

NZNO Nurse Managers New Zealand Section Monthly News Bulletin Friday 6 April 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

Employment Relations (Triangular Employment) Amendment Bill

NZNO seeks your feedback on this Bill which includes changes to employment law which may impact on your working situation. Triangular employment is where an employer, for example a DHB, contracts the services of their employee to a secondary employer, for example a nursing agency.

There are two parts to the Bill.

1. The first part **ensures collective coverage, if you have more than one employer.** This is provided you are a member of a union and that union has a Collective Agreement with your secondary employer. Should you be bound by a Collective Agreement with your primary employer you would not be covered by the secondary employer's collective.
2. The second part focuses on your **rights to allege personal grievances if you have more than one employer.**
Nurses employed by one "primary employer" but working for another "secondary employer" as well, will still have a right to allege a personal grievance. So if you have an employment issue with your secondary employer, while you are outsourced to that employer, this Bill will enable both your primary and secondary employer to be jointly named as respondents to a personal grievance.

[Link to the bill here:](#)

Send feedback to marilynh@nzno.org.nz by 4 May 2018.

Psychoactive Substances (Increasing Penalty for Supply and Distribution) Amendment Bill

NZNO seeks your feedback on this bill which would increase the penalty for selling or supplying psychoactive substances that are not approved products.

The intent of the bill is to increase the penalty associated with the supply of non-approved products in line with the penalties for the supply of Class C drugs under the Misuse of Drugs Act 1975.

[The bill can be found here:](#)

Send feedback to marilynh@nzno.org.nz by 27 April 2018.

Mental Health and Addictions Inquiry

- NZNO seeks your feedback on/input into the Mental Health and Addictions Inquiry. The purpose of the inquiry is to identify ways to improve New Zealand's current approach to mental health and addiction problems, and what needs to change in both the mental health sector and broader community.
- The inquiry aims to identify a clear direction to address particular concerns that exist including:
- inequity of access
- poor community confidence in the mental health system and
- the need for better outcomes, particularly for Māori and other groups with disproportionately poorer outcomes.

This is a useful source/starting point :

<https://www.dia.govt.nz/Mental-Health-Inquiry---Questions-and-Answers>

and includes the terms of reference

<https://gazette.govt.nz/notice/id/2018-go318>

As yet there is no deadline but NZNO interested in hearing from members. Please send feedback to marilynh@nzno.org.nz

Health (National Cervical Screening Programme) Amendment Bill

NZNO seeks your feedback on proposed legislation for the National Cervical Screening Programme (NCSP) relating to disclosure of information from the NCSP register.

The key change is to more clearly identify health providers able to have access to information from the Register. Currently, smear takers in primary care need to wait for clinical information to be faxed to them. In particular, these amendments will allow smear takers to have direct (look-up) access to the Register, and for this access to be incorporated into the future re-design of the Register.

The people provided with direct access to the Register would remain subject to the [Privacy Act 1993](#), the [Health Information Privacy Code 1994](#), health professional regulatory constraints and relevant employment and contract law.

Please note we have some concerns about the role of the Kaitiaki group and welcome any feedback you may have about access to Māori women's data.

Please find the bill attached below:

<http://www.legislation.govt.nz/bill/government/2018/0026/latest/LMS13671.html>

Send feedback to leannem@nzno.org.nz 26 April 2018.

Draft Medication Guidelines: Home and Community Support Services

NZNO seeks your feedback on the Draft Medication Guidelines for Home and Community Support Services prepared by the Ministry of Health (on behalf of the Home and Community Support Services Working Group).

The aim is to provide medication guidelines specific to the Home and Community Support Services sector that will ensure best possible outcomes for clients and staff.

The draft guidelines are available at the link below:

<http://www.hcha.org.nz/page-15/medication-guidelines-for-home-support-under-consultation>

Send feedback to sueg@nzno.org.nz by 20 April 2018.

Future of Tax: Submissions Background Paper

NZNO seeks your input on ways to improve the current tax system to inform future developments in tax and ensure tax works for the wellbeing of New Zealanders. It is an opportunity to have input on how tax could work for public health concerns such as income inequality, living standards and healthy behaviours (for example through removing GST from essential items or the use of alcohol, tobacco and sugar tax). It also a chance to have input on any other ways in which you are affected by the current tax system.

