

NEWS

## 'Disingenuous' - Kiwi nurses challenge claim pay rates now on par with Australia

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BY CATE MACINTOSH

April 3, 2023

### Kaitiaki investigation

The Government says a recent pay increase for Te Whatu Ora nurses puts their base rates 'on par' with Australian colleagues. But Kiwi nurses in Australia and a leading economist disagree, saying the claim doesn't stand up to scrutiny.

"What this means is that our nurses will be on par – dollar for dollar – with their Australian counterparts . . ."

This is the claim made by Te Whatu Ora chief executive Margie Apa in a December [media release](https://www.tewhatuora.govt.nz/about-us/news-and-updates/older-news-items/te-whatu-ora-prepares-to-implement-new-pay-equity-rates/) (<https://www.tewhatuora.govt.nz/about-us/news-and-updates/older-news-items/te-whatu-ora-prepares-to-implement-new-pay-equity-rates/>) about the decision to increase nursing pay rates in recognition of pay equity.

The statement included a link to a table showing rates for three Australian states alongside the New Zealand ones.

**'Like a lot of RNs, a considerable portion of my pay is supplemented by working 'penalty' shifts (ie nights and weekends), and penal rates are more favourable in Australia.'**

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Former [minister of health Andrew Little](https://www.beehive.govt.nz/release/government-welcomes-progress-nurses%E2%80%99-pay-equity) (<https://www.beehive.govt.nz/release/government-welcomes-progress-nurses%E2%80%99-pay-equity>) and [Minister of Health Ayesha Verrall](https://www.beehive.govt.nz/release/pay-equity-roll-out-delivers-over-half-billion-dollars-nurses) (<https://www.beehive.govt.nz/release/pay-equity-roll-out-delivers-over-half-billion-dollars-nurses>) have repeated the claim (and link) in their own media releases, saying the increases made Te Whatu Ora base rates "competitive" with Australia.

But Kiwi nurses in Australia and New Zealand Council of Trade Unions (NZCTU) economist Craig Renney say the comparison doesn't stand up to scrutiny.

Kiwi RN Eve Sud, who works at a secondary hospital in Brisbane, said [the rates provided by Te Whatu Ora](https://www.tewhatuora.govt.nz/whats-happening/what-to-expect/for-the-health-workforce/employment-relations/nurses-pay-equity/) (<https://www.tewhatuora.govt.nz/whats-happening/what-to-expect/for-the-health-workforce/employment-relations/nurses-pay-equity/>) only accounted for one component of pay, were not based on the same working hours per week, and relied on a Queensland pay scale that was two years out of date, she said.

"Like a lot of RNs, a considerable portion of my pay is supplemented by working 'penalty' shifts (ie nights and weekends), and penal rates are more favourable in Australia."

In addition to this, a full-time equivalent role in Australia is based on 38hr/week, while for New Zealand it is 40hr/week, Sud said.

This meant the Australian salaries listed in the Te Whatu Ora table are for 1976 hours worked per year, while the Te Whatu Ora rates are for 2086 hours per year.

Sud is a grade 5, step 7 RN and her base pay rate under the Queensland Health agreement will increase from \$99,090 (under the April 1, 2022 agreement) to \$103,053 on April 1.

Te Whatu Ora used the October 2021 pay scale from the Queensland Health agreement, which had a salary of \$95,278 for RNs on grade 5, step 7.

Sud said the use of the older rates was “disingenuous”.

“2021 was two years ago and the language that’s being used doesn’t reflect wages in real time.”

With [just under 5000 New Zealand nurses having completed registration](https://www.rnz.co.nz/news/national/487228/thousands-of-nurses-are-jumping-across-the-ditch) (<https://www.rnz.co.nz/news/national/487228/thousands-of-nurses-are-jumping-across-the-ditch>) to work in Australia since August, a majority of those who spoke to *Kaitiaki* said higher pay was key to their decision.

Some Kiwi nurses working in Australia are working under state government collective agreements, but others are taking up short-term contracts which could double or even triple their New Zealand hourly rate.



Kiwi RN Eve Sud works at a Brisbane hospital, under the Queensland Government nursing collective.

## ‘2021 was two years ago and the language that’s being used doesn’t reflect wages in real time.’

### Does the comparison stack up?

Te Whatu Ora provided a [table](https://www.tewhatuora.govt.nz/whats-happening/what-to-expect/for-the-health-workforce/employment-relations/nurses-pay-equity/) (<https://www.tewhatuora.govt.nz/whats-happening/what-to-expect/for-the-health-workforce/employment-relations/nurses-pay-equity/>) (below), showing rates from New South Wales, Victoria and Queensland for registered nursing (RN), enrolled nursing (EN) and nursing assistants’ pay scales, alongside their own interim pay equity rates in the last column. There was no indication of currencies used.

	NSW (\$AUD)	QLD (\$AUD)	VIC (\$AUD)	Agreement in Principle PE Rates (\$NZD)
<b>Assistant in Nursing/Midwifery</b>				
Year 1	\$48,368	1 \$59,090		1 \$51,770
Year 2	\$49,906	2 \$60,308		2 \$55,011
Year 3	\$51,475	3 \$61,104		3 \$58,689
Year 4+	\$53,066	4 \$62,486		4 \$59,748
		5 \$63,927		5 \$61,540
		6 \$64,699		
<b>Enrolled Nurse</b>				
Year 1	\$60,663	1 \$63,942	<i>Different levels of EN Certification</i>	1 \$61,146
Year 2	\$61,951	2 \$64,858		2 \$63,980
Year 3	\$63,270	3 \$65,813		3 \$68,990
Year 4	\$64,605	4 \$66,802		4 \$71,300
Year 5+	\$65,914	5 \$67,863		5 \$73,609

	NSW (\$AUD)	QLD (\$AUD)	VIC (\$AUD)	Agreement in Principle PE Rates (\$NZD)
<b>Registered Nurse/Midwife</b>		Re-entry \$70,963		
Year 1	\$67,311	1 \$74,281	1 \$67,713	1 \$66,570
Year 2	\$70,961	2 \$77,775	2 \$71,530	2 \$72,064
Year 3	\$74,627	3 \$81,271	3 \$75,341	3 \$76,554
Year 4	\$78,553	4 \$84,761	4 \$79,429	4 \$80,883
Year 5	\$82,454	5 \$88,268	5 \$83,491	5 \$89,868
Year 6	\$86,333	6 \$91,777	6 \$87,444	6 \$92,563
Year 7	\$90,776	7 \$95,278	7 \$91,391	7 \$95,340
Year 8+	\$94,504		8 \$95,640	

Te Whatu Ora provided links to the source information for the table to *Kaitiaki*: the [Queensland Health Agreement, October 2021 nursing rates](https://www.health.qld.gov.au/hrpolicies/wage-rates/nursing#2021) (https://www.health.qld.gov.au/hrpolicies/wage-rates/nursing#2021); the [Public Health System Nurses' and Midwives' \(NSW State\) Award, 2022](https://www.health.nsw.gov.au/careers/conditions/Awards/nurses.pdf) (https://www.health.nsw.gov.au/careers/conditions/Awards/nurses.pdf); and the [Nurses and Midwives Agreement 2020-2024 \(Victoria\)](https://westerly.wh.org.au/nursing-midwifery/wp-content/uploads/2022/02/Nurses-Midwives-Enterprise-Agreement-2020-24.pdf). (https://westerly.wh.org.au/nursing-midwifery/wp-content/uploads/2022/02/Nurses-Midwives-Enterprise-Agreement-2020-24.pdf)

Asked how the comparison of pay was undertaken, to ensure fairness, Te Whatu Ora director of employment relations Gretchen Dean acknowledged it "can be complicated".

### **'At the end of the week, there is clear evidence that someone believes your education, skill and knowledge and time is worth paying for.'**

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"We acknowledge that international comparisons can be complicated, as there will be factors specific to individual jurisdictions . . . , interpretation and application of industrial documents, and the legal framework . . ."

But she said the mutual recognition arrangements for nurse registrations" supports an apples-with-apples comparison of the base roles".

Dean said the October 2021 Queensland Health rates were "contemporary" with the Te Whatu Ora interim pay equity rates – which were agreed in December 2021.

Salaries in the table were in local currencies – New Zealand rates are in New Zealand dollars (NZD) and Australian rates are in Australian dollars (AUD), Dean said.

"The OECD's [purchasing power parity \(PPP\) measures](https://apc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.oecd.org%2Fconversion%2Fpurchasing-power-parities-ppp.htm&data=05%7C01%7C%7Cec9bcf5babad44d3a85908db2b38137a%7C0051ec7fc4f541e6b39724b855b2a57e%7C0%7C0%7C638151292060826424%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Iik1haWwiLCJXVCi6ImNo%3D%7C3000%7C%7C%7C&sdata=oWeh60P671i4Vps%2FKxWGEUrHbUGFrXvi%2FE7nqfHft7g%3D&reserved=0) (https://apc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdata.oecd.org%2Fconversion%2Fpurchasing-power-parities-ppp.htm&data=05%7C01%7C%7Cec9bcf5babad44d3a85908db2b38137a%7C0051ec7fc4f541e6b39724b855b2a57e%7C0%7C0%7C638151292060826424%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Iik1haWwiLCJXVCi6ImNo%3D%7C3000%7C%7C%7C&sdata=oWeh60P671i4Vps%2FKxWGEUrHbUGFrXvi%2FE7nqfHft7g%3D&reserved=0) show this assumption is reasonable – an NZ\$ salary in NZ is roughly equivalent to an A\$ salary in Australia."

