

Te Tai Tokerau Nursing Conference 2023

How Do We Deliver
Equitable Care?

Sponsored by

Te Whatu Ora
Health New Zealand



UNIVERSITY OF
AUCKLAND
Waipapa Taumata Rau
NEW ZEALAND

**MEDICAL AND
HEALTH SCIENCES**
SCHOOL OF NURSING



Contents

Te Tai Tokerau Nursing Conference Programme	4-5
--	-----

Pōwhiri	6
----------------------	---

Waiata	7
---------------------	---

Keynote speakers:

Dr Maree Sheard.....	8
----------------------	---

Dr Julia Stark.....	8
---------------------	---

Nadine Gray.....	9
------------------	---

Angela Joseph.....	9
--------------------	---

Plenary Session & Concurrent Presentations:

Pipi Barton.....	10
------------------	----

Ebony Komene.....	11
-------------------	----

Frazer Rangihuna.....	12
-----------------------	----

Coral Wiapo.....	13
------------------	----

Jenae Valk.....	14
-----------------	----

Alison Danielsen and Jo Clark-Fairclough.....	15
---	----

Ebony Komene and Sue Adams.....	16
---------------------------------	----

Merophy Brown.....	17
--------------------	----

Alison Danielsen.....	18
-----------------------	----

Louise Bell.....	18-19
------------------	-------

Laura Henderson.....	20
----------------------	----

Mara Woodworth.....	21-22
---------------------	-------

Ebony Komene and Coral Wiapo.....	23
-----------------------------------	----

Amanda Brown.....	24
-------------------	----

Aavy Verma.....	25
-----------------	----

Renee Goldbert.....	26-27
---------------------	-------

Coral Wiapo.....	28
------------------	----

Final Session.....	29
--------------------	----

Te Tai Tokerau Nursing Conference Programme

Hosted by: Te Whatu Ora Te Tai Tokerau and University of Auckland School of Nursing

Venue: Forum North, Whangārei

Time	Plenary		
0800-0845	Pōwhiri (assemble 10 minutes beforehand at 7:50am)		
0845-0930	Kai and refreshments		
0930-0940	Welcome and housekeeping		
0940-1010	Keynote speech: Dr Maree Sheard (Ngāti Pāoa) – Kaitohu Whakatapuhi Chief Nurse, Te Whatu Ora Health New Zealand, Te Tai Tokerau		
1010-1040	Keynote speech: Dr Julia Stark – Head of School, School of Nursing, Waipapa Taumata Rau University of Auckland		
1040-1100	Morning tea		
1100-1130	Keynote speech: Nadine Gray (Te Whakatōhea) – Akatū Aki Hauora Matua: Tapuhi Chief Nursing Officer, Te Aka Whai Ora Māori Health Authority		
1130-1200	Keynote speech: Angela Joseph (Ngāti Tukorehe) – Kaiwhakahaere Paerewa Ngaio Director Professional Standards, Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand		
1200-1230	Plenary session: Presenter: Pipi Barton – Nurse Lecturer, Te Pūkenga NorthTec Topic: He whakatokomaha i ngā Tapuhi Māori mo ngā rā kei te haere mai – Growing our Māori nursing workforce into the future		
1230-1315	Lunch (preceded by blessing of kai)		
Concurrent Presentations			
	Stream A focus: Child health, workforce wellbeing (Cafler Suite 1)	Stream B focus: Mātauranga Māori approaches, rural (Cafler Suite 2)	Stream C focus: Racism, workforce, advanced nursing practice (Te Kotahitanga Hall)
1320 - 1350	Presenter: Ebony Komene – Professional Teaching Fellow, School of Nursing, Waipapa Taumata Rau University of Auckland Topic: Kōrero mai: The experience of whānau Māori caring for their tamariki with atopic dermatitis – a kaupapa Māori methodology	Presenter: Frazer Rangihuna – Professional Teaching Fellow, School of Nursing, Waipapa Taumata Rau University of Auckland Topic: Mātauranga Māori as a means to alleviate mental distress for tane Māori	Presenter: Coral Wiapo – Professional Teaching Fellow, School of Nursing, Waipapa Taumata Rau University of Auckland Topic: Exploring racism in nursing to inform antiracist praxis in Aotearoa
1350 - 1420	Presenter: Jenae Valk – Nurse Practitioner, Child and Youth Health, Te Whatu Ora Health New Zealand, Te Tai Tokerau Topic: Advancing equitable care through advanced nursing roles in neurodevelopmental care at the Child Health Centre Te Tai Tokerau	Co-Presenters: Alison Danielsen – Nurse Practitioner; and Jo Clark-Fairclough – Youth Nurse Prescriber, Te Hiku Hauora Topic: Increasing access to care in rural and remote communities in Te Tai Tokerau	Co-Presenters: Ebony Komene – Professional Teaching Fellow; and Sue Adams – Senior Lecturer, School of Nursing, Waipapa Taumata Rau University of Auckland Topic: Integrating nurse practitioners into primary healthcare with a social justice focus: an integrative review

Date: Tuesday, 7 November 2023

Open: to all Te Tai Tokerau Registered and Enrolled Nurses and Nurse Practitioners

Concurrent Presentations Continued			
1420 – 1450	<p>Presenter: Merophy Brown – Associate Clinical Nurse Manager, Special Care Baby Unit (SCBU), Te Whatu Ora Health New Zealand, Te Tai Tokerau</p> <p>Topic: Whānau Māori experiences of the Special Care Baby Unit (SCBU) in Te Tai Tokerau</p>	<p>Presenter: Louise Bell – Nurse Coordinator and Assistant Manager, Te Kāhui Matepukupuku o Aotearoa Cancer Society</p> <p>Topic: Cancer Society Kia ora e te iwi programme</p>	<p>Presenter: Laura Henderson – Nurse Practitioner, Kensington Health</p> <p>Topic: The care team approach – EN to NP: how the care team could be part of the solution to the general practice crisis</p>
1450 – 1510	Afternoon tea		
	Stream A focus: (Cafler Suite 1)	Stream B focus: (Cafler Suite 2)	Stream C focus: (Te Kotahitanga Hall)
1510 – 1540	<p>Presenter: Mara Woodworth – Nurse Unit Manager: Surgical Services, Te Whatu Ora Health New Zealand, Te Tai Tokerau</p> <p>Topic: Wellbeing contextualised within the transition year of new graduate nurses in Te Tai Tokerau</p>	<p>Co-Presenters: Ebony Komene and Coral Wiapo – Professional Teaching Fellows, School of Nursing, Waipapa Taumata Rau University of Auckland</p> <p>Topic: Indigenising health services: Growing the Māori and Pacific enrolled nurse workforce</p>	<p>Presenter: Amanda Brown – Clinical Nurse Manager, Diabetes Service, Te Whatu Ora Health New Zealand, Te Tai Tokerau</p> <p>Topic: Registered nurse prescribing within the Specialist Diabetes Service – a way to increase access to care in Te Tai Tokerau</p>
1540 – 1610	<p>Presenter: Aavy Verma – Community Mental Health Outpatient Clinic Nurse Lead, Te Whatu Ora Health New Zealand, Te Tai Tokerau</p> <p>Topic: Work experiences of the psychogeriatric nurses</p>	<p>Presenter: Renee Goldbert – Practice Nurse, Paihia Medical</p> <p>Topic: Addressing inequities for Māori and vulnerable people living in rural populations with socio-economic disadvantage</p>	<p>Presenter: Coral Wiapo – Professional Teaching Fellow, School of Nursing, Waipapa Taumata Rau University of Auckland</p> <p>Topic: Ahakoa he iti he pounamu – although it is small, it is precious</p>
Plenary			
1610 – 1615	Regroup in Te Kotahitanga Hall		
1615 – 1635	<p>Publishing Nursing Research: Dr Sue Adams – Co-Editor-in-Chief, Nursing Praxis in Aotearoa New Zealand (Journal of Professional Nursing) and Senior Nursing Lecturer, School of Nursing, Waipapa Taumata Rau University of Auckland</p>		
1635 – 1700	Closing of conference: Dr Maree Sheard and Dr Julia Stark		

