



New Zealand Nurses Organisation submission on the

18th Session of the Human Rights Council - Universal Periodic Review New Zealand 2013

Contact

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ABOUT THE NEW ZEALAND NURSES ORGANISATION

1. The New Zealand Nurses Organisation is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 46,000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.
2. NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.
3. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders

EXECUTIVE SUMMARY

4. As part of the New Zealand non governmental sector, the New Zealand Nurses Organisation (NZNO) welcomes the opportunity to make a submission on the Universal Periodic Review (UPR) as part of the four yearly review of the New Zealand human rights record.
5. NZNO submits that the New Zealand government is not collecting essential Māori health workforce data (i.e. comprehensive, accurate and meaningful) as they relate to regulated nurses (Registered Nurses and Enrolled Nurses) and unregulated health care assistants (HCAs).
6. Such data are essential for the development of evidence-based strategies to address the Māori health workforce deficits which contribute to endemic and increasing systemic health disparities.
7. We consider this fundamental omission a breach of the Universal Right to Good Health.
8. This deficit came to NZNO’s attention as part of the NZNO Te Rau Kōkiri campaign to achieve pay parity for Māori and iwi providers. Access to accurate, comprehensive and meaningful data on the Māori health workforce both regulated and non-regulated, is essential to improving professional development of this workforce as well as employment and pay conditions.
9. While it is a legislative requirement of the Health Practitioners Competence Assurance Act 2003ⁱ that health practitioner roles are defined (this includes nurses), there is no single definition of the non regulated health workforce, and there is no agency responsible for them collecting workforce dataⁱⁱ. The collection of non regulated health workforce data is thus haphazard and fragmented in spite of the increasing size and importance of this group of health workers.

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10. Since July 2011, Health Workforce New Zealand (HWNZ) has been strengthening the Māori Health workforce development approach and programmes. There has been no engagement with key stakeholders such as Te Runanga o Aotearoa, NZNO who have over 3,100 Māori health professional membersⁱⁱⁱ.
11. The report of the World Health Organisation Commission on Social Determinants of Health, 2008^{iv} identifies actions to address health disparities. A principal overarching recommendation is to ensure that health inequity is measured. Without workforce data, no confidence can be placed in a "Māori health workforce strategy", or in achieving health equity for Māori.

BACKGROUND

Equity from the start

12. Article 1 of the United Nations Declaration on the rights of Indigenous people, acknowledges that Indigenous people have the right to the full enjoyment, as a collective or as individuals, of all human rights and fundamental freedom as recognised in the charter of the United Nations, the Universal Declaration of Human Rights and international human rights law^v.

Te Rau Kōkiri Campaign

13. NZNO has received input from members of the Te Rau Kōkiri project team, which advocates for workers in Māori and Iwi health providers to achieve pay parity for workers. These providers have the highest proportion of Registered Nurses who identify as Māori and a large unregulated, Māori health care workforce.
14. The campaign is based on tikanga and partnership, and is working toward extending the Te Rau Kōkiri multi employer collective agreement (MECA) to covers more than 400 nurses and health workers in Māori and Iwi health providers. The objective of the campaign is to achieve parity with District Health Board (DHB) pay rates.

Gaps in Māori workforce data

15. Te Rau Kōkiri project team identified a gap in availability of Māori health workforce data when an enquiry was made of the Ministry of Health (NZNO to Associate Minister of Health, December 2012) asking the following:
 - i. What is the gender and ethnicity breakdown of workers in Māori and Iwi health providers?
 - ii. What is the current skill mix of regulated and unregulated health workers, e.g. registered nurses, enrolled nurses, health care assistants and kaimahi, currently employed in Māori and Iwi health providers?
 - iii. What is the full time equivalent (FTE) in each section of the workforce in Māori and Iwi health providers?
 - iv. Do you hold information on the recruitment and retention statistics for the Māori and Iwi health provider workforce?
 - v. In terms of costings for funding services for Māori and Iwi health providers what are the annual leave, sick leave, professional

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development leave and associated costs that would be used as part of these costings and the costings for other health providers?

- vi. Can you provide information on any initiatives that are established or being established that encourage Māori to pursue career pathways in Health (specifically PHC), as part of the future forecasting by Health Workforce New Zealand (HWNZ)?

16. Subsequently, HWNZ, the Ministry body responsible for national leadership in health workforce planning and development, revealed that the Ministry did not collect data specific to the Māori health workforce, and that the repository of such data relating to the nursing workforce was held by the Nursing Council of New Zealand (NCNZ) (March, 2013).

