



# Every Nurse is an Advocate: Influencing through Advocacy

NZNO Professional Forum 2021



# Whakatauki

Tuhia ki te rangi, tuhia ki te whenua,  
Tuhia ki te ngākau o ngā tāngata,  
Ko te mea nui o te ao, ko te aroha  
Tihei mauri ora

Write it in the sky, write it in the land,  
Write it in the heart of the people,  
The most important thing in the world  
Is love and kindness.

# Programme

0845– 9.20	<b>Models of Advocacy – Suzanne Rolls</b> NZNO Professional Nursing Advisors
9.20 – 10.20	<b>Whai Oritetanga – in pursuit of equity</b> Tracy Haddon, Te Rūnanga o Aotearoa Toputanga Tapuhi Kaitiaki o Aotearoa.
10.30 – 11.00	<b><i>Morning Tea</i></b>
11.00 – 11.45	<b>Advocacy Service</b> Kerrie Morgan, Advocate. H&D Advocacy Service, Ngā Kaitautoko
11.45 – 12.30	<b>My lived experience: Don't mesh with me!</b> Patricia Sullivan – Co-founder of Mesh Down Under
12.30 – 1.15	<b><i>Lunch (provided for face to face attendees)</i></b>
1.15 – 2.00	<b>Advocacy – how do we do it?</b> Karyn Chalk, NZNO Organiser
2.00 – 2.30	<b>Lessons in failures of Advocacy – case studies</b> Sarah Eglinton NZNO Medico-Legal Lawyers
2.30 – 2.45	<b><i>Afternoon tea</i></b>
2.45 – 3.30	<b>Operationalising Advocacy in a Pandemic</b> Kate Weston, NZNO Associate Professional Services Manager
3.30 – 4.00	<b>Final comments and close</b>



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# Models of Advocacy

NZNO Professional Nursing Advisers

Suzanne Rolls – presenter

Thanks to Cathy Gilmore and Catherine Lambe

# Why are we here today?

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

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

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

## Cartwright Inquiry

The facts about the Cartwright Inquiry



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# Presentation Overview

- Setting the scene for the day
- Outline on the models of advocacy
- How obligations influence nurses to advocate



## What is advocacy?

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



## Why do we pick up causes?

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

# Expectations of nurses



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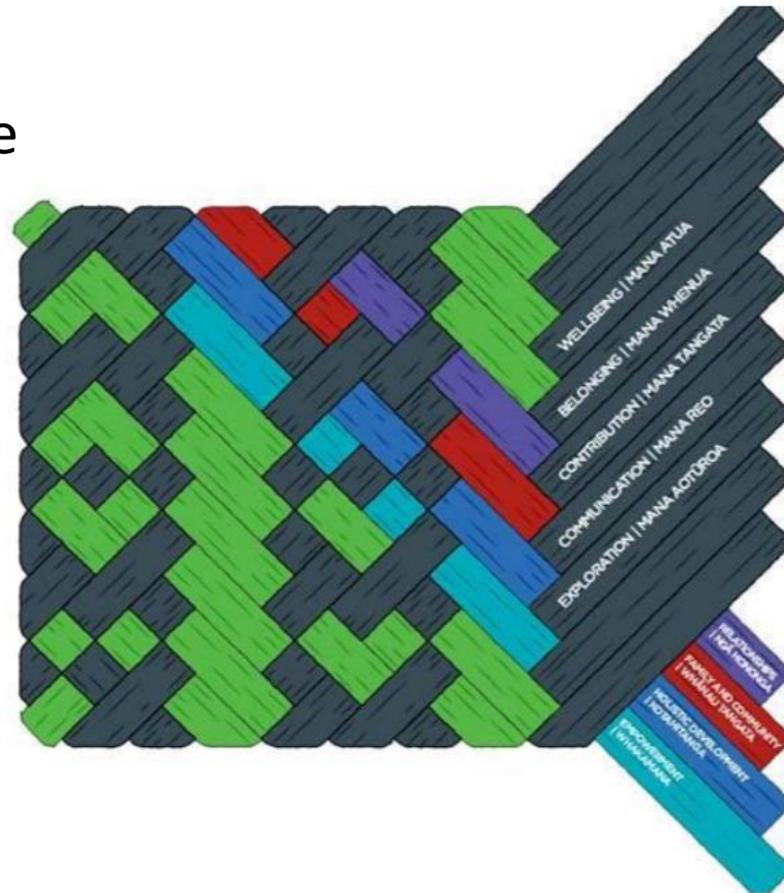
# Who advocates for nurses?

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

# NZNO Code of Ethics 2019

Nurses demonstrate ethical nursing practice when they advocate individually and collectively for the elimination of social inequities,

pg5



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# NZNO Code of Ethics – 2019 - pg 19

Principles Context	Nurse-client/whānau relationship	Nurse-colleague relationship	Nurse-organisation relationship	Nurse-societal relationship
Non-maleficence	Clients are safe – culturally, physically, emotionally, socially.	Quality of care and harm minimisation is enhanced by peer monitoring.	Nurses contribute to an environment that is safe physically, socially, spiritually, culturally and emotionally.	Safety and protection of the vulnerable occur through monitoring services and practice.
Justice	Dignity, needs and values of clients are respected. The client defines fairness and perception of outcome.	There is awareness and acceptance of rights, values and beliefs of self and colleagues.	Nurses advocate for equitable systems and services that meet the needs of clients and colleagues.	Advocacy for accessibility to services is ensured, including the right to complain about a service.
Confidentiality	Client information is privileged and Safe-guarded against unwarranted intrusion.	Nurses protect colleagues from unwarranted intrusion – physical, social and emotional.	Nurses contribute to the organisational responsibility for safeguarding information.	A balance is achieved between legal requirements for privacy and protection from harm.



