

## Kai Tiaki Nursing New Zealand Summary April 2020 issue

*Please note: I've prepared this bullet-pointed summary for you knowing how busy nurses are, and now having to face additional stressors within the current Covid-19 (C-19) pandemic environment.*


*This summary is designed to give you an overview of the full news reported in this month's Kai Tiaki, with the reference page numbers, so you can readily access more details that are of interest to you and your nursing work.*

*We wish you well in keeping yourself and others safe.*

Anne Brinkman,  
Professional Nurse Advisor (PNA), NZNO


### Thursday, April 16<sup>th</sup> 2020


- **P2** – Editorial by **Margreeth Broodkorn**, Chief Nursing Officer, Ministry of Health (MOH). She writes, “My hope this year, as we deal with the fear and uncertainty of C-19, is that our professional, compassionate and informed care provides an opportunity to raise the profile of nursing, and that this continues long in the future, as we work to grow a strong and resilient workforce.” The International Council of Nurses president, Annette Kennedy has said the eyes of the world are on our profession in a way we could not have anticipated [in the International Year of the Nurse and Midwife]: “Nurses are in the spotlight, and all around the planet this tragic pandemic is revealing the irreplaceable work of nursing for all to see.”
- **P3** – Letters to the Editors
  - **The Minister of Health, David Clark** praises nurses’ ‘vital contribution’ to the C-19 response
  - **NZNO CE, Memo Musa**, takes pride in nurses’ work in our country’s ‘hour of need’
- **P4** – President Grant Brookes writes, “Health Minister, David Clark said he’s been given a blank cheque to maintain NZers’ wellbeing. For as long as any of us can remember, NZNO has been fighting for a fully funded health system. Now, at last, the focus is on the value of our work, not the cost. We are being recognised for what we are – “essential.” These first believe Prime Minister, Jacinda Ardern when she says, “we will get through this.” And when we do, today’s frontline will be insisting on a better future.”
- **P5** – Frontline staff to get Personal Protection Equipment (PPE), **Acting Associate Professional Services Manager, Kate Weston** said freeing up access to PPE for nurses and staff working with patients of unknown C-19 status was “hugely important”. Health unions have been meeting daily with DHB and the MOH. A subgroup with Weston, Deborah Powell of APEX Medical Lab Workers’ Union, and Caroline Conroy of Midwives’ Union MERAS have been working with Chief Nursing Officer, Margareeth Broodkorn on PPE guidelines. The guidelines would be updated as the situation evolves.
- **P5** – NZNO has been working with the DHBs to find urgent accommodation for nurses and health workers shunned by housemates over C-19 fears. **David Wait, NZNO Industrial Advisor**, said the DHBs were also working to find accommodation in apartments or hotels



for nurses and health staff who had to isolate themselves after travelling, or could not stay home, because of vulnerable family members or elderly parents.

