

News

## 12 candidates standing in NZNO board of directors elections 2022

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By Kaitiaki Editors

August 3, 2022

Nominations were called for the NZNO Board of Directors on 17 June and closed at 12 noon, Friday 15 July 2022.

- As there were more than seven nominations received for the seven vacancies on the Board, an election is required.
- The following article contains the candidate profiles and photos of the candidates standing for the Board positions.
- **Please note that while the candidates are listed in alphabetical order by surname in this article, candidate names are listed in random order on the voting paper.**
- The profiles have been provided by each candidate and are unedited by *Kaitiaki*. Co-editors accept no responsibility for the content or accuracy of the statements as supplied by the candidates.

### Board election candidates

#### Simon AUTY

##### PROFESSIONAL QUALIFICATIONS:

- 2013 Post-Graduate Diploma in Health Informatics University of Otago
- 1999 Bachelor of Nursing The Waikato Polytechnic
- 1997 Quality Assurance Certificate The Waikato Polytechnic



- 1996 Instructor's Certificate in Cardiopulmonary Resuscitation The National Heart Foundation
- 1994 Registered Comprehensive Nurse Nursing Council of New Zealand
- 1993 Diploma of Comprehensive Nursing Nelson Polytechnic

**CANDIDATE STATEMENT:**

As the Chair of the CE Employment Committee I led the Board through the selection and eventual appointment of Paul Goulter our new CE. Already his appointment has had a positive effect on the Organisation.

Now with Paul in place we can prepare NZNO for the future and make it better able to meet our needs. We need to continue with the Constitutional review and make sure it reflects Union values rather than the overly Corporate model of the current version.

I have been the Chair of a School Board of Trustees, on the Board of Directors of Nelson Polytechnic and now as a Member of the Institute of Directors and a current NZNO Board Member I continue to develop my skills that make me an effective Board member.

**PREVIOUS RELEVANT EXPERIENCE:**

- Member of the Institute of Directors
- Current NZNO Board Member
- Chair of Maoribank School Board of Trustees
- Nelson Polytechnic Board of Directors
- NZNO Delegate (Training to level 1 and 2)
- Member Perioperative College
- Perioperative College representative to GWRC and previously Tairāwhiti/Bay of Plenty RC
- Ran own small business
- On Senior Nurses Collective Contract negotiating panel

**DECLARATION OF CONFLICTS OF INTEREST:**

- Employee of Evolution HealthCare Group Ltd at Bowen Hospital, Wellington
- Employee of Wellington District Hospital
- Membership of Perioperative Nurses College NZNO
- Perioperative Services Bowen Hospital NZNO Workplace Delegate

**METHOD OF CAMPAIGNING OR CONTACT:**

- Simon Auty for NZNO Board Facebook Page
- **email:** [autysj001@gmail.com](mailto:autysj001@gmail.com)

- **phone:** 022 655 6454

## **Grant BROOKES**

### **PROFESSIONAL QUALIFICATIONS:**

- Bachelor of Nursing (Otago Polytech, 1996)
- Postgraduate Certificate in Public Health, Endorsed in Health Systems and Services (Otago University, 2020)

### **CANDIDATE STATEMENT:**

Kia ora koutou. I ask for your support in the NZNO election as someone with a wealth of experience, having served in elected roles in three nursing unions over 25 years. As NZNO President from 2015-20, I led members through the difficult 2018 DHB MECA campaign. Together, we battled for fair pay and safe staffing – and for NZNO to be a democratic, membership-driven union. We won the promise of pay equity and voted for the remit I co-wrote, to work towards minimum nurse/patient ratios. With NZNO powering ahead under the new leadership team, the time is right to rejoin the Board and achieve these goals for all through the Maranga Mai Campaign. My vision for NZNO is #NursesUnited, Te Kāhui Tāwharau. I promote transparency, integrity and genuine partnerships under Te Tiriti o Waitangi. I support a stronger IQN voice and an NZNO Migrant Nurses Section. Let's rise up together.



### **PREVIOUS RELEVANT EXPERIENCE:**

- PSA Delegate
- UNISON (UK) Shop Steward
- NZNO Delegate, Regional Council Chair, Relief Organiser, Board member, National Delegates Committee Convenor, MECA Negotiator, Membership Committee Vice-Chair and President.
- Current Member of NZNO Greater Wellington Regional Council and Editor of Mental Health Nurses Section Newsletter.
- My nomination is endorsed by GWRC and MHNS.

### **DECLARATION OF CONFLICTS OF INTEREST:**

- Coordinator, OraTaiao: New Zealand Climate and Health Council Member, Green Party Climate Change Policy Development Group
- Co-Convenor, PSA Eco Network

- Member, PSA DHB Sector Committee
- Board member, Newtown Union Health Service

#### **METHOD OF CAMPAIGNING OR CONTACT:**

- Please contact me any time at [grant\\_brookes@icloud.com](mailto:grant_brookes@icloud.com) or via <https://fb.me/NursesUnitedTeKahuiTawharau> (<https://fb.me/NursesUnitedTeKahuiTawharau>) or <https://fb.me/unionnursegrant.org> (<https://fb.me/unionnursegrant.org>)
- **email:** [grant\\_brookes@icloud.com](mailto:grant_brookes@icloud.com)
- **phone:** 021 053 2973

#### **Saju CHERIAN**

#### **PROFESSIONAL QUALIFICATIONS:**

- Bachelor of Nursing – UCOL Palmerston North
- Post Graduate Certificate in Mental Health Nursing – Whitireia Polytechnic Wellington
- Bachelor of Economics – Mahatma Gandhi University, India
- Masters Degree in Economics – Kerala University, India
- Post Graduate Diploma in Materials Management – Annamalai University, India



#### **CANDIDATE STATEMENT:**

Born in India, I moved to this most beautiful country in the world 15 years back and decided to make this country my home. I am currently working as an Associate Charge Nurse and Duly Authorised Officer. I am also a Justice of the Peace.

My vision for NZNO is to become a union that all members feel is their own, irrespective of where they work or their ethnicity or any other differences – #NursesUnited, Te Kāhui Tāwharau. I believe NZNO should fight for fair pay and safe working conditions for all. I believe we especially need a stronger voice of migrant nurses and nurses working in aged residential care. I acknowledge the bicultural aspect of Aotearoa New Zealand and I believe NZNO has a big role to play in strengthening biculturalism. I support Maranga Mai movement and believe this is a right step towards achieving our goals.

#### **PREVIOUS RELEVANT EXPERIENCE:**

- NZNO Delegate
- Justice of the Peace for New Zealand
- Duly Authorised Officer for Mental Health Act

- Associate Charge Nurse, acute mental health inpatient unit.
- President of Kerala Association of Palmerston North
- Executive board member – Manawatu Multicultural Association
- Trustee In Charge – St. Joseph's Kerala Catholic Community, Palmerston North

**DECLARATION OF CONFLICTS OF INTEREST:**

- None

**METHOD OF CAMPAIGNING OR CONTACT:**

- Phone / WhatsApp: 0064212361963
- Facebook page: NursesUnited TeKahui Tawharau,
- Facebook page: Saju Cherian <https://fb.me/unionnursegrant.org>
- **email:** [sajuccherian@xtra.co.nz](mailto:sajuccherian@xtra.co.nz)
- **phone:** 021 236 1963

**Margret HAND**

**PROFESSIONAL QUALIFICATIONS:**

- NP, BN, MHs, Certificate Public Health, Intensive Care Unit, Nursing Council Assessor, NZNO delegate training,



**CANDIDATE STATEMENT:**

**Without a plan our dreams are a wish list**, as collective members we can force the government to make positive changes, to develop robust strategies; address the shortage of a nursing workforce, reduce burn out and minimise harm. We should be rewarded equitably for the care we provide, no matter where we work. Let's listen to member's voices for direction, everyone has a potential, true courage requires strength, to address and raise an awareness of members concerns, and to take them further. **Children in Aotearoa continue to live in poverty & Māori experience the greatest mortality and morbidity rates overall.** NZNO can strengthen and address these indifferences with your support, to grow the Māori workforce and act against health inequities. ***"We cannot afford to complain without action, while we expect it to change, change will not happen unless we are a part of that change, instigating a plan of action"***

**PREVIOUS RELEVANT EXPERIENCE:**

- Māori Nurse Practitioner: Active NZNO member for 30 years' experience across many

health care sectors. Current Board of Directors, previous Te Runanga representative, vice Chair Regional council. Assessor Nursing Council.

#### **DECLARATION OF CONFLICTS OF INTEREST:**

- Current BOD member

#### **METHOD OF CAMPAIGNING OR CONTACT:**

- Facebook, face to face campaigning, emails and phone calls.
- **email:** [marjhuttonhand@gmail.com](mailto:marjhuttonhand@gmail.com)
- **phone:** 027 302 6944

### **Lizzy KEPA-HENRY**

#### **PROFESSIONAL QUALIFICATIONS:**

- Bachelor of Nursing Māori;
- Postgraduate Certificate Nursing Science;
- Ngā Manukura o Āpōpō Māori Clinical Leadership;
- PDRP Expert.

#### **CANDIDATE STATEMENT:**

I grew up in a rural area. Moving to the big city, I saw lots of things that weren't right for us as Māori. I became a Public Health Nurse to help our Māori communities. Working in the COVID Unit for the last two years, my understanding grew about how undervalued we are as nurses and health workers, smack in the middle of a health system crisis and pandemic. It's time to Maranga Mai! For nine years I served members of Te Rūnanga in Greater Wellington, Te Upoko o Te Ika a Māui, as their representative on Te Poari. I would now like to address the challenges faced by all NZNO members – Māori and non-Māori, IQN and NZRN. I believe we need a democratic, membership-driven union, fair pay and safe staffing for all. Please support this vision of #NursesUnited, Te Kāhui Tāwharau, and vote Lizzy Kepa-Henry for NZNO Board.



#### **PREVIOUS RELEVANT EXPERIENCE:**

- Within NZNO: Member of Te Poari, Membership Committee, Florence Nightingale Committee and PHC Nurses College Executive Board. Chairperson for Te Rūnanga Greater Wellington Region TUoTIAM; Regional Council Vice-Chair (current).
- External: HVDHB Māori Partnership Board, Youth Lottery Funding Board, Advanced Care

**DECLARATION OF CONFLICTS OF INTEREST:**

- Dual member of PSA and NZNO

**METHOD OF CAMPAIGNING OR CONTACT:**

- Email [lizzy.kepahenry@gmail.com](mailto:lizzy.kepahenry@gmail.com), or visit <https://fb.me/NursesUnitedTeKahuiTawharau> (<https://fb.me/NursesUnitedTeKahuiTawharau>)
- email: [lizzy.kepahenry@gmail.com](mailto:lizzy.kepahenry@gmail.com)
- phone: 027 577 1788

**Geraldine KIRKWOOD**

**PROFESSIONAL QUALIFICATIONS:**

- RN, Dip in HE in Nursing Studies and PG Dip in Health Management.

**CANDIDATE STATEMENT:**

I am an overseas trained nurse who migrated to NZ in 1997 for a better life and to raise a family. My husband is also a nurse. We have one daughter.

I have held several positions in NZ and supporting nurses and the nursing profession has always been my focus.

Thank you to all of you who voted for me in the last election as I have had the opportunity to learn while I have been on BOD and I look forward to the opportunity to continue on this journey with your support.

I can facilitate change through the different available channels. I was part of the negotiation team in 2021/2022. Nursing needs to be part of the solution to the current problems and must be heard. We have begun to use our voice politically and I am excited to be part of the changes.

**PREVIOUS RELEVANT EXPERIENCE:**

- BOD member October 2020.

**DECLARATION OF CONFLICTS OF INTEREST:**



- None

**METHOD OF CAMPAIGNING OR CONTACT:**

- Personal facebook and workplace campaigning
- **email:** [geraldinekirkwood1@gmail.com](mailto:geraldinekirkwood1@gmail.com)
- **phone:** 027 329 1913

**Diane McCULLOCH**

**PROFESSIONAL QUALIFICATIONS:**

- Master of Health Science Nursing
- Bachelor of Health Science Nursing

**CANDIDATE STATEMENT:**

NZNO is positioned to represent nurses and will bring about positive change. As a Board member, involved in strategic planning and governance I continue to learn. I owned my own business, am a clinical expert and am leading the current constitution review. I continue to champion nursing/medical and paramedic students. From these experiences I have been trained in and continue to learn about human resource development and accountability. My aim is that we will be a leading voice and have a seat at the table before decisions are made that effect our working environment. This will include increasing our membership, developing position papers, creating new alliances with government and industry, creatively involving students, and taking up important nursing issues. It would be my great honour to take these next steps with you as a board of Director.



**PREVIOUS RELEVANT EXPERIENCE:**

I display effective communication skills as a Board and committee member. My business enabled me to interact with staff and customers. I have the displayed character and integrity in my decisions within nursing and NZNO. I practice effective cross-cultural communication. I am self-aware and prioritize personal development. I develop others encouraging strategic thinking, innovation, and action by developing guidelines and protocols and training.

**DECLARATION OF CONFLICTS OF INTEREST:**



- Board member NZNO
- Workplace Delegate
- Member Greater Auckland Regional Council

**METHOD OF CAMPAIGNING OR CONTACT:**

- Personal Facebook page
- Posters at Hospitals
- Word of mouth- colleagues/friends
- **email:** [dianemc77@gmail.com](mailto:dianemc77@gmail.com)
- **phone:** 021 772 603

**Lucy McLAREN**

**PROFESSIONAL QUALIFICATIONS:**

- NZRN, BN Nursing, Masters of Nursing, Nurse Practitioner.

**CANDIDATE STATEMENT:**

I have been an NZNO delegate for over 3 years and a member of NZNO for more than 20 years. Over the last 3 years as part of the NZNO delegate group for a small rural hospital I have been one of the lead delegates for the strike planning, implementation and support of our members.

I believe NZNO is at a cross roads with new leadership in the middle of health system crisis, in which nurses are finding their voice. I think it is time for nurses to be more vocal, whilst remaining professional. We have lost the support and faith of members over the last 5 years and the direction of the union needs to be more open and transparent, with delegates empowered to be the voice of our members. We need proactive communication not only with our members but the public we serve.



**PREVIOUS RELEVANT EXPERIENCE:**

Nurse practitioner for 5 years, previous associate charge nurse, nurse educator (IV therapy, PDRP, students), ICU nurse and flight nurse, primary care nurse. Member of HQSC Expert Medication Safety Group, Nurse Council Competency Assessor and NP Panel member.

## **DECLARATION OF CONFLICTS OF INTEREST:**

- No Conflict of interest.

## **METHOD OF CAMPAIGNING OR CONTACT:**

- Contact via email; [lucyandblair@gmail.com](mailto:lucyandblair@gmail.com), or [facebook](#).
- **email:** [lucyandblair@gmail.com](mailto:lucyandblair@gmail.com)
- **phone:** 027 683 9997

## **Tracey MORGAN**

### **PROFESSIONAL QUALIFICATIONS:**

- Postgraduate certificate in Primary Health Care Speciality Nursing in Wellchild/Tamariki Ora, New Zealand Royal Plunket Society/Whitireia Community Polytechnic, New Zealand, 2008
- Registered General Nurse, Eastern Institute of Technology, New Zealand, 2006

### **CANDIDATE STATEMENT:**

I value the contribution of all members and their aspirations. I am a skilled Practice Nurse Manager who utilises an integrated partnership approach, and clinical and cultural expertise across governance and project boards. I have extensive knowledge of ensuring the voice of the people and their whānau are integrated using Models of Care as a way of normalising culturally responsive practices. I am committed to ensuring equity across systems and services and students, staff, whānau and communities are valued. I consistently integrate both Non- Maori and Māori Mātauranga, worldviews as an authentic contributor to innovation and change management. I am a positive role model who creates opportunities to engage with nurses. I am passionate about creating advanced nursing pathways and creating strategies for recruitment and retention of all Nurses while ensuring they are supported and have access to cultural supervision.



