New Zealand Nurses Organisation

Strategy for Nursing

Advancing the health of the nation

Hei oranga motuhake mō ngā whānau, hapū, iwi

2018 – 2023

NEW ZEALAND NURSES ORGANISATION | TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

Whakatauakī

Me haeretahi tātou mō te hauora me te oranga o ngā iwi katoa o Aotearoa: let us journey together for the health and well-being of the people of Aotearoa

Reverend Leo Te Kira, 2005

Acknowledgements

This strategy was developed thanks to the dedicated input of many individuals and groups.

Te Poari and Te Rūnanga, the NZNO Board and NZNO leadership team have been key to its progression.

Many NZNO staff have provided support and input along the way. Jane McGeorge and Hilary Graham-Smith in particular have been drivers and champions of the strategy.

The excellent work of NZNO's professional services team in providing policy expertise, advocacy and professional leadership to nursing has been vital as has the excellent service provided by the NZNO library staff.

The NZNO membership and the wider health sector are particularly thanked for responding during the consultation period and providing useful suggestions to improve the document.

NZNO thanks all involved and looks forward to a fruitful ongoing relationship with all stakeholders to implement the strategy

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President

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About NZNO

New Zealand Nurses Organisation – Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO), is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 49,000 members – nurses (registered, enrolled and nurse practitioners), midwives, students, kaimahi hauora and health workers – on professional and employment-related matters.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

The governance, strategic direction and fiduciary accountability is vested in the Board of Directors.

Te Poari o Te Rūnanga (Te Poari) - Te Poari is a standing committee of the NZNO board and assist NZNO to ensure its processes reflect Tikanga Māori. Te Rūnanga represents the needs, concerns and interests of Māori members at regional, national and international forums.

NZNO is affiliated to international organisations including the International Council of Nurses (ICN), Global Nurses United, the South Pacific Nurses Forum, and, within New Zealand, the New Zealand Council of Trade Unions.

NZNO embraces te Tiriti o Waitangi and continues to work to develop a truly bicultural partnership.

NZNO contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development, enabling quality nursing care provision.

A critical function of NZNO is to provide leadership to nurses in Aotearoa New Zealand. Together, the NZNO Strategy for Nursing and the NZNO Vision for Nursing 2020 provide nursing with a contemporary voice and a definitive way forward within the current health context.

NZNO has 20 colleges and sections. These professional bodies disseminate evidence-based nursing knowledge and professional support to members and related agencies, both nationally and internationally. The expertise and commitment of these volunteers is a tremendous resource to drive change, service design, best practice and especially models of care and emerging leadership.

Equally, NZNO has an extensive network of elected workplace delegates who protect and advocate for nurses' terms and conditions of employment and safe and healthy workplaces.

About the strategy

The NZNO Strategy for Nursing is congruent with the major health strategies in Aotearoa New Zealand. Additionally, it provides a unique nursing perspective on how nursing is the solution to meet community health needs and promote health gain in Aotearoa New Zealand. Investment in nursing will deliver universal health coverage and progress the United Nations Sustainable Development Goals to ensure better health for everyone.

The strategy is both aspirational and intentional – the 2018 to 2023 duration is intended to create immediate prioritisation within the NZNO work plan. The strategy will be reviewed in 2020 and concludes in 2023. This fits with the current electoral cycle and the pace of change in the health sector.

The NZNO Strategy for Nursing, is based on the premise that through investment in nursing and nursing leadership, removal of structural and fiscal barriers within the prevailing model(s) of care and using the existing knowledge and skill of all nurses to the full, nursing in Aotearoa New Zealand can meet the health needs and improve the health outcomes of New Zealanders.

NZNO's vision: 'freed to care, proud to nurse'

The Strategy can be downloaded from: www.nurses.org.nz or from the NZNO website.

The nurses.org website will become the home of the strategy and fact sheets, the governance toolkit information and other products from the strategy as it evolves and develops further.

To contact us email: nurses@nzno.org.nz or call 0800 28 38 48.

Executive summary

New Zealand nurses advance the health of the nation. Nursing is a key workforce (making up more than half of the regulated health workforce) that can promote health equity and address health disparity.

Nurses are skilled, knowledgeable and experienced, undertaking a comprehensive variety of roles within community and hospital settings.

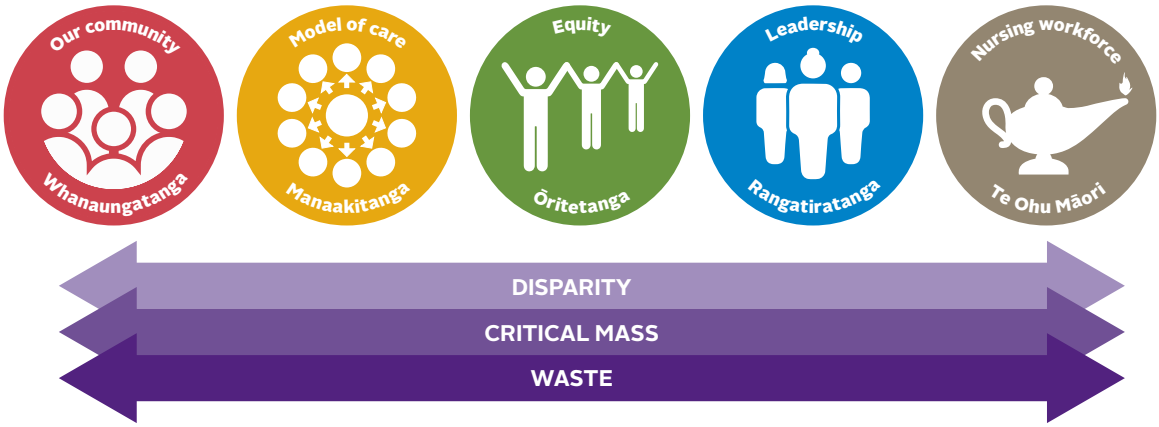
The *NZNO Strategy for Nursing* is a key tool to resolve structural and systemic barriers that impede nursing effectiveness in Aotearoa New Zealand, such as restrictive models of care and employment, contractual methods, funding mechanisms and institutional racism.

The critical strategic issues are known. They require momentum, political will and a resurgence in energy from nurses and health and social decision/policymakers to deliver better access and affordability in health care and support for all New Zealanders.

The *NZNO Strategy for Nursing* is a whole-of-profession document, irrespective of the role a nurse has. It has been created for the unique context of Aotearoa New Zealand from 2018 to 2023 and will be reviewed in 2020.The strategy pays particular attention to a Māori world view of health, care and support.

The conceptual model and the interdependent strategy sections and themes provide a strong platform for implementing strategic actions through NZNO membership and in partnership with aligned professional, legislative, regulatory and community agencies.

Sections and themes: NZNO *Strategy for Nursing*



Our aim is to enhance the health and well-being of all people of Aotearoa. We are united in our professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all people.

Our community (is our purpose) – *Whanaungatanga*

Community representation is the term used to describe people who provide support by providing a patient, carer and community perspective in decision-making, service planning and improvement. NZNO will consider options to improve consumer input and representation on its governance board by 2023.

Model of care (and power) – *Manaakitanga*

The current models of health care in Aotearoa New Zealand are not equipped to meet the needs emerging from a rapidly evolving health environment. Models of care are hindered by a lack of nursing input into design and decision-making, a conservative culture, a western biomedical approach, and are led by the underlying business model. A coordinated approach is needed to identify new and evidenced-based models of care for Aotearoa New Zealand.

The major strategic action within the Model of Care *Manaakitanga* section of the strategy is to convene an internal expert advisory group from Te Rūnanga and colleges and sections. The aim is to develop a model of care in which nursing is at the epicentre of care and is geared towards improving equity in service provision – removing the current structural impediments of employment, contractual methods and funding mechanisms.

NZNO will provide an innovation advisory review service relating to innovative practice, service design and model-of-care improvement. NZNO intends to provide expert advice in reviewing proposal documentation and financial modelling.

Equity (fair and just) – *Ōritetanga*

The Aotearoa New Zealand health sector is undergoing a period of rapid change regarding matters of equity; however, disparities remain. NZNO will continue to work relentlessly to achieve pay equity across nursing and health worker groups through collective bargaining or legal processes.

Equity in relation to health determinants and the growing poverty, alarming health and social outcomes for some of our children and young people, is another area of concern and will be a focus for NZNO efforts.

Leadership (development and sustainability) – *Rangatiratanga*

Nursing governance, executive leadership, clinical leadership and point-of-care leadership are all essential for patient-centred, evidence-based and cost-effective health care in Aotearoa New Zealand. NZNO will create a governance toolkit, executive leadership resource manual, and information compendium for point-of-care leadership support and enhance the capacity of nursing leadership.

Twenty per cent of district health board (DHB) director of nursing roles have been restructured in the last two years. NZNO will advocate positioning executive nursing leadership within DHBs as a mandated role reporting to the chief executive. Nursing leadership and the sustainability of such leadership at all levels and sectors of the health system are critical in ensuring the nursing voice is heard and acted on.

An agreed programme of clinical leadership development will be available to charge nurse managers (and equivalent roles) within six months prior to or post their appointment, improving the leadership pipeline.

Nursing workforce (invest in the solution) – *Te Ohu Māori*

Aotearoa New Zealand needs a fit-for-purpose nursing workforce that represents the population it serves. A sustainable, critical mass of nurses, working to the fullest extent of their scope of practice, is essential. Investment, resources and commitment to the Māori nursing workforce is required. Equal emphasis on healthy workplaces, including care capacity and demand management (CCDM), and workforce development will contribute to improved patient outcomes.

The headline concerns for the nursing workforce in Aotearoa New Zealand:

- The **lack of investment and resources to create a coherent national nursing workforce strategic plan** that is current, cogent, and has a timeline for implementation is reprehensible.
- The **absence of a Māori nursing strategic plan** and the resources to support and implement it is equally lamentable.
- **Less than 100 per cent employment for graduate nurses** and not all graduate nurses have access to a nurse-entry-to-practice programme (or equivalent).
- **Māori and Pacific nurses are under-represented** for the populations they serve.
- **50 per cent** of the nursing workforce will be **retiring by 2035**[1].
- A **dependence on internationally qualified nurses** (the rate of 27 per cent is higher than any other Organisation of Economic Co-operation and Development (OECD) country[2].
- Persistent and serious **underfunding for postgraduate nursing education**.

The strategy contains a range of actions to address these concerns, to be undertaken by NZNO in partnership with other health-care and related organisations. Such partnerships will be critical to success.

Nurses are the solution: it is incumbent on the profession and decision-makers outside the profession to create the environment where nursing skill, knowledge and practice are utilised to the full, to improve population health.

Nurses are vital and dynamic contributors to advancing the health of the nation.

The NZNO Strategy for Nursing places nursing at the epicentre of health care.

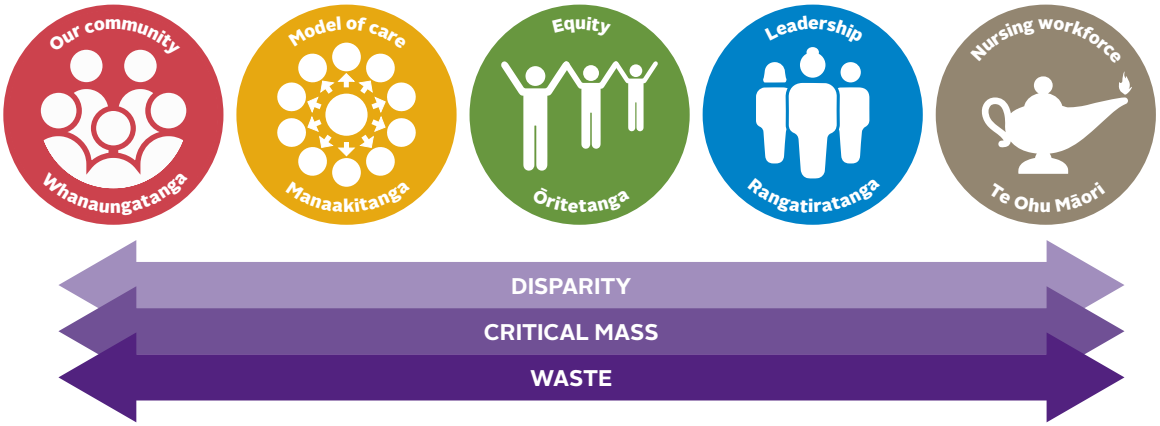
Key actions from the NZNO Strategy for Nursing

Section	Products	Strategic actions	Partners
Our community		NZNO to strengthen its processes to include consumer involvement. Consider options to improve consumer input and representation on its governance board by 2023.	Community advocacy groups. Community consumer groups.
Model of care	NZNO innovation service.	Create an NZNO internal expert advisory committee. A terms of reference to be created by March 2019.	Ministry of Health, Public Health Association, Nurse Executives of New Zealand.
Equity		Support conclusion of DHB multi-employer collective agreement (MECA) bargaining on the basis of inclusion of a pay equity process for health-care assistants, enrolled, registered and senior nurses. Prioritise the progression of iwi provider pay parity.	DHBs, Council of Trade Unions, employer representatives.
Leadership	Governance toolkit. Executive leadership resource manual. Point-of-care leadership compendium.	Advocate for a mandated director of nursing role within DHBs that reports to the chief executive. Advocate for creation of a consistent national DHB director of nursing dashboard. Advocate for an agreed programme of clinical leadership for charge nurse managers (or equivalent), six months pre or post appointment.	Ministry of Health, DHBs, Nurse Executives of New Zealand, NZ Institute of Directors. Leadership New Zealand, National Council of Women, Ministry for Women. DHBs MECA bargaining team.
Nursing workforce	Campaigns to promote registered and enrolled nursing as a career, including: Māori workforce. Pacific workforce. Men in the nursing workforce.	Advocate for a 50 per cent increase in public health nurse numbers within three years. Advocate for an additional 200-250 nurse practitioners per year until 2020. Advocate to increase the postgraduate education budget for nurses (Health Workforce New Zealand) by 25 per cent in 2019 and 35 per cent in 2020. Advocate for a Māori nursing strategic plan and implementation timeline to be completed. Lead initiatives to increase the Māori nursing workforce to at least 15% of the total nursing workforce by 2030. Develop a Pacific nursing strategic plan.	Nurse Educators in the Tertiary Sector, Nurse Executives of New Zealand. Ministry of Health, Health Workforce New Zealand, Nurse Practitioners New Zealand. National Nurses Organisation, Māori treaty partners.

How to read this strategy

The *NZNO Strategy for Nursing* should be read in conjunction with the *NZNO Vision for Nursing 2020*. *Vision for Nursing 2020* provides extensive background information and acts as a foundation for the *NZNO Strategy for Nursing.* An extensive literature review has been undertaken in writing the *NZNO Strategy for Nursing* to ensure the information and direction presented is current and informed by evidence and best-practice. The strategy is expressed through five interdependent sections and three cross-cutting themes:

Sections and themes: NZNO *Strategy for Nursing*



These integrated themes and their associated actions are where NZNO believes health gains can be improved significantly.

We have used the term *patient, client or consumer* throughout to represent the service user.

The *NZNO Strategy for Nursing* provides opportunities for activity within NZNO, and for strategic partnering and collaboration with other health professionals, academics, public health advocates, community groups, whānau, hapū and iwi, Māori and iwi providers, Pacific providers, government agencies, other health unions and many other agencies that align with NZNO nursing goals and activities.

Such relationships and partnerships will be fundamental in achieving the outcomes from the strategy. See where you can be involved!

1 Introduction

1.1 NZNO definition of nursing

Nursing in Aotearoa New Zealand is an evidence-based practice, underpinned by nursing theory and research. The core focus is people (he tāngata) – promoting health or supporting people to regain health and well-being.

Professional nursing practice attends to the differing ways in which people experience health, well-being, illness, disability, dying and grief, the environment, health-care systems and personal interactions. It brings coherence to the factors that contribute to positive health outcomes. It is the relational processes, knowledge and skills of nursing that enable people to get on with their lives, whatever their health circumstance.

- Nurses have varied and evolving roles that span institutions, homes and communities – reaching across boundaries of all public and private service sectors.
- Nurses work collaboratively with other health professionals to address health need and provide professional, equitable, effective, and empathetic nursing care for individuals, families, whānau, hapū, iwi and communities.
- Nurses are educated, regulated and are fiscally and politically conscious.
- Nurses are key contributors to the quality and cost of health care provision and innovation in service design and delivery that aims to advance the health of the nation.

All nurses in Aotearoa New Zealand are required to practise in a culturally safe manner and in compliance with te Tiriti o Waitangi. NZNO continually advocates for a nursing workforce that is culturally and clinically competent.

1.2 The aim of the strategy

The *NZNO Strategy for Nursing* outlines an integrated view of professional and industrial nursing issues and key workforce aspirations.

The overall aim of the strategy is improved health and well-being as an outcome of nursing practice.

The strategy aims to inform, influence and inspire all nurses in Aotearoa New Zealand and other stakeholders in the development of nursing. The *NZNO Strategy for Nursing* provides:

- A blueprint and timeline for nursing development and action
- A contemporary document with a future-focused nursing perspective
- A publicly available document that prioritises actual and emerging issues for nursing nationally and internationally.

