

# LEARN:ED

*Linking Education and Research in Nursing:  
Evidence/Dissemination*

Newsletter of the NZNO Nursing Research Section

## MESSAGE FROM CHAIR:

Dear Members,

Welcome to the December edition of the Nursing Research Section Newsletter *LEARN:ED*. In this newsletter are the results of the survey to NRS members and the where to from here plan based on the findings. Next year is proving to be a busy year for the section in putting into place the recommendations thus we thank you for the feedback. Your input is greatly appreciated.

For the first time we held the NRS annual general meeting face to face as well as teleconference. This was successful and meant we were about to meet the required annual general meeting numbers necessary allow for remits to be voted on.

Remits passed:

1. Membership – Change the membership word ‘resignation’ to ‘termination’
2. Finance – amended to reflect the title of Manager, corporate services. Editorial change to capitalize title of treasurer role
3. Committee – Committee members can hold office for 3 years and 8 members; this aligns the section rules with established practice. The newsletter will now be distributed 3 times a year.
4. General meetings – a quorum of 5% is required which is alignment with committee handbook and corrects the omission. Meeting procedures – wording change to reflect the change of the role of the BoD
5. Annual General Meeting – this aligns the AGM with a BGM. The business of the Nursing Research Section can be effectively conducted via a Biennial General meeting.
6. NRS Professional Development Grant

I would like to take this opportunity to thank the NRS committee members for their enthusiasm and commitment toward the activities of this committee and it is exciting to be part of something which is proving to be accelerative, innovative and focussed.

On behalf of the NRS committee, wishing you all a magnificent Christmas and New Year. May you and your family stay safe and well

Kind regards

Heather Robertson, Chair ([nzno.nrs@gmail.com](mailto:nzno.nrs@gmail.com))



## DECEMBER 2016

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# *Nursing Research Section member online survey results*

## **Overview**

In July 2016 a questionnaire was designed by the Nursing Research Section (NRS) Committee of the New Zealand Nursing Organisation (NZNO) and an invitation sent to all NRS members to complete on-line via the NZNO national office. The purpose of the survey was to facilitate NRS members taking a more active role in the Section by seeking their opinions and views on the current status and future prospects for the Section and obtaining their suggestions for the Section's future.

Three hundred and fourteen members comprise the NRS and 44 completed the survey resulting in a 14% response rate. The survey was available for completion over 4 weeks. Respondents from a variety of practice areas across New Zealand and with varied qualifications completed the survey. In order to ascertain particular data, the questionnaire utilised a range of question types. Both open and closed questions were included with the latter comprising of checklists, Likert –type scales to measure attitude and belief , and rating scales to measure frequencies and types of behaviour. Data analysis comprised of simple descriptive statics to display the closed questions and thematic content analysis was used to analyse the qualitative data. Validity of the research instrument was measured through face-validity testing and validity and verification of the findings was ascertained by engaging a second researcher to confirm findings.

## **Summary**

Of the 14% of NRS members that responded to an on-line survey eliciting opinions on the current status and future prospects of the Section, the majority believed that being a member of NRS is valuable. Respondents were from primary, secondary and education sectors almost equally, and most held higher nursing qualifications, with a substantial number undertaking research. Having a national body such as NRS for research leadership is thought to be important and provides a vehicle for being kept informed and galvanizing the research work of nurses. Research information via a newsletter along with support through mentorship, guidance and some form of seminar is deemed a key function of the Section. Undertakings to improve the NRS principally comprise of having a higher profile, liaising further with other Colleges & Sections, tertiary providers and others, and acting as a vehicle for research sharing. Increasing the visibility of NRS is suggested as being achieved through utilising the Kai Tiaki Journal, an enhanced website, and facilitating research events. Having guidance for common research activities is deemed highly important to the majority of respondents although some but not all were in a position to also offer research support themselves. A research forum that is centrally located, timed for the middle of the year, comprising a mixed method delivery and a variety of speakers from experts to novices is supported.

