July 2017 Issue 39

Te Wheke July 2017 issue 39

http://www.nzno.org.nz/groups/colleges_sections/sections/nzno_nurse_managers_new_zealand

Chairperson's Report

From the Chair, Maria Armstrong

Hello and welcome to the first report as Chair of the Nurse Managers New Zealand Committee. For those who do not know me, I am a RN currently working full time as a Charge Nurse at Auckland City Hospital and am currently pregnant and looking forward to welcoming my first baby due late August.

I'd like to start by signaling the importance of Nursing Leadership. Internationally nursing leadership positions have been recognised in several key documents including the Institute of Medicine's report, The Future of Nursing and the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis report). Despite the recognition of the need for nurse leadership at the highest levels, nurse leadership positions are not always secure within health care Organisation's or the wider health system. Nurse leaders who currently occupy formal leadership positions at all levels sometimes lack the resources, visibility or formal authority to be optimally. our committee wants to more active in articulating and highlighting the issues we face.

Those of us in nursing leadership and management positions are facing a challenging time, exacerbated by the current healthcare climate, winter pressures and several nursing leadership and management positions being threatened across the country including Southern and Mid Central DHB. I want to let you know that over the next couple of months our committee is going to be actively addressing nursing leadership concerns in a variety of ways. If you would like to contribute, highlight issues or share with us how things are going for you in your role and or your views on what we can be doing to advocate and bring visibility to these issues please do not hesitate to get in touch, our email is dcnmsection@gmail.com

The section meet at the end of May in Wellington. Two of the articles included in this newsletter give a brief overview of matters discussed by two of our guests, one of who presenting at this year's conference- Jane McGeorge.

Contents

Jane MacGeorge

Jane is the Nursing and Professional Services Manager at NZNO and she met with the Committee in Wellington in May to talk about the new Nurse Managers Support pathway.

Written by Sarah Tweedale

Historically when nurse managers contacted NZNO to get some support and advice for a difficult workplace situation they were told this was not available, NZNO were obliged to offer support to the delegate, and would be seen exhibiting a conflict of interest by supporting the manager.

When the section undertook a survey in October 2016 this lack of NZNO support was one of the disappointments expressed by our membership. Nationally this common theme was heard and as a consequence Jane MacGeorge and Hillary Graham-Smith have developed a support pathway for nurse managers. Currently the activity it is being monitored through MSC and the stats and themes will be presented at the Nurse Mangers Conference in Dunedin when Jane talks about this pathway and Nurse Management Support needs.

The pathway is along the lines of either Jane or Hilary will be notified and triage the calls from the MSC (membership support centre), after contact and discussion with the individual placing the call direct the Manager to the right area of support, this could be legal, a professional nurse adviser or HR support. It can also after discussion, encourage the manager to work with their DON. Jane has seen that there has not always been adequate support from the HR departments of DHB's and as such redirecting to another source of advice or giving some strategies and guideposts has helped individuals enormously. Jane pointed out this pathway is not in place to give any industrial advice or an alternative for this.

The pathway is accessed through the MSC, at this stage there are manageable numbers coming through, many from smaller DHB's which have limited HR or legal support. It is anticipated it will grow and develop over time as the pathway becomes a more familiar option for Nurse Managers to access. Activity will be monitored by NZNO to ensure it continues to meet this need.

Once Nurse Mangers are given the direction, strategies, tools and advice this will it is hoped lead to a more straight forward management of these situation. The goal being Nurse Managers feeling supported to do the right thing by other nurses thus creating a safer working environment.

Carl Horsley-Turning Safety on its Head:

Team Resilience for the Ordinary Day written by Jeni Palmer

	Safety-I	Safety-II
Definition of safety	That as few things as possible go wrong.	That as many things as possible go right.
Safety management principle	Reactive, respond when something happens or is categorised as an unacceptable risk.	Proactive, continuously trying to anticipate developments and events.
View of the human factor in safety management	Humans are predominantly seen as a liability or hazard.	Humans are seen as a resource necessary for system flexibility and resilience.
Accident investigation	Accidents are caused by failures and malfunctions. The purpose of an investigation is to identify the causes.	Things basically happen in the same way, regardless of the outcome. The purpose of an investigation is to understand how things usually go right as a basis for explaining how things occasionally go wrong.
Risk assessment	Accidents are caused by failures and malfunctions. The purpose of an investigation is to identify causes and contributory factors.	To understand the conditions where performance variability can become difficult or impossible to monitor and control.