The development of the strategy, the underpinning conceptual model and the five major sections and three cross-cutting themes involved extensive consultation with nurses and Te Rūnanga.

The *NZNO Strategy for Nursing* has been written to incorporate the unique perspective of Aotearoa New Zealand within an international context.

1.3 Alignment with related New Zealand health strategies

The NZNO vision and strategy intersect and align with key Ministry of Health (MoH) documents:

NZNO Vision	MoH Vision	He Korowai Oranga
Freed to Care Proud to Nurse	Live well, get well, stay well	Whānau ora (healthy families)

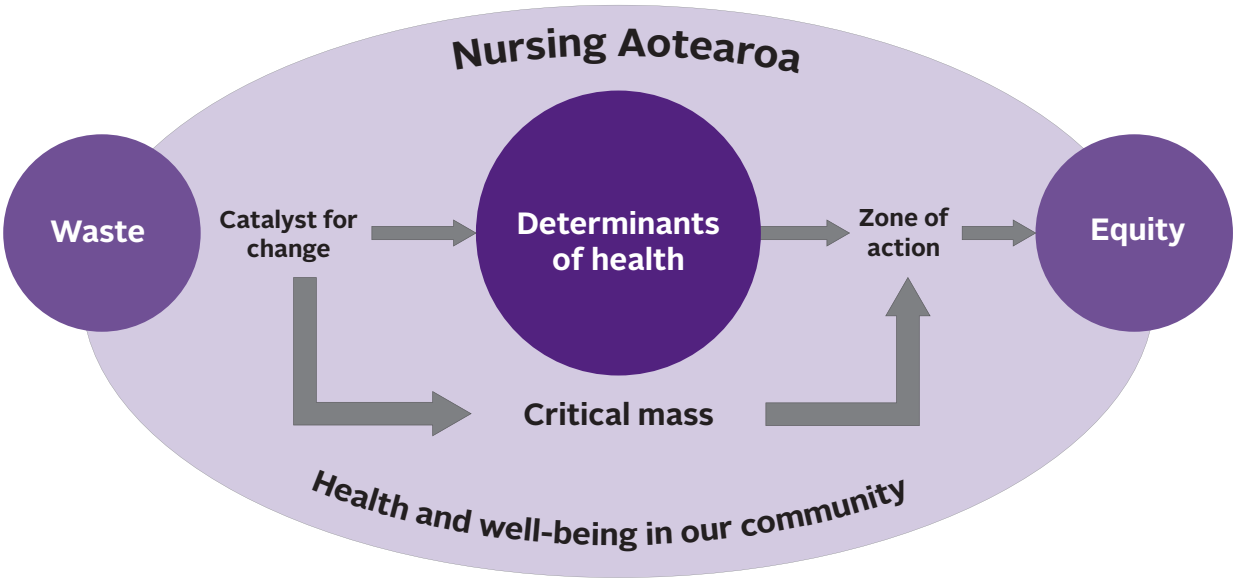
NZNO Strategic Plan	NZ Health Strategy	He Korowai Oranga Strategy
• Improved health outcomes • Skilled nurses • Strong workforce • Effective organisation	• People powered • Closer to home • Value and high performance • One team • Smart system	• Pae Ora (healthy futures for Māori • Wai Ora (healthy environments) • Mauri Ora (healthy individuals)

Nurses are the solution: advancing the health of the nation

Nurses are the largest regulated health workforce and the largest provider of supervision to the non-regulated health workforce in Aotearoa New Zealand.

- The nursing contribution is unique because of its scale, the range of roles nurses undertake, and their adaptability and capacity to meeting changing health needs.
- Nurses have a New Zealand Nursing Council (NCNZ) audited undergraduate degree programme within tertiary institutions to support registration as a registered nurse and have an audited enrolled nurse programme.
- Nurses have postgraduate pathways to support advanced practice.
- Nurses have robust legislative procedures and professional processes in relation to the registered nurse scopes of practice and prescribing.
- Nurses have regulatory mechanisms related to keeping the public safe – primarily in conduct, competency and accountability for practice.
- Nurses are required to be culturally competent.
- Nurses have repeatedly demonstrated innovative models of care and service delivery that can be replicated at scale, are cost effective, meet client need and improve health outcomes.
- Nursing is relational, holistic and collaborative; addressing health need and providing equitable, effective and empathic nursing care for individuals, families, whānau, hapū and iwi.
- Nursing is patient-centred, evidence-based and cost-effective, and is underpinned by nursing theory and research.
- Nurses work respectfully with colleagues to best meet patient need and act with integrity to gain patient trust.

The conceptual model underpinning the *NZNO Strategy for Nursing*



The conceptual model on the opposite page shows the central features of the *NZNO Strategy for Nursing*.

- The **aim** of the strategy is **improving health and well-being** as an outcome of nursing practice.
- **Determinants of health** represent the holistic nursing approach in health and wellbeing and areas that impact on them (present and future).
- The **catalyst for change** represents current issues that require improvement and the **zone of action** is where the strategy can identify and recommend changes to improve the knowledge, clinical and professional practice and necessary changes to the health system

Strategic themes
Waste includes: • omission, delay, and under-utilisation (of skill, knowledge, or competency) within any nursing role • resources that are not focused on improved health and well-being outcomes • innovation that cannot be used at scale and /or is not evaluated or disseminated • aspects of the health system that impede forward thinking, execution of knowledge, practice and opportunities for health gain • the absence of nursing presence, involvement and knowledge in policy, funding decision making and service design and innovation • lost opportunity in service improvement and nursing activity.
Critical mass refers to the number of nurses and the skill mix required within a set time frame to achieve the desired health outcome for the people it serves.
Equity is embedded in the New Zealand triple aim framework and refers to the distribution of resources and other processes. Equitable health services can be the biggest driver of change by aligning resources with the greatest need.

These themes align with the experience of nurses across disciplines, national health strategies and the experience of communities in Aotearoa New Zealand.

The following assumptions support the strategy's conceptual model:

- Health and self-determination are basic human rights.
- Health care should be universally available for all New Zealanders.
- Achievement of health potential is affected by the determinants of health across the social, economic and psychological spectra.
- The profession of nursing embraces te Tiriti o Waitangi.

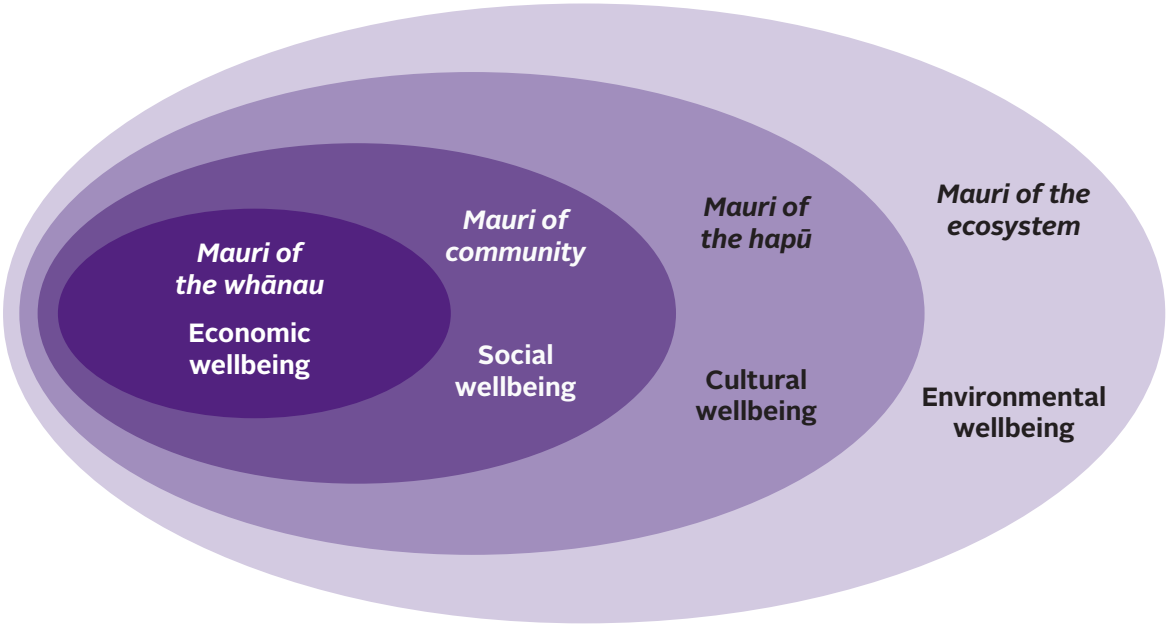
1.4 The *NZNO Strategy for Nursing* from a Māori worldview

NZNO embraces te Tiriti o Waitangi. The Māori world view regarding health and well-being is highly relevant to the *NZNO Strategy for Nursing* and helps to progress the strategy. Nursing is a holistic profession, and the Māori world view on health and well-being aligns well with nursing's philosophy of care and practice.

Māori thinking links spiritual well-being with physical well-being and is understood as a balanced, connected, holistic life-force. The term that relates to this understanding is mauri.

This thinking are captured in the diagram below.

Mauri model – nested dimensions of well-being (Morgan, 2006)[3]



"The Mauri model seeks to integrate the complex and interactive dimensions of social, economic, environmental and cultural well-being that define health, well-being and sustainability in New Zealand, from a Māori perspective."[4]

The next step for NZNO is to communicate the important values that promote mauri and actively support engagement with Māori, in promoting health and well-being through nursing practice. Implementation of the *NZNO Strategy for Nursing* will be guided by the values outlined in the diagram on the following page.

Ko tāku Manawa ko tāu Manawa, from my heart to your heart

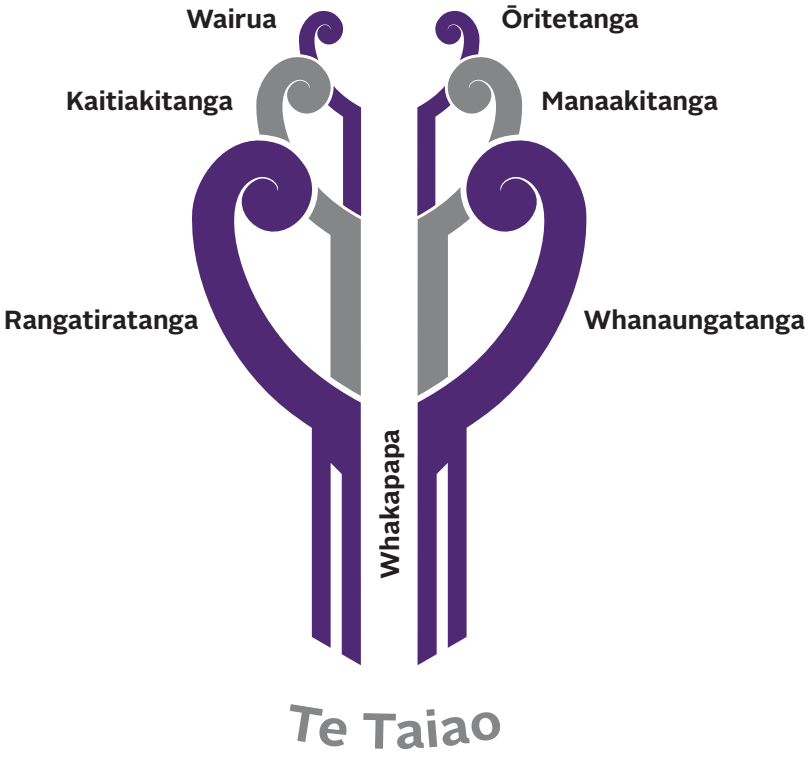


Diagram adapted with permission from Te Rūnanga o Aotearoa (NZNO)[5]

Te Rūnanga's whakatauakī *'Ko tāku Manawa ko tāu Manawa, from my heart to your heart'* (pictured above) reflects the intrinsic relationships with the whenua, te taiao, our wairua and the commitment to kaitiakitanga, as we are the present guardians and are entrusted to leave a sustainable future for the next generation of Māori health professionals. It is through these values of manaakitanga, whakapapa, wairua, mauri, mana and tapu that we acknowledge and promote te Ao Māori.

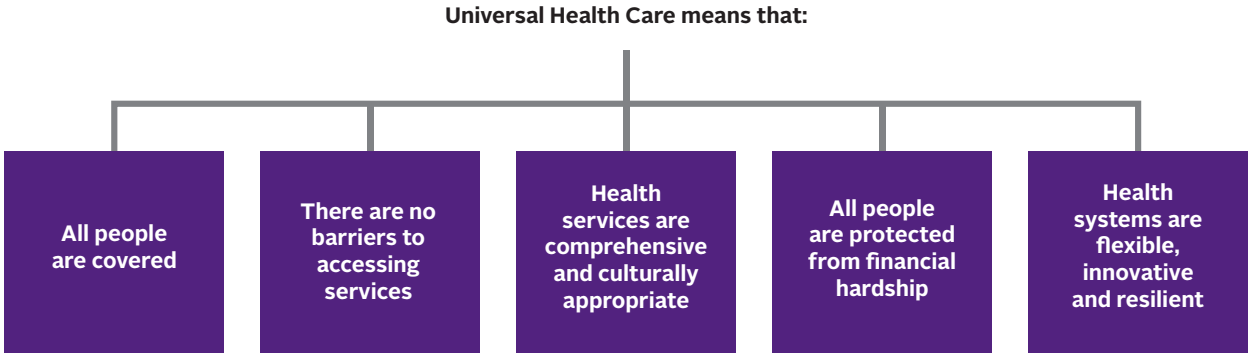
Explanation of Terms	
Wairua	Spirituality as an essential part of well-being.
Kaitiakitanga	Guardianship, protection or preservation. It is a way of managing the environment. People are not superior to the natural order; they are part of it. All life is connected and to understand the world, one must understand the connections and relationships within it.
Rangatiratanga	Self-determination and increased autonomy in the health system.
Ōritetanga	Achieving health equity, reducing systemic inequities across health determinants, and service utilisation, thereby improving health outcomes.
Manaakitanga	The duty of care to meet the needs of the whole person, family or whānau.
Whanaungatanga	Whanaungatanga reaches beyond actual whakapapa relationships and includes relationships to people who, through shared experiences, feel and act as kin.
Te Taiao	Earth, natural world, environment, nature, country.

Mauri	An energy, internal element, a sustaining life force or spirit. In all living and non-living things.
Mana	Prestige, authority, control, power, influence, status, spiritual power, charisma – mana is a supernatural force in a person, place or object.
Tapu	Sacred.
Te Ao Māori	The knowledge and heritage that forms a Māori world view.
Whakapapa	Ancestral lineage, intergenerational connections and relationships through common ancestors.

1.5 International context

NZNO is an affiliated member of the International Council of Nurses (ICN), the Global Nurses United organisation, the International Alliance of First Nations Nurses and Midwives Working Group and the South Pacific Nurses Forum. It is committed to nurses working within a universal health care paradigm as part of the wider World Health Organisation's Sustainable Development Goals (adopted by the United Nations in 2015).

The ICN diagram below illustrates the components of universal health care, all of which are necessary for universal health coverage. Universal health coverage is an underpinning construct throughout the *NZNO Strategy for Nursing*.



Source: International Council of Nursing (2017)[6] (adapted for the New Zealand context)

2. Our community – Whānaungatanga

2. Our Community (is our purpose) Whanaungatanga

Nurses in Aotearoa New Zealand have a proud tradition of caring for individuals, families or whānau, and communities. Since the mid-19th century- through good times and bad – nurses have provided services to communities by horseback and bicycle, through to four-wheel drive and flight transfer. Nurses are integral to the health, social and psychological care of New Zealanders and will continue to touch and transform lives.

Nurses appreciate the respect afforded to them by the community which has endured over many decades. Nursing has changed throughout this time, and people are often unaware of the knowledge and skill of contemporary nursing. The community perception of contemporary nursing needs to expand beyond traditional virtues, to be seen as compassionate, knowledgeable, qualified, clinically-skilled and professional in service delivery.

2.1 Our community is changing

- Our overall population is ageing – with an increasing proportion of people over the age of 85 years.
- In contrast, our populations of Māori and Pacific peoples are younger – service provision will need to reflect the requirements of these groups and be culturally appropriate.
- Our population is becoming more diverse – care and support will need to be adapted to meet the needs of migrants from around the world.
- There is a growing understanding of lesbian, gay, bisexual, transgender, intersex and queer people (LGBTIQ). However, there is discrimination, a scarcity of data about LGBTIQ people, and lack of access to transgender healthcare in New Zealand.
- There is a change in where people are living – more people are choosing to live in the cities rather than regional areas. There are more people living in multigenerational households.
- Many people are employed beyond the age of 65, and people of all ages are working longer hours. It is becoming harder to find volunteers for health and social-related charities and service groups.
- The gap between rich and poor is increasing and this affects our whole society (the inverse care law).
- People's requirements and expectations of health care and support are increasing.