- **P5 – Daily virtual meetings** are being held between NZNO, its sister unions, the DHBs and the MOH. Access to protective gear, childcare, accommodation, scrubs or laundry services and extra pay were all in the table.
- **P6 – The Nursing Council** has issued more than 400 interim Practising Certificates to nurses returning to practice to help in the C-19 pandemic. The Practising Certificates were interim ones for the duration of the pandemic and were being issued in response to a pandemic workforce request from the MOH. Nurses over the age of 70, and those who's Practising Certificates had lapsed for more than 10 years, were not eligible for the interim certificates.
- **P6 of the International Nurses Day messages** – Please note the **NZNO Young Nurse of the Year 2020 award** is open for nominations and closes June 30<sup>th</sup>, 2020.
- **P6 – DHB MECA preparations** to continue “in the background” during the C-19 lockdown. Members will need to participate in an online survey for claims collection, and claims endorsement will be by online ballot. It seems that the two most “widely and deeply felt” claims were pay and leave, notably sick leave. Nominations for the negotiating team have been extended until the middle of April. The dates for online voting for the 12-strong team have not yet been finalised.
- **P7 – Southern DHB** are hopeful its hospital not C-19 source – an absence of further C-19 infections among Queenstown's Lakes District Hospital staff “builds confidence.” There has not been community transmission in the hospital workforce, according to the local Medical Officer of Health, Susan Jack. Two of the hospital's nurses have C-19 and are in isolation. The second nurse was one of 15 close contacts of the first nurse. The hospital re-opened on April 2<sup>nd</sup>, after being extensively cleaned.
- **P7 – Nursing students** around the country have been pulled out of clinical placements, as they are considered non-essential workers. NZNO student leaders, Mikaela Hellier and RitaPearl Alexander said it was a very uncertain time around clinical requirements. They would work with the Advanced Choice of Employment (ACE) Committee, Nursing Council and nursing schools to help students navigate their next steps. MOH agreed students could still be employed on “essential work” such as Healthline or as Health Care Assistants (HCA).
- **P7 – Concerned members swamp NZNO's Member Support Centre (MSC)** – with an average of 200 calls and 90 emails daily from worried members, Lead Advisor, Jo Stokker says. The main concerns are over the availability of PPE for staff, childcare, casual staff and members who are pregnant. Member Advisor, Georgina Araboglos said members were fearful, but thankful for the advice, and a sympathetic ear saying, “There is a lot of fear, people are really scared. We just work through their feelings with them and break everything down, so we can give them guidance.”
- **P8 – The Abortion Law** has now changed making abortion a health service, rather than a crime. NZNO was disappointed “safe zones,” where women seeking abortions could avoid protestors were removed from the Abortion Legislation Bill.
- **P8 – Former nurse Janice Wenn, Kahungungu ki Wairarapa**, now 81 years old, last month received the Universal College of Learning's (UCOL) highest award – an honorary fellow for her services to Maori health.
- **P8 – NZNO Board and staff changes.**
  - NZNO Board Vice President, Cheryl Hanham has resigned, creating a vacancy on the Board. An election will be held in due course.
  - Hilary Graham-Smith has retired after eight years, as the Associate Professional Services Manager (APSM), and
  - Kate Weston has accepted the Acting APSM role for the next six months.

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- **P9** – New student leaders for **Te Rūnanga Tauira (TRT)** have been seconded to lead TRT until the 2020/21 election in June. “Unprecedented” pressure has led to a shortage of candidates for the 2019/2020 elections, according to Kaiwhakahaere, Kerri Nuku. Second-year nursing students at EIT, Rita Pearl Alexander, Ngāti Porou, Tainui and Te Arawa, was appointed chair, and second-year Southland Institute of Technology (SIT) student Kimmel Manning, Ngāi Tahu, Vice-Chair.
  - **Pp 9-11** – Stories are told about **nurses at the frontline**: Auckland Public health nurse, Justine Paterson, says the C-19 pandemic is nurses’ chance to ‘shine’; Auckland critical care nurse, Steve Kirby says the intensive care workforce is ‘resilient’ from recent disasters; Northland Nurse Practitioner, Margaret Hand says nurses are ‘in it together’.
  - **P12 – Infection Prevention & Control Chair, Carolyn Clissold** says other staff are turning to Infection Prevention Control nurses for their expertise. Clissold, said that infection control is very much a team approach – limiting visitors, use PPE when necessary, and running education sessions. The College had set up a forum online for members to ask questions, as well as a twitter account linking to best international practice articles, at [www.infection-control.co.nz](http://www.infection-control.co.nz)
  - **Pp12-13 – Associate Emergency CNM, Tanya Meldrum from Dunedin** says it feels like the “calm before the storm, its unknown territory.” She said staff were busy trying to prepare for C-19, but nobody knew exactly what it would look like. Nursing staff were enjoying plenty of support and messages from friends, acquaintances and each other. “We are listening, talking, sharing, supporting each other – it’s really important to feel listened to right now.”
  - **P13 – Christchurch’s residential aged care nurse manager, Natalie Seymour**, has her overnight bag packed, ready to stay should C-19 hit her care home, run by Nurse Maude. Seymour has been working up to 16 hours a day since early March in her 75-bed rest home and hospital facility. Staff wellbeing was a huge priority for her, as she tried to maintain a sustainable workforce in the face of a potentially overwhelming pandemic situation. Seymour’s biggest challenge if C-19 did get into the facility would be finding enough staff to take care of residents. Already several staff did not want to work or were in self-isolation. If C-19 did infect residents, they would be isolated. The facility also had the ability to split into infected and non-infected areas. Ministry information had been “overwhelming,” and not clear or concise enough, making it difficult to plan and communicate with families. Seymour said the home had “totally” changed all its processes for cleaning, laundry and meals, to minimise outside providers coming in. “Staff are now taking full responsibility for these.” For most residents it was “business as usual,” except without visitors. She predicted the level four restrictions would be “the new norm” for some time. Residents’ families had been very considerate, and concerned about staff wellbeing, and staff were doing their best to reassure residents. “There is a true element of professionalism and responsibility in our work – it’s humbling to see.”
  - **P14 – Nelson Marlborough DHB Associate Director of Nursing and Operations Manager of Ambulatory Services, Jill Clendon** says nurses’ skills and knowledge are ‘utterly vital’ in this pandemic. She said, “Public health nurses are case managing the C-19 cases. Every patient gets a phone call every day, and the Public Health Nurse (PHN) does a clinical assessment.” Contact tracing, which is being managed nationally, is being carried out by health protection managers, assisted by health promoters and PHNs, if needed. Clendon said that District Nurses (DN), after ED and ICU nurses, were among those most at risk. Clendon has developed a flow chart for DNs, and other health-care workers who go into people’s homes, drawing on the MoH’s latest guidelines. She believes the education provided to the nurses, and the screening tool developed has mostly allayed nurses’ anxiety. Looking ahead, Clendon is developing a model for “swoop teams” to provide care in people’s homes, and to enable them to die at home safely. It is based on a critical care



