Employment Policy Framework, 2016

Introduction

NZNO provides professional and industrial leadership, advice and support to members in a range of areas relevant to the practice of nurses. The majority of practising registered and enrolled nurses (RNs and ENs) are members of NZNO (approximately 37,154/52,729 (Nursing Council of New Zealand [Nursing Council], 2015)), as well as a significant number of students (approximately 2505 as at January 31st 2016). NZNO is committed to the representation of all members and the promotion of nursing and midwifery, undertaking significant activity across a range of sectors to ensure the nursing perspective is heard. NZNO is also an organising union. NZNO members work together to improve the lives of workers and achieve a fair and just society.

This document focuses specifically on the regulated nursing workforce – registered and enrolled nurses (RNs and ENs), and nurse practitioners (NPs) – and should be read in conjunction with NZNO's other policy frameworks: education (2013), models of care (2014), and legislation and regulation (2015).

In 2011, NZNO developed a vision for nursing that outlined a future direction for nursing in a range of areas, including employment (Clendon, 2011). The vision stated:

> *By 2020, all health-care settings will have incorporated the principles of healthy workplaces and safe staffing and New Zealand will have the best and most equitable health outcomes for people in the world. All people will recognise the value of nursing, and the common platform of improving health outcomes and addressing health inequalities will be the basis for development of the profession, uniting the professional and industrial endeavours of nurses. While political change will continue to impact on the provision of quality health care, nursing as a profession will stay committed to its defining values. The combination of safe staffing, healthy workplaces, competitive salaries, quality practice, job satisfaction, professional career pathways, and culturally appropriate support for Māori and Pasifika nurses makes nursing one of the most attractive professions in New Zealand and nursing becomes the career of choice for young people by the end of 2020. (p.13)*

One of NZNO's goals on completion of the vision project was to develop specific policy frameworks for each section of the vision. This document outlines NZNO's policy framework on employment. The policy framework identifies key strategies to guide the organisation's direction in advancing the vision up to and beyond 2020. The policy framework will be reviewed as new information and evidence comes to light.

Purpose

The purpose of this document is to:

> articulate NZNO's commitment to ensuring employment conditions enable nurses to contribute fully to the health of individuals and communities;
> outline NZNO's vision for employment, based on the aspirations of members and international and local evidence;
> provide steps on how this vision can be achieved; and
> provide guidance to members and staff when making policy submissions.

Current context

Regulation and standards

RNs, ENs and NPs (nurses) are regulated under the Health Practitioners Competence Assurance Act (2003) and are accountable for ensuring all health services they provide are consistent with their education and assessed competence, are within their scope of practice, meet legislative requirements, and are supported by appropriate resourcing. Nurses are also responsible for ensuring professional standards of nursing practice, such as those outlined in the *Standards of Professional Nursing Practice* (NZNO, 2012) and the Nursing Council's *Code of Conduct for Nurses* (Nursing Council, 2012), are upheld.

Definition of nursing[1]

Nursing in Aotearoa New Zealand is an evidence-based practice discipline underpinned by nursing theory and research. Nursing's core focus is people (he tāngata) – with or without disease. Professional nursing practice attends to the differing ways in which people experience health, well-being, illness, disability, the environment, health-care systems, and other people, and brings coherence to all that contributes 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. Nursing assures a human face in health care. The discipline of nursing in Aotearoa New Zealand addresses the uniqueness of our cultural experience: professional nursing practice is founded on whakawhanaungatanga, manaakitanga, rangatiratanga, and wairuatanga. This definition provides the basis from which NZNO argues for effective employment policies for nurses.

Code of Health and Disability Services Consumers' Rights

The Code of Health and Disability Services Consumers' Rights (1996), or "The Code of Rights" or "the Code", as it is known, as set out in Clause 1 of the Code, states that every consumer has the rights set out in the Code and every provider is subject to the

[1] See Clendon, J. (2010). *Nursing in Aotearoa New Zealand: a definition.* Wellington: New Zealand Nurses Organisation. Available: http://www.nzno.org.nz/Portals/0/publications/Nursing%20in%20Aotearoa%20New%20Zealand%20A%20Definition.pdf

duties in the Code. Providers are required to take action to inform consumers of their rights and enable consumers to exercise their rights.[2] More information is available in the Code (available www.HDC.org.nz) and the NZNO document: *The Code of Health and Disability Services Consumers' Rights* (Weston & Clendon, 2012).