**The link to the full survey results can be found here:**

[http://www.nzno.org.nz/groups/colleges\\_sections/sections/nursing\\_research](http://www.nzno.org.nz/groups/colleges_sections/sections/nursing_research)



## **Recommendations:**

- Having a national research body is important to nurses and the work of NRS should continue.
- Key underpinnings of the Section ought to reflect providing professional leadership for research, providing support and encouragement for research and providing opportunities for research activity.
- The Section could build a national nursing research community through a nurses' research hub and by becoming a vehicle for research sharing.
- NRS needs to increase its profile, promote its work and make itself more visible through an assortment of activities. These include an enhanced website and a more multi-dimensional newsletter.
- Have a more active website and utilise social media to enable nurses to engage in research related conversation and one that provides a way to connect with other researchers, and access guidance and mentoring. Survey and run competitions to foster interaction.

- Create an online register of nurse researchers that includes both Registered Nurses and Nurse Practitioners, including their research titles, funding sources, publications, achievements and contact details.
- Facilitate study days, along with webinars and other collaborative and educational opportunities – in general host and facilitate more events. Holding a regular biennial conference or symposium in a central location in Winter or early Spring is recommended.
- Arrange local meetings so members can get to know one another at a local level and local research can be shared.
- Promote education on the research process from the idea/question through to translation into practice and include indigenous research processes.
- Ease the barriers to publication by assisting individuals through NRS funding to publish research in reputable journals. Call for NZ researchers to use the NRS newsletter as an outlet for publication. Align this to meet professional and PDRP requirements for publishing.
- Focus on mentoring for nurses who might want to initiate research but think it too complicated and mentor student nurses through to master's students. Have a research mentor database.
- Include audit and evaluation under the research umbrella, and aim to make research guidance more practice-based, less academic and thus less daunting.
- Liaise with other Colleges and Sections regarding research activities, integrate with tertiary providers to better connect with researchers and students, and liaise further with NZNO researchers.

## *NRS local/regional networking – Auckland*

by Ümit Holland, CNS Research, Research and Knowledge Centre I Waitemata DHB

Following on from the survey results and the prominent call to have more networking and events at local/DHB level, I would like to meet this need by creating an Auckland regional group of NRS members who would like to network. Let's start by forming an email group and then liaise in the New Year about how we can network and liaise with each other to advance nursing research and research nursing.

If you'd like to join this regional group, please email me your name and area of work and I will be in touch in the New Year with next steps: [Umit.Holland@waitemadhb.govt.nz](mailto:Umit.Holland@waitemadhb.govt.nz)



### *Nursing Research Section Survey Winner*

Jane Steele was the winner of a voucher after completing our online survey.

Jane will use the voucher towards her research on those of her mother's generation, who commenced their nursing training, at the outbreak of World War 2:

It is to her mother Clare C. Gray's influence she owes her passion for nursing and she writes:

"Like many of our mother's generation, country girls during the depression often stayed at home once primary schooling was completed. Clare was a land girl working on her parent's farm with her horse and team of dogs, while her brother was away at boarding school when war broke out. Enrolling at Ashburton hospital training school under the well- respected Matron Miss Dearsley, was a decision not made lightly. Her work at home would be missed and sadly her father died suddenly while she was in training. Despite grief and her limited schooling, she studied hard caught up quickly becoming a very capable student.

Yet it was her compassion, her empathy, kindness and wonderful nursing care along with that intelligence for which she was so remembered, when she died in 1992, exactly fifty years after her graduation. And what a wonderful set of

friends she had, full of fun and laughter who remained close throughout their many and varied lives

During the winter of 1941 Clare met her future husband Gavin while he was in military training. Like so many, they married within a year of his homecoming at the end of the war. Meanwhile Clare had completed her Midwifery at Timaru hospital, and went on to deliver many of the babies born in our home town in her early years of marriage. That she continued her career was looked askance by some as paid work by married women seen as somewhat unseemly, yet as she often explained, much needed. The local doctors and midwives were run off their feet in the late 40's early 50's when many of them were bringing up young families themselves. She was always conscious of her lack of early formal education but it did not discourage her from furthering her career.

