



TE PUAWAI

The Blossoming

**The Professional Update for Registered Nurses
And Nurse Practitioners**

June 2021



TE PUAWAI

The Blossoming

Whakatauki

Kia tiaho kia puawai te maramatanga

***“The illumination and blossoming
of enlightenment”***

This whakatauki highlights the endeavours of the College of Nurses as an Organisation which professionally seeks enlightenment and advancement.

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College of Nurses Aotearoa (NZ) Inc

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Disclaimer

The College of Nurses Aotearoa (NZ) Inc provides Te Puawai as a forum for its members to express professional viewpoints, offer ideas and stimulate new ways of looking at professional practice and issues. However, the viewpoints offered are those of the contributors and the College of Nurses does not take responsibility for the viewpoints and ideas offered. Readers are encouraged to be both critical and discerning with regard to what is presented.

Editorial

Professor Jenny Carryer RN, PhD, FCNA(NZ), CNZM - Executive Director

Liz Manning, RN, MPhil, Doctoral Candidate, FCNA(NZ)



Professor Jenny Carryer



Liz Manning

The Nursing Voice

These are yet again interesting times as the Minister of Health signals the rapid implementation of recommendations from the Health and Disability System Review. We already know the District Health Boards (DHBs) are to be dissolved and that two Health Boards (Māori and non-Māori) will operate in partnership to oversee health system delivery. The transition team is led by Stephen McKernan and report directly to the Prime Minister. They are tasked with the restructuring of primary health care and specifically primary care services (Department of the Prime Minister and Cabinet, 2021) and so widespread discussion and consultation is occurring between the transition team and various groups within the sector.

At the same time nursing is distracted by a period of intense industrial activity resulting from the increasing despair of hospital-based DHB nurses who are enraged by persistent understaffing, relentless work pressures and a sense that no-one will ever take staffing and patient research evidence seriously. It is an irony of course that hospital-based DHB nurses are the better remunerated of all areas of nursing and pressures are intense in all settings, especially in residential aged care. While not the focus of this editorial, or a negative stance on the industrial activity, it is a contextual consideration.

As a profession nursing has talked endlessly about the need for our voices to be heard based on the size of our profession and our 24/7 engagement with people and patients in every single setting in which health services are delivered. We have no argument with the suggestion that the voice of nursing has been marginalized for a very long time. We have no argument with the fact



that our voices need to be heard and accommodated in all levels of decision making. So why is the nursing voice still not heard?

There are many challenges around nursing's entry into and participation in the health leadership and policy domain. Firstly, the voice must have something cohesive, coherent and compelling to add to any discussion. And there is a tension between the desirability for that voice to offer the many solutions that nursing can provide to messy service delivery problems and the pressing need to be an informed but impartial voice in the discussions (Disch, 2020). Additionally, the many senior nurses who are capable of such engagement are hamstrung by their organizational employment status; they are preoccupied organizational leaders rather than unhampered leaders of the discipline with freedom and time to engage and to speak without constraint.

Above and beyond all of those obstacles is the fact that many nurses are socialized as women and still lack a sense of having the right to speak. As so concisely summarised by Dawson (2021, p. xxi) *"So we lower our voices. Women whisper. Women apologize. Women shut up. Women trivialize what we know. Women shrink. Women pull back."* One way or another we are doing a pretty good job of ensuring that we remain silent, invisible or token last-minute additions to the decision-making tables.

Ironically, current research suggests that nurse leaders who do own their leadership abilities may be further marginalized by nursing colleagues in clinical practice, who remain convinced that only those who work at the bedside truly know what's going on and consider non-clinical nurses in high-level leadership to be 'not real nurses' despite the Nursing Council of New Zealand (2007) competencies for nurses in policy.

Having a voice and engaging in health leadership and/or policy requires political savvy, and an ability to cope with confrontation. Historically, nursing is a profession which avoids risk (Scott & Scott, 2020), so to cope in this space we, as a profession need to consider how we prepare to move into these spaces with confidence and the right language.

So, while some of this is historically complex and perhaps beyond our capacity to entirely change, maybe we need to think differently about how we value the senior nurses who already work in these spaces. We think much of it comes down to establishing mutual trust and support of each other along with increasing the sense of safety for our colleagues who step forward. We are also signalling that the College has plans to foster workshops which foster nurses understanding of legislative processes and the complexities of the policy environment. Watch this space.



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Moving House or Changing Job

Please remember to update your contact details with the College office

Email: admin@nurse.org.nz

Celebrating Queen's Birthday Honours

Member of the New Zealand Order of Merit (MNZM)

Catherine Cooney, JP MNZM

For services to health and the community

The College would like to acknowledge and celebrate Cathy Cooney being awarded MNZM in the Queen's Birthday Honours 2021.

Cathy has been a valued and active Fellow of the College of Nurses Aotearoa (NZ) since 1993, supporting the College as a Fellowship censor. Cathy is currently the Director of Kowhai Health Associates Limited, a health consultancy company offering services to both public sector and private sector healthcare and vocational education providers.