2.2 NZNO: advocating for the community and for government investment in health

'Shout out for health' is the NZNO member-led campaign for a fully funded public health system. Member-leaders around the country are ready to talk about how health underfunding is affecting their work, their patients, and their communities. Through this campaign, NZNO now has trained member leaders throughout Aotearoa New Zealand who are better able to continue to advocate on behalf of the profession and the community in which they live and work.

The consumer experience of health-care provision in Aotearoa New Zealand is a crucial consideration in policy and decision making. Consumer representation can be an important source of information regarding the realities of using specific health services, quality issues and priorities from a community's perspective.

The voice of consumers in co-design of health services is essential.

Strategic actions

NZNO will:

- Amend documentation and policy to require consumer involvement wherever direct care to the consumer is an outcome of that work, eg models of care, standards of care, service design.
- Consider options to improve consumer input and representation on its governance board by 2023.

2.3 Health needs in the community are changing

Health care is increasingly being moved out of hospitals and into the home and community.

Community care aims to reduce hospital length of stay, increase patient choice and satisfaction, improve health outcomes, reduce unscheduled health care use, embed prevention and health promotion models, and deliver care closer to home.[7]

Home and community-based services can improve outcomes by supporting active recovery and rehabilitation by preventing unnecessary loss of independence.

In particular, research has found that care in the community can be an effective alternative to hospital treatment for older people and those with long-term conditions.[8]

2.4 Patterns of health and ill-health are changing in our communities

Nursing is part of the continuum of care from prevention through to palliative care. This section focuses on the major health issues facing Aotearoa New Zealand, due to their impact on nursing and the health system.

Ageing

Aotearoa New Zealand has an ageing population that is living longer. Over 60 per cent of people in acute settings are over the age of 65.

NZNO supports the care and support of seniors in their own home. NZNO welcomes the current strategic direction of: a comprehensive, evidence-based assessment for people aged over 65 (interRAI NZ), guaranteed hours, and a wage that is stepped to educational achievement for home and community support workers. However, the ratio of registered nurses (RNs) to home and community support workers in this sector is unacceptable, and RNs do not have pay parity with their DHB counterparts.

Nursing services for older people aim to:

- increase ability to remain living well in one's home, to remain connected with friends and family, and to remain meaningfully engaged within their community
- reduce long-term reliance on formal supports
- reduce avoidable hospital admissions
- avoid, or delay, premature entry into aged residential care service.

NZNO supports the Ministry of Health's *Healthy Ageing Strategy* of which ageing in place is a fundamental concept. It is important to keep ageing New Zealanders well and functioning at their best, in the home of their choice. However, NZNO notes the strategy must be accompanied by the investment required for successful implementation. The strategy understates the significance of frailty and advanced frailty for older people living in the community.

Strategic actions

NZNO will:

- Advocate for increased service funding and particularly for greater RN and enrolled nurse (EN) numbers and pay parity with DHB-funded older persons home-based care and support services.
- Work with Health Workforce New Zealand and Careerforce to ensure that RN clinical leadership, direction and delegation is integrated into planning and implementation of the Kaiawhina Workforce Action Plan Framework.

Frailty

Frailty is a common syndrome, characterised by age-associated decline in physiologic reserve and function, leading to increased vulnerability to adverse health outcomes. Frailty is increasingly prevalent with age and is largely irreversible. Caring for frail, older people is challenging because they have an increased burden of medically complex symptoms and often have uncertain recovery potential and longer recovery time.

Many clients are living in their own home in severely frail states. This has implications for delivery of home-based support services, RN input (including oversight of community support workers) and specialist gerontology nursing.

Strategic actions

NZNO will:

- Use its gerontology and EN sections to support the emerging science of frailty, in particular nurse-sensitive indicators.
- Advocate strongly for the updating of the New Zealand sector standards for aged care, in particular for safe staffing levels.

Health literacy

Health literacy is the ability to obtain, process, and understand basic health information and services to make appropriate health decisions.[9] It helps people to build their knowledge, skills and potential to make positive behaviour changes.

Patients with low health literacy have higher morbidity and mortality rates for most major health conditions. Lower health literacy has negative impacts on patient knowledge and understanding of their condition, appointment attendance, and adherence to medication regimens and health behaviour advice.[10]

Health literacy is fast becoming an online activity. This can be a positive step, however basic health information accessed on the internet needs to be evidence based and reliable. Many consumers looking online lack the skills to appraise the value of the information they have sourced. Nurses can help to interpret and assess the validity of information found online.

The joint NZNO/ College of Nurses Aotearoa Call to Action on Health Literacy outlines simple strategies that nurses can use to address the health literacy needs of New Zealanders.[11]

Long-term conditions

Promoting respiratory health

Prevention of many respiratory illnesses is achievable. There is potential for significant respiratory health gains by improving health services across the continuum of care.[12]

Respiratory illness occurs across all ages and is highly influenced by the determinants of health.

Research by the Asthma and Respiratory Foundation identifies health inequality across socio-economic and ethnic groups as the most relentless and disturbing pattern seen in respiratory health.[13]

Respiratory conditions are a major burden on the Aotearoa New Zealand health budget and health outcomes. Aotearoa New Zealand has the fourth highest hospital admission rates for asthma in OECD countries[14] and respiratory diagnoses made up 10 per cent of all overnight hospitalisations in 2015.

NZNO's College of Respiratory Nurses supports a "call to action" to prioritise the promotion, prevention and intervention in respiratory health in government health targets.

Nurses are the solution in a model of care that supports universal coverage, access and affordability, and utilises nursing knowledge and skill to the fullest extent.

Long-term conditions are ongoing, chronic or recurring conditions that can impact significantly on peoples' lives. Nurses play a role in the prevention of long term conditions as well as promoting self management.

Long-term conditions such as cancer, diabetes, cardiovascular, respiratory illness and depression are increasingly important issues in health care – they have high prevalence and extensive personal and social effects, requiring an approach to health care that emphasises

integration, continuity, self-care and access to advanced care planning. Nurses are in an ideal position to respond to the rapid increase of long-term conditions, as they work across the lifespan and across the continuum of care.

Aotearoa New Zealand needs a critical mass of nurses who have expertise to assess and prescribe in the area of long-term conditions, a model of care that supports long-term condition management in diverse settings, and access to health care for those at most risk. Action is required NOW to halt the spread of this non-communicable disease epidemic, it has severe consequences for the individual or whānau and the population of Aotearoa New Zealand.

While technology has, and will have, an increasing part to play in long-term conditions, it is the interaction of nurse with patient regarding positive lifestyles, navigating complex health systems, and walking alongside the patient to achieve their goals that will make the difference.

Strategic actions

NZNO will:

- Advocate for an inter-sectoral approach to long-term conditions and their management and prevention across the lifespan.
- Advocate for increased investment to achieve a critical mass of RNs able to assess, prescribe and promote respiratory health and other long-term conditions through better prevention, detection, treatment and education.
- Advocate for the reduction of poverty and sub-standard housing, as these are often a high-risk factor for acute and ongoing respiratory illness.

Disability

NZNO supports the notion of "good lives" for people with disability and the *Disability Strategy of New Zealand*'s whole-of-life and long-term approach to disability – providing the right support and services for the disabled person and their family. There is an increasing number of disabled people requiring assistance with supported self-management as they age, especially in relation to long-term conditions. Increased investment in nursing care and support services will be required for this population.

Pacific people do not access disability services as readily as other populations in Aotearoa New Zealand. There is a role for improved advocacy by health professionals to ensure Pacific peoples and other under-represented groups are able to access disability services.

Current actions

- NZNO acknowledges and supports the New Zealand Disability Strategy 2016.
- NZNO is cognisant of the obligation contained within the United Nations Convention on the Rights of Persons with Disability and the responsibility New Zealand has as a signatory to this convention.

Strategic actions

- NZNO will use a partnership approach to advocate for population groups who do not access disability services as readily as others.

2.5 Technology is dynamic and evolving

Technological change is occurring rapidly in the health sector and in society. Technology brings many positive benefits to patients and health staff – however it is a complex area.

Technological change is inevitable and NZNO will embrace the safe, secure and effective use of health technologies. More information on NZNO's strategy regarding technological change can be found in the *NZNO Position Statement: Nursing, Technology and Telehealth*.[15]

Nursing expects the following critical core principles to apply to information and communication technologies in health services:

- **Ease of use and minimal set up**
- **Access anywhere, anytime**
- **Support, enable, empower**
- Along the **continuum of care**, a range of content (health information), equipment, smart devices, and applications will be available, based on patient need and choice.
- A **connected community of care** – the system supports the concept of a connected community of care, whether it is patients connecting with their family members, health centres to hospitals, or specialists to other professionals.

NZNO will remain wholly committed to nursing as the human face of health. Nurses journey with the patient in the most appropriate way, in health, rehabilitation or towards a peaceful death. Information technology will facilitate care and support and empower the patient and the nurse. However, the compassionate and relational dimensions of care and support are a foundation that is irreplaceable and will remain crucial now and into the future.

Current actions	NZNO provides policy and guidance to NZNO members relating to the use of new technologies.
Strategic actions	**NZNO will:** • Complete an NZNO e-nursing strategy as stated in the *NZNO Position statement on nursing technology and telehealth* (2016), to integrate the physical/practical, educational and regulatory changes required to realise the potential benefits of telehealth and technology outlined in the New Zealand Health Strategy 2016. • Support a socio-technological health model.[16] • Advocate for NZNO as a major stakeholder in the development and implementation of the New Zealand Digital Health Strategy. • Develop increased capability and agility in the area of emerging technologies including robotics, artificial intelligence and seek involvement in projects and their evaluation. • Continue to encourage nurses to join HINZ to be at the forefront of information communication and technology as it impacts on health and people in our community.

2.6 Third-sector organisations

"Third-sector organisations" are neither public sector nor private sector and include voluntary and community organisations, social enterprises and co-operatives.[17] Their close community links are invaluable in providing flexible, responsive and innovative service delivery.[18]

The number of volunteers available to third-sector organisations is diminishing. This will have a severe impact on service users and providers. The third sector is also being affected by less individual philanthropic funding and no increase in contract funding.

Nurses provide knowledge and skills to many third-sector organisations. They are subject experts in their field, often work autonomously or in a very small team and over a wide geographical area. Nurses working in third-sector organisations are very close to their communities and can identify patient or whānau issues/gaps in services very quickly.

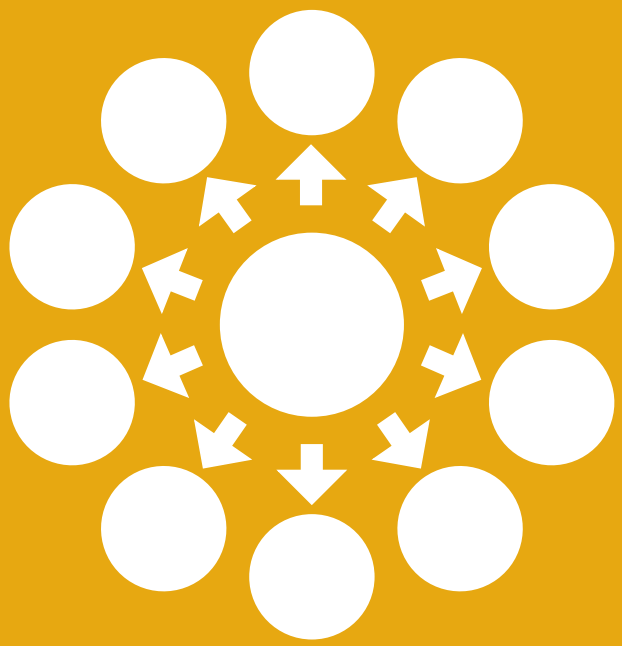
NZNO is cognisant that nurses working in third-sector organisations are often isolated, their work largely invisible, subject to variable terms and conditions of employment, and with scarce resourcing. The outcomes they achieve for their patient group are remarkable and often understated.

Strategic actions

NZNO will:

- Increase the visibility of, and support for, third-sector nurses through its publications, case studies and other fora.

3. Model of care – Manaakitanga



3. Model of care (and power) Manaakitanga

A "Model of care" broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event.

The model of care[19] is of critical importance. It is how services and health resources for the population of Aotearoa New Zealand are planned and allocated. However, nurses have been absent from decision-making and design phases of model-of-care development.

Nurses have not been involved or influenced the allocation of resources and must contend with the consequences of poor funding decisions, leading to sub-optimal care for patients.

Features of current funding and models of care in Aotearoa New Zealand:

- Lack of nursing input at the decision-making table.
- A power and leverage base that consolidates the biomedical model, undermining public health/population models of health.
- A strong conservative culture.
- Medical hegemony and assumed superiority.
- An internally regulated market to create a persistent state of medically "scarce resource" and the economic and industrial advantage this creates.
- Promotion of innovation takes place in an essentially risk-averse environment.

3.1 Current context – the model of care in Aotearoa New Zealand

In a rapidly evolving health environment characterised by new knowledge and technology, growing health inequities and an increasingly diverse and ageing population, there is near unanimous recognition that current models may not meet future need and that new approaches are needed.

The challenge is to identify new, evidence- based models, and to coordinate the various approaches, ideas, and interventions (including changes to funding mechanisms) to ensure a cohesive platform for implementation.

The MoH *New Zealand Health Strategy 2016* provides a rationale for action for the NZNO model of care:

- When demand changes, service mix and design may not change quickly enough.
- Some funding arrangements contribute to disparities between groups in their access to services and sometimes widen the gap in unmet need.
- Funding and contracting arrangements often encourage health services to keep doing things as they have always done them[20], or to inhibit evolving care requirements as they do not fit into restricted funding parameters.

The model of care always involves people and money.

3.2 We can improve model of care development

The bio-medical model of care has been politically acceptable and impenetrable to change – a situation that is historically embedded and self-reinforcing.

Human and fiscal resources in the Aotearoa New Zealand health system have been funnelled primarily through a series of institutions, eg MoH to DHB to hospitals, primary health organisations (PHOs), general practice, aged care and non-governmental community organisations. This is based on a business model that combines government funding and a co-payment patient charge at primary health care level, combined with a western biomedical approach to health care.

The model of care is the mechanism of power that is used to drive and produce both business and health gain. This, however, does not necessarily equate to equal gain between health provider and health consumer.

A health economics perspective is essential to allocate health resourcing in the best way to achieve improved health and social outcomes. It means the business model cannot lead the model of care (as occurs at present) but should accompany it, to meet changing contexts and population health needs, in the most cost-effective manner. It is also vitally important that an equity lens is applied to business models.

"Although the equity word is used freely within medical professional circles, the control of the primary health sector is shifting to a series of semi corporate, corporate, and international business entities.. The (primary health care) sector was built on a small business model, and is fast becoming a large corporate model, with its focus on shareholder value rather than health equity."

– Don Matheson, 2016[21]

3.3 What can nursing contribute to a model of care?

Nursing is a large, regulated, professional and skilled workforce. Nursing is dynamic, adaptable and can be rapidly deployed.

Nurses must be culturally competent. Cultural safety, te Tiriti o Waitangi and Māori health and nursing practice are required and audited components of each nursing curriculum.[22] Additionally, NCNZ sets standards for continuing competence (including cultural competence) every nurse must demonstrate as part of their annual practising certificate.

Nurses work across the lifespan and the health/wellness continuum, and can express their practice in health, social and psychological health outcomes for New Zealanders.

Models of care – the nursing view	
Nurses promote	Aligning the model of care with community need
Nurses have	• From the turn of the 19th century, worked and are working in countless models of care • The motivation to embrace new models of care, including technological change • Been constrained by structural and funding barriers, a rigid ideology and the focus on a western biomedical model of care
Nurses welcome	• The investment in the nurse practitioner role, and the effects of this workforce on safe patient health outcomes and service satisfaction[23] • The introduction of RN prescribing. Nurses look forward to the development of a critical mass of RNs prescribing for the health gain for all New Zealanders • The evolution and ongoing development of Whānau Ora services • The development and implementation of Māori nursing frameworks, and Māori health models • Models of care for rural health that are flexible and aligned to community need
Nurses need	• The ability to work within a home-based model of care • The ability to provide relational, humanistic and evidence-based care that results in positive behavioural change • The opportunity to deliver services that improve health outcomes in a cost effective way (value and high performance) • To continue interdisciplinary work and services as an integral part of their role • Relocation of centres of care to populations with highest need • Investment in ongoing cultural learning and training
Nurses are inhibited by	• Structural power (nurses are not at the decision-making table when services are designed) • Funding and contracting mechanisms not suited to nursing philosophy or work mode • A hierarchical model of care where medicine is the dominant paradigm.

3.4 Strengthening and supporting the Whānau Ora model of care

Whānau Ora is an inclusive approach to providing services and opportunities to whānau. It empowers whānau as a whole, rather than focusing on individual whānau members and their problems.[24]

Whānau Ora Outcomes

Whānau are self-managing and empowered leaders	Whānau are leading healthy lifestyles	Whānau are confidently participating fully in te Ao Māori (the Māori world)	Whānau and participating fully in society	Whānau are economically secure and successfully involved in wealth creation	Whānau are cohesive, resilient and nurturing	Whānau are responsible stewards of their living and natural environment

Adapted from https://www.tpk.govt.nz/en/whakamahia/whānau-ora/why-whānau-ora

Whānau Ora recognises the best solutions to family challenges come from Māori families themselves. Māori families are supported to achieve their aspirations in education, training, economic development, health, participating in the community, developing cultural capital, strengthening identity and family development.

