Nursing in Aotearoa New Zealand: A Definition

BACKGROUND DOCUMENT
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Acknowledgements

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Purpose

The New Zealand Nurses Organisation (NZNO) recognises the significant changes in nursing roles, nursing and the changing health environment in Aotearoa New Zealand since the last nursing definition in 1984 and believes it is appropriate to develop a nursing definition relevant to nursing in the 21st century. This background document supports the NZNO Nursing in Aotearoa New Zealand: A definition document.

Introduction

The profession of nursing has a commitment to society to develop and uphold standards of excellence and quality in nursing practice and to act in the interests of the people of Aotearoa New Zealand. As a professional body, NZNO advocates for and supports this commitment to society, and is the central point of representation, support and advocacy for nurses. As part of developing and upholding standards of excellence and quality in nursing practice, NZNO has a professional responsibility to ensure there is a fit between nursing and society and that nurses remain committed to the health of New Zealand and its people. By undertaking to define nursing, NZNO is enacting its professional responsibility to nurses and the people of New Zealand and demonstrating nursing’s contribution to community and society.

Background and history

Aotearoa New Zealand is an island country located in the south-western Pacific with a population of 4.37 million people comprising Māori (the indigenous people of Aotearoa), and people of European, Asian, Pacific, African and other descent (Statistics NZ, 2011). Te Tiriti o Waitangi is the foundation document between Māori and the Crown and its principles of partnership, protection and participation underpin Aotearoa New Zealand society. There are three official languages; English, Māori and New Zealand sign language.

While many New Zealanders experience good health, significant inequalities remain between population groups in Aotearoa New Zealand, with Māori, Pacific peoples and people from lower socio-economic groups experiencing worse health and dying younger than other New Zealanders (Blakely et al., 2007). The reasons for health inequalities are complex and generally beyond the control of the groups most affected.

There has been a long history of attempts to define nursing in Aotearoa New Zealand. Beatrice Salmon, for example, was one of the first New Zealand nurses to articulate the nature of nursing in New Zealand (Litchfield, 2010). Salmon (1969) described nursing as an art and an educative process and emphasised nurses’ capability to create and utilise a unique relationship between nurse and patient. Later, in 1970, she described nursing as dealing ‘...with the prevention as well as healing, with the living experiences of men and women, responding to the stimuli and challenges of the total environment in their unique ways, with all their complex needs and desires and aspirations’ (Salmon as cited in Litchfield, 2010, p. 4).
In 1984, the New Zealand Nurses Association (NZNA) published a paper which contained the first New Zealand definition of nursing: ‘...nursing is a specialised expression of caring concerned primarily with enhancing the abilities of individuals and groups to achieve their health potential within the realities of their life situations’. It followed this in 1985, with its first social policy statement which explained the purpose and mandate of nursing in NZ society as a contract between nursing and society. Although nurses at the time were beginning to recognise the importance of the bicultural nature of nursing practice in New Zealand, neither the 1984 definition of nursing nor the 1985 social policy statement made reference to this. A 1994 update of the social policy included reference to biculturalism but integration of nursing’s commitment to biculturalism has never been fully articulated in a definition of nursing in Aotearoa New Zealand.

The International Context

The history and nature of nursing beyond the Aotearoa New Zealand context is also important in the development of a definition of nursing. Nursing is a profession and a practice discipline with an identifiable body of knowledge that is developed, studied and advanced by students and members of the profession (Smith & McCarthy, 2010). The knowledge derived from the practice of nursing is articulated through the development of philosophies, models and a range of theories that articulate the unique perspectives of the discipline. These philosophies, models and theories of nursing convey the contribution nurses and nursing can, do and will make to improving health outcomes and addressing issues of health and social equity.

“Nursing is a profession and a practice discipline with an identifiable body of knowledge that is developed, studied and advanced by students and members of the profession”

(Smith & McCarthy, 2010).

There are a number of over-arching themes that characterise the discipline of nursing and are common to much of the theoretical and research work of nursing both in Aotearoa New Zealand and internationally. These include:

> coming to know a person/people as whole;
> self-care and health promotion;
> health-related stress and adaptation;
> symptom management;
> healing environments;
> health-related transitions;
> processes, systems and practices that humanise health care;
> the relationship with person/people as the foundation of nursing interaction and intervention; and
> health-related lived experiences.

(Smith & McCarthy, 2010).

There is an increasing awareness by nurses that no one approach will fit all situations and a philosophy on which they base their nursing practice may be helpful. We know that ‘...the public looks to nurses for a human face in the technically and fiscally oriented world...' and that nurses ‘...understanding of health circumstance is what
A definition of nursing is a statement about the focus of the discipline.