Cathy has a background in public health nursing in Kiribati (with VSA) and in the Hokianga; midwifery; executive level health management – including as the Director of Nursing and Midwifery Lakeland Health; workforce development; quality systems and governance. Cathy is a former CEO of Lakes DHB and is the current Chair of both the interRAI NZ Governance Board and the Toi Ohomai Institute of Technology Board. She is the independent facilitator for the Kaiāwhina Workforce Plan, the Co-Chair of Healthy Families Rotorua and a mentor to aspiring leaders and executive level managers.

Cathy is remarkable in that despite moving into roles not traditionally associated directly or specifically with nursing she has maintained her support for and engagement with the discipline. Cathy is a stellar example of someone who has used her background in and experience of nursing to make a major and senior contribution in a range of health sector settings.



OraTaiao: The New Zealand Climate & Health Council

is Delighted to Welcome the College of Nurses Aotearoa as Organisational Members

Firstly, thank you very much for becoming a full member with us! This is very exciting for OraTaiao, as we recognise the expertise of Nurses in advocating for climate change action. Your membership allows OraTaiao to continue to advocate for effective and equitable action on climate change.

OraTaiao is New Zealand's only NGO working on climate change and health. Our strategic priorities are to act for a just (fast, fair and based on Te Tiriti o Waitangi) transition to a climate-resilient net zero emissions Aotearoa/NZ that improves health and achieves equity. This aligns closely with the College of Nurses aim of excellence in nursing practice and creating 100% access and Zero disparities in NZ health care.

OraTaiao has grown over a decade to more than 700 health professionals concerned with:

- The negative impacts of climate change on health, well-being, and fairness;
- The gains to health, well-being, and fairness that are possible through strong, health-centred climate action;
- Highlighting the impacts of climate change on those who already experience disadvantage or ill-health (i.e., equity impacts);
- Reducing the health sector's contribution to climate change.

There are currently two Registered Nurses on the Executive Board, Michael Brenndorfer (Youth Nurse and Nurse Educator) and Rebecca Sinclair (Public Health Nurse and College of Nurses member). Rebecca has helped develop this relationship between the College of Nurses and OraTaiao. She is currently supporting our campaign to advocate for a Te Tiriti-based food system that is equitable, improves health, and reduces climate pollution. Michael's recent article in Kaitiaki "Nurses are crucial in the fight against climate change" is an excellent write up on climate change in NZ from a nursing perspective

<https://www.orataiao.org.nz/nurses-are-crucial-in-the-fight-against-climate-change>

Any individuals wanting to join the movement of health professionals advocating for strong climate action and health gains, please check the website for more details www.orataiao.org.nz. Feel free to connect with us at [Facebook](#), and [Twitter](#). Let us know if you have particular areas of interest/expertise that you would like to contribute or connect with others. You will also receive a quarterly newsletter.

To find a regional group near you, email coordinator@orataiao.org.nz. You're invited to attend our monthly board meetings online via Zoom - agenda and details for joining emailed out each month.



Please tell your colleagues about the important work we're doing (feel free to share our poster). The more people who get involved, the stronger the voice for healthy and fair climate action.



Ora Taiao
Poster.pdf

Ngā mihi

Summer Wright (Membership) and the OraTaiao Team

Healthy Planet, Healthy People

We are health professionals advocating for immediate, equitable action on climate change. We centralise Te Tiriti O Waitangi to protect the health of all.

Combating climate change has many health benefits

- Healthy, sustainable food systems that foster food sovereignty, protect health and the environment.
- Safe and accessible footpaths, cycleways and public transport reduce emissions and improve health outcomes.
- Accessible and well-insulated homes cut emissions and reduce illness associated with cold, damp housing.

TAKE ACTION! visit orataiao.org.nz

- ▶ **JOIN US!** become a member
- ▶ **DONATE!** fund advocacy led by health professionals

Introducing College of Nurses New Board Members

I am delighted to advise you of new appointments to the College of Nurses Board. We had three vacancies for Māori Board members. There were three nominations and therefore no voting process was required. I can now introduce to you:

Brenda Close (Ngapui, Te Rarawa, Ngati Maniapoto)
Director of Nursing, Ashburton and Rural Health Services, Canterbury District Health Board



Rhoena Davis (Nga Puhi, Nui Tonu)
Nurse Practitioner Whanua ora at Whangaroa Medical Centre

Sandra McDonald (Ngati Whatua, Otamatea, Ngati Wai)
Senior Academic Lecturer Maaori, Manukau Institute of Technology



We are delighted to welcome these new members of Aronuku and really look forward to their leadership and guidance as we move into what will be the 30th year of the College's existence.

He Tohu Mauri Ora / New Zealand Primary Health Care Awards

Article by Dr Mark Jones FCNA(NZ), FACN

I've been to a few posh award dinners in my time, some of which are truly memorable for all the right reasons, and some best forgotten for a heap of not so good. Aside from the repeating incredulity as to how the 'black tie' garb seemingly shrinks between these events, there is also a nagging question about what they seek to achieve and if this kind of awards celebration is legitimate, especially in the post-neoliberal 'woke' world of today. As a board member of the College being asked to spend funds on sponsorship of a category at the He Tohu Mauri Ora / New Zealand Primary Health Care Awards this unease was rather testing.