The PPP indicator – national currency per US dollar – shows New Zealand on \$1.46 and Australia on \$1.44.

However, Renney said the use of local currencies meant the rates did not "translate equally" as currently \$1NZD buys 92c in Australia.

"A year 1 EN would be paid NZ\$61,146 under this deal [the interim pay equity adjusted rates]. That would equate to AU\$56,254 – well below the rate of AU\$63,942 being paid in Queensland.



New Zealand Council of Trade Unions economist  
Craig Renney.

“When you factor in the higher cost of living in New Zealand that makes the difference even larger.”

Renney said the comparison by Te Whatu Ora “doesn’t really hold up to much scrutiny”.

### **Ratios increase job satisfaction**

Kiwi nurses in Australia who spoke to *Kaitiaki* said mandated nurse-to-patient ratios made the job more satisfying.

Mandatory nurse-to-patient ratios are legislated in Queensland and Victoria, with NSW, ACT and South Australia committed to bringing them in.

RN Becky Malone, who has worked in Victoria and South Australia, said a ratio of one nurse per three patients was in place for the emergency department (ED) in Ballarat.



*RN Becky Malone is working in Ceduna, South Australia, a town of about 2000 people located an hour and a half flight from Adelaide.*

"In Australia, I feel like you have enough time to actually be a nurse."

Renney said better staffed and resourced workplaces were among many other compelling reasons nurses chose to work overseas, apart from the pay.

"It may well be that wards are better staffed and resourced in Australia, making work less exhausting and making it easier to provide quality care.

"The cost of living is higher in New Zealand than in Australia – housing, food, and fuel is cheaper [in Australia]. That makes the same amount of 'wage' go further.

#### **Māori mental health nurse takes her experience to Australia**

Lisa Silk, 50, speaks to *Kaitiaki* from her temporary home on Thursday Island, one of at least 274 islands that form the Torres Strait Islands, and are home to the indigenous Torres Strait Islanders.

It's the last week of a five-week contract in a mental health outreach programme for Silk, who is paid about \$2200 per week, along with free accommodation and flights from her home in Christchurch to and from each contract site.



*RN Lisa Silk with a colleague at the Thursday Island health service where she is contracting.*

The experienced Māori mental health nurse left a role at Christchurch's specialist mental health service based at Hillmorton Hospital to take up contract nursing in Australia in late 2019 as a way to get ahead financially.

"If the pay was a lot different back home, I would prefer to deliver health to the people of New Zealand. I am Māori, and I would love that, but I felt really stuck and in a financial struggle-street."

From her base on Thursday Island, Silk spends time visiting patients on about 20 outer islands, who are over 90 per cent Melanesian (indigenous Torres Strait Islander).

Silk decided to pursue mental health nursing after watching her mother receive treatment that she felt wasn't respectful of her, and her Māori culture.

"There are a lot of things that I personally wanted to see, just to make it safer, or to make it feel like it's OK to receive health from a face that looks a bit like yours, and being able to walk alongside someone."

In Australia, Silk said she felt her expertise and identity as an indigenous person was more respected and she was "better thought of" by colleagues.

"I don't come with the same set of stigmas as I feel like I do when I walk into rooms in New Zealand as a Māori nurse."

She said in a New Zealand service, where staff did not wear a uniform, other clinicians had mistaken her for a patient, and one even told her where the waiting room was.

"For whatever reason, that doesn't happen for me here and I feel like I get a fairer chance, clinically!"

The higher pay she received in Australia showed that her skills were respected and valued, Silk said.

"At the end of the week, there is clear evidence that someone believes your education, skill and knowledge and time is worth paying for."

Silk said she found it "interesting" that Te Whatu Ora had only included rates from three Australian states for their comparison with their increased rates.

"I didn't think it was a very fair representation."



*RN Lisa Silk at her workplace on Thursday Island.*

### **Primary health care nurses leaving too**

Primary health care nurses – who did not benefit from the Te Whatu Ora interim pay equity decision – are also leaving Aotearoa for work in Australia.

Those prepared to take up short-term contracts in rural and remote areas of Australia can double and even triple their New Zealand hourly rate.

Malone is one of nine nurses to have left Riccarton Clinic and After Hours, Christchurch, for work in Australia, in the last year.

The RN, who has been nursing for just over two years, is on her second short-term contract in Ceduna, South Australia, a remote coastal town of about 2000 people, where she fills a sole emergency department nurse role.

At Riccarton Clinic, Malone was paid \$29 (NZD) per hour, as a base rate\*. and she and her partner were struggling to make mortgage repayments on a new house.

"It was not really enough to keep up with the cost of living."

For her first role in Ballarat, Victoria, she was offered about \$60 per hour, flights and accommodation.

In Ceduna, Malone's base rate is \$72.50 (AUD) per hour, and \$140 (AUD) per hour on Sundays, plus 10 per cent superannuation.

It was not easy to live apart from her partner, family and friends, but was "financially necessary", Malone said.

*\* An earlier version of this story did not make clear Malone's pay of \$29 per hour was the base rate, excluding additional paid meal breaks.*

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NEWS

## 'This is for us and for our future' – caregivers join nurses for day of action this Saturday

BY MARY LONGMORE

April 12, 2023

'Exhausted' health-care assistants (HCAs) are rallying alongside nurses for safer staffing and better pay and conditions at this Saturday's NZNO [day of action](https://maranga-mai.nzno.org.nz/april_15_day_of_action) ([https://maranga-mai.nzno.org.nz/april\\_15\\_day\\_of\\_action](https://maranga-mai.nzno.org.nz/april_15_day_of_action)) around Aotearoa.



Wellington health-care assistant and NZNO delegate Atele Pepa. 'This is for us and for our future!'

Long-time Middlemore Hospital HCA, NZNO delegate Tamma Tangvellu, said stress levels were the highest she'd seen in 25 years in the job.



"All the members are very stressed out – it's about safe staffing, we're short of nurses every day," Tangvellu told *Kaitiaki Nursing New Zealand*. This put pressure on HCAs, who were "exhausted" by the end of the day, she said.

## 'Who would not want safe staffing, so we can provide safe care?'

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"Always we're missing out on the breaks, when we have huddle time, free time, they're always talking about that – how to look after the family and do their work."



*Health-care assistant Tamma Tangvellu (second from left) with some of her Middlemore Hospital team.*

Tangvellu said most just wanted a fully-staffed shift, "so you can go home and look after your family".

The high costs of living added to the pressure faced by staff, who struggled to make ends meet. "We are happy to come to this rally for safe staffing and better pay!"

Many were leaving — for overseas or other jobs such as retail or a supermarket, where they believed pay and conditions would be better, she said.

"It's really tough, they are really exhausted, they are not happy with it and people get sick really quickly because of the overwork."

Hutt Valley aged care HCA, NZNO delegate Atele Pepa, who is speaking at Wellington's rally, said the main challenges for aged residential care (ARC) was retaining nurses and HCAs, as well as recruiting more Māori and Pacific staff.

"We keep losing our nurses and then we keep losing our caregivers, so it's a big struggle for us," said Pepa, who called on health workers to turn out on Saturday.



Papakura district nurses are preparing to rise up — Maranga Mai! — on Saturday.

“This is for us and this is for our future! It’s very important, as we are desperate for nurses and caregivers. We really want the Government to sit down with unions and try sort this health system because it’s a bit of a mess.”

She was also keen to see more Māori and Pacific nurses coming into the workforce. “We need more Pacific and Māori, so please step up and come learn, train – come and make a difference.”

Pepa — who is Samoan — said she often needed to help colleagues with Samoan patients, and it made a big difference for residents if staff understood and reflected their diverse cultures.

“We do have some Māori patients have their own ways how they sleep and things like that – it’s just they might be simple things, but it’s a big thing for us to learn it.”



April 15 rally video - Diane's Story 2.mov

Kaitiaki Nursing New Zealand

00:34

NZNO kaiwhakahaere Kerri Nuku said the day of action was a chance to mobilise communities to “drive change” — as had occurred after the recent devastating [Cyclone Gabrielle](#) and during COVID, when local iwi and [Māori nurses led a testing and vaccination drive](#) in Te Tai Tokerau in 2020.

Nuku — who is speaking in Auckland — said communities were key in pushing for better and more accessible health services.

She hoped primary health care staff in particular would turn out to give the day a “real community focus”.

“If nurses are speaking up about the shortages of staff and their ability to provide quality of care, surely the consumers have to be concerned.”

And if the public demanded better quality health services, “of course that means good resources for nurses”.

NZNO president Anne Daniels — who is speaking in Wellington — said the day was a chance for members to “take control of their own future and their present.

“We need this Government and nurse employers to understand we actually have the power and the influence and the backing of the public – because health is everybody’s business. Whether you’re providing health care or receiving it, we’re all in it together;” she said.

“April 15 is about standing up and saying, ‘We not only want you to acknowledge we are beyond crisis — but we also have the solutions, we’ve got the fixes – we know what needs to happen to turn this debacle around;’” Daniels said.

“And who would not want safe staffing, so we can provide safe care?”

Shortland Street star Marianne Infante — aka Madonna Diaz — is also speaking at Auckland’s rally.

As a board member of the actors’ union Equity NZ, Infante said: “Let’s give our nurses the respect they are owed”.



Marianne Infante, aka Shortland Street’s head of nursing Madonna Diaz, is MC at the Auckland rally.



NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa president Anne Daniels and kaiwhakahaere Kerri Nuku.

