

OUR VISION

Nursing research is the scientific foundation that underpins and informs evidence based practice, enabling nurses to deliver the highest quality of care. The Waitaha Nursing Research Alliance is proud to bring you this quarterly update about current research projects, thesis, doctorates being undertaken across the Canterbury health system.

From the Newsletter Curator

Welcome to the first edition of the Quarterly Academic Collection; a newsletter curated by the Waitaha Nursing Research Alliance. We are thrilled to bring to you a selection of the vast amount of nursing research that has been completed or is being undertaken across our district.

This first edition includes publications from the past 7 years. These are significant studies by local nurses that have added to international scientific discourse. These publications have been provided by the author, and where possible, contact details for the author have been included.

For all research in this newsletter, you will find a short abstract and link to the full publication or research document. Not all abstract detail the outcome of the research. We encourage you to read the full text via the link to see this. For some links, you may need to access these when connected/linked to Health New Zealand | Te Whatu Ora intranet, to make use of Health New Zealand journal access.

We hope you enjoy this first edition. If you have any feedback about this newsletter, please get in touch through our email:

NursingResearch@cdhb.health.nz

Nga mihi nui,

Leah Hackney *on behalf of the Nursing Research Team*

Journal Publications

- Clinical response to treatment in inpatients with depression correlates with changes in activity levels and psychomotor speed.**

Abstract: Monitoring clinical response to treatment in depressed inpatients, particularly identifying early improvement, may be sub-optimal. This may impact adversely on patients through longer admissions and sub-optimal pharmacotherapy. Psychomotor speed is a prominent neuropsychological function which changes as recovery occurs. This study examines simple techniques used to quantify psychomotor change and their potential to contribute to monitoring recovery. Using Actiwatchers (Fitbits were also used) and Coin Rotation Tests, change in activity counts and psychomotor speed were found to correlate significantly with improvement in measures of clinical symptoms during treatment for depression.

Reference: Averill, I. R., Crowe, M., Frampton, C. M., Beaglehole, B., Lacey, C. J., Jordan, J., Wilson, L. D., Douglas, K. M., & Porter, R. J. (2018). Clinical response to treatment in inpatients with depression correlates with changes in activity levels and psychomotor speed. *The Australian and New Zealand journal of psychiatry*, 52(7), 652–659. <https://doi.org/10.1177/0004867417753549>

Link: <https://journals.sagepub.com/doi/10.1177/0004867417753549>

Researcher: Ian Averill, Clinical Nurse Specialist, Wāhi Oranga, Hillmorton Hospital

Contact: ian.averill@cdhb.health.nz
- Activation therapy for the treatment of inpatients with depression – protocol for a randomised control trial compared to treatment as usual.**

Abstract: Inpatients with depression have a poor long-term outcome with high rates of suicide, high levels of morbidity and frequent re-admission. Current treatment often relies on pharmacological intervention and focuses on observation to maintain safety. There is significant neurocognitive deficit which is linked to poor functional outcomes. Consequently, there is a need for novel psychotherapeutic interventions that seek to address these concerns. The proposed randomised controlled trial will examine whether the addition of this therapy to TAU will result in a reduced re-hospitalisation rate at 12 weeks post discharge. Subjective change in activation and objectively measured change in activity levels will be rated, and the extent of change to neurocognition will be assessed.

Reference: Averill, I. R. E., Beaglehole, B., Douglas, K. M., Jordan, J., Crowe, M. T., Inder, M., Lacey, C. J., Frampton, C. M., Bowie, C. R., & Porter, R. J. (2019). Activation therapy for the treatment of inpatients with depression – protocol for a randomised control trial compared to treatment as usual. *BMC psychiatry*, 19(1), 52. <https://doi.org/10.1186/s12888-019-2038-2>

Link: <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-019-2038-2>

Researcher: Ian Averill, Clinical Nurse Specialist, Wāhi Oranga, Hillmorton Hospital

Contact: ian.averill@cdhb.health.nz
- Trans-catheter Aortic Valve Implantation: the keys to best practice outcomes.**

Abstract: Other factors in improved patient outcomes include the growing experience of TAVI cardiologists, improved valve design and the procedure becoming more minimally invasive. The presence of frailty means that an aortic valve intervention is less likely to improve quality of life or mortality. Patient outcomes have improved through a combination of TAVI cardiologists gaining experience,

Journal Publications continued

Abstract continued: improved valve design, and the procedure becoming more minimally invasive. The benefits of cardiac rehabilitation after surgical valve replacement are well known, and there is now evidence that cardiac rehabilitation participation post-TAVI is associated with an improvement in functional status, six-minute walk test time, and quality of life (Goel & Holmes, 2018).