Please see the background paper attached

below: <https://taxworkinggroup.govt.nz/resources/future-tax-submissions-background-paper>

Please note NZNO and NZMA are co-hosting Alcohol HealthWatch's public forums on three submission opportunities for alcohol related policy:

- **Sale and Supply of Alcohol** (Renewal of Licences) Amendment Bill – improving local community control to reduce the number of alcohol outlets in our communities
- **Tax Working Group Review** increasing the tax of alcohol is aligned with a social justice
- **Mental Health and Addictions Inquiry** -strong alcohol policies can improve mental health

We recommend these forums in Wellington, Thursday 5th April Auckland 9th April, and Christchurch, 11th April to your attention. **To register email**

Suzanne: ahw@ahw.org.nz

Send feedback to marilynh@nzno.org.nz **by 20 April 2018**

Assessment

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

O'Brien, A., Redley, B., Wood, B., Botti, M. and Hutchinson, A. F. (), **STOPDVTs: development and testing of a clinical assessment tool to guide nursing assessment of postoperative patients for DVT**. J Clin Nurs. Accepted Author Manuscript. doi:10.1111/jocn.14329

Aims and objectives

The purpose of this research was to develop and test a clinical tool to guide nurses' assessment of postoperative patients for Deep Vein Thrombosis (DVT).

Background

Preventing venous thromboembolism (VTE) in hospitalised patients is an international patient safety priority. Despite high-level evidence for optimal VTE prophylaxis, implementation is inconsistent and the incidence of Deep Vein Thrombosis (DVT) remains high.

Body language

It's Not You, It's Your Body Language

Are your instinctive gestures while communicating betraying your message?

The only way to answer that question is by practicing self-awareness. Self-awareness is by no means a new concept, but it can be something you turn a blind eye to unknowingly amid everyday life. And if you're like most people, you likely do not regularly ask for feedback from others regarding your body language.

[Read more here](#)

Care models

Providing timely quality care after-hours: Perceptions of a hospital model of care

Collegian, Articles in press, March 2018

Background

Nurses working night shift are key-players in the acute care team, however, their work environment has been characterised by suboptimal leadership, communication inadequacies, limited resources, and a lack of adequate support.

Aim

The aim of this study was to investigate nurses' perceptions of the Hospital at Night Team, a nursing model of care implemented to provide timely quality nursing care after-hours.

[Read more here](#)

Clinical judgement

The role of race in clinical decision making

Moscou, Susan MPH, PhD, FNP; Baker, Serena FNP

The Nurse Practitioner: [March 12, 2018 - Volume 43 - Issue 3 - p 41–46](#)

Abstract: Is race/ethnicity useful in clinical decision making? This article uses a case example to discuss the role of race/ethnicity in clinical decision making, how racial/ethnic categories were developed, potential problems of using racial/ethnic categories, and the difference between risk factors and risk markers. The authors make the argument that using a patient's race/ethnicity in clinical decision making often results in a missed or incorrect diagnosis.

[Read more here](#)

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)

How to have an awkward conversation

Awkward conversations are never easy but ignoring an uncomfortable issue will only make it worse – here, one communications specialist explains how HR can approach a tough topic with tact.

[Read more here](#)

End of life care

End-of-life care for older people in subacute care: A retrospective clinical audit

Collegian, Articles in press, March 2018

Background

With an ageing population and chronic illness the leading cause of death, challenges exist in meeting the healthcare needs of older people. For older people, care may be provided in subacute care services where, although the focus is on rehabilitation and optimisation of functioning, many older people will die.

Aim

To investigate end-of-life care provision for older people in subacute care.

[Read more here](#)

Handover

Thomson H, Tourangeau A, Jeffs L, Puts M. **Factors affecting quality of nurse shift handover in the emergency department.** *J Adv Nurs.* 2018;74:876–

886. <https://doi.org/10.1111/jan.13499>

Aim

The aim of this study was to explore and test factors hypothesized to influence quality of Emergency Department nurse-to-nurse shift handover communication.

[Read more here](#)

Incivility

Incivility in Nursing- Enough is Enough! [VIDEO]

At some point, we have all likely witnessed behavior from one colleague toward another that was disrespectful, impolite, or downright rude. The topic of workplace incivility calls to mind several examples from my own experience, where I had to step in to shield a colleague from the cruel words or actions of another nurse.