Regulated nursing workforce

The regulated nursing workforce comprises RNs, ENs and NPs. This workforce is supported in its delivery of nursing services by kaiāwhina (health care assistants (HCAs), caregivers, practice assistants, kaimahi hauora etc). The regulated nursing workforce remains predominantly female (92 per cent of the workforce), with New Zealand European ethnicity (67 per cent) being the most commonly identified group among Aotearoa New Zealand nurses (Nursing Council, 2014). This gender and ethnic mix does not reflect the composition of the general population or the population groups that most often access health care. Of particular relevance, Māori make up approximately 15 per cent of the population and have poorer health status than any other group in New Zealand (Ministry of Health, 2012), yet only seven per cent of regulated nurses identify as Māori (Nursing Council, 2014). Although this figure has increased from 2.7 percent in 2002 (Nursing Council, 2004) and numbers of Māori health professionals are also increasing, with latest census figures showing numbers of Māori working in health care and social assistance increasing from 8.5 percent to 10 per cent since 2006 (Statistics New Zealand, 2013), action is still required to improve numbers of Māori nurses in the workforce and to better reflect the communities they serve. Pasifika people are similarly under-represented in nursing, as are men (Nursing Council, 2014).

Workforce planning for nurses to date has been limited. Nursing Council (2013) has indicated a shortage of up to 15,000 nurses will occur by 2035, yet little work has yet been undertaken to consider ways in which this will be addressed. There is significant work under way to improve access to first-year-of-practice placements for new graduate nurses, with some improvements in placements since 2013 (particularly in the Nurse Entry to Practice (NEtP) or Nurse Entry to Specialist Practice (NESP) programmes). However, in March 2015, one in three new graduates was still having difficulty finding work (Kai Tiaki, 2015) and only 51 per cent of new graduates had positions in a NEtP or NESP programme as at November 2015 (Office of the Chief Nurse, 2015).

The lack of job opportunities for new graduates is compounded by the older nursing workforce remaining in, or returning to regulated nursing roles, as an outcome of the global financial crisis (North, Leung, & Lee, 2014) who must also be retained. To ensure employment conditions meet the needs of nurses, strategic planning, in terms of regulated nursing workforce development, is an obvious priority. Aotearoa New Zealand will also have obligations under the global strategy on human resources in health to be released by the World Health Organisation in early 2016, further increasing the imperative for a strategic approach to nursing workforce planning.

[2] The legislation specifically relevant to this position statement includes the Health and Disability Commissioner Act 1994, the Health and Disability Services (Safety) Act 2001, and the Health Practitioners Competence Assurance Act 2003.

Industrial context

The exploitation of nurses was common place before the establishment of a strong union for nurses. Considerable work has been done over the last 100 years to address the health and safety needs of nurses and achieve pay parity with other, equitable occupations. The achievement of a national multi employer collective agreement (MECA) with district health boards (DHBs) in 2004 went some way toward the goal of pay parity and set the benchmark for wage and salary levels for nurses working in DHBs. Since then, some sectors have struggled to attain equity with DHB-employed nurses and kaiāwhina, for example Māori and iwi health nurses and kaiāwhina, some primary health care nurses, and nurses and kaiāwhina working in the aged care sector, despite holding the same qualifications. Many nurses working for smaller health-care organisations and some private organisations continue to practise in environments where quality nursing practice is difficult to achieve, poorly recognised, and undervalued, if and when it is achieved.

The achievement of pay parity through an effective MECA with DHBs not only achieved fair pay for nurses working in that sector, it has also been a catalyst for promoting nursing as a professional practice discipline across the health-care sector and for those considering nursing as a career. Improved pay and conditions obtained through campaigns and bargaining have been a strong enabler for the nursing profession. While ensuring pay improvements keep up with inflation and other, comparable professions, the DHB MECA also provides opportunities to incorporate principles of safe staffing and healthy workplaces that contribute to improving health outcomes. In other words, the integration of industrial and professional issues within employment agreements provides a strong basis for achieving improved health outcomes for nurses and the people they care for.