On 23 May 2017 Tauranga Hospital had a visit from a guest speaker, Carl Horsley, who brought a refreshing approach. Carl is the Clinical Head of the Critical Care Complex at Middlemore Hospital. He is interested in how to enhance the resilience of healthcare systems. Carl discussed safety in healthcare and how health has been compared to models used in factories for productivity. We have had a model where we have taken a retrospective view to discover what has gone wrong. The result has often been to add another checklist and there has been little consideration on what the impact is of this on everyday clinical work. We have guidelines and protocols and we focus on compliance. However healthcare systems are complex and people are not like machines and do not always respond in a predictable way. Carl shared that research in safety has moved to a new model called Safety II. There are key differences here with people being seen as a key resource. There is a focus on getting as many things as possible going well, with thought about how safety can be incorporated into the actual work done at the bedside. Carl gave an example of the five moments of hand hygiene and how they are practically applied in the critical care setting. The focus of Carl's talk was on how to enhance the resilience of healthcare systems, in particular, in improving team function and psychological safety as these can play a key role in improving outcomes for both patients and staff. I found his talk gave me food for thought. Are we wasting time writing protocols that nobody reads or uses? How can we encourage staff to think about what they are doing and how this might impact on patients within such a complex work environment?

This is a link to a you tube audio link of Carl Horsley - Turning Safety on its Head: Team Resilience for the Ordinary

Membership/Education Grant

The NZNO Nurse Managers' Section New Zealand membership now stands at 490. We would love to see this reach the 500 mark by the end of the year so we encourage you all to talk to your colleagues and explain the benefits of belonging to this dynamic and forward thinking section. We recognise that we are all working in challenging environments and within financially constrained Organisation's. This section acts as an advocate for all members, listening to concerns/national trends and looking at ways to improve leadership roles within New Zealand nursing. A new initiative the committee have finalised this year is The NZNO Nurse Managers Section New Zealand Education Grant. This exciting development will enable members of the section to apply for grants of up to $500.00 each in order to undertake further education. Two grants will be made annually in May and November. Application forms are available on the website with full details of requirements.
Click here to go the NZNO Nurse Managers' Section website.

Books and websites to read and explore

David and Goliath, wow this book had so many ahha moments for me, I admit I didn't read it but listened to it on audio book, so far 4 times! well worth the time on a road trip or around the house. Comes highly recommended as one of my all-time favourites as does his TED talk and his other books, Tipping point, Blink and Outliers.

Switch will need a couple of reads but it doesn't take long before your applying this theory to a multitude of situations at work and in your home life.

Next up, the top 11 TED talks, if you are new to TED then this is a great jumping off point to get stuck in, honestly these talks are so much better than regular TV. TED can be life changing, I try to commit to one TED a day give it a go and see how much it broadens your outlook and gives you a great conversation openers! This link will take you to - What is TED? This primer of 11 classic TED Talks show you the wide range of topics covered -- and introduce you to beloved speakers like Amy Cuddy, Brené Brown, Sir Ken Robinson and Chimamanda Adichie. Click here

If you like blogs then check this one out I met Kate in February at the educational forum in Auckland and am now following her blog. There is some profound, useful, funny and thought-provoking content… thanks Kate.

Sarah Tweedale - Editor

Spotlight Interrogation, (our regular feature article) – Let's get to know a little bit about each other.

What's your name, what do you do and where do you work?
Lisa McAuley, Duty Nurse Manager at Tauranga Hospital.

What would you be doing if you were not working at your current job?
If I wasn't Duty nurse managing I would be back on the floor, miss that patient contact!! No other career for me than nursing, I remember as a little girl visiting my grandad in hospital and not wanting to leave!

What's the most important lesson you've learned in the last year?
A quote a colleague heard at a conference and shared was; " The halo on your head is only 6 inches away from being the noose around your neck". It's so important to walk humbly, be kind, be gracious and don't ever think you've got it sorted – a lesson I am always learning!

What characteristic do you most admire in others?
Kindness and humility – the opposite of mean and proud. When I see a person spreading kindness I am inspired, every single time!

What quality in you would you hate to see emulated in your employee?
Eek hopefully not many! Slowing down and being patient is what I often struggle with – something that can be so vital at times.

If you were to start a company from scratch, what values would you build it on?
Kindness and generosity without a doubt!

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?
My husband is awesome! His patience, love and encouragement for me to pursue my goals and encouraging me to follow my heart has shaped me hugely.

