

# International Council of Nurses Environmental Scan

## New Zealand Nurses Organisation

### Category: Significant Health Issues

Issue	Work/Project in Progress <b>Note * denotes NZNO research</b>	Development likely or expected over the next 5 years
<b>Mental Health</b> , all levels, particularly youth suicide ( <b>adolescent health</b> ) and age-related dementia.	<b>Mental health (MH)</b> Mental Health Inquiry launched and government re-establishing a Mental Health Commission to progress the Inquiry recommendations. Nurse led primary health care (PHC). CVD risk assessment consensus statement prioritising people with serious mental illness for annual Cardiovascular Disease Risk Assessment (CVDRA) and management. Primary health organisations (PHO) real-time identification & auditing of patients on psychotropic meds to ensure recommended screening and monitoring, by nurses. MH screening of all prisoners by nurses. Watch-house Programme: Co-location of Police Consult/Liaison Nurse at police station to facilitate more timely	Better integration/coordination of MH with other health, social and justice services, including attuned protocols and standards for assessment, referral and health information (consistent with privacy rights), and professional workforce.

<p><b>Non communicable diseases</b> – high rates, particularly increasing diabetes type 1 &amp; 2, respiratory disease, (<b>obesity</b> and <b>child poverty</b> significant contributing factors)</p> <p><b>Cancer</b> – Most common cause of death, increasing due to aging (1in3); disparate incidence &amp; outcomes (higher mortality where incidence is similar) for Māori than non-Māori</p>	<p>assessments of detainees/ arrestees/ remandees. Successful but not widely taken up.</p> <p><b>School-based nurses service (SBN)</b> with GP support being extended in all secondary schools; Policy &amp; *Research to develop consistent employment &amp; professional standards, and evidence to support SBN services.</p> <p><b>Living Well with Diabetes strategy:</b> routine screening for diabetes in MH &amp; addiction services by 2020). Increased opportunity for nurses in community and specialist diabetes. Established standards and career pathways for diabetes nurses, including specialist.diabetes nurse prescribing.</p> <p><b>Childhood Obesity Plan:</b> 95% of obese children identified by nurses in the Before School Check (B4SC) programme–Nurse referrals for clinical assessment and family based nutrition, activity and lifestyle interventions Healthy food ('traffic light'); updated weight guidelines for children and for pregnancy.</p> <p><b>Cancer control programme.</b> Successful introduction of cancer nurse coordinator. Mandatory advanced care plans for people who are terminally ill. National Bowel screening programme.</p>	<p>Evidence to support continuation of school based nurse service in all schools. Nationally consistent training, employment conditions and quality of service.</p> <p>Substantial reduction in 'lifestyle' induced NCDs unlikely without regulatory changes to environment and increase in nursing workforce. More accurate and integrated data should improve identification, early intervention and management</p> <p>Comprehensive training</p>
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<p><b>Socially complex issues impacting on health</b> leading to increased acuity, comorbidities, preventable disease, and changes in service provision to accommodate new treatment/management options. Note impact of <b>regulatory environment</b> eg food, alcohol, tobacco; <b>determinants of health</b> - workforce, housing supply and quality, (cold, damp, shortage), precarious work, substance abuse (Methamphetamine “P”, Cannabis) family violence, structural discrimination, access barriers to PHC; and <b>social environment</b>- social media, raised expectations, improved, but disparate, health literacy, and, increasingly, pushing boundaries of viability (eg extremely premature infant survival).</p> <p><b>Infectious disease and Antimicrobial Resistance</b> Increase in rates of infectious diseases</p>	<p>Implementation impeded by structural barriers to increasing nurse endoscopy workforce, despite funding.</p> <p>Nurses work across key areas, including primary health care, family planning, Well Child/Tamariki Ora, and with vulnerable young people, and in aged, disability and home based care. Nurses selected as lead care coordinators for vulnerable children, but not supported by funding.</p> <p>Many health services commissioned to NGOs -funding generally does not support integration of social services. Substantial decline in public health nursing workforce (only 700 or so nationally) over last 30 years.</p> <p>Nurses working with Neonatal Network NZ looking at care of the extremely pre term infant and Transitional Care Working party 2018 to support families for safe discharge.</p> <p>Statistics NZ and Massey University provide online data and interactive mapping of environmental health indicators site eg <a href="http://healthspace.ac.nz/">http://healthspace.ac.nz/</a></p> <p>‘Choose wisely’ campaign; Medicines Safety programme; Antimicrobial Resistance Action Plan</p>	<p>Guidelines to support care including palliative care of extremely premature infant 23-24/40 gestation Properly imbedded transitional care units with associated funding</p> <p>Integrated action on determinants of health</p> <p>Antibiotic awareness education/forums including opportunities for nurses.</p>
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associated with poverty eg rheumatic fever, TB. Currently low rates AMR but increased threats from globalisation & first cases of multidrug resistant TB, etc.	(2017) & updated guidance for health practitioners (HPs) prescribing antibiotics, but little specific training for nurses. Infection Prevention and Control Nurses active participants in AMR programmes.	
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**Category:** Health System Challenges

