

THE ROLE OF THE NURSE POLICY

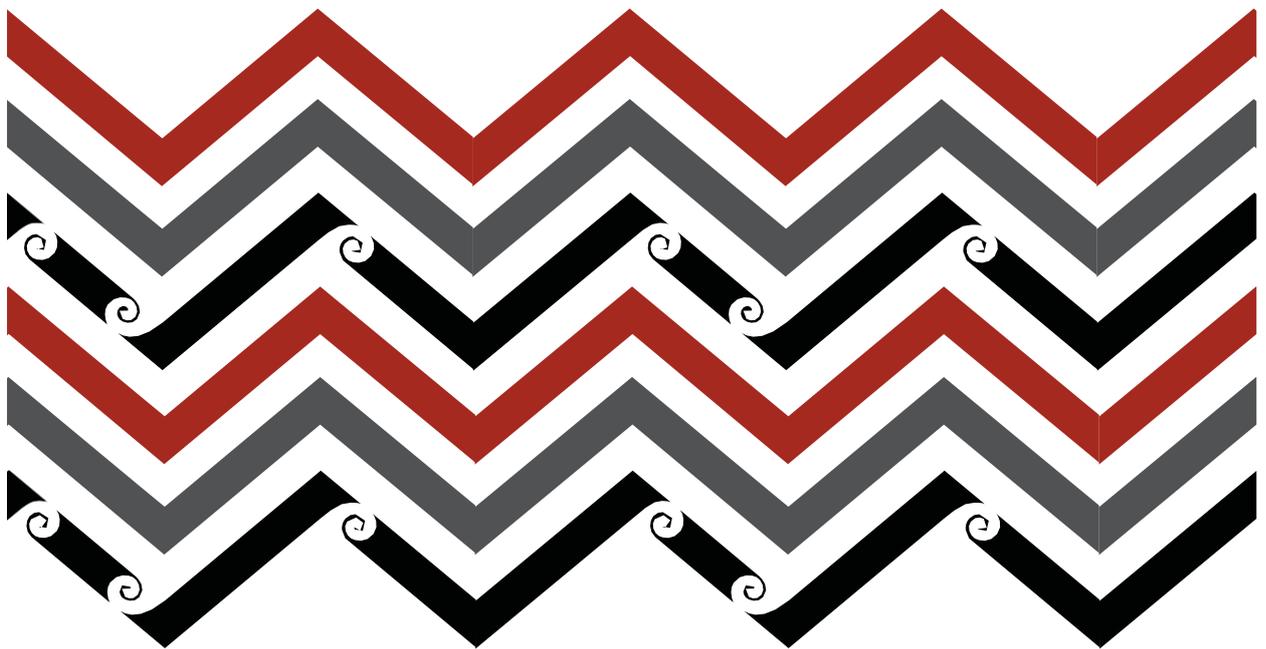


TABLE OF CONTENTS

1. INTRODUCTION.....	3
2. TE TIRITI O WAITANGI.....	3
3. DEFINITIONS OF NURSING	3
4. THE UNIQUE CONTRIBUTION OF NURSES.....	5
5. PROFESSIONAL STANDARDS	6
6. INTERDISCIPLINARY COLLABORATION.....	6
7. PATIENT ADVOCACY, CARE & SAFETY	7
8. PATIENT EDUCATION & HEALTH PROMOTION	7
9. ETHICAL GUIDELINES FOR NURSES	9
10. THE PAE ORA (HEALTHY FUTURES) ACT 2022	9
11. NURSE PATIENT RATIOS.....	10
12. EQUITY.....	11
13. CRITICAL THINKING & CLINICAL JUDGMENT	11
14. TECHNOLOGY AND ARTIFICIAL INTELLIGENCE (AI) IN NURSING	12
15. BIOTECHNOLOGY	13
16. DR GOOGLE	13
17. THE CLIMATE CRISIS	13
18. CONCLUSION	14
19. RECOMMENDATIONS.....	15

1. Introduction

The New Zealand Nurses Organisation (NZNO) Tōpūtanga Tapuhi Kaitiaki o Aotearoa seeks to articulate the Role of the Nurse policy for the purpose of informing and influencing government, ministry policy settings, funding decisions and the delivery of health care and services across the health sector.

The Role of the Nurse policy has evolved over time, and has been defined through educational preparation, regulatory standards, scopes of practice, policy and public perception. Furthermore, the Role of the Nurse policy describes a future-focused perspective, considering the challenges and current political climate in which nursing exists.

