



Responding to the State of the World's Nursing 2020 report in Aotearoa New Zealand: Aligning the nursing workforce to universal health coverage and health equity

Te urupare ki te pūrongo State of the World's Nursing 2020 i Aotearoa: Te whakahāngai i ā tātou kāhui kaimahi ki ngā whakakapinga huri noa i te ao me te ōritenga o te whiwhinga ki ngā ratonga hauora

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Abstract

The World Health Organization's *State of the World's Nursing (SoWN) 2020* report identified that the international maldistribution of the nursing workforce, particularly in high-income and developed countries, greatly impeded the United Nation's Sustainable Development Goals and the World Health Organization priority of universal health coverage. Policy advice in the SoWN report emphasises investment in growing the nursing workforce to not only address a calculated shortfall of 5.9 million nurses internationally, but to augment domestic production of nurses in countries who are over-reliant on nurses trained overseas. Aotearoa New Zealand is one such country that is heavily reliant on internationally qualified nurses, with 27% of its total nursing workforce being migrants. Key prescriptions from the report include investment in nursing workforce data and its management; nursing leadership; nursing education; and the regulation of nurses. The report provides timely advice on the deep over-reliance on migrant nurses particularly in the context of the COVID-19 global pandemic, economic recession, and ballooning

Ngā ariā matua

I puta te kī a te pūrongo State of the World's Nursing (SoWN) 2020 ko te hē o te horapa o te kāhui kaimahi tapuhi puta noa i te ao, otirā i ngā whenua whiwhinga pūtea-nui, whenua kua eke ki ngā taumata whanaketanga, tētahi ārai nui mō te whāinga mātua o ngā Whāinga Whanaketanga Toitū o te Huihuinga o ngā Whenua o te Ao, me te Rōpū Hauora o te Ao. E kī ana ngā kupu tohutohu kaupapa here o te pūrongo SoWN he mea nui te haumitanga ki te whakatupu i te kāhui kaimahi tapuhi, kāpā kia whakatikaina te korenga tapuhi 5.9 miriona huri noa i te ao, engari hei whakapiki i te whakaputanga tapuhi i te wā kāinga i ngā whenua e whakawhirinaki atu ana ki ngā tapuhi kua whakangungua i tāwāhi. He whenua a Aotearoa e whakawhirinaki atu ana ki ngā tapuhi i whai tohu i tāwāhi, arā, 27 ōrau o te kāhui kaimahi tapuhi he tangata nō whenua kē. Ko ngā tohutohu matua o te pūrongo ko te haumi ki ngā raraunga kāhui kaimahi tapuhi me ōna whakahaere; ngā mahi hautū i te ao tapuhi; te mātauranga tapuhi; me ngā whakaritenga ā-ture mō ngā tapuhi. Tā tēnei pūrongo he hora whakamaherehere hāngai mō te kaha rawa o te whakawhirinaki ki ngā tapuhi o tāwāhi i ēnei rā o te mate urutā o KOWHEORI-19, te paheketanga ohaoha, me te kakenga nui o te koremahī. Me mātua whakaoti tētahi rautaki tapuhi ā-motu whai take hei

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unemployment. Formulating a coherent national nursing workforce strategy is urgently needed to address the nursing workforce in Aotearoa New Zealand. This important work must align with improving population health outcomes and reducing the unacceptably high rates of health disparity. However, the SoWN report is all but silent on the international Indigenous nursing workforce and Indigenous health. To atone for this omission, Aotearoa New Zealand will need to address the persistent inequity of Māori in its nursing workforce by investing in the domestic growth of Māori nurses, as well as in Māori nursing leadership capacity and capability in order to better contribute to reducing Māori health inequity. Failure to invest in the domestic production of the nursing workforce at this juncture, and instead continuing to rely on the immigration of internationally qualified nurses would be unethical. Such critical responses to the SoWN report will be of value to Aotearoa New Zealand and international nursing audiences.

