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Linking Education and Research in Nursing: Evidence/Dissemination

Newsletter of the NZNO Nursing Research Section

AUGUST 2016

MESSAGE FROM CHAIR:

Dear Members,

Key actions for the Acting Nurse Research Section (NRS) committee were set to collaborate and grow the relationship between the NZNO researchers and NRS in contributing to NZNO research plans and outputs; to facilitate NRS members taking a more active role in the Section, surveying their opinions and views; and to increase the visibility and profile of NRS to attract and benefit members.

Achievements toward these actions to date have been to:
Establish connections with the NZNO researchers through face to face meetings and email and phone conversations to connect with one another and appreciate each other's varied contributions to the national nursing research scene. Jill Clendon and Léonie Walker have contributed articles to the NRS newsletter updating NRS members on their research activities and projects. Behind the scenes, NRS members and the NZNO researchers have collaborated on questionnaire development, submissions, and research project discussions.

A questionnaire has been initiated and developed by the NRS committee and distributed to NRS members to ascertain their views and opinions to help steer the future direction of the Section and strengthen its potential. Results from the survey will be analysed and recommendations made and communicated to NRS members by September.

Inroads toward increasing the visibility and profile of NRS have begun with the development of a flyer outlining the who, what, why and how of NRS. The flyer will be utilised in varied ways to promote NRS membership and activities. Linking with tertiary providers to introduce NRS at undergraduate nursing level through the flyer is being considered. The next stage toward action on this front is to link with other NZNO Colleges and Sections to collaborate on research and evidence based commonalities.

This year for the first time, NRS was invited by the NZNO Executive to become involved with assisting the NZNO national conference committee with abstract selection for paper presentations at the NZNO AGM. Further input regarding research and evidence based practice at the NZNO national conference is also being contemplated by both NRS and the NZNO Executive.

To date, 2016 has been a productive year for NRS with solid inroads toward moving the Section positively forward. Evidence based practice is intrinsic to a nurse's work and having a representative national body like NRS important in supporting the profession.

Kind regards Gillian Sim,

Outgoing Chair
(nzno.nrs@gmail.com)

Inside this Issue

NZNO Research report by Léonie Walker and Jill Clendon

A busy year has seen the completion of two big projects for NZNO researchers Léonie Walker and Jill Clendon. The first, looking at *combining family caregiving responsibilities with nursing: implications for management and retention* found that while there were issues for all nurses in this position, there were also additional and different issues related to this for both Asian and Māori nurses.

The implications for management were presented to the Nurse Executives NZ early August. Other outputs for the project include a paper on implications for management accepted at JONM, a paper on implications for workforce planners and employers of Asian nurses which has been accepted into Kaitiaki Nursing Research and which forms a key-note presentation Auckland Asian health conference – (in September), and a paper on implications for workforce planners and employers of Māori nurses which has been submitted to AlterNative and will be presented at the Indigenous Nurses Conference in Auckland.

A second project, funded by the privacy commissioner, looked at *Health IT and community nurses' knowledge of privacy issues.* The study found that nurses' knowledge of privacy and confidentiality related to electronic patient records and use of digital technology in the community was sound. There were however many issues affecting the practicalities of implementation that reduced the effectiveness of Health IT to improve patient care. These findings were also presented to the Nurse Executives NZ. Other outputs include a report for the Office of the Privacy Commissioner, feedback (anonymized) to participants, development of a new position statement on Telehealth and updated guidelines on privacy and consent in the use of exemplars, case studies and journaling. Two Abstracts have been accepted - an oral & a paper for the HiNZ conference in November.

Other projects we are embarking on are an HRC funded *shift work, fatigue and safety* project with research partners at Massey University, a project on c*ross cultural communication* between nurses also with Massey, and Part 2 of the *Māori nurse/ smoking* project – with Whakauae.

It will soon be time to start the planning cycle for the 2017 Employment Survey (fifth biennial!), and we are consulting and planning for projects looking at nurse attrition from the workforce.

The NZNO team have also been asked to join an international (EU – funded) care rationing research consortium, in collaboration for NZ with Clare Harvey from EIT and Flinders.

