

OPINION

‘We have given until we’ve bled’ – the importance of a shared struggle

BY NZNO CHIEF EXECUTIVE PAUL GOULTER

November 7, 2022

You may have noticed I’ve been talking a lot lately about the power of the collective and NZNO members — whether nurses, kaiāwhina or health-care assistants — turning up for each other, no matter where or what part of the health sector you work in.



Paul Goulter and NZNO industrial advisor Danielle Davies at the recent Evolution Health group strike in Wellington.

Why? Because your struggles are shared ones — you have all given until you have bled and you have all been disrespected. At the heart of our [Maranga Mai!](#) campaign is solidarity — every nurse, everywhere. Uniting in our struggle makes us stronger and raises our profile. It also empowers those smaller groups outside who may have less bargaining power, such as nurses at Māori and iwi providers.

We saw this when Te Whatu Ora nursing staff recently [refused extra shifts for a week](#) in protest over unfair winter payments and being expected to prop up an understaffed health system day after day, year after year.

Primary health, Plunket and Healthcare NZ members, too, [joined forces in protest](#) over their shared pay disparities, even though they are on three different contracts.

They work harder and harder and eventually they will crack... often in that cracking they will start to tell their story - and that's an immensely powerful thing.

The issues beneath these strikes and rallies are common to all nurses — a lack of resourcing and long-term political commitment to the profession.

Nursing — like teaching — attracts people who are absolutely dedicated. And because of that commitment — to patients, to tamariki — they sometimes put up with things like low pay, unreasonable pressures and long hours. I have seen employers take advantage of that commitment. And our members work harder and harder as they try to do their best for those they care for — and eventually they snap. I believe it's wrong to force people to the end of their mental and physical limits, and that it is a health and safety issue.

I have been out around the motu meeting and talking directly to our nursing members — and when I speak of nurses, I mean all our members in nursing and health including health-care assistants (HCAs), kaiāwhina and others. Nurses I talk to — whether at Te Whatu Ora, Māori and iwi providers, schools, aged care or primary health — are telling me they want to be heard, to be respected — and that is what we're doing.



Julie Newman, Marie Turner, Ariah Stuart and Rebecca Hosler were among more than 4000 nurses from primary health and Plunket who went on strike in October.

Fragmentation

Aotearoa's fragmented health funding model causes problems, not only for staff but for employers. It's particularly bad for Māori and iwi providers who often have short-term funding contracts and tough compliance responsibilities. All this hinders them from delivering health care to New Zealanders who need it the most.

My hope is that Te Whatu Ora will reduce some of that fragmentation and see the savings given to the frontline workers — but the jury is out on that for now.

Rising up together harnesses the enormous power our nurses and members have. Joining into one coherent force will bring us the respect we deserve — and the Government can show you that respect by funding nurses — no matter where they work — at the professional level they deserve.



Whangārei emergency nurses in July began refusing extra shifts over unfair winter payments, leading to a nationwide response from Te Whatu Ora nurses who followed suit.

Digging in

We have only just started on this road — there is a long way to go yet.

Nurses' frustration has built up over time, across governments of either hue. It's taken years to build and history tells us you can't just change such long-standing under-resourcing and lack of political commitment overnight. And I think nurses are realistic about that – but what you absolutely need and deserve, and I think are responding to, is that we've started on the journey back.

Nursing – like teaching – attracts people who are absolutely dedicated

Such collective actions also empower us as a profession and union — you know your colleagues around the motu are sharing your pain and protesting alongside you, no matter where you work.

I believe this momentum will continue, with more and more nurses supporting NZNO's whole-of-campaign approach to successfully win what nurses need and deserve.

Finding your voice

It can be challenging to speak up in health's hierarchical and, at times, punitive culture, even when there are strong, potentially illegal, health and safety concerns. Partly that's out of fear of employment repercussions, and sometimes people are just so exhausted that speaking up is just another imposition on scarce time and energy.

Instead, hard-working health professionals knuckle down and get on with it. They work harder and harder and eventually they crack. It's a health and safety issue but also often in that cracking they will start to tell their story – and that's an immensely powerful thing.

— *Paul Goulter has spent his professional life working in unions in both the private and public sectors.*

Tags

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NEWS

Extra-shift boycott effective, but stressful: survey

BY CATE MACINTOSH

November 1, 2022

Exhausted and demoralised Te Whatu Ora nurses took action to highlight extreme staffing shortages and a lack of negotiation for extra-shift payments over one week early last month. An NZNO survey about the action showed there were mixed feelings about the boycott, but most took part, and would support doing it again.

One in three Te Whatu Ora members surveyed said they would continue to turn down extra shift requests initiated in a week-long boycott early last month – but many said they would not.

“I believe in continuing this action, they need to step up and sort the pay equity, sort the staffing issues and play fairly,” one survey respondent said.

Of about 35,000 Te Whatu Ora members, 1000 responded to the NZNO Tōpūtanga Tupuhi Kaitiaki o Aotearoa survey about the week of protest from October 3–9.



NZNO survey respondents had mixed feelings about the action to turn down requests to work extra shifts, but about one in three said they would continue to turn them down.

Some survey respondents were not enthusiastic about continuing the action with 13 per cent ruling it out, while 22 per cent said they would consider future action if it was called for by NZNO.

Some said they were willing to continue the action, but wanted it to be a collective effort.

"I will if that is the feeling, but we all need to do this together; I strongly suspect that staff were picking up [extra shifts] in the area I work [in], which I find disappointing," one respondent said.

Dunedin ICU nurse and delegate Debbie Robinson said the unit was paying part-time staff overtime rates for picking up extra shifts, and many were accepting them because they needed the additional income.

In his closing speech at the annual conference in September, NZNO chief executive Paul Goulter called on members to turn down requests for additional shifts for the week of October 3-9, if Te Whatu Ora failed to negotiate over pay rates for the work.



Speaking at the NZNO annual conference Paul Goulter said members had been treated disrespectfully by Te Whatu Ora over winter payments.

Te Whatu Ora had earlier negotiated with two doctors' unions for winter payment rates for the period from July 1 to September 30, but said it was not necessary to do so with NZNO.

'... it is all good to refuse shifts but I also need the money as the cost of living and my rent has increased by another \$60!'

Nurses were offered \$100 for each additional shift, and \$800 after five additional night shifts.

Te Whatu Ora lead for people and culture Rosemary Clements said the additional payments were brought in for an "extraordinary time", but did not need to continue "as COVID-19 and flu infections drop, and spring sees the weather start to improve".

Just under 65 per cent of NZNO survey respondents refused to do extra shifts during the week. Another 6.5 per cent said they continued to take on extra work for the period.

Just under 26 per cent of those surveyed said they turned down one extra shift in the week which they would otherwise have agreed to.

Another 23 per cent said they turned down two shifts, while 10 per cent refused three shifts, they would have normally done.



A majority of NZNO staff surveyed about action over winter payments said they would do it again.

One respondent who turned down extra shifts that week said it made her realise “how tired I was”.

“I’m enjoying the extra family time although I’m worried I can’t afford [to go] without the extra money.”

Many survey respondents said the action was mentally and physically stressful, as they knew it would create heavier workloads for colleagues and unsafe care for patients.

They reported bed closures, surgery cancellations, heavy workload, management working on the floor, medication errors, chaos and “so much pressure”.

Some said they felt the action didn’t seem to affect managers.

“Staff shortages have been so bad for so long that they seem to almost ignore it,” one respondent said.

About 80 per cent of those surveyed said they would take the action again, but some were unsure.

‘One said there were ‘many more desperate sounding texts for help’

One respondent said, “... it is all good to refuse shifts but I also need the money as the cost of living and my rent has increased by another \$60.”

About 400 respondents said they continued to work additional shifts for the extra income (28 per cent), or to support colleagues and patients (26 per cent) during the week of action.

A majority of those who turned down additional shift requests said they did not get pushback from their managers, but some reported they came under pressure.

One said there were “many more desperate-sounding texts for help”.

Just over half of survey respondents said they believed the action had a noticeable impact on their workplace, while 11 per cent said it didn't, and 35 per cent were unsure.

Dunedin Hospital ICU nurse and delegate Debbie Robinson said unit staff fully participated in the week of action and were supported to do so by senior clinical managers, who postponed elective surgeries.

She said it wouldn't be possible to continue indefinitely, without forcing the complete shutdown of the service.

“If we continued working to contract, and not doing any overtime, then our unit was going to become non-functional. People want to help their patients and colleagues, that's why we're there.”

However, she said staff would likely support another limited action, which they could prepare for.

Kaitiaki asked Te Whatu Ora on October 10 how many staffing gaps there were across all services in the week of October 3-9, broken down by districts.

Last week Te Whatu Ora advised they would not be able to respond until November 24.

Tags

Click to search for related articles: [Safe staffing](#)

NEWS

First-year nursing student juggles 60-hr week factory job and full-time study

BY CATE MACINTOSH

November 23, 2022

Nursing students are battling against the odds to “just survive” in the face of huge financial pressures, with some trying to hold down full-time jobs while meeting academic and clinical training expectations.

A 20-year-old student nurse says she had no option but to work full-time night shifts in a factory to support herself and her parents, while trying to pursue her studies.

The student nurse, who didn't want to be named, works 10-12 hour shifts earning the minimum wage while attempting to sleep and study during the day.

“My mother had a spinal surgery at the start of the year, which failed, and put her out of work, and my father works for his own business at home, where the workload always fluctuates, and it's not enough to be totally dependent.”

The woman applied for and received a student loan of \$1000, which she used to buy text books and her uniform.



A nursing student who has struggled to manage full-time work and study is determined to achieve her dream job. She gets inspiration from a tattoo representing tiaki (to look after, nurse).

She considered applying for a personal loan, but felt she was unlikely to be eligible, as she didn't have a credit history.

"I considered it, but this combined with the financial instability of my parents at home, it wasn't a smart option."

Juggling work, study and placements had been extremely stressful and has affected her mental health, but she was determined to become a nurse eventually.

"I haven't been able to connect with the people I study alongside with, nearly at all. That was one of the biggest things I looked forward to, heading into study."

She is planning to study part-time, to complete a paper she failed, and work full-time next year.

The student nurse signed a [petition](https://www.change.org/p/pay-nz-nursing-students-for-their-work-at-placements?recruiter=1059114162&recruited_by_id=7de564c0-6c15-11ea-987b-2b8f921e685a&utm_source=share_petition&utm_campaign=share_petition&utm_medium=copylink&utm_content=cl_sharecopy_33706897_en-AU%3A2) (https://www.change.org/p/pay-nz-nursing-students-for-their-work-at-placements?recruiter=1059114162&recruited_by_id=7de564c0-6c15-11ea-987b-2b8f921e685a&utm_source=share_petition&utm_campaign=share_petition&utm_medium=copylink&utm_content=cl_sharecopy_33706897_en-AU%3A2) started by Arya Zale in June this year calling for paid placements, saying it would make a huge difference to her financial stress.

"At least for the time when in a clinical placement, I'd be able to focus and be supported – even if the amount we earned wasn't what I'd get working, any support at all, would change so much."

