

# Tongan Nurses Conference – 2010

## Theme: “Nursing the Noble Profession: Navigating the Realities of Tongan Nurses”

### “Ko e Neesi Ko e Lakanga Faka’ei’eiki Tulia e Tefito’i Mo’oni e Ngaue ‘a e Neesi Tonga”

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- Tapasefika PHO, Auckland
- Ethnic Communications, Auckland
- Mr Llyod Wills, Wellington
- Tongan Health Society, Auckland
- Tonga Nurses Association, Vaiola Hospital, Tonga
- Tongan Community

### Conference Objectives:

1. To exchange and learn from each others experiences
2. To demonstrate the potential and the variety of achievements of nurses
3. To explore the creation of network and solidarity amongst Tongan nurses internationally.
4. To re-examine the role of nurses and its relationship with others in creating health to day and the future.

### Expected Outcomes:

1. Have a better understanding of the health services in different countries
2. Identify areas where nurses in different countries could help each other
3. Nurses from different countries and expertise are able to develop collaborative projects
4. To establish an international communication network



## Abstracts

*Eseta Finau – Tongan Nurses Association of New Zealand, Onehunga, Auckland*  
**Pacific women's health in Aotearoa: Which way to die?**

The health of Pacific women in NZ differs significantly from those of Pakeha. Often, the morbidity amongst Pacific women is related to availability, accessibility, affordability and acceptability of services to address various health needs. As a result of these, the incidence and prevalence of various diseases are examined in this paper. It discusses the implication for defining the work of Tongan nurses in NZ in population health other than the narrow medical care in hospital institution.

This paper will discuss the various health issues, their implications and the pathways to control of morbidity and mortality amongst Pacific women of Aotearoa.

This presentation will be in Tongan with an English transcript available.

*Siosiane Bloomfield – Summary Synopsis – A Short History of Nursing in Tonga*

Like most countries in the world the history of nursing in Tonga started in the care of infants, children, and the elderly.

Nursing comes in various forms in various cultures. In the 15th Century, the care of children and the elderly developed into the idea of looking after or advising mothers, not necessarily meaning a woman looking after a child.

In the Tongan culture, prior to and after European contact, the care and nursing of infant and children was not simply the sole task of the natural mother. This task was commonly shared amongst the entire extended family. Doting grandparents, female relatives not fortunate enough to have children or who were yet to be mothers were amongst the many family members who help with the care of children.

Similarly in Tongan culture, the care of the elderly was a task shared by the entire family.

Respect for the elderly is a strong pervasive cultural norm one of which translates to the practice of caring and nursing for one's elderly parent, being one of a Tongan's strongest cultural and traditional responsibilities:

- European contact with Tonga brought with it nursing tradition that had its foundations in religious' nunnery orders, and their use in the military. The religious and military roots of modern nursing remain in evidence today, even in Tonga, with senior nurses known as "sisters".
- Against this historical back drop, and with little reliable sources available, the 1918 Influenza epidemic which designated Tonga's population would have been the kind of estastrophic national medical emergency that would have created the political will to institutionalize Nursing in Tonga.



- Soon after, there are records of a very small number of Tongan nurses employed by Government in the 1920s. In the 1930s, there are again a small number (less than 10) of Tongan nurses employed by the Tongan Government to learn of the Job from Doctors and European Nurses working in Tonga. Proper Government Nursing Education soon followed in The late 1940s – But it was those early pioneer Tongan nurses in the 20 and 30 that gave the profession the respect that it still enjoys today not only in Tonga, but through Tongan trained nurses overseas.

*Mrs Sela Sausini Paasi, Chief Nursing Officer, Tonga.*

**“Katoanga’i e Kuohili, Fiefia ‘I He Lolotonga Pea Lotu’I ‘a e Kaha’u”**

Today is a particularly exciting and challenging time for nursing in Tonga.

Globally there are workforce shortages for skilled health professionals, increased patient demands, greater need for community-based services and growing community concern and expectations for health care quality and safety.

This presentation will first explore the Nursing History in Tonga which will highlights some of the past achievements. In particular, the history of Nursing will be discussed in the light of how it shaped the Present. Secondly, the current situation of Nursing in Tonga will be reviewed to enhance understanding thus the development of the “Road-map” for a successful Future for Nursing in Tonga.

Lastly, is a discussion of the proposal as “Way Forward” for Nursing in Tonga. This will embrace some of the foreseeable challenges which must be overcome in order for Nursing in Tonga to be innovative, collegial, stimulating, supportive, creative, proactive and responsive to both local and global needs. In doing so, Nursing in Tonga will continue to promote and celebrate a brighter future for the Profession and the People of Tonga.

*Nina Talau-Brown, Aotearoa Tongan Health Workers Association, Auckland, New Zealand*

**Pacific Worldviews Shaping Education on Cultural Competency: A Tongan Nurses Perspective**

Nursing is a caring profession and has in the past lead the way in shaping and shifting health care from a dominant medical model to the more acceptable and diverse “holistic” model of care.