Jill Clendon
Nursing Policy Advisor/Researcher

Léonie Walker
Principal Researcher

Health Research Strategy – public discussion document

'Health research contributes to improvements in the health, social and economic wellbeing of New Zealanders and is a large and high-performing part of New Zealand's science system. Health research helps generate knowledge and evidence that lead to changes in clinical practice, new products and technologies, public health interventions, improved ways of delivering health services, and changes in health, disability and social policy. Health research also results in broader benefits for the biological economy and manufacturing and food industries, and generates high-tech medical technology and biotechnology firms' (Moh, 2016, p.2).

"New Zealand's first health research strategy aims to generate more value from our investment in health research over the next 10 years. The recent review of the Health Research Council of New Zealand noted the lack of strategic direction for the health research and innovation system in New Zealand and the potential to generate more economic and health benefits for New Zealand. It also found that connections and coordination between the relevant government agencies, health researchers, end users and the commercial sector could be strengthened.

The health research strategy will seek to build excellence through a more cohesive and connected system. It will provide a clear strategic direction for research, including supporting progress towards the goals of the three health and wellbeing National Science Challenges: *A Better Start, Ageing Well* and *Healthier Lives*. The strategy will enhance the uptake of research results and maximise the economic and scientific benefits from our internationally recognised strengths in health research. It will also improve New Zealand's ability to attract and retain health researchers, including clinicians with an interest in research" (MoH, 2016 p.1). The strategy will set out a vision, mission, guiding principles and strategic priorities for health research for the next 10 years.

Our feedback included: while not overly inspirational generally the vision is a guiding statement that provides future guidance and direction for health research in NZ. The initial line of the strategy though seems to come from a deficit model implying that systems, processes are not in existence or not good now. The collaborative nature and partnership approach to NZ health research is to be commended rather that research occurring in silos as currently occurs largely

Other comments included the effective utilisation of the information generated from research and all DHBs should maintain a data base of research undertaken in their districts – this could also be a national data base (please note: some DHBs have research databases). DHBs should demonstrate their commitment to research. Research should be part of health care core business.

Overall we thought they are a sound start but, like any key direction document, there needs to be a mention of resource required to attain the vision, mission, and principles. For example, implement systems that support DHBs to collaborate with primary health care and NGOs in regards to research and translation to practice – promote formal network links.

To view the document Health Research Strategy – public discussion document: http://www.health.govt.nz/system/files/documents/publications/nz-health-research-strategy-discussion-document-may16.pdf

Research grants – writing tips

by Heather Robertson, Nurse Leader –primary and community, Hauora Tairawhiti

Writing a grant application is a major undertaking. Before you start make sure you have done your homework: know the field, choose an excellent idea to pursue, and read the entire grant application kit. You also need to have to be at least as knowledgeable as the reviewers are.

A top-quality research proposal is the most important factor determining your application's success. The subject must be novel and likely to produce new data and concepts or to confirm an existing hypothesis. The research must worthy of funding and the project must be developed through a rigorous, well-defined plan. There must be enough detail to demonstrate the intellectual quality and merit of the study and to convince them your hypothesis is sound and important. You must provide evidence the procedures are appropriate and imperative not to be overly ambitious.

Questions to ask yourself

- Have I clearly formulated the problem?
- Is there a clear and convincingly argued analytical framework?
- What will the research do, to whom or to what, and why?
- Have I given a full and detailed description of the proposed research methods?
- Have I established clear and concise aims and objectives?
- Have I fully defended my chosen research design and made it clear why others are not appropriate?
- Have I thought about the ethical and cultural issues and have I consulted on these issues and obtained the necessary approval(s)?
- Is the proposed approach to project management sensible and robust?
- Have I anticipated potential difficulties and how they would be handled?
- Have I provided a bibliography?
- Is the research based on a feasible timetable?
- Have I identified potential users of this research?

References

Economic and Social Research Council. How to write a good research grant proposal. Retrieved 26th July 2016 from http://www.esrc.ac.uk/funding/guidance-for-applicants/how-to-write-a-good-research-grant-proposal/

National institute of Health. Write you application. Retrieved 26th July 2016 from http://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/write-your-application.htm

National Institute of Neurological Disorders and Stroke. How to Write a Research Project Grant Application. Retrieved 26th July 2016 from http://www.ninds.nih.gov/funding/write_grant_doc.htm

University of Otago. Grant writing tips. Retrieved 26th July 2016 from http://www.otago.ac.nz/research/proposals/otago004485.html

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The Value of Journal Clubs in Clinical Practice

by Gillian Sim, Nurse Researcher Southern District Health Board

All good clinicians want to ensure that their practice is based on sound up-to-date evidence. However, there is now a mountain of literature available adding to the challenge of keeping up-to-date. Journal clubs assist in meeting this challenge.

