotearoa.

Whilst technology has, and will have, an increasing part to play in long-term conditions, it is the behavioural influences in relation to positive lifestyles, navigating complex

### Respiratory disease

Respiratory disease is a long-term condition that places a major burden on the Aotearoa New Zealand health budget and health outcomes. Aotearoa New Zealand has the fourth highest hospital admission rates for asthma in OECD countries<sup>9</sup> and respiratory diagnoses made up 10% of all overnight hospitalisations in 2015.

It has potential for significant health gains through improving health services across the continuum of care.<sup>10</sup>

Respiratory disease occurs across the life course and is highly influenced by the determinants of health. Research by the Asthma Foundation identifies health inequality across socio economic and ethnic groups as the most relentless and disturbing pattern seen in respiratory health.<sup>11</sup>

Respiratory disease requires immediate attention. The College of Respiratory Nurses supports a “call to action” to prioritise respiratory disease in government health targets.<sup>12</sup>

Nurses are the solution in a model of care that supports universal coverage, access and affordability, and utilises nursing knowledge and skill to the fullest extent.

health systems, and walking alongside the patient to achieve their goals that will make the difference.

## Strategic actions

### NZNO will:

- Advocate for an inter-sectoral approach to long-term conditions and their management and prevention across the lifespan
- Advocate for increased investment to achieve a critical mass of registered nurses who are able to assess and prescribe, and also promote respiratory health through better prevention, detection, treatment, and education efforts
- Advocate for the reduction of poverty and sub-standard housing as these are often a high risk factor for acute and ongoing respiratory illness.

## Health literacy

Health literacy is the ability to obtain, process, and understand basic health information and services to make appropriate health decisions.<sup>13</sup> It helps people to build their knowledge, skills and potential to make positive behaviour changes.

Patients with low health literacy have higher morbidity and mortality rates for most major diseases. Lower health literacy has negative impacts upon patient knowledge and understanding of their condition, appointment attendance, and adherence to medication regimens and health behaviour advice.<sup>14</sup>

The joint [NZNO/ College of Nurses Aotearoa Call to Action on Health Literacy](#) outlines simple strategies that nurses can use to address the health literacy needs of New Zealanders.<sup>15</sup>

## Obesity

The proportion of overweight and obese adults and children in Aotearoa New Zealand is increasing. Obesity is a risk factor for heart disease, gestational and type 2 diabetes, some cancers, respiratory problems, joint disease and mobility problems. There are significant ethnic disparities in obesity rates, with an over-representation of Māori and Pacific people along with Asian and Indian ethnic groups. This contributes to health inequalities associated with these populations. According to the World Health Organisation, more deaths are linked to overweight and obesity than underweight.<sup>16</sup>

Nurses have a definitive role to play in assisting patients and populations through health literacy, health promotion, supported self-management, and pre and post intervention.

## Disability

NZNO supports the notion of “good lives” for people with disability and the *Disability Strategy of New Zealand’s* whole of life and long-term approach to disability - providing the right support and services for the disabled person and their family. There is an increasing number of disabled people requiring assistance with supported self-management as they age,

especially in relation to long-term conditions. Increased investment in nursing care and support services will be required for this population.

Pacific people do not access disability services as readily as other populations in Aotearoa New Zealand. There is a role for improved advocacy by health professionals to ensure that Pacific peoples and other under- represented groups are able to access disability services.

Strategic actions	<b>Current NZNO actions</b>
	<ul style="list-style-type: none"><li>➤ NZNO acknowledges and supports the New Zealand Disability Strategy 2016</li><li>➤ NZNO is cognisant of the obligation contained within the United Nations Convention on the Rights of Persons with Disability and the responsibility New Zealand has as a signatory to this convention</li></ul>
	<b>NZNO will use a partnership approach to:</b>
	<ul style="list-style-type: none"><li>➤ Advocate for population groups who do not access disability services as readily as others in our community.</li></ul>

## 2.5 Information technology is changing

Technological change is inevitable and NZNO will embrace the safe, secure and effective use of health technologies. More information on NZNO's strategy regarding technological change can be found in the [NZNO Position Statement: Nursing, Technology and Telehealth](#).<sup>17</sup>

Nursing expects the following critical core principles in the role of information and communication technologies to health services:

- ✓ **Ease of use and minimal set up**
- ✓ **Access anywhere, anytime**
- ✓ **Support, enable, empower**
- ✓ Along the **continuum of care**, a range of content (health information), equipment, smart devices, and applications will be available based on patient need and choice.
- ✓ **A connected community of care** - the system supports the concept of a connected community of care whether it is patients connecting with their family members, health centres to hospitals, or specialists to other professionals.

NZNO will remain wholly committed to nursing as the human face of health. Nurses journey with the patient in the most appropriate way, in health, rehabilitation or towards a peaceful death. Information technology will facilitate care and support, and empower the patient and the nurse. However, the compassionate and relational dimensions of care and support are a fundamental foundation that is irreplaceable, and will remain crucial now and into the future.

<b>Strategic actions</b>	<b>Current NZNO actions</b>
	<ul style="list-style-type: none"> <li>➤ NZNO provides policy and guidance to NZNO members relating to the utilisation of new technologies</li> </ul>
	<b>NZNO will</b>
	<ul style="list-style-type: none"> <li>➤ Complete an NZNO e-nursing strategy as stated in the NZNO Position Statement on nursing technology and telehealth (2016), to integrate the physical/practical, educational and regulatory changes required to realise the potential benefits of telehealth and technology outlined in the <i>New Zealand Health Strategy 2016</i>.</li> <li>➤ Engage with personnel charged with designing and implementing health informatics in New Zealand (National Health Information Technology Board)</li> <li>➤ Develop increased capability and agility in the area of emerging technologies including robotics, artificial intelligence and seek involvement in projects and their evaluation.</li> <li>➤ Continue to encourage nurses to join HINZ to be at the forefront of information communication and technology as it impacts on health and people in our community.</li> </ul>

## 2.6 Third sector organisations

‘Third sector organisations’ are neither public sector nor private sector and include voluntary and community organisations, social enterprises, mutual and co-operatives.<sup>18</sup> Their close community links are invaluable in providing flexible, responsive and innovative service delivery.<sup>19</sup>

The overall volunteer resource available to third sector organisations is diminishing. This will have a severe impact on service users and providers. The third sector is also being impacted by less individual philanthropic funding and a lack of increase in contract funding.

Nurses provide a huge knowledge and skill base to many third sector organisations. They are subject experts in their field, often work autonomously or in a very small team and over a wide geographical area. Nurses working in third sector organisations are very close to their communities and can identify patient or whānau issues/gaps in services very quickly.

NZNO is cognisant that nurses working in third sector organisations are often isolated, their work largely invisible, subject to variable terms and conditions of employment and with scarce resourcing. The outcomes that they achieve for their patient group are remarkable and often understated.

<b>Strategic actions</b>	<b>NZNO will:</b>
	<ul style="list-style-type: none"> <li>➤ Increase the visibility of, and support for, third sector nurses through its publications, case studies and other fora.</li> </ul>

## 3. Model of care and power - Manaakitanga

*A “Model of care” broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event.<sup>20</sup>*

The model of care is of critical importance. It is the systemic vehicle used by those who plan services and allocate health resources for the population of Aotearoa New Zealand. However, nurses have been absent from decision making and design phases of model of care development.

Nurses have not had involvement or influence in the allocation of resources and must contend with the consequences of poor funding decisions, leading to suboptimal care for patients.

### 3.1 Current context – the model of care in Aotearoa New Zealand

In a rapidly evolving health environment that is characterised by new knowledge and technology, growing health inequities and an increasingly diverse and ageing population, there is near unanimous recognition that current models may not meet future need and that new approaches are needed.

The challenge is to identify new, evidenced based models, and to coordinate the various approaches, ideas, and interventions (including changes to funding mechanisms) to ensure a cohesive platform for implementation is in place.

The MoH *New Zealand Health Strategy 2016* provides a rationale for action for the NZNO model of care:

- When demand changes, service mix and design may not change quickly enough.
- Some funding arrangements contribute to disparities between groups in their access to services and sometimes widen the gap in unmet need.
- Funding and contracting arrangements often encourage health services to keep doing things as they have always done them,<sup>21</sup> or to inhibit evolving care requirements as they do not fit into restricted funding parameters.

#### Features of current funding and models of care in Aotearoa New Zealand:

- Lack of nursing input at the decision making table
- A power and leverage base that consolidates the biomedical model, undermining public health/population models of health
- A strong conservative culture
- Medical hegemony and assumed superiority
- An internally regulated market to create a persistent state of medically “scarce resource” and the economic and industrial advantage that this creates
- Promotion of innovation takes place in an essentially risk averse environment

The model of care always involves both human and fiscal resources.

### 3.2 We can improve model of care development

The status quo for model of care development has been politically acceptable, financially advantageous and impenetrable - a situation that is historically embedded and self-reinforcing.

Human and fiscal resources in the Aotearoa New Zealand health system have been funnelled primarily through a series of institutions, e.g. MoH to DHB to hospitals, Primary Health Organisations (PHOs), general practice, aged care and non-governmental community organisations. This is based upon a business model that combines government funding and a co-payment patient charge at primary health care level, combined with a biomedical approach to health care.

The model of care is the mechanism of power that is used to drive and produce both business and health gain. This however does not necessarily equate to equal gain between health provider and health consumer.

A health economics perspective is essential to allocate health resourcing in the **best** way to achieve improved health and social outcomes. It means the business model cannot lead the model of care (as occurs at present) but should **accompany** it to meet changing contexts and health needs of the population that it serves, in the most cost effective manner. It is also vitally important that an equity lens be applied to business models.

*“Although the equity word is used freely within medical professional circles, the control of the primary health sector is shifting to a series of semi corporate, corporate, and international business entities... The (primary health care) sector was built on a small business model, and is fast becoming a large corporate model, with its focus on shareholder value rather than health equity.”*

- Don Matheson, 2016<sup>22</sup>

### 3.3 What can nursing contribute to a model of care?

Nursing is a large, regulated, professional and skilled workforce. Furthermore nursing is dynamic and adaptable and can be rapidly deployed.

Nurses work across the lifespan and the health/wellness continuum, and can express their practice in health, social and psychological health outcomes for New Zealanders in Aotearoa.

Models of care – the nursing view	
<b>Nurses promote</b>	Aligning the model of care with community need
<b>Nurses have</b>	<ul style="list-style-type: none"><li>• Worked and are working in countless models of care, from the turn of the 19th century</li><li>• The motivation to embrace new models of care, inclusive of technological change</li><li>• Been constrained by structural and funding barriers, a rigid ideology and the focus on a biomedical model of care</li></ul>

<b>Nurses welcome</b>	<ul style="list-style-type: none"> <li>● The investment in the nurse practitioner role, and the effects of this workforce on safe patient health outcomes and service satisfaction<sup>23</sup></li> <li>● The introduction of registered nurse prescribing. Nurses look forward to the development of a critical mass of registered nurses prescribing for the health gain for all New Zealanders</li> <li>● The evolution and ongoing development of whānau ora services</li> <li>● Models of care for rural health that are flexible and aligned to community need</li> </ul>
<b>Nurses need</b>	<ul style="list-style-type: none"> <li>● The ability to work within a home-based model of care</li> <li>● The ability to provide relational, humanistic and evidence based care that results in positive behavioural change</li> <li>● The ability to deliver services that result in improved safe health outcomes in a cost effective way (value and high performance)</li> <li>● To continue interdisciplinary work with other health team members and services as an integral part of their role</li> <li>● Relocation of epicentres of care to populations with highest need</li> </ul>
<b>Nurses are inhibited by</b>	<ul style="list-style-type: none"> <li>● Structural power (nurses are not at the decision-making table when services are designed)</li> <li>● Funding and contracting mechanisms not suited to nursing philosophy or work mode</li> <li>● A hierarchical model of care where medicine is the dominant paradigm.</li> </ul>

### 3.4 Developing a model of care for Aotearoa New Zealand nursing services

The NZNO vision statement '*2020 and Beyond: a Vision for Nursing*' outlines the following aspirations for a model of care for Aotearoa New Zealand:

- Innovative and flexible models of care that are person centred and are developed and evaluated by nurses.
- Technology, enhanced communication, and new treatment modalities will be utilised to ensure that models of care are appropriate, cost effective and meet the needs of all people.
- People will be consulted about the models that best meets their needs and nurses will work collaboratively with other health professionals to meet these needs.
- The principles of Whakawhanaungatanga, Manaakitanga, Rangatiratanga, Ōritetanga and Wairuatanga will continue to guide professional nursing practice.