### **PREVIOUS RELEVANT EXPERIENCE:**

- NERF Elected Board member
- Te Aute College and Marae Board Trustee
- Hawkes Bay DHB Nursing Midwifery Shared Governance
- Te Poari NZNO
- MWWL Waipatu

- Nga Ringa Manaaki Maori Nurses Forum
- NZNO Primary Health National Executive Committee
- NZNO Te Rau Kokiri Project Team
- Te Runanga Rep – Te Runanga Tairā and NSU

**DECLARATION OF CONFLICTS OF INTEREST:**

- I declare that I have to the best of my knowledge no conflicts of interest.

**METHOD OF CAMPAIGNING OR CONTACT:**

- A Social Media Page will be set up as my form of campaigning for members to see.
- **email:** [traymorg6@gmail.com](mailto:traymorg6@gmail.com)
- **phone:** 021 025 94927

**Karen NAYLOR**

**PROFESSIONAL QUALIFICATIONS:**

- Comprehensive Nurse Diploma

**CANDIDATE STATEMENT:**

It is a critical time for the NZ health workforce. Members need NZNO to have a strong voice and take effective action to ensure that New Zealand’s health sector has a well-resourced, well-supported and valued workforce going forward.

I have eight years’ experience serving on the NZNO board. I served as NZNO Vice-president from 2017-2019. I have a good understanding of NZNO and extensive governance experience.

I would like to contribute towards leading the organization to achieve better outcomes for members. I have the energy, motivation, and skills to make a meaningful contribution.

I work as a registered nurse in Women’s Health at Palmerston North Hospital. I am an active NZNO workplace delegate and a member of the Central Regional Council.

I am committed to representing members’ views. I believe board decisions should be openly communicated to its members. I think strategically, have good communication skills, and strong financial acumen.



**PREVIOUS RELEVANT EXPERIENCE:**

- NZNO Board of Director – 2009 – 2015, and 2017-2019
- NZNO Vice- President – 2013 – 2015
- NZNO Delegate – since 2007
- MidCentral District Health Board – Board member – 2010-2022
- Palmerston North City Council – City Councillor – 2016-2022
- Nurse – Women’s Health – Midcentral District Health Board

**DECLARATION OF CONFLICTS OF INTEREST:**

- Staff Nurse – Midcentral District Health Board

**METHOD OF CAMPAIGNING OR CONTACT:**

- **email:** [Karen.Naylor001@gmail.com](mailto:Karen.Naylor001@gmail.com)
- **phone:** 027 562 0470

**Jade POWER****PROFESSIONAL QUALIFICATIONS:**

- Bachelor of Nursing Degree (Expected 2022)
- Registered Nurse (Expected 2022)

**CANDIDATE STATEMENT:**

I have been privileged to be the National Student Representative Chairperson and previous Vice-Chairperson for the National Student Unit. These positions enabled me to sit on the Membership Committee and the Regional Council to advocate for student nurses in New Zealand. More recently this has been actioned by me through media interviews with RNZ, MediaWorks, and TVNZ – each giving a voice to students who largely do not have one. I have excellent knowledge and understanding of nursing as a whole and the important function of the Board of Directors. Throughout this role my skills and knowledge will continue to develop and support the concerns and maintenance of NZNO. With my fresh and modern perspective, a potentially new and essential viewpoint will be added to the Board’s decision-making body. I will speak up for NZNO members and ensure that their voices are heard.

**PREVIOUS RELEVANT EXPERIENCE:**

I am the current National Student Representative Chairperson and previous Vice-Chairperson. I

have sat on Membership Committee from 2020 as the National Student Unit Representative. I also sit on my local Regional Council which I have been involved in since 2020.

**DECLARATION OF CONFLICTS OF INTEREST:**

- None declared.

**METHOD OF CAMPAIGNING OR CONTACT:**

- I will create a Facebook page and Instagram account for campaigning purposes only.
- **email:** [powerjade33@gmail.com](mailto:powerjade33@gmail.com)
- **phone:** 027 914 7436

**Anamaria WATENE**

**PROFESSIONAL QUALIFICATIONS:**

- Registered Nurse
- Clinical Nurse Manager
- Masters of Health Practice in Māori Health

**CANDIDATE STATEMENT:**

Given the impact of COVID 19 on our nursing workforce, it has exposed the historical under-investment in this area. Health should be the starting point for all policies and decision making; we now have the health reform, and not much has changed, but what is certain is that we have continued to show up to meet the needs of our patients. This is why it is important that Health & Safety is a key critical debate at next year's elections, we need to keep our workforce safe. I believe Maranga Mai (Rise Up) strategy is a positive approach to begin proactively advocating for nursing voices and real action across the whole sector, including aged care, primary, and Māori health. "He aha te mea nui o te ao, he tāngata he tāngata he tāngata".



**PREVIOUS RELEVANT EXPERIENCE:**

- Registered Nurse paediatrics and medicine. Clinical nurse manager ward 2A Kaupapa Hauora a Toi.
- Current NZNO Board of Directors.
- Chair for BOP / Tairāwhiti Te Runanga o Aotearoa

## DECLARATION OF CONFLICTS OF INTEREST:

- Current BOD member
- Te Poari Te Rūnanga o Aotearoa
- BOP Tairāwhiti Te Rūnanga chairperson

## METHOD OF CAMPAIGNING OR CONTACT:

- Facebook and face-to-face campaigning.
- **email:** [anamaria.watene@bopdhb.govt.nz](mailto:anamaria.watene@bopdhb.govt.nz)
- **phone:** 022 560 0637

You can read candidate profiles, along with the 2022 remits, in the [Candidate Profiles and Remit Information booklet](https://www.nzno.org.nz/Portals/0/Files/Documents/Elections/NZNO_2022_Candidate_Profiles_and_Remits.pdf?ver=5YHwaLH3nQrveX9nJ8keJA%3d%3d) ([https://www.nzno.org.nz/Portals/0/Files/Documents/Elections/NZNO\\_2022\\_Candidate\\_Profiles\\_and\\_Remits.pdf?ver=5YHwaLH3nQrveX9nJ8keJA%3d%3d](https://www.nzno.org.nz/Portals/0/Files/Documents/Elections/NZNO_2022_Candidate_Profiles_and_Remits.pdf?ver=5YHwaLH3nQrveX9nJ8keJA%3d%3d)) (which is also available to you once you have logged into the voting site).

In addition to the candidate profiles, each candidate has also supplied a statement of experience and skills. You can access these at the links below.

<a href="#">Simon AUTY</a>	<a href="#">Grant BROOKES</a>	<a href="#">Saju CHERIAN</a>
<a href="#">Margaret HAND</a>	<a href="#">Lizzy KEPA-HENRY</a>	<a href="#">Geraldine KIRKWOOD</a>
<a href="#">Diane McCULLOCH</a>	<a href="#">Lucy McLAREN</a>	<a href="#">Tracey MORGAN</a>
<a href="#">Karen NAYLOR</a>	<a href="#">Jade POWER</a>	<a href="#">Anamaria WATENE</a>

## Voting details

NZNO members are encouraged to participate in this important process.

[Here is the link to the website where you will be able to vote](https://ivote.electionz.com/e/NZNO2022) (<https://ivote.electionz.com/e/NZNO2022>) to elect **seven (7) Directors** and to indicate whether you agree/disagree with **two (2) Constitutional Remits and one (1) Policy Remit**. *To vote you will need your unique personal identification number (PIN) and Password (case sensitive) which will be emailed or posted to you on 3 August.*

The election will close on **Friday 9 September 2022**. Voting is by postal or internet voting. All voting papers must be in the hands of the returning officer no later than 12 noon on Friday 9 September 2022. The last day for posting voting papers is Tuesday 6 September so that they reach the returning officer by close of voting.

All financial members with a valid email address recorded with NZNO will be emailed their voting details on Wednesday 3 August 2022. Financial members who do not have an email address recorded with NZNO will be posted a voter pack on Wednesday 3 August 2022.

The election is being conducted by [electionz.com Ltd](https://www.electionz.com/home/) (<https://www.electionz.com/home/>), an independent election management services company. Most of the election information will be sent to NZNO members by [iro@electionz.com](mailto:iro@electionz.com) via email, including the call for nominations and voting details.

Members are encouraged to [update their contact details](https://www.nzno.org.nz/membership/update_your_details) ([https://www.nzno.org.nz/membership/update\\_your\\_details](https://www.nzno.org.nz/membership/update_your_details)) via the NZNO website.

### **Election key dates**

- Nominations opened Friday 17 June 2022
- Nominations closed 12 noon, Friday 15 July 2022
- Voting opens Wednesday 3 August 2022
- Voting closes 12 noon, Friday 9 September 2022.

For further details call the election helpline on free phone 0800 666 044 or contact Returning Officer Warwick Lampp at [iro@electionz.com](mailto:iro@electionz.com).

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See also: [Member voting opens on three remits](#)

Puzzles

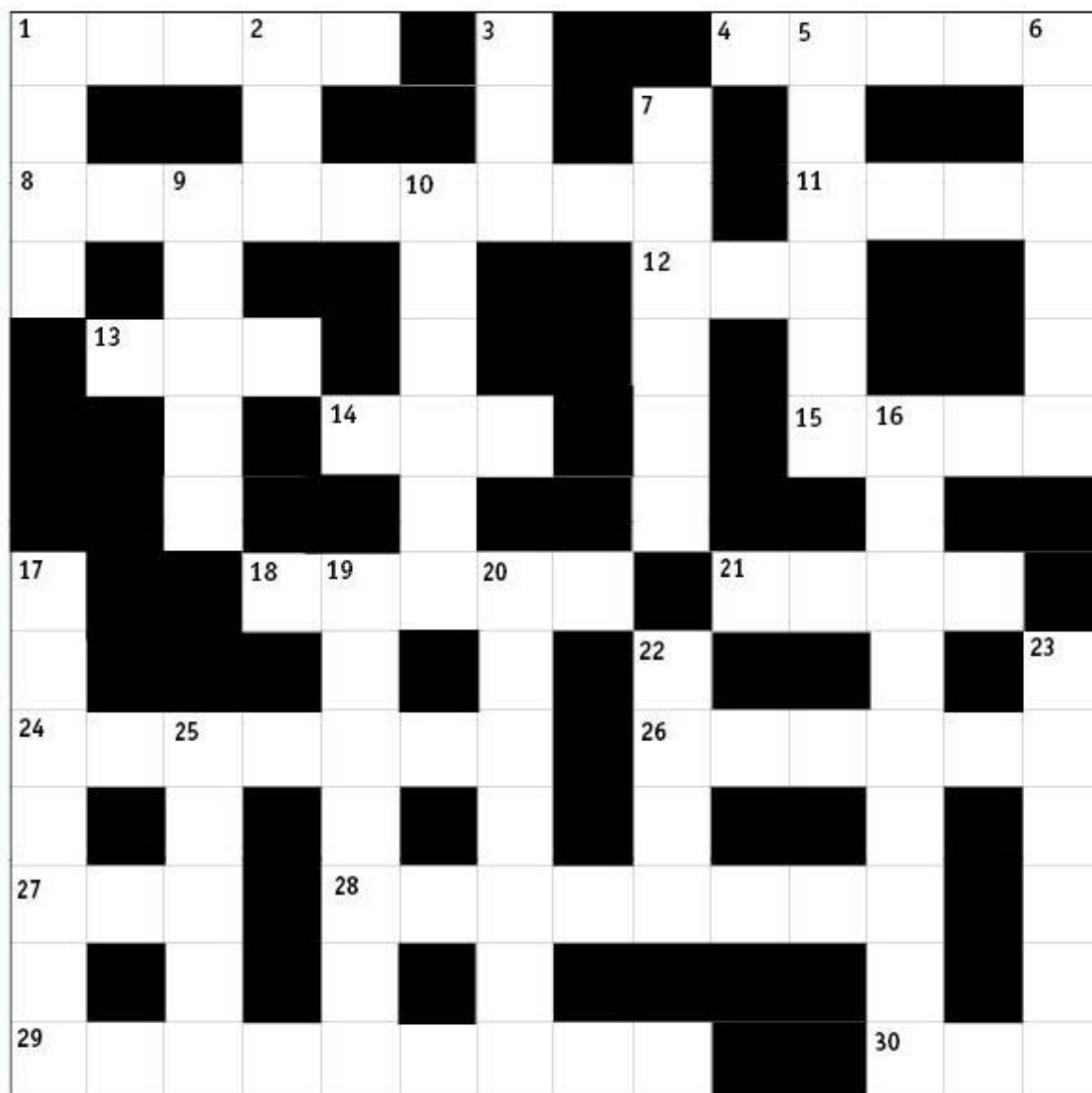
## AUGUST crossword

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By Kathy Stodart

*August 24, 2022*

Print out this crossword grid (see PRINT tab at bottom right of page), and use the clues below.





## ACROSS

- 1) Infectious paralysing disease now eliminated from NZ.
- 4) Surprised: taken \_\_\_\_.
- 8) Rising prices across economy.
- 11) Lion's call.
- 12) Miserable.
- 13) Climbing plant.
- 14) Goal.
- 15) He fiddled while Rome burnt.
- 18) Fragile.
- 21) Cried.
- 24) Declines.
- 26) Japanese robe.
- 27) Hero of *The Matrix*.
- 28) Get bigger.
- 29) Pain relief.
- 30) Take legal action.

## DOWN

- 1) Discomfort.
- 2) Unwell.
- 3) Versatile songbird.
- 5) Heavy load.
- 6) Speech (Māori).
- 7) Hazardous.
- 9) High body temperature.
- 10) Student (Māori).
- 16) Staff.
- 17) Formal summoning (Māori).
- 19) What metal is doing in the rain.
- 20) Tiny six-legged creatures.
- 22) Where Bonnie Prince Charlie fled.
- 23) Confidence, under pressure.
- 25) \_\_\_\_ and fauna.

## July answers

ACROSS: 1. Courageous. 5. Paw. 7. Data. 8. Mental. 12. Ashes. 13. Torso. 14. Nap. 15. Recycle. 18. Foot. 19. Tap. 21. Prongs. 22. Congo. 23. Emu. 24. Emails. 26. Booster. 27. Yes. 28. Apron.

DOWN: 1. Climate. 2. Rust. 3. Goal. 4. Odyssey. 5. Pray. 6. Whakapapa. 9. Narrow. 10. Abortion. 11. Veil. 16. Compost. 17. Coroner. 19. Tastier. 20. Artery. 22. Cubs. 25. Son.

Letters

## Community prescribing takes off in Midland programme

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By Lin Marriott and Philippa Jones

*August 29, 2022*

Thank you for the article by Kathy Stodart in July, highlighting the positive impact of nurse prescribing, and the registered nurse prescriber in community health role (RNPCH).

As co-developers and representatives of the RNPCH programme run by the [Midland Collaborative](https://www.pinnaclepractices.co.nz/resources/midland-collaborative-designated-rnpch-recertification-programme/) (<https://www.pinnaclepractices.co.nz/resources/midland-collaborative-designated-rnpch-recertification-programme/>) (which has 13 partner organisations), we celebrate the increasing number of regions taking the step to gain Nursing Council approval to deliver this vital programme for our primary and community RNs.

This letter expands on the information in the [Kaitiaki article](#) about the Midland Collaborative programme.

Ours was the first RNPCH regional recertification training programme to be approved by the Nursing Council. Our first programme started in November 2020, following the successful Family Planning and Counties Manukau DHB pilot.

Our RNPCH recertification training programme is delivered completely online in the evenings over seven weeks. It was intentionally developed using appropriate cultural frameworks, and is accessible to all partner organisations' nurses across the Midland region. Wider inclusion of other Midland community providers to enable access to the training programme for their nurses, via a letter of agreement, is ongoing.

