



Critical Comment

New Zealand College of Critical Care Nurses

Contents

Message from the Chair	1
Letter from the Editor	3
Conference Report	3
Nurse Julie	8
BHSD Research update	11
Racial bias survey invitation	13
Looking after yourself	14
Some ways to take care of yourself	15
So what do I do?	16
National Committee members	17
Membership updates	18

Message from the Chair

Welcome to the spring edition of the Critical Comment. As we come out the other side of winter, it has been a different winter again, the absence of our usual flu, the RSV outbreak and of course the fact that covid-19 has reared its ugly head again.

The big thing for all of us in the ICU community is of course covid-19. Delta has brought new challenges, ways of living and working. My thoughts go out to those in Auckland and latterly Waikato who are bearing the brunt of this outbreak, at work and at home with this seemingly never-ending lockdown. Thanks to all the work you are doing in Auckland to look after the sick, as well as locking down to protect us all. Of course, the ICU community understands fully the value of lockdown and vaccination, as this is looking to be a really tough time for those working in ICU.

It's been humbling to see the NZ ICU community rally around and send experienced ICU nurses to help in Auckland's hospitals. For many, as nurses, we want to help others, our colleagues and our patients. Thanks to those who volunteered and upheaved their lives to help those in Auckland. Thanks also to those who were at home and covered roster gaps to enable business as usual to carry on at the DHB's where staff were released from.

There is a nervous sense of anticipation around the country, fuelled by lots of media interest in ICU capacity, and alarming numbers of 'surge nurses' at the ready. As we know well, the number of patients we can look after in ICU depends on the number of nurses we have.

Nursing is our one limiting factor in NZ's ICU capacity currently, the government have bought the ventilators and the monitoring, yet we see little gain in terms of nursing resources. In fact, the narrative is moving from pandemic covid to endemic covid, and the reality is we are unprepared for both.

Over this winter we have seen the impact of the RSV outbreak on ICUs. For many, this had ICUs at close to capacity, or perhaps even over capacity, but certainly for most, provided the opportunity for a rapid upskilling in paediatric care. Thankfully this was short lived, but it was interesting to see how little it takes to have us working at capacity, before becoming overwhelmed.

We have made the difficult decision to cancel the study day we had scheduled for early November in Dunedin. It was hard to know where we would be at with covid in November, but the fact remained, the reality of having many staff from ICUs around the country gathering and then heading back to their DHBs was not a sensible idea and just not worth the risk. Moving online was too challenging with such little lead time. I know many people were looking forward to it and we are sorry to disappoint. Thanks to Renee and her team in Dunedin who have put a tremendous amount of time into organising the day.

The committee has said farewell to Randy Gopalla from West Coast DHB. He has been a valuable member on the committee and able to represent the rural areas perspective well. Thankyou Randy for your work and contribution, and we wish you well with your new role. We welcome Diane Pollard onto our committee in a seconded role until our general meeting next year. Diane is also from West Coast DHB.

To finish off, I encourage you to the advice of Julie, the nurse who worked in London through the first wave of Covid in the UK. Never take your wellbeing for granted and be proactive in doing things to look after your wellbeing. What changes will you make to help look after your personal wellbeing during these trying times?

Noho ora mai
Tania Mitchell

Letter from the Editor

Welcome to the Spring / Summer edition of the Critical Comment. We have a packed newsletter for your information and wellbeing.

I hope that you really enjoy and share this with your colleagues. We have an in-depth report of the recent AGM and conference that NZNO held in September. This is from two of our committee members and we can really get a good idea of what the conference has been like for them from this.

We also have a thought provoking and realistic view of what it has been like in the UK during this pandemic. We truly value and respect this contribution and want to protect this valuable nurse. It takes a huge amount of courage to write an article like this and would strongly urge you all to read this and take something from it.

We have an update on the Bullying, Discrimination and Sexual Harassment research that is being investigated across New Zealand and Australia specifically within critical care nursing staff. A worthwhile read to get an update and see what is coming.

We have retained the wellbeing information in our newsletter again so that you can hopefully gain something from this.