In 1964 she was appointed to the newly created position of industrial health nurse at the Kaiapoi Woolen Mills. This helped fund our education. Above all Clare understood and was empathetic to the needs of her community. Many workers were multigenerational families who had "given their entire working lives at the Mill". She cared for them without favour and they respected her abilities and what we now understand as a holistic approach to their physical mental and emotional wellbeing. Fanatical about having safety guards provided for machinery allowed for an instant reduction in workplace injuries. Her daily walk through the factory replenishing first aid boxes allowed her to be easily seen in her bright red cape and starched white veil and with her approachable personality workers and management alike came to her clinic with their problems whether health or social.





This of course was before ACC funding came into existence and private insurance companies such as Lumleys provided cover for workplace injuries. Her clinic was busy. With the help of my father she produced paper spreadsheets and collation of her thorough clinical notes and reports outlining figures which supported the benefit of a clinic at work both to Company and Community.

She enjoyed working alongside Dr Abraham an Occupational Health Practitioner, who conducted the pre-employment medicals. Dressings were frequently done whether workplace injuries or otherwise allowed for more efficient running of the Mill. She also helped monitor diabetics and regularly took blood pressure readings for all who came to her clinic, advising follow-ups with GPs where indicated. Working together with the local GP's help bring about better outcomes for diabetics in a time when many still accepted that loss of sight or limb could well be a common outcome. She looked forward to meetings with other Industrial Health Nurses in Christchurch, sharing and learning from each other's innovative work in a relatively new branch of nursing. She also worked alongside Mrs Kamo, the local public health nurse who was very well respected with in the community. On more than occasion she did work alongside the clergy or the police helping attend to social problems.

The closing of the Mill and the effect financially and emotionally on many families in her community took its toll. She along with quite a few in the township developed depression which recurred later in life. Yet she remained so well loved by so many in what was then a small town, families were varied but loyalty to the town where real.

Clare was no angel but vices were non- existent: she smoked like a trooper as did many of her vintage and ran on Caffeine-black "over-perked " coffee, unusual in the 50's and 60's when tea was the usual cuppa. She always voiced her gratitude for her husband's enlightened attitude to her having continued her own independent career. She gave not only insight to a passion to nurse but the ability through plain hard work to improve the finances of an extended happy family while continuing independence provided by a career.



# NZNO Research Report

By Leonie Walker (Principal Researcher) and Jill Clendon (Policy Advisor/Researcher)

The HRC-funded fatigue study in collaboration with Massey University is well underway, as DHB approvals are obtained the recruitment phase is rolling out.

NZNO acknowledge the huge contribution Jill Clendon has made to the research programme over the last six years, and congratulate her in being appointed Chief Adviser in the Office of the Chief Nursing Officer. We will be advertising for her replacement soon.

Nurses as Family caregivers: Impact on personal and professional life of balancing caregiver responsibilities with nursing and implications for workforce retention. **Main findings:** while there were issues for all nurses in this position, there were additional, and different issues related to this for both Asian and Māori nurses, and these were explored more. The implications for management were presented to NNO and NENZ early August. Other outputs for the project include a paper on implications for management published by JONM, a paper on implications for workforce planners and employers of Asian nurses published in Kaitiaki Nursing Research and presented as a key-note at the Auckland Asian Health Conference in September. A paper on implications for workforce planners and employers of Māori nurses published in AlterNative and was presented at the Indigenous Nurses Conference in Auckland in August

## Publications:

Clendon, J. (2016). Primary health ethos missing from strategy. *Kai Tiaki Nursing New Zealand*, 22(7), 34-35.

Clendon, J., & Walker, L. (2016). Juggling nursing and family care. *Kai Tiaki Nursing New Zealand*, 22(2), 26-28, 43.