Three programmes have been completed since 2020, with the fourth having started in August this year. This latest intake has 66 enrolled participants.

### **Email your letter to:**

[coeditors@nzno.org.nz](mailto:coeditors@nzno.org.nz).

We reserve the right to edit letters for sense and length. Shorter letters (under 400 words) are preferred. Please include address, nursing qualifications and phone number.

Cumulative participant numbers for the three intakes to date is 164, with 62 nurses recertified as RNPCH thus far (the August 2021 programme is still in progress). These RNPCH are working in the Midland region, delivering equitable and accessible care for relatively healthy people who are presenting with minor illnesses.

We acknowledge the hard work and commitment from all our former and current participants, considering the three intakes were taking the course through the COVID-19 pandemic. Timeframes for completion of the programme had to be extended under pandemic conditions, and some participants had to withdraw for personal and professional reasons.

If your region is considering developing a training programme, we encourage you to do so.

The Midland Collaborative partner organisations are: Former DHBs Bay of Plenty, Lakes, Tairāwhiti, Taranaki and Waikato; and PHOs: Eastern Bay of Plenty Health Alliance, Western Bay of Plenty, Nga Mataapuna Oranga, Rotorua Area Primary Health Services, Hauraki, National Hauora Coalition, Pinnacle Midlands Health Network and Ngati Porou Hauora.

Lin Marriott and Philippa Jones,

*on behalf of Midland Collaborative developers and facilitators*

Letters

## Fast-tracking overseas nurses will only ‘steal’ them from other countries

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By Christopher Corkery

August 24, 2022

I enjoyed your articles in the latest journal. I would like to comment on Mary Longmore's [article](#) regarding fast tracking residency for nurses.

Registered nurses (RNs) are already on [Immigration New Zealand visa category] [tier 2](https://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/tools-and-information/work-and-employment/green-list-and-highly-paid-residence-categories) (https://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/tools-and-information/work-and-employment/green-list-and-highly-paid-residence-categories) [two years' work-to-residency] for entry requirements. Changing this to [tier 1](https://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/tools-and-information/work-and-employment/green-list-occupations) (https://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/tools-and-information/work-and-employment/green-list-occupations) [straight-to-residency] will do little to obtain more nurses for New Zealand apart from “stealing” them from countries that are already short of nurses.

**Email your letter to:**

[coeditors@nzno.org.nz](mailto:coeditors@nzno.org.nz).

We reserve the right to edit letters for sense and length. Shorter letters (under 400 words) are preferred. Please include address, nursing qualifications and phone number.

I know of several colleagues who have come to New Zealand and then left for better conditions elsewhere. The emphasis should be on growing our own nurses and keeping them.

Christopher Corkery, RN,  
Hamilton

Maranga Mai!

## Maranga Mai! Education – what needs to change?

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By Mary Longmore

August 24, 2022

About a third of Aotearoa's nursing workforce is comprised of overseas-trained nurses, nurse vacancies are into the thousands and an estimated one in three nursing students are dropping out — with even higher rates for Māori and Pacific<sup>1</sup>. In the first of a series exploring [Maranga Mai!](https://maranga-mai.nzno.org.nz/) (<https://maranga-mai.nzno.org.nz/>), NZNO's campaign to fix the nursing crisis, *Kaitiaki* looks at what needs to change in nursing education.

**M**aranga Mai!  


**Every nurse  
everywhere**



Anna Clarke

### Nursing student Anna Clarke

*"They realise they're not struggling alone."* Culturally safe clinical placements, support for out-of-town learners, mentoring and earning while studying are key to retaining Māori and Pasifika nursing students, says third-year NorthTec bachelor of nursing (BN) student Anna Clarke, (Te Aupōuri, Te Rarawa and the Tongan village of Vaini).

- **Accommodation:** The temporary closure of NorthTec's marae due to COVID was identified by Māori and Pasifika students as the biggest challenge for out-of-town taura.
- **Mentoring and peer support:** NorthTec's tuakana-teina hui each term provides a supportive space with other students and graduates. *"It gives them the opportunity to open up. Then we can get in there and help."*
- **Culturally safe placements:** *"Sometimes a 'do what we say' attitude pushes students away and there can be a bit of an issue around cultural safety."*
- **Fees-free:** Fees-free study or paid clinical placements would make nurse training more viable.



Pipi Barton

### Nursing lecturer Pipi Barton

Grants, earn-as-you learn, an indigenised nursing curriculum and flexibility for transient students are key to recruiting more Māori into nursing, says NorthTec nursing lecturer and PhD student Pipi Barton, (Ngāti Hikairo ki Kāwhia).

- **Grants:** *"The number one issue is economic hardship particularly for Māori and Pasifika . . . we need to alleviate hardship immediately by giving grants to Māori and Pacific students, introduce earn-as-you-learn, first for Māori and Pacific, then for everybody."*
- **Indigenised curricula:** *"The curriculum is very Euro-centric — polytechs enrol Māori but don't retain Māori . . . nursing programmes are going to become more indigenised, with Te Pukenga".*
- **A unified curricula across schools:** *"A unified curriculum so no matter where you are, if you*

*move around, it's not going to impact on you negatively or have any additional costs"*

— Barton is involved with writing the unified nursing curricula for Te Pukenga



Tania Mullane

### **Pacific nursing educator Tania Mullane**

*"Curriculum can be transformational." An indigenised curriculum, wraparound support and culturally safe placements are crucial to the success of Pasifika students, says Whitireia's head of Pacific nursing, Tania Mullane.*

**Curriculum:** *"An indigenised curriculum reflects the learner. . . and makes sure our grads are able to be culturally competent, confident and able to meet the needs of populations who need it most."*

**Wraparound care:** *"We have more face to face classes, we offer a lot more support. . . we wrap around — we address whatever we need to do to what we think the students are needing to make them successful."*

**Culturally safe placements:** *"We identify places for individuals and we pull them from areas which are not supportive or culturally unsafe for them."*

Financial support, culturally safe environments and flexible nursing study are crucial elements to growing more of our own nurses — especially Māori and Pasifika — into Aotearoa's nursing workforce, say educators, nurses and taura (students).

### **Financial support – paid placements, grants & no fees?**

Economic hardship has been identified as the "number one issue" for nursing students, particularly Māori and Pasifika, says NorthTec nursing lecturer Pipi Barton, (Ngāti Hikairo ki Kāwhia). "Māori are often economically disadvantaged anyway, because of the whole system and colonisation, so there's that inter-generational transfer of poverty and economic hardship."

Barton's PhD research is examining the Māori nursing workforce, particularly why it has remained static at 6-7.5 per cent of the registered nurse (RN) workforce for 40 years against a Māori population of 16.5 per cent. She is also involved in [nursing pipeline work](#) at Te Whatu Ora.

Barton suggests alleviating hardship "immediately" by giving grants to Māori and Pasifika

taura and introducing “earn-as-you-learn” clinical placements — first for Māori and Pasifika then for everyone. “Our students are having to work long hours, full-time jobs as well as study full-time. Particularly in the economic environment we have at the moment, it’s really hard, particularly if they have families to support and they’re sometimes the only breadwinner in their families.”

NZNO Te Rūnanga Taura representative Anna Clarke, (Te Aupōuri, Te Rarawa and Tongan), has seen nearly a quarter of her class drop out this year – most of whom were Māori. “I have seen my classmates struggle and four of them have left the BN altogether – not all of us have support.” Fees-free and earning on clinical placements like a trades apprenticeship would likely make nurse training much more attractive, she says. “No-one here in New Zealand seems to be attracted into becoming a nurse. . . I’m not too sure why nobody wants to be a nurse, it’s an amazing career!”

**“It shows that they’re appreciated, they can contribute at a high level. . . and it just seems punitive, almost, to not reward them.”**

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Karole Hogarth, Otago Polytechnic head of nursing and representative on education leadership group NETS (Nursing Education in the Tertiary Sector), agrees lack of financial support is the “number one” barrier for students. “If you want to increase the workforce, then you have to provide some kind of support for students in health care, when they’re in clinical practice.”



*Karole Hogarth*

Paid clinical placements, particularly for second and third-years, “had merit”, Hogarth said. “Certainly that big 360-hour placement at the end that all BN students have to do would be the perfect opportunity, as they’re really ready to enter the workforce. It shows that they’re appreciated, they can contribute at a high level. . . and it just seems punitive, almost, to not reward them.”

And with students sent away to placements for up to six weeks, doubling up their accommodation costs and adding transport expenses, “if you could mitigate some of those. . . then that takes a huge amount of pressure off”.

Nursing Council chief executive Catherine Byrne said the council was supportive of “all initiatives that would retain students, particularly Māori and Pacific, in the nursing programmes”, including paid clinical placements, as long as the quality of the placement was maintained. “That’s really our focus, that the clinical placement is a quality experience.”





*Tina Smith*

Hogarth said fees-free enrolled nurse (EN) training from 2020 had given EN numbers a real boost. “If we could do that with the BN it would be amazing . . . we could do it for five years, get a whole bunch of graduates through over the next decade – that would be amazing for health care.”

Tertiary Education Union (TEU) national president Tina Smith says more student grants or payments would be a “godsend” for nursing. Student teachers could access \$16 million in [scholarships](https://www.teachnz.govt.nz/studying-to-be-a-teacher/scholarships/#informationaboutapplying) (https://www.teachnz.govt.nz/studying-to-be-a-teacher/scholarships/#informationaboutapplying) over five years – more than \$3 million per year. “That would be an absolute godsend to our nursing students who spend a huge amount of time on practicum.”

Particularly in their second year, students “really struggle to balance home, study commitments, being in practicum, having no money and trying to do some paid employment. So having some funding would be so much better”.

### **Accommodation support**

NorthTec’s campus in Whangārei provided accommodation on its marae to students, some of whom traveled from as far afield as Kaitiāia – 150km away, student Anna Clarke says. However, that had closed since the COVID pandemic – a loss identified by Māori and Pasifika students at a recent hui as the biggest challenge for out-of-town taura. Work was now underway to have it re-opened.

### **Mentoring support and ‘wraparound’ care**

NorthTec’s tuakana-teina hui each term was compulsory, giving taura the chance to mix with other students as well as graduates, says Clarke. “It makes the students realise they’re not the only ones who are going through it, that everyone in their study journey have gone through it too and they can give advice. . . ‘don’t give up, you’ll get through it, you can graduate and go to work . . . you don’t have to just give up just because things are hard at the moment!’”

Whitireia’s head of Pacific nursing Tania Mullane says the BN Pacific enjoys higher than average graduation rates – almost 80 to 90 per cent compared to around two-thirds nationally — to which Mullane attributes a “wraparound” approach. “We do things differently – we have much more face-to-face classes, we offer a lot more support, even on non-teaching



*Tania Mullane*

days we offer tutorials – we wrap around,” she says. “We know that for half the class, English won’t be their first language – it’s a double whammy!”

NZNO professional nurse advisor Sandie Bayliss, who spent 18 years in nurse education, says mentorship – including study groups or tutorials — is really important to help students connect and clarify material.

### **An indigenised curriculum**



*Pipi Barton*

The mainstream nursing curriculum is very “Eurocentric” says Barton, who is also involved with writing the three new unified nursing curricula for new mega-polytech Te Pukenga – bachelors of nursing (BN), nursing Māori (BNM) and nursing Pacific (BNP). “Te Pukenga identified that the polytechs are not meeting the needs of Māori – they enrol Māori but don’t retain Māori,” says Barton. “So nursing programmes are going to become more indigenised and the hope is we’re going to see Māori retention improved because their programmes are more reflective of them.”

**“If a student’s coming back and saying ‘as soon as they heard I was from the BN Pacific, their attitude changed’... we know what that is, and it’s not for us to fix it.”**

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Barton said the new mainstream BN – due to be launched mid-2023 — would use more local models and more Māori content such as te Tiriti, cultural safety and kawa whakaruruhau.

Whitireia’s Tania Mullane — also working with Te Pukenga on the new unified BNP — due to unroll in 2024 — agrees. “We have a programme that meets their needs, so they’re able to see themselves in the curriculum.” A big part of students’ first year is finding out who they are, then their relationship to their community, then their relationship to the profession of nursing, she says. “Individual to whānau to professionalism, then back again.”

### **National nursing curricula & flexible study**

Having unified nursing curricula nationally would help Māori, who tend to be more “transient”, says Barton. Currently it costs “a whole lot of money” to have prior learning recognised. “So Te Pukenga is unifying curriculum, so no matter where you are, if you move around, it’s not going to impact on you negatively or have any additional costs.”

Barton would also like to see the BN Māori and BN Pasifika programmes (currently only delivered at a handful of sites) more widely available. "So that means that Māori will have access to a programme that's very much about being Māori within the BN."



*Sandra Bayliss*

Hogarth agrees that "streamlined" nurse education would allow more people to qualify. "It would be great to look at nursing as a whole, from level 4/5 up to post-grad, and being able to step in and out of programmes at whatever point you need to, dependent on your life, abilities and the like. . . There would have to be some boundaries put in but it's not an impossible scenario and would actually work quite well."

Extending the time limit for students to complete their BN from five to six years would also be helpful to keep those who need to study part-time or take a break, Hogarth says.

**"You can feel when someone really wants to support you and someone doesn't."**

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Only about a quarter of first-year nursing students were school leavers — most were older and had "complex lives" with families, overheads, and needed flexibility, says NZNO's Bayliss. "So I think part-time options are really important."

Barton says the problem begins early, with schools not serving Māori well, meaning they tend not to come out with the same qualifications. "So Māori are so disadvantaged in so many different ways and this contributes to our ability to recruit and retain Māori in nursing education."



### **Quality, culturally safe clinical placements**

Culturally safe placements are crucial for students to thrive, says Mullane, and Whitireia immediately pulls them out if this is not the case. "We identify best places for not only the BNP but individuals and we pull them from areas which are not supportive or culturally unsafe for them. If a student's coming back and saying 'as soon as they heard I was from the BN Pacific, their attitude changed'. . . we know what that is, and it's not for us to fix it."

Student Anna Clarke says some clinical placements can be "alienating", particularly for taurira Māori. "Sometimes a 'do what we say' attitude pushes students away and there can be a bit of an issue around cultural safety. . . You can feel when someone really wants to support you and someone doesn't."

TEU's Smith says accessing consistently high quality clinical placements had always been a struggle "across the rohe". Models varied wildly, from dedicated education units to staff juggling precepting alongside other demands, "so students are occasionally seen as an added burden, rather than, as they should be, a future asset for nursing and health".



*Anna Clarke*

Teachers  
successfully fought for an allowance to mentor



Robert Reid

students and new graduates, while nurses get “nothing. . . it is considered part of their professional responsibility”, says Smith.

Co-chair of Auckland’s regional skills leadership group, Robert Reid asked nursing schools if they could increase their intake. “They said they would love to but they can’t find enough practicums for the students they have now.”

A blockage in getting more clinical placements “really needs to be addressed, and that is not addressed by getting more funding from the

Tertiary Education Commission, but from getting better systems in the DHBs/Health NZ to ensure those places exist,” Reid said.

### **Train up COVID vaccinators & testers**

Those who stepped up to become COVID vaccinators and testers could be supported into nursing if there was some financial support, says Reid.

“We now have through the testing and vaccination, literally hundreds – particularly in Auckland — of young Māori and Pasifika rangatahi and older people too who would never in their wildest dreams think they’d have a job in health, but have,” he said. “We need to work with them, whether it is more of an EN nurse model, or even if it is a BN model, they will only pick that up on an earn-while-you-learn model.”