The awards kicked off last year in a converted warehouse down on the Auckland Harbour waterfront, one of those venues trying to be cool, trendy and a little avant-garde, but still coming across as an old warehouse. Which reminds me of similar thoughts as I look in the mirror before heading out, but enough of that. Professional journals Pharmacy Today / Kaitiaki Rongoā O Te Wā and NZ Doctor / Rata Aotearoa plus the Pharmacy Guild of New Zealand, no doubt intended the awards to be a true celebration of the brightest and best our primary health care system has to offer in terms of individual practitioner and team endeavour but for me, it somehow didn't quite cut the mustard.

I do appreciate so far as nursing is concerned there is often a cry as to where we are when the gongs are being handed out – this sometimes being misplaced as the award winners were actually the worthy ones doing the mahi. However, albeit sitting at a table of potentially biased senior nurse leaders including our Chief Nurse, it was blindingly obvious to us that pretty much every person receiving an award who wasn't a nurse, couldn't have achieved what that award represented without one, if not several of our profession being in their team. At worse this was endorsement of the invisibility of nursing in all good things health care, and at best a reflection of the organisational grunt and judging panels not necessarily having full appreciation of what we actually do. A compounding sense of things not being quite right was the scant acknowledgement of tangata whenua and an overall impression of this just being a bit of a knees up eased along by some decent food a nice selection of fine wines. The College sponsorship did however see Jackie Clapperton being awarded NP of the year for her work at The Doctors - Te Whare Hāpara, Turanga Health at Te Karaka Medical Centre, St John and Hauora Tairāwhiti. The key thing our sponsorship bought though was the right to get stuck into the post bash feedback – and we sure did! And this is where this piece turns around from an account bordering on the cynical to one of admiration for an organising group able to take it on the chin and remodel an event to bring it up to speed as a true reflection of an Aotearoa NZ based on Te Tiriti and respectful of all communities comprising our great nation, plus a real appreciation of the interprofessional effort required to deliver quality care irrespective of who struts across the stage to receive the acknowledgement of

effort and achievement. I'm not saying the turnaround was all down to our feedback, but what we did have to say was met with a commitment to change, and in the awards ceremony of 2021 change is indeed what we saw.

Your board had once again deliberated on the benefits of sponsoring a Gold Award category, given our negativity as to the last. Sure, if we didn't sponsor something nursing would be lost in the array of medical and pharmaceutical sponsorship without much of a look in, but we really had to trust in those organisers to take a deep breath and come up with something different.

Whilst the general mingle in the foyer of the Cordis Hotel was the same old drinks dished out by roving waiters thing, once we were summoned to our seats by the sound of a conch shell the positive turnaround was apparent. MC for the evening - Jase Te Patu (Ngāti Ruanui, Ngāti Apa and Ngāti Tūwharetoa) got skilfully into gear setting a light tone as befits such an awards night yet underpinned by a solid injection of kaupapa Māori and awareness of the significance of work being done by all in achieving the awards. Probably not surprising from an award-winning facilitator with more than 25 years of experience in the health and wellness sector good choice. The significance of the event was evident in Minister of Health Andrew Little, his Associate Peeni Henare and Minister for Pacific peoples Aupito William Sio leading the manuhiri into a powerful pōwhiri led by Nettie Norman and the Ngā Rangatahi o Tāmaki kapa haka group. Minister Little accepted the wero and after a stirring performance by the rangatahi the leadership group, led by Mr Henare responded with the waiata, Tūtira Mai Nga Iwi. This was going to be different.

Sure, the nice food was still accompanied by good wine, but soft drink alternates got a mention on the menu and the tone had changed, yes it was actually professional. This time around I felt we were at an event truly celebrating the work of our health professions, including representatives of my own, and despite the frills and glamour of an awards dinner the real value of that work was explained to us and it was easy to appreciate that we do have some very fine people doing great work in the primary health care space. I do know that award winners win in part because they know how to fit what they do into an award category and know how to write an appealing account of their work for the judges to consider, whilst many others around the country go unrecognised (apart from by those who really mean something – patients and clients), but the winners did deserve their accolade. And this goes for the winner of our sponsored category – the Nurse Practitioner of the Year Award – Maria Kekus for her work as Clinical Director and co-founder of Health Connections, a nurse-led primary care service that delivers free healthcare and social services to young people.



Dr Mark Jones Co-Chair College of Nurses Aotearoa (NZ) with Maria Kekus, Nurse Practitioner of the Year 2021

Will we be back in 2022? Well if the event steps up a notch once more perhaps we should be. We have a feedback session with the organisers coming up, and this will be for the College board to consider once again down the track. For now, to all those winners, those who entered but didn't get placed, and to all of you out there doing great work irrespective of awards on offer; in the words characterising this year's NZ Primary Health Care Awards:

He Tohu Mauri Ora
 Mauri Mahi, Mauri Ora
 He tāngata/wahine Pūkenga
 He tāngata/wahine Mākohakoha
 He tāngata/wahine tino māia

Through the work you are all doing, our whānau, our community and our nation prosper.