The Role of the Nurse policy should be read in conjunction with other NZNO policies.

2. Te Tiriti o Waitangi

The influence of Te Tiriti o Waitangi on the role of nurses is profound and multifaceted, ensuring that Aotearoa New Zealand nurses are not only clinically competent nurses but also culturally competent practitioners who can deliver equitable and respectful care to Māori and all other communities.

NZNO's policies are deeply embedded in the principles of Te Tiriti o Waitangi, fostering a partnership that prioritises equity, cultural competence, and the empowerment of Māori nurses. By integrating Māori health models and perspectives into nursing training and practice, all nurses are equipped to deliver culturally respectful and effective care. Collective commitment to increasing the Māori nursing workforce, providing robust support systems, and promoting continuous professional development reflects the dedication to building a diverse and inclusive healthcare environment.

Through collaborative decision-making and strong community partnerships, NZNO strives to articulate the role of the nurse that not only meets the highest standards of clinical excellence but also honours and uplifts the unique cultural heritage and health needs of Māori, contributing to a healthier and more equitable Aotearoa New Zealand.

3. Definitions of Nursing

The role of the nurse policy aligns with the ICN¹ definitions of nursing. Here the role of the nurse is enabled by their:

- Education and qualifications
- Scope of practice and standards of competence for their scope of practice
- Use of codes of conduct and ethics
- Meeting the criteria for and holding an annual practising certificate including the continuing competence requirements, and
- Area, focus and sphere of nursing practice.

¹ White, J., Gunn, M., Chiarella, M., Catton, H., Stewart, D., (2025). Renewing the Definitions of 'nursing' and 'a nurse'. Final project report, June 2025. International Council of Nurses

The ICN 2025² definition of Nurse is:

A professional who is educated in the scientific knowledge, skills, and philosophy of nursing, and regulated to practice nursing based on established standards of practice and ethical codes. Nurses enhance health literacy, promote health, prevent illness, protect patient safety, alleviate suffering, facilitate recovery and adaptation, and uphold dignity throughout life and at end of life. They work autonomously and collaboratively across settings to improve health, through advocacy, evidence-informed decision-making, and culturally safe, therapeutic relationships.

Nurses provide people-centred, compassionate clinical and social care, manage services, enhance health systems, advance public, and population health, and foster safe and sustainable environments. Nurses lead, educate, research, advocate, innovate and shape policy to improve health outcomes³.

Furthermore, nursing is a profession dedicated to upholding everyone's right to enjoy the highest attainable standard of health, through a shared commitment to providing collaborative, culturally safe, people-centred care and services. Nursing acts and advocates for people's equitable access to health and health care, and safe, sustainable environments. The practice of nursing embodies the philosophy and values of the profession in providing professional care in the most personal health-related aspects of people's lives. Nursing promotes health, protects safety and continuity in care, and manages and leads health care organizations and systems.

Nursing's practice is underpinned by a unique combination of science-based disciplinary knowledge, technical capability, ethical standards, and therapeutic relationships. Nursing is committed to compassion, social justice, and a better future for humanity.

Nurses play a unique role in health and care for populations of all ages, and in all settings, building trust with individuals, families and communities and gaining valuable insights into people's experiences of health and illness. Building on a foundation of personalized direct and social care, nurses advance their capabilities through ongoing education, research, and exploration of best practices.

A nurse's scope of practice is defined by their level of education, experience, competency, professional standards and lawful authority. They play a key role in the coordination, supervision of, and delegation to others who may assist in the provision of health care. Often at the front line, they respond to disasters, conflicts, and emergencies, demonstrating courage, dedication, adaptability, and commitment to the health of individuals, communities, and the environment⁴.

² <https://www.icn.ch/news/icns-new-definition-nurse-and-nursing-global-milestone-professional-identity>

³ file:///T:/D%20Legislation_Govt%20Policy/D100-199%20Documents/D102%20NZNO%20Submissions/2025/2025-04%20ICN%20draft%20definitions/ICN_Definition-Nursing_Report_EN_Web_0.pdf

⁴ https://www.icn.ch/sites/default/files/2025-06/ICN_Definition-Nursing_Report_EN_Web_0.pdf

4. The Unique Contribution of Nurses

Nurses⁵ undertake different roles in different circumstances, but they all share in the combination of knowledge, practical skills and values that makes them particularly well placed to meet the needs of the future as well as those of today. While other professions share some of these features, the nursing contribution is unique because of its scale and the range of roles nurses undertake.