*Niuean health workers at an Auckland vaccination drive in 2021.*



## Nursing pipeline programme

The [national nursing pipeline programme](https://tas.health.nz/employment-and-capability-building/workforce-information-and-projects/the-nursing-pipeline-programme/) (<https://tas.health.nz/employment-and-capability-building/workforce-information-and-projects/the-nursing-pipeline-programme/>) is looking into ways of better matching nurse numbers to need, across all areas, “with a particular focus on growing workforce diversity, Māori and Pacific nurses,” Margaret Dotchin, who co-chairs the group with Nadine Gray, told *Kaitiaki*.

It is investigating how to:

- Support Māori and Pacific nursing students to complete their nursing studies and thrive in the early years of their nursing career.
- Develop a nationally consistent process for staircasing, recognition of prior learning and support, for example from HCA to EN to RN.
- Develop an early career framework (years one to three post-registration) to support growing new graduates into advance practice roles.
- Improve clinical placement access, co-ordination and experience for all nursing students.



*Margaret Dotchin*



*Nadine Gray*

A Te Whatu Ora spokesman could not put a time on any of the initiatives, but hoped to in the “near future”.

## REFERENCES

1. [The Nursing Pre-Registration Education Pipeline](https://tas.health.nz/assets/Workforce/The-Nursing-Pre-Registration-Education-Pipeline-Final.pdf) (<https://tas.health.nz/assets/Workforce/The-Nursing-Pre-Registration-Education-Pipeline-Final.pdf>)

News

## Member voting opens on three remits ahead of September AGM

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By Kaitiaki co-editors

August 3, 2022

Members have until Sept 9 to vote on three remits relating to membership fees for students; supporting NZNO values and not bringing the organisation into disrepute; and proposed changes for NZNO members who belong to other unions.

Voting closes on Friday September 9, 2022.

Two constitutional remits have been received from Te Matau a Māui regional council of NZNO co-chairs Sandra Corbett and Elizabeth Banks.

**Constitutional remit 1** proposes adding a new disciplinary clause to the NZNO constitution (Schedule 1; new clause 9.1.1.7) making it an offence to: “Knowingly act in a manner that is likely to either bring NZNO/NZNO officers/NZNO staff into disrepute, adversely impact the mana of NZNO/NZNO officers/NZNO staff, or incite racism or hate”.

Its rationale is stated as: *It is imperative that as we move together ‘all of sector’ with the Maranga Mai campaign that we ensure the values of unionism and solidarity are strong. No light between us.*

*Over the past few years some of the member comments have been deliberate in their intent to bring down our union. To the extent where members were encouraging other members to join other unions. This brought unsubstantiated and false speculation that our union was acting in an improper way and on the brink of collapse.*

*To unite NZNO, members agree and support the organisation values, or the alternative if they don't is to seek a union that supports their views and aspirations.*

**Constitutional remit 2** proposes amendments to the affiliate membership part of the constitution (Schedule 1; clause 3) to state that: "A dual member as defined at subclause 3.4 may not hold office, be a delegate, propose nominations or motions, or have voting rights under this Constitution".

Its proposed new subclause 3.4 defines dual membership as "where a member is also a member of another union and has authorised that other union to act as the member's bargaining representative".

Its rationale is stated as:

*... members who are NZNO and belong to another union who they have nominated to do their bargaining on their behalf, should not then have the same affiliate conditions apply to them.*

*We feel that in situations where NZNO does not do the bargaining for these members, and the other union is the member's nominated choice, therefore these members should be subject to the same conditions as affiliates. This then follows that they not be entitled to hold office, be a delegate, propose nominations or motions or have voting rights.*

#### **Constitution Remit 2 background information for consideration from the Remit Committee**

- *The remit information was updated on 29 July 2022 with some additional comments, as follows, from the Remit Committee regarding Constitutional Remit 2 following member requests for clarification.*

1. Historically, mental health nurses and some other nurses were not employed by the predecessor to the district health boards and were represented by the PSA. During past DHB/NZNO Multi-Employer Collective Agreement (DHB MECA) negotiation it was agreed that the PSA would represent these mental health nurses in some areas.
2. For some time, clause 2.2 has excluded mental health and some other nurses at some DHB regions from MECA coverage as NZNO members. The DHBs agreed to alter those exclusions once coverage
4. The potential impact for NZNO members with dual Union membership that is required under the above MOU, MECA or agreements that "they not be entitled to hold office, be a delegate, propose nominations or motions or have voting rights," needs to be considered when voting on this remit i.e. some members have no choice.
5. There are probably other small numbers who, as a result of previous inter-union agreements, are in the same situation as these mental health nurses covered by those MoU exclusions.



issues were resolved between NZNO and the PSA who entered a Memorandum of Understanding (MoU) about coverage in 2018.

3. Specifically, the MoU and corresponding clause in the DHB MECA excluded NZNO industrial coverage of mental health nurses in Waitemata, Auckland, Counties Manukau, Marlborough/Nelson and West Coast. To ensure industrial coverage mental health nurses covered by those provisions needed to join the PSA and give PSA bargaining authority. Those nurses could also belong to NZNO and access NZNO professional and other services. Many have done this and thus have the same rights (including standing for office) and obligations as other members – outside of those directly related to bargaining and industrial coverage.

6. Some NZNO members are dual members so they can access NZNO's professional services and professional liability insurance.

7. Clause 4 of the NZNO Constitution already excludes members who are retired, affiliated, or who are members of another union – and therefore paying a reduced fee – from entitlement to NZNO's industrial services.

**Policy remit 1**, received from the National Student Unit, calls for the removal of NZNO membership fees for nursing students.

*Its rationale is stated as: More and more we see news articles about staffing shortages, burnout and dissatisfaction. This is our opportunity to fight for better outcomes for current and future nurses and their patients. In order to improve our workforce (and ultimately patient outcomes) it is imperative that we remove barriers to unionism so that we can work together to improve our field.*

The remit committee also stated that removing fees for nursing students (\$48.38 per year) would reduce NZNO's membership income by around \$67,000 per annum.

### **Remit and voting details**

The remits in full along with background information from the NZNO Remit Committee can be found in the [Candidate Profiles and Remit Information booklet](https://www.nzno.org.nz/Portals/0/Files/Documents/Elections) (<https://www.nzno.org.nz/Portals/0/Files/Documents/Elections>)

[/NZNO\\_2022\\_Candidate\\_Profiles\\_and\\_Remits.pdf?ver=5YHwaLH3nQrveX9nJ8keJA%3d%3d](https://www.nzno.org.nz/Portals/0/publications/Constitution%20-%20NZNO%20Constitution%202020-2021.pdf?ver=5YHwaLH3nQrveX9nJ8keJA%3d%3d)  
(also available to you once you have logged into the [voting site](#)  
(<https://ivote.electionz.com/e/NZNO2022>)).

Supporting documents such as the [NZNO constitution](#) (<https://www.nzno.org.nz/Portals/0/publications/Constitution%20-%20NZNO%20Constitution%202020-2021.pdf?ver=DAOCQHbUQ7Vgo7oWuzi ehw%3d%3d>) and AGM agenda can be found on [NZNO's 2022 board election page](#) ([https://www.nzno.org.nz/2022\\_nzno\\_board\\_election](https://www.nzno.org.nz/2022_nzno_board_election)).

Here is the [link](https://ivote.electionz.com/e/NZNO2022) (<https://ivote.electionz.com/e/NZNO2022>) to the website where you will be able to vote to elect **seven (7) Directors** and to indicate whether you agree/disagree with **two (2) Constitutional Remits and one (1) Policy Remit**. *To vote you will need your unique personal identification number (PIN) and Password (case sensitive) which will be emailed or posted to you on 3 August*).

Voting closes on Friday September 9, 2022.

The AGM is being held on September 13, ahead of the member group training day on September 14 and [conference](#) ([https://www.nzno.org.nz/get\\_involved/conference\\_and\\_agm](https://www.nzno.org.nz/get_involved/conference_and_agm)) on September 15.

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- *This article was amended on August 8 to include background information from the Remit Committee concerning constitutional remit 2. This information is also available on p17 of the [booklet](https://www.nzno.org.nz/Portals/0/Files/Documents/Elections/NZNO_2022_Candidate_Profiles_and_Remits.pdf?ver=5YHwaLH3nQrveX9nJ8keJA%3d%3d) ([https://www.nzno.org.nz/Portals/0/Files/Documents/Elections/NZNO\\_2022\\_Candidate\\_Profiles\\_and\\_Remits.pdf?ver=5YHwaLH3nQrveX9nJ8keJA%3d%3d](https://www.nzno.org.nz/Portals/0/Files/Documents/Elections/NZNO_2022_Candidate_Profiles_and_Remits.pdf?ver=5YHwaLH3nQrveX9nJ8keJA%3d%3d)).*

See also [12 candidates stand for 2022 NZNO board elections](#).

News

## Members urged to turn out for primary health care nurses

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By Mary Longmore

*August 26, 2022*

NZNO members are being encouraged to turn up for a 'day of action' being held around the country on Monday in support of pay parity for primary health care nurses.



Primary health care nurses' [day of action](https://maranga-mai.nzno.org.nz/value_our_primary_health_care_nurses) ([https://maranga-mai.nzno.org.nz/value\\_our\\_primary\\_health\\_care\\_nurses](https://maranga-mai.nzno.org.nz/value_our_primary_health_care_nurses)) events are from 12:30-1:30pm on Monday 29 August and meeting locations are below:

- Auckland: Corner of Memorial Drive and Gt North Road, New Lynn

- Tauranga: Red Square (bottom of Devonport Road)
  - Hamilton: Garden Place, Victoria Street
  - Wellington: Midland Park
  - Christchurch: Riverside Market
- 

Tairāwhiti rural nurse Gina Chaffey-Aupouri (Ngāti Porou) said PHC nurses, especially in isolated rural areas like hers, faced high pressure, complex situations, and should be paid fairly. "If there is a major medical, we are it."

For her, she said it was about patients and fairness.

"Always my kōrero is he tāngata, he tāngata, he tāngata . . . For me, the people are always first and foremost. I'm working here because I'm giving back to our people and I've had to do lots of study to do that but I'm still \$36k less than a person in DHB working," Chaffey-Aupouri, who is an NZNO delegate, said.



*Shell Piercy*

We are calling on Minister of Health Andrew Little to ensure that Te Whatu Ora/ Health NZ supports Aotearoa's primary health care (PHC) nurses with pay parity and ongoing professional development funding and support, to show us nurses that we are valued as well as improve recruitment and retention in PHC.

Nurses working in the PHC sector nurse our communities across the life span, from supporting new mums and bubs to providing palliation at the end of life and everything in between. The goal is to always nurse

patients in a way that supports their values and their whānau.

Part of this work in PHC is to reduce the burden on high-level care, allowing sicker and more complex patients to stay at home and be treated in the community. Therefore, PHC nurses are expected to have expert generalist knowledge and skill to support the increasing complexity of treating patients within the community.

Nurses in PHC are expected to work at the top of their scopes, often with additional post-graduate education, specialist skills and years of experience. We are sometimes required to work in isolation or in people's homes, respond to ambulance calls, be on call, and work in many other contexts outside of mainstream health care.

I do a lot of work in supporting PHC nurses around education and upskilling for the ever-more complex needs of our patients. Pay parity and ongoing professional development funding and support are the only ways to maintain and grow the workforce of expert

generalist nurses that provide our life span health care within our communities.

— *Shell Piercy is a nurse practitioner intern, a member of the professional practice committee of the NZ College of Primary Health Care Nurses and founding member of the Urgent Care Nurses Network.*

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*Gina Chaffey-Aupouri, at left with poi, during strike action for pay parity in November 2018: "What can you say? We've had inequity for all our lives and now we've still got it. Māori nurses working for our people. We've been saying that for a long time but no one listens."*

"As Moana Jackson says, 'ake ake ake, tū tonu' — we have to stand up for our rights. . . and we

have every right to be equal, no matter where you work."

Waikato PHC nurse practitioner intern, Shell Piercy, said pay parity along with professional development funding, would show PHC nurses they were valued and improve recruitment and retention.

"I think nurses are fantastic, but really it's our communities we care about and if we're working at the top of our scope, then we are better placed to serve the community – and that's it."

In urgent care, where she worked as a nurse educator, were "isolated, on their own, outside of DHBs, they're very loosely connected to PHOs (primary health organisations) — where do these nurses turn?"

**"As Moana Jackson says, 'ake ake ake, tū tonu' – we have to stand up for our rights. . . and we have every right to be equal, no matter where you work."**

A former emergency nurse, Piercy said PHC nurses were under just as much pressure. "I've seen Middlemore on a bad day and I've walked into an urgent care clinic as an educator and seen the same amount of stress and pressure from the community on those practices."

"I think nurses are fantastic, but really it's our communities we care about and if we're working at the top of our scope, then we are better placed to serve the community – and that's it."

NZNO members across every sector are encouraged to turn up in their [regions](https://marangamai.nzno.org.nz/value_our_primary_health_care_nurses) (https://marangamai.nzno.org.nz/value\_our\_primary\_health\_care\_nurses) on Monday at 12.30 in support, NZNO campaigns advisor Katy Watabe said. "Having nurses and health-care workers from all sectors will be a powerful way of showing that unfairness for primary health care nurses is an issue that all NZNO members care about seeing resolved."

Primary health care (PHC) nurses provided highly skilled and complex quality care, in community settings such as GP practices, Māori and iwi providers, Plunket, Family Planning, urgent care clinics, and in people's homes, Watabe said.

"PHC nurses support whānau to stay well which in turn reduces pressure on our public hospitals," she said. "It's not right that primary health-care nurses are paid less than nurses working in other parts of the health sector. They have the same skills and qualifications and their work is of equal worth and importance."

A nurse working in PHC earns [10 to 20 per cent less](https://www.odt.co.nz/opinion/symptoms-reflect-unhealthy-) (https://www.odt.co.nz/opinion/symptoms-reflect-unhealthy-

[system?fbclid=IwAR0toGuBkVAKI78BjQSic3MWyrXo9Ikw6pGsYiw8xjY7q7wqV68wC1cX9DQ](https://www.facebook.com/tewhatuora/?fbclid=IwAR0toGuBkVAKI78BjQSic3MWyrXo9Ikw6pGsYiw8xjY7q7wqV68wC1cX9DQ)) than their equivalent at Te Whatu Ora, while a nurse working for a Māori health provider can earn about 25 per cent less.

Additional funding was “urgently” needed to “properly value” Aotearoa’s PHC nurses, she said.

Members can sign a [petition](https://maranga-mai.nzno.org.nz/equal_pay_for_primary_health_care_nurses) ([https://maranga-mai.nzno.org.nz/equal\\_pay\\_for\\_primary\\_health\\_care\\_nurses](https://maranga-mai.nzno.org.nz/equal_pay_for_primary_health_care_nurses)) to Minister of Health Andrew Little and on Monday will have the chance to “vote” in a ballot box on the Government’s PHC health performance and rate it on a Plunket ‘growth’ chart’.

The current PHC multi-employer collective agreement (MECA) expires on August 31.



News

## Nurses around the country protest lower pay in primary health care

By Mary Longmore

August 30, 2022

Health Minister Andrew Little promises pay parity “a priority” as protests held around the motu in support of primary health care (PHC) nurses



Auckland nurses and supporters turn out to protest primary health care pay disparity

In Wellington, a group of primary practice nurses came to the city's Midland Park on their lunch break to protest over the pressures they faced and the difficulty attracting staff. “PHC is short of nurses, just the same as hospitals. We are the frontline and hopefully stop people going into hospitals,” practice nurse Deanna Mallon told *Kaitiaki Nursing New Zealand*. Investing in primary health care was also about equity and access to health care for all, including childhood immunisations, she said.

Third-year nursing student Elle Koonwaiyou said despite the pay disparity, she wanted to work in primary health. "I think there is a real need to help in the community, we don't want to be the ambulance at the bottom of the cliff."

Koonwaiyou said her hospital placement had shown her the importance of primary health care. "If don't have your primary health care, that wraparound care, you are going to have people who end up in hospital who didn't have to be."