Celebrating Excellence And Introducing The Team In The Office Of The Chief Nursing Officer, Ministry Of Health



Lorraine Heteraka

Tapuhi Rangatira/ Chief Nursing Officer

Te Arawa Whānau Ora (Ngāti Kahu, Ngāti Ranginui, Te Arawa)

It is with great pleasure that we acknowledge the achievement of Lorraine Heteraka in becoming Tapuhi Rangatira at the Ministry of Health. *Pictured here with the original artwork gifted to her from the College Board.* The College has benefitted from Lorraine's experience and contribution on our Board for a number of years and for the last three years as Chair of the Māori caucus which, in part due to her leadership, was recently renamed 'Aronuku' - looking downward toward the earth partnering the remainder of the board looking upward as 'Aorangi'.

Lorraine's past experience has included some significant leadership roles and shows her commitment to Māori hauora and the development of Māori tapuhi.

- 2021 CEO Te Arawa Whānau Ora Charitable Trust in Rotorua
- 2015: National Hauora Coalition- nurse leader
- Director of Nursing Procure
- Assoc DoN Auckland DHB

On behalf of the College membership and the College board; Aronuku and Arorangi we send our best wishes to Lorraine on her new endeavour and look forward to working with her into the future.



Ramai Lord

Kaitohutohu Matua /Clinical Senior Advisor

Ngāti Kahungunu ki Wairarapa, Ngāi Tahu, Te Whānau-a-Apanui, Ngāti Porou

I was initially seconded to the Ministry in January 2018 to progress work on growing the Māori nursing workforce before taking on a permanent role in July 2019.

The highlight and most interesting thing for me since starting at the Ministry is stepping into an advisory role from one of advocacy and ground level action, learning about the machinery of government and being able to provide effective clinical leadership and advice during a time of change in government and priorities, restructure within the Ministry and now health and disability system reforms.

My portfolio within the nursing team includes Māori health, Primary Health Care and Child and Youth. I provide support and strategic leadership and clinical advice across several Ministry programme areas including the Māori Health, Workforce and Population Health and Prevention Directorates.

My current work involves working with the across Ministry Working and Champions groups on the implementation of Whakamaua: Māori Health Action Plan 2020-2025, Māori Equity Research project, Family Violence Sexual Violence Scoping project and work programme, the School-based Health Services (SBHS) Nursing Support Project team to improve SBHS nurses capacity and capability, Māori Workforce Strategy and nursing workforce development and the Well Child Tamariki Ora team and Review programme.

The Ministry is one of the key stakeholders groups for the National Nurse Leaders group (NNLg). I sit on the NNLg as a Tiriti partner for the Office of the Chief Nursing Officer and am currently supporting the NNLg in the development of a national nursing strategy.



Pam Doole

Clinical Chief Advisor Nursing

Pam joined the Chief Nurses' Office, Ministry of Health in late 2020. Pam Doole has held senior nursing leadership roles at the Ministry of Health, Nursing Council of New Zealand and Hutt Valley District Health Board. Most recently she was Director of Strategic Programmes at the Nursing Council where she focused on creating enabling scopes of nursing practice that would facilitate better access to health care for all New Zealanders including Māori and Pasifika communities. This included two

proposals for registered nurse prescribing in primary health and specialty teams and a trial of registered nurse prescribing in community health with Counties Manukau DHB and Family Planning. The trial demonstrated improved access to medicines for Māori and Pacific people. Pam also reviewed the nurse practitioner scope to ensure it was enabled to improved access to health care and improve health equity.

Other projects Pam completed for the Council were the Code of Conduct for nurses, the review of the enrolled nurses scope of practice and a framework for expanding the practice of registered nurses.

Since joining the Ministry Pam's work has included contributing to initiatives to increase the Pacific nursing workforce and End of Life Choice Act implementation.



Jane Bodkin

Clinical Chief Advisor Nursing

I've been at the Ministry for almost seven years. My work portfolios and priorities have evolved as the Government's, Ministries and Chief Nurses team priorities have evolved and changed over time. Initially I was working mostly in clinical advice and leadership in mental health. An early highlight was being on

the working group for *Preventing Suicide: Guidance for Emergency Departments (2016)* project.

I worked with the team on the changes to 8 Acts of Parliament to enable nurse practitioners and other health practitioners to carry out functions that previously only medical practitioners could do.

The Nursing Accord has been my main focus over the past three years from initially establishing the Accord Operations Group with DHBs and NZNO in August 2018, providing advice to the Minister on policy options – through to the budget bid process and overseeing implementation of new \$24.52 million funding for additional Nurse Entry to Practice (NEtP) training places for new graduate registered nurses, and additional infrastructure support, and the new national Enrolled Nurse Support into Practice Programme (ENSIPP).