Steve Kirby
Critical Comment Editor NZCCCN

NZNO Conference and AGM

Our Future, The Health of Aotearoa

15-16 September 2021

This year due to health and safety concerns relating to COVID 19 and lock downs, the NZNO conference and AGM were held via an online platform which meant we could attend from the comfort of our own homes and workplaces. Sadly, the College & Sections day was cancelled.

Aside from a few technical difficulties it was a very informative two days, the online platform enabled member discussion and participation, with questions being posted on a discussion board, but nothing can replace face to face interaction.

15th Sept Conference

To start the conference the master of ceremonies Keelan Ransfield did a Karakia and welcomed all members and participants. The Conference opening was by the Hon Andrew Little, Minister of Health. He identified the important and valued roles nurses play in the health care system. He acknowledged the fact that nurses have been undervalued for many years and that pay parity should help this, and the government's desire to have this process completed by the end of the year. He identified the value of a CCDM as a tool to help identify safe staffing and that a review will be commissioned by the MOH as to why not all DHBs have implemented this. Hon Andrew Little also spoke of the value and importance of unions within the workplace, and the need to have them involved in the decision-making processes, referring to the new health reforms.

The next speaker was Dr Ruth De Souza, her topic was "All of us thriving A possible nursing led future". Ruth spoke about how the Pandemic has forced humans to break with the past and imagine their world a new, and what the future could be like. She identified that by 2030 there could be two possible futures one where most people cannot retire, houses are unaffordable, people are living on higher ground due to climate change and robots do health cares. Or one where people can retire, we live in community-based living, we all get taken care of, there is equity and equality, a great health care system with evidence-based care where spiritual and cultural values are included in health care. The pandemic identified the need for nurses but highlighted the ongoing workforce gaps and that RNs continue to be left out of decision making. COVID has made us re-imagine justice and equality, care, gender, climate, economics, race, social relations, and technology. The realisation that if we can care for the most marginal of our population, then we are all well. Ruth posed a question; can we imagine and craft a world that is more just and joyful for all the earth's inhabitants or will we move on desperately and then return to normal.

The next speaker was Professor Palatasa Havea from Massey university, his topic was "Equity in Education, the pathway to better health in Aotearoa for Pacificans". Palatasa identified the need for equity within the education system to enable a pathway to better and improve health for the Pacifica population. There is a need to have education leaders who can transform institutions as the New Zealand (NZ) education system has equality but not equity. He feels equity would be better for the Pacifica's community in the NZ education system. He gave an example of how the NZ education systems treats everyone the same, it tries to get everyone to climb a tree whether they are monkeys, elephants or seals, which is unfair. The education system doesn't consider that there is power in being and thinking different and that with better education there is better health.

The next speaker was Professor Denise Wilson from AUT, her topic was "Equity from a Māori perspective". Denise identified that you must understand the beginning to understand the ending, that equity for Māori related to the Treaty of Waitangi, access to health and the quality of health services being provided. She questioned the availability of health care for Māori due to multiple barriers which prevent access and therefore contribute to inequalities. These barriers create negative health affects including Māori being treated differently to others when accessing health services, discrimination, and racism. These barriers are evident to Māori whenever they

access health care services. We need to look at different ways to deliver service, listen to Māori communities and provider, develop relationships with Māori, respect that culture counts, and respect the Treaty of Waitangi. Nurses need to be leaders in this health care space and remember that few problems have ever been solved by ignoring them.

Next was the panel discussion, titled “Living through a Pandemic”. Each speaker spoke to this topic. It was facilitated by Kerri Nuku (NZNO Kaiwhakahaere).

The first speaker was Chantelle Thompson (NZNO National student unit representative). Chantelle identified that nursing students had been disadvantaged by the lock downs both professionally and personally. That although the education institutions had provided online learning, this decreased effective learning. Clinical placements did not occur, and when they restarted the quality of the placements had decreased due to multiple factors. All of this put additional pressure on student nurses, who felt overwhelmed and not supported, which affected their mental health and wellbeing.

