



**PROPOSED**  
**FRAMEWORK FOR OHN STANDARDS OF**  
**NURSING PRACTICE FOR REGISTERED NURSES**  
**in Aotearoa New Zealand**  
**by**  
**NZOHNA Education and Career Pathway Project Team**  
**July 2021**

We invite our NZOHNA members to consider this proposed framework for our nursing practice and to make submissions by email to ..... before \_\_\_\_\_ (Date)

## Executive Summary

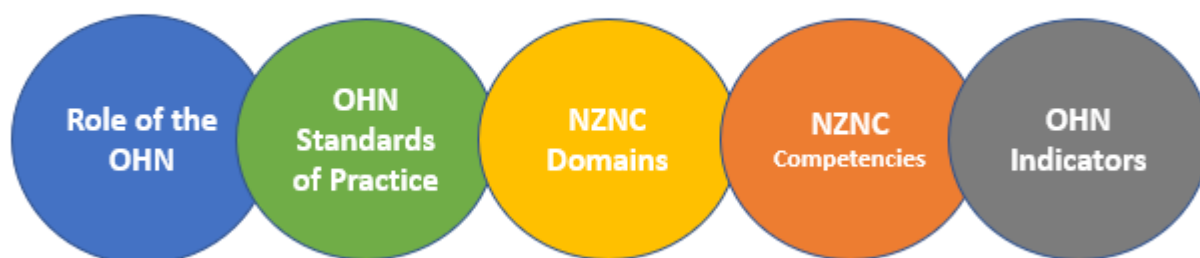
New Zealand Occupational Health Nurses Association (NZOHNA - the 'Association') has developed this Occupational Health Nurse (OHN) Framework for its members and prospective members. This framework provides a process for Registered Nurses (RN) practising in Occupational Health that will assist in ensuring competence to practice and to provide high quality services. It takes into account the changing context in which OHNs work and practice in Aotearoa New Zealand today. It signals future ambitions to show that occupational health nurses are ideally placed to make a difference to health and the wellbeing of people in workplaces, and in the context of their family/whānau and community. This document will also assist Occupational Health Nurses with their recertification for the Nursing Council and when applying for the Health and Safety Association of New Zealand (HASANZ) registration.

The OHN Standards of Practice have been developed to guide our nursing practice. They are:

- Building professional capability
- Promoting health
- Improving access and equity and
- Working together better and smarter

They align with the Nursing Council of New Zealand RN scope, domains and competencies for Registered Nurses and examples of indicators have been provided to assist occupational health nurses, preparing for recertification with the nursing council or presenting evidence for HASANZ registration.

### Overview of Framework



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## The Role of the Occupational Health Nurse

Occupational Health Nurses (OHNs) are Aotearoa New Zealand RN who have specialised in leading and working in a range of working environments and businesses. OHN work to enhance the health, safety, and wellbeing of workers in workplaces and beyond. As a distinct group of primary health care professionals, OHN help to prevent work-related ill health and disease, designing for healthy workplaces that are safe, efficient, and inclusive. OHN champion the need for workplace health and wellbeing strategies that recognise the impact of health on work and the value of work to health. OHN are navigators of the health system who influence at strategic and industry level to create a healthy workforce for the present and the future. Thinking strategically but acting locally, OHNs use business acumen along with knowledge of health and safety to provide operational services enabling a healthy, safe, and productive environment for workforces within businesses, organisations, and sectors..

OHN practice focuses on;

- Health Promotion- seeks to improve the level of health in a working population by preventing diseases, controlling risk, improving wellbeing and enhancing the capacity of workers to work and to function in society
- Health Protection- protecting the worker from work related health risks and ensuring prompt intervention if something goes wrong, and
- Disease Prevention- *primary prevention* (the prevention of disease), *secondary prevention* (through periodic health surveillance) and *tertiary prevention* (through rehabilitation services after an injury). (Guidotti, 2011)

With the diversity of the OHN role in mind it is important to clearly articulate what standards of practice can be expected by consumers. Those standards are explained in the following section and align with the Nursing Council of New Zealand (NCNZ) RN scope of practice (NCNZ, 2007). Whilst the OHN standards are aimed at Registered Nurses (RNs) we acknowledge that both Enrolled Nurses (ENs) and Nurse Practitioners (NPs) may be part of an occupational health team and foresee their practice can be included in the future development of resources.