Clendon, J., & Walker, L. (2016). The juxtaposition of ageing and nursing: the challenges and enablers of continuing to work in the latter stages of a nursing career. *Journal of Advanced Nursing*. 72(5), 1065-1074. doi: 10.1111/jan.12896

Walker, L. (2016) Integrating technology into practice *Kai Tiaki Nursing New Zealand*, 22 (9), 39

Walker, L., Clendon J. & Cheung, V. (2016) Family responsibilities of Asian nurses in New Zealand: implications for retention. *KaiTiaki Nursing Research* 7(1) 4-10

Walker, L., Clendon, J., Nuku K., & Manson, L. (2016) Ngā Reanga o ngā Tapuhi Generations of Māori nurses. *AlterNative* 12(4) 356-368

Walker L. & Clendon, J. (2016) Nurses as family caregivers - Barriers and enablers facing nurses caring for children, parents or both. *JONM* DOI: 10.1111/jonm.12445

Walker, L. & Clendon, J. (2016) The case for end user involvement in design of health technologies. *Journal of Telemedicine and Telecare*. 2016, Vol. 22(8) 443-446



Jill Clendon



Leonie Walker

## *NRS Committee Member Young Nurse of the Year*



Congratulations to Jed Montayre who was recently awarded the Young Nurse of the Year honor at the NZNO conference awards dinner in Wellington. Jed is an Auckland University of Technology lecturer and holds the office as treasurer on the NRS committee.

Jed has dedicated his award to all older people in New Zealand who were the focus of his early career, and to all internationally qualified nurses.

Well done Jed – NRS is very proud of your achievements!

## *The Peer-Review Process*

by Jed Montayre, RN, PhD

Have you been invited to take part in a peer-review process for a journal article or a potential publication?

Researchers, authors and academics find peer-reviewing an important phase of getting their work published. Peer reviewing, by far, is the best accepted method in deciding whether a research work or an article is worthy of publication (Robson, Pitt, & West, 2015). The whole peer-review process creates mixed reactions and responses to authors. Firstly, excitement due to the fact that an article has progressed from being submitted to getting reviewed and secondly, feeling uncertain about the review waiting period and the actual outcome of the review, which can either be accepted or rejected or subject to some other less explicit decisions, which actually means more work or major revisions needed .

This paper discusses four specific tips and guidelines for the person who has a very important role in the peer-review process, the reviewer. Also this article provides insights for new reviewers engaging in a peer-review process:

### **1. Review within your specialty.**

Doing this gives justice to the peer-review process. Journal editors courteously request your participation in a review process according to your expertise, experience and proven track record. However, expertise can either be very specific or very broad, which means knowing ones limitations on articles that you can rightfully review. Expertise also ranges from the methodology used to being the content specialist. While most reviewers are also authors themselves, and have a wide range of expertise with practice areas and methodologies, it is always good to acknowledge your ability to provide a good review, which utilises your expertise and will give beneficial feedback to authors.

### **2. Be clear with your comments/feedback.**

Authors find it easier to comply and rarely contest clear and reasonable feedback. As the reviewer, sometimes you would ask for additional information (e.g. tables, figures, interview guides) and it is very important to be clear about particular supplementary information that you are requesting. When suggesting changes, it is important that you are able to specifically point out those specific areas or aspects of the article. While it sounds constructive to give generic feedback, authors appreciate the specifics of the required amendments to get their work published.

### **3. Be the academic and professional reviewer.**

Reviewers oftentimes will be reviewing articles that did not exactly follow journal formatting or referencing standards. This is considered by most editors and reviewers as being disrespectful to the journal and is also very time consuming. As a reviewer, you need to let the authors know about this issue by directing them to revisit the journal webpage for formatting requirements. Avoid giving comments dictated by emotions or out of frustration as it will not be a good reflection of the review. Be technical in your comments and at the same time maintaining professionalism particularly on issues such as lack of proofreading and clarity of sentence or paragraph structure. Avoid biases; remember that there is that great rationale why most reviews are conducted blind.

### **4. Be constructive in your general feedback regardless of the decision.**

Authors have exerted so much effort on their written material and it is disheartening to be rejected for publication. However, this does not always mean that their work has no merit or of lesser quality. As a reviewer, you can address these in a more constructive way. Acknowledging the ingenuity of the research is one way to express your appreciation to the authors' interest of submitting their article to the journal.