The Employment Relations Act (2000) set the scene for the development of a collaborative approach to employment relations and aimed to make the employment environment less adversarial (O'Connor, M., 2010). The Act had a significant focus on collective rather than individual bargaining, as well as an emphasis on mediation rather than litigation. The Health Sector Relationship Agreement (HSRA) (2007) between the Government (Minister and Ministry of Health), DHBs and union parties (Council of Trade Unions, NZNO and other unions) developed as a result of the collaborative approach to employment relationships in the health sector. The HSRA outlines a set of common goals and interests that the signatories agree must underpin employment relations in the health sector. These include:

> A goal of improving health outcomes for the population, and in reducing health inequalities.
> A shared commitment to delivering a productive, sustainable, responsive, high-performing affordable public health and disability service, in line with the New Zealand Public Health and Disability Act 2000 and the range of health and disability strategies.
> A mutual interest in providing good jobs and working environments for all who work in the health and disability sectors.
> Respect for each other's different roles and the respective responsibilities that go with those roles.
> A mutual interest in meeting the objectives of the Employment Relations Act 2000 (ERA) through the promotion of collective bargaining and union representation.

The Joint Action Committee (JAC) Partnership Agreement (Joint Action Committee, nd) was established as an outcome of negotiations between DHBs and NZNO in the 2007 MECA and is a further example of the partnership or collaborative approach to

employment relations in nursing. The partnership agreement outlines the commitment to partnership between the NZNO and the DHB parties and recognises the value of working more cooperatively and constructively to maintain and advance the nursing and midwifery workforce who take shared responsibility for providing high quality health care on a sustainable basis (Joint Action Committee, nd). Achieving a partnership approach to create an environment in which quality nursing practice can occur requires commitment from all parties. Nurses must be appropriately qualified, skilled and experienced to meet the changing health needs of people, have the support of an effective professional body to achieve this, and continue their commitment to providing quality nursing care. Employers must acknowledge the importance of providing a healthy workplace and appropriate working conditions for nurses, along with the positive impact nurses have on health outcomes and commit to this.

The NZNO employment policy framework has strong links to the CTU's employment policy framework. It is also important to note that NZNO's membership constitutes the largest unionised female dominated workforce in Aotearoa New Zealand. This drives our role to advocate strongly on working conditions that affect women (such as equal pay, domestic violence and paid parental leave) and women's leadership in society.

Policy statements

> NZNO supports te Tiriti o Waitangi alongside promoting culturally appropriate workplaces and sufficient numbers of well supported Māori nurses.
> NZNO recommends the New Zealand Government ratifies the ILO Nursing Personnel Convention 1979 (C 149) and the Nursing Personnel Recommendation, 1977 (R 157).
> NZNO seeks to improve workplace pay and conditions for nurses and other health sector workers so they may contribute fully to the health of our communities.
> NZNO supports pay and gender parity across sectors, equal pay for equal work, and equal pay for work of equal value.
> NZNO supports creating and maintaining workplace environments conducive to providing quality care and which are supported by a robust regulatory framework for health and safety in employment.
> NZNO will develop and maintain effective relationships with iwi, government and its agencies, other political parties, unions and professional bodies, non-governmental organisations, employers and international bodies.
> NZNO supports the Health Sector Relationship Agreement
> NZNO supports the extension and consolidation of collective bargaining.

Te Tiriti o Waitangi

NZNO supports te Tiriti o Waitangi alongside promoting culturally appropriate workplaces and sufficient numbers of well supported Māori nurses.

Rationale

Nurses acknowledge the unique relationship between Māori and the Crown as part of their practice and have a proud history of being among the first to recognise the impact of culture on health. In the late 1980s, a Māori nurse of Ngai Tahupotiki and Rangitane descent, Irihapeti Ramsden, spearheaded the cultural safety movement as a means of recognising the power imbalances and inequitable social relationships between Māori and non-Māori (Eckermann et al., 2006; Anderson et al., 2003; Ramsden, 2002). Cultural safety is an integral part of all nursing education curricula in Aotearoa New Zealand, and is a competency for practice for RNs, ENS and NPs. (Wilson & Neville, 2009; Nursing Council, 2007; 2012a; 2012b; Eckermann et al., 2006).

NZNO is committed to achieving equity in the workplace for Māori and spearheaded the Te Rau Kōkiri campaign seeking a collective agreement for Māori and iwi providers. Although a collective agreement was achieved, pay parity with other health sectors has still not been achieved. Achieving pay equity and developing culturally supportive workplaces, which include sufficient numbers of Māori nurses, through effective bargaining strategies and other approaches will contribute to overall improvement in Māori health and well-being.

Action points

Members
> Develop and demonstrate cultural awareness and cultural safety in all endeavours;
> Support the inclusion of culturally appropriate provisions in employment agreements.

NZNO
> Continue to advocate cultural awareness and culturally appropriate provisions within workplaces;
> Demonstrate own organisational cultural awareness, cultural safety and ongoing commitment to biculturalism.

