

June 2020 Newsletter

Neonatal Nurses College of Aotearoa (NNCA)



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Neonatal
Nurses
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Aotearoa

New Zealand Nurses Organisation

From the Editor

These are extraordinary times...

We've heard the phrase "unprecedented times" used often in relation to the Covid-19 pandemic, and the measures taken to respond to the virus's threat in New Zealand have created uncertainty about the economic and social impact of our country's response. If there's one thing for certain though, it's that nurses have again shown their adaptability and commitment to protecting the health of our communities, often at great sacrifice to themselves and those close to them.

Neonatal nurses found themselves delivering care close to "business as usual" during national alert levels with units around the country running at 100% occupancy. All this while many other inpatient and community services were dramatically reduced. Neonatal nurses balanced the needs of families facing restricted visiting, worked on the development and review of guidelines for Covid-19, managed continual coordination with other services, and supported each other and those around us. This issue of the NNCA newsletter includes a reflection from a neonatal nurse describing a team response to Covid-19, and this no doubt mirrors the experience of many around the country.

Member contributions also explore a personal framework for well-being and resilience; and an invitation to establish a network of nurses and lactation consultants interested in sharing knowledge and skills regarding lactation and breastfeeding.

As the world grappled with Covid-19, the killing of George Floyd in the US sent shockwaves around the globe. This event, and many other similar incidents, has sparked action and dialogue here in New Zealand about racism across our society, including within healthcare. An ex-NICU nurse, now working in North Carolina as a School Nurse, posted a profound and insightful piece on Facebook – his thoughts are reproduced in this issue with permission.

More recently in New Zealand we have seen the release of the proposed Health and Disability System Review <https://systemreview.health.govt.nz/>. The Ministry of Health hasn't been shy about referring to a long-term program of "health reform" in response to what is seen as a health system that is fragmented and under stress.

The recommendations of the Review include:

- Shifting to a greater focus on population health
- Creating a new Crown Entity, provisionally called Health NZ, focused on operational delivery of health and disability services and financial performance
- Reducing the number of DHBs from the current 20 down to 8-12 within five years, and moving to fully appointed Boards
- Creating a Māori Health Authority to advise on all aspects of Māori Health policy and to monitor and report on the performance of the system with respect to Māori
- Greater integration between primary and community care and hospital/specialist services

Past experiences of "health reform" may still ring clearly in the minds of many nurses in New Zealand – one only needs to look at the age distribution of our workforce to realise that many of us have been around for a while and have experienced a variety of changes within our healthcare system. It seems reasonable to be sceptical about yet another health system review, nurses are often overwhelmed by change fatigue. So will this time be any different? That remains to be seen but there are some positive signs from the Minister of Health in terms of how the reforms will be structured and led with a focus on creating a system that functions well for the workforce as well as being responsive to our communities' needs.

The challenge will be re-igniting the flame for nurses to actively lead and participate in the process, and hold to account those appointed to oversee the proposed changes. The NNCA Committee is determined to continue to represent neonatal nurses and the interests of infant and family health throughout these changing times. If you would like to be involved in the NNCA Committee, or know someone who would be, please consider putting forward a nomination for the two committee vacancies to be appointed at our AGM in October. These are extraordinary times and neonatal nurses continue to contribute in extraordinary ways to the health of our communities.

Chairperson's Report

Presented by Gina Beecroft, Chair



Ngā mihi mahana ki a koutou katoa, warm greetings to you all.

Our auspicious year of the Nurse and the Midwife has turned into the Year of the Global Pandemic! Not in anybody's wildest imaginings could we have envisioned a pandemic of such proportions, one that resulted in an international shutdown. This event has impacted on everyone in so many ways and has been catastrophic for many.

We have seen so many examples in our own NICUs of how it has changed the life circumstances for our colleagues and the families we care for. I hope you and your whānau have fared well, and that you have had the support you needed to help you manage and navigate your way in these still ever-changing times.

We can see for many countries the worst is still not over. So, it does feel as if we are in a more fortunate position to be in New Zealand with the return of much of our liberty and a much lighter health toll when compared to others.

It has not been, and is still not, business as usual for any of us personally or professionally. This has also included our activities as a Colleges and Section. For obvious reasons our activities have been a lot less than normal. Priorities have been elsewhere with obligations and efforts needing to be redirected into other areas of life and work.

