



# April 2017 Te Wheke Issue 37

[http://www.nzno.org.nz/groups/colleges\\_sections/sections/nzno\\_nurse\\_managers\\_new\\_zealand](http://www.nzno.org.nz/groups/colleges_sections/sections/nzno_nurse_managers_new_zealand)

ISSUE 37 <mailto:dcnmsection@gmail.com>

IN THIS ISSUE

## Chair Persons Report

by Raewyn Hughes

Hello Section Members

I hope you are all well prepared for the winter although there does not appear to have been much of respite on the demands for acute beds in DHB settings and those in the community over the summer months. I have recently spent some time as a consumer of the acute care setting and was reminded of all the good that nurses do on a daily basis. Not surprisingly, nurses are the default key for all other members of the multi-disciplinary team. If I heard it once I heard it numerous times the response from others to a question .... "Oh, I'll check with your nurse" or "ask your nurse". No wonder the value of nurses is underestimated or not recognised nearly often enough - nurses are the key movers and shakers for people they care for - now, if we could just encourage nurses to support themselves and each other. Be this by a simple gesture as a pat on the back for each other or voicing their opinions and concerns in the public arena.

Committee news: Sue Stevenson has completed her term on the committee and resigned to concentrate on her new directions. Thanks go to Sue for her contribution and flying the flag for primary health care nurse managers. Her enthusiasm will be missed on the committee. Congratulations to Maria Armstrong

for being elected to the NZNO Board of Directors - it is just great to have "one of our own" there. The committee has seconded Bridget Baldwin (from Nelson) back onto the committee to help share the load following Sue's resignation. Thank you Bridget for putting your hand up - we appreciate your willingness and experience.

Another successful regional forum was held in Auckland in March. These forums continue to be well supported. We are planning more in the future - please let us know if your region would benefit from one and we will see what we can do.

Enjoy this issue of Te Wheke - I know the committee has been very industrious in preparing it for you.

Kind regards  
Raewyn Hughes  
Chairperson



### A review of the Educational Forum Held in Auckland in March

The 2017 Educational Forum was hosted By Auckland and organised By Committee member Maria Armstrong. There were two presentations and this article will cover the themes of the first to the two excellent speakers.

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### The Nurse Managers Section survey.

In this article the summary of the survey are detailed also there is the link to the full power point presentation detailing all the results and findings.

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**NZNO NURSE MANAGERS SECTION  
ANNUAL EDUCATIONAL FORUM  
AUCKLAND, 15TH MARCH 2017  
BY MARIA ARMSTRONG.**

**This is the first of a two-part summary describing the content of the education forum presentations.**

Our first speaker was Rachael Calverley Director of Nursing and Workforce Development in Primary Health Care at Comprehensive Care in Auckland.

Rachael's presentation provided examples that in principal we could all use to help individual professional development as well as apply to practice to advance our profession. An example of this was demonstrated in her philosophy to the application of business cases. She discussed useful tips such as working with accountants to cost model new nursing roles to strengthen and support the development of nursing roles. Use the people around you, build relationships and learn more about what it is you are trying to achieve and the approach you choose you take. This will strengthen your case and build on making change happen.

Part of Rachael's role is understanding the nursing workforce and what that comprises of. Within the workforce she is responsible for nurse's work across a continuum ranging from entry level NETP, proficient RN, to expert nurse practitioners. She described huge potential for untapped growth and expansion that could be utilized to be more responsive to the demands and growing complexity of the growing population. She identifies inertia as a potential barrier in the achievement of this. Describing that some nurses are comfortable with where they are at and they

want to stay there. Which is fine to a certain extent but with the growing demand that we

have across metro Auckland and New Zealand we need to tap into potential as much as we possibly can if we want to see some changes and improvements in healthcare, which is no easy feat.