We are aware that evidence-based practice is an approach where health professionals use the best evidence possible to make clinical decisions for individual patients. It involves complex and conscientious decision-making based not only on the available evidence but also on patient characteristics, situations, and preferences.

One of the major elements of evidence-based practice is the ability to actually apply research results to professional practice and one of the tools available to assist in this is critical appraisal, used within the context of a journal club. The journal club originated in medical schools at the end of the 19th century, and was used regularly for continuing medical education. Journal clubs now exist in a multitude of disciplines.

Aims of Journal Clubs are to:

- Keep up with literature
- Promote evidenced-based practice
- Learn critical appraisal skills
- Fulfill requirements for ongoing education
- Promote regular contact with colleagues

Some journal clubs also extend these aims to include:

- Discussing of documents and policy material that may impact on the practice area
- Practising of conference paper presentations
- Presenting of research work in progress

Tips for successful journal clubs:

- One person should be nominated to lead the club
  (Successful clubs have been associated with the enthusiastic support from the leader)
- Set up some ground rules that suit your own particular work environment and participants
  - the objectives of the club (? EBP or critique development or both)
  - processes of operation (? regularity, circulation of articles etc)
  - commitment required of participants (? mandatory attendance)
  - start and finish times, (? on or off site of the practice area)
  - rules (cell phones, leaving to answer bells etc)
- Evidence-based clubs should choose a topic of relevance based on a real life clinical problem rather than any article
- The focus should be on a variety of research designs i.e. not just randomized control trials or qualitative studies all the time
- A roster for food provision or sponsorship of food costs may assist
  (Successful clubs have been associated with the provision of food at meetings).

Reference:

Melnyk, B. M., & Fineout-Overholt, E. (2014). Evidence-based practice in nursing and healthcare: a guide to best practice. Philadelphia: Lippincott Williams & Wilkins

Journal Club Article Critique Template

Topic Date:	
Study • Author • Title • Journal • Year, volume, issue, pages	
Background • Study rationale • Objective	
Methodology • Study design • Setting • Subjects, sample size • Intervention • Outcome	
Analysis • Statistical tests • Graphs and tables	
Results • Key findings, significance • Limitations	
Level of evidence	
Comments/Conclusions	
Implications for practice/actions	

This template can be completed by Journal Club presenters to frame their discussion of the article.

The sources and effects of ethical dilemmas and moral distress in nursing and nurses' experiences and perceptions of the same have been widely discussed in the literature (Höglund, Helgesson, & Eriksson, 2010; Younjae & Gastmans, 2015) most prominently in those areas where nurses work with vulnerable populations such as in oncology, critical care, neonatal care and palliative care nursing (Cohen & Erickson, 2006; McLeod, 2014; Mendel, 2014). The moral dilemmas affecting clinical research nurses (CRNs) have not been widely investigated. Höglund, Helgesson, and Eriksson (2010) describe in their small qualitative study that CRNs face a wide range of ethical dilemmas in their everyday practice which relate to balancing patient interests against research interests, conflicts of positions as a CRN and research coordinator, the obligation to ensure the ethical conduct of the study, discords with other members of the research team, and the nursing and ethical voice not heard during the conduct of the study. This small qualitative study analysed the views of six CRNs and the type of studies in which these nurses are involved in is not stated. Industry-sponsored, pharmaceutically driven clinical trials may create different kinds and levels of dilemmas and stress than investigator initiated or collaborative research group trials.

Balancing patient interests with research interests is a central responsibility of CRNs and becomes especially apparent during the enrolment phase of a clinical trial when the participant is selected using inclusion and exclusion criteria and is approached for consent. CRNs, while not always the person to countersign the consent form, play a pivotal role in the informed consent process (Cresswell & Gilmour, 2014) as they build a relationship with the prospective participant, significant others and the health care team, advocate for the participant's right to make an informed choice whether to participate and ensure legal requirements of consent are met. Oftentimes, there is a small window for enrolment and the informed consent process can be challenging as the nurse has to ensure the participant has understood the information, has enough time to consult with others if they wish, and has sufficient time to consider participation. While balancing patient interests and research interests can lead to dilemmas, this time is also an opportunity for research nurses to be a moral agent and apply ethical principles such as autonomy, non-maleficence, and veracity to eliminate the risk of coercion, power imbalance, and paternalism especially in those studies where the principal investigator is also the primary physician.