Our priorities and activities are now also a little different to those we had previously planned pre-COVID. For instance, we put our National Conference on hold because of all the COVID restrictions and uncertainty. Our dilemma has been 'do we hold the conference or cancel till next year?'

However, what these times have highlighted to us all more than ever, is the importance of the health workforce and health system and healthy support systems. These times have emphasized just how much support we get and give each other every day as we go about our job of caring for others.

We therefore thought the least we could do as a College was give you an opportunity to meet up together, to share a social and educational opportunity. An opportunity for a positive change, an opportunity to refresh and recharge.

We have chosen to go forward and hold our usual National Forums, plus a Symposium for this year. A Symposium was chosen instead of a Conference due to the time constraints we now face to still host something this year, and uncertainty about travel options for international speakers and delegates. We also recognise the significant demands people are still experiencing both at home.

So, a Change in Plan! Change in Dates! Change in Format!

Neonatal Nurses College Aotearoa Symposium

Dates: 15th and 16th of October 2020

Theme: Let's do what we do best and "Go with the Flo - Changes and challenges in Neonatal Nursing today"

Venue: "The Piano" Christchurch

We invite you to save the dates, join us in Christchurch and enjoy the Symposium. Then stay the weekend and enjoy Christchurch's hospitality and sights. We look forward to seeing you in October.

Ngā mihi
Gina Beecroft
NNCA Chairperson

NNCA Committee Vacancies in 2020

At the NNCA AGM this year we will be seeking to fill two committee places.

A call for nominations will go out within the usual required timeframe ahead of the AGM. In the meantime, you are encouraged to consider potential candidates for the NNCA Committee.

Please don't hesitate to contact members of the committee if you would like to learn more about the work we do.

https://www.nzno.org.nz/groups/colleges_sections/colleges/neonatal_nurses_college/contact_us

2020 ANZNN Corner

Hasn't the country and neonates changed in the last few months? In many hospital units family-centred care has been directed to mothers only as limited visiting was enforced during level 4. Thankfully, hand hygiene increased, mothers were focused on their babies and staff have done a wonderful job of nursing both during a difficult period. Thank you for your care.

The ANZNN Executive Committee has been in discussion via Zoom meetings with over 16 countries around the world to discuss how all have managed the Covid positive mother and/or baby. Some countries isolated the Covid positive mother away from their baby, others cared for both in isolation. Some encouraged breast-feeding others did not. A variety of new studies have begun, trying to understand all aspects of care - for example when mothers' swabs were taken, studying blood and cord samples, placenta and amniotic fluid, when steroids were given, and how long CPAP was required in the delivery room. It will be interesting to read of the worldwide results of these studies.

To this end, the ANZNN Executive and support groups have developed two combined data collection documents. One for "Birth Admission" for reporting newborns of SARS-CoV-2 positive mothers and /SARS-CoV-2 positive newborns during birth admission. The second "For infants READMITTED after discharge within 30 days of initial hospital discharge with Covid".

These 2020 documents will be available online via the ANZNN website once formally approved by all ANZNN committees. This topic will be discussed when we next meet.

NNCA has approved to hold its Annual Conference and AGM to be held in Christchurch October 15 and 16. **Education forums which include ANZNN, will be held on Thursday October 15, 11am to 1600.** NNCA will provide further information in August, as this meeting depends upon what Covid Level NZ is in at that time.

Looking forward to meeting all in October.

Thank you again for your hard work and dedication to NZ Neonatal community.

Barbara Hammond RN
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Research Update – The ON TRACK Network Research Prioritisation Project

The ON TRACK Network Research Prioritisation Project is live and looking for contributions from everyone across the country with an interest in maternal and perinatal health.

“If you have a question that you think could benefit from more research, or if there are situations that challenge you because there is limited or conflicting evidence to guide you on what to do, this is the perfect opportunity to highlight those issues.” - The Health Research Council New Zealand

This important project will identify not what researchers want to investigate, or what funders want to fund, but genuinely what is important to all New Zealanders in **improving the health and healthcare of mothers and babies**. That is why we are encouraging you to take part – it is a great opportunity for all of us!

Research prioritisation allows the most efficient use of research resources to target the health and healthcare needs of a specific population. Using established research priority-setting methods the Network has developed a framework for this current project that reflects the unique social, geographic, and healthcare context of New Zealand and aims to be robust, transparent, systematic, and equitable.