In our present climate of globalization and the influence of migration, populations are becoming increasingly diverse and Nursing as a profession appears to be embarking on an opportunity to define itself further in its recognition and advocacy for the need for clinical and cultural competent practices.

This presentation will explore the future impact of using Pacific worldviews in nursing education for Pacific and non Pacific nursing students to gain an appreciation for clinical and cultural competent practices as a future model of best practice.

We will examine the opportunity that Aotearoa Tongan Health Workers Association has in leading the development of an ethnic specific cultural competent model of practice that is Tongan authentic and can be utilized cross-culturally and across disciplines in cultural competency education.



*'Ana Lolohea, Emergency Department, Bankstown Hospital, New South Wales, Australia.*  
**"The Role of blood ketone and the introduction of nursing flow chart in management of Diabetic Keto-Acidosis (DKA) patients, in Bankstown Emergency Department."**

RGON, Bachelor of Health Science (Nursing), Advance Clinical Nurse, Diabetes Resource Nurse, Emergency Department, Bankstown Hospital; Graduate Diploma in Theology (Volunteer Pastor, Lakemba SDA Church, NSW, Australia).

**Motivation:**

Lack of knowledge is one of the major problems that nurses face in different areas of nursing. In recognising the lack of knowledge in the management of Diabetic Keto-Acidosis (DKA) patients in Emergency Department, gave me the opportunity to share my knowledge of diabetes.

**Problem statement:**

Currently, in our Emergency Department at Bankstown hospital, we don't have guidelines for using blood ketones. We do not have Nursing Flow Chart for our DKA patients.

**Approach:**

Five survey questions were given to our nursing staffs in Emergency Department which included Registered and Enrolled Nurses. In-house training conducted in ED on ketones, meter and DKA Nursing flow chart was developed and approved by our staff Specialist and the Diabetes Nurse Specialist for trial in ED for six months.

**Results:**

Nurses response rate were 80%, 75% RN and 25% EN. 85% did not know what is the role of ketone and only 5% aware of DKA pathway in ED. After the survey, 95% of nurses had increased knowledge of ketones used in our Emergency Department. Good management of DKA patients using nursing flow chart.

**Conclusion:**

From the result, I strongly believe that education is the key to deliver the best care.

*Alisi Taumoepeau – "Nursing: A Tongan Legal Sector Perspective"*

A summary of Tongan laws which directly apply to nursing. It will look briefly on general health issues relevant to nursing. This will include consent and health information, safe and quality health care, complaints and discipline. The human right to the highest attainable standard of health includes global standards which creates legal obligations which in turn demands effective mechanisms of accountability.

Ko 'eku 'amanaki-, Ko e neesi Tonga lelei 'oku angamokomoko, angalelei, 'ikai ke meheka, pe fai pe ke ongoongo, fakafuofuolahi, fai ta'etaau. 'Oku 'ikai te ne kumi 'ene lelei 'a'ana, fakaaa'ita pe lau 'a e kovi. 'Oku 'ukuma, tui, 'amanaki mo kataki 'i he me'a kotoa pe.



*'Anau Speizer<sup>1,2</sup>, Maneze D<sup>1</sup>, Dr. Rajaratratnam R<sup>1</sup>, Dr. Fernandez R<sup>3</sup>,  
Dr. Salamonson Y<sup>3</sup>, Prof Davidson PM<sup>1,2</sup>.*

1. Macarthur Health Service – (Sydney South West Area Health Service),

2. Curtin Health Innovation Research Institute, Curtin University of Technology - Sydney.

3. University of Western Sydney - Macarthur.

### **An ethno-cultural model for improving cardiovascular disease outcomes among Pacificans**

Centuries of migration, augmented by the forces of globalisation, have led to changes in population profiles globally. Although these changes have enriched many perspectives of nations a number of factors, primarily social, economic and cultural, have led to health inequalities in some migrant groups and Indigenous populations. Among Pacific Islanders and Indigenous populations a history of colonisation is also closely linked to current health status and social outcomes. Pacificans are those individuals who identify with or feel they belong to one or more Pacific ethnicities. Based upon an integrative literature review this presentation presents an ethno-cultural history of Pacific Islanders in order to inform a contextual basis for health interventions. Key factors to be considered in implementing and evaluating primary and secondary cardiovascular outcomes are identified.

*'Olivia Mafi Hala RGON, Bachelor Health Science (Nursing),  
Emergency Department, Auburn Hospital, NSW, Australia. **STRESS***

Stress has come to be linked with almost every medical problem we have these days; heart attack, hypertension, heart diseases, ulcers, colitis, asthma, headache, backache, nervous breakdowns even cancer. Yet too little stress can invite disease as well, causing fatigue, boredom, restlessness, dissatisfaction and depression. The challenge is to find middle road between the two extremes.

Stress occurs in any situation that requires making a change. The stress involved in adjusting to some situations at our own working area. So I am interested in using Dr Hans Diehl /Ludington stress profile to assess nurses stress level in different aspect of nursing in both hospitals and community.

Given handouts on stress profile for Pacific Island Nurses in Sydney, Australia to complete the forms and return for analysis.