The next speaker was Clare Buckley (Head of school, school of nursing, EIT). She identified that the lock down was announced and enacted quickly with little time for education institutions to prepare. There were multiple meetings about how best to continue and online learning was developed. One major issue being teaching nursing online as it is an applied science, learned best by doing. Other barriers were that both the educator and students had other responsibilities to consider including families, schooling kids, studying, and continuing to learn and develop online learning. Educators had to keep the nursing program going, but also decrease the stress for students. Clare felt it was one day and one step at a time.

The last speaker for the panel was Associate Professor Siouxie Wiles (University of Auckland). Siouxie identified her ongoing roles as continuing to teach at the university, provide research-based education to the public, continue her research, being available for interviews with the media, and being a mother. She identified her surprise relating to negative personal comments she receives due to her being in the public domain. She pointed out that we are all in the same seas, but in different Waka (some in buckets, some in big boats, and other in normal boats).

After the panel discussion Nadine Gray presented her research, “Privileging Mātauranga Māori in nursing education: Experiences of Māori student nurses learning within an indigenous university”. Nadine did this research to help identify why there is a work force shortage of Māori RNs. She identified five themes from her research, these included Succeeding for Whānau, Privileging Mātauranga Māori in the learning space (strength in being, space, values), Dual competence and ethnic concordance, Whānaungatanga (relationships, students, teachers, formal and informal support, availability). There were threats to the success relating to negative attitude to the degree obtained.

The next speaker was Janine Ellison who presented her research on “Why do senior ward nurses leave the acute setting? An integrative review”. Janine identified the background to her research

related to nursing shortage, high turnover, patient safety, and that by 2030 there would be a 15000-nursing shortage. She identified that nurse retention was seen as a priority for the MOH but not for DHB. That the costs of losing an RN is half the yearly wage of an RN and it takes years to gain that experience. NZ has a 3 X higher turnover than Australia for RNs, and that new RNs have a higher turnover. With a high RN turnover there are more mistakes and patients stay longer. Themes from her research including workload factors, professional factors, and direct management have a huge influence in RN retention. Factors influencing high turnover include RNs identified increased abuse from patients and their family, feel understaffed, undervalued, and not supported by management. RNs are tired, drained, nothing left, over whelming busy, feel unsafe. Senior RNs are busy supporting junior RN, with no time for their own patients, and often taken off study days. Her recommendations where leadership visibility (e.g., rounding on their RN), staff appreciation, safe staffing, and senior nurse education.

The next speaker was Dr Michal Boyd whose topic was “End of life from a nursing perspective (post referendum)”. Michal provided an overview of the new End of life legislation, that it related to people over the age of 18, NZ citizens with less than 6 months to live, with irreversible illness, suffering and a sound of mind. She posed the question, how will this bill affect RNs in NZ, and how will your organisation deal with this bill. She felt that individual RNs need to be informed, they need to understand how and where they stand in relation to this bill, as there are many grey areas. RNs need to learn how and when assisted dying can be discussed and who can bring it up, and what you can and can't talk about once it is brought up. RNs need to understand this law so we can safely explain it to the patients and possibly their family.

The last speaker for the day was Stephen McKernan who is lead of the transition unit for health reforms, creating a sustainable health care system. Stephen identified that there have been several reviews and reports which have all identified the variations in health care services provided up and down the country, and how the health system is coming under huge pressure. The case for change includes widespread inequalities, system failure to keep up with consumer preferences, the system overly complicated, fragmented, and facing financial pressure, and impacting on sustainability. We need to look at what we want from the health care system, we should only do lots of things once such as IT but continue to have a local voice but a national overview. The new healthcare system will be the biggest employer with opportunity for workforce; better planned workforce, target recruitment (Māori, Pacifica), a better and fairer place to work, planning for work force future needs, and long-term planning.

The next day, 16th Sept was the AGM

The AGM was opened with a welcome and Karakia then some general business was conducted. The acting President Tracey Morgan then spoke acknowledging the people who had assisted her during her time as acting President, including the NZNO board, NZNO staff and Kerri Nuku (NZNO Kaiwhakahaere). She acknowledged the hard times people are dealing with including the pandemic, student RN worries, CCDM, and strikes. She then welcomed the new vice present and president to NZNO.