NZNO's Te Rūnanga Taura (TRT) chair Manu Reiri (Ngāti Kahungunu ki te Wairoa) – who has just finished his second year in a bachelor programme at Southern Institute of Technology (SIT) in Invercargill – said things got so bad for him financially, he had often considered quitting the course.

"... things were starting to cave in, like there were times when I didn't have enough money to buy food, so I'd go a couple of days without eating – which affects your study ... you can't concentrate."

Recently Reiri moved to Napier, where he has whānau support, and has decided to complete his study part-time.

While eligible for a student allowance, after paying rent of \$200 per week, Reiri was left with only \$100. To supplement this, he worked two minimum wage jobs – in a bar and as a netball umpire.

He drove the 40 minute route each way to a placement in Gore for several weeks, to avoid accommodation costs. But the cost of fuel was very difficult to afford while not able to work.

Reiri said he fully supported Zale's petition as it aligned with NZNO's calls for increased support for nursing students. This was particularly important for Māori and Pacific students, to address a major gap in the Māori and Pacific nurse workforce.

Zale, 40, who has a masters in psychology, enrolled for the masters in clinical practice programme with Massey University in mid-2021.



Massey University nursing student Arya Zale launched a petition calling for paid placements for nursing students after a course on social justice.

She realised student nurses were a vulnerable population without adequate support during a social justice course.

"I just couldn't ignore it."

Fellow students in her class helped her draft the petition, addressed to Prime Minister Jacinda Ardern, Health Minister Andrew Little, Education Minister Chris Hipkins, and " . . . all others with the power to enact change".

As of November 23, the petition had gained over 23,000 signatures.

Zale, who lives in Kerikeri with her partner and two children, said she had spent over \$6000 on accommodation for placements and labs, in addition to travel and child care costs. Just over one third of her cohort had dropped out since starting over a year ago.



NZNO student nurse and Te Rūnanga Tauira chair Manu Reiri said he was going without food for two days due to financial pressures while studying full-time.

[Little told media last week he wanted to see paid placements for third year nursing students enacted](#) – but NZNO professional and nursing services manager Mairi Lucas said this alone would not reduce the overwhelming financial pressures for all students.

“What we need is commitment to support students throughout their course, with an earn-as-you-learn model,” NZNO professional and nursing services manager Mairi Lucas said.

Taking a pause on nursing

Shiv Chawla, 28, was a fellow student with Zale, but has “put a pause” on the course after one year due to family commitments and becoming disillusioned on placements.



Observing the extreme staffing shortages, and financial pressures left him doubtful about the profession.

“I started going on clinical placements and I would just see the struggle that the nurses were being put through with a very unhealthy nurse-to-patient ratio.

“I started to hear stories of nurses finishing shifts and going to other work, on top of their nursing work. And that scared me.”

OPINION

Fund our training – it’s time for the Government to seriously invest in the domestic nursing workforce

BY PIPI BARTON

November 9, 2022

An increasingly ‘academic-oriented’ nursing profession has done nothing to support Māori into the workforce, says Māori nurse educator Pipi Barton, in a call to return to paid training.

The current nursing workforce crisis had been anticipated as far back as the early 1990s. It appears successive nursing and health workforce reports consistently promoted the same recommendations — that serious investment needed to occur if New Zealand was to sustain a nursing workforce that would endure the pending landslide of an increasingly ageing population.[1,2,3,4,5,6,7,8,9](#)



Pipi Barton

There is no doubt that an absence of political will by successive governments, along with ineffective nursing leadership, has contributed to the situation we now find ourselves in. This has been demonstrated by the lack of urgency to meaningfully address nursing workforce deficits. Instead there has been “tinkering around the edges” of the domestic workforce, while becoming increasingly reliant on filling the void with internationally qualified nurses (IQNs). IQNs currently represent 27 percent of the New Zealand nursing workforce, with projections of up to 40 per cent.[10](#)

This lack of serious investment in the domestic nursing workforce highlights the undervaluing and marginalisation of a predominantly female occupation. I say this as I enviously compare our

situation with that of medicine, a predominantly male occupation. That has seen considerable investment by government in recent years — an investment that appears to be paying off with increases in the medical workforce and its diversity as a consequence.[11](#)

Māori have been unwilling participants in a 40-year experiment, and it's evident that this experiment has been of very little benefit to Māori nursing.

Most frustrating has been this incessant drive to seek our nurses from overseas. My frustration was heightened recently by the Government's decision to make available financial assistance to IQNs of up to \$10,000 when seeking registration in New Zealand.[12,13](#) I understand that we need nurses to fill our current workforce gaps, but my frustration lies with Māori nursing workforce inequity and the decades of under investment.

Since the introduction of the neoliberal changes that saw nursing move away from an apprenticeship hospital-based training to an academic-orientated profession, we have seen very little increase in the Māori nursing workforce.

Data on the Māori nursing workforce before these changes is scant. What we do know is the current system disadvantages Māori in so many ways. This is demonstrated through the ongoing static state of the Māori registered nursing workforce (around seven per cent of the total nursing workforce) for the last 40 years[10,14](#) — glaring evidence that indeed something needs to change.



NZNO student leaders Manu Reiri and Rebecca Dunn are keen to see Aotearoa follow Australia's lead, where the state of Victoria is offering free training for up to 10,000 nurses

Many factors contribute to Māori student nurse attrition. One of the most significant factors is economic hardship, and the recent COVID-19 pandemic has only added to the burden.[15,16,17,18](#)

To address the workforce inequity, I believe it is time to rethink the way nursing students are funded to do their studies in Aotearoa, particularly for Māori. I would go as far as suggesting that an equity-orientated funding model, such as “earn as you learn”, should be considered an appropriate intervention to seriously address the under-representation of Māori in the nursing workforce.

There are a number of examples of “earn as you learn”/apprenticeship models being implemented in nursing programmes around the world.[19](#)

Here in New Zealand there have been some small but successful examples of similar models being implemented, but the ongoing viability of these programs are uncertain.[20,21](#) A primary focus of any New Zealand model must be its long-term sustainability to alleviate economic hardship via a pathway that provides a salary and minimises student debt. I believe such a program would be a game changer.

I believe it is time to rethink the way nursing students are funded to do their studies in Aotearoa, particularly for Māori.

That suggestion may provoke those ardent academics out there who foresee any type of apprenticeship model for nursing education as harking back to the “bad old days”. However, Māori have been unwilling participants in a 40-year experiment, and it’s evident that this experiment has been of little benefit to Māori nursing — surely the status quo can no longer be rationally defended.

The recent formation of the [Workforce Taskforce \(https://www.tewhatauora.govt.nz/whats-happening/work-underway/taskforces/\)](https://www.tewhatauora.govt.nz/whats-happening/work-underway/taskforces/) (https://www.tewhatauora.govt.nz/whats-happening/work-underway/taskforces/) to look at priority workforce gaps brings together Te Whatu Ora (Health New Zealand) and Te Aka Whai Ora (Māori Health Authority) with a range of health sector representatives, including a couple of nursing voices (NZNO’s professional nursing services manager Mairi Lucas and Māori provider Te Puna Hauora Matua o Hauraki chief executive Taima Campbell).



The Ministry of Health-NZNO Real Nurses campaign launched in August hopes to recruit more Māori nurses

The taskforce will provide recommendations on future health workforce development approaches and the investment required to make transformational changes.[12](#),[22](#) What this transformational change may mean for nursing is yet to be determined. However, any new investment will likely be limited and the demand for it highly competitive.

I believe it is time to rethink the way nursing students are funded to do their studies in Aotearoa, particularly for Māori.

Up until now, most of the costs associated with educating nursing students have been spread between the Tertiary Education Commission, the Ministry of Health and the Ministry of Social Development. This funding structure has existed in numerous forms for the last 40 years and a rigorous review of how these government agencies impede or enhance our nursing workforce is well overdue.

When the Government talks about transformational change, this is where it actually needs to occur. Intersectoral collaboration that leads to comprehensive analysis of how much it currently costs this country to educate a nurse may prove to be an insightful activity.



NZNO's national student unit say more financial support is needed for nursing students

A desktop analysis (albeit very primitive) suggests that pulling together all current investment/expenditure on the education of a student nurse, an “earn as you learn” model could quite possibly turn out to be cost-neutral.

The pressures on the nursing workforce are real, and things are going to get worse before they get any better. We need a workforce strategy that is focused on growing our domestic nursing workforce, that identifies urgent workforce needs, addresses inequities, and has sustainable solutions and targeted recommendations.

I believe such a programme would be a game-changer.

However, history has shown us that all the best strategies in the world are not worth the paper they are written on, if a government isn't willing to meaningfully address the issues at hand. This is where nursing leadership needs to effectively and adamantly advocate on our behalf.

My greatest fear, with the formation of the new health entities, is that among the changes, nursing workforce development will continue to be marginalised and that any response will be small, ineffective and unsustainable. The Government's recent release of the Te Pae Tata Interim New Zealand Health Plan 2022^{12,22} has unfortunately not really allayed my fears.

Pipi Barton (Ngāti Hikairo ki Kāwhia), RN, MPhil(nursing), is a nursing lecturer at NorthTec and a PhD student at AUT. Her PhD research is on 'Examining strategies for increasing the recruitment of Māori into nursing'.

- See also [Maranga Mai! Education – what needs to change?](#)

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Tags

Click to search for related articles: [Nursing education](#), [Māori nursing workforce](#)

NEWS

Leadership skills honed during pandemic, says outgoing Kate Weston

BY MARY LONGMORE

November 2, 2022

The best of times, the worst of times: After 15 years at NZNO, former professional services associate manager Kate Weston has moved on to become the executive director of the College of Nurses Aotearoa – thanks to leadership skills honed at NZNO during the COVID-19 pandemic.



The day Kate Weston became associate professional services manager was the same day Aotearoa went



"I just wish nurses would be braver"
– Jenny Carryer

Nurses too fearful, says Carryer

After three decades of nurse leadership and fearless speaking out, outgoing College of Nurses executive director Jenny Carryer confesses she is "disappointed" by the lack of progress.

into lockdown at the beginning of the pandemic in 2020.

"My entire time as associate then [acting] professional services manager was through a pandemic response, so those were challenging times," says Weston.

"At the beginning, there were no vaccinations, there wasn't enough PPE [personal protective equipment] and the early days were incredibly challenging. I had never worked so long in my life – those first few weeks ... I was working 12-plus hour days every day and through the weekend just to try and make sure that the health staff were safe."

"I wasn't arguing to be a nuisance, I was arguing for what was right. And we got what was right!"

"I just wish nurses would be braver. Particularly in a time when there is a desperate and ever-escalating shortage of nurses, why are they not using that power to require things to be the way they need them to be? And I don't mean strike action and placards in the street – I mean quiet, powerful assumption of our importance."

Carryer – a founder of the college in 1992 – said its core "passion" was to grow the confidence of nurses to take up leadership roles. But this had proved a "huge challenge" over the years.

"You might ask why nurses are so scared and what are they scared of? Is it imaginary or is it real? I think it's a little bit of both. I think nurses are far more fearful than they need to be. But I also think that many employers, managers and organisers of services do act very repressively towards nurses," she says.

"I think because of the very gendered nature of nursing and volume and size of nursing services, they possibly bear the brunt of that silencing."

The college was founded in 1992 – somewhat controversially for some NZNO supporters who feared it would split nurses across two organisations.