[View here](#)

Intergenerational workplaces

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

Christensen SS, Wilson BL, Edelman LS. *Can I relate? A review and guide for nurse managers in leading generations.* *J Nurs Manag.* 2018;00:1–

7. <https://doi.org/10.1111/jonm.12601>

Aims

The purpose of this review is to help the nurse leader develop an understanding of the five generations currently in the health care workforce by providing defining characteristics, general behaviours, and strategies for the nurse manager to employ for each generational cohort.

Background

Generations are groups of people born during the same 15–20 year time period who share similar experiences before adulthood, which shape long-term behaviours. Key descriptors and characteristics are provided.

Leadership

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

Giles, M., Parker, V., Conway, J. and Mitchell, R. (), **Knowing how to get things done. Nurse Consultants as Clinical Leaders.** J Clin Nurs. Accepted Author Manuscript. doi:10.1111/jocn.14327

Clinical Leaders drive healthcare performance in the provision of safe high quality patient care by influencing others and augmenting change. Clinical leadership features strongly in Nurse Consultant (NC) roles and holds potential to strengthen the NC's place in healthcare teams, making their contribution as clinical leaders more recognisable. This study explores how clinical leadership is enacted through the NC role, providing understanding of the elements that influence their effectiveness as clinical leaders.

Design

This paper presents qualitative findings from a larger sequential mixed method study conducted in a large Local Health District in New South Wales, Australia.

Medication / Pharmacy

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

Rutledge, D. N., Retrosi, T. and Ostrowski, G. (), **Barriers to Medication Error Reporting among Hospital Nurses.** J Clin Nurs. Accepted Author Manuscript. doi:10.1111/jocn.14335

The study purpose was to report medication error reporting barriers (MERB) among hospital nurses, and to determine validity and reliability of an existing MERB questionnaire.

Background

Hospital medication errors (MEs) typically occur between ordering of a medication to its receipt by the patient with subsequent staff monitoring. To decrease MEs, factors surrounding MEs must be understood; this requires reporting by employees. Under-reporting can compromise patient safety by disabling improvement efforts.

Pain 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

Cui C, Wang L-X, Li Q, Zaslansky R, Li L. **Implementing a pain management nursing protocol for orthopaedic surgical patients: Results from a PAIN OUT project.** J Clin Nurs. 2018;00:1–8. <https://doi.org/10.1111/jocn.14224>

Aims and objectives

To investigate the effect of introducing a standardised pain management nursing protocol in orthopaedic patients undergoing surgery.

Background

Postoperative pain is a common phenomenon but is still undertreated in hospitalised patients. Nurses' lack of sufficient knowledge and skills about pain management may be a contributing factor to poor outcomes.

Preceptorship and mentoring

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

Hoeve ten, Y., Kunnen, S., Brouwer, J. and Roodbol, P. F. (), **The voice of nurses: novice nurses' first experiences in a clinical setting. A longitudinal diary study.** J Clin Nurs. Accepted Author Manuscript. doi:10.1111/jocn.14307

Aims and objectives

To gain greater understanding of which personal and professional demands novice nurses are confronted with and what can be done to improve the transition from novice to professional staff nurse.

Background

Novice nurses are confronted with a lot of physical, emotional and intellectual changes in the role-transition process from student nurse to professional staff nurse, which are often related to feelings of confusion, uncertainty and stress. Few studies have investigated, on a longitudinal basis, the lived experiences of novice nurses in the clinical setting.

Resilience

This article is not freely available but may be sourced from databases available via the NZNO library or those of a DHB or educational institution

Foster, K., Shochet, I., Wurfl, A., Roche, M., Maybery, D., Shakespeare-Finch, J. and Furness, T. (2018), **On PAR: A feasibility study of the Promoting Adult Resilience programme with mental health nurses.** Int J Mental Health Nurs. doi:10.1111/inm.12447