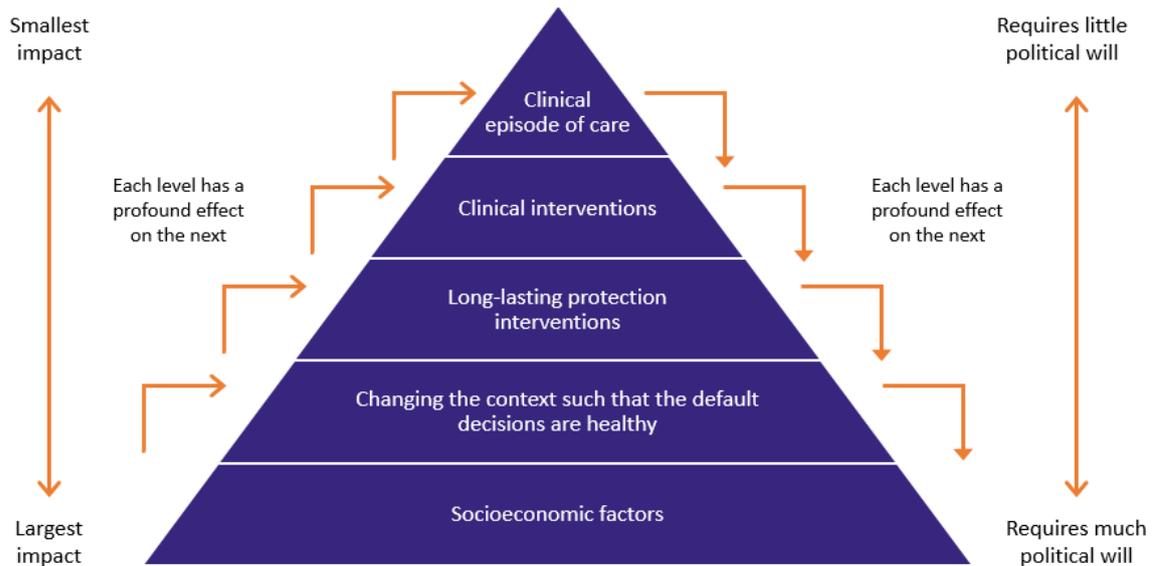
The diagram below outlines some of the major shifts required in improving the model of care.

<b>Major shifts required to improve the model of care</b>	
<b>Historical</b>	<b>Contemporary</b>
Biomedical model	Biophysical and psychosocial health orientation
Medical home	Health is in the persons home, health is everywhere - there is no wrong door
Funding and contracting	Flexible funding and improved contracting
Cost	Investment
Economic rationalism	Healthy population growth = economic growth
Innovation at the margin	Innovation in mainstream
Nurses as a unit of production	Nurses as the solution to sustainable high quality services

**The foundations for the model will include:**

- Aligning nursing services with community need and working across the determinants of health
- Incorporating universal health coverage
- Cost effective service provision
- Holistic service covering care of biophysical and psychosocial health
- Incorporating existing and expected developments in information technology
- A generalist and population focus
- Fully utilising the capability and capacity of the nursing workforce
- Recognising existing innovative and effective models of care operating in New Zealand
- A focus on Māori and Pacific populations through Māori and Pacific models of care and worldviews
- A lifespan approach, a family orientation, but an all-population overview
- Having a critical mass of nurses working where people live, work, play, age and die.

Preventative care and health promotion are integral parts of a model of care. This is illustrated in the International Council of Nursing diagram below. The second tier of the pyramid involves health literacy, health promotion, self-management and strategies for positive health decision making. The third tier refers to lifelong health (e.g. healthy eating, active lifestyles, and living environments).



Source: International Council of Nursing, 2017.<sup>24</sup>

This diagram illustrates how the largest gains in health improvement can be made through activities at the broader, population-based levels. This is also where the greatest level of political will is required - a key consideration in the *NZNO Strategy for Nursing*.

Strategic actions	<p><b>NZNO will:</b></p> <ul style="list-style-type: none"> <li>➤ Undertake a stocktake of nurse-led services (of all types) and innovations (current and past)</li> <li>➤ Create a terms of reference for a model of care for Aotearoa New Zealand nursing services. This will include options for shared services, funding and contractual mechanisms and be completed within a year of release of the <i>NZNO Strategy for Nursing</i></li> <li>➤ Create an expert advisory group with expertise within Te Rūnanga, college and section networks to prepare a nationwide core model of care for Aotearoa New Zealand nursing services. Additional expertise will be co-opted as necessary.</li> </ul>
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### 3.5 Innovation

Innovation is integral to providing improved and more appropriate health, social and psychological care to communities and an essential aspect of the nursing model of care for Aotearoa New Zealand.

The main driver for nurses to utilise innovative practices is to improve patient experience, health outcomes and nursing practices. As noted by the Royal College of Nursing, there is an increasing requirement for nurses to show that their innovations represent best use of limited resources.<sup>25</sup> Whatever the service design, it must be acceptable to the user, feasible to implement at scale and sustainable.

Improvements have been made in the contemporary funding approach towards innovative nursing practice. Many past innovative nursing practices and model of care enhancements were not sustained because of the historical funding context.

**Funding of nursing innovation: historical and contemporary approaches**

Historical funding approaches	Contemporary funding approaches
Underfunded at commencement	Appropriately funded at commencement
Annual contract	Multi-year contract
Evaluation takes place too early in service innovation development (if at all)	Intermediate evaluation or action research methodology
Evaluation funding not incorporated into total funding at service innovation commencement	Adequate evaluation funding at service innovation commencement
Service innovation is easy to discontinue when funding is short	Services are usually maintained via high community engagement
Service innovation at the margins does not become mainstream	Service innovation disseminated and is able to be replicated at scale.

**NZNO supports a human-centred approach and design thinking methodology for innovation**

Design thinking takes a human-centred approach to creating and implementing innovative programmes - integrating patient needs, alternative approaches and technologies, and the requirements for business success. Consumer involvement is critical.

<b>Strategic actions</b>	<p><b>NZNO will:</b></p> <ul style="list-style-type: none"> <li>➤ Continue to seek and share innovative practices with members through its website, communications and publications, and through the NZNO colleges and sections</li> <li>➤ Provide expertise of proposal documentation, including review of financial modelling for innovative practice, service design or model of care proposals</li> <li>➤ Use available and emerging information technology and data to drive innovation and decision making.</li> </ul>
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## 4. Equity – Ōritetanga

### *Fair and just*

Equity is the quality of being fair, just and impartial. Equity is fundamentally important for the people of Aotearoa New Zealand and for the nurses who serve their community.

#### 4.1 Equity issues within nursing

A fair and healthy society is underpinned by health workforce regulation that ensures:

- a living wage
- safe workplaces
- collective bargaining and collective agreements
- pay equity in all practice settings

Aotearoa New Zealand is undergoing a period of rapid change relating to pay equity in the health sector. After many years of campaigning for better pay and conditions in the aged care sector, unions (including NZNO) won a major legislative change in 2017 in the form of the Care and Support Worker (Pay Equity) Settlement Agreement. The Agreement generated a seismic shift in pay rates and recognition of training for care and support workers. Further, legislation that would promote pay equity across other historically female occupations was introduced into Parliament in late 2017 in the form of the Employment (Equal Pay and Pay Equity) Bill. With a change of government the Bill did not make it into law but will be further amended and new law established in 2018.

The *NZNO Strategy for Nursing* provides an overview of the direction and goals of the major areas of focus for NZNO members.

#### **Gender biases**

Gender biases in the health care sector are both a labour market issue and a human rights issue. Gender biases undermine inclusive economic growth, full employment, decent work and the achievement of gender equality. They also create inefficiencies in health systems by limiting the productivity, distribution, motivation and retention of female workers who constitute the majority of the health workforce. New Zealand has ratified conventions on employment equity for women that are viewed as fundamental rights by the International Labour Organisation (ILO) and the United Nations.<sup>26</sup> It is time that the intent of these international conventions are realised.

NZNO supports pay and gender equity across sectors, equal pay for equal work and equal pay for work of equal value

**Current NZNO actions**

- NZNO is advocating, in partnership, for:
  - pay equity across all sectors
  - established pay equity rates in the DHB MECA
  - established pay parity in all other sectors, with the DHB pay equity rates.

**NZNO and pay equity*****The Care and Support Worker (Pay Equity) Settlement Agreement***

Kaiawhina (community support workers) and aged care residential workers in Aotearoa New Zealand have been underpaid and undervalued for decades. In April 2017, work by a high level multi-sector working party and Government agencies resulted in a \$2 billion pay equity settlement for 55,000 care and support workers in Aotearoa New Zealand's aged and disability residential care and home and community support services. Since 1 July 2017 workers receive a 15-50% pay rise depending on their qualifications and experience. Over the next five years wages will increase to \$19 to \$27 per hour, increasing take home pay by at least \$100 a week, or more than \$5,000 a year.

This settlement addresses a historic undervaluing of this workforce and will help to support increased qualifications and reduced turnover in the sector, resulting in better care for New Zealanders.

Many enrolled nurses working in aged care earn less than the increased top rate for caregivers (\$27). The average pay rate for registered nurses in the sector is around \$26 - \$27 per hour, which will be at the top end of the caregiver pay scale by 2021. Therefore nurses' pay also needs to increase.

NZNO sees collective bargaining as the best approach to resolve pay equity issues. NZNO will be advocating for pay rates for health care assistants, enrolled nurses, registered nurses and senior nurses that provide pay equity.

**Primary health care**

NZNO's goal in the primary health care sector will continue to be pay parity with the DHB MECA pay equity rate when established. Where NZNO has collective bargaining significant progress has been made to achieve rates of pay that are very close to current DHB rates of pay.

## Nurses employed by Iwi providers

Pay for workers within Māori and Iwi health providers lags significantly behind other primary health organisations and those working for DHBs. The pay gap can be up to 20-25%. It is essential to have nurses working within Māori and Iwi providers receiving pay rates that reflect pay parity with DHB pay rates, and - when established - the DHB pay equity rate. Of concern is that Māori women in general receive less remuneration than non-Māori,<sup>27</sup> and Pacific women even less.<sup>28</sup>

## Hospices

Hospices face increasing demand for services and this is set to increase with the ageing demographic in Aotearoa New Zealand. Their funding rate appears to range from 40-70% of running costs, with fundraising required to make up the balance. This is another example of health underfunding in Aotearoa New Zealand. NZNO expects full public funding for hospices. NZNO's goal in the hospice sector will continue to be pay parity with the DHB MECA and, when established, the DHB pay equity rate.