One of the first steps of the project is to identify knowledge gaps (gaps in our understanding that need to be filled by new research) from as large and as wide a group of people with an interest in mothers and babies health. **We are now seeking contributions from all healthcare professionals, women, partners, caregivers, whānau and other stakeholders keen to help improve maternal and perinatal health.**

Invitations to participate in the project have been circulated widely. If you have not already, we strongly recommend you take just 20 minutes to have your say and push your own research agenda. The questionnaire is open for 3 months from 1st May 2020. Participants also could win a \$25 prezzy card.

Follow this link to our participant information and to complete the questionnaire:
<http://bit.ly/ontrack2020>

If you prefer a video chat or phone call, contact Clara Mossinger, midwife and PhD student at the Liggins Institute, University of Auckland

Member Contribution

Feedback from Pae Ora: the NZ Lactation Consultants Conference 2020

I was lucky enough to attend this conference at the end of February with the funding support from the NNCA for my registration costs. As a newly qualified Lactation Consultant it was an amazing learning opportunity for me.

Lisa Marasco I.B.C.L.C. and author of Making More Milk has an encyclopaedic knowledge of her field and presented several sessions on the complexities of milk supply and the factors that can impact it. There may be imbalances in hormones for many different reasons, some of which may be due to pre-existing conditions such as polycystic ovary syndrome or some of which may arise after complicated deliveries such as Sheehan's syndrome, which involves necrosis of the pituitary gland after significant blood loss during birth. She also has a comprehensive knowledge of galactagogues and the research available around these and the preferences different cultures have for different options. She has recently published the second edition of her book which would be a valuable resource for anyone working with breastfeeding mothers.

Kathleen Kendall-Tackett is also an I.B.C.L.C. with an extensive background in psychology and her sessions were very thought-provoking and some of the content easily applicable to the mothers and fathers of the babies we care for. Her work in the area of birth trauma resonated with me specifically. The parents we work with may be at risk of post-traumatic stress disorder due to trauma they have experienced around the birth of their child. This may be individually experienced in the case of a mother but also in the case of a father bearing witness to such events places them at risk for P.T.S.D. as well. Risk factors relating to birth experiences for this include a previous or existing mental health disorder, an obstetric emergency, a neonatal emergency and issues around the quality of health provider interactions. When I read this list, I can think of any number of parents in our unit at any one time who may meet one or all of these criteria. Some signs we commonly see are hypervigilance and increased sensitivity, as well problems with concentration and sleep disturbance. Some of her work around sleep was particularly interesting. We all know our new mothers are tired, they are recovering from often difficult births in the case of the babies we care for, they are separated from them physically while they are in our units and many are trying to establish a milk supply which we all know is hard and challenging work so who wouldn't be exhausted and overwhelmed! However, the amount of sleep they get and the time it takes them to get to sleep can be a red flag for the more serious problem of postpartum depression. So taking the time to talk to our mothers and provide them with the chance to talk over their birth experience and to allow them openings to express how they actually feel or not, sometimes can provide us with the insight needed to identify when they may need further or more in-depth support, and to pull in the wider health team to provide this.

This two day conference proved to be not just an excellent learning opportunity but also a great chance to meet with many other Lactation Consultants and other health professionals from a variety of backgrounds all with the common goal of promoting breastfeeding. Given how much our world has changed in the weeks since, this shared goal we hold seems ever more important in these uncertain times.

Suzanne Butler

Member Contribution

Creating Connections

My name is Suzanne Butler (McCullough) and I have been working in neonatal nursing on and off since 1989. I was Chairperson of the New Zealand Association of Neonatal Nurses in the early 2000s when we were a section. Last year I was lucky enough to attend the COINN Conference and see how much we had grown professionally. During the conference I reconnected with past colleagues, many of whom have made significant contributions to neonatal nursing both here in New Zealand and further afield. It was a career highlight for me and a reminder of the value of working together.

Last year I achieved a personal goal of my own which was to qualify as a Lactation Consultant and this year have started in my dream job as a Lactation Consultant at SCBU, North Shore Hospital Auckland. While I have many years behind me as a neonatal nurse I feel very grateful to still be learning so much and have the opportunity to contribute to both the short and long term health of the babies and mothers I care for in what I consider to be a particularly significant way by supporting them on their journey to feed their babies.

