

The New Zealand Nurses Organisation

Nursing Matters



A call for the promotion of health, health equity from the start, and a self-sustainable health workforce.



NEW ZEALAND
NURSES
ORGANISATION

TŌPŪTANGA
TAPUHI
KAITIAKI O AOTEAROA

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Nursing matters

Health is at the forefront of most political party agendas and for good reason. Health is central to the length and quality of our lives, supports our economy through participation and productivity, and is one of the largest areas of government spending.

Nurses are at the forefront of all community and health care settings, providing 24 hour healthcare, surveillance and emergency response. They provide the key components of health interventions that prevent and treat illness, and empower people and their whānau to be active in the management of their own healthcare and well-being.

But there are barriers to the efficient use of nursing skills which adversely affect access to health care and health outcomes. Long-term workforce planning, new models of care embedded te Tiriti o Waitangi principles, and increased investment in public health, are necessary to enable the nursing workforce to help all New Zealanders reach their health potential. There are also barriers to the social and economic opportunities that underpin health and well-being: a liveable income, safe and decent work, affordable housing, education, adequate and nutritious food, and clean, healthy and sustainable environments.

Aotearoa New Zealand cannot afford to ignore the challenges of increasing inequity, an ageing population and workforce, and changing health needs, or the global challenges of climate change, antimicrobial resistance (AMR), poverty and new paradigms of work, trade and migration. Nor should we lose sight of what makes this country a healthy place to live and work: universal rights, fair employment conditions, and quality public services, including a taxpayer-funded health and disability system that delivers first-rate health outcomes for comparatively modest spending.







NZNO priorities for health

The upcoming general election gives you a choice about the future direction of Aotearoa New Zealand. What values should drive decisions on health, housing, employment and the use of our natural resources? How do we fulfil our international and regional health obligations to meet the goals of the United Nations Sustainable Development Agenda, 2030 that we have committed to? Your vote can help shape those values.

NZNO believes the whole nursing team must be represented at all levels of planning and decision-making and supported in their practice and workplaces to realise their potential to improve health and health equity across the nation, in the Asia Pacific region, and globally.

NZNO has over 48 000 members, including registered nurses (RNs) enrolled nurses (ENs) and nurse practitioners (NPs), midwives, health care assistants, kaimahi hauora, students, allied health workers and 3561 members of Te Rūnanga o Aotearoa, NZNO. Together we make up around five per cent of female voters: our voice matters to the health of New Zealanders. Our voice is aligned with national and international professional nursing, health and workforce advocates. NZNO is a member of the International Council of Nurses (ICN), the South Pacific Nurses Forum (SPNF), Global Nurses United and the Collaboration of Indigenous Nurses. The College of Nurses Aotearoa New Zealand supports and endorses the priorities for health.

As an affiliate of the New Zealand Council of Trade Unions (NZCTU), NZNO supports universal, taxation-funded, publicly provided health care and treatment available to all on the basis of need rather than the ability to pay.

In consultation with members and member groups, including NZNO's 20 specialist colleges and sections, Te Rūnanga, the National Student Unit and Te Rūnanga Taurira, NZNO board and regional councils, the following SEVEN priorities for nursing and public health have been identified:

- + A sustainable, fully utilised nursing workforce
- + Investment in public health
- + A primary health care approach to improving population health
- + Oranga Tamariki – the health and well-being of children and young persons
- + Safe clinical environments
- + Fair employment
- + Social and health equity in Aotearoa, the Asia Pacific region, and globally

Equality versus equity



Equality

Everyone is given the same support, though their needs are different



Equity

Support is given according to needs: everyone can see



Liberation

Structural barriers are removed



A sustainable, fully utilised, nursing workforce

Long-term workforce planning and review is needed to ensure an efficient, flexible and self-sustainable nursing workforce, that is clinically and culturally competent, reflects the communities it serves, and is able to meet New Zealander's health needs. Coherent workforce strategies that align education, immigration, and labour policy will enable the continuous development of nursing skills and leadership across all areas of practice. They will also maintain a balance between workforce supply and demand that will improve national and global equity in the distribution of health workforce resources.