Reference: Hart, M. (2024). Trans-catheter AORTIC VALVE IMPLANTATION the keys to Best Practice Outcomes. *The Dissector*, 51(3), 22-24. <https://www.proquest.com/scholarly-journals/trans-catheter-aortic-valve-implantation-keys/docview/2934210773/se-2>

Link: <https://www.proquest.com/docview/2934210773/A37D117IDB674BBAPQ/2?sourcetype=Scholarly%20Journals>

Researcher: Murray Hart, Resuscitation Educator, Department of Anaesthesia, Christchurch Hospital

Contact: murray.hart@cdhb.health.nz

- **Challenging the culture of Emergency Department violence and aggression.**

Abstract: To examine reported levels of violence and aggression within a tertiary level emergency department in New Zealand, and to compare incident reporting within a dedicated yearly audit period to standard organisational reporting procedures. A prospective, longitudinal cohort study involving repeated yearly audits of violence and aggression reported by emergency department staff from 2014-2020.

Reference: Richardson, S.K.; Grainger, P.C.; Joyce, L.R. (2022). Challenging the culture of Emergency Department violence and aggression. *New Zealand Medical Journal* 135, 9-19.

Link: <https://nzmj.org.nz/media/pages/journal/vol-135-no-1554/challenging-the-culture-of-emergency-department-violence-and-aggression/320d662786-1696476964/challenging-the-culture-of-emergency-department-violence-and-aggression.pdf>

Researcher: Sandra Richardson, Nurse Researcher, Emergency Department, Christchurch Hospital

Contact: sandra.richardson@cdhb.health.nz

- **Factors motivating registered nurses' movement from clinical to education roles.**

Abstract: To become an RN, a person must complete a pre-registration degree. Throughout this process, nurse educators educate, assess, tutor, and guide nursing students to complete their degrees. With an increased demand for RNs, the retention of a nursing education workforce is critical. This literature review identified existing literature exploring the motivation for registered nurses (RNs) in clinical practice to move into nursing education.

Reference: Toneycliffe, A., Norris, K., & Jamieson, I. (2024). Factors motivating registered nurses' movement from clinical to education roles. *Kaitiaki Nursing Research*, 15(1).

Link: <https://www.proquest.com/docview/3149766150?pq-origsite=gscholar&fromopenview=true&sourcetype=Scholarly%20Journals>

Researcher: Andrew Toneycliffe, Nursing lecturer and academic staff member, Te Hoe Ora ki Manawa, Department of Health Practice, Ara Institute of Canterbury

Contact: andrew.toneycliffe@ara.ac.nz

- **Internationally trained nurses and host nurses' perceptions of safety culture, work life-balance, burnout, and job demand during workplace integration: a cross sectional study.**

Abstract: The shortage of qualified nurses is a problem of growing concern in many countries. Recruitment of internationally trained nurses has been used to address this shortage, but successful integration in the workplace is complex and resource intensive. For effective recruitment and retention, it is important to identify why nurses migrate and if their expectations are met to ensure their successful integration and promote a satisfying work climate for the entire nursing team. The aim of this study was to examine the perceptions of safety culture, work-life-balance, burnout and job demand of internationally trained nurses and associated host nurses in German hospitals.

Reference: Roth C, Berger S, Krug K, Mahler C, Wensing M. Internationally trained nurses and host nurses' perceptions of safety culture, work life-balance, burnout, and job demand during workplace integration: a cross sectional study. *BMC Nursing*, 2021. 20(77).

<https://doi.org/10.1186/s12912-021-00581-8>

Link: <https://pubmed.ncbi.nlm.nih.gov/33993868/>

Researcher: Dr Sarah Berger, Nursing Director of Infection Prevention and Control Service, Waitaha and Te Tai o Poutini

Contact: sarah.berger@cdhb.health.nz

- **Nurses' experiences of Providing care in an Environment with Decentralised nursing stations.**

Abstract: This research sought to evaluate the experiences of nurses working with decentralised workstations in New Zealand hospital wards, to explore the intersection between the physical environment and its impact on nurses and nursing care. Background: The environment in which nurses deliver care is always changing. There has been a shift away from centralised nurses' stations in wards to decentralised satellite workstations. While studies have shown positive aspects of this shift, unintended challenges of this design for nurses have been identified, e.g., increased physical exertion, feelings of isolation and challenges related to teamwork.