The result from this survey showed that the majority of Pacific Island nurses have suffered great deal of stress. This stress profile indicated how well nurses cope with their lives by keeping their stress in a positive balance.

#### **Conclusion:**

Too much stress is a very real problem among nurses/ Learning to deal with it has become an important health issues since studies began linking stress to a host of physical ailment. In most cases, running away is not the answer. We must develop more positive method of coping.



*'Akesa Uili Halatanu, Senior Lecture, Queen Salote School of Nursing, Ministry of Health, Nuku'alofa, Tonga. "Mana Loto: A Nurse led Initiative to save life and limbs"*

The management of minor wounds and sore is an essential secondary prevention activity that is often neglected or not done well at the busy clinics of the formal health institution. Therefore, there is a need to focus on the seemingly unimportant ailments; however, the sequelae to these ailments can be serious, devastating and sometimes leading to death. E.g. glomerular nephritis and streptococcal skin infection, diabetic, cellulitis and gangrene leading to limb amputation; septicemia and meningitis from minor wound infection.

This paper describe the experience of setting up of a nurse led clinic focusing on the management and prevention of skin sores, minor skin cuts, abscess, and diabetic and pressure sores. This clinic is run by nurses on minimal charges. The service of this clinic is limited only to those services legitimately provided by nurses without doctor's supervision. It is also a screening station for various diseases like hypertension, diabetes, asthma, etc and referral to the doctor for further management.

Having this clinic empowered me to a stage that is hard to explain and the effort to keep it going make me wonder what stop all nurses to have their own.

The community has been in a stage of hunger, hunger to be told, hunger to be touch, hunger to feed and hunger to be love. The NURSES (esp. Tongan Nurses) have the ability, capacity, diversity, quality that will meet the community needs.

*Mrs. A. Afuha'amango Tuipulotu, PhD Candidate, University of Sydney, Australia, Co-researchers: Mrs. A. Tei and 10 Tongan Nurses. **Development of Practice Guidelines for Nursing Practice in Tonga: The Cyclical Collaborative Processes in the Tongan Context***

Cyclical Collaborative Action research was chosen as principal method to collect data for development of Practice guidelines for Nursing Practice in Tonga. This collaborative nature leads to group decision thus resulting in commitment to change thus improvement (Somekh 2006; Speziale and Carpenter 2007).

The Cyclical Collaborative Data Collection in Practice:

The cyclical collaborative data collection methodology undertook the following processes in the current project. 1) Ten co-researchers accepted invitation to participate in current project which represent the three sections of the Nursing Division of Tonga and its hierarchical structure. 2) Four Interview Meetings conducted with 10 co- researchers to build context and get general information 3) Reduction of group members to only 5 co-researchers (instead of ten) in each group thus 2 groups formed to get detail and specific information. 5) Amalgamation of the 2 groups for verification and consensus of major findings 6) Taking findings to leaders and Profession for feedback, ownership and consensus 7) Final consensus by co-researchers.

Although the challenges with the cyclical collaborative nature of the research design has been encountered during this project, the joint work with stakeholders as co-researchers (as insider-participant) during the data



collection has revealed to be of great benefit for development of practice guidelines for Nursing Practice in Tonga. Strong themes such as teamwork, sound knowledge, good communication, good customer service, provision best care has emerged from current data.

Ultimately it is hoped that the collaborative nature of current research design will lead to better control over practice, commitment to improvement (Somekh 2006; Speziale and Carpenter 2007) thus improvement in Nursing Practice and the health outcomes of the People of Tonga.

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*L.M.Latukefu. ACT Health and Community Services, Canberra, Australia. 'Ofa Takulua. Vaiola Hospital, Nuku'alofa, Tonga. Sepiuta Taufe'ulungaki* **Contextualising the Nursing Competence Framework: a vision for Tonga and Canberra's realities in a snapshot.**

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A National Nursing Competence Framework provides the national standards for the regulation of the Nursing Profession that are flexible, effective and responsive to the health care requirements of a country. These standards are developed in relation to the current regulatory and legislative environments that govern healthcare in that country. The purpose of this regulation is for the protection of the public and to safeguard the interests of the community by promoting the high standards of nursing practice through the development and maintenance of competency standards and guidelines. The increasing consumer expectations based on their rights as citizens, and potential clients/health consumers, demographic and social changes, changing relationships between health workers, the new technology and greater focus on research and evidence based practice, and the new therapeutics that allow greater capacity to treat a wider range of health problems underpin the need for nurses to maintain their competence. Competence is the combination of skills, knowledge and attitudes, values and abilities that underpin effective and high quality performance in a professional area and context of practice. As registered nurses, we have a professional responsibility to ensure that we are competent to practice. The Nursing Competence standards act as a benchmark for health institutions and health employers to measure and assess nurses' continued competence to practice or it can be used by the nurses to evaluate their own competence etc. The potential implications for both Tonga and Canberra will be discussed as well as possible recommendations.

