

NEWS

‘Come and stand in solidarity’ – nurses everywhere prepare to rise up on April 15

BY MARY LONGMORE

March 27, 2023

‘We need to stand united, because we’re all nurses, we’re all in this together’. Nurses and health workers prepare to rise up — Maranga Mai! — for a national day of action.



Nelson Tasman Hospice NZNO delegate Donna Burnett

Fed up with watching experienced palliative care nurses walking out the door for better paid jobs elsewhere, Nelson hospice nurse Donna Burnett is putting her nerves aside to speak up at

NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa's April 15's [day of action](https://marangamai.nzno.org.nz/april_15_day_of_action) (https://marangamai.nzno.org.nz/april_15_day_of_action).

"I'm not a public speaker, but I'm so passionate about this — it's an opportunity I feel I need to embrace," said Burnett, a nurse of 27 years and NZNO delegate for at least 15 — "a long long time".

Nurses and health-care workers are gathering on April 15 to call for more nurses and better pay, with family-friendly rallies being held in communities around Aotearoa from 11am-1pm. Details of each can be found [here](https://marangamai.nzno.org.nz/april_15_day_of_action) (https://marangamai.nzno.org.nz/april_15_day_of_action), on [Facebook](https://www.facebook.com/events/518120567176355) (<https://www.facebook.com/events/518120567176355>) and below.

Burnett said right now was "probably the biggest, most critical time I've seen in the hospice movement".



Actor Marianne Infante – aka Shortland Street head nurse Madonna Diaz — is MC for Auckland's event.

'We're doing the job and yet we're not recognised well enough as the specialists we are. So it's a bittersweet sort of pill that we swallow.'

Years of inadequate government funding since hospices were split off from public hospitals in 2000, meant palliative staff were leaving hospices in droves for better pay in hospitals or aged care — a problem which had worsened in recent years as hospice pay rates dropped further behind. "We can't afford to keep losing them," Burnett said.

"They talk about pay parity, and we're now getting the word 'relativity' — because we're never going to get there [parity]."

Providers of a small and highly specialised service, hospice staff — nurses, health-care assistants (HCAs) and administrators — felt overlooked by Government which focused on the larger collective agreements, Burnett said.

"We're out there — we've got an in-reach team in the hospital, we've got an in-reach team in the aged residential care [ARC] services, we've got our own education team," Burnett said. "We're doing the job and yet we're not recognised well enough as the specialists we are. So it's a bittersweet sort of pill that we swallow."



Te Whatu Ora Southern clinical nurse specialist Charleen Waddell, who is speaking at Dunedin's rally, said she was making a stand for her primary health care (PHC) colleagues who were paid so much less.

'We've got to support each other because we deserve to have pay parity across nursing rather than in silos in aged care, in primary health, in iwi and Māori providers.'

Clinical nurse specialist Charleen Waddell: "We've got to stand united."

"The pay disparity between primary and secondary services is huge – and we're also hoping for a universal MECA [multi-employer collective agreement] because as nurses we all train, we're getting such big differences in pay parity, it's just not fair."

Formerly a PHC nurse in Bluff, Waddell said the pay disparity was partly why she left primary health, along with COVID burnout. PHC needed more support to "keep running ... and meeting the needs of the community."

"We need to stand united, because we're all nurses, we're all in this together," said Waddell, who is NZNO's Te Rūnanga Te Tai Tonga representative. "We've got to support each other because we deserve to have pay parity across nursing, rather than in silos in aged care, in primary health, in iwi and Māori providers."

'At the end of the day, I want to make a difference, whether it be big or small, that's what matters.'



Marianne Infante: "Let's give our nurses the respect they are owed."

On the day of action, NZNO will be launching a petition 'we need nurses' calling for 4000 more nurses, pay that values and attracts nurses across every sector and the removal of inequities and upholding of te Tiriti.

Actor Marianne Infante – aka Shortland Street head nurse Madonna Diaz — is MC for Auckland's event. Infante said she was looking forward to supporting real-life nurses at the day of action.

“As an Equity Union board member I admire and back NZNO’s mahi in striving for better working conditions and better pay for their nurses!” Infante told *Kaitiaki*. “Let’s give our communities the health-care system we all deserve and give our nurses the respect they are owed.”

And back to Burnett, who is busy putting up posters and spreading the word for health workers to come along and “stand in solidarity”, the response from colleagues is “heartening”.

Burnett says she’s stuck it out over the years as she’s “totally passionate” about palliative care.

“Death and dying does matter to me and it’s about making a difference, to make it as okay as we possibly can – it’s the little things. At the end of the day, I want to make a difference, whether it be big or small, that’s what matters.”



Nelson Hospice delegate Donna Burnett, NZNO chief executive Paul Goulter and Nelson Hospital delegate Carolyn Hannah.

April 15 day of action: What’s happening in your community?

| | | |
|----------|----------|---|
| Kerikeri | 11am-1pm | Gather outside the ANZ Bank, corner of Kerikeri Road and Fairway Drive, rally with speeches, gather signatures on petition, then whānau time. |
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| Whangārei | 11am-1pm | Gather at Pūtahi Park, Town Basin (next to the Canopy Bridge). Rally with speeches then whānau time with kai. |
| Dargaville | 11am-1pm | Gather at Countdown/The Warehouse carpark, Victoria Street, Dargaville, then speeches followed by fun and whānau activities. |
| Auckland | 11am-2pm | Gather at Myers Park, from 10.30am; march from Myers Park to Auckland Domain. Rally with speeches then whānau time with kai at Auckland Domain. |
| Hamilton | 11am-1pm | Gather at Hamilton Gardens, Cobham Drive (Rose Garden side near the playground and rotunda by gate 2 entrance and carpark). BYO picnic and join together for speeches, activities, kai and music. |
| Tauranga | 11am-1pm | Gather at NZNO carpark, Tauranga. Hikoi from NZNO offices 141 Cameron Road, Tauranga to The Strand and back, stopping at Hairy Maclary Park and Red Square. Return to NZNO for speeches, kai and refreshments. FREE Parking available at 94 Durham Street carpark building. Please do NOT park at NZNO. |
| Whakatāne | 11am-1pm | Gather at Wharaurangi, the Strand, for rally and speeches. |
| Gisborne | 11am-2pm | Gather at Heipipi park from 10am; march from Heipipi Park to Kelvin Park at 11am; rally with speeches then whānau time |
| Palmerston North | 11am-1pm | Picnic in The Square |
| Masterton | 11am-1pm | Meet at Town Hall Square. Bring a picnic, your family and a chair. |
| Wellington | 11am-1pm | Gather at Civic Square, march to Parliament, then speeches followed by BYO picnic, music and face painting. |
| Nelson | 11am-1pm | Gather at Tahunanui Beach, behind the Nightingale Memorial Library, then speeches followed by fun and whānau activities. |
| Kaikōura | 11am-1pm | Gather at the Esplanade opposite Dolphin Encounter. |
| Christchurch | 11am-1pm | Gather at Bridge of Remembrance for march to Victoria Square, then speeches followed by fun and whānau activities. |
| Ashburton | 11am-1pm | Meet at the BBQ area in Ashburton Domain for the rally and a free sausage sizzle. |
| Dunedin | 11am-1pm | Gather at First Church for march to the Octagon, then speeches followed by fun and whānau activities. |



Rise up – We need nurses!

Our health system is in crisis.

On Saturday 15 April join us to call on political parties to commit to fixing this with more nurses and better pay.

Join us at your local community rally to call for the health system we deserve!

Rallies will start at 11am in centres across the country.

See https://maranga-mai.nzno.org.nz/april_15_day_of_action for the gathering nearest you.

NEWS

'I'm quite resilient – I guess [it's] years of being a nurse'

BY CATE MACINTOSH

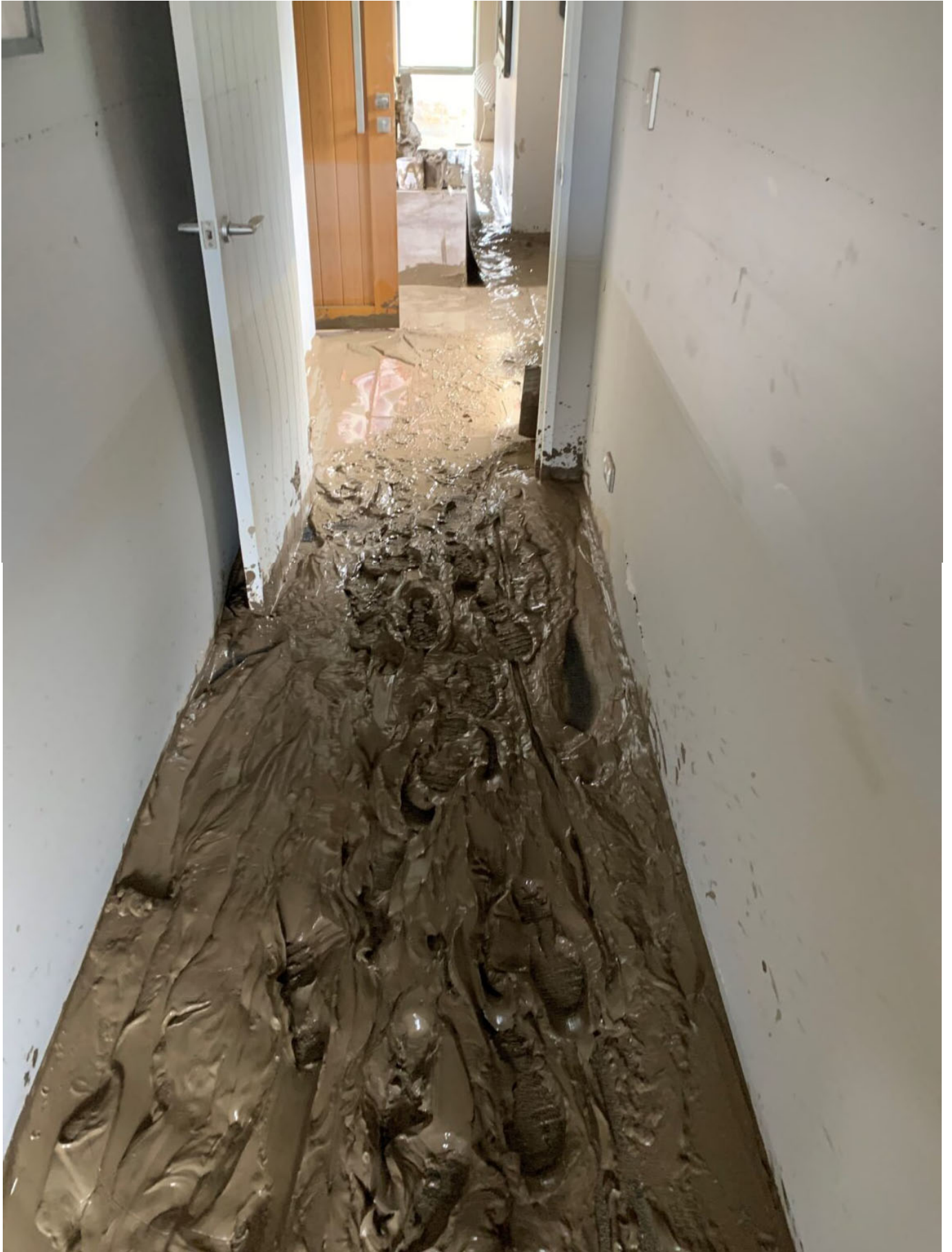
March 6, 2023

She survived a deadly attack and, most recently, a cyclone that destroyed her home. But mental health nurse Ra Kupa is determined to rebuild and get back to work — and can still make strangers laugh.

Ra Kupa takes a break from clearing “thick as” mud that filled her four-year-old Eskdale home during Cyclone Gabrielle for an interview with *Kaitiaki*.

It's an exhausting reminder of her recent brush with death, but has also brought her neighbourhood together, the 67-year-old mental health nurse says.

She is still coming to terms with the speed of the flooding.



Nurse Ra Kupa's home was overwhelmed by flood waters in Cyclone Gabrielle. On their return, she and her partner found their home filled with mud and silt.

"It only took four minutes from being just below your ankle to being right up to my head."

In the early hours of February 14, Kupa and her fiance Maggie Braviner were woken to the disaster by their dog Rusty and called 111.

“They told us to sit on the kitchen bench, which we did.”

Soon, Kupa, who is 4ft 7 in (140cm) tall, was forced to swim as the water rose inside her home.

“I’m usually a good swimmer, but when you’ve got a current coming as well . . . ”

A neighbour, Ben, came to their aid just in time.

“I was just getting tired and then I saw the flashlights so that gave me hope, and the next minute Ben was breaking down our doors,” Kupa said.

“Had I not seen the lights I think I would have just given up.”

Ben broke down the couple’s back door and told them to put Rusty on a sofa, which had been picked up by the swirling currents.

Using the couch as a flotation device, they paddled to Ben’s property and managed to climb on to the roof of the garden shed.



Ra Kupa’s dog Rusty alerted Kupa and her partner to the flooding. Photo: Kathleen Calderwood, ABC News.

Finally, they made it out of the raging torrent of water to the safety of nearby properties which had not been flooded.

Kupa partly attributes her ability to survive and cope with the devastation to her profession, but also to the support of colleagues, and the local community.

"I'm feeling inspired because all of us along the street are working towards getting our houses back. Also that I've been humbled by all the nursing staff from where I work, and from the other wards, because unfortunately I'm quite well known – I've got the gift of the gab.

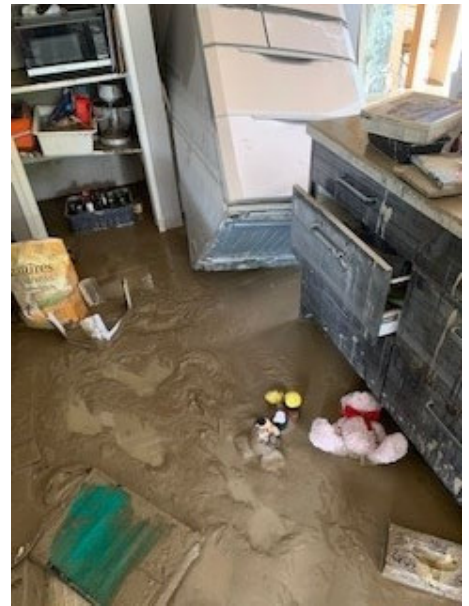
"I'm quite resilient – I guess [it's] years of being a nurse, and I feel terrible because I can't get back to work because I've been bruised all over and my right hand isn't working . . . "

Kupa's Gabrielle experience is her second brush with death since she turned 60. About four years ago, she survived a carotid artery aneurysm after being strangled by a patient.

After recovering from surgery to remove blood clots from her brain and satisfying her employer she was emotionally ready, Kupa returned to work.

This time she says she will do the same, when she can.

"I've been working in mental health as a registered nurse and I want to get back there as soon as I can – I'm a do-er!"



Ra Kupa's home was filled with mud and silt.



Ra Kupa and volunteers who came to help clean up her flood-damaged home. Photo: Kathleen Calderwood, ABC News.

Kupa said she was inspired and humbled by the generosity shown to her by neighbours, strangers, and her nursing colleagues.

After escaping from their flooded home, the couple and their dog were taken in by neighbours for two nights and were now staying with a couple who own a bed and breakfast business.