**Note: All RNs should be familiar with:**

**Nursing Council of New Zealand scope and domains of RN practice**

[https://www.nursingcouncil.org.nz/Public/Nursing/Scopes\\_of\\_practice/Registered\\_Nurse/NCNZ/nursing-section/Registered\\_nurse.aspx](https://www.nursingcouncil.org.nz/Public/Nursing/Scopes_of_practice/Registered_Nurse/NCNZ/nursing-section/Registered_nurse.aspx)

**Nursing Council of New Zealand Code of Conduct**

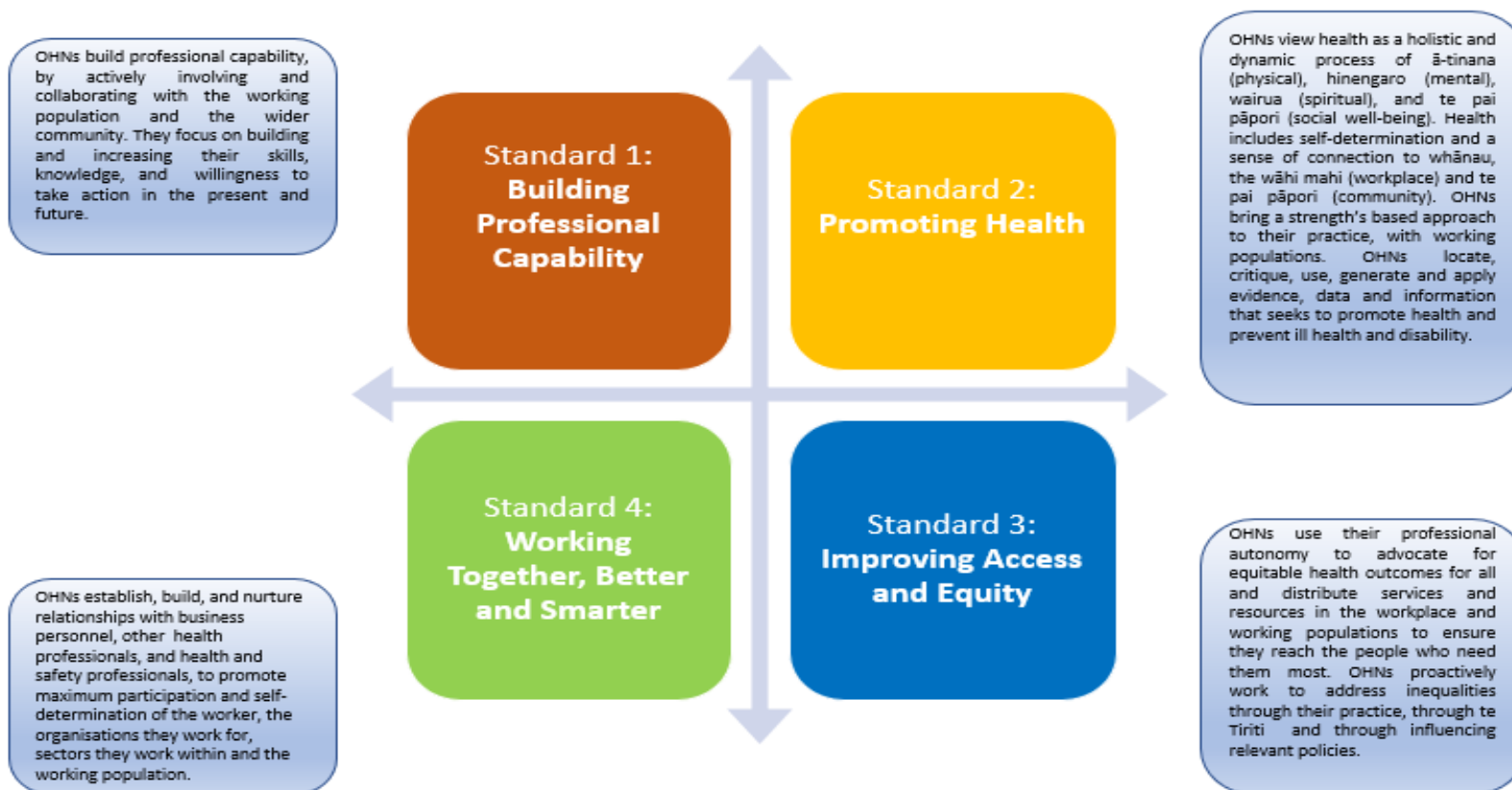
[https://www.nursingcouncil.org.nz/Public/Nursing/Code\\_of\\_Conduct/NCNZ/nursing-section/Code\\_of\\_Conduct.aspx?hkey=7fe9d496-9c08-4004-8397-d98bd774ef1b%20](https://www.nursingcouncil.org.nz/Public/Nursing/Code_of_Conduct/NCNZ/nursing-section/Code_of_Conduct.aspx?hkey=7fe9d496-9c08-4004-8397-d98bd774ef1b%20)

## **HASANZ Registration**

OHNs are encouraged to register on the HASANZ Register (the register). This enables consumers to select OHNs based on declared areas of expertise. The registration process requires similar information to the recertification process. Click [NZOHNA](#) for the application guide to the register. The Association offers mentoring support to OHNs through this process and beyond.

