

Ngā Manukura o Āpōpō Tomorrow's Clinical Leaders

**National Māori Nursing & Midwifery Workforce Development Programme
Aotearoa/ NZ**

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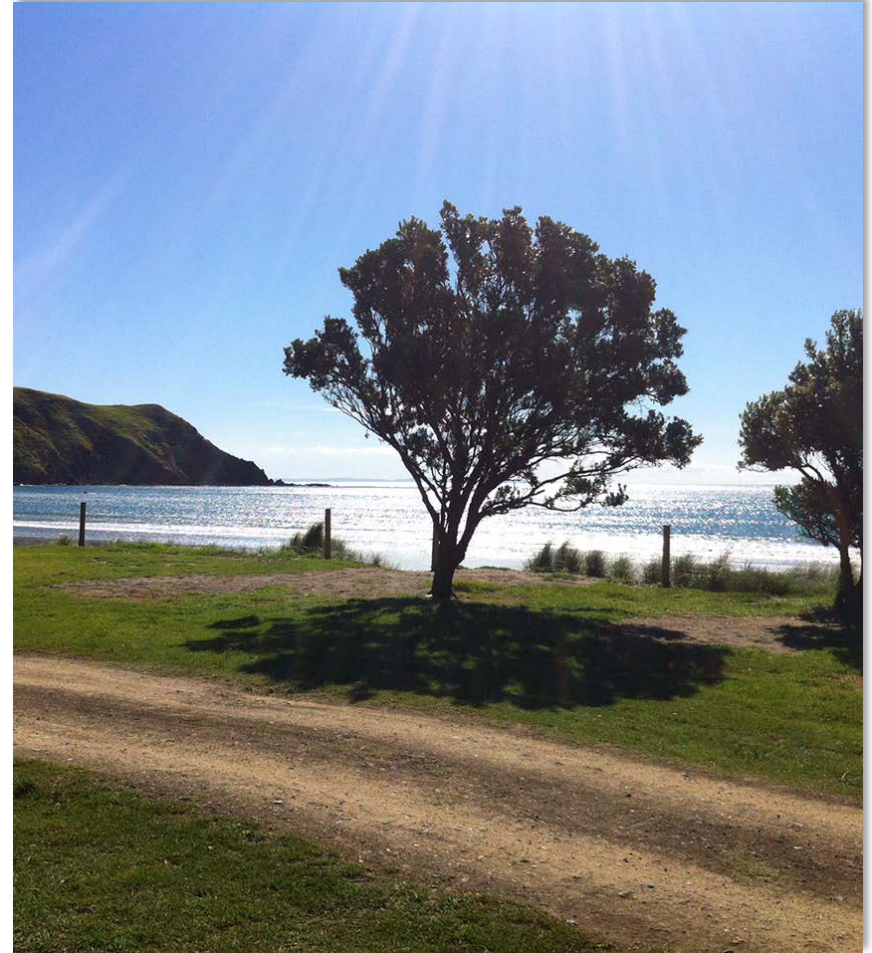
*He Huliau 2016
International Indigenous Health Symposium
October 13-14, 2016*



Ko wai maua?



Hokianga Harbour, Te Tai Tokerau



Port Jackson, Hauraki Gulf





Māori nursing leadership



Sir Maui Pomare (1875-1930)
– Ngāti Mutunga; Ngāti Toa

‘[Māori] nurses were intended to go forth to care for the sick, to lecture, and to uplift humanity’

Maui Pomare, 1908

Māori nurses have been at the forefront of health improvement since the turn of last century



Indigenous health leadership



Nurse Akenehi Hei (1877-1910)
Te Whakatohea; Te Whanau-a-
Apanui; nurse, midwife outside
her tent hospital

Recognised for her ability to balance Pakeha medical training with Maori traditions, finding ways to incorporate her patients beliefs and traditions into their treatment.