View from Ra Kupa and Maggie Braviner's home in Eskdale, taken a week after Cyclone Gabrielle hit. Photo: Corena Hodgson, Photography by Corena.

As to her future, Kupa says she will “definitely, definitely” rebuild her home in Eskdale, before adding with a laugh, “this is our last home.”

“We’re hoping this doesn’t happen for another 100 years – then I definitely won’t be around.”

NEWS

‘Immediate’ pay boost needed for struggling senior nurses, say nurse leaders

BY MARY LONGMORE

March 7, 2023

Senior nurses and leaders are pleading for more support over low morale and burnout as the pay gap with registered nurses (RNs) narrows.



NZNO nursing leadership section committee members met recently to discuss the challenges facing senior nurses and nurse leaders. From left: Rosie Rosewarne, Claudia Mercier, Natasha Ashworth, Joanne Sills, Theresa Fisher and Debbie O'Donoghue. (Absent: Sarah Linehan and Rochelle Robertson).

“What would go a long way is an immediate boost to bring us into line with the pay rise that the RNs got,” NZNO nursing leadership section (NLS) chair Debbie O'Donoghue told *Kaitiaki*.

[Interim equity-related pay lifts](#) made this month to Te Whatu Ora members varied across roles,

with RNs on the highest pay step, seven, receiving a rise of up to 14.6 per cent, while senior nurses only got a 4.5 per cent rise.

‘What would we do that for, why take on the extra responsibility and burden if we lose our penal rates and get paid not much more?’

Another rise to “restore relativity” would improve satisfaction for senior nurses and give them an incentive to take on leadership responsibilities, O’Donoghue said.

“The impact we see on nurses capable of becoming senior, is they say: ‘What would we do that for, why take on the extra responsibility and burden if we lose our penal rates and get paid not much more?’, she said.

“It’s re-establishing the relativity. The problem is the bottom level has gone up and the top level hasn’t, so the gap between the two has narrowed.”

NZNO’s senior nurses told an NLS survey they were “squeezed” from above and below while trying to support understaffed teams, she said.

‘I regularly have staff in tears as they are just overwhelmed with the workload!’

“They were getting pressure from people on the floor who they were trying to prop up and keep going, despite being short-staffed and overwhelmed. Then they were getting pressure from senior management . . . saying, ‘Do more, have it finished quickly, where’s my report on patient flow?’”



Nursing leadership section chair Debbie O'Donoghue: “We’re not just going to sit and wait.”

O’Donoghue said the NLS wanted to be “more vocal” and raise awareness of the pressures faced by senior nurses and the loss of pay relativity. “We’re not just going to sit here and wait,” she said.

“When people feel they haven’t got a voice, when they feel like they’ve got no way of being listened to, that’s when they start to get really hopeless. So part of what we’re doing is saying

'We hear you and we're trying on your behalf.'

NZNO leadership had raised the senior nurses' issues with the Minister of Health Ayesha Verrall and would be drawing on the NLS survey in future discussions, NZNO chief executive Paul Goulter said.

Senior nurses play a pivotal role in the nursing workforce, supporting nursing teams, mentoring new graduates and improving patient safety.¹

'I receive no support, I have to seek it through peers and I have found my own supervision.'

'Nothing stopping' Te Whatu Ora making an offer

A spokesperson for Verrall said senior nurses' pay relativity, now their junior colleagues were so much closer to them, was a "known problem" she was keen to see settled.

However, "it's not in the the minister's hands to solve that — it's for the union and their employer".

She said any immediate action was unlikely as senior nurses' pay was one of the issues currently before the Employment Relations Authority (ERA), as part of the NZNO-Te Whatu Ora [nursing pay equity claim](#).

But NZNO industrial advisor David Wait said there was nothing stopping Te Whatu Ora from making a wage offer to senior nurses as part of bargaining currently underway. "There's absolutely no restriction on them making a wage offer to senior nurses that restores relativity. They could do that at any point."

NZNO had raised the senior nurse relativity issue with Te Whatu Ora in January, he said — however, it was yet to make an offer on wages.

'Staff are burnt out and tired, with no end in sight. As a manager it is very hard to create a positive working environment'

Te Whatu Ora said in an emailed statement that it "recognises and appreciates the work and commitment of our senior nurses" and was committed to achieving pay equity for nurses.

"We acknowledge that the implementation of the interim nursing pay equity rates has impacted the relativity of pay across nursing roles. Discussions about this are ongoing, including within collective bargaining. While these discussions are ongoing we are unable to provide further details."

NZNO delegate, Wellington children's hospital registered nurse (RN) Mel Anderson also [raised the senior nurse pay gap](#) when Verrall visited the hospital recently.

"As a step 7 RN, I get my PDRP [professional development and recognition programme] money and penals — we're taking home more than our senior nurses now," Anderson said. "I explained what would happen if we don't have those senior nurses around to help — we end up with more people in hospital."

Professional development

Senior nurses and leaders were also "desperate" for more professional support, through mentoring, coaching or supervision, the survey found.

O'Donoghue said the NLS would be running four coaching and development workshops around the country this year, the first one in Nelson on Friday May 26. A nurse leaders' conference 'Creating Great' is also being held in Whānganui on November 9/10 this year. Details would be posted on the [NLS website](https://www.nzno.org.nz/groups/colleges_sections/sections/nzno_nursing_leadership_section) (https://www.nzno.org.nz/groups/colleges_sections/sections/nzno_nursing_leadership_section) and [Facebook page](https://www.facebook.com/groups/dcnmsection) (<https://www.facebook.com/groups/dcnmsection>).

'There's absolutely no restriction on them making a wage offer to senior nurses that restores relativity. They could do that at any point.'

O'Donoghue, a neonatal nurse manager, said attempts to set up mentoring for nurse leaders and senior nurses had been "slow". "We'd love to gain traction around this, but at the moment, the space that's everybody's head is in, is that 'I've just got to look after myself – I can't give more."

Previously known as the nurse managers section, O'Donoghue said the NLS had grown steadily and was now at 646 since it adapted membership requirements in 2020. It was now open to lead practice nurses, senior nurses, aspiring leaders and "any nurse who recognised themselves as a leader", rather than only nurse managers.

The June 2022 survey was sent to all section members and 87 responses were received.

Comments from the 2022 nurse leader survey:

"I regularly have staff in tears as they are just overwhelmed with the workload."

"Constant recruitment and very few applicants. This rolls over to my staff who are tired and have low morale due to the current situation"

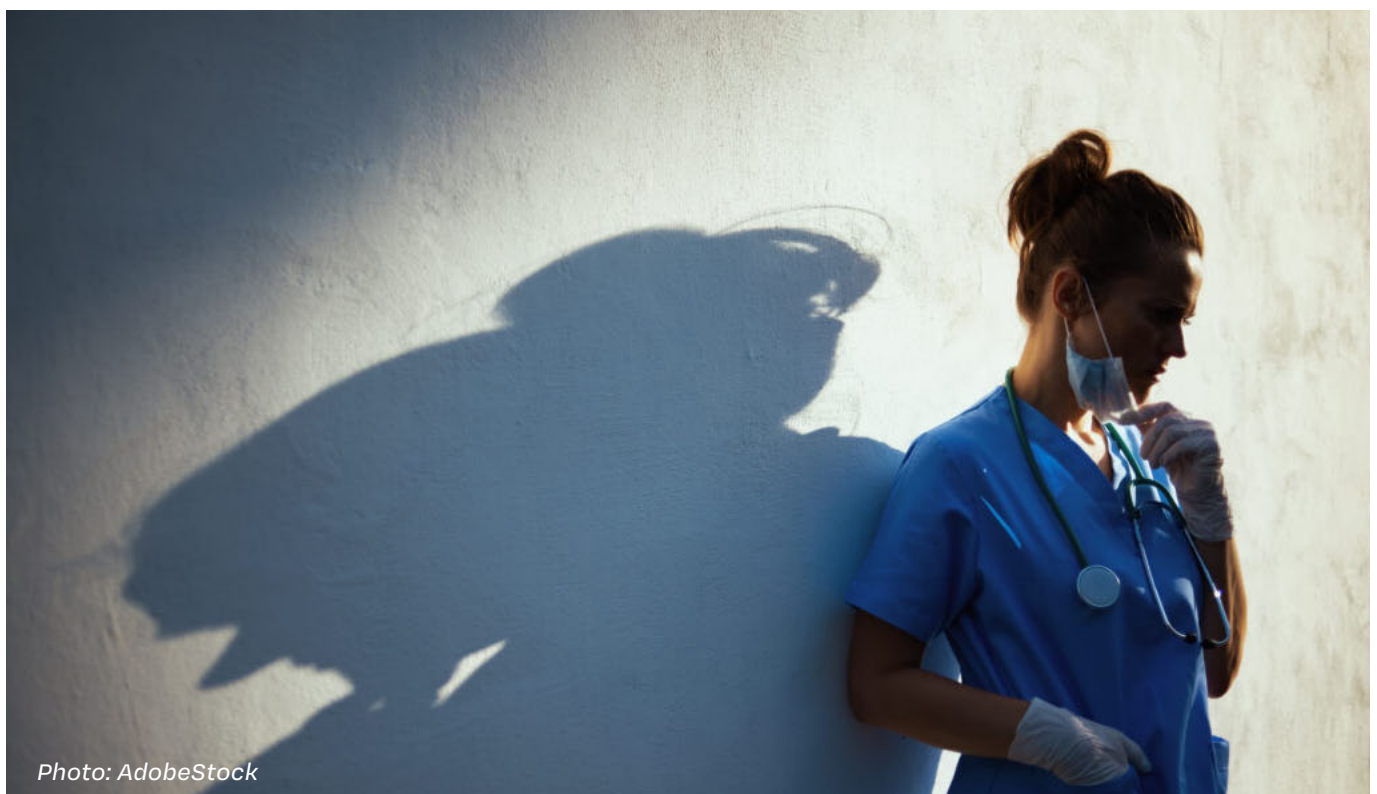
"The role has become more challenging with too few nurses too many patients. I have no input on the resources available yet expected to make it work while on my own on a night shift with over 550 patients."

"Staff are burnt out and tired, with no end in sight. As a manager it is very hard to create a positive working environment when the changes that need to occur need to come from the Government."

"I receive no support, I have to seek it through peers and I have found my own supervision."

"We are frustrated with management's attitude. They are primarily concerned with patient flow and don't actually care about the workload on the staff."

"Two of my colleagues and I get together to do our own clinical/professional supervision as there is none offered to us. We would not still be here without this mutual support and advice through many situations."



Reference

1. New Zealand Nurses Organisation. (2013). [Nurses in senior nursing and leadership positions](https://www.nzno.org.nz/LinkClick.aspx?fileticket=w7PriKD2zG4%3D&portalid=0). (https://www.nzno.org.nz/LinkClick.aspx?fileticket=w7PriKD2zG4%3D&portalid=0)

Tags

Click to search for related articles: [senior nurses](#), [nurse leadership](#)

MARANGA MAI!

Bargaining is getting a re-set under Maranga Mai!

BY CATE MACINTOSH

March 21, 2023

Since the dawn of unionism, bargaining has been at the heart of getting a better deal for workers. But the traditional negotiation process, for Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO members, is in transition as it fits within the larger, cross-sector strategy of Maranga Mai!



Maranga Mai!

Every nurse
everywhere



Ashleigh Beck, RN, Dunstan Hospital, Central Otago

In January, Ashleigh Beck attended her first bargaining meeting with her employer, a rural hospital owned by a community.

- Beck said her bargaining team was very determined from the start of the process – “nobody’s just going to roll over and just take anything”.
- When talks stalled in February, the group took the issue to the local media.
- Acute frustration over the disparity with Te Whatu Ora nurses drove the team’s determination. “People are really passionate about it, it just seems like such inequality really.”



Marianne Harris, RN, Tamaki Health Local Doctors, Avondale, Auckland

Auckland practice nurse Marianne Harris and her Tamaki Health delegates spent four months negotiating with their employer.

- Experienced practice nurse Harris said she was daunted by the negotiations, but became comfortable over time.
- The slow supply of information from the employer was a major frustration but it was good to meet senior managers.
- “We’ve developed a relationship where you can communicate firmly with one another about work.”



Nayda Heays, RN, Te Whatu Ora Te Matau a Maui Hawkes Bay

Nayda Heays joined the NZNO-Te Whatu Ora collective agreement bargaining team as the Te Poari representative, last year.

- She sought the views of Te Rūnanga members, to ensure she represented them well, and felt empowered by their support.
- Heays said whānau experiences of the health system, and the intergenerational trauma on health outcomes for Māori motivated her to take up the role.
- Following tikanga during bargaining meetings was important – but wasn’t a substitute for actualising Te Tiriti, or achieving equitable outcomes.

There’s more to bargaining than a signed settlement

As Topūtanga Tapuhi Kaitiaki o Aotearoa NZNO members rise up (maranga mai) to fix a broken health system, bargaining is in transition.

“We have to see bargaining not as an end in itself, but as a means to an end. It’s quite a subtle shift, but it’s really important,” NZNO chief executive Paul Goulter said.

NZNO currently has 116 active collective agreements – each one representing a group of

members, large or small, providing desperately needed health services.

But the organisation has a more ambitious goal than those for specific collective agreements – the five “fixes” of Maranga Mai!

1. Te Tiriti actualised within and across the health system.
2. More nurses across the health sector.
3. Pay and conditions that meet nurses’ value and expectations.
4. More people training to be nurses.
5. More Māori and Pasifika nurses.

The Maranga Mai! vision of Aotearoa’s health system will mean negotiated pay and conditions are regularly enforced, and on time, and opportunities for Fair Pay Agreements (FPAs) are identified.



NZNO chief executive Paul Goulter (far right) says bargaining is a means to an end, not an end in itself. He is pictured here with NZNO industrial advisor Danielle Davies at an Evolution Health group strike in Wellington.

The top priority for all bargaining is achieving common terms and conditions for all members, regardless of sector or employer, Goulter says.

"It's driven by the age-old truth that 'a nurse is a nurse is a nurse!'"

"It's a profession with skills and knowledge, that while applied quite differently across the sectors, maybe with different emphases, carries the same responsibility – just expressed differently."

Sector-wide bargaining strategies will be developed to ensure the most effective approaches are taken and the best outcomes achieved, Goulter said.

'If you haven't got a system to ensure the principles [of Te Tiriti are achieved] within the bargaining process it's kind of like swimming against the current.'

Kaiwhakahaere Kerri Nuku said the Maranga Mai! aspirations to actualise Te Tiriti and work towards increasing Māori and Pacific nurses could be applied to bargaining.

"A very basic thing we need to do is to ensure that anybody representing members has a very real understanding of what Te Tiriti is – and not just an assumption that because we're all nurses, we already know. Because in actual fact we don't."

The te ao Māori concept of whanaungatanga, or relationships, needed to be better applied in the consultation stage of bargaining, Nuku said.

"So, how we engage with Māori, how we actually include and proactively seek to engage them in the process, and then, how we actively protect their interests."

Tired and deflated, but determined

Ashleigh Beck, a mother of two young children and experienced RN at a busy and desperately short-staffed rural hospital in Central Otago, attended her first bargaining meeting in January.



