



# Nursing Advocacy in changing and challenging health system

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Enrolled Nurse Conference 2021

# Why are we here today?

- **The silence was deafening.....**

“Nurses who most appropriately should be the advocates for the patient, feel sufficiently intimidated by the medical staff’ (who do not hire or fire them) that even today they fail or refuse to confront openly the issues arising from the 1966’ trial.” (p172)

- **Finding our voice** – it was reported that nurses did take action but these concerns were dismissed. There was a judgment made on the lack of evidence of this action.

## Cartwright Inquiry

The facts about the Cartwright Inquiry



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## What is advocacy?

- **Advocacy** is defined as any action that speaks in favour of, recommends, argues for a cause, supports or defends, or pleads on behalf of others.
- **Advocacy** uses both direct and indirect actions with the intention to influence policy, resource allocation and decision making within political and social systems. (Laverack, 2013).



## Why do we pick up causes?

- Personal/family experience of a situation
- Experiencing patient's journey
- Sense of justice
- Frustration with the status quo
- Nothing left to lose
- Professional ethics



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# Expectations of nurses





# Who advocates for nurses?

- Professional Bodies i.e. NZ Nurses Organisation
- Te Rūnanga o Aotearoa – Tōpūtanga Tapuhi Kaitiaki o Aotearoa
- Professional practice groups and networks such as the Enrolled Nurse Section
- International Council of Nurses
- Employers – but can also compromise us
- Friends and family
- Each other - peers

# Globally nurses are advocating – 2020 the year of the nurse – WHO campaign.



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**The challenges of the work is balancing all the different aspects of being an inclusion health nurse and looking at what people need and how to advocate for the best health and housing needs for them.**

**Ann-marie Lawlee** - Inclusion Health Nurse Manager dealing with homeless people, Ireland

### Some advocacy resources



**Stories from the field**

- Nigeria: Producing well-trained, skilled and qualified health workers to achieve UHC
- Lithuania: Caring for thousands over 4 decades of midwifery
- Niger: A strong health workforce, a strong economy
- Philippines: Now that a deadly disease is eliminated, childbirth is safer

**Photo stories**

- Bringing midwifery back to a northern Canadian community

**Facts**

- Factsheet on Nursing and Midwifery
- Factsheet on Universal Health Coverage
- Factsheet on Primary Health Care

**Strategic documents and data**

- State of the World Nursing Report, 2020
- Global Strategy on Human Resources for Health: Workforce 2030
- Data on the Global Health Workforce

# **Clinical Advocacy**

**Ensuring the voice of the patient is heard and respected**

**Advocacy for the patient is limited to the bedside**



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# Advocacy outside of the clinical setting

- Issue Advocacy
- Community and Public Health Advocacy
- Professional Advocacy
- Being political



# Joanna Briggs review 2105 – Munday, Kynoch & Hines 2015

- **Nurses' experiences of advocacy in the perioperative department: a systematic review**
- *Two synthesized findings are:*
  - ***safeguarding from harm** - being the patient's voice;*
  - *and **challenges** of patient advocacy can be alleviated by **experience and training**.*
- *Establishing trust between the nurse and patient is an important aspect of patient advocacy in this environment.*
- *Acting as a patient advocate can expose perioperative nurses to **workplace conflict and cause them distress**.*
- *While professional experience prepares nurses to be patient advocates, less experience in the perioperative environment and time pressures were reported as **barriers** to the role.*



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# EMPOWERMENT



## Being ready

- Know the issues
- Mobilise for action
- Seek information and research
- Leverage and work with collaborators
- Follow up, report back and document



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## Health NZ

- **Health NZ** will manage all health services, including hospital and specialist services, and primary and community care. Hospital and specialist services will be planned **nationally and delivered** more consistently across the country.
- **Primary and community** services will be commissioned **through four regional divisions**, each of which will network with a range of district offices (Population Health and Wellbeing Networks) who will develop and implement locality plans to improve the health and wellbeing of communities.
- Health NZ will be responsible for improving services and outcomes across the health system. Working in **partnership** with the **Māori Health Authority**, it will develop a **New Zealand Health Plan** – a blueprint for what the health system will deliver over years to come.