But it went ahead, staking itself to the belief a more “confident and competent” nursing workforce would lead to better, more equitable health outcomes, Carryer said.

Carryer says college membership was “quite different” from NZNO’s, tending to be rural, practice and aged-care nurses along with nurse leaders, educators, business owners and nurse practitioners (NPs), rather than hospital nurses. There was “no sense of competition at all” with NZNO, she said. The college’s membership was “into the thousands, but much much smaller than NZNO”.

“Clearly the college has always been very concerned about the lack of engagement with nursing around decision-making, right across the political spectrum, the policy table. Our passion has always been to grow the courage and capacity of nurses to be out there, doing it.”

Carryer has led by example. She is a professor of nursing at Massey University, has co-chaired the National Nursing Organisations leadership group and served on several Ministry of Health (MoH) advisory groups – constantly challenging health leaders to bring nurses into decision-making.

"I always hoped that rolemodelling, it would create change. Probably if I'm strictly honest, I'm disappointed that we haven't come further. And I think the stress in health services at the moment is so huge that people are too exhausted to take that step."

There had been some wins – demand for nurse practitioner (NPs) was growing along with the NP and prescriber numbers, now at 650. "It's a major gain, I think we're over the hump with that one."

The voice of nursing within the MoH was also "vastly better than it used to be", with an active and powerful chief nurse's office.

But, "I still think that bureaucracy looks to medicine first for leadership. And I think that's a big

mistake because medicine is a very small part of health service delivery."

Nursing's more "holistic" approach had huge power to improve people's health. "Eighty per cent of health outcomes depend on health literacy, the socio-economic determinants of health, the care they receive in the community, access to good nutrition – all those things are nursing, not medicine."

True nursing leadership and power would see nurses with their own budgets and direct accountability, "rather than advisory roles", as had too often been the case since the 1990s' "managerial" health model.

Nurses must be "doggedly and powerfully persistent" about what needs to change.

But the most important thing for nurses, she says is to "nurture, support and trust" nurse leaders. "The really strong message I've always tried to give and would like to leave is that we have to learn to support our own leaders. Not to criticise and undermine them ... but to nurture them, to catch them when they fall. We are so easily divided and

conquered."



Photo of Wellington Hospital nurse PPE by clinical nurse specialist Lynsey Sutton-Smith, May 2020.

NZNO succeeded – in April, after a weekend of intense negotiations, the Ministry of Health agreed to release more PPE to frontline workers – but Weston says it was “frustrating” to fight so hard to be heard. “Eventually we did win, but we shouldn’t have had to argue so hard.”

This tenacity paid off – for workers and for Weston herself. “It actually did build my confidence as a leader and has built me to make me confident to make me stand for what was right, regardless – I was not going to be talked down. And I think through that, that gets quite a lot of respect, from employers ... I wasn’t arguing to be a nuisance, I was arguing for what was right. And we got what was right.”

Life-preserving services

Another “huge” challenge was negotiating life-preserving services (LPS) with district health boards (DHBs) during the June 2021 strike – “probably the most challenging thing ever ... to the extent that we had to go to court to win”.

DHBs were insisting NZNO had to force enough members to work to provide LPS during the strike, rather than make “reasonable efforts”. Again, NZNO’s refusal to back down for members meant it went to the Employment Relations Authority (ERA) – which ruled in NZNO’s favour.

“It’s a once-in-a-lifetime opportunity to be a national nursing leader, as a nurse and as a woman,”

There have been “awesome” highlights too, including the Council of International Neonatal Nurses (COINN) international conference in 2019, with nurses attending from across the Pacific region. It showed how they are absolutely there for women, whānau, babies – but also how world-leading neonatal care is in Aotearoa. The things that are being done here for the care of newborns, we are really right up there.”



Kate Weston with nurse Abel Smith at NZNO's Pacific Nursing Section international nurses' day celebration in 2019.

Says Weston her time at NZNO has been “amazing – I really really love the contact with members, especially through the colleges and sections”.

She “cherishes” NZNO’s professional nursing advisors – “an amazing group of nurse leaders in their own right. And my organising colleagues, always doing their utmost for nurses and health-care workers”.

She has supported NZNO sections to attain college status – including the College of Child and Youth Nurses, Women’s Health College and the College of Air and Surface Transport Nurses

(COASTN) – and says she has seen members’ leadership and professionalism grow.

“I’ve seen them go from butchers’ paper handouts to really high-quality Powerpoints and then latterly moving into really high quality digital presentations as well, so they’ve moved with the times.”

New role

Weston’s tenacity will be helpful – she is taking on her new leadership role at a time of “unprecedented pressure” on nurses.

‘...we’re getting into a deepening crisis which is taking nurses to the edge of safe practice daily.’

“Now more than ever we need a strong professional voice for nurses, because we’ve got health reforms the likes of which we’ve not seen since the 1990s, and we’re seeing reform of nursing education with changes to the national curriculum and Te Pukenga.

“SO there’s a huge amount going on there and we’re still recovering from the pandemic – we’re not there yet. And we’re getting into a deepening crisis which is taking nurses to the edge of safe practice daily.”



Nationwide strike action in June 2021 went ahead after NZNO stood firm over members’ right to strike.

Weston is taking over the helm at the College of Nurses Aotearoa from Massey University nursing professor Jenny Carryer, who has been in the role for 30 years. For Weston, who earlier this year moved from Auckland to Palmerston North to be closer to whānau, it was “serendipitous” timing in what she says has been a year of “huge change”.

“It’s a once-in-a-lifetime opportunity to be a national nursing leader, as a nurse and as a woman,” says Weston, who says she will continue to provide a “really strong professional voice” for nurses and advocate for policy in favour of nurses.

“It’s seriously adversarial out there and our members are being pushed to the limits of safe practice every single day and there’s no respite. The pandemic was awful but it was really bad before that.”

Fewer constraints on nurses and nurse practitioners (NPs) and more “genuine” nurse leadership roles – with a budget – were needed. “The main problem we’ve got with nurse leaders is they’re often in an advisory capacity, which is a challenge unless you’ve got the budget to go with it,” she says.

“It’s about being respected and having the power to make that change.”

After 15 years, she says it was hard to leave her NZNO colleagues, particularly the professional nursing advisors – but hoped there would be collaboration “on the big issues” between the two nursing organisations in future.

“It’s a lot of loss in one hit, but also some incredible gains – to be closer to my grandchildren and family.”

Tags

Click to search for related articles: [Nursing leadership](#)

LETTERS

Applications open for new \$3000 nursing scholarship in South Canterbury

BY TINA ROGERS

November 11, 2022

A new scholarship for nursing students in South Canterbury is now available through the Bidwill Trust Hospital in Timaru.



Bernadette East

Applications are now open for the [Bernadette East Nursing Scholarship](http://www.bidwillhospital.co.nz/scholarship) (<http://www.bidwillhospital.co.nz/scholarship>), which will provide a successful applicant with \$3000 toward their third-year studies for a bachelor of nursing. Applicants must have successfully completed year two of their studies toward the degree, and either be resident in South Canterbury or have completed their high school education in the province.

The scholarship is in memory of Bernadette East, a senior nurse at Bidwill Trust Hospital for 39 years who had a passion for nursing with a focus on quality and excellence.

She saw her job as one that ensured patients received the best care and attention and, as a consequence, she was responsible for quality systems at Bidwill that are still in place now.

The nursing scholarship in her name is especially apt because Bernadette gave many people their professional break. She mentored and encouraged people to see things in themselves that they did not see.

The scholarship is open to any nurse who meets the criteria — they do not have to be specifically training for surgical nursing. They also do not have to be working at Bidwill Trust Hospital and will not be bonded to work at the hospital in future as a condition of receiving the scholarship.

Academic achievement and contribution to nursing and community will be part of the assessment process.

Applications are open now and must be received by January 31, 2023. The successful applicant will be notified by February 28, 2023 and receive their funds shortly afterward.

An application form is downloadable here: [Bidwill Trust Hospital – Scholarship](http://www.bidwillhospital.co.nz/scholarship) ([bidwillhospital.co.nz](http://www.bidwillhospital.co.nz/scholarship)) (<http://www.bidwillhospital.co.nz/scholarship>)

Tina Rogers,
general manager, Bidwill

Tags

Click to search for related articles: [Nursing education](#), [scholarships](#)

LETTERS

Greenlane Hospital class of Jan '73 reunion

BY BARBARA SOMMERVILLE

November 25, 2022

Let's get together!

Celebrating 50 Years

Class of Jan '73 Greenlane Hospital



We would love for you to join us at Barbara's place in Freeman's Bay, Auckland, to toast the

class of Jan '73. BYO drinks and nibbles.

Please contact barbarasommervillez@gmail.com for details. If you know anyone else in this photo, please forward them this invite.

Barbara Sommerville, RN
Auckland

Email your letter to:

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.

LETTERS

Nearly 50 years of comprehensive training

BY CHRIS HATTAN

November 24, 2022

Just a heads up that 2023 will mark 50 years since New Zealand started comprehensive nursing training. In 1973, Christchurch and Wellington were the first two polytechnics to start this new method of nurse training, following the publication of the Carpenter report.



*A group of students, circa 1940s, outside the Ruahine Hostel. (Photo, Ian Matheson Archives, Palmerston North Library.) Published in *The Right Girls — a History of Registered Nurse Training at Palmerston North Hospital 1895-1986* by Wendy Maddocks and reproduced with her permission.*

The Carpenter Report – written by director of the University of Toronto’s school of nursing Helen Carpenter for the New Zealand Government in 1971 – recommended nursing education move out of hospitals and into educational institutes. This went ahead over the next 18 years, and in 1989 the last hospital school of nursing – at Wellington Hospital — closed

We should start our planning for a national and perhaps local events celebrating this milestone.

Chris Hattan, RN, FNZCMHN
1974 Christchurch intake

Tags

Click to search for related articles: [Nursing education](#), [hospital-based training](#)

Email your letter to:

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.

NEWS

Long-time NZNO flight nurse chair recognised with double awards

BY MARY LONGMORE

November 29, 2022

Long-time NZNO flight nurse leader Toni Johnston was “blindsided” by a double-award whammy after stepping down as College of Air and Surface Transport Nurses (COASTN) chair after seven years.



Toni Johnston, left, gets one of her awards from NZNO professional nursing advisor Annie Bradley-Ingle at the recent COASTN symposium.

Johnston was finally able to collect her NZNO nurse of the year award in person at COASTN's [symposium](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_air_surface_transport_nurses/conferences_events) (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_air_surface_transport_nurses/conferences_events) recently, along a new COASTN award for transport nursing excellence.

Johnston, associate charge nurse at Dunedin Hospital's intensive care unit, has been a flight nurse for more than 20 of her 27 years' nursing. "I'm an old bugger", she told *Kaitiaki Nursing New Zealand*, but still loves getting "stuck in" to her adventurous job.

A day might start with a routine pick up out of Invercargill Hospital and end up "on your hands and knees on the floor of the cafe at Curio Bay looking after the acute MI [myocardial infarction/heart attack] patient who looked like they were going to die," Johnston says. "And being able to make a difference, and getting her back alive."