whakatikatika i tō Aotearoa kaha whakawhirinaki atu ki ngā tapuhi nō whenua kē. Me whakahāngai tēnei mahi hira ki te whakapikinga o ngā putanga hauora taupori, me te whakaheke i ngā putanga tino rerekē mō tēnā wehenga mō tēnā wehenga o te taupori. Ahakoa ēnei mea katoa, kei te ngū tonu te pūrongo SoWN mō te kāhui tapuhi iwi taketake ā-ao, me te hauora iwi taketake. Hei whakatikatika i tēnei hapa nui, me tahuri Aotearoa ki te whakapiki i te korenga e ōrite o te iwi Māori i tōna kāhui kaimahi mā te haumi ki te whakapikinga i te kāinga nei o ngā tapuhi Māori, tae atu ki ngā āheinga me ngā pūmanawa o ngā kaihautū tapuhi Māori, hei mea e heke ai te korenga e ōrite o te hauora o te iwi Māori. Ki te kore e tika te haumi ki te whakaputanga i te kāinga o te kāhui kaimahi tapuhi i Aotearoa i tēnei wā, ka kīa he takahanga i te tika kia whakawhirinaki kau atu ki ngā kāhui taetae mai o ngā tapuhi whai tohu nō ngā whenua o tāwāhi. Ka noho ko ngā urupare arotake i te Pūrongo hei mea whai hua mō Aotearoa me ngā kaipānui tapuhi o te ao.

Keywords / Ngā kupu matua

COVID-19 / KOWHEORI-19; health equity / ōritenga hauora; health workforce / kāhui kaimahi hauora; Indigenous health / Hauora iwi taketake; internationally qualified nurses / ngā tapuhi whai tohu nō ngā whenua o tāwāhi; Māori health / hauora Māori; Māori nursing / ngā tapuhi Māori; health policy / kaupapa here hauora; nursing workforce / kāhui kaimahi tapuhi; universal health coverage / atawhainga hauora mō te katoa

Introduction

In early April 2020, the World Health Organization (WHO) released the *State of the World's Nursing (SoWN) 2020* report (WHO, 2020) to international audiences. The SoWN report represents an important international collaboration between the WHO, the International Council of Nurses (n.d.), and the Nursing Now campaign (n.d.). Key objectives of the report were to provide a global picture of the nursing workforce to inform policy and nursing workforce strategies at the national level.

The SoWN report describes nursing as the largest occupational group in the health sector and calculates there to be more than 27.9 million nurses across the globe, but also a shortage of 5.9 million nurses in 2018. Against this backdrop, Aotearoa New Zealand is a small nursing jurisdiction on the international landscape. This critical commentary on the SoWN report explores a selection of the WHO's policy advice and outlines implications in the context of Aotearoa New Zealand



(Table 1). Further critique of the report is then made through a Māori nursing workforce and Māori health lens with implications outlined. The immediacy of the COVID-19 global pandemic and its impact should not

distract attention from responding to the SoWN report in ways that are sorely and urgently needed in Aotearoa New Zealand.

Table1: Key SoWN report messages and implications for Aotearoa New Zealand

Key SoWN report messages	Implications for Aotearoa New Zealand
The nursing workforce is fundamental to achieving Sustainable Development Goals and universal health coverage	Ensure nursing workforce policy is aligned to achievement of Sustainable Development Goals and universal health coverage
Nursing workforce data is crucial to the growth and management of the nursing workforce internationally and nationally	Ensure and invest in systems and tools for nursing workforce data collection and analysis that are detailed and transparent
Over-reliance on migrant nurses is an unethical international problem that impedes universal health coverage	Reduce over-reliance on migrant nurses and ensure ethical nursing workforce policy through investment in domestic production of nurses
Key enablers of the nursing workforce include nursing leadership, regulation, policy, and education	Advance collaborative and accountable leadership in nursing education, employment, regulation, and policy organisations including urgent development of a coherent national nursing workforce strategy
Investment in the nursing workforce and intersectoral collaboration are essential to its growth and impact on health	Advance investment and intersectoral collaboration in the nursing workforce