*Practice nurses, from left to right: Deanna Mallon, Liz Mendoza and Ramandeep Kaur, with nursing student Elle Koonwaiyou, far right, at the Wellington protest.*

Keith Brockway, a retired GP, who attended the Wellington protest with his two sons, told *Kaitiaki* he was there on behalf of his wife, a practice nurse. GPs needed to make more effort to pay their nursing staff more, he said. "They rely on nurses' loyalty to their patients." His son, William Brockway, said the pay disparity was "shocking".

Wellington nurses at the protest said they would have liked to have seen more nurses turn up — about 20 came, NZNO organiser Laura Thomas said. However, organiser Colette Bates said there was good turnout in Hamilton with about 35 nurses, including from rural areas.



*George, William and Keith Brockway turned out in support of PHC nurses in Wellington.*

NZNO president Anne Daniels, speaking in Wellington, said primary health care nurses had suffered unjust pay for many years, and played a critical role in keeping people out of hospitals. "We all need to stand up and support them to do this," she said.

"We can't wait any longer for this to happen, we are losing nurses in droves."



*Anne Daniels*

NZNO estimates that PHC members are paid 10–20 per cent less than those employed by Te Whatu Ora/Health NZ — paid under the DHB-NZNO multi-employer collective agreement (MECA).

Negotiations between NZNO and PHC employers on their MECA are underway, with members considering an offer of a 2.78 per cent pay increase. They have until September 5 to give an indication (not a ratification) vote, NZNO industrial advisor Danielle Davies told *Kaitiaki*.

The offer matched the funding increase employers had received from Te Whatu Ora. However it would still leave a 5 –11.7 per cent pay gap between PHC and Health NZ members, Davies said.

While a range of claims were still progressing as part of the PHC MECA bargaining, “we wanted to get a feel on the proposed 2.78 per cent first, before we all come back to the bargaining table again on September 21,” Davies said.

The PHC MECA covers 3500 NZNO members, including registered nurses, practice nurses, midwives, enrolled nurses, medical receptionists and administrators. The 500 PHC MECA employers are general practices, medical centres and after-hours/urgent-care centres.

At the Wellington protest, Green MP Jan Logie said PHC nurses were important to keep communities healthy. “We want people to be getting help early.”



Andrew Little

Minister of Health Andrew Little said dealing with pay parity for nurses in primary care, along with aged care, “remained my priority”.

Little said he was working with other ministers on a resolution to the pay disparity “as quickly as possible with a view to providing certainty to parties in the coming months.

“Following my announcement of [extra initiatives](#) on health workforce recruitment on 1 August I am confident Te Whatu Ora Health New Zealand and the Ministry of Health are working intensively on addressing workforce and labour issues including addressing pay parity for nurses in the sector.”

See also [Members urged to turn out for primary health care nurses](#)



Danielle Davies, right, at yesterday's protest in Christchurch.

News

## Nursing Council eases written English test for overseas nurses

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By Mary Longmore

August 19, 2022

The Nursing Council is easing standards on the written English test for overseas-trained nurses, in an effort to reduce barriers.

The Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa today announced the changes to its English language competence policy. They will apply to all applications from August 19.

The minimum writing score for English language tests has dropped from seven to 6.5 in the IELTS (international English language testing system) test, and 350 to 300 in the OET (occupational English test).

Scores for reading, speaking and listening remain the same — 7 for IELTS and 350 for OET.

The move follows [consultation](#) earlier this year on how it assesses and registers internationally qualified nurses (IQNs), to ensure there were no unnecessary barriers to getting them practising in Aotearoa.

**“Nurses need to communicate with patients and their whānau, nursing colleagues and members of the whole health-care team. When they don’t, that can cause suffering, harm and even death.”**

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The move would eliminate any “unnecessary barriers” to registering IQNs in New Zealand, while ensuring they had the language skills to

practise safely, Nursing Council chief executive Catherine Byrne said. "We are confident that this writing score is sufficient to ensure public safety," she said, noting it was the same level as required in the United Kingdom and higher than required to immigrate or study in Aotearoa New Zealand. This reflected the technical language requirements of nursing practice, she said.



*Catherine Byrne*

"Good communication is critical for good and safe nursing," Byrne said. "Nurses need to communicate with patients and their whānau, nursing colleagues and members of the whole health-care team. When they don't, that can cause suffering, harm and even death."

But it was also important that "unnecessary barriers" were not created and requirements were clear. "Today's refresh makes our standards clearer to international nurses who wish to pursue a career in Aotearoa, New Zealand, while ensuring that they have the necessary language skills to practise safely."

In its April/May consultation, 68 per cent of respondents supported and 17 per cent opposed the change, Byrne said.



The changes also took into account "broader feedback" received on its English language policy from recruiters, employers and IQNs themselves, she said.

The council would also be giving “clearer” [guidance](https://www.nursingcouncil.org.nz/IQN) about how English competence is assessed, to ensure eligible nurses didn’t sit tests unnecessarily, Byrne said. The council would continue to offer three pathways for IQNs, but had renamed them all “evidence pathways” to emphasise all nurses must demonstrate English competence, she said. Previously, two pathways were referred to as “waivers”.

The three are:

- A test-based pathway through IELTS or OET results.
- An education-based pathway requiring evidence the nurse was taught and tested in English, for nurses from the UK, Singapore, Ireland, Canada or the United States.
- A registration-based pathway where evidence consists of having passed an English language test previously to register in the UK, Ireland, Canada or the United States.

### **Singapore nurse changes**

Nurses educated in English in Singapore have been removed from the registration-based pathway, and are eligible for the education-based evidence pathway. This was because the Singaporean Nursing Board does not require an English language test to gain registration which could slow down the process, Byrne said.

However, nurses registered in Singapore are not normally required to complete a competency assessment programme (CAP) to work here.

The council decided not to give the OET priority status as a “more valid, fairer” English test, as proposed, but will accept both. It also clarified that it did recognise computer-based tests from an IELTS or OET site — but not fully online tests such as OET@home or ILETS Online. The online speaking test component of the OET’s *On Computer* would be accepted.

Further details are available on the Nursing Council’s [home page](https://www.nursingcouncil.org.nz/) or in the [IQN section](https://www.nursingcouncil.org.nz/IQN).

### **More changes coming on cultural safety and assessing competency**

An announcement on other [proposed changes](#) for IQN registration — introducing a knowledge exam and practical assessment and cultural safety education — would be coming soon, a spokesperson said.

Mostly from India and the Philippines, IQNs make up about 30 per cent of the nursing workforce in Aotearoa, council statistics show – and about half of the aged residential care nursing workforce, according to the New Zealand Aged Care Association.



The Nursing Council is required to set English language standards under the Health Practitioners Competence Assurance Act 2003. This requires the council to be satisfied that a nurse can communicate at an appropriate level to practise in their scope and their “ability to communicate and comprehend English is sufficient to protect the health and safety of the public”.

See also [Changes to how IQNs are assessed must balance fairness with safety](#) and [Changes afoot to how IQN competency is assessed](#)

News

## NZNO puts out call for Pasifika nurses at Southland Polyfest

By Mary Longmore

August 30, 2022

“What could be better than our rangatahi meeting proud Māori and Pasifika nurses?” NZNO students reach out to Pasifika community



Nursing students Rosey Holmes and Vanessa Shanks at the NZNO stand at Murihiku Polyfest.

An NZNO stand supported by current nursing students at the Mīharo Murihiku (Southland) [Polyfest](https://www.miharo.co.nz/r%C5%ABnanga) (https://www.miharo.co.nz/r%C5%ABnanga) over August 22-26 was a good way to try and attract more Pasifika and Māori into nursing, says organiser Gail Arthur (Ngāti Hauā, Ngāti Tuwharetoa).

“What could be better than our rangatahi meeting proud Māori and Pasifika nurses who can kōrero with them about all that nursing can offer in the culturally and spiritually uplifting experience that is Polyfest?”

**“I think it was valuable to be able to give insight to what studying is like right now as a Māori wāhine and hopefully I was able to encourage others.”**

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Arthur said quite a few people stopped by the stall over the week and talked about nursing as an option for them or their young people.

Southern Institute of Technology student Rosey Holmes said she enjoyed sharing her experiences at Murihiku Polyfest. “I think it was valuable to be able to give insight to what studying is like right now as a Māori wāhine and hopefully I was able to encourage others,” she told *Kaitiaki Nursing New Zealand*. “It was also a good opportunity to meet other NZNO members and Māori nurses in the area.”

Arthur said it was an “excellent way to engage with the Southern region Māori and Pasifika community, by going directly to them”. It also raised NZNO’s profile and supported its [Maranga Mai!](https://maranga-mai.nzno.org.nz/) (https://maranga-mai.nzno.org.nz/) campaign. One of the campaign’s five fixes was to work to increase the number of Māori and Pasifika nurses to meet the needs of tāngata, Arthur said.

It was also a chance to show off NZNO’s “beautiful Te Poari banner”, she said.



Information about caregiver, enrolled nurse and registered nurse training was available, along with NZNO merchandise.

Just three per cent of the nursing workforce identify as Pasifika, against a New Zealand population of seven per cent, according to Nursing Council data.



Letters

## Ode to Shortland Street

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By Helen Kemp

*August 18, 2022*

I wrote this poem in honour of the Government's latest recruitment plan for nursing, and read it out at a recent delegates' meeting. I thought the wider membership might like to read it too:



### All Nurses Hear the Call to Arms

All nurses hear the call to arms,  
Time has come to make a stand,  
Tho' perhaps not the path you chose,  
Or the future you had planned.

Before you start your shift today,  
There's a course for you to do,  
On Connect Me, your favourite site,  
It will make your dreams come true.

It's acting and auditioning,  
And it covers many parts,  
You'll come out of it an expert,  
Well-accomplished in the arts.

You'll learn to do hair and make-up,  
How to walk and talk just so,  
How to work with many cultures,  
And to manage a CEO.

You'll learn when they call out action,  
It's the only time you move,  
With appropriate expression,  
You'll be in the nursing groove.

The benefits are plentiful,  
Recognition and great pay,  
So when you think about it all,  
There's just one thing left to say:

You're tired of the current system,  
So nurses take back your power.  
Let's go and work on Shortland Street,  
Your shift's done in half an hour.

Helen Kemp, RN,  
*NZNO delegate, Wellington Regional Hospital*

Opinion

## Plunket nurses 'stunned' at zero per cent pay rise offer

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By Hannah Cook

August 16, 2022

Whānau Āwhina Plunket nurses seeking pay parity with Te Whatu Ora nurses say a zero per cent pay offer is “demoralising”.

Kia ora, ko Hannah Cook tōku ingoa.

I have been an NZNO delegate since 2011 and national NZNO delegate for Whānau Āwhina Plunket since 2020.

Our NZNO-Whānau Āwhina Plunket collective agreement expired on March 1, 2022, with initiation of bargaining commencing in mid-January 2022. Since then, the bargaining team has made good progress, meeting with the Whānau Āwhina Plunket team over four days, and reaching agreement in principle on a number of improvements in conditions for members across all represented groups.

**To return to the negotiating table this May and be offered a zero per cent wage offer was a real slap in the face and not what members had mandated we accept.**

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Hannah Cook

At the last round of negotiations in mid-2021, we temporarily agreed to forego a wage claim, as most members were paid at similar levels, or at parity, to DHB members at the time. Instead, we focused on an increase to sick leave, pay rises for administration and Family



Start staff (who support expectant parents) and opening up a 40-hour week to those who wanted.

We had agreed to a very short collective agreement so we could return to bargaining as soon as the DHB had settled its new pay rates – which occurred in October 2021.

The DHB/Te Whatu Ora registered nurse (RN) hourly pay rate now ranges from \$28.68 to \$42.55 against \$25.98 to \$39.88 for a Whānau Āwhina Plunket RN, and we again are seeking parity with their rate.

### **Stumbling block**

However, pay negotiations hit a major challenge after our employer stated their position of a zero per cent wage offer. As a bargaining team we were stunned and thought 'surely this is not right'.

I have been a Well Child nurse with Whānau Āwhina Plunket for the last 20-plus years, initially out in the community doing face-to-face work, and since 2007 on PlunketLine providing telephone support nationally. I have also qualified as an international lactation consultant and provide virtual lactation support via telephone and video conferencing around the motu.



*NZNO bargaining team delegates, with Hannah Cook at far right.*

When I talk with my colleagues, it is evident there is huge passion and a sense of pride in the challenging yet rewarding work we do. I hear time and time again, what a privilege it is to work with whānau who often are reluctant or struggle to access other services and how rewarding it is seeing whānau thrive and making a real difference in communities. Many of us have dedicated a large portion of our working lives to work with Whānau Āwhina Plunket as we believe so much in what the organisation has to offer whānau. Being able to walk alongside a family, support them to advocate for themselves and their pēpi and to make a difference every day is a real privilege.

My colleagues and I — including frontline workers, admin support, clinical leaders and other roles — are committed and passionate about the work we do. It is such a privilege to be able to work with whānau to improve their health outcomes, prevent unnecessary GP appointments and help them to parent the best way they can and achieve what they want with their whānau.

### **Challenging times**

Over the last few years, working conditions have been deeply challenging and we have all been working incredibly hard through the 2019/20 measles epidemic and the COVID pandemic. We contended with huge changes in the way we work, moving to virtual appointments while juggling our families, and turning our focus to priority populations under the Whānau Āwhina Plunket new targeted approach. Through all of this we were hoping for recognition in the form of a decent pay rise.

To return to the negotiating table this May and be offered a zero per cent wage offer was a real slap in the face and not what members had mandated we accept. The last pay rise most members had received was June 2020 — more than two years ago.

**NZNO members at Whānau Āwhina Plunket staff are doing such good mahi that it is heart-breaking seeing our colleagues so stretched they are considering giving up a job they love.**

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Our high hopes of getting a significant pay increase to match that of DHB/Te Whatu Ora nurses, has been keeping us going in these challenging times. Some of the words my colleagues used to describe how they are feeling include: "insulted", "overwhelmed", "unappreciated", "pissed off", "hopeless", "let down", "shocked", "speechless", "offended", "unacceptable", "a slap in the face", "a joke", "hurt", "angered" and "unvalued". The flow-on effect of the zero wage offer has been that numerous staff have applied for other jobs or are actively considering early retirement. Morale overall is low.

### **Next moves**

The bargaining team will reconvene on August 26 for further negotiations. Whānau Āwhina Plunket has advised they were insufficiently funded by the Ministry of Health to provide a pay increase to NZNO members. They were concerned about the sustainability of the organisation if they were to go further into debt by increasing wages. We are also concerned about the longevity of the organisation when there is a zero per cent wage offer, the message that sends to members and how demoralising this is.

With our members leaving Plunket as a result, we are concerned there won't be enough frontline staff to do the job we are employed to do. NZNO members at Whānau Āwhina Plunket staff are doing such good mahi that it is heart-breaking seeing our colleagues so stretched they are considering giving up a job they love. Love alone does not put food on the table, pay the mortgage, or buy the petrol to get to and from work.

We will continue to strongly advocate in the face of a demoralising zero percent "increase" offer, and again we will be following our strong mandate from members to seek parity with fellow DHB/Te Whatu Ora members.

#### **Post-MECA pay disparity for Plunket nurses**

<b>RN Steps</b>	<b>Whānau Āwhina Plunket</b>	<b>DHB MECA Community Nurse</b>
RN1	\$25.98	\$28.68
RN2	\$28.12	\$30.82
RN3	\$29.87	\$32.57
RN4	\$31.56	\$34.25
RN5	\$35.07	\$37.75
RN6	\$37.23	\$39.91
RN7	\$37.98	\$40.65
RN8	\$39.88	\$42.55

News

## Real nurses star in campaign to draw more Māori, Pasifika & men into nursing

By Mary Longmore

August 5, 2022

NZNO nurses from military to burns and plastic surgery feature in a new NZNO-Ministry of Health (MoH) recruitment drive to encourage more people into nursing — particularly Māori, Pasifika and men.