Then Kerri Nuku (NZNO Kaiwhakahaere) spoke, thanking Tracey for stepping up into the vice president role. She acknowledged that last year was incredibly challenging, she recognised people who had passed and that coping with death during lock downs is very unusual and highlighted the importance of touch. She then thanked members of the board for stepping up, identified the work done by the industrial and professional teams at NZNO. She mentioned the difficult year with COVID and pay equity and the ability of people to stay together, not get torn apart by the ups and downs and negative things. It's the courage, fight, solidarity and collectiveness, the rights of our people, the strength of relationships we have with each other, to fight injustice and in equality. She then welcomed all to the AGM.

Next to speak was the acting chief executive Mairi Lucas, she thanked people who had helped her in her new role. She then identified aspects of the Annual report, 100 calls from members per day relating to PPE and other COVID related issues, that the management and NZNO staff wanted to thank members for the care and support they had provided. She discussed CCDM and how not all DHBs has implemented this and that the MOH would review this issue. That NZNO has 52,000 members with the DHB MECA helping to increase numbers. She then spoke about cost savings across the organisation including limiting travel, limiting face to face meetings which save on accommodation, travel, and food expenses. She identified that Kaitiaki magazine will become an online journal also saving a substantial amount of money. There will be a review of training programs and online learning provided by NZNO.

The next speaker was Sandra Corbett, chairperson of the membership committee who presented their report. Due to technical issues and limited connection it was suggested to review this report online.

The next speaker was Kerri Nuku (NZNO Kaiwhakahaere) who presented the Te Poari report, she thanked people for their work and advocacy, for helping to promote free to care and free to nurse. She identified that a lot of work is going into challenging government and protecting the Mana of our people and fighting for equality.

The next speaker was David Woltman, Manager for Corporate services with the Financial Statement. It was suggested to refer to this report online. Once he presented the Financial statement David answered multiple questions from members, sections and collages including NZNO expenses, funding, projected costs, and income. The Annual report 2020/21 and the Financial statement was then passed.

Diane McCulloch then spoke in relation to Constitution review and remits. The remit was sent out in November, and nothing to date had been received by NZNO from members. Diane talked about the new constitutional review asked for by members. The full independent review and the process of obtaining Morrison and Kent to conduct this review was discussed and the process is ongoing.

The next speaker was Mairi Lucas who discussed the review of NZNO strategies for safe staffing. It was decided by NZNO board that because of the cost of a full review, and that the MOH are to review safe staffing within DHBs with NZNO input, that there would not be a review carried out by NZNO.

The new president of NZNO Anne Daniels and NZNO Kaiwhakahaere Kerri Nuku both spoke about their views relating to NZNO and its future.

After the awards for young nurse of the year, Service to nursing/midwifery and Award of honour where presented the AGM was closed.

The experience of an ICU nurse during Covid-19 in London

Julie (pseudonym) is an ICU nurse working in a tertiary hospital in New Zealand. She was interviewed by a NZCCCN committee member regarding her experience of ICU nursing in London during the first wave of Covid-19 in 2020. The aim was to hear how this experience was, and to see what we in NZ can learn from her while preparing for pandemic and endemic Covid here in NZ.



Note: Image does not depict the actual nurse interviewed.

Tell me about where you were working?

I worked in a hospital in East London from 2018-2020, when I returned home to New Zealand. I worked through the 'first wave' of Covid in England prior to returning home in August 2020. Our unit was a 10-bed general ICU in a hospital that didn't have any specialties. Our ICU patients would be in hospital for medical conditions, and we also had some post op surgical cases. During the peak of the first wave we had 30 patients that we looked after in our extended ICU.

How did you feel when Covid was approaching the UK?

Nervous watching Italy and it's spread through Europe. We didn't know much about the disease then, and we thought the treatment would be like ARDS. It was concerning hearing that north London's ICU's were all full and worried where do the patients go next?

