



Pacific Health Review

SPECIAL CONFERENCE REPORT

Making Education Easy

Issue 10 – 2010

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Api Talemaitoga, Clinical Director, Pacific Programme Implementation, wishes to acknowledge the commentaries and insights provided by 'Ana Kavaefiafi, Epenesa Olo-Whaanga, Siniva Sinclair, Lana Perese and Debbie Ryan.

Kia orana, Fakalofa lahi atu, Talofa lava, Malo e lelei, Bula vinaka, Taloha ni, Kia ora, Greetings.

In this edition, we are pleased to bring you reports from Pacific health conferences held in New Zealand in 2010. The 15th conference of the South Pacific Nurses Forum (SPNF), *"Nurses at the helm: Steering health across the Pacific"* was held in New Zealand for the first time since 1992. This gathering of nursing leaders from across the Pacific focussed on workforce and leadership development to support the profession to meet significant challenges in delivering high-quality health care to domestic populations and to address common issues in the region.

In September 2010, the Pasifika Medical Association held its 11th conference in Auckland, with the theme *"Changing our Future"*. Presenters covered a range of topics, from the tsunami response in Niutoputapu, Tonga, one of the smallest inhabited islands in the Pacific, to health system information systems initiatives for the region, based in the University of Queensland, Australia.

The meetings provided unique opportunities for networking, bringing together people in the domestic Pacific health workforce with those now residing overseas. The leadership roles displayed by the significant numbers of the Pacific health workforce now working in Australia and New Zealand inevitably lead to reflections on the ongoing challenge for the Pacific region of the migration of health professionals to more developed countries. A recent study identified that 652 Pacific-born doctors and 3467 Pacific-born nurses work in New Zealand and Australia. In 2008, there were more Samoan-, Tongan- and Fijian-born nurses and midwives in New Zealand and Australia than in the domestic workforce.¹

There are no easy answers to these global trends for human resources for health. However, these regional meetings demonstrated that the Pacific diaspora remain actively involved in health service delivery in the Pacific and are working with leaders from the region to contribute to developing sustainable solutions for the Pacific. For the significant Pacific populations that now call New Zealand and Australia home, there is also benefit in collaboration across the region to address common problems, improve health service delivery to mobile populations and plan for a shared workforce.

A delightful report in the media this month, which illustrates the strange mix of the traditional way of life in isolated islands and increasing access to technology, was the story of the 3 Tokelauan teenagers rescued after 50 days adrift in the Pacific. They had set out to visit a young woman from a neighbouring island. After their miraculous rescue, reports are that they are now communicating on Facebook.

Migration and exploration will always be a part of our Pacific heritage – technology, innovation, expertise and leadership remain the key to survival and success in the Pacific region in the future. The regional meetings held in 2010 have contributed to the ongoing dialogue on these issues. Look out for these worthwhile conferences in 2011.

Thank you to all our commentators and to all our readers for your support over the past year. Pacific best wishes for a happy Christmas.

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¹Negin, J. Australia and New Zealand's contribution to Pacific Island health worker brain drain. *Aust N Z J Public Health*. 2008;32(6):507-11.



Pacific health professionals working together



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15th South Pacific Nurses Forum Conference: 8-11 November 2010, Aotea Centre, Auckland

"Nurses at the Helm: Steering health across the Pacific"

The sweet and sour taste of Nursing Leadership with Health Reforms

Authors: Matiavi S, Lutua K

Summary: This presentation highlighted major issues confronting Health Services in Fiji: a shortage of nurses and doctors; a high attrition rate within the nursing workforce; leadership decisions initiated by health reforms that challenge nurses in terms of women empowerment; and leadership challenges faced by the Fiji Nursing Association (FNA). The presentation spoke about the partnership between Fiji's Ministry of Health and the FNA, supporting training and professional development. Positive and negative aspects of health reforms were discussed.