State of the World’s Nursing report key themes and implications for Aotearoa New Zealand

The SoWN report is a complex set of policy advice - three years in the making and aimed at international nursing and health readership and response. The 2020 International Year of the Nurse and the Midwife platform, underpinning production of this report, is laudable and reflects the extraordinary contribution nursing makes to the health and well-being of humanity. An important aim of the report is to leverage international commitment to nursing’s contribution and role in achieving the global Sustainable Development Goals (SDGs) agreed upon by United Nations’ (UN) member countries (UN, 2015); and the WHO goal for universal health coverage (WHO, 2019).

The key SDGs include eradicating poverty; achieving good health and wellbeing; ensuring inclusive and equitable education; and promoting decent work (UN, 2015). These goals have undeniable importance for growing and utilising the nursing workforce effectively in Aotearoa New Zealand. Universal health coverage means that, “All people have access to needed promotive, preventive, curative and rehabilitative health services of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services” (Crisp et al., 2018, p. 8). Universal health coverage is, therefore, fundamentally concerned with population health and health equity and recognises the crucial role of primary health care to achieve these



objectives (WHO, 2019). These are important foundations on which to promote international nursing policy, which helps explain not only the tenor of the SoWN report, but the resources, influence, and motivation behind it.

The SoWN report contributes to an evolving baseline of the characteristics and trends of the international nursing workforce and selective comparative measures to build on and improve in the future. Thirty-six indicators for nursing workforce data were used in the SoWN report to assess, for example, nursing workforce stock and distribution; education and training (including regulation and accreditation); education finances; health labour market flow; replenishment from domestic efforts; and entry of foreign nurses (internationally qualified nurses (IQNs)). The report notes gaps in data relating to, for example, nursing wages and expenditure on nursing education. Measures presented in the report, such as density of nurses per 10,000 population, actual nursing workforce increases, and nurses as a percentage of the overall health workforce, broadly demonstrate that Aotearoa New Zealand compares relatively well to other countries.

However, a key implication of the SoWN report is ensuring a robust and continuous stream of nursing workforce data to inform policymaking and actions at national and international levels. Such data in Aotearoa New Zealand is currently inadequate for undertaking the detailed analyses required by the SoWN report to develop well-founded nursing workforce policy. Current gaps and limited transparency and reporting include characteristics and trends in the undergraduate nursing pipeline, including constraints or inequities (particularly ethnic inequity); student volumes (including international students); student attrition; and distribution of nursing graduates in different regions. Further detail on nurses employed in the predominantly private sectors of aged residential care and general practice needs to evolve to provide data on capability, pay rates, and disparities.

Better and more targeted information in these parts of the health sector will be crucial to improved policy and planning of nursing education and employment aimed at optimal growth, distribution, and utilisation of nurses in Aotearoa New Zealand to achieve the SoWN report objectives.

The SoWN report describes that advanced practice nurses can increase access to primary health care and help address health disparities. However, there is no data or comparative analysis on post graduate nursing training in different countries to achieve this. Subsequently, readers will find very little attention in the SoWN report to the capacity and capability of nurse practitioners (NPs) globally to respond to the critical goal of universal health coverage, despite international evidence and recognition that NPs are well-placed to reduce health disparities (Poghosyan & Carthon, 2017). This may be due to lack of clarity on the definition of NPs across countries and limited availability of data. Nevertheless, Aotearoa New Zealand has many high needs and vulnerable populations, including Māori, and Pacific communities; rural populations; older people; children and youth; people living with long-term conditions and disabilities; and those with mental health and addiction needs, for whom access to health care is critical. Nurse practitioners in Aotearoa New Zealand have untapped potential to improve health outcomes and offer a solution to reaching these important population groups (Carrier & Adams, 2017). Nurses practising in community and rural settings need sustained and focused funding for education programmes and employment to achieve this potential (Adams & Carrier, 2019). The focus of NP workforce development and investment should be on achieving universal health coverage.