NZNO chief executive Paul Goulter said it was the first time all 57,000 NZNO members had been called to stand united, regardless of where they work — Māori health providers, primary health, Plunket, hospice or Te Whatu Ora. But every nurse faced the same issues — unsafe staffing and a “fundamental undervaluing of the work they do”.

Being unable to provide adequate care was “soul-destroying” for nurses, he said.

The rallies’ purpose was to call on politicians in an election year to make the health and nursing crisis a top priority, Goulter said.

Sign up on [Facebook](https://www.facebook.com/events/518120567176355) (https://www.facebook.com/events/518120567176355) or find your nearest rally [here](https://marangamai.nzno.org.nz/april_15_day_of_action) (https://marangamai.nzno.org.nz/april\_15\_day\_of\_action) or below.



NZNO aged care HCAs in Auckland get ready to make a stand.

Day of action rallies: locations and details		
Kaitiāia	11am-1pm	Gather at the old Warehouse carpark, 11 Matthews Avenue, Kaitiāia, for the rally with speeches, petition-signing and then whānau time.
Rawene	11am-1pm	Gather at the boat ramp carpark, 5 Clendon Esplanade, Rawene, for the rally with speeches, petition-signing and then whānau time.
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.
Whangārei	11am-1pm	Gather at Pūtahi Park, Town Basin (next to the Canopy Bridge). Rally with speeches then whānau time with activities (BYO picnic lunch).
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 (371-381 Upper Queen Street entrance) 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 Car Park, Tauranga. Hikoi from NZNO office, 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

## Day of action rallies: locations and details

		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. Bring your own food and join in the activities.
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.
Blenheim	11am-1pm	Gather in Seymour Square, 37 Seymour St.
Kaikoura	11am-1pm	Gather at the Esplanade opposite Dolphin Encounter.
Christchurch	11am-1pm	Gather at Bridge of Remembrance for march to Victoria Square, then speeches at Victoria Square 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.
Invercargill	11am-12pm	Gather at the Gala Street Reserve.

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NEWS

## 50 years nursing, going strong – and taking action to protect the profession she loves

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BY CATE MACINTOSH

April 14, 2023

A nearly 50-year career in nursing had a shaky start – fainting at the sight of a naked elderly patient – but Viv Draper says she has no regrets and will struggle to leave her job at Christchurch's spinal unit when the time comes.

On Saturday, Draper is joining a Christchurch rally – one of 20 around the country – in [a national day of action](https://maranga-mai.nzno.org.nz/april_15_day_of_action) ([https://maranga-mai.nzno.org.nz/april\\_15\\_day\\_of\\_action](https://maranga-mai.nzno.org.nz/april_15_day_of_action)) because she wants nurses to feel valued – and for more to join the profession she loves.



*Enrolled nurse Viv Draper is joining Saturday's national day of action because she wants people to join the profession.*

"I'm of an age where I'm going to need the [health] system too, and we need to have more nurses, and we need to have them happy!"

In the late 1980s, Draper took her two young children to the first national nurse's strike in New Zealand.

"I think it was really empowering and it brought us all together. I see a lot of disillusionment in the staff I work with, and . . . hopefully [the national day of action] will bring people together a bit more."

At 16, Draper moved from Temuka, South Canterbury, to Christchurch for a job as a geriatric hospital nurse aide, and accommodation in a nurse's hostel.

She didn't have a "burning desire" to be a nurse, but saw it as a way to get out of the small rural town.

Despite fainting at the sight of a naked elderly patient on her first day, Draper was allowed to stay and prove her mettle – which she did.

"When I came to, I thought, 'Oh gawd, that's me on the next bus back to Temuka!'"

A colleague soon encouraged Draper to become an enrolled nurse, and the pair moved to Burwood Hospital. But a month in, Draper felt it wasn't for her and took a letter of resignation to the matron's secretary.

Told she would need to speak to the matron in person, Draper quickly withdrew the letter.

"There was no way in hell I was telling that woman I was leaving, I was terrified of her!"

She carried on with the training and was assigned to the spinal unit at Christchurch Hospital for a final placement.

"I didn't even know people like this existed."

A vivid memory of a young patient lying prone in her bed and screaming in pain has stayed with her.

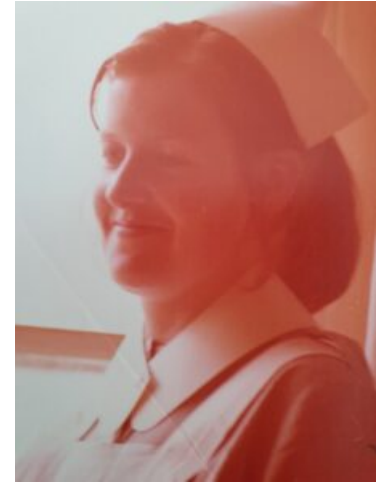
"I thought, what is this place? But it actually didn't take very long and I thought, I like this, I like it here."

Apart from a few years in another ward, Draper has worked in the spinal unit ever since.

She said caring for "inspirational" patients gave her huge professional satisfaction and said the unit was a fun place to work.

"[For the patients] life has changed in an instant, and they are away from home, it's just tragic, but their resilience, and how they cope with it, I just look at all of them and think 'there but for the grace of God go I!'"

Draper said she enjoyed the professional challenge of working with a diverse range of patients, at different stages and levels of need.



*Viv Draper, pictured in 1975, said she benefited from being able to earn an income and free accommodation while working as a nurse aide, and studying for her enrolled nurse qualification.*



*Viv Draper, with her daughter Aleisha, who worked as a health care assistant at the same hospital for several years before pursuing a corporate role.*

Both her son and daughter followed in their mother's footsteps, working as health care assistants at Burwood Hospital, where Draper is based.

"It was a real thrill having a kid at work for 22 years."

Both children have moved from clinical to managerial roles, rather than pursuing a nursing career.

Draper said high fees and lack of income were a barrier for her daughter, who wanted to become a nurse. Instead she has built a satisfying career in a non-clinical hospital role, Draper said.

For Draper, the thought of leaving her job is difficult.

"I think they might have to prise me out, I think my body will tell me when I have to go."

Last year, Draper suffered an injury to her shoulder and was off work for four-and-a-half months, but said she couldn't wait to get back.



*Enrolled nurse Viv Draper with her daughter and grand-daughters at a strike rally in 2018.*

"By the end of it I couldn't wait to get back to work, I felt I was losing my identity, I missed it so much and it was such a buzz to work my way back, and say 'wow, at my age I've managed to overcome this injury!'"

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NEWS

## Aged-care nurse makes heartfelt plea at Day of Action

BY CATE MACINTOSH

April 18, 2023

On Saturday, over 2000 nurses and health care assistants around the country hit the streets to demand action on the health staffing crisis. For many, it was also a chance to seek solace with their fellow exhausted colleagues while facing another winter of chronic short-staffing.



Supporters at the Wellington rally make a good point.

Over 2000 nurses, health care workers and supporters turned out at rallies around the country in a National Day of Action on Saturday.

As winter and associated illnesses are imminent, nurses and health care workers are raising the alarm about the chronic short-staffing throughout the health system.

Among them was registered nurse (RN) Madel Manzano from an aged care facility in Whangārei, who passionately described the exhaustion and desperate understaffing she and other nurses face.

"This morning I was feeling really low, but my spirit said to me: maranga mai Madel, so I came here to be with you all."

Manzano said she was sometimes responsible for 76 patients as the only senior nurse on a shift.



01:04

"You would probably think how would I manage that – and on call overnight. You work five days and are on call because there is no nurse (rostered) during the night."

Manzano asked those at the rally who would help to fix the crisis.

"... the Minister of Health, the Minister of Finance, the Prime Minister? It is time, because it's voting time, they need to hear us."

Representing providers from every sector – hospitals, primary health care, aged care, and Māori and iwi providers – members gave up Saturday activities to demand fixes to the broken health system they are working in.

A petition – '[We need nurses](https://maranga-mai.nzno.org.nz/we_need_nurses)' ([https://maranga-mai.nzno.org.nz/we\\_need\\_nurses](https://maranga-mai.nzno.org.nz/we_need_nurses)) – asking political parties to fix the nursing shortage was launched on the same day and had received over 7000 online signatures by Tuesday morning.

It calls on political parties to commit to:

- 4000 more nurses trained and on the job
- pay that values the nursing workforce right across the health sector and attracts more nurses
- te Tiriti being upheld across our health services to remove inequities



*A petition is calling on politicians to commit to fixing our broken health system, including at least 4000 nurses to fill the current staffing gaps.*

At the Wellington rally, Hutt Hospital nurse Kathy Ward said there were "never enough of us", her colleague Rebecca Wilton adding that more nurses needed to be trained.



*RN Sally Jane attended the Christchurch rally with her daughter Elizabeth. She is very concerned about whooping cough and measles outbreaks amidst an already stretched workforce.*

Child health RN Sally Jane said she was at the Christchurch rally to demand the Government fix the dire nursing shortage with paid training and a bonding programme for graduate nurses.

"We just need more nurses – and midwives."

Many of her young, high-needs patients needed to be in hospital regularly, and Jane said the ward was always under-staffed.

She was very concerned about the increase in winter illnesses, and especially the spectre of a whooping cough outbreak.

"And we know measles is going to be a disaster because the immunisation rates are so low."