Pōwhiri

Date: Tuesday 7 November 2023

Time: 7:50am

Venue: Te Kotahitanga Exhibition Hall, Forum North, 7 Rust Avenue, Whangārei

Te Tai Tokerau Nursing Conference

Programme

(Assemble 10 mins before Pōwhiri)

07.50

Manuhiri – all manuhiri to assemble in the foyer

Kai Karanga (Call of Welcome) – Calls visitors into the room

(Currently No Hongi Please) Everyone will come in and be seated

Karakia (Prayer), Himene (Hymn) – He Hōnore

Mihimihi/Formal Welcome Speeches

From Te Poutokomanawa Kaumātua Te Ihi Tito and/or delegated Kaimahi

Return speech/s and waiata on behalf of manuhiri (visitors)

End of formal welcome.

Mihi speech on behalf of Te Whatu Ora Te Tai Tokerau

Maree Sheard, Chief Nurse

Mihi from anyone of the manuhiri (visitors)

08.45

Karakia mutunga: Closing prayer

Kaiwhakanoa – Kaumātua will bless the kai.

Waiata

HE HONORE (1)

He Honore, he Kororia
Maungārongo ki te whenua
Whakaaro pai e
Kinga tangata katoa
Ake ake, ake ake
Amine
Te Atua, te piringa,
Tōku oranga

HAERE MAI RA (2)

Haere mai rā, haere mai rā
Tena rā koutou katoa
E te iwi nui tonu rā
Tena rā koutou katoa

Piki mai rā
Kake mai rā
Homai te waiora e
E te iwi nui tonu rā
Tēnā rā koutou katoa

MAKU RA PEA (3)

Maku rā pea
Maku rā pea
Māku koe e awahi e
I te ara, ara tupu
Maku koe e awahi e

TE AROHA (4)

Te aroha
Te whakapono
Me te rangimarie
Tātou, tātou e

MĀ WAI RA (5)

Mā wai ra e taurima
Te marae i waho nei
Mā te tika, mā te pono
Meo
te aroha e

KA PINE A KOE (6)

Ka pine a koe
E au ki te pine
Ō te aroha
Ki te pine e
Kore nei e
Waikura e

WAIKURA TAPU (7)

Wairua Tapu tau mai rā
Wairua Tapu mai runga
Uhia mai ngā taonga pai
Homai tō aroha
Wahia kia tika
Akona mai rā kia ū ki te pai
Horoia kia mau tonu rā
Mō hou te tino kororia

Wairua Tapu tau mai rā
Wairua Tapu tau mai rā
Wairua Tapu tau mai rā

PUREA NEI (8)

Purea nei e te hau
Horoia e te ua
Whitiwhitia e te rā
Mahea ake ngā pōraruraru
Makere ana ngā here.

E rere wairua, e rere
Ki ngā ao o te rangi
Whitiwhitia e te ra
Mahea ake nga poraruraru
Makere ana nga here
Makere ana nga here

E TORU NGA MEA (9)

E toru nga mea
Nga mea nu nui
E kī ana
Te paipera
Tūmanako
Whakapono
Ko te mea nui
Ko te aroha

MA TE KAHUKURA (10)

Mā te kahukura ka rere te manu
Mā ngā huruhuru nei
Ka rere koe
Rere runga rawa rā e
Kua tae atu koe ki te taumata
Whakatau mai rā e

Mau ana tāku aroha
Whai ake i ngā whetū
Rere tōtika rere pai
Rere runga rawa rā e

NGĀ PUAWAI O NGĀPUHI (12)

Whakarongo mai
Ki te reo e tangi nei
E ringihia mai ana
Mai i āku kamo
Ngā roimata e

Whiti mai te rā
Ngaro ana te mamae
Ngaro noa te pōuri
Kaua e mau riri
Anei anō he rā

Maranga mai e te iwi
Ō ngā hapū Ngāpuhi
Kia mau, kia ū, kia pupuri ai
Ki ngā akoranga nui

Takahia te ao
Ka kitea te iwi
E tū tangata mai tātou
Ngā uri ō rātou
Kua mene ki te pō
Tenei te mihi
Ki ngā kai awhina e
Ki ngā whaea ngā mātua
Anei rā ko ngā hua
E puawai ana mai

KA WAIATA KI A MARIA (13)

Ko te whaea,
Ko te whaea, ō te ao
Ka waiata ki ā Maria
Hine i whakaae
Whakameatia mai
Te whare tangata

Hine pūrotu
Hine ngākau
Hine rangimārie
Ko te whaea
Ko whaea, o te ao

E HARA I TE MEA (11)

E hara i te mea
No inaianei i te aroha
No nga tupuna
I tuku iho
I tuku iho

Te whenua, te whenua
Te oranga o te Iwi
Nō nga tūpuna
Tuku iho, tuku iho

Whakapono, tumanako
Te aroha te aroha
Nō nga tūpuna
Tuku iho, tuku iho

Keynote Speakers

Dr Maree Sheard (Ngāti Pāoa) – Kaitohu Whakatapuhi

Chief Nurse – Te Whatu Ora | Health New Zealand in Te Tai Tokerau



Maree Sheard trained as a nurse in Whangārei and returned home in 2020 to join the then-Northland District Health Board as the Chief Nurse. Before her return, Maree had been working as a senior lecturer with the School of Nursing at Massey University. She was involved in developing and delivering Masters level nursing programmes.

Before her tertiary education role, Maree was an Associate Director of Nursing at Whanganui District Health Board, where she worked in patient safety and service quality. Maree served as a Nursing Officer in the New Zealand Army for over twenty years, where she held various clinical and leadership appointments, including that of Director of Nursing.

While in the Army, Maree deployed to East Timor as a flight nurse and later to Afghanistan with the Defence Force's Provincial Reconstruction Team. Maree has a Masters in Strategic Studies from Victoria University (Wellington) and a PhD in Nursing from Massey University.

Dr Julia Slark

Head of School, School of Nursing, Waipapa Taumata Rau | University of Auckland



Associate Professor Julia Slark is the Head of the School of Nursing at Waipapa Taumata Rau/University of Auckland. She qualified as a Registered Nurse in London, UK in 1993. She has 15 years of experience as a senior clinical nurse specialist in Stroke patient care. She was part of the Imperial College NHS Trust team, which implemented the London-wide, new stroke strategy to provide urgent hyper-acute stroke interventions to London regional populations in 2009.