What did your unit do to prepare?

In the beginning we had two nurses per patient, and extra staff to ensure we were donning and doffing correctly. Within days that staffing model was not sustainable due to not enough nurses. We had only two isolation rooms that were quickly used, then we used all the ICU beds before overflowing to recovery (6 Beds) and then operating theatres where we used 6 theatres with three patients in each. All patients who came in had Covid eventually.

What were your thoughts/feelings re the UK government response to Covid?

Frustrating, to see what happened in China and Italy, there seemed to be some denial that it was coming to us. It seemed to me the focus was on the economy rather than the wellbeing of people. The conservatives were in government at the time. There were 40,000 deaths in the first wave, which I don't think is acceptable.

How did you change your ways of working as a unit?

At the peak I was looking after three ventilated patients in an operating theatre. We did have others to assist, however there were challenges working with non ICU trained staff who were unfamiliar with the medications and equipment we used. We also had medical students who helped as runners, processing blood gases and helping with turning.

What were the biggest issues you faced?

Staffing, staff getting Covid and being off work. PPE – seemed to be not enough available, and we got mixed messages re what to use, and at times I wondered if this was due to supply issues. We also ran low on consumables and medications, so we had to reuse things such as 50ml syringes multiple times and use noradrenaline and propofol sparingly. This created added stress.

What was the most rewarding part for you personally or as a team?

There were mixed emotions re the clapping at people's doors on a Thursday night for the nurses. At times it seemed to undervalue our contribution. However, it was good at the end of the day to see them when biking home.

What was the hardest part for you personally?

Not being able to provide the best nursing care, even when we were working at our hardest. There were no visitors allowed, I would have to ring patient's next of kin and tell them they were dying or had just died, at times really young people. Doctors were too busy looking after other patients to make these phone calls. Not having the time to turn patients, and them getting grade 4 pressure areas was tough. We had to focus on what was life preserving. Not knowing when the end was going to be, and not knowing how to treat the disease.

How did you look after your personal wellbeing?

Cycling home from work was good after a busy and stressful day. Support from my partner and colleagues was key. A psychologist was provided at work, but it was hard to get away from bedside to access this. Food delivered from local businesses was lovely and meant always had food prepared for us and it was delicious. This showed that people appreciated what we were doing.

What was the number one thing you learnt?

Life is short! Don't take your mental health and wellbeing for granted, you need to take care of yourself and be proactive.

What is the number one thing you could share with us for our preparation for a surge?

Prepare prepare prepare. New Zealand has the benefit of watching and learning from overseas. You know so much more than we did so there is the opportunity to prepare. It is important to be proactive rather than reactive.

How did you feel once you were back in NZ?

Relieved. It felt like a slice of covid free paradise. I did find new Zealanders to be very complacent at the time. I feel grateful to have come back to NZ when I did.

Bullying, discrimination and sexual harassment amongst ICU nurses in Australia and New Zealand study.

Background

The Intensive Care Unit (ICU) is a high intensity, stressful environment staffed by large interprofessional healthcare teams, the members of which bring diverse perspectives, backgrounds, experiences and cultures. Nurses are the largest professional group within the ICU workplace. There were approximately 10,011 fulltime equivalent (FTE) nurses working in a mix of public, private, rural, regional and metropolitan ICUs in Australia and New Zealand in 2016/17.¹ Bullying, discrimination and sexual harassment (BDSH) are significant problems within healthcare organisations but are often under-reported.^{2,3} Bullying is recognised as an issue in nursing, with research suggesting 65-80% of nurses have either experienced or witnessed bullying in the workplace.⁴ The impact of these behaviours includes cynicism, loss of empathy, burnout, mental and physical health complaints including depression and anxiety, and an increased risk of cardiovascular disease.^{3,5-9} Consequences of these behaviours are wide ranging, affecting workplace environments, personal well-being and patient care and outcomes.¹⁰ While there has been some work undertaken in the general nursing workforce there is a dearth of evidence regarding the extent and impact of these behaviours on the nursing workforce in ICU in Australia and New Zealand. We wanted to understand the prevalence and experience of BDSH amongst ICU nurses in Australia and New Zealand. We also wished to identify demographic features associated with these behaviours, determine to what extent they were reported and to what extent these issues were resolved.