Currently I'm working with the mental health directorate and health workforce directorate on mental health nursing workforce initiatives arising from Budget 19 increasing access and choice in primary mental health.

I have portfolios for enabling the scope of nurse practitioners and enrolled nursing and provide advice to the Minister and the Ministry on Care Capacity Demand Management.



Dr Jill Wilkinson
Clinical Chief Advisor

Jill joined the Office of the Chief Nursing Officer in April 2020 to support the COVID-19 response. She joined again in October, working two days a week. Her background is in nursing education where her research interests, teaching responsibilities and professional involvement were connected to advanced nursing roles and safe prescribing practice. Since joining the Ministry, Jill's work has continued to focus on medicines and the recent consultation to update the medicines list for registered nurse

prescribers.

Empathy Immersion Research

Article by Dr Helen Rook RN, Dr Chris Deak, Dr Tosin Popoola RN, Dr Caz Hales RN

As researchers from the School of Nursing Midwifery & Health Practice, Te Herenga Waka Victoria University of Wellington, we are excitedly conducting an Empathy Immersion Programme (EmpEd) in an acute clinical setting. This university funded study commenced in April 2021 after a COVID-19 related 12-month delay. The aim of the study is to determine the impact of EmpEd on the measured empathy levels of hospital ward healthcare teams as well as to gain an understanding of patient/family/whānau experiences. The premiss of our argument is that empathy is fundamental in building positive working cultures (Cochrane et al., 2019). For example, healthcare workers reported improved collaboration (Adamson et al., 2018), along with a reduction in stress and burnout (Wilkinson et al., 2017) when empathy and kindness were fostered.

There are a number of international studies exploring the teaching of empathy to health professionals (e.g., Foster et al., 2017; Richardson et al., 2015). In Aotearoa New Zealand, studies on empathy are limited to medical student education (Lim et al., 2011, 2013), and there is no evidence of an exploration of empathy in the context of the wider healthcare team or the impact of empathy on patient satisfaction. This study has the potential to offer some unique insights into the role empathy education plays in creating healthy working cultures.

The research design is a quasi-experimental interventional study of healthcare workers, patient and family/whānau. Healthcare team participants consist of registered and non-registered staff, including pharmacists; physiotherapists; occupational therapists; social workers; nurses; doctors; health care assistants; ward clerks; and domestic services staff. Participants were allocated to either the intervention or the control group. The intervention group are currently participating in the empathy education immersion programme. The control group are operating as usual. Both groups have already participated in a baseline survey and will undertake a further two surveys in the following months. Similarly, patients and family/whānau have completed the baseline surveys, and future two surveys will be administered post intervention.

Although the study is not yet completed, we can share with you some of the elements of the intervention—the basis of which is to deliver an eight-week educational programme in the clinical setting. There are two main components to the intervention which are a self-directed learning package known as the 'Aroha Passport' and the researcher facilitated ward activities. The 'Aroha Passport' is packed with resources and each week the healthcare team are asked to reflect on a Māori proverb as well as western and eastern ideas to build an understanding of both empathy and how participants relate and respond as people. To support the ward activities, the intervention ward has undergone a facelift. There is a dedicated staff quiet space complete with a swiss ball and inspirational messaging where ALL staff can go for respite. The ward has been 'branded' with a weekly focus, such as self-compassion, kindness etc. Some of the ward facilitated activities

include a twice daily hydration station (see picture) and a daily 5min mindfulness practice. It is premature to speculate what the impact of the intervention will be. What we do know is the daily attendance for meditation is averaging between 8-10 participants and those who attend represent the broader healthcare team including cleaners, healthcare assistants, nurses, doctors, allied health professionals and administration staff.

We look forward to sharing the full results of the study with you later this year. In the meantime the research team encourage you to consider what you are going to do to care for yourself and how collectively you might care for one another. This initiative is one way to influence culture. It does not replace the muchneeded commitment from health service management to safely staff and remunerate those who work in healthcare.



Dr Chris Deak with the Hydration Station



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MBIE Whitinga Research Award recipient Dr Samantha Heath FCNA

Associate Minister for Health, Dr Ayesha Verrall recently announced the recipients of 30 MBIE Science Whitinga Fellowships. The fellowships are aimed at supporting excellent early career researchers impacted by COVID-19 in the New Zealand research science system. The Fellowships are intended to support up and coming researchers to rise and establish a career in their chosen field of research. This is captured in the name of the Fellowship 'Te whitinga mai o te rā,' which can translate to "the rising of the sun".

30 Fellows have been selected for a 2-year Fellowship to undertake research in any field (including the humanities, mātauranga and social science) at a New Zealand host research institution. The MBIE Science Whitinga Fellowship is administered by the Royal Society Te Apārangi for the New Zealand Government. The total value of an MBIE Science Whitinga Fellowship is \$320,000 per award. Dr Samantha Heath a Senior Lecturer in Nursing at Unitec was one of the recipients. Her work "Fit for the future: Reimagining nurse preparation for practice in New Zealand's changing demography" is intended to build on her earlier research on the undergraduate nursing curriculum examining how to support students to meet the healthcare needs of older adults as the expected demographic changes in New Zealand's population unfold.