## Occupational Health Nursing Standards of Practice

This document provides a framework for OHN practice in Aotearoa NZ, in particular for RN members of the NZOHNA. The OHN standards<sup>1</sup> are outcome focused. They outline the competencies for RN's and reflect the knowledge and attributes required working in a unique environment which involves autonomous decision making in their nursing practice. They reflect an environment where OHNs manage greater health care complexity and risk, in terms of the people they care for and the services or agencies they work with or within.



<sup>1</sup> adapted from the NZNO Aotearoa New Zealand Primary Health Care Nursing Standards of Practice (2019).

## Nursing Council Recertification

**Question:** When you receive your Annual Practicing Certificate notification from NCNZ, do you tick the boxes that declare:

You have the required 450 practice hours (over three years)?

You have the required 60 professional development hours (over three years)?

You are competent to practice?

**Answer: Yes?** Then the NCNZ recertification audit is asking you to provide validated evidence for those ticks.

**The proposed OHN standards are aligned with the NCNZ domains of competence.** The NCNZ competencies are presented below with tailored OHN indicator examples for each competency. These are intended as examples only to assist an OHN with their recertification. They are for competent level only; however experienced RNs may provide more advanced examples of their practice. Nurses must provide ONE practice example for every competency. Each competency has 'indicators' listed – these are guides to help you select your example. OHNs need to use evidence from their own practice e.g., exemplar of a practice situation, teaching plan for a seminar presentation.

## OHN STANDARD 1: BUILDING PROFESSIONAL CAPABILITY

**Note:** These are competencies for all OHNs. The competencies for nurses in clinical practice, nursing education (academic) and nursing management areas are covered in this document.

**Note:** OHN in clinical management need to undertake both clinical and management competencies.

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### Domain one: Professional responsibility

### Indicator Example(s):

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**Competency 1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical, and relevant legislated requirements.**

- Demonstrates ability to practice autonomously using expanded nursing knowledge to identify actions and solutions to problems that may have interacting factors in complex, unpredictable environments.
- Understands the process to implement when breaches of health, privacy, safety and/or professional standards occur or knows where to seek assistance in managing this situation.
- Applies specialist knowledge when making professional judgement to interpret and/or advise on the application of health and safety legislation [HSWA Act (2015)]

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**Competency 1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.**

- Familiar with the impact of colonisation and the resulting institutional discrimination on the health of the Māori tangata whenua.
  - Uses knowledge of the social determinants (housing, income, education, culture, ethnicity) of health to work with individuals, whānau and populations in planning nursing interventions.
  - Accommodates the needs of Māori clients
  - Demonstrate how health equity seeks to reduce and eventually eliminate health disparities by allocating resources based on need.
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**Competency 1.3 Demonstrates accountability for directing, monitoring, and evaluating nursing care that is provided by others.**

- Implements processes to ensure that health, risk, and wellbeing practices are monitored and evaluated.
- Collaborates in development and promotion of innovative, evidence-informed workplace protocols and strategies that are capable of leading a safe and effective occupational health nursing service.
- Applies business acumen to develop and promote evidence-informed occupational health and wellbeing initiatives.

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**Competency 1.4 Promotes an environment that enables client safety, independence, quality of life, and health.**

- Critically examines and uses the hierarchy of controls to manage risks to worker health, safety, and wellbeing in the workplace.
- Incorporates a protection, promotion and disease prevention framework in health, risk, and wellbeing practice e.g health promotion and/or wellbeing programmes.
- Identifies, assesses, and manages health and wellbeing risks.