# The nurse who inspired Live Aid

By Jane Elliott

BBC News health reporter

**Scenes of starving children, who were within days or hours of death, were beamed round the world in 1984.**



Claire was awarded the Florence Nightingale Medal

One of the most enduring images in Michael Buerk's BBC report from Ethiopia was of a young British nurse, surrounded by 85,000 starving people.

Claire Bertschinger had the daily task of deciding which children would be allowed into the feeding station and which were too sick to be saved.

Singer Bob Geldof said the young nurse had been his inspiration for the original Band Aid single and Live Aid.

## Inspiration

"In her was vested the power of life and death," said Geldof at the time, "She had become God-like and that is unbearable for anyone."

In fact the events of 1984 and 1985 left Claire so traumatised that for two decades she was unable to speak to anyone about what she had seen.

- <http://news.bbc.co.uk/2/hi/health/4640255.stm>

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



© WHO/Mandy O'Neil

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

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

### Some advocacy resources



- Stories from the field**
  - [Nigeria: Producing well-trained, skilled and qualified health workers to achieve UHC](#)
  - [Lithuania: Caring for thousands over 4 decades of midwifery](#)
  - [Niger: A strong health workforce, a strong economy](#)
  - [Philippines: Now that a deadly disease is eliminated, childbirth is safer](#)
- Photo stories**
  - [Bringing midwifery back to a northern Canadian community](#)
- Facts**
  - [Factsheet on Nursing and Midwifery](#)
  - [Factsheet on Universal Health Coverage](#)
  - [Factsheet on Primary Health Care](#)
- Strategic documents and data**
  - [State of the World Nursing Report 2020](#)
  - [Global Strategy on Human Resources for Health: Workforce 2030](#)
  - [Data on the Global Health Workforce](#)

# **Clinical Advocacy**

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

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



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# Advocacy outside of the clinical setting

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



# Types and the theory of advocacy

1. Empowerment and advocacy theory: Grande 2004, Howe 2009
2. Self Advocacy
3. Peer Advocacy
4. Volunteer Citizen advocacy
5. Independent/ professional advocacy
6. Non-instructed advocacy



# EMPOWERMENT



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## Self advocacy

Is an outward facing model aimed at getting better services and supports the person themselves.



## Peer Advocacy

It may be a shared experience of two people in roles of service provision and are therefore “experts by experience”.



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# Volunteer citizen advocacy

- The relationship continues regardless of any presenting issue
- Citizen advocates are supported to them to develop their own use their own networks, as well as community organisations to develop their social networks



# Independent/professional advocacy

- The advocate provides support, information and representation with the aim of empowering the person to express their needs and choices.
- It can be done on a short or long term basis
- Its individual rather than group advocacy
- Free from conflict of interest



# Non-instructed advocacy

In this situation an advocate would:

- Observe the patient and their situation and look for alternative ways of communicating with them ie. Gather information from their family or a significant other
- Focus on upholding the patients rights
- Ensure fair and equitable treatment and access to services
- Make certain that decisions are taken with consideration for the individuals unique preferences and perspectives



# How far have has the nursing profession come..... NZNO workshop 1998.....words from Andrea Baumann, scholar, & Di Gunn NZNO PNA

Baumann believes:

- “the major focus of nurses’ work is with individual clients and their families and that this may be antithetical to political activism.”
- “Having the responsibility to care for people on a one-to-one basis inhibits nurses from finding the energy to engage collectively and be political.”

**Di Gunn, PNA:**

- NZNO is dependent on its membership to demonstrate a political force.
- “By becoming politically proactive nurses can prepare for the future by influencing change in the health care system.”



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

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



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# The Determinants of Pressure Group Politics

- Channels of influence
- Form
  - Principal channels and means
  - Relations between groups
- Intensity and scope
- Political effectiveness
- - presenting at select committees

# Examples of the power of professional advocacy by improving health outcomes

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



# Publish your interventions and advocacy outcomes – tell your story

## MINISTER MEETS CANCER NURSES

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

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

During an open discussion, nurses described the impact an aging population, new treat-



Present and past committee members gather in Wellington to discuss their concerns with Health Minister Tony Ryall. Back row from left: professional nursing adviser Anne Brinkman, Trish Clark, Catherine Smith, Jane McColin, Annie Walker, Tony Ryall, Cathie Teague and Wendy Jui. Front row: Petra Nel, chair Wendy Thomas, Lorraine Hammerley, Nodie Farrell and Angela Knox.

cancer nurses developing expanded roles and the educational requirements required to fulfil these positions.

The section has lobbied for many years to have cancer nurses (oncology and haematology nurses) identified as a specific group when

district health board accountability back to the Ministry for money allocated to support specific changes in practice. They questioned how the Ministry ensured allotted budgets reached the right services. The public funding of Herceptin, for example, had a flow on effect

SECTION/COLLEGE NEWS

## NZNO seeks nurse-led hysteroscopies

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

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



Denise Braid



Jill Lamb

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

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

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

SECTION/COLLEGE NEWS

## EXPANDED ROLES FOR CANCER NURSES



Cancer nurses' section committee chair Wendy Thomas

Over the past year, cancer nurses throughout New Zealand have been involved in contributing to the *Cranleigh Health Report* on new models of oncology care. Challenges ahead include the need to

govt.nz soon.

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

differently.

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

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



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## Conclusion

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



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# **Every Nurse is an Advocate: Influencing through Advocacy**

## **Closing**



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# Karakia

Kia hora te marino  
Kia whakapapa pounamu te moana  
Aroha atu, aroha mai  
Tātou I a tātou katoa

May peace be widespread  
May the sea be like greenstone  
A pathway for us all this day  
Let us show respect for each other