'If you're like me and like pottering around in the middle of the night and getting stuck into all the blood and guts and gore, there is something for you in nursing!'

A memorable case involved a teenage girl some years back who needed to transfer from a small regional hospital to Auckland for a heart transplant within 24 hours.

Deteriorating weather meant the helicopter couldn't take her to Christchurch for a connecting flight. The heart transplant service sent "a flash wee private jet with cream leather seats" but no medical supplies or crew. Johnston took all the supplies with her and accompanied the teenager to Auckland.

"She had her transplant and was back in ICU before I left Auckland," recalls Johnston, who touched down 24 hours after her shift had began. "I kept in touch with the family for quite some time after that, which was really neat."



Another day in the office for Toni Johnston.

'Invisible' NZNO work

For the past few years she's also been involved in COASTN, putting in incalculable "invisible" hours advocating for transport nurses, on top of her demanding day job.

Having a national perspective has been helpful to her Southern critical care team, Te Puna Wai Ora, she says.

"It was really beneficial for us to work with other services around the country to see how things are done differently."

For example, when her team started up a fixed-wing service (alongside helicopters) two years ago, "having those contacts, those networks, to work out how to do things, to get ideas, was really useful", she said. "So that, for me, was the pay back for all that voluntary time — for our service to be able to benefit from that."

'You can't stay there forever. I think it's really important that there are new faces, new blood and new ideas.'

At COASTN, she has worked on standardising flight/transport nurses' scope of practice and fought hard to ensure the vital role of flight nurses was recognised amid a national (and ongoing) review of air ambulance services.

"They had to give us some voice. We jumped up and down and said we need to be included, so that's happening, which is good."



Toni Johnston's workplace

For Johnston, these were all "really invaluable" experiences and connections.

"Meeting people, learning behind the scenes about how the colleges run, that professional arm of NZNO. And meeting people like Annie [Bradley-Ingle, NZNO professional nursing advisor] who are just incredible – the passion they have for nursing and supporting us doing this, are just incredible," Johnston says.

Time to stand aside

But, she says, it's time to stand aside.

'There just aren't words for her absolute dedication to nursing, but particularly for flight nursing!'

"You can't stay there forever. I think it's really important that there are new faces, new blood and new ideas, that other people are given a chance to have the opportunities to grow and develop, like I have, being part of the college."

New COASTN chair Lynette Will said Johnston had "been instrumental in setting the standard all transport nurses should aspire to.

"Toni has progressed the voice of the COASTN committee by actively engaging with policy-makers, flight teams and consumers", Will said. "She ensures the teams that she works with are well-supported and well-trained and this benefits the patients that use the service."



The new COASTN award for transport nursing excellence is made up of a Rata sculpture by Tauranga artist Peter Seaton and bronze albatross by Waiheke Island artist Jay Lloyd. It was put together by Bradley-Ingle's engineer husband Bill Bradley.

Her COASTN colleagues' nomination for both awards said Johnston's work had contributed to the college's [skills & competency framework](https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Flight%20Nurses/2021/2021-COASTN%20SKILLS%20AND%20COMPETENCY%20FRAMEWORK.pdf?ver=-01dqzuxXHCmLmPV3VMVDg%3D%3D) (https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Flight%20Nurses/2021/2021-COASTN%20SKILLS%20AND%20COMPETENCY%20FRAMEWORK.pdf?ver=-01dqzuxXHCmLmPV3VMVDg%3D%3D) and COASTN's [passport](https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Flight%20Nurses/2022/COASTN%20PASSPORT.pdf?ver=SjxGStYQyScKoDeJX5Toog%3d%3d) (https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Flight%20Nurses/2022/COASTN%20PASSPORT.pdf?ver=SjxGStYQyScKoDeJX5Toog%3d%3d) as well as highlighting the work of flight nurses.

Bradley-Ingle said she couldn't express how much dedication Johnston had for the profession. "There just aren't words for her absolute dedication to nursing, but particularly for flight nursing."

Nursing has niches 'for everyone'

Johnston would recommend nursing to anyone as a career.

"It surprises me the amount of people who go 'Oh don't go nursing', [who] talk about bullying and things like that . . . I still think it's a really good career, there's a niche for everybody.

"If you want to work Monday to Friday there're jobs that you can do that in. If you're like me and like pottering around in the middle of the night and getting stuck into all the blood and guts and gore, there is something," Johnston says.

"There is something for everybody but you have to be people-focused and realise it's not always about you."

And while she's stepping down as chair, Johnston has no plans to slow down. "I still fly as often as I can, because I love it."

Tags

Click to search for related articles: [nurse of the year](#), [Flight nurses](#)

MARANGA MAI!

Maranga Mai! Immigration – what needs to change?

BY MARY LONGMORE

November 17, 2022

[Maranga Mai!](https://maranga-mai.nzno.org.nz/) (<https://maranga-mai.nzno.org.nz/>) — NZNO's campaign to fix the nursing crisis –calls for immigration rules that will increase the recruitment and retention of migrant nurses. But after being left off the fast-track to residency here amid a global nursing shortage, migrant nurses are eyeing other countries with fewer barriers. What needs to change?



Pacific nursing tutor Teramira Schutz

- **Partnership** between Immigration NZ, schools of nursing and employers to allow a freer flow of skilled nurses throughout the Pacific region.
- **Fast-track** bridging programmes for Pacific-trained nurses for faster NZ registration.
- **Bonding** so Pacific nurses can register in New Zealand then return home to work for an agreed time.
- *"It's a win-win if they go back and work there . . . but they can always migrate [back to New Zealand] later on."*



Philippines-trained RN Juan Miguel Novera

- **Easier and faster paths to residency** for IQNs to settle and thrive in Aotearoa.
- **Financial and relocation support and incentives** for IQNs to support them and their families to get off to a good start.
- **Free or subsidised training** to support IQNs to qualify to New Zealand standards, as Victoria, Australia, now offers.

"It's quite frustrating just to resume my practice here in New Zealand, it takes a toll, money-wise. We have to make all that effort – wait three years and get our nursing profession started up, submit residency and still [be] waiting in 10 years."



New graduate Algy Babu

- **A faster path to residency** for overseas nurses would allow them to access professional development, upskill and contribute more to the workforce.
- **Flexibility** around employment over the two years to residency.
- **Prioritising** nurses alongside doctors on tier one of Immigration NZ's green list.

"... maybe with luck or with God's grace, the rules may change and my family and my friends will pray for that".

Six years years after moving here from the Philippines with his family and still waiting for residency, Hamilton-based registered nurse (RN) Juan Miguel Novera has given up on his Kiwi dream.

"To be honest, I have applied in Australia and accepted a job there," Novera told *Kaitiaki Nursing New Zealand*.

Novera, his wife Jewel and children Jade and Carmelo, plan to leave by Christmas for Bendigo, Victoria, where he has a job lined up as an RN in aged care. Jewel — a Philippines-trained nurse — will also be able to complete the Australian bachelor of nursing (BN) for free, under Victoria's new [fees-free](#) initiative.



Juan Novera with his wife Jewel and family

Novera fronted an NZNO submission in February for an inquiry on migrant exploitation, and spoke of the bullying endured by IQNs in an aged care home he worked at for eight months — an experience he describes as “traumatic”.

‘They are kind of compelled to stay with that employer even if they get a lot of bullying!’

Posters with the words “If you are not happy, LEAVE” and “You are here because of me” were displayed in the staffroom after he had the effrontery to ask that he and colleagues be paid their contracted overtime rates.

[NZNO's submission on migrant exploitation](#)

by policy advisor Sue Gasquoine suggests IQNs, often in aged care, are “exploited” by employers who have supported their residency visa applications.

Ministry of Business, Innovation & Employment immigration policy manager Andrew Craig confirmed to *Kaitiaki* there was “no requirement to remain with a single employer for 24 months” under the green list [work-to-residence](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) visa.

However migrant nurse Saju Cherian — an NZNO board member — said many felt it was too risky to change jobs while waiting for residency, “so they are kind of compelled to stay with that employer even if they get a lot of bullying”. He said the two-year wait made this worse, and believes it should be scrapped to give migrant nurses more flexibility.

‘In our unit, it would implode without IQNs!’

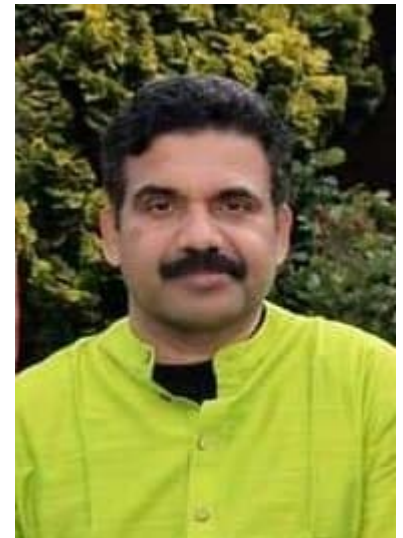
Novera said a two-year period tied to one employer had been a condition for a skilled migrant

visa pre-COVID. Other pressures also tied migrants to employers, such as the \$600 cost to apply for a new work visa and bad reference threats.

Novera, meanwhile, quit aged care for a hospital role. But — heavily in debt and trying to raise two kids — he was exhausted by the endless hurdles, delays and costs he and Jewel have faced trying to set up their lives here as nurses.

“It’s quite frustrating just to resume my practice here in New Zealand — it takes a toll, money-wise. We have to make all that effort – wait three years and get our nursing profession started up, submit residency and still waiting in 10 years.”

‘So unless they’re saying they will prioritise nurses, it’s not going to help much for our current crisis or for nurses who are weighing their options – should they stay or move to Australia?’



Saju Cherian

Arriving in 2016 on a partnership visa with Jewel, who was studying, Novera worked as a support worker for three years, waiting to gain his nursing registration before applying for residency. He eventually “scraped together and borrowed” \$10,000 for the competency assessment programme (CAP) required by the Nursing Council for most IQNs to register, and is now working as an RN for Te Whatu Ora.



One of the posters displayed in Novera's aged care facility

As a new graduate, Jewel did not have the two years' experience required to apply to register here, so would have to retrain “from the ground up”.

The couple applied in December 2021 for a new [one-off resident visa](https://www.pathwaysnz.com/one-off-resident-visa) (https://www.pathwaysnz.com/one-off-resident-visa) introduced for 165,000 migrants after the lockdowns, “and are still waiting”.

Pacific perspective

For Kiribati-trained Wellington nursing tutor Teramira Schutz, it was only the kindness of an aged care home manager which got her through the visa minefield. “I was lucky enough to have a work visa before I was granted permanent residency — and that’s through one of the

managers, for which I'm so grateful that she took on my CV".

She entered in 2006 on a visitors' visa but couldn't get a job without a work visa, until a Wellington aged care home supported her application.

'I had to make sure I came back and served my country – that helps the country as well'

Despite holding postgraduate clinical nursing and management qualifications and director of nursing experience in Kiribati, Schutz worked as a caregiver for a few months while saving for her CAP before she was able to practice as an RN.

It took another two years to gain residency, in 2008, and Schutz went on to work at Keneperu Hospital in Porirua before becoming a tutor at Whitireia Institute's bachelor of nursing Pacific (BNP) in 2012.