Māori NZNO-Te Whatu Ora bargaining team members Camille Collier and Nayda Heays while in Ōtautahi for a meeting recently.

Employed by a community trust – Central Otago Health Services Limited – Beck receives a base salary of \$80,907, significantly less than hospital colleagues on step 7 employed by Te Whatu Ora, who received \$95,340 from March 7 following an interim pay equity adjustment.

Penal rates, shift allowances, maternity leave and other conditions are also far less generous.

Dunstan Hospital has been losing staff rapidly, and as of early February, had seven vacancies.

There was a friendly and collegial vibe as they gathered together in mid-January in a hospital meeting room. Clyde is a small town, and they all know each other, Beck said.



Dunstan Hospital RN Ashleigh Beck with her whānau.

But the atmosphere took a hit when the trust financial manager made it clear paying parity rates with Te Whatu Ora nursing staff would run the hospital into deficit.

As she drove home mid-afternoon, Beck felt tired and “definitely deflated”, but still determined.

“We absolutely work our arses off there, and to think that if you were at any other hospital, you’d be paid more . . . people are really passionate about it, it just seems like such inequality really!”

The January meeting was to be the only time the delegates and employers met for bargaining.

In the weeks that followed, the NZNO team became frustrated as the employer kept putting off a follow-up meeting.

They took the issue to their local media and a [story](https://crux.org.nz/crux-news/dunstan-hospital-nurses-stressed-and-stretched-as-pay-rises-miss-them/?fbclid=IwAR28p34UHq8HIRmjAodkbAWIaluWFbbRSy2-mTAP7f8vn3B87s7s4KTXrUc) (<https://crux.org.nz/crux-news/dunstan-hospital-nurses-stressed-and-stretched-as-pay-rises-miss-them/?fbclid=IwAR28p34UHq8HIRmjAodkbAWIaluWFbbRSy2-mTAP7f8vn3B87s7s4KTXrUc>): “Dunstan Hospital nurses stressed and stretched as pay rises miss them” was published on February 13.

The following week, managers hinted there had been an uplift in funding and pay parity rates were likely.

“It seemed to move the week after that, so I don’t know if that was a coincidence,” Beck said.

On March 10, an email to Dunstan Hospital staff confirmed their employer had “successfully negotiated” a funding lift for pay parity.

“Effective from 1st February 2023, COHSL will be

increasing the pay scales of nurses and HCAs to match the National DHB Multi Employer Collective agreement pay rates which includes the pay equity element."

But by March 21, members and delegates still did not have a settlement, and had received no communication from their employer about the next steps of bargaining to discuss other claims, Beck said.

They learned, after their pay day this week, the new rates would not be paid until the end of April, backdated to February 1.

While relieved over the base rates increase, Beck said the whole process left a bad taste in her mouth.

"It's incredibly frustrating, especially where we are at now. I feel like their main focus was on getting the pay increase, but they don't care about the rest of it. There's still a lot of work our contract needs to even come close to what the Te Whatu Ora MECA has."

Steering the waka - Te Whatu Ora members

As the largest collective, about 30,000 members employed by Te Whatu Ora, have used their clout to achieve the best pay and conditions among NZNO membership.

They have put forward the largest-ever pay equity claim and this month have achieved a major win, with interim rates increases and backpay applied from March 7.

For non-Te Whatu Ora delegates and members, the Te Whatu Ora collective continues to be the benchmark for their own bargaining – with mixed results.

NZNO industrial advisor Danielle Davies says a renewed focus on parity through the Maranga Mai! campaign will make a difference.

'We absolutely work our arses off there, and to think that if you were at any other hospital, you'd be paid more . . . people are really passionate about it, it just seems like such inequality really.'



Dunstan Hospital, Clyde, Central Otago, serves about 45,000 people in the region from Roxburgh and Ranfurly in the south, to Alexandra, Clyde, Wanaka and parts of the West Coast.

"The aim of parity with DHBs [Te Whatu Ora] isn't new, but the Maranga Mai! campaign is about

intensifying efforts to achieve it."



Bad selfie: NZNO-Te Whatu Ora negotiation team member Al Dietschin took this snap of some of the team while in Ōtautahi at a recent meeting.

The inflation rate – measured by the Consumer Price Index (CPI) – remained a critical measure for pay claims, she said.

Goulter said Te Whatu Ora members, represented by their delegates and bargaining team, were leading the way for all nurses.

"They basically are leading the establishment of appropriate terms and conditions and that's a really important role for them, which is to steer the waka."

'We'd love to pay parity, but we don't get enough funding'

In parity disputes, employers are pinning the blame on deficient government funding for the public services they provide.

It's the most common "brick wall" in bargaining for parity claims, making members feel like they are stuck in the middle of a never-ending spat between their employer and the Government.

Delegates are making their case as persuasively as possible at the bargaining table, while also leveraging off a wider push for change through direct and indirect action.

Plunket and GP nurses launched a campaign to take the issue to their local MPs following a strike in October last year.

[An NZNO national day of action on April 15 will see members on the streets](https://marangamai.nzno.org.nz/april_15_day_of_action) (https://marangamai.nzno.org.nz/april_15_day_of_action), raising their voices to demand that the nursing staff crisis is front and centre for every politician, candidate and voter in this year's election.

Smashing the parity brick wall

Auckland practice nurse Marianne Harris and her Tamaki Health bargaining team came up against an uncompromising brick wall at their first meeting in June last year. Initially.

Four months and four meetings later, ending in September, the company which owns 45 GP clinics across the city, had gone from "nah" to "yeah" on pay parity for base rates.

Harris said the base rates pay increase was a great win, but came at a cost with most other claims dropped.

“They weren’t accepting of what we were wanting . . . to get that pay increase, it was hard work.”

Tamaki Health claimed the annual increase in the Government’s capitation funding of about 3 per cent meant they couldn’t afford to pay their nurses more.

“But it was quite apparent [from comments in the meeting] that they had other sources of revenue, funding from ACC, vaccinations work,” NZNO Auckland organiser Phillip Marshall said.



Auckland practice nurse Marianne Harris said the bargaining process was a good opportunity but “hard work”.

“Our main argument was, you’re having trouble recruiting and retaining nursing staff, the only way to remedy this is to pay what the DHB pays . . . ”

Ultimately, Tamaki Health “rummaged through some couch cushions” and came up with the money, in an attempt to improve recruitment and retention in an increasingly unviable situation, Marshall said.

Bargaining for a new Tamaki Health collective agreement took place at the height of the Te Whatu Ora pay equity dispute last year and concluded with a settlement in September.

The timing meant Harris and her bargaining team couldn’t use new rates announced by Te Whatu Ora in December, resulting from an interim pay equity

adjustment.

A te ao Māori approach to bargaining?

Long-time Māori organiser Manny Down brings a te ao Māori perspective to the bargaining process.

Based in Palmerston North, Down is involved in about eight collective agreements for members in primary care, hospices, aged care and private hospitals.

“My goal in life is to always uphold mana for the people I am working with, whether they are members or employers. So, ‘kaua e takahia te mana o te tāngata’ – we don’t go in there to trample on anybody’s mana, or anybody’s dignity, we want to lift it.”

Down explains the approach is like weaving a whākiri (mat).

“We’ve come with our claims – that’s the mat we’re about to weave – and then we do it through



Te Matau a Maui Hawkes Bay Te Poari regional chair Nayda Heays (second from left) with her whānau, Phoebe, Grace, Florence Coffin and Owen Lloyd.

the process, whiti kōrero, so we start weaving our conversation, weaving our discussions, so each strand that we weave, makes the final product, the whāriki.”

Tikanga was applied and shared between the two negotiating teams for the Te Whatu Ora collective agreement meetings, but this did not make it a te ao Māori process, Te Poari representative on the NZNO negotiation team Nayda Heays said.

“If you haven’t got a system to ensure the principles [of Te Tiriti are achieved] within the bargaining process, it’s kind of like swimming against the current.”

Nuku said the current bargaining process did not allow for tino rangatiratanga (self-determination), and was at odds with te ao Māori in many ways.

“Until we can actually push for legislative change that allows Tino Rangatiratanga through the legal processes, we’re never going to be able to do that.”

The process to determine representation of members on bargaining teams, and the prioritisation of issues and claims, were not “from a cultural worldview, but one where there is a majority voice”, Nuku said.

“So the principles of rangatiratanga [self-determination], of manaaki [support, hospitality], of whanaungatanga [relationship], those things don’t apply in this bargaining situation. Those bargaining processes they are very prescribed following a legal framework that is l-a-w, as opposed to a framework under l-o-r-e.”

Despite this, Nuku said there were actions members and delegates could take to better honour Te Tiriti in bargaining.

These included: ensuring bargaining representatives have a good understanding of Te Tiriti; using the principle of tino rangatiratanga to assess how claims serve, or under-serve tangata whenua populations and proactively seeking to engage Māori members in the process.



Tōpūtanga Tapuhi Kaitiaki o Aotearoa kaiwhakahaere Kerri Nuku.

Putting Maranga Mai! 'fixes' front and centre in aged care

NZNO has taken a strategic "pattern bargaining" approach to gain common terms and outcomes across several aged residential care (ARC) collective agreements, in alliance with E Tū union.

A term that has its origins in the powerful US car manufacturing unions, "pattern bargaining" aims for common terms and conditions across an industry, or sector, achieving incremental gains from each negotiation to influence the next one.

'My goal in life is to always uphold mana for the people I am working with, whether they are members or employers. So, 'kaua e takahia te mana o te tāngata' – we don't go in there to trample on anybody's mana, or anybody's dignity, we want to lift it.'

NZNO and E Tū bargaining teams from four large ARC companies – Oceania, Bupa, Summerset and Radius – have taken the five "fixes" of Maranga Mai! to the table at consecutive negotiations since September, acting aged care industrial advisor Glenda Alexander said.

"We know the companies in aged care are incredibly competitive and there's usually facilities in each chain in a city, so people will decide to put their person into one of them.

"Additionally, because nursing recruitment is so incredibly tight, they're literally competing for staff and are trying to make it as attractive as possible. So we leverage off that a bit . . ."

Settlements have been signed for Oceania, Bupa and Summerset to date, and a first meeting with Radius is planned for late March, early April, Alexander said.

'They weren't accepting of what we were wanting . . . to get that pay increase, it was hard work.'

Many ARC operators have claimed government funding has been insufficient to allow parity pay and conditions with Te Whatu Ora.

Alexander said employers were still waiting to find out how much they would receive, following a November funding commitment of \$200 million from former Minister of Health Andrew Little, to support increased pay for primary health sector staff.

Little said the [first tranche of funding would go to aged care, hospice, and Māori and Iwi providers](#).

While some ARC employers have offered base rates that were close to – or even matched – those of Te Whatu Ora, parity has not been extended to other aspects of the agreements, including shift allowances, holiday pay, sick leave and parental leave, Alexander said.

Tags

Click to search for related articles: [Maranga Mai!](#), [bargaining](#)

NEWS

Emotional exhaustion hits nurses, two weeks after Cyclone Gabrielle

BY CATE MACINTOSH

March 3, 2023

Nurses in regions devastated by Cyclone Gabrielle are in a state of shock, coping with post-event trauma while continuing to work and support each other.

On Saturday February 18, Hawke's Bay Hospital Intensive Care Unit (ICU) nurse Nayda Heays returned to work for the first time since Cyclone Gabrielle struck the region.

Heays, who is also Te Matau a Maui Hawkes Bay Te Rūnanga chairperson and Te Poari representative for the region, had been through two evacuations – from her Te Awa home at 10.30pm on February 14, and then, about eight hours later from her mother's Onekawa South home the following morning.



Hawke's Bay Hospital ICU nurse, Te Rūnanga chair, and Te Poari representative Nayda Heays.

"We woke up at 6am to a flooded street."

On the 1.5-hour trip from the hospital to her mother's home, weary after a 12-hour shift, the events of the past few days hit her hard.

"I had a mental breakdown in the car. I was crying because I was going home to no power to cook my kai and then to do it all over again the next day!"

Driving to Hastings, she saw the extent of the damage wrought by the cyclone.

"I got to work and when I saw my colleagues, we were all crying about it. Because the stress we've been under and then to have to go to work and put our game face on, and

work."

Two and half weeks on from the terror of the cyclone health care workers were exhausted. Long travel times on broken roads, processing the devastation to the land, homes and people, and being in a constant state of vigilance, are taking a toll.

"All the experiences are different, but I know one thing that will link us together is the emotional fatigue from this."

Helping each other through

Heays said nurses throughout the region and beyond had immediately acted to support each other and their communities.

Hawke's Bay Te Rūnanga members, with support from Te Poari, have organised an evening of support and whanaungatanga on Friday for attendance in person, or by zoom, Heays said.



The view from Nayda Heays' mother's house in Napier, after Cyclone Gabrielle.

"We have decided to come together to debrief, to share kai, to waiata and to karakia, we've engaged our kaumātua from Te Whatu Ora, to come and do that with us and we've also offered Zoom options."

Nursing staff at Hawke's Bay Hospital have set up fundraising pages for two colleagues who have lost their homes and have limited or no insurance, organised care packages, and offered homes for respite.

Heays said the wellbeing of members needed to be prioritised through ongoing support and opportunities for manaakitanga.

Te Whatu Ora Hawke's Bay chief nursing officer Karyn Bousfield-Black said 79 workers across a wide range of roles had been redeployed from other regions to assist in Hawke's Bay, with seven sent to Wairoa.

Bousfield-Black acknowledged the struggles staff were facing with long travel times, damaged homes, supporting whānau, and their own distress following the cyclone.

"Taking care of our teams is a priority, personally and professionally, alongside our ability to continue service delivery while managing the impact of the cyclone."

Support provided included "allowing them to travel during times when there is less demand on the roads", extended on-site counselling services if required and a workforce unit to manage staffing requirements.

Nurses help flood-affected communities and return to work

Another ICU nurse and the region's Te Rūnanga proxy for chair, Alicia Barrett, responded to the needs of hard hit communities in the immediate aftermath of the cyclone.

She said the region wasn't prepared for the "anxiety, fear, sadness and a feeling of huge loss and devastation" that came with Gabrielle.

'[I thought] maybe I should not go to work, maybe I should stay home with my family because there might be no bridge tomorrow morning.'



Hawke's Bay Hospital nurse Alicia Barrett and her partner helped clear flood-affected properties following Cyclone Gabrielle.

Her home escaped flooding, but was without power for several days. She and her whānau waded through knee-deep water to check on neighbours, with several large trees ripped out of the ground in the area.

Over the next few hours they heard of severe flooding in Eskdale, where friends of whānau lived, before losing all phone communication.



ICU nurse Alicia Barrett found several large trees had been ripped out of the ground, and landed on homes. She went door to door after the cyclone to check on neighbours.

"Destruction was happening all around us and we had no idea of the magnitude of the damage. People were fearful of the safety of their extended whānau and friends."

That afternoon, she became aware of more evacuation notices for nearby suburbs.

"My whānau and I anxiously went to bed that night. All three kids slept in our bed whilst [my partner] and I slept in the lounge with the fire going purely for light."

The following day the street was again inundated with flood water, and they headed out again to see how they could help.