The main role of the CRN is to provide specialised nursing care to the clinical trial participant and to implement the clinical trial protocol. These two aspects of the role can generate tensions as the nurse balances his/her primary professional responsibilities as a nurse and his/her nurse coordinating capacity as a member of the wider research team (Banner & Zimmer, 2012). These tensions may become apparent when discussing benefits and risks with the prospective participant during the informed consent process and the time that this process often takes; the nurse may experience a conflict of interests as he/she has primarily the moral and professional obligations to "do no harm" and be a patient advocate while feeling obliged to meet the expectations of the investigator to recruit a certain number of participants within a specified timeframe (Banner & Zimmer, 2012; Höglund, Helgesson, & Eriksson, 2010).

Clinical trials enroll patients who meet study specific inclusion and none of the exclusion criteria in order to avoid selection bias and define the study population appropriately. Oftentimes, vulnerable populations such as children, the elderly, and patients with mental illness are excluded from studies although they have the condition for which the study seeks to find a treatment. While the principle of non-maleficence and the protection of vulnerable populations is paramount in research ethics and exercised by ethics committees, this does not uphold the patients' rights to autonomy and justice (Smith,

2008). Although excluding certain populations will limit the applicability of a study's results, in practice, we see treatments administered to patients who were not represented in the study population. This poses an ethical dilemma because while non-maleficence was upheld during the research phase, the treatment now puts vulnerable patients at potential risk because they were excluded from preceding studies. Although CRNs have no influence on protocols which were written prior to their involvement in a study, there is an opportunity and in fact a moral obligation to identify unjustified and inequitable study criteria when CRNs are involved in protocol development (Crome et al., 2011).

Although most CRNs receive regular training on the ethical conduct of a study, this training is often provided either by the pharmaceutical sponsoring company or by local but external private providers who again only concentrate on the ethical implication of the study protocol. No consideration to nursing perspectives is given and additional training to attain ethical competence as a CRN may be valuable; peer support and supervision could aid CRNs in developing research specific ethical nursing competence (Cresswell & Gilmour, 2014).

Nurses have a duty to provide ethical care based on the moral foundations of their profession. Nurses face many ethical dilemmas in their everyday practice, some of which are faced daily and some of which arise in specific situations, each unique and with the potential to cause various levels of distress. Moral distress can ensue when there is more than one course of action feasible and each choice may be equally ethical with its own values and drawbacks. CRNs provide specialised nursing care and the role comes with its own distinctive ethical dilemmas as research is typically conducted across all specialties of medicine and nursing. While there are many difficulties CRNs face in their practice, there is also a myriad of opportunities for them to ensure ethical research nursing care is provided for research participants and their families. Being familiar with the language of ethics and ethical decision-making frameworks can help nurses in the assessment and resolution of dilemmas, may increase ethical competence, reduce the occurrence and intensity of moral distress, and give us the skills and confidence to be moral agents in our everyday practice.

References

Banner, D., Zimmer, L. (2012). Informed Consent in Research: An Overview for Nurses. Canadian Journal of Cardiovascular Nursing, 22(1), 26–30.

Cohen, J. S., & Erickson, J. M. (2006). Ethical Dilemmas and Moral Distress in Oncology Nursing Practice. Clinical Journal of Oncology Nursing, 10(6).

Crome, P., Lally, P., Cherubini, A., Oristrell, J., Beswick, A. D., Mark Clarfield, A., … Mills, G. (2011). Exclusion of Older People from Clinical Trials. Drugs & Aging, 28(8), 667-677.

Cresswell, P., & Gilmour, J. (2014). The informed consent process in randomised controlled trials: a nurse-led process. Nursing Praxis in New Zealand, 30(1).

Höglund, A. T., Helgesson, G., & Eriksson, S. (2010). Ethical Dilemmas and Ethical Competence in the Daily Work of Research Nurses. Health Care Anal, 18, 239-251.