Pacific partnerships

A better approach, Schutz suggests, is for Immigration NZ to work "in partnership" with schools of nursing and employers to open Aotearoa's borders to Pacific-trained nurses and offer short bridging courses into the workforce.

"There are some level six graduates in the islands who really want to migrate, but there are barriers to do that. So maybe we advertise the opportunities like the BNP is doing with its graduate diploma next year."

In 2023, Whitireia plans to launch an [18-month post-graduate diploma](#) in Pacific nursing, aimed at getting Pacific-trained nurses with New Zealand residency and two years' experience in their home countries into the nursing workforce here.



Teramira Schutz



Mira Schutz at her Kiribati School of Nursing graduation in 1990.

However, it was crucial those nurses return to their home countries and work for a period of time, Shutz said — as she did after studying in Australia and New Zealand. “I went away and did my studies and I had to make sure I came back and served my country — I was bonded for two years — that helps the country as well,” said Shutz. “It’s a win-win if they go back and work there . . . but they can always migrate [back to New Zealand] later on.”

Such partnership may also encourage a two-way flow and sharing of skills, with New Zealand-trained nurses working in the Pacific, she said. “It would be helpful, not just for the country, but for the individual nurse if they want to gain knowledge and skills from other cultures.”

Shutz — who migrated with her family so her children could have more opportunities — suggest it could be akin to Pacific seasonal workers in New Zealand’s horticulture industry. “Nurses could come and get their registration and then go back, then it’s easier to apply for residency.”



Mairi Lucas

‘Pacific nurses are really valuable as they know how to get into their people’s lives.’

NZNO manager professional and nursing services Mairi Lucas said it was important to support Pasifika nurses wanting to come to work in New Zealand, to get better health outcomes for Pacific communities here.

“Māori and Pacific are the two areas that we have to grow fast, we have to find ways to do that. Pacific nurses are really valuable as they know how to get into their people’s lives – and Pacific and Māori are the worst-off health-wise. So we want to support them to come in, do a bridging course . . . and pull them up to level with New Zealand RNs and get them where they need to be working.”

Two year wait for work-to-residency ‘disappointing’

For new graduate Algy Babu, from Kerala, India, plans are “on hold” for two years as she waits for residency after qualifying as an RN here.

Babu, who this year graduated with a BN from UCOL Manawatū, wants residency so she can take up postgraduate studies and realise her dream of working as a surgical nurse in New Zealand. But the Government’s new [green list](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) in October put nurses on tier two with a two-year work-to-residency requirement. Overseas doctors can apply for immediate residency under tier one.

“When the rules came of the green list that I need to stay here for two years to get my residency, I really thought of going to Australia,” she told *Kaitiaki*. “I calculated the points and I was eligible. . . but I thought the rules may change, that’s why I stayed.”



Nearly \$60,000 in debt as an international student, Babu decided to stay.

“I thought I will wait here because I’ve got my friends, cousins, and I was first here in New Zealand and I like this place very much. So I would stay here, and maybe with luck or with God’s grace, the rules may change and my family and my friends will pray for that.”

Algy Babu

‘When the rules came of the green list that I need to stay here for two years to get my residency, I really thought of going to Australia.’

It was hard to find work without a residency visa, but she has now found a job at Hawke’s Bay Hospital under the nurse-entry-to-practice programme (NETP). She is applying for residency under the recently re-opened [skilled migrant category](https://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/about-visa/skilled-migrant-category-resident-visa) (https://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/about-visa/skilled-migrant-category-resident-visa) but has no idea how long it will take. “. . . maybe it will take two years, we are not sure”.

Cherian said the wait for residency was “a major issue” for IQNs. Cherian, who migrated from Kerala, India, said post-COVID pathways for migrant nurses had been “quite disappointing”.

“The problem is we don’t know how long it will take to process. The skilled migrant category is not just open for nurses, it’s open for everyone. So there will be heaps of applications because it was stopped for more than a couple of years now!” he said. “So unless they’re saying they will prioritise nurses, it’s not going to help much for our current crisis or for nurses who are weighing their options — should they stay or move to Australia?”

Without IQNs we would ‘implode’

NZNO delegate Debbie Robinson says Dunedin Hospital’s critical care unit would “implode” without IQNs. “Over 40 per cent of the staff are now IQNs, most days we get texts for overtime — we just wouldn’t be functioning . . . In our unit, it would implode without them.”

Robinson is working with NZNO president Anne Daniels to help nurses struggling with their work or residency visa. “NZNO is looking into this . . . hopefully we can highlight it.”

Some highly skilled nurses who were “desperate” stay here were giving up, she said.

“For some, it’s been nearly a year and most more than six months, going back and forth, getting things that the immigration department requires. Then they don’t hear, so they’re just wondering where they are on the list, are they at the bottom or in the middle?”



Debbie Robinson

Robinson said one IQN couple with critical care experience were thinking of moving to Australia because of the long wait. "They say, 'no, we want to stay here, but we can't get residency so we have no choice'."

'Strong' demand from offshore nurses

Immigration Minister Michael Wood told *Kaitiaki* the Government "absolutely" acknowledged the need to attract more nurses and had set up new and faster pathways for them this year in its immigration "[rebalance](https://www.beehive.govt.nz/sites/default/files/2022-05/Rebalancing%20New%20Zealands%20Immigration%20System%20%28002%29.pdf)" (<https://www.beehive.govt.nz/sites/default/files/2022-05/Rebalancing%20New%20Zealands%20Immigration%20System%20%28002%29.pdf>).



Michael Wood

Previously, only aged-care nurses had a pathway to residence (two years). "Now all registered nurse roles, midwives and secondary teachers with certain specialisations as well as registered early childhood teachers have a clear pathway to residence based on their occupation."

Demand had been "strong" from offshore nurses, with more than 1200 arriving this year alone.

There had been 700 applications by nurses to the green list since it opened in October, a spokesperson for Minister of Health Andrew Little said. But just 47 of the 482 offshore nurses approved had arrived so far — which was "not unusual" due to the challenges of moving

countries, she said.

Wood said Immigration NZ and Te Whatu Ora were working closely to "streamline and support the recruitment of nurses, including supporting successful candidates through the immigration system".

A new aged care sector agreement also allowed employers to recruit migrant workers for care and support at level 3 pay (\$26.16/hr), with a two-year work-to-residence pathway once they reached level 4 rates.



Andrew Little with NZNO president Anne Daniels at NZNO's conference in September.

"As a government, we absolutely acknowledge the need to attract and retain nurses and aged care workers during a global shortages."

Wood said he would be "willing to act" if required before the planned 2023 review of the green list.

A senior Ministry of Health (MoH) staff member has called for an [urgent review](https://www.stuff.co.nz/national/politics/130493623/green-list-ministry-of-health-calls-for-urgent-review-of-health-workforce-immigration-rules) (<https://www.stuff.co.nz/national/politics/130493623/green-list-ministry-of-health-calls-for-urgent-review-of-health-workforce-immigration-rules>) of the green list, it was revealed on Wednesday. A leaked briefing from the MoH's deputy director of strategy, policy and legislation Maree Roberts asked for enrolled nurses to be included on the list alongside RNs, and nurse practitioners to be prioritised.

A review of the settings was planned for 2023, but ministers "will be willing to act" before that if required, Wood said.

Meanwhile, Novera says he and his family might return some day.

"I don't see myself closing my doors here – my kids love it here. I can see myself coming back here after six years . . . maybe when the system is working a bit better!"

For details on the Whitireia 2023 post-graduate diploma in Pacific nursing, please contact tania.mullane@whitireia.ac.nz.

NEWS

Minister looking at paid third-year placements, but no sign of more fees-free

BY CO-EDITORS MARY LONGMORE AND CATE MACINTOSH

November 6, 2022

Paid clinical placements 'a nod in the right direction', but free nursing study for all is the goal, say student nursing leaders.

NZNO students say fees-free nurse training across all three years of the bachelor of nursing was the only way to grow a skilled local nurse workforce with enough Māori nurses.

"While paid placements are a nod in the right direction, the barriers presented to nursing students are very real, especially in today's economic climate," NZNO's Te Rūnanga Taurira (TRT) chair Manu Reiri told *Kaitiaki*.



NZNO student co-leaders Manu Reiri and Rebecca Dunn

students for their hospital placements as soon as possible .

"It's under active consideration and something I'd definitely like to see," Little told Newstalk ZB on Monday.

But in a response to *Kaitiaki* on Wednesday, the minister said there was no commitment to waive fees for all nursing training.



Health Minister Andrew Little – 'I am looking into ways to address the challenges many third-year nursing students face in doing hospital placements.'

"Any decision to extend the fees-free programme would be part of a future Budget process, and I wouldn't pre-empt that."

The Government already provided first year fees-free study for those in nursing-related fields at level three and above, including certificates, diplomas for nursing and other health qualifications, Little said.

A free trades training scheme had supported more than 1000 people to study their diploma in enrolled nursing, he said.

"Challenges many third-year students face in doing hospital placements was a known attrition point, that we are working to address so these students can get qualified and into the workforce," Little said.

Kaitiaki understands an announcement on paid placements was not expected before Christmas.

NZNO president Anne Daniels said paid placements should be just one of several measures to attract and retain nurses and be implemented urgently.

"Paying for a full tank of gas to get to placement is more expensive than food for the week."

“NZNO has been suggesting paid placements for some time and we’re frankly surprised it has taken so long even to be considered.

“We cannot afford to wait around, and we’d like an urgent timeframe announced to put these measures in place.”

Daniels said it was “mystifying” that the Government was not “considering free training for a profession that literally saves lives” while it had done so for apprenticeships to address trade worker shortages.

[Research](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) last year suggested nearly a third of students were dropping out part way through their studies, with even higher rates for Māori (33 per cent) and Pasifika (37 per cent).

Reiri said the costs of student nursing placements, including travel, accommodation and extra childcare could make it impossible for some students to complete their training.

“Paying for a full tank of gas to get to placement is more expensive than food for the week,” Reiri said.

Childcare, rent, power and clothing were also financial burdens, he said. “These barriers aren’t just felt within the last year of nursing school but across the whole programme.”

Reiri wrote about the [challenges facing students](#) earlier this year.

“The Government needs to invest in training nurses domestically and the time is right now — not next month or next political term — but right now.”

Free training would particularly benefit Māori, who had the highest dropout rates and were under-represented in Aotearoa’s nursing workforce, Reiri said. “It is important that we see tangata whenua succeed, as tangata whenua are the key to shifting the health and wellbeing of our whānau.”



NZNO President Anne Daniels called for an urgent timeframe for measures to address the nursing shortage.



Pipi Barton

NorthTec nursing lecturer Pipi Barton agreed free placements did not go far enough.

“All student nurses need to be paid, not just third years,” said Barton, whose is researching how to recruit more Māori for her PhD. “Paying just third-year students for their clinical hours is yet another example of a Government who should be seriously investing in the nursing workforce but are instead tinkering around the edges.”

If the Government wanted to reduce student attrition, “they need to focus on the high rates of attrition in the first and second years, and pay all students regardless of clinical or theory”, said Barton, who has called for a return to [fully paid training](#).