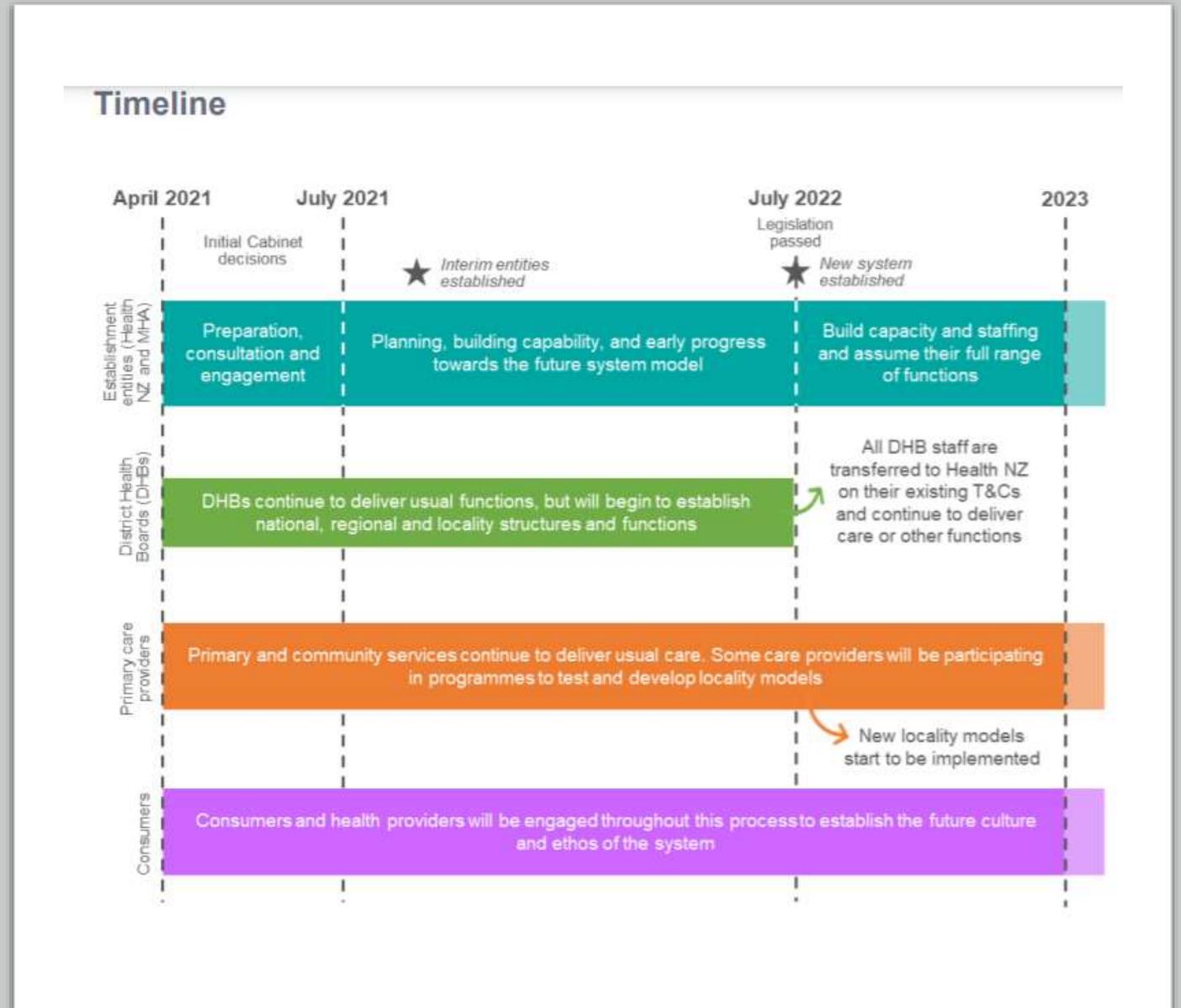
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# Time line for change

- What can we expect?
- What is the nursing leadership structure?
- Who do we lobby?