Barret and her partner helped dig out silt, and remove sodden and damaged furniture from homes in Pakowhai, Eskdale and Ohamu. "There was a paddock piled full of flood-ridden furniture and rubbish."

'I got to work and when I saw my colleagues, we were all crying about it. Because the stress we've been under and then to have to go to work and put our game face on, and work.'

"Roads were gone . . . grape vines were demolished, homes had floated down the river . . . some buried metres deep in silt."

Barrett returned to work a few days later, where "staffing was at an even lower low than normal as so many nurses had been effected by the floods, emotionally and physically".

Napier-based nurse Maia Burton returned to her role at the hospital three days after the cyclone for a night shift.

During the worst of the cyclone she was at home with her three children and teenaged niece.



A river in Napier full of flood debris, following Cyclone Gabrielle.

Her husband was unable to get home from his workplace and Burton could not speak to him as communications were down.

The following day, Burton's sister and four children came to her home after being evacuated due to flooding and stayed for two to three days.

She said the long, slow drive over a flood-hit bridge, which was only opened to emergency and essential workers, was "scary".

"[I thought] maybe I should not go to work, maybe I should stay home with my family because there might be no bridge tomorrow morning."

Burton said having staff from other regions support them was really good.

"It's been a reprieve we've received – it's just so lovely, and they are all here doing their bit for their colleagues."

Hospital at capacity and under pressure

A Hawke's Bay Hospital nurse, who didn't want to be named, said staff were struggling to discharge patients who were displaced from the flooding, or couldn't get to their homes, due to roading damage.

"We've got people who have been flood-affected who we can't discharge anywhere and it's gridlocked our beds, and we can't admit from the emergency department (ED)."



Hawke's Bay Hospital is struggling with very low staff numbers and difficulty discharging some patients home due to flood damage to homes and roads. Photo: Hawke's Bay Today.

On Friday, Te Whatu Ora Te Matau a Māui Hawke's Bay interim lead hospital and specialist services Chris Ash said the hospital has been at capacity in the "past few days" but this varied on a day-to-day basis.

"Some patients have been unable to return home due to the cyclone and we are working with them on a case-by-case basis.

"We are organising helicopter flights for discharged patients who live in areas unable to be reached by road."

Fundraising pages set up for Hawke's Bay Hospital nurses and their whānau:

<https://givealittle.co.nz/cause/help-the-bridges-family-cyclone-relief> (<https://givealittle.co.nz/cause/help-the-bridges-family-cyclone-relief>)

<https://givealittle.co.nz/cause/help-for-haley-williamson-and-farm> (<https://givealittle.co.nz/cause/help-for-haley-williamson-and-farm>)

Tags

Click to search for related articles: [Cyclone Gabrielle](#)

NEWS

Ex-minister gets schooled in primary health care as nurses get political

BY CATE MACINTOSH

March 22, 2023

While full-time lobbyists are paid big bucks to door-knock politicians, primary health care nurses are taking time out of their work days caring for patients to do the same. *Kaitiaki* tagged along for one such visit – to former minister, National list MP Gerry Brownlee.



National Party list MP Gerry Brownlee with primary health delegates Annie Hofmeester, Wendy Dawson and Tracey Haughey.

On a bright sunny late February day in Christchurch, three NZNO delegates gathered outside the office of National list MP Gerry Brownlee.

Whānau Āwhina Plunket Karitane community worker Tracey Haughey, registered nurse (RN) Wendy Dawson and practice senior RN Annie Hofmeester had already cut their teeth with other local politicians and appeared relaxed about the impending visit.

Hofmeester has come during a break on her shift at one of the busiest GP clinics in Christchurch, Riccarton Clinic and After Hours, which she describes as a “mini-hospital”.

‘I feel like we just need to keep our voices heard so there is increased knowledge by the decision makers.’

Likewise, Dawson has come during a break in her work day, visiting parents of new babies, and families with high needs, while Haughey is fitting the visit in to a day off.

Primary health care members are moving into the political sphere as part of a larger battle to gain parity of pay and conditions with Te Whatu Ora-employed nurses.

In a first-ever collective show of activism, primary health care nurses will join members from all sectors at rallies across the motu for a [national day of action on April 15](https://marangamai.nzno.org.nz/april_15_day_of_action) (https://marangamai.nzno.org.nz/april_15_day_of_action).

Negotiations for a primary health care multi-employer collective agreement (PHC MECA) came to a standstill in November last year, with employer representatives saying an increase to pay by more than about 3 per cent was unachievable.

In February, the parties returned to the bargaining table, but a settlement has not been reached.



Visit to Selwyn National MP Nicola Grigg (far left), Nurse Maude delegate Jeannie Randles, Whānau Āwhina Plunket delegates Tracey Haughey and Wendy Dawson, and NZNO Industrial Advisor Danielle Davies.

In January, with massive cost of living increases hurting, [Whānau Āwhina Plunket members voted to accept a three per cent increase](#) they had earlier refused. They are hoping a government funding boost will eventuate mid-year to achieve an increase that at least matches inflation.

Brownlee's office is attached to a pub in a Tudor-style building in the leafy suburb of Merivale and the interior has an Olde English lawyerly vibe with polished floors and leather furniture.

The MP greets everyone with a handshake and the three delegates sit side-by-side on a lounge, while Brownlee sits in an armchair.

Soon the former minister for Canterbury earthquake recovery and foreign affairs, and former deputy leader of the National Party, is getting an overview of the complexities and inequities of New Zealand's primary health system.

Hofmeester tells him of her 20-plus years of experience, the realities of nursing in a busy general practice and after hours clinic, and the pay she earns in comparison to hospital nurses employed by Te Whatu Ora.

"So, Te Whatu Ora, what's that?" Brownlee asks.

Hofmeester replies faster than The Chase's Mark, "The Beast", Labbett – "old DHBs" – before swiftly reeling off the key numbers.

"So Te Whatu Ora is one employer with 35,000 nurses, primary health care is 3500 nurses, and 500 employers. In amongst the 500 employers, everyone is paying their nurses differently."

Hofmeester stays on point by turning attention back to the reason for the visit.

"They get funding from the Government, which gives us \$36 an hour, top rate."

The to and fro continues at pace with Brownlee pressing for more detail, clearly intrigued by what he is hearing.

He wants to know the annualised pay rate (\$76,000), how many years' experience Hofmeester has (35), what her equivalent at Te Whatu Ora would get (\$95,000), how much can nurses get paid in Australia ("all expenses paid, three months' accommodation, three times the pay, bonuses . . .").



Visit to Labour MPs in Christchurch. L-R: Whānau Awhina Plunket delegates Karli Wyatt, and Wendy Dawson, Christchurch Central MP Duncan Webb, Ilam MP Sarah Pallett, and List MP Dan Rosewarne.

The conversation turns to how primary health care is funded, and the group valiantly attempt to answer further questioning.

"It sounds like quite a messy system," Brownlee concludes.

[An independent report on the primary health funding system released last year](#) described it as opaque, complex and inequitable, and "a serious deficiency in a core part of New Zealand's health system".

Dawson turns the conversation to Whānau Āwhina Plunket, and the fact the base rates of pay are now up to 20 per cent behind that of Te Whatu Ora members.

Brownlee says he still has his Plunket book.



Visit to Rangitiki National MP Ian McKelvie, (from left): Whānau Āwhina Plunket nurse Melinda Williams, practice nurses Ange McEntee and Layli Monaghan, Ian McKelvie. Foreground: NZNO organiser Donna Ryan.

Keen to update the minister, born in 1956, Dawson says staff are not able to see as many children, for as long, as they used to and they all work really hard.

"... but what we want is to be paid fairly!"

"Yeah, you're a profession that requires dedication and empathy," Brownlee responds.

"... and skill," Dawson adds.

Brownlee wants to check on Whānau Āwhina Plunket rates, compared to Te Whatu Ora rates, and then he wants to know how they compare to teaching.

Haughey brings him back to the matter of health and says as a community health worker she is paid the equivalent to enrolled nurses at Te Whatu Ora.

Answering Brownlee's blank expression, she says "Karitane nurse".

"We're currently 8 per cent behind – after a 3 per cent increase."

"One of my colleagues works at a working man's club every now and then and she can pull a pint of beer and gets paid more than a community health worker," Haughey tells him.

Brownlee says it has been “extremely informative”, and says he’s pleased to have met the delegates.

Sensing the MP now has some understanding of their predicament, Haughey asks him for advice.

Brownlee says meeting MPs is a good idea because he’s learned a lot.

“The challenge for all MPs is there are more than 50 different portfolio areas . . . and to have detail in each of those is pretty hard, but one thing we do know is there’s a nursing shortage.

“One question that comes into my head is . . . what does the nursing profession save the health system on an annual basis?”

To which Dawson says: “Lives!”

Brownlee says having numbers to demonstrate how regular diabetes checks could save someone from going to hospital – and the huge cost of that to the health system.

“I think those numbers help because in the end it comes down to a numbers game, can we afford it, what’s possible.”

Ending the meeting, Brownlee says it has been “extremely informative”, and says he’s pleased to have met the delegates.

The delegates said the questions Brownlee asked showed he was listening and engaged.

‘I felt that he got the reason why we had come to talk to him and felt encouraged to keep talking about it.’

Dawson said it was always hard to know what MPs would do with the information they gained from the visits.



PHC MECA bargaining team, February 2023, from left: Ian Hartley, Vicki Mitchell, Ayla Evans-Warmenhoven, Lisa Dennison, Denise Moore, Annie Hofmeester, and Industrial Advisor Danielle Davies.

"I feel like we just need to keep our voices heard so there is increased knowledge by the decision makers."

Haughey said she felt that Brownlee was "open and asked questions", which was a good result.

"I felt that he got the reason why we had come to talk to him and felt encouraged to keep talking about it."

Tags

Click to search for related articles: [primary health care MECA](#), [primary health care nurses](#)

FEATURES

It's cool to kōrero – March

BY KATHY STODART

March 6, 2023

I pakaru te whare o tātou e te haumātakataka tino kino. – The cyclone damaged our house.



*Flood-damaged whiteware (pātaka mātao – fridge, pūrere horoi – washing machine) from Hawke's Bay homes.
Photo: Hastings District Council.*



Te haumātakataka (the cyclone) from space: this satellite photo of Cyclone Gabrielle, taken by the Japanese Meteorological Agency, shows te haumātakataka centred over the Bay of Plenty on the morning of February 14.

it's cool to
kōrero



HAERE MAI, and welcome to the kōrero column for Poutu te-rangi (March). Cyclone Gabrielle has been a traumatic event for many people across the northern and eastern parts of Te Ika-a-Māui (the North Island).

Lives have been lost, homes damaged or destroyed; roads, bridges and livelihoods washed away by the power of te haumātakataka (the cyclone).

Some marae have been damaged by floodwaters while others have been strong centres of manaakitanga for their communities, providing kai, refuge and help.

In Māori tradition, Tāwhirimātea was the god of weather, a deity of stormy disposition. He was one of the sons of Ranginui, the sky father, and Papatūānuku, the earth mother. When his brothers separated their parents to allow light into the world, Tawhirimātea was enraged and fought his siblings with storms, wind



*"I pakaru te whare o tātou e te haumātakataka tino kino.
– The cyclone damaged our house." The reality for too
many whānau across the northern and eastern North
Island.*

and rain, causing havoc for
the humans caught in the
crossfire.

Kupu hou (new word)

- **Haumātakataka**
(cyclone) —
*pronounced hoe-MAH-
tah-kah-tah-kah*
- **I pakaru te whare o
tātou e te
haumātakataka tino
kino.** – The cyclone
damaged our house.

(Other words for cyclone
include **huripari** and
taupoki.)

More words related to
Cyclone Gabrielle:

- **waipuketanga** —
flooding
- **parawhenua** —
flood/tsunami
/destructive damage
caused by natural event
- **kōkīkī** — flood debris,
fragments of wood and
rubbish brought down
by a flood
- **parakiwai** —
silt/sediment from a
flood
- **manaakitanga** —
hospitality, kindness,
support

Whakataukī (proverbs)

He maonga āwhā — The calm



Waipuketanga (flooding) submerges a rural road.

after the storm.

He rā ki tua. — Better times are coming.

*E mihi ana ki a Titihuia
Pakeho rāua ko Mairi Lucas.*

Sources:

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Tags

Click to search for related articles: [te reo māori](#), [kōrero](#), [Cyclone Gabrielle](#)

PUZZLES

MARCH 2023 crossword

BY KATHY STODART

March 20, 2023

Print out the grid (using PRINT tab at the bottom right of this page) and use the clues below. February's answers are below the clues.

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ACROSS

- 1) Removal of breast tumour.
- 6) Welsh vegetable.
- 7) Where baked beans come from.
- 8) H₂O in solid form.
- 10) Disease caused by faulty multiplication of cells.
- 11) Pink-skinned sausage.
- 13) One side, in sport.
- 14) Produces heat for hospital.
- 15) Not passive.
- 17) Outdoor political gathering.
- 19) Plant symbolising NZ.
- 20) Step on ladder.
- 22) Respiratory disease.
- 23) Weariness.
- 24) Fruit featured in Garden of Eden.

DOWN

- 1) Most recent.
- 2) Adult male.
- 3) Massive spiralling storm.
- 4) Kindness, hospitality (Māori).
- 5) Oldest, most common alcoholic drink.
- 6) Find.
- 9) Able to recover from adversity.
- 12) Full of feeling.
- 14) Antibiotics are their enemy.
- 16) Make a mistake.
- 18) Portable computer.
- 21) Encourage.

February answers

ACROSS: 1. Cannula. 4. Squawk. 7. Ethical. 9. Our. 10. Toad. 13. Keen. 15. Tautoko. 19. Rat. 21. Penicillin. 22. Optimistic. 24. Weave. 25. Surrender.

DOWN: 1. Cast. 2. Needle. 3. Acids. 5. Ado. 6. Kōrero. 8. Locum. 11. Worry. 12. Hospice. 14. Educate. 16. Snooker. 17. Climbed. 20. Triage. 23. Chat.

Tags

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

FEATURES

New guide helps families of children with rare disorders

BY ANGELA NIELSEN

March 17, 2023

It is extremely challenging for families when a child is diagnosed with a rare disorder. A new guide can help parents and caregivers navigate their way to the best outcomes.



Eight-year-old Mea, who has been diagnosed with aplastic anaemia, is one of the young people with rare disorders who appear with their families in photos in the new guide. Here, she and her mother, Nicole Richards, sort her medication. Aplastic anaemia is a condition where the body does not produce enough blood cells of all types -- red blood cells, white blood cells or platelets. Photo: Rare Disorders NZ.

Receiving a rare disorder diagnosis for a child can be an overwhelming time for families.

They will likely experience a rollercoaster of emotions, as they come to terms with what the diagnosis will mean for their child, for their whānau and everyday life, and for their future. There will also be a grieving process to go through, as they let go of the future they had imagined with their child.

Not only that, but the road to getting a diagnosis is often long and stressful, so much so that it has become known as the “diagnostic odyssey” — for one in five families it takes more than 10 years.

Rare Disorders NZ, an umbrella support group, has a new guide available free for parents and caregivers of children newly diagnosed with a rare disorder. The guide, [Raising a child with a rare disorder: A guide for parents and caregivers living in Aotearoa New Zealand](https://www.raredisorders.org.nz/patient-support/parent-and-caregiver-guide) (<https://www.raredisorders.org.nz/patient-support/parent-and-caregiver-guide>), has been created to help parents and caregivers navigate the path in caring for a child with a rare disorder in this country.