Nursing’s particular perspective on health – the humanist¹, relational focus on the experiences that people and families whānau have with their environment, their health, health care systems, illness, disability, and the people around them – is now appreciably influencing other disciplines’ approaches to the provision of health care (Newman, Smith, Pharris & Jones, 2008). Nurses are among the leaders in the scholarship of humanistic approaches to health care. Nursing and nurses have a long history of demonstrating that this focus on the human response to health experiences and the importance of the relationship between nurse and person/people is paramount to improving health outcomes. A range of qualitative, quantitative and mixed method research studies consistently identify that the humanistic and relational nursing approach to improving health outcomes is cost-effective, appropriate, effective and acceptable (Examples include White & Vinet, 2010; Sadala et al., 2010; Clendon & Dignam, 2010; Caruccan-Wood, 2009; Yarwood, 2008; Krothe & Clendon, 2006). Others involved in the provision of health care are seeking nursing’s input into designing health services, designing and undertaking effective research, and developing policy that utilises humanistic approaches to addressing health need.

A definition of nursing is a statement about the focus of the discipline. It is not a list of the things that nurses do (these must be defined by nurses themselves practising in their particular time/place/context), but it defines what nursing is. It offers us an opportunity to develop a reference point – something that we can refer to when we talk in interdisciplinary forums about the particular contribution nurses make to health, something that we can discuss ‘in house’ about nursing practice, nursing research and nursing policy, something that we can refer to when we talk to the Ministry of Health, funding bodies and service providers about the most appropriate models of service delivery for improving health outcomes (Litchfield, 2010). The particular context of nursing in New Zealand opens up opportunities for us to identify and include those

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¹ Humanism in the context it is used here is a broadly encompassing approach to health care that emphasizes human welfare and dignity (Lipscomb & Ishmael, 2009). While some argue that the aspects of humanism that emphasise an individual’s ability to determine their own destiny are untenable in the light of the influence of structural and cultural factors such as the determinants of health (Traynor, 2009), the definition of humanism used here is focused on the central feature of humanistic nursing practice in which the nurse consciously enters into an empathetic and therapeutic relationship with a recipient of care (Traynor, 2009). The realities of holism, intuition, compassion and caring in nursing are acknowledged in this definition but not to the exclusion of evidenced-based practice and the importance of objective knowledge that are also present in every day nursing practice.
things unique to nursing in the New Zealand context. While Te Tiriti o Waitangi provides a basis for understanding the partnership, participation and protection principles of nursing with and alongside Māori, Irihapeti Ramsden’s cultural safety has reshaped the way nurses approach culture in New Zealand (Richardson, 2004). Concepts such as whakawhanaungatanga, manaakitanga, rangatiratanga, and aroha also help to define what nursing is in the Aotearoa New Zealand context.

The Aotearoa New Zealand Context

Aotearoa New Zealand has a number of distinct characteristics that make us different from any other country in the world. These characteristics help to define the nature of nursing practice in Aotearoa New Zealand and it is important these are included as background to the NZNO definition of nursing.

The following bullet points list some of the characteristics of nursing in Aotearoa New Zealand.

> Nurses in Aotearoa New Zealand are a culturally diverse group and are regulated by the Nursing Council of New Zealand under the Health Practitioners Competency Assurance (HPCA) Act 2003. Nurses regulated under the Act are registered and enrolled nurses and nurse practitioners.
> Nurses are individually accountable for their decisions, actions and standards of practice within the statutory framework of the HPCA Act and the Nursing Council of New Zealand’s Code of Conduct for Nurses (2009).
> Nurses in Aotearoa New Zealand adhere to standards of practice set by professional bodies to guide their nursing practice.
> Nurses in Aotearoa New Zealand apply knowledge and skills gained through education, practice and research.
> Nurses in Aotearoa New Zealand have an obligation to mentor nursing colleagues (including students) and have a commitment to life-long learning.
> Nurses in Aotearoa New Zealand have a growing understanding of and incorporation into practice of the Māori perspectives of whakawhanaungatanga, manaakitanga, rangatiratanga, and wairuatanga.
> Nurses reflect on their professional practice and the implications of this for self, person, community and society.
> The profession of nursing utilises a code of ethics (NZNO, 2010) to guide professional practice.
> The profession of nursing implements the principles of Te Tiriti o Waitangi – partnership, participation and protection – in the delivery of professional nursing care. These principles are embedded in the four articles of Te Tiriti o Waitangi:
  • Article One – Kawanatanga (Governance)
  • Article Two – Rangatiratanga (Self determination)
  • Article Three – Oritetanga (Equity)
  • Article Four – Wairuatanga (Spiritual Freedom)
> Nursing in Aotearoa New Zealand is part of an international force for social change (NZNO, 2009).
> Nursing in Aotearoa New Zealand’s core values include collectivism, partnership, sharing, diversity, effective communication, accountability, justice, leadership, freedom, and respect for the social contract that exists between the profession of nursing and Aotearoa New Zealand society.
The following areas differentiate nursing from any other profession:

> Registered and enrolled nurses and nurse practitioners in Aotearoa New Zealand have undertaken a defined course of study specific to nursing practice (diploma, undergraduate degree, postgraduate degree)

> The nursing approach is person and people-centred, focusing on the whole person and the human response to health experiences, rather than a particular part of a person or a particular pathological condition.