The investment in a nursing approach, narrated extensively throughout the SoWN report, is not just an important theme, but a deliberate orientation and message for world economies. According to the



SoWN report, investing in nursing workforce enablers, evidence, leadership, and governance is imperative to improving health outcomes and helps link investment in the nursing workforce with the SDGs and universal health coverage.

Leadership is a complex term used across multiple domains of nursing in the SoWN report, including policy, governance, regulation, education, and clinical practice. The report extends a number of suggestions, which must be defined, contextualised, and prioritised for Aotearoa New Zealand. Addressing complex institutional and policy barriers, including institutional racism, ethnic, and gender inequalities; pay disparities; distribution of education funding (undergraduate and postgraduate) and professional development; and fragmentation of health services and competition, requires nursing leadership to own and address.

An important criticism of the health system in Aotearoa New Zealand, is that it is too focused on district health board (DHB) operated hospital-based secondary and tertiary care; on system outputs, rather than health outcomes; and does not effectively address primary health care and population health (Health and Disability System Review, 2020). The dual role of the twenty DHBs to both deliver hospital services, and plan and fund primary health care, results in acute hospital services prioritised over primary health care. In responding to the SoWN report, nursing leadership in Aotearoa New Zealand must develop a nursing workforce strategy aimed at improving health outcomes for all and universal health coverage. This requires an integrated leadership approach including employers and education providers; the Nursing Council of New Zealand (NCNZ); the Office of the Chief Nurse; and the Ministry of Health and its Health Workforce Directorate, to develop policy and a robust system of evaluation.

As part of the national nursing strategy development, nursing policy leaders in Aotearoa New Zealand should

take particular note of the SoWN report advice that:

Approximately 3.7 million nurses (or one in eight) are practising in a country other than the one in which they were born or trained as a nurse. The findings indicate a high international mobility of nurses, fuelled by a strong dependence on migrant nurses in countries with low domestic production. The demand from high-income countries (where over 15% of nurses are reportedly foreign born or foreign trained) can attract the most qualified nurses from lower-income countries and deepen quality and distribution divides that are detrimental to population health. (WHO, 2020, p. 69)

To address this problem, the SoWN report advises countries to “... aim towards greater self-sufficiency by investing more in [the] domestic production of nurses” (WHO, 2020, p. xix). Aotearoa New Zealand has a well documented 18-year history of its growing reliance on IQNs in the health workforce, rather than increasing the domestic training of nurses (North, 2011; Organisation for Economic Co-operation and Development (OECD), n.d.). As at end March 2019, the total number of practising nurses, including all three scopes (enrolled nurse, registered nurse, and NP) was 54,456 (NCNZ, 2019). Internationally qualified nurses, across the three scopes, was reported as 14,475 or 27% (NCNZ, 2019). This provides some indication of the over-reliance on migrant nurses in Aotearoa New Zealand in comparison to other health jurisdictions. However, with Aotearoa New Zealand having the highest rate of IQNs in the OECD (n.d.), it is abundantly clear that IQNs have played, and continue to play, a major role in meeting nursing workforce and health system needs. This contribution must be respected and valued in current nursing services and pandemic management.

An array of broader publications from the NCNZ over the last five years reveals the continued growth and distribution of IQNs in different practice settings (NCNZ,



2019; n.d.). Important trends include the employment concentration of IQNs in the northern region of the country, and in rest home and residential care providers. In the 2018-2019 period, the number of IQNs increased by 6%, compared to a 2% growth in the Aotearoa New Zealand-qualified nurse population (NCNZ, 2019). Such workforce data helps identify where a reduction in the migration of IQNs into Aotearoa New Zealand may result in risks to the sustainability of health service delivery unless the domestic productivity of registered nurses is increased.