"The opportunity lies within the Whānau Ora initiative for whānau to be navigated out of poverty, through support provided to whānau and the challenge laid down for institutions to become culturally responsive."

– Fiona Cram[25]

Strategic actions

NZNO will work with external stakeholders to ensure:

- the evolution of the Whānau Ora model of care is promoted, involving Māori nurses who work to the fullest extent of their scope of practice
- dissemination of best practice examples of Māori nursing models of practice.

3.5 Developing a model of care for Aotearoa New Zealand nursing services

The NZNO vision statement '*2020 and Beyond: a Vision for Nursing*' outlines the following aspirations for a model of care for Aotearoa New Zealand:

- Innovative and flexible models of care that are person-centred and are developed and evaluated by nurses.
- Technology, enhanced communication, and new treatment modalities will be utilised to ensure models of care are appropriate, cost effective and meet the needs of all people.
- People will be consulted about the models that best meets their needs, and nurses will work collaboratively with other health professionals to meet these needs.
- The principles of whakawhanaungatanga, manaakitanga, rangatiratanga, ōritetanga and wairuatanga will continue to guide professional nursing practice.

Some major shifts are required in the way our health-care system operates to achieve these aspirations. This situation is outlined below.

Major shifts required to improve the model of care	
Historical	**Contemporary**
Biomedical model	Biophysical and psychosocial health orientation
Medical home	Health is in the person's home, health is everywhere – there is no wrong door
Funding and contracting	Flexible funding and improved contracting
Cost	Investment
Economic rationalism	Healthy population growth = economic growth
Innovation at the margin	Innovation in mainstream
Nurses as a unit of production	Nurses as the solution to sustainable, high-quality services
Western-centric model	Holistic models of care incorporating Te Ao Māori worldview

The foundations for the model of care for nursing will include:

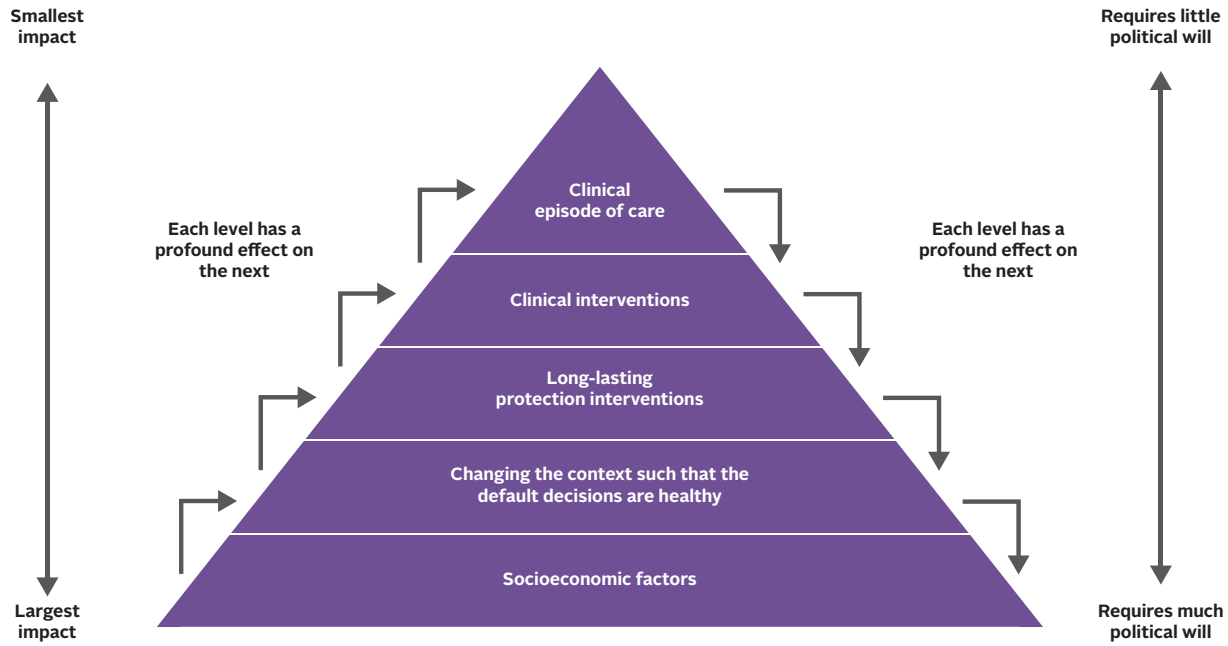
- Aligning nursing services with community need and working across the determinants of health
- Incorporating universal health coverage
- Cost-effective service provision
- Holistic models of care incorporating Māori world views and covering biophysical and psychosocial health
- Incorporating existing and expected developments in information technology
- A generalist and population focus
- Fully utilising the capability and capacity of the nursing workforce

- Recognising existing innovative and effective models of care operating in Aotearoa New Zealand
- A focus on Māori populations, incorporating Māori models of care and worldview
- A focus on Pacific populations, incorporating Pacific models of care and worldviews
- A focus on staff cultural competence to ensure excellence of clinical and professional practice
- Tiriti-based practice, including concepts of agency, authority and the ability of Māori to make decisions for themselves. This requires the development of an effective voice, as well as determination and confidence, supported by evidence, resources and technical skills.[26]
- A lifespan approach, a family orientation, but an all-population overview
- Having a critical mass of nurses working where people live, work, play, age and die.

Preventative care

Preventative care and health promotion are integral parts of a model of care. This is illustrated in the ICN diagram below. The second tier from the bottom of the pyramid involves health literacy, health promotion, self-management and strategies for positive health decision making. The third tier refers to lifelong health (eg healthy eating, active lifestyles, and living environments).

Source: ICN, 2017.[27]



This diagram illustrates how the largest gains in health improvement can be made through activities at the broader, population-based levels. This is also where the greatest level of political will is required – a key consideration in the *NZNO Strategy for Nursing*.

Strategic actions

NZNO will:

- Create a terms of reference for an advisory group with expertise within Te Rūnanga, college and section networks, to prepare a nationwide core model of care for Aotearoa New Zealand nursing services. This will include options for shared services, funding and contractual mechanisms and be completed within a year of release of the NZNO Strategy for Nursing.
- Form the internal expert advisory group for model of care development. Additional expertise will be co-opted as necessary.
- Undertake a stocktake of nurse-led services (of all types) and innovations (current and past) and disseminate them through the NZNO website.

3.6 Innovation

Innovation is integral to providing improved and more appropriate health, social and psychological care to communities and an essential aspect of the nursing model of care for Aotearoa New Zealand.

The main driver for nurses to utilise innovative practices is to improve patient experience, health outcomes and nursing practices. Whatever the service design, it must be acceptable to the user, feasible to implement at scale and sustainable.

More money and a different funding approach is needed to support innovative practice. Many past innovative nursing practices and model of care enhancements were not sustained due to inadequate funding.

Funding of nursing innovation: historical and contemporary approaches	
Historical funding approaches	**Contemporary funding approaches**
Underfunded at commencement	Appropriately funded at commencement
Annual contract	Multi-year contract
Evaluation takes place too early in service innovation development (if at all)	Intermediate evaluation or action research methodology
Evaluation funding not incorporated into total funding at service innovation commencement	Adequate evaluation funding at service innovation commencement
Service innovation is easy to discontinue when funding is short	Services are usually maintained via high community engagement
Service innovation at the margins does not become mainstream	Service innovation disseminated and is able to be replicated at scale

NZNO supports a human-centred approach and design thinking methodology for innovation

Design thinking takes a human-centred approach to creating and implementing innovative programmes – integrating patient needs, alternative approaches and technologies, and wise and cost-effective use of health funding.

Strategic actions

NZNO will:

- Continue to seek and share innovative practices with members through its website, communications and publications, and through Te Rūnanga and the NZNO colleges and sections.
- Provide expertise on proposal documentation, including review of financial modelling for innovative practice, bicultural service design or model of care proposals.
- Use available and emerging information technology and data to drive innovation and decision making.
- Support investment in and the implementation of Māori nursing innovation.

4. Equity – Ōritetanga

4. Equity (fair and just) Ōritetanga

Equity is the quality of being fair, just and impartial. Equity is fundamentally important for the people of Aotearoa New Zealand and for the nurses who serve their communities.

4.1 Equity issues within nursing

A fair and healthy society is underpinned by health workforce regulation that ensures:

- a living wage
- safe workplaces
- collective bargaining and collective agreements
- pay equity in all practice settings
- a nursing workforce that represents the community it serves.

Aotearoa New Zealand is undergoing a period of rapid change relating to pay equity in the health sector. After many years of campaigning for better pay and conditions in the aged care sector, unions (including NZNO) won a major legislative change in 2017 in the form of the Care and Support Worker (Pay Equity) Settlement Agreement. The agreement generated a seismic shift in pay rates and recognition of training for care and support workers. Further, legislation that would promote pay equity across other historically female occupations was introduced into Parliament in late 2017 in the form of the Employment (Equal Pay and Pay Equity) Bill. With a change of government the bill did not make it into law but new legislation will be drafted.

The *NZNO Strategy for Nursing* provides an overview of the direction and goals of the major areas of focus for NZNO members.

Gender biases

Gender biases in health care are both a labour market and a human rights issue. Gender biases undermine inclusive economic growth, full employment, decent work and the achievement of gender equality. They also create inefficiencies in health systems by limiting the productivity, distribution, motivation and retention of female workers who constitute the majority of the health workforce. New Zealand has ratified conventions on employment equity for women that are viewed as fundamental rights by the International Labour Organisation (ILO) and the United Nations.[28] It is time that the intent of these international conventions are realised.

NZNO supports pay and gender equity across sectors, equal pay for equal work and equal pay for work of equal value.

Current actions

NZNO is advocating, in partnership, for:

- pay equity across all sectors
- established pay equity rates in the DHB MECA
- established pay parity in all other sectors (Māori and Iwi providers and aged care) with the DHB pay equity rates.

Colonisation and structural discrimination

Disparities in Māori health in Aotearoa New Zealand can be attributed to our colonial history, in particular the impact of land loss through confiscation, legislation and war. The alienation of land and resources saw the loss of a cultural, spiritual, health, economic, and power base. The ongoing impact of colonisation can be seen with Māori often disadvantaged in the distribution of social, political, environmental and economic resources.[29]

Defining structural discrimination

The New Zealand State Services Commission describes structural discrimination as occurring "when an entire network of rules and practices disadvantages less empowered groups while serving at the same time to advantage the dominant group". This leads to socio-economic disadvantage and political isolation for people who are marginalised by this system. Structural discrimination can be unintentional and includes practices that are embedded in everyday organisational life and are part of the system.[30]

Strategic actions

NZNO will:

Continue to work internally to:

- improve equity through scholarship, research, and publications
- promote cultural competence and contemporary understandings of our history
- promote and support the work of Te Rūnanga.

Work with external stakeholders to ensure:

- health policy in Aotearoa New Zealand supports health and economic equity
- the "voice" of Māori and Māori nursing is heard
- structural discrimination in the health-care system is identified and corrected.

NZNO and pay equity

The Care and Support Worker (Pay Equity) Settlement Agreement

Kaiawhina (community support workers) and aged-care residential workers in Aotearoa New Zealand have been underpaid and undervalued for decades. In April 2017, work by a high level multi-sector working party and government agencies resulted in a $2 billion pay equity settlement for 55,000 care and support workers in Aotearoa New Zealand's aged and disability residential care and home and community support services. Since July 1, 2017, workers have received a 15-50 per cent pay rise, depending on their qualifications and experience. Over the next five years, pay rates will increase to $19 – $27 per hour, increasing take home pay by at least $100 a week, or more than $5000 a year.

This settlement addresses the historic undervaluing of this workforce and will help to support increased qualifications and reduced turnover in the sector, resulting in better care for New Zealanders.

Many ENs working in aged care earn less than the increased top rate for caregivers ($27). The average pay rate for RNs in the sector is around $26-$27 per hour, which will be at the top end of the caregiver scale by 2021. However, pay equity settlements take account of all remuneration components. NZNO acknowledges that RN and EN pay rates need to increase.

NZNO sees collective bargaining as the best approach to resolve pay equity issues. NZNO will be advocating for pay rates for health care assistants, ENs, RNs and senior nurses that provide pay equity. NZNO has tabled a pay equity claim for nurses.

Primary health care

NZNO's goal in primary health care will continue to be pay parity with the DHB MECA pay equity rate when established. Where NZNO has collective bargaining, significant progress has been made to achieve rates of pay very close to current DHB rates of pay.

Nurses employed by iwi providers

Pay for workers in Māori and iwi health providers lags significantly behind other primary health care providers and those working for DHBs. The pay gap can be up to 20-25 per cent. It is essential nurses working in Māori and iwi providers have pay rates equal to DHB pay rates, and – when established – the DHB pay equity rate. Of concern is that Māori women in general receive less pay than non-Māori[31], and Pacific women even less.[32]

Hospices

Hospices face increasing demand for services and this is set to increase with the ageing population in Aotearoa New Zealand. Their funding rate appears to range from 40-70 per cent of running costs, with fundraising required to make up the balance. This is another example of health underfunding in Aotearoa New Zealand. NZNO expects an equitable funding model for hospices. NZNO's goal in the hospice sector will continue to be pay parity with the DHB MECA and, when established, the DHB pay equity rate.

4.2 Addressing inequity in Aotearoa New Zealand – nurses can make the difference

Health, social and economic inequity is growing in Aotearoa New Zealand.[33]

With improved models of care and the full utilisation of nursing knowledge, skill and experience, nurses will be able to make significant positive impact on the health, social and psychological outcomes of New Zealanders, especially those with high needs.

The determinants of health

Many factors relating to circumstances and environment combine to affect the health of individuals and communities. The physical, social and economic environment and the person's individual characteristics and behaviours all have considerable impacts on health.

Determinants of health are wide ranging, but commonly acknowledged factors include:

- **Income and social status** – higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the disparity in health.
- **Education** – low education levels are linked with poor health, more stress and lower self-confidence.
- **Physical environment** – safe water and clean air, healthy workplaces, safe, affordable and healthy houses, safe communities and safe roads all contribute to good health.
- **Employment and working conditions** – people in employment are healthier, particularly those who have more control over their working conditions.
- **Social support networks** – greater support for families, communities, whānau, hapū and iwi is linked to better health.
- **Culture** – customs and traditions, and the beliefs of the family and community all affect health.
- **Genetics** – inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses.
- **Personal behaviour and coping skills** – balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- **Health services** – access and use of services that prevent and treat disease influences health.
- **Gender** – men and women suffer from different types of diseases at different ages.[34]

The *NZNO Strategy for Nursing* includes the following additional determinants of health

Commercial determinants of health

Commercial determinants of health can be defined as "strategies and approaches used by the private sector to promote products and choices that are detrimental to health".[35] An example is the lobbying undertaken by the global tobacco industry.

As noted by former WHO Director-General Margaret Chan, non-communicable disease prevention measures clash with powerful business interests.[36]

Health outcomes are determined by the influence of corporate activities on the social environment in which people live and work: namely the availability, cultural desirability, and prices of food and drinks. The commercial and political environments contribute to lifestyle choices of individual consumers, -ultimately determining health outcomes.

Climate change

Climate change, health and equity are inseparable – human-caused climate change poses a serious and urgent threat to health across the globe. Water and food insecurity, malnutrition, extreme weather events and changing patterns of infectious disease will be key concerns internationally. Māori people and Pacific peoples will face disproportionate health impacts from climate change in Aotearoa New Zealand and new health and social pressures will arise through climate change related migration from the Pacific.[37]

The *NZNO Position Statement on Climate Change* outlines nursing specific responses to climate change.[38]

Current actions	**NZNO is a signatory to Ora Taiao: The New Zealand Climate and Health Council's call for:** • MoH to set greenhouse gas emissions reduction targets for DHBs, in line with commitments under the Paris Agreement. • MoH to mandate all DHBs to measure, manage and reduce their greenhouse gas emissions in accordance with the ISO 14064 standard. • DHBs to report progress towards greenhouse gas emissions reduction to the Ministry of Health annually.
Strategic actions	**NZNO will:** • Become a corporate member of Ora Taiao: The New Zealand Climate and Health Council. • These strategic actions will enable NZNO to advocate for and influence policy development on climate change. Collaboration with the health partners that comprise Ora Taiao and the Climate and Health Alliance will ensure NZNO has access to current knowledge, evidence and strategies that have been implemented effectively nationally and internationally.

4.3 Addressing disparity across the determinants of health

Disparity between people in Aotearoa New Zealand who can access and afford health care and those who cannot is growing. This is of critical concern to NZNO and the more than 49,000 members it represents.

Disparity affects everybody, but the greatest health, social and psychological needs can be seen in relation to Māori, Pacific people, children and young people, pregnant women and our elderly and dying. This is where an accelerated, culturally competent nursing response is required – through innovative models of care, nurses working to the top of their scope,

providing cultural competency training and by ensuring nurses are at the centre of care provided to people as they grow, work, play, age and die.