## 4.2 Addressing inequity within Aotearoa New Zealand - nurses can make the difference

Health, social and economic inequity is growing within Aotearoa New Zealand.<sup>29</sup>

With improved models of care and the full utilisation of nursing knowledge, skill and experience, nurses will be able to make significant positive impact upon the health, social and psychological outcomes of New Zealanders, especially those with high needs.

### The determinants of health

Many factors relating to circumstance and environment combine to affect the health of individuals and communities. The physical, social and economic environment and the person's individual characteristics and behaviours all have considerable impacts on health.

Determinants of health are wide ranging, but commonly acknowledged factors include:

- **Income and social status** - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the disparity in health.
- **Education** – low education levels are linked with poor health, more stress and lower self-confidence.
- **Physical environment** – safe water and clean air, healthy workplaces, safe houses, communities and safe roads all contribute to good health.
- **Employment and working conditions** – people in employment are healthier, particularly those who have more control over their working conditions.
- **Social support networks** – greater support from families, communities, whānau, hapu and iwi is linked to better health.

- **Culture** - customs and traditions, and the beliefs of the family and community all affect health.
- **Genetics** - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses.
- **Personal behaviour and coping skills** – balanced eating, keeping active, smoking, drinking, and how we deal with life’s stresses and challenges all affect health.
- **Health services** - access and use of services that prevent and treat disease influences health.
- **Gender** - men and women suffer from different types of diseases at different ages.<sup>30</sup>

**The NZNO Strategy for Nursing includes the following additional determinants for health**

***Commercial determinants of health***

Commercial determinants of health can be defined as “strategies and approaches used by the private sector to promote products and choices that are detrimental to health”.<sup>31</sup>

As noted by former WHO Director-General Margaret Chan, non-communicable disease prevention measures clash with the powerful business interests.<sup>32</sup>

Health outcomes are determined by the influence of corporate activities on the social environment in which people live and work: namely the availability, cultural desirability, and prices of food and beverage products. The commercial and political environment contributes to lifestyles and choices of individual consumers—ultimately determining health outcomes.

***Climate change***

Climate change, health and equity are inseparable - human-caused climate change poses a serious and urgent threat to health across the globe. Water and food insecurity, malnutrition, extreme weather events and changing patterns of infectious disease will be of key concern internationally. Māori and Pacific peoples will face disproportionate health impacts from climate change in Aotearoa New Zealand and new health and social pressures will arise through climate change related migration from the Pacific.<sup>33</sup>

The *NZNO Position Statement on Climate Change* outlines nursing specific responses to climate change, and can be accessed at:

<http://www.nzno.org.nz/Portals/0/publications/Position%20statement%20-%20Climate%20change,%202016.pdf>

**Current NZNO Actions**

NZNO is a signatory to the NZ Climate and Health Council call for:

- The Ministry of Health to set greenhouse gas emissions reduction targets for DHBs in line with commitments under the Paris Agreement
- The Ministry of Health to mandate all DHBs to measure, manage and reduce their greenhouse gas emissions in accordance with the ISO 14064 standard
- DHBs to report progress towards greenhouse gas emissions reduction to the Ministry of Health annually.

**NZNO will:**

- Become a corporate member of Ora Taiao – the NZ Climate and Health Council

These strategic actions will enable NZNO to advocate for and influence policy development on climate change. Collaboration with the health partners that comprise Ora Taiao and the Climate and Health Alliance will ensure NZNO has access to current knowledge, evidence and strategies that have been implemented effectively nationally and internationally.

### 4.3 Addressing disparity across the determinants of health

Disparity between people in Aotearoa New Zealand who can access and afford health care and those who cannot is growing. This is of critical concern to NZNO and the over 48,000 members it represents.

Disparity effects everybody, but the greatest health, social and psychological needs can be seen in relation to Māori, Pacific island, children and young people, and our elderly and dying. This is where an accelerated nursing response is required - through innovative models of care, nurses working to the top of their scope and by ensuring nurses are at the epicentre of care provided to people as they live, work, play, age and die.

#### **Our children, tamariki**

New Zealand children living in poverty, especially Māori and Pacific Island children, have poorer health and education outcomes than those living in households with average and higher incomes.

Research is compelling that experiencing poverty in childhood has negative health impacts in adult years, especially in relation to long-term conditions. There is also an accepted relationship between poverty experienced in childhood and a greater likelihood of mental health problems through life.<sup>34</sup>

The *Child Poverty in New Zealand: Evidence for Action* report<sup>35</sup> states that, compared with non-poor children, those living in poverty are:

- at 1.4 times higher risk of dying during childhood
- more likely to die of Sudden Unexpected Death in Infancy
- three times more likely to be sick
- more than twice as likely to be admitted to hospital for acute infectious diseases
- at least 1.5 times more likely to be hospitalised
- less likely to have fruit and vegetables
- more likely to skip breakfast and to consume fast food regularly
- hospitalised for injuries from assault, neglect or maltreatment at 5-6 times the rate of non-poor children
- less likely to participate in early childhood education
- less likely to leave school with NCEA level 2 – the entry level qualification to skilled employment.

### **Our young people, rangatahi**

At 15.6 suicides per 100,000 people, the Aotearoa New Zealand suicide rate is twice as high as the US rate and almost five times the British rate.<sup>36</sup> The most recent data of 2014 showed that the suicide rate for Māori men across all age groups is around 1.4 times that of the non-Māori. Suicide rates are highest for young Māori and Pacific Island men.<sup>37</sup>

The Mental Health Foundation of New Zealand has noted that high rates of school bullying and very high rates of family violence, child abuse and child poverty need to be addressed to tackle the problem.<sup>38</sup>

Māori children and young people experience an excess burden of ill health, cultural alienation, socio-economic disadvantage and deprivation, institutional racism, poorer educational achievement and poorer access to health and social services. Much of this is preventable, unnecessary and a breach of children's rights. These inequalities result in significant costs to our society.<sup>39</sup>

Nurses are in an ideal position to respond through the "one stop shop" youth services they provide in schools. Nursing services are achieving good results in schools, however much more could be done in terms of wellness, health promotion, early detection and surveillance of mental and/or physical health.<sup>40</sup> Nurses in schools (including public health nurses) are spread too thinly and need to reach a critical mass to be effective. The number of nurses and the nature of services currently provided are variable.

Māori and Pacific island nurses are desperately needed to support rangatahi/young people through a Māori and/or Pacific world view.

The workforce section of this strategy provides more detail on the role of nursing in addressing the determinants of health in Aotearoa New Zealand.

## Access and affordability to health care in general practice

Access to GP practice teams continues to improve in Aotearoa New Zealand with free visits and exemption from the standard \$5 prescription charge for children under the age of 13. However, one in nine New Zealanders are not getting the GP care they need because they cannot afford it. The latest *New Zealand Health Survey* estimates more than 500,000 adults have unmet healthcare needs due to the cost of a GP visit.<sup>41</sup>

Children with health issues are not in a position to choose whether they need to attend a GP practice team. People living in poverty do not access GP care readily. Children's visits are fee-free, but a visit to the GP may take many hours in total, with factors such as finding caregivers for other family members or children, accessing public transport to and from the clinic and getting prescriptions filled.

There may be similar barriers for people in employment needing to see a doctor.

This situation is compounded if the person has an unpaid bill. Many health centres accommodate people with limited financial means, however people may feel ashamed and not attend.

## Homelessness

*Homelessness is defined as a living situation where people with no other options to acquire safe and secure housing are: without shelter, in temporary accommodation, sharing accommodation with a household, or living in uninhabitable housing. - Statistics New Zealand<sup>42</sup>*

At the time of the 2013 census 41,000 New Zealanders (at least one in every 100) were homeless, and over half of this number under the age of 25 years.

Homeless people have a much higher rate of mental health problems than the general population and are very susceptible to severe health problems. There is a lack of medical services targeting the needs of this population.<sup>43</sup> Clearly an alternative entry to the health system is needed.

### Strategic actions

#### Current NZNO actions

- NZNO endorses the recommendations of the *Solutions to Child Poverty in New Zealand: Evidence for Action* report from the expert advisory group on solutions to poverty (Office of the Children's Commission New Zealand, 2012)
- NZNO is advocating for a critical mass of nurses (including nurse practitioners) that work with young people in primary, secondary and alternative schools and one stop shop specialist youth services. A critical mass of nurses and funded services is a pre-requisite to improvement
- NZNO advocates for increased investment (fiscal and human) to facilitate earlier access to specialised child and youth mental health services (inpatient and community) to relieve the current tensions of access and triage

thresholds for existing services

- NZNO supports a nationwide, independent, comprehensive review of mental health and addictions, funding and service provision.

**NZNO will:**

- Identify nurses working with homeless people's programmes and recommend model(s) of care that improve health care to this population
- Identify international professional nursing organisations which can contribute expertise, and evidence based programs in care and support of the homeless person(s)
- Further develop partnerships with existing agencies where homelessness is their core activity
- Develop innovative model(s) of care with mobile services that are free and accessible - providing an epicentre of care and support for people as they work, play, age and die
- Conduct a one day workshop to identify and disseminate examples of successful inter-sectoral practice and strategies for initiating and improving inter-sectoral working.
- NZNO will promote and disseminate, training opportunities in assessing suicide risk that are available within New Zealand.

*'Of all forms of inequality, injustice in healthcare is the most inhumane'*  
– Martin Luther King

## 5. Leadership development and sustainability

### - Rangatiratanga

Nursing leadership is required to inform the strategic direction of Aotearoa New Zealand's health care system, and play a key role in establishing change that is patient and whānau centred, evidenced-based and cost effective.

Nursing leadership is about influencing others to accomplish common goals. It is complex and multifaceted - providing support, motivation, coordination and resources to enable individuals and teams to achieve collective objectives.<sup>44</sup>

#### Executive nursing leadership works well when:

- Nurses have wide health sector knowledge and relevant experience to work across the health, social and psychological continuum of care
- Nurses are responsible for line management and professional oversight of nursing staff
- Nurses have responsibility and authority for financial management of the nursing workforce and the resources necessary to be responsive and effective
- Nurses have consistent titles across the sector
- Nurses have a consistent reporting across the sector (e.g. director of nursing to chief executive)
- A leadership succession plan is developed and followed
- There is a consistent approach to national benchmarking (e.g. using nurse sensitive indicators from a national nursing DHB dashboard), including the development of agreed primary health care nursing indicators
- There is a consistent approach to data management (including a minimum dataset) relating to nursing employment, retention, and deployment.

#### 5.1 What is needed of nursing leadership?

Research conducted by Dr Aisha Holloway confirms that nursing across the world requires a critical mass of nurses that have:

- Capability and capacity to shape, develop, support, and drive forward evidence based health and social care policy
- Political strategic and advocacy skills to secure and sustain a credible position at the highest level of policy development within government
- Highest standards of research education to support the evidence base across the local, national, and international political and health and social care context

- Ability to identify understand and work with key stakeholders both within and external to nursing<sup>45</sup>
- Nurses are able to demonstrate leadership in bicultural contexts.

The national context of nursing leadership in Aotearoa New Zealand needs to be considered in light of the challenges facing nursing internationally.

## 5.2 The international context

Nurses throughout the world hold leadership positions in WHO, government, academia and health care organisations – leading, teaching, researching and shaping policy. New Zealand nurse leaders are held in high regard internationally.