She highlighted the influence those in nursing leadership can have on job design, job description, recruitment, retention, support and growth. Thus the potential for nursing should never be underestimated. As a frame of reference to this influence she sighted the Alma Alta Declaration, Millennial Development Goals and the 2016 Triple Impact Report led by Lord Crisp in the UK which outlined seven clear recommendations around nursing. One of those being nursing leadership and raising the profile of nursing. It also recommends that we start to consider the contribution of the nursing profession and described nursing as being highly undervalued and poorly underestimated.

Rachael spoke about the importance of nursing leaders understanding the system that they work in and very importantly how the funding works. Understanding how it works to a large extent will determine what we can and cannot achieve. It is useful to note that form, follows function, follows funding. Funding is the key thing if you want change to happen. The challenge to the nursing leadership is in how we fit this to the increasing population demands, the demographic and economic changes and how we have a say in the decisions we have on how to

fund services where nursing is a factor. Strategy and policy is critical to influence and making changes, it is vital the nurse leaders have an understanding of these things.

Rachael shared with us the contents of what she believed were important to have in a nursing leadership toolkit. Including:

**1. Relationships** and the need to invest in your allies by making time, being responsive and sustaining this.

**2. Depersonalizing your leadership pathway.** Focus on the business at hand and what you have to do in a broader sense. Do not lose sight of your purpose-healthcare and people are the common goal. Understand your role and remit, if you do not know something, ask someone who does know it.

**3. Leadership is tough.** It takes time to build your experience and expertise, there is no right or wrong and you will have lots of failures but you will have a number of successes. Keep learning, keep going and don't stop or give up. Unfortunately, leadership does mean working when you are not meant to be at work, but do not make a habit of this.

**4. Supervision,** individual or peer is a way to help you grow, develop and mature into your leadership role. Find it, seek it and try to go every month.

**5. Politicization** get to know your local drivers, national and regional strategic direction. This is important to utilize when you are trying to influence change.

**6. Data** is really important to tell your story. It is your evidence; you need it from the get go if you are putting forward a point of view or recommending a service. Identify if there is a service gap, what

funding/ cost modeling is required, is there any legislative barriers constraining change.

**7. Academic preparation** including post graduate study, short courses and conferences. Chose what is right for your remit. What will make you more operationally effective?

**8. Resilience** – critical if you are to survive as a nursing leader. You will need to bounce back.

The presentation ended with a clear message around not forgetting that the common goal is the purpose of why we do something.

By framing things around this you will get you more leverage, influence and progression forward in achieving change.

### Membership Report

We are pleased to announce that the current membership of the Nurse Managers Section still stands at 485, this is great however we would love for this to continue to grow so please remind your colleagues that hold leadership roles within your organisation that we would be delighted for them to join the section. There is a limit currently of NZNO members belonging to a maximum of two Colleges or sections.

### Regional meeting reminders

Hawke's Bay /Te Matu A Maui NZNO Regional Council Meetings	24/04/2017	Hawkes Bay Region
North Shore Hospital NZNO Delegate Meetings	26/04/2017	Auckland Region
Canterbury Regional Council Meetings	2/05/2017	Canterbury Region
Aotearoa College of Diabetes Nurses 2017 AGM	3/05/2017	Southern Region
Central Region Te Rūnanga Hui	3/05/2017	Central Region
Auckland DHB Monthly Delegate Meetings	9/05/2017	Auckland Region
Canterbury Te Runanga Hui	11/05/2017	Canterbury Region
College of Emergency Nurses Committee	12/05/2017	Wellington Region
TOTS Regional Council Meetings	13/05/2017	Top of the South
Auckland International Nurses Day - Can You Help?	13/05/2017	Auckland Region
Greenlane Clinical Centre NZNO Delegate Meetings	16/05/2017	Auckland Region
Southern Regional Council Meetings	18/05/2017	Southern Region
BOP Te Runanga Hui	19/05/2017	Bay of Plenty/ Tairāwhiti Region
Tairāwhiti Te Runanga Hui	19/05/2017	Bay of Plenty/ Tairāwhiti Region
Midlands Regional Council Meetings	24/05/2017	Midlands Region
Midlands Regional Council Management Committee Meetings	24/05/2017	Midlands Region
Waitakere Hospital NZNO Delegate Meetings	30/05/2017	Auckland Region
North Shore Hospital NZNO Delegate Meetings	31/05/2017	Auckland Region