Comment: ('Ana Kavaefiafi) A very powerful and stimulating presentation. It highlighted common leadership issues and challenges currently faced by nurse leaders of most, if not all, Pacific island countries undergoing health reforms. The issues discussed demand dedication if the nursing profession is to be recognised as an invaluable arm of the Health Care System. A very useful paper that not only looked at possible solutions but it initiated a positive response from other nurses who value the strength of working in partnership within the Health Care System and with other stakeholders. National Nurses Associations are valuable organisations in negotiating and influencing policy makers, and they function to support their colleagues in making accurate and appropriate decisions.

Transition to work place reality

Authors: Lilley S, Walton S

Summary: This presentation detailed the sociopolitical context in New Zealand; an ageing population and an ageing nursing workforce; the competencies set for Registered Nurses by the Nursing Council of New Zealand and the key strategies issued by the Ministry of Health, which have implications for the nursing workforce. The presenters spoke about their research projects and their insights into the preparation needed to enable nursing students to fully participate in the workforce, the process of professional socialisation, partnership and preceptoring, and communication. The presentation stressed the importance of emotional intelligence, collaboration, and a transition process that supports the students as they develop new skills and behaviours, and encounter new experiences. The presentation offered ways in which the nursing workforce can be strengthened, with nurturing of the next generation of nurses.

Comment: ('Ana Kavaefiafi) A well documented and inspiring presentation appropriately highlighting issues that are imperative to workforce development. It encompassed important elements that are often overlooked when preparing students for their new role as beginning practitioners and the continuing support that often registered nurses require. It also embraced other issues associated with workforce preparation of nurses, such as the provision of mentorship, development of emotional intelligence and appropriate socialisation to the health industry. A very appropriate and comprehensive paper that can be drawn upon by nurse leaders and nurse managers for staff development and workforce planning. It offered a variety of strategies that contribute to producing a confident, efficient and effective workforce.

"Fatunga" O Manuia: an education resource for the prevention of "sick kidneys" in the Samoan community

Authors: Stone C

Summary: This presentation discussed the phenomena of Samoan patients in the dialysis unit, adverse health outcomes on transplanted Samoan cultures, traditional Samoan culture, the current epidemic of obesity and illness prevention within the Samoan culture. This study on kidney disease was designed around Samoan history and culture, to enable the collection, sharing and validation of research within the Samoan community. This successfully allowed the researchers to take the message to the community – in a language and a context that they understood. Plans for further study were discussed.

Comment: ('Ana Kavaefiafi) This was a very challenging presentation and perhaps the most challenged paper of the day. An appropriate paper that brought home the reality of health problems that Pacific people encounter either within or outside their home country. Although the project focussed on the Samoan community, its relevance to other Pacific groups cannot be ignored. Rate of non-communicable diseases are high, topping the list as the biggest killer amongst our Pacific people. Therefore, it needs to be top priority in all our health programmes, whether they be educational- or practice-based. A useful education resource for the prevention of diabetic complications in any Pacific Island setting.

An education partnership for nursing workforce development in Solomon Islands

Authors: Larui M, Ison V, MacManus M

Summary: This review of nursing development and education in the Solomon Islands discussed the development and implementation of Registered Nurse competencies, the regulatory process for approving nursing education programmes, and a probation course review. The consultative process was explained, as was the implementation of competencies to the Solomon Islands. An educational framework has been put in place that supports the practice development of RNs, and education programmes have been developed that connect between theory and practice; enabling nurses to meet registration competencies and fully preparing them for RN practice. Curriculum concepts were discussed concerning a new 3-year nursing diploma, with an example of how it applies to major health issues, such as diabetes. The strengths of the clinical learning and teaching of this diploma were discussed. The RN pathway to degree level and associated challenges were discussed.