Ethical immigration policy in nursing is an important factor to address in the management of the nursing workforce (McElmurry et al, 2006; New Zealand Nurses Organisation, 2017). Key advice from the SoWN report is that nurse mobility and migration must be effectively monitored, and responsibly and ethically managed to prevent the continued maldistribution of nurses from under-developed countries to developed ones (WHO, 2020). According to the report, this is a matter that greatly impedes achieving universal health coverage. Consequently, continuous reporting and analysis on the size, rate of growth, and distribution of IQNs is needed. However, immigration policy, through the Ministry of Business, Innovation, and Employment, is fundamentally tied to economic policy and domestic productivity (Carey 2019). Over the last three decades in Aotearoa New Zealand, policy has focussed on the immigration of highly skilled people, including nurses, to mitigate the loss of its workforce overseas (Carey, 2019; Immigration New Zealand, n.d.). Nursing authors have previously criticised how the over-reliance on migrant nurses drives down wages and increases pay disparity, particularly in the aged care sector (New Zealand Nurses Organisation, 2017). As noted in the SoWN report, IQNs themselves often experience racism, as they do in Aotearoa New Zealand (Brunton et al., 2019; Mowat & Haar, 2018).

To augment growth in domestic productivity requires better use of a country's resources (Conway, 2016). Arguably, the people of Aotearoa New Zealand are the most important resource, in a time of global pandemic, with consequent restricted migration, economic recession, and ballooning unemployment (The Treasury, 2020). Failing to invest in the training and employment of domestically grown nurses at this time should be considered more unethical than a continued over-reliance on migrant nurses. As a result, there is a need to not only address the issue of over-reliance and discrimination towards IQNs within the context of the global pandemic, but to ensure the investment in the training and employment of domestically grown nurses. This will require strong nursing leadership and commitment to nursing workforce policy to respond to the Nation's health requirements with far greater dexterity.

Emphasis on intersectoral collaboration in the SoWN report is sound and implied throughout this commentary so far. However, there is a need to challenge the extent of integration across organisations involved in nursing education, employment, regulation, and policy; at national, regional, and local levels. To what extent do they have the accountability, capacity, and capability, to collaborate to determine a national nursing workforce strategy? Rees (2019) suggests that health system and health workforce policy development in Aotearoa New Zealand has a history of being disconnected, fragmented, and favouring hospital and specialist care.

A lack of integration between government policy departments is often evident. For example, in response to COVID-19 and to address massive increases in unemployment, fees-free tertiary education and apprenticeships are being offered in undergraduate certificate and diploma programmes across Aotearoa New



Zealand (Tertiary Education Commission, n.d.), including programmes in health, community, and social services. While such programmes may lead to opportunities to increase the potential pool of domestically grown nurses, surprisingly, this policy does not yet include the New Zealand Diploma in Enrolled Nursing.

To achieve an increase in domestically grown nurses, nursing leaders should undertake important evaluation of current nursing workforce development policy and behaviours. For example, what are the barriers to collaboration and information sharing; to planning and student capacity; and faculty capacity and capability? Is the capacity, distribution, and content of undergraduate and post graduate nursing programmes aimed at population health needs and improving health outcomes, or, is it driven by competition, profit, or other ideological factors? These and many other questions must be addressed to realise the policy advice of the SoWN

report. If the current domestically produced nursing workforce pipeline is failing in Aotearoa New Zealand, then collaboration is indeed key.

Māori health and Māori nursing workforce critique and implications

Universal health coverage and the SDGs (UN, 2015) are crucial for underpinning nursing workforce policy. The caveat, however, is the need to make sense of these goals within the context of a colonised nation with a substantial Indigenous population that suffers the burden, injustice, and unfairness of significant health inequity. In the main, the SoWN report fails to address issues of Indigenous rights and health equity; the Indigenous workforce and leadership; racism; and cultural safety (Table 2).

