

**NZNO Nurse Managers New Zealand section monthly news bulletin  
Friday 4 May 2018**



### **Consultation**

NZNO is presently consulting with members on a range of issues. The full outline can be found at: [http://www.nzno.org.nz/get\\_involved/consultation](http://www.nzno.org.nz/get_involved/consultation)

### **Local Government (Community Well-being) Amendment Bill**

NZNO seeks your feedback on this Bill which aims to reinstate the promotion of social, economic, environmental and cultural well-being of communities to the statutory role of local government, and restore territorial authorities' ability to collect development contributions for community facilities, such as libraries, sports grounds and swimming pools resulting from developments. Please consider how these changes to local government could make a difference to health outcomes and to local planning for eg, population growth, an ageing society, rising rates of obesity, social inequalities and climate change. Please find the bill link below:

<http://www.legislation.govt.nz/bill/government/2018/0048/latest/d56e2.html>

**Send feedback to [marilynh@nzno.org.nz](mailto:marilynh@nzno.org.nz) by 18 May 2018.**

### **Privacy Bill**

NZNO seeks your feedback on this bill which reforms the Privacy Act 1993. The intent of the Bill is to promote people's confidence that their personal information is secure and will be treated properly, given changes to the way this is used with the rise of the Internet and the digital economy. The Bill implements recommendations made in the Law Commission's 2011 review of the Act including reforms that give the Privacy Commissioner a stronger role and help address privacy risks earlier. The key changes are:

- *mandatory reporting of privacy breaches* to the Privacy Commissioner and to affected individuals;
- the Commissioner will be able to issue compliance notices;
- *strengthening cross-border data flow protections;*
- *new criminal offences:* it will be an offence to mislead an agency in a way that affects someone else's information and to knowingly destroy documents containing personal information where a request has been made for it;
- *Commissioner making binding decisions on access to information requests;* and
- *strengthening the Privacy Commissioner's information gathering power.*

Please find the Bill attached here:

[https://www.parliament.nz/en/pb/bills-and-laws/bills-proposed-laws/document/BILL\\_77618/privacy-bill](https://www.parliament.nz/en/pb/bills-and-laws/bills-proposed-laws/document/BILL_77618/privacy-bill)

**Send feedback to [marilynh@nzno.org.nz](mailto:marilynh@nzno.org.nz) by 17 May 2018.**

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## **Coroners Access to Body of Dead Person (Amendment) Bill**

NZNO seeks your feedback on this Bill which amends the Coroners Act 2006 (the Act) to "require" coroners when determining whether a person should be allowed to remain with the tūpāpaku to also consider tikanga Māori and the expectations of other cultures. This Bill strengthens the issues raised during the Māori Affairs Select Committee inquiry into whānau access to and management of Tūpāpaku, which Te Rūnanga have submitted on.

Currently, the Act allows coroners to have the discretion to take cultural considerations into account, but they are not mandatorily required to.

We welcome your feedback on the proposed amendment which enshrines the importance of recognising and supporting all cultural beliefs in Aotearoa New Zealand, to the extent possible.

**Send feedback to [leannem@nzno.org.nz](mailto:leannem@nzno.org.nz) by 18 May 2018**

## **Care delivery**

*This article is not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library*

### **Instruments to assess patient comfort during hospitalization: A psychometric review**

Journal of Advanced Nursing

[Volume74, Issue5](#)

May 2018

Pages 1001-1015

To analyse the psychometric properties and the utility of instruments used to measure patient comfort, physical, social, psychospiritual and/or environmental, during hospitalization.

Background

There are no systematic reviews nor psychometric reviews of instruments used to measure comfort, which is considered an indicator of quality in health care associated with quicker discharges, increased patient satisfaction and better cost–benefit ratios for the institution.

## **Clinical judgement**

*This article is not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library*

Mohammed Iddrisu, S., Hutchinson, A. F., Sungkar, Y. and Considine, J. (), **Nurses role in recognising and responding to clinical deterioration.** J Clin Nurs. Accepted Author Manuscript. doi:10.1111/jocn.14331

Background

Clinical deterioration is a significant problem in acute care settings. Nurses play a vital role in postoperative patient monitoring, however, there is limited understanding of the nurses' role in recognising and responding to clinical deterioration in surgical patients.

Aim

To explore nurse' role in recognising and responding to deteriorating postoperative patients.

## **Communication (including workplace, team, and interprofessional)**

## **Strategies for overcoming language barriers in healthcare**

Squires, Allison

Nursing Management: [April 2018 - Volume 49 - Issue 4 - p 20–27](#)

Language barriers between nurses and patients increasingly affect nursing practice, regardless of where care is delivered. In the United States, a language other than English is now spoken at home in one of five households, the highest level since just after World War I.<sup>1</sup> Patients with limited English skills are referred to as patients with limited English proficiency (LEP).