Methods

We have undertaken an online survey of ICU nurses in Australia and New Zealand to understand the issues. The survey was distributed through email lists administered by the NZ College of Critical Care Nurses (NZCCCN), the Australian College of Critical Care Nurse (ACCCN) and the Intensive Care Research Coordinators Group (IRCI) Australia and New Zealand. Social media such as Facebook, Twitter and LinkedIn were also used to promote awareness of the survey.

Progress

The survey has now closed, and we are in the process of analysing the data. We received 650 responses from around New Zealand and Australia. The findings of the research will be published and presented at national/international meetings of ICU nurses; in peer-reviewed journals; by providing the study findings to all ICUs in Australia and New Zealand and through social media such as Facebook and Twitter. We look forward to sharing these with you all as soon as we can.

The Research Team

This study is led by Associate Professor Rachael Parke, Cardiothoracic and Vascular ICU, Auckland City Hospital; Kat Mason, University of Auckland; Sam Bates, Western Health; Melissa

Carey, University of Auckland; Adele Ferguson, Whakatane Hospital; Naomi Hammond, The George Institute; Fiona Joyce, CVICU, Auckland City Hospital; Steve Kirby, Middlemore Hospital; Tess Moeke-Maxwell, University of Auckland and Francis Nona, University of Queensland.

Please do not hesitate to contact Associate Professor Rachael Parke, Principal Investigator, School of Nursing, University of Auckland; Cardiothoracic and Vascular Intensive Care Unit, Auckland City Hospital, Auckland, New Zealand if you have any questions by email: r.parke@auckland.ac.nz

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SEEKING PARTICIPANTS TO INVESTIGATE RACIAL BIAS AMONGST NZ REGISTERED HEALTH WORKERS AND CLINICAL STUDENTS

ARE YOU ELIGIBLE?

Selection Criteria

To participate in this study, participants must:

- Be aged 18 years or older
- Be able to read and write English
- Have access to an internet connection that will allow participants to complete the survey.
- Either be a NZ registered health worker, first-year or final-year clinical student undertaking a clinical training programme (*see below for eligible clinical programmes).

**First-year clinical programmes: pre-medical degrees (biomedical sciences, health sciences), psychology, nursing, social work.*

**Final-year clinical programmes: medicine, psychology, nursing, social work or a relevant degree that offers clinical placements.*

WHAT WILL BE INVOLVED?

The study requires you to complete the Go/No-Go association task and answer questions about your explicit attitudes towards Māori and NZ Europeans. This should take approximately 30-40 minutes to complete, and participants can choose to go in the **draw to win one of 10 \$50 Westfield or grocery vouchers**. Details entered for the draw will only be accessible by our research team, and the study will be anonymous.

KEEN TO PARTICIPATE?

You can find the consent form and participant information sheet in the survey. Please click the link below to start!

[START THE SURVEY](#)

If you have any questions or concerns about the study, please feel free to contact us:

Sophia Kim, email: skim574@aucklanduni.ac.nz, phone: 021 100 5472

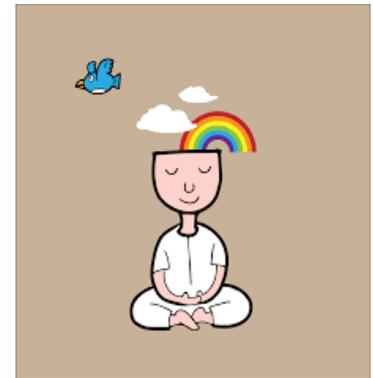
This study has been approved by the University of Auckland Human Participants Ethics Committee on 02/06/2021 for three years. Reference Number 22086.



Some ways to Take Care of Yourself

Self-care is essential but in a stressful time it can be a challenge to put this into action. Having a list of possibilities can help.