Whilst the SoWN report addresses some aspects of equity, it is minimal and dispersed. The only reference

Table 2. Summary of key SoWN report failings and implications for Māori nursing and health for Aotearoa New Zealand

Key SoWN report failings	Implications for Māori nursing and health
The report fails to address Indigenous rights and their relationship to Indigenous health equity in relation to the Sustainable Development Goals and achieving universal health coverage	Te Tiriti o Waitangi and the UN Declaration on the Rights of Indigenous People provide key principles to address Māori rights and health equity
The report fails to address Indigenous nursing workforce data collection, analysis, and policy	Māori nursing workforce data collection, analysis, policy, and reporting in the tertiary education and health sectors, is essential to achieve Māori nursing workforce equity
The report fails to address racism and cultural competence in health care and its impact on health outcomes and the relationship to the education, regulation, and practice of the nursing workforce	Māori nursing leadership in education, regulation, practice, and policy is required to address racism (including institutional racism) and kawa whakaruruhau (cultural safety) in the nursing workforce and its impact on Māori health outcomes
The report fails to address nursing leadership to achieve growth of Indigenous nursing workforces and improved Indigenous health outcomes	Invest in growing Māori nursing leadership across sectors, growing the Māori nursing workforce, and growing Māori nursing education programmes



to an Indigenous nursing workforce in the report is a brief exemplar, “Australia: engaging underrepresented populations in the nursing workforce” (WHO, 2020, p. 21). The solution was described as not solely about increasing numbers of Indigenous Australian and Torres Strait Island students, but the need to build an enabling environment, embed Indigenous content in the curriculum, use Indigenous nurse educators, and support students financially. Proposing health workforce goals that only address achieving an ethnic representative workforce fail to address Indigenous rights, racism, and the inequities experienced by both the Indigenous population and Indigenous nurses. Barriers to Indigenous nursing employment, professional development, leadership opportunities, and other discrimination and tensions in the profession, deserve targeted research, policy, solutions.

Perpetual, entrenched inequity of health outcomes for Māori in Aotearoa New Zealand (Health and Disability System Review, 2020; Ministry of Health, 2015; 2019) signals that efforts to reduce health disparity have not worked. The nursing leadership approach, requires heightened responsibility, direction, and actions on the contribution and impact of the nursing workforce generally, and the Māori nursing workforce specifically, to achieve health equity for Māori (Curtis et al., 2012; Wilson, 2018). Indeed, to reduce health disparity and the burden of mortality and morbidity in the Māori population may require an over-represented Māori nursing workforce. The Māori nursing workforce is a critical enabler and major lever for achievement of Māori health equity (Wilson, 2018).

The SoWN report fails to directly address and encourage Indigenous nursing workforce comparisons. Nurses who identify as Māori ethnicity, comprise only 8% (4,206) of the nursing workforce in Aotearoa New Zealand (NCNZ, 2019), while the Māori population is 17% of the total population (Statistics NZ, 2019). It has taken around 10 years for the Māori nursing workforce to

grow by just 2% since 2010 (NCNZ, n.d.), though there are signs that this growth may have recently increased. Māori NPs are 9% of the NP workforce. The Ministry of Health (2018) standard for achieving equity in the Māori nursing workforce is that it matches the Māori population. For the Māori nursing workforce to be, at the very least, representative of the population will require far stronger, deliberate, and intentional policy and investment.