NEWS

## Incentive payments and wellbeing snub ignites fury for Te Whatu Ora nurses

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BY CATE MACINTOSH

April 21, 2023

With winter looming and staffing shortages already critical, Te Whatu Ora nurses are furious their employer has turned down incentive payments and wellbeing measures for those who answer the call to do extra shifts.

Appropriate incentive payments and wellbeing measures for nurses who take on additional shifts to ensure patient care have been rejected by Te Whatu Ora in an offer to NZNO members for a new collective agreement.

The move has angered nurses, Hawkes Bay registered nurse and NZNO delegate Noreen Mccallan said.



*Hawke's Bay Hospital registered nurse and delegate Noreen Mccallan.*

"I can tell you that there is a level of fury that they are paying the doctors already and not even considering paying us."

"They feel they are putting themselves through a traumatic, potentially unsafe, potentially harmful situation — to themselves and their patients — without any financial recognition for what they are doing"

Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO has asked for an appropriate safety plan and payments for additional shifts and hours worked to be part of a collective agreement under negotiation.

But this has been rejected by Te Whatu Ora. An offer made in April did not include any mention of incentive payments, or wellbeing support.

This, despite a hospital system with over 3000 vacancies and members who say they are still [traumatised by the extreme staffing shortages last winter](#) (<http://Tōpūtanga Tapuhi Kaitiaki o Aotearoa-NZNO's asked for an appropriate safety plan and payments for additional shifts and hours worked to be part of the collective agreement under negotiation. But this has been rejected by Te Whatu Ora. An offer made in April did not include any mention of incentive payments, or wellbeing support.>).

Last year, Te Whatu Ora offered nurses incentive payments of \$100 for additional eight-hour shifts worked, or \$800 for five night shifts — in addition to usual overtime rates in the collective agreement, from July 1 to September 30.

**"[Nurses] are talking about it now because it's really bad, and they know in two months' time it's going to be drastically bad, that's why they are very concerned about it."**

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National director hospital and specialist services Fionnagh Dougan said no decision has been made “on whether winter payments will be made as part of Te Whatu Ora’s winter staffing arrangements”, in response to enquiries by *Kaitiaki*.

New Zealand Resident Doctor’s Association (NZRDA) has negotiated rates for its members who take on additional duties due to a lack of staff, of between \$95-\$220 per hour up to April 28.

The NZRDA was seeking to confirm these rates would apply to October, according to a post on social media.

Senior doctors are set to raise the issue of incentive pay for additional shifts, Association of Salaried Medical Specialists (ASMS) director Sarah Dalton said.



*Waikato Hospital RN and delegate Janferie Dewar (pictured at a Maranga Mai! National Day of Action to fix the crisis in health care) said the hospital had 40 nursing gaps for one shift on Sunday, but this was not uncommon.*

There were 27,435 requests made for additional nursing shifts under the winter payments scheme last year, according to information obtained through an Official Information Act (OIA) request.

Tairāwhiti and Nelson-Marlborough regions were not able to retrieve or supply the data requested.

In September last year, Te Whatu Ora lead for people and culture Rosemary Clements told *Kaitiaki* the winter incentive payments would not be necessary beyond September 30.

“The payments were an extraordinary step in response to an extraordinary situation, namely excessive staff shortages due to COVID-19 illnesses . . .”

“We are pleased to see the need for additional hours is reducing significantly as COVID-19 and flu infections drop, and spring sees the weather start to improve.”

Data provided to *Kaitiaki*, after a complaint to the Ombudsman, showed the demand for additional shifts did not evaporate, as predicted.

In the week of October 3-8, (excluding Auckland, Hawke's Bay, Bay of Plenty, Tairāwhiti, Nelson-Marlborough, Lakes, and Southern who did not provide the information) there was a total of 3022 unfilled shifts or staffing gaps in rosters.

Last Sunday, *Stuff* reported [Waikato Hospital was short by 40 nurses](https://www.stuff.co.nz/national/300855134/god-help-us--waikato-hospital-short-40-nurses-for-one-shift) (<https://www.stuff.co.nz/national/300855134/god-help-us--waikato-hospital-short-40-nurses-for-one-shift>) across the facility, for one shift.

But delegate and registered nurse Janferie Dewar told *Kaitiaki* the situation was not uncommon, and on Monday the gaps had grown to 45 for the day shift.

**'I can tell you that there is a level of fury that they are paying the doctors already and not even considering paying us.'**

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"We're not in winter yet. We did see this in winter last year, I know because I worked it and I still feel quite traumatised . . . We're in autumn, what's winter going to be like if we've got these sorts of deficits now," she told *Stuff*.

Mccallan said winter, and related illnesses, had always increased pressure on health services — but it had just got a lot worse as a result of the crisis of short-staffing.



*NZNO members and supporters on the steps of Parliament, in Wellington on Saturday, in a National Day of Action to fix the health staffing crisis.*

"[Nurses] are talking about it now because it's really bad, and they know in two months' time it's going to be drastically bad, that's why they are very concerned about it."

Incentive payments made a practical difference for those who volunteered to pick up additional shifts, such as paying for childcare or take-aways and "at least it does make you feel valued", Mccallan said.



*The NZNO bargaining team for the NZNO-Te Whatu Ora collective agreement, while attending negotiations in March.*

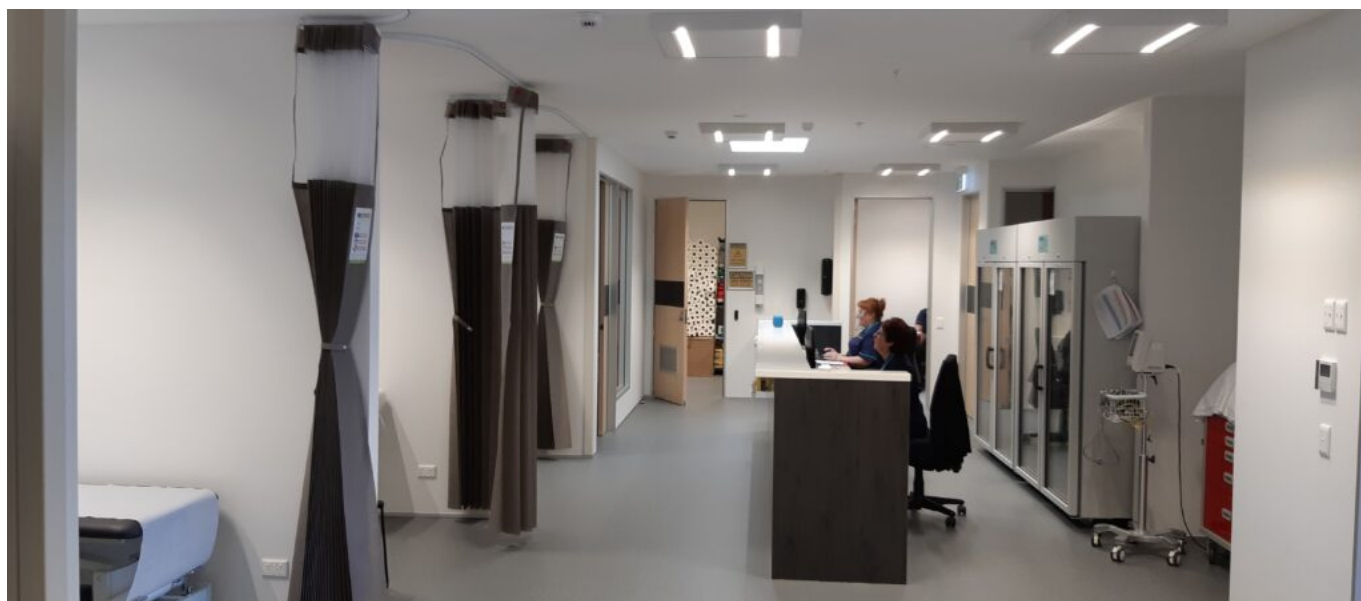
OPINION

## Patient need the crucial factor: Study of general practice models shows there are no 'stars'

BY NICOLETTE SHERIDAN, TIM KENEALY AND TOM LOVE

April 13, 2023

Researchers say the largest-ever study of general practice in Aotearoa New Zealand sheds new light and creates a powerhouse of data for decision-making.



Lower Hutt general practice Ropata Health follows the Health Care Home model. Photo: NZ Doctor

A study into general practice models in Aotearoa New Zealand found patient outcomes were much more strongly linked to patient need than to the type of practice people were enrolled in.

Our multidisciplinary research team sought to determine whether specific practice types were associated with better outcomes. We found no single practice model performed best on all outcome measures. Rather, a major determinant of differences between practices comes down to the populations being served.

The study was funded by the Health Research Council of New Zealand and the Ministry of Health and is titled "Evidence to guide investment in a model of primary care for all".

The team was tasked with comparing three models of general practice – corporate practices, Health Care Homes and traditional practices.

We recognised four further models of general practice: those owned by primary health organisations (PHOs) or (the then) district health boards (DHBs); those owned



Nicolette Sheridan

by trusts or non-governmental organisations (NGOs); and Māori practices and Pacific practices, which were mostly owned by trusts or NGOs.

## **A key finding of the study was that a large proportion of nurses' work was not attributed to them in practice records and so remained invisible.**

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Health Care Homes overlapped with all practice models but were mostly traditional practices.

The findings have formed the largest-ever collection of primary care data in Aotearoa New Zealand and will inform future decisions about general practice models of care.

No single practice type performed best on all six of the outcomes measured by the team. These included hospital admissions and emergency department visits that may have been avoidable by good primary care, child immunisations at six months, a measure of diabetes management, and prescribing multiple concurrent medications.