So, as this is my focus now, I'm keen to network with other Lactation Consultants and breastfeeding champions in the neonatal units of New Zealand. I'm sure there are some informal networks already in place and I would like to facilitate the development of a wider network under the umbrella of NNCA so we all may benefit from shared wisdom and experiences. Working as a Lactation Consultant is a niche area to begin with. Add in specialising in the care of the babies in the neonatal units and it becomes an even rarer area.

So I'm keen to make contact with any L.C.s, aspiring L.C.s and breastfeeding champions working in the units in our country and start to build a network. Prior to the current challenges we are all facing I had hoped to meet some of you in person at the College conference this year but now as we face these new and unprecedented challenges we are learning to do things differently – so Zoom here we come...

My email is Suzanne.Butler@waitematadhb.govt.nz

Please contact me if you would like to be involved in this group.

Member Contribution

Reflecting on Covid-19

COVID19 has meant a complete shift in how I work. As a neonatal nurse usually at the bedside (or incubator side!) I've found myself wandering through adult and paediatric wards, answering calls from nurses, doctors, cleaners, security and administration staff. From tiny babies one week, to helping security men double my size safely don and doff their PPE the next, it has truly been a lesson in flexibility.

Our neonatal unit created a "COVID Team", swiftly followed by a To-Do list that seemed to grow each day. One of our first priorities was screening parents. We took a multi-layered approach, screening at least 3 times from outside the unit to the bedside. In addition we created a station at the entrance which gave parents the opportunity to clean their phones and wash their hands, and set up a register for parents to facilitate potential future contact tracing.

We designed guidelines for admissions and deliveries with associated care plans, and edited them, and edited them, and edited them again with each new piece of Ministry of Health guidance. We cleared out rooms for isolation, printed educational posters and laminated everything. We put out weekly FAQs, to provide constant and consistent feedback to staff and to ensure concerns were responded to promptly.

In conjunction with the New Zealand government's alert levels, the neonatal unit altered to reflect the same. Visitation was reduced to exclusively parents with only one parent at the bedside per visit. We reduced the number of people who could be in shared spaces such as the mother's room, work room and staff tearoom at any given time to facilitate social distancing. We increased our use of teleconferencing apps which facilitated reducing the number of staff on ward rounds, meetings and education sessions. We took every opportunity we could think of to try to reduce contact and therefore reduce risk.

This was a collective "we"; however I found myself inadvertently becoming a person staff felt comfortable raising their concerns and anxieties to as COVID evolved, both in formal and informal conversations. My nursing colleagues began to contact me increasingly over social media, sharing concerns and questions that they perhaps did not want to raise directly at work. I was moved that people felt comfortable to give their honest feedback and ask me their questions, even if I didn't have all the answers myself!

The world suddenly feels uncertain; healthcare workers are only human and have a life and worries both inside and outside the hospital walls. Managing staff anxieties, ensuring their concerns were heard, and hopefully helping them feel protected and valued has been, in my opinion, the greatest achievement of our "COVID Team".

Working as part of the team of the greater hospital has underscored how this is new territory for us all and we need to venture into it together with kindness, compassion and a degree of flexibility. I feel hopeful that by retaining our humanity through a collective effort and empathy with one another and our colleagues across the globe we can protect our tiny precious patients, their families and each other.

Laura Moore RN NICU Starship Hospital

Member Contribution:

Resilience and Wellbeing within a neonatal nurse's world.

It was 0435hr, September the 4th 2010 and I was in bed asleep and dreaming I was in an earthquake, as I was jolted awake and through the haziness of waking up, my dream became my reality. My brain started repeating to me the earthquake training from my childhood, which was 'get under a table or in a doorway' to which I crawled out of bed, sat in the doorway and called out to my family for support, as the vicious shaking turned into the ground easing into a rhythmic, rocking sensation.

Some of society think the first earthquake actually was the fatal aftershock that occurred six months later on the 22nd of February 2011. However, if you speak to most of the population from Christchurch, September the 4th 2010 is when it all began for them as they began to endure uncountable aftershocks, and learn resilience and wellbeing while the land beneath them continued to literally, rock their world. In a reflection article on the Christchurch earthquakes written by Hayward (2013), it discusses how the foundations of resilience thinking began from an ecological perspective in the 1960s. From here researchers have extensively studied the process of resilience and now "the approach is focused less on environmental control and more on how to cope, adapt, and manage over time in an unpredictable, dynamic world." (Hayward, 2013, p. 1).

