



CENNZ 2018

THE 27TH ANNUAL COLLEGE OF EMERGENCY NURSES NEW ZEALAND CONFERENCE

NAPIER CONFERENCE CENTRE
26-27 October 2018, Hawke's Bay



NURSING AS A CATALYST

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OUTLINE

- Why change is needed urgently to preserve health services
- Why nursing is the key to the changes needed
- Our role in those changes



IMPERATIVES FOR CHANGE

- Rising burden of chronicity
- Increasingly poor access especially in rural areas
- Persistent disparities in access and outcomes
- Focus on primary care to the exclusion of primary health care
- Deteriorating mental health statistics /high suicide rate
- Unacceptable indicators of child wellbeing in “the land of milk and honey”
- Burgeoning prison muster (with major disparities)

- Exhausted and reduced workforce
- Significant areas with impending major deficit in numbers
- Increasing industrial action
- No clear workforce strategy for the future
- Major problem occurring in residential care which will significantly impact ED and hospitals



- Increasing chaos in the health sector



WASTAGE IS ENORMOUS



WASTAGE THROUGH

- Excessive focus on targets and documentation
- Multiple layers of management to count and report.... to reduce risk (of embarrassment!)
- Intense politicization of bureaucracy (in MoH and HWNZ)
- Over reliance on medicine and inappropriate or inadequate utilisation of nursing

APPROPRIATE UTILISATION OF NURSING



NURSING RESPONSE SINCE MINISTERIAL TASK FORCE (1999)

- NP role fully implemented (325 now)
 - Nurse Prescribing 3 levels
 - Nurse Entry To Practice improving retention
 - Clinical postgraduate education (rather than social science)
 - Enabling scope of RN practice; highly responsive
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- End result: Fit for practice, flexible, generalist workforce ready to step up and step out in multiple domains

NURSING AS THE GLUE; MACRO LEVEL

That could :

- Facilitate rapid improvement in rural health
- Span boundaries between primary and aged care
- Join the dots in youth health
- Improve access in underserved areas
- Increase mental health services at PHC level
- Provide cost effective solution to declining GP workforce

THE GLUE ; MICRO LEVEL

- Organising work is that element of the nursing role often referred to as the 'glue' in healthcare systems (Thomas, 1983).
- Vital as this is, it is largely taken-for-granted, or at least, that is, until things go wrong.
- Some estimate that this activity counts for more than 70 per cent of the work nurses do, yet it rarely features in the profession's public claims of activity and has only ever been studied as a distraction from patient care rather than as a practice in its own right
- (Allen, 2015, p. 3)

NURSING IS NOT VALUED

- Research evidence/advice is ignored
- Representation is minimal and hard to achieve
- Assumptions of medical leadership persist
- Nurses are seen as a cost to be pruned rather than a resource for investment

REVOLUTION OR: ENOUGH IS ENOUGH

- Change is long long overdue. Patients need us to make it happen



AREAS FOR CHANGE

- Employment models are limiting nursing; we need to be set free
- Our leadership needs development
- Our leaders need the control and budget to make a difference

- NURSING IS A RESOURCE TO BE INVESTED IN: NOT A COST TO BE PRUNED

WE KNOW THAT

- The numbers of registered nurse staffing and the levels of postgraduate education make a critical difference to patient safety and well being in hospitals
- This finding arises from a vast range of international studies in multiple countries over multiple years

WE KNOW THAT

- As technology increases and artificial intelligence is increasingly the mechanism of contact people will need nurses more than ever before
- There is no replacement for human touch, listening, empathy and connection



WE KNOW THAT

- Lack of connection between services and different providers is a source of wastage, frustration, mistakes and inefficiency



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WE KNOW THAT

- Nurses are well distributed through small towns and rural areas
- 9000 nurses already have a completed masters degree and many more have PG Dips
- It costs \$650k to produce a GP and \$100k to produce an NP. (from enrolment in undergraduate degree)

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- For multiple reasons this opportunity and precious resource is largely ignored
 - There are some things we can change

IMAGES OF NURSING ARE REVEALING

- Identity and identification

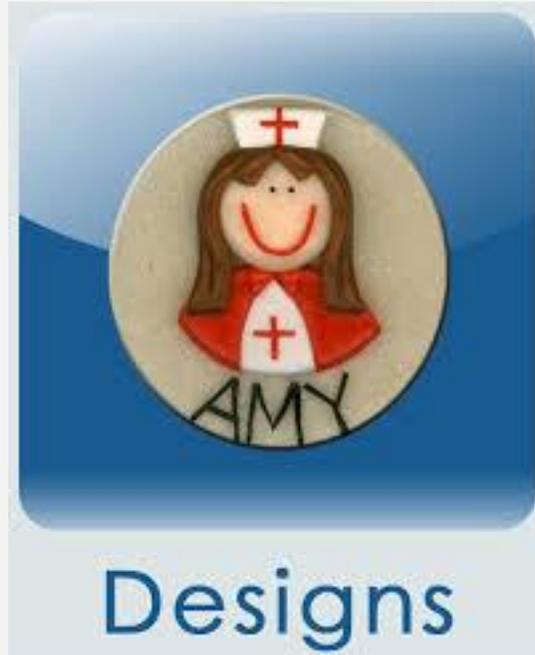


SAMPLE GENERAL PRACTICE WEBSITE

- **Doctor Ngaire Warner**
BSc. Psych (Hons) MBBS (Hons) FRNZCGP
- **Our nurse Yvonne**



GOOGLE



GOOGLE



CLAIMING OUR POWER

- We need to understand that power is generated from the bottom up not handed down to us
- We need to recognize that we do have the power to change what is happening around us



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- Claim power, professional identity, authority , equality
 - USE FULL NAME; ON NAME BADGE, IN ALL INTRODUCTIONS
 - DISPLAY CREDENTIALS on Correspondence
 - NOTE SILENCE SPEAKS VOLUMES
 - PRESENTATION AT ALL TIMES

- Nurses themselves often fail to recognize, value or celebrate those nurses who take up aspects of nursing work which are outside direct patient care
- Why?

CREATE STRENGTH

- Stop destroying each other and our leaders



- Align powerfully with consumers and ensure that our voice is informed by their needs not our own



WITHOUT THE GLUE THERE IS NO CONNECTIVITY



- Without each and every one of us there is no profession





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