### **Differences within models**

There were more differences within practice models than between them. Population need was the strongest driver of primary care outcomes.

The study confirmed what is well-established, that overall, Māori and Pacific patients have poorer outcomes than non-Māori and non-Pacific patients, as do those living in material deprivation, and those with multiple medical conditions.

We found evidence of increased resources allocated within practices to patients with more need – principally more appointments and more nurse, nurse practitioner, and GP time.

In practices where most patients had high health needs, resourcing was not sufficient. Allocating resources to support patients at high risk of poor outcomes will help to address inequity within the health system.

### **A look at risk profiles**

The study found that traditional practices provide services to 73 per cent of the total enrolled population but have the lowest-risk patient profile.

The next-lowest risk, on average, was found in Health Care Homes and corporate practices, although some corporate practices served high numbers of Pacific peoples.

On the other hand, Māori and Pacific practices enrolled two to five times as many people with high health needs compared with other practice models. These practices employed proportionately more nurses than other practice models, but our findings suggest the additional service was not always enough to fully mitigate the negative consequences of increased need.

Another key finding of the study was that a large proportion of nurses' work was not attributed to them in practice records and so remained invisible.

The range of activities undertaken by nurses was wider than for doctors, especially during the COVID-19 lockdown.



*Tim Kenealy*



*Tom Love*



Nurses are responsible for much of the systematic work that we suggest underlies better performance by practice models in our results, such as immunisations and screening. However, without consistent and explicit data capture, it is impossible to accurately determine the volume of work undertaken by nurses.

## The study

### Evidence to guide investment in a model of primary care for all

**Researchers:** Senior academics from five universities – Massey, Auckland, Otago, Cambridge (UK) and the Karolinska Institute (Sweden) – together with Sapere Research Group, DataCraft Analytics, and experts from general practice, nursing, public health, health policy and consumer advocacy. Māori and Pacific academic clinicians on the team held central roles in project governance. Findings: In pre-press.

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## Early discussion points

- Population need was revealed to be the strongest driver of primary care outcomes.
  - Traditional practices enrol 73 per cent of the total enrolled population and, along with Health Care Homes, have the lowest-risk patient profile.
  - A large proportion of nurses' work was not attributed to them in practice records and so remained invisible.
  - Nurses are responsible for much of the systematic work that likely underlies better performance by practice models.
- 

**Nicolette Sheridan**, project lead, is professor and head of the School of Nursing at Massey University.

**Tim Kenealy**, project co-lead and specialist GP, has an honorary appointment in the Department of General Practice and Primary Health Care, at the University of Auckland.

**Tom Love**, project co-lead, is a director of Sapere Research Group, an international research organisation.

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(<https://www.nzdoctor.co.nz/article/opinion/patient-need-crucial-factor-study-general-practice-models-shows-there-are-no-stars>)

Interested in free primary care data? Explore the [EPiC dashboard](https://epic.akohiringa.co.nz/) (<https://epic.akohiringa.co.nz/>).

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NEWS

## Pay parity on hold as Govt surveys GP owners for wage data

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BY CATE MACINTOSH

April 28, 2023

Funding to close a wage gap of up to 20 per cent on average for practice nurses depends on a Government survey of GP owners, but some practices have chosen not to participate, Te Whatu Ora says.

Despite information provided to the Government last year by NZNO and the General Practice Owners Association (GenPro), demonstrating a pay gap, practice nurses [were left out of pay parity funding in November](#), with the former minister of health Andrew Little saying there was not enough evidence of disparity.



Minister of Health Ayesha Verrall asked officials to review the pay of practice nurses in early March. A survey was sent to GP owners on April 10.

In early March, [Minister of Health Ayesha Verrall asked officials to re-investigate the wage gap](#) (<https://www.nzherald.co.nz/nz/health-minister-ayesha-verrall-promises-extra-funding-if-community-nursing-pay-disparity-found/ZQCOHPC7J5DGJP3U24PTWM4PLU/>) between GP nurses and their counterparts at Te Whatu Ora.

"If disparities are found, Te Whatu Ora will advise myself and the Minister of Finance and we could make funding available from 1 July 2023 for the primary care sector," she said in a statement to Radio New Zealand.

A Government survey "to determine the scale of the wage gap" was sent to GPs on April 20, six weeks after the Minister of Health's direction.

The closing date for the survey was extended by one day to April 28, "in order to provide greater opportunity for practices to respond", Te Whatu Ora group manager community health system improvement and innovation, commissioning Mark Powell said.

The survey is "seeking information on how many nurses and kaiāwhina there are, where they are, and what they are currently being paid".

GenPro has advised its members not to complete the survey, but other GP groups, including the Royal New Zealand College of GPs and General Practice New Zealand recommended GPs take part, [New Zealand Doctor reported](#) (<https://www.nzdoctor.co.nz/article/news/np-nurse/nurse-pay-survey-hits-practices-inboxes-gp-leaders-divided-most-say-take-part>).

**'We acknowledge the tight timeframes ... but believe that this work is urgent given the concerns raised about workforce challenges in the sector.'**

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GenPro chief executive Philip Grant told *Kaitiaki* that the association was "pushing back" on the survey.

"... the proposals we have heard continue to treat general practice nurses like a second-class workforce, they will not address the current NZNO PHC multi-employer collective agreement (MECA) claim and, they will leave a significant unfunded pay gap."

Powell confirmed some practices had "declined to participate", but would not say how many.

"We acknowledge the tight timeframes for general practices to return the data, but believe that this work is urgent, given the concerns raised about workforce challenges in the sector."

He said the survey data would be used to advise ministers, and implement ministerial decisions on the allocation of the pay disparity funding.

The PHC multi-employer collective agreement expired on August 31, 2021.

NZNO released results from its second wage survey of members who work in general practice on April 22.

It confirmed widespread and significant disparity in pay rates.



*GenPro chief executive Philip Grant told NZ Doctor the group advised member GPs not to take part in a Government survey about nurse pay.*

## **'You are the ones who will help us to become healthy, stay healthy [in the community]... and we will continue to fight until we win!'**

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Of 1135 respondents, the base hourly rates were up to 20 per cent less, on average, than those paid to their counterparts at Te Whatu Ora.

The survey found 34 per cent of RN respondents were still being paid rates from the expired [PHC multi-employer collective agreement](https://www.nzno.org.nz/Portals/0/Files/Documents/Support/CA/PHC%20MECA%2015%20March%202021%20to%2031%20August%202021%20final%20signed.pdf?ver=NVIYIR-04LenzvreFH_A_w%3d%3d) ([https://www.nzno.org.nz/Portals/0/Files/Documents/Support/CA/PHC%20MECA%2015%20March%202021%20to%2031%20August%202021%20final%20signed.pdf?ver=NVIYIR-04LenzvreFH\\_A\\_w%3d%3d](https://www.nzno.org.nz/Portals/0/Files/Documents/Support/CA/PHC%20MECA%2015%20March%202021%20to%2031%20August%202021%20final%20signed.pdf?ver=NVIYIR-04LenzvreFH_A_w%3d%3d)), which were between 22 and 27 percent (\$5.77 and \$9.68 per hour) less than their Te Whatu Ora colleagues.



*24-Hour Surgery nurse and delegate Denise Moore at the primary health care nurses strike in October last year.*

PHC nurse and delegate Denise Moore said the exclusion of GP nurses from the Government's pay parity funding was "manifestly unjust".

"It devalues general practice nurses who were essential to the fight against COVID and whose role it is to help keep people out of our overcrowded hospitals."

A decision on funding was needed immediately, to stem the flow of nurses from the profession, Moore said.

NZNO presented the survey results to Te Whatu Ora staff, including Powell, on Friday, April 21.

The injustice of pay disparity for PHC nurses has been raised with the Government, and previous governments for years, and the lack of action was "not good enough", NZNO president Anne Daniels said.

PHC members had every right to feel upset about the situation but she urged them to "use their anger, and stand strong".

NZNO was “absolutely prioritising pay parity” for practice nurses, Daniels said, when asked what her message for members was.

“We need you, and I have huge respect for the work that you do. You are the ones who will help us to become healthy, stay healthy [in the community] . . . and we will continue to fight until we win.”



*Tōpūtanga Tapuhi Kaitiaki o Aotearoa  
NZNO President Anne Daniels.*

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NEWS

## Values mismatch leads to drop in compassion – study

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BY CATE MACINTOSH

April 12, 2023

As New Zealand faces another winter of critical health care staff shortages, a new study shows patients and staff are likely to suffer when efficiency is prioritised over compassion by service providers.



Photo: AdobeStock

The [study](https://onlinelibrary.wiley.com/doi/10.1111/joim.13615) (https://onlinelibrary.wiley.com/doi/10.1111/joim.13615), published in the *Journal of Internal Medicine*, by New Zealand and Canadian academics, measured the outcomes for compassionate care when health workers feel that there is a mismatch between their values and those of their employer.

They found that when this occurred, health care workers had less ability to be compassionate, despite retaining competence to do so. Workers in this situation were more likely to experience burnout and absenteeism, consider early retirement and have reduced job satisfaction.

Of the more than 1000 New Zealand health care professionals surveyed for the study, half were nurses.



Auckland University student and lead researcher, Alina Pavlova.

### **Financial concerns and bureaucratic delays trump safety**

A registered nurse (RN), who didn't want to be named, said she was retiring from her role at a city hospital one year earlier than she would have as a result of a head injury she suffered on the job after a young patient slammed a door on her head.