Resilience and wellbeing is so vital within our job, and as COVID-19 has recently come into play it is more pertinent than ever before! Last year I completed the final paper of my postgraduate diploma, Leading and Managing Changes in Healthcare, and this was my introduction for my essay "Resilience and Wellbeing Within the Workplace". In this essay we had to develop a personal plan from a critical analysis of literature for which my resilience and wellbeing would be enhanced and it involved key aspects of what I believe sustain my wellbeing and resilience within NICU.

Although there is not a set definition of resilience, as a senior nurse within the neonatal intensive care unit (NICU), I know my resilience within the team I work in is vital in the multifaceted care given. Within a highly specialized unit, a neonatal nurse requires multiple skills of adaptation at the bedside. This includes critiquing a patient's condition, working with the family/whānau, communicating with the wider multidisciplinary team, all while giving exceptional care to our 'little' patients. As discussed by Turner, Chur-Hansen, and Winefield (2014), a neonatal nurse's role is one that is challenging and multiplex. Therefore within my nursing practice, where does my resilience come from?

Masten (2001) and Yılmaz (2017) discuss that resilience begins in childhood, through the adaptation in a child's development, whatever their surrounding situation might be. Therefore it's not a special trick that people have, but part of an everyday process that develops within a supportive culture of their environment. Later papers by Masten (2014) and Turner (2014) continue to support the notion that resilience in all children is shaped from their surroundings and not from a certain trait they possess but a trait they develop. Within an individual's resilience, adaptation and development comes from a complex adaptive system that function correctly. Hence, the individual's resilience has the capacity for change and functionality within a system that is consistently transforming and renewing ways of practicing (Masten, 2014).

Joyce et al. (2018), note the importance of the word 'adapt' when faced with situations that are stressful. Yılmaz (2017) also gives recognition to adaptation in times that are difficult and traumatic and further discuss the importance of resilience being a process of development that builds individual characteristics. Joyce et al. (2018) also emphasise a process in resilience of 'bouncing back' as it relates to the characteristic of being able to recover back to a steady position of functioning post a troublesome event. To have this ability to bounce back is a core element to having resilience (Aburn et al., 2016; Joyce et al., 2018; Smith et al., 2008). As a senior nurse, it is important to have this 'bouncing back' characteristic of resilience, as the challenge of daily nursing practices can be very exhausting both physically and mentally. Turner (2014), reiterates this by saying a critical part of having resilience is being able to rebound and therefore a nurse needs to be malleable and Schutte and Malouff (2011) associate this with emotional behaviours of adaptability.

Common traits related to resilience within the nursing culture are adaptation, growth and development, self-awareness and coping and rebounding skills (Turner, 2014). Therefore to develop and possess these traits, the importance of the link between resilience and wellbeing is paramount. Ongoing reviews are presenting continued research about the necessity of understanding the link between resilience and wellbeing (Joyce et al., 2018). Not surprisingly, the evidence of increased work related trauma and stress is sizeable and ongoing concern for individuals' wellbeing is at the forefront of employers focus (Loretto, Platt, & Popham, 2010). The Health and Safety at Work Act (2015) has one of its interventions as 'promoting wellbeing and resilience among the work environment from a psychosocial perspective' and supports the importance of it being a both mental and physical wellbeing.

There also needs to be a lens on how culture can impact resilience and wellbeing. Jowkar, Friborg, and Hjemdal (2010) acknowledge the complex structure that resilience is built on in an individual but identify a major factor of a person's background, family surroundings and support is a necessity for the protective factor in resilience. To further understand wellbeing in the Maori culture, it is explained as having all aspects of spiritual, physical and mental wellbeing in one's health (Ruru, 2016). Furthermore wellbeing models such as 'Te Wheke' and 'Te Whare Tapa Wha' (Banwell, Ulijaszek, & Dixon, 2013; Moeke-Maxwell, 2014; Pistacchi, 2008), ensure wellbeing through individuals participating in social, physical, family and spiritual roles which in turn achieves health and balance (Ruru, 2016). Houkamau and Sibley (2011) discuss the 'culture for cure' model which is the process of an individual being embedded into their culture to increase their wellbeing. Additionally, Reid, Varona, Fisher, & Smith, 2016; Williams, Clark, & Lewycka, (2018) agree that the core value of unity is among family and is the required component of health and wellbeing within Maori. Interestingly, Houkamau and Sibley (2011) emphasize the model does not only make an important contribution in Maori wellbeing but also as a cross-culture model to ingrain wellbeing.