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*Mrs. A. Afuhaamango Tuipulotu Newcastle University, Australia*

*Mrs. S. Bloomfield "KO E PEAUHOU 'O E VAHAFOLAU"*

### **Being Swamped by a Tidal Wave: Tongan Women's Experiences of Breast Cancer and Related Treatment**

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Breast cancer remains a major health problem worldwide. In countries such as Australia or the USA, women have access to a range of educational, screening and diagnostic services and treatment programs that are increasingly evidence based. These programs have increased survival and reduced mortality rates for breast cancer. Women in less well resourced countries such as Tonga, however, do not have access to such programs, they are more likely to present later in the course of their disease or seek help from traditional healers, and their prognosis is therefore poorer.

This presentation presents the findings from the first study conducted in Tonga – that explored Tongan women's experiences of their diagnosis and subsequent treatment of breast cancer. The study is qualitative, exploratory and descriptive in design and was conducted from late November 2000 to early March 2001.





The metaphor of a journey was used to group the themes which describe Tongan women's experiences of breast cancer. This journey has three phases, namely, beginning the journey, the journey through diagnosis and surgery, and going away and staying at home – which for some was not an end but a new (albeit cautious) beginning.

The journey began with women's discovery that something was not right with their breast, followed by their 'not telling', in which they sought to keep the discovery from others. The second phase was the journey through diagnosis and surgery, including undergoing diagnostic tests, finding out that they had cancer, preparing for mastectomy, and recovering after mastectomy. For some women whose cancer was advanced and obvious even without waiting for diagnostic results, the time from diagnosis to their death was relatively short.

"Going away and staying at home" refers to two directions the journey could take after surgical treatment. It encompassed their dual suffering of treatment side effects and crushing homesickness.

There are significant implications arising from this study in relation to the need for educational strategies for nurses and for Tongan women with respect to the early detection of breast cancer. Other implications relate to the needs and care of women once they have been diagnosed with the disease, particularly in relation to their travel to New Zealand, and palliative care in villages and communities for women who present with already advanced cancer or for whom treatment is not successful.

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*Papiloa Bloomfield, Tonga. Stream 4: How do we build Solidarity among Tongan nurses internationally?*  
**Talanga ki he Va mo e Uouongataha 'a e kau Neesi Tonga 'i he potu kotoa pe.**  
**Your Title: The Global Tongan Nurse: Beyond Nursing and Tonga**

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Nursing is a universal profession; however its practice is bound by culture, environment and the social economic realities of the health service. Tongan nurses offer a unique and special way of delivering health services that is bound by Tongan values and rules of interaction. These values are defined by our Tonganess and our various realities. Regardless of where the Tongan nurse works, these Tongan values determine the quality and our dedication to nursing.

To maintain Global Solidarity, Tongan nurses need to ask what makes them a Tongan and how that Tonganess determine the quality of their performance. The fundamental values of Tonganess include Respect, Reciprocity, Humility, Love and Godliness. The framework for practice encompasses God and Tonga are my Heritage.



**Bio data**

Papiloa Bloomfield was born in Fatai; her mother from Masilamea and her father from Fatai, Lakepa and Kolofo'ou. She attended Queen Salote College, and then went on to do her General nursing training at St Andrew's Hospital, Brisbane. She completed her Midwifery training at the Royal Brisbane Hospital, and Child Welfare nursing at Wickham Terrace, Brisbane.

Papiloa started her motel business in the 1970's, and then extended to hotel in the 80's. She has been in the hotel business since then.

Papiloa was the first commoner women to become a Member of Parliament in Tonga from 1978-1981.

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*Katrina Garvey, Mele Matekuolava, Epworth Private Hospital, Melbourne, Australia.*

***"The Awareness of Multicultural Differences."***

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*Smith, Mélé Matekuolava and Katrina Garvey*

Traditionally Epworth Hospital has strong connections with Tonga and developing Tongan nurses. The late President of the Tongan Nurses Association (Elenoa Kaifonua 'Aleamotua) was originally trained at Epworth Hospital.

This presentation, by two nurses from different cultural backgrounds who work in the same hospital, focuses upon the importance of being aware of cultural differences not only in terms of nurses and patients, but also with patients' relatives, doctors, colleagues and other health care workers.



Mele Matekuolava, a Tongan trained nurse, will speak about her on-going struggle to adjust to cultural and language differences over 30 years of nursing experience in Australia. By highlighting specific incidents and interactions, Mele will draw attention to the fact that a lack of cultural awareness can lead to miscommunication, misunderstandings and in some cases, outright racism in the workplace. Strategies for improving cross-cultural awareness will also be discussed.

Katrina Garvey, an Australian trained nurse who had a very sheltered upbringing in country Victoria and who has no overseas nurse's experience, will outline her perspective on nursing in a multi-cultural setting. Throughout Katrina's years of nursing she has experienced varying degrees of cultural conflict. Katrina will draw on these experiences and talk about how from her perspective most conflict can be avoided and how the overall situation can be improved.

