



SEPTEMBER

2016

TE WHEKE

# Chair Persons Report

by Raewyn Hughes

Hello everyone

Thank goodness spring has arrived to bring a little more sunshine and brightness to our world. Winter has been a little tough for Nurse Managers with increased pressure on bed occupancy and staff requiring holidays in the sun!

Maria Armstrong and I attended the NZNO College & Section Day and the AGM and conference. It was a great time for networking and sharing information about our work on the national committee and gathering hints from other national committee members. Sarah Tweedale has been busy revamping our newsletter – I hope you enjoy it.

Our annual conference is fast approaching – Teresa Fisher and her team from Gisborne have been

working hard to present a varied and informative programme. It will be great to meet those of you who are attending. It is still not too late to make enquiries to Teresa regarding the conference or check out the website for more information.

You may be interested in the new NZNO campaign “Shout out for Health”. I hope you have considered signing up as we approach the next election. We really need to positively influence decision makers who distribute the health dollar. Have you considered how you can contribute? Take some time to have a look at the campaign published in the September issue of Kai Tiaki.



## CCDM part 2

This is part two of our three part CCDM feature article by Megan Buckley. If you missed part one it can be found in the last Newsletter. Page 2



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## CCDM Part 2 Variance Response Management (VRM). By Megan Buckley

Implementation of the Care Capacity Demand Management (CCDM) continues between the District Health Boards and Health Unions partnership. The partnership is facilitated by the Safe Staffing Health Workplaces Unit (SSHW Unit). In this 3 part series we have covered Staffing Methodology. There are 2 components to Staffing Methodology – FTE Calculation and Work Analysis. Having accurate TrendCare information is one of the most important features in Staffing Methodology. Part 2 of the 3 part series is

Variance Response Management (VRM).

### What

VRM is about matching demand and capacity using tools and processes that provide accurate forecasting, visibility in real time, early warning systems and review of performance over time.

The tools and processes include the Churchill Exercise, Integrated Operations Centre, Capacity at a Glance Screens, Variance Indicator System, Standard Operating Responses, Re-allocation Policy and the Essential Care Guidelines.

### Why

Patient demand for care and capacity to care (physical resources and staffing) are constantly changing.

Some of this change is predictable, but some changes occur on the day e.g. patients deteriorating, more presentations to ED than predicted, staff off sick.

VRM provides the DHB with the tools to plan, monitor and respond to changes before, during and after they occur. This helps the DHB to smooth demand, supply staff to the right area at the right time and learn from their experience. This in turn helps with right staffing, organisational resilience and long term sustainability.

### Who

VRM is a 'whole of hospital' approach. The DHB and Health Unions work in partnership to develop the best VRM design and implement this with clinical staff and IT support.

All staff are involved and should have an opportunity to understand how VRM works and what VRM can do for them. Wards/units can tailor some of the VRM tools (e.g. variance indicator system) to suit their own environment. Everyone has a role to play in communicating how they are managing in real time.

Critical to effective VRM is a centralised operations centre with Duty Nurse Manager, Capacity Screens and a dedicated manager responsible for care capacity demand management across the hospital 24/7.



### When

VRM can be commenced at any stage during the implementation of Care Capacity Demand Management (CCDM). The CCDM Council will drive the VRM progress. But the sooner there is a functional Operations Centre with live Capacity Screens, daily meetings, an early warning system and standard operating procedure the sooner the DHB will be more effective at managing its resources.

### Where

Where to next depends on what CCDM activity has happened in your DHB so far. Your DHB may have some or all of these tools in place. If only some of these tools are in place then plans should be in place to implement the missing tools. If all of these tools are in place then the DHB should be monitoring the effectiveness of what have been implemented e.g. nursing hours variance, ED 6 hour wait and electives target.

## Latest Membership update

We have received 9 new members to the NZNO Nurse Managers' section since March 2016, bringing out total membership to 471. New members have registered from Hastings, Balclutha, South Taranaki, Waihi Beach, Ashburton, Blenheim, Dunedin, Taupo and Oxford. This is a good geographical spread across the country and we warmly welcome our new members to the section. We will continue to encourage growth in our membership and application forms can be found on the website.

**CURRENTLY 471  
SECTION MEMBERS**

### our website link

[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)



## NZNO AGM Update

By Maria Armstrong Committee Member

On the 6th of September Raewyn and I attended the NZNO's Annual General Meeting on behalf of the NZNO Nurse Managers Section to support and speak to a policy remit our section put forward for consideration. The original remit was that the NZNO Board meetings agendas and minutes be made available to the membership. During the AGM an amendment to the remit was tabled to include NZNO staff, which was supported by the wider membership.