### **New Zealand nursing leadership must respond to the trends affecting provision of nursing services**

Trends identified in recent works such as the White Paper by the All-Party Parliamentary Group on Global Health<sup>47</sup> include:

- Changing work roles in response to changing health needs
- The shifting of emphasis towards closer to home community care
- Critical emphasis on disease prevention and health promotion
- Client engagement with health workers is seen as essential in improving access, quality and costs
- The increasing role of technology
- Knowledge of what works is at a premium as countries struggle to achieve the goal of good access, high quality and value for money.

### ***New Zealand nurses and midwives at the forefront of international leadership:***

- A New Zealand midwife leads the International Confederation of Midwives, an organisation representing 400,000 midwives in 113 countries
- Until recently the Chief Executive of the International Council of Nurses was a New Zealand nurse.<sup>46</sup>
- Three New Zealand nurses were awarded Florence Nightingale medals in May 2017 - the highest international nursing distinction
- The WHO Chief Nursing Officer, Elizabeth Iro, is from the Cook Islands and has worked as a nurse and midwife in New Zealand

### **Internationally there is a consistent call for greater and sustained nursing leadership**

Nursing leadership in Aotearoa New Zealand and across the world are faced with similar trends and challenges as the context of healthcare delivery changes and evolves. Challenges include:

- Predicted nursing workforce shortage
- Changing population demographics
- Persistent health inequity

- Pandemic disease responses
- Antimicrobial resistance
- Impact of climate change and natural disaster management
- Promotion of human rights.

### 5.3 Leadership in the *NZNO Strategy for Nursing*

Leadership is an essential component of any nursing role. Understanding and obtaining knowledge of leadership attributes and skills is an important part of any nurse’s development programme. For the sake of clarity this section on leadership has been divided into governance, executive leadership, clinical leadership and point of care leadership; however there are overlaps and interdependencies between each.

### 5.4 Governance

Women in Aotearoa New Zealand currently tend to be under-represented in governance roles within health and all sectors of the community. Nursing remains a female-dominated profession at 92% female and 8% male. Nurses are also under-represented in board roles relating to health and social care.

Over 41% of nurses in Aotearoa New Zealand are aged 50 years or older. This provides an opportunity to harness the skill, knowledge, experience and wisdom that nurses have acquired in the health and social care system and within their communities through participating in governance.

There is little encouragement, information, process, training or general guidance for nurses who want to develop governance roles and skills. NZNO will create a governance toolkit to improve this situation.

<b>Strategic actions</b>	<p><b>NZNO will:</b></p> <ul style="list-style-type: none"> <li>➤ Develop a governance toolkit to provide the required information and guidance for nurses interested in governance board roles in health and social care in Aotearoa New Zealand. The toolkit will have a factual and practical focus. NZNO has the unique ability to combine its expertise in professional nursing and its robust legal structure to produce this toolkit. To support this work NZNO will develop closer working relationship with the Ministry of Women, the Institute of Directors in New Zealand, National Council of Women and the Māori Women’s Welfare League.</li> </ul>
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### 5.5 Executive leadership

Leadership, governance and practice are central to the nurse executive role. This is reflected in the critical accountabilities of strategic visioning, organisational decision-making, practice innovation, and professional development and accountability.

The nurse executive role impacts upon nurse performance and client safety, thereby making a significant contribution to organisational and population health outcomes.

The nurse executive in Aotearoa New Zealand:

- Follows a patient-centred philosophy and has the ability to convey the patient experience from “ward to board”
- Positively contributes to and /or leads service co-design and new models of care
- Interprets and applies the required standards and competencies, and is accountable for endorsing legislative and regulatory processes relating to the profession of nursing
- Ensures that robust workforce data is measured, reported and actioned
- Is accountable for human and fiscal resource allocation for nurses
- Creates, supports and sustains a safe and healthy work environment by promoting management practices that support nurses’ health, safety and wellbeing
- Understands the complex challenges facing the nursing profession
- Has extensive knowledge of the broader health system.

Strategic actions

*NZNO will use a partnership approach to:*

- Prepare a leadership manual for DHB and other relevant chief executives on NZNO expectations of the nurse executive role in health
- Evaluate the proposed state services leadership programme to be rolled out to DHBs from 2017-2020
- Conduct a two day political leadership seminar - “Impact and Influence” - for executive nurse leaders across all sectors
- Advocate positioning executive nursing leadership within DHBs as a mandated role reporting to the chief executive
- Conduct/facilitate a stocktake of primary health care nursing leadership roles within DHB, PHO, aged care and national service providers
- Create a nursing leadership infographic for distribution to health facilities, and public places
- Recommend to relevant agencies that executive leadership rounds are consistently undertaken in each DHB or equivalent agency
- Work with DHBs to create a national director of nursing dashboard to track progress of critical nursing outcome indicators and health workforce information.

## 5.6 Clinical leadership

**Charge nurse managers** (or equivalent roles across the sector) are responsible for effectively managing people, systems, processes, the environment and resources to enable provision of a high standard of safe patient care. The position is also accountable for budget setting, budget holding and business planning. These responsibilities are required to ensure the safe effective running of an efficient ward/unit.<sup>48</sup>

The **charge nurse manager** (or equivalent) is a pivotal role in clinical leadership. However two thirds of nurse managers are frustrated and report low job satisfaction.<sup>49</sup>

### **Who becomes a charge nurse manager (or equivalent)?**

Nurses coming into the charge nurse manager position have usually demonstrated very good clinical skills and knowledge and have a temperament and work history that demonstrate leadership qualities. These attributes are important. However leadership in a complex, fiscally constrained and dynamic clinical environment also requires formal ongoing coaching and support to enable charge nurse managers to effectively lead the ward/departmental team.

### **Barriers to leadership**

- Many charge nurse managers do not have access to formal leadership education or ongoing mentoring and coaching. Starting in the role is often made more difficult by limited orientation or nurses beginning the role after a period of vacancy.
- Leadership programmes within the health industry are ad hoc, inconsistent in their programme content and methodology. They are limited in number and have small class sizes, and programme entry is not always fairly and equitably applied.
- Many charge nurse managers have a nursing staff of 30+ and a budget in excess of \$3 million, accompanied with the accountability of providing safe effective care for those people who use the service - but receive inadequate support and training for this responsibility.

It is imperative that a consistent leadership and “know the business” programme is formally provided to charge nurse managers, either before or within six months of starting in the role. It is critical that follow up support (external clinical supervision, coaching etc.) is also provided. Such a programme should also be offered to associate charge nurse managers.

## 5.7 Point of care leadership

Leadership at the point of care encompasses two key areas of informal leadership carried out by nurses:

- Leadership behaviours that engage others in clinical practice change, practice research, quality improvement or evaluation; and
- Leadership behaviours where clinical nurses play a key role in decision making and development of a treatment plan.

Point of care leadership is different from other types of leadership because it relates directly or indirectly to the care process, with leadership activities carried out in all environments by point of care nurses who are not in a formal administrative role.

Point of care leadership is the source of future nurse leaders. If point of care leadership is acknowledged and enabled it is both motivating and sustaining for the nurse, and results in safe patient care and positive work environments.

Individual, organisational and systemic support is required for nurses to best exercise point of care leadership.

Many nurses are demonstrating excellent point of care leadership, though they may not recognise this - associating leadership only with formal roles.

<b>Strategic actions</b>	<p><b>NZNO will:</b></p> <ul style="list-style-type: none"><li>➤ Create a compendium of information outlining the features of point of care leadership</li><li>➤ Use its website to create awareness of leadership opportunities for point of care nurses nationally and internationally</li><li>➤ Emphasise positive point of care leadership and its outcomes for health sector work environments.</li></ul>
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## 5.8 New Zealand nursing leadership - areas that require focus

### Māori nursing leadership

Historically Aotearoa New Zealand has produced outstanding nurse leaders. The low number of Māori nurses in all areas of the health sector means that leadership responsibilities are demanded within their roles, often with little formal preparation.

Funding for Māori-specific leadership programmes must be assured and increased to offer Māori nurses the greatest opportunity to work within a Māori world view to positively impact the health of Māori and all New Zealanders.

The development and sustainability of Māori nursing leadership is a key strategy to improve the health inequity of Māori, and provide the greatest support for the Māori nursing workforce.

#### **Dr Irihapeti Ramsden, (1946-2003)**

*Ngāi Tahu/Rangitane Māori nurse, philosopher, writer and educationalist.*

Irihapeti was a nurse, anthropologist, educator and author who strived to help people understand how their own culture impacted on others. Best known for the development of Cultural Safety – an educational framework for the analysis of power relationships between health professionals and those they serve.

Cultural Safety has been part of the New Zealand nursing and midwifery curriculum since 1992 and is now part of nursing practice throughout the world.

Irapeti was awarded the NZNO Te Akenehi Hei Memorial Award. The Te Akenehi Hei Memorial Award for significant contribution to Māori Health is the highest honour that can be awarded by Te Rūnanga o Aotearoa, New Zealand Nurses Organisation.<sup>50</sup>

### **Primary health care nursing leadership**

Primary health care nursing leadership is currently patchy. Not all DHBs have invested in primary health care nursing leadership and only some PHOs have a designated nurse leadership role. As more services are devolved to primary health care there is a greater requirement for robust established primary health care nursing leadership, and an agreed leadership training programme to underpin such leadership.

### **Aged care nursing leadership**

Some of the large aged care corporate organisations have realised the importance of nursing leadership roles and some have developed bespoke leadership programmes for their staff. However it is important that medium and small facilities have access to leadership programmes. In contemporary nursing - leadership competency is essential for organisational performance and improved patient outcomes.

*Outstanding Leadership in the Aged Care sector is required:*

- Residents' health needs are becoming more acute and complex.
- The RN role is often autonomous and can be isolating from peers and related support
- The registered nurse is working with a skilled but unregulated workforce
- The RN's role is expanded especially out of hours – e.g. is the first responder to acute and or emergency situations, infection control, and oversees the total human resource and physical environment for the period the RN is on duty.

Varying initiatives throughout aged care and other New Zealand health services demonstrate collaboration, usually in relation to sharing clinical expertise - for example access to gerontology nurse practitioners or clinical nurse specialists employed by DHBs.

### **Mental health and addictions leadership**

Mental health and addictions services in Aotearoa New Zealand are under tremendous strain and this imposes greater demands on nursing leadership roles. Services are mostly delivered in the community and through multiple NGO, DHB and private providers. There are many community support workers providing a good service; however there are few registered nurses providing supervision to this workforce. Workforce training is variable. Registered nurses often have little access to frontline leadership and management education - this situation must be addressed.

**NZNO will use a partnership approach to:**

- Strongly recommend a stocktake of leadership programmes available and the number of nurses who have undertaken such training. The stocktake would rely on voluntary participation of the organisations involved.