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**Competency 1.5 Practices nursing in a manner that the client determines as being culturally safe.**

- Provision of care for those with different cultural requirements. Culture includes many things that are part of everyday lives e.g., religion, disability, sexuality, beliefs, food, family culture and language.
  - Able to ascertain client beliefs and respond in a considered and appropriate way
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## OHN STANDARD 2: PROMOTING HEALTH

Note: Competencies for Clinical and Clinical Management OHN's only:

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Domain two: Management of nursing care	Indicator Example(s):
<b>Competency 2.1 Provides planned nursing care to achieve identified outcomes.</b>	<ul style="list-style-type: none"><li>● Provides care/advice based on evidence, health and safety legislation e.g., HSWA Act (2015), codes of practice and similar references and scope of practice, according to established policy and guidelines, e.g., NZOHNA Handbook.</li><li>● Evaluate the relationship between work, life, physical and mental health, and ill health to lead on proactive organisational approaches to promote and protect health and wellbeing within and outside the workplace.</li><li>● Provide personalised occupational health advice on work adjustments for workers and organisations which considers the impact of diagnoses, therapies, interventions, medications, and treatments.</li><li>● Focus on inclusion and innovation in job design to lead, improve and innovate ways to address health hazards by elimination, mitigation, and control.</li></ul>
<b>Competency 2.2 Undertakes a comprehensive assessment of health consumers in a variety of settings.</b>	<ul style="list-style-type: none"><li>● Critically analyses and assesses how diseases, illnesses and impairments act as barriers to sustaining and returning to work and the impact of this on all areas of life including whānau and the community.</li><li>● Develops inclusive strategies that enable innovative, person-centred approaches for workers who may need adaptations and adjustments to their work due to health reasons.</li><li>● Develops evidence-informed strategies to support and enable employees with multiple or long-term conditions to have sustainable, productive, and fulfilling work.</li></ul>

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**Competency 2.3 Ensures documentation is accurate and maintains confidentiality of information.**

- Identifies examples of occupational health records which are clear, concise, and accurate, meeting all legal and ethical requirements.
- Demonstrates understanding of privacy legislation and associated good practice guidelines.

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**Competency 2.4 Ensures the health consumer has adequate explanation of the effects, consequences, and alternatives of proposed treatment options.**

- Provides the worker with information which facilitates informed decisions, worker preference and self-responsibility.
- Can demonstrate understanding of ethical issues relating to health, risk, and wellbeing in practice.
- Can demonstrate appropriate processes for managing workers who refuse legislatively guided occupational health management strategies, including OH surveillance.

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**Competency 2.5 Acts appropriately to protect oneself and others when faced with unexpected health consumer responses, confrontation, personal threat, or other crisis situations.**

- Develops and implements processes to identify, assess, manage, monitor, and evaluate occupational health worker and workplace crisis situations.
- Provides and/ or demonstrates appropriate action during such crisis situations or emergencies.

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**Competency 2.6 Evaluates health consumer's progress toward expected outcomes in partnership with health consumers.**

- Carries out regular progress reviews with workers e.g., return to work plans.
- Ensures processes are in place to measure the effectiveness of health, risk and wellbeing programmes in partnership with workers, organisations and industry sectors as appropriate.

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**Competency 2.7 Provides health education appropriate to the needs of the health consumer within a nursing framework.**

- Uses evidence to justify the impact and value of occupational health services for workers, organisations, and the wider population.
  - Develops, implements and/or delivers health promotion programmes which considers audience needs and abilities.
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**Competency 2.8 Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.**

- Keeps up to date with the latest research and information on evidence informed health, risk, and wellbeing practice by attending seminars, conferences, NZOHNA regional meetings etc.
- Attends or provides a mentoring/clinical supervision/ peer review programme.
- Develops sustainable, data-driven occupational health strategies with short, medium, and long term aims to improve worker health, safety, and wellbeing, embedded as part of the business improvement cycle.
- Appraises organisational and workforce profiling data to secure resources for the development and delivery of occupational health and worker wellbeing.

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**Competency 2.9 Maintains professional development.**

- Takes responsibility for own professional development requirements e.g., post graduate study, attendance at seminars, conferences and study days, active participation in professional group e.g., NZOHNA.
- Maintains records of professional development.

**The following competencies are for OHNs involved in management (clinical or non-clinical).**

OHNs are required by NCNZ to provide evidence of how they contribute to the management of care and services. Those in clinical management must do the clinical competencies above plus these extra ones. Those in non-clinical roles swap out the clinical competencies in domains 2 and 3 and do the following only.

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**Domain two: Management of nursing care**

**Indicator Example(s):**

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**Competency 2.10 Promotes an environment that contributes to ongoing demonstration and evaluation of competencies.**

- Ensures health, risk and wellbeing services are performed by competent OHNs and others with appropriate qualifications and technical skills that are refreshed as required.
- Ensures there is a system in place for ongoing demonstration and evaluation of competencies e.g., Performance Management System.

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**Competency 2.11 Promotes a quality practice environment that supports nurses' abilities to provide safe, effective, and ethical nursing practice.**

- Develops and ensures policies and procedures related to health, risk and wellbeing practice are effectively implemented.
- Audits health, risk, and wellbeing practices, ensuring information is obtained with informed consent, documentation is clear, concise, timely, accurate, and confidentiality is maintained.