The amended policy remit voted on read: That the NZNO board meetings agendas and minutes be made available to both NZNO membership and NZNO employees. I am pleased to report that the policy remit was well received and successfully passed with 62% of the memberships vote.

## Regional Council 2016 Meeting Dates

### Tai Tokerau:

Tuesday 11 October – AGM and Operational Planning & Tuesday 6 December  
Time: Meetings start at 17:30hrs  
Venue: Whangarei NZNO office, Suite 1, The Strand Arcade, Whangarei

### Greater Auckland:

13 October & 7 December  
Time: Meetings start at 18:00hrs  
Venue: NZNO Auckland Office, 11 Blake Street, Ponsonby

### Bay of Plenty/Tairāwhiti:

26 October & 3 December  
Time: 17:30hrs – 20:30hrs  
Venue: NZNO Tauranga Office, Training Room, 141 Cameron Road, Tauranga

### Midlands:

12 October  
Time: 18:00hrs – 20:00hrs  
Venue: NZNO Hamilton, Level 1, Perry House, 360 Tristram Street

### Central:

18 October – Telephone Conference 18:30-20:30hrs  
3 December – Education Centre, Whanganui Hospital, Heads Road, Whanganui 10:00 – 12:00hrs

### Hawkes Bay:

17 October Time: 17:00hrs  
Venue: Education Centre, Hawkes Bay DHB

### Greater Wellington:

12 October & 14 December  
Time: 17:45hrs  
Venue: NZNO National Office Training Room, Crowe-Horwath House, Level 5, 57 Willis Street, Wellington CBD

### Top of the South:

6th October 15:45hrs  
1st December 16:45hrs  
Venue: NZNO Training Room, Nelson

### Canterbury:

4th October & 6th December  
Time: 17:00  
Venue: NZNO Training Room, NZNO Office, 17 Washington Way, Christchurch

### Southern:

20th October & 24th November  
Time: 17:45hrs  
Venue: Teleconference based at: NZNO Dunedin Office Meeting Room, Level 10, John Wickliffe House, 265 Princes Street, Dunedin

# Nurse Manager Burnout

by Sarah Tweedale, Committee Member

It's been a pretty hard winter here in the South, I'm not just talking about the weather. I'm probably not alone in wishing the pressure was off just a bit. Staff sickness, Ministry of Health Targets to try and meet, as well as bulging hospital wards and full Emergency Departments has us all wishing for the summer months particularly our own annual leave.

How well we take care of ourselves often takes second place to managing our teams and workload. Across the board Nurses and their Nurse Managers are at risk of Burnout, so what is it exactly?

Part of the issue is trying to determine something that's both subtle and hard to define. The slides below give a pretty basic overview. There is a lot on line addressing this problem. Pfifferling talks about it at length here are some of her snips.

Generally, burnout tends to progress slowly generally, signaled by subtle changes in mood, says Pfifferling. People who are on the verge of burnout take a long time regaining their energy and positive attitude about their work. Do you take a week rather than a weekend away from the workplace to restore your energy? You may be burning out. A Nurse Managers burnout level can also be measured at the beginning and end of each day. If you've always woken up looking forward to the day and now you don't, burnout may be on the horizon. If at the end of the day you 'only recollect the negative parts of the day this is also a serious sign,' Pfifferling adds.

Hmmm, anything sound familiar? You can take a test by [clicking here](#)

Some solutions offered to alleviate Nurse Manager burnout seem at first almost over simplified; delegate and take some holiday, the reality is Managers often put their teams needs before their own and annual leave is what's left when everyone else has had first dibs. Cohen says nurse managers need to learn how to delegate, which will reduce their stress, allow them to focus their attention on the most important priorities, and increase the skills of their staff. She says Nurse Managers do not delegate for several reasons:

- They are afraid to add more responsibilities to an already overworked staff

- They are afraid staff cannot complete tasks as well as they can
- They don't have anyone on the staff who they trust to handle the project
- They feel they can do it more effectively and efficiently themselves
- They fear their boss would not want them to delegate any of their jobs functions or tasks

**Other factors that can contribute to burnout; do any of the above or below statements resonate with you?**

- Nurse managers are often promoted without enough training or support, which leads to burnout
- Many nurse managers feel they can't take time away. If they do, they are constantly in touch with the workplace, answering emails, coming into meeting and generally 'checking in'
- Have a predominantly negative/ hopeless attitude and have difficulty focusing on tasks? They often feel like the 'meat in the Sandwich' unable to make any significant difference.
- Nurse Managers often feel things will fall apart if they are not there, especially if they are inexperienced or feel unsupported so don't delegate any of their workload.