Mele and Katrina become colleagues in 2004. It became very evident to the pair that there were some major cultural issues within their workplace. Constantly the two experienced miscommunication and misjudgment due to language and cultural barriers. Epworth Hospital is a multicultural workplace with nurses coming from all over the world although the Pacific Islander's are most definitely in the minority. As part of our



presentation we would like to touch on cross-cultural conflict as well as cultural ignorance. We look forward to exploring these issues further at the conference.



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Language spoken: English

Katrina Garvey is a registered nurse division one. Currently Katrina is employed at Epworth Hospital in the operating suite and holds the position of clinical nurse specialist (CNS) in anesthetics and recovery room. Katrina has completed her Bachelor of Science at Melbourne University and a Bachelor of Nursing at Monash University and most recently completed a diploma in perioperative nursing at Deakin University.

Katrina has experience in urology, gynaecology, neuroscience, general medical and theatre nursing. As part of her CNS position Katrina is required to take on the 'in-charge' roles in the recovery room and the anesthetic department. The role requires an elevated level of responsibility in critical decision making regarding patient care and safety and essential decisions which affect the direct running of the anaesthetic department and recovery room. Katrina also takes on students and helps in the role of educator. Katrina also completes the monthly roster for recovery room.



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 Victoria Australia  
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Languages spoken: English, Tongan

Mele Ve'a Matekuolava is a registered nurse (RN) currently employed at Epworth Private Hospital ([www.epworth.org.au](http://www.epworth.org.au)) in Melbourne Australia where she has worked since 1979. Mele originally trained as a nurse in Tonga and upon migrating to Australia subsequently worked as a nursing aide. During her years as a nursing aide she obtained experience in many different fields of nursing including gerontological nursing, CSSD, IVF, endoscopy unit, theatre technician and in the wards. Mele has also had experience as a live in care-giver for elderly people.

In 2001 she was offered a scholarship by Epworth Hospital to upgrade her qualifications to a Bachelor of Nursing at Deakin University in Melbourne Australia. Whilst undertaking her studies she won the Australian Nursing Federation Award for the outstanding third year Deakin University student in 2002 and graduated in 2003. She is currently working in the recovery section of Epworth hospital.



*'Evaloni U.K.K.Pelenato Walter, Mercy Ascot Integrated Hospital, Auckland, New Zealand*  
**My journey from Queen Salote School of Nursing to Mercy Ascot Integrated Hospital  
 Aotearoa, New Zealand.**

My name is 'Evaloni U.K.K.Pelenato Walter. I'm the eldest of eight children.

When I was three years old, I was rushed to hospital with a cut on my foot from a garden fork while trying to help my father planting kumara (at least that's what I thought at the time) I was amazed watching the nurse assisting the Dr with the procedure, from that day on I wanted to become a nurse. I qualified as a Staff Nurse in 1980.

I migrated to New Zealand in 1984. In 1996, I was registered as a General Nurse in New Zealand.

This is my 10th year working at Mercy Ascot Hospital. I worked as a Peri-Operative nurse. We also helped with the post graduates program. I'm involved with preceptoring the new graduates and staff to the hospital.

I am so proud that I chose nursing as my career because I love and enjoyed achieving great results not all but most of them which is very encouraging, plus showing off that I was trained here in Tonga. I believe and with all respect other from my parents, my teachers here at Queen Salote School of Nursing helped shaped me for where I am to day. Proverb 22:6 Direct your children in the right path and when they are older they will not leave it.

Today I must admit that with the inspirations from the leaders and members of our TNA from Aotearoa, Help of Mighty God our Heavenly Father, support of my family strengthened me to stand before every body and say Nurse is the way to go, anywhere in the world they need nurses, in the family, church, army, teaching etc you name it. Have Faith in ourselves that we can do it, give it our all.

*Anita Vikatolia Leameivaka (nee Pelenato), Community Health Worker, Bader Drive Healthcare, Mangere*  
**Making A Difference In The Community With Nurtition & Exercises**

A life in Queen Salote School of Nursing can be really tough....different waves make the journey harder, but those same waves have shaped us holistically.

**Sharing With:**

**Exercises:** (action) music...and everyone join in exercises

**Kai Lelei (Nutrition):** The Four Food Groups & Menu Planning, Food & Nutrition Policy



*'Apasia K. VAKA, Queen Salote School of Nursing, Tonga Nurse Association-Tonga*  
**Proud To Be A Tongan Nurse**

Nursing is said to be a Noble Profession and have been identified in various internet polls as number one in most human service profession. Nursing is also known to be on high demand in the global market. The profession has grown in specialties and the development of various nursing trends world wide.

But why proud to be a Tongan Nurse? As a young person nursing was not a career choice at the time. However having had the opportunity for nursing training in the University setting overseas and returns to work as a nurse in Vaiola, have become a journey that have strengthens ones passion to serve my people as a Nurse in Vaiola.

Being proud to be a Tongan nurse is a milestone to my professional journey as a nurse. A journey that was not taken alone but can only be told through stories where one must acknowledge the mentors, colleagues, families and friends who have made a difference or an impact to make one stand with conviction to declare that "I am proud to be a Tongan Nurse."