The nurse, who was not part of the study, was trying to prevent a potential injury to a boy, who had been slamming a door, by using a wedge to keep it open.

As she opened the door — which had a single pane window — he slammed it on her.

She and other colleagues had “asked and asked and asked” for safety measures — including safety glass on all doors and windows in the unit — to prevent such an incident for over two years, but they had only partially been completed.

Following the incident, the safety work was done. The nurse believes financial considerations and bureaucratic delays had trumped safety for patients, whānau and staff.

**‘When we look at organisations’ websites, career posts etc, usually we can see a signal of very humanistic values – compassion, empathy, manaakitanga... but this research has shown there is a difference between what organisations say they are and what they really are.’**

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“There needs to be more [people] in health and safety roles, who are able to approve funding, listen to concerns and act straight away – not after the event.”

Earlier in her career the nurse left a role in public health, after restraints were put on the amount of time she spent with clients.

“They were on your back to close cases, and that felt wrong for me because I knew the families — and the research would suggest — they needed more intense work for a longer period of time to actually make the changes.”

“You would close a case and in six months’ time they would come back with the same issues.”

The nurse and some of her more experienced colleagues continued to provide the needed services, while trying to fight for management to support the treatment they believed was necessary.

Ultimately, she resigned from the role, unable to resolve the conflict between her personal values and those of management.

### **Organisational responsibility for compassionate care**

Alina Pavlova, who initiated the study as part of her PhD in the department of psychology, Auckland University, said previous research focussed on compassion as an individual trait, but the team wanted to look at the wider health care service context and the role of organisations.

Prior research showed organisational environments and culture played a role in the ability of individual clinicians to practice compassion.

“From a psychological perspective, when we are in an environment where we are not able to help, there is a sort of moral distress of not being able to be compassionate, or provide the best possible care.

“So with that in mind we set out to look at differences between personal values, which we hypothesised are more humanist-orientated, and perceived organisational values.”

The study outcomes confirmed there were perceived differences in values, and when this was the case, it resulted in negative outcomes.

“When we look at organisations’ websites, career posts etc, usually we can see a signal of very humanistic values – compassion, empathy, manaakitanga . . . but this research has shown there is a difference between what organisations say they are and what they really are.”

While there was a significant impact on the ability to practice compassion, in value-discrepant workplaces, this wasn't the case for compassion competence – how competent they perceived themselves to be – the study found.

“Competence remains high, but it's just that people are not able to practice in accordance with their values,” Pavlova said.

**‘From a psychological perspective, when we are in an environment where we are not able to help, there is a sort of moral distress of not being able to be compassionate, or provide the best possible care.’**

The study authors urged health care organisations to review their stated values and ensure they are “reflected in policy, targets and priorities throughout the organisation”.

“ . . . healthcare organisations need to invest in a careful examination of whether and how these values are embedded and operationalised in the day-to-day practices, behaviours, beliefs, decisional processes and core performance indices, including patient outcomes.”

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NEWS

## **'We've gone past the word tired, we are now drained'**

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BY CO-EDITORS CATE MACINTOSH AND MARY LONGMORE

*April 17, 2023*

Over 2000 nurses and supporters turned out at rallies around the country in a national day of action on Saturday.

Before Ruth Te Rangi arrived at the Christchurch Day of Action on Saturday, she'd had three requests to fill a shift at the dementia unit in the aged-care home where she works.

"I said, no, I've got somewhere else to be. They say, oh, but we don't have enough staff. I said, too bad, I need a break, this is my break away."

Te Rangi, Canterbury Te Poari representative and long time Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO member, was determined to join fellow members and supporters for the unprecedented action.





*Health care assistant Ruth Te Rangi with her mokopuna TeRangiHiroa.*

Across the country, NZNO members and supporters came out in force, challenging all political parties to fix the health-care crisis, and put this at the top of their election promises.

Te Rangi started her speech with a karakia tawhito, acknowledging the Bridge of Remembrance – a memorial for all tupuna who served in two world wars, and the starting place for the Christchurch rally.

"In my eyes the Bridge of Remembrance reminds us of who we are and where we have come from. Our tupuna are there. They went to war for us, so we could have the freedom to have a better world, a better health system – and what do we have? A system that's in crisis and a system that is not going to be there for our mokopuna."

Te Rangī, who attended the event with her mokopuna TeRangiHiroa, 7, said she tried to reduce her hours to 32 hours a week, but had not been able to do this in practice as she often stayed later than her rostered hours.

"You just don't leave, because it's just not safe for the residents."



*The Christchurch rally started at the Bridge of Remembrance, a war memorial acknowledged by Ruth Te Rangī in her speech.*



*Christchurch members and supporters march to Victoria Square.*

The staffing crisis across all sectors of nursing was the number one motivation for those attending the marches and rallies.

In Wellington, a crowd of about 300 nurses, health-care assistants and supporters marched through the central city, drawing the interest and support of passers by.

"Who are they, Daddy?" one youngster asked as the nurses swung past chanting 'safer staffing'! "They're nurses – they look after people," the dad replied.

Wellington Hospital nurse Georgina (who did not want to give her last name) is only four months into her nursing career and said most wards were "poorly staffed every day". She wanted to join the rally to "be part of the crowd" speaking up.

Casual Hutt Hospital nurse Monica Murphy said constant roster gaps meant she was often called in. "There are never enough of us."

Aged-care HCA Atele Pepa told the crowd it was "hard going" in aged care. "We are always short of nurses and HCAs."

Many had "unfortunately left to find better pay and conditions elsewhere", meaning aged-care homes were closing beds off, or shutting down altogether. "That means our sick, elderly mothers and fathers are spending more time in hospital, taking up a bed."



More Māori and Pasifika nurses were needed, and free training would be a good incentive for them, she said.

*Hutt casual nurse Monica Murphy, on right, with family supporters.*



*Te Rūnanga member Naomi Waipouri led the march in Wellington.*

Wellington Hospital nurse, NZNO delegate Helen Kemp, who spoke on the steps of parliament, said it was “outrageous” that nurses had to march for the right to go to work safely and be paid fairly. It was also outrageous that primary health nurses “are not accorded the same pay as hospital nurses”.

At the day’s “peaceful but passionate” rally, she said politicians needed to “seek solutions to the trainwreck we deal with on a daily basis”.

Patients wait for hours and “endure unnecessary prolonged suffering” because of unsafe staffing, Kemp said.

NZNO president Anne Daniels said nurses were “rising up”.

“We are asking for fairness, equity and good working conditions that will allow us to provide safe care to our patients – it’s not hard.”

“Our nation can no longer wait – we need action now!”

Christchurch Hospital outpatient HCA Katrina Barrett said there had been no improvement in short-staffing under Te Whatu Ora and she was sick of seeing patients suffering.

“They’re getting their surgeries cancelled left, right and centre. It’s hard for our colleagues who have to ring up and say sorry, it’s been cancelled.”

It was incredible to her that the Government did not see it as a crisis.

In Auckland, Kaiwhakahaere Kerri Nuku said governments had failed to invest in health care and listen to those “at the bedside”.



*NZNO President Anne Daniels speaks at the Day of Action rally in Wellington.*



**NZNO Protest March CHCH**

Kaitiaki Nursing New Zealand

00:07

“What we’ve got is successive governments that have been piecemeal in their approach to investing in healthcare and . . . we need to turn that around.”

RN Deirdre Guy, from Christchurch Hospital ear, nose and throat outpatient unit, said staffing shortages were evident across all health professions.



"GPs can't pick up sick patients the same [as they could in the past], so they end up coming back to us and say, 'I can't see my GP for a week I saw you five years ago, I don't have \$50 to see my GP to get referred back to you!'"

Actor Marianne Infante – aka Shortland Street head nurse Madonna Diaz — MCed the Auckland rally, pictured, with NZNO Kaiwhakahaere Kerri Nuku.



Christchurch Hospital outpatient health care assistant Katrina Barrett and RN Deidre Guy at the Christchurch rally.

Nurse Maude RN Ruth Abad was at the rally with her husband, also a nurse, and her two young children.

The family moved to New Zealand from the Philippines and wanted to stay, but they were struggling with the pressure created by extreme short-staffing.

"Most of my friends who moved here from the Philippines have left to go to Australia because there's more pay.

"I've built a family here, and I love it here. It is a struggle because we have to support family back home but we chose to stay, we love Christchurch, we love New Zealand, but we feel we should be paid the same as our other colleagues."



*RN Ruth Abad said many of her friends from the Philippines had left New Zealand to work in Australia for better pay.*

NZNO chief executive Paul Goulter, who spoke at the Christchurch rally, said the turnout showed nurses were now committed to taking action on the “biggest social issue of our age – the underfunding of our health system”.

“No longer can we have a health system that is built on the goodwill of our health-care workers . . . we cannot build a just health system, and a just society, when it milks the goodwill, and experience of the people who work within it. That’s corrupt, and we stand against corruption.”

Goulter said the day of action marked the start of a sustained campaign to make sure politicians committed to getting at least 4000 more nurses on the job.



*NZNO chief executive Paul Goulter said the rally was the start of a campaign to make health a priority in the election.*

A NZNO petition – [‘We need nurses’](https://maranga-mai.nzno.org.nz/we_need_nurses) ([https://maranga-mai.nzno.org.nz/we\\_need\\_nurses](https://maranga-mai.nzno.org.nz/we_need_nurses)) – targeting political parties, to fix the nursing shortage crisis and launched in conjunction with the National Day of Action had received over 6000 online signatures by Monday morning. Those collected on Saturday would be added in the next few days.