Although Maori are the indigenous people of New Zealand there are now many cultures represented here as a multicultural society and when taking into consideration the growth of New Zealand's population, the diversity of cultures within society has a major affect on healthcare (Frey, Raphael, Bellamy, & Gott, 2014). Walker (2015) describe the Te Whare Tapa Wha model of wellbeing as based on the Maori word 'whanaungatanga' which brings connection, relationship and a sense of acceptance through sharing and working together.

Whanaungatanga is relative to the different cultures I nurse and by working together with the patient and their family/whānau, we create a sense of wellbeing by relationship and partnership (Ruru, 2016). Bécares, Cormack, and Harris (2013) and Waldegrave et al. (2016) recognise the impact cultural surroundings have to an individual's wellbeing and resilience. Therefore even though our patients and their family/whānau require to be in hospital and are away from their home surroundings, I can ensure the parents attend to their baby's cares, encourage family/whānau to visit regularly and respect the impact that wellbeing models like Te Wheke and Te Whare Tapa Wha have within the family/whānau (Banwell et al., 2013; Moeke-Maxwell, 2014; Pistacchi, 2008).

Within our NICU team, resilience and wellbeing support comes in different ways. NICU has a social club in place, which has regular events outside of work and group activities to participate in. Last year we were encouraged to participate in STEPtember, which encouraged our wellbeing in the form of exercise and interaction with staff inside and outside of the work environment. Jarden et al. (2018) recognize a key component in a nurse's wellbeing is creating environments in which nurse's health is promoted. The Health and Safety at Work Act (2015) also promote physical exercise as an intervention for wellbeing.

Resilience and wellbeing is also seen by telling stories and debriefing with each other at work, whether that be in the lunchroom or at the bedside. Huggard (2013) explains when nurses share understanding from debriefing, it provides a mechanism of coping, support and resilience. Ruru (2016) and Walker (2015) reiterates the word whanaungatanga as individual wellbeing comes from bringing connection with people by telling stories. NICU also has a Facebook page in which stories are shared, updates in practice are given and shift swapping requests are asked for. It provides a connection and support through the platform of social media and creates a virtual community (Rolls, Hansen, Jackson, & Elliott, 2016).

When working at the bedside, resilience and wellbeing is supported by teamwork, communication, sharing of knowledge and providing support. These actions are otherwise known as clinical care reviews, huddles and safety briefings. Huddles and safety briefings are identified by Fiscella, Mauksch, Bodenheimer, & Salas (2017) and Gluyas (2015) as providing useful and productive communication that facilitates teamwork. Additionally Salas, Shuffler, Thayer, Bedwell, and Lazzara (2015) discuss the importance of closed loop communication, which occurs as clinical care reviews are being performed. Tawfik, Sexton, Adair, Kaplan, and Profit (2017) agree a characteristic of resilience is seen as being a team player. Factors that strengthen resilience in work surroundings include teamwork support, balance of home life to work life, and having professional status within the job (McCann et al., 2013).

My personal plan that I developed from literature, includes a photograph of myself tramping, as nature connects me to a sense of purpose and the adventure of achievement, which helps restore my wellbeing while adding resilience, depending on the challenge of the tramp!



“...resilience is not a static characteristic of an individual, but a dynamic process across contexts and throughout the lifespan...” (Gartland et al., 2011, as cited in Aburn et al., 2016, p. 985).

The quote used as part of my personal plan about resilience is to remind myself that situations/experiences in life are journeys and are dynamic and a process to which character is built upon (Aburn et al., 2016). This also relates to the love of tramping, it takes you on a journey where different things are seen in different ways and the view at the top is only part of the adventure. Tramping also provides part of the importance of work-life balance as it ensures time away from a hectic environment and quietness along with having time with friends and family provides much needed rejuvenation. Jackson and Daly (2011) conclude that a resilient nurse leader understands and relies on the balance of professional and personal wellbeing.

Having emotional intelligence is another fundamental angle of personal resilience and wellbeing in my personal plan, as it promotes self awareness and a positive work ethic by a person managing their own emotions which in turn contributes to other team members understanding their own emotional responses (Bawafaa, Wong, & Laschinger, 2015; Goleman, Boyatzia, & McKee, 2013; Künzle, Kolbe, & Grote, 2010). As a senior nurse, I continue to develop emotional intelligence that actions capability and empathy, not only within myself but also in the nursing team around me (Künzle et al. 2010). Schutte and Malouff (2011) present a study showing wellbeing is linked with having a high emotional intelligence and positive affect. So by continuing to work on developing my emotional intelligence I am impacting positively on my wellbeing.