Prioritising tangata whenua in [ACE](#)

(<https://nursing.acenz.net.nz/documents/resources/nursing/Applicant%20Guide%202022.pdf>)

(advanced choice of employment) graduate training placements would also actualise the [Pae Ora Bill's](#) (<https://www.futureofhealth.govt.nz/assets/Uploads/Publications/factsheet-pae-ora-bill-oct2021.pdf>) principle of equity, Reiri said.

“All student nurses need to be paid, not just third years.”

Reiri said with global competition for internationally-qualified nurses (IQNs), “one can only ponder how much longer the IQN option will be sustainable, considering the current state of nursing in New Zealand — and who would blame them?”

About one third of New Zealand’s nursing workforce is comprised of IQNs -- double the amount of Māori and Pasifika nurses combined, he said.

Nursing Council statistics put nurses who identify as Māori at about 7.5 per cent and nurses who identify as Pasifika at about four per cent.

See also:

[Maranga Mai! Education — what needs to change](#)

[The Aussies are doing it — can we train nurses for free here?](#)

NEWS

New online learning series on consumer rights will 'strengthen patient relationship' – HDC

BY MARY LONGMORE

November 28, 2022

New online learning modules to support health professionals' working knowledge and understanding of the [Code of Health and Disability Services Consumers' Rights](https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/) (<https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>) have been launched.



Photo: AdobeStock

Health and disability commissioner Morag McDowell said she hoped they would lead to safer health care and stronger relationships with patients.

"I understand complaints can be stressful and time-consuming for providers. However, they offer a significant learning opportunity for providers to understand the experience of consumers directly as they often reflect what people care most about," McDowell said. "If handled well they can strengthen the relationship with patients".

Acknowledging the "intense pressure" health care professionals were under currently, she said better understanding of the code would "improve quality care and avoid complaints".

The [modules](https://scanmail.trustwave.com/?c=15517&d=j-T14_oaslLwbgnsOpGLOq05uTEglIVPGY1JBsNMzg&u=https%3a%2f%2fwww%2ehdc%2eorg%2enz%2feducation%2fonline-learning%2f) (https://scanmail.trustwave.com/?c=15517&d=j-T14_oaslLwbgnsOpGLOq05uTEglIVPGY1JBsNMzg&u=https%3a%2f%2fwww%2ehdc%2eorg%2enz%2feducation%2fonline-learning%2f) were for health and disability care providers of all levels, with practical steps to understanding best practice. They were designed to be interactive, relatable — with real scenarios — and accessible as possible, allowing learners to do them in their own time at work or at home, McDowell said.



Morag McDowell

She hoped they would "bring the code to life" for health professionals.

They include topics such as:

- Understanding the purpose of the code
- Applying it to practice

Online training for health and disability services consumer rights will:

- Improve your knowledge and understanding of the code and how it applies to health and disability services
- Show you how you can apply the code to your practice
- Improve your knowledge and understanding of the complexities of informed consent and how you can apply this to your practice
- Improve your knowledge, understanding and application of your legal obligations for managing complaints, and the factors that encourage early resolution and optimal outcomes.

For more information, please email:

communications@hdc.org.nz

- Informed consent
- Understanding the right to complain
- Providers' legal obligations in managing complaints
- Factors that support early resolution

On completion of each module, participants would receive a certificate, which can contribute to their continuing professional development.

Further online learning to help the public understand their rights under the code was planned for next year, she said.

To register for the online learning module click here <https://www.hdc.org.nz/education/online-learning/> (https://scanmail.trustwave.com/?c=15517&d=j-T14_oasLwbgnsOpGLOq05uTEglIVPGY1JBsNMzg&u=https%3a%2f%2fwww%2ehdc%2eorg%2enz%2feducation%2fonline-learning%2f)

Tags

Click to search for related articles: [patient safety](#)

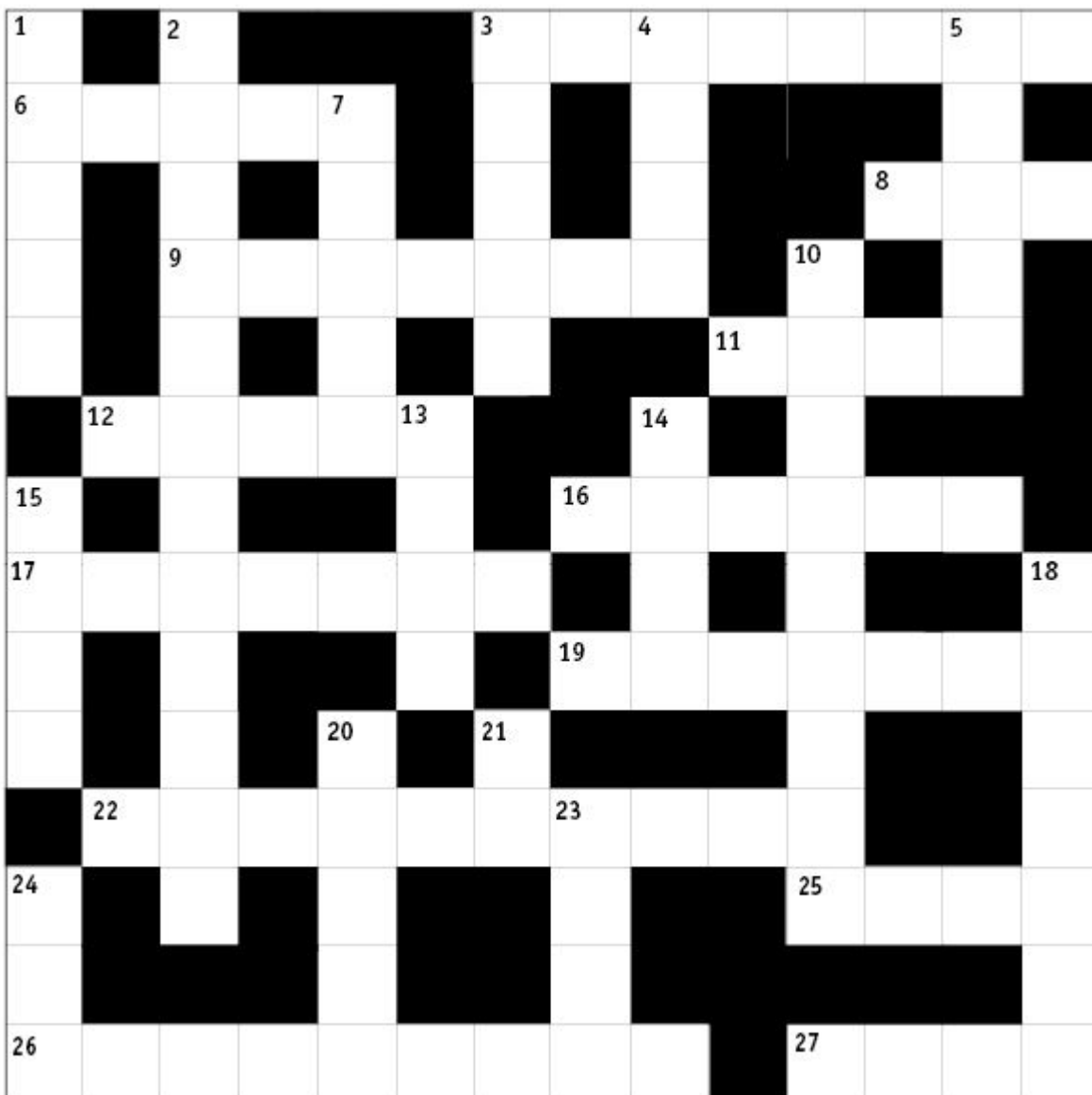
PUZZLES

NOVEMBER crossword

BY KATHY STODART

November 15, 2022

Here's our new crossword for November. Print out the grid (using print tab at the bottom right of this page) and use the clues below. Last month's answers are below the clues.



ACROSS

- 3) Chemical used to purify water.
- 6) and 2 Down, Advanced nursing role.
- 8) Eye twitch.
- 9) Type of seafood soup.
- 11) Cautious.
- 12) Weary.
- 16) Kind of working conditions where there are too few staff to care for patients.
- 17) Raised area of skin, filled with fluid.
- 19) Where honey is made.
- 22) Prescribed drugs.
- 25) Bluey-green.
- 26) NZNO industrial staff member.
- 27) 3600 seconds.

DOWN

- 1) Injection of fluid to clear out bowel.
- 2) See 6 Across.
- 3) Carries golf clubs.
- 4) Teller of untruths.
- 5) Loud.
- 7) Run away to marry.
- 10) Māori community health worker for Plunket.
- 13) Eating habits.
- 14) Joins the femur to the tibia.
- 15) Famous Swedish pop group.
- 18) Mythical creature, half man, half horse.
- 20) Female fox.
- 21) Rain (Māori).
- 23) Goes in and out every 12 hours.
- 24) Rua.

October answers

ACROSS: 1. Global. 7. Impatient. 8. Ignore. 10. East. 11. Victoria. 14. Noisy.
15. Sparkle. 16. Unfair. 18. Election. 22. Queen. 23. Drums. 25. Evacuate. 26. Tents.
DOWN: 1. Geisha. 2. Biosimilar. 3. Lie. 4. Ape. 5. Bile. 6. Unusual. 9. Dispute.
12. Toy. 13. Crust. 16. Unique. 17. Poem. 19. Ladle. 20. Cadet. 21. Weka. 24. Urn.

NEWS

Pay parity for aged care and iwi nurses 'a step in the right direction'

BY MARY LONGMORE

November 28, 2022

NZNO aged care and iwi nurses are welcoming a \$200 million annual cash injection which will bring pay parity with Te Whatu Ora nurses — but NZNO says practice nurses must be included.



NZNO College of Gerontology nursing Natalie Seymour told *Kaitiaki Nursing New Zealand*: "I think it's fantastic and we're very appreciative of what they've done, but it's just a little drop in the ocean to be honest, there's still a long way to go.

"It definitely is a positive step in the right direction and now gives us an opportunity to focus on other things like immigration and getting that sorted."



Natalie Seymour

Minister of Health Andrew Little announced on November 28 an estimated 20,000 frontline community health workers would get a pay rise from early next year — with aged care, Pacific, Māori and iwi providers and hospices first in line.

He said many organisations had struggled to keep nursing staff as they could not afford to pay as much as Te Whatu Ora. "I know this has made it very hard for them to retain nurses."

Aged care, hospices, home care support and Māori and Pacific health-care organisations would be first, likely early next year, "because there is clear evidence that that is where the biggest pay gap is." Mental health and addiction services, organisations caring for the disabled and other types of residential care would then follow.

Primary health care staff were not included in the deal, as "the sector did not show any real evidence of pay difference at this point".



Health Minister Andrew Little.

IWI NURSE 'OVER THE MOON'



Gina Chaffey-Aupouri

Ngāti Porou Hauora rural health nurse Gina Chaffey-Aupouri said she

had been battling for parity for decades and the "long overdue" news made her want to cry. "I'm just over the moon – it's so exciting.

"As Māori members, we've always been underpaid," said Chaffey-Aupouri, 63, who has been nursing since 17.

Chaffey-Aupouri, an NZNO

However, that could change “if evidence of disparity emerges in the future”, he said.

NZNO chief executive Paul Goulter welcomed the move, especially for Māori and Pasifika providers whose staff had endured a “crushing” pay disparity of up to 25 per cent for many years.