Obituary

Emeritus Professor Nancy Kinross

College Censor 1992- 2021

Professor Nancy Kinross's nursing career began in 1946 when she was accepted into the second year of medical training. But in her own words, "the committing of a vast array of facts to memory with no space for innovative interpretation and lateral thinking was not my forte" and so she transferred to be educated as a nurse at Christchurch School of Nursing.

Nan as she was known had always intended to return to medicine however, graduating "top of dominion" in national nursing exams, together with the Nightingale Medal for her year, helped to change her view to see a career in nursing. Around 1953 Nan went on to focus on strengthening her theory and practice knowledge to pass onto students, and went back to University to study english, education and philosophy.

In 1959, she graduated from Canterbury University with a Bachelor of Arts degree and in the early 1960s she received a Fulbright Scholarship to study at the University of California, San Francisco from where she graduated with a Master of Science.

She then returned to NZ and worked as supervising matron at Southland Hospital with responsibility for one base hospital and 17 small rural hospitals and a district nursing service that incorporated Stewart Island.

In 1963, Nan and three others wrote the curriculum for the Postgraduate School of Nursing in Wellington, in 10 short days. In 1967, she was appointed Assistant Director, Division of Nursing in the Department of Health and held this position until 1973 where during this time, she and her colleagues transferred nursing education from hospital boards to education institutions. During this time she was also active on the New Zealand Nurses' Association executive and other national committees.

Nan introduced the first courses in nursing at Massey University in Palmerston North in 1974, and she later earned a PhD from Massey. In 1985, she was appointed the inaugural Professor of Nursing at Massey, becoming the second woman to receive a Chair at that institution. When she retired from Massey in 1991, Nan was conferred with the title of Professor Emerita. However, when Nan retired "Retirement" was not a concept she embraced and she continued a life of public service, providing advocacy and support for those with no voice of their own. For many years she worked with the MASH Trust in Palmerston North and had a long association with Brightwater Residential Care also in Palmerston North.



Nan's stellar work in the primary health sector was recognised in the New Year's Honours list in 1993 when she was made a Commander of the Most Excellent Order of the British Empire (CBE) for services to nursing and nursing education.

Nan chaired the Ethics Committee of the Health Research Council, worked to develop national policies for women's health, and was a Censor and Fellow of the College of Nurses Aotearoa (NZ) from its inception in 1992.

In June 2005 Nan received the inaugural Lifetime Achievement Award at MidCentral Health's first Primary Health Awards, recognising 53 years of service in the health system. In 2018, Nan was awarded a Civic Honours award for her services to the community.

We recognise and thank Professor Kinross for her pioneering spirit and trail blazing; for forging the foundations of the nursing education we have today and those decades of community service from which so many have benefitted, her contribution to nursing and to community health were immense and the result of a life-long commitment.



Volunteers Wanted: College Of Nurses Endorsement Team

The College, as part of its mandate, supports registered nurses and nurse practitioners in their ongoing professional development within the Nursing Council's Continuing Competence Framework (2008).

To ensure nurses have access to professional development events that are of a high professional standard, the College offers opportunities for providers of online learning, conferences, courses, seminars, or workshops to seek College endorsement.

<https://www.nurse.org.nz/endorsement-application-form.html>

Endorsement in this instance determines that the College is satisfied that the event or learning opportunity being provided is of a high standard, accurate and relevant to the nursing profession in New Zealand, will enable participants to achieve hours relevant to the 60 professional development hours required by Nursing Council to be undertaken over a three-year period (Nursing Council 2008).

Following successful endorsement, the College allocates:

- Professional Development hours for the event
- Wording for relevant promotional and marketing materials
- A College logo for use on Professional Development certification

To facilitate this process, we need NP and RN clinical experts who are able to review items relevant to their practice area.

If you have an interest in undertaking endorsements please read on:

- You would be looking at courses, conferences, online, face to face, journal articles and seminars, there are quite a variety of applications.
- Over the last 18 months the endorsement requests for face-to-face events have reduced and there have been more journal articles, online courses and webinar events.
- You bring your expertise to bear on the topic but we do provide checklists of assessment points to look and guide your review. In summary:
 - Relevance to nursing?
 - Is it good quality?
 - Is it current?
 - Are the presenters and providers appropriate?
 - Is the method of delivery appropriate?
 - Do we want the College associated with it?
 - **PD hours: your assessment of how many**



- Time frames differ depending on the materials sent for endorsement.
We look for a one week turn around

The endorsement process will have an overhaul later this year to ensure we keep up with new methods of education delivery with appropriate endorsement assessment tools.

If you provide endorsements we can send you, on request, a verification letter for your portfolio.

Please contact the College of Nurses office if you would like to join the endorsement panel.