Systemic Challenges	Work/Project in Progress	Development likely or expected over the next 5 years
<b>Inequity</b> – disparities in health care, access & health outcomes particularly for Māori, Pacific peoples and vulnerable people, including children.	Access: Opportunity for more public health and nurse-led services with revision of capitated funding for PHC, currently mainly provided through private GP practice. However, trend is towards amalgamation of GP practices and expansion of services into 4 main Primary Health Organisations (PHOs) incorporating nurses and other HPs, radiology, community services etc. Similarly, expansion of funded medications to pharmacists (also private businesses) Whānau ora programme increased opportunities for nurses working in integrated Māori, Pasifika, and family	A systematic approach to improving equity and funding of health services with a particular focus on mental health, primary care and cancer services.  Implementation of therapeutics regime in line with health practitioner regulation to improve workforce flexibility, efficiency and utilisation.

<p>Lack of coordinated long-term <b>health workforce planning</b>, including for Māori, as required by te Tiriti o Waitangi articles.</p>	<p>health and social services. Small increase in funded employment opportunities for nurse practitioners (NPs). <i>Children</i>: New Ministry Oranga Tamariki (wellbeing of children and youth). Legislation to set a child poverty reduction target and require to change the Public Finance Act so the Budget reports progress on reducing child poverty. Substantial building programme for affordable and state housing</p> <p>Ministry of Health starting development of an integrated New Zealand Health Workforce Strategy. Legislation removing some regulatory barriers to RN &amp; NP referral and certification has just been implemented. Māori nursing workforce strategy under development. NZNO advocated for single repository of Māori Health Workforce data in submissions to the Human Rights commission on the Universal Periodic Review (2013), United Nations (UN) Human Rights commission on the rights of indigenous people to health (2016) to the UN Permanent Forum on rights of Indigenous people (New York, 2016, 2017) and recently to the UN Committee on the Elimination of Racial Discrimination (2017).</p>	<p>Introduction of a Child Poverty Bill setting targets for governments to reduce child poverty rates.</p> <p>Significant increase in supply and access to affordable housing.</p> <p>Strategic plan for integrated, and fully utilised health workforce which is representative of, and meets current and future needs of the population. Increase in expanded roles for nurses and employment opportunities for NPs.</p> <p>Unfortunately - substantial increase in unregulated workforce; increasing shortages and reliance on immigration;</p> <p>Single repository of Māori health workforce data. Māori nursing workforce strategy is implemented.</p>
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<p><b>Health poorly integrated with other public social welfare and justice systems, particularly for children and youth</b></p>	<p>Better Public Services 2012-2017 – suite of neoliberal targets to improve performance and efficiency. Vulnerable children’s legislation to address significant failures in State care, and promote safety and coordination remains flawed and inadequate as health remains ancillary to, rather than central to, social welfare and justice systems. Duplicate vetting and screening of nurses; assessment/referral and information systems not coordinated.</p>	<p>Coordinated assessment, referral, data collection and information-sharing systems to enable timely and appropriate interventions by nurses and other professionals.</p>
<p><b>Climate change</b> – health implications of more extreme weather events/disasters, relocation etc. Sustainability of health services. Eg most hospitals reliant on coal power; poor/inconsistent awareness of sustainability issues in relation to medicines, medical devices, waste management etc.</p>	<p>Sustainability officers, including a number of nurses appointed in several DHBs which also belong to Australasian Climate and Health Alliance. Increase in education opportunities for nurses in Public health programmes. NZNO works closely with Ora Taiao New Zealand Health and Climate Council, and Council of Trade Union to advocate for ‘Just transition’ to a low carbon economy and sustainable job, trade, etc. NZNO lobbies PHARMAC for sustainable national medicines &amp; medical device procurement. Government setting up an independent Climate Commission.</p>	<p>Regulatory regime at all levels of government that supports coherent climate change strategies to reduce emissions and enhance active healthy living.</p>
<p><b>Electronic health records</b> and other digital innovations</p>	<p>Multiple developments and a strong focus of updated New Zealand Health Strategy. Funding will be challenge. Several</p>	<p>Integrated health records; better access to primary health care for rural/regional areas</p>