Realistic health workforce projections, based on accurate workforce and population health data, are essential to align training and career pathways for all nurses and all health workers. Strategies to address current and predicted workforce challenges due to an aging and increasingly diverse population and changing models of care, must prioritise:

- + nurse-entry-to-practice (NETP) positions for all new RN and EN graduates;**
- + sufficient funding and opportunities for post-graduate and post-registration clinical nurse training and education;**
- + increased funding for return-to-nursing programmes and new entry to specialist practice (NESP);**
- + implement a Māori nursing workforce strategy to enact te Tiriti o Waitangi articles that provide for the well-being of Māori;**
- + increased recruitment and employment of Pacific nurses;**
- + retention of internationally qualified nurses (IQN); and**
- + systematic, long-term workforce planning for a self-sustainable, representative nursing workforce.**

Collaborative teaching strategies are needed to drive efficient, interdisciplinary care, and new career opportunities for nurses. Accelerating the implementation of the NP model and expanded practice for RNs, and enhancing employment opportunities for ENs will help ensure the potential of the nursing workforce is realised.

Supporting Māori nurses and promoting the development and practice of Māori health nursing will improve the health of whānau, hapū and iwi, and reduce the structural discrimination that underlies inequity.







Investment in public health

Public health interventions that promote healthy living, reduce injury and disease, alleviate suffering and ensure timely access to quality health information and care are the most cost effective way to reduce future health and social service costs and enhance productivity and well-being.

An overarching public health model of care which encompasses both individual and whānau empowerment and social responsibility for health is needed to counter the structural barriers to equitable health care. *Te Whare Tapa Whā* is a public health model of care which meets these criteria. It is an appropriate foundation for universal, publicly-owned and integrated health and social services in Aotearoa.

Secure, long-term funding for public health, must be sufficient to maintain current service, facility and workforce levels, meet increased population and health demand, and pay for new initiatives. Health equity must be prioritised by ensuring resources are fairly allocated and directed towards the greatest health need. A substantial increase in the health vote is needed to address funding shortfalls that have increased out-of-pocket health expenses and undermined affordable access to health services. In particular, the decades-long decimation of the public health workforce must be reversed to ensure appropriate prevention, preparedness and emergency response to public health risks, due to natural disasters, climate and environmental change, AMR, and pandemic.

Quality leadership, planning and decision-making, and accountability are dependent on sufficient resourcing of the agencies responsible for public health i.e. the Ministry of Health, PHARMAC, the Accident Compensation Commission (ACC) and others. The premature disestablishment of the Mental Health Commission has left a gap in the accountability for mental health services which requires national oversight by a dedicated agency to ensure a consistent standard of recovery-focussed care and support.

Regulation to support safe, cost-effective public and population health measures such as fluoridation, folate enrichment of flour, and healthy food and environmental standards is essential to prevent harm and improve equity. Implementing the Healthy Food Environment Policy Index and commissioning an independent, definitive national survey of unmet secondary healthcare need will contribute to the strong evidence base necessary to inform our policy choices.





A primary health care approach to population health improvement

A comprehensive primary health care approach across *all* health settings is needed to drive the transition to a fully integrated health and disability system, which is patient-centred and interdisciplinary.

Empowering all New Zealanders to reach their health potential requires a fundamental shift in focus and funding to service models that are not confined to disease prevention and treatment, but include the promotion of individual and community health and equity.

Such models must include:

- + the promotion of health literacy using a range of media to ensure culturally safe, targeted messaging
- + access to accurate health information and self-management at all levels of care
- + early intervention for addiction, mental and sexual health problems
- + immunisation
- + screening and health promotion programmes.

A substantial boost to restore and strengthen the public health nursing workforce is urgently needed to maintain the established services that provide regular opportunities for early intervention at key moments throughout the 'life journey' of New Zealanders.