Nursing And Climate Action In Aotearoa New Zealand 2021

Article by Rebecca Sinclair, RN PgDip SCPHN

Nurses have a key role to play in supporting our transition to a healthy, thriving, low emissions future. The climate crisis is a global threat to health and urgent action is required across all levels of society, for government, business, communities and individuals. The effects of climate change are already being felt and will continue to lead to an increase in extreme weather events, water and food insecurity, rising sea levels, mass migrations, species extinction and increased human conflict. These effects impact directly on the basic determinants of health, such as access to clean air and water, healthy food and a safe environment. In order to avoid the worst effects of runaway climate change (1) we must transition quickly from our reliance on fossil fuels like coal, oil and gas to renewable energy sources. We need to half our emissions by 2030. Our present emissions targets are deemed insufficient (2) to reach the goal of net zero emissions by 2050 as agreed by the Paris Agreement.

Human caused climate change is better understood and reveals we have much work to do. While many health professionals are responding to the Covid-19 pandemic or managing their role in new ways, climate change remains that the biggest threat to public health in the 21st century, and requires urgent action. How we respond to our recovery from the Covid-19 pandemic will set the scene for years to come. There is a chance to proactively re-think how we organise society rather than just rebuild with reactive “shovel ready” projects that continue the status quo.

The good news is that there are significant co-benefits to health from taking climate action. Recent studies clearly show that well-designed climate action is needed to optimise health gains (3). The right to the highest attainable standard of health is recognised in the UN Declaration on Human Rights (4), and hauora (health and wellbeing) (5) is one of the taonga guaranteed to all citizens under Te Tiriti o Waitangi. Health and wellbeing must be a top priority.

The nursing profession in Aotearoa New Zealand is a 60,000 strong workforce with direct access to the public and a key role in health advocacy and patient education. Less than 50% of nurses work in District Health Boards, with many working in cross sector agencies such as corrections, defence and schools. Other areas include NGO's, private providers, aged care, Plunket, family planning, Iwi providers, primary care, education and regulation to name but a few. This means nurses are able to impact areas of public health and wellbeing to which few others have access.

Nurses are highly trusted health professionals and it would be prudent to include nursing in policy development and implementation. Investing in public health policy and the health workforce that provides care and education to the public would bring cost savings in the long run and be money well spent. One example of this is further investing in Nurse Practitioners who can deliver expert

health services at a fraction of the cost of funding locum general practitioners. More investment in primary health care would reduce the costs and burden on the hospital system.

In March 2021, the College of Nurses Aotearoa (NZ), as well as NZNO, each made a submission to the Climate Change Commission (6). Our call to action was for health to be put at the heart of their advice to the Government. While supporting the intent of the advice to the Government to achieve a cleaner, greener, healthier and more sustainable future however, the advice needed to be more ambitious and to centralise health, health equity and Te Tiriti o Waitangi. Strong climate action to reduce our reliance on fossil fuels offers the greatest opportunity to improve health and health equity. There are clear benefits from public health policy that supports behaviour change and makes healthier choices easier. We asked the commission to seize the opportunity to include more specific references to health. The advice must recognise, quantify and optimise these important health co-benefits. Public health and evidenced based policy must be prioritised over corporate and industry interests and influence.

Climate Change Response (Zero Carbon) Amendment Act 2019

There is increasing public concern about climate change and many health professionals are concerned that the government is not doing enough. The Climate Change Commission releases its advice to Government in June and they must have agreed a plan and emissions budget targets in place by the end of the year. As per the Climate Change Response (Zero Carbon) Amendment Act 2019 the Government is legally bound to this. Even though we are a comparatively small nation we have some of the highest emissions per capita in the world with agriculture and fossil fuel use being our two main sources of emissions. The healthcare industry is also responsible for emissions due to the resources used (7).

Emission reductions in the healthcare sector

In England, the NHS has set ambitious and detailed targets in “Delivering a ‘Net Zero’ National Health Service” (8). This document could form the basis of a Ministry of Health plan to transform our health service. There should be an investment and coordination of sustainability officers across all District Health Boards to ensure change is occurring strategically throughout the country. Addressing the health sector emissions must form part of the new Health NZ.

There are many ways nurses can contribute. In alignment with the Paris Agreement, the American Nurses Association has included sustainability as part of their core nursing competencies. There is scope for this to be included in the New Zealand Nursing Council competencies, which all nurses must abide by. There are nursing lecturers working to include climate and health education as part of the nursing degree so our future workforce is aware and prepared. Nurses are studying sustainability, procurement, public health and leadership to name but a few. For those interested, the [**Sustainable Healthcare and Climate Health Aotearoa Conference 2021 is coming up on the 22-23 June**](#), with a fantastic line up of local and international speakers this is an excellent way to network.

Sustainable healthy diets

Food production and food waste take a toll on the environment and create emissions. Poor quality diets are a major contributor to increasing rates of non-communicable diseases including heart disease, diabetes and cancers. The EAT-Lancet Commission's report (9) describes a universal healthy reference diet where people have enough food; it is predominantly plant based and has a minimal intake of animal source foods, refined grains and highly processed foods. The New Zealand Dietary guidelines need to be updated to include information on sustainable healthy diets. The New Zealand College of Public Health Medicine has released a comprehensive policy statement on Sustainable Healthy Food Systems which could guide this update (10). The Government also needs to address rising economic disparities so that people are enabled to make healthy food choices.