## NZNO NURSE MANAGERS SECTION SURVEY RESULTS by Sarah Tweedale

In this short article I'll attempt to bring to the forefront the salient points made from the survey that was conducted last October. The survey was not perfect, due to the options of open ended questioning a raft of opinions and data was collected which was not easy to accurately analyse. One of the downfalls of this particular survey is that unbeknown to the committee, participants were prevented from choosing and commenting on more than one answer. However I would have to say in the mist of its imperfections the survey delivered feedback encompassing heaps of passion, frustration and also obvious celebrations of great work.

The plan is to survey out membership every couple of years to get both a feel of the climate out in the workplace for nurse managers and also if the themes or concerns are evolving or changing, if they are, what are they evolving into?

We have to offer a heartfelt thank you for those that took the time to complete this, it is

very much appreciated. We hope we can rely on your ongoing participation in the future.

Of the actions going forward from the survey there is a plan to actively address some of the needs and concerns voiced. One way is to tailor make educational forums and the annual conference specifically to address the challenges, concerns and desires expressed in the survey. We the committee have also forwarded a full synopsis of the survey to senior NZNO leadership.

This article covers off the big themes, I'm sure many of you will recognise and feel the wash of familiarity as I take you through them.

By far the biggest response group work within a DHB 67% with primary care and 'other' both sitting with 15% and 13% respectively. Its important to keep this in mind around the context of the comments and views expressed; these are mostly from those working within a large organisation.

The questions around the challenges generated the greatest volume of feedback with comments frustrated that the survey allowed only one choice. Many of you wanting to pick more than one of the four challenges offered!

**Staffing** This was seen as a source of frustration from clunky processes, leaving lime lags for onboarding new staff to recruitment freezes due to

impending restructures. The consequence was the spread of ill feeling amongst leaders trying to keep areas safely staffed in the face of these barriers. Also mentioned were immigration constraints, the uncertainty and less appeal of fixed term contracts, rural recruitment difficulties and the recruiting and retaining of casual staff. FTE and workload mismatch was another frequent observation. Smaller specialised areas were deemed difficult to recruit into and also hard to cover sickness and leave. Noteworthy was the day to day staffing challenges that tended to crowd out and steal time from other more strategic work. Identified was, not enough casual staff to cover sickness / roster gaps on the day. Part time staff pressured to pick up extra shifts, skill mix of experienced staff to manage complex pts.; difficult to get this right with high turnover and also high EN and New Grad recruitment. CNM /DNM are spending large amount of time just trying to Fix staffing on the day. CNM and ACN's are having to work on the floor ( getting behind with 'other' work expected of them).

**Workplace culture** responses confirmed bullying was alive and well in our workplaces, with another problem of discontentment being spread by a small minority but still having a large negative effect on the workplace. Some positives were noted in organisations where improving



workplace culture has been addressed there is a marked improvement noted. There was also a subtle perceived bullying tendency felt when senior management linked expectations or KPI's etc. that are often beyond the control of the CNM/ACNM/ DNM held accountable .

There was a perception while not overwhelming that an aging workforce were more resistance to change. That New Grads and Gen Y RN's have different view to workplace culture etc. ( what's in it for them) which both negatively impact on workplace engagement. Getting the balance, recognising and celebrating the differences was seen as vital. Workplace culture deteriorates in line with change fatigue was as a common variable in the responses received.

### **Workload Management**

By far the question about workload generated some of the highest number of Comments with an overwhelming view of expanding workload and no extra resource.