Large variations in access, waiting times and cost (co-payment) are barriers to primary health care. Funding streams need to be better targeted to meet need and ensure equitable health outcomes. Removing funding inequalities to Māori and iwi providers is essential.

Flexible funding streams to facilitate community-based initiatives, including nurse-led clinics, walk-in centres, and nurse partnerships with other health professionals, will improve health literacy, support healthy living and optimise the management of chronic conditions.







Oranga tamariki

A universal approach is needed to ensure all children and young people have their physical, emotional, developmental and social needs met, and are able to grow up in a supportive and nurturing environment. At present many tamariki are growing up in poverty, without sufficient household income to ensure adequate housing, food or healthcare. The effects of poverty are lifelong and preventable.

The first three years in a child's life offer the greatest opportunity for the most health gain for the least cost over a lifetime. Planned parenthood, extended parental leave to 26 weeks, and integrated, culturally safe midwifery and primary health organisation (PHO) services, including disability support, will empower parents to make healthy choices for their families and whānau from the start.

Support must continue for children's changing needs as they grow and develop, particularly during adolescence. Integrated education, health and social services, such as nurses in schools and community clinics providing accessible primary health care, free GP visits, and access to timely counselling are essential to break patterns of family violence, reduce untenable levels of youth suicide, and give all tamariki and rangitahi the opportunity to reach their health potential. NZNO welcomed extending the age limit of State responsibility for vulnerable rangatahi to 17 years and above.

Universal health services must be the centre from which consistent pathways for the extended range of care and protection, and justice services for oranga tamariki are developed. Aligning assessment, referral, and secure information processes between agencies, will improve child safety and reduce structural discrimination and inequity. NZNO advocates removing the stigmatising title of the Ministry for Vulnerable Children and refocusing child protection services on prevention, early intervention and collaboration. Child and family health should be central to, and inform the business units the Ministry of Health has been restructured around.

Clear guidance for action to support oranga tamariki is given in expert reports such as *Solutions to child poverty in New Zealand* (2012), the 2013 Inquiry into improving child health outcomes and preventing child abuse and the *Implementation of the UN Convention on the Rights of Child in New Zealand* (2016).



Safe clinical environments

All health settings require the right number and skill mix of staff, sufficient resources, and the elements that underpin workplace health and safety: knowledge, regulation and sound employment practices. These elements also contribute to achieving best health outcomes.

Clinical environments that are safe for health consumers and health workers require nationally consistent resourcing, staffing and patient assessment and information systems and tools. Disparities in funding and work demand in the community / NGO (non-governmental organisation) sector need to be addressed to ensure safe, equitable and sustainable primary healthcare, iwi and community health services.

The care capacity demand management (CCDM) programme enables robust, unit by unit assessment of the degree to which staffing levels and skill-mix match patient numbers, patient acuity, and the demand for care. It is evidence based and uses validated acuity data to ensure the right care is delivered at the right time by the right people. The CCDM reporting programme and TrendCare workforce planning and management system must be implemented nationally by all district health boards (DHBs) to ensure consistent safe staffing and reduce the risks of care rationing and staff burnout.

The challenges to workplace safety are particularly acute for mental health nurses. A dedicated Kaupapa ward in all DHBs would enable appropriate clinical and cultural support for Māori.

The absence of mandatory minimum safe staffing levels and skill mix standards in residential aged care remains a barrier to safe aged and dementia care. Cross party political commitment is needed to ensure the development of mandatory standards for aged and dementia care by 2020.

A coherent policy framework for internationally qualified health workers, which includes co-ordinated overseas recruitment, interdisciplinary cultural competence and English language standards, professional support and improved pathways to residence is urgently needed to improve workforce retention and stability. That requires integrated “long-term planning policies and regulatory frameworks across education, health, labour, international relations, immigration and trade sectors” as recommended by the WHO High Level Commission on Health Employment and Growth (2016).





Safe and fair employment

A fair and healthy society is underpinned by regulation that assures a living wage, safe workplaces, collective bargaining and collective agreements, good faith bargaining and contracting and equal pay for work of equal value in all settings.