This article provides background information about language barriers between nurses and patients, and how these barriers affect patient outcomes. Practice-based strategies are offered to improve outcomes and reduce readmissions. Although this article doesn't address barriers to communicating with patients with hearing loss, many of the same principles apply to these patients.

[Read more here](#)

## **5 Tips for Dealing with ICU Patients' Families**

Families of ICU patients face numerous emotional stressors while their loved ones are being cared for by skilled medical professionals. Statistics show that 50 percent of US hospital patient deaths occur during or after a stay in the ICU, and two-thirds of these deaths involve an active decision (usually by family members) to limit treatment. –

[Read more here](#)

## **Compassion and empathy**

### **The worst job in the world: The bad news bearers**

Each year, thousands of New Zealanders die unexpectedly. Someone has to tell their loved ones. Mike White meets the people with the worst job in the world.

They come to your door. Or usher you into a private room at the hospital. Or pull you aside at the highway edge. You know something is wrong, terribly wrong. And then they tell you – your husband, wife, son, daughter, best friend is dead. No goodbyes, no seeing them again, just like that. Dead.

[Read more here](#)

### **How to Manage a Grieving Team Member**

Supporting People in Times of Sadness

If you've experienced personal loss, you'll know just how painful it can be. Perhaps you've suffered a bereavement, broken up with your partner, or lost your house. Naturally, when events like these happen, emotions tend to take over and your priorities can change. Work is often the last thing you'll want to think about.

[Read more here](#)

### **Emotional Intelligence**

Developing Strong "People Skills"

We probably all know people, either at work or in our personal lives, who are really good listeners. No matter what kind of situation we're in, they always seem to know just what to say – and how to say it – so that we're not offended or upset. They're caring and considerate, and even if we don't find a solution to our problem, we usually leave feeling more hopeful and optimistic.

[Read more here](#)

## Confidence building

### **How to Manage an Insecure Employee**

Harvard Business Review, April 2018

When employees lack self-confidence, it can be hard to get them to perform at their best. So how can you help them excel at their job? What kind of coaching should you provide? What's the best way to boost their self-esteem? And how do you deal with your own frustration around their insecure behavior?

[Read more here](#)

## Conflict management

### **Bell and Hart's Eight Causes of Conflict**

Understanding the Causes of Workplace Tension

You've just arrived at your office, which you share with a colleague, and it looks as if it's going to be another frustrating day.

[Read more here](#)

## Difficult people / conversations

### **How to handle employees who complain too much**

An employee knocks on your door. What they proceed to tell you is their third complaint this month. The complaint itself seems unreasonable and unfair to the person who is being complained about.

[Read more here](#)

## Emergency planning

### **How to achieve empirical outcomes in the ED**

Duran, Janine, Liza

Nursing Management: [April 2018 - Volume 49 - Issue 4 - p 34–39](#)

Another trauma alert is called over the loud speaker—the fifth one this morning, and it's only 10 a.m. The chairperson of the department calls the charge nurse's cell phone, telling her that he sees five police cars following an emergency medical services vehicle a block away. She knows that she has to be ready and get her staff in place. Although staff members seem exhausted and dispirited, they're still going through the typical motions of another day in an urban trauma hospital. The charge nurse mentions the staff members' disposition daily now, and she fears that she'll be next in feeling worn out, hopeless, and ready to transfer to another specialty.

[Read more here](#)

## Handover

### **How One Hospital Improved Patient Handoffs for the Long Term**

*HBR Apr 2018*

Roughly 80% of serious medical errors (now the third leading cause of death in the United States behind heart disease and cancer) can be traced to poor communication between care providers during patient handoffs, according to a 2012 Joint Commission report. This makes patient handoffs the most frequent and riskiest procedure in the hospital.

[Read more here](#)

## [Infection control / handwashing](#)

### **Hand hygiene with glove use improving – but still an issue**

Hand hygiene in New Zealand hospitals has majorly improved in the past eight years – including when wearing gloves – but inappropriate glove use still remains an issue.

[Read more here](#)

## [Influence](#)

### **How Strong Are Your Influencing Skills?**

Identify and Increase Your Range of Influencing Tactics

Are you a confident influencer in your workplace, or do you feel limited by your role or by your personality?

[Read more here](#)

## [Leadership](#)

### **A partnership to assess clinical nurse leadership skills**

Logrippo, Maria, PhD, RN; Kelly, Sarah, PhD, RN; Sardinas, Nicole, DNP, RN; Naft, Molly  
Nursing Management: [April 2018 - Volume 49 - Issue 4 - p 40–47](#)

Nurse educators and administrators alike recognize the need to cultivate leadership competency at all levels of an organization, including clinical nurses who can directly impact the change necessary for improving patient outcomes. Transforming Care at the Bedside, a national initiative developed by the Robert Wood Johnson Foundation in collaboration with the Institute for Healthcare Improvement, highlights the important role of the clinical nurse as a change agent who's essential for the transformation of healthcare.<sup>1</sup> A quality improvement (QI) project was developed to establish appropriate leadership training and education at a large academic medical center, and advance nursing research. (See [Table 1.](#))

[Read more here](#)

### **To Be a Great Leader, You Have to Learn How to Delegate Well**

One of the most difficult transitions for leaders to make is the shift from doing to leading. As a new manager you can get away with holding on to work. Peers and bosses may even admire your willingness to keep “rolling up your sleeves” to execute tactical assignments. But as your responsibilities become more complex, the difference between an effective leader and a super-sized individual contributor with a leader’s title is painfully evident.