**ED Nurse**  
Duran Whiu  
Māori



**Mental Health Nurse**  
Iti Pounamu Mai Tawhiti Papuni  
Māori



**Community Nurse**  
Franz Arevalo  
Filipino



**Family Planning Nurse**  
Grace Esther  
Pākehā



**Burns and Plastic Surgery Nurse**  
Denyse Lewis-Lavea  
Pacific Island



**Critical Care Nurse**  
Ashley Campbell  
Pacific Island



**Mental Health Nurse**  
Michael Brenndorfer  
Pākehā



**Military Nurse**  
Britt Doodles  
Pākehā



**Psychiatric Nurse**  
Jason McCartney  
Māori



**Community Nurse**  
Joe Glassie-Rasmussen  
Pacific Island

The [Real Nurses](https://realnurses.co.nz/) (<https://realnurses.co.nz/>) campaign was among a [raft of measures](#) announced by Health Minister Andrew Little on Monday to reduce pressures on the health workforce.

Worst-affected areas such as mental health and aged care nursing were priorities, with a [mental health nursing drive](#) already underway and aged care launching shortly, MoH principal communications advisor Tom Stephenson told *Kaitiaki*.

NZNO associate manager professional and nursing services Kate Weston said the campaign had been a “long time coming” after COVID and funding delays. It was conceived after the NZNO-DHB 2018 safe-staffing accord, when NZNO, MoH and DHB nurse leaders agreed on a partnership approach to nurse recruitment.

“The whole thing really was to challenge stereotypes of nursing, so not the hearts and flowers stuff but actually real nurses and that’s the underpinning of the campaign — real nurses, real heart, real strength,” Weston said. NZNO staff and members were “adamant” real nurses featured rather than actors, she said. “We said: ‘Don’t give us fake nurses, we want real nurses, we want them to be authentic.’”



## **Diverse nurses**

NZNO campaigns advisor Katy Watabe said the campaign sought a diverse range of nurses across different specialties who could be “relatable” to school leavers, “so young people might be able to see themselves represented in people working in the different areas. We wanted to show people working in different specialties and show the breadth of the work that you’re able to do as a nurse”.

It was also crucial the campaign represented the true skills, energy and “grit” of nurses, Watabe said.

Despite huge pressures, most of those approached — after some hesitation — put their hands up and were “really enthusiastic” to promote nursing to school leavers, she said.

Watabe worked hard to find Māori, Pasifika and male nurses willing to step up “so that young people in those communities might see themselves in the nursing workforce. . . so it looked like something that was acceptable and inviting to a wide range of people”.

Only about seven per cent of nurses identify as Māori, against a population of 17 per cent. Pasifika are seven per cent of the population but just three per cent of nurses — while just five per cent of nurses are male.

Watabe said she also had to “dig” quite hard for some of the less common specialties , such as military nurses.

**“The whole thing really was to challenge stereotypes of nursing, so not the hearts and flowers stuff but actually real nurses and that’s the underpinning of the campaign – real nurses, real heart, real strength.”**

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NZNO initially paid for a small web-based campaign costing about \$80,000, with MoH eventually stepping in with funding to take it wider. Total campaign costs were “confidential”, Stephenson.

“Now it is going to have the exposure we’ve always wanted, because to fund it on our own as NZNO was not sustainable. So it was great to have the ministry take it to the next level as a national campaign across sectors,” Weston said.

Work was also underway on an international nurse recruitment drive, with guidance from the World Health Organization on an ethical approach amid a global pandemic and nursing shortage, Weston said.

Chief nurse Lorraine Hetaraka said the Real Nurses campaign “showcases nursing as a diverse, meaningful and rewarding career”. [Realnurses.co.nz](https://realnurses.co.nz/) (<https://realnurses.co.nz/>) provided information about different nursing specialties, what training providers were available in their area or — for those looking to return to nursing — a link to the Kiwi Health Jobs [site](https://www.kiwihealthjobs.com/jobtools/JnCustomLogin.Login?in_organid=19737) ([https://www.kiwihealthjobs.com/jobtools/JnCustomLogin.Login?in\\_organid=19737](https://www.kiwihealthjobs.com/jobtools/JnCustomLogin.Login?in_organid=19737)) to see current listings, she said.

It would target the 18-24-year-old age group, with ads on Facebook, Instagram, TikTok, YouTube and Twitch, as well through as a partnership with the TV show *Shortland Street* from August 15, with a “small storyline integration”.



Features

## **Self-advocacy: An important skill for students on clinical placement**

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By Maddi Downer, Joan Waipouri, Gabie Roquid, Steven Li, Tamar Nonoa, Rachael Work, Katie Ferguson and Willoughby Moloney

*August 4, 2022*

To gain the most from clinical placements, nursing students need to know how to communicate confidently with their preceptors – about what they do and don't know.



*A positive clinical placement experience helps build confident skilled nurses. PHOTO: ADOBE STOCK*

Through discussing their clinical placement experiences, a group of second-year nursing



students at a New Zealand university concluded their self-esteem was connected to their ability to self-advocate, which helped create a positive clinical experience.

This article explores some of the barriers which inhibit nursing students' self-advocacy and makes recommendations to support them to successfully advocate for themselves while on clinical placement.

### **What is self-advocacy?**

Nurses need to be able to advocate for their patients; however, this begins with developing the capability to speak up confidently and advocate for oneself.<sup>1</sup> Self-advocacy for student nurses is also about being able to communicate learning goals and actively work towards achieving them.<sup>2</sup> A student nurse who self-advocates understands their rights, communicates clearly and practises leadership skills.<sup>1</sup>

Clinical placements can be challenging and stressful for student nurses. Cultivating the skill of self-advocacy helps them to succeed in their learning and ensures quality education.<sup>3</sup>

Clinical preceptors may be unsure of each nursing student's education level or capabilities. They may have low expectations because they see the nursing students as having less experience, or they may have high expectations that place nursing students in situations where they feel out of their depth and unsafe.<sup>4</sup>

The nursing student, therefore, has a responsibility to clarify with the health-care team their expectations of the student's knowledge and skills.<sup>2</sup> Advocating for themselves enables the student nurse to persist and advance in their academic performance, despite any challenges that arise.

### **Barriers**

Nursing education should support the development of student self-esteem to prepare them to transition into registered nurses (RNs).<sup>5</sup> It is important that nursing students understand that having confidence and self-esteem increases their ability to self-advocate.

Often nursing students can feel intimidated by their perception of the hierarchy in the health-care team, which prevents them from having the courage to self-advocate.<sup>6</sup> They are silenced by their desire to fit in and by the anxiety of potentially receiving negative repercussions or being ignored.

## **Often nursing students can feel intimidated by their perception of the hierarchy in the health-care team, which prevents them from having the courage to self-advocate.**

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Key barriers to nursing student self-esteem and self-advocacy include poor communication between clinical preceptors and students, lack of confidence and inadequate supervision, which in turn have a negative effect on their clinical performance.<sup>7</sup>

Clinical placement should be a safe setting to ask questions and put theoretical skills into practice. However a common factor contributing to low confidence in nursing students during placements is bullying and intimidation from RNs.<sup>8,9</sup>

One nursing student related her experience with intimidating preceptors, saying their attitudes resulted in her being too afraid to speak up. She described multiple encounters in which her preceptor expressed annoyance at her for not knowing certain medications, even though it was only her second week on placement.

This attitude resulted in the student having anxiety and low confidence before shifts as she knew she would be paired with the same preceptor. This highlights the importance of a good preceptor-student relationship to encourage the student's self-esteem in the clinical setting.

Nurses need to be able to collaborate with colleagues and the wider health-care team to facilitate and coordinate patient care.<sup>10</sup> This requires a good level of self-esteem and the ability to self-advocate.

## **Clinical placement should be a safe setting to ask questions and put theoretical skills into practice.**

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One student nurse discussed her struggles with self-esteem and self-advocacy when interacting with the multidisciplinary health-care team. The student described herself as naturally introverted and said she felt like an inconvenience when having to voice concerns to team members because she lacked experience and knowledge.

To gain confidence as a student nurse, it is important to gradually take on patient loads independently.<sup>11</sup> A student nurse talked about how her lack of confidence resulted in her being overly dependent on her preceptors when providing patient care. She held back from making care decisions and relied on her preceptors to assess and plan patient care.

Another student talked about taking on far too large a patient load for their relative skills, due to significant staff shortages. They felt too afraid to speak up and ask for help. These are examples of how low self-esteem prevents student nurses from advocating for themselves and their patients, which can result in poor patient outcomes.[12](#)

### **Recommendations**

For nursing students, being able to make decisions is an important aspect of developing a sense of empowerment.[13](#) This can be difficult when nursing students work under the delegation of RNs who may not know how to properly support their students.

It is therefore important that RNs are given preceptor training in how to effectively support nursing students during their clinical placements. This should include treating students with dignity, expressing gratitude for their contributions, helping them make clinical decisions, and helping them make meaningful contributions to nursing care.[13](#) RN preceptors who demonstrate empowering behaviour to nursing students help to increase their confidence and self-efficacy.[13](#)

Having enthusiasm and confidence paves the way for individuals to make decisions and act on their own behalf.[14](#) Strategies to improve self-confidence include setting goals and celebrating achievements as each milestone develops their knowledge and capabilities.



One nursing student felt that actively showing enthusiasm and confidence resulted in their preceptors ensuring they were involved in new procedures that were rare to the ward. Nursing

shifts are often busy and workloads heavy, so preceptors may at times forget they have a nursing student. Therefore, the nursing student must actively communicate their interest and seek out learning opportunities. The student credited their ability to practise independently under supervision to their ability to communicate their nursing skills and learning goals to their preceptor.

It is also important for nursing students to identify their competence in the clinical setting. Preceptors may find it difficult to recognise a lack of knowledge or confidence,<sup>15</sup> therefore students need to inform them of their current abilities.

One student reported that they did not face unnecessary stress when they acknowledged their abilities with their preceptors early on, which meant they were not placed in situations where they felt unsafe. They felt that their preceptor developed trust in their capabilities and ability to advocate for themselves, which resulted in them being given a patient load under supervision.

### **Another student talked about taking on far too large a patient load for their relative skills, due to significant staff shortages.**

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When a nursing student self-identifies their clinical skills, they become more confident within their practice and progress. If students have set objectives and expectations for their placement, their preceptor will have more direction on how to support them and meet their goals.<sup>16</sup>

Training in team communication in a wide range of clinical settings helps nursing students improve their confidence and self-advocacy skills.<sup>6</sup> As well as being able to communicate with their preceptors, students should be supported to communicate with fellow students.

Collaboration with peers leads to students feeling safer and more supported in practice, resulting in an overall increase in self-confidence.<sup>17</sup> Sharing experiences and knowledge with peers helps build confidence in clinical practice, develops knowledge and skills, and decreases stress and anxiety.<sup>18,19</sup> Therefore, supporting peer communication and collaboration during clinical placements helps to develop student confidence and ability to self-advocate.

### **Conclusion**

Self-advocacy is an attribute that greatly benefits nursing students during clinical placements and results in improved patient outcomes. Organisations should consider the above recommendations to support clinical preceptors and nursing students, thereby improving the clinical placement experience and developing confident skilled nurses.

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This article was reviewed by **Sally Dobbs, RN, EdD, MSc, MAEd**, who is the head of faculty at SIT2LRN at the Southern Institute of Technology, Invercargill.

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News

## Stepping up and speaking up, across the ditch

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By NZNO president Anne Daniels

*August 19, 2022*

NZNO's Maranga Mai! campaign has strong echoes across the Tasman in New South Wales, where nurses and midwives are fighting for nurse-patient ratios and "stepping up and speaking up" about the pressures they are under.



*NZNO kaumātua Keelan Ransfield, president Anne Daniels and chief executive Paul Goulter at the NSW conference.*

When the New South Wales Nurses and Midwives' Association (NSWNMA) invited NZNO chief executive Paul Goulter, kaiwhakahaere Kerri Nuku and myself to their annual conference in early August, I wondered what we would gain from the trip. (NZNO kaumātua Keelan Ransfield represented Kerri at the conference as she could not attend.)

The strength of the NSW nurses and midwives' voices was already evident on TV, radio and

newspapers in both Australia and New Zealand. Why would they need it to be stronger? The individual stories from nurses "stepping up and speaking up" at the conference resonated loudly and made it clear why such campaigns are needed.

The main thrust of the conference was safety in practice, with a particular focus on fighting the NSW government to adopt nurse-patient ratio legislation to safeguard nurses and patients in public, primary and private care/aged care.

The issues of recruitment and retention of nurses arose repeatedly during the conference. Current NSW government policy was criticised, and compared to the way the Queensland government supported nurses, eg with a recent cost-of-living payment to Queensland nurses over and above their pay.

The conference kicked off with acknowledgement of the indigenous peoples and their ownership of the land, and speakers throughout the conference emphasised the need to honour inherent indigenous rights. How this is borne out in action within the processes of the union was a question I left with and need to follow up on.

Straight after the formal opening, nurses began "stepping up and speaking up", about their work experiences. One nurse described losing a patient whose AAA (abdominal aortic aneurysm) ruptured while being transferred to a helicopter pad that was an hour from the hospital. This led to the nurse asking and getting help from the community to fund-raise for and build a helicopter pad in the local rural hospital grounds.

Another nurse working in aged care watched as her colleagues started resigning during COVID, in distress at not being able to do the job to the standards they expected of themselves. That nurse stood up and asked until she found the right person and groups to help her get the funding to recruit enough nurses to make her facility and her aged-care residents safe.

The challenges faced by nurses everywhere were outlined by health workforce expert and visiting

### **Panel debates COVID-19**

Inadequate staffing and problems with personal protective equipment (PPE) and infection control were the main issues that arose in a panel discussion on COVID-19 at the NSWNMA conference, NZNO kaumātua Keelan Ransfield reports.

He said the panel, which consisted of Australian, Canadian and United States nursing leaders, shared experiences and analysis and discussed opportunities related to the pandemic.

Questions they debated included what their concerns were during the initial outbreak, and what they thought were the greatest challenges COVID posed for the provision of equitable health care.



professor James Buchan, who opened the conference with an update of the ["Sustain and Retain in 2022 and Beyond"](https://www.intlnursemigration.org/wp-content/uploads/2022/01/Sustain-and-Retain-in-2022-and-Beyond-The-global-nursing-workforce-and-the-COVID-19-pandemic.pdf#:~:text=11%20-%20Sustain%20and%20Retain%20in%202022%20and,of%20a%20global%20pandemic%20and%20worldwide%20nursing%20shortages.) (https://www.intlnursemigration.org/wp-content/uploads/2022/01/Sustain-and-Retain-in-2022-and-Beyond-The-global-nursing-workforce-and-the-COVID-19-

"The conversations were amazing, as was the feedback from attendees, and the panel were very passionate in their responses," Ransfield said.

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[pandemic.pdf#:~:text=11%20-%20Sustain%20and%20Retain%20in%202022%20and,of%20a%20global%20pandemic%20and%20worldwide%20nursing%20shortages.](https://www.intlnursemigration.org/wp-content/uploads/2022/01/Sustain-and-Retain-in-2022-and-Beyond-The-global-nursing-workforce-and-the-COVID-19-pandemic.pdf#:~:text=11%20-%20Sustain%20and%20Retain%20in%202022%20and,of%20a%20global%20pandemic%20and%20worldwide%20nursing%20shortages.)) paper he co-wrote for the International Council of Nurses. He outlined factors contributing to shortages of nurses, midwives, and health-care assistants — shortages which were real, well before the COVID-19 pandemic.

The issues of recruitment and retention, safe staffing, health and safety, and the disconnect between nurses' unions, government and employers were repeated at the conference in different ways by different speakers, from different parts of the health sector.