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**Competency 2.12 Promotes a practice environment that encourages learning and evidence-based practice.**

- Promotes an ongoing education pathway including memberships, study, conference attendance.
  - Utilises 'good practice' with reference to national and international legislation, standards, codes of practice as appropriate, and includes research in practice.
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**Competency 2.13 Participates in professional activities to keep abreast of current trends and issues in nursing.**

- Attend seminars e.g., industry, professional development days, conferences, training courses, writing papers, conference presentations, and/or postgraduate education.
  - Active member of NZOHNA/HASANZ/ other professional body/ group - attends regional meetings and annual conferences.
  - Participates in reflective practice reviews with peers.
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**Note: The following Competencies are for OHNs involved in education.**

They are required by NCNZ to provide evidence of how they contribute to OHN Education.

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**Domain two: Management of nursing care**

**Indicator Example(s):**

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**Competency 2.14 Promotes an environment that contributes to ongoing demonstration and evaluation of competencies.**

- Supports and provides mentorship to others either within or outside their organisation.
  - Participates in the evaluation of practice for OHNs, HASANZ or NCNZ.
  - Demonstrates the evaluation of student's work taking into account their learning needs and personal circumstances.
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**Competency 2.15 Integrates evidence-based theory and best practice into education activities.**

- Presents teaching material that includes the evaluation of systematic reviews or research.
  - Participates in the regular review of courses delivered and engaging in consultation with key stakeholders.
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**Competency 2.16 Participates in professional activities to keep abreast of current trends and issues in nursing.**

- Presentation at study days, seminars, national or international conferences etc.
  - Develops/ maintains a working relationship and regularly liaises with health and non-health related relationships within your network, to keep abreast of current trends in occupational health and safety.
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## OHN STANDARD 3: IMPROVING ACCESS AND EQUITY

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**Domain three: Interpersonal relationships-competencies for clinical OHNs only**

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**Indicator Example(s):**

**Competency 3.1 Establishes, maintains, and concludes therapeutic interpersonal relationships with clients.**

- Initiates, maintains, and concludes therapeutic interpersonal interactions with workers, including those with learning difficulties and other disabilities.
  - Incorporates therapeutic communication skills as the basis for practice when engaging with workers who have mental health needs.
  - Demonstrates respect, empathy, and interest in workers.
  - Establishes rapport and trust with the workers.
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**Competency 3.2 Practises nursing in a negotiated partnership with the client where and when possible.**

- Undertakes health, risk and wellbeing practice that ensures workers receive and understand relevant information concerning their health care and can make an informed choice for themselves, their whānau and hapu.
  - Synthesises specialist knowledge and experience to appraise the impact of socio-economic, cultural, and political issues on work and health to implement occupational health interventions that improve the health outcomes for the worker.
  - Critically appraises and uses assistive technologies, recognising their potentially varied impact on individual's work and health.
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**Competency 3.3 Communicates effectively with clients and members of the healthcare team.**

- Practices in and/or leads an occupational health service that is open, holistic, inclusive, and responsive to wider socio-economic, cultural and health concerns including but not limited to safeguarding conflict within and outside the workplace.
  - Uses a variety of effective communication techniques, employing appropriate language to context with adequate time for discussion and adopting alternative communication techniques when required e.g., engaging an appropriate interpreter where necessary.
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- Demonstrates understanding of privacy issues ensuring that any discussion regarding a client, consent is first gained, and only relevant members of the healthcare team are involved.
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**Note: The following competencies are for OHNs involved in management (clinical and non-clinical) and education.**

OHNs in management or education roles are required by NCNZ to provide evidence of how they contribute to interpersonal relationships.

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**Domain three: Interpersonal relationships-competencies for management (both clinical and non-clinical).**

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**Indicator Example(s):**

**3.4 Competency- Establishes and maintains effective interpersonal relationships with others, including utilising effective interviewing and counselling skills and establishing rapport and trust.**

- Mentoring and gaining feedback from team members, allied health professions and other OHNs.
  - Demonstrates use of effective interviewing and reflective listening skills when engaging with workers, co-workers, and management.
  - Uses a variety of communication skills when required due to cultural or learning differences and levels of understanding within workers, co-workers, and management.
  - Gives examples of reflective practice that shows respect, integrity, cultural safety, accountability and Manaakitanga in communication.
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**3.5 Competency- Communicates effectively with members of the healthcare team, including using a variety of effective communication techniques, employing appropriate language to context, and providing adequate time for discussion.**