DHBs and other employers
> Recognise the importance of ensuring culturally appropriate workplaces and include provisions to achieve same within bargaining;
> Undertake effective workforce planning and ensure the employment of sufficient Māori nurses to match population health needs;
> Ensure pay equity across employment settings

Ministry of Health
> Provide funding to enable culturally appropriate workplaces.
> Undertake effective workforce planning and ensure the employment of sufficient Māori nurses to match population health needs;

International Labour Organization (ILO) Nursing Personnel Convention 1979 (C149) and the Nursing Personnel Recommendation, 1977 (R 157)

NZNO recommends the New Zealand government ratifies the ILO Nursing Personnel Convention 1979 (C 149) and the Nursing Personnel Recommendation, 1977 (R 157).

Rationale

The ILO Nursing Personnel Convention 1979 (C 149) and the Nursing Personnel Recommendation, 1977 (R 157) provide an overarching framework for t setting pay, conditions, education, career development, and occupational health and safety guidelines for nurses. The intention of the convention is to improve working conditions for nurses, attract new people to nursing and retain those who are already nurses. Further important points include a call to ensure the participation of nurses in the planning of nursing services and to encourage nurses to make the greatest possible use of their knowledge and qualifications in their work. Conventions are legally binding in ratifying nations. Recommendations are non-binding instruments that provide additional guidance on a convention. Aotearoa New Zealand has never ratified the convention or the recommendation.

Action Points

Members

> Support NZNO to lobby for ratification of the convention and recommendation.

NZNO

> Lobbies government to ratify the convention and recommendation

DHBs and other employers

> Lobby government to ratify the convention and recommendation

Ministry of Health

> Promotes ratification of the convention and recommendation with the Minister of Health.

Improved pay and working conditions

NZNO seeks to improve workplace pay and conditions for nurses and other health sector workers so they may contribute fully to the health of our communities.

Rationale

Having a highly skilled, qualified nurse who enjoys their job at the bedside can mean the difference between the life and death of a patient (Aiken et al., 2014). Improved pay and conditions obtained through campaigns and bargaining have been, and will

continue to be, a strong enabler for the nursing profession. While ensuring pay improvements meet member aspirations, set the standard for quality working conditions and, at the minimum, keep up with inflation and other, comparable professions, collective agreements also provide opportunities to incorporate principles of safe staffing and healthy workplaces that contribute to improving health outcomes. In other words, the integration of industrial and professional issues within employment agreements provides a strong basis for achieving improved health outcomes for people.

Action points

Members

> Develop and participate in workplace activities advocating for improved pay and conditions;
> Develop and participate in NZNO campaigns.

NZNO

> Continue to advocate for:
  - Pay increases in line with inflation and other, comparable professions;
  - Access to adequate professional support and continuing education to sustain quality clinical practice;
  - Other workplace supports that enable nurses to enjoy healthy working lives

DHBs and other employers

> Budget for ongoing pay increases for nurses in line with member aspirations for quality workplaces;
> Recognise the value, rather than the cost of nursing and ensure the ongoing inclusion of improved pay and conditions in workplace agreements. This includes;
  - Equitable access to professional development opportunities;
  - An approved professional development programme in place;
  - Safe rostering practices;
  - Flexible and secure working hours;
  - Improved paid parental leave;
  - Implementation of Care Point;
  - Implementation of nurse-led models of care.

Ministry of Health

> Ensures adequate funding is made available for required pay increases and other necessary provisions in employment agreements;
> Ensures service contracts and specifications include provision for improved pay and working conditions;
> Ratifies the ILO convention and recommendation.

Pay and gender parity, equal pay for equal work and equal pay for work of equal value

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

Rationale

Achieving a national MECA with DHBs in 2004 set the benchmark for wage and salary levels for nurses working for these organisations. Since then, the remaining sectors have struggled to attain equity with DHB-employed nurses. Māori and iwi health nurses, some primary health care nurses, nurses and kaiāwhina working in the aged care sector and non-governmental organisations, and others are still seeking to achieve an equivalent agreement. Regardless of the setting, nurses, drawing on their high levels of education and knowledge, provide highly skilled, effective health care to people. Different rates of pay are unfair, create disparities for nurses, and contribute to poor retention in some sectors. Equal pay for equal work, and equal pay for work of equal value should exist across all sectors regardless of gender, work setting or geographical location.