Transport

We need a well-coordinated and integrated approach to help people get around quickly and safely – one that significantly reduces harm to the environment and where there are multiple safe and accessible transport choices. As we shift away from fossil fuel vehicles, nurses can promote a shift to active and public transport as a way to promote physical activity for those who are able and to reduce emissions. Creating bike and pedestrian lanes are a positive and proactive way of managing the traffic issues around the country. While we should also consider a shift to electric vehicles, focus on this is not sustainable and misses the opportunity from the health gains from active transport.

Summary

There are so many ways nurses can support the transition to a low emissions future that can both improve health and reduce climate pollution. When viewed as a broader public health issue, we can see there is more to be done than simply recycling our way out of the climate crisis. What are the changes that could be made in your area of practice?

Rebecca Sinclair, RN PgDip SCPHN is a Public Health Nurse, member of the College of Nurses Aotearoa and of OraTaiao: The New Zealand Climate and Health Council.

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Nursing Praxis In Aotearoa New Zealand

Article by Dr Sue Adams, RN PhD – Co-Editor in Chief



At our latest Editorial Board meeting of Nursing Praxis, a not uncommon discussion again emerged as to our role in supporting authors to publish their work – just how far do we go? As academics, we are all familiar with the round of rejection and revision to final acceptance. Academia is an odd institution with somewhat of a killer instinct. Perhaps my favourite Tweet of the year was from Professor Trish Greenhalgh (26 April 2021):

Oh hello, manuscript I submitted months ago. Nice to have you back. Did you enjoy your time with Reviewer 2? Oh dear. Did they really? Gosh yes, I can see the red marks. So deep! Come into my arms my darling paper. There there. R2 can't hurt you anymore. We'll go somewhere else.

It's a tough game to get published; this takes us back to our purpose at Nursing Praxis. Resoundingly, the Board again affirmed our position to encourage and enable publication by nurses where there was meaning and relevance for nursing in Aotearoa and the Pacific rim. And if that means going above and beyond the usual editorial processes, then we will.

Going back to the inception of Nursing Praxis, Norma Chick (1986) wrote on the "Meaning of scholarliness in nursing" and how it was being interpreted by the inaugural Editorial Board. The tenets are as true today as they were at the inception of the Journal. Norma wrote about three groups from whom they hoped to receive material: established authors of Aotearoa New Zealand; those who have perhaps had some in-house publications and hope to reach a wider audience; and,

The last group, most numerous and most important ... are those who have never had anything published... The profession is you, its members. The knowledge base should reflect your input. (Chick, 1986, p. 20).



Norma stated that the Editorial Board would provide encouragement and practical assistance. The same ethos remains true today, with the Board offering editorial guidance to particularly support new and emerging writers; always with the intent of delivering articles that hold up to international standards. It takes courage to write knowing others will read and critique and it is our philosophy to honour and channel that courage in the best interests of the nursing profession and the populations we serve.

To celebrate the endeavours of Nursing Praxis over 35 years of publishing, a [Special Issue](#) was released on International Nurses Day – 12 May 2021. The Issue looks back at work published from three key authors – Jocelyn Keith, Irihapeti Ramsden, and Jill Wilkinson – with commentaries provided by various nurse leaders from across Aotearoa New Zealand. The Journal marks a point in history and acknowledges the work of all those Board members, reviewers, and authors who have brought Nursing Praxis to its present form – a taonga for nursing in Aotearoa.

As we mark this point in time, we are also looking forward to ensuring Nursing Praxis remains contemporary for nursing in Aotearoa. Titles of articles and abstracts are translated into te reo Māori and we have a webpage providing [guidance for research involving Māori](#), including a glossary of te reo terms. The Board has a Kaitautoko Tikanga ā-Rua (bicultural advisor) to provide oversight of manuscripts and Board processes.

Many of our publications are cited in international journals and we are working to extend our reach. Most notably, articles published are now being indexed by Scopus. (We are awaiting the backdated articles between November 2014 and 2019 to be indexed.) Each article and editorial is assigned a doi (digital object identifier) which is the article's unique digital fingerprint deposited with CrossRef. Within CrossRef we link the author's [ORCID ID](#), where authors' outputs are linked. Ultimately, all these strategies improve accessibility and readership, while improving author and Journal metrics.

Later this year (November 2021) we will be publishing a dedicated issue to COVID-19 – *Aotearoa's nursing response*. A request for abstracts received a fabulous response from across the nursing sector, as well as interest from those willing to review for the issue. As with the 35-years of Nursing Praxis issue, we hope the COVID-19 issue will mark an important time in nursing history and be a resource to treasure for future generations of nurses.

Nursing Praxis in Aotearoa New Zealand

<https://www.nursingpraxis.org/>

Enquiries: admin@nursingpraxis.org



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*October 2014
October 2015
October 2015*



Te Puawai