Journal Publications continued

Reference: Miles, A., Lesa, R., & Ritchie, L. (2021). Nurses' experiences of providing care in an environment with decentralised nursing stations. *Kai Tiaki Nursing Research*, 12(1), 25-31. <https://www.proquest.com/scholarly-journals/nurses-experiences-providing-care-environment/docview/2666973231/se-2>

Link: <https://www.proquest.com/docview/2666973231?pq-origsite=gscholar&fromopenview=true&sourcetype=Scholarly%20Journals>

Researcher: Aimee Miles, Clinical Nurse Specialist, Surgical Progressive Care Unit, Christchurch Hospital

Contact: aimee.miles@cdhb.health.nz

- **Post-treatment support for women with cervical cancer Women's Health, Canterbury District Health Board**

Abstract: Our aim was to work in partnership with women who have recently undergone combination (chemotherapy and radiation) treatment for cervical cancer to explore their experience and support needs beyond the completion of their treatment. We want to better understand the consumer experience and gather consumers' ideas of what currently works well and what could be improved through the use of a co-design approach.

Reference: Morel, S., & Chisholm, T. (2020). *Partners in care co-design case study: post-treatment support for women with cervical cancer Women's Health, Canterbury District Health Board*. <https://www.hqsc.govt.nz/assets/Consumer-hub/Co-design/Case-study-cervical-cancer-Jun-2020.pdf>. Health Quality and Safety Commission.

Link: <https://www.hqsc.govt.nz/assets/Consumer-hub/Co-design/Case-study-cervical-cancer-Jun-2020.pdf>

Researcher: Sue Morel, Gynae-Oncology Clinical Nurse Specialist, Waitaha and Te Tai o Poutini

Contact: susan.morel@cdhb.health.nz

- **The Experience of Women Receiving Mastectomy Care in an Acute Surgical Ward: A Qualitative Study**

Abstract: The research aim was to understand the inpatient experience of women who received postoperative care for mastectomy surgery in an acute surgical ward. The lead researcher conducted individual semi-structured interviews with 10 women who received postoperative care following mastectomy surgery in an acute hospital surgical ward. The transcribed interview data was analysed using a thematic analysis.

Reference: Frost, C., Lesa, R., & Richardson, S. (2024). The Experience of Women Receiving Mastectomy Care in an Acute Surgical Ward: A Qualitative Study. *Nursing open*, 11(10), e70053. <https://doi.org/10.1002/nop2.70053>

Link: <https://pubmed.ncbi.nlm.nih.gov/39375075/>

Researcher: Celine Frost, Registered Nurse, Emergency Department, Christchurch Hospital. Sandra Richardson, Nurse Researcher, Emergency Department, Christchurch Hospital

Contact: sandra.richardson@cdhb.health.nz

Conference Abstracts

- **The impact of ICU diaries on patients and their family members: A mixed-method systematic review and meta-analysis**

Conference: ANZICS New Zealand Annual Regional Scientific Meeting, Auckland, NZ. 11th – 13th November 2024