### 5.9 Current situation - the paradox

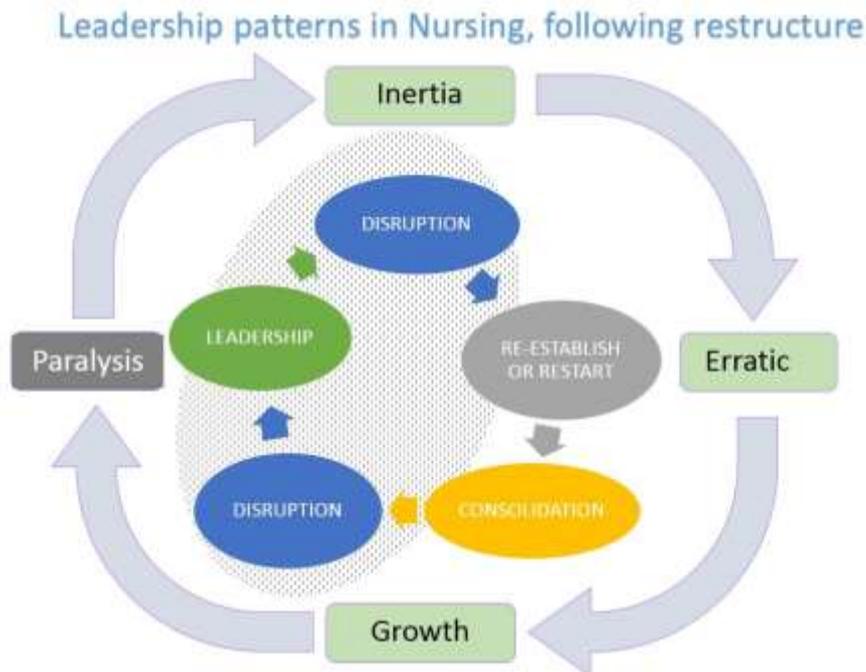
Nursing leadership is directly related to patient health outcomes. International and national research has established the significant contribution that quality nursing care makes to improved outcomes for patients.<sup>51</sup>

“Healthy work environments, supported educational opportunities, effective nursing leadership, and enabling legislative and contractual arrangements hold the key to supporting nurses to provide quality care to patients”

- Report from the National Nursing Organisations to Health Workforce New Zealand, 2014.

Decimation of Aotearoa New Zealand nursing leadership occurred in the 1990s, with the majority of nursing leaders disestablished or severely diminished. Recovery from this leadership vacuum has taken two decades.

In the last two years this cyclical carnage of nursing leadership has reoccurred in 20% of Aotearoa New Zealand DHBs.



The above diagram reflects the stages of instability/stability associated with organisational restructure. The shaded oval area demonstrates the areas of suboptimal activity and lack of forward focus pre and post restructure. It also illustrates the overall amount of time that momentum and leadership cohesion is lost.

The effects of restructure on organisational culture is well known, and is generally regarded to be a blunt instrument in terms of organisational productivity and performance.

*“How very little can be done under the spirit of fear” - Florence Nightingale*

## 6. Nursing workforce

*Invest in the solution*

### 6.1 The nursing workforce: a good investment

*‘Over the past three decades nursing has been seen as a cost as opposed to an investment in healthcare, with health employment viewed as ‘consumption’*

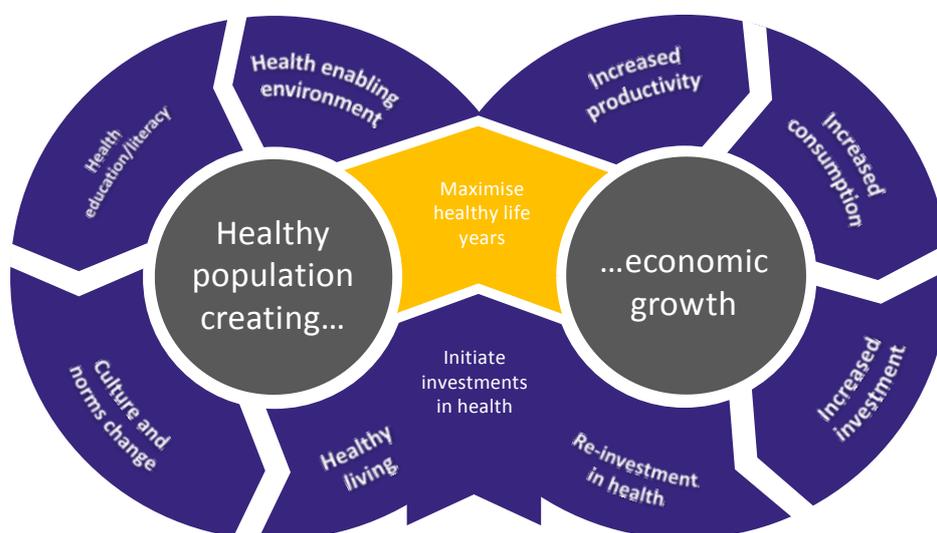
- High-Level Commission on Health Employment and Economic Growth, 2016<sup>52</sup>

NZNO and nursing in general have advocated strongly that investment in nursing is an investment in health, and the economy of the country. The NZNO *‘Evidence for Investment in Nursing’* campaign aims to raise awareness of the substantial and cost effective contribution of nursing to improving health outcomes for New Zealanders.

Research confirms the importance of investment in nursing for quality, safe and accessible healthcare. Investment in higher staffing levels, skill mix, education and competencies have been associated with overall cost savings, better patient outcomes, reduced mortality levels and patient satisfaction.<sup>53 54</sup>

It is crucial that the Government recognises that expenditure on health is an investment and not an economic drain.

Healthy populations create economic growth, yet in too many parts of the world health spending is being cut and health services are underinvested.<sup>55</sup>



Source: International Council of Nurses, 2017 <sup>56</sup>

Nurses have a crucial role in providing quality, accessible healthcare, and nursing has a responsibility to ensure that Aotearoa New Zealand attains the potential benefits from nursing in the clinical, social and economic spheres.

**NZNO will**

- Invest in research that directly identifies the impact of nursing. Current evidence in this area needs to be more robust
- Collaborate with the global *Nursing Now* campaign<sup>57</sup>
- Support continued research to demonstrate care effective and cost effective services across the health continuum. It will do this through the NZNO Policy and Research team, scholarship funds and publishing research
- Role model and support nursing leadership to demonstrate and promote the value and cost effectiveness of nursing to health services, including planning and policy development
- Engage a health economist (as required) to facilitate the articulation of nursing as a care effective and cost effective workforce for Aotearoa New Zealand.

## 6.2 Transforming the nursing workforce

Nursing is the largest regulated health workforce in Aotearoa New Zealand, representing over 50% of the regulated workforce population. Nurses also supervise the largest unregulated health workforce.

Future nursing services must be focused upon the social determinants of health, health promotion, disease prevention, primary health care and services that are people centred and community based. These services must be located in areas that have high needs and underserved populations.

Nursing has the capacity, the skills (and potential for upskilling), and the adaptability to support the increasing number of people with health, social and psychological concerns who are unable to access services due to affordability, accessibility, literacy or lack of culturally appropriate services.

Nursing has the capability to be an effective health safety net for people who are not accessing GP services. Failure to invest in an effective health safety net will be a wasted opportunity and create greater health and wider economic costs in the longer term.

The demographics of nurses are well known and are not shifting in a positive or timely way:

<b>Age of nurses</b>	<b>43%</b> of nurses are <b>over the age of 50</b> (including nursing faculty)
<b>Men in nursing</b>	<b>8%</b> of nurses are <b>men</b> (minimal movement over time)
<b>Māori in nursing</b>	<b>7%</b> of total nursing workforce <sup>58</sup> is <b>Māori</b> compared to 15% of the New Zealand population <sup>59</sup>
<b>Immigrant workforce reliance</b>	<b>Over 30%</b> of the NZ nursing workforce are <b>immigrants</b> – higher than any other OECD country

#### The headline concerns for the nursing workforce in Aotearoa New Zealand:

- The **lack of a coherent national nursing workforce strategic plan** that is current, cogent, and has a timeline for implementation is reprehensible
- The absence of a Māori nursing strategic plan is equally lamentable
- **Less than 100% employment for graduate nurses.** Not all graduate nurses have access to a Nurse Entry to Practice programme (or equivalent)
- **Māori and Pacific Island nurses are underrepresented** for the population they serve
- **50% of the nursing workforce will be retiring by 2035**
- A **dependence on internationally qualified nurses** (the rate of nearly 30% is higher than any other OECD country).<sup>60</sup>
- Persistent and serious **underfunding for postgraduate nursing education.**

### 6.3 National nursing workforce strategy – Health Workforce New Zealand

Health Workforce New Zealand (HWNZ) was established as a MoH business unit in 2009. Despite making a significant contribution to HWNZ through initiatives such as the Nursing Workforce Programme and having a nurse in the role of Chairperson, results and outcomes for nursing have been few. Achievement of priority objectives for nursing needs to be accelerated and made visible through HWNZ.

The National Nursing Organisation's 2014 nursing workforce report to Health Workforce New Zealand outlined nursing workforce strengths and challenges and laid the platform for a future-oriented, "fit for purpose" nursing workforce. Progress against this report has been limited.

Significant gains have been made in advanced practice enabling nurses to work to the top of their scope, nurse prescribing and the increasing cohort of nurse practitioners is encouraging. These developments must be fast tracked to reach a critical mass as soon as possible. Changes to the model of care need to occur simultaneously so that disparities in health can be addressed.

#### Strategic actions

##### *NZNO will:*

- Advocate strongly for the appropriate resourcing of the workforce strategy so it can be completed within an accelerated timeframe
- Advocate for the development and implementation of a national nursing workforce strategy and in particular a Māori nursing workforce strategy.

## Nursing workforce data and information

Accurate, timely and relevant nursing workforce data should be available from a single, accountable source. This has been challenging to achieve and needs to be resolved urgently by Health Workforce New Zealand to underpin further planning.<sup>61</sup>

### Strategic actions

#### *NZNO will:*

- Advocate strongly with relevant agencies for dedicated resources for the collection, processing, and protection of nursing workforce data via a timely, relevant and functional system methodology.

## Professional nursing development - postgraduate funding

Postgraduate education funding for nursing has been inequitable since its inception. Health Workforce New Zealand has had responsibility for distribution of postgraduate education funding for registered health professionals since 2009.

The table below indicates that medical hegemony is alive and well in Aotearoa New Zealand.

### *Allocation of postgraduate funds to doctors and nurses*

	Number	Funding	Funding change 2017
Medical professionals	15,366	\$107 million	5% increase
Nursing professionals	50,356	\$14 million	No increase

Source: Kai Tiaki. Vol. 2. March 2017. NZNO.

This inequity has been recognised by Health Workforce New Zealand and a proposal to review the current model of funding distribution is in process. The question is how long this will take and the opportunity costs of delay in addressing current inequities. Inaction is a wasted opportunity for both the profession and for health gain.

### Strategic actions

#### *NZNO will:*

- Ensure the review of the funding allocation model is open, transparent and has input from nursing to correct the current inequities
- Advocate for an increased share of postgraduate funding proportionate to nursing numbers.

## 6.4 Entering the nursing profession

Aotearoa New Zealand requires more nurses who are representative of the population they serve. All health professions are competing for their future workforce and nursing needs to be seen as a very attractive career of choice.

“the lack of accurate public information about nurses and their work allows insidious stereotypes to persist”

*Buresh and Gordon, 2013.<sup>62</sup>*

The image of nursing is often not contemporary or accurate. The nursing sector must be able to articulate the unique role and practice of nurses.

There is no single agency responsible for this work, and exposure of nursing as a desired career choice is often variable, ad hoc and under-invested.

<b>Strategic actions</b>	<p><b><i>NZNO (including the National Student Unit) in partnership with Nurse Educators in the Tertiary Sector and other relevant parties will:</i></b></p> <ul style="list-style-type: none"><li>➤ Raise awareness in secondary schools and improve uptake in science subjects that are required/desirable for health careers</li><li>➤ Promote relevant and accurate resources for career guidance counsellors (often teachers whose knowledge base and resources are variable and may be outdated)</li><li>➤ Engage with Careers New Zealand and tertiary providers to develop and distribute:<ul style="list-style-type: none"><li>▪ career guidance resources that target mature students</li><li>▪ career guidance resources that are oriented to Māori and Pacific peoples</li></ul></li><li>➤ Publicise Māori nursing role models</li><li>➤ Explore a pilot programme in secondary schools where nurses co-teach NCEA health units to improve health literacy and create interest in health careers.</li></ul>
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## 6.5 Internationally qualified nurses

Aotearoa New Zealand has an over-reliance on short term, high turnover immigration to fill nursing skills shortages. This is accompanied by under-employment of new graduates and a lack of investment in nursing career pathways. NZNO believes in sound ethical planning for a sustainable workforce.