Poverty

The burden of ill health and early death associated with poverty is undeniable and nurses witness the devastating effects of poverty in their daily work. NZNO views nursing as an integral part of the solution to poverty. Absolute attention to the implementation of the sections and themes of the NZNO Strategy for Nursing will position nursing to better meet the health and social needs of people in poverty.

Poverty in Aotearoa New Zealand – contextual changes over time	
Historical	**Contemporary**
Poverty is seen to be caused by the individual	Poverty is a community, national and global concern and is multi causal and complex
Poverty is poorly defined and measured	Poverty is defined and measured according to the Aotearoa New Zealand context
Data is incomplete and not used effectively	Data and epidemiology inform models of health care and support across health and social sectors
Multiple and separate approaches	Intersectoral working to cohesively meet the needs of the whānau/household
Dependence on non-governmental (NGO) organisations and the voluntary sector	Integrated approaches utilising the expertise and knowledge of the NGO sector and evidence informed decision making
Health safety net created	Absence of a health safety net – a robust and responsive model of care to address unmet need is required
Poverty "will always be with us"	Poverty is actively managed and minimised

Affordability and access to health care in general practice

Access to GP practice teams continues to improve in Aotearoa New Zealand, with free visits and exemption from the standard $5 prescription charge for children under 13. However, one in nine New Zealanders are not getting the GP care they need because they cannot afford it. The latest New Zealand Health Survey estimates more than 500,000 adults have unmet health-care needs due to the cost of a GP visit.[39]

Children with health issues are not in a position to choose whether they need to attend a GP practice team. People living in poverty do not access GP care readily. Children's visits are fee-free, but a visit to the GP may take many hours in total, with factors such as finding caregivers for other family members or children, accessing public transport to and from the clinic and getting prescriptions filled.

There may be similar barriers for people in employment needing to see a doctor.

This situation is compounded if the person has an unpaid bill. Many health centres accommodate people with limited financial means, however people may feel ashamed and not attend.

Our children, tamariki

New Zealand children living in poverty, especially tamariki Māori and Pacific children, have poorer health and education outcomes than those living in households with average and higher incomes.

Research is compelling that experiencing poverty in childhood has negative health impacts in adult years, especially in relation to long-term conditions. There is also an accepted relationship between poverty experienced in childhood and a greater likelihood of mental health problems through life.[40]

The *Child Poverty in New Zealand: Evidence for Action* report[41] states that, compared with non-poor children, those living in poverty are:

- at 1.4 times higher risk of dying during childhood
- more likely to die of Sudden Unexpected Death in Infancy
- three times more likely to be sick
- more than twice as likely to be admitted to hospital for acute infectious diseases
- at least 1.5 times more likely to be hospitalised
- less likely to have fruit and vegetables
- more likely to skip breakfast and to consume fast food regularly
- hospitalised for injuries from assault, neglect or maltreatment at 5-6 times the rate of non-poor children
- less likely to participate in early childhood education
- less likely to leave school with NCEA level 2 – the entry level qualification to skilled employment.

Strategic actions

NZNO will:

- Support flexible and innovative models of care, enabling nurses to better meet the needs of people living in poverty.
- Continue to support the living wage movement in Aotearoa New Zealand.
- Advocate for change in health and social policy settings to promote improvement in the determinants of health.
- Support greater investment in upskilling of nurses in mental health and addictions.

Our young people, Rangatahi

At 15.6 suicides per 100,000 people, the Aotearoa New Zealand suicide rate is twice as high as the US rate and almost five times the British rate.[42] The most recent data from 2014 showed the suicide rate for Māori men across all age groups is around 1.4 times that of the non-Māori. Suicide rates are highest for young Māori and Pacific men.[43]

The Mental Health Foundation of New Zealand has noted that high rates of school bullying and very high rates of family violence, child abuse and child poverty need to be addressed to tackle the problem.[44]

Māori children and young people experience an excess burden of ill health, cultural alienation, socio-economic disadvantage and deprivation, institutional racism, poorer educational achievement and poorer access to health and social services. Much of this is preventable, unnecessary and a breach of children's rights. These inequalities result in significant costs to our society.[45]

Nurses are in an ideal position to respond through the "one-stop-shop" youth services they provide in schools. Nursing services are achieving good results in schools, however much more could be done in terms of wellness, health promotion, early detection and surveillance of mental and/or physical health.[46] Nurses in schools (including public health nurses) are spread too thinly and need to reach a critical mass to be effective. The number of nurses and the nature of services currently provided are variable, largely due to funding/employment/contractual models.

Māori and Pacific nurses are desperately needed to support rangatahi/young people through a Māori and/or Pacific world view.

The workforce section of this strategy provides more detail on the role of nursing in addressing the determinants of health in Aotearoa New Zealand.

At the time of the 2013 census 41,000 New Zealanders (at least one in every 100) were homeless, and over half of this number under 25 years.

Māori and Pacific nurses are desperately needed to support rangatahi/young people through a Māori and/or Pacific world view.

"Of all forms of inequality, injustice in healthcare is the most inhumane"

– Martin Luther King

Homeless people have far more mental health problems than the general population and are very susceptible to severe health problems. There are barriers to accessing health services targeting the needs of this population.[47] Clearly an alternative entry to the health system is needed.

Current actions

- NZNO endorses the recommendations of the Solutions to Child Poverty in New Zealand: Evidence for Action report from the expert advisory group on solutions to poverty (Office of the Children's Commission New Zealand, 2012)48
- NZNO is advocating for a critical mass of nurses (including nurse practitioners) who work with young people in primary, secondary and alternative schools and one-stop-shop specialist youth services. A critical mass of nurses and funded services is a pre-requisite to improvement
- NZNO advocates for increased investment (fiscal and human) to facilitate earlier access to specialised child and youth mental health services (inpatient and community) to improve access to and lower the triage thresholds of existing services
- NZNO supports working towards the elimination of homelessness
- NZNO supports a nationwide, independent, comprehensive review of mental health and addictions, funding and service provision.

Strategic actions

NZNO will:

- Identify nurses working with homeless people's programmes and recommend model(s) of care that improve health care to this population
- Identify international professional nursing organisations that can contribute expertise, and evidence-based programmes in care and support of the homeless person(s)
- Further develop partnerships with existing agencies where homelessness is their core activity
- Develop innovative model(s) of care with mobile services that are free and accessible – providing a centre of care and support for people as they grow, work, play, age and die
- Advocate for greater nurse involvement in early intervention for mild to moderate mental health conditions, eg extend the primary mental health credentialing programme to school-based health care and well child/tamariki ora nurses
- Contribute proactively to the Government's Inquiry into Mental Health and Addictions
- Conduct a one-day workshop to identify and disseminate examples of successful practice and strategies for initiating and improving inter-sectoral working
- Promote and disseminate training opportunities in assessing suicide risk that are available in New Zealand
- Advocate for affordable healthy housing.

5. Leadership – Rangatiratanga

5. Leadership (development and sustainability) Rangatiratanga

Nursing leadership is required to inform the strategic direction of Aotearoa New Zealand's health-care system and play a key role in establishing change that is patient, whānau and family centred, evidenced-based and cost-effective.

Nursing leadership is about influencing others to accomplish common goals. It is complex and multifaceted – providing support, motivation, coordination and resources to enable individuals and teams to achieve collective objectives.[49]

Executive nursing leadership works when:

- Nurses have wide health sector knowledge and relevant experience to work across the health, social and psychological continuum of care.
- Nurses are responsible for line management and professional oversight of nursing staff.
- Nurses have responsibility and authority for financial management of the nursing workforce and the resources necessary to be responsive and effective.
- Nurses have consistent titles across the sector.
- Nurses have consistent reporting across the sector (eg director of nursing to chief executive).
- A leadership succession plan is developed and followed.
- There is a consistent approach to national benchmarking (eg using nurse- sensitive indicators from a national nursing DHB dashboard), including the development of agreed primary health care nursing indicators.
- There is a consistent approach to data management (including a minimum dataset) relating to nursing employment, retention, and deployment.

5.1 What is needed of nursing leadership?

Research conducted by Dr Aisha Holloway confirms that nursing across the world requires a **critical mass** of nurses that have:

- Capability and capacity to shape, develop, support, and drive forward evidence-based health and social care policy
- Political, strategic and advocacy skills to secure and sustain a credible position at the highest level of policy development within government
- The highest standards of research education to support the evidence base, across the local, national, and international political and health and social care contexts

- The ability to identify understand and work with key stakeholders both within and external to nursing[50]

The national context of nursing leadership here needs to be considered in light of the challenges facing nursing internationally.

5.2 The international context

New Zealand nurses and midwives at the forefront of international leadership:

- A New Zealand midwife leads the International Confederation of Midwives, an organisation representing 400,000 midwives in 113 countries.
- Until recently, the chief executive of the ICN was a New Zealand nurse.[51]
- Three New Zealand nurses were awarded Florence Nightingale medals in May 2017 – the highest international nursing distinction.
- The WHO chief nursing officer, Elizabeth Iro, is from the Cook Islands and has worked as a nurse and midwife in New Zealand.

Nurses throughout the world hold leadership positions in WHO, government, academia and health-care organisations – leading, teaching, researching and shaping policy. Aotearoa New Zealand nurse leaders are held in high regard internationally.

New Zealand nursing leadership must respond to the trends affecting provision of nursing services

Trends identified in recent works such as the White Paper by the All-Party Parliamentary Group on Global Health[52] include:

- Changing work roles in response to changing health needs
- The shifting emphasis towards closer to home community care
- Critical emphasis on disease prevention and health promotion
- Client engagement with health workers is seen as essential in improving access, quality and costs
- The increasing role of technology
- Knowledge of what works is at a premium as countries struggle to achieve the goal of good access, high quality and value for money.

Internationally there is a consistent call for greater and sustained nursing leadership

Nursing leadership in Aotearoa New Zealand and across the world is faced with similar trends and challenges, as the context of health-care delivery changes and evolves. Challenges include:

- Predicted nursing workforce shortage
- Changing population demographics
- Persistent health inequity

- Pandemic disease responses
- Antimicrobial resistance
- Impact of climate change and natural disaster management
- Promotion of human rights.

5.3 Leadership in the NZNO Strategy for Nursing

Leadership is an essential component of any nursing role. Understanding and obtaining knowledge of leadership attributes and skills is an important part of any nurse's development. For the sake of clarity, this section on leadership has been divided into governance, executive leadership, clinical leadership and point-of-care leadership; however there are overlaps and interdependencies between each.

5.4 Governance

Women in Aotearoa New Zealand currently tend to be under-represented in governance roles within health and all sectors of the community. Nursing remains a female-dominated profession at 92 per cent female and eight per cent male. Nurses, including Māori nurses, are also under-represented on health and social care boards.

Nursing Council of New Zealand workforce statistics (2015) show that over 41 per cent of nurses in Aotearoa New Zealand are aged 50 years or older.[53] There is an opportunity to harness the skill, knowledge, experience and wisdom these nurses have acquired in the health and social care system and in their communities by encouraging them to participate in governance.

There is little encouragement, information, process, training or general guidance for nurses who want to develop governance roles and skills. NZNO will create a governance toolkit to improve this situation.

Strategic actions

NZNO will:

- Develop a governance toolkit to provide the required information and guidance for nurses interested in governance roles in health and social care in Aotearoa New Zealand. The toolkit will have a factual and practical focus. NZNO has the unique ability to combine its expertise in professional nursing and its robust legal structure to produce this toolkit. To support this work, NZNO will develop closer working relationship with the Ministry of Women, the Institute of Directors in New Zealand, National Council of Women and the Māori Women's Welfare League.

5.5 Executive leadership

Leadership, governance and practice are central to the nurse executive role. This is reflected in the critical accountabilities of strategic vision, organisational decision-making, practice innovation, and professional development and accountability.

The nurse executive role impacts on nurse performance and client safety, thereby making a significant contribution to organisational and population health outcomes.

The nurse executive in Aotearoa New Zealand:

- Follows a patient-centred philosophy and has the ability to convey the patient experience from "ward to board"
- Positively contributes to and /or leads service co-design and new models of care
- Interprets and applies the required standards and competencies, and is accountable for endorsing legislative and regulatory processes related to nursing
- Ensures that robust workforce data is measured, reported and actioned
- Is accountable for human and fiscal resource allocation for nurses
- Creates, supports and sustains a safe and healthy work environment by promoting management practices that support nurses' health, safety and well-being
- Understands the complex challenges facing nursing
- Has extensive knowledge of the broader health system
- Manages clinical/management tension by utilising creative and empathic models of leadership
- Demonstrates strategic leadership to advocate for health equity and improving Māori health at local and national level.

Nurses require the authority to lead. Nurses are responsible and accountable at every level of their practice, profession and organisation but lack authority in relation to health-care decision making, distribution of resources and budget control. Impasses occur when a leader lacks authority, yet is accountable for results. This often leads to organisational stagnation, and frustration for the leader.

Strategic actions

NZNO will use a partnership approach to:

- Prepare a leadership manual for DHB and other relevant chief executives on NZNO expectations of the nurse executive role.
- Evaluate the proposed state services leadership programme to be rolled out to DHBs from 2018-2020.
- Conduct a two-day political leadership seminar – "Impact and Influence" – for executive nurse leaders across all health sectors.
- Advocate for the executive nurse leader role to be mandated in DHBs and report directly to the chief executive .
- Conduct/facilitate a stocktake of primary health care nursing leadership roles within DHBs, PHOs, aged care and national service providers.
- Create a nursing leadership infographic for distribution to health facilities and public places, eg libraries.
- Recommend to relevant agencies that executive leadership rounds are consistently undertaken in each DHB or equivalent agency.
- Work with DHBs to create a national director of nursing dashboard to track progress of critical nursing outcome indicators and health workforce information. This will use data from the CCDM core data set, and other relevant information.

5.6 Clinical leadership

Charge nurse managers (or equivalent roles across the sector) are responsible for managing people, systems, processes, the environment and resources to enable a high standard of patient care. The position is also accountable for budget setting, budget holding and business planning. These responsibilities ensure the safe effective running of an efficient ward/unit.[54]

The **charge nurse manager** (or equivalent) is a pivotal role in clinical leadership. However, two thirds of nurse managers are frustrated and report low job satisfaction.[55]

Who becomes a charge nurse manager (or equivalent)?

Nurses coming into the charge nurse manager position have usually demonstrated very good clinical skills and knowledge and have a temperament and work history that demonstrate leadership qualities. These attributes are important. However, leadership in a complex, fiscally-constrained and dynamic clinical environment also requires formal, ongoing coaching and support to enable charge nurse managers to effectively lead the ward/departmental team.

Barriers to leadership

- Many charge nurse managers do not have access to formal leadership education or ongoing mentoring and coaching. Starting in the role is often made more difficult by limited orientation or nurses beginning the role after the position has been vacant for some time.
- Leadership programmes in health are ad hoc and inconsistent in their programme content and methodology. There are a limited number of programmes, they have small classes, and programme entry is not always fair and equitable.
- Many charge nurse managers have a nursing staff of 30+ and a budget in excess of $3 million, along with the accountability of providing safe, effective care for those who use the service, but receive inadequate support and training for this responsibility.

It is imperative a consistent leadership and "know the business" programme is formally provided to charge nurse managers, either before or within six months of starting in the role. Follow up support (external clinical supervision, coaching etc.) is also critical. Such a programme should also be offered to associate charge nurse managers.

5.7 Point of care leadership

Leadership at the point of care encompasses two key areas of informal leadership by nurses:

- Leadership that engages others in clinical practice change, practice research, quality improvement or evaluation; and
- Leadership where clinical nurses play a key role in decision-making and development of a treatment plan.

Point-of care-leadership is different from other types of leadership because it relates directly or indirectly to care, with leadership undertaken in all environments by point-of care-nurses who are not in a formal leadership role.

Point-of-care leadership is the source of future nurse leaders. If this leadership is acknowledged and enabled, it is both motivating and sustaining for the nurse, and results in safe patient care and positive work environments.

Individual, organisational and systemic support is required for nurses to best exercise point-of-care leadership.

Many nurses demonstrate excellent point-of-care leadership, though they may not recognise this, associating leadership only with formal roles.

Strategic actions

NZNO will:

- Create a compendium of information outlining the features of point-of- care leadership.
- Use its website to create awareness of leadership opportunities for point- of-care nurses nationally and internationally.
- Emphasise positive point-of-care leadership and its outcomes in health workplaces.

5.8 New Zealand nursing leadership – areas that require focus

Māori nursing leadership

Historically, Aotearoa New Zealand has produced outstanding nurse leaders. The tensions of walking in two worlds has been extensively noted and articulated through generations of Māori leaders. The disease management focused western model of health care challenges the holistic model of well-being and cultural practices. Our noted Māori nursing pioneer, Te Akenehi Hei, clearly identified this issue and it is still a reality for many Māori nurses today.

Early Māori nurses were pioneers for change. Originally trained to work only within Māori communities, their courage, knowledge and resilience – while trying to uphold cultural practices – helped to alleviate many deaths from disease during the 1900s. This training, and the desire of many young Māori women to work with Māori has steadily increased. However, the low number of Māori nurses in all areas of the health sector means their roles demand leadership responsibilities for which they have little formal preparation, training and resourcing.