The afore mentioned definitions or descriptions of nursing and the ICN interpretation of the role of the nurse encompass the whole of the nursing profession. Whether nurses are working in hospitals, general practice and community care, or in a vast range of other settings including schools, occupational health, social services, residential aged care facilities, hospices, prisons, on the streets with homeless people and sex workers, in the armed forces in conflict zones, or in humanitarian organisations caring for the victims of conflict, refugees and internally displaced people, and those affected by human and natural disasters.

Nurses are often the first and sometimes the only health professional that people see and the quality of their initial assessment, care and treatment is vital. For many nurses they are also part of their local community, as demonstrated by Māori and Pacific nurses and those in rural and remote areas sharing their culture, strengths and vulnerabilities while delivering effective interventions to meet the needs of patients, families, whānau and communities.

Nurses face a variety of challenges in their roles, which can impact their ability to provide high-quality care. These include a shortage of nursing staff, high acuity and complex cases that can lead to fatigue, stress, moral burnout, and potentially compromised patient care⁶. During this time many experienced being undervalued and unsupported by management, which in turn affects morale, motivation, job performance, delivers inadequate training and professional development and impacts on the retention of nurses⁷. Notwithstanding keeping up with medical advances, technologies and treatment options.

Furthermore, we have witnessed the migration of nurses from poorer to richer countries and, internally, from rural to urban areas, to government funded disease-specific services, to non-governmental organisations (NGOs) and general practice and community services.

We know that nurses require a contemporary approach to education and training that reflects new models of personalised and out-of-hospital / in home / community care and more democratic / shared models of care in acute settings (challenging the medical model and hierarchy). The models of care are changing due to people living longer, with multiple long term conditions. Nurses will need to be prepared to provide care for a hierarchy of needs outside the hospital setting.

Nurses require culturally safe workplaces, and leadership to model good cultural practices should not be underestimated. We believe these are enablers for a positive workplace

⁵ APPG on Global Health – October 2016

<https://ccoms.esenfc.pt/pub/DIGITAL%20APPG%20Triple%20Impact.pdf>

⁶ <https://www.healthcareers.com/career-resources/nurse-career/top-nursing-challenges>

⁷ <https://nursejournal.org/articles/top-challenges-faced-by-working-nurses/>

culture and note there is a multicultural population within the nursing workforce and a desire to ensure the nursing workforce reflects the diversity of the community they serve.

There is a focus on more inclusive workplaces and a shift towards greater acceptance of diversity in the nursing profession. Yet, understanding is still lacking, and the burden of education falls on the LGBTIQ+ community members to assist.

5. Professional Standards

The scope of practice for nurses is defined by the Nursing Council of New Zealand and includes several key roles:

Registered Nurses (RNs)⁸ are responsible for comprehensive assessments, developing care plans, and implementing and evaluating interventions. They work independently and collaboratively with patients, their families, and other healthcare professionals. RNs also incorporate cultural safety and the principles of te Tiriti o Waitangi into their practice.

Enrolled Nurses (ENs)⁹ are accountable for their nursing practice, ensuring that all healthcare provided is consistent with their education, assessed competence, and relevant legislative requirements. ENs work in partnership with individuals, their whānau, communities, and the interprofessional healthcare team to deliver equitable, person / whānau / whakapapa centred nursing care.

Nurse Practitioners (NPs)¹⁰ have advanced education and clinical training, allowing them to diagnose and treat health conditions, prescribe medications, and order diagnostic tests. They often work in leadership roles and contribute to policy and research.

6. Interdisciplinary Collaboration

Interdisciplinary collaboration in health involves different professionals from various disciplines working together to provide comprehensive and coordinated patient care. Nurses play a crucial role in this process, acting as a central point of communication and coordination, collaborating with doctors, social workers, pharmacists, therapists, and other specialists to develop and implement holistic care plans.

A significant feature of developed nations is the impact of complex lifestyle diseases such as diabetes, cardiovascular disease and cancer. These diseases require a full understanding of how people react and respond to care, including psychological and emotional care.

The lifestyle a patient has led has an impact on their wellbeing, including work, lifestyle, education and housing. These socioeconomic determinants of health largely shape our wellbeing, and the health sector must consider and respond to these determinants.