The guide includes advice on how to talk to children about their condition, what families need to do to look after their own wellbeing and where to find support.

The lack of recognition and guidance leaves parents bearing the responsibility for becoming the experts in their child’s condition.

It acknowledges the stress of “diagnostic limbo”, where families often wait years for a definitive diagnosis. The guide advises caution when family members do their own research online, giving hints on how to identify trustworthy sources of information.

How to prepare for appointments and the best way to engage with the medical profession are also covered.

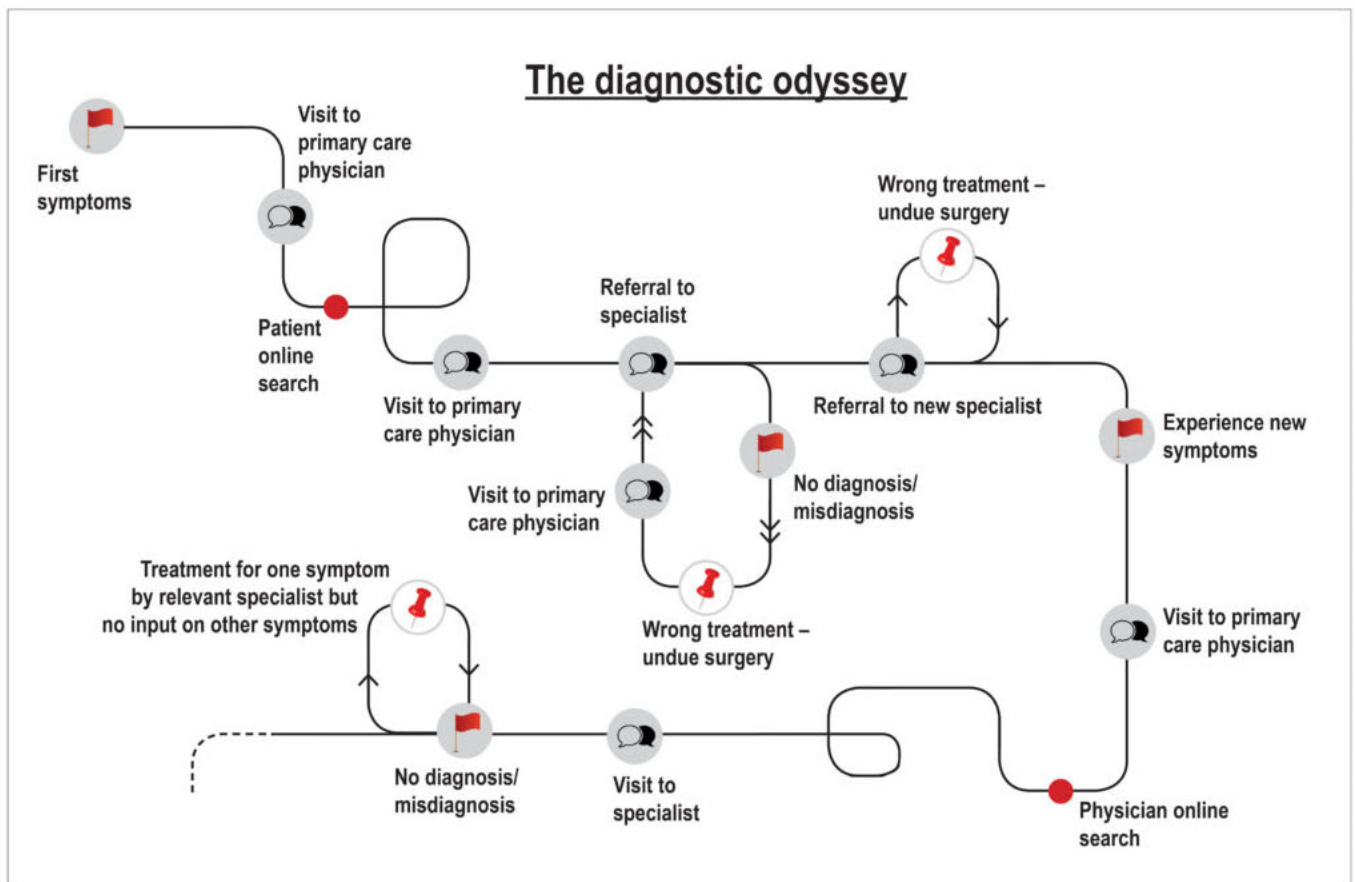
One of the most challenging aspects of a rare disorder diagnosis is that there is often very limited information available on the condition, and very few – if any – specialists knowledgeable in the disorder to answer questions and advise on what the future will hold.

Kiwi nurses join international meeting on rare disorders

Rare Disorders NZ is sending two nurses to an international nurses conference on rare disorders in Singapore this month.

The conference will look at developing a global network of nurses working with rare and undiagnosed disorders, and developing an education programme to upskill nurses about these disorders.

This leaves whānau with many uncertainties, adding to the difficulties in knowing how to move forward.



This diagram shows the early stages of the 'diagnostic odyssey' which can be a traumatic experience for patients and their whānau. (Diagram adapted with permission from one published at Medics 4 Rare Diseases, derived from an original published by the Solve-RD project.)

Despite around 300,000 people being affected by a rare disorder in New Zealand, there is no national strategy for rare disorders. There are no planned and coordinated support pathways for people when they are diagnosed, and no data is collected to understand the prevalence of the 6000-plus conditions.



Governor-General Dame Cindy Kiro, at the launch of the new parents' guide at Government House on February 28, with Sofia Sidoruk, who has the rare disorder 2q37 chromosome deletion syndrome.

The lack of recognition and guidance leaves parents bearing the responsibility for becoming the experts in their child's condition. They research, observe and learn how to meet their child's needs, and bear the brunt of the coordination and management of their child's care.

Trying to navigate the health system and social supports while coping with the emotional and financial weight of caring for a child with a rare disorder puts enormous pressure on whānau.

Rare Disorders NZ hopes its new guide will be a useful tool for families and will reassure them that they are not alone. It also hopes health professionals will share

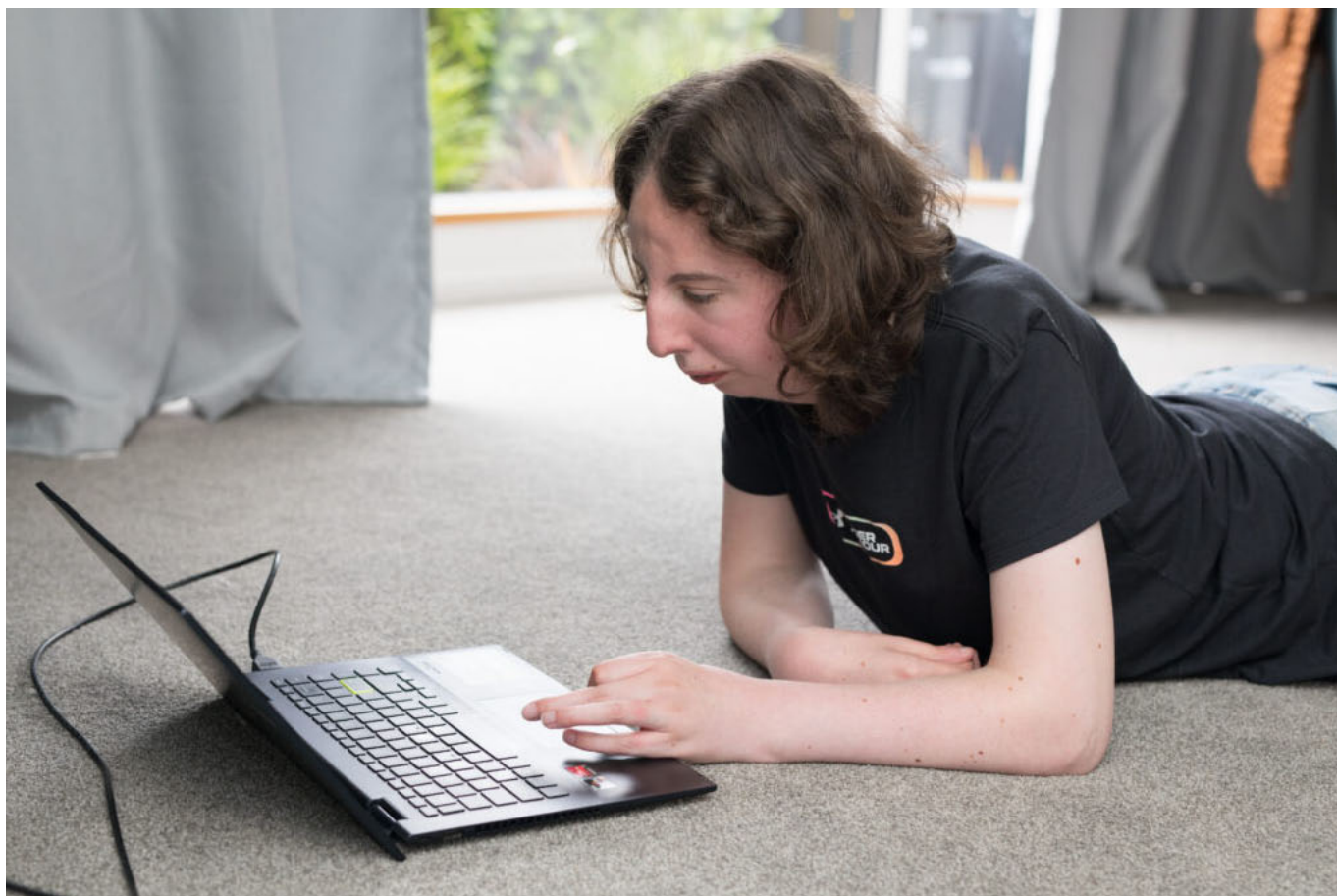
the guide with rare patients and their whānau, so families can begin their journey knowing that support is available.

How health professionals can be 'rare aware'



Photo: Adobe Stock

- **Recognise that “rare” is, in fact, quite common:** With more than 6000 known rare disorders, health professionals are not expected to know about every disorder and have all the answers. But they should be aware that a rare-disorder diagnosis is very possible. One in 17 patients will have a rare disorder, so it is not uncommon.
 - **Listen and learn:** For over half of people living with a rare disorder in New Zealand, it took longer than one year to get a diagnosis — for one in five, it took over 10 years. The “diagnostic odyssey” can be a traumatic experience for patients and their whānau as they are bounced around the health system and often met with scepticism. Giving time to listen, and showing a willingness to learn alongside their patient are hugely powerful ways health professionals can lessen the feelings of isolation and uncertainty on the journey to diagnosis.
 - **There are common ways to manage rare disorders:** While individually rare, collectively rare disorders present many of the same challenges, and there are common ways to manage them. While treatment may not be available, there will be common ways to improve the quality of life of patients. Health professionals can learn alongside their patients to find what may work for them. Asking patients about their day-to-day life, their whānau, what is important to them and discussing together what they may need to manage their condition to improve their wellbeing, helps patients and whānau feel understood and supported.
 - **Connect patients with Rare Disorders NZ.** Living with a rare disorder can feel very isolating, particularly if you do not know others with the same condition. Rare Disorders NZ can help connect many patients and their whānau with support groups for their condition, which provide a significant source of comfort, reassurance and support. Sharing the parent and caregivers guide and referring patients to Rare Disorders NZ can help patients on the path to emotional wellbeing and acceptance.
-



Zoe, aged 18, who also appears in the guide for parents and caregivers, has the rare microdeletion of chromosome 1q21.1. This chromosomal condition can cause some learning difficulties and physical anomalies.



Zoe as a baby, with her sisters. Photos: Rare Disorders NZ.

- *Raising a child with a rare disorder: A guide for parents and caregivers living in Aotearoa New Zealand* can be downloaded from the Rare Disorders NZ website [here](https://www.raredisorders.org.nz/patient-support/parent-and-caregiver-guide) (<https://www.raredisorders.org.nz/patient-support/parent-and-caregiver-guide>).
- For more information on the guide and about rare disorders in Aotearoa New Zealand, contact [Rare Disorders NZ](http://www.raredisorders.org.nz) (<http://www.raredisorders.org.nz>).
- For more resources and advice for health professionals on rare disorders, visit [Medics4RareDiseases](https://www.m4rd.org/daretothinkrare/) (<https://www.m4rd.org/daretothinkrare/>).

Show up to support the rare 6 per cent

This March, Rare Disorders NZ is calling on Aotearoa to “Glow up and Show up for Rare” to show support for the 6 per cent of the population living with a rare disorder.

This is the first rare disorders awareness month to be held in Aotearoa New Zealand. It aims to put a spotlight on the difficulties faced by people living with a rare disorder in accessing health and social care.

For ideas on how to get involved in Rare Disorders Month, visit the [website](https://www.raredisorders.org.nz/rare-disorders-month/get-involved/) (<https://www.raredisorders.org.nz/rare-disorders-month/get-involved/>) and follow @RareDisorders_NZ on social media.

Angela Nielsen is the communications manager for Rare Disorders NZ.

Tags

Click to search for related articles: [children's health](#), [rare disorders](#)

NEWS

New Zealand needs 450 more ICU nurses, say critical care nursing leaders

BY MARY LONGMORE

March 30, 2023

Another 450 full-time critical care nurses are needed to safely staff the country's growing number of intensive care (ICU) beds, says NZNO's college of critical care nurses.



Photo: Lynsey Sutton-Smith

College chair Tania Mitchell said another 85 ICU beds — a 30 per cent increase nationally over

the next three years — announced as part of a \$544 million government [funding boost](#) amid hospital fears of being overwhelmed by the Delta strain of COVID in 2021, was positive.

But it also meant New Zealand needed another 450 critical care nurses because ICUs need a 5:1 nurse-patient ratio.

“It takes 5.3 FTE nurses to staff one ICU bed 24 hours per day and that includes things such as staff annual leave, study leave, supernumerary [non-clinical] leadership roles etc,” Mitchell told *Kaitiaki*.

Last year, before the funding boost, the college said New Zealand was short [90 full-time critical care nurses](#).

The challenge for ICUs was not only finding nurses but training them, she said.

“It takes three to five years to fully train an ICU nurse to be able to independently look after a complex, critically ill patient,” Mitchell said. “So recruiting large numbers of novices is going to mean a dilution of skills and stress on the ability to care for the patients who need us.”

Mitchell said critical care nurses were working closely with Te Whatu Ora’s critical sector advisory group, of which she was a part, to solve the problem. ICU nurse recruitment was continuing from overseas and New Zealand, however efforts were being made to provide better training, she said.

Whether overseas or locally trained, the new recruits were mostly critical care “novices” and needed upskilling to critical care standards, Mitchell said. Yet there was minimal fit-for-purpose training available, something the college was also exploring with Te Whatu Ora, she said.

‘It takes three to five years to fully train an ICU nurse to be able to independently look after a complex, critically ill patient.’

Support from senior nurses was also vital to recruit and retain new nurses in critical care, she said.