Julia obtained her PhD from Imperial College London in 2012, which looked at risk awareness as a tool to improve secondary stroke prevention strategies. Since arriving in New Zealand in 2013, Julia has led two stroke development projects in Auckland and Waikato to implement hyper-acute stroke services, and she developed and contributed to the interprofessional stroke courses at Waipapa Taumata Rau.

She was the academic director of the BNurs programme at the University of Auckland for five years before taking up the position of Head of School in 2019. Julia is the inaugural Chair of the Stroke Nurse Forum Aotearoa, established in November 2020. Julia is an enthusiastic and committed nurse, educator and researcher passionate about providing patients with the highest standards of care. Her research interests include nursing, education and all aspects of stroke patient care.

Nadine Gray (Te Whakatōhea)

*Akatū Aki Hauora Matua: Tapuhi | Chief Nursing Officer,
Te Aka Whai Ora | Māori Health Authority*



Nadine Gray hails from the small coastal town of Ōpōtiki in the Eastern Bay of Plenty, Aotearoa, New Zealand. She grew up amongst a whānau of nurses and teachers, including her mother, the first Māori Nurse Practitioner in Aotearoa, Janet Maloney-Moni.

Nadine is a registered comprehensive nurse of more than 20 years with advanced practice in adult emergency nursing and, most recently, clinical nurse specialist supporting whānau Māori in cancer care pathways.

Her nursing career includes nursing education, Māori health strategy and policy, and Māori nursing workforce development.

Nadine was appointed to the new role of Chief Nursing Officer Te Aka Whai Ora (Māori Health Authority) in March 2023. Before commencing this role, she was Clinical Chief Advisor Nursing at Manatū Hauora (Ministry of Health).

Nadine is passionate about enabling strategies and quality initiatives that prioritise and lead change towards future-focused models of care that ensure Māori people's health needs are met. Nadine is committed to ensuring the capacity and capability of advanced nursing practice led by Māori nurses is achieved.

Angela Joseph (Ngāti Tukorehe) – Kaiwhakahaere Paerewa Ngaio

*Director Professional Standards, Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand*



Angela, from Ngāti Tukorehe, is a registered nurse who trained in Taranaki. Angela joined the Nursing Council of New Zealand as the Director of Professional Standards this year. She is responsible for providing strategic and policy advice on professional nursing issues and leads the Registrant Quality and Education team.

With more than 30 years of nursing experience, the majority of these within clinical leadership roles in the Emergency setting, Angela has an acute clinical knowledge of emergent and urgent care requirements. She is well-versed in the importance of professional standards.

Angela has contributed to the Emergency speciality practice as a member of the College of Emergency Nurses NZ Knowledge and Skills Framework group and the Manaaki Mana Kaikōkiri network, which promotes excellence in emergency care for Māori.

As a prior member of the Central Region Strategic Trauma Network, Angela has participated in work on nursing and service improvement goals and supported these in practice through driving quality improvement initiatives, facilitating nurses' professional development, and connecting across specialist services to optimise patient care delivery.

Angela is collaborative; she likes to problem-solve complex issues and enjoys working with colleagues to advance practice and service provision.

Plenary Session

Presenter: **Pipi Barton** – Nurse Lecturer, Te Pūkenga NorthTec

Topic: *He whakatokomaha i ngā Tapuhi Māori mo ngā rā kei te haere mai – Growing our Māori nursing workforce into the future.*

He whakatokomaha i ngā Tapuhi Māori mo ngā rā kei te haere mai – Growing our Māori nursing workforce into the future.

Over the last 40 years, the Māori nursing workforce has remained static at around seven percent. Pipi will discuss findings from her PhD research, ‘Strategies for increasing the recruitment of Māori into nursing’.

Completing a case study using a Kaupapa Māori research methodology, Pipi examines the Māori nursing workforce, triangulating her research findings from the experiences of Māori student nurses, Māori registered nurses, key stakeholders and reviewed policy and strategy. Pipi will describe the systemic and structural barriers that have contributed to the static state of the Māori nursing workforce.

Pipi will also share her vision for a pathway forward that places Māori at its centre and calls for accountability by the Crown and its agencies. Finally, she will describe a proposal to directly address Māori nursing workforce disparity in Te Tai Tokerau, with further research planned and a vision to replicate the model across the motu.

Concurrent Presentations

Concurrent Presentations			
	Stream A focus: Child health, workforce wellbeing (Cafler Suite 1)	Stream B focus: Mātauranga Māori approaches, rural (Cafler Suite 2)	Stream C focus: Racism, workforce, advanced nursing practice (Te Kotahitanga Hall)
1320 – 1350	<p>Presenter: Ebony Komene – Professional Teaching Fellow, School of Nursing, Waipapa Taumata Rau University of Auckland</p> <p>Topic: Kōrero mai: The experience of whānau Māori caring for their tamariki with atopic dermatitis – a kaupapa Māori methodology</p>	<p>Presenter: Frazer Rangihuna – Professional Teaching Fellow, School of Nursing, Waipapa Taumata Rau University of Auckland</p> <p>Topic: Mātauranga Māori as a means to alleviate mental distress for tane Māori</p>	<p>Presenter: Coral Wiapo – Professional Teaching Fellow, School of Nursing, Waipapa Taumata Rau University of Auckland</p> <p>Topic: Exploring racism in nursing to inform antiracist praxis in Aotearoa</p>

Kōrero mai: The experience of whānau Māori caring for their tamariki with atopic dermatitis

Ebony Komene – Professional Teaching Fellow, School of Nursing, Waipapa Taumata Rau University of Auckland

Colonisation has caused the systemic exclusion of Indigenous Māori populations in Aotearoa (New Zealand) and the perpetuation of health inequities. Atopic dermatitis (AD), a chronic skin condition, is one such example where Māori tamariki (children) are disproportionately affected.

International research highlights the challenges of caring for children with atopic dermatitis; however, there has been no such research in Aotearoa. This study, using Kaupapa Māori methodology, explored the experiences of Māori parents caring for their tamariki with AD. Cultural engagement was paramount to the research using kaupapa kōrero (cultural narrative) through kanohi-ki-te-kanohi (face-to-face) interviews to explore the pūrākau (stories) of six whānau.

Data were analysed thematically using a kaupapa Māori lens with five overarching themes highlighting:

1. the constant hard work of maintaining good skin health for tamariki;
2. the embarrassment is punishing for whānau;
3. courage is required to maintain vigilance;
4. constantly seeking solutions;
5. whānau/people-focused solutions.

Pūrākau illustrated that whānau Māori experience systemic racism across health, education, and social systems; implicit bias; and differential treatment within health services that impact caring for their tamariki. These findings reiterate the failure of mainstream primary healthcare institutions to enact Te Tiriti o Waitangi obligations and ensure health equity for whānau Māori. To survive and thrive within their contexts, Māori whānau drew on mātauranga Māori (Māori knowledge systems) in their everyday practices. Strategies to support whānau to reclaim and maintain Indigenous practices, alongside the responsibility of healthcare providers to improve health outcomes, are imperative to achieve health equity for Māori.

Matauranga Māori as a means to alleviate mental distress for tāne Māori

Frazer Rangihuna – Professional Teaching Fellow, School of Nursing, Waipapa Taumata Rau University of Auckland

Background

Hokowhitu (2003) posits that tāne Māori are in a masculinity crisis. A legacy of colonisation that has caused them to experience mental distress at the highest rates (Hamley & LeGrice, 2021). However, the racist mental health system in Aotearoa means that Māori receive the least equitable care.