decision-making flow chart. Each team will most likely consist of a nurse and a GP. The swoop team will be able to provide comfort and palliative care for people in their homes.

- **Pp15-16 – HCA, Marita Ansin-Johnson** says rest homes are mostly well prepared for outbreaks of infectious diseases, due to experience with Norovirus, but HCAs were reporting that many residents were afraid, and the lack of contact with their families because of the lockdown was compounding their stress. She said that it is lovely to see residents' faces light up when they are talking with their family on the phone or Skype. Ansin-Johnson said there was a marked contrast between providers with money, who could provide extras for staff, and those who struggled and were doing the best they could.
- **P16 – Combining leadership with self-isolation** has been the challenge for **Waikato DHB Chief Nursing and Midwifery Officer, Sue Hayward**. She said, "Our nurses continue to work within their scope of practice but some are now working in other arenas to meet other immediate needs, e.g. staffing our community-based assessment centres. There are around seven now, covering both rural and urban areas, but that number will increase. We also have RNs adding to their skills, taking refresher courses on working with ventilators, so they will be able to care for high-dependency patients when that need arises."
- **P17 – Georgina Casey** describes the **science behind what we know overall about C-19** so is well worth reading. Casey details how some people having an over-reactive immune response to C-19 will bring on severe pneumonia, writing that the inflammatory mediators, cytokines will storm the body. This in turn leads to unregulated acute inflammation in the target tissues. In C-19, this is mainly the lungs where it causes a severe viral pneumonia due to the inflammatory exudate entering the alveoli. This progresses to ARDS, with acute hypoxaemic respiratory failure. Yet there is no drug therapy for the SARS-CoV-2 virus. After first exposure, the immune memory system allows a more rapid, and more controlled response to the virus.
- **Pp19-20 – Hot tips are given to assist virtual patient assessment** in uncertain times. The authors share some ideas that have been developed when undertaking interRAI ([www.inter-rai.co.nz](http://www.inter-rai.co.nz)) assessments. The tips are full of common sense so you will find them helpful when doing a virtual or telephone assessment. There are three sections described:
  - Pre-virtual video-assessment preparation with 12 tips given;
  - Completing the assessment and
  - being mindful of C-19 has 8 tips given;Extra points to think about for a phone interview assessment detailing five tips.
- **Pp20-21 – New ways of working involving new technologies** will be likely to happen after the pandemic are described by Patricia McClunie-Trust from Wintec. She states that nurses may be the critical element in health services that enable effective patient management and survival. The World Health Organisation (WHO) maintains that health workers are an investment in the infrastructure of a country, rather than a fiscal burden. Due to the need for social distancing there has been a loss of nurses' relational practices. Nurses will need professional support to come to terms with their experiences of practising during this pandemic. There has been a sudden upscaling of virtual-care capacity, with phone triage or self-triage tools being the first contact people have with health-care providers. Some commentators see telehealth as the new opportunity arising out of the current crisis. The ethics of using health-care technologies, and concerns with who is enabled or not with our new ways of working, will be something we need to carefully consider in our future world.
- **Pp22-23 – Kate Blackwood** continues her **research into bullying**, as a widespread problem in nursing. She states that stress, frustration, conflict, and the culture of the organisation – are "huge stressors" in nursing:
  - Heavy workloads,
  - staff shortages,
  - patient acuity,