For more information about reviewing journal articles the NZNO Nursing Research Section has created a guide in a checklist form that reviewers should be looking for in an article. Please email [jed.montayre@aut.ac.nz](mailto:jed.montayre@aut.ac.nz)

**Reference:** Robson, K., Pitt, I., & West, D. C. (2015). Navigating the Peer-Review Process: Reviewers' Suggestions for a Manuscript. *Journal of Advertising Research*, 55(1), 9-17. doi:10.2501/JAR-55-1-009-017





## *Southern Research Forum: Five Minute Findings 2016*



Southern Institute of Technology and Southern District Health Board hosted a collaborative forum in Invercargill early in November inviting researchers to share the results of health-related research. Five Minute Findings challenges researchers to share the results of their projects in just five minutes! Five minute topics included staff self-care; medicinal plants; hospital visiting hours; role play and simulation; consent for HPV vaccine; children's hospitalisation; asthma plans; nurse led fractures; mental health; eye injuries; burns; infections; foragable forests and hospital discharge projects. Above: RN Annie Smith presents on the utilization of paediatric asthma plans.

## *TIME TO UP OUR GAME: Report from the Health Informatics New Zealand Conference, 1-3 November 2016*

By Emma Collins, Senior Lecturer, School of Nursing, Otago Polytechnic

On the 1st-3rd of November the Health Informatics New Zealand conference was held in Auckland. This conference also included the Global Telehealth conference, and the Success and Failures in Telehealth conferences, which are international events. The 3rd of November also included the NZ Nurses Informatics Conference. Overall this was a very well attended conference with a significant amount of delegates and international speakers.

Many nurses may not have heard of the term health informatics. So what is it?

"Health informatics is the science behind the convergence of healthcare, information technology and business. The practice of health informatics deals with the storage, retrieval, sharing, and optimal use of data that relates to human health, and it considers how we use this knowledge for problem solving and decision making" (HINZ, 2016). This is a topic that is emerging rapidly in healthcare and one that nurses should be considering.

The conference opening addresses were given by the Rt Hon Dr Jonathan Coleman, and Lord Nigel Crisp. Both of these opening addresses highlighted the need for continuing to ensure that the use of technology meets current healthcare need. Lord Crisp also mentioned the significant role that nurses have to play in the development and use of technology in healthcare. This was reassuring to hear. However, we are still asking the questions, what is the nurses role in the development and use of healthcare technology to improve patient outcomes, and where is the nursing voice?

Health informatics is an emerging field in healthcare that directly effects nurses as well as patients. Electronic medical records, Telehealth, electronic prescribing, patient tracking, eVitals, community chronic health management, call systems, virtual reality, health analytics, and other forms of health technology seem to be predominately used by nurses. There were certainly many wonderful examples at the conference of these tools being used by nurses in New Zealand and throughout the world. But nurses seem to be lacking in the development and implementation phases. Nurses need to have more of a voice in this field, as it is impacting on our practice in many ways.

Denis O'Shea is the CEO of mobile mentor. He did a presentation about mobilizing the nursing workforce and suggested a BYOD initiative. He seemed to reiterate Lord Crisps comments at the beginning of the conference in suggesting that nursing is being significantly overlooked in this emerging field. When discussing the mobilizing of the nursing workforce with him, he agreed that nursing is the biggest workforce in health but has the least involvement in the development of health technology. Nurses need to have a stronger voice and this begins with increasing nursing awareness, and being active in our contribution towards the development and integration of new technologies.

The introduction of many pieces of health technology has an implication for current nurses, but how are we preparing nurses to be competent users of health technology? I spoke with a leader of a prominent telehealth provider. In his business, nurses are the main employees and he has nurses present at all levels of leadership. But he did feel however that nurses are not being trained in healthcare technology and health informatics. He challenges the nursing professional to review health informatics in our nursing curriculums and prepare our nurses better for the current healthcare and virtual environment. Two speakers on day three of the conference, spoke of this topic. They suggest a number of health informatics competencies to be integrated into nursing curriculums to better prepare nursing student's for the technological environment that they are entering into. Action regarding this is expected in 2017.

