

# Nursing in a Pacific way

**A small Pacific provider in Christchurch delivers nursing care to patients with chronic conditions, many of whom have high and complex needs.**

By co-editor Teresa O'Connor

**T**angata Atumotu Trust (TAT) is Christchurch's longest-surviving Pacific health provider. And with just four staff – a manager, a health support worker and two registered nurses (RNs) – it is also its smallest.

Its genesis was under the Christchurch Union and Community Centre. A Samoan nurse working for the centre, Siniva Talaga, recognised the need for health care specifically for Pacific people. She and other volunteers began providing this care. From those humble beginnings, a fledgling organisation, the Pacific Community Health Project, emerged in 2000 and it eventually morphed into TAT.

TAT was registered as a trust in January 2003 and was a founding member of the Canterbury Community Primary Health Organisation. Supported by the Pacific Provider Development Fund and the Canterbury District Health Board, it provides a mobile community nursing service to around 100 people living within the city boundaries.

Manager Malo Ioane says the trust is embedded in Christchurch's Pacific community. "This organisation is based on Pacific culture, where the family is the core, and the church. Our roots are firmly fixed in the community. The trust travels with our people and that is the big difference between it and mainstream providers."

## Long-term planning impossible

It survives on DHB funding, which the trust has to re-apply for every year. "The funding is static, and it is not generous or secure, which means we are at the mercy of the funders and can't do any long-term planning," Ioane said.

The trust will know whether the mobile nursing service will continue to be funded at the end of this month. "We don't know

what the DHB has in mind for Pacific health. It's a very frustrating situation."

The two RNs – Alo Collins, who works three days a week, and Lisa Suapopo, who works two days – along with a full-time community health worker, Vaili'a Afoa, provide the service. It caters for those aged 45 and over who have long-term conditions. Diabetes, cardiovascular disease, congestive heart failure and chronic obstructive pulmonary disease are the main clinical presentations.

## Social determinants of health

While the service has similarities with a district nursing service, the nurses' work is far more than strictly clinical. Many of their clients struggle with housing, heating, transport and having enough money to support themselves and/or their families, never mind pay for doctors' visits or prescriptions. These social determinants of health often take up as much time as clinical issues.

Collins trained in Samoa, gained her enrolled nurse registration in New Zealand in 1973, subsequently completed her comprehensive nursing diploma in 1992 and her bachelor of nursing in 2000. She has also completed well child/tamariki ora training through Plunket. She was one of the original nurse volunteers when the service was still under the auspices of the UCHC. She has worked with the former Pacific Trust as a Plunket nurse and as a practice nurse and in 2013 began working for the trust. "The service is very important to our people," she said.

Referrals come from Christchurch Hospital, from GPs, practice nurses, diabetes services and the hospital's dialysis unit. People can also self refer. Clients are mostly Samoan, and Collins said it means a lot to them that she can speak their language. "To assist a Samoan person, you need to know their identity, their beliefs and their environment, and as a nurse you need to understand these

things," she said.

She sees the relationship she creates with her clients, built on understanding their identity and environment, as a partnership. The other Tiriti o Waitangi principles, participation and protection, are also an integral part of how she works. "Building that partnership enables people to participate in their own health care and educating them about their conditions can help protect them from the complications of their disease."

Visiting people in their homes and responding appropriately to how they welcome you is "absolutely key to people's health". She finds the work demanding but rewarding. "It's not easy for people to access care. There is often a language barrier, some don't have family support or transport or money to pay for a prescription. Once you understand their environment, you are more able to understand the barriers they face and are more able to help them."

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She occasionally pays for food for clients, especially those living alone.

The trust has two vans to transport people to appointments and both the nurses or Afoa can attend appointments to help overcome any language barriers.

The trust hosts a weekly exercise session for around 20-25 clients, preceded by activities and followed by lunch. They are picked up in the trust vans, play cards or dominoes, and then have a Zumba class and lunch. "They are interacting socially and we can do some baseline obs and assess their progress. For some people, it's their only outing in the week," Collins said.