- double shifts,
- working through meal breaks,
- sometimes having to work in unfamiliar areas or departments, and
- the emotional drain of nursing itself.

More education on what constitutes bullying is essential – see table on p23 for bullying behaviour details:

- Intimidating bullying. work-related bullying;
- person-related bullying; and
- physically

The author says, “There is a real lack of awareness and understanding of what bullying is. Often bullying is a subtle build-up of behaviours over time rather than an overt, isolated incident.” Blackwood writes that there are many reasons why victims won’t put a complaint in writing. They just want it to go away and to go through HR processes is too difficult for them. The organisational culture and contextual factors are vital, yet with the focus remaining more on interpersonal issues, so there is significant work to do.

- **P24 – Chelsea Wilmott’s research** shows that **horizontal violence** is ‘alive and well’ in nursing. She writes, “I was surprised to discover that many new graduate nurses report first encountering horizontally violent behaviours from nurses while on clinical placement and also in academic institutions. It seems to happen early while student nurses are being socialised into the profession, and is magnified in the first few years of nursing practice. The oppression cycle between medicine and nursing remains the strongest explanation for the prevalence.” Transformational leadership, and a commitment from managers and senior nurses had been effective in generating culture change.
- **P25 –PNA, Anne Brinkman** writes about the major impact the level-four restrictions will have on the **mental health of our community**. Nurses have a crucial role to play in helping to reduce the mental health effects of that impact on themselves, patients, and their families. Nurses need to think about being role models for others in learning to deal with anxiety, fears and their own coping mechanisms in order to be effective in supporting others. By increasing their self-awareness through assessing their strengths and weaknesses in coping is essential. There is a real need to be aware of your own ‘early warning signs’ in order to regain and maintain balance in order to survive. Being aware of the mental health needs of others is an integral part of effective nursing care. This awareness of others can only happen through effective assessment practices. Taking action around the need for mental health then demonstrates your understanding and awareness of how to manage anxieties and fears. Do make wise, informed decisions that will help promote the mental health of the nation.
- **Pp26-28** –To mark International Nurses Day, **Anne Manchester, Kai Tiaki Co-Editor** writes about the lives and achievements of our professions’ trailblazers:
  - Mere Harper and Ria Tikini – the Ngāi Tahu midwives who helped found Plunket.
  - Rene Shadbolt led the only NZ contingent to the Spanish Civil War from July 1937 to November 1938.
  - As well, the first Māori to gain registration was Auckland Hospital nurse, Mereana Tangata, who registered under her European name, Mary Ann Leonard in 1902.
  - Te Paea Hērangi was not a nurse or trained health professional, but she spent much of her life (1883-1952) committed to improving the health of Waikato Maori.
- **P29-30 – Margaret Bazley**, the highly respected public servant, has not forgotten her nursing roots. She **credits her nursing** with giving her the skills to achieve so much and the ability to manage teams of people so successfully. As a nurse, Bazley had 27 years’ experience and held a number of senior roles in mental health, culminating in the role of Health Department Director of the Division of Nursing. “As a psychiatric nurse I learnt the powers of observation – skills I still use every day. I know how to read the signs and how to




prevent problems. This is the lens I work from.” By the time Bazley had completed six years as Director of the Department of Health’s Division of Nursing (1978-1984), she felt some in the department feared the nurse’s voice had become too powerful. Later, the position was downgraded, with future incumbents struggling to have any real influence.

- **P30 - Evelyn Beatrice (Bee) Salmon** is remembered as a:
  - scholar,
  - speaker, and
  - mentor,
  - writer.
  - nursing leader,

Thanks to her influence during the 1960s and ‘70s, education for nurses broadened to include the humanities, as well as physical science. No longer based on a set of circumscribed rules and tasks, nursing began to base itself instead on social understandings, reason and analysis. Salmon was the first NZer to gain a Bachelor of Nursing.