Māori are subjected to compulsory assessment and treatment the most (Ministry of Health, 2021). While in the mental health inpatient setting, Māori receive the most restrictive care, such as restraint and seclusion (McLeod et al., 2017).

Moreover, prescribing rates of antipsychotics for Māori are taking off at a much faster rate than for non-Māori (Wilkinson & Mulder, 2018).

Aims

- To examine the modern mental health system and the impacts of restrictive practices perpetuating Māori inequity.
- To explore mātauranga Māori practices and to determine if these practices could be an effective alternative in reducing inequity for tāne Māori in adult mental health inpatient settings.

Method

By secondary data analysis. A systematic search of the literature was undertaken. Qualitative and quantitative data were included.

Results

Numerous studies met the inclusion criteria. Most studies showed that mātauranga Māori and a secure cultural identity were protective buffers for mental distress and could potentially reduce inequity for Māori in adult mental health inpatient settings.

Conclusion

Engaging in mātauranga Māori practices is a powerful way of alleviating mental distress for tāne Māori and, hence, can reduce inequity by reducing the need for restrictive practices. However, there must be an acknowledgement of and a commitment from tauwi authorities to reduce these inequities.

Mātauranga Māori must be accepted as valid as western science, and tauwi authorities must have the courage to partner with Māori experts and whānau so the best of both worldviews can be implemented to achieve equitable outcomes for tāne Māori.

Exploring racism in nursing to inform antiracist praxis in Aotearoa

Coral Wiapo – Professional Teaching Fellow, School of Nursing, Waipapa Taumata Rau University of Auckland

Background

Māori have experienced persistent health inequities that are unjust, unfair, and a breach of Te Tiriti o Waitangi since its signing in 1840.

Nursing is positioned as the largest health workforce to impact health inequity significantly. Yet despite a 30-year history of cultural safety and Te Tiriti being embedded in education, policy and competency standards – this workforce has failed to achieve health equity. A narrative literature review was undertaken to explore racism and how anti-racist praxis can influence building a responsive nursing workforce committed to achieving equitable health outcomes for Māori.

Method

A Kaupapa Māori narrative literature review was undertaken utilising a qualitative research method.

Findings

The review identified 19 articles that met the inclusion criteria with five overarching themes. The research findings identified that systemic and individual nursing practices do not meet the needs of Māori, contributing to persistent health inequity. The five themes were Mātauranga Māori, Colonial Resistance, Breaches of Te Tiriti o Waitangi, A Broken System, and Transformational, Visionary, and Proactive. The literature indicates that Mātauranga Māori and Te Ao Māori principles are vital levers to deliver meaningful change. Culturally safe nursing practice and anti-racism interventions are critical strategies to resist ongoing colonial structures that limit Māori self-determination. Breaches of Te Tiriti have resulted in a broken health system. To move toward a transformational healthcare system that centres Te Tiriti, equity, and whānau requires structures and people that value mātauranga Māori, Māori leadership, and policies that support self-determination.

Discussion

Colonisation and dominant Western systems negatively influence health outcomes and nursing practice. The health system cannot achieve equity for Māori when it is constrained by structures that do not value Māori knowledge or world views. Nursing must shift to intentionally seeking ways to change racist nursing practice and challenge the systems that maintain the status quo.

Conclusion

Mātauranga Māori, cultural safety and anti-racist praxis are the catalysts to re-orientate nursing to provide equitable health outcomes for Māori. The recent launch of Te Pae Ora legislation offers a unique opportunity to create a more equitable health system and actively transform nursing practice in Aotearoa.

Concurrent Presentations

Concurrent Presentations			
	Stream A focus: (Cafler Suite 1)	Stream B focus: (Cafler Suite 2)	Stream C focus: (Te Kotahitanga Hall)
1350 - 1420	<p>Presenter: Jenae Valk – Nurse Practitioner, Child and Youth Health, Te Whatu Ora Health New Zealand, Te Tai Tokerau</p> <p>Topic: Advancing equitable care through advanced nursing roles in neurodevelopmental care at the Child Health Centre Te Tai Tokerau</p>	<p>Co-Presenters: Alison Danielsen – Nurse Practitioner; and Jo Clark-Fairclough – Youth Nurse Prescriber, Te Hiku Hauora</p> <p>Topic: Increasing access to care in rural and remote communities in Te Tai Tokerau</p>	<p>Co-Presenters: Ebony Komene – Professional Teaching Fellow; and Sue Adams – Senior Lecturer, School of Nursing, Waipapa Taumata Rau University of Auckland</p> <p>Topic: Integrating nurse practitioners into primary healthcare with a social justice focus: an integrative review</p>

Advancing Equitable Care Through Advanced Nursing Roles in Neurodevelopmental Care at the Child Health Centre, Te Tai Tokerau

Jenae Valk – Nurse Practitioner – Child Health Centre, Te Whatu Ora, Te Tai Tokerau

In response to a rising number of referrals for neurodevelopmental conditions, the Child Health Centre has developed an innovative model of care utilising a multi-disciplinary approach supported by advanced nursing Clinical Nurse Specialists (CNS) and Nurse Practitioner (NP) roles to provide gold-standard care. It improves accessibility, brings care closer to home, and establishes clear clinical pathways for children with neurodevelopmental conditions.

The model integrates the expertise of a wider multi-disciplinary team to conduct comprehensive cognitive, developmental, and observational assessments. This collaborative effort ensures a thorough understanding of each child’s neurodevelopmental profile, leading to accurate diagnoses and personalised interventions. The model emphasises the importance of timely and convenient access to specialised care by involving advanced nursing roles. CNS and NP play a crucial role in bridging the gap between hospital-based services and community-based support, ensuring a smooth transition and continuity of care.

Although still a work in progress, this approach is working towards families benefiting from streamlined clinical pathways and eliminating the frustration of navigating complex referral systems. The focus is on efficient and coordinated care tailored to each child’s unique needs. Moreover, the inclusion of CNS and NP roles has expanded the team’s capacity, enabling increased accessibility to individualised assessments.

This holistic approach enhances the diagnostic process and empowers families to understand their child’s strengths and challenges better. By bringing care closer to home and leveraging the expertise of advanced nursing roles, the project embodies a patient-centred approach that prioritises the well-being and long-term outcomes of children with neurodevelopmental concerns. The implementation of this model of care marks a significant advancement in addressing neurodevelopmental conditions. By enhancing accessibility, collaboration, and tailored interventions, this project has the potential to make a lasting positive impact on the lives of children and their families in Te Tai Tokerau.

Increasing access to care in rural and remote communities in Te Tai Tokerau

Alison Danielsen – Nurse Practitioner; and **Jo Clark-Fairclough** – Youth Nurse Prescriber, Te Hiku Hauora

Background

The lack of GPs in the Far North has severely affected GP Practices; hence, clinics have stopped taking on new enrolments for over two years, impacting whānau access to healthcare. In 2022, post-COVID, we offered free Nurse-led Led Clinics to unregistered patients to reduce these barriers.

Methods

We took our learnings from delivering outreach COVID vaccinations at mobile sites at Marae and community centres, rugby club rooms, etc. We used this way of care delivery to reach out to the people in our community whom we know are not accessing care by bringing mobile nurse-led clinics to them.