Strengthening nursing leadership in response to the SoWN report in Aotearoa New Zealand, must fulfil the obligations that te Tiriti o Waitangi (the Treaty of Waitangi) requires in health and other public sectors, including education. Deliberate and intentional application of partnership; equity; tino rangatiratanga, and mana motuhake (full expression of autonomy, self-determination, self-government); and active protection principles, should guide and transcend nursing workforce policy. These principles have most recently been refined in *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575) by the Waitangi Tribunal (2019). The Hauora report is timely in providing current guidance about how to respond to government and policy failure in the Māori nursing workforce, in order to align and respond to the SoWN report. Failure to do so could constitute yet further breach of te Tiriti in contemporary public policy, whether there is an explicit policy response or not (Waitangi Tribunal, 2019).

Likewise, the concept of diversity used in the SoWN report, can hide all manner of assumed deficit, social and political power, fear, or bias (Dobusch, 2017). Diversity in the nursing workforce is relevant in Aotearoa New Zealand given the multi-ethnic population, however Indigenous rights, are far more potent than the idea and goal of diversity. Given the link to SDGs (UN, 2015) underpinning the SoWN report, the UN Declaration on the Rights of Indigenous People (UN, 2007) ought to have been, at a minimum, acknowledged by the report in relation to the international nursing workforce. As the



UN explains, “Indigenous peoples today, are arguably among the most disadvantaged and vulnerable groups of people in the world” (UN, n.d.). The Declaration includes the rights of Indigenous people to equality and non-discrimination; participation in decision making; and the rights to culture, identity, language, employment, and health; rights that also intersect with the articles of te Tiriti (Human Rights Commission, 2020).

Even a cursory search of the SoWN report will reveal that the word racism (a contemporary and significant type of discrimination) is absent. This is a major omission, especially given the intensive Black Lives Matter international response to the recent violent death of African-American George Floyd while in the custody of police officers in the United States (Del Real et al., 2020). Racism is known to be an important determinant of health affecting Māori (Harris et al., 2018; Palmer et al., 2019; Paradies et al., 2015; Reid et al., 2019). The Waitangi Tribunal report (2019) directly addresses racism, including institutional racism, within the health system and its impact on Māori health. Institutional racism is broadly defined as “a pattern of differential access to material resources, cultural capital, social legitimisation, and political power that disadvantages one group, while advantaging another” (Waitangi Tribunal, 2019, p. 21). Inaction, in the face of need, is a further component of institutional racism (Waitangi Tribunal, 2019). Institutional racism must be addressed in nursing education, regulation, leadership, and practice to promote equity. Nursing leaders and all the nursing workforce in Aotearoa New Zealand, need to own and respond to the complex layers of racism that exist.

The SoWN report lacks mention or analysis regarding the cultural competence of nurses, and with this the relationship to nursing practice and health outcomes (Heke et al., 2019). *Kawa whakaruruhau* (cultural safety) situates and defines the requirement for nurses to be culturally safe in Aotearoa New Zealand, in an historical

and institutional context and grounded in experience of racism, power imbalance, and colonisation (Ramsden, 1993, 2000). Likewise, nurses are required to demonstrate ongoing competence in the application of the principles of Te Tiriti in their nursing practice (NCNZ, 2011). Evidence of racism and its impact on Māori health explored in this commentary and elsewhere (Huria et al., 2014) suggests that there may still be substantial work to do to realise the objectives of *kawa whakaruruhau* and embed the principles of te Tiriti in professional nursing. Postgraduate nursing programmes could also be carefully examined to identify where theory, research, and practice should reinforce *kawa whakaruruhau* and te Tiriti. Māori nursing leaders should be at the forefront of this work.

To address nursing leadership gaps or needs in response to the SoWN report, the Ngā Manakura o Āpōpō (Tomorrow’s Clinical Leaders) programme (King et al., 2014) provides valuable insights and direction. The programme is Māori-led and Māori-targeted, and preferences Māori teaching and learning approaches. This is a tangible response to te Tiriti to promote nursing and midwifery leadership and education. Ensuring the evaluation and sustainability of such a programme is a relevant nursing leadership action that can be developed across Aotearoa New Zealand as well as informing other Indigenous nursing workforces.