- Give yourself permission to sit and relax, especially when you're tired. Visualise a safe, relaxing scene and imagine stepping into it and soaking up the peace.
- Explore nature. Sit in the sun. Watch the sunset. Listen to the birds.
- Have a warm drink.
- Create quality time for you by taking the phone off the hook.
- Eat something nourishing. Cook something special. Buy yourself a treat.
- Notice your achievements and give yourself credit for them.
- Lie on the grass.
- Write in your journal. Write down everything you love about yourself. Write about your special accomplishments in your journal. Write about what you are feeling. Say soothing, loving things to yourself.
- Go for a walk. Go to the library. Go to the beach or bush
- Have breakfast in bed.
- Have a massage. Have a spa, swim or sauna.
- Play with an animal.
- Give yourself a hand or foot massage.
- Get some exercise. Do some yoga.
- Go to the movies or a show. Do something creative just for pleasure. Draw or paint a picture.
- Write some poetry. Play some calming music. Phone a friend. Write a letter to a friend.
- Go window shopping.
- Walk in the rain.
- Tune into yourself and find out what you're feeling and what you need. Ask someone for a hug. Ask for the help and support you need. Take mental health day off if you really need it.
- Plan something fun – an outing, treat, celebration or holiday. Plan a get together with friends.
- Dance. Play your favourite music.
- Stop and smell the flowers. Spend time in the garden. Buy yourself some flowers or a plant/plants.
- Meditate or pray.
- Watch a funny video.
- Relax with a good book.
- Make a list of things that make you happy.
- Go to a park and swing on the swings.
- Go to bed early. Wake up early and watch the sunrise.
- Make a special meal just for you.
- Give yourself a facial.
- Read an inspirational book.
- Take a warm scented bath. Have a foot bath. Burn some essential oil in the oil burner.



CORONAVIRUS COVID-19

Looking after yourself

SOME PRACTICAL TIPS AND WHERE TO GO FOR MORE SUPPORT

Your wellbeing is important and there are simple things you can do to help manage uncertainty and fear. Research tells us looking after ourselves and each other is the best place to start.

FIND THE RIGHT PEOPLE TO TALK TO

Share your thoughts and feelings with someone you trust, share facts.

'How is this conversation helping me to feel good and function as best as I can right now?'

WATCH YOUR MEDIA DIET

Take a break from following the news and social media.

'Look at your media intake over 24hrs and ask yourself is this helping or harming the way I feel?'

FOCUS ON RELATIONSHIPS

Connecting with others who make you feel safe, loved and connected is one of the most important things you can do.

GET THE FACTS

Seek information on COVID-19 only once or twice a day. The constant stream can cause anyone to feel worried.

Get the facts from reliable sources
www.covid19.govt.nz

DO WHAT MAKES YOU FEEL GOOD

Care for your mind, body, soul and family nurture all aspects of your whā.

Te whare taps whā and five ways to wellbeing: www.mentalhealth.org.nz/get-help/covid-19/top-tips-to-get-through/

STICK TO ROUTINES

Keep supportive daily routines.

It tells our brains it's safe to dial the stress response back down and prevent us from being more anxious.

TAKE CARE OF BASIC NEEDS

Rest and time out help, at work and away from work.

Keep well through appropriate rest, eating and actions to boost your immune system. Use wellbeing strategies that work for you or create new ones.

PACE YOURSELF

This is likely to be a marathon. Be aware of bandwidth, it may take longer to think things through and make sense of things and that's okay.

FOCUS ON WHAT MATTERS

Focusing your resources on what you can control and what matters.

Worrying about things you can't change can be upsetting and frustrating.

NEED MORE SUPPORT?

If over days and weeks your distress or stress symptoms are escalating, or you feel you are not coping, help and professional support is available.

You can talk to your manager, director, professional lead, professional supervisor, team leader, or HR lead.

For health advice call Healthline
0800 611 116

Need to Talk?
1737 National Telephone Counselling Service. Available 24/7 text or call

Employee Assistant Programme (EAP) support for you or your team
0800 735 343

So What Do I Do?