**Expanding workload**, equated to working longer hours to try and keep up with this workload. Disparity within different areas as to support available ( some CNM's have ACN's, clerical support and admin staff others don't) Frequently deferring CNM work to help out 'hand on' in the wards, units, clinics etc.

The workload is getting more complex, KPI's budgets and extra responsibility/ accountability generally felt there was not enough time when much of the day was firefighting problems. Feedback from the community setting gave a different but no better perspective around workload. Community doesn't have a 'full to capacity' option, can't decline referrals so juggling sometimes huge workloads with same number of staff was a challenge repeated.

### **Are you satisfied with the support you receive from your organisation to undertake your role?**

There was a considerable response in that there was support but this was indicated as coming from close proximity colleagues not from higher level management.

The responses that indicated lack of support had two distinct themes.

Poor leadership training in equipping staff in post to undertake the expectations of senior management, with additional comments of 'management' having a limited understanding of the intricacies of the Nurse Manager role.

Not being listened to despite the Nurse managers aware of problem/issues and being solution focused. The interpretation of budget before

staff and patient safety was alluded to also.

### **What do you think NZNO Nurse Managers Section could offer you to assist with your role?**

There were a significant amount of 'not sure' or 'don't know' responses , indicating that what might be a reasonable approach is for support to be put in place and a request for an evaluation of usefulness after a period of time. Tweaking and modifying in response to this over time. Not knowing what you're missing or needing is not an unusual state of affairs in many aspects of our working lives.

Of the specific requests there was desire to share and network our experiences, frustrations and innovations with one another, suggestions of video linking, mentorship programs, leadership development work streams, frequent local seminars/managers forums This would look at position descriptions, new roles, HR and bullying and other related issues faced by Nurse Managers, the need for this in a safe non-judgmental environment was voiced.

NZNO support in times of staff difficulties, Nurse Managers feel isolated in these situations as NZNO delegated sit alongside the nurse and rely on the organisation to support the nurse manager.

### Where to now ?

As mentioned the survey results identified themes to address at conference and regional forums although less than 26% had ever attended a regional forum and only 50% had had to opportunity to attend conference what information and support offered in these settings obviously needs to be further reaching and of greater frequency. This identified a need to a greater network of local support for nurse managers to get together. We are clearly social media users with Facebook leading at 50% over twitter and linkedin. The snips and newsletter were both seen as useful in some situations but often more of a general interest rather than a significant resource.

### The top ten topics for conference and regional forums were :-

1. Conflict Management. Dealing with challenging staff, the legalities of disciplinary steps.
2. Workplace Bullying; being the recipient and also managing it among staff.
3. Leadership skills. Building morale, workplace culture, negative thinking, and staff engagement.

4. Managing phenomenal workloads, prioritisation and delegation.
5. Resource Management : funding/Finances/KPI's, staffing and staff retention
6. Coping through Change and all it entails
7. Ethics; duty of care vs free will.
8. HDC and complaint management.
9. Strategic and production planning.
10. Integration of primary and secondary care. Nursing leadership challenges in primary care.

In conclusion the survey and the coding and sorting of the data received was a worthwhile opportunity which will shape and influence the 'why, what an how' we as a committee go about our business, our commitment to listen and act on your behalf is unwavering and we sincerely hope that the visibility, close proximity and commitment to its members generates a feeling of worth and value. Once again, a huge thank you.

This is the link to the full Power Point presentation detailing the data analysed.



## Nurse Managers Section Survey - Oct

## Here is your chance!

Are you interested in fostering leadership and enhancing your own professional development?

We are seeking enthusiastic RN's in a leadership position to join our dynamic Nurse Manager Section committee. No previous committee experience is necessary but we guarantee you will learn new skills.

We are calling for nominations from either yourself or someone you know.

There will be three vacancies coming up in November (two members finishing their term and the seconded position due

to resignation earlier this year). Three incumbent members will be seeking re-nomination.