Amongst all of this, individuals and nurse collectives have "stood up and spoken up" to make a difference. Why? If we don't speak up for ourselves, no-one will do it for us. One speaker reminded delegates that "we are leaders amongst equals". For me, every one of our NZNO members is a potential leader, particularly when injustice and the ensuing anger drive an individual to rally their colleagues and their communities to "stand up and speak up".

It quickly became clear to me that the infrastructure and way of working in the NSWNMA was quite different from our union. The first eye-opener was the large hardship fund the NSW union has. Parcels of up to \$5000 were given to applicants experiencing hardship from recent floods and fires.

## **The main thrust of the conference was safety in practice, with a particular focus on fighting the NSW government to adopt nurse-patient ratio legislation.**

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I asked NSWNMA general secretary Brett Holmes how they were able to develop such a fund and was told that it came from the membership fee structure. Annual fees are based on 0.95 per cent of a step 4 RN salary (they have eight steps), with lower fees for enrolled nurses and health-care assistants. Union fees are also tax-deductible under NSW government legislation.

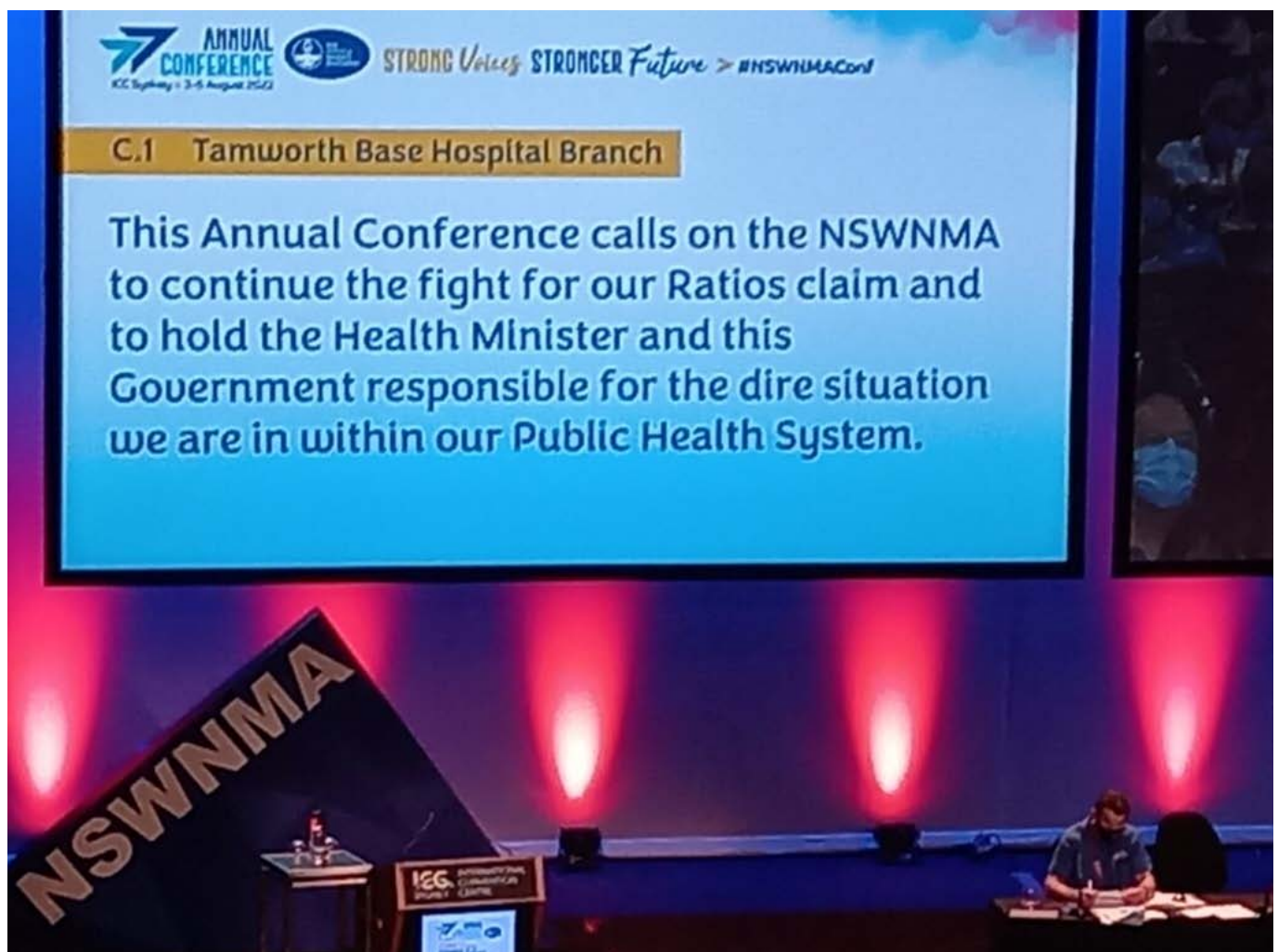
Applying the same formula for our union fees would equate to \$678.79 annually, which is

higher than we currently pay to NZNO (\$587.76 per annum for RN/NP/midwife and other health professionals). This fee structure has put them in a strong financial position. One outcome of this approach is that the better nurses are paid, the better off the union is financially to do the work needed for members.

It was also interesting to see how NSWNMA policies were written and reviewed. This was the responsibility of the regional councils. Professional nurse advisors drafted up policies requested by the various councils, then sent them back to the councils for discussion and refinement to ensure that the policies take into account the realities of practice. Then the drafts are distributed to all councils to review and develop any questions or challenges. These are brought to the AGM where the whole assembly could put forward their questions or challenges. Then the policy is voted on. In this way, all delegates and by default, members, are engaged in the process.

It was clear to me that the issues being experienced by our cousins in Australia are very similar to ours. Conversations with the Canadian and Californian nurse presidents, who also attended the conference, confirmed these as worldwide problems.

We are all in this together. And together, nationally and internationally, we must Maranga Mai! – Rise Up to create the change we all want to see for nurses and the nursing profession.



*Fighting for nurse-patient ratios is a strong focus of the NSWNMA.*

Opinion

## **Te wero, our challenge, to grow our own workforce**

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By Sue Adams and Josephine Davis

*August 31, 2022*

The COVID-19 surge workforce — of unregulated health workers — could be an important source of new nurses.



*Josephine Davis and Sue Adams*

We have now reached the stage, in Aotearoa, where the nursing workforce crisis is adversely affecting the health and wellbeing of our communities.

COVID-19 has certainly taken its toll, placing additional, significant pressures on nurses. And while burnout and attrition rates are high, the passion, dedication and professionalism of the nursing workforce across the sector, to ensure timely and safe access to care, is exemplary.

But this workforce crisis was in the making long before the pandemic. It is time to rethink strategies, but more importantly to act upon ideals and ideas.

Under the auspices of Te Whatu Ora (Health New Zealand), work is underway to develop models to recruit and retain nurses, and to staircase nurses' career development – this is known as the nursing pipeline programme.

While this is intended to be a whole-of-sector approach, the challenge – te wero – for the leadership group at the helm of the pipeline work is: How will the capability and capacity of primary health care (PHC) nurses be supported to unleash their potential to deliver health equity?

### **PHC nurses the poor cousins**

For too long, PHC nurses (including those working in aged care and across communities) have been the poor cousins of the secondary sector, in terms of both pay and access to career development funding.

It is time to acknowledge the PHC nursing workforce as central to promoting the health and wellbeing of Aotearoa's population. They deliver care to people with increasingly acute, complex and long-term needs, and reduce the burden on hospital services.

## **The COVID-19 pandemic has left us with an opportunity, in the form of the so-called surge workforce.**

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Further inequities are experienced by Māori and Pacific nurses and those working for Māori and Pacific health providers. Our workforce equity statistics are poor. Despite a decade of rhetoric about increasing the number of Māori nurses in our workforce, the number still sits around just eight per cent of the total nursing workforce — no change in well over a decade;<sup>1</sup> four per cent are Pacific; and 27 per cent are internationally qualified.<sup>2</sup>

The current drive to bring in overseas trained nurses is one priority of Te Whatu Ora, which is offering \$10,000 per nurse to support visa and registration requirements. Yet after six weeks (by mid-August 2022) of the accredited employer work visa, just 18 nurses had applied.

Instead, we have solutions in our own back yard. The COVID-19 pandemic has left us with an opportunity, in the form of the so-called *surge* workforce. Many of the kaimahi (unregulated health workers) who were part of this surge are Māori and Pacific, who stepped courageously and effectively into roles to support the COVID response for their communities.

Such a local workforce has embedded cultural safety, and, with enrolled nurse (EN) or

registered nurse (RN) education, will deliver nursing care to their communities for years to come.

### **Supporting kaimahi through the EN diploma**

A scheme to support kaimahi through their EN diploma (which takes 18 months) is successfully underway in Te Tai Tokerau as part of the EN-NP workforce programme funded through the Ministry of Health.<sup>3</sup> Benefits will be far-reaching where those kaimahi/ENs role-model and support local rangatahi to follow in their footsteps (whether into health or another profession). This generational sustainability supports broader socio-economic determinants and wellbeing, activating the flourishing of whānau and communities.

Once in the nursing workforce, PHC nurses need to be supported to develop their careers, including as RN designated prescribers, nurse practitioners and senior leaders. Across the country there are multiple examples of nurse-led services innovatively working to deliver health care. It is time such services were accessible to all our communities.

## **Once in the nursing workforce, PHC nurses need to be supported to develop their careers, including as RN designated prescribers, nurse practitioners and senior leaders.**

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As part of the EN-NP workforce programme and NP training programme, we are intentionally supporting Māori and Pacific RNs to progress through their NP pathway.<sup>4</sup> Providing equity of access to funding, appropriate support, and culturally safe education and mentoring are just some essential requirements in place.

Engaging with consumers and whānau through co-design is now a requirement of health entities under the Pae Ora (Healthy Futures) Act 2022. Communities want to be active partners in determining local solutions and models of care. Our EN-NP workforce programme engages with local communities, iwi and hapū, and providers, to develop models of care.

While similarities emerge, so does diversity. Nationally, there is an opportunity now to bring in new people with new vision, who can ask questions and challenge entrenched institutional perspectives. It is time to be courageous, to do things differently.

If the principles of Te Tiriti o Waitangi were embedded in workforce planning programmes, recruiting kaimahi into nursing and the career development of RNs and NPs would be prioritised across the health and education sectors, working with local communities to co-design solutions.

Resources would be fairly distributed and achieving health equity would be central to all

activities. Surely, this would be a marker of health policy where social justice is truly enacted.

**Sue Adams, RN, PhD (tāngata tiriti), and Josephine Davis, RN, NP (tāngata whenua)**, are co-leaders of the EN-NP workforce programme, University of Auckland.

See also [Maranga Mai!Education — what needs to change](#) and [Nurses around the country protest lower pay in primary health care](#)

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News

## Thanks minister, but please put nurses on the fast-track to residency

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By Mary Longmore

August 2, 2022

NZNO is cautiously welcoming a raft of new health workforce measures and a global nurse recruitment campaign — but says ultimately Aotearoa needs to grow its own health workforce.

Chief executive Paul Goulter also said the initiative “completely ignored” NZNO’s call to include nurses on the fast-tracked for residency “green list” announced in May.

Health Minister Andrew Little on Monday announced [a range of measures](https://www.beehive.govt.nz/release/government-plan-boost-health-workers) (<https://www.beehive.govt.nz/release/government-plan-boost-health-workers>) to boost the health workforce, including up to \$10,000 towards each overseas nurse’s New Zealand registration. Up to \$5000 would also be available for nurses in New Zealand who had left the profession to re-register in an extension of the [Return To Nursing](https://www.health.govt.nz/our-work/nursing/developments-nursing/return-nursing-workforce-support-fund) (<https://www.health.govt.nz/our-work/nursing/developments-nursing/return-nursing-workforce-support-fund>) programme.

The number of nurse practitioners being trained each year would also double from 50 to 100.



Andrew Little

Te Whatu Ora (Health NZ) will become a “one-stop shop” for international health worker recruitment, immigration and registration support, under the plan.

Little said the plan was “just the start” and meant more health workers were trained locally, while removing cost barriers for overseas doctors and nurses to come here. This would ease pressure quickly, as well as bring in “a more long-term fix”, he said.

Goulter said he was pleased the Government had listened to NZNO, but the measures didn't go far enough.

Any plan needed to retain nurses with good pay and conditions, as well as attract them, he said. While the financial incentives would likely bring people in, there appeared little to keep them there. "Yes, there are some elements that will attract people into nursing here, but there is little to retain them or ensure they have good pay and conditions," he told *Kaitiaki*.



*Paul Goulter*

"Furthermore, it completely ignores our call for nurses to be put on the green list for immigration." Announced in May, the [green list](https://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/tools-and-information/work-and-employment/green-list-occupations) (https://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/tools-and-information/work-and-employment/green-list-occupations) allows 85 hard-to-fill professions including surgeons, specialists and psychiatrists to apply for residency after six months. Nurses are in the next tier, in which they must wait for two years before applying.

**"Yes, there are some elements that will attract people into nursing here, but there is little to retain them or ensure they have good pay and conditions,**

Ultimately, Aotearoa needed to focus on growing its own nursing workforce, Goulter said. "We need to build the capacity to grow our own nurses."

Addressing the nursing shortage is the key focus of NZNO's [Maranga Mai!](https://maranga-mai.nzno.org.nz/) (https://maranga-mai.nzno.org.nz/) campaign, launched in May, which calls for te Tiriti to be embedded across the health system; more nurses across all sectors; pay and conditions which value nurses; more nurses in training and more Māori and Pacific nurses.





*NZNO members at the Maranga Mai! campaign launch in May*

Goulter said the Government appeared to have listened and responded to NZNO's campaign.

Little said today's health workforce pressures had been "decades" in the making, but exacerbated by COVID-19 and "the worst flu season in living memory".



*Ailsa Claire*

He said the measures were "just the start" of a national health workforce plan, which was being led by former Auckland District Health Board chief executive Ailsa Claire.

That included looking at streamlining registration processes for overseas-trained nurses.

However, there would be a "strong emphasis" on growing and supporting the Māori health workforce, a key focus for the Māori Health Authority. Growing the Pacific health workforce was also a focus, Little said.

Government plan to boost health workforce:

- Up to \$10,000 towards international nurses' registration and competency tests in New Zealand, as part of "streamlining" the entry of overseas-trained health professionals.
- Up to \$5000 to support New Zealand nurses who have left the profession to re-register.
- Doubling the number of nurse practitioners trained each year from 50 to 100.
- National and international health-care recruitment campaign.

- Dedicated recruitment, immigration and registration support services within Te Whatu Ora to assist international health workers' move to New Zealand.
  - Supporting people who “stepped up” to work in the COVID-19 vaccination programme to enter the health workforce.
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Opinion

## What you can do about unsafe staffing on your ward

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By Ben Basevi

August 10, 2022

NZNO members went on [strike](#) last year and won — alongside pay increases — an agreement that employers return to safe staffing levels.



The improvements are found in appendix 1b (p69) of your [DHB-NZNO MECA](#) (<https://d3n8a8pro7vhmx.cloudfront.net/nzno/pages/978/attachments/original/1636941849/NZNO-DHB-MECA-2-Aug-2020-31-Oct-2022-final-signed.pdf?1636941849>) — the healthy workplace agreement. It includes commitments made by the employer on safe workplaces, complying with the Health and Safety at Work Act (2015) and having sufficiently experienced nursing and

midwifery staff. It also sets down an upgraded escalation pathway (p72) for an individual or team who find themselves in an unsafe situation.



*Ben Basevi*

The changes include a new term — “limit of safe practice” — which binds the escalation pathway to worker rights under the Health and Safety at Work Act.