*Mrs. Kaufo'ou & Mrs. Kaloni Uikelotu, Nurse In-Charge & Senior Public Health Nurse, Niu'eiki Hospital, Funga Fonua, 'Eua. "NGAAHI LAVAME'A 'A E FUNGAFONUA"*

'Eua Island is located only 17.5km east southeast from Tongatapu and is well known for its unique physical characteristics. 'Eua Island is the oldest and the highest in the Tongan island group and is considered to be more than 30 million years old.

'Eua is only about 15 minutes by air from Tongatapu and 3 hrs by boat. Due to this close proximity, health care in 'Eua largely depends on Tongatapu where serious cases are sent to Tongatapu for further management. One of the major problems faced by the Nursing Profession is the fact that there is no community clinic in any of the villages in 'Eua and community nurses are based in the hospital. To make the situation worse, the hospital has only one vehicle for both clinical and community health programmes.

Consequently, some of the community outreach activities are being challenged and nurses had to rethink how to best manage such situations, in order for health care to reach the outskirts communities. In most cases, community nurses have to walk long distances or find their own transportation. In spite of this, this presentation will present both the challenges and accomplishments in both areas of clinical and community nursing in 'Eua.

*Mrs. Kalisi & Mrs. Ilaisaane Fakamokioa, Nurse In-Charge Senior & Senior Public Health Nurse, Niu'ui Hospital, Fo'i Pako, Ha'apai ""E 'IKAI TUKU E VAKA KAE FAI HA KAKAU"*

The Ha'apai Group of islands in the Kingdom of Tonga are situated between the main island of Tongatapu and the Vav'au group further north. Ha'apai is known for its peaceful atmosphere. Despite this, working in



Ha'apai can bring about huge challenges which continue to confront the Tonga Nursing Profession as a whole.

The main challenges lie on the navigation of the Ha'apai Group which is composed of about 68 small islands. Most islands do not have anchorages for boats, thus makes visiting difficult and sometimes complicated. Nurses working on these islands face such difficulties on a daily basis with dedication and confidence. To make the situation worse, the Ministry of Health do not have a boat for nurses to utilize thus most travel is done by simply requesting the assistance of local fishermen.

This presentation will presents some of the triumph stories and challenges of working in the alluring Ha'apai Islands. Despite the many challenges nurses' face while working in Ha'apai, they are committed to quality care and best health outcomes for the exquisite people of the islands.

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*Henilieta Ha'unga. Presenter as one of the member in Clinical Development Group. J. Jefferies, D.C, Johnson, M, Members of the Clinical Development Group for Nutrition, SSWAHS, Sydney, Australia*  
**"Improving the oral nutritional care of patients in Healthcare Service"**

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**Background:**

The Gargling Commission reported that one in four elderly patients becomes malnourished while in hospital.

**Aim:**

To reduce the prevalence of hospital malnutrition in SSWAHS, researchers worked with clinicians to develop the Minimum Standard for the Nursing Support of Patient Oral Nutrition.

**Method:**

The policy was developed using a systematic review approach: a clinical question was devised, research evidence was identified and appraised, existing policy documents were analysed, and evidence was synthesized into dominant themes. It is currently undergoing a consultation and ratification process.

**Results:**

A literature search located 147 articles. 40 articles were identified as being within the scope of the clinical question. Most were reports of audits or observation studies. The dominant themes were developed into standards that assisted nurses in supporting the oral nutrition of their patients. These included: a focussed mealtime at midday, management of mealtime environments in clinical areas, management of staff mealtimes, and a designated nutrition support nurse in each clinical area to monitor and evaluate the implementation of the policy

**Conclusion:**

This policy provides a framework to invigorate nursing's role in supporting the patient's nutrition care.



*An Oral Presentation by: Violani 'Ilohahia Wills, Community/Practice Nurse, Pacific Health Service Wellington* **The reality of Nursing in New Zealand: Importance of Global Solidarity.**

Prior to moving Nursing Training to Polytechnic Institutes, Nursing Schools were placed in various hospitals throughout the century. The hospital provided the nurse in training with:

- Full accommodation.
- Salary
- Uniform and shoe allowances.
- Health service.
- Educations – theoretical/practical, fully supported by clinical tutors and staff.
- Immigration and visa support.
- Nurses Christian Fellowships provide spiritual needs.
- Holidays were organised to some of the Nurses Holiday Homes throughout the country.
- Transport when needed.

These wonderful provision gave security and comfort for me as a student nurse. It was a “home” away from home. It provided me with excellent opportunity to concentrate in my studies. When the nursing training was moved to the Polytechnic Institutes all the accommodation and above provision with it associated securities became no longer available. The loss of the ‘home away from home’ was especially felt by the Pacific students. Cost of training and cost of living became significant barriers to nursing training. Without the extra support, nursing students struggled to survive which had a detrimental effect on their studies. Language barrier, especially for effective communication and writing assignment continues to be a significant barrier to their studies.