Nurses are best placed to ensure these needs are responded to and often are required to

⁸ https://www.nursingcouncil.org.nz/Public/NCNZ/nursing-section/Registered_nurse.aspx

⁹ <https://www.nursingcouncil.org.nz/common/Uploaded%20files/EN%20scope%20of%20practice%20-%20Jan%202025.pdf>

¹⁰ https://www.nursingcouncil.org.nz/Public/NCNZ/nursing-section/Nurse_practitioner.aspx?hkey=1493d86e-e4a5-45a5-8104-64607cf103c6

navigate patients and their whānau or family through challenges that impact on their wellbeing.

One of the clearest lessons from COVID-19 pandemic was the strength of collaboration of communities, iwi, local businesses and government agencies (including health services). Effective community collaboration kept many communities safe and was one the reasons that Aotearoa New Zealand managed the pandemic well.

7. Patient Advocacy, Care & Safety

The role of the nurse to advocate is described by the NCNZ¹¹ in their standards of competence for RN and EN descriptors 1.2 and 2.4¹² articulating the requirement of nurses to advocate for equity in health care.

Priest¹³ describes three types of advocacies:

1. Issue advocacy
2. Professional advocacy (advocating for the nursing profession), and
3. Community and public health advocacy.

Effective advocacy can prevent unnecessary health complications and safeguards the patient¹⁴. Nurses are the voice for patients, especially when they are not able to speak for themselves due to physical, mental, cultural or power issues. Therefore, establishing trust in the nurse-patient relationship is an important aspect of patient advocacy¹⁵.

Nurses bring evidence informed knowledge and hold professional credibility which gives them a mandate to advocate on issues related to health, health service design and policy development.

If nurses look to further their role as advocates, processes need to be in place to better prepare and support them to advocate. Nurses needs to be protected, and barriers to advocating removed so that nurses can advocate free from the risk of retribution.

8. Patient Education & Health Promotion

Educating patients on matters related to their health and treatment regimens is an important aspect of nursing and arguably sets nursing apart from other members of the health team.

This is clearly articulated in the standards of competence for registered nurses Pou three (3.5) – *Assesses health-related knowledge, provides information and evaluates understanding to promote health literacy* and enrolled nurse Pou four (4.1) *Promotes health behaviours and provides health education to support people to achieve their health and*

¹¹ <https://nursingcouncil.org.nz/Public/Nursing/NCNZ/Nursing.aspx>

¹² https://nursingcouncil.org.nz/NCNZ/nursing-section/Registered_nurse.aspx

¹³ Chad Priest (chapter 5) in Mason, D. J., Leavitt, J. K., & Chaffee, M. W. (2012). *Policy & politics in nursing and health care*. 6th ed. St. Louis, Mo., Elsevier/Saunders.

¹⁴ Nsiah C, Siakwa M, Ninnoni JPK. Barriers to practicing patient advocacy in healthcare setting. *Nurs Open*. 2019 Dec 19;7(2):650-659. doi: 10.1002/nop2.436. PMID: 32089864; PMCID: PMC7024610.

¹⁵ Munday, Judy; Kynoch, Kathryn; Hines, Sonia. Nurses' experiences of advocacy in the perioperative department: a systematic review. *JBIC Database of Systematic Reviews and Implementation Reports* 13(8):p 146-189, August 2015.

*wellness goals*¹⁶.

With higher rates of chronic disease and an increase in health technology dependent patients alongside a focus on keeping people in their communities and reducing hospitalisation the role of the nurse in educating the patient, family and caregivers will be vital.

Cutilli describes excellent patient education as both an art and science, as it uses nuances and evidence-based strategies to engage the patient / caregiver¹⁷. It is imperative that nurses do not relinquish this aspect of their role, as they have the biological, pharmacological and scientific knowledge to underpin the education they provide to ensure safe and accountable practice. In addition, they have well developed communication skills needed to adapt their education style to the needs of the patient.

Increasing health care costs provides the impetus for nursing to move from a medical model of primary prevention with a disease-specific orientation toward a health promoting role where social determinants of health are identified within communities and upstream policy and practical solutions are developed to mitigate those risks through a population-focused approach¹⁸.

There is a need for nurses to continue to develop their role as health promoters, to promote healthy lifestyle decisions, recognising determinants of health including social and environmental factors¹⁹. The Ottawa Charter provides guidance on health promoting practice, however there is evidence that nurses are not optimising their potential for health promotion due to a narrower focus on individual's lifestyles, environmental hazards and working at the family level rather than community level²⁰.

Nursing's role in health promotion should aim to better align with the Ottawa Charter and strengthen the role of nursing in building healthy public policy, undertaking health research and leading changes in the organisation of health services. Protecting the natural environment and understanding the impact of environmental change and planning actions to reduce the impact of these is also required. Supporting community action and developing the skills of individuals to enhance their own health are also ways nurses can promote healthy communities.