Results

Some clinics were busy and very well utilised, and some were not, but even if just one person turned up and got the help they needed, it was a win for us. We were after quality, not quantity. Many patients had moved home and either had a GP 'down the line' still or overseas and could not get their care transferred to a local GP clinic. Some people were just needing a blood pressure check and some reassurance. Others had more complex needs and took a minimum of 45 minutes to meet their initial needs and then more time for the 'behind the scenes' work to continue after their visit.

Conclusion

Mobile clinics are just the tip of the iceberg and are a vital part of health services offered in our community to increase access to care for those who, for whatever reason, cannot access the care they need.

Integrating Nurse Practitioners into Primary Healthcare with a social justice focus: An integrative review

Ebony Komene – Professional Teaching Fellow; and **Sue Adams** – Senior Lecturer, School of Nursing, Waipapa Taumata Rau | University of Auckland

With ongoing pressures experienced by the primary healthcare (PHC) sector, particularly in rural health regions like Te Tai Tokerau, and persisting health inequities, opportunities exist to rethink and capitalise on emerging workforces and socially adjust models of care. Nurse practitioners (NPs) are uniquely positioned to meet such demands to promote population health outcomes, prevent disease, and improve access to health services.

However, attempts to establish NP roles in Aotearoa, New Zealand, have been ad hoc with limited research, policy, or evidence-informed frameworks to guide their integration working toward social justice.

Therefore, our review aimed to build on existing international literature to understand the components required to integrate NPs into PHC while maintaining such a focus. We conducted an integrative literature review to locate literature that would conceptually contribute to a guiding framework. Twenty-nine articles met the inclusion criteria and were assessed for methodological quality using the PRISMA guidelines. Two levels of data extraction and thematic analysis of the articles revealed a complexity of six components (Intentional support and self-care, autonomy and agency, awareness and visibility, shared vision and collegiality, leadership, and funding and infrastructure) required at an individual, provider organisational and institutional systems level for successful NP integration. NPs are agents of transformational change with their combined nursing and medical skills, relationships, and knowledge of local communities to change how PHC is delivered.

Therefore, by developing evidence-informed frameworks for integration, we are optimising their value and contribution within PHC settings to deliver on communities' access and equity needs across Te Tai Tokerau and Aotearoa.

Concurrent Presentations

Concurrent Presentations			
	Stream A focus: (Cafler Suite 1)	Stream B focus: (Cafler Suite 2)	Stream C focus: (Te Kotahitanga Hall)
1420 - 1450	<p>Presenter: Merophy Brown – Associate Clinical Nurse Manager, Special Care Baby Unit (SCBU), Te Whatu Ora Health New Zealand, Te Tai Tokerau</p> <p>Topic: Whānau Māori experiences of the Special Care Baby Unit (SCBU) in Te Tai Tokerau</p>	<p>Presenter: Louise Bell – Nurse Coordinator and Assistant Manager, Te Kāhui Matepukupuku o Aotearoa Cancer Society</p> <p>Topic: Cancer Society Kia ora e te iwi programme</p>	<p>Presenter: Laura Henderson – Nurse Practitioner, Kensington Health</p> <p>Topic: The care team approach – EN to NP: how the care team could be part of the solution to the general practice crisis</p>

Whānau Māori experiences of the Special Care Baby Unit (SCBU) in Te Tai Tokerau

Merophy Brown – Associate Clinical Nurse Manager, Special Care Baby Unit (SCBU), Te Whatu Ora | Health New Zealand in Te Tai Tokerau

Our current health system fails Māori whānau, who have a higher rate of premature birth and over twice the rate of preterm death than non-Māori. International literature reiterates a shroud of negative experiences for Indigenous peoples on admission, during their stay, and on discharge from the neonatal setting because of a health system that refuses to respond to their health needs.

This research explores the lived experience of whānau Māori caring for their pēpi in the Special Care Baby Unit (SCBU) in Te Tai Tokerau. The opportunity to create a space and voice for whānau Māori to tell their stories within the neonatal setting is an act of conscientisation to give effect to their journey and transform health services by, for, and with Māori.

A Māori-centred qualitative methodology best captured the experiences of 10 whānau from Te Tai Tokerau utilising a hui approach to interviews. Interim findings highlight that whānau are integral to caring for their pēpi (baby), and health services are responsible for supporting their ability to do so. Data collection is still ongoing, intending to be completed by November 2023.

Cancer Society Kia ora e Te Iwi Programme

Louise Bell – Nurse Coordinator and Assistant Manager, Te Kāhui Matepukupuku o Aotearoa | Cancer Society

Background/Aims

The Cancer Society of New Zealand (CSNZ) is a charitable organisation that aims to minimise cancer's impact on New Zealanders by providing research funding for cancer, related information, support services for cancer patients and their families, health promotion programmes, and advocacy on behalf of cancer patients and their families.

Cancer Society has been striving to address inequity in provision and access to care and addressing barriers. In terms of cancer, Māori have an 18 percent greater overall incidence of cancer compared with non-Māori. In addition, the cancer mortality rate for Māori is 93 percent higher than for non-Māori.

Referrals have previously been from the hospital system and replicate their ethnicity inequity. We recognise the importance of addressing these issues, demystifying worries and concerns, and working alongside and within all communities.

Methods

Kia ora e te iwi Programme

The Cancer Society is running a programme across our division called Kia ora –E te iwi, which is a programme that is engaging at the grassroots level with communities/groups or organisations and talks about what cancer is, managing the resulting stress from a diagnosis and what supports are in the community to help.

Nurses and navigators employed within iwi health providers

Equity is a key driver of the New Zealand Cancer Action Plan 2019–2029: All New Zealanders should experience the best treatment and care, regardless of where they live or who they are. The plan commits to developing service models for cancer care that better support Māori and Pacific peoples to improve their outcomes and experiences.

Essential to this is increasing the number of Māori and Pacific people in the cancer health workforce and developing cultural safety across the wider workforce.

Nurses and social workers also run community clinics, support groups and home visits within the community to minimise transport costs and provide a more culturally acceptable environment.

They are able to support, advocate and provide packages of care recognising the burden that cancer has on an individual and whānau.

Assessment tool and care planning based on the model of Te Whare Tapa Whā and the Meihana Model

In Te Ao Māori, a holistic view of health and well-being, known as hauora, is paramount. It comprises taha tinana (physical well-being), taha hinengaro (mental and emotional well-being), taha whānau (social well-being), and taha wairua (spiritual well-being).

Health Promotion Team

Focus on lobbying the Government and influencing Policy decisions, e.g. around alcohol availability and smoke-free environments.

Investment in cancer prevention will ultimately significantly contribute to reducing the burden of cancer in New Zealand and achieving equity in outcomes. Around 30–50 percent of all cancers are potentially preventable (Te Aho o Te Kahu, 2021).

Increase cultural awareness and develop skills of staff e.g. learning Te Reo

Results

We can provide data to show that since 2018, with the implementation of nurses working with the iwi partners and, more recently, the onset of kia ora e te iwi, the percentage of Māori compared to non-Māori has risen from 21 percent to 32 percent as of June 2023.

Conclusion

Work is ongoing to address inequities. Kia ora e te iwi will continue to provide their programmes and follow-up hui within Te Tai Tokerau and Tāmaki Makaurau communities. Cancer Society will continue to support and address barriers to health care, such as financial support and services that support the patient with understanding their cancer and treatment and barriers to attending by providing transport support.