Lisa Suapopo checks a client's blood pressure and pulse.

A recent innovation has been guest speakers, including from Sports Canterbury, who have demonstrated some gentle exercises people can do at home.

Collins is nearing the end of her nursing career, but says there is plenty of demand for the trust's services. "We could support three full-time RNs and a social worker as well. Vaili'a does so much work dealing with social issues, for example housing or going to WINZ. Our work can be very stressful but it's the people we provide the service to that keeps us going."

Suapopo has been with the service for nearly a year. It's a stark contrast to her other role as a staff nurse in an acute surgical ward at Christchurch Hospital, where she worked full-time for 15 years. She still works there part-time.

There are many contrasts in the two positions – in the professional and clinical support available, in the clients, in the clinical presentations, in the ways of working. "It's a very different ball game dealing with people in the community compared to in the hospital."

The difficulty many have in accessing services has been an eye opener, along with the hardship and complexity of many clients' lives. "It has opened my eyes to the lack of access to health care there is in the community. I didn't realise it was so difficult."

On the morning of *Kai Tiaki Nursing New Zealand's* visit, Suapopo had taken a blind man, who has a son, and who lives in an overcrowded home, to get his

'flu and shingles vaccinations. She had also worked with another client who had respiratory problems and had run out of medications. Another man with very decongested lungs had no money for a doctor's appointment until the following week. "Even \$18 at a very low-cost access practice is hard for many clients," she said.

### Complex situations

The complexity of some issues requires all her nursing and communication skills. "Some of the people I deal with are really resistant to changes in how to manage their health. Others believe their faith will heal them. Sometimes such situations require many conversations with the patient and their family and that can be tricky.

"Some situations are very complex – we are not just nurses, we are social workers and have to talk to patients and families in depth. To be able to do that, we have to be able to build relationships with them. Once those relationships have been built, that opens up other ways of helping the patient."

One partially blind patient with a mental health history, living in a "freezing" Housing New Zealand home, at first spurned Suapopo's offer to help get proper heating for the house. But after she had built a relationship with him, he was happy for her to talk to Housing New Zealand and get them to replace the inadequate panel heater with a heat pump. "Now he is warm, which helps his

mental and physical health."

The language barrier and a lack of health literacy among many clients complicates their health care. "Often clients and their families don't really understand what is going on. Sometimes they find it difficult to establish rapport with their GP or to communicate what they need."

Of Tongan and Samoan descent, Suapopo grew up in a Pacific family as a young child but then lost connection with her cultural heritage. She is having to "relearn ways of communicating. I have to listen more, step back and observe more."

She brings her acute clinical skills to chronic care. "From my work on a surgical ward, I know an increased respiratory rate or temperature is telling me something. The importance of these issues might not be recognised by patients."

A man she visited recently had a high temperature. Further investigations, prompted by Suapopo, revealed sepsis from a chronic dental problem, requiring surgery and a subsequent stay in the intensive care unit.

Some times Suapopo feels frustrated when patients don't realise the importance of going to the doctor or picking up a prescription or of having a mammogram or smear. But the barriers to access for many "does my head in".

The lack of printed health resources in Pacific languages is another problem. "It's very frustrating and quite painful."

Suapopo would dearly love to see more Pacific health professionals and free community health care, both of which would greatly improve Pacific people's access to care and their health literacy.

### Making a difference

Despite the frustrations, Suapopo feels she is making a difference. "I started work with the trust because I wanted to make a difference and wanted to help improve Pacific people's health stats. Most days I feel I am making a difference. Pacific people are very grateful and very stoic. You don't necessarily get that gratitude in the DHB system. I find it easier dealing with people in the community than in hospital. I have a lot of empathy for these people." •

\* Visit the trust at: [www.tat.org.nz](http://www.tat.org.nz)