- Forums for communication are provided to the team members e.g., regular team meetings, use of IT tools and other alternative forms of communication.
  - Feedback from team members demonstrates team members' communication has been heard and understood.
  - Time management is adequately resourced.
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**Domain three: Interpersonal relationships-competencies for education.**

**Indicator Example(s):**

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**3.4 Competency- Establishes and maintains effective interpersonal relationships with others, including utilising effective interviewing and counselling skills and establishing rapport and trust.**

- Supports and provides mentorship to others within or outside their organisation.
  - Engages with industry/ governmental advisory groups.
  - Develops a rapport or working relationship with students that promotes adult learning.
  - Undertakes professional development relating to adult learning.
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**3.5 Competency- Communicates effectively with members of the healthcare team, including using a variety of effective communication techniques, employing appropriate language to context, and providing adequate time for discussion.**

- Presentation at national or international conferences.
  - Facilitates focus groups or tutorials for learners in health, risk, and wellbeing.
  - Customises communication with the interdisciplinary team to deliver education courses. For example, engaging appropriate interpreters if the audience has English as a second language.
  - Provides safe and effective supervision for the student learner.
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## OHN STANDARD 4: WORKING TOGETHER, BETTER AND SMARTER

Competencies for all OHNs in all areas of practice: Note: The team for OHNs may include several professionals e.g., health and safety, HR etc.

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### Domain four: Interprofessional health care and quality improvement

#### Indicator Example(s):

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**Competency 4.1 Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.**

- Actively collaborates, consults with, and provides accurate information to all appropriate parties in regard to health, risk and wellbeing interventions or advice e.g., the dissemination of surveillance and monitoring results along with their implications for health, risk, and wellbeing of workers.
- Provides guidance and support to those entering as students, beginning practitioners or nursing colleagues undertaking postgraduate education.

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**Competency 4.2 Recognises and values the roles and skills of all members of the health and safety team in the delivery of care.**

- Makes referrals to other members of the multidisciplinary team as required e.g., safety advisor, occupational medical practitioner, occupational hygienist, occupational physiotherapist
- Demonstrates a comprehensive knowledge of local and national health, risk and wellbeing resources and actively supports workers/service users to access and utilise these.
- Collaborates, consults with other professionals to support the delivery of health, risk, and wellbeing education.

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**Competency 4.3 Participates in quality improvement activities to monitor and improve standards of nursing.**

- Implements or participates in a continuous improvement process in practice e.g., by collaborating with professional colleagues to identify opportunities to improve practices and supports them with initiating change using an evidence informed approach. Carries out audits and/or evaluations of practice.
- Actively seeks feedback from workers and/or service users on recommendations to improve occupational health practices.

The Framework				
Role of OHN	Promotion ← → Protection		← → Prevention	
OHN Standards	NZNC Domains	NZ Strategies	Te Tiriti o Waitangi Principles	Post Registration Pathway
Building Professional Capability	Professional responsibility	WorkSafe NZ 	Tino rangatiratanga	Grad Cert/Dip Member NZOHNA
Promoting Health	Management of Nursing Care	WorkSafe NZ Work-Related Health Strategy 	Pātuitanga	PG Cert/Diploma HASANZ Register
Improving Access & Equity	Interpersonal Relationships	Health Strategy 	Mana Taurite	Masters Degree Nurse Practitioner
Working together, Better & Smarter	Interprofessional health care & quality improvement	Māori Health Strategy 	Whakamarumarutia	PhD

**Competencies-** a group of required knowledge, skills, and abilities for safe and effective nursing practice, defined by the nursing regulator; Nursing Council of New Zealand .

**Competent-** Having competence across all domains of competencies applicable to an EN/RN, at a standard judged appropriate for the level of nurse being assessed.

**Disease Prevention-** is often divided into primary prevention (the prevention of disease in the first place, for example through immunization against infectious disease), secondary prevention (the early detection of disease at a stage when it can be treated or limited, through periodic health surveillance) and tertiary prevention (prevention of disability, for example by providing rehabilitation services after an injury)

**Domain-**An organised cluster of competencies in nursing practice.

**Exposure Monitoring-** involves measuring and evaluating workers' exposure to a health hazard. It includes monitoring the conditions at the workplace, as well as biological monitoring of people at the workplace.

**Health Inequity-** Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. Health inequities are unfair and could be reduced by the right mix of government policies.