When are you happiest?
Making memories with my family.

What one memory do you most treasure?
Sitting with my Grandma as she passed away – a bittersweet moment – bitter that she was passing but sweet that I got to be present in that moment.

What would a "perfect day" look like for you?
A run as the sun comes up, spending time with the kids and of course a latte!

How do you recharge?
By running or reading – one of those "R's". A good novel with a cup of tea. Retail therapy is also high up on "things that recharge me" list!

What superpower would you like to have?
Put a smile on the face of every child and make sure they have full tummies, full hearts and know that they are truly amazing.

Workforce Planning… who gets a say in this?

Discussion with Dr Kathy Holloway written By Sarah Tweedale

The NZNO Nurse Managers New Zealand section committee were privileged to meet and discuss health workforce planning with Kathy. We spent just over an hour getting our heads around groups working at national level and how they link to one another. We also discussed alongside this the Health workforce NZ allocation of funding for education and postgraduate study. We touched briefly on Kathy's doctoral work around workforce planning using a different model to evaluate what is our best option rather than doing as we have always done. At one point, we did head off on a tangent and talk about as nurse leaders how we articulate our worth and I want to talk about this some more in a separate article.

Kathy briefly discussed the structure at national level and how all the different working parties, steering groups, professional bodies, NGO's and high level government groups etc. are joining up their work, in order to form robust and feasible workforce planning. That can shape and future proof our health workforce. Well it sounds complicated and it is! None of us was really aware of all of the groups for want of a better word there were. Crudely split there are group whose core business are:-

Regulation:- (NCNZ) Nursing Council of NZ

Education:- (CDNM NZ) - council of deans of nursing and midwifery including university educators and NETS -nurse educators.

Policy and Government :- (MOH and the OCN (Office of Chief Nurse plus three advisers)

Professional bodies:- NZNO, CNHNZ, CNM, NENZ - Nurse executives of NZ click here for the NZNO workforce planning document.

All these groups serve nursing and join into the NNO group (National Nursing Organisation group) who meet four times a year to address nursing issues at a national level.

They in turn interact with HWFNZ (Health workforce NZ) which has a group called the nursing governance group (NGG). They have looked a number of issues for example, growing the Maori Workforce to reach population parity by 2028. They are also consulting on the structure of how the allocation of HWFNZ funding is spent to support health workforce education and development. Currently nursing is 70% of the health workforce and receives approximately 20% of this funding with the bulk going to support medical education, training and development.

The new model under consultation is proposing a higher level of transparency when evaluating the spending of these funds. Proposing a model similar to the pharmac model in terms of need rather than being profession based.

Just one more group need to be mentioned it is the NEAT (Nursing education advisory team) this group provide advice to HWFNZ on future needs, they wrote the PG specifications and NETP specifications. The group is made up of the employers (DON's) Regulators (NCNZ) PG coordinators, educators and representative of all the above groups. There is also the ACE steering group made up of employers, educators and students. Just in case groups or sub groups were missed out my apologies, there is so much valuable work being undertaken it really is difficult to capture it all.

So, from this we can see that there are a significant and diverse group of nurses looking at workforce planning at national level. How does it all join up and I guess there has to be a so what ? added here. Well clearly nursing has a number of voices and these are intrinsically linked to HWFNZ , a new model which following this consultation period move to guide and support nursing in establishing itself firmly in the role of a specialist service provider for the health needs for the population of New Zealand.

In respect to HWFNZ funding who should and shouldn't get it , there are the clear nurse competency and recommendations described in the NC website. However what Kathy feels is a missing is the stage in applying the impact on practice model, looking specifically at if funding should be allocated. This needs to comprise of four equal quadrants. (this tool was developed by the NHS).

1. The employee/ student- establishing they ready for study, is this something they want to do?
2. The Employer- Needs to have a process whereby once someone has undertaken study and are inspired and enthusiastic, the employer can provide a channel for change , all

too often the an individual returns from study only for the new ideas, innovation and enthusiasm to be crushed and things remain the same, with evertone becoming consumed by the day to day busyness.

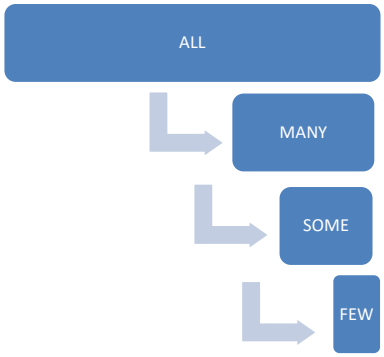
3. The programme – is this right for them and right for the organisation?
4. The manager- They must have clear expectations following the study and support the practice of change as a result of the study, this is a measurable expectation which the employee must be held accountable for achieving.