Abstract: **INTRODUCTION:** Post-intensive care unit syndrome (PICS) results in adverse physical, psychological, and cognitive symptoms following critical illness. There is a paucity of reviews employing a mixed-method approach to understand the multifaceted effects of diaries on PICS. **OBJECTIVES:** To provide a comprehensive synthesis of quantitative and qualitative evidence on the impact of ICU diaries on patients and their family members. **METHOD:** A systematic literature search was conducted in CINAHL Plus, Embase, Medline, PsycINFO, and Scopus from inception to 2022. Only randomized controlled trials and qualitative and mixed-method studies in English were included. All studies were critically appraised, and data were synthesized using a three-stage approach underpinned by the EPPI-Centre methodology for mixed-method evidence synthesis. **RESULTS:** Twenty-seven studies were included in the synthesis. Both qualitative and quantitative studies supported the diary's effectiveness in filling memory gaps and aiding recall for patients post-discharge from the ICU. It reduces symptoms of PTSD in patients (Risk ratio = 0.73; CI, 0.57-0.94) but not in their families. While pooled results do not support using diaries in reducing depressive symptoms in patients and families, qualitative data suggest reading the diary provides comfort, strength, and hope. The diary is not effective in reducing anxiety in patients and their families. However, qualitative findings suggest that some patients and families reading the diary might experience undue fear and anxiety. Lastly, qualitative data indicates that diaries facilitated communication between patients, family members, and healthcare professionals, enhancing overall understanding and engagement between service users and providers. **CONCLUSION:** ICU diary is a low-cost, easy-to-implement tool, but healthcare professionals should be cautious of potential adverse psychological effects on patients and their families. This review also highlights the multifaceted impact of diaries, which cannot be determined by a quantitative or qualitative approach alone. Most studies measure outcomes only up to 90 days; future research should assess long-term effects of ICU diaries and explore factors for positive outcomes, such as patient illness severity and psychological history. While diaries improve communication, there is a lack of quantitative studies on communication quality and further research using a validated tool is warranted.

Researcher: Brandon Zheng Da Chia, Nurse Educator, Ward A8 Stroke and Vascular Surgery, Christchurch Hospital

Contact: brandon.chia@cdhb.health.nz

Conference Abstracts continued

- **“Don’t stop me now”: achieving PIVC quality improvement in times of disruptive change**

Conference: Intravenous Nursing New Zealand Conference. Wellington, NZ. 21st – 23rd March 2024

Award: Best conference poster award

Abstract: **BACKGROUND:** Up to 80% of hospitalised patients receive intravenous therapy, most commonly via peripherally inserted intravenous catheters (PIVCs). However, these devices are not risk-free. PIVC failure is costly to both patients and health systems. Poor adherence to best practice standards is ‘accepted but unacceptable’ (see Figure 1). Using Kotter’s 8-stage change model (see Figure 2), we successfully achieved PIVC quality improvements at a university hospital despite on-going challenges in terms of health system resource constraints exacerbated by a significant restructure of the New Zealand health system. **METHODS:** Key quality improvement opportunities identified from a local PIVC point prevalence survey related to PIVC nursing documentation adherence and patient engagement. In this project, new PIVC nursing electronic workflow documentation pathways were rolled out evaluated by audit (with visual observation of PIVC site compared to most recent documentation of the same). Additionally, patient experience was audited in target areas following rollout of a new PIVC patient information pamphlet (see Figure 3). **RESULTS:** Changes to digital nursing documentation platform saw improvement from 19% visual infusion phlebitis (VIP) score documentation in 2019 up to 89% in 2022 (post roll-out evaluation) and 89.5% in 2023 (sustained change at one year). PIVC insertion site documentation improved from 32% in 2019 up to 84.5% in 2022 (post roll-out evaluation) and 92.3% in 2023 (sustained change at one year) (see Figure 4). Targeted audit of patients’ understanding of reason for PIVC improved from 69% in 2019 to 88% in 2022. Similarly, patient readiness to inform staff if PIVC site was red or sore went from 75% in 2019 to 88% in 2022. **CONCLUSIONS:** Improvement was enabled through executive sponsorship, application of change management principles and close collaboration between specialists from vascular access and infection prevention and control. Kotter’s 8-Step Change Model provided a systematic guide to improve operational efficiency and patient safety outcomes for PIVC.

Reference: Berger S, Wilkins L, Culverwell E. “Don’t stop me now”: achieving PIVC quality improvement in times of disruptive change. Intravenous Nursing New Zealand Conference. Wellington, NZ. 21st-23rd March 2024. (Poster Presentation).

Researcher: **Dr Sarah Berger**, Nursing Director of Infection Prevention and Control Service, Waitaha and Te Tai o Poutini. **Leah Wilkins**, Clinical Nurse Specialist, Infection Prevention and Control Service, Waitaha. **Elizabeth Culverwell**, Nurse Consultant, Vessel Health Preservation and Intravenous Access, Waitaha and Te Tai o Poutini.

Contact: sarah.berger@cdhb.health.nz

Completed Thesis and Dissertations

- **The significance of sleep deprivation in hospitalized patients: An integrative review**

Abstract: Sleep plays an essential role in the recovery and healing process following illness or injury; however, the hospital environment has a notorious reputation for being non-conducive to sleep. Over the past 50 years, sleep has become a popular topic of study and an abundance of research focuses on sleep for patients in the practice setting, however patient sleep still appears to be of poor priority. Authors agree that sleep deprivation for patients in hospital is an issue of concern, with research focused on the causes and consequences of sleep deprivation, and on interventions and management. There appears, however, to be little research giving weight to the reasons why sleep deprivation for hospitalized patients matters.