Sargison, Patricia A. 'Hei, Akenehi 1877 - 1910'.
Dictionary of New Zealand Biography, URL:
<http://www.dnzb.govt.nz>

Māori nursing leadership

“People are still prepared to die in order to maintain their cultural, religious and territorial integrity. It is not our place to deny the vital differences between people, however altruistic the rationale may be”

Irihapeti Ramsden



Dr Irihapeti Ramsden, Ngāi Tahu/Rangitane (1946-2003)
Māori nurse, philosopher,
writer and educationalist

Kaupapa

*“Māori [clinical] leadership will facilitate **wider acceptance** of Māori thinking, frameworks and ideologies as well as **integration** of these into institutions and New Zealand’s **health system**.”*

*This is likely to lead to more culturally **appropriate services** for Māori and in the longer term, perhaps even **more equitable care**.”*

Burrell, M., Moore, D., & Cumming, J. (2005). The economic and social benefits of increasing the professional Māori health workforce. Wellington: The Health Workforce Advisory Committee.



Nursing & midwifery workforce

Nursing

- Three scopes of practice: RN; EN & NP
- 50,000 practicing nurses
- 41% aged 50 or older
- **7% (3,500) identify as Māori**
- 3% (1733) identify as Pacific
- 25% (12,575) are internationally qualified
- Majority (40%) of all RN's employed by DHB's

Midwifery

- LMC (independent) or Core RM (employed)
- 2,971 practising midwives
- Average age of 47yrs
- **9% (266) identify as Māori**
- 2% (63) identify as Pacific
- Majority (53%) employed by DHB's

Midwifery Council of New Zealand. (2014)
Midwifery Workforce Survey - 2014

Whakapapa

In 2008 the Ministry of Health announced a significant investment into strengthening the Māori health workforce. This investment would underpin the governments' workforce priority to:

- Train more nurses and midwives
- Increase the size and quality of the frontline clinical workforce
- **Promote clinical leadership**



Wi Keelan speaking at Ngā Manukura programme launch 2009.



Our Tohu

- Symbolic of the prow of the waka
- It curves upward with poutama or steps on which to consolidate skills
- The double spiral refers to knowledge, nurturing, learning and mauri
- The koru, which springs from here, reflects our potential
- Two larger koru represent tuakana - teina where we all play a role in supporting each other to grow and learn.



Ngā Manukura o Āpōpō

Na, Shane Hansen, Ngāti Mahanga
Haurua/Ngāti Hine/Tainui



Leadership wananga

- **Only** kauapapa Māori nursing and midwifery **marae-based** leadership programme
- Eight day programme: four 2-day noho marae over 4-month period

Wananga topics:

- Leadership and management
- Cultural competency
- Clinical governance and quality improvement
- Change management
- Resource/ budget management
- Working with people/ teams

- Delivered by Digital Indigenous
- Range of Maori speakers who are leaders in their fields



DIGITAL INDIGENOUS

Doing it all and doing it well

Our graduates

Our Goal 'To graduate 240 registered nurses and midwives by the end of December 2016'

The number of Māori nurses and midwives who completed the Ngā Manukura leadership training to date by DHB are summarised in the graphs with the majority of graduates coming from the Northland; Counties-Manukau, Waikato and Lakes DHB areas.

Achieved Goal

204

Graduated Nurse's & Midwives by **DEC 2016**

% Completed leadership programme

3% Time - 7

97%

W3line - 197

Over the past five years:

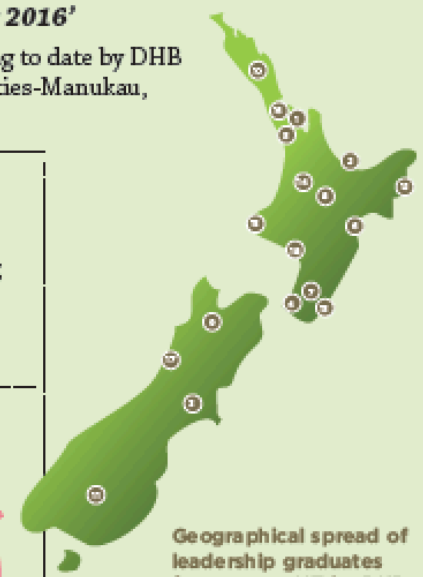
204 clinicians have graduated from the programme including **176** RN's/EN's (5% of the Māori nursing workforce nationally in 2015) and; **28** midwives (6.5% of the Māori midwifery workforce). Collectively, graduates have undertaken **98** projects as part of the training.