17. Current data from NCNZ indicated that there were 48,563 practising nurses on the New Zealand Nursing Register, with only 7% identify as Māori^{vi}. The practice area with the highest percentage of Māori Registered Nurses is Primary Health Care^{vii}. At present the NCNZ only collects data on the demographic, current employment and employment history details of each nurse^{viii}. These include:

- Gender;
- Date of birth;
- Ethnicity (up to three ethnicities may be identified);
- Current employment setting (up to two settings may be identified);
- Current area of nursing practice (up to two areas may be identified);
- Hours of work in an average week (up to two sets of hours may be identified);
- Reason for practicing fewer than 35 hours;
- Geographic location of main practice; and
- Completed qualifications, including country, institution, and year of completion (up to five may be included).

18. This leaves a significant gap in information about the unregulated health workforce, in which Māori are disproportionately represented, and particularly in primary health care where a substantial proportion (i.e. the overall rates for unmet need for primary health care were about 1.5 times higher for Māori adults and children as the rates for non-Māori. In particular, half of all Māori women (47%) had experienced unmet need for primary health care in the past year^{ix}).

DISCUSSION

Rights of Māori to good health

19. As an indigenous population, Māori have an equal right to the highest standards of health, and the State is responsible for ensuring this is achieved under article 24.2 of the United Nations Declaration on the Rights of Indigenous peoples^x. We also acknowledge the rights of Māori under the Tiriti o Waitangi to good health that encompasses wellness in its fullest sense and including the physical, spiritual and cultural wellbeing of Māori as individuals and collectively.^{xi}

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20. Māori make up 15.4 percent of the New Zealand population, and have a projected growth of 16.2 percent by 2026^{xii}. There are well documented ethnic disparities in life expectancy, the enjoyment of good health and differential health outcomes between Māori and non Māori.^{xiii} These inequalities are unacceptable, unjust, unnecessary and unfair.
21. The Human Rights commission document 'A Fair go for all' indicated that in health another form of structural discrimination is the under representation of the Māori health workforce^{xiv}.
22. Without 'measuring the problem in a manner consistent with the epidemiological base of modern health and medicine' as suggested by the World Health Organisation Commission on Social Determinants of Health, 2008^{xv}, no confidence can be placed in a "Māori health workforce strategy", or in achieving health equity for Māori.

Unregulated workforce

23. When developing its own position statement on unregulated health care workers, NZNO found that increasing global health workforce shortages, along with increasing workforce pressures within Aotearoa New Zealand (including demand for cost savings), has led to significant growth in the employment of an unregulated health workforce.
24. There is no single definition of the non regulated health workforce, or any agency responsible for them collecting workforce data^{xvi}.
25. The collection of non regulated health workforce data is thus haphazard and fragmented in spite of the increasing size and importance of this group of health workers.
26. Despite the significance of this workforce, no strategy exists to inform its ongoing development and there has been no discussion around how unregulated health care workers will contribute to the collaborative team to improve health outcomes^{xvii}.

New Zealand Government strategies

27. There are numerous government strategies (Primary health care strategy (2001)^{xviii}; He Korowai Oranga: Māori Health Strategy (2002)^{xix}; Raranga Tupuake Māori health workforce development plan (2006)^{xx}; Whānau ora: Report of the Taskforce on Whānau centred initiatives (2010)^{xxi}; that all focus on improving Māori health inequalities. These strategies are all reliant however on a Māori workforce to deliver a 'Māori for Māori by Māori health service delivery to addresses disparities. While development of the Māori health workforce is key to improved Māori health outcomes^{xxii} there is little investment in evidence based research to show demonstrate the outcomes of any investment or workforce strategy planning. Māori health and disability workforce development is the process of strengthening the capacity and capability of the Māori health and disability workforce in order to maximise its contribution to improve health outcomes for Māori^{xxiii} and it is essential that investment in this work is grown and robust evaluation of outcomes is undertaken.

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28. Since 2009 Health Workforce New Zealand (HWNZ) has been established to provide national leadership on the development of the country's health and disability workforce, with the overall responsibility for planning and development of the health workforce, including the Māori health workforce. HWNZ is also charged with ensuring that staffing issues are aligned with planning on delivery of services and that our healthcare workforce is fit for purpose. NZNO is concerned that HWNZ is doing little to undertake this work in regard to the nursing and midwifery workforce and have stated this in a letter to HWNZ (November 2012).

CONCLUSION

In conclusion NZNO recommends you:

- **Note that** we draw your attention to the lack of collection of essential Māori health workforce data which results in poor planning and outcomes for the workforce, and which leads to poor outcomes for Māori;
- **Note that** Māori have an equal right to the highest standard of health, and **investment** and evaluation of the Māori health workforce is essential to improve equity for Māori workers; and
- **Note that** NZNO supports the goal of equitable human rights in Aotearoa and wish to raise your awareness of this issue affecting the Māori health workforce.

Nāku noa, nā

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