NZNO has welcomed progress in addressing unfair practises such as zero hour employment contracts, and furthering gender equity through the extension of paid parental leave and equal pay/pay equity claims. However, there are still structural barriers to fair and balanced employment relationships that, in the rapidly changing labour market, have led to increased job insecurity and persistent low growth in real wages, despite significant productivity growth. The Health and Safety at Work Act 2015 failed to establish a 'best practice' tripartite governance structure guaranteeing worker representation, or a labour inspectorate of sufficient size and strength to monitor and enforce safe, healthy workplaces. Both omissions must be rectified.

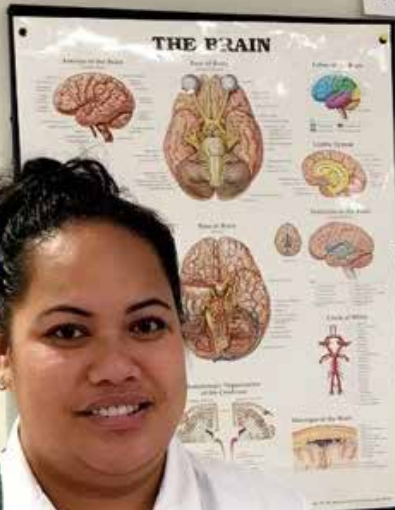
A coherent, progressive tax framework is needed to reduce growing income inequity and poverty, ensure liveable incomes, and provide a secure revenue base for public services and social support. UN Conventions ratified by New Zealand, such as the Convention of Elimination of Discrimination Against Women and the Committee on the Elimination of Racial Discrimination must be honoured and international rights and standards for workplace health and safety developed by the International Labour Organisation and WHO fully implemented. All employment agreements should include provisions for safe and healthy workplaces, including worker representation on health and safety committees.

Building a culture of safety also requires good data and systematic education and training. A national surveillance system to monitor occupational health, including the long term effects of shift work and stress, and proactively identify and mitigate the risk of workplace harm is needed. Nurses, for instance, are exposed to a wide range of occupational hazards – infection, cytotoxic medicines, radiation, diathermy plume,

and musculo-skeletal injury – yet ACC’s low claim and compensation rates for latent or cumulative occupational harm and disease, indicates how poorly this is recognised and reported. Clearly there is a need to substantially strengthen the occupational health workforce and improve health and safety education and training.



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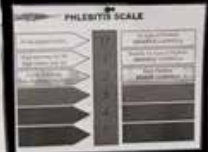


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Social and health equity

Evidence that more equal societies enjoy better health and prosperity indicates the urgent need to address escalating social, economic and health disparities in Aotearoa, and to develop a national strategy to reduce poverty. Holistic approaches to the delivery of health, education and social services for Māori, based on Mātauranga Māori, include a range of services that span housing, research, crime prevention, education, welfare and health.

NZNO supports alternative and additional models to GDP (gross domestic product) for measuring national well-being. A range of social, environmental, human and economic indicators are needed to drive the integrated action on the commercial, political and social determinants of health needed to reduce poverty, remove structural discrimination, and support healthy whānau, communities and workplaces.

All policy initiatives and major social and infrastructural projects such as housing, transport, environment and education projects, should be subject to a health impact assessment (HIA) and evaluation. The Ministry of Health has developed validated HIA tools specifically for New Zealand, including a whānau ora HIA: both should be widely utilised at local, regional and national level.

Achieving the UN Sustainable Development Goals (SDGs), including reducing inequity within and between countries, requires international trade and economic integration agreements to be free of provisions that have the potential to erode governments' right to act in the best the interests of population and environmental health.

Aotearoa New Zealand should promote a coherent system of global health law to further multilateral cooperation in advancing global health equity and addressing global health crises and risks. Improving access to affordable medicines and ensuring more equitable distribution of health resources are fundamental to enabling all governments "to ensure healthy lives and promote well-being for all at all ages" (SDG 3).