2 minutes

- Breathe
- Stretch
- Daydream
- Take your stress temperature
- Laugh
- Doodle
- Acknowledge one of your accomplishments
- Say no to a new responsibility
- Compliment yourself
- Look out the window
- Spend time with your pet
- Share a favourite joke

10 minutes

- Evaluate your day
- Write in a journal
- Call a friend
- Meditate
- Tidy your work area
- Assess your self-care
- Draw a picture
- Dance
- Listen to soothing sounds
- Surf the web
- Read a magazine

5 minutes

- Listen to music
- Have a cleansing cry
- Chat with a co-worker
- Sing out loud
- Jot down dreams
- Step outside for fresh air
- Enjoy a snack or make a cup of coffee/tea



30 minutes

- Get a massage
- Exercise
- Eat lunch with a co-worker
- Take a bubble bath
- Read non-work related literature
- Spend time in nature
- Go shopping
- Practice yoga
- Watch your favorite television show



Soothing Senses

Taste:

- Green tea
- Chocolate
- Mango
- Gum
- Crunchy snack
- Vegetable soup
- Milk
- Oatmeal
- Celery
- Bananas
- Nuts and seeds
- Eggs

Smell:

- Lavender
- Eucalyptus
- Peppermint
- Green apple
- Coconut

Sounds:

- Leaves
- Water stream
- Seaside
- Water
- Fireplace
- Summer night
- Rain
- Thunderstorm
- Wind
- Forest
- Coffee shop
- Train
- Fan
- White noise

Touch:

- Playdough/Putty
- Soft objects
- Stress-relief magnets
- Stress balls
- Tactile beads
- Wood, metal, etc.
- Rubber bands
- Rubbing stones
- Beanbags
- Kneading eraser

Sight:

- Use your favorite color.
- Wallet-sized picture of someone or something you enjoy.
- Landscapes
- Baby animals
- Funny photos
- Pictures
- Blowing bubbles
- Positive affirmations

NZ College of Critical Care Nurses [NZNO] 2021 national committee members

Position	Name	Term	Region
Chair	Tania Mitchell	4 th	Central
Vice Chair/Critical Comment	Steve Kirby	6th	Northern
Secretary	Rachel Yong	4 th	Northern
Treasurer	Rachel Atkin	1 st	Midlands
Membership	Renee Holland	3 rd	Southern
Website/Newsletter	David Aveyard	1 st	Midlands
Consultation Documents	Lara Millar	4 th	Central
Committee	Diane Pollard	Seconded	Mid- south
NZNO Liaison	Angela Clark	N/A	NZNO



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← Course Detail

Preterm Labour and Preterm Rupture of the Membranes

30 Jan 2020



★★★★★

Reference : 195058

Specialities :
Obstetrics / Gynaecology / Women's Health | Nurse-Midwife | Perinatal

TAKE EXAM
TAKE COURSE

👍 I would like to... DELETE

Description

This course is designed to offer postgraduate education to resident obstetricians, midwives and nurses working in ante- and postnatal wards as well as in the delivery room. It will support you to change and develop your ways of thinking, inspiring you to become an independent learner who thinks creatively to solve problems using evidence-based approaches. We have an international reputation for providing flexible courses designed to offer a student-centred approach to postgraduate education.

Update your NZNO or NZCCCN Membership

If you move address, change your name, change your job/position, or no longer want to be a member section please update your details with NZNO. You can do this by emailing Sharyne Gordon: SharyneG@nzno.org.nz with NZNO number and a simple request to alter your details or remove you from the membership database of the college



NZCCCN

New Zealand College of Critical Care Nurses

Critical Care and Coronary Care Unit Nurses

Are you a member?
Membership is FREE

- ◆ Join a large community of likeminded nurses
- ◆ Scholarships available for courses and education
- ◆ Discounted registration to ANZICS conferences
- ◆ Critical Comment Newsletter
- ◆ Support education and safe staffing standards

For more information or to join, visit our website:

www.nzno.org.nz/groups/colleges_sections/colleges/new_zealand_college_of_critical_care_nurses



OR

New Zealand College of Critical Care Nurses