In 2015



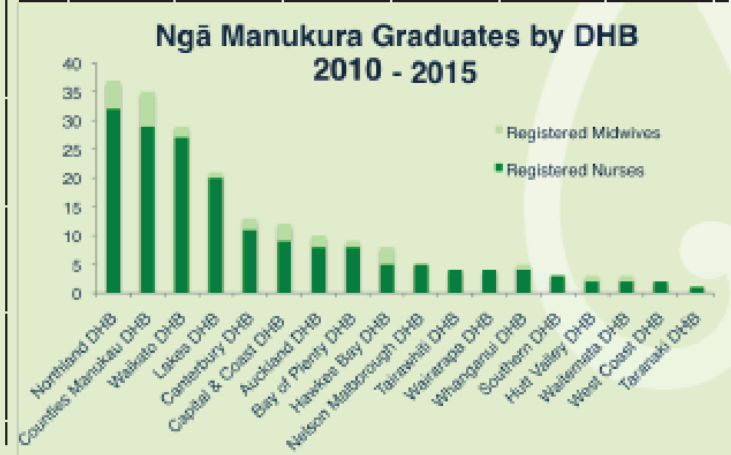
- Leadership programme
- 98** projects were undertaken
 - 30+** speakers shared their wisdom and knowledge
 - 6** marae hosted the programme
- Other stats:

e.Portfolio / Over **522** nurses registered on the e.Portfolio site under 6 institutions - **223** under the Nga Manukura institution



Geographical spread of leadership graduates from across NZ by DHB

REGION	RN/EN	RM
10 Northland DHB	32	5
5 Counties Manukau DHB	29	6
14 Waikato DHB	27	2
8 Lakes DHB	20	1
3 Canterbury DHB	11	2
4 Capital & Coast DHB	9	3
1 Auckland DHB	8	2
2 Bay of Plenty DHB	8	1
6 Hawkes Bay DHB	5	3
9 Nelson Marlborough DHB	5	
12 Tairāhiti DHB	4	
15 Wairarapa DHB	4	
18 Whanganui DHB	4	1
11 Southern DHB	3	
7 Hutt Valley DHB	2	1
16 Wairarapa DHB	2	1
17 West Coast DHB	2	
13 Tairāhiti DHB	1	
TOTAL	176	28