The NZ Nursing Informatics Conference sessions, however, were reassuring in regards to the direction of Nursing in this emerging field. This was a full day of keynote speakers and a wide variety of concurrent sessions. The emerging nature of Health informatics in nursing was clearly demonstrated in the presentations on this day. There were many examples of great work that is being undertaken by nurses who are using technology to enhance their practice. This included the evaluation of the implementation of telehealth for first specialist appointments in Christchurch, Improving health literacy and outcomes using telehealth technology in the home with Selwyn Care, in-home telehealth for cystic fibrosis in CDHB, transforming public health nurses workflow in the Taranaki, and the use of text messaging to reduce health inequalities in Waitemata. These are only some of the many examples of the amazing work that is occurring throughout New Zealand.

Overall, as this is an emerging field, nurses need leadership. However, we also need to be the leaders ourselves, to become engaged, immersed and instigators of the implementation of health technologies to improve patient outcomes. This theme of leadership was reinforced by Chai Chuah, Director General, Ministry of Health, in his concluding remarks of the conference. He stated that healthcare faces a number of challenges, and the effective use of technology can help the health workforce address some of these. He closed the conference with the words "As you prepare to leave (the conference), are you ready to lead?" That was certainly food for thought, and a challenge all nurses should be prepared to do.

#### References:

Health Informatics New Zealand (HINZ). (2016). *What is health informatics*. Retrieved from <http://www.hinz.org.nz/?page=whatishealthinfor>

## *Report from the Indigenous Data Sovereignty Summit*

The Indigenous Data Sovereignty Summit By Ümit C. Holland | CNS Research, MN, Research and Knowledge Centre | Waitemata DHB

The Indigenous Data Sovereignty Summit took place on the 14<sup>th</sup> November 2016, a day before the 2016 International Indigenous Research Conference, in the Fale Pasifika at the University of Auckland Campus. The summit was a blend of speakers and workshop-style sessions. We learned about Swedish, Canadian, and Australian examples of indigenous data sovereignty concerns with the Canadian First Nations appearing to be the most progressive in indigenous data governance. The workshops concentrated on defining what indigenous data means to people and how it should be governed. The consensus was that there is an abundance of data and “big data” held by a wide range of institutions, that indigenous data is a taonga/sacred and belongs to the people, and that there is a need to apply a Maori governance framework. In late 2015, Te Mana Rarauanga, the Maori Data Sovereignty Network, was formed.

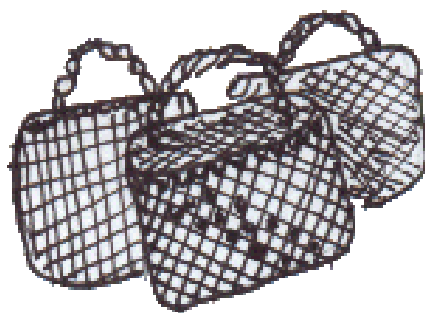
This is from the network’s website [www.tmr.maori.nz](http://www.tmr.maori.nz):

“Māori data are data that are produced by Māori, and data that are about Māori and the environments we have relationships with. Data are a living tāonga and are of strategic value to Māori.”

“Māori data sovereignty is concerned with protecting Iwi rights of access to data, participation in data integration activities, and partnership in the governance and ownership of data. Māori Data Sovereignty supports the realisation of Māori and Iwi aspirations, and recognises that Māori data should be subject to Māori governance. Māori data sovereignty is a key mechanism for enabling self-determination and innovation.”

I enjoyed the day as it provided me with another opportunity to learn about aspects important to Maori and it will help me in some ways to consider cultural aspects in health research.

[Umit.Holland@waitematadhb.govt.nz](mailto:Umit.Holland@waitematadhb.govt.nz)



## *From the committee*

NRS congratulates Jill Clendon in her recent appointment to the Ministry of Health as Chief Advisor for the Office of the Chief Nursing Officer. We will miss Jill's support of the Section to assist in strengthening the work of NRS and we thank her sincerely for her interest. All the very best Jill from our committee.

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](mailto:nzno.nrs@gmail.com)



## *Committee Members*

Name of committee member	Committee role	Region where located
Heather Robertson	Chair	BoP/Tairāwhiti
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
Simona Inkrot	Committee Member	Waikato
Wendy Blair	Professional Nurse Advisor	Mid Central