Nurses working in public health have an in depth understanding of the resources and challenges within the communities they work and take a holistic and health promoting approach. They now need to be supported to move into a political space where this knowledge can be used to design communities and services where people thrive.

Time needs to be made available for nurses to undertake patient education as it can be resource intensive. This should be captured in acuity tools and allowed for in scheduling of patients. The role of Artificial Intelligence (AI) in patient education is currently in its infancy,

¹⁶ <https://doi.org/10.1111/jocn.15441>

¹⁷ DOI: 10.1016/j.cnur.2020.02.007

¹⁸ DOI: 10.1097/PHH.0000000000001254

¹⁹ Doi: 10.5455/aim.2014.22.283-286

²⁰ <https://doi.org/10.1111/jocn.15441>

however the potential of AI assisted patient education to cross language barriers and support patient education is likely to be a feature in the future.

9. Ethical Guidelines for Nurses

As regulated professions²¹ nurses are obligated to conduct themselves both professionally, clinically and personally in accordance with the expectations of those professions. The expectations are documented in the respective Codes of Conduct²² and Codes of Ethics²³. The purpose of the codes is to protect the safety and wellbeing of the recipients of care from nurses. Those who practice outside the Code of Ethics risk their professional registration and therefore their ability to practice as a nurse.

NZNO's Code of Ethics uses both Māori and Western values as a framework. Māori values include: rangatiratanga, manaakitanga, tika, whanaungatanga, wairuatanga, Kotahitanga and kaitiakitanga. Western values include autonomy, beneficence, non-maleficence, justice, confidentiality, veracity, fidelity, guardianship of the environment and being professional.

Western values have dominated professional codes for decades²⁴ therefore, we require both progressive and sustainable codes. A continuous review of codes of ethics and conduct needs to be informed by indigenous values and frames of reference in Aotearoa New Zealand and globally²⁵.

NZNO's Code of Ethics²⁶ aligns with that of the NCNZ Code of Conduct²⁷ and are mutually supportive of nursing decisions-making and practice. NZNO's Code of Ethics is currently under review, and there are plans to further embed the articles of te Tiriti o Waitangi and Māori values using critical treaty analysis²⁸ to reflect on the adequacy of the codes of ethics and conduct in the Aotearoa New Zealand.

10. The Pae Ora (Healthy Futures) Act 2022

The Pae Ora (Healthy Futures) Act 2022 (*the Act*)²⁹ impacts the role of nurse by emphasising equity, cultural competence, and community engagement and providing care that aligns with the cultural needs and preferences of Māori and other diverse groups. Nurses are also encouraged to engage with communities to better understand their health needs and to advocate for services that meet those needs.

Nurses need to engage in ongoing professional development to enhance their cultural competence and understanding of te Tiriti o Waitangi principles. Furthermore, advocating for equitable healthcare policies and practices within their workplace while, building strong collaborative relationships with local communities, particularly Iwi Māori Partnership Boards (IMPBs) and other underserved groups.

²¹ <https://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html>

²² https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Code_of_Conduct.aspx

²³ <https://www.nzno.org.nz/Portals/0/publications/Guideline%20-%20Code%20of%20Ethics%202019.pdf>

²⁴ https://www.icn.ch/sites/default/files/2023-06/ICN_Code-of-Ethics_EN_Web.pdf

²⁵ Johnstone, M-J. (2023) *Bioethics: A nursing perspective*. 8th ed. Elsevier

²⁶ <https://www.nzno.org.nz/Portals/0/publications/Guideline%20-%20Code%20of%20Ethics%202019.pdf>

²⁷ Both codes are being reviewed in 2025 to ensure consistency with the Standards of Competence for nurses

²⁸ Came, H.; O'Sullivan, D.; & McCreanor, T. (2020) *Introducing critical Tiriti policy analysis through a retrospective review of the New Zealand Primary Health Care Strategy*. *Ethnicities* 20(3) 434-456

²⁹ <https://www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx>

The provision of holistic care considers the physical, emotional, social, and cultural needs of patients, and their family and whanau. This approach ensures that all aspects of a patient's well-being are addressed.

The Act also supports nurses in undertaking leadership roles within the healthcare system, to influence change, advocating for patient and community needs, and contributing to health policy and planning while collaborating with other healthcare professionals to provide coordinated and comprehensive care.