McLeod, A. (2014). Nurses' views of the causes of ethical dilemmas during treatment cessation in the ICU: A qualitative study. BRITISH JOURNAL OF NEUROSCIENCE NURSING, 10(3).

Mendel, T. R. (2014). The use of neonatal palliative care: Reducing moral distress in NICU nurses. Journal of Neonatal Nursing, 20, 290-293.

Younjae Oh, Y., & Gastmans, C. (2015). Moral distress experienced by nurses: A quantitative literature review. Nursing Ethics, 22(1), 15–31.

Smith, L. J. (2008). How ethical is ethical research? Recruiting marginalized, vulnerable groups into health services research. Journal of Advanced Nursing, 62(2), 248–257.

Poor self-rated health predicts mortality in patients with

stable chronic heart failure

Inkrot et al., Eur J Cardiovasc Nurs. 2015 Nov 3. pii: 1474515115615254. [Epub ahead of print]

Aims: In heart failure, a holistic approach incorporating the patient's perspective is vital for prognosis and treatment. Self-rated health has strong associations with adverse events and short-term mortality risk, but long-term data are limited. We investigated the predictive value of two consecutive self-rated health assessments with regard to long-term mortality in a large, well characterised sample of elderly patients with stable chronic heart failure.

Methods and results: We measured self-rated health by asking 'In general, would you say your health is: 1, excellent; 2, very good; 3, good; 4, fair; 5, poor?' twice: at baseline and the end of a 12-week beta-blocker up-titration period in the CIBIS-ELD trial. Mortality was assessed in an observational follow-up after 2–4 years. A total of 720 patients (mean left ventricular ejection fraction 45±12%, mean age 73±5 years, 36% women) rated their health at both time points. During long-term follow-up, 144 patients died (all-cause mortality 20%). Fair/poor self-rated health in at least one of the two reports was associated with increased mortality (hazard ratio 1.42 per level; 95% confidence interval 1.16–1.75; P<0.001). It remained independently significant in multiple Cox regression analysis, adjusted for N-terminal pro B-type natriuretic peptide (NTproBNP), heart rate and other risk prediction covariates. Self-rated health by one level worse was as predictive for mortality as a 1.9-fold increase in NTproBNP.

Conclusion: Poor self-rated health predicts mortality in our long-term follow-up of patients with stable chronic heart failure, even after adjustment for established risk predictors. We encourage clinicians to capture patient-reported self- rated health routinely as an easy to assess, clinically meaningful measure and pay extra attention when self-rated health is poor.

Nursing Research Section online Survey

The Nursing Research Section (NRS) of NZNO want NRS members to play an active role in shaping the Section's direction. Consequently, the committee would like to learn of NRS members' views and opinions to inform the NRS future. An electronic questionnaire surveying this has been distributed to members, concluding mid-September, with the results and recommendations being made available in the November NRS newsletter. Watch this space.

Follow this link to complete the survey and you could be in to win a $200 stationary voucher! Survey closes Friday 19th August, 2016, at 5pm.
https://www.surveymonkey.com/r/CJDBLR3

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Plagiarism: A commentary

Jed Montayre, AUT University Lecturer/Researcher

Plagiarism is an issue that poses sensitive challenges to academics, researchers and artists. Commercial entrepreneurs who primarily obtain an economic gain from the written media pay so much vigilance and attention in their enterprise in order not to commit any act of plagiarism.

Legally, it is considered as a theft or fraud that entails punishment depending on the intention of the act. Plagiarism does not only have legal implications, it also challenges academic integrity. Most academics or researchers consider it, a violation of the *ethos of academia* due to the dishonest nature it suggests.

The University of Oxford from their official website defines plagiarism as:

"*The copying or paraphrasing of other people's work or ideas into your own work without full acknowledgement. All published and unpublished material, whether in manuscript, printed or electronic form is covered under this definition"*.

It is noted that an act of committing plagiarism can be easily associated with the conduct of research, especially in education where the foundation of research methodology or procedures relies the most on published texts and printed literature.

The issue of plagiarism in research lies in the nature of the act regardless of the intention. However, it can be labelled that plagiarism committed by individuals with higher academic qualifications causes bewilderment compared to those plagiarised work of students whose main intentions is the submission of assessment or assignments.