With the Tongan nurses spreading internationally, the need to come together becomes an important priority. Australia and New Zealand have the biggest numbers of our nurses. The Establishment of the TNA in Aotearoa has been a big step forward. We must examine why we are still struggling with recruitment of new members. The outcome for the TNA becoming a member of the Pacific branch of NZNO is a great achievement. We are fortunate in New Zealand that the TNA has an office and staffed by Eseta Finau the newly elected President.

It is our wish that during this conference we can establish the “vD” (link) internationally. Leaving Tonga to study and work overseas we take with us our uniqueness as Tongans, that it the foundation of one self “Ohi”. Education is an extension of one self. We make a difference in nursing especially to our Tongan Community.

*Ma'ukakala 'Ofa, Clinical Nurse Specialist, Sleep and Ventilatory Service, Greenlane Clinical Services, Auckland, New Zealand* **“Obstructive Sleep Apnea: The Pacific Sleeping Giant Killer”**

OSA is an under diagnosed condition amongst Pacific countries. This is due to lack of awareness and the expensive technology needed to diagnose and manage OSA. This paper will look at the magnitude of the



problem among Pacificans in Auckland and provide a description of the contributing factors and sequelae of prolonged OSA. The cause of death from OSA includes Cardiovascular diseases, and exacerbation of pre-existing conditions like lung disease, diabetes, erectile dysfunction etc. The paper will also describe the diagnosis and treatment of OSA with their special challenges in terms of nursing the Giant Killer.

The paper is based on experiences of a Tongan Respiratory Nurse at Auckland District Health Board over the last 15 years. It also covers the various challenges of maintaining treatment compliance and the use of respiratory technology among difficult-to-reach populations who do not prioritize health but only respond to pain and near-death conditions.

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*Sr. Mele'ana Ta'aj, Sr. Atalua Afu Tei, Sr. Seilini Soakai, Ministry of Health, Tonga*  
**"Developing Leadership Competencies for Nurse Manager in Tonga"**

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This Project is an outcome of the short course that was offered by the AusAID, Australian Leadership Award, and Fellowship Program for the nurses of the Pacific Islands.

This short course took place in April to July 2009. It required three stages of involvement. First of all was a group work based on our topic that has been selected from the key topic areas that have been provided. Secondly, was for the selected representatives from the Pacific Islands to attend a two-week formal training at UTS. The last stage of this short course was an in-country report on the progress of this fellowship program.

The components of this program focused on group work which encouraged us to meet our target in developing the action plan for our project. Our project is developing leadership competencies for nurse managers in Tonga.

This presentation will discuss our action plan and how far we go with this project.

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*Nurse Practitioner Paea Fififta, Sr. Seilini Soakai, Niuatoputapu Health Centre*  
**"Amazing Story of a Nurse in time of Tsunami".**

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While the Tongans are mourning the loss of 74 people on Princess Ashika, the unpredictable natural disaster, Tsunami killed nine people.

As you all aware, the Tsunami devastated Niuatoputapu on the very last day of September 2009. This was the first Tsunami in Tonga. No one had predicted the Tsunami. This event was a matter of life and death.

On that particular day every one in the island realized that the most important thing for them is their lives. They left all their very important belongings behind and ran for their lives, except for the nurse practitioner who urged her family to run while she tried to help others.





This small island with a population of 1000 has a small hospital with nine health workers. There were three nurses, one dental therapist, one clerk, one ward maid, one orderly, one ground keeper and a driver.

One of the three nurses is a nurse practitioner who has been taking the responsibilities of the doctor. I must say that this particular nurse proved to the world that nursing is the noble profession. She did a very good job in navigating an emergency plan and act to save many lives that would have been lost. That is the reality of the Tongan Nurses.

This presentation will reveal the whole story of the Tsunami and the efforts of the nurse practitioner to carry on her duty at all times, no matter what.

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*Seletute Vave-Patterson, Auckland District Health Board, Auckland, New Zealand.*

**Navigating the Journey of Reality - Partnership between Tongan Health Society, PHO and ADHB  
Community Child Health and Disability Service.**

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In the last few years, Primary Health Organisations have been formed. This has been a great benefit for Pacific families in accessing health care, however as one of three Pacific Public Health Nurse working in a mainstream Auckland District Health Board (ADHB) service (Community Child Health and Disability Service), it was realised that due to a high number of Pacific referrals we were not always able to give cultural support to our colleagues.. Therefore this presentation will discuss the development of a collaborative initiative with the Tongan Health Society, Tongan school nurse. This service was a nurse led initiative which supported Public Health Nurses working with Pacific families in the central Auckland area.

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*Seletute Vave- Patterson, S. Tupou & N. Naea, Auckland District Health Board, Auckland, New Zealand*

**Supporting Pacific Health Professionals**

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**Poster Presentation**

We work within a mainstream service and our cultural experience and knowledge is utilised by our teams to support their work with Pacific families. This support group offers a time to reflect, laugh and connect with our pacific colleagues. This poster will examine the model of Pacific support which is utilised by Pacific health professionals within the Auckland District Health Board (ADHB), Community Child Health and Disability Service (CCHADS).