11. Nurse Patient Ratios

The ICN's Position Statement 2018 on Evidence-Based Nurse Staffing³⁰ recommends governments take action to ensure safe staffing levels. They make the link between adequate numbers of nurses, appropriately skilled and with manageable workloads can positively influence patient care and outcomes.

Applying validated minimum nurse-to-patient ratios can improve:

- Nurse staffing levels, staff satisfaction, and recruitment and retention
- Improve patient outcomes with lower mortality rates and reduced healthcare-associated harm, and
- Reduce readmissions and shorten hospital stays³¹.

Any increased staffing costs related to mandated ratios are offset by reduced costs associated with recruitment and retention of nursing staff³². Adequate staffing also reduces nurse burnout, job dissatisfaction, and the intent to leave the profession³³.

Ensuring cultural dimensions are present in nurse patient ratios makes healthcare systems more inclusive, safe and effective care environments. NZNO research³⁴ determined culturally safe nurse patient ratios must enable whanaungatanga with whānau Māori, enable *honourable kawanatanga* (power-sharing), advance *tinu rangatiratanga* (self-determination) and normalise *tikanga* (customs) and *wairua* (spirituality) in nursing practice.

Importantly, nurse patient ratios are not *one size fits all* rather it establishes *minimum* requirements only. Nurse-patient ratios do not remove the requirement for the use of professional nursing judgment about appropriate staffing levels, taking into consideration patient acuity, complexity, churn and the skill and experience of the nursing team. Ratios do not reduce professional nurse judgment about appropriate staffing as there is *no upper limit*. While good nurse staffing results in cost savings to hospitals compared with nurse understaffing, it is not a primary strategy to reduce costs³⁵. By reducing adverse events

³⁰ McHugh MD, Kelly LA, Sloane DM, Aiken LH. Contradicting fears, California's nurse-to-patient mandate did not reduce the skill level of the nursing workforce in hospitals. *Health Aff (Millwood)* 2011; **30**: 1299–306

³¹ Doi: 10.5455/aim.2014.22.283-286

³² Rushing, J. (2014). Critical Thinking and Clinical Judgment in Professional Practice. In Masters, *Role Development in Professional Nursing Practice* (pp. 217-233). Massachusetts: Jones & Bartlett Learning.

³³ <https://www.icn.ch/sites/default/files/inline-files/Linda%20Aiken%20%26%20Matthew%20McHugh>.

³⁴ <https://kaitiaki.org.nz/article/new-zealand-can-lead-the-world-in-culturally-safe-nurse-to-patient-ratios/>

³⁵ Adequate RN staffing is the building block that makes health services work (Aiken et al., *JAMA Forum* 2023: 4(7)e231809)

such as infections and readmissions, hospitals can lower their overall healthcare costs³⁶.

12. Equity

The word equity is often being confused with equality. The difference is that equality looks at individuals whereas equity looks at the bigger picture such as how past discrimination creates barriers. For nurses' equity is about recognising barriers so that they can ensure more effective care.

Māori were discouraged from accessing any health care and were identified as a carrier of diseases, rather than needing care. The result of these discriminatory actions created a distrust in Māori of those institutions that were meant to support them. To provide support to those in need, nurses must understand the lived experience of those people.

Aotearoa New Zealand also has evolved from a society that was strongly patriarchal that has not given full equality to women and the vestiges of this still impact today, as recent pay equity disputes for nurses have clearly shown. Nursing has traditionally been a female profession in a conservative hierarchical health system that placed doctors at the centre and nurses well down the pecking order. Differential pay and conditions clearly illustrate this imbalance.

In addition, to resolve the pay and conditions issues the health sector needs to give nurses greater recognition as health professionals, greater autonomy, responsibility and acknowledge the clinical expertise and leadership they bring to the sector. As the largest workforce nurses are highly skilled and best placed to lead the sector through its current challenges including the growing use of technology that can alienate patients and their communities in an increasingly chaotic world.

13. Critical Thinking & Clinical Judgment

Critical thinking for clinical decision making is the ability to think in a logical and questioning way and use reflection and reasoning to provide safe nursing practice. This is vital in the increasingly complex and constrained health care environment. It is essential in providing safe, efficient and skilled nursing care. As critical thinkers, nurses use intellectual thought, a range of scientific knowledge and evidence, ethical frameworks, consider the context of the problem, and are creative and intuitive. Nurses use these skills to predict problems and possible solutions.