**Health Monitoring-** involves testing a person to identify any changes in their health status because of exposure to certain health hazards arising from their work, such as noise or contaminants in the air like hazardous dusts, fumes or vapours. It is a way to check if a worker's health is being harmed by the work they do, and aims to detect early signs of ill-health or disease.

**Health Promotion-** seeks to improve the level of health in a population by preventing diseases, controlling hazards, improving fitness and wellbeing, and enhancing the capacity for workers to work and to function in society. Health promotion activities are generally divided into education, health protection (protecting the worker from hazards and ensuring prompt intervention if something goes wrong) and prevention of disease.

**Health Protection-** Protecting the worker from hazards and ensuring prompt intervention if something goes wrong.

**Health Surveillance-** Health surveillance is a system of ongoing health checks. These health checks may be required by law for employees who are exposed to noise or vibration, ionising radiation, solvents, fumes, dusts, biological agents, and other substances hazardous to health, or work in compressed air. Health surveillance is important for:

- detecting ill-health effects at an early stage, so employers can introduce better controls to prevent them getting worse
- providing data to help employers evaluate health risks enabling employees to raise concerns about how work affects their health
- highlighting lapses in workplace control measures, therefore providing invaluable feedback to the risk assessment providing an opportunity to reinforce training and education of employees (e.g., on the impact of health effects and the use of protective equipment)

**Indicators-** Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice.

**Nurse Practitioner (NP)/ Mātanga tapuhi - NPs** have advanced education, clinical training and the demonstrated competence and legal authority to practise in a different scope to that of a registered nurse. Mātanga tapuhi nurse practitioners work autonomously and in collaborative teams with other health

professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community.

**Nursing scopes:** Under the HPCA (2003), every nurse in Aotearoa New Zealand has a scope of practice. Each has a description of nursing practice expected under each scope. Each scope then has specific domains and competencies of practice.

The three scopes of nursing practice are:

- Enrolled Nurse
- Registered Nurse
- Nurse Practitioner

**Nursing Standards-** outline what the profession expects of its members and act to promote, guide and direct professional nursing practice. Standards provide a framework for developing competencies and describe the responsibilities for which members of the profession are accountable. Standards also guide nurses on the knowledge, skills, judgement, and attitudes needed to practise safely. They are the rules or definition of what it means to provide competent care.

**Primary Health Care-** The goal of primary health care is better health for all. WHO has identified five key elements to achieving that goal reducing exclusion and social disparities in health (universal coverage reforms); organising health services around people's needs and expectations (service delivery reforms); integrating health into all sectors (public policy reforms); pursuing collaborative models of policy dialogue (leadership reforms); and increasing stakeholder participation.

**Public Health-** An organised activity of society to promote, protect, improve and, when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programmes, services and institutions aimed at protecting and improving the health of all people. The term "public health" can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialised domains and demands of its practitioners an increasing array of skills and expertise.

**Registered Nurse (RN)-** RNs use nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions, and delegate to and direct enrolled nurses, health care assistants and others. They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings in partnership with individuals, families, whānau and communities.

**Te Tiriti o Waitangi-** is Aotearoa New Zealand's founding document. It takes its name from the place in the Bay of Islands where it was first signed, on 6 February 1840. The Treaty is an agreement, in Māori and English, that was made between the British Crown and about 540 Māori rangatira (chiefs). The Nursing Council of Aotearoa New Zealand has adopted the enhanced Tiriti principles [https://www.nursingcouncil.org.nz/Public/Treaty\\_of\\_Waitangi/NCNZ/About-section/Te\\_Tiriti\\_o\\_Waitangi.aspx?hkey=36e3b0b6-da14-4186-bf0a-720446b56c52](https://www.nursingcouncil.org.nz/Public/Treaty_of_Waitangi/NCNZ/About-section/Te_Tiriti_o_Waitangi.aspx?hkey=36e3b0b6-da14-4186-bf0a-720446b56c52)

**Wellbeing-** includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. For

Māori, Te Whare tapa wha- the 4 cornerstones of wellbeing are taha tinana (physical wellbeing), taha wairua (spiritual wellbeing), taha whānau (family wellbeing) and taha hinengaro (mental wellbeing).

**Whānau-** Extended family. It includes physical, emotional, and spiritual dimensions and is based on whakapapa and a Māori world view. Whānau can be multi-layered, flexible, and dynamic. It is through the whānau that values, histories and traditions from the ancestors are adapted for the contemporary world (PHC Standards).

**Worklessness-** having no paid work or employment, may be extended to people who are unable to work or be employed as a result of disability, carer responsibilities, students, and pensioners.