A focus at the moment is the acknowledgement the health sector can't deliver on all the health care needs of the population and that by promoting a self-management model, engaging consumers is a way to move to a sustainable health service. One question is what does this mean, look or feel like? To have integrated care sounds great but how do we get there?

The principle historically has been the mechanism for workforce planning is the model of supply and demand, how many nurses and doctors do we need to deliver what we deliver now in the same way? What is fundamentally flawed here is that this model doesn't take into consideration the services we need, it assumes the services we provide now are the ones we will need in the future.

The New model is a needs based model looking at population needs and services and then when this information is established honestly asking who are best placed to provide or deliver these services. The principle is seeing the needs of our population broken down but not by a profession lineated delivery model.

Kathy calls this the all, many, some, few model.



If applying this principle in relation to population based needs rather than which type of health professional should deliver care it then becomes a scope of service principle not profession specific. While this sounds complicated, Kathy gave us the example of applying this to GI health needs; it look something like this: -

The all will encompass health promotion around healthy eating, BMI etc. NGO's, schools, media and charities will see this within their scope in terms of healthy food being affordable, school policy around permitted food for sale etc. There will be web based health promotion from many different sectors.

For Many this continues to be health promotion but specifically this portion of the population would probably need specific information, advice around over the counter medication and possibly provision of health literacy around common symptom management, including what to look for in terms of warning signs requiring further attention or a discussion with a health professional, possibly a practice nurse or telephone health line advice.

Some this scope of service will involve specialty service involvement, endoscopy possibly a nurse endoscopist, prescription medications, GP visits and possibly referrals to a hospital based service.

The few are the small portion of the population who will have complex surgical involvement and hospital level care.

By looking at who should or could provide this scope of service and asking at what level should professional groups be involved stops the automatic jump to registered nurses or a specialist consultant at each turn of the journey. Looking at what people need rather than a purely professional based delivery structure can better future proof the workforce which in turn can provide a sustainable service to meet the health needs within the most appropriate scope of service.

By reframing the expectation that registered nurses are 'working to the top of their scope' think instead of 'working to the full extent of their education and training' this is discussed at length in the institute of medicines future of nursing document report 2011 by the institute of medicine. Click here to view recommendations from this study.

By thinking how we use our workforce and understand the full utility of our staff we can start to blur the professional barriers and look at scope of service.

Annual Nurse Managers Education Forum – Auckland 15th March 2017

This is the second of a two-part summary describing the content of the education forum presentations.
Written by Maria Armstrong

Our second speaker was Professor Jenny Carryer from the School of Nursing at Massey University. She is also the Executive Director of the College of Nurses and Chairs the National Nursing Organisation's Leadership Group.

Jenny's presentation looked at the nursing profession in respect to the context, barriers, and how nursing leadership development is doing across the country and why we might not be doing so well. She started by explaining that there are some very personal things about why people choose leadership so it is pointless for us to think that everyone will step up and be a leader because many of us just don't want to be. Jenny also went on to say that there is quite a gap in the nursing leadership space explaining that there are lots of nurses that are stepping up to run Organisation's and lead PHO's and other places. However, there is a shrinking number of nurses who are working in the kind of disciplinary space pushing forward professional issues.

She also wanted to stress an important point around depersonalisation. She advocated that as leaders we need to have self-compassion and realize that it's not about me, so when we think about all the unpleasant stuff that goes on, we need to learn to say "oh goodness" depersonalize it and remember this is not about me but my position.

Part of Jenny's focus was around why leadership is quite difficult for nursing and she focused on some of the things we could do differently, not just growing some key big leaders, but raising the leadership sense of the whole discipline. It is her passionate belief that nurses should be running the health system. In the 1990's and then again in 2008 when the financial crash occurred the notion of new pubic management was really ensconced in health. Since the 1990's we have seen the extensive eradication of nursing clinical leadership then the move to sideline this and focus on efficiency, speed, measurement, counting, data, rationality, productivity and technical improvements. Health has had a huge dose of new public management with leadership brought in from production based industry, pushing clinical leadership aside. Since the 90's there has been a tremendous amount of regrowth and resurgence of nursing leadership but a lot of damage has been done, as a profession we are still dealing with the some of the consequences of that damage.