The [petition](https://maranga-mai.nzno.org.nz/we_need_nurses) ([https://maranga-mai.nzno.org.nz/we\\_need\\_nurses](https://maranga-mai.nzno.org.nz/we_need_nurses)) calls on political parties to commit to:

- 4000 more nurses trained and on the job
  - pay that values the nursing workforce right across the health sector and attracts more nurses
  - te Tiriti being upheld across our health services to remove inequities
-

OPINION

## Whaiā ngā mea hei oranga mōu – self-care for Māori nurses

BY PIPI BARTON

April 3, 2023

Say your karakia, re-connect with your whānau and hapū, kōrero with Māori nursing friends — these are some of the secrets to self-care for Māori nurses.

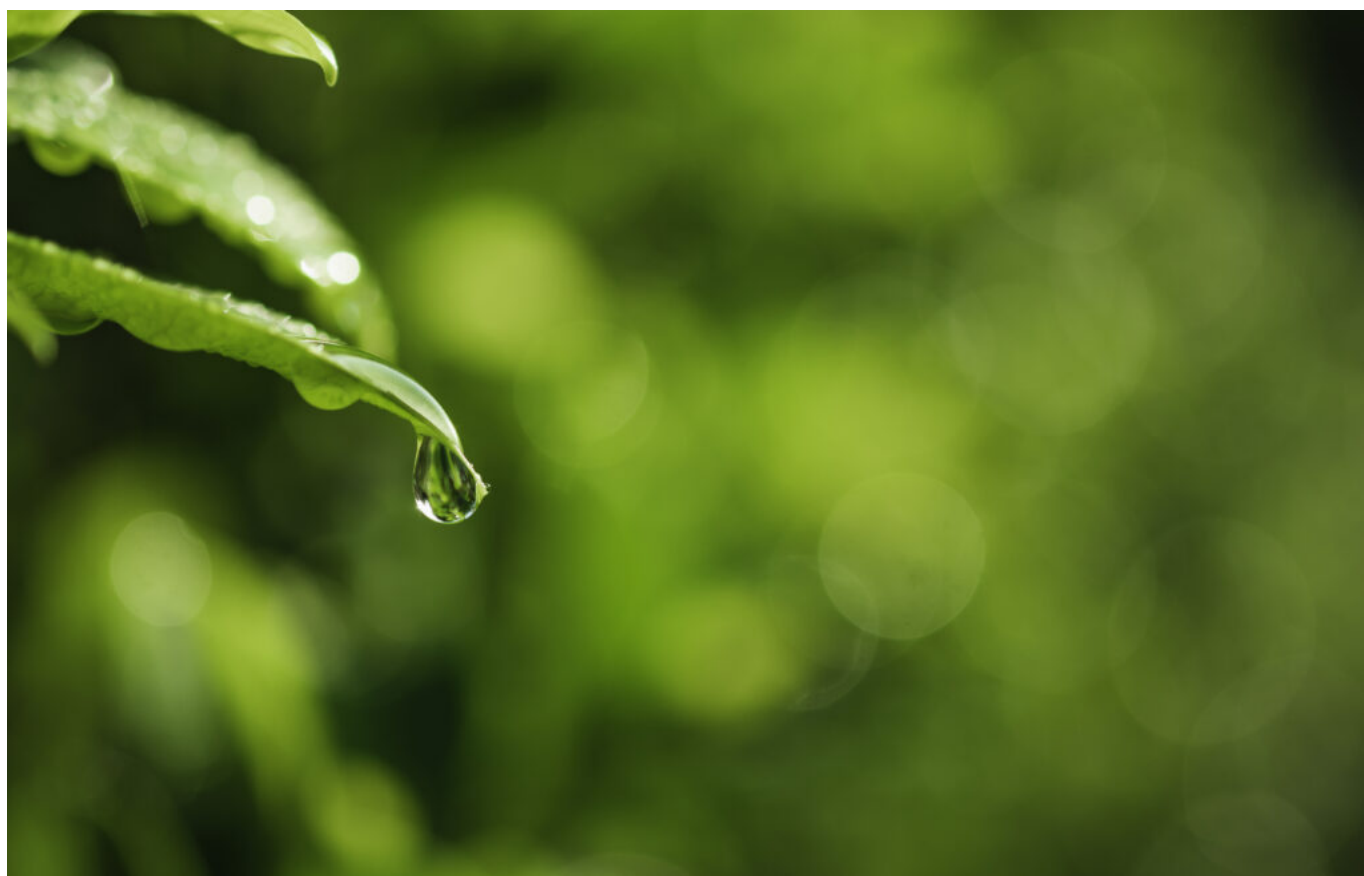


Photo: Adobe Stock

Having not seen each other in person since before COVID, I recently had the opportunity to catch up with my niece. I wanted to hear how her job was going — having graduated six years ago, she had decided to become a mental health nurse, and I was interested to know what was happening in her world.

She is a young, confident wahine Māori, who seemingly has the world at her fingertips; but soon after she arrived, it became apparent that things were not good. She described many of the challenges tapuhi Māori experience working at the coalface.

### Self-care for Māori nurses

1. **Karakia** — Say your prayers.
2. **Kōrero** — Talk to your Māori nursing friends.
3. **Wāhi** — Go to your special place.
4. **Whanaungatanga** — Reconnect with your whānau, hapū, iwi, hapori.
5. **Me haere** — Recognise when it's time to move on.

My niece is finding her current work environment tough — staff shortages, inadequate skill mix, and poor and at times dangerous decisions made by invisible managers adding to an already pressured environment of caring for very mentally unwell and potentially violent patients.

6. **Oranga tinana, oranga hinengaro, oranga wairua** — Physical, mental and spiritual wellbeing.

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She described to me the many high risk and stressful situations she was now experiencing on a daily basis as the most senior nurse on the floor, and the resulting impacts on her health and wellbeing, such as stress, anxiety and poor sleep.

**I worried that she may decide to leave nursing all together, something that would break my heart.**

She discussed her disillusionment with nursing, and how it hadn't turned out to be the career she had hoped for. I recognised those signs of disillusionment, although I don't think they affected me as early in my career. I worried that she might decide to leave nursing all together, something that would break my heart.

We had talked previously that maybe it was time for her to move on. But she was reluctant to leave, citing her concern for her Māori patients, worrying that if she were not there for them, who would watch out for them, who would ensure they were being looked after appropriately.

#### **Reality check**

I recognised that dilemma — I had been there myself. I did a reality check with her and reminded her that no matter where you go in your nursing career, you will always feel this way, because our Māori people are everywhere in the health system, and they are generally the sickest and the most complex.

We talked for hours, back and forth, about what she was going to do, about her options. She recognised she was burnt out, and added that she was surrounded by nurses who were equally or more burnt out.



*If you know that much of your unhappiness is related to work pressure — it's time to move on. Photo: Adobe Stock*

I advised my niece as best I could without wanting to lecture her and sound like the old lady telling the young person how to live their life. I also asked her what she did to look after herself and she appeared to struggle with this.

I questioned her about self-care and the things she has in place to help maintain her spiritual and mental wellbeing. She said: "Auntie, they never taught us that stuff in our training."

After she left, I reflected on how tough it is at the moment. Stress is high, and nurses at the frontline are under increasing pressure to deliver services to the public from a system that is stretched and broken.

The burden borne by Māori nurses is even greater. Recent research co-authored by Kiri Hunter (Ngāti Kahungunu, Rangitāne, Ngāti Maniapoto) confirmed what Māori nurses already know, that we bear the "heavy burden and deep sense of obligation to watch over and advocate for the appropriate care of all Māori whom we encounter"<sup>1</sup>, and we do this on top of an already busy and stressful workload.

I thought about what my niece said about self-care, so I put this together as a reminder of some interventions that may help.

Who am I to give this advice? Just one Māori nurse sharing my thoughts and experiences, in the hope it may help other Māori nurses.



*Pipi Barton — Māori nurses carry a heavy burden and sense of obligation for the health of their people.*

## **Self-care for Māori nurses**

### **1. Karakia – Say your prayers.**

*At the end of your shift, your day, say a karakia, bless yourself, whether it be a religious prayer or a traditional karakia or some routine that you develop. Use it as a process of whakawātea (cleansing), acknowledge the taumahatanga (the burden) of your day. Say your karakia so you don't take the taumaha home with you to your whānau. Karakia every day, do it before work even, but especially at the end of the day, make it a habit.*

I know during my career I have been in some situations where I have felt really vulnerable, both physically and spiritually — that feeling that a situation has been so heavy or stressful it left an imprint on my wairua.

I have felt its weight on me as I have left the ward, or as I have walked to my car at the end of the day, knowing I didn't want to take it home with me. This is when I did my karakia.

We work with people at some of the most difficult times in their lives, when they can be at their most distressed. There have been a couple of times during my career where I needed to seek out a tohunga (spiritual expert) for my self-care.

You will know when these situations are — when they occur, don't hesitate, ask your whānau where to seek out your iwi tohunga or minita (minister). Or if you don't have ready access to iwi support, ask the Māori unit at work — they will point you in the right direction.

### **2. Kōrero – Talk to your Māori nursing friends**

*Form a support group with other Māori nurses, either formal or informal — it could be just you and a hoa catching up once a week. But find someone you can debrief with safely and confidentially.*





*Find someone you can debrief with, safely and confidentially. Photo: Adobe Stock.*

I prefer to do this with other Māori nurses, because they just get it, I don't need to explain, it's just understood. I have a number of Māori nursing groups I meet with regularly but probably my most consistent catch-up is with a group of Māori mental health nurses.