Equity of Health Care for Māori: A framework

	Leadership Championing the provision of high-quality health care that delivers equity of health outcomes for Māori	Knowledge Developing knowledge about ways to effectively deliver and monitor high-quality health care for Māori	Commitment Being committed to providing high-quality health care that meets the health care needs and aspirations of Māori
Health System	<p>Health system leadership is about setting an expectation that all New Zealanders will have equity of health outcomes.</p> <p>In order to achieve equity of health outcomes, disparities in health care must be eliminated. Government legislative and strategic approaches are important in setting the scene for committing to the elimination of health disparities and achieving health equity.</p> <p>Health system leadership is expressed in: health policies and strategies; setting the expectation that equity is an integral component of quality; setting health targets; developing funding formulas for service procurement; and building and maintaining a health workforce that is responsive to the health care needs and aspirations of Māori.</p> <p>Services must be organised around the needs of individuals and whānau. To achieve this, Government must focus on removing infrastructural, financial, physical and other barriers to delivering high-quality health care for Māori that exist between health and other sectors.</p>	<p>The health system requires knowledge to monitor progress in achieving health equity for Māori.</p> <p>Knowledge encompasses high-quality health information that includes: research – quantitative and qualitative and/or informed by Māori methodologies; high-quality population health data with complete and consistent ethnicity data; cultural competency and health literacy; Māori models of health and wellbeing; clinical care pathways, guidelines and tools; and health innovation.</p> <p>Knowledge of what improves health equity for Māori should be developed and built upon to inform health policy and strategy. The use of high-quality health information, and the use of equity parameters to measure and monitor progress toward achieving health equity, is integral to this process.</p> <p>Further to this, the health system performance improvement and monitoring frameworks should include specific health equity measures.</p>	<p>The health system is committed to reconfiguring services to deliver high-quality health care that meets the health care needs and aspirations of Māori.</p> <p>Health system commitment is expressed in: incentivising and rewarding the delivery of equitable health outcomes for Māori; requiring performance data to be analysed by ethnicity, deprivation, age, gender, disability and location; measuring and monitoring progress toward achieving health equity for Māori; developing frameworks that focus on protecting the health rights of Māori; and investing in the development of organisational health equity expertise.</p> <p>Health system commitment requires regulatory authorities to ensure that all vocational training and continuing professional development activities have a robust health equity, cultural competency and health literacy focus.</p>
Health Organisations	<p>Health organisation leadership is about making an explicit organisational commitment to delivering high-quality health care that ensures health equity for Māori.</p> <p>Organisational leadership is expressed in well aligned policies, strategies and plans that are responsive to the health care needs and aspirations of Māori.</p> <p>The organisation sets and monitors equity and other quality improvement targets; ensures that structural arrangements do not prevent individuals and their whānau accessing health services and actively invests in building and maintaining Māori health workforce capacity and capability.</p> <p>The organisation actively partners with providers beyond the health sector to allow for better service integration, planning and support for Māori.</p>	<p>Health organisations must establish environments that encourage learning and the sharing of high-quality health information.</p> <p>To inform decision-making, health organisations should focus on developing and building their knowledge of evidence-based initiatives that have:</p> <ol style="list-style-type: none"> 1. undergone equity analyses before they are implemented 2. been monitored for their effectiveness in achieving health equity for Māori. <p>Health organisations should also endorse the use of health equity and quality improvement tools that support the delivery of high-quality health care that is responsive to the needs and aspirations of Māori.</p>	<p>Health organisations are committed to reconfiguring services to deliver high-quality health care that meets the health care needs and aspirations of Māori.</p> <p>Health organisations are committed to building relationships with Māori to collaboratively design, implement and evaluate initiatives that ensure delivery of high-quality health care that meets their needs and aspirations.</p> <p>Investment in initiatives that are successful in achieving health equity for Māori should be matched by divesting from initiatives that are unable to progress this goal. To make good decisions on which initiatives to support, health organisations must use high-quality health information, for example, complete and consistent ethnicity datasets, to monitor services against agreed indicators.</p> <p>Health organisations are also committed to supporting community initiatives that meet the health needs and aspirations of Māori.</p>
Health Practitioners	<p>Health practitioner leadership is pivotal in ensuring that health care is focused on achieving health equity for Māori.</p> <p>Leadership requires health practitioners to: review their own clinical practice and those of their peers, through a health equity and quality lens; ensure that their organisation collects high-quality ethnicity data; audit, monitor and evaluate health impact and outcome data to improve the delivery of high-quality health care for Māori; and provide critical analysis of those organisational practices that maintain disparities in health care.</p> <p>Leadership involves active partnership with providers beyond the health sector to allow for better service integration, planning and support for Māori individuals and whānau.</p>	<p>Health practitioners strengthen their capacity and capability to deliver high-quality health care for Māori by learning and sharing high-quality health information.</p> <p>Routine use of clinical guidelines and tools is important in high-quality health care decision-making, as is building knowledge in the use of quality health equity improvement tools.</p> <p>Health practitioners should develop their skills in routinely examining data collected by their organisations to monitor the impact of their own work and the work of their colleagues on achieving health equity for Māori.</p> <p>Health practitioners must build their own knowledge of how they can provide health information effectively to ensure Māori individuals and whānau understand them.</p>	<p>Health practitioners must be committed to continuous quality improvement processes that focus on achieving health equity.</p> <p>Health practitioners express their commitment by: routinely using and analysing administrative data to inform their practice; using evidence-based innovations that achieve health equity for Māori; and tailoring continuing professional development to build their capacity/capability in delivering equitable health care.</p> <p>Health practitioners should also understand their role in supporting Māori individuals and whānau to develop their health literacy.</p> <p>Health practitioners are committed to supporting community initiatives that meet the health needs and aspirations of Māori individuals and whānau.</p>

Graduate leadership

Toru Project – a Team of 3

- Involves Māori students from Girls College working with kaumātua at local Aged Care Facility
- Six kaumātua paired with 12 students who visited for one year as part of their NCEA Te Reo programme.
- Students supported cultural and social needs
- Students received academic credit; scholarships and support into a health career



Dianna McGregor, Gerontology Nurse Specialist – Waitemata DHB; NMoA Graduate, 2014

Results have included:

- Increased social engagement
- Increased use of Te Reo
- Project formally evaluated