Tania Mitchell, NZNO College of Critical Care Nurses chair

'Staged' not immediate increase in nurses needed

Te Whatu Ora national director hospital and specialist services Fionnagh Dougan said as Te Whatu Ora was providing funding for 85 more critical care beds phased over three years, "it is a staged increase in nurses that is required, as opposed to a large increase now".

"We are delighted to confirm that we anticipate at least 30 additional critical care beds will be fully staffed and fully resourced by the end of this financial year (end June 2023)."

Training for critical care nursing teams had been supported in 2022/23 with \$3 million to support increased nurse educator and clinical coach roles, and another \$0.325 million for post-graduate and vocational training.

In 2023/24, this would increase to \$3.75 million, with extra going into expanding post-graduate and vocational training.

A national e-learning programme to support new entry into critical care would also be developed over two years, costing \$500,000.

Internationally-qualified nurses would also contribute to the critical care nursing workforce, and would not require the same level of training, Dougan said.

"We will continue to identify what other initiatives we may need to attract, train and retrain the nurses needed to progress further."

Nurse educators and coaches

Nurse educators had now been installed in "every single ICU", which would also help support and retain new critical care nurses, Mitchell said. As a result, all 25 of the country's ICUs now met intensive care standards of one nurse educator per 50 nurses — when previously only two did.

A new role — critical care clinical coach — had also been established and was in place across every ICU. Coaches were a more hands-on "bedside-based" role than educators, she said.



Wellington ICU nurse educator Tracy Klap, left with surge nurse Catherine McKnight (centre) and Tania Mitchell preparing for a COVID outbreak in June 2021.

Both would help nurses new to ICUs develop their skills, but also support those with one to three years' ICU experience advance clinically, she said.

Funding had also been ringfenced for post-graduate and vocational training for critical care nurses — 50 per cent of whom in ICUs were required to have post-graduate qualifications.

'New Zealand has the second to lowest number of beds per capital in the OECD, ahead only of Mexico.'

However there were very few [post-graduate critical care papers](#) available in New Zealand presently — another “huge area of work” being looked at by the college.

The \$544 million cash boost — plus another \$100 million towards building extra ICU capacity — came after critical care nurses [spoke out](https://www.rnz.co.nz/news/national/450542/auckland-hospitals-calling-for-more-icu-nurses) (https://www.rnz.co.nz/news/national/450542/auckland-hospitals-calling-for-more-icu-nurses) about the critical shortages during the COVID pandemic. At its peak, Mitchell was doing up to six media interviews daily.

COVID highlighted the value of critical care nurses, but also how under-prepared New Zealand was in terms of its critical care capacity, she said.

“New Zealand has the second to lowest number of beds per capital in the OECD [Organisation for Economic Cooperation and Development], ahead only of Mexico.”

In 2021, with Delta imminent, there were fears over how New Zealand would cope, as places like Italy and the United Kingdom were “overrun with patients with COVID”.

“If community transmission of Delta was widespread, there was real concern that there would not be enough intensive care beds to look after everyone who needed them.”

Tags

Click to search for related articles: [critical care](#)

NEWS

Nurse practitioners reject 'denigrating' GP college guidelines, will draw up their own

BY MARY LONGMORE

March 14, 2023

Mātanga tapuhi / nurse practitioners say revised guidelines on their role from the Royal College of GPs (RNZCGP) are "denigrating" and "disappointing", implying they must consult with GPs before making decisions.



Tāiriwhiti NP Natasha Ashworth

"It almost seems to slightly denigrate the position," said Tairāwhiti nurse practitioner (NP) Natasha Ashworth, a committee member of NZNO's Nursing Leadership Section.

'It's not a question of one being superior to the other. We practise side by side.'

While she did not believe RNZCGP intended to insult NPs, "there is a slight sense of trying to downplay the role that is hard to ignore".

RNZCGP has released a revised position statement, ['nurse practitioners' contribution to general practice teams'](https://www.rnzcgp.org.nz/resources/our-voice/nurse-practitioners-contribution-to-general-practice-teams/) (<https://www.rnzcgp.org.nz/resources/our-voice/nurse-practitioners-contribution-to-general-practice-teams/>) for its members, which it says "clarifies the difference" between NPs and specialist general practitioners.

The revision follows angry reaction to its initial statement, published a month ago, which stated NPs needed just six years' training against 11 years for GPs.

In reality, it took at least nine years to qualify as an NP, and required a clinical masters' degree, Nursing Council chief executive Catherine Byrne told *Kaitiaki*. But the average practising experience of the country's 621 NPs was far longer — 27 years. Just two had achieved it in nine, she said.

'It undermines and devalues the role of NPs – perhaps based on a misapprehension that NPs . . . are working under the direction, delegation or supervision of GPs – which is NOT the case.'

Nurse Practitioners NZ (NPNZ) and the College of Nurses' Aotearoa asked RNZCGP to withdraw and correct its statement, offering to work with them on a more accurate one.

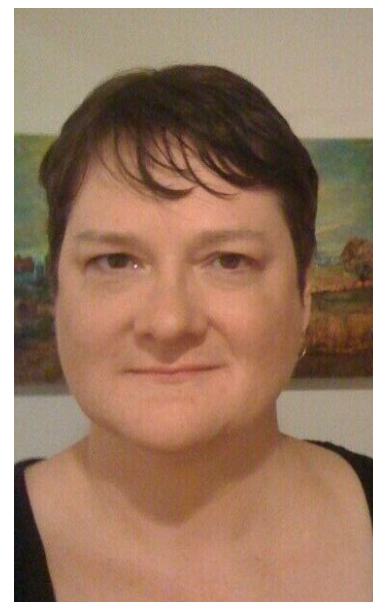
But their offer was not "effectively" taken up, NPNZ chair Sandra Oster said. At a meeting, RNZCGP agreed to correct the training requirements "but not the text or intent of the document".

The revised statement failed to reflect the true scope of NP practice and was "disappointing", Oster said.

"They believe they're being collaborative with this document, but the wording implies a dependent relationship that doesn't exist," Oster told *Kaitiaki*. "The way it's written implies NPs work under the direction of a GP . . . But that doesn't reflect the autonomous scope of practice."

NPNZ would now be developing its own guidelines in response, to more accurately reflect NPs' scope, Oster said.

"It's not a question of one being superior to the other. We practise side by side . . . So what we would say is that we practise autonomously and in collaboration, because NPs want to collaborate with GPs."



*Nurse Practitioners NZ chair
Sandra Oster*

'When you think about our world view, we've done 11 years of training, we also know the volume and range of things that turn up on our doorstep and we know about the business of running a general practice.'

'Limited understanding' of NP role

College of Nurses' Aotearoa executive director Kate Weston said the statement "devalues" NPs and showed "limited understanding of the scope and capability of the NP role".



College of Nurses Aotearoa executive director Kate Weston

"It undermines and devalues the role of NPs — perhaps based on a misapprehension that NPs and, for that matter, RNs, are working under the direction, delegation or supervision of GPs — which is NOT the case," Weston said, in a joint statement with NPNZ.

Under the Health Practitioners Competency Assurance Act, NPs — like GPs — are accountable for their own practice, Weston said.

Seeking to "compare and contrast" the role of NPs and GPs missed the point of the [Pae Ora health reforms](#), which were to provide a choice of quality health services, Weston said.

Ashworth — who was a nurse for 23 years before becoming an NP three years ago — said it "comes back to this masculine-dominated versus female-dominated professions — but we are there to be considered on a level with our colleagues. Each has their own skill set of equal and complementary value".

'It comes back to this masculine-dominated versus female-dominated professions.'

She did not feel the statement represented the way NPs were treated by colleagues, including GPs. "But I do think it's representative of those differences of parity and equality that we see all the time as nurses and are trying to address."

'No obligation' says GP leader

RNZCGP president Samantha Murton said the guidelines were intended for its 5000-plus members, and placed no obligation on NPs. "They don't need to check everything with a GP, but they just need to have access to a GP," she told *Kaitiaki*.

"This is our expectation on a general practice, in how they will look after all their people in general practice – that a NP has access to a GP . . . That's our expectation that our members won't put an NP in an invidious, unsafe or unsupported position so they don't have the best ability to do their job."

General practice was a "team sport, whether you were a nurse, a district nurse, nurse practitioner, social worker . . . this is a team sport and anyone — an individual GP — should be doing it in the context of a team," she said.

"However, in any medical specialty you'd expect the medical specialists of that discipline to be available to the people in that team, because they are the ones who have done the medical training and have the absolutely broadest scope and depth of scope in that discipline."

Different 'world views'

Murton said it was a case of different "world views".

"When you think about our world view, we've done 11 years of training, we also know the volume and range of things that turn up on our doorstep and we know about the business of running a general practice. So if you're having someone coming into that area . . . you need to make sure that they're supported in that job."

Murton confirmed she had met NZNO chief executive Paul Goulter to discuss the issue and said the college was open to making further revisions through a board consultation process — although this would likely take several months.



Royal New Zealand College of GPs president Samantha Murton says it's a case of different 'world views'.



Photo:AdobeStock

Tags

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COLLEGES & SECTIONS

Nurses share hopes, achievements and challenges at first post-pandemic college & section day

BY MARY LONGMORE

March 30, 2023

COVID burnout and short-staffing fail to quell nurses' aspirations and hopes for the future.



NZNO nurse specialists from 20 colleges and sections gathered this month to reflect and share aspirations.

Nurses shared their challenges, successes and desire to be heard when they gathered face to face for the first time in two years at NZNO's [college and section](https://www.nzno.org.nz/groups/colleges_sections) (https://www.nzno.org.nz/groups/colleges_sections) (C&S) day in Pōneke/Wellington this month.

About 50 of NZNO's some 12,000 C&S members attended — many jubilant at the prospect of

holding their specialty events and conferences again in 2023 after more than two years of pandemic isolation.

Burnout due to short-staffing – heightened by COVID – was a hot topic, as was the need to better address Māori and Pacific health disparities and bring more diversity into C&S committees. Many spoke of their ongoing struggle for their specialty role to be recognised and voice heard at decision-making tables.

They shared, too, their achievements and hopes for the future, alongside efforts to align their work with NZNO's strategic plan [Maranga Mai!](https://maranga-mai.nzno.org.nz/) (<https://maranga-mai.nzno.org.nz/>)

'We've seen a huge increase in the number of resignations of experienced, compassionate and enthusiastic emergency nurses nationally.'



College of emergency nurses chair Amy Button, left, and member Shannon Gibbs.

For emergency nurses, the biggest challenge was a "huge" increase in resignations amid increasing workloads, [college of emergency nurses NZ](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses) (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses) (CENNZ) chair Amy Button said.

"We've seen a huge increase in the number of resignations of experienced, compassionate and enthusiastic emergency nurses nationally."

This had led to record staff shortages, significantly compromising patient care, she said. CENNZ had been working on "robust" safer staffing models as well as issuing more [provisional improvement notices](#) (PINS) to management over their legal health and safety obligations.

Its membership had grown to 530, of which eight per cent was Māori, and CENNZ now had a Te Rūnanga representative on its committee.

The number of national [CENNZ triage courses](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/courses) (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/courses) had increased from eight to 12 per year due to demand with more than 200 nurses graduating in 2022. The income supported ED nurses nationally through grants and awards.

Critical care nurses' value highlighted by COVID.

COVID revealed how under-prepared New Zealand's critical care capacity was, but it also

highlighted the value of critical care nurses, [NZ college of critical care nurses](https://www.nzno.org.nz/groups/colleges_sections/colleges/new_zealand_college_of_critical_care_nurses) (https://www.nzno.org.nz/groups/colleges_sections/colleges/new_zealand_college_of_critical_care_nurses) leaders said.



College of critical care nurses committee member Rachel Atkin and chair Tania Mitchell.

'We know the answers. We know what needs to happen. We're here, we want to do it.'

Chair Tania Mitchell was doing six media interviews a day at the height of the pandemic, with little support, she said. But raising issues ultimately resulted in an extra [\\$544 million funding for critical care](#) – which funded another 85 beds, a 30 per cent increase nationally — “so that's a success”.

However, New Zealand now needed another [450 critical care nurses](#) to staff the ICU beds, Mitchell said.

The cash boost had also funded more nurse educators, and clinical coaches – a new position, — in every ICU.

“That is the value of the work we are doing that is for nurses — that's about retention, supporting our new nurses and retaining them in critical care,” Mitchell said.

Mitchell also sits on a Te Whatu Ora [critical care sector advisory group](https://journal.nzma.org.nz/journal-articles/new-zealands-staffed-icu-bed-capacity-and-covid-19-surge-capacity) (<https://journal.nzma.org.nz/journal-articles/new-zealands-staffed-icu-bed-capacity-and-covid-19-surge-capacity>) set up during the pandemic which met weekly to make decisions about critical care in New Zealand.

“As college and section members, as representatives – we're here in this room. We know the answers. We know what needs to happen. We're here, we want to do it, we're driven to do it, so if NZNO could engage with us, listen to us, let's work together and help us to fix this.”

IPC nurses 'burnt out'

Infection prevention and control (IPC) nurses were dealing with high turnover and "a lot of burnt out staff," IPC nurses college chair Lisa Gilbert said.

COVID had made an "incredible impact" on the workforce, many of whom worked solo and had to set up managed isolation/quarantine sites and vaccinations stations or support primary health care (PHC) clinics, COVID clinics and aged residential care (ARC).



Infection prevention & control has "a lot of burnt out staff" says college chair Lisa Gilbert.

The 720-member [IPCN college](https://infectioncontrol.co.nz/) (https://infectioncontrol.co.nz/) was meeting Te Whatu Ora this month to talk about how IPC might fit into their structure, as it had not yet been factored in — “interesting almost a year down the track”, Gilbert said.

It was also launching a nine-month “[fundamentals](https://infectioncontrol.co.nz/home/professional-development/fundamentals-of-ipc-programme-course/) (https://infectioncontrol.co.nz/home/professional-development/fundamentals-of-ipc-programme-course/)” mentoring programme for new IPC nurses, to try and bridge the gaps in ARC, PHC and hospitals, Gilbert said. “We’ve set up experienced mentors to work with small groups of new practitioners to give them the basics they require to do an IPC role.”

In 2022, 54 nurses completed the programme, which she hoped would be self-funding over the next two years.

‘Our younger cohort of nurses [are] wanting to travel and spread their wings a little bit.’

Neonatal nurse exodus



Neonatal nurses college Aotearoa member Michelle Willows and chair Merophy Brown.

High turnover and recruitment were also the biggest challenges for neonatal nursing, said [neonatal nurses college Aotearoa](https://www.nzno.org.nz/groups/colleges_sections/colleges/neonatal_nurses_college/) (https://www.nzno.org.nz/groups/colleges_sections/colleges/neonatal_nurses_college/) chair Merophy Brown and committee member Michelle Willows.

Experienced staff were leaving due to length of service, burnout or a post-Covid change of priorities, while newer nurses were quite mobile. “Our younger cohort of nurses [are] wanting to travel and spread their wings a little bit”.

In response to the loss of senior role models, the 630-member college planned to deliver specialist training to all 22 special care baby and neonatal intensive care units nationally. The initial plan was to support 20 nurses each year to attend an online neonatal neuro-development programme [FINE](https://schp.org.au/fineaustralia) (https://schp.org.au/fineaustralia) — “first steps in family and infant neurodevelopment education”.