<b>Strategic actions</b>	<p><b><i>NZNO will:</i></b></p> <ul style="list-style-type: none"><li>➤ Continue to advocate for:<ul style="list-style-type: none"><li>▪ Long-term workforce planning to avoid volatile swings in labour demand and supply and to meet projected skill shortages</li><li>▪ Development of a stable, self-sustainable workforce consistent with International Council of Nursing policy, including supported strategies for nurse retention and internationally qualified nurse (IQN) retention, and will work with employers to target support for IQNs upon entry to employment in Aotearoa New Zealand.</li></ul></li></ul>
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## 6.6 Graduate nurses

NZNO has a longstanding policy that every graduate nurse should be able to gain employment and have access to a specifically prepared graduate programme. Nurses have invested heavily in terms of time and money to gain a degree and register as a nurse but face variable job prospects upon registration.

The situation for nursing graduates contrasts starkly with medical graduates, who are guaranteed a place in a first year post graduate programme. A declining number of nurses are being supported to employment through a nurse entry to practice (NETP) programme - in July 2016 65% of graduates achieved employment through the NETP and NESP (nurse entry to speciality practice) programme, **this has since declined to 52%**. NZNO finds this situation to be short sighted and unacceptable.

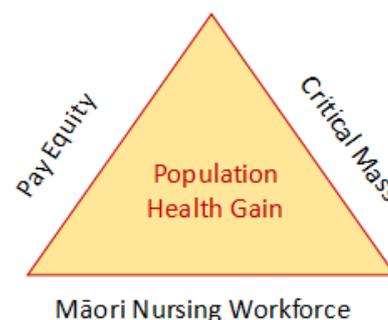
Access to other support structures to transition nursing graduates through their first year is also variable and some do not find employment at all.

<b>Strategic actions</b>	<b>Current NZNO actions</b>
	<ul style="list-style-type: none"><li>➤ NZNO has called for 100% employment of all graduate nurses in a fully funded NETP or NESP programme, and will continue to advocate for a “grow our own policy” for graduate recruitment.</li></ul>
	<b>NZNO will:</b>
	<ul style="list-style-type: none"><li>➤ Advocate for graduate nurse employment and NETP/NESP places to be recorded as part of a director of nursing dashboard</li><li>➤ Advocate for an improved data repository regarding graduate nurse employment, particularly in regards to graduates who are unsuccessful in gaining a funded NETP or NESP place.</li></ul>

## 6.7 Māori nursing workforce

The presence of an aspirational Māori workforce goal with no further commitment, funding, or implementation strategy is unacceptable. Of equal concern are the ongoing pay inequities for Māori nurses working within the Māori provider organisations. Pay equity and action towards a cogent realistic Māori nursing workforce strategy **MUST** be the highest priority to progress Māori Nursing.

Nurses working for Māori providers are paid up to 25% less than their counterparts within the DHB institutions; yet it is DHBs who fund the Māori providers. This situation, although complex, could be contractually remedied if there was the political will to do so.



The intention and timeliness of funding agencies to remedy this situation will be the litmus test of how committed Aotearoa New Zealand is to really addressing the health needs of Māori.

Health disparity within the Māori population will continue until we have a critical mass of Māori nurses who are paid equitably and well supported professionally. The cost of inaction is unacceptable.

**Nurses employed by iwi providers work well when they:**

- ✓ Have pay parity with colleagues working in DHBs
- ✓ Have access to cultural supervision and paid professional supervision
- ✓ Are in a supportive managerial structure and environment prepared to advance nursing work
- ✓ Work with an appropriate balance between registered nurses and kaiāwhina workforce
- ✓ Have access to Māori nursing role models, mentoring and coaching
- ✓ Have a career development pathway
- ✓ Work with intermediate and distal outcomes, across health and social sectors
- ✓ Established positive networks with health and social sector agencies
- ✓ Have access to funding for postgraduate education and on the job practice requirements of their role.

**Strategic actions**

**NZNO will:**

- Lead multi-agency initiatives to increase the Māori nursing workforce to at least 15% of the total nursing workforce - reflecting the Māori population in Aotearoa New Zealand. This will be achieved by 2030. A dedicated Māori nursing strategy needs to be developed by HWNZ to support the achievement of this goal.

## 6.8 Pacific Island workforce

New Zealand's Pacific population is growing about three times faster than other groups in Aotearoa New Zealand. The Pacific population is very dynamic in Aotearoa New Zealand, and the cultural world views, beliefs and values are diverse and evolving.

As per Aotearoa New Zealand's Pacific population in general, the Pacific nursing workforce has a significantly younger age profile than the overall nursing workforce.<sup>63</sup> This provides a positive counterbalance to the ageing profile of Aotearoa New Zealand nursing.

Nearly half of Pacific nurses identify with more than one ethnic group.<sup>64</sup> It is therefore important to acknowledge that “one size” does not fit all, and that the Pacific nursing workforce reflects the ethnicities of Pacific people in New Zealand, and the changing landscape of what it means to be Pacific Island in Aotearoa New Zealand. A culturally competent workforce that can transcend age and generational issues is also vitally important.

NZNO is cognisant that the Pacific population is youthful in structure, culturally and ethnically diverse, and highly urbanised. There is significant work to be done regarding entry to the nursing profession for Pacific peoples to ensure growth and sustainability across the health sector.

NZNO supports the recommendations in the [Pacific Health Workforce Service Forecast: Report to Health Workforce New Zealand and the Ministry of Health](#)<sup>65</sup> and aligns with the forecast and planning initiatives, especially in relation to existing and future Pacific nurses.

NZNO recognises the integral linkage between workforce and the model of care. The ways in which Pacific communities interact with healthcare services are influenced by familial and community structures and Pacific world views; this must be incorporated into development of model(s) of care.

<b>Strategic actions</b>	<p><b>NZNO will:</b></p> <ul style="list-style-type: none"><li>➤ The NZNO Pacific Nurses Section has signalled its intention to develop a Pacific nursing strategic plan for its members, intended to advance the Pacific nursing contribution to health care and its future direction. The strategy will be underpinned by Pacific world views - including specific cultural beliefs, language, traditions, social structure and history, and its influence on nursing service delivery and health gains</li><li>➤ The NZNO Pacific Nurses Section will contribute to the development of a model of care that incorporates the influence of Pacific world views upon community interaction with healthcare services.</li></ul>
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## 6.9 Mental health and addictions

Mental health and addictions services in New Zealand are in crisis. Any crisis of this significance has multidimensional causes and occurs over a sustained period of time.

Services are overwhelmed throughout the country across primary, secondary and specialist services. A nationwide, total systems-approach is urgently required to re-calibrate investment, services and workforce.

### ***NZNO position on the mental health and addictions system***

- The mental health and addictions system across the country is underfunded
- The parameters for service provision need re-setting i.e. who gets what services when
- The waiting times for services are unacceptable

- The fact that Aotearoa New Zealand has the highest rate of suicide in OECD countries is unacceptable, particularly the high rates for Māori, Pacific Island people, and adolescents/youth
- Mental health and wellbeing needs are increasing dramatically in New Zealand and internationally. Depression is a public health issue
- The increase of people who require support for addictions is burgeoning, wait times are long, and treatment centres are few in number
- Serious staffing shortages across multidisciplinary teams are unacceptable and urgent attention is required
- The safety of mental health nurses is of significant concern, both from a verbal and physical abuse perspective, as well as long hours of work and moral distress from the inability to provide optimal care
- Numbers of qualified and experienced mental health nurses and mental health support workers are unbalanced in many services. The span of control is too wide, and this has negative impacts for nurse, support worker and consumer
- Mental health service provision is fragmented and variable by region and efficacy.

NZNO acknowledges the expertise and commitment of its members working in mental health and addictions in challenging circumstances.

Strategic actions	<p><b><i>Current NZNO actions</i></b></p> <ul style="list-style-type: none"> <li>➤ NZNO supports a review of mental health and addictions services, and will seek involvement at the highest level, including policy and service redesign</li> <li>➤ NZNO supports service delivery co-design with consumers and culturally appropriate services, wherever they occur along the lifespan</li> <li>➤ NZNO will continue to assertively promote a healthy work environment and safe staffing for all NZNO members, and will be particularly aware of the challenging circumstances that occur in the mental health sector.</li> </ul>
	<p><b><i>NZNO will:</i></b></p> <ul style="list-style-type: none"> <li>➤ Actively pursue increased MoH, DHB and PHO investment into the mental health nursing workforce and services</li> <li>➤ The NZNO Mental Health Nurses Section will work towards mental health nursing being a service of choice for nurses through each stage of the career continuum</li> <li>➤ NZNO proposes to collaborate with other mental health nursing professional organisations to formulate a plan of action that will raise the profile of mental health nursing to ensure that patient safety, care and reasonable workloads are recognised as crucial to patient outcomes, and resourced appropriately.</li> </ul>

### Mental health nurse

I am the faceless ambulance  
at the bottom of the cliff  
the wounded soldier  
at the frontline  
I am a scapegoat  
inhuman  
an easy target  
on which to lay blame  
I have no voice

I am a brick wall  
a sinkhole  
a roadblock

I am an obstacle  
those who need me most  
do their best to avoid

I am a punching bag  
a battlefield  
I am a speedball  
for angry fists and  
hurting hearts  
I am the boundary  
they beat against in fury

I am a vessel  
a vase of dead flowers  
I am a bottomless pail  
I am a place for people  
to put their sorrow  
I am a loudspeaker  
an advocate  
a campaign in the paper  
I am a fighter  
even when I whisper  
I am their voice

- Lauren Becker  
(*Listening with my heart - poems  
from Aotearoa New Zealand  
Nurses. 2017*)

## 6.10 Rural nursing

Most New Zealanders live and work in large urban areas, but Aotearoa New Zealand is first and foremost a rural country - by landmass, location of our primary industries and our history.

GP services have been declining in rural areas over several decades, largely due to the inability to attract GPs to work in rural areas. While this has had negative repercussions it has been a catalyst for altering the prevailing model of care and extending the practice of other disciplines, the most predominant of which is nursing.<sup>66</sup> A lot can be learnt from this process.

NZNO is proud of the rural nurses that form a great part of our nursing heritage and continue to provide courageous and creative responses to health care needs. Rural health nurses work

in a special practice context, in and part of small, close-knit communities. Often these populations are socio-economically disadvantaged, transient (seasonal workers) and have high health needs. Aotearoa New Zealand's increasing tourist numbers also equate to more demand upon trauma and medical related health care services in rural communities. There are often professional challenges working in rural communities – the greatest being patient confidentiality and the lack of anonymity for the nursing professional.

Rural nursing has been at the forefront of:

- Working collaboratively within health care teams – e.g. providing after hours cover for team members
- Advancing practice in rural postgraduate education, clinical practice (e.g. P.R.I.M.E), and the use of technology such as telehealth, video links etc.
- Providing leadership, policy advice and influencing urban health decision makers
- Creating innovative nursing solutions to challenging service delivery contexts (often with a minimum of funding).

The number of nurses involved is relatively small, however the significance of practice changes is remarkable. Some rural practices are now nurse-only and this is likely to continue into the future.