[Read more here](#)

## [Relationship building](#)

### **Finding Your Allies**

Building Strong and Supportive Relationships at Work

"A problem shared is a problem halved," as the old saying goes, and it's true in business as well. When it comes to working your way through the challenges that you face every day, it's a great help to be able to draw on a network of supportive individuals that you can work with to find a solution.

[Read more here](#)

### **7 Ways to Use Office Politics Positively**

Getting What You Want Without "Playing Dirty"

What do you think of when you hear the words "office politics"? Is it all about "backstabbing," spreading malicious rumors, and "sucking up" to the right people? If so, you'll likely want to stay as far away from it as you can!

[Read more here](#)

## **Stakeholders**

### **What Is Stakeholder Management?**

Planning Your Stakeholder Communications

If you want your project to succeed, it pays to remember the old saying, "No man is an island."

[Read more here](#)

### **Stakeholder Analysis**

Winning Support for Your Projects

Have you ever found yourself working really hard on a project, only for it to "hit the buffers" simply because a powerful manager or influencer says "No"?

[Read more here](#)

## **Supervision and Management**

*This article is not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library*

Martin, P. and Milne, D. L. (), **Reciprocal leadership in clinical supervision comes of age**. J Adv Nurs. Accepted Author Manuscript. doi:10.1111/jan.13548

Clinical supervision (CS) works best when based on a collaborative working alliance between the supervisor and the supervisee, leading to a range of benefits to patients, health organisations and health professionals (Martin, Copley & Tyack, 2014). However, the optimal approach to collaboration is far from clear, as sometimes a firm and even 'disagreeable' hierarchical style of leadership has proved most effective in CS (Rieck et al. 2015). The value of leadership in enhancing healthcare delivery and outcomes is being increasingly acknowledged.

## **Time management**

*Copies of this article are not freely available but may be sourced via NZNO library service or any DHB or University library service readers have access to.*

Laustsen, S. and Brahe, L. (), **Coping with interruptions in clinical nursing - a qualitative study**. J Clin Nurs. Accepted Author Manuscript. doi:10.1111/jocn.14288

Aims and objectives

To gain knowledge on how nurses' cope with interruptions in clinical practice.

Background

Interruptions may delay work routines and result in wasted time, disorganised planning and ineffective working procedures, affecting nurses' focus and overview in different ways.

Research has identified a growing problem linking errors or adverse events with interruptions. It may affect patient safety if nurses are not paying attention to interruptions. Little is known about how nurses cope with interruptions

## **Bullying and violence**

*Copies of this article will be available via NZNO library service or any DHB or University library service readers have access to.*

### **Brief interventions to de-escalate disturbances in emergency departments**

Karen-leigh Edward, Jo-Ann Giandinoto, Tracey J Weiland, Jennie Hutton, and Sarah Reel

British Journal of Nursing, Vol. 27, No. 6: 322-327.

This study aimed to systematically review evidence to assess the efficacy of non-pharmacological brief interventions in the emergency department to reduce the incidence, severity and impact of acute behavioural disturbances. The literature search was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. A total of 18 articles were identified as meeting the inclusion criteria and read in full. Following a full read and a consensus discussion, it was subsequently considered the studies chosen had not met the inclusion criteria. Research into the use of non-pharmacological brief interventions in the management of acute behavioural disturbance in the emergency department is warranted given the absence of evidence found by this systematic review.

## **Health, safety and wellbeing**

### **How to create mentally healthy workplaces**

When it comes to mental health, in the workplace and beyond, there's no one-size-fits-all approach, according to Institute of Managers and Leaders (IML) chief executive David Pich.

[Read more here](#)

## **Professional/career development**

*Copies of this article will be available via NZNO library service or any DHB or University library service readers have access to.*

### **Providing the right environment to develop new clinical nurse leaders**

Jacqueline Leigh and Lisa Littlewood

British Journal of Nursing, Vol. 27, No. 6: 341-343.

[Read more here](#)

### **Information for clinical staff considering writing for a professional journal**

Alan Glasper and Ian Peate

British Journal of Nursing, Vol. 27, No. 3: 168-170.

[Read more here](#)

The above bulletin has been compiled by Linda Stopforth, SNIPS, on behalf of NZNO Nurse Managers New Zealand section.

It is provided on the first Friday of each month and contains an overview of news items, articles and research papers of interest to the Section members.

All links are current at the time of being compiled and distributed.

For feedback please contact your section administrator: [DianaG@nzno.org.nz](mailto:DianaG@nzno.org.nz)

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