Funding for Māori-specific leadership programmes must be assured and increased to offer Māori nurses the best opportunity to work within a Māori world view to improve the health of Māori and all New Zealanders.

The development and sustainability of Māori nursing leadership is a key strategy to ameliorate Māori health inequity and provide the greatest support for the Māori nursing workforce.

Te Akenehi Hei (1877-1910)

In 1909, Te Akenehi Hei became the first Māori nurse to be both a registered nurse and midwife. Like other Māori nurses she was sent into rural and often isolated areas where there were outbreaks of epidemic diseases and hardship. Hei herself later died of typhoid. Hei and her colleagues' tenacity, endurance, passion and advocacy for nursing and their people helped halt Māori population decline in the early 1900s.

Although she noted the challenges of training under a western model of nursing and maintaining cultural ideologies, Hei realised the art of balancing health care and public health education without compromising one's values.

In many ways Hei was a woman before her time and an agent for change. She challenged cultural competencies and awareness in healthcare and pioneered district nursing. She was a courageous leader and inspired many others to take up nursing during this time.

At the time of her death, the success of her work within Māori communities was recognised by the government and notable health professionals.

The Te Akenehi Hei Tōpūtanga Tapuhi Kaitiaki o Aotearoa, NZNO Award acknowledges the significant contributions Hei made to nursing and Māori nursing, and is awarded biennially to a recipient who demonstrates leadership, engagement and contribution to the community.[56]

Dr Irihapeti Ramsden (1946-2003)

Ngāi Tahu/Rangitane Māori nurse, philosopher, writer and educationalist.

Irihapeti Ramsden was a nurse, anthropologist, educator and author who strived to help people understand how their own culture impacted on others. Best known for the development of Cultural Safety – an educational framework for the analysis of power relationships between health professionals and those they serve.

Cultural Safety has been part of the New Zealand nursing and midwifery curriculum since 1992 and is now part of nursing practice throughout the world.

Ramsden was awarded the NZNO Te Akenehi Hei Memorial Award. The Te Akenehi Hei Memorial Award for significant contribution to Māori health is the highest honour that can be awarded by Te Rūnanga.[57]

Primary health care nursing leadership

Primary health care nursing leadership is currently patchy. Not all DHBs have invested in it and only some PHOs have a designated nurse leadership role. As more services are devolved to primary health care, there is a greater need for robust primary health care nursing leadership, and an agreed leadership training programme to underpin such leadership.

Aged care nursing leadership

Some of the large aged-care corporate organisations have realised the importance of nursing leadership and some have developed bespoke leadership programmes for their staff. However, it is important that medium and small facilities have access to leadership programmes. In contemporary nursing, leadership competency is essential for organisational performance and improved patient outcomes.

Outstanding leadership in the aged-care sector is required because:

- Residents' health needs are becoming more acute and complex.
- The RN's role is often autonomous and can be isolated from peers and related support
- The RN's is working with a skilled but unregulated workforce
- The RN's role is expanded, especially out of hours – eg, the RN is the first responder to acute and or emergency situations, is responsible for infection control, and oversees all staff and the physical environment while on duty.

Different initiatives throughout aged care and other health services demonstrate collaboration, usually in relation to sharing clinical expertise, eg, access to gerontology nurse practitioners or clinical nurse specialists employed by DHBs.

Mental health and addictions leadership

Mental health and addictions services in Aotearoa New Zealand are under tremendous strain and this imposes greater demands on nursing leaders. Services are mostly delivered in the community and through multiple NGO, DHB and private providers. There are many community support workers providing a good service; however there are few RNs supervising this workforce. Workforce training is variable. RNs often have little access to frontline leadership and management education. This must be addressed.

Strategic actions

NZNO will use a partnership approach to:

- Conduct a stocktake of leadership programmes and the number of nurses who have undertaken such training. The stocktake would rely on voluntary participation of the organisations involved.

5.9 Current situation – the paradox

Nursing leadership is directly related to improved patient health outcomes. International and national research has established the significant contribution that quality nursing care makes to improved outcomes for patients.[58]

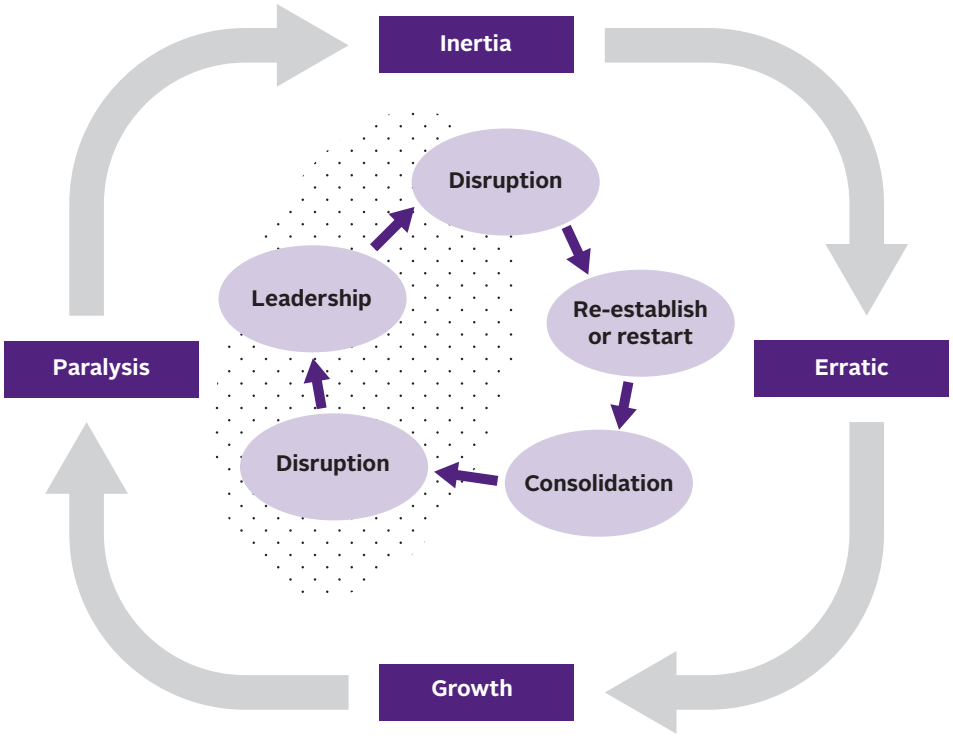
"Healthy work environments, supported educational opportunities, effective nursing leadership, and enabling legislative and contractual arrangements hold the key to supporting nurses to provide quality care to patients"

– Report from the National Nursing Organisations to Health Workforce New Zealand, 2014.

Decimation of Aotearoa New Zealand nursing leadership occurred in the 1990s, with the majority of nursing leadership roles disestablished or severely curtailed. Recovery from this leadership vacuum has taken two decades.

In the last two years this attack on nursing leadership has recurred in 20 per cent of Aotearoa New Zealand DHBs.

Leadership patterns in Nursing, following restructure



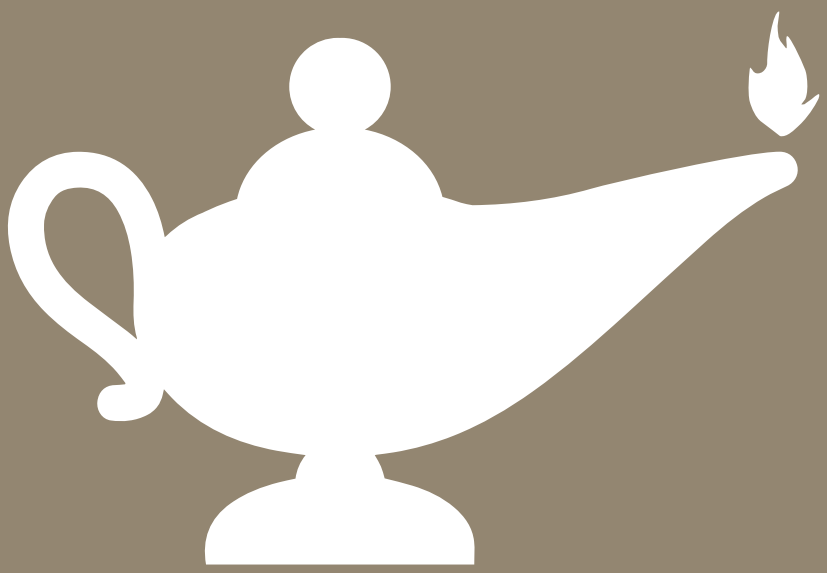
E Gilbert, 2017.

The above diagram reflects the stages of instability/stability associated with organisational restructure. The shaded oval area demonstrates the areas of suboptimal activity and lack of forward focus pre- and post-restructure. This reflects the amount of time that momentum and leadership cohesion is lost.

The effects of restructure on organisational culture is well known and is generally regarded as a blunt instrument in terms of organisational productivity and performance.

> "How very little can be done under the spirit of fear"
>
> – Florence Nightingale

6. Nursing workforce – Te Ohu Māori



6. Nursing workforce (invest in the solution) Te Ohu Māori

6.1 The nursing workforce: a good investment

'Over the past three decades nursing has been seen as a cost as opposed to an investment in healthcare, with health employment viewed as 'consumption'

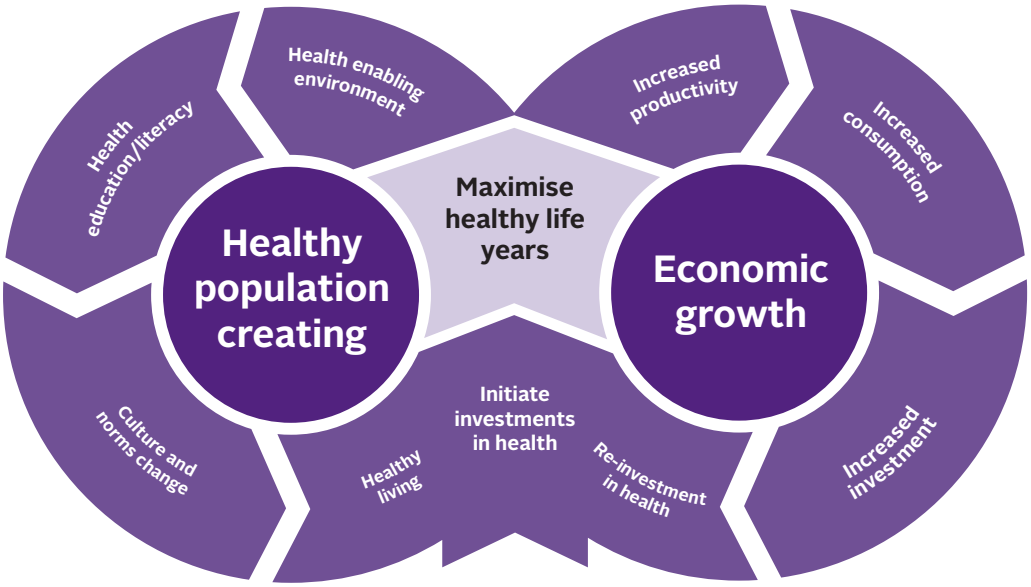
– High-Level Commission on Health Employment and Economic Growth, 2016[59]

NZNO and nursing in general have advocated strongly that investment in nursing is an investment in health and in the economy. NZNO works to raise awareness of the substantial and cost effective contribution of nursing to improving health outcomes for New Zealanders.

Research confirms the importance of investment in nursing for quality, safe and accessible healthcare. Investment in more staff, better skill mix, education and competencies have been associated with overall cost savings, better patient outcomes, reduced mortality levels and greater patient satisfaction.[60 61]

It is crucial the Government recognises that expenditure on health is an investment and not an economic drain.

Healthy populations create economic growth, yet in too many parts of the world health spending is being cut and there is under investment in health services.[62]



Source: International Council of Nurses, 2017 [63]

Nurses have a crucial role in providing quality, accessible healthcare, and nursing has a responsibility to ensure Aotearoa New Zealand secures the potential clinical, social and economic benefits of the profession.

Strategic actions

NZNO will:

- Invest in research that directly identifies the impact of nursing. Current evidence in this area needs to be more robust.
- Collaborate with the global Nursing Now campaign.[64]
- Support continued research to demonstrate care effective and cost-effective services across the health continuum. It will do this through the NZNO policy and research team, scholarship funds and publishing research.
- Role model and support nursing leadership to demonstrate and promote the value and cost effectiveness of nursing, including planning and policy development.
- Engage a health economist (as required) to facilitate the articulation of nursing as a care-effective and cost-effective workforce for Aotearoa New Zealand.
- NZNO will work with the Productivity Commission to identify case studies of value in nursing.

6.2 Transforming the nursing workforce

Nursing is the largest regulated health workforce in Aotearoa New Zealand, representing over 50 per cent of the regulated workforce population. Nurses also supervise the largest unregulated health workforce (health care assistants, caregivers and support workers).

Future nursing services must focus on the social determinants of health, health promotion, disease prevention, primary health care and services that are people centred and community based. These services must be in areas of high needs and underserved populations.

Nursing has the capacity, the skills (and potential for upskilling), and the adaptability to support the increasing number of people with health, social and psychological concerns, who are unable to access services due to cost, accessibility, literacy or lack of culturally appropriate services.

Nursing can be an effective health safety net for people who are not accessing GP services. Failure to invest in this safety net will be a wasted opportunity and create greater health inequities and be more expensive in the longer term.

The demographics of nurses are well known and are not changing in a positive or timely way:

Age of nurses	**43 per cent** of nurses are **over the age of 50** (including nursing faculty).
Men in nursing	**Eight per cent** of nurses are **men** (minimal movement over time).
Māori in nursing	**Seven per cent** of the total nursing workforce65 is **Māori** compared to 15 per cent of the New Zealand population.[66]
Internationally Qualified nurses	**27 per cent** of the Aotearoa New Zealand nursing workforce are **internationally qualified nurses** – higher than any other OECD country.[67]

The headline concerns for the nursing workforce in Aotearoa New Zealand:

- The **lack of investment and resources to create a coherent national nursing workforce** strategic plan that is current, cogent, and has a timeline for implementation is reprehensible
- The **absence of a Māori nursing strategic plan** and the resources to support and implement it is equally lamentable
- **Less than 100 per cent employment for graduate nurses.** Not all graduate nurses have access to a nurse -entry-to-practice programme (or equivalent)
- **Māori and Pacific nurses are under-represented** for the populations they serve
- **50 per cent** of the nursing workforce will have **retired by 2035**[68]
- A **dependence on internationally qualified nurses**
- Persistent and serious **underfunding for postgraduate nursing education.**

6.3 National nursing workforce strategy – Health Workforce New Zealand

Health Workforce New Zealand (HWNZ) was established as a MoH business unit in 2009. Despite making a significant contribution to HWNZ through initiatives such as the Nursing Workforce Advisory Group and having a nurse as chairperson, results and outcomes for nursing have been few. Achievement of priority objectives for nursing needs to be accelerated and made visible through HWNZ.

The National Nursing Organisation's 2014 nursing workforce report[69] to HWNZ outlined nursing workforce strengths and challenges, and laid the foundation for a future-oriented,

"fit-for-purpose" nursing workforce. Progress against this report has been limited.

Significant gains have been made in advanced practice enabling nurses to work to the top of their scope. Registered nurse prescribing and the increasing cohort of nurse practitioners is encouraging. These developments must be fast tracked to reach a critical mass as soon as possible. Changes to the model of care need to occur simultaneously so disparities in health can be addressed.

Strategic actions

NZNO will:

- Advocate strongly for the development and implementation of a national nursing workforce strategy and, investment in a Māori nursing workforce strategy.
- Advocate strongly for the appropriate resourcing of these workforce strategies, so it can be completed within an accelerated timeframe.

Nursing workforce data and information

Accurate, timely and relevant nursing workforce data should be available from a single, accountable source. This has been challenging to achieve and needs to be resolved urgently by HWNZ to underpin further planning.[70]

Strategic actions

NZNO will:

- Advocate strongly with relevant agencies for dedicated resources for the collection, processing, and protection of nursing workforce data via a timely, relevant and functional system methodology.

6.4 Entering the nursing profession

"The lack of accurate public information about nurses and their work allows insidious stereotypes to persist."

– Buresh and Gordon, 2013.[71]

Aotearoa New Zealand requires a nursing workforce more representative of the population it serves. All health professions are competing for their future workforces and nursing needs to be seen as a very attractive career option.

The image of nursing is often not contemporary or accurate. The nursing profession must be able to articulate the unique role and practice of nurses.

There is no single agency responsible for this work, and promotion of nursing as a desired career is often variable, ad hoc and under-invested.

Strategic actions

NZNO (including the National Student Unit and Te Rūnanga Tauira) in partnership with Nurse Educators in the Tertiary Sector and other relevant parties will:

- Raise awareness in secondary schools and improve uptake in science subjects required/desirable for health careers.
- Promote relevant and accurate resources for career guidance counsellors (often teachers whose knowledge base and resources vary and may be outdated).
- Engage with Careers New Zealand and tertiary providers to develop and distribute:
- career guidance resources that target mature students.
- career guidance resources oriented to Māori and Pacific peoples.
- Publicise Māori nursing role models.