<b>Strategic actions</b>	<b>Current NZNO actions</b>
	➤ NZNO supports paid external professional supervision for all rural nurses who are working in autonomous roles
	➤ NZNO supports the continuation and extension of the voluntary bonding programme to attract nurses to rural locations
	➤ NZNO acknowledges the challenges of rural nursing - especially after hours' call-outs, locum cover for annual leave, and access to professional development
	➤ NZNO supports the rural nurse specialist role and the nurse practitioner role in rural practice.

## 6.11 Gerontology nursing

Gerontology nursing is a specialty practice that addresses the unique physiological, psychological, developmental, economic, cultural and spiritual needs related to ageing and care of older adults.<sup>67</sup>

Every nurse who is not working in a children's or young person's service is effectively a gerontology nurse. Over 60% of patients in the acute setting are over the age of 65 and the fastest increasing group of acute admissions are aged over 85.

The NZNO Gerontology Section is working to increase the visibility and value placed upon gerontology nursing through contributing to health policy, supporting gerontology research and by supporting educational, workforce and professional services to nurse members.

The *In Safe Hands* programme will focus on the Ministry of Health’s current staffing levels in aged care and the skill mix of staff in long-term facilities. Staffing levels and skill mix have not been reviewed for many years and a review is long overdue. This work is expected to be completed by 2020.

Strategic actions	<p><b>Current NZNO actions</b></p> <ul style="list-style-type: none"> <li>➤ NZNO has initiated and is committed to the “<i>In safe hands</i>” programme. This is a partnership with multiple funding agencies to create a safe clinical and professional working environment for registered nurses working with older persons</li> <li>➤ NZNO supports a skilled, knowledgeable and professional workforce that is paid equitably. NZNO’s goal in the primary health care sector will continue to be pay parity with the DHB MECA pay equity rate when established.</li> </ul>
	<p><b>NZNO will</b></p> <ul style="list-style-type: none"> <li>➤ Recommend that the Health and Disability Commissioner includes the staffing levels and the context of the clinical environment, as part of the decisions and case notes made in the judgement of a breach of the Health and Disability Code</li> <li>➤ Recommend the gradual reduction of internationally qualified nurses in aged care and an increase in domestically qualified nurses in the sector</li> <li>➤ Recommend increased funding for aged residential care, and home and community support budgets to increase registered nurse hours/input into safe care and support</li> <li>➤ Recommend the nationwide implementation of support programmes for residential and community gerontology nurses as outlined in the MoH <a href="#">Showcasing Aged Care</a> document.<sup>68</sup></li> </ul>

## 6.12 Enrolled nurses

Over the last four decades the enrolled nurse programme has suffered from a series of on again, off again changes to scope of practice, training content change and duration, and even a name change. Nonetheless enrolled nursing now has an improved and defined scope of practice, an established educational programme (New Zealand Diploma in Enrolled Nursing - level 5), is a regulated workforce and is poised to be a positive and enhanced workforce across the health continuum.

The slow employment uptake of enrolled nurses within the broadened scope of practice has been disappointing. The enrolled nurse programme is well placed to create a critical mass of enrolled nurses as a valued and integral part of health service delivery for New Zealanders. Employers need to take the opportunity to employ enrolled nurses now - before health service demand increases further and health workforce availability decreases.

NZNO is committed to the role of enrolled nurses as an integral part of the nursing team in service delivery across the health continuum.

Strategic actions	<p><b>Current NZNO actions</b></p> <ul style="list-style-type: none"><li>➤ NZNO will continue to work with employers to communicate the positive advantages of the expanded enrolled nurse role and what it can bring to service delivery. Nurse leaders will have an important part to play in this process</li><li>➤ The Enrolled Nurse section, will continue to implement the <a href="#">NZNO Enrolled Nurse Section Strategic Plan 2016-2026</a>.</li></ul>
	<p><b>NZNO will:</b></p> <ul style="list-style-type: none"><li>➤ Invest and contribute to the increased understanding and utilisation of the enrolled nurses scope of practice, to nurse leaders and health employers</li><li>➤ Construct a marketing strategy to inform employment and health planning stakeholders on the scope of practice, capacity and capability and the range of services across the sector that can be supplied by the regulated enrolled nurse role</li><li>➤ Encourage employers to utilise the Support into Practice framework and orientation programme to embed the enrolled nursing workforce. NZNO welcomes the agreement from Nurse Executives of New Zealand to endorse the framework</li><li>➤ Actively pursue dedicated funding for the Support into Practice framework for enrolled nurses. NZNO recommends that the Advanced Choice of Employment process is used for this programme</li><li>➤ NZNO promotes the careful assessment of every nursing vacancy to establish what skill set is appropriate and required, and where possible consider employment for enrolled nurses.</li></ul>

### 6.13 Nurse practitioners

Nurse practitioners scope of practice has advanced education, clinical training and the legal authority to practise beyond the level of a registered nurse. They work autonomously and in collaborative teams across healthcare settings to promote health, prevent disease, and improve population health outcomes.

Nurse practitioners may be the lead provider of healthcare service for patients with complex health conditions. Their responsibilities can include diagnosis, assessment and treatment interventions, ordering and interpreting tests, prescribing medicines and patient admission and discharge.<sup>69</sup>

NZNO applauds the 77 new nurse practitioners who registered in 2017, however the total number is still very low. An aspirational target of 200-250 new nurse practitioners are needed per year to improve access and health gain for patients, and to allow models of care that support practice.

Strategic actions

**Current NZNO actions**

- NZNO welcomes the amendments to the nurse practitioner scope of practice and the accompanying changes to the Masters programme that prepares nurse practitioners for registration
- NZNO supports the Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill and the changes that are being implemented in a smooth and timely way.

### 6.14 Advanced practice

NZNO notes the progressive development of nurse prescribing in Aotearoa New Zealand. The successful diabetes nurses prescribing project and the establishment of the common conditions prescribing trial is welcomed. However, sufficient funding and support must be provided to nurses to create a critical mass that can make a difference to patient access, affordability and timeliness of treatment options to improve health outcomes in our communities.

Strategic actions

**Current NZNO actions**

- NZNO supports the community prescribing trial and looks to the advancement of registered nurse prescribing. NZNO acknowledges the need for a pilot and for robust evaluation. However, it is also important to expedite progress towards a critical mass of nurses able to prescribe in the community.

### 6.15 Nurse endoscopists

NZNO welcomes the introduction of nurse endoscopists. To date, four nurses have commenced training within three DHBs since 2016. The postponement of the course in 2017 is a wasted opportunity to progress development of the endoscopy workforce and to meet a clearly defined health need in Aotearoa New Zealand.

A critical mass of nurses is required to meet the rapidly increasing need of endoscopy services in general and the rollout of the New Zealand Bowel screening programme in particular.

Strategic actions

**The NZNO College of Gastroenterology nurses will:**

- Continue to facilitate the introduction of nurse endoscopists wherever possible, identify potential challenges early and refer these to the NZNO Professional Services Team as required.

## 6.16 Primary health care nursing

General practice in Aotearoa New Zealand is changing from small business units to medium-to-large business units with international ownership. This changing business structure requires shareholder return as well as health care gain.

Primary care within a general practice setting is working for those who can afford it and those who choose to access it. However, 500,000 New Zealanders have unmet healthcare needs due to the cost of a GP visit.

Nursing services within the general practice team is influenced by several key factors:

- The employer model: the GP is the nurse’s employer and what the nurse does is mandated by what the employer allows
- The funding model: The nurse (and the GP) can be and often are constrained by the prevailing funding model
- The practice culture: each workplace has its own work environment culture, where the norms of “what happens around here” are strongly established.

Skilled, knowledgeable and experienced nurses are practising within these structures, many with postgraduate qualifications. Yet a lot of these nurses would say they could be utilised in a better way if contractual, employment and funding mechanisms were set differently. Part of the problem is the large variability between practices. These issues have been expressed since the introduction of the Primary Health Strategy in 2001 but there has been little real will or effort to change the status quo.

There is a far greater discourse on the shortage of GPs than there is on the full utilisation of nurses in the primary health care sector. This makes little sense in a climate of constrained resources (human and fiscal). The contribution of both professions must be respected and capitalised upon to provide the best patient care.

The focus needs to be on the how and when, always considering that a critical mass of nurses, reducing disparity and eliminating waste (e.g under-utilisation of staff capability) are key to future paradigms of care.

Primary care nursing services that are appropriately funded, reach across health and social care, are nationally/regionally/locally consistent and accessible to those who need it, are a necessity to improve health gain in our community. Investment in primary health care nursing will be required to increase the number and skill mix of nurses to undertake this work effectively.

For more information on primary care nursing workforce and model of care development see: NZNO College of Primary Health Care Nursing paper - [Maximising the nursing contribution to positive health outcomes for the New Zealand population](#)<sup>70</sup>

## 6.17 Public health nursing service

The public health nursing service has a distinguished history in Aotearoa New Zealand, however successive restructuring since the 1980s has caused it to become severely diminished.

The service is free, mobile, accessible, and works across school, home, and community. Public health nurses are seen as “community encyclopaedias” - practising across health determinants, across health and social sectors and at the level of both population and personal health. Their philosophy of care focuses on social justice, reducing inequalities in health and access to care, and commitment to Te Tiriti o Waitangi.<sup>71</sup>

Public health nurses work with many of Aotearoa New Zealand's most vulnerable children/tamariki and families/whānau and visit some of the coldest homes in the country, working in an integrated health and social model.

Currently they are spread very thinly and do not have the critical mass necessary to meet the health needs that they are educated and skilled to address. The competencies of this workforce is detailed in the [Public Health Nursing Knowledge and Skills Framework](#).

Public health nurses fulfil all the strategic intentions of the *New Zealand Health Strategy 2016*. This potential needs to be realised.

### Strategic actions

#### NZNO will:

- Advocate for a 50% increase to public health nursing levels by 2020. This workforce must be considered in model of care development. The critical mass of this workforce must be increased so it can make a difference in the health outcomes for vulnerable families in Aotearoa New Zealand
- Review contract specifications to allow full utilisation of the public health nurse role.

## Healthy work environments and safe staffing

### Healthy work environments

Poor work environments are a predictor of staffing losses. Issues that impact staffing retention include limited career opportunities, poor staff support, unsafe staffing, resourcing constraints, being left out of decision making, constant changes, and issues related to leave and shifts.<sup>72</sup>

## 6.18 Safe Staffing Healthy Workplaces (SSHW) Unit

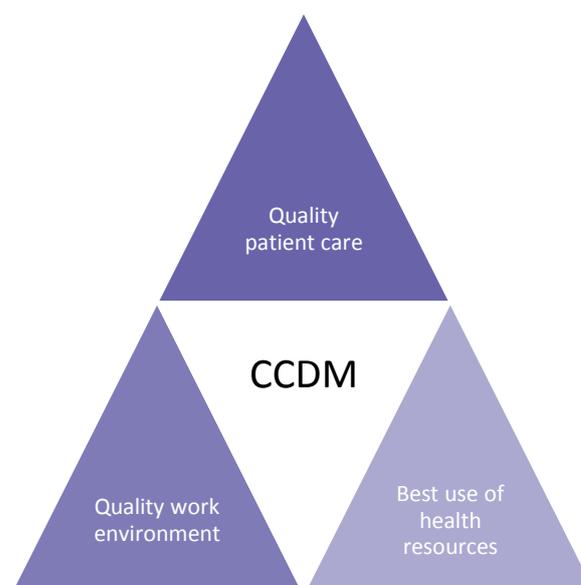
The SSHW Unit is part of the Central Technical Advisory Services. It was established in 2007 and tasked to develop a programme to implement the recommendations from the 2006 Report of the Committee of Inquiry on Safe Staffing Healthy Workplaces.