**Workplace Exposure-** it is intended to be the highest level of exposure an employee may be exposed to without incurring the risk of adverse health effects

**Work Related Health-** is about the impact work can have on people's health. In the past, we've called it occupational health.

## **Acronyms**

**EN-** Enrolled Nurse

**HASANZ-** Health & Safety Association of NZ

**HSWA-** Health and Safety at Work Act (2015)

**HPCA-** Health Practitioners Competency Assurance Act (2003)

**MoH-** Ministry of Health

**NZNO-** New Zealand Nurses Organisation

**NCNZ-** Nursing Council of New Zealand

**NP-** Nurse Practitioner

**NZ-** New Zealand

**OH-** Occupational Health

**OH&S-** Occupational Health and Safety

**OHN-** Occupational Health Nurse

**OT-** Occupational Therapist

**PHC-** Primary Health Care

**RN-** Registered Nurse

**WHO-** World Health Organisation

## REFERENCES

- American Association of Occupational Health Nurses. (n.d.). <http://aaohn.org/>
- Guidotti T. (2011). *Global Public Health*. Oxford Scholarship Online. <https://doi:10.1093/acprog:oso/9780195380002.001.0001>
- Manning, E. (2017). Nursing Portfolios: a simple guide to competency self-assessment. *Nursing Review*, 17(2), 15-19. <https://www.nurse.org.nz/user/inline/2163/RRR%20Portfolios%20May%202017.pdf>
- Ministry of Health. (2002). He Korowai Oranga. Māori Health Strategy. <https://www.health.govt.nz/system/files/documents/publications/mhs-english.pdf>
- Ministry of Health (2016). New Zealand Health Strategy. Future Direction. <https://www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-futuredirection-2016-apr16.pdf>
- Ministry of Health NZ (2020). Whakamaua: Māori Health Action Plan 2020-2025. <https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-20-2025>
- Nursing Council of New Zealand. (2007). Competencies for Registered Nurses. [https://www.nursingcouncil.org.nz/NCNZ/nursing-section/Registered\\_nurse.aspx](https://www.nursingcouncil.org.nz/NCNZ/nursing-section/Registered_nurse.aspx)
- Nursing Council of New Zealand. (2012). Code of conduct for nurses. [https://www.nursingcouncil.org.nz/Public/Nursing/Code\\_of\\_Conduct/NCNZ/nursing-section/Code\\_of\\_Conduct.aspx](https://www.nursingcouncil.org.nz/Public/Nursing/Code_of_Conduct/NCNZ/nursing-section/Code_of_Conduct.aspx)
- Nursing Council of New Zealand. (2019). Guidelines for competence assessment. [https://www.nursingcouncil.org.nz/Public/Nursing/Recertification\\_audits/NCNZ/nursing-section/Recertification\\_audits.aspx?hkey=f092734c-0aee-4a92-9c03-2e6d1664a101](https://www.nursingcouncil.org.nz/Public/Nursing/Recertification_audits/NCNZ/nursing-section/Recertification_audits.aspx?hkey=f092734c-0aee-4a92-9c03-2e6d1664a101)
- Nursing Council of New Zealand. (2020). Improving our responsiveness to Maori: The action plan 2020-2023. [https://www.nursingcouncil.org.nz/Public/Treaty\\_of\\_Waitangi/NCNZ/About-section/Te\\_Tiriti\\_o\\_Waitangi.aspx?hkey=36e3b0b6-da14-4186-bf0a-720446b56c52](https://www.nursingcouncil.org.nz/Public/Treaty_of_Waitangi/NCNZ/About-section/Te_Tiriti_o_Waitangi.aspx?hkey=36e3b0b6-da14-4186-bf0a-720446b56c52)
- NZNO. (2019) Aotearoa New Zealand Primary Health Care Nursing Standards. <https://www.nzno.org.nz/Portals/0/publications/Primary%20Health%20Care%20Nursing%20Standards%20of%20Practice%202019.pdf?ver=XYUZI2v-cpVH28Oy1rhfdw%3d%3d>
- Worksafe New Zealand. (2016). Health Work. WorkSafe's Strategic Plan for Work-Related Health 2016-2026. <https://www.worksafe.govt.nz/topic-and-industry/work-related-health/work-related-health-strategic-plan/>



Worksafe New Zealand. (2018). Health and Safety at Work Strategy 2018-2028. <https://www.worksafe.govt.nz/laws-and-regulations/consultations/health-and-safety-at-work-strategy-2018-2028/>

World Health Organization. Regional Office for Europe and WHO European Centre for Environment and Health. (2001). The role of the occupational health nurse in workplace health management. <https://apps.who.int/iris/handle/10665/108433>

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