As an individual, I am one in a team of many in the NICU - is there a difference from individual wellbeing/resilience to a team's wellbeing/resilience? Tawfik et al. (2017) suggests that although directed to being separate designations, individual and team resilience are actually closely correlated. Tawfik et al. (2017) suggest that team functioning is put down to certain individual aspects that included being adaptable, organised and being a team player which impacts significantly within team collaboration. McEwen and Boyd (2018) would argue that they are conceptually separated but went on to identify the importance of team resilience outweighing individual resilience, however a team's resilience should be based on strategies and behaviours, which align together as a group. McCray, Palmer, and Chmiel (2016) state the importance of self-care in individual resilience and individualised learning in turn build and sustain team performance.

Sustaining resilience and wellbeing both individually and within a team has been identified as being important. Moloney (2018) looked at the concern around nursing shortages in New Zealand and saw a trend of three areas. One of those being the importance of teamwork and having good interpersonal relationships which improve wellbeing and is vital to retain nurses in practice. Within the NICU team there are already processes as previously mentioned in place for team support. Recently under the Starship Nursing Clinical Governance – Nursing Care Delivery Model (2018) the senior nursing team proposed clinical excellence teams be formed in which portfolios addressing aspects of care required in the unit to promote professionalism and development. The response has been very successful and now we continue to develop and enhance these teams in which the teamwork support and professional status encouraged, will strengthen resilience (McCann et al., 2013).

Looking to further enhancing team resilience and wellbeing, perhaps there should be an increase of debriefing and encouragement of mentorship within the NICU as identified in literature (McCray et al., 2016; Moloney, Boxall, Parsons, & Cheung, 2018; Turner, 2014). Moloney et al. (2018) goes on to recognise the need for positive leadership, support and direction to combat stress. To further address improvements in resilience, our nurses would benefit from having mentors that are not only resilient but encourage reflection within a nurse's practice (McCray et al., 2016; Turner, 2014). In addition to mentorship, debriefing is also mentioned in McCray et al. (2016) article as a strategy going forward to support resilience. Huggard (2013) looks at two types of debriefing, psychological and organisational debriefing in which both are important. However a psychological debrief is considered vital when a critical event has occurred. This in turn combats resilience and promotes wellbeing.

Another implementation that could be applied from an organizational approach is increasing a strength-based focus, through certain interventions within healthcare teams. Jarden and Jarden (2016) propose that this begins with leadership having a model that supports development and exploration of strengths such as using the 'attitude, identification, development' or the 'appreciative enquiry' approach. Dadich et al. (2015) identified that using 'positive organizational scholarship in healthcare' helps to produce a culture of resilience. Perhaps when new staff that are orientating and also on the NICU mandatory study days, allowing nurses to identify their strengths through character strength testing would allow nurses to understand their value and therefore thrive within their wellbeing (VIA Institute on Character, 2019).

In conclusion, just like in the Christchurch earthquake, I relied on my childhood education and family around me to help my wellbeing within that situation, this reflects the importance of knowledge and support systems we draw for building resilience and wellbeing. As increased literature recognises the influence that resilience and wellbeing have within society, so must healthcare environments reflect and recognize what is vitally important for the necessary infrastructure required, to support resilience and wellbeing.

Claire Annan BHSc PGDip

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Member Contribution

"I have to consciously remind myself of my bias..."

When this is over, and by that I mean, when things calm down slightly, we need to remember that we, and by we, I mean mostly white people, are quick to support situations that fall into an easy dichotomy; George Floyd, Breonna Taylor, Ahmaud Arbery; blameless, easily supportable. There are many other people of colour, who do not make for such easy rally points, who did not need to die, and whose loss is also tragic. Thousands of deaths are demeaned as 'just gangbangers killing each other' as if they don't count in the immense horror that racism wreaks upon this country. We need to check our thinking when we hear that someone was killed by police. Could that situation have ended differently? What can we do to change that?

And policing is not the only profession experiencing a crisis rooted in racism; racism in healthcare kills people every day. Fixing that means acknowledging it, and actively fighting it.