Pacific nursing 'plagued' by workforce challenges

Pacific nursing continued to be "plagued" by workforce issues – recruitment, retention and pipeline — [Pacific nursing section](https://www.nzno.org.nz/groups/colleges_sections/sections/pacific_nursing) (https://www.nzno.org.nz/groups/colleges_sections/sections/pacific_nursing) (PNS) member Abel Smith said. With fewer than 3000 Pacific nurses in New Zealand against a Pacific population of 400,000, "there is a big mismatch of our total Pacific population and our nursing workforce and the burden of disease for Pacific people".



Pacific nursing section member Abel Smith and chair 'Eseta Finau.

PNS was working with the Nursing Council on a registration pathway for Pacific-trained nurses with a bridging course expected to launch in July through Whitireia Polytech. "We want to leave it [Pacific nursing] in a better place for our future nurses than when we came in."

Perioperative and flight nurses fear being replaced

For perioperative nurses, the biggest challenge was the threat of being replaced by anaesthetic technicians, [perioperative nursing college](https://www.nzno.org.nz/groups/colleges_sections/colleges/perioperative_nurses_college) (https://www.nzno.org.nz/groups/colleges_sections/colleges/perioperative_nurses_college) chair Cassandra Raj said.

Raj said it was important to maintain nurses in the surgical space. "Nurses are the trusted, known and regulated workforce within the operating room."



Perioperative nursing college chair Cassandra Raj.

Other challenges were trying to be heard and consulted when operating theatres were being designed or built – to be asked for "an opinion in environments we're working in".

Nor were there enough nurses on the ward and post-anaesthesia care units (PACU) to take care of patients after surgery, she said.

Membership had grown to nearly 500, and its 2022 conference was a "profitable success" with nearly 300 attendees.

College of air & surface transport nurses (COASTN) committee members Andy Gibbs and Patrice Rosengrave said it was a "small but mighty" group of 445 nurses.

It was a "constant fight" to be recognised and valued as a specialist group. "We're expensive

and we need training . . . and that is definitely a fight we have on our hands.”



COASTN members Andy Gibbs and Patrice Rosengrave.

COASTN was also battling to maintain flight nurses on inter-hospital air ambulance transfers, amid a national ambulance service review.

‘We’re working really hard to support those people because without senior nurses our specialty would be really struggling with the ability to support our RNs.’

‘Work to do’ to keep nurse-led services

The [women’s health college](https://www.nzno.org.nz/groups/colleges_sections/colleges/womens_health_college) (https://www.nzno.org.nz/groups/colleges_sections/colleges/womens_health_college) (WHC) was partnering with the NZ College of Sexual and Reproductive Health to provide long-acting reversible contraceptive ([LARC](https://nzcsr.org.nz/LARC-TTT-Training/10934/)) training (https://nzcsr.org.nz/LARC-TTT-Training/10934/) for the first time this year, members Callie Reweti and Jackie Gartell said. They hoped PHC nurses especially would take up the chance to “bridge the gaps”.

Its members cared for women who were often marginalised, they said. The college was keen to grow its membership, currently at 350.

WHC was developing guidelines for nurse [colposcopy](https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Womens%20Health) (https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Womens%20Health



Women's health college members Callie Reweti and Jackie Gartell.

[/2018-12-14%20Colposcopy%20standards%20-%20FINAL.pdf](https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Womens%20Health/Newsletter/2018-12-14%20Colposcopy%20standards%20-%20FINAL.pdf)) and [hysteroscopy](https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Womens%20Health/Newsletter/2022-12-20%20WHC%20Hysteroscopy%20Training%20Standards%20-%20FINAL.pdf?ver=Utcyvvo2oWVOcH7rB8ZFw%3d%3d) (<https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Womens%20Health/Newsletter/2022-12-20%20WHC%20Hysteroscopy%20Training%20Standards%20-%20FINAL.pdf?ver=Utcyvvo2oWVOcH7rB8ZFw%3d%3d>), to support nurses in those roles rather than leave them to the medical workforce.

Nurses in maternity also wanted to work “collaboratively” and supportively with midwives rather than under their direction and delegation, “as we are independent professionals”, Reweti said.

WHC was “really proud” New Zealand had [decriminalised abortion](#) last year, but there was still a way to go on developing a policy on late-term abortion, Gartell said. “We’re working on that.”

Gastroenterology college trying to retain senior nurses

The [gastroenterology nurses college](https://www.nzno.org.nz/groups/colleges_sections/colleges/nzno_gastroenterology_nurses_college) (https://www.nzno.org.nz/groups/colleges_sections/colleges/nzno_gastroenterology_nurses_college) had been busy collaborating with nurses across a range of sub-specialties such as inflammatory bowel diseases, nurse endoscopy and nurse hepatology, chair Merrilee Williams said.

Caring for and retaining senior nurses “who often get forgotten” such as nurse practitioners, nurse endoscopists, clinical nurse specialists and other nurse leaders was a priority . . . “because our senior nurses support the rest of our group”, she said.



Gastroenterology nurses chair Merrilee Williams.

“We’re working really hard to support those people because without senior nurses our specialty would be really struggling with the ability to support our RNs.”

‘We didn’t just get one medication funded, we got two – and this is a real lifeline for our patient group.’

Gastroenterology nurses also collaborated closely with their medical counterparts, running an [annual scientific conference](https://www.gastroconference.co.nz/) with awards for nurses who made scientific posters, gave presentations or contributed scholarly articles for its [Tube publication](https://www.nzno.org.nz/groups/colleges_sections/colleges/nzno_gastroenterology_nurses_college/the_tube).

It also encouraged nurses to seek scholarships through its [education fund](https://www.nzno.org.nz/groups/colleges_sections/colleges/nzno_gastroenterology_nurses_college/education_fund).

Its inflammatory bowel diseases nurses had partnered with Crohn’s NZ and the Society of Gastroenterology, to successfully challenge Pharmac to fund new medication for the treatment of inflammatory bowel disease.

“We didn’t just get one medication funded, we got two – and this is a real lifeline for our patient group and one of those medications the patients can administer at home, so it really does give them a good quality of life.”

The nurse endoscopist group was working towards recognition of its expertise and advanced scope of practice “so we can start finally working towards reducing our bowel cancer burden of which we have one of the highest rates in the world”.

Its hepatology nurses had also been working hard to try and eliminate Hepatitis C from New Zealand, identifying and supporting patients to access new medications and connecting with hard-to-reach communities.

The college was also creating online education for its nurses, as its specialty education was hard to find, Williams said.

Enrolled nurses’ scope review ‘huge’

The Nursing Council’s [review of the enrolled nursing scope](https://www.nzno.org.nz/groups/colleges_sections/sections/enrolled_nurses) had been “huge” for the [enrolled nurse section](https://www.nzno.org.nz/groups/colleges_sections/sections/enrolled_nurses) (ENS), chair Michelle Prattley said. The ENS was now working with the council on a



Enrolled nurse section member Jo Gore, left, and chair Michelle Prattley.

Challenges “like everybody” included retaining staff. Future hopes were for a national skills standardisation for ENs and a bridging programme that recognised knowledge and skills as prior learning.

revised scope statement, competency and education standards.

ENs were now also eligible to be authorised vaccinators after becoming provisional vaccinators during COVID, with a short bridging course.



College of primary health care nurses chair Tracey Morgan.

[College of primary health care nurses](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_primary_health_care_nurses)

(https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_primary_health_care_nurses) chair Tracey Morgan said the college wanted to “have a political voice” and make primary health nursing more visible, as well as a universal MECA (multi-employer collective agreement) and free smear tests for all.

Morgan also talked about bringing te Tiriti o Waitangi into nursing – singing Six60’s *Pepeha* to explain what it meant for her being Māori and a nurse.

“We’re all on this boat together,” she said. “It’s up to us where we ride it to . . . we need to navigate, to lead and build.”

Mental health ‘poor sister’

NZNO’s [mental health nurses section](https://www.nzno.org.nz/groups/colleges_sections/sections/mental_health_nurses) (https://www.nzno.org.nz/groups/colleges_sections/sections/mental_health_nurses) was working with other mental health nursing groups on a publication about what was needed to take mental health nursing into the future, after an approach by the Ministry of Health.

Committee member Jennie Rae said the college was working hard to promote the voice of NZNO mental health nurses,



Mental health nurse section member Jennie Rae.

although Te Ao Māramatanga, the NZ College of Mental Health Nurses, was often the “preferred point of contact for the Ministry of Health so often we feel like the poor sister”.

Rae hoped one day all mental health nurses could be represented by NZNO – which is currently excluded from providing industrial cover to mental health nurses in some regions due to an arrangement with the PSA.

‘If we don’t protect patients’ rights, who’s going to do that for us?’



Nursing leadership section member Theresa Fisher.

With [reform of New Zealand’s mental health legislation](https://www.health.govt.nz/our-work/mental-health-and-addiction/mental-health-legislation/repealing-and-replacing-mental-health-act) (<https://www.health.govt.nz/our-work/mental-health-and-addiction/mental-health-legislation/repealing-and-replacing-mental-health-act>) underway in favour of a more human rights-based approach, the section was educating members on what this meant for mental health nursing, Rae said.

Rae also suggested C&S members be paid for their time as were NZNO’s industrial delegates. “It would be really great to see equality across the sector for both professional and industrial.”

The [nursing leadership section](https://www.nzno.org.nz/groups/colleges_sections/sections/nzno_nursing_leadership_section) (https://www.nzno.org.nz/groups/colleges_sections/sections/nzno_nursing_leadership_section) was developing mentoring workshops to members, after a survey showed demand, member Theresa Fisher said.

“One of our biggest challenges is [having our voice heard](#) as nurse leaders, especially around pay equity.”

Electronic prescribing ‘huge’ for diabetes nurses

[Aotearoa college of diabetes](https://www.nzno.org.nz/groups/colleges_sections/colleges/aotearoa_college_of_diabetes_nurses) (https://www.nzno.org.nz/groups/colleges_sections/colleges/aotearoa_college_of_diabetes_nurses) nurses chair Bobbie Milne said its challenges had been “surviving COVID” while managing patients.

But COVID had also brought electronic prescribing, which “made a huge difference to us and our patients”.

Diabetes nurses were now authorised to prescribe more medicines for type 2 diabetes – but patients can only take two medications if they self-fund one “which doesn’t help the inequities that we face”.

Trying to maintain its committee at full strength and “representing diversity” were also challenges, she said.

Aspirations included the roll-out of a national education programme in partnership with the NZ Society for the Study of Diabetes, and developing a website.

The [cancer nurses college](https://www.nzno.org.nz/groups/colleges_sections/colleges/cancer_nurses_college) (https://www.nzno.org.nz/groups/colleges_sections/colleges/cancer_nurses_college) aspired to “destroy the inequities” in cancer outcomes, where Māori have 30 per cent lower survival rate than non-Māori. The college had also been working closely with the Government on the [2019-2029 Cancer Action Plan](https://www.health.govt.nz/publication/new-zealand-cancer-action-plan-2019-2029) (https://www.health.govt.nz/publication/new-zealand-cancer-action-plan-2019-2029) in which nursing featured highly, professional nursing advisor Anne Brinkman said.

The [college of child & youth nurses](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_child_youth_nurses) (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_child_youth_nurses) was focusing on building relationships with organisations such as the Office of the Children’s Commissioner and examining its strategic plan against NZNO’s Maranga Mai!, members Jo Clark-Fairclough and Emma Collins said.



College of diabetes nurses' chair Bobbie Milne.



College of child & youth nurses members Jo Clark-Fairclough and Emma Collins.

‘Colleges & sections are absolutely critical to that future – you bring a professional gravitas to the conversation that we need!’

The [college of respiratory nurses](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_respiratory_nurses) (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_respiratory_nurses) had also been challenged by loss of members – but COVID had also raised their profile, committee member Teresa Chalecki said. “Everybody

suddenly realised the importance of breathing”

[College of stomal therapy nursing](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_stomal_therapy_nursing) (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_stomal_therapy_nursing) member Maree Warne said they were “a small but persistent” group of nurses essential to kidney patients and their whānau. The college wanted to be more vocal and was currently formulating national clinical guidelines for the care of

kidney stones.

The [nursing research section](https://www.nzno.org.nz/groups/colleges_sections/sections/nursing_research_section) (https://www.nzno.org.nz/groups/colleges_sections/sections/nursing_research_section) also had high turnover. Members were keen to re-establish contact with Te Whatu Ora research committees and tertiary providers to raise the profile of nursing research, professional nursing advisor Sandra Bayliss said.

"It's one of the things that's been really deprioritised in recent times because of everything else going on in the world. But what a fantastic way of highlighting what it actually is that nurses do — which helps with the whole thing of rising up."

NZNO kaiwhakahaere Kerri Nuku spoke about the importance of nurses advocating for patients. "If we don't protect patients' rights, who's going to do that for us?"

Nuku suggested nurses "ponder our responsibilities, our voice" in an election year.

Nurses also needed to prepare for climate change and its "unpredictable" impact, said Nuku – whose whānau and home was affected by [Cyclone Gabrielle recently](#).



Kaiwhakahaere Kerri Nuku

"The impact of climate change is going to be unpredictable and our workforce needs to be prepared for that," she said.

NZNO chief executive Paul Goulter said he was "appalled" at the lack of respect given to nurses, calling on C&S to "weigh in" with their opinions.

"Colleges & sections are absolutely critical to that future – you bring a professional gravitas to the conversation that we need."

NZNO's colleges & sections had a "unique and special place to grapple with the big questions, as well as the narrow issues you face in your specialty", Goulter said. "We need to bring the weight of our argument to our

work – in a way that can't be ignored."

However 12,000 C&S members out of 57,000 total NZNO members was "too low".



Stomal therapy nursing college's Maree Warne

Nursing Council staff talked about the council's new te Tiriti-led approach which was more people-focused and better reflected Aotearoa. It had also signed the [pride pledge](https://pridepledge.co.nz/) (<https://pridepledge.co.nz/>) "acknowledging and respecting . . . people of diverse sexualities and genders", policy director Nyk Huntington said.

The Council's principal advisor Māori, Cheryl Goodyer, said the council wanted to put te āo Māori principles and values "front and centre of everything we do".

Tags

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NEWS

Nurses turn out to support teachers' strike action

BY CATE MACINTOSH

March 16, 2023

Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO members and staff turned out at rallies across the country in support of a nationwide teachers' strike on Thursday.

Christchurch spinal unit enrolled nurses Debbie Handisides and Maree Hurst joined thousands of striking teachers in Victoria Square to show solidarity.



Christchurch enrolled nurses from Burwood Hospital spinal unit, Maree Hurst (left) and Debbie Handisides joined the teachers as they took strike action.

Handisides said she knew three young teachers personally, and saw how hard they worked.

"They give so much, so many extra hours that are not recognised or funded."

Another teacher she knew, who was 30 years old, was already questioning whether she could continue in the profession.

Hurst said there were many similarities between teaching and nursing.

"We do it because we're passionate about people."

Around 50,000 primary and secondary school, kindergarten and area school teachers and principals – members of NZEI Te Riu Roa and the Post Primary Teachers Association (PPTA) – voted to take strike action after rejecting offers by the Government for new collective agreements.