Graduate leadership

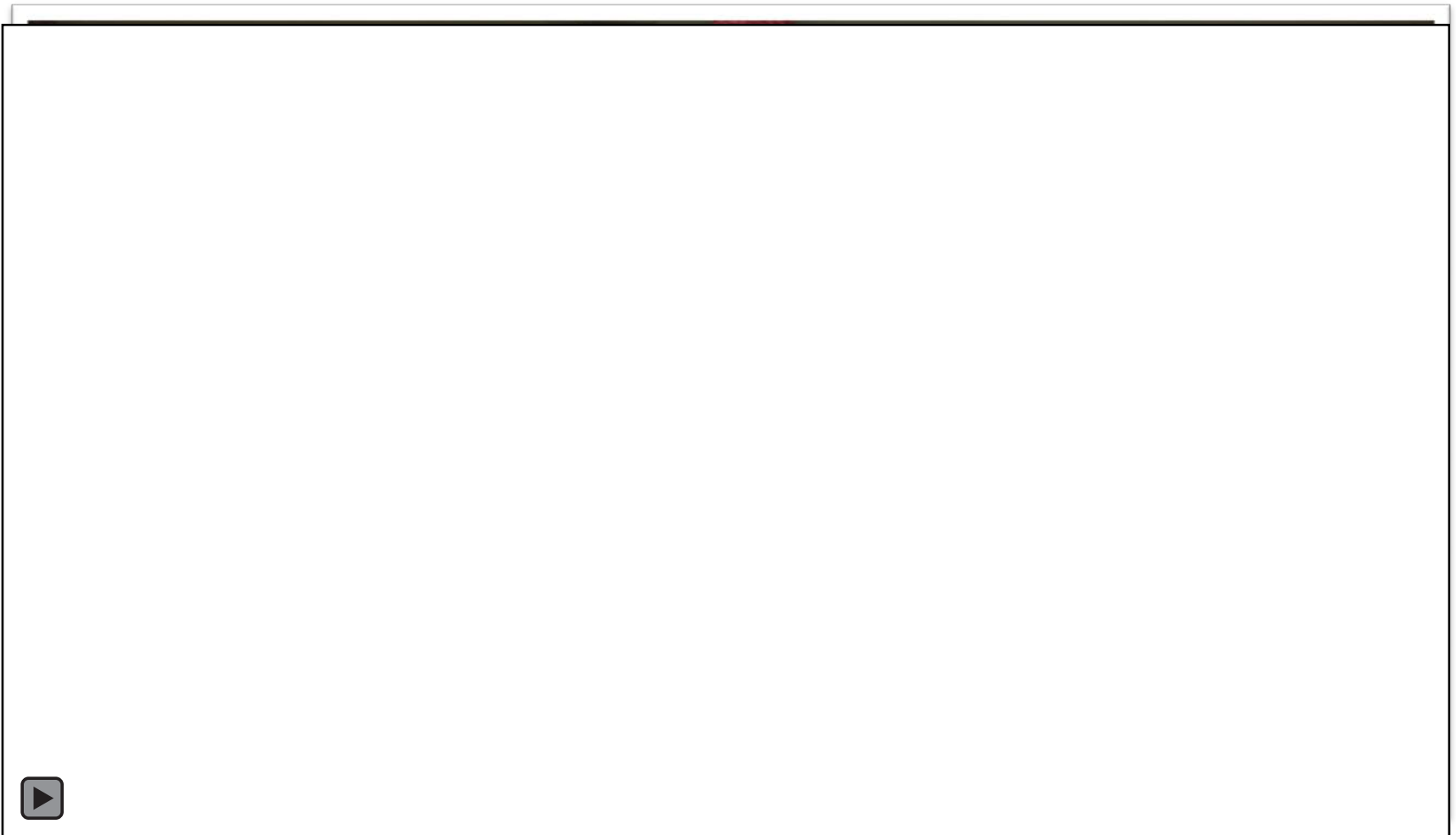
Māori midwifery team

- Team of 4 midwives established in July 2015
- Provide care to 50 Māori women and their whānau/yr
- Work with vulnerable women including drug addicts and the homeless
- Aim to increase Māori women engagement in antenatal care/education and improve maternity outcomes

Mahia Winder, Ngati Tuwharetoa Ngati Raukawa , RM/ Team Leader, Maori Midwifery team, ADHB; Ngā Manukura graduate



Three key things....



<https://www.youtube.com/watch?v=nRpacbO3ycc&feature=youtu.be>

Leadership in action....