- **P31-33 – Building nurses’ resilience** is vital given nurses are facing increasing pressure in the workplace. Jewel Baker-Armstrong provides a literature review on the topic. She notes the four main themes from her search of the literature:
  - **Nursing education and development** – e.g., equipping nurses and nursing students with the skills to develop positive and nurturing professional relationships, allowing them to function with increased optimism and emotional insight. This positivity may lead nurses to achieve a greater feeling of work/life balance and increase their sense of professional accomplishment.
  - **Coaching and mentoring** – e.g., resilient individuals were better able to reframe setbacks in a positive light, and had effective self-care habits. Three core strengths that resilient individuals often demonstrated were:
    - an ability to tolerate high levels of frustration;
    - self-acceptance; and
    - an ability to keep things in perspective.
  - **Experiential learning** – e.g., a group of Australian researchers aimed to support participants in building their personal resilience by imparting a greater understanding of workplace adversity. They implemented a series of six resilience workshops aimed at improving participant knowledge of workplace adversity and resilience strategies, in a positive and non-threatening environment.
  - **Emotional attributes** – e.g., the level to which personal resilience could be achieved was determined by four factors:
    - previous experiences;
    - personal attributes and qualities;
    - environment; and
    - existing protective factors.Texan researchers focused on ‘hardiness’ consisting of three main beliefs:
    - life has a meaningful purpose;
    - individuals are able to influence their environment and the outcome of events; and
    - that positive and negative life experiences allowed for personal growth.See inset on p33 for ‘Building resilience in these testing times’.

- **Pp34-35 – Why the NZNO’s Board of Directors** has chosen to celebrate other nurses and models of health, rather than **Florence Nightingale**, on International Nurses Day 2020. They write that nurse leaders in Aotearoa have long understood how Nightingale’s opposition to registration and higher education for nurses undermined our professional autonomy, and fostered the eventual dominance of the medical model of health. The BoD write that it’s a little-known fact that Nightingale was a close adviser to the Governor of NZ, Sir George Grey, during his second term in office from 1861-1868. She also advised colonial authorities in Australia and elsewhere. It is now known that Nightingale supported the alienation of Maori land in order to force migration to European settlements, and to



bring contact with what she termed, “the inestimable blessings of Christian civilisation”. As nursing leaders in 2020, we see Aotearoa’s most pressing health issue to be health equity. Our health inequities will continue if we insist on being wilfully blind to their existence, or fail to acknowledge their origins. The BoD are choosing to celebrate those who move us forward to a bicultural future of equity for all.

- **Pp36-37 – Two new grads – Samantha Teinakore and Melissa Harrington** share some of their nursing journey, their aspirations for their nursing future, and whether Florence Nightingale still has any relevance to nursing in the 21<sup>st</sup> century.
- **P40** – Nurses working in iwi and Māori providers need “kindness” through being recognised with equal pay, **NZNO Kaiwhakahaere Kerri Nuku told anti-racism event**, Te Tiriti-based Futures 2020, in March. Te Tiriti-based Futures 2020 was a 10-day online “Tiriti-based, anti-racism and decolonisation” event with nearly 60 speakers, run by Stop Institutional Racism network. In an online discussion afterwards, Nuku said another challenge for Māori nurses was seeing how Māori patients were treated differently within the health system. Te Rūnunga wanted them supported, to be able to speak up for vulnerable patients if they were being discriminated against.
- **P44** – Concern about C-19 dominated the **Australian and NZ Intensive Care Society** (ANZICS) regional annual scientific meeting in Napier in March.
- **Pp44-45** – About 50 nurses from mental health, community, education and acute care attended Northland’s recent nursing research showcase, and discussed research initiatives for the future of nursing in Te Tai Tokerau.
- **P45** – The **Cancer Nurses College** (CNC) is heartened that committee member, and Waikato nurse, **Mary-Ann Hamilton** has been appointed to the Cancer Control Agency board’s newly formed clinical assembly. After cancer nurses were excluded from the agency’s interim board, the college lobbied to be included, meeting MOH and the cancer agency, as well as writing letters and asking medical colleagues for support – an effective approach.