References

Te Aho o Te Kahu, Cancer Control Agency. 2023. He Urupare: Responding to the experiences of whānau Māori affected by cancer. Wellington: Cancer Control Agency. Published in February 2023 by the Cancer Control Agency PO Box 5013, Wellington 6140, New Zealand

The Care Team Approach - Te Roopu Putanga Ora Model of Care – Enrolled Nurse to Nurse Practitioner: how the care team could be part of the solution to the general practice crisis

Laura Henderson – Nurse Practitioner, Kensington Health

Kensington Health provides a range of traditional doctor-led General Practice services. With the challenges of an increasing population with multi-systemic issues impacting their health (including mental health and addictions, FADS, and poor housing) and an ageing GP workforce, we recognise that General Practice needs to adapt to meet the needs of our patients in more innovative ways. The Government has also been clear that General Practice needs to adapt to the needs of our local communities and collaborate.

Kensington Health has developed a deliberate focus on an innovative care team approach through our Te Roopu Putanga Ora (Te Roopu) model. Te Roopu is a response to the challenges of traditional General Practice to respond to a patient-centric healthcare approach. The traditional general practice model provides for a single Doctor–Patient interaction in the clinic setting within a 15-minute timeframe. The 15-minute consult is based on a single problem within a single consult. For a significant proportion of our population, this model is outdated and inadequate to meet the increasingly complex needs of patients and whānau and particularly struggles to meet our obligations under Te Tiriti o Waitangi to our Whānau Māori patients.

Te Roopu includes two Nurse Practitioners, a Nurse Practitioner intern (RN), a Nurse Prescriber, Registered Nurses, an Enrolled Nurse, and Healthcare Assistants, with support from a wider group of allied healthcare professionals, including Health Improvement Practitioner, General Practitioner, Health Coach and a clinical pharmacist. Te Roopu is a multi-cultural team including practitioners with Māori and Pasifika whakapapa.

From 1 July, Te Roopu has approximately 1,850 patients registered within it. We are employing data-led decision-making to identify patients and whānau who can benefit from the model and are currently enrolled with our traditional model of care services. Te Roopu meets weekly to discuss particular cases and collaborate on the care of Te Roopu patient population.

Te Roopu embeds a Kaupapa Māori approach to healthcare within a traditional, mainstream General Practice. We can meet the patient where they are in their journey, including where necessary, in the clinic through traditional appointments, through our nurse-led Kaupapa Māori outreach clinic at home and support and attendance at other relevant appointments (e.g. hospital-based). Through our specialist Māori and Pasifika staff, we can also bring a culturally appropriate lens to the model of care to ensure Whānau Māori patients can connect to their whakapapa. Te Roopu has also supported patients to receive Kaupapa Māori care, including mirimiri.

Te Roopu recognises the complex interdependencies of healthcare, employment, housing and wider whānau dynamics. General Practice is uniquely positioned as a trusted relationship which enables the team to awhi patients and whānau into wider support mechanisms through allied healthcare services provided by Kensington Health (Health Improvement Practitioners, clinical pharmacists etc.).

Further, our relationships with Te Whatu Ora Mental Health and Addictions Services, Oranga Tamariki and Work and Income enable Kensington Health to expand the “care team” supporting our patients and their whānau to access their wider entitlements.

Concurrent Presentations

Concurrent Presentations			
	Stream A focus: (Cafler Suite 1)	Stream B focus: (Cafler Suite 2)	Stream C focus: (Te Kotahitanga Hall)
1510 – 1540	<p>Presenter: Mara Woodworth – Nurse Unit Manager: Surgical Services, Te Whatu Ora Health New Zealand, Te Tai Tokerau</p> <p>Topic: Wellbeing contextualised within the transition year of new graduate nurses in Te Tai Tokerau</p>	<p>Co-Presenters: Ebony Komene and Coral Wiapo – Professional Teaching Fellows, School of Nursing, Waipapa Taumata Rau University of Auckland</p> <p>Topic: Indigenising health services: Growing the Māori and Pacific enrolled nurse workforce</p>	<p>Presenter: Amanda Brown – Clinical Nurse Manager, Diabetes Service, Te Whatu Ora Health New Zealand, Te Tai Tokerau</p> <p>Topic: Registered nurse prescribing within the Specialist Diabetes Service – a way to increase access to care in Te Tai Tokerau</p>

Wellbeing contextualised within the transition year of new graduate nurses in Te Tai Tokerau

Mara Woodworth – Nurse Educator Transition to Practice, Nursing and Midwifery Directorate, Whangārei Hospital

Nurse Entry to Practice (NETP) programmes throughout New Zealand enable newly graduated Registered Nurses to complete their transition year and commence their careers in New Zealand feeling well-supported, safe, skilled and confident in their clinical practice.

In Te Tai Tokerau, the programme aims to develop a competent, reflective, accountable practitioner. A solid foundation is essential for RNs as they continue their career in Nursing. It is an international priority to maintain a healthy, sustainable nursing workforce (World Health Organisation [WHO], 2013, as cited in Read & Laschinger, 2015).

Staff shortages decreased skill mix and increased acuity of patients are challenges of everyday practice. New graduate nurses commencing in 2022 and 2023 have had interruptions to their undergraduate studies due to the COVID-19 pandemic, adding further stress to an already fragile situation. The damaging effects of burnout on nurses' health and well-being are well-documented (Laschinger & Fida, 2014). New graduate nurses are extremely vulnerable and may have reduced job satisfaction or mental and physical health issues when facing negative workplace behaviour (Spence Lashinger et al., 2012).

Considering the challenges mentioned above, the research project is looking at the experiences of Te Tai Tokerau new graduate nurses and their well-being at various points of their transition year. The methodology will consist of a descriptive qualitative approach and will utilise Braun and Clarke's six stage thematic analysis (Braun & Clarke, 2013). This research aims to focus on the needs and support of the well-being of new graduate nurses. The support needs required for Māori new graduate nurses will be taken into consideration to continue to grow and support this important workforce. Te Whare Tapa Whā will be utilised as a framework to analyse the findings.

This will allow the identification of what domains need further support. This well-known model applied to staff members aligns with organisational values and is consistent with the model of care for patients.

References

Braun, V., & Clarke, V. (2013). *Successful qualitative research: a practical guide for beginners*. Sage.

Laschinger, H. K. S., & Fida, R. (2014). New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital. *Burnout Research*, 1(1), 19–28. <https://doi.org/10.1016/j.burn.2014.03.002>.

Read, E. A., & Laschinger, H. K. S. (2015). The influence of authentic leadership and empowerment on nurses' relational social capital, mental health and job satisfaction over the first year of practice., *Journal of Advanced Nursing*, 71(7), 1611–1623. [https://doi: 10.1111/jan.12625](https://doi:10.1111/jan.12625)

Spence Laschinger, H. K., Wong, C. A., & Grau, A. L. (2012). The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study. *International Journal of Nursing Studies*, 49(10), 1266–1276. <https://doi:10.1016/j.ijnurstu.2012.05.012>

Indigenising Health Services: Growing the Māori and Pacific Enrolled Nurse Workforce

Ebony Komene and **Coral Wiapo** – Professional Teaching Fellows, School of Nursing, Waipapa Taumata Rau | University of Auckland

The enrolled nurse (EN) workforce development programme is a national initiative funded by Aotearoa, New Zealand's Ministry of Health. The purpose is to establish ENs in primary healthcare (PHC) settings to build the Māori and Pacific workforce and achieve equitable health outcomes for priority populations. To reduce stigma and siloing of healthcare, models of care are expected to be holistic, integrating mental, emotional, physical, and spiritual well-being, and meeting identified service gaps.