Comment: ('Ana Kavaefiafi) A very comprehensive presentation complementing the foresight of nursing leadership. The presentation highlighted a desired partnership between nursing education and nursing service. It incorporated the educational needs of the nurse, the process required for training and the development of a recognised pathway for qualifications achieved. Nurse education in small Island states of the Pacific are fragmented and unaligned to workforce needs, as is in the Solomon Islands. The presentation offered a framework model that other countries can adopt in preparing nurses for service and for leadership roles. Other important aspects of this paper were the involvement of nurses in developing competency standards and the introduction of a tool to assess the in-service education programmes. Finally, an outstanding achievement of the project was the collaborative effort between nursing education and nursing service to initiate the change in workforce development.

Leadership in collaboration

Authors: Levett C

Summary: The theme of this presentation delivered by Coral Levett, Federal President of the Australian Nursing Federation, was that leadership is essential for successful outcomes from collaborative efforts. Coral spoke about the vital leadership role for nurses and midwives in advocating for a more equitable and accessible primary health care system, and how organisations with differing vested specialty nursing and midwifery interests can collaborate to form a unified vision for radical changes to the focus of primary health care funding and delivery. In this way, primary health care can be positioned to be the centre of health policy. The intention of this paper was for it to generate sharing of ideas and practices to strengthen and support primary health care initiatives across the Pacific.

Comment: ('Ana Kavaefiafi) This was an appropriate and effective presentation, inspiring nurse leaders to rise above nursing challenges through a collaborative effort, showing how great things can be achieved and barriers overcome, which may otherwise hinder the progress of essential health programmes. It also emphasised how vital it is for nurses and midwives to present a united stance on any leadership issue to ensure a profitable outcome. The success revealed in this paper through collaboration is a lesson to other nursing organisations and groups that may be struggling to bring about changes for a better and more effective health care model. Sharing of ideas and practices of more developed health care systems is of great benefit to small and developing countries.

Pasifika Medical Association Conference: 8-10 September 2010, Eilerslie Events Centre, Auckland
“Changing our Future”

Samoa after the tsunami – responding to the mental health needs of affected communities

Authors: Bush A

Summary: Samoa experienced extensive destruction after the tsunami on 29th September 2009. Within days of the tsunami, a trauma counselling team set up by New Zealander mental health professionals in collaboration with the archbishop of the Catholic Church in Samoa. Details were discussed of the children’s programme, designed to incorporate Samoan views on mental health and wellbeing.

Comment: (Epenesa Olo-Whaanga) This presentation gave us insight into how quickly an existing team from NZ was mobilised to help attend to the emotional needs of families and children affected by the tsunami in Samoa. Dr Bush highlighted the importance of the skilled volunteers from NZ partnering with both the local church/people and other international helpers to deliver culturally appropriate interventions. This appeared more possible as the NZ team was led by Samoans and the team were familiar with Samoan people. This is an important consideration for any teams sent to the Pacific region. The team upskilled the local people by providing training, supervision and partnership to carry out the interventions. It appeared this would ensure a consistent response amongst this particular team and would also contribute to building local capacity. One lovely intervention presented by Dr Bush was using messages of hope from the children to take from one village to another. The photos in the presentation certainly showed both the devastation and the children participating happily in the programmes. Although it was hoped that the interventions were useful, the difficulties with evaluation were mentioned.

The forgotten Island – tsunami in Niuatopotapu

Authors: Vivili P

Summary: This presentation details the issues experienced by the Island of Niuatopotapu one year on after the tsunami. Rebuilding of services has been slowed by the Island’s isolation, its smallness, logistics, lack of funding, and coordination difficulties.

Comment: (Epenesa Olo-Whaanga) Whilst the response to the tsunami of 2009 that affected Samoa and American Samoa was swift and well covered by the international media, it was not so for the Island of Niuatopotapu, a northern island in Tonga. This presentation by Dr Vivili, The forgotten Island – tsunami in Niuatopotapu, gave us an overview of the challenges for this Island and its people in the aftermath of the tsunami. The time taken for news to travel beyond Niuatopotapu about the tsunami meant a delay in getting any aid to the remote Island. The lack of media coverage also contributed to a lack of awareness of the devastation there. There were nine casualties. The damage to houses and crops was great. The photos in the presentation evidenced this. The damage extended to the disruption of fresh water supply and electricity. The wharf had also been damaged so aid was further delayed. As the people experienced displacement, it appeared that rebuilding is a slow process. This presentation also highlighted similar issues of access existing for many of our beautiful Pacific islands due to their remote location, basic and fragile infrastructure. The aftermath of a disaster is moderated by getting aid, medical assistance, and emergency accommodation to the area. In this instance, a lack of media attention also contributed to a lack of awareness of the challenges for this community by the international community.