Degree Awarded: Master of Health Sciences – MhealthSc, University of Otago (2022)

Link: <https://hdl.handle.net/10523/42248>

Researcher: **Kirsty Humm**, Registered Nurse, Medical Progressive Care & Duty Nurse Office, Christchurch Hospital

Contact: kirsty.humm@cdhb.health.nz

- **Patients’ Experience of Recovery After a Spontaneous Coronary Artery Dissection Myocardial Infarction: Implications for Cardiac Rehabilitation Care**

Abstract: **OBJECTIVE:** To explore patients’ experience of recovery after a Spontaneous coronary artery dissection myocardial infarction (SCAD MI), in order for health professionals to be better able to support them in their recovery. **BACKGROUND:** An MI caused by SCAD is less common than an MI caused by an atherosclerotic plaque rupture, and mostly occurs in younger people, predominantly female, with no risk factors for coronary artery disease (CAD). Unlike MI caused by atherosclerosis, optimal treatment and long-term treatment is not well-established. This, combined with the relatively high risk of recurrence, leads to a great deal of fear and uncertainty for patients. To date there has been no research in New Zealand into the experience of recovery after a SCAD MI and very few qualitative studies internationally. **DESIGN:** A qualitative descriptive design using open-ended individual interviews. **METHODS:** Eleven participants who had experienced a SCAD MI in the eighteen months preceding the study participated in individual interviews with a single researcher, face to face or via telephone. The recorded interviews were then transcribed and thematic analysis was undertaken to identify themes from the data.

Degree Awarded: Master of Health Sciences – MhealthSc, University of Otago (2022)

Link: <https://hdl.handle.net/10523/42232>

Researcher: **Wendy Maginness**, Clinical Nurse Specialist, Cardiac Rehabilitation, CRISS, Waitaha

Contact: wendy.maginness@cdhb.health.nz

Completed Thesis and Dissertations continued

• What Nurses Need to Know About Trauma-Informed Care: A Scoping Review

Abstract: Patients with a history of trauma may be re-traumatised by healthcare experiences (Coles & Jones, 2009). TIC provides nurses with an alternative approach to identifying and understanding the impact of trauma on symptoms and behaviours to reduce distress and re-traumatisation during medical treatment (Kassam-Adams et al., 2015). However, despite the need for TIC in health care, it is not widely understood or implemented, resulting in a gap in literature and practice. The scoping review aimed to survey the current literature to explore what nurses need to know about Trauma-Informed Care to avoid re-traumatisation among patients with a history of abuse/trauma. The specific objectives were to 1) to identify gaps in the current literature to ascertain future research priorities, 2) to summarise and describe the priorities of nurse-led TIC and explore what nurses need to know about TIC, and 3) to map key findings related to the scoping review question. Following Arksey and O'Malley's (2005) scoping review framework and the PRISMA-Scoping Review Checklist, CINAHL Ultimate, PubMed, Science Direct, MedLine, and ProQuest Central databases were searched using variations of: "sexual assault", "trauma informed care", and "registered nurse". The initial yield was 2551 articles. After removing duplicates and applying inclusion and exclusion criteria, fifteen articles were selected for inclusion in the scoping review.

Degree Awarded: Master of Health Practice, Ara Institute of Canterbury (2023)

Link: Please contact researcher

Researcher: Melissa Lubbers, Registered Nurse, Gastroenterology Unit, Christchurch Campus

Contact: melissa.lubbers@cdhb.health.nz

Research from around the Motu

• Conducting a Grounded Theory Study in the Wake of a Traumatic Event: A Research Protocol

Abstract: **AIMS:** To explore the perspectives of people who worked at Whakatāne Hospital during and following a mass casualty event from the Whakaari/White Island eruption in New Zealand. **BACKGROUND:** The eruption of Whakaari / White Island on December 09th, 2019, significantly impacted many people in New Zealand and internationally. Whakatāne Hospital, a rural hospital in New Zealand, received a mass casualty alert in response to this event. Whakaari holds genealogical significance for Māori (Indigenous) people of the Mataatua region, the Eastern Bay of Plenty. Many local stories and *waiata* (songs) about this ancestral volcano are still told today. **DESIGN:** A research protocol for conducting a grounded theory study in the wake of a traumatic event. **METHODS:** Grounded theory (GT), a structured yet flexible methodology, is ideal for understanding a phenomenon in a research area where evidence is limited. It asserts that reality is constructed by those who experience it. In this context, recognising cultural knowledge (*Mātauranga Māori*) is crucial to ensure the validity of cultural inclusivity and equity in the research process and generation of data.