Paul Goulter

“Earning up to 25 per cent less just because of where you work is completely unacceptable in Aotearoa New Zealand, so we’re really pleased the Government has committed to ongoing funding for this.”

But the decision to leave out nurses working at GP practices was “regrettable” and should be “re-examined”, he said.



Manny Down

delegate based in the East Cape who recently spoke about her hope of seeing pay parity for Māori and iwi provider nurses before she retired, said she finally felt excited for the future of Māori health.

“That’s just heaven-sent to me. I’m excited for the future of Māori health – I just can’t believe it, they’ve finally come to parity and equality for Māori nurses. I just want to cry.”

She said it had been a “long, hard road”, including a strike in 2018. “We’ve been pushing for so long. It brings tears to my eyes that the Government has realised that these people have worked so hard behind the scenes.

“That’s going to allow us to have people come and relieve us in our work so we can finish our studies and all sorts is going to happen now.”

“The Government says it’s not convinced a pay parity gap exists for those nurses. We don’t agree with that at all, and both our members and employers say they are losing staff at rate of knots to jobs with Te Whatu Ora where the pay is much better.”

In many cases, practices were topping up wages from other services which could have benefited patients, just to keep their staff, Goulter said.

NZNO organiser Manny Down, who works with Māori and iwi providers, said it was “good that they’re recognising” the disparity, but it was crucial to ensure the full amount got to members on the floor. “Members will be happy but will be wanting to know ‘what does this mean for me?’ ”

Little said the funding would reach employers through changes to their contracts with Te Whatu Ora, Health NZ, and Te Aka Whai Ora, the Māori Health Authority. Employers would be required to use it to fix the pay difference with public hospitals. He said \$40 million would be made available over the remainder of this financial year, with \$200 million per year after that.



Christina Couling

NZNO organiser Christina Couling, who works with aged care, said the funding would be helpful particularly for smaller providers who had been “really struggling, to keep them in business”.

Seymour agreed, but said lack of staff was still a “significant problem” in aged care, which relied heavily on internationally-qualified nurses amid a global nursing shortage.

Little acknowledged the work and input of NZNO and the Aged Care Association “to get to this point”.

Tags

Click to search for related articles: [pay parity](#)

NEWS

Pay parity solution ‘well before’ end of year: Minister

BY CATE MACINTOSH

November 2, 2022

Negotiations over a pay deal for primary health care and Whānau Awhina Plunket nurses have stalled since the group went on strike last week, but Health Minister Andrew Little says he’s confident a solution will be found by Christmas.

Health Minister Andrew Little says he’s confident a funding solution to provide pay parity for nurses working outside of Te Whatu Ora will be found by the end of the year.

[About 4200 primary health care and Whānau Awhina Plunket nurses walked off the job for four hours last week](#) in protest over stalled pay talks.

GP employers say they want to pay nursing staff the same as Te Whatu Ora nurses but were not funded enough to do this.

Little was quizzed about government funding for primary health care and Whānau Awhina Plunket nurses’ wages by media on the day of the strike.

This week his office provided *Kaitiaki* with a transcript of an interview, in which he said the Government needed to do something about pay parity for all primary health and aged care nurses.

“I’m confident we will have something for them soon.”

When pushed about when this would happen, he said “well before” the end of the year.

“A lot of work has been done and we’re very close.”



Minister of Health Andrew Little says he's confident a solution to pay parity will be found by the end of the year.

A Te Whatu Ora spokesperson told Kaitiaki the agency had provided GPs with an additional \$106 million in “new base funding” in the past two years, of which “\$87 million was available for workforce pressures”.

“This is more than the anticipated \$7.7 million cost of implementing the new Primary Care Nursing MECA.”

The spokesperson said it was up to GPs and unions to “negotiate the appropriate flow-through to staff wages, terms and conditions”.

At a post-board media briefing, Te Whatu Ora chief executive Margie Apa said the funding provided to GPs was “based on costings that we were told by PHOs representing practices that they needed to implement the [PHC Nurses] MECA”.

NZNO chief executive Paul Goulter said the issue needed to be dealt with urgently and any funding solution for pay parity must be transparent.

“We are saying very strongly there needs to be a transparent and auditable passage of that funding into our members’ pockets.

“I suspect that is one of the issues the minister is trying to work out. We would expect to be engaged on that, just as the employers would.”

He said the NZNO wanted to see a “an immediate sizeable investment” as a first step on a pathway to pay parity, with “contractual certainty about the rest of it following”.

NZNO industrial adviser Danielle Davies said there had been no further negotiations with employers over the collective since the strike last Thursday.

“... but nothing can [happen] because they don’t have a different position in which to meaningfully negotiate on the basis of. That requires additional [Government] funding.”



Te Whatu Ora chief executive Margie Apa at the NZNO Tōpūtanga Tupuhi Kaitiaki o Aotearoa conference 2022.



NZNO industrial adviser Danielle Davies said the Government needed to provide ring-fenced funding to ensure pay parity for all primary care sector nurses.

Angus Chambers Riccarton Clinic owner and vice chair of GenPro – a national body representing general practice owners – said the Government had failed to negotiate with GPs over the annual increase in capitation funding, which he said was woefully insufficient to cover pay parity for nursing staff.

“Yes there’s [nursing] wage costs, but there’s doctors’ wage costs, admin wage costs, and it doesn’t account for increasing [health] complexity.”

The funding also didn’t account for increasing costs due to the transfer of services from secondary to primary care, “which happens all the time”, Chambers said.



Primary health care and Plunket members went on strike for four hours last week over pay parity. Members under the collectives are paid up to 10-20 per cent less than Te Whatu Ora colleagues.

“So I have [a nurse] who takes the sutures out of someone’s knee after a knee replacement because the hospital can’t be bothered doing it themselves.”

Chambers said GenPro would be open to ring-fenced funding for wage increases.

“I think we’d be open to anything that allows us to pay our nurses better, we all want that.”

Tags

Click to search for related articles: [pay parity](#), [primary health care MECA](#), [Whānau Awhina Plunket](#), [GPS](#)

FEATURES

The dyslexia disadvantage in nursing

BY LAURA MACDONALD

November 3, 2022

What barriers do nurses with dyslexia face at work? And might some qualities of dyslexia make you a better nurse? A third-year nursing student, who herself has dyslexia, investigates.

- Strong communication skills
- Big-picture thinking
- Problem-solving
- Imaginative

Could these dyslexia traits actually make you a better nurse?



PHOTO: ADOBE STOCK

Dear reader,

Please note that I have strategically designed the look of this panel with

the dyslexic brain in mind. The size 12 OpenDyslexic font¹, concise headings, 1.5 line spacing, and off-white background help make a document “dyslexia friendly”.²

The heavy weight at the bottom of each letter in this font, and their unique shapes, help orient the reader with dyslexia so they can read the letter the right way up and follow the line of text more easily.

Reading and writing are not often areas of strength for people with dyslexia,³ so writing an article on the subject is possibly a poor choice on my part. Nevertheless, I wanted to share a message with a broader audience, and felt that publication was the best way to go. I hope this article can initiate discussion and create opportunities in the New Zealand nursing profession regarding dyslexia and other neurodiversities.

Laura MacDonald

Introduction

Dyslexia appears to be poorly considered or understood in the New Zealand nursing profession, as evidenced by the lack of research, literature and resources from a New Zealand perspective.

International literature appears to focus heavily on student nurses' experiences during their academic studies and clinical placements, rather than that of qualified nurses navigating their way through clinical practice and employment.

New Zealand academic bodies, such as polytechnics, are beginning to consider and invest in research to understand and best support the needs of their neurodiverse learners. However, it is still unclear what support is accessible at an employment level, especially when nursing students become qualified new graduates.

The idea of exploring the subject of “nurses with dyslexia” was born after a summer of brainstorming to come up with a research topic I felt passionate about, to pursue in my third year of study.

Applying the PECOT framework,⁴ I narrowed in on a research question: “*What are the barriers for nurses with dyslexia in clinical practice?*” I explored literature from national and international contexts, but soon discovered that most of it was either outdated, under review, or purely focused on student nurses. Unfortunately, New Zealand-based literature on the topic was scarce or non-existent.

From what literature there was, I managed to identify three prominent barriers for nurses with dyslexia — individual barriers, employer barriers and resource barriers.

Why is this important?

Dyslexia is stigmatised, misunderstood and often perceived as a personal deficit, rather than a gift or an advantage. I, like many others, have historically labelled myself as “stupid”, which has self-limited my opportunities, making me wonder whether I had what it takes to become a qualified nurse.



Laura MacDonald: Nurses with dyslexia can bring new ideas and perspectives to nursing practice.

I have chosen to explore this topic to highlight to the New Zealand nursing profession the barriers that nurses with dyslexia experience, as well showcasing the strengths of nurses with dyslexia. I hope to bring a new lease of life to the issue and advocate for those whose voices are not already projecting loudly enough.

I am optimistic that my efforts will pique the interest of employers, educators, researchers, and prospective nurses, to consider how the traits of dyslexia also align with the attributes of a top-shelf nurse (see Table 1 below).

What is dyslexia?

The word dyslexia breaks down into “dys = difficulty with” and “lexia = words”.⁵ Dyslexia is defined as an adaptable learning disability; it is also considered an alternative way of thinking, characterised by unexpected difficulties in numeracy and literacy.⁶ It is also described as a neurological difference that disrupts the efficiency of learning processes and performance in everyday life, education and work.

Dyslexia can negatively affect a person’s ability to plan, organise and adapt to change. It can also interfere with verbal and written communication.³ It is estimated that between 10 and 20 per cent of the New Zealand population experience some of the characteristics of dyslexia, which matches the international prevalence.^{7,8} A calculation based on that statistic suggests that anywhere between 5000 and 10,000 of the present 58,206 nurses in New Zealand might have some degree of dyslexia.⁹

In the 1990s, neuroscientists discovered that the left hemisphere of the dyslexic brain appeared to be underdeveloped.¹⁰ The left side of the brain is associated with language and word processing, which is why reading, writing, and language are challenging zones for people with dyslexia.¹⁰

In contrast, the right “visual” side of the dyslexic brain gifts people with dyslexia a “sea of strengths” in areas such as critical thinking, problem-solving, reasoning, vocabulary, general knowledge, empathy, comprehension and concept formation.[3](#)

Nurses with dyslexia could use their creative problem-solving skills to show ‘an exceptional understanding of patients’ individual needs and the wider nursing issues involved in nursing care’

People with a dyslexic brain can be better at seeing the big picture than focusing on the finer details. They tend to excel at interconnected reasoning, having the ability to see things from multiple perspectives, or see connections others haven’t seen before. They tend to use “narrative reasoning” . . . “to remember facts as experiences, examples or stories, rather than abstractions”, with a strong ability to learn and reflect from experiences.[11](#) Additionally, people with dyslexia have the ability to reason well in dynamic settings when the facts are incomplete or changing.[11](#)

In this light of these qualities, having dyslexia could afford a nurse some advantages. British nurse Jacqueline Wiles, writing in the *Nursing Standard* in 2001, argues that being dyslexic enhances a nurse’s ability to use “a multidimensional approach to patient care” and to “visualise a patient as an integrated whole. They can connect with a patient in ways that integrate the art and science of nursing”.[12](#)

She said nurses with dyslexia could use their creative problem-solving skills to show “an exceptional understanding of patients’ individual needs and the wider nursing issues involved in nursing care”.[12](#)

The individual barrier

The first theme arising from the literature is the individual barriers that originate from one’s own awareness, attitudes and perceptions of dyslexia. Self-labelling and society-labelling can cause detrimental effects on an individual’s confidence, restricting aspirations for future success.[13](#)

Society’s perceptions of dyslexia stem from the historical deficit ideology, that people with dyslexia are “stupid” or slow, an idea which remains in circulation today.