We make the time to meet up monthly, we usually go out for dinner, have a good debrief and always a good laugh. I also have many Māori nursing friends whom I have met throughout my career who I keep in regular contact with, and when I am in town I will try and catch up with them — we will talk about work and the pressures we experience.

I have found through my career that the higher up the ladder you go as a Māori nurse, the lonelier it gets — having a hoā to share the experience can make a world of difference.

### **3. Wāhi – go to your special place**

*I don't think this one should be a surprise for any of you. Go and spend time at your special place as often as you can.*

I know not everyone can get back to the marae or papakāinga, or in some cases may not have access to them. But think about a place that is important to you, a place that brings you joy, perhaps a place where you spent your holidays as a child, a beach, a lake, a bush, a park — find time regularly to go there.



*Breathe in the place, let it fill you up, let it revive you...*

Take your shoes off, place your feet on Papatūānuku and breathe in the place, let it fill you up, let it revive you. Say your karakia. Return there as often as you can.

Every year, sometimes four to five times a year, I go home to my whānau papakāinga. It is significant to me for so many reasons, it replenishes me, it is my special place.

#### **4. Whanaungatanga – Reconnect with your whānau, hapū, iwi, hapori**

*If you don't have the pleasure of working for your own iwi health provider (the stats tell us that predominantly Māori nurses work at Te Whatu Ora), then it is important to find time to reconnect with your whānau, hapū, iwi or hapori.*

Working rostered shifts on a busy acute ward, it's easy to forget why you decided to become a nurse, and nothing reminds you more than sitting among your own people. COVID has made this difficult in recent times.

But whether it be calling around to see your auntie for a cup of tea with a packet of biscuits, or heading to your marae AGM, making those connections with your own people helps to ground you again, helps to remind you why you are doing this job.

Many times in my career I have thought about leaving nursing, but going to a hui and connecting with my iwi has often been food for the soul, bringing me back to reality with a thud.

If you are not connected with your iwi, then make those connections with your local Māori community, whether through attending te reo Māori classes or joining waka ama or going along to local Māori events. Sometimes it's easy to forget when you are caring for so many chronically ill Māori people that there are a lot of our people out there living their best lives.



## 5. Me haere – Recognise when it's time to move on

*If things are not improving at work and you feel exhausted all the time, you feel your anxiety levels rise as soon as you round that last bend leading to work, or your sleep is disturbed so you need to take medication or are taking antidepressants and know that much of your unhappiness is related to work pressure — it's time to move on. Find another job.*

*That doesn't mean you have to leave nursing, but find something different to do.*

## **The number one indicator that it's time to move on is when you find you are losing your aroha (passion) for the job.**

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I told my niece she should try working regular hours in a community role, having worked inpatient all her career. She is worried about the responsibility and the reduction in pay. But I reasoned with her that you soon get the hang of the responsibility and what you lose in income you make up for in lifestyle and a better social life.

Over my career I have had a pattern of changing roles every three years. But I think the number one indicator that it's time to move on is when you find you are losing your aroha (passion) for the job. That's a bad sign. You are burnt out. Get out of there asap!

## 6. Oranga tinana, oranga hinengaro, oranga wairua – Physical, mental and spiritual wellbeing

*Along with these interventions, there are other healthy practices that can further enhance your self-care.*

Check out this awesome link to Māori tai chi<sup>2</sup> — I use it in my teaching. But don't forget other well-known and effective self-care interventions such as mindfulness, yoga, meditation and just exercise; go for a walk or join a gym, attend mau rakau class or join a waka ama group. Get the husband/wife and the kids to join you, do it together as a whānau. There is endless research out there about the benefits of such interventions on your health and wellbeing.

## **Recent changes in my diet and lifestyle have made me more aware of how my body responds to good healthy kai and regular exercise.**

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Equally, start a new hobby doing something completely random and different to work, like weaving or painting — such hobbies can help alleviate the pressures of the day.

Finally, when we are talking self-care, we shouldn't forget to talk about diet, and as shift workers our diets suffer. Recent changes in my diet and lifestyle have made me more aware of how my body responds to good healthy kai and regular exercise.

Research has determined the link between microbiomes in the stomach and mental health, and there are current trials researching the impact of diet on mental health diagnosis such as major depressive disorder.<sup>3</sup> So the significance of diet on our physical health is well established, but now we know its effect on mental wellbeing cannot be under-estimated.



*The impact of a healthy diet on mental wellbeing can't be underestimated. Photo: Adobe Stock*

No reira, e nga tapuhi Māori, whaiā ngā mea hei oranga mōu, mo tou tinana, hinengaro me tou wairua hoki. Kia kaha, kia maia, kia manawanui.

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**Pipi Barton (Ngāti Hikairo ki Kāwhia), RN, MPhil(nursing)**, is a nursing lecturer at NorthTec and a PhD student at AUT.

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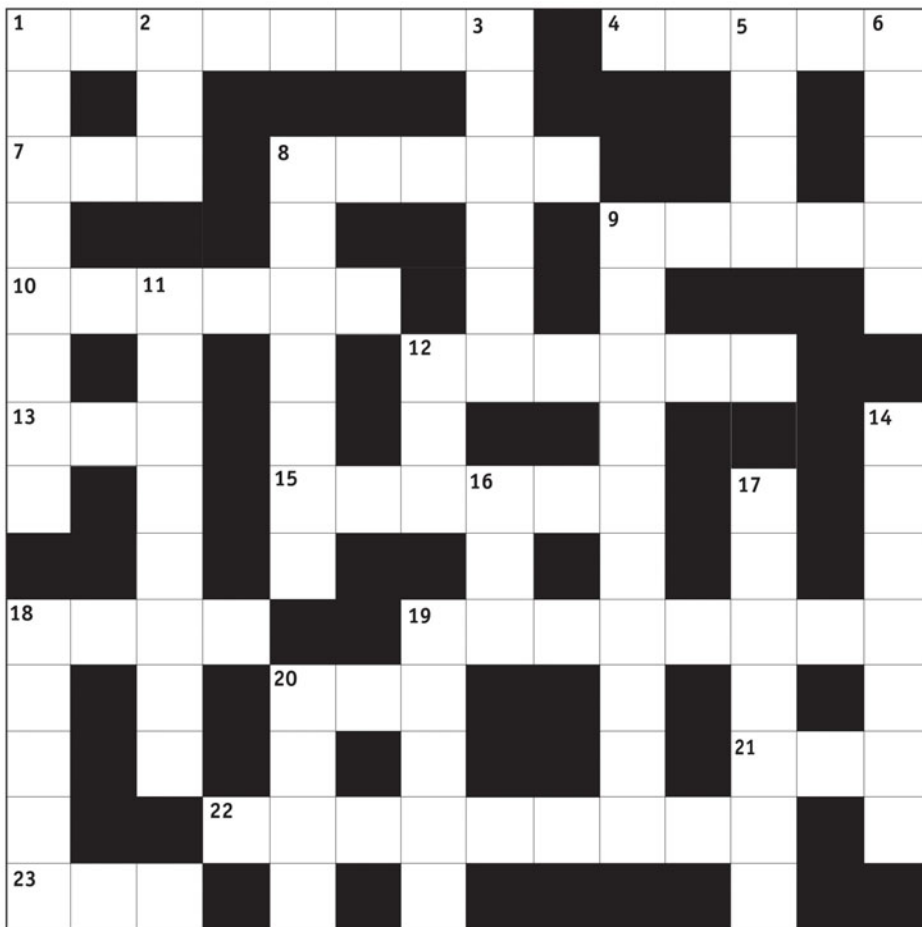
PUZZLES

## APRIL 2023 crossword

BY KATHY STODART

*April 13, 2023*

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



### MARCH ANSWERS

ACROSS: 1. Lumpectomy 6. Leek. 7. Tin. 8. Ice. 10. Cancer. 11. Saveloy. 13. Team. 14. Boiler. 15. Active. 17. Rally. 19. Fern. 20. Rung. 22. Asthma. 23. Fatigue. 24. Apple.

DOWN: 1. Latest. 2. Man. 3. Cyclone. 4. Manaakitanga. 5. Beer. 6. Locate. 9. Resilient. 12. Emotional. 14. Bacteria. 16. Err. 18. Laptop. 21. Urge.

## ACROSS

- 1) Document, signed by many, seeking change.
- 4) Neck wear.
- 7) Belonging to us.
- 8) One of four in the heart.
- 9) Fruit of the oak.
- 10) Lessen.
- 12) Supportive senior colleague.
- 13) Weep convulsively.
- 15) Ordinary.
- 18) Number of these indicates hospital capacity.
- 19) Elderly person/person of status (Māori).
- 20) Native bird with extravagant vocals.
- 21) Ball on a string used in performance (Māori).
- 22) Identification of health problem.
- 23) Preserved pork.

## DOWN

- 1) Positive change.
  - 2) Sticky substance on sealed road.
  - 3) Nursing newcomer.
  - 5) Singing voice between soprano and tenor.
  - 6) Fronded plants in NZ bush.
  - 8) Unfilled spot or role.
  - 9) Practising independently.
  - 11) Clears dead tissue from wound.
  - 12) Maternal parent.
  - 14) Prayer (Māori).
  - 16) Large extinct bird.
  - 17) Examination of corpse.
  - 18) Sandy shore.
  - 19) Monarchs.
  - 20) Tiny branch.
-