The programme actively transforms PHC service delivery for whānau (family groupings) by modelling self-determining communities to grow their own Māori ENs as clinical community leaders. Programme streams currently being piloted have been designed to demonstrate a multifaceted approach to strengthen the EN workforce:

1. The "Earn as You Learn" model is a targeted approach developed to support the achievement of Māori and Pacific kaimahi (unregulated health workers) aspiring to become nurses;
2. Partnering with tertiary education providers and PHC settings to identify placement opportunities for current students, leading to employment opportunities on registration as an EN.

Programme evaluation demonstrates the rapid transition of the COVID-19 Indigenous workforce to a sustainable regulated nursing workforce, increased culturally responsive engagement with local whānau, and realising the potential of individuals and aspirations of communities.

There are 34 students/ENs active in the programme. 76.5 percent are Māori, 17.6 percent are Pacific. Before the programme started, just six ENs in Te Tai Tokerau worked in PHC. Currently, 14 students and six ENs are now working in Tai Tokerau. The first EAYL graduate was from Tai Tokerau and is now working in the community serving a priority enrolled population of 72 percent Māori, most living in Quintile 5 of the Deprivation Index.

Registered Nurse Prescribing within the Specialist Diabetes Service - A way to increase access to care in Te Tai Tokerau

Amanda Brown – Clinical Nurse Manager & Andrea Taylor, Service Manager – Specialist Diabetes Service – Te Whatu Ora

Diabetes in New Zealand (NZ) has seen significant growth, with an estimated 228,000 people with type two diabetes across NZ in 2022, projected to grow by 70-90 percent to an approximate 400,000 people with diabetes by 2040 (Holder-Pearson & Chase, 2022).

This rapidly increasing prevalence of diabetes, in conjunction with a healthcare system facing a workforce crisis, limited access to primary care and an increasing complexity of patients, means that alternative streams of workforce development need to occur. Without the diversification of scopes of practice, particularly in the access to medications, which is a key part of the management of diabetes the divide in inequity of diabetes care will only grow over the next 15 years.

Registered nurse prescribing remains in its relative infancy in NZ; however, the importance of the increased scope of nursing practice is recognised in reducing inequities in access to health care, particularly in rural NZ (Raghunandan, Marra, Tordoff & Smith, 2022). The diabetes nurse prescribing pilot began in 2011 when nurses specialising in diabetes care were given limited authority to prescribe. The evaluation of this pilot showed that these nurses were providing high-quality care and making safe prescribing decisions.

In 2016, the legislation changed, and additional nurse prescribing was introduced. There are now three recognised prescribing levels – A registered nurse with designated prescribing rights – in community health, a registered nurse with prescribing rights – in primary health and speciality teams and a Nurse Practitioner.

The specialist diabetes service at Te Whatu Ora – Te Tai Tokerau has an aspirational service goal to achieve 100 percent of the Clinical Nurse Specialist (CNS) workforce being RN prescribers. This commitment to developing Clinical Nurse Specialists who are designated registered nurse prescribers is to increase access to patients under the specialist diabetes service and to provide mentorship to practice nurses managing patients with complex Type 2 diabetes in primary care.

We currently have seven RN prescribers, 60 percent of the CNS team, with one more to complete their practicum at the end of 2023.

Developing critical thinking nurses working at the top of scope is one way to decrease the inequity in healthcare.

References

Holder-Pearson, L., & Chase, J. G. (2022). Socio-Economic Inequity: Diabetes in New Zealand. *Frontiers in medicine*, 9, 756223. <https://doi.org/10.3389/fmed.2022.756223>

Raghunandan, R., Marra, C. A., Tordoff, J., & Smith, A. (2021). Examining non-medical prescribing trends in New Zealand: 2016-2020. *BMC health services research*, 21(1), 418. <https://doi.org/10.1186/s12913-021-06435-y>

Concurrent Presentations

Concurrent Presentations			
	Stream A focus: (Cafler Suite 1)	Stream B focus: (Cafler Suite 2)	Stream C focus: (Te Kotahitanga Hall)
1540 – 1610	<p>Presenter: Aavy Verma – Community Mental Health Outpatient Clinic Nurse Lead, Te Whatu Ora Health New Zealand, Te Tai Tokerau</p> <p>Topic: Work experiences of the psychogeriatric nurses</p>	<p>Presenter: Renee Goldbert – Practice Nurse, Paihia Medical</p> <p>Topic: Addressing inequities for Māori and vulnerable people living in rural populations with socio-economic disadvantage</p>	<p>Presenter: Coral Wiapo – Professional Teaching Fellow, School of Nursing, Waipapa Taumata Rau University of Auckland</p> <p>Topic: Ahakoa he iti he pounamu – although it is small, it is precious</p>

Work Experiences of the Psychogeriatric Nurses

Aavy Verma - Community Mental Health Out-patient Clinic Nurse Lead, UoA Master of Nursing Research Student (Jan 2022- July 2023), Whangārei Community Mental Health and Addiction Services

The shortage of nurses has become a critical issue in New Zealand and globally (Kingma, 2007). This issue is detrimental to patient care as it prevents the healthcare sector from providing quality and safe patient care (Hughes, 2008). Increased staff turnover rates in the nursing profession contribute to the shortage of nurses. It has been identified that the staff turnover rate is influenced by factors such as job satisfaction, the intention to leave and burnout (Nantsupawat et al., 2016). To develop interventions and strategies, it is essential first to examine the relationship between work experience and the factors that may contribute to the shortage of nurses. Hence, a study to investigate the work experiences of the nurses to explore this relationship.

This research study aims to examine the work experiences of the psychogeriatric nurses in Northland and Auckland, New Zealand, to identify the contributory factors of burnout and job satisfaction levels among psychogeriatric nurses. The study will use a quantitative research design with validated tools to measure burnout and job satisfaction levels among psychogeriatric nurses. Variables such as age, gender, years of experience and education levels will be used to examine the work experiences. Data will be collected via self-reported questionnaires, which will be distributed among the target population. The questionnaires utilised are the Maslach Burnout Inventory to examine burnout levels while the Minnesota Satisfaction Questionnaire will be used to measure job satisfaction levels.

Descriptive data analysis, including range, mean, and percentages, will be utilised to organise, summarise, analyse, and interpret data against the variables in charts and tables. The anticipated outcomes of this study may highlight valuable insight into burnout and job satisfaction levels in psychogeriatric nursing. The findings of the study can have implications towards psychogeriatric nursing by stressing the need for planning and changing the education, training, and management requirements for managing and minimising burnout and improving job satisfaction rates to enhance the well-being of the psychogeriatric nurses and improve the health outcomes for the patients in psychogeriatric care.