Action points

Members

> Support calls for improved pay parity across all health sectors through active participation in bargaining;
> Support campaigns calling for equal pay for equal work and equal pay for work of equal value;
> Lobby decision-makers.

NZNO

> Advocates for pay parity across all sectors;
> Advocates for equal pay for equal work across all sectors;
> Advocates for equal pay for work of equal value.

DHBs and other employers

> Recognise the importance of pay parity and the subsequent need for pay equity and prioritise this in bargaining;
> Lobby for appropriate funding to address pay inequities.

Ministry of Health

> Ensures adequate funding for pay increases and other necessary provisions in employment agreements.

Healthy workplaces

NZNO supports creating and maintaining workplace environments conducive to providing quality care and which are supported by a robust regulatory framework for health and safety in employment.

Rationale

The creation of workplace environments conducive to providing quality care is fundamental to improving health outcomes for New Zealanders. The Safe Staffing Healthy Workplaces (SSHW) Unit was established as an outcome of the bipartite relationship that exists between NZNO and DHBs to research and develop a set of tools to address safe staffing and healthy workplace issues, along with how a culture conducive to achieving these could be realised. Seven core elements were identified as essential to achieving safe staffing and a healthy workplace. These include (SSHW Committee of Inquiry, 2006):

> The requirement for nursing and midwifery care – including appropriate staffing levels.
> The cultural environment.
> Creating and sustaining quality and safety.
> Authority and leadership in nursing and midwifery.
> Acquiring and using knowledge and skills.
> The wider team.
> The physical environment, technology, equipment and work design.

An outcome of SSHW Unit work has been the development of care capacity demand management (CCDM). CCDM, while still in the formative stages in some DHBs, has: increased staffing flexibility and mobility; made sharing of resources open and transparent; created an environment of trust between workforce and management; and smoothed variance in patient demand (Hendry, Aileone & Kyle, 2015). The intention of CCDM is to provide the infrastructure for a whole-of-hospital approach to managing the nursing and midwifery workforce to better meet the needs of patients, staff and the organisation (Hendry et al., 2015). The Care Point campaign is designed to lobby DHBs to implement CCDM throughout the country.

In aged and residential care settings one of the goals is to introduce mandatory safe staffing levels based on a review of the Standards New Zealand document *Indicators for safe aged-care and dementia-care for consumers.*

In primary health care, private hospitals and hospices the goal is to educate members on the seven elements of a healthy workplace and to set up joint NZNO/employer committees.

Improving workplaces to ensure safe staffing and a healthy working environment is advocated by organisations across the world including the International Council of Nurses (ICN), the Magnet Recognition Program, and the World Health Organisation (WHO) as improving staff and patient outcomes (ICN, 2010; Armstrong, Laschinger, & Wong, 2009; WHO, 2010).

Action points

Members

> Increase their knowledge and understanding of Care Point and CCDM and advocate it in environments yet to implement;
> Support implementation of Care Point and CCDM in their workplaces;
> Report instances of unsafe working environments immediately;
> Support the review of the Standards New Zealand document 'Indicators for safe aged-care and dementia-care for consumers'.

NZNO

> Promotes safe staffing, healthy workplaces and joint forums in collective agreements;
> Continues supporting Care Point and the Safe Staffing Healthy Workplaces Unit;
> Provides members with the tools to disseminate the seven elements of a healthy workplace within their workplace;
> Promotes effective and supported nursing leadership roles in all workplaces to progress the seven elements;
> Supports establishment of a national surveillance system for monitoring occupational health.

DHBs and other employers

> Make the implementation of Care Point/CCDM a priority;
> Ensure the seven elements of safe staffing and healthy workplaces are present in all work settings;
> Promote effective and supported nursing leadership roles in all workplaces to progress the seven elements.

Ministry of Health

> Ensures adequate funding is made available for implementation of Care Point/CCDM;
> Requires DHBs and other funded providers to report against the seven elements of safe staffing and healthy workplaces as part of their contracts;
> Requires providers of residential aged care to achieve minimum staffing levels to ensure quality care.

Relationships

NZNO will develop and maintain effective relationships with iwi, government and its agencies, unions and professional bodies, employers, non-governmental organisations (NGOs), and international bodies.

NZNO supports the Health Sector Relationship Agreement (HSRA).