If anything mentioned so far strikes a chord then here are some basic solutions that really do work!..... try some of them and let us know how you are doing.

- **Stress reduction classes.... no not hippyish, mindfulness and simple techniques can be really beneficial after some of our more challenging days.... weeks... or months.**
- **Create a space for relaxation; meet up with others not just to debrief and have a moan but to celebrate some of the successes' or a 'well done' even if it is just getting through another week!**
- **Mentorship programs; find one and get one. This is a brilliant way to work through issues and feelings; they are often confidants who have been through what you are going through now. That 'I'm not alone in this situation' can be really comforting and empowering.**
- **Recognition; this is something Nurse Managers are getting pretty good at for their own staff but where do they fit on the 'recognition picture'?**

Again support and positive comments amongst your peers goes a long way.

- Training and education; there are the formal and informal resources out there, build them into appraisals and professional development plans with the senior leadership teams. Mindfulness' to conflict management and everything in between. These are important tools, so don't feel they are
- an 'add on,' they are a fundamental skills for us as Nurse Managers to have.
- Counseling, this isn't last because it's the last resort; it isn't and should never be seen as an indication of failure. If you feel, 'I'm just not up to the job,' get some help, believe me it's valuable and can give some much needed clarity in difficult times.

#### WHAT IS BURNOUT?

- **Burnout is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed and unable to meet constant demands. As the stress continues, you begin to lose the interest or motivation.**  
**Burnout reduces your productivity and finish your energy, leaving you feeling increasingly helpless, hopeless, cynical (pessimistic), and resentful (angry). Eventually, you may feel like you have nothing more to give.**

#### DIFFERENCE BETWEEN STRESS AND BURNOUT

**Burnout may be the result of unrelenting stress, but it isn't the same as too much stress. Stress, by and large, involves *too much*: too many pressures that demand too much of you physically and psychologically. Stressed people can still imagine, though, that if they can just get everything under control, they'll feel better.**

**Burnout, on the other hand, is about *not enough*. Being burned out Means feeling empty, devoid of motivation, and beyond caring. People experiencing burnout often don't see any hope of positive change in their situations. burnout is being all dried up. One other difference between stress and burnout: While you're usually aware of being under a lot of stress, you don't always notice burnout when it happens.**

#### References

[Rebecca Hendren](#) Rebecca Hendren is a senior managing editor at HCPro, Inc. in Danvers, MA. She edits [www.StrategiesForNurseManagers.com](http://www.StrategiesForNurseManagers.com) and manages The Leaders' Lounge blog for nurse managers. Email her at [rhendren@hcpro.com](mailto:rhendren@hcpro.com).

## ***NZNO College and Section Day 5-09-16 by Raewyn Hughes***

**Maria Armstrong and I attended this day as committee representatives from your section.**

**The day was designed to increase the understanding of the relationships between NZNO, Colleges and Sections, the Board of Directors and the Membership Committee and to share experiences, celebrate achievements and network between the colleges and sections.**

**Hilary Graham-Smith (Associate Professional Services Manager) gave a brief outline on what NZNO are currently working on – research on the nursing workforce, shift work, older nurses, fatigue in nursing (DHB's) to name a few.**

**It was great to hear the achievements of each College and Section and where they feel they are positioned to best serve their membership. Common themes were transitioning from sections to colleges, staying in touch with their members, movement towards using social media for their membership, conference hosting and facing difficulties with administrative support from head office.**

**NZNO Vic President Rosemary Minto gave a very informative presentation on “Passion, Power and Professional Practice”. Rosemary gave some good advice on how to become more proactive and confident when advocating for nurses, nursing practice and disparities in the health industry. She spoke of not compromising your personal and professional values when speaking out by staying focused on the issues not the person, having your facts straight first, not being afraid to speak out, being clear with the message and utilize people more clever than you.**

**Kerri Nuku (NZNO Kaiwhakahaere) presented on behalf of Tracey Morgan (Tumu Whakarae) whose travel plans were interrupted due to the weather. Kerri spoke of role modelling, strength of leadership, adding value to where you are and becoming resilient.**

**David Woltman (Corporate Services Manager) responded to membership requests for an improved banking system for colleges and sections. This was not a favourable presentation as there has been little traction since requested in 2015. The NZNO administration review is dragging on which in the interim offers little support to college and sections committees.**

**Emma Brook and Victoria Santos (College and Section representative on NZNO Membership Committee) explained their roles as our voice on this committee.**

**Participants were then assigned to groups to work on various themes – communication, document storage, succession planning, workload issues and admin support.**

**It was a very busy day, the networking was fantastic and the camaraderie great. To be amongst a room full of motivated and active members was very inspiring. I would encourage members to attend this day in the future. You can attend as an observer if you are not a servicing committee member. It is a very informative day and you are immersed in a room full of motivated professional people who make a difference in their workplace and profession**