<https://dpmc.govt.nz/sites/default/files/2021-04/htu-factsheet-implementation-roadmap-en-apr21.pdf>



# Examples of the power of professional advocacy improving health outcomes

- NZNO Cancer Nurses College (CNC) working group developed a set of Ministry of Health-endorsed national standards for antineoplastic (anti-tumour) drug administration and successfully lobbied for money for cancer nurse coordinators in each DHB
- Enrolled Nurse Section – advocated for a fully funded orientation programme for graduate Ens called ENSIPP.
- NZNO Women’s Health College – Fully funded Mirena and Nurse-led hysteroscopies (training package)



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# Publish your interventions and advocacy outcomes – tell your story

**MINISTER MEETS CANCER NURSES**



**M**inister of Health Tony Ryall attended the August meeting of the cancer nurses section in Wellington, accompanied by Ministry cancer team member Deborah Woodley and director of Health Workforce New Zealand Beverly Wright. The aim of the meeting was to address some of the issues facing cancer nurses across New Zealand.

Ryall expressed his appreciation to cancer nurses for their contributions to health services. It was clear he was aware how cancer nursing makes a difference, particularly in relation to waiting times for cancer treatments.

During an open discussion, nurses described the impact on ageing population, new treatments, cancer nurses developing expanded roles and the educational requirements required to fill these positions.

The section has lobbied for many years to have cancer nurses (oncology and haematology nurses) identified as a specific group within district health board accountability back to the Ministry for money allocated to support specific changes in practice. They questioned how the Ministry ensured allocated budgets reached the right services. The specific funding of therapies, for example, had a flow on effect.

**SECTION/COLLEGE NEWS**

## NZNO seeks nurse-led hysteroscopies

THE WOMEN'S Health College (WHC) is supporting nurses to train to perform hysteroscopies – an examination of the uterus when there is abnormal bleeding. The procedure is currently carried out in New Zealand by doctors.

College chair Denise Braid said having nurses involved would allow faster tracking of endometrial cancers, particularly in post-menopausal women, where time was of the essence. "Post-menopausal bleeding



Denise Braid



Jill Lenn

hysteroscopy services around the country, as nurses tended to be a more stable workforce than doctors, yet could also "locum" when required, she said.

This was the case with nurse-led colposcopies, which only began in 2006. There are just four nurse colposcopists in New Zealand.

Braid estimated nurse-led hysteroscopies should be up and running in the next two years. Nurse-led hysteroscopies were well-established in the United

**EXPANDED ROLES FOR CANCER NURSES**



**C**heryl Woodley, cancer nurse, shares her story.

**O**ver the past year, cancer nurses throughout New Zealand have been involved in contributing to the Courage Health Report on new models of nursing care. Distinctive roles are being explored and implemented soon.

Cancer nurses work in a wide variety of areas including medical oncology, haematology, radiation oncology, clinical trials, palliative care, primary care and hospice care. They also work in a range of settings, from remote rural settings to large tertiary and academic settings. Effective team work is essential for enhancing quality and patient safety in health care. Respect, trust and open communication between professional groups is important for the team to function effectively and to provide quality care for patients. "Staff at all levels need to feel safe to voice their concerns",

Over the past year, the cancer nurses section (CNS) has been involved in a wide range of activities. A memorandum of understanding has been signed between our section and the Cancer Nurses Society of Australia, providing a platform for improved collaboration between the two countries.

Over the last 12 months, the CNS has supported submissions on palliative care and to the health professional group Mōkiri which is making the regulation of nurses. Ultra violet radiation from tanning beds has been shown to be carcinogenic.

**SECTION/COLLEGE NEWS**



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## Conclusion

- Nurses advocate on a local, regional, national and global scale.
- Nurses advocate for a variety of reasons and causes.
- Have a plan to get to your goal.
- Be open with the intentions and celebrate the wins along the way.



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