References

- Hughes, R. (Ed.). (2008). Patient safety and quality: An evidence-based handbook for nurses.
- Kingma, M. (2007). Nurses on the move: a global overview. *Health services research*, 42(3p2), 1281–1298.
- Nantsupawat, A., Nantsupawat, R., Kunaviktikul, W., Turale, S., & Poghosyan, L. (2016). Nurse burnout, nurse-reported quality of care, and patient outcomes in Thai hospitals. *Journal of Nursing Scholarship*, 48(1), 83–90.

Addressing inequities for Māori and vulnerable people living in rural populations with socioeconomic disadvantage

Renee Goldberg – Practice Nurse, Paihia Medical

Background

Respiratory illnesses contribute a large part of New Zealand's (NZ) disease burden, accounting for 6.3 percent of total health loss, almost all from chronic obstructive pulmonary disease (COPD) at 3.7 percent and asthma at 1.6 percent. Furthermore, an estimated minimum cost burden of respiratory disease in NZ equates to \$6.68b in 2017, while asthma is costed separately at \$1.18b, including the indirect cost from workdays lost, disability-affected life years, and mortality (Barnard & Zhang, 2021). Respiratory disease in Northland shows poor health outcomes for Māori, where Māori under 75 years had 3.5 times the non-Māori rate of death from respiratory disease. Māori aged 45 years and over were four times as likely as non-Māori to be admitted to hospital for COPD, and asthma hospitalisation rates were higher for Māori than non-Māori in each age group. On average, 17 Māori per year died early from respiratory disease, at a rate 3.5 times the non-Māori rate, or 16 more deaths per 100,000. (Northland DHB, 2015). Due to the COVID-19 outbreak, the Northland DHB respiratory service is not currently performing Spirometry. All respiratory clinics are postponed, which presents a barrier to optimal health care for Māori and vulnerable people living in rural populations with socioeconomic disadvantage.

Description of the proposal

The proposal is to fund the formal training of a rural nurse for the Asthma Waikato Virtual Spirometry Course to improve rural primary health outcomes for Māori/Pacific and other people living with respiratory disease. The fund will address the gap in unmet needs for Spirometry assessment and respiratory condition management, and Spirometry training provides an opportunity for the practice nurse to practice higher in the scope of practice.

The proposal addresses the following focus areas:

Equity – improving access and outcomes for Māori, Pacific peoples, people with disabilities, vulnerable groups, and rural communities with socioeconomic disadvantage.

Models of care development – upskilling an employee to improve service delivery.

Recruitment and retention of local workforce – building individual skills and maintaining education pathways for our service provider network.

The proposal addresses the equity focus and improving access and outcomes for Māori/Pacific peoples and vulnerable people living in rural communities with socioeconomic disadvantage. Northland has a predominantly rural population, with two-thirds living outside the Whangārei urban area and many people living in isolated locations. Northland DHB's priority is for better population health outcomes supported by primary care and to reduce hospital-based interactions (NDHB, 2021).

By providing access to Spirometry assessment services in the Mid-North, the primary health organisation will invest in a primary and community initiative to give Māori and other people living with respiratory disease timely care and an improved patient experience. Furthermore, a Spirometry service in primary care will contribute to avoidable hospital admissions/episodes for Māori.

The proposal addresses the focus on models of care development and upskilling an employee to improve service delivery. The development of a rural health model of care is supported by the New Zealand Nurses Organisation (2018) in their strategy for Nursing 2018–2023, where healthcare provision is flexible and aligned with community need.

This model of care includes utilising the capability and capacity of the nursing workforce and focuses on staff cultural competence to ensure excellence of clinical and professional practice. (NZNO, 2018).

Upskilling a rural nurse in Spirometry practice presents an opportunity to improve the service delivery of respiratory care in primary care as the practice nurse understands the community's need and has the time and knowledge to teach and role model to patients, whānau, and communities the strategies required for self-management (Barraclough, Smith–Merry, Stein & Pit, 2021).

The proposal addresses the focus on retention of the local workforce, building individual skills and maintaining education pathways for our service provider network. The NZ Government's Better Sooner More Convenient (2009) and Live Well, Stay Well, Get Well (2016) strategies mandated the approach to integrated care across primary and secondary providers.

The aim was to promote greater use of primary and community services and provide care closer to home (Stillwell, 2019). For primary care nurses, including rural practice nurses, this means ongoing professional development to develop the knowledge and skills to meet the changing needs of the populations they serve and the context of their practice. Spirometry training for the rural practice nurse provides greater opportunity for expanded practice to improve people's health access, overall cost savings, better patient outcomes, reduced mortality, and greater patient satisfaction. (Stillwell, 2019; NZNO, 2018).

Ahakoā he iti he pounamu – although it is small, it is precious

Coral Wiapo – Professional Teaching Fellow, School of Nursing, Waipapa Taumata Rau University of Auckland

Colonial experiences have excluded and erased Indigenous Peoples experiences and access to knowledge and have denied that Indigenous Peoples are creators of knowledge. This abstract discusses an Indigenous methodology, Mana wāhine, for application and potential use within a PhD project. Mana wāhine is a theoretical and methodological approach that examines the intersection of being Māori and female. Kaupapa Māori theory, when partnered with Mana wāhine, lays the foundation to specifically examine the diverse and complex experiences of Māori women in these intersecting spaces.

‘Kathy Irwin (1992a, p. 7, italics in original) contends that ‘Māori women must be provided with the time, space, and resources necessary to develop the skills to undertake this work, starting with the exploration, reclamation, and celebration of our herstories, our stories as Māori women’.

Recognising and upholding the inherited and inherent mana of wāhine Māori is crucial for fostering equity, respect, and cultural revitalisation. Ensuring their voices are heard, their contributions are acknowledged, and their rights are protected within Māori and broader societal contexts is essential.

The whakapapa of nursing in Aotearoa describes a rich history of nursing, an emotional connection to a very worthy profession, and the unity that nursing stands for. While whakapapa describes the harmony of nursing through kōrero pūrākau (spoken experiences/perspectives) that have shaped the profession today, it also exposes the layers of racism that have become entrenched in nursing.

Nursing has privileged Western perspectives in healthcare and systematically undermined Māori sovereignty. These practices and policies have also undermined Māori nurses, Te Tiriti o Waitangi, and cultural safety. Māori nurses continue to experience racism, marginalisation, and discrimination in a system that, from the very beginning, sought ways to make Māori nurses conform and assimilate or be alienated.

It is time we redressed this omission to give effect to Te Tiriti o Waitangi and rewrote the future of nursing in Aotearoa, New Zealand. Therefore, the use of mana wāhine as an Indigenous framework acknowledges tino rangatiratanga and makes space for wāhine Māori nurses and their contributions to nursing. Making visible and acknowledging their experiences validates their mātauranga and re-positions wāhine Māori nurses within the nursing workforce.

Final Session

Te Kotahitanga Hall

	Plenary
1610 - 1615	Regroup in Te Kotahitanga Hall
1615 - 1635	Publishing Nursing Research: Dr Sue Adams – Co-Editor-in-Chief, Nursing Praxis in Aotearoa New Zealand (Journal of Professional Nursing) and Senior Nursing Lecturer, School of Nursing, Waipapa Taumata Rau University of Auckland
1635 - 1700	Closing of conference: Dr Maree Sheard and Dr Julia Stark



Sponsored by

Te Whatu Ora
Health New Zealand



**MEDICAL AND
HEALTH SCIENCES**
SCHOOL OF NURSING