Because of this continued focus on efficiency, speed, measurement, counting, data, rationality, productivity and technical improvements in health, nursing was further undermined, some of this due to the perceived alliance with things womanly and domestic! This is still predominant as the nursing voice and easily dismissed because of the assumption it's about the nice, fluffy, caring, stuff, when actually, here we all are having the greatest impact on the 'counting, efficiency, speed and measuring outcomes'. The irony of this is that nursing has the biggest influence on health outcomes. Over the last 20 years nursing has achieved truckloads of strong data about exactly the difference we make. We know that there are 11 nurse sensitive negative outcomes for patients that are directly attributed to nursing, making a huge difference to the bottom line of hospitals and more importantly to the comfort and safety of patients.

Jenny described a situation she experienced of sitting in the Ministry of Health where she was providing data based on research from over 12 million discharges which showed a 300% increase in negative outcomes as staffing levels went down while she watched Ministry officials yawning. This is simply because they could not grasp that nursing could be this important. Thus,

she learnt a lot from that experience – yes data is important but it isn't enough on its own, its the fundamental belief systems that actually cut across how that data is viewed.

Something we need to celebrate, is that since the appalling damage that was done to nursing in the 1990's, nursing has achieved a significant amount in NZ and particularly successful in positioning nursing as a discipline better than any other discipline in the country to manage the next ten or fifteen years. The things that we perhaps forget that we have done is that we have moved from an occupational to a professional status. we have moved from that whole notion of trial and error and have come a long way, owning a much more rigorous evidence base standpoint for much of what we do. As a country, we have pioneered the cultural safety focus in a way that is being increasingly picked up around the world. We have driven and led a focus on partnership. Its is nursing that talks very strongly about a partnership with individuals and communities, it is nursing education that teaches our graduates that this is how they work and that we are people centered.
In addition to that we have developed the nurse practitioner role in NZ and are now moving into nurse prescribing for registered nurses and finally the establishment of the National Nurses Organizations' group where four times a year all the leaders from all the major nursing groups come together to sit around the table to discuss and thrash things out that matter to our profession.
So, huge achievements have been made despite the mayhem that has gone on around us this is something to be really proud of.

In order to keep filling this disciplinary space we need to think about how we grow our younger leaders. We need to be thinking very strategically about what it would take to make sure we have a new generations of leaders coming through. We begin that process by ensuring all nurses whether they are going to be in leadership positions or not feel powerful and authoritative.
In the undergraduate nursing degree, there is a strong focus on producing nurses that have a strong sense of identity, authority and importance but we know that it takes 6 months in the practice environment for that to be squashed out of them. Because they find that the only way they can fit into the practice environment is to keep quiet. This is not a fertile field for growing the next generations of leaders, so we have some very serious thinking to do about that. Nurses are also inarticulate which marginalises ourselves in a very major way. In demonstrating our micro behaviors, the way we present ourselves, the way we speak about ourselves, our expectations of being taken seriously actually generate power within the discipline in an important way. When we use disempowering language bit by bit we role model this disempowered behavior at the micro level. By growing our sense of identity, responsibility and power from the bottom up, all nurses will understand and can then articulate the value of our discipline. We must remember the reason for our existence and why we want to be powerful. Never forgetting we are really important to people and patients, it's not because we want to look great it's because we know our discipline is important in actually making the health service work and so if it makes people more comfortable to seek power on behalf of patients and family then that's the way we have to do it.

It is interesting to note that what we have seen to date, is that some nurses do step up as organisational leaders there are nurses all over the country who are Chief Executives of DHB's, there are nurses in big leadership positions in the Ministry of Health, Defense and Justice. However an interesting observation is that when nurses step out of traditional leadership roles they often remove their nursing identity. When we remove our nursing identity we stop the public from learning what pivotal roles we have right across the health system. WE don't see medical doctors moving away from their 'Dr' when they become a CEO, a minister, or a general manager in a DHB, they leverage this position not hide it like nursing often does.

Jenny concluded her presentation discussing servant leadership. A leadership style she would like to see nurses adopt as our way of being leaders. Servant leaders recognise that when we as leaders are resistant, arrogant and intimidating all that does is suppress the energy of the very people we want to inspire, lead, encourage, mentor and develop. It is counterproductive, similarly servant leaders can see the vulnerability in other people and remain connected to this as they understand that the people we work with have their own trauma's,

damage, fears, shyness and all the other things we walk round carrying. If as leaders we can identify and connect with that vulnerability, people are more likely to feel supported, grow and develop beyond those vulnerabilities. It is then we have really achieved something, rather than simply suppressing them further. So as servant leaders it requires us to extend caring towards our collogues both senior and junior. This is an interesting point as many of those who treat us poorly are actually damaged human beings and could grow and learn from our being in their world as nurses.