	<p>initiatives for sharing data between health and social services, including to PHC nurses. More mobile &amp; telehealth services – some concern that the latter will be used to limit access to face to face therapeutic relationship. Family Planning nurses using telehealth to extend access to prescriptions, referrals etc. in regions where there is limited coverage.</p>	
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**Category:** Care Environment/s

Current status	Work/Project in Progress fiscally driven substitution of the nursing workforce	Development likely or expected - over the next 5 years
<p><b>Care rationing</b> a consequence of insufficient nursing capacity to meet patient demand in secondary and tertiary environments.</p>	<p>Implementation of the Care Capacity Demand Management (CCDM) programme using a validated acuity tool to determine numbers and skill mix required to deliver all of the care a patient requires. Use of a variance response management plan to determine variance and respond in a timely manner CCDM project evaluation</p>	<p>All 20 District Health Boards will have CCDM fully implemented by June 30th 2021</p>
<p><b>Shift in acute care to primary settings</b> in home &amp; community ensuring safe, equitable, healthcare etc.</p>	<p>Implications for nurses – potential for leadership &amp; expanded opportunities in PHC, but also risk of substitution and poorer conditions in contracted</p>	





<p><b>Staffing levels and skill mix in residential aged care continue to be a major issue for nurses.</b></p> <p><b>Health and Safety - challenged</b> by lack of suitable equipment to support Bariatric patients; lack of regulation in relation to diathermy plume extraction, minimum crate weights; anti-neoplastics.</p>	<p>support workers will have implication for ENs and RNs</p> <p>The issue is difficult to address given the privatised nature of the sector and the significant costs associated with increasing staff numbers.</p> <p>Perioperative Nurses College and NZNO continue to advocate for appropriate regulation. Best practice guidelines for diathermy plume extracted submitted. Also advocacy for ACC (worker compensation scheme) coverage to be extended to reflect occupational health risks, exposure to hazardous substances including infection that nurses are exposed to.</p>	<p>Government introducing legislation to improve fairness at work and reversing changes to ACC legislation that made it more difficult for workers to access fair compensation and rehabilitation. Potential for ACC no fault worker compensation scheme to be expanded, so system does not discriminate on cause of disability, as consistent with NZ ratified UN Convention on Rights of Persons with Disability (CRPD) Potential establishment of a national reporting and monitoring system for occupational health.</p>
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**Category:** Professional Practice

Current status	Work/Project in Progress	Development likely or expected - over the next 5 years
<b>Nursing voice/expertise</b>	*Research: Investigating impact of IQN in	

