

NP group has 'phenomenal' growth

No longer isolated, nurse practitioners and prescribers in the Midlands are helping each other go from strength to strength.

By co-editor Mary Longmore

When Ashleigh Battaerd qualified as a nurse practitioner (NP) three years ago, she had little peer support in the Coromandel region of the Waikato where she lived and worked. In fact, she was Whitianga's only NP. "My nearest colleague is in Thames, and before that it was Hamilton," she said. And while she felt "pioneering", with it came a sense of professional isolation. "There haven't been many NPs in the Waikato and I was the start of NPs qualifying in the [Coromandel] area."

So when her colleague at Hauraki Primary Health Organisation (PHO), Michelle Rohleder, along with Hilde Mullins, nurse lead at Pinnacle Midlands Health Network, started a support group for NPs in 2016, Battaerd was keen.

NPs and would-be NPs were invited from across the midland region covered by both PHOs, including Waikato, Rotorua Lakes, Taranaki and Tairāwhiti, to the first meeting in October 2016.

Rohleder – a clinical education coordinator – said with 10 NPs or interns turning up, the idea had clearly tapped into a need. "We were really surprised to get so many people turn up that first night, there was a real appetite for it."

Since then, she said it had grown "phenomenally" to more than 50, bringing nurses together every six weeks, either in person or via phone or video.

When Waikato District Health Board's workforce development manager Lin Marriott joined as co-facilitator last year, she brought in hospital NPs and completed a "really great collaborative relationship", Rohleder said. "It didn't matter where you worked, whether it was aged residential care, primary or secondary



Clockwise from top left: Ashleigh Battaerd, Michelle Rohleder, Erika Erece and Chrissy Simmonds.

health. It was for all NPs, and also for people on the pathway, like NP interns," Rohleder said. "The only requirement is that members are practising in the Midland region."

Topics have included different health-care models, using the NP scope of practice in different settings and the education needed to maintain practising certificates. They have also talked about the different approach to health taken by NPs compared to a GP-led medical model.

"NPs practise in a very different model, it's a 360-degree, whole-system approach," Rohleder said. "NPs look at the social, financial, family and work side of things, and ask, 'how's that going to impact on the patient?'"

Those on the NP pathway can find support from experienced NPs. "Sometimes the interns will present and get feedback from the NPs, who want to encourage and inspire them," Rohleder said.

In 2018, the trio began a second

group in Hamilton, this time for nurse prescribers, to provide a similar support network. Members share how they can use their scope of practice in different workplaces and mentor aspiring prescribers on what to expect from the Nursing Council and what registered nurses (RNs) need to focus on to attain prescriber status.

"It was an interesting time, as there was lots of uncertainty about the requirements and people were a bit lost," Rohleder said. The group idea was "support, sharing issues and different ways of practising".

Its numbers have also grown to around 50, although some belong to both groups. Recently, Nursing Council strategic programmes director Pam Doole spoke to the combined groups about the council's vision for prescribers – and heard from nurse prescribers about their own challenges and rewards.

Battaerd, a member of both groups, has enjoyed feedback and support from her peers, while mentoring others. "Many interns didn't know the steps of how to negotiate their jobs and pay rates." Experienced peers could also connect others with pharmacies and radiology services, for referrals and prescriptions.

Battaerd – who mostly links in via video but tries to attend one in three – also enjoyed learning from specialty NPs, with particular clinical expertise.

Broadly, the groups focused on what NPs and prescribers could contribute to the health of the region, on barriers and peer review, Battaerd said. She hoped the networks would encourage more nurses

into extending their practice. Progress since NPs were introduced in New Zealand 19 years ago had been “huge”, Battaerd said, acknowledging the work of Nurse Practitioners New Zealand.

While there were still “challenges” from some GPs, most accepted the NP role as complementary – especially in hard-to-fill rural areas.

Rohleder believes a strong NP workforce will improve health in New Zealand, particularly for Māori, Pacific and remote populations. “We know we have to do something differently if we want to work towards a wellness system. It’s harnessing a different workforce to offer more. It’s nurses working to the very top of their practice.”

Newly qualified Cambridge RN prescriber Erika Erece, now studying to become an NP, said she derived huge benefit from the NP group. Two NPs were

currently supporting her to ensure she met the NP requirements next year. “The NP role is such a new thing, I felt very supported and very involved, and I have people to go to when things go a little bit south.”

Waikato primary diabetes nurse prescriber, Chrissy Simmonds, joined the prescriber group to help others avoid the “overwhelming” challenges she faced early on. Not knowing what to expect, she “completely overdid it” in her case study preparation, wearing herself out. She now advised and encouraged others to get there without getting “too stressed”.

Simmonds said the groups helped nurses see a pathway into extending

their practice, with support. “You realise ‘okay, I’m not the only one’, especially when GPs you’re working with are sceptical. You have other stories of how it

works, it builds your confidence and tenacity.”

After Simmonds took some time off recently, her colleague experienced the

frustration of waiting for a doctor to sign the prescriptions – and better appreciated the value of a nurse prescriber.

Seeing nurses prescribe also bolstered patients’ confidence in nurses – ‘they say ‘Oh, you really know what you’re doing.’” Essentially, both groups supported nurses to practise to the “absolute highest level we can. “And that’s always going to result in better patient care”. •

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Nurse leaders crave more support

AN “OVERWHELMING” demand for more nurse leadership support may lead to a new NZNO nurse mentoring initiative.

A leadership coaching workshop was held in May after a survey by the Nurse Managers’ Section (NMS) found members were desperate for more support, committee member Teresa Fisher told *Kai Tiaki Nursing New Zealand*.

“The overwhelming response was that a bit of mentoring and coaching would be of major benefit to members,” Fisher said. “Many are just coming into roles or were already in their first role and had just been left to ‘get on with it.’”

Fisher said the section was now seeking nurse leaders

prepared to mentor new and aspiring leaders.

She hoped this would be the start of a new nurse leadership mentoring network.

“There are a lot of nurse managers and leaders who have had absolutely nothing in terms of education and support in their roles,” Fisher said. “It’s very important that nurses are effective leaders and they need support to be

able to do that.”

In May’s workshop, Counties Manukau organisational development consultant Bev McClelland led a group of 12 nurses, mostly from the South Island.

With varied health and education backgrounds, they were a mixture of nursing managers and leaders from private practice, district health boards and an education provider.

McClelland shared a number of leadership models, as well as discussing effective listening, the use of coaching language, prompts to open up conversations, different types of feedback and how to apply these in challenging interactions.

She also coached conversations using active listening and guiding language, which was really valuable.

Another workshop is planned for August in Auckland, and more for 2020.



Beverley McClelland

The section also ran a forum in Whangarei in May, on the challenges of rural recruitment and retention. Wairoa Hospital nurse manager Sonya Smith also talked about her successes. Treating staff well and using every opportunity to expose students, visitors and locums to the advantages of working in small, friendly, rural

places paid off when it came to recruitment. Smith also urged nurses not to accept the status quo, having successfully brought about changes to the voluntary bonding scheme through her own submissions to the Ministry of Health. By her own actions, Smith let us see it is possible for us all to make a difference. To find out more about being a mentor, please contact: Debbie.ODonoghue@cdhb.health.nz. The NZNO NMS website will also offer networking opportunities from August. •

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