The issue of plagiarism is complicated in some instances because it is not impossible for two people to think the same thing about an issue or an event. This defence was used in the case of two known writers who battled for ownership of ideas in a published journal article. Wall Street Journal's Weekend Review released an article entitled "In Defense of Football" authored by Max Boot. The author was accused to have plagiarised Daniel Flynn's "The War on Football", an article Flynn claimed to be his "research, structure, and ideas", as he quotes in *Politico* online newspaper page (Byars & Gold, 2013). Boot's statement as printed in *Politico* refutes the accusation by saying "*This was simply an instance of two writers with a similar viewpoint on an issue marshalling the limited set of facts and arguments available to make their case*" (Byars et al, 2013). The argument was made more complicated by the fact that the alleged plagiarised work was submitted but turned down for publication by the journal two and a half weeks prior the publishing of Boot's "In Defense of Football". Flynn believed that editors have plagiarised his work and deliberately rejected his work.

The situation mentioned above happened between two high--- calibre writers. This proves that the issue of plagiarism has a significant role to play in ethical boundaries of research. Additionally, *Turnitin*, a software used internationally among universities and academic institutions in checking plagiarism claims that detecting plagiarism is a challenging mission unless instructors and other people who can be potential victims of the act know the plagiaristic enterprise well to see it happening or prevent it.

In a document authored and widely distributed by *Turnitin* through iParadigms LLC (2005) for free use and reading quoted that "*The boundary between plagiarism and research is often unclear*". This concept only provides us an idea that plagiarism becomes an ethical consideration not only for students submitting assignments but also among people who aspires promotion in achieving a qualification, individuals who need to market audience for prosperous economic gain and people who are conceited in claiming ideas of others as their own. With or without intention, plagiarism depicts a breach of one of the important ethical doctrines known as the principle of *justice.*

Procedural justice which is an ethical concept as applied to research explains a research procedure mentioned by Sieber & Tolich (2013) as "*fair, reasonable, nonexploitative and fairly administered*". Plagiarism as an act of dishonesty sits afar from this definition of fairness.

References

Sieber, J., & Tolich, M.(2013). Planning Ethically Responsible Research. California: Sage.

Byars, D., & Gold, H. (2013, August, 23). Plagiarism or coincidence? Writer, Wall Street Journal square off. Politico. Retrieved from http://www.politico.com/story/2013/08/daniel--- flynn--- wall--- street--- journal--- plagiarism--- 95865.html

University of Oxford. (2013). Plagiarism. Retrieved from http://www.ox.ac.uk/students/academic/goodpractice/about/.

Document provided by Turnitin.com and Research Resources. (2005). Turnitin allows free distribution and non--- profit use of this document in educational settings: iParadigms, LLC. Retrieved from http://www.plagiarism.org/assets/downloads/complete_resources.doc

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From the committee

Welcome to the Nursing Research Section Newsletter *LEARN*:ED
We would love to hear from you to help celebrate your successes in accomplishing research achievements: Completing a research project, presenting research at a conference, receiving an award for research or completing your Masters research.

Please send us a quick snap shot of your work and a picture for publication. As nurses we would love to celebrate these huge achievements together. Congratulations!

Write to: nzno.nrs@gmail.com

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Bi-Annual general meeting

The BGM of NRS was held successfully on 2nd August 2016 in Wellington. The achievements of the Acting Committee to date were outlined and the future intentions proposed. Remits were all passed updating the rules of operation for NRS to reflect established practice, current titles & structures, and a preferred Biennial General Meeting for the future. Professional development grants of up to $2000 over two years were also approved to promote and reward research activities for NRS applicants. A new committee was elected and at the inaugural meeting of the incoming committee, held on the same day, office bearers were elected as outlined below. The new NRS committee look forward to an exciting term of office ahead.
Gillian Sim (Outgoing Chair

Committee Members

Name of committee member	Committee role	Region where located
Heather Robertson	Chair	BoP/Tairawhiti
Sara Mason	Vice Chair	Hawke's Bay
Emma Collins	Secretary	Southern
Jed Montayre	Treasurer	Greater Auckland
Gillian Sim	Committee Member	Southern
Umit Holland	Committee Member	Greater Auckland
Simone Inkrot	Committee Member	Waikato