<p><b>underrepresented in decision making</b>, including funding.</p> <p><b>Nurse prescribers</b> are now working in a range of specialty teams and primary care – the PG diploma has a broad focus</p> <p><b>Nurses' access to professional development, clinical training opportunities</b> limited by funding /staffing and entrenched medical hegemony.</p>	<p>nursing team *NZNO Nursing Strategy – Increase the Visibility of Nurses</p> <p>Developing specific programmes to support nurse prescribing in community (eg contraception) as well as specialist areas. Pilot training programme for nurses in sexual health &amp; contraception to support expanded practice</p> <p>Continue to lobby HWNZ for a more equitable approach to funding for post registration nurse education/training.</p>	
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**Category:** Workforce

Current status	Work/Project in Progress	Development likely or expected - over the next 5 years
<b>New graduate unemployment</b>	Nurse entry to practice (NEtP) and nurse entry to specialist practice (NESP) programmes for 60% graduates. EN entry to practice programme under development. Data not comprehensive or clear – 97% new grad employed within first year, but hours, country, conditions	Aim for 100% graduate placement on NEtP, NESP programmes.





**Category:** Education

Current status	Work/Project in Progress	Development likely or expected - over the next 5 years
<p><b>Currently train about half of nurses registered each year</b> - neither training nor retaining enough nurses to keep pace with growing demand. EN workforce continues to decline in numbers overall, despite education programmes.</p> <p><b>Undergraduate programmes:</b> science content- preparing new grads for prescribing pathway,</p> <p><b>Recruitment to, and retention and success of nursing education</b> - varies between institutes;</p>	<p>Waiting list for Competence Assessment Programmes (CAP) for nurses returning to work and IQN. Latter often preferred because they pay more for the CAP course. Significant number of international nursing students – some institutions recruit whole cohorts from overseas.</p> <p>Audit required Research: Study of science content of undergraduate courses.</p> <p>New opportunities for entering nursing, including Māori and Pacific nurse education programmes. Online nursing education formats are increasing Direct entry two year Masters of Nursing course established. Interdisciplinary postgraduate education for PHC professionals More proportionate recruitment of Māori to nursing education programmes, but not reflected in graduation and</p>	<p>Continued high dependency on immigration, but hopefully better retention of all nurses from graduates to seniors defined career pathways, opportunities for training/leadership, flexible working conditions,</p> <p>Courses tailored to underpin needs of expanding scope of nursing eg NP. More multidisciplinary education. Inclusion of prescribing.</p>

<p><b>Access to professional development (PD) further education, training constrained by disproportionately small and inadequate funding</b></p>	<p>employment outcomes. Māori and Pacific nursing education (RN) available but career pathways not well defined.</p> <p>Nursing Advisory Group constrained by Funding for post registration clinical education for nurses (14%) remains highly disproportionate in comparison to medical workforce. This will be exacerbated by unaccountable decision to proceed with <b>vocational contestable funding</b> despite strong opposition from all practitioner groups. Other systemic barriers (eg regulation, prioritisation of medical workforce) prevent nurses' access to education/training even when there is funding and clearly identified need. PD opportunities increasingly limited by funding /staffing shortages.</p>	
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**Category:** Regulation (or Regulatory Environment)

Current status	Work/Project in Progress	Development likely or expected - over the next 5 years
<p><b>Assisted dying</b> - currently illegal</p>	<p>Legislation introduced to support assisted dying (NB NZNO draft position statement supports patient choice, and advocates protection for nurses who chose or do not choose to participate.)</p>	<p>Legalised assisted dying under a well-defined circumstances</p>