2017 General Election – A united call to action

NZNO together with NZCTU and affiliated health unions call on the next government of New Zealand to progress the following:



Funding

- + Reinstate health funding to levels able to provide the same quality and quantity of health services for our population as at 2009/2010
- + Direct funding to where the health need is greatest
- + Review funding of PHC to address the barriers/inequity created by the capitation funding model
- + Review health funding and modelling to account for changing population demographics and health demand, new models of health care, inflation, and projected increases in health sector wages and salaries
- + Increase funding to immediately expand the availability of no and low-cost PHC services and commit to free universal primary health care
- + Ensure funding is sufficient to allow for safe staffing throughout the health sector and that there is a proactive plan for meeting the needs of an aging population and workforce
- + Ensure sufficient, transparent funding for mental and community health services by DHBs and establish wage flow-on mechanisms
- + Commit to maintaining quality publicly-owned health services and capital, including hospital buildings and equipment



Workforce

- + Establish CCDM and TrendCare to ensure safe staffing levels and workloads throughout DHBs and all health care services and facilities
- + Develop mandatory standards that set out minimum safe staffing levels and skill mix in residential aged care by 2020
- + Develop integrated employment, education and immigration policies to support employment and recruitment of New Zealand health graduates with the right balance of internationally qualified practitioners to ensure workforce self-sufficiency
- + Develop and implement a Māori Health Workforce Strategy
- + Provide support to achieve settlements that reflect 100 percent equal pay/ pay equity for nurses, midwives and health care assistants
- + Develop career pathways across the whole health and community workforce with minimum qualifications phased in for the non-regulated health workers
- + Recognise the adverse impacts of fatigue, shift work, unfilled vacancies and 'presenteeism' as major health and safety issues
- + Remove the cap on clerical and administrative staff in DHBs
- + Enable more PHC services to employ salaried staff based on the existing union health service model
- + Research and policy development into changing scopes of practice
- + Ensure consistent and responsible safe staffing and employment conditions in all contracted health services
- + Increase investment to restore and strengthen the public health workforce



Clinician engagement

- + Embed interdisciplinary representation at all levels of planning and decision-making
- + Utilise workforce engagement structures such as High Performance High Engagement (HPHE) models to harness the innovative capacity of the health workforce, with work release time for union members and delegates to enable participation
- + Develop clinician-led consultation structures throughout the DHBs with devolved decision-making capacity
- + Continue the Health Sector Relationship Agreement (HSRA), with a rejuvenated, resourced work plan and increased involvement and direction from the Minister of Health



Health care services

- + Commit funding to address the health inequities of Māori and Pacific peoples
- + Develop and implement models of care to respond to specific population needs and health challenges, eg. aged care and refugees
- + Ensure transparent waiting lists and acceptable waiting times for operations and procedures
- + Increase funding for health promotion and illness-prevention to improve health literacy, wellness and reduce preventable disease and injury
- + Halt contracting out of any further DHB services until processes are in place to ensure that services add value for money and greater health benefits for local communities
- + Re-establish the functions of the Mental Health Commission to improve mental health services, care and treatment nationally

Data, measurement and planning

- + Undertake a definitive national survey of unmet secondary healthcare need, conducted by an independent expert group
- + Implement the Healthy Food Environment Policy Index
- + Develop clinician-led benchmarking of quality standards to replace the current single-outcome targets
- + Ensure regular and transparent reporting of levels and types of unmet health need
- + ensure comprehensive demographic data is available for evaluating health status and service effectiveness
- + Undertake future workforce forecasting and long-term national workforce planning for a sustainable health workforce



International

- + Develop and implement strategies to achieve the SDGs
- + Advocate for a coherent system of global health law and governance to further multilateral cooperation in advancing global health equity
- + Ensure that no international agreements will compromise New Zealand's ability to control and lower the prices of pharmaceuticals and other medical supplies; carry out public health programmes; or maintain and expand the public funding and public provision of health on a non-commercial basis





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