Whanau first for Kia Puawai

CE

24 December 2015

COLLEGE OF NURSES

Māori Health

Theatre registered nurse renewed enthusiasm and

Of Ngāi Tahu descent, the five born nurse and mother of three applied for the course which translates as "Leaders of Tomorrow" after seeing it advertised on the Coast DHB's intranet pages.

The course took Jo to the Tuhi in Christchurch for eight days or months and included team building exercises, reading course material hearing from guest speakers.

Topics covered included institutional racism, managing staff conflict, positive leader and "owning up".

"To be able to care for others in we need to, we first need to care ourselves and identify our own Jo admits she was quite nervous start of the course.

"I don't speak a lot of Māori, I was graduate last year, so am quite a nurse. But you can become a leader from anywhere, even just in what do every day. I wanted to set a good example for my girls," she says.

"This course wasn't solely about me but also self-awareness and own to how you portray yourself to others. One of the course requirements is developing a project to create better health outcomes for Māori patients and Jo has started working on the consulting with Māori Health Gene Manager Gary Coghlan, Director of Nursing and Midwifery Karyn Bous and Māori Mental Health Services Manager Mal Robson.

The project utilises "nursing minds and ways of thinking" to ensure Māori



Action needed to recruit new blood

Nursing director LORRAINE HETARAKA-STEVENS calls for innovative and courageous strategies to recruit more new graduate nurses, including under-represented Māori, into the ageing primary health nurse workforce.

It is well documented that New Zealand's primary health care sector is under increasing pressure with an ageing GP/practice nurse workforce and reduced access to services in some communities.

BERL's 2013 nursing workforce projection report for the Nursing Council of New Zealand predicted that more than 50 per cent of the present nursing workforce will retire by 2035. Increasing the supply of new graduate nurses into primary care is one way to build a sustainable workforce. However achieving this requires an understanding of the current structural and systemic influences impacting on new graduate recruitment in the primary care sector.

Since around 2006 the Nursing Entry To Practice (NETP) programme has provided a government-subsidised, supportive

support the recruitment and retention of new graduates. The current support resources available are largely administered through the DHBs, are non-flexible and focus exclusively on new graduates on NETP. This limits the primary care sector's ability to develop sustainable workforce planning including areas like the retention and development of clinical leaders, increasing undergraduate placements, and wider practice team development (like whānau ora workers/nurse practitioners/pharmacists/health care assistants/general practitioners/administrators).

Recent initiatives to increase the uptake of new graduate nurses into primary care include the Ministry of Health's new graduate nurse employment (scholarship) scheme in Very Low Cost Access (VLCA)

prepared a report in 2014 on nursing issues for Health Workforce New Zealand (HWNZ). That report identified a number of key recommendations including employment of more new graduates, improved employment of new graduates in the aged care and primary care sectors and improved employment of Māori and Pacific new graduates.

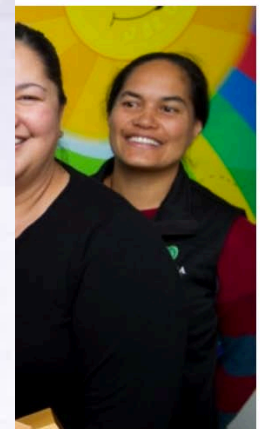
Last year the HWNZ Nursing Governance Group set 2028 as the date for matching the Māori nursing workforce to the percentage of Māori in the population. To achieve this there needs to be short, medium and long-term strategies and goals, coupled with a whole-of-system approach and adequate, sustainable resourcing.

Recent ACE figures indicated 821 new graduate nurses (57 per cent) were known

the bed.

patient Cheryl Cutting with the new 24-hour Holter cardiac recorder. Patients wear the new device over a 24-hour period, keeping a diary to record when they feel any palpitations.

Add a comment



om Kia Puawai. Absent are

Midwifery Awards. at it has

Indigenous clinical leaders...

‘define what the future should look like, align people with that vision and inspire them to make it happen despite the obstacles’



The next two years...

- A comprehensive **pathway** for leadership development to ensure that future leaders can **influence** from a systems, services and organisational level.
- Evidenced through **increased numbers** of Māori in **senior leadership** roles, boards, advisory committee or ministerial appointments.
- Contributing to **Māori health** gains through improved **mainstream responsiveness** and validation of kaupapa **Māori models of care**.
- A deliberate movement to respond to the **health disparities** between Māori and non-Māori.

#setadate4equity