Reference: Ferguson, A., Ward, K., & Parke, R. (2025). Conducting a Grounded Theory Study in the Wake of a Traumatic Event: A Research Protocol. *International Journal of Qualitative Methods*, 24. <https://doi.org/10.1177/16094069241312019>

Link: <https://doi.org/10.1177/16094069241312019>

Researcher: Adele Ferguson, Registered Nurse, Te Whatu Ora: Hauora a Toi Bay of Plenty, Whakatane Hospital. School of Nursing, University of Auckland.

Contact: adele.ferguson@auckland.ac.nz

• Tikanga Māori in the Context of Inpatient Whakatahe (Miscarriage): A Quality Improvement Project

Abstract: In Aotearoa New Zealand, it is estimated that one in four women experience a pregnancy that ends in whakatahe (miscarriage). A surgical procedure and hospital inpatient stay is sometimes required. In this highly medicalised context, the cultural needs of wāhine (women) Māori are often overlooked. Due to the lack of awareness of tikanga Māori (traditional cultural practices) amongst nursing staff, a quality improvement project was initiated in 2023 in a ward setting of a tertiary hospital. The aim was to incorporate tikanga principles into clinical practice for the management of miscarriage of pregnancy less than 21 weeks' gestation. A kaupapa Māori approach informed the project design. Data collected during the project included a review of hospital policies and guidelines, a review of literature and other publications that addressed tikanga Māori principles during birthing and miscarriage, and consultation with Māori midwives. Using Te Whare Tapa Whā as a framework, the findings from these sources applied relevant tikanga principles to the clinical context of nurses caring for wāhine Māori and their whānau (extended family). A subsequent study day for nurses has increased their knowledge and confidence to incorporate tikanga Māori into their everyday practice, leading to observable changes. This outcome points to the need to invest in the education, knowledge and confidence of nurses in the use of tikanga Māori in ways that support wāhine Māori and whānau during a time of loss and grief. When nurses understand and know how to apply Te Whare Tapa Whā to their practice, it is possible to improve the experience of health services for wāhine Māori.

Reference: McLean, A., Davis, J., & Wilkinson, J. (2024). Tikanga Māori in the Context of Inpatient Whakatahe (Miscarriage): A Quality Improvement Project. *Nursing Praxis in Aotearoa New Zealand*, 40(1). <https://doi.org/10.36951/001c.127134>

Link: <https://www.nursingpraxis.org/article/127134-tikanga-maori-in-the-context-of-inpatient-whakatahe-miscarriage-a-quality-improvement-project>

Researcher: Ardra McLean, Registered Nurse, Te Whatu Ora Capital, Coast and Hutt Valley. Victoria University of Wellington.

Contact: Ardra.McLean@ccdhb.org.nz

Upcoming Conferences

- **2025 Waitaha Nursing & Midwifery Research Showcase**

When/Where: Monday 28th July – Friday 1st August 2025 lunch time sessions. Attendance can be either in person or virtual (Manawa Building or via Zoom link).

General Information: Building on the success of the 2024 Waitaha Nursing Research Showcase, this year we are excited to have our Midwifery colleagues join us in presenting the latest local research. A call for presenters and abstracts will take place from Monday 7th April 2025. Keep an eye out for more updates.

- **Council of Deans of Nursing and Midwifery (Australia & New Zealand) CDNM 2025 Symposium**

When/Where: Thursday 30 – Friday 31 October 2025 at the Christchurch Town Hall

General Information: The theme, *Empowering Nurses and Midwives: Action towards a healthier future*, promises to inspire and equip nursing and midwifery professionals with the tools and knowledge to drive positive change. This year's conference will be held in the heart of Aotearoa New Zealand's South Island, Christchurch.

Link: <https://www.cdnmsymposium.com.au/>