If you don’t know where you are, how can you get to where you need to be?

Authors: AbouZahr C

Summary: This presentation focussed on the important role played by health care professionals in generating evidence and information on different kinds of health outcomes; information that is needed by decision-makers for analysis and interpretation. The point was made that health systems are charged with achieving multiple health outcomes. The measurement and monitoring of health system outcomes is challenging; the presentation discussed how to organise and monitor material to define characteristics and boundaries of health systems. It was noted that better health data and stronger health systems are mutually reinforcing. Health care workers need support, tools and skills to play their roles effectively as both producers and users of sound data for evidence-based clinical and public health decision-making.

Comment: (Dr Siniva Sinclair) Two presentations from the Health Information Systems Knowledge Hub at the University of Queensland’s School of Population Health were a highlight in the 2010 PMA conference programme, and generated much discussion among participants, fitting perfectly with the conference theme “Evidence-based policy and decision making”. This Knowledge Hub, with its focus on health information systems and burden of disease, is one of four around Australia set up to build a base of knowledge and expertise, identify opportunities for collaboration and promote multi-disciplinary engagement on key health issues. (The others focus respectively on health policy and health financing; human resources for health; and women’s and children’s health).

Carla AbouZahr brought her extensive international experience with “making health statistics count” to bear in a very clear presentation, which challenged all of us who work in health to become “actors, activists and advocates for information and evidence”. Information is shaping our future; as both producers and users of information, we need to be aware of its power and learn to harness it more effectively.

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Health information as evidence for health policy

Authors: Aumua A

Summary: This presentation considered the reasons why health information is not better used as part of the collection of evidence for health policy research, barriers to using health information for policy making, and what health information managers need to do better to assist the policy making process.

Comment: (Dr Siniva Sinclair) Audrey Aumua – PMA stalwart now working at the Knowledge Hub, who was also recognised with the Association’s highest award this year – gave an insightful and very practical presentation on the vast domain of health information, why we need to use it, and some of the barriers to using it to inform health policy. “Policy makers need relevant, useable, actionable conclusions; Health information managers need to be able to explain their data better.” A number of recent real-life examples from around the Pacific illustrated the power of health information when used effectively.

Audrey pointed out that the skills of both a detective and a good storyteller are needed to generate health information. These presentations demonstrated both, and gave an introduction as to how the Knowledge Hub is supporting their development around the Pacific. PMA members and conference participants now have the opportunity to explore how the Hub can support their work, and vice versa; we look forward to hearing about new links and collaborations arising from these opportunities at next year’s conference.

“Getting through together...” Healthcare Heroes Programme

Authors: Sorensen D

Summary: This presentation detailed the background and reasoning behind the implementation of the Healthcare Heroes Programme.

Comment: (Dr Lana Perese) Pacific health workforce capacity and capabilities remain challenged not only by increasing health needs, but also a lack of information on early health career pathway development for Pacific young people. The Healthcare Heroes programme, administered by the Pasifika Medical Association, is a commitment to building workforce capacity and capability. The programme, which is based in 21 high schools within South Auckland, provides an opportunity to broaden the limited knowledge base relating to early influences on career pathway development for Pacific young people. Healthcare Heroes works alongside Pacific students across years 9–13 as well as teachers, parents, boards of trustees and others to encourage and support young people into science and health-related careers. We watch with great interest the potential that this programme has to enhance both educational outcomes and pathways to health career opportunities.

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