Mental health settings are recognized as complex, unpredictable environments, and challenging interpersonal situations are common for nurses in acute adult mental health services. Occupational stressors include verbal aggression and physical assault and are correlated with poor physical and mental health outcomes for nurses. There is a clear need for proactive approaches that address the negative impacts of stressors on the mental health nursing workforce. Resilience interventions are a preventive approach to strengthening skills for addressing workplace stress, improving health and well-being, and preventing adverse outcomes associated with occupational stressors. The aim of this study was to evaluate the feasibility of a workplace resilience education programme for nurses in high-acuity adult mental health settings. The outcomes were measured using a single-group pretest post-test design with follow-up at 3 months postintervention. The feasibility and acceptability of the programme were identified with descriptors of mental health, well-being, resilience, facilitator fidelity checklists, and participant satisfaction questionnaires. The programme was found to be feasible for nurses working in high-acuity inpatient settings. There were significant changes to mental health, well-being, and workplace resilience. The programme was delivered with fidelity by facilitators and accepted with high levels of satisfaction by participants. The study findings indicated that nurses can benefit from resilience education that equips them with cognitive, emotion regulation, and relational skills, in conjunction with available external

supports and resources, to address workplace challenges. There is a need for comprehensive organizational approaches that include individual, work unit, and organizational-level strategies to support staff well-being.

Stress management

Thinking on Your Feet

Staying Cool and Confident Under Pressure

"So, Susan, your report indicates you support forging ahead with the expansion, but have you considered the impact this will have on our customers? Surely you remember the fiasco in Dallas last year when they tried the same type of project?"

[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

Cutcliffe, J. R., Sloan, G. and Bashaw, M. (2018), A systematic review of clinical supervision evaluation studies in nursing. *Int J Mental Health Nurs*. doi:10.1111/inm.12443

According to the international, extant literature published during the last 20 years or so, clinical supervision (CS) in nursing is now a reasonably common phenomenon. Nevertheless, what appears to be noticeably 'thin on the ground' in this body of literature are empirical evaluations of CS, especially those pertaining to client outcomes. Accordingly, the authors undertook a systematic review of empirical evaluations of CS in nursing to determine the state of the science. Adopting the approach documented by Stroup et al. (JAMA, 283, 2000, 2008), the authors searched for reports of evaluation studies of CS in nursing – published during the years 1995 to 2015. Keywords for the search were 'clinical supervision', 'evaluation', 'efficacy', 'nursing', and combinations of these keywords. Electronic databases used were CINAHL, MEDLINE, PsychLIT, and the British Nursing Index. The research evidence from twenty-eight (28) studies reviewed is presented, outlining the main findings with an overview of each study presented. The following broad themes were identified and are each discussed in the study: narrative/anecdotal accounts of positive outcomes for clinical supervision, narrative/anecdotal accounts of negative outcomes for clinical supervision, empirical positive outcomes reported by supervisee, and empirical findings showing no effect by supervisee.

Teamwork

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

Kaiser JA, Westers JB. **Nursing teamwork in a health system: A multisite study.** *J Nurs Manag*. 2018;00:1–8. <https://doi.org/10.1111/jonm.12582>

Aim

The aim of this study was to examine how the facets of teamwork exist among nurse-only teams in acute and continuing care settings.

Background

The health care 'team' conventionally describes the interdisciplinary team in both literature and practice. Nursing-specific teams are rarely considered in the literature. An examination

of this specific professional cohort is important to understand how teamwork exists among those who provide the majority of patient care.

Time management

Staying organized in the work whirlwind

Drake, Kirsten DNP, RN, OCN, NEA-BC

Nursing Management: [March 2018 - Volume 49 - Issue 3 - p 56](#)

Q I seem to be more overwhelmed and disorganized than my colleagues. What can I do?
At some point in every nurse leader's experience, we feel busier or less efficient than our peers. There may be multiple contributing factors that lead to this feeling. Take some time to reflect on your responsibilities and actions. Make a list of all the things you're doing daily, weekly, and monthly. Remember to include time reviewing reports, reading e-mails, and attending committee meetings. Categorize critical activities, what you can delegate, and what you can stop doing altogether. You may think that you have to do all of your listed activities, but you don't! Base this categorization on organizational goals and the goals of your immediate work unit. If the activity doesn't support either of these goals, evaluate if there's any benefit to it. If your answer is no, stop wasting your time. If you're finding it difficult to prioritize your activities, try using an action priority grid.¹

[Read more here](#)

Professional/career development

Career development for nurse managers

Goodyear, Caryl PhD, RN, NEA-BC, CCRN-K; Goodyear, Marilu PhD

Nursing Management: [March 2018 - Volume 49 - Issue 3 - p 49–53](#)

In this first installment of a two-part series on mentoring, we discuss organizing a mentor program for nurse managers who want to develop their careers.

[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

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