> Nursing practice recognises that people’s response to health experiences will include physical, psychological, spiritual, cultural, social and educational needs and will be influenced by the person’s physical, social and cultural environment.

> Nursing is relational – the relationships that nurses form with people, family whānau, and communities are the foundation of nursing practice and the foundation from which nursing care improves health outcomes.

> Nursing is specifically concerned with:

  - the interrelationship between clinical practice, nursing education, nursing research, nursing policy and nursing management;
  - the health status of the nation and the impact of government and local policies on the health of people;
  - the impact of limited resourcing for nursing workforce development on health services;
  - the global aspects of health, environment, and ecology and their impact on the health of people;
  - the impact of the social, cultural and economic determinants of health on people.
Nurses and other health care workers

The work of health care professionals often overlaps and the health care team is interdependent – interdisciplinary practice in collaborative teams provides the greatest opportunity to achieve improved health outcomes for people. This is particularly the case where the division of work is based on mutual recognition and respect for each profession's expertise. The shared approach does not put at risk the care that only the nurse can provide. Nor does it limit the nurse's responsibility for deciding what nursing care is needed and when other health professionals may be required. It is an important part of nursing practice to refer a person or family whānau, when necessary, to other health or social care professionals, and to carry out treatment that may be initiated by others.

“Registered nurses and nurse practitioners are responsible for the decision to direct and delegate care to enrolled nurses and unregulated health care assistants”.

Professional nursing practice takes place within multiple settings including hospitals, hospices, residential care settings, health centres, marae, schools, clinics, offices, in transit, and in people's homes. Registered nurses and nurse practitioners may employ other health professionals including doctors, social workers, allied health professionals and unregulated health care workers to provide health care. Nurses may also delegate work to other people, in particular to assistive personnel, eg unregulated health care assistants. Registered nurses and nurse practitioners are responsible for the decision to direct and delegate care to enrolled nurses and unregulated health care assistants. In some settings, enrolled nurses may coordinate a team of health care assistants under the direction and delegation of a registered nurse.

A number of the concepts outlined in this document are also present in other health professions and some areas of nursing overlap with areas that other health professionals also see as part of their scope of practice. The relationship that nursing has with medicine and other health disciplines and the differences that exist between them are occasionally misunderstood. Although medicine and other health disciplines may have similar goals to nursing in terms of improving health outcomes for people, Litchfield's complementarity diagram, as found in the definition, demonstrates the differences and the complementarity that exist between the two. While there is crossover in some of the technical skills and activities undertaken by the varying disciplines, the theoretical underpinnings of each discipline are distinctly different.
Summary of key tenets of nursing in Aotearoa New Zealand

The following points describe and summarise some of the key tenets of nursing in Aotearoa New Zealand:

> Nursing is a practice discipline with a diverse body of knowledge and skills that draws on, and blends, the medical, physical and social sciences in order to improve the health outcomes of individuals, families, whānau, groups and communities in Aotearoa New Zealand.

> The distinct purpose of nursing is to promote health, healing, recovery, growth and development, to prevent disease, illness, injury and disability, and to provide palliative care when promotion and prevention are no longer appropriate.

> Nurses identify health needs in the people, family whānau and populations they work with and lead change in health service delivery in order to meet these needs.

> Nursing helps assure the human face in health care.

> Nursing interventions are intended to facilitate people’s ability to manage their own health needs by working alongside them to achieve, maintain or recover independence, or an appropriate quality of life, or to die with dignity. Nursing interventions are cognisant of the impact of the social, economic, cultural and other determinants of health on people’s ability to manage their own health, and nurses work to address these determinants through their work with groups and communities and through collaborative work with other health professionals and across the social, health and economic sectors. The relationships nurses form with the people they work with are the basis from which successful nursing interventions occur.

> Nursing is concerned with how people are able to live with disease, diagnosis, treatments, disability, and any risk of disease/disability, and how they can get greatest benefit from available treatments and services.

> Nurses work in partnership with individuals, family whānau, communities and other health and social care providers in order to achieve optimal health outcomes for the people of Aotearoa New Zealand. Te Tiriti o Waitangi provides the basis for nursing care with all people and in particular Māori, whānau, hapū and iwi.

> Nurses may work in multidisciplinary or interdisciplinary teams, they may work independently and they may run their own businesses. Nurses also undertake research, provide policy advice, hold leadership roles and manage teams.

> Accountability, transparency, mutual trust, self responsibility, ethical behaviour and meeting legislative requirements provide the foundation for safe and effective nursing practice in Aotearoa New Zealand.

Nursing, along with the wider health care environment, is dynamic and therefore constantly changing, developing and adapting. This ensures that people continually receive the best possible professional nursing care within the resources available.
Conclusion

NZ Nursing is a unique profession with its own distinct body of knowledge. Due to the wide-ranging and frequently changing practice of nurses in many different settings, finding an all-encompassing definition of nursing will always be a challenge. The NZNO definition of nursing provides a starting point from which nurses can look to the future, as they develop their own practice to meet the health needs of the people they work with, and provide funders, planners and health service providers with an understanding of the practice of nursing.
References


Other Reading