The committee has 3 teleconferences each year prior to a 1-2 day face to face somewhere in the country (expenses paid). The committee members are in regular contact via email and professional development will be gently fostered as you are encouraged to take on a role within the committee (as part of our succession planning). Roles depend on your interest focus (and include publication of our newsletter, management of the website, treasurer, membership, secretary, chairperson).

This is a great chance to network and you will be part of a committee actively looking at new ways to support and promote leadership, raise our nursing leadership profile by submissions, and suggestions are always welcome.

The more you put into the Nurse Manager Section the more you will get out of it. My confidence and skill set have significantly grown since joining and I encourage you to give it a go. We would like a good cross section of leadership roles and geographic representation on the committee.

Nominations open at the end of May, so keep an eye out for information on our website and Te Wheke.

If you would like more information or would like to talk to someone, you can contact me, or any of the committee members (our email addresses are on the Nurse Manager Section website).

Looking forward to hearing from you.

Monique Toes-Rouse

## ***Spotlight Interrogation***, (our regular feature article) – Let's get to know a little bit about each other..... Hi I'm Sarah Tweedale the editor of this newsletter and have been on the Nurse Managers Section Committee for a year and a half.

**1. What's your name, what do you do and where do you work?** Sarah Charge Duty Manager Dunedin Hospital

**2. What would you be doing if you weren't at your current job?** I would love to be an interior designer; I love paint and fabrics, and always have a DIY project on the go. Or a chef I've always wanted to own my own restaurant, I know that two, by hey I'm the editor!

**3. What's the most important lesson you've learned in the last year?** Its ok to be imperfect and make mistakes, owning this and being vulnerable is not a weakness or flaw it's a strength, this often gets more respect from people that matter in your life than pretending you have got it altogether. Let's face it none of us has.

**4. What characteristic do you most admire in others?** I'd have to say openness and showing some vulnerability. Kindness is underestimated as a quality in my opinion.

**5. What quality in you would you hate to see emulated in your employees?** I think quality is probably the wrong word here; I often struggle seeing a situation through the eyes of another, being too single minded is a flaw I'm working on. Open mindedness is what brings about growth and improves relationships. There is never only 'one way' in any situation.

**6. If you were to start a company from scratch, what values would you build it on?** Getting the 'why' sorted. The 'how' 'what' 'where' & 'when' is all hard graft unless you know what your 'why' is. Why we get up in the morning and why we do the work we do is fundamental to building and growing.

**7. If you were to tell one person "Thank You" for helping me become the person I am today, who would it be and what did they do?** This is a hard one I have had the benefit of a supportive family growing up, have been married for nearly thirty years, and

have two great children. I guess my Mum has been my 'one look up to person' in my life ... so thanks Mum you're awesome!

**8. When are you the happiest?** Probably a long walk with my two rescued greyhounds, I have to practice switching off from work and enjoying the present.

**9. What one memory do you most treasure?** Simple camping holidays with the four of us, when the girls were young and still felt their parents were cool people to hang out with!

**10. What would a "perfect" day look like for you?** Oh my goodness at work it would have to be enough staff to cover the hospital and enough beds to put the patients into, those are the days I dance for joy! Actually I'm not exaggerating; I really do dance in the office on those days; with no one watching! It sadly doesn't happen very often. I'm normally trying to clone the resource nurses and send them to four different areas at the same time! If I wasn't at work, a day chilling with some close friends and chatting about nothing much is such a treat. A cold glass of pinot gris would also be included in this scenario!

**11. How do you recharge?** I disappear to my small holiday cottage which is not far away, we have spent the last 2 years doing it up, I relax, read, garden and walk the dogs. My perfect happy place to be, especially when close friend s pop by.

**12. What super power would you like to have?** Well I would probably want to enforce world peace and put and an end to war and poverty. I think that would take many super powers together, Trump not being one of them! So I'll settle for one for one from my favorite TV shows when I was a Kid, 'bewitched,' twitch my nose or click my fingers and the hospital is staffed and my house is tidy! ... pure magic!