## **Spotlight Interrogation, (our new regular feature article) – Let's get to know a little bit about each other..... Thanks Dianne for being our first volunteer!**

- 1. What's your name and where do you work?** My name is Dianne Kerr and I currently work at Whanganui Hospital as the Operations Centre Coordinator with responsibility for CCDM and Productive Ward.
- 2. What would you be doing if you weren't at your current job?** My passions are gardening, reading and young people. Consequently I have a large garden, a pile of books by my bed and when not at work am running Kid's church or Girl Guiding activities. Until recently I was a flight nurse for our aeromedical team and that is a job I enjoyed so much I would probably do it for free if asked!
- 3. What's the most important lesson you've learned in the last year?** Over the past year I have had a major career change and lost a sibling suddenly. An important thing I have learnt is that I am responsible for my own attitude and how I respond to situations is reflected back into my work practice. I chose to learn and grow in my changing circumstances and drew support from those around me.
- 4. What characteristic do you most admire in others?** I admire those who mirror the servant leadership style and I am fortunate enough to have had a couple of managers who have displayed this quality, encouraging me to step outside my comfort zone and develop new skills.
- 5. What quality in you would you hate to see emulated in your employees?** My brusqueness! When I am focused on something I tend to give short, snappy answers to those who interrupt my train of thought.
- 6. If you were to start a company from scratch, what values would you build it on?** Integrity and Respect

–these values are crucial to anything and everything we do.

**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?** I suppose it would be my current manager who saw in me what I lacked, confidence to see in myself. She supported me to step away from the role I was comfortable with and fully use the skills I had in a new area of work. As a result I am now in a role I enjoy, learning new practical and people managing skills and feeling a greater sense of worth in my organisation.

**8. What super power would you like to have?** I would like to have a calmness spray that I could squirt into tense situations such as a crowded ED – or the Middle East!

**9. When are you the happiest?** My happy place is when I am surrounded by my family, usually having a family meal or doing some project together.

**10. What one memory do you most treasure?** Graduating with my Master's degree at the Michael Fowler Centre and having my husband and two children watch me walk across the stage. That was a special moment.

**11. What would a "perfect" day look like for you?** At work or home, a perfect day for me is when I can get everything on my 'to do' list done with the minimum of fuss and interruption. I like to keep occupied so always have at least one project in hand, or a crossword puzzle close by.

**12. How do you recharge?** My faith is important to me so this is central to my well-being. When I feel stressed a session in the garden attacking the weeds is very therapeutic.

## **NZNO Conference Update**

**By Maria Armstrong, Committee Member**

NURSES a force for change was the theme for the 2016 annual NZNO conference held in Wellington recently. It was a jam packed day bursting with information that covered a diverse amount of topics pertaining to nurses influencing the health of their communities, impact and visibility. Each topic was delivered by a number of different people. Two keynote speakers addressed the conference participants Dr Frances Hughes, Chief Executive of the International Council of Nurses and Linda Silas, President of the Canadian Federation of Nurses Union.

Frances Hughes spoke at the macro level about nurses having the ability to influence health policy describing the embracement of nurses in decision making for health strategy as one of the biggest needs for health systems. She spoke about nurses having courage, confidence, open mindfulness and the ability to influence health outcomes by enabling all people that work in health systems. She touched on the World Health Organisations sustainable goals 2030 and the New Zealand Health Strategy and linked these to preventative models of evidenced based care and used the recent success Cuba has had in this area as an example. Her overall presentation emphasised the nurse's role in transforming health care and their crucial role within health systems.

Linda Silas presentation stressed that the battle for quality patient care must be led by nursing unions

through safe staffing models, which resonated well with the conference attendees. She described the pressure that Canadian nurses are currently feeling and how the re occurrence of the ideology of the 90's where the word of the day was cut backs. She described the resurgence of this and the consequences this has on quality care in Canada. She shared strategies to challenge this and put forward ideas and encouraged NZNO to consider implementing. An example of this was the television advertisements and billboards the CFU organized which sent clear and powerful nursing messages to their federal government.

A number of other speakers also presented at the conference and NZNO will have the slides available on the website in the not to distant future. Be sure to take a look at Dr Nikki Turner's presentation on child poverty in New Zealand.



**Bye for now, but stay in touch, we welcome any feedback around the section, the newsletter or any other communication. We would love to receive some topical articles from our members to publish; please email them through to us. Hope to see some of you at Conference.**

**Thanks for reading,**

**Our warmest regards**

**The NZNO Nurse Manager's Section.**