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*Lataisia Uili, Duty Manager, Waitemata District Health Board, Henderson, Auckland*

**Oral Presentation - "The Tongan Nurse as an Aid Negotiator: Beggars or Angels of Mercy"**

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Nurses are often considered the Nightingale of the sick creating health and treating diseases confined to health institutions and its bureaucracy. However, some nurses can and are Angels of Mercy outside these confines not necessary with their hands on patients or diseases.



This paper describes the experiences of a nurse on errands of mercy outside the confines of health institutions and in the realm of salvage and technology acquisition to assist communities to address some of their health and medical needs. In this role, the nurse becomes a collector, negotiator, planner, and transport and resource manager with minimal resources but a lot of good will. Essentially, the nurse temporarily ceases to be a Nightingale but becomes an Angel of Mercy begging from the haves and transporting this to the have nots with minimal fuss.

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*SIONE VAKA, PhD Candidate, Massey University, Auckland, New Zealand*

**From Queen Salote School of Nursing And Beyond**

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The news breakout in the media in 1993, that Tonga will be starting a new profession, "male nurses". A friend and I thought this would be a great opportunity to work closely with females. Looking like a young doctor with a stethoscope at the back of my neck was also considered in my choice of nursing. This move to nursing opens my eyes to a hidden passion for health, caring for people, and nursing. This paper will discuss the journey of my vac from enrolling at a Certificate in Nursing at Queen Salote School of Nursing (QSSN), Tonga to doctorate study at Massey University, New Zealand. Leaving my QSSN's little classroom with chalks and blackboard to New Zealand's lecture theatres and its high technological materials, was a major shift for me stretching my brain cells and expanding my way of thinking. This journey will highlight the basic nursing with all other skills gained from QSSN, and how they act as the foundation, for stepping forward to doctorate study through careers in nursing like, psychiatry, management, research, lecturing, leadership and academia. Challenges on the journey will be discussed, and the ways of maintaining the direction forward, focusing on my destination.

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*Susie Tameifuna, AuckPac Primary Health Organization, Auckland, New Zealand*

**Nursing in a PHO Environment**

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In the last decade many nursing roles on a national and international basis have evolved from some of the more traditional practice models of clinical based nursing to specialist and advisory roles. The need for the development of these roles has often been in response to the needs of communities, governments and due to events such as global crises - H1N1.

Roles which have emerged have included the Nurse Practitioner, Authorised Vaccinators and other specialist nursing roles that are now legitimate and recognised roles in New Zealand with competencies and practice regulation aligned.

In this presentation I will discuss the emergence of the role of a Senior PHO Nurse based within one of the largest Pacific PHOs in New Zealand and how nursing has contributed to meeting the needs of our enrolled population and the Pacific communities at large.



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*M.T. Cama<sup>1</sup>, M. Ta'ai<sup>1</sup>, K. Vaka<sup>1</sup> on behalf of Queen Salote School of Nursing*

*<sup>1</sup> Queen Salote School of Nursing, Ministry of Health, Nuku'alofa, Tonga*

**NURSING EDUCATION IN TONGA: Reflecting on the past, Living the present and Building the future.**

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Nursing Education contributed to the reputation of respect, professional recognition and social class for nurses in Tonga. Queen Salote School of Nursing has over the years, achieved significant milestones and transitions since its inception. From a hospital on-the-job-training with one tutor, nursing education has evolved to its present student-based nursing program. Significant developments in Nursing Education as in nursing programs, qualifications, the entry requirements for nursing students, staff selection, curriculum approach and extra-curricular components which makes nursing education in Tonga an unique experience are highlighted. The challenges experienced with the changing trends of nursing education, and social issues affecting students are presented, with forecasts of positive developments for the future.

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*Mrs. Meliame Tupou & Mrs Emeline Takai, Prince Wellington Ngu Hospital,  
Fatafata Mafana, Vava'u, Tonga "KOE PALATAISI 'O E PASIFIKI"*

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The Vava'u Island group is composed of about 50 islands and is located approximately 240 kilometers north of Tongatapu. Vava'u is well known as the spectacular tropical island paradise in the Pacific Ocean.

Like many parts of the world, the Nursing Profession in Vava'u continues to face many challenges including of lack of trained nurses compared to service demand and the population. Regardless of this, nursing leadership in Vava'u has dealt with this matter successfully. One of success stories to be presented will reveal some of the leadership by the only midwife working in the hospital especially during problematic times.

The other victory story to be presented focuses on how one Nurse practitioner manages community nursing successfully to attain set targets. In addition, she also supports the service of the hospital especially when there is no doctor. "Collaboration and Partnership" is truly the essence of true success in Vava'u. Essentially, Vava'u Nursing Profession truly believes that ongoing education, formal education, and in-service workshops will enhance Nursing Practice thus best possible quality care for the people of the Fatafata Mafana.





## Certificate in Pacific Development

### An Introduction to Pacific worldviews and development

As Pacific populations grow in New Zealand there is a need for people to have a greater awareness of working with Pacific communities. This Certificate looks at issues faced by these communities in New Zealand and the Pacific.

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