Rationale

Nurses understand population health needs and effective models of care to meet these needs. It is essential nursing's voice is heard, if population health outcomes are to be improved. Pursuing and maintaining constructive relationships with iwi, government agencies, other unions (particularly the Council of Trade Unions (CTU) and the National Council of Women) and professional bodies, employers, NGOs and international nursing organisations will ensure nursing's voice is heard in all forums and at all levels.

Effective communication between employers and employees, and between unions and employers, contributes to: improved decision-making; greater cooperation in the workplace; and a more harmonious, effective, efficient, safe and productive workplace (Waters, Sevick Bortree & Tindall, 2013). These benefits underpin the need for NZNO to maintain effective relationships – particularly with employers. The bipartite relationship NZNO maintains with DHBs recognises the value of working more cooperatively and constructively to maintain and advance the nursing and midwifery workforce.

NZNO sees the development and maintenance of relationships with iwi as part of itscommitment to the principles of Te Tiriti o Waitangi and a step toward achieving health and social equity for Māori.

Action points

Members

> Speak up about issues that concern them and use appropriate channels of communication within the workplace to articulate these concerns;

NZNO

> Develops and maintains constructive relationships throughout the sector and at all levels;
> Assists in the identification, implementation and maintenance of effective communication channels for members and organisations wishing to maintain links with NZNO;
> Maintains commitment to good faith employment relations as per the Employment Relations Act 2000;
> Maintains commitment to the HSRA;
> Develops and maintains relationships with international nursing organisations, including the International Council of Nurses, the South Pacific Nurses Forum, the

Royal College of Nurses, the Australian Nursing Federation, the Canadian Nurses Association and other relevant nursing groups, through regular contact, membership, conference attendance, and staff and member exchanges and secondments;

> Maintains relationships with the CTU and other relevant trade unions through regular contact, discussion, consultation and secondments;

> Actively consult with relevant iwi on issues of importance.

DHBs and other employers

> Develop, implement and maintain effective channels of communication between employees and management and between the organisation and NZNO;

> Maintain commitment to good faith employment relations as per the Employment Relations Act 2000;

> Maintain commitment to the HSRA;

> Implement and support any agreed consultative processes.

Collective bargaining

NZNO supports the extension and consolidation of collective bargaining.

Rationale

Collective bargaining is the primary means of setting pay and conditions in DHBs. The MECA has also been a catalyst for promoting nursing as a professional practice discipline within the health care sector and for those considering nursing as a career (Buchan & North, 2008). It has resulted in improved pay and conditions and, as noted earlier, provided opportunities to incorporate principles of safe staffing and healthy workplaces that contribute to improving health outcomes.

While union density in DHBs is very high, it is lower among non-DHB workforces, making collective bargaining more difficult. As shown through the DHB MECA, the benefits of collective bargaining to nurses and the public are high and underline the importance of continuing to increase union membership density and collective bargaining.

Collective bargaining evens up the power imbalance between employers and individual workers. Joining together to bargain as a group (collective bargaining) gives working people more influence and more power when negotiating with employers to determine their terms of employment, including pay, benefits, hours, leave, health and safety, redundancy entitlements, ways to balance work and family and more. Bargaining as a group helps to offset the power imbalance inherent when an individual negotiates an employment agreement with their employer. There are many situations where workers benefit from their collective power outside bargaining for their employment agreements. Workers come together to improve health and safety, stop employers making unreasonable demands, prevent discrimination, respond to workplace restructuring and much more.

Aotearoa New Zealand ratified ILO Convention CO98 – the Right to Organise and Collective Bargaining Convention, 1949 – in 2003. This convention encourages and promotes the full development of voluntary negotiation between employers and employers' organisations and workers' organisations with a view to the regulation of terms and conditions of employment by means of collective agreements. However, Aotearoa New Zealand has never ratified the two accompanying Conventions on Labour Relations 1949 (CO151) and Collective Bargaining 1981 (CO154). Ratification of these would demonstrate Aotearoa New Zealand's commitment to the principles of collective bargaining as a nation.

Actions

Members

> Encourage colleagues to join NZNO;
> Promote NZNO membership at all levels and in all settings;
> Engage in NZNO as workplace delegates;
> Support colleagues who are workplace delegates;
> Promote collective bargaining and the benefits of this among colleagues.

NZNO

> Develops robust recruitment strategies;
> Lobbies for the retention and expansion of collective bargaining (including MECAs), in law;
> Provides training and support of delegates;
> Develops strategies for identifying opportunities to extend collective bargaining.

DHBs and other employers

> Support collective bargaining within the workplace;
> Promote good faith bargaining.

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

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