6.5 Internationally qualified nurses

Aotearoa New Zealand has an over-reliance on short-term, high-turnover immigration to fill nursing skills shortages. This is accompanied by under-employment of new graduates and a lack of investment in nursing career pathways. NZNO believes in sound ethical planning for a sustainable workforce.

Strategic actions

NZNO will:

- Continue to advocate for:
- Long-term workforce planning to avoid volatile swings in labour demand and supply, and to meet projected skill shortages.
- Development of a stable, self-sustainable workforce consistent with ICN policy, including supported strategies for nurse retention and internationally qualified nurse (IQN) retention, and will work with employers to support IQNs starting work Aotearoa New Zealand.

6.6 Graduate nurses

NZNO has a longstanding policy that every RN or EN should be able to get work and have access to a specifically prepared graduate programme. Nurses have invested heavily in terms of time and money to gain a degree and register as a nurse but face variable job prospects on registration.

The situation for nursing graduates contrasts starkly with medical graduates who are guaranteed a place in a first-year postgraduate programme. Results from Advanced Choice of Employment (ACE) intakes from 2014 to 2017 show that 60 to 70 per cent of new graduates are gaining employment in a NETP or nurse-entry-to-specialist-practice (NESP) programme, leaving approximately 400 new graduates in the 'talent pool' each year. This indicates very little progress in NZNO's aspiration for 100 per cent of new graduates to be employed in a NETP or NESP programme.

A note of caution needs to be expressed about the actual percentage of successful applicants; while some are employed in NETP or NESP via an electronic match, some are

employed from the 'talent pool' and may or may not be on a NETP or NESP programme.

The success rate for Māori new graduates is similar to that of the overall pool. The Pacific graduate success rate is slightly lower.

Significant fluctuations in the number of placements available and the numbers placed also suggests further work is required to increase the number of NETP placements in primary care. Given the focus on health service integration and delivering care closer to home, this requires attention.

Current actions	• NZNO has called for 100 per cent employment of all graduate nurses in a fully funded NETP or NESP programme and will continue to advocate for a "grow our own" policy for graduate recruitment.
Strategic actions	**NZNO will:** • Advocate for graduate nurse employment and NETP/NESP places to be recorded as part of a director of nursing dashboard. • Advocate for an improved data repository on graduate nurse employment, particularly those graduates who are unsuccessful in gaining a funded NETP or NESP place. • Advocate for all graduate nurses, ENs and midwives to have funded access to a NETP or NESP programme. ENs do not currently have access to the equivalent support into practice programme).

6.7 Professional nursing development – postgraduate funding

Postgraduate education funding for nursing has been inequitable since its inception. HWNZ has had responsibility for distributing postgraduate education funding for registered health professionals since 2009.

The table below indicates medical hegemony is alive and well in Aotearoa New Zealand.

Allocation of postgraduate funds to doctors and nurses

	Number	Funding	Funding per person	Funding change 2017
Medical professionals	15,366	$107 million	$6,963	5% increase
Nursing professionals	50,356	$14 million	$278	No increase

Adapted from: Kai Tiaki. Vol. 2. March 2017. NZNO.

Postgraduate nursing applications far exceed available funding. It is critical the underlying causes of any under spend in nursing postgraduate funding are identified and remedied, whether these stem from the funding structure, application process, timing limitations or other barriers.

The broad vision for HWNZ postgraduate nursing education is: *Working in partnership with key stakeholders to deliver a transparent and consistent model of funding for postgraduate nursing training that will enable nurses to improve health outcomes and disparities of New Zealanders.*[72]

HWNZ reviewed the current model of funding distribution for postgraduate education in 2017. The question of how the total fund is increased and the proportion of funding increase for nursing is unstated. It is imperative nursing is involved in strategic decision-making and every stage of implementation for any new funding approach, to ensure historical funding inequities are not continued in a new funding model. HWNZ's vision will not be fulfilled unless this is achieved in a timely manner.

Strategic actions

NZNO will:

- Ensure the review of the funding allocation model is open, transparent and has input from nursing to correct the current inequities.
- Advocate for more postgraduate funding, proportionate to nursing numbers.
- Actively monitor outcomes of contestable funding streams for postgraduate studies.

6.8 Māori nursing workforce

An aspirational Māori workforce goal with no further commitment, funding, or implementation strategy is unacceptable. Of equal concern, are the ongoing pay inequities for Māori nurses working within the Māori provider organisations. Pay equity and action towards a cogent realistic Māori nursing workforce strategy MUST be the highest priority to progress Māori nursing.

Nurses working for Māori providers are paid up to 25 per cent less than their counterparts in DHBs; yet it is DHBs who fund the Māori providers. This situation, although complex, could be remedied by different contractual arrangements, if there was the political will to do so.

The intention and timeliness of funding agencies to remedy this situation will be the litmus test of how committed Aotearoa New Zealand is to really addressing the health needs of Māori.

Māori health disparities will continue until there is a critical mass of Māori nurses employed by Māori and iwi providers, who are paid equitably and well supported professionally. The cost of inaction is unacceptable.

Nurses employed by Maori and iwi providers work well when they:

- Have pay parity with colleagues working in DHBs
- Have access to cultural supervision and paid professional supervision
- Are in a supportive managerial structure and environment in which nursing practice is encouraged and valued
- Work with an appropriate balance between RNs and kaiāwhina workforce
- Have access to Māori nursing role models, mentoring and coaching
- Have a career development pathway
- Work with intermediate and distal outcomes, across health and social sectors
- Established positive networks with health and social sector agencies
- Have access to funding for postgraduate education and the on-the-job practice requirements of their role
- Are encouraged and supported to learn and speak te reo[73]
- Work within a Māori practice framework, eg the Meihana model
- Are able to practise relevant cultural healing modalities

Strategic actions

NZNO will:

- Lead multi-agency initiatives to increase the Māori nursing workforce to at least 15 per cent of the total nursing workforce – reflecting the Māori population in Aotearoa New Zealand. This will be achieved by 2030. A dedicated Māori nursing strategy needs to be developed by HWNZ to support the achievement of this goal.

6.9 Pacific workforce

New Zealand's Pacific population is growing about three times faster than other groups in Aotearoa New Zealand. The Pacific population is very dynamic in Aotearoa New Zealand, and the cultural world views, beliefs and values are diverse and evolving.

As per Aotearoa New Zealand's Pacific population in general, the Pacific nursing workforce has a significantly younger age profile than the overall nursing workforce.[74] This provides a positive counterbalance to the ageing profile of the Aotearoa New Zealand nursing workforce.

Nearly half of Pacific nurses identify with more than one ethnic group.[75] It is therefore important to acknowledge that "one size" does not fit all, that the Pacific nursing workforce reflects the ethnicities of Pacific people in Aotearoa New Zealand, and the changing nature of what it means to be from the Pacific in Aotearoa New Zealand. A culturally competent workforce that can transcend age and generational issues is also vitally important.

The Pacific population is youthful, culturally and ethnically diverse, and highly urbanised. There is significant work to be done to encourage entry to the nursing profession for Pacific people, to ensure growth and sustainability across the health sector.

NZNO supports the recommendations in the Pacific Health Workforce Service Forecast: Report to Health Workforce New Zealand and the Ministry of Health[76] and agrees with the forecast and planning initiatives, especially in relation to existing and future Pacific nurses.

NZNO recognises the linkage between workforce and the model of care. The ways in which Pacific communities interact with health-care services are influenced by familial and community structures and Pacific world views; this must be incorporated into development of model(s) of care.

Strategic actions

NZNO will:

- The NZNO Pacific Nursing Section has signalled its intention to develop a Pacific nursing strategic plan for its members, intended to advance the Pacific nursing contribution to health care and its future direction. The strategy will be underpinned by Pacific world views – including specific cultural beliefs, language, traditions, social structure and history, and its influence on nursing service delivery and health gains.
- The NZNO Pacific Nursing Section will contribute to the development of a model of care that incorporates the influence of Pacific world views on community interaction with health-care services.

6.10 Mental health and addictions

Mental health is a critically important field of nursing, comprising many areas of expertise across the lifespan.

Mental health and addictions services in Aotearoa New Zealand are in crisis. Any crisis of this significance has multidimensional causes and occurs over a sustained period of time.

Services are overwhelmed throughout the country across primary, secondary and specialist services. A nationwide, total systems-approach is urgently required to re-calibrate investment, services and workforce. NZNO supports the Government's Inquiry into Mental Health and Addictions (announced January 2018).[77] The inquiry's findings are due to be reported in October 2018.

NZNO position on mental health and addictions services

- The mental health and addictions services across the country is underfunded.
- The parameters for service provision need re-setting, ie who gets what services, when.
- The waiting times for services are unacceptable.
- The fact that Aotearoa New Zealand has the highest rate of suicide in OECD countries is unacceptable, particularly the high rates for Māori, Pacific people, and adolescents/youth.
- Mental health and well-being needs are increasing dramatically in Aotearoa New Zealand and internationally. Depression is a public health issue.
- The number of people needing support for addictions is burgeoning, wait times are long, and treatment centres are few.
- Serious staffing shortages across multidisciplinary teams are unacceptable and urgent attention is required.

- The safety of mental health nurses is of significant concern, with verbal and physical abuse, long hours of work and moral distress because of the inability to provide optimal care, all compromising mental health nurses' well-being.
- The ratio of qualified and experienced mental health nurses to mental health support workers is out of balance in many services. The lack of nurses has negative impacts for nurse, support worker and consumer.
- Mental health service provision is fragmented and varies by region and in efficacy.
- Talking therapies are a key feature of advanced mental health nursing practice. Increased funding for postgraduate advanced mental health nursing practice is needed.
- There is a lack of services for youth with a history of criminal behaviour and who have an intellectual disability.

Current actions	• NZNO supports a review of mental health and addictions services, and will seek involvement at the highest level, including policy and service redesign. • NZNO supports service delivery co-design with consumers and culturally appropriate services. • NZNO will continue to promote healthy work environments and safe staffing for all NZNO members, and will be particularly aware of the challenging circumstances in the mental health sector.
Strategic actions	**NZNO will:** • Actively pursue increased MoH, DHB and PHO investment in the mental health nursing workforce and services. • The NZNO Mental Health Nurses Section will work towards making mental health nursing an attractive choice for nurses at each stage of their career. • NZNO proposes to collaborate with other mental health nursing professional organisations to formulate a plan of action to raise the profile of mental health nursing to ensure patient safety, care and reasonable workloads are recognised as crucial to patient outcomes, and resourced appropriately.

6.11 Rural nursing

Most New Zealanders live and work in large urban areas, but Aotearoa New Zealand is, first and foremost, a rural country – by land mass, location of our primary industries and our history.

GP services have been declining in rural areas over several decades, largely due to the inability to attract GPs to work in rural areas. While this has had negative repercussions, it has been a catalyst for changing the prevailing model of care and extending the practice of other disciplines, particularly nursing.[78] A lot can be learnt from this process.

NZNO is proud of the rural nurses who form a great part of our nursing heritage and continue to provide courageous and creative responses to health-care needs. Rural health nurses work in a special practice context. They practise in, and are part of, small, close-knit communities. Often these populations are socio-economically disadvantaged, transient (seasonal workers) and have high health needs. Aotearoa New Zealand's increasing tourist numbers also equate to more demand on trauma and medical health care services in rural

communities. There are often professional challenges working in rural communities – the greatest being patient confidentiality and the lack of anonymity for the nursing professional.

Rural nursing has been at the forefront of:

- Working collaboratively within health care teams – eg providing after-hours cover for team members
- Advancing practice in rural postgraduate education, clinical practice (eg P.R.I.M.E), and the use of technology such as telehealth, video links etc.
- Providing leadership, policy advice and influencing health decision makers
- Creating innovative nursing solutions in challenging situations (often with a minimum of funding).

The number of rural nurses is relatively small, however the significance of practice changes is remarkable. Some rural practices are now nurse-only and this is likely to continue in the future.

Current actions

- NZNO supports the principle of access to paid external professional supervision for all rural nurses working in autonomous roles.
- NZNO supports the continuation and extension of the voluntary bonding programme to attract nurses to rural locations.
- NZNO acknowledges the challenges of rural nursing, especially after-hours call-outs, locum cover for annual leave, and access to professional development.
- NZNO supports rural nurse specialist and nurse practitioner roles in rural practice.

6.12 Gerontology nursing

Gerontology nursing is a specialty practice that addresses the unique physiological, psychological, developmental, economic, cultural and spiritual needs related to ageing and care of older adults.[79]

Over 60 per cent of patients in acute settings are over the age of 65 and the fastest growing group of acute admissions are aged over 85.

The NZNO Gerontology Nurses Section is working to increase the visibility and value placed on gerontology nursing, through contributing to health policy, supporting gerontology research and by supporting educational, workforce and professional services to nurse members.

The *In Safe Hands* programme will focus on current staffing levels in aged care and the skill mix of staff in long-term aged care facilities. Staffing levels and skill mix have not been reviewed for many years and the voluntary nature of the existing guidelines often puts nurses and carers in situations where they cannot provide the quality care they want to provide and our older people deserve.

Current actions	• NZNO has initiated and is committed to the In Safe Hands programme. This is a partnership with multiple funding agencies to create a safe clinical and professional working environment for RNs and ENs with older persons. • NZNO supports a skilled, knowledgeable and professional workforce that is paid equitably. NZNO's goal in the aged and primary health care sectors will continue to be pay parity with the DHB MECA pay equity rate when established.
Strategic actions	**NZNO will:** • Recommend that the Health and Disability Commissioner includes the staffing levels and the context of the clinical environment, when considering breaches of the Health and Disability Code. • Recommend the gradual reduction of internationally qualified nurses in aged care and an increase in domestically qualified nurses. • Recommend increased funding for aged residential care, and home and community support budgets to increase RN hours/input to ensure safe care and support. • Recommend the nationwide implementation of support programmes for residential and community gerontology nurses as outlined in the MoH Showcasing Aged Care document.[80]

6.13 Enrolled nurses

Over the last four decades, the EN education programme has suffered from a series of on-again, off-again changes to scope of practice, training content and duration, and even a name change. Nonetheless, enrolled nursing now has an improved and defined scope of practice, an established educational programme (New Zealand Diploma in Enrolled Nursing – level 5), is a regulated workforce and is poised to be a positive and enhanced workforce in health.

The lack of employment opportunities for ENs with the broadened scope of practice has been disappointing. The EN programme is well placed to create a critical mass of ENs as a valued and integral part of health service delivery for New Zealanders. Employers need to take the opportunity to employ ENs now, before health service demand increases further and there are fewer nurses available.

NZNO is committed to ENs as an integral part of the nursing team.

Current actions	• NZNO will continue to communicate the advantages of the expanded EN scope of practice and what it can bring to service delivery. Nurse leaders will have an important part to play in this process. • The Enrolled Nurse Section, will continue to implement the NZNO Enrolled Nurse Section Strategic Plan 2016-2021.[81]

Strategic actions

NZNO will:

- Invest in and contribute to the increased understanding of the EN scope of practice, to nurse leaders and health employers.
- Develop a marketing strategy to inform employment and health planning stakeholders on the scope of practice, capacity and capability and the range of services ENs can supply.
- Encourage employers to use the support-into-practice framework and orientation programme to support new graduate ENs into the workforce. NZNO welcomes the agreement from Nurse Executives of New Zealand to endorse the framework.
- Actively pursue dedicated funding for the support-into- practice framework for ENs. NZNO recommends the ACE process is used for this programme.
- NZNO promotes the careful assessment of every nursing vacancy to establish what skill set is appropriate and required and, where possible, consider employment of ENs.

6.14 Nurse practitioners

Nurse practitioners' scope of practice has advanced education, clinical training and the legal authority to practise beyond the level of a registered nurse. They work autonomously and in collaborative teams across health-care settings to promote health, prevent disease, and improve population health outcomes.

Nurse practitioners may be the lead provider of health-care service for patients with complex health conditions. Their responsibilities can include diagnosis, assessment and treatment interventions, ordering and interpreting tests, prescribing medicines and patient admission and discharge.[82]

The total number of nurse practitioners is still very low. NZNO has an aspirational target of 200-250 new nurse practitioners per year to improve access and health gain for patients, and to allow different models of care that support practice.

Current actions

- NZNO welcomes the amendments to the nurse practitioner scope of practice and the accompanying changes to the masters programme that prepares nurse practitioners for endorsement.
- NZNO supports the enactment of the Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill and will ensure the resulting changes are operationalised.

6.15 Advanced practice

NZNO notes the progressive development of nurse prescribing in Aotearoa New Zealand. The successful diabetes nurses prescribing project and the establishment of the common conditions prescribing pilot is welcomed. However, there must be sufficient funding and support to create a critical mass of nurses who can make a difference to patient access, affordability and timeliness of treatment options to improve health outcomes in our communities.

Current actions

- NZNO supports the community prescribing pilot and looks to the advancement of RN prescribing. NZNO acknowledges the need for a pilot and for robust evaluation. However, it is also important to expedite progress towards a critical mass of nurses able to prescribe in the community.