Critical thinking is a vital component of clinical judgement as it enables the nurse to identify and assess issues and risk, use the principles of the nursing process to identify solutions using in-depth knowledge, intuition and creativity. They can incorporate the cultural and social needs of the whanau, family and community into complex decision making to promote the best interests of patient, whanau and family.

Nursing is not about remembering facts or following algorithms, rather thinking like a nurse using reason and a deep understanding of clinical practice to provide safe care.

³⁶ <https://www.phc4.org/case-studies/center-for-health-outcomes-and-policy-research-panel-study-of-effects-of-changes-in-nursing-on-patient-outcomes/>

Reflective practice is a means by which nurses develop critical thinking, through deliberate thinking about experiences and problems and exploring alternative options or perspectives. This requires nurses to have the capacity to think for themselves, be tolerant of ambiguity, be able to empathize and understand other's perspectives and adapt to change.

The capacity of nurses to think critically and use clinical judgement is essential in providing safe, efficient and skilled nursing care. Substitution of nurses with others who do not have this capacity risks patient safety.

14. Technology and Artificial Intelligence (AI) in Nursing

NZNO recognizes that utilising technology and AI will increasingly be required. Nurses need to understand this technology, maintain safe practice and advocate for patients. This understanding should begin in undergraduate nursing training programmes and continue for the career span.

Nurses will increasingly be involved in shaping how technology and AI is used in healthcare³⁷ and we envision this to be a significant sector of nursing in the future. Nurses have always been innovative and are well placed to understand the needs of the communities they work within and be involved in developing the solutions.

NZNO supports the integration of technology and AI to improve health outcomes for communities and address the challenges of resource constraints³⁸. NZNO believes there are opportunities to improve efficiencies through rostering and scheduling, monitoring of workforce and budgets, and improved transparency, accountability and communication. An example of this is that Health New Zealand currently does not have the capability to accurately determine workforce vacancies.

Technology and AI should be implemented ethically to reduce and eliminate disparities in health and mitigate determinants of health that adversely affect certain groups³⁹. Technology and AI must not compromise the safety of the patient, health practitioner or dehumanize care. While it may be possible to automate caregiving, it is not possible to automate caring.

AI⁴⁰ should not substitute nurse judgement but complement and support it, for example clinical decision support systems which can present data to users, generate alerts or implementing actions on behalf of users. Nurses' decision-making is a complex process which is influenced by multiple factors such as their clinical experience, judgement, values, level of autonomy and the context in which they practice.

Ahpra⁴¹ state that regardless of whether AI has been approved by authorities or tested by

³⁷ <https://doi.org/10.2147/JMDH.S459946>

³⁸ DOI 10.7759/cureus.49252

³⁹ <http://dx.doi.org/10.1055/s-0042-1742504>

⁴⁰ . Akbar, S., Lyell, D., & Magrabi, F. (2021). Automation in nursing decision support systems: A systematic review of effects on decision making, care delivery, and patient outcomes. *Journal of the American Medical Informatics Association: JAMIA*, 28(11), 2502–2513. <https://doi.org/10.1093/jamia/ocab123>

⁴¹ [Australian Health Practitioner Regulation Agency - Meeting your professional obligations when using Artificial Intelligence in healthcare](#) 22 August 2024.

the organisation or user, it is still the health practitioner's responsibility to apply human oversight and judgement to their use of AI, including checking the accuracy and relevance of records created using generative AI.

NZNO recognises that, due to the rapidly evolving nature of technology and AI, safeguards for professional practice need to be implemented to protect the health professional and patient.

15. Biotechnology

Nurses are increasingly involved in genomic screening, biomarker monitoring, and personalised treatment planning. These roles require competencies in interpreting genetic data and applying biotech-based therapies. Nurses are increasingly working alongside biotechnologists, data scientists, and clinical researchers in translating complex biotech innovations into practical, patient-centred care and to ensue ethical, culturally safe care⁴².

16. Dr Google

The rise of Dr Google where patients search online for health information has had a significant impact on nurses and their practice. Patients often arrive with preconceived idea or self-diagnoses based on online searches. Therefore, nurses must spend time clarifying or correcting misinformation.

Dr Google can be used to engage patients in discussions about their health enabling nurses to become digital health guides. Nurses are increasingly expected to be digitally literate, understanding common online health platforms and trends, while promoting safe online health advice and practices.

17. The Climate Crisis

The climate crisis is a global challenge requiring the collective resolve and effort of professions and organisations including nurses. Ora Taiao New Zealand Climate and Health Council⁴³ state the imperative for all health care professions be involved.