We need to remind ourselves to see other people's vulnerability as an important way to monitor our behavior, it stops us lashing out, fighting back, being rude and putting people down if we remember they are vulnerable also.

NZNO Up and coming dates to note

Midlands Regional Council Management Committee Meetings	19/07/2017	Midlands Region
Midlands Regional Council Meetings	19/07/2017	Midlands Region
Southern Regional Council Meetings	20/07/2017	Southern Region
Tairawhiti Te Runanga Hui	21/07/2017	Bay of Plenty/ Tairawhiti Region
Waitakere Hospital NZNO Delegate Meetings	25/07/2017	Auckland Region
North Shore Hospital NZNO Delegate Meetings	26/07/2017	Auckland Region
Pacific Island Fono - Auckland	26/07/2017	Auckland Region
Canterbury Regional Council Meetings	1/08/2017	Canterbury Region
Enrolled Nurse Section Committee Meeting	1/08/2017	Wellington Region
Greater Auckland Region Te Runanga Hui	2/08/2017	Auckland Region
TOTS Regional Council Meetings	3/08/2017	Top of the South
Tai Tokerau Regional Council Meetings	8/08/2017	Tai Tokerau Region
Auckland DHB Monthly Delegate Meetings	8/08/2017	Auckland Region
Greater Auckland Regional Council Meetings	10/08/2017	Auckland Region
Greenlane Clinical Centre NZNO Delegate Meetings	15/08/2017	Auckland Region
2017 Greater Wellington Regional Council Meetings	16/08/2017	Wellington Region
Midlands Regional Council Remit Meeting	16/08/2017	Midlands Region
Midlands Regional Council Management Committee Meetings	16/08/2017	Midlands Region
College of Emergency Nurses Committee	18/08/2017	Wellington Region
BOP/Tairawhiti Regional Council Meetings	23/08/2017	Bay of Plenty/ Tairawhiti Region
Central Regional Council Meetings	26/08/2017	Central Region
2017 Hawke's Bay/Te Matau a Māui NZNO Regional Council Meetings	28/08/2017	Hawkes Bay Region
Waitakere Hospital NZNO Delegate Meetings	29/08/2017	Auckland Region
North Shore Hospital NZNO Delegate Meetings	30/08/2017	Auckland Region
TOTS Regional Council Meetings	31/08/2017	Top of the South
Greater Auckland Region Te Runanga Hui	6/09/2017	Auckland Region
Southern Regional Council Meetings	7/09/2017	Southern Region
Auckland DHB Monthly Delegate Meetings	12/09/2017	Auckland Region
Greater Auckland Regional Council Meetings	14/09/2017	Auckland Region
Aged Care National Delegates Committee Face-To-Face Meeting	19/09/2017	Wellington Region
Aged Care Sector Group Face-To-Face Meeting	20/09/2017	Wellington Region
Waitakere Hospital NZNO Delegate Meetings	26/09/2017	Auckland Region
North Shore Hospital NZNO Delegate Meetings	27/09/2017	Auckland Region

'BREAKING THROUGH THE BARRIERS'

Will address the challenges that nursing leadership faces today, both in the hospital and community settings. This will be a focused and practical conference, promising participants will go away feeling enabled and equipped with tools and strategies they'll need to be exceptional leaders. It is open to all nurses in leadership positions or those wanting to move in this direction. We welcome all DNM, DM, CNM, NUM's, NM, and ACNM's CNS's to register.

Key Note Speaker
.inda Hutchings
www.lindahutchings.com

The conference will be held at the Dunedin Museum Hutton Theatre with a Conference celebration Dinner at the magnificent Larnach Castle included in the $450 registration fee

To registrar:- email or follow link to NZNO section website
Patricia.walton@southerndhb.govt.nz

NZNO NURSE MANAGERS SECTION

Invite you to join them in Dunedin for the 2017 CONFERENCE 'BREAKING THROUGH THE BARRIERS'

2nd & 3rd of NOVEMBER 2017.

Call for abstracts for oral presentations and posters ,details on conference website

http://nursemanagersnzconference2017.weebly.com

NZ NURSES ORGANISATION
NURSE MANAGERS NEW ZEALAND