A small number of specialised Bachelor of Nursing Māori programmes have been established in Aotearoa New Zealand, which target (though not exclusively) a Māori workforce (Te Whare Wānanga o Awanuiārangi; and Whitireia New Zealand). An additional programme at the Manukau Institute of Technology commenced in 2020. Whilst this is important to building the Māori nursing workforce, it is not sufficient. There is continued disparity for Māori in the nursing workforce and persistent health inequity and racism experienced by Māori. Strengthening these existing programmes and establishing further undergraduate programmes for



Māori, along with visible performance measures, are important implications for nursing schools. Specialised postgraduate programmes for Māori nurses for advanced nursing practice, research, and policy would also be a valuable investment and intervention to ensure that the Māori nurses are receiving equity in their ongoing professional education. Distribution and employment of Māori nursing graduates should also be measured, monitored, and publicly reported, to ensure there is alignment to addressing Māori health needs. Māori nurses should be the priority in the investment and growth of the domestic nursing workforce.

A significant moment for Māori nursing leadership and for Indigenous nursing leadership internationally, came in 2019 when for the first time in the history of Aotearoa New Zealand, a Māori nurse was appointed to the role of Chief Nursing Officer in the Ministry of Health (Ministry of Health, 2020). This is a key leadership position of influence for Māori nursing and health. The positioning of Māori nursing leadership should be replicated and sustained in other key organisations, such as Te Kaunihera Tapuhi o Aotearoa (the NCNZ), nursing schools, DHBs, and primary health organisations. Achieving these goals for Māori nursing leadership will advance the principles of partnership and equity of te Tiriti. Investment in sustained Māori nursing leadership will promote Māori health and wellbeing.

Summary and Conclusions

This selected critique of the *State of the World's Nursing (SoWN) 2020* report (WHO, 2020) highlights important policy direction and implications for the nursing workforce and health system in Aotearoa New Zealand. Of immediate concern is where and how to invest public resources to grow the nursing workforce domestically and to optimise the nursing workforce role in pursuit of the UN's Sustainable Development Goals (2015) and achieving universal health coverage. The report strongly engages international nursing and

health policy leaders to demonstrate ethical behaviours to actively monitor, manage, and reduce over-reliance on IQNs across the globe. For Aotearoa New Zealand this has major implications, since the over-reliance and proportion of IQNs in this country is the highest in the OECD. Nursing workforce data is a key responsibility for all countries, and the report identifies many challenges and gaps that must be addressed to better measure and manage its nursing workforce.

Policy directives in the SoWN report regarding nursing leadership, education, and regulation, enable the nursing workforce, but are a salient reminder that collaboration, integration, and investment are also required. In the context of a global pandemic, the vulnerabilities in the nursing workforce in Aotearoa New Zealand are exposed. Yet the nursing workforce can also be an enabler to promote recovery following the pandemic. Nursing leaders must take urgent steps to work together to develop a strategic approach.

The SoWN report is all but silent on Indigenous nursing workforces across the globe. By doing so, the report has excluded a significant proportion of the world population who are Indigenous, experience racism in their health systems, and profound burdens of health inequity. Consequently, the report fails to highlight Indigenous nurses' contribution to improving health outcomes for their people. Further critique of the SoWN report by nursing leaders in Aotearoa New Zealand and internationally, would raise awareness of the need for the WHO to address such concerns. By the exclusion of the Indigenous workforce, the report lacks relevance and credibility for Aotearoa New Zealand, and nursing leaders will need to address these omissions.

Aotearoa New Zealand has lessons to share on the world stage about its Indigenous Māori nursing workforce and contribution to achieving health equity for Māori people. Yet, there is still some way to go to achieve equity of



Māori in the nursing workforce and in Māori health. Developing a national strategic workforce policy with stronger investment in the Māori nursing workforce and their leadership capacity and capability are imperatives for Aotearoa New Zealand.

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