Health impacts of climate change in Aotearoa include⁴⁴:

- Food and housing insecurity
- Mental health distress and increased suicides
- Injury and illness caused by extreme weather events
- Increase in heat and Ultraviolet (UV) radiation related morbidity and mortality
- Increased incidence of diseases, for example: food and water borne disease and cardiorespiratory disease related to air pollution

The evidence is clear that the most vulnerable groups are disproportionately impacted⁴⁵.

⁴² <https://www.health.govt.nz/strategies-initiatives/programmes-and-initiatives/precision-health-ai-and-genomics>

⁴³ https://www.orataiao.org.nz/practical_tips_for_health_professionals_to_address_climate_change

⁴⁴ <https://www.rnzcgp.org.nz/resources/our-voice/climate-change-health-and-general-practice-in-aotearoa-new-zealand-and-the-pacific-position-statement/#:~:text=The%20College%20believes%20that%20general,sector%20movement%20towards%20sustainable%20systems.>

⁴⁵ <https://www.who.int/news/item/05-06-2024-experts-warn-of-serious-health-impacts-from-climate-change-for-pregnant-women--children--and-older-people>

The Union movement in Aotearoa New Zealand and around the world advocate for a *just* transition⁴⁶. Climate justice in Aotearoa New Zealand must address the vulnerability of communities including those threatened by coastal inundation. Nurses need to look along with the rest of the health sector to Māori indigenous knowledge for efficacious responses to climate change.

There are disproportionate threats to Māori which range from burden of disease, poorer access to and quality of health care and the constraints imposed by the climate crisis restrict the unique relationships that Māori in particular share with the natural environment. Climate related health impacts for Māori (and all indigenous communities) need to consider the broader systemic context of marginalisation, dispossession, racism, and colonisation.

Consumer expectations of healthcare may not be met because of impacts of the climate crisis e.g. national and international supply chain instability.

Opportunities in this crisis for nurses and their knowledge and skill:

- Acute care management in the home when tertiary facilities are inaccessible
- Self-care in conditions such as long COVID, and
- Managing climate anxiety driven mental distress

Nurses are first responders in emergencies and are obligated to keep themselves safe in the emergency context. Post event as communities recover enables nurses may partner with individuals, family, whānau and communities to foster resilience, recovery and self-care.

Health and health justice must be at the centre of climate change action by the nursing profession in Aotearoa New Zealand, joining the global climate action collectives⁴⁷. As professions concerned for and motivated by health and wellbeing, the responsibilities of nurses include remaining optimistic and supporting the development of evidence based climate change responsiveness.

18. Conclusion

This policy highlights opportunities and risks for nurses as we navigate a world where the impacts of globalisation, climate change, technology (AI) and changes in population demographics will influence health and the provision of care.

⁴⁶ ‘... the result of proactive planning and action to mitigate the negative impacts of the change process, address inequities, and capitalise on opportunities that the transition provides. It ensures no worker is left behind’ (NZCTU <https://union.org.nz/just-transition/>)

⁴⁷ [Climate Justice Agenda for Nursing – ANHE \(envirn.org\)](https://www.anhe.org.nz/Climate-Justice-Agenda-for-Nursing)

19. Recommendations

The following recommendations are proposed:

1. Establish a sustainable nursing workforce through education and training, achieving advanced levels of practice and retention initiatives.
2. Support the development and maintenance of effective legislation, regulation, education and employment practices for nurses.
3. Strengthen legislation to ensure further protections for nurses and continue to enable advocacy for patients and wider health initiatives.
4. Invest in building and maintaining effective governance for the nurse workforce and develop future leaders contributing to health policy, economics and planning.
5. Direct political action to invest in building and maintaining effective governance for the nursing workforce.
6. Raise the profile of nursing and make it central to health policy. It is where we start, not end.
7. Work with key stakeholders including the International Council of Nurses (ICN) and Nursing Council of New Zealand (NCNZ), to promote the role of the nurse.
8. Increase the number and location of Māori nurses to contribute to equity and health gain for Māori.
9. Gain commitment to culturally appropriate nurse patient ratios in all health care settings.
10. Identify and eliminate gender based discrimination against nurses including in remuneration, leadership opportunities and capacity to influence.
11. Te Ao Māori and Tikanga Māori must be upheld where technology and AI is in used in the health system, to ensure Māori are not disadvantaged by technology and AI.
12. Implement protocols for assessing and mitigating the potential or actual sequelae of climate change impacts on the health and wellbeing of individuals, whānau and communities.