The escalation pathway is a way for nurses on the floor to inform their manager when they consider themselves to be reaching, or approaching, their limit of safe practice. Members need to either phone or have a face-to-face conversation with a more senior manager to inform them they have reached their limit of safe practice.

The manager is then obligated to not increase that nurse's (or team's) workload and immediately address their concerns. The hospital operations manager is required to then review the situation, and assess whether they consider an “acute staffing shortage” exists or not ( defined under the pathway as “the acuity of the patient care required exceeding care hours available”).

If the situation is not immediately resolved, by redeploying staff from other areas or calling on pool staff, the manager must escalate it — and that escalation must continue to the top of the organisation if not resolved at a lower level.

Staff need to also document the situation on a limit of safe practice form available on NZNO's website [here](https://www.nzno.org.nz/groups/health_sectors/dhb/dhb_escalation_pathway) ([https://www.nzno.org.nz/groups/health\\_sectors/dhb/dhb\\_escalation\\_pathway](https://www.nzno.org.nz/groups/health_sectors/dhb/dhb_escalation_pathway)) and share it with their delegate or health and safety representative (HSR), as well as sending it to [escalationpathway@nzno.org.nz](mailto:escalationpathway@nzno.org.nz).

The escalation pathway will function in any workplace covered by the MECA, whenever work conditions are such that members consider they have reached the limit of safe practice due to an acute staffing shortage.

### **Te Whatu Ora's responsibility to provide a safe workplace**

The district health boards (now Te Whatu Ora) have final accountability to ensure that a safe system of work is provided. If Te Whatu Ora fails to meet its commitments, NZNO may apply to the Employment Relations Authority (ERA) for remedies, including penalties. These can include directives and/or fines.

Meanwhile, locally, NZNO HSRs will work with delegates to review whether the escalation pathway is functioning effectively in their workplace. If not, HSRs (with support of the workers) may take a range of actions under the health and safety legislation to drive the

accountability off nursing shoulders and onto those of senior operational management, where it belongs.

If managers have not acted appropriately — by not following the process, trying to suppress the issue or it is the fourth time this week a limit of safe practice form has been filled out — other avenues may need to be explored.

**If not, HSRs (with support of the workers) may take a range of actions under the health and safety legislation to drive the accountability off nursing shoulders and onto those of senior operational management, where it belongs.**

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A provisional improvement notice (PIN) can be issued to the employer by the HSR, alerting them to a possible breach of health and safety laws, under which management were legally accountable.

#### **National action**

Another option is national action. NZNO and other health unions can examine the limitations of safe practice reports across the country and the number of enforcement actions being taken by HSRs. If there is a clear trend of continuing unsafe staffing situations, unions can then advocate at a much higher level — either directly with the employer or by taking legal action through the ERA.

Regionally, organisers will be reviewing both the limit of safe practice assessments and health and safety actions underway. They will coordinate any regional or national initiatives needed when local thresholds have been breached.

We are aware of reported incidents where patient harm has resulted from unsafe staffing — including death. I encourage you to escalate your concerns when working in an unsafe environment — it is crucial for our patients as well as ourselves.

***Ben Basevi** is a safe staffing coordinator, lead NZNO delegate and health and safety representative at Te Toka Tumai (formerly Auckland DHB).*

Opinion

## Why Whangārei's ED nurses said 'No' to extra shifts

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By Rachel Thorn

August 24, 2022

Exhaustion, frustration and anger have led emergency nurses at Whangārei Hospital to hand over responsibility for staffing gaps to those in charge.



*Some of the nursing team at the Whangārei Hospital emergency department. Author Rachel Thorn is in the centre in the blue cap with glasses on her head.*

The week, in mid-July, when the emergency nursing team at Whangārei Hospital decided to stop picking up extra shifts, we had covered almost 500 hours of extra work to patch roster gaps and sick calls.

We had used casual staff, part-time staff, permanent staff, full-time staff, our clinical nurse educator, our clinical nurse specialist and our clinical nurse manager on the floor to keep the department safe.

The previous nine months, we had worked 12-hour shifts, short changes, 100-plus hour fortnights and more. We navigated building work inside, triaged in cold tents outside, resuscitated in rooms so small you are climbing under equipment to get to the other side of the bed.

We'd been rung, texted and messaged on Facebook on a daily basis to help out. The team were exhausted, angry, tearful, burned out, but unable to stop. We were working in survival mode, our manager as burned out as her team, trying to patch a roster with up to 140 roster gaps each month and 11 full-time equivalent (FTE) nurses down. Nurses from overseas who had been offered jobs in our emergency department (ED) were often unable to get here due to visa delays.

### **The final straw**

We felt defeated and morale was the lowest it had ever been since I started work in the ED eight years ago. The final straw was finding out that some of our casuals and nurses working at other district health boards were getting really good overtime rates for the same work we were doing for goodwill, on normal pay. It broke us.

We started talking about how inconsistent and unfair this was under the newly formed Health NZ. At Whangārei Hospital, overtime only kicks in once you work more than 40 hours a week. As many of our nurses are on 0.8 FTE or less – often for their own health and wellbeing – this means they get nothing extra for working an extra shift.

We discovered from our own doctors that the doctors' union had negotiated a really good winter plan for their extra hours. This can involve getting eight times as much incentive pay per extra shift as our nurses are now getting under the national winter payment plan.

We started talking to nurses nationally about their situations and discovered a raft of options being offered to cover staffing gaps — ranging from nothing extra until you work 40 hours (like us) to as much as triple time. We went to our management team and asked for overtime — not triple time, but a reasonable and equitable financial incentive to come in on our days off to help.

We were told every district was paying multi-employer collective agreement (MECA) rates only (ie standard rates until 40 hours) and that the other districts denied nurses were getting more. After 10 days of denial, despite us presenting

evidence to the contrary, we had had enough. We told our manager we were stopping the extra work and returning to our contracted hours until management acknowledged our roster gaps, recognised the extraordinary work we were doing and listened to our concerns.



*'The team were exhausted, angry, tearful, burned out, but unable to stop.'* PHOTO: ISTOCK

Several weeks later, we have made some progress – our managers have finally listened, advocated for us to Health NZ and have tried to support us to fill the gaps. The reality is that they can't. A winter payment plan has now been introduced for nurses (a \$100 incentive payment for an extra shift, plus an on-call and bonus points system), but this still doesn't offer us what is reasonable for the extra work they need us to do and the issue has shifted to health and well-being.

The inconsistencies and contradictory statements being made about our health and wellbeing only made us angrier. We were told Health NZ couldn't offer overtime because it would encourage staff to work unsafe hours – but were happy for us to continue working unsafe hours without financial recognition.

The winter plan rolled out with an emphasis on working as many hours as possible, especially night shifts, despite many staff doing those extra hours already working close to full-time FTE.

## **In stopping, we have discovered that the responsibility to cover our gaps is no longer ours and never should have been.**

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Despite this, the positives from this group decision to stop picking up extra shifts have been immeasurable. We feel empowered again as a team, we feel stronger from standing together, and we feel able to DO something (by not doing something) and to rest.

In stopping, we have discovered that the responsibility to cover our gaps is no longer ours and never should have been. By covering the thousands of gaps this year, we have just covered up a problem that isn't ours to shoulder.

### **Rediscovering normal life**

We rediscovered our normal lives. Many nurses remembered that spending more time at home with their children, and with elderly parents, was more important than propping up the department.

Nurses felt able to nurse with enthusiasm again, no longer working exhausted every day and



still being asked to do more. It was an important shift to looking after ourselves, so that we could continue looking after others.

It wasn't an easy decision — it was incredibly stressful to stand by and watch the department try to cope without us. Management scrambled to patch the shifts with directorate staff and ward staff, even closing a ward to help.

I was firmly told that there was no traction in what we were doing but eventually it was clear that it was not possible or sustainable to cover such a high acuity, specialised and high stress area of work without us. We were asked to meet with our executive leadership team to discuss the options, but their options are very limited without the support of Health NZ.

We are still waiting for decisions to be made. However the national conversation has started and NZNO is on board. We have had an incredible amount of support from nurses across New Zealand – they wanted to express their support and stand with us.

The reality is that most nurses feel they are letting their colleagues down by saying no – but when you take action as a group, it is a community responsibility and the result is to push the responsibility uphill to those who are paid for it — the higher levels of management and ultimately the Government.

## **We have had an incredible amount of support from nurses across New Zealand – they wanted to express their support and stand with us.**

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Under employment law, the employer is the one responsible for the safety, health and well-being of staff and patients. They are responsible for equitable pay to employees who hold equal skills and qualifications and work in the same space. The Government, as our employer, is responsible for people in its care and nurses should feel assured that Health NZ is not going to stand by and watch patients die because nurses are simply working their contracted hours.

The solution is actually simple. Pay us reasonable overtime above our FTE and many nurses will be willing to work more on a short-term basis until recruitment and training can address the shortfall.

In a business world, it's a matter of supply and demand. We are in great demand, there is short supply – we have the power to ask for more without striking, without breaking any rules.

If the nurses of New Zealand chose to work their contracted hours, the health system wouldn't cope — there would be a huge risk to patient lives. The employer has stood back and let us shoulder the responsibility for too long, and fought with us on every small step towards pay

equity for this work they demand.

### **'Action through inaction'**

With the union, we can take a stand by doing nothing — action through inaction. Passively but determinedly demanding what we want – pay equity, back pay, better conditions for our senior nurses and our pregnant women and reasonable, equitable pay for the extraordinary work we are currently expected to do to help Health NZ maintain patient safety and care.

We have the strength to ask calmly, quietly and professionally for what we are worth. We can ask for respect, not just from the public but from our own employers and from the Government.

We can start to shift the historical view of nurses as angels, carers and handmaidens who are willing to give up equitable pay for the sake of goodwill and love. And shift the idea that we are greedy and demanding, taking great chunks of money (which was promised to us) from the taxpayers.

Our doctors support us, they are shocked at our treatment. The most shocking thing to me in the last month was to see the difference in language when you hold the two winter payment plans up together. One was devised before winter, with a focus on how to “support” and “care” for the medical staff over winter, how to “financially incentivise” them to do more in a fair and reasonable way.

The other – given to us as an afterthought when put under pressure, is a complicated and inequitable system of bonus payments — if you can jump through all the hoops and triggers that are needed and actually work out how to claim it.

This clearly indicated to me that nurses really are treated differently in terms of respect and equity, and this view is validated by the doctors who work with us. Right now we are desperately needed, we are expected to work above our FTE and if we don't, the health system can't survive, people will either suffer or die.

If our department is covering hundreds of hours a week, imagine the number of extra hours nurses across New Zealand are covering. Imagine the strength in that number. We just have to work together. Maranga Mai.

**Rachel Thorn, RN**, is a staff nurse and clinical nurse co-ordinator in the Whangārei Hospital emergency department, and an NZNO delegate for ED.

Opinion

## **Witch hunts and perfect storms – why nurses attack their own leaders**

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By Liz Manning and Wendy Blair

*August 10, 2022*

“Oppressed group behaviour” may explain why some nurses promoted to leadership positions find themselves undermined by former colleagues.



*Nurse leaders need support, rather than being criticised and undermined. PHOTO: ADOBE STOCK*

Nurses moving into a senior role or advanced practice position can be faced with transition difficulties including negative behaviour from their previous peer group.<sup>1</sup> Even nurses who

have been in such a role for some time can find themselves, for many reasons, in a perfect storm of isolation, bullying and blaming.

In this article, we briefly explore these negative behaviours in the context of the nursing profession, in terms of the phenomenon of oppressed group behaviour (OGB).

Oppression has been described as *"structural phenomena that immobilise or diminish a group"*.<sup>2</sup> It requires *"a set of norms that are determined by a dominant group and a belief that those outside of the dominant group are inferior"*.<sup>3</sup> It is important to note that oppression is rarely recognised but frequently internalised.<sup>4</sup>

OGB occurs *"when the oppressed direct their anger and sense of helplessness and hopelessness about their oppression to members of their own group."*<sup>5</sup> Psychologists have long understood the phenomenon of OGB and its devastating impact on teams and individuals.<sup>4</sup> It has been recognised as a problem in nursing for at least four decades.<sup>6</sup>



Liz Manning

## **Psychologists have long understood the phenomenon of oppressed group behaviour and its devastating impact on teams and individuals.**

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We contend that despite the widespread understanding of OGB in nursing research, it remains unknown to the majority of nurses. As a result, the associated behaviours are misunderstood and allowed to flourish, causing irreparable damage to careers, livelihoods and the self-esteem of victims.



Wendy Blair

You may be thinking: *"What makes nursing oppressed? I am not oppressed!"* Oppression in this case is gendered and professional. The health system in which we work is a highly gendered masculinist environment where the dominant and valued knowledges are science, medicine and finance.<sup>7</sup> As a feminised workforce, nursing suffers deeply rooted oppression, which results in a profession characterised by high public trust, but undervalued, with enforced homogeneity and silence.

The five facets of OGB are: exploitation, marginalisation, powerlessness, cultural imperialism and violence.<sup>2</sup>

**Exploitation:** A weak professional identity<sup>9</sup> has led to an exploited and fragmented nursing profession. Despite being the one of the largest workforces in the country, nursing is fractured along practice groups, hierarchies and the importance of practice settings. This fracture has created lateral othering (being dismissive and critical of those in similar roles) and vertical discounting (being critical or dismissive of those in senior positions or vice versa — dismissing those with less seniority) in the profession, which distract us from low pay, hard work, frustration and burn-out.

**Marginalisation:** Nursing leaders are a marginalised group. They are expected to manage the nursing workforce and the health dollar, as directed by health sector leaders, which positions them as marginal to both management and to nursing. Nurses in clinical management positions can be considered by managers to be a nurse and considered by nurses to be a manager, thereby ostracising and marginalising those in already difficult roles.

**Powerlessness:** Despite Aotearoa New Zealand having a broad and enabling registered nurse scope of practice, nurses can be limited by what they perceive they are “allowed” to do. Nurses are still expected to take orders from medical colleagues and are actively discouraged from speaking out against the system and those controlling it by organisational policies, fear of repercussions, and uncertainty about whether anything will be done to improve their situation.<sup>10</sup> Powerlessness can also relate to control of nurses’ professional presentation through uniform requirements and other homogenising pressures.

**Cultural imperialism:** Nursing has a culture which has been defined by a dominant group.<sup>8</sup> Historically, nursing has been significantly limited in its positioning as a profession. Stereotypes have defined nurses as undertaking only “dirty work”<sup>11</sup> and this has become embedded in societal understanding. The impact of this is to keep nurses in their place — quiet and subservient.

**Violence:** Attrition rates in the profession increase as nurses absorb more interprofessional and interpersonal violence from patients, whānau, other health professionals and their own nursing colleagues. Violence is not always physical — for example in nursing we see bullying,<sup>12</sup> witch hunts, sabotage, scapegoating and a myriad of passive-aggressive behaviours, all indicative of low self-esteem in an oppressed profession.<sup>8</sup> These negative behaviours can all result in longstanding personal and professional damage to those who are targeted.

**Research shows that nurses who have moved away from the “bedside” are dismissed by colleagues as no longer being a “real nurse”.**

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Research shows that nurses who have moved away from the “bedside” are dismissed by

colleagues as no longer being a “real nurse”.<sup>13</sup> This is highly damaging for nurses at a national political level: “When nurses are so busy fighting with themselves, they cannot stand together to form a collective voice.” As the health sector restructure evolves, it is critical that the nursing voice is heard. Our voice is vital. We have, as nurses, a responsibility towards our own profession and the health of New Zealanders.

Knowledge of OGB is important as it helps us understand behaviours common in nursing, such as vertical discounting and lateral othering, which lead to professional constraint and silencing.<sup>9</sup> Rather than criticising them, rather than dismissing and silencing our own, we should be enabling our nurse leaders by providing them with information and support.

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