There is no evidence to suggest that people with dyslexia cannot cope with academic study to become qualified nurses. PHOTO: ADOBE STOCK

Self-labelling can sometimes be considered positively, as a way of empowering the individual so they can identify, acknowledge and reflect on the strengths, challenges and opportunities of dyslexia.¹⁴ Early identification, a formal diagnosis and tailored strategies can all promote positivity and positive results, such as achieving goals and feeling successful in education and at work.¹⁵

Some personal ownership and responsibility for their learning difficulty can help them manage the obstacles and challenges life may throw their way.¹⁶

The bespoke strategies used by people with dyslexia become concrete as they learn to grow and navigate through their world. In a nursing context, strategies include writing lists, double/triple-checking drug calculations, breaking down complex tasks into smaller parts, and using reflective practice to increase self-awareness.¹⁷

Dyslexia can also have negative implications for nursing practice — issues can include poor time management, writing notes beyond the clock-off time, or frequently making mistakes in practice.¹⁸ These examples show the need for further investigation to design strategies which enable individual nurses to practise safely and sustainably.

There is no evidence to suggest that people with dyslexia cannot cope with academic study to become qualified nurses.¹⁸ In fact, many successful dyslexic nurses are seen working in higher positions, such as Ruth May, the Chief Nursing Officer of England, who has only recently been diagnosed with dyslexia.¹⁹

... strategies include writing lists, double/triple-checking drug calculations, breaking down complex tasks into smaller parts, and using reflective practice to increase self-awareness.

Lastly, the barrier of non-disclosure is a significant issue in the nursing profession. The literature suggests that the true statistics of nurses with dyslexia remain murky and under-reported. A significant contributor to non-disclosure is the individual's fear of ramifications, such as discrimination and stigmatisation from their employer and colleagues.[13](#), [39](#)

Nurses' failure to disclose their dyslexia can be a direct result of fears which have grown out of past negative experiences in education and employment.[14](#) Dyslexic nurses, again, fear the stigma of being labelled as "stupid," "slow," or "high risk" by their colleagues, employer and the wider public.[20](#)

According to one research team, there is little evidence suggesting that nurses with disabilities compromise the care and safety of their patients,[21](#) while another adds that dyslexic nurses are hypervigilant in practice, with evidence that they are more likely to double and triple-check drug calculations to prevent errors.[22](#) This demonstrates the increased self-awareness and the safeguarding measures that nurses with dyslexia adopt to maintain safe and professional practice.

The employer barrier

The second theme from the literature is the relationship between the employer and the employee with dyslexia. Barriers such as negative historical experiences in the workplace, lack of employer awareness, and poor understanding of dyslexia inhibit opportunities for an individual to be transparent about their dyslexia.

Key findings from the employers' perspective show a considerable lack of knowledge about dyslexia. A disheartening 55 per cent of workplaces feel that their understanding of dyslexia is poor or non-existent.[23](#)

The fact that an unknown number of nurses do not disclose their dyslexia at work impedes the employer-employee relationship, preventing honest communication and cutting the nurse off from potential support.

In New Zealand, under the Employment Relations Act 2000, health-care workers have rights that include freedom from discrimination, the right to employment relationships built on good faith, and the right to be treated with respect and dignity.[24](#)

Employees are responsible for communicating their needs to their employers under the Health

and Safety Act 2020. At the same time, New Zealand employers have a responsibility under the Human Rights Act 1993 to initiate “reasonable accommodations” to meet the needs of their employees with disabilities.

Suggested examples of “reasonable accommodations” include modifying tasks, changing environmental ergonomics, normalising disabilities and supporting diversity in the workplace.²⁵ Employers should consider multisensory education and training to meet the learning styles of their employees.¹⁸

... dyslexic nurses are hypervigilant in practice, with evidence that they are more likely to double and triple-check drug calculations to prevent errors.

The development of workplace cultures that promote calm, supportive and open environments will lead to employees trusting they will not experience discrimination, which increases the likelihood of them disclosing their dyslexia.²⁶

Lastly, employers need to recognise the value of the dyslexia advantage in the workplace. People with dyslexia possess talents in visual thinking and problem-solving and tend to have the ability to see the bigger picture and strong verbal communication skills.

Other traits include reading body language, collaborating as a team player, a curious imagination and a drive to succeed.²⁷ These dyslexic traits have the potential to add immense value to the organisation.

Table 1: Dyslexia qualities vs nursing qualities

DYSLEXIA QUALITIES	NURSING QUALITIES
Reasoning skills	Communication skills
Critical thinking	Critical thinking
Problem solving	Problem solving
General knowledge	Humour
Comprehension	Time management
Concept formation	Vocabulary
Visual 3D thinking	Attention to detail

DYSLEXIA QUALITIES	NURSING QUALITIES
Seeing the bigger picture	Creativity/imagination
Think outside the box	Advocacy
Emotional intelligence	Empathy
Ambitious	Compassionate
Cooperative and collaborative	Open, accountable and committed
Easily grasps new concepts	Willingness to learn

The resource barrier

The third barrier identified in the literature involves opportunities and access to resources, such as best practice guidelines and adaptive technology. It is disappointing to report that there are no New Zealand-designed resources tailored for dyslexic nurses. International tool kits are over a decade old and are currently under review. Perhaps this is an opportunity for a New Zealand-designed resource to be developed for the nursing profession.

The Royal College of Nursing's (RCN) *Dyslexia, dyspraxia, and dyscalculia: a guide for managers and practitioners*,[28](#) although currently under review, includes critical points about employers' legal, moral, and professional responsibilities; how to recognise and support staff with dyslexia; future recommendations; and other resources for information and support.

Complementary to that toolkit is the RCN peer support factsheet on nursing with dyslexia,[29](#) with guidance on employing dictaphones, text-help, coloured papers, headphones, computer screen colour, voice recognition software, calculators, notebooks and diaries to help the nurse with dyslexia in the workplace.

Strategies such as writing shorthand, and using tick boxes, sticky notes and different coloured pens and paper are also helpful for nurses with dyslexia.[22](#)

Many successful dyslexic nurses are seen working in higher positions, such as Ruth May, the Chief Nursing Officer of England, who has only recently been diagnosed with dyslexia.

Another issue is the lack of guidelines for nurses in employment. Kingston University & St Georges University in London designed a resource that caters to the needs of nursing students

and their preceptors during clinical placements.[30](#) The information in this document could easily be transferrable to aspects of clinical practice to support both new and experienced nurses.

Lastly, the opportunity to harness technology such as adaptive equipment should be utilised, to make tasks such as reading and writing clinical notes less problematic and more empowering.

Another example of the technology barrier in nursing is the prohibition of personal smartphone use in clinical practice. The benefits of smartphone use in practice include quick access to information, a calculator, and accessible communication with other staff on duty.[31](#)

Another research study agrees that smartphones in practice should not be prohibited and should be accessible to support dyslexic students with challenges such as complex medical terminology.[32](#)



*One study found nursing students wanted to use smartphones in clinical practice to support their clinical decisions.
PHOTO: ADOBE STOCK*

Although no hard-and-fast rules prevent nursing students in New Zealand from using smartphones on clinical placements, it is discouraged by some education providers and nursing schools.

One study found nursing students wanted to use smartphones in clinical practice to support their clinical decisions. However, nursing managers viewed the use of personal smartphones in practice as unprofessional behaviour and did not trust younger nursing students to act ethically when using this technology.[33](#)

Limited access to technologies can be due to senior staff's lack of interest and dedication in promoting it.[26](#) The opportunities to access this valuable technology will vary between health-care organisations, perhaps due to their policies, budget constrictions and their ignorance of the benefits.

Technology use should be embraced and promoted in practice to support and empower nurses with dyslexia. Outdated policies and procedures, such as discouraging the use of smartphones, should be challenged to break down another unnecessary barrier.

Increasing awareness

The first recurring recommendation from the literature is the need to increase awareness of dyslexia in the nursing profession. A multi-faceted approach, from individuals, employers, educators, mentors and peers, is required to create an open, trusting, supportive and inclusive environment for the diverse nursing workforce.[21](#)

Creating inclusive workplaces helps nurses feel safe and supported to disclose their dyslexia diagnosis.[34](#) Establishing clear structures and routines, and forming small cohesive nursing teams, improves the confidence and performance of nurses with dyslexia.[35](#) Providing education to all staff about dyslexia and other neurodiversities can increase their understanding, strengthen teamwork and communication, and reduce frustrations or stress.[32](#)

Other suggestions for designing a dyslexia-friendly workplace include: increasing the lighting, providing dyslexia-friendly signs and documents printed in different colours, and using the latest technology.[35,36](#)

Future research

There is ample literature on nursing students with dyslexia, yet there has been minimal investigation into how qualified nurses work with dyslexia in clinical environments.[17,35](#) Further investigation of dyslexia in the qualified nursing profession is warranted.

Looking at dyslexia among Māori and Pasifika nurses could unearth new information, such as the prevalence and impacts on these population groups.

One study considered the ethical dilemma of researching “vulnerable” dyslexic nurses, with the findings suggesting that they fear the risk of being identified, which outweighs the overall benefits of research participation.[37](#)

New Zealand has a golden opportunity to explore research pathways that are relevant and custom-designed to this country’s nursing profession. Looking at dyslexia among Māori and Pasifika nurses could unearth new information, such as the prevalence and impacts on these population groups. Investing in the interests of Māori and Pasifika populations shows commitment to te Tiriti o Waitangi and would create a model for other international research on indigenous groups with dyslexia.

Conclusion

The impending threat of a global nursing shortage of nine million nurses and midwives by 2030[38](#) means that now is the critical time to re-think and reflect on current practices, to support increasing neurodiversity in the nursing profession.

A strengthened partnership that intertwines individual nurses, educators, employers, and broader organisational structures is required to address the barriers dyslexic nurses face in clinical practice. Initiating conversations and raising the profile of dyslexic nurses will lead to opportunities that will enhance individuals’ success and improve the quality of health-care service delivery. It is an opportunity to strengthen, support and retain the current nursing workforce and promote nursing as a highly desirable and accessible profession for the prospective dyslexic nurse.

Lastly, the advantages of nurses with dyslexia, such as alternative ways of thinking, narrative reasoning and empathy, all bring new ideas and perspectives to refresh current nursing practice.

Laura MacDonald is a third-year nursing student from Dunedin, who has just finished her final nursing placement, and is now focusing on the final hurdle, which is the state final exam.

** This article was reviewed by **Marg Hughes, RN, PhD**, a nursing lecturer at Ara Institute of Canterbury, who has an interest in nurses working with disabilities.*

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