6.16 Nurse endoscopists

NZNO welcomes the introduction of nurse endoscopists. To date, four nurses have commenced training in three DHBs since 2016. The postponement of the course in 2017 is a wasted opportunity to develop the endoscopy nursing workforce and to meet a clearly defined health need in Aotearoa New Zealand.

A critical mass of nurses is required to meet the rapidly increasing need for endoscopy services in general and the rollout of the national bowel screening programme in particular.

Strategic actions

The NZNO College of Gastroenterology nurses will:

- Continue to facilitate the introduction of nurse endoscopists wherever possible, identify potential challenges early and refer these to the NZNO professional services team.

6.17 Primary health care nursing

General practice in Aotearoa New Zealand is changing from small business units to medium-to-large business units, some with international ownership. This changing business structure requires shareholder return, as well as health care gain.

Primary care within general practice is working for those who can afford it and those who choose to access it. However, 500,000 New Zealanders have unmet health-care needs due to the cost of a GP visit.

Nursing services in the general practice team are influenced by several key factors:

- The employer model: the GP is the nurse's employer and what the nurse does is mandated by what the employer allows
- The funding model: the nurse (and the GP) can be and often are constrained by the prevailing funding model
- The practice culture: each workplace has its own work environment culture, where the norms of "what happens around here" are strongly established.

Skilled, knowledgeable and experienced nurses, many with postgraduate qualifications, are practising within these structures. Yet a lot of these nurses would say they could practise more effectively if contractual, employment and funding mechanisms were different. Part of the problem is the large variability between practices. These issues have been articulated since the introduction of the Primary Health Care Strategy in 2001 but there has been little real will or effort to change the status quo.

There is a far more debate on the shortage of GPs than on the full utilisation of nurses in primary health care. This makes little sense in a climate of constrained resources (human

and fiscal). The contribution of both professions must be respected and capitalised on to provide the best patient care.

To improve health gain in our community, primary health care nursing services (utilising nurses of all three scopes of practice) must be appropriately funded, reach across health and social care, be nationally/regionally/locally consistent and accessible to those who need it.

Investment in primary health care nursing will be required to increase the number and skill mix of nurses to undertake this work effectively.

For more information on primary care nursing workforce and model of care development see: NZNO College of Primary Health Care Nursing paper – Maximising the nursing contribution to positive health outcomes for the New Zealand population[83]

6.18 Public health nursing service

The public health nursing service has a distinguished history in Aotearoa New Zealand, however successive restructurings since the 1980s has severely diminished the service.

The service is free, mobile, accessible, and works across school, home, and community. Public health nurses are seen as "community encyclopaedias" – practising across health determinants, across health and social sectors and at the level of both population and personal health. Their philosophy of care focuses on social justice, reducing inequalities in health and access to care, and commitment to te Tiriti o Waitangi.[84]

Public health nurses work with many of Aotearoa New Zealand's most vulnerable children, tamariki and families, whānau and visit some of the coldest homes in the country. They work within an integrated health and social model.

Currently they are spread very thinly and do not have the critical mass necessary to meet the health needs they are educated and skilled to address. The competencies of this workforce are detailed in the Public Health Nursing Knowledge and Skills Framework.[85]

Public health nurses fulfil all the strategic intentions of the *New Zealand Health Strategy 2016*. This potential needs to be realised.

Strategic actions

NZNO will:

- Advocate for a 50 per cent increase in the number of public health nurses by 2020. This workforce must be considered in model of care development. The critical mass of this workforce must be increased so it can make a difference to health outcomes for vulnerable families in Aotearoa New Zealand.
- Work with the MoH to review contract specifications for public health nurses to enable these nurses to work to their full potential.

Healthy work environments and safe staffing

Healthy work environments and safe staffing

Healthy work environments

Poor work environments are a predictor of staffing losses. Issues that affect staffing retention include limited career opportunities, poor staff support, unsafe staffing, resourcing constraints, being left out of decision making, constant changes, and issues related to leave and shifts.[86]

6.19 Safe Staffing Healthy Workplaces (SSHW) Unit

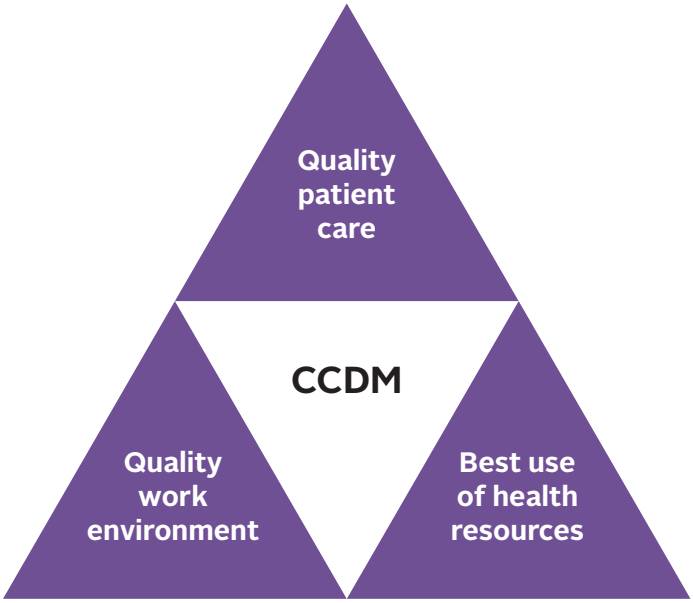
The SSHW Unit is part of the Central Technical Advisory Services. It was established in 2007 to develop a programme to implement the recommendations from the 2006 Report of the Committee of Inquiry on Safe Staffing Healthy Workplaces.

Achieving staffing that closely matches the needs of patient care, 24 hours a day, seven days a week, is essential to achieve optimum patient outcomes. It is also essential for the health and well-being of nurses and midwives. Ensuring there are sufficient nurses and midwives to provide safe, quality patient care is a fundamental goal for all who manage nursing and midwifery services, regardless of the setting.

The variable nature of the demand for health care and the relatively fixed nature of the nursing and midwifery workforces are characteristics common to all health services. These characteristics make it difficult to achieve a close match between workload and staffing.

This is a national and international challenge.

The diagram below represents the fundamentals underpinning safe staffing and healthy workplaces for nursing and midwifery staff.



NZNO's safe staffing healthy workplace campaign is working to implement CCDM into DHBs. The CCDM programme matches patient demand with staff capacity, to ensure the right number of staff and the right mix of skills. A partnership between DHBs and NZNO and the other health unions is key to the successful implementation of the CCDM programme.

Key aspects of the CCDM programme		
Staffing methodology	**Variance response-management**	**Core data set**
The right people, the right place... the right care.	CCDM tools to help keep staff and patients safe and promote better use of resources.	CCDM contributes to attainment of the Health and Disability Sector Standards.
1. The right people, the right place...the right care!	1. In the moment and over time.	1. A balanced set of measures.
2. Provides data and evidence on which to base successful staffing models.	2. Enable variance to be managed well, every time.	2. Measuring the impact of CCDM on your workload and workflow.
3. An independently validated process for establishing budgeted full-time equivalent staff.	3. Effective variance response management = early detection, rapid assessment and effective response.	3. Is about people, process and data from the floor to the board.

6.20 Safe staffing and care rationing

Care rationing – the 'withholding or failure to carry out necessary nursing tasks due to inadequate resources such as time, staffing level, and/or skill mix'.

Nursing staff are concerned about staffing levels; they are stressed, distressed and anxious about their ability to deliver safe and effective care in an environment that is not properly resourced.

Care rationing is an ethical dilemma that nurses face every day. The conscious decision to prioritise some care and to drop off nursing tasks deemed to be lower risk is draining, demoralising and exposes nurses professionally and legally.

Care rationing is both a service quality and patient safety issue. Care rationing can result in falls, infections and pressure injuries, longer recovery times and even serious harm or death. It incurs significant costs and intensive resources.

The NZNO Position Statement on Care Rationing[87] pulls together the evidence to show care rationing is happening. The statement puts forward solutions needed to make sure every patient gets the right nursing care, in the right place, at the right time, by the appropriate member of the nursing team.

Care rationing can be observed at the macro level where health funding is inadequate. At the micro level it can be seen when two patients require an intensive care unit bed but only one bed is available. The resulting prioritisation can lead to inequality in the health care service.

CCDM implementation has commenced in at least 14 DHBs, however, this has been slow and patchy. There is a serious risk of losing the confidence of nurses and midwives as a result, and this is contrary to the purpose of the programme.

Safe staffing and healthy workplaces are fundamentally important to nursing and midwifery, as they lead to workforce sustainability and safe patient outcomes. The failure to make progress on safe staffing and healthy workplaces is inexcusable. A renewed commitment to, and political will to enable safe staffing and healthy workplaces is needed to ensure the health workforce, and nursing and midwifery in particular, are supported by CCDM. This a high priority for NZNO.

Current actions	• NZNO endorses the draft ICN *Position Statement on Safe Nurse Staffing Levels (2017).*
Strategic actions	**NZNO will:** • Support the implementation of CCDM in all DHBs by the agreed timeframe of June 2021. • Work in partnership with DHBs to ensure progress reporting on CCDM implementation (including the outcomes of FTE calculations) is managed in accordance with the requirements of the Safe Staffing Healthy Workplaces Governance Group and the Ministry of Health. • Use evidence from CCDM to inform DHB funding models.

Conclusion

The *NZNO Strategy for Nursing* identifies actions that can be reasonably be achieved within the strategy's five year-time frame and will fit within the operating parameters of NZNOs work plan.

NZNO believes these actions will position nursing at the forefront of health care and health gain for the populations it serves.

Key actions from the *NZNO Strategy for Nursing*			
Section	**Products**	**Strategic actions**	**Partners**
Our community		NZNO to strengthen its processes to include consumer involvement. Consider options to improve consumer input and representation on its governance board by 2023.	Community advocacy groups Community consumer groups
Model of care	NZNO innovation service.	Create an NZNO internal expert advisory committee. A terms of reference to be created by March 2019.	Ministry of Health, Public Health Association, Nurse Executives of New Zealand.
Equity		Support conclusion of DHB multi-employer collective agreement (MECA) bargaining on the basis of inclusion of a pay equity process for health-care assistants, enrolled, registered and senior nurses. Prioritise the progression of iwi provider pay parity.	DHBs, Council of Trade Unions, employer representatives.
Leadership	Governance toolkit. Executive leadership resource manual. Point-of-care leadership compendium.	Advocate for a mandated director of nursing role within DHBs that reports to the chief executive. Advocate for creation of a consistent national DHB director of nursing dashboard. Advocate for an agreed programme of clinical leadership for charge nurse managers (or equivalent), six months pre or post appointment.	Ministry of Health, DHBs, Nurse Executives of New Zealand, NZ Institute of Directors. Leadership New Zealand, National Council of Women, Ministry for Women. DHBs MECA bargaining team.

Section	Products	Strategic actions	Partners
Nursing workforce 	Campaigns to promote registered and enrolled nursing as a career, including: Māori workforce. Pacific workforce. Men in the nursing workforce.	Advocate for a 50 per cent increase in public health nurse numbers within three years. Advocate for an additional 200-250 nurse practitioners per year until 2020. Advocate to increase the postgraduate education budget for nurses (Health Workforce New Zealand) by 25 per cent in 2019 and 35 per cent in 2020. Advocate for a Māori nursing strategic plan and implementation timeline to be completed. Lead initiatives to increase the Māori nursing workforce to at least 15% of the total nursing workforce by 2030. Develop a Pacific nursing strategic plan.	Nurse Educators in the Tertiary Sector, Nurse Executives of New Zealand. Ministry of Health, Health Workforce New Zealand, Nurse Practitioners New Zealand. National Nurses Organisation, Māori treaty partners.

The *NZNO Strategy for Nursing*, its products and strategic actions will increase the visibility of the nursing workforce within Aotearoa New Zealand.

NZNO acknowledges the expertise of its paid staff, and those involved with the 20 colleges and sections who voluntarily give their time and expertise. We also acknowledge the role of NZNO delegates, Te Rūnanga, national student unit and others for their expertise and commitment in taking the profession of nursing forward, to serve the public of Aotearoa New Zealand.

Glossary

Aotearoa	Te reo for New Zealand.
Advanced practice	Is seen as a continuum and is a broad term that is used in New Zealand to encompass a range of developing practice and employment roles, underpinned by post-registration education and practice expertise.
Biomedical	Focuses on the physical or biological aspects of disease and illness. It is a medial model and associated with the diagnosis, cure and treatment of disease.
Critical mass	A size, number, or amount large enough to produce a particular result.
Cultural safety	Requires the nurse to practise nursing in a manner that the health consumer determines as being culturally safe, and to demonstrate ability to apply the principles of the Treaty of Waitangi or articles of te Tiriti o Waitangi to nursing practice.
DHB	District health board
Enrolled nurses	Enrolled nurses are qualified nurses, who have undergone a theory and practical education programme and have passed a state qualifying nursing examination. Enrolled nurses work under the direction of, and in collaboration with registered nurses.
Executive leadership rounds	Executive health leaders conduct “rounds” in hospitals to engage with staff and patients, with the aim of improving the patient experience, promoting a safety culture and positive work environment.
Hapū	A large kinship group and the primary political unit in traditional Māori society.
Health equality	The concept of fairness and of equal rights and access to health care.
Health inequity	The presence of systemic disparities in health between groups.
Health literacy	Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
Interdisciplinary	An approach where more than one discipline will collaborate and obtain more detail about a topic or situation.
Iwi	Extended kinship group, tribe, often refers to a large group of people descended from a common ancestor and associated with a distinct territory.

Kaitiakitanga	Guardianship, protection or preservation. It is a way of managing the environment. People are not superior to the natural order; they are part of it. All life is connected and to understand the world, one must understand the connections and relationships within it.
Kaiāwhina	Assistant or helper, in the NZNO context kaiāwhina refers to community support worker or equivalent roles.
Kaimahi hauora	Health worker
Kaiwhakahaere	In the NZNO context this relates to the joint leadership roles of NZNO – ie president and kaiwhakahaere.
Meihana model	Mental health clinical assessment framework that describes how the kaupapa (purpose of the encounter) can extend standard history taking to give a broader understanding of Māori patients' presentations.
Nurse practitioners	Nurse practitioners have advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a registered nurse.
Medical hegemony	Preponderant influence or authority of doctors over others. The social, ideological, or economic influence exerted by medicine.
Model of care	Broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event.
Moemoeā	To have a dream or vision.
NCEA	National Certificate of Educational Achievement. Part of the New Zealand qualification framework for secondary school students.
Nurse-sensitive indicators	Reflect patient outcomes that are determined to be nursing-sensitive because they depend on the quantity or quality of nursing care. These include things like pressure injuries and falls.
Ōritetanga	Achieving health equity, reducing systemic inequities across health determinants, and service utilisation, thereby improving health outcomes.
Patient-centred care	Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring patient values guide all clinical decisions.
Pay equity	Means gender doesn't affect what people are paid. Women receive the same pay as men for doing the same work and also for doing work that is different but of equal value. The value of work is assessed in terms of skills, knowledge, responsibility, effort and working conditions.
Pay parity	Means a market/equity adjustment. A change in pay rate based on internal salary parity or external labour market conditions.
Point-of-care leadership	Providing leadership while also delivering health care and support to patients and their families/ whānau. Leadership that occurs outside a formal leader's role.
Rangatahi	Younger generation, youth.

Rangatiratanga	Self-determination and increased autonomy in the health system.
Social determinants	The conditions in which people are born, grow, live, work, age and die, including factors such as indigenous status, early life conditions, disability status, education, employment, working conditions, food security, sex, health care services, housing, income, ethnic differences, social position and social exclusion.
Tamariki	To be young, childhood.
Tāngata whenua	People born of the whenua (land), indigenous people, local people, hosts.
Te Rūnanga o Aotearoa	Bicultural partner of NZNO representing Māori health professional members.
Te Poari	Te Poari o Te Rūnanga (Te Poari) - Te Poari is a standing committee of the NZNO board and assist NZNO to ensure its processes reflect Tikanga Māori.
Third sector	The voluntary sector, also not-for-profit sector.
Tōpūtanga Tapuhi Kaitiaki o Aotearoa	An inclusive phrase covering all those that NZNO represents – including staff, members and those we care for.
Te Tiriti o Waitangi	Te reo version of 'the Treaty of Waitangi'.
Universal health care	Means that all people can get the preventive, curative, rehabilitation, and palliative health services they need.
Wairua	Spirituality as an underlying essence to wellbeing.
Whakatauakī	A proverb or significant saying.
Whānau	An extended family or community of related families who live together in the same area.
Whanaungatanga	Whanaungatanga reaches beyond actual whakapapa relationships and includes relationships to people who, through shared experiences, feel and act as kin.
Whenua	Te reo for land and placenta.

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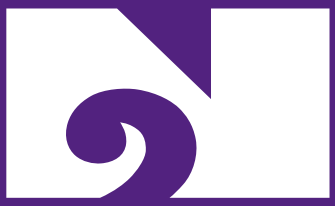
Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.



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