Teachers Protest

Kaitiaki Nursing New Zealand

00:05

"The current offers from the Government don't do enough for teachers, principals or tamariki," said NZEI Te Riu Roa president Mark Potter.

Potter said the pay component of the offer did not meet cost-of-living increases members were facing.

Serious issues of understaffing, large pupil-to-teacher ratios, funding for pastoral care of students, and inadequate sick leave provisions for kindergarten teachers were not addressed in the offer.

"Strike action is the last thing we want to do, but members want to send a message to the Government about how serious we are about needing change."

Christchurch Hospital emergency department nurse and NZNO delegate Kez Jones joined her husband Andy, a teacher at St Bede's College.

"I've come down to stand in solidarity with teachers. We're both caring professions, we're here for the people in our community, for their health and wellbeing, and that needs to be valued."

Andy Jones said his daughter, in year 13, was considering careers but had ruled out teaching and nursing.



NZNO staff and members joined the teachers' strike in solidarity.



Teachers Protest

Kaitiaki Nursing New Zealand

00:08

"She's seen that they are not valued."

Teachers at the rally welcomed the support shown by NZNO, and other unions including First Union, E Tū, the Public Service Association (PSA) and the union for senior doctors, the Association of Salaried Medical Specialists (ASMS).



Teachers' got creative to get their message across at the strike on Thursday.

Primary school teacher Kirsty Bond said it was the first rally she had been to in her 25-year teaching career.

"I've always said there's one other profession I would join on the picket line – that's nurses."

In Cambridge, a teacher of 30 years, who didn't want to be named, said she was striking with her peers to help highlight how under resourced they were.

She said teachers who attended the rally would go home and do unpaid lesson planning.

Teaching and supporting students who often had complex needs was extremely difficult with the lack of teacher and pastoral resourcing, the teacher said.

"We're not social workers, but are expected to be".

"We go home everyday feeling like we've let our class down because we're so time and resource poor".



NZNO chief executive Paul Goulter joined members and staff at the teachers' strike. Pictured here with the union for senior doctors (ASMS) and TEU representatives.

PPTA regional chair for Canterbury Thomas Newton said the Ministry of Education "seems to be out of touch with the workforce they are supposed to support and represent".

"The PPTA and the NZEI have been in negotiations for months, and neither of us have made any clear progress. It's now time for action."

NEWS

Pay boost 'huge' for community nurses

BY MARY LONGMORE

March 31, 2023

A 10 to 15 per cent pay boost for community nurses will make a 'huge' difference to keeping nurses and kaiāwhina in settings such as aged care, hospices and Māori and Pasifika health.



Minister of Health Ayesha Verrall (centre) with staff at Te Omanga Hospice. NZNO delegate Laura Page is at far left, next to director of nursing Sue Mellisop.

Minister of Health Ayesha Verrall announced a pay rise of up to 15 per cent for more than 8000

community nurses, from April, when she visited Te Omanga Hospice in Lower Hutt today. This would bring most base wages to about 95 per cent of their hospital colleagues, she said.

“Improving pay for our hardworking community nurses demonstrates the Government’s commitment to reducing the gap with nurses who work in hospitals,” Verrall said in a statement.

The boost is part of a [\\$200 million yearly pay disparities package](#) announced last year, to lift pay rates for nurses outside hospitals and bring them closer to their Te Whatu Ora peers.

“I’m very pleased nurses in aged residential care, hospices, home and community support services, along with those in Māori and Pacific healthcare, will soon be receiving more money in their pockets,” Verrall said.

‘We’re losing our workforce and it’s important that we keep and retain our workforce and can offer them pay that allow them to have a quality of life as well.’

Te Omanga Hospice nurse and NZNO delegate Laura Page — who was at the launch — said a 15 per cent pay boost would help keep nurses in community health, instead of seeking better pay elsewhere.

“This is going to be huge in terms of recruitment and retaining nurses in the community,” Page told *Kaitiaki Nursing New Zealand*. “The cost of living is having a huge impact on where people choose to work. We have seen a lot of our staff move towards hospitals quite simply because the cost of living has been beyond the wage they receive.”

Page said many nurses wanted to work in community settings, but couldn’t afford to.

“We’re losing our workforce and it’s important that we keep and retain our workforce and can offer them pay that allow them to have a quality of life as well.”

‘There’s physical, mental, spiritual and emotional input we do daily – it’s not just a task we carry out repetitively.’

Investing in community nurses would also help give a “smoother transition” for patients from hospitals back into their communities and homes — ultimately boosting community health

and morale.

“A lot of the times we see things falling over because we don’t have carers available or we can’t put extra supports in – it’s because there simply aren’t the people.”

Nursing was a demanding and variable role, Page said.

“There’s physical, mental, spiritual and emotional input we do daily – it’s not just a task we carry out repetitively. It’s constantly changing, you’re having to think on your feet,” she said.

“It’s good to see a bit of recognition that we are important, that we do the hold the health workforce up – because without nurses there really is no health workforce.”

Plunket, mental health, Family Planning, school nurses next

Hospices, aged care, home support and Māori and Pacific health organisations were first in line for pay rises as they had the biggest pay gaps, then-minister of health Andrew Little said at the time.

Verrall said Whānau Āwhina Plunket, Family Planning, school nursing services, mental health and addiction, rural hospitals and telehealth are next in line for a parity pay boost, from July 1.

Primary health care workers such as practice nurses had so far been excluded, as there was “no real evidence” of pay disparity, Little said last year — a decision NZNO has challenged.

Tōpūtanga Tapuhi o Aotearoa NZNO chief executive Paul Goulter said 95 per cent “won’t close the gap completely but will go a long way towards it”.

However, excluding practice nurses was “a real concern”, he said.

Verrall has since indicated general practice may be eligible for the next wave of payments in July, if disparities were found.

Goulter said NZNO’s campaign to value “every nurse, everywhere” had driven the change.

Verrall said the funding was a “substantial step” towards pay parity for nurses across sectors, and followed “historic” [pay increases for hospital nurses](#). In March, the Government paid Te Whatu Ora nurses \$500 million in interim equity payments — giving them a 14 per cent increase in base salary, or about \$12,000.

A legal dispute between NZNO and Te Whatu Ora over final pay equity rates and how far back payments should go is continuing.



Minister Verrall, left, at Te Omanga Hospice announces funding to bring community nurses 95 per cent on-par with Te Whatu Ora.

NEWS

Thanks, but where's the rest? Nurses challenge Minister of Health on back pay

BY MARY LONGMORE

March 8, 2023

Pay equity salary increases of up to \$12,000 per annum are "appreciated", but Wellington nurses today told Minister of Health Ayesha Verrall they want to be back-paid to 2019 "like we were promised".



Minister of Health Ayesha Verrall (centre) visits nurses at Wellington Children's Hospital with acting chief nursing officer Claire Jennings (to right of minister) and NZNO delegate Mel Anderson, far right, and other hospital staff.

Verrall paid a visit to nurses at Wellington's new regional children's hospital today to mark the completion of \$500 million in [interim equity payments](#) to Te Whatu Ora nurses.

‘... I did make a point of saying that we are wanting our back pay to 2019 and we deserve it and we’ve earned it.’

“A large proportion” of registered nurses (RNs) would receive an extra \$12,000 per annum in base pay — a 14 per cent increase, Verrall said in a statement. “After years of falling behind, these payments recognise the significance and importance of a group that has been historically undervalued based on gender.”

NZNO delegate Mel Anderson said nurses “appreciate” the payments. “But I did make a point of saying that we are wanting our back pay to 2019 and we deserve it and we’ve earned it.”

The interim equity payment included a \$3000 lump sum to acknowledge back pay sought in 2020.

Senior nurses’ pay

Anderson also raised with Verrall the pay scale for senior nurses — who now get paid the same or even less than a level 7 RN after a 14 per cent increase for RNs. “As a step 7 RN, I get my PDRD [professional development and recognition programmes] money and pens — we’re taking home more than our senior nurses now,” Anderson said.

‘Aged care residential homes are closing down, and we’ve got people sitting in the hospital for up to 3-4 months waiting for beds – then that blocks the beds for ED!’

“I explained what would happen if we don’t have those senior nurses around to help — we end up with more people in hospital.”

Anderson said she also urged the minister to resolve pay for aged care staff, to deal with “bed blocking” caused by elderly patients with nowhere to go.

“Aged care residential homes are closing down, and we’ve got people sitting in the hospital for up to three to four months waiting for beds — then that blocks the beds for ED and ED gets overflowed,” Anderson said.

Staffing conditions

She also said better workplace conditions — by alleviating staffing pressures — were needed

as well as pay. Wellington's ED recently, for example, dealt with 106 patients over one afternoon when it was only resourced for 36 — and it wasn't even winter yet.

"You could give us \$200 an hour but the conditions could be terrible and people are still going to walk away," said Anderson, a paediatric nurse. "I kind of took over the meeting."

Recognising nurses' post-graduate study with higher pay would also be appreciated, as was the case in Australia, she said. "It's only a \$1 [per hour more], it's not much but it's recognition you have actually done some higher learning to have a better knowledge of something . . . and not just be a nurse that never wants to learn or expand themselves."

'You could give us \$200 an hour but the conditions could be terrible and people are still going to walk away.'

'Historic' pay bump

Verrall said that with the completion of \$500 million in interim equity payments today, nurses had received a "historic bump in pay" and "much-deserved pay boost".

"This Government said it would deliver pay equity for nurses and I'm delighted to be able to acknowledge this," said Verrall, an infectious disease specialist doctor who has worked as a registrar at Wellington Hospital.

"These payments have now increased wages for our largest group of registered nurses by a total of about 25 per cent since we came into government in 2017," Verrall said. NZNO has estimated about 36,000 Te Whatu Ora members would be affected.



Ayesha Verrall: "On International Women's Day and in a female-dominated workforce, I'm absolutely delighted to be able to share this moment with our nurses."

New Zealand nurses' salaries were now "competitive with Australia," Verrall said.

However, she also acknowledged the ongoing litigation in the Employment Relations Authority (ERA) to determine final pay equity rates.

NZNO members voted last year to take the pay equity rates dispute to the ERA and made a claim for back pay to December 2019 in the Employment Court.

However, the ERA late last year agreed Te

Whatu Ora could make interim equity payments — based on its original offer — while it continued to hear the case.

“This means nurses are able to have that extra money in their pockets right now,” said Verrall. “I continue to urge the parties to resolve the outstanding issues by agreement.”

The Government had also committed \$200 million per year to raise the pay of [nurses in aged care, hospices and Māori and Pacific providers](#) from April this year, she said.

Verrall acknowledged there was a “way to go yet”. But, she said, on International Women’s Day “in a female-dominated workforce, I’m absolutely delighted to be able to share this moment with our nurses”.

Rates

- Newly qualified registered nurses will start work in a public hospital on \$66,570 a year before overtime and allowances, and experienced nurses will be on a basic pay rate of up to \$95,340 before overtime and allowances.
- Newly qualified RNs in 2017 started work on \$49,449 a year before overtime and allowances. Experienced RNs in 2017 were on a basic pay rate of up to \$66,755.
- See more here:

<https://www.tewhatauora.govt.nz/whats-happening/what-to-expect/for-the-health-workforce/employment-relations/nurses-pay-equity/#examples-of-agreement-in-principle-pay-rates> (<https://www.tewhatauora.govt.nz/whats-happening/what-to-expect/for-the-health-workforce/employment-relations/nurses-pay-equity/#examples-of-agreement-in-principle-pay-rates>)

Tags

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

LETTERS

Course teaches conservative sharp debridement

BY REBECCA ABURN

March 29, 2023

Learn the skills needed to safely and competently perform conservative sharp debridement.



Photo: Adobe Stock

The recent cyclone events have shown that things happen when people come together for a cause. The New Zealand Wound Care Society has come together

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with wound care education consultant Wendy White WoundCare, and Te Pūkenga, to develop a wound debridement course which is the first of its kind in New Zealand.

Wound debridement is the removal of dead, damaged or infected tissue to help a wound heal. The course teaches health-care practitioners the skills needed to safely and competently perform conservative sharp debridement, which involves using sharp instruments to remove unviable tissue, often on chronic wounds.

The course includes online modules and one weekend practicum, but the real key to its success is that it is teamed with mentorship and support from expert tutors.

The inaugural course ran last year and it is now due to start again in mid-April 2023. It covers the what and why of wound debridement, debridement modalities, pain management, clinical assessment and skills (focused on the lower limb and foot).

The Wound Care Society can assist with assigning mentors, if required.

For more information, or to register, go to <https://nzwcs.org.nz/education/certificate-course-in-wound-debridement> (<https://nzwcs.org.nz/education/certificate-course-in-wound-debridement>)

Rebecca Aburn, NP,
President, New Zealand Wound Care Society

LETTERS

Why 'Barbie's Bill' and advance care plans matter to nurses

BY LOUISE DUFFY

March 29, 2023

A national database of advance care plans is needed, to provide certainty for patients, families and hospital staff.



Saturday, January 1, 2022, was the last time I saw my 78-year-old mum, Barbie. In early October 2021, she'd had a severe stroke at home. Medical notes show I called the hospital a day later to say this was mum's worst nightmare, and to stop everything and let her

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pass.

The day after, the hospital had my EPOA (enduring power of attorney) and her advance directive (also known as an advance care plan or living will) with her clear instructions to withdraw care, including artificially administered fluids, if she'd suffered a "severe loss of mental or physical capacity".

We weren't medical experts and thought we'd get a quick, objective prognosis from the hospital. Instead, it was delayed and included best-case scenarios, so it wasn't clear what was probable. Stroke rehabilitation was the only option presented by mum's doctor, who didn't sight her directive. Even though we questioned it, mum was kept on a drip while she couldn't swallow post-stroke.

Mum had loved travelling, the outdoors, family and sometimes golf. She enjoyed weekly 10km tramps, daily walks and visited family here and overseas often. She volunteered and would pop in on older locals for a drink, to keep them company.

After the stroke, Mum was unable to speak, read or write. With limited comprehension and movement, she needed 24/7 care. When she could understand more, she took the only bit of control left and refused food, then fluids. It took her 58 days to die.

Our family supported her directive and choice — it was invaluable and comforting to know what was important to her — which was being able to enjoy life, not living as long as possible.

Feeling "it doesn't have to be this way, we can do better" and with advice from a nurse, doctor and lawyer, I put together the idea for Barbie's Bill to bring certainty to people, their families and medical teams.

Advance care plans are something the health sector will deal with more and more. One in four Kiwis will be 65-plus by 2030. Nurses are at the coalface so know the stats — strokes every 55 minutes, five-plus serious brain injuries a day and many other serious, debilitating illnesses and conditions.

The proposed bill aims to create a national directive database accessible anywhere, anytime; set up clear standardised forms for advance care plans; and provide legal backing to follow directives.

As Barbie was an organ donor, we hope the database can be an organ donation register too. Perhaps it could also be the foundation or catalyst for the much-needed centralised national medical database.

Shorter letters (under 400 words) are preferred. Please include address, nursing qualifications and phone number.

Barbie's Bill will only deliver if it is actively supported. You can sign a petition to go to Parliament requesting this bill be drafted, and then share it with someone else, in under 30 seconds at www.barbiesbill.nz (<http://www.barbiesbill.nz>).

Louise Duffy
Wairarapa

Tags

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