<p><b>Medicines/drug regulation – therapeutic and illegal</b>– inconsistent and outdated, inequitable outcomes, not health focused, barriers to nurse prescribing Medicinal cannabis - currently illegal Tobacco regulation – SmokefreeNZ 2025 E-cigarettes currently not regulated, marketing, sale and dispensing of nicotine liquid (which is illegal) is widespread Alcohol</p>	<p>*Research exploring nurses attitudes to AD</p> <p>Awaiting introduction of new regulatory regime for management of therapeutics products which will remove barriers to nurses. Legislation fast tracking legalisation of medicinal cannabis, currently excludes NP prescribing. Anticipated focus of new drug regulation will include support for early intervention and drug addiction services and increased opportunities for nurses, including prescribing. Regulatory control of e-cigarettes, including (legalised) sale of nicotine, advertising, use is underway; funding of smoking cessation activities, including those led by nurses reduced.</p>	<p>Medicinal cannabis legalised. Anticipate a more coherent, health-focused regulatory regime in relation to illegal drugs. Further removal of regulatory barriers to nurses working to full extent of scope. prescribing &amp; utilisation</p> <p>Unless there is return to concerted smoking cessation efforts unlikely that target of Smokefree NZ by 2025 will be reached.</p>
<p><b>Healthy food environment</b></p>	<p>Currently heavily reliant on voluntary industry agreements re sugar/fat content and marketing of foods, but indications are that these are insufficient to stem increasing incidence of obesity, NCDs etc. Advocacy for implementing INFORMAS programme to monitor, benchmark and support public and private sector actions.</p>	<p>Potential for sugar tax seems likely. Better monitoring</p>

## National Nursing Association Challenges

1. What are the issues you will be addressing over the next years?

[NZNO's Strategic Plan 2015-2020](https://www.nzno.org.nz/Portals/0/Files/Documents/About/NZNO%20Strategic%20Plan%202015-2020%20.pdf) (online link:

<https://www.nzno.org.nz/Portals/0/Files/Documents/About/NZNO%20Strategic%20Plan%202015-2020%20.pdf>) identifies:

- a. Improved health outcomes; b. Skilled nurses; c. Strong workforce; d. Effective organisation

More immediately and specifically:

- a. full employment of nursing graduates
- b. Māori nursing workforce
- c. Aging nursing workforce

2. What issues/challenges do you think should be included as an ICN priority in its revised 5-year strategic plan?

- a. Equity. Focus on nurses' role in addressing global health needs ie health needs of the many in low income countries, and how middle to high income countries can contribute.

- b. Climate change challenges (displacement/relocation; disaster/emergency; heat stress; new infectious disease vectors and waterborne disease) – and advocacy.

- c. Nursing workforce sustainability – Support for each country to work towards a workforce that is representative of its population and region, that includes indigenous voices, and that is sufficient to meet population and regional health needs. Nursing shortages due to aging and inadequate planning in middle and high income countries must *not* be addressed by nurses from low income countries, which need support to develop good health and workforce infrastructure. Ie focus must be on promoting global



health and equity, not maintaining existing power imbalances.

Views or new emerging issues not covered in any of the above

3. Please list and briefly describe any new or emerging issues which you have not detailed under any category or response above

- a. AMR & emerging diseases
- b. Violence
- c. UN Sustainable Development Goals good place to start.

Nursing (Professional) Governance, Influence and Leadership

To help inform planning for the 'Nursing Now!' campaign and also resources being prepared to support 'International Nurses Day' in 2018, please tell us about how Nurses and Nursing in your country are able to influence and/or participate in the development and implementation of government health policy and/or political decisions regarding the health system.

Please advise:

1. Whether your country has an established Chief Nurse<sup>1</sup> position (or equivalent)

Yes.

2. Whether your country has Chief Nursing Officer roles at state or provincial (regional) level

Not applicable

3. Whether your country has established Chief Nursing Officer roles in senior/executive positions in specific health

institutions/facilities?

Yes, we have the equivalent of Chief Nursing Officers (Directors of Nursing) in all our District Health Boards and larger providers e.g. Plunket (child health), some Aged Residential Care providers.

4. Whether your country has standalone legislation governing Nurses and the Nursing profession, or whether it is integrated in wider regulation/legislation that also encompasses other categories of health professionals.

Not standalone. Nurses are regulated under Health Practitioners Competence Assurance Act 2003, which established separate authorities responsible (RAs) for regulating specific health practitioner groups. The Nursing Council of New Zealand regulates nursing only, but does provide a secretariat for smaller RAs.