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

‘[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

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

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


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

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

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**
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.

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
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.

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

- 39 RN’s/EN’s completed the leadership programme
- 22 Registered Midwives completed the governance module
- 98 projects were undertaken
- 30+ speakers shared their wisdom and knowledge
- 6 māmá hosted the programme

**Geographical spread of leadership graduates from across NZ by DHB**

Ngā Manukura Graduates by DHB 2010 - 2015

e.Portfolio / Over 522 nurses registered on the e.Portfolio site under 6 institutions - 223 under the Nga Manukura institution
## Equity of Health Care for Māori: A framework

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### Health System

**Leadership**

Health system leadership is about setting an expectation that all New Zealanders will have equity of health outcomes.

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.

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.

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.

**Knowledge**

The health system requires knowledge to monitor progress in achieving health equity for Māori.

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.

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.

Further to this, the health system performance improvement and monitoring frameworks should include specific health equity measures.

**Commitment**

The health system is committed to reconfiguring services to deliver high-quality health care that meets the health care needs and aspirations of Māori.

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.

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.

### Health Organisations

**Leadership**

Health organisation leadership is about making an explicit organisational commitment to delivering high-quality health care that ensures health equity for Māori.

Organisational leadership is expressed in well aligned policies, strategies and plans that are responsive to the health care needs and aspirations of Māori.

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.

The organisation actively partners with providers beyond the health sector to allow for better service integration, planning and support for Māori.

**Knowledge**

Health organisations must establish environments that encourage learning and the sharing of high-quality health information.

To inform decision-making, health organisations should focus on developing and building their knowledge of evidence-based initiatives that have:

1. undergone equity analyses before they are implemented
2. been monitored for their effectiveness in achieving health equity for Māori

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.

**Commitment**

Health organisations are committed to reconfiguring services to deliver high-quality health care that meets the health care needs and aspirations of Māori.

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.

Investment in initiatives that are successful in achieving health equity for Māori should be matched by diverting 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.

Health organisations are also committed to supporting community initiatives that meet the health needs and aspirations of Māori.

### Health Practitioners

**Leadership**

Health practitioner leadership is pivotal in ensuring that health care is focused on achieving health equity for Māori.

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.

Leadership involves active partnership with providers beyond the health sector to allow for better service integration, planning and support for Māori individuals and whānau.

**Knowledge**

Health practitioners strengthen their capacity and capability to deliver high-quality health care for Māori by learning and sharing high-quality health Information.

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.

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.

Health practitioners must build their own knowledge of how they can provide health information effectively to ensure Māori individuals and whānau understand them.

**Commitment**

Health practitioners must be committed to continuous quality improvement processes that focus on achieving health equity.

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.

Health practitioners should also understand their role in supporting Māori individuals and whānau to develop their health literacy.

Health practitioners are committed to supporting community initiatives that meet the health needs and aspirations of Māori individuals and whānau.
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

Results have included:
- Increased social engagement
- Increased use of Te Reo
- Project formally evaluated

Dianna McGregor, Gerontology Nurse Specialist – Waitemata DHB; NMoA Graduate, 2014
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=nRpacbO3yc&feature=youtu.be
Action needed to recruit new blood

Nursing director LORRAINE HETARAKA-STEVENSON 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 2015 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 (VILCA) 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 2020 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 (67 per cent) were known...
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