I've been forced to confront, and I am still confronting, racism in my own practice. Caring for African-American children who I have aged 5 or more years; by their size, by their physicality, by their demeanour. A 7-year old needs to be treated as a 7-year old, not as a 12-year old, just because they are taller, or more confident, or black. I've failed this test at least once that I know of and I have to consciously remind myself of my bias to ensure that my patients get the care they deserve. I'm not looking for a pat on the back for my epiphany, for doing what I'm supposed to do when I say that "I treat everyone according to their needs!". As a nurse, I live to serve my patients, and to think that I might be treating some patients differently because of the colour of their skin is awful. But it must be so, because if every nurse is so un-racist, why are we killing so many black people?

And yet still today, I listened to my wife explaining the protests to my son, thinking 'shouldn't he be older before he learns this stuff?' when I realized that today is absolutely the day to learn, and to do better.

I wish I had a pithy line to end this Benaud-blazered mea culpa, to make it less about me assuaging guilt, and actually make it productive. I don't have voices to amplify, or must-follows. I'm rubbish at this; Coates* has sat on my bookshelf barely touched for 4 years, Kendi* unread for 4 months. They scare me. They make me feel bad.

I know that racism isn't just fostered by yelling epithets, that it grows by quietly carrying on, thinking that it is someone else who is racist. But I'm still part of the problem.

Paul Price, RN
North Carolina

*Ta-Nehisi Coates *Ibram Kendi

NNCA Professional Development Grant

NNCA has up to \$6,000 available each year to support Professional Development Grants. The maximum scholarship is \$1,000.00 per person at the discretion of the NNCA Executive Committee, and applications are considered at the quarterly national executive meetings or on an as needed basis.

Recipients will be expected to write an article for publication in the NNCA Newsletter within six weeks of completion.

Application closing date:

- July 31

Eligibility:

- Applicants must be a current financial member of NZNO and a full member of the NNCA College for at least 12 months.

Criteria/Comments:

- Courses, seminars, conferences or projects relating to neonatal nursing
- Priority will be given to nurses embarking on research or writing for a peer reviewed journal
- If funds are not awarded they will be made available the following year, up to a maximum of two years

Get the current application form on the NZNO Scholarships and grants page.

Send applications to:

Scholarships & Grants National Administrator – Attn. Sally Chapman
NZNO National Office
P O Box 2128
Wellington 6140
E-mail: sally.chapman@nzno.org.nz

The Neonatal Nurses College will be calling for nominations for the Fisher and Paykel Neonatal Nurse of the Year Award. NNCA members are encouraged to consider suitable candidates for this award which will be presented at the NNCA Annual Conference in Christchurch later this year.

This award recognises an individual nurse and the contribution he or she has made to their organisation and the wider community – locally, nationally or internationally.

An award for excellence, research, innovation and contribution to neonatal nursing is offered by means of a travel scholarship to the value of \$2,000 (NZD). The award is intended to be used for travel to further develop the award recipient's career e.g. for attendance at a scientific meeting or conference, or to enable a visit to an overseas neonatal unit. Applications are assessed by the NNCA Executive Committee.

We are very grateful to Fisher & Paykel, who continue to support the Neonatal Nurses College of Aotearoa. A big thank you to them.

Further information regarding the nomination process can be found on the NNCA website.

Registrations open July



COMMUNITY WELLBEING
IN AOTEAROA

Nursing 2020 and beyond

NZNO Conference and AGM 2020

16 - 17 September 2020

Given the unknown Alert Level status in September, Constitutional requirements for an AGM, limiting non-essential travel, and physical distancing,

the Board endorsed the option to move both Conference and AGM to an online format.

There will be no face to face AGM and Conference in Wellington this year.

- **Wednesday 16 September:** Conference is open to NZNO members and non-member nurses, health professionals, and anyone with an interest in nursing.
- **Wednesday 17 September:** AGM is open to NZNO members

If you have any queries please email conference@nzno.org.nz

SAVE THIS DATE (AGAIN)

15th - 16th October 2020

**Change in Plan! Change in Dates! Change in Format!
But we are still going forward. Now more topical than
ever, and a great chance to get together.**

Let's do what we do best.

“Go with the Flo”



**Neonatal Nurse's College Aotearoa
Symposium**

Venue: “The Piano” Christchurch

CHANGES AND CHALLENGES IN NEONATAL NURSING TODAY

**WEBSITE & REGISTRATIONS LIVE SOON NNCA HOMEPAGE
WWW.NZNO.ORG.NZ**