## Remember Remember the 3rd of November..... Why? well it's The 2017 Conference of course!

It's not that far away, I know we have to get through the small matter of winter before then but time does seem to be moving on at a remarkable pace! Is that a something to do with getting older?

You should have all received a save the date flyer the registration forms are attached to this newsletter and on the conference website (link Below). Of those of you that have attended or know others who have attended conference I'm sure you/they can vouch for the value and benefits gained.

This year will be no exception with a fabulous line up of speakers and a magnificent conference dinner at Larnachs Castle (the building in the flyer) included in the price. The conference committee is excited to be planning a programme that offers our famous southern hospitality and showcases some of our innovation and talent all held in a beautiful location in the friendly South.

Save the date and register electronically following the link on the registration form, On behalf of the conference Committee we hope to see you in Dunedin in November.



SAVE THE DATE  
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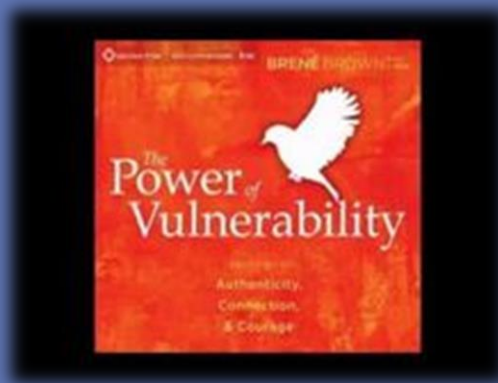
Click on these icon to open and print a flyer and registration forms, alternatively follow this hyperlink to take you the 2017 conference website.

<http://nursemanagersnzconference2017.weebly.com/>



### Recommended reading.

Two inspiring reads with plenty of valuable guideposts for our home and work lives



### Some Interesting and useful Websites for you to explore

[www.ted.com/talks/brene\\_brown\\_on\\_vulnerability.html](http://www.ted.com/talks/brene_brown_on_vulnerability.html)

[www.ted.com/talks/lang/en/simon\\_sinek\\_how\\_great\\_leaders\\_inspire\\_action.html](http://www.ted.com/talks/lang/en/simon_sinek_how_great_leaders_inspire_action.html)

[www.fierceinc.com/blog](http://www.fierceinc.com/blog)

<https://www.youtube.com/watch?v=3TX-Nu5wTS8>

[www.kotterinternational.com](http://www.kotterinternational.com)

This is one of Jeni Palmers favourite “how to” from Rosabeth Moss Kanter. Thanks for sharing this Jeni.

### 6 Keys to Leading Positive Change

**Show up** – if you don’t show up, nothing happens. Be there. Trust that your presence matters and can make a difference.

**Speak up** – Use your voice. Say what needs to be said. Ask the questions that need to be asked. Shape the agenda. Re-frame issues and give new perspectives.

**Look up** – Have a higher vision, bring values to the team. Know what you stand for. Elevate people out of the weeds and to a bigger picture of why our work is important.

**Team up** – Everything goes better with partners. Don’t try to do it alone. Build a sense of partnership.

**Never give up** – Persist until done. Everything looks like a failure in the middle. It will take longer than you imagine, keep going anyway. Be flexible in your approach, but inflexible in your persistence.

### Final words from the Editor

We hope you enjoyed reading this edition of the section News Letter Te Wheke. A reminder to all our readers out there that contributions are welcome to the newsletter as well as book reviews or helpful website and blogs or links. If you found something useful or inspiring chances are others will to pass it on.

Finally I'd like to congratulate Maria Armstrong on her election to the NZNO Board of Directors we committee members are very proud of her success. As many of you may know, Maria is passionate about nursing leadership and will without doubt be a strong and valuable advocate for nursing especially nurse managers in her role on the board, well done Maria.

Bye for now

Sarah Tweedale