Achieving staffing that closely matches the needs of patient care, 24 hours a day, 7 days a week, is essential to achieve optimum patient outcomes. It is also essential for the health and well-being of nurses and midwives. Ensuring that there are sufficient nurses and midwives to provide safe, quality patient care is a fundamental goal for all who manage nursing and midwifery services, regardless of the setting.

The variable nature of the demand for healthcare and the relatively fixed nature of the nursing and midwifery workforce are characteristics common to all health services. These characteristics make it difficult to achieve a close match between workload and staffing.

This is a national and international challenge.

The diagram below represents the fundamentals underpinning the safe staffing healthy workplace for nursing and midwifery staff.



*© Ministry of Health 2017 (used with permission)*

NZNO's safe staffing healthy workplace campaign is working to implement the Care Capacity Demand Management (CCDM) programme into District Health Boards. The CCDM programme matches patient demand with staff capacity to ensure the right number of staff and the right mix of skills. A partnership between the District Health Boards and NZNO and the other health unions is key to the successful implementation of the CCDM programme.

Key aspects of the Care Capacity Demand Management programme		
Staffing methodology	Variance response-management	Core data set
<i>The right people, the right place...the right care</i>	<i>CCDM tools to help keep staff and patients safe and promote better use of resources.</i>	<i>CCDM contributes to attainment of the Health and Disability Sector Standards</i>
1. The right people, the right place...the right care!	1. In the moment and over time	1. A balanced set of measures
2. Provides data and evidence to base successful staffing models upon	2. Enable variance to be managed well every time	2. Measuring the impact of CCDM on your workload and workflow
3. An independently validated process for establishing budgeted full time equivalent staff	3. Effective variance response management = early detection, rapid assessment and effective response	3. Is about people, process and data from the floor to the board

## 6.19 Safe staffing and care rationing

Nursing staff are concerned about staffing levels; they are stressed, distressed and anxious about their ability to deliver safe and effective care in an environment that is not appropriately resourced.

This is care rationing, and it is an ethical dilemma that nurses face every day. The conscious decision of prioritising care provision and dropping off nursing tasks deemed to be lower risk is draining, demoralising and exposes nurses professionally and legally.

Care rationing is both a service quality and patient safety issue. Care rationing can result in falls, infections and pressure injuries, longer recovery times and even serious harm or death. It incurs significant costs and intensive resources.

*Care rationing is 'the withholding or failure to carry out necessary nursing tasks due to inadequate resources such as time, staffing level, and/or skill mix'.*

The [NZNO Position Statement on Care Rationing](#)<sup>73</sup> pulls together the evidence to show care rationing is happening. The statement puts forward solutions needed to make sure every patient gets the right nursing care, in the right place, at the right time, by the appropriate member of the nursing team.

Care rationing can be observed at the macro level where health funding is inadequate. At the micro level it can be seen when two patients require an ICU bed but only one bed is available - the resulting prioritisation process can lead to inequality in the health care service.

14 DHBs have commenced implementation of the CCDM programme, however, this has been slow and patchy. There is a serious risk of losing the confidence of nurses and midwives as a result - this is absolutely contrary to the purpose of the programme.

Safe staffing and healthy workplaces are of fundamental importance to nursing and midwifery. Workforce sustainability and safe patient outcomes is the primary outcome. The failure to progress this issue is becoming intractable. Safe staffing and healthy workplaces require renewed commitment and political will to ensure that the health workforce and nursing, and midwifery in particular, are supported by CCDM. NZNO considers this a high priority issue.

<b>Strategic actions</b>	<b><i>Current NZNO actions</i></b>
	<ul style="list-style-type: none"><li>➤ NZNO endorses the draft International Council of Nurses (ICN) <i>Position Statement on Safe Nurse Staffing Levels</i> (2017).</li></ul>
	<b><i>NZNO will</i></b>
	<ul style="list-style-type: none"><li>➤ Support the implementation of CCDM in all DHBs by the agreed timeframe of June 2021</li><li>➤ Work in partnership with DHBs to ensure that progress reporting on CCDM implementation (including the outcomes of FTE calculations) is managed in accordance with the requirements of the Safe Staffing Healthy Workplaces Governance Group and the Ministry of Health.</li></ul>

## Conclusion

The *NZNO Strategy for Nursing* identifies actions that can be reasonably be achieved within the strategy's three year time frame and will fit within the operating parameters of NZNOs work plan.

NZNO believes that these actions will position nursing at the forefront of health care and health gain for the population it serves.

### Key actions from the *NZNO Strategy for Nursing*

Section	Products	Strategic actions	Partners
Our community		NZNO to strengthen its processes for inclusion of consumer involvement Consumer representatives on the NZNO board of directors by 2020	Community advocacy groups Community consumer groups
Model of care	NZNO innovation service	Create an NZNO internal expert advisory committee	Ministry of Health, Public Health Association, Nurse Executives of New Zealand
Equity		Support conclusion of DHB Multi-Employer Collective Agreement (MECA) bargaining on the basis of inclusion of a pay equity process for health care assistance, enrolled, registered and senior nurses. Advocate for future clauses in the DHB MECA to support nursing leadership and education.	DHBs, Council of Trade Unions, employer representatives.
Leadership	Governance toolkit Executive leadership resource manual Point of care leadership compendium	Advocate for a mandated director of nursing role within DHBs that reports to the chief executive Advocate for creation of a consistent National DHB director of nursing dashboard Advocate future clauses in the DHB MECA to support leadership, education and external professional supervision for charge nurse managers or equivalent	Ministry of Health, DHBs, Nurse Executives of New Zealand, NZ Institute of Directors. Leadership New Zealand, National Council of Women, Ministry for Women DHBs' Multi Employer Collective Agreement (MECA) bargaining team
Nursing workforce	Campaigns to promote nursing as a career, including: <ul style="list-style-type: none"> <li>Māori workforce</li> </ul>	Advocate for a 50% increase in public health nurse numbers within 3 years Advocate for an additional 200-250 nurse practitioners per year until 2020	Nurse Educators in the Tertiary Sector, Nurse Executives of New Zealand Ministry of Health, Health Workforce New Zealand, Nurse Practitioners New

	<ul style="list-style-type: none"> <li>• Pacific workforce</li> <li>• Men in the nursing workforce</li> </ul>	Advocate to increase the postgraduate education budget for nurses (Health Workforce New Zealand) by 25% in 2019 and 35% in 2020	Zealand, National Nurses Organisation, Māori treaty partners.
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The *NZNO Strategy for Nursing*, its products and strategic actions will increase the visibility of the nursing workforce within Aotearoa New Zealand.

NZNO acknowledges the expertise of its paid staff, and those involved with the 20 colleges and sections who voluntarily give of their time and expertise. We also acknowledge the role of NZNO delegates, Te Rūnanga, national student unit and others for their expertise and commitment in taking the profession of nursing forward, to serve the public of Aotearoa New Zealand.

# Glossary

<b>Aotearoa</b>	The Te Reo Māori word for New Zealand.
<b>Advanced practice</b>	Is seen as a continuum and is a broad term that is used in New Zealand to encompass a range of developing practise and employment roles, underpinned by post registration education and practise expertise.
<b>Biomedical</b>	Focuses on the physical or biological aspects of disease and illness. It is a medial model and associated with the diagnosis, cure and treatment of disease.
<b>Critical mass</b>	A size, number, or amount large enough to produce a particular result.
<b>Cultural safety</b>	Requires the nurse to practise nursing in a manner that the health consumer determines as being culturally safe, and to demonstrate ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.
<b>DHB</b>	District Health Board
<b>Enrolled nurses</b>	Enrolled nurses are qualified nurses, who have undergone a theory and practical education programme and have passed a state qualifying nursing examination. Enrolled nurses work under the direction of, and in collaboration with registered nurses.
<b>Executive leadership rounding</b>	A process where executive health leaders conduct “rounds” throughout hospitals to engage with staff and patients, with the aim of improving the patient experience, promoting a safety culture and positive work environment.
<b>Hapu</b>	A large kinship group and the primary political unit in traditional Māori society.
<b>Health equality</b>	A description for “sameness” in health.
<b>Health inequity</b>	The presence of systematic disparities in health between groups.
<b>Health literacy</b>	Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
<b>Inter-disciplinary</b>	An approach where more than one discipline will collaborate and obtain more detail about a topic or situation.

<b>Iwi</b>	Extended kinship group, tribe, often refers to a large group of people descended from a common ancestor and associated with a distinct territory.
<b>Kaiāwhina</b>	Assistant or helper, in the NZNO context kaiāwhina refers to community support worker or equivalent roles.
<b>Kaimahi hauora</b>	Health worker
<b>Kaiwhakahaere</b>	In the NZNO context this relates to the joint leadership roles of NZNO - i.e. president and Kaiwhakahaere.
<b>Nurse practitioners</b>	Nurse practitioners have advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a registered nurse.
<b>Medical hegemony</b>	Preponderant influence or authority over others. The social, ideological, or economic influence exerted by a dominant group.
<b>Model of care</b>	Broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event.
<b>Moemoeā</b>	To have a dream or vision.
<b>NCEA</b>	National Certificate of Educational Achievement. Part of the New Zealand qualification framework for secondary school students.
<b>Nurse sensitive indicators</b>	Reflect patient outcomes that are determined to be nursing-sensitive because they depend on the quantity or quality of nursing care. These include things like pressure injuries and falls.
<b>Ōritetanga</b>	Achieving health equity, reducing systemic inequities across health determinants, and service utilisation thereby improving health outcomes.
<b>Patient centred care</b>	Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.
<b>Pay Equity</b>	Means gender doesn't affect what people are paid. Women receive the same pay as men for doing the same work and also for doing work that

is different but of equal value. The value of work is assessed in terms of skills, knowledge, responsibility, effort and working conditions.

<b>Pay Parity</b>	Means a market / equity adjustment – is a change in pay rate based on internal salary parity or external labour market parity.
<b>Point of care leadership</b>	The enacting of leadership activities whilst delivering health care and support to patients and their families or whānau at the time of care. Leadership activity that occurs outside of a formal leader’s role.
<b>Rangatahi</b>	Younger generation, youth.
<b>Social determinants</b>	The conditions in which people are born, grow, live, work, age and die - including factors such as indigenous status, early life conditions, disability status, education, employment, working conditions, food security, sex, health care services, housing income, ethnic differences, social position and social exclusion.
<b>Tamariki</b>	To be young, childhood
<b>Tāngata whenua</b>	People born of the whenua (land), indigenous people, local people, hosts.
<b>Te Rūnanga o Aotearoa</b>	Represents the Māori health professional members of NZNO.
<b>Te Poari</b>	Te Poari is a standing committee of the NZNO board, and its purpose is to bring a Te Rūnanga membership perspective to the Board.
<b>Third sector</b>	The voluntary sector, also not for profit sector.
<b>Tōpūtanga Tapuhi Kaitiaki o Aotearoa</b>	An inclusive phrase covering all those that NZNO represents - including staff, members and those we care for.
<b>Te Tiriti o Waitangi</b>	Te Reo Maori wording for ‘the Treaty of Waitangi’.
<b>Universal health care</b>	Means that all people can use the promotive, preventive, curative, rehabilitation, and palliative health services they need.
<b>Whakataukī</b>	A proverb or significant saying.

<b>Whānau</b>	An extended family or community of related families who live together in the same